
2008

Introduction of quality of care and a gender perspective in reproductive health service organizations in Latin America and the Caribbean

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Recommended Citation

Riveros, Patricia, Antonieta Martin, and Ricardo Vernon. 2008. "Introduction of quality of care and a gender perspective in reproductive health service organizations in Latin America and the Caribbean," FRONTIERS Final Report. Washington, DC: Population Council.

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Introduction of Quality of Care and a Gender Perspective in Reproductive Health Service Organizations in Latin America and the Caribbean

Frontiers in Reproductive Health (FRONTIERS), Population Council

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Antonieta Martín
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April 2008

This study was possible through the generous support of the people of the United States through the United States Agency for International Development (USAID), under the terms of Cooperative Agreement No. HRNA-00-98-00012-00 and In-house project 5800 53115. The contents are the responsibility of the FRONTIERS Program and do not necessarily reflect the points of view of USAID or the United States Government.



SUMMARY

In 2005 and with the technical assistance of the Frontiers in Reproductive Health (FRONTIERS) Program, The Integrated Health Coordination Program (PROCOSI), a Bolivian network of 33 non-governmental organizations, designed and tested a set of four guidelines to help organizations deliver high quality reproductive health services with a gender perspective. The guidelines 1) present a strategy to certify organizations as “gender sensitive” health care providers; 2) present the knowledge staff members should know to be certified; 3) describe procedures to collect and analyze the data to evaluate implementation of the strategy; and 4) describes how to assess strategy implementation costs.

Participating clinics try to comply with a minimum of 80% of 65 indicators to be certified as gender-sensitive health service providers. To do so, they first conduct a baseline study, and then develop plans to improve compliance with indicators that are not met. When they believe they have achieved the desired performance level they are evaluated by external evaluators. Once they do so, they are certified by the parent organization. In PROCOSI's experience, a large proportion of participating clinics were able to improve the quality of services using this strategy

In June 27-29, 2007, a workshop was implemented to train 31 participants from Ministries of Health, Social Security Institutes, multilateral organizations the United Nations Population Fund (UNFPA), Pan American Health Organization (PAHO) and United Nations Development Fund (UNDP), International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHO) affiliates and other NGOs in the strategy. The workshop took place in San José, Costa Rica, and the countries represented were Bolivia, Peru, Ecuador, the Dominican Republic, El Salvador, Honduras, Guatemala and Costa Rica

After the workshop, participants were followed up from July to November 2007. During this period, FRONTIERS staff provided technical assistance to the Bolivian Ministry of Health and Sports, the Salvadoran Social Security Institute, the IPPF-affiliate in Peru, Instituto Peruano de Paternidad Responsable (INPPARES), and the Honduran Women and Family Association during October and November 2007 to present the strategy to managers, conduct baseline studies, prepare work plans and select achievement indicators.

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BACKGROUND

In 2005, the El Programa de Coordinación en Salud Integral (Integrated Health Coordination Program in English, (PROCOSI)), a network of 33 non-governmental organizations (NGOs), tested a model to incorporate a gender perspective into reproductive health service organizations using an accreditation strategy. In this model, organizations have to comply with at least 80% of 65 indicators to be certified as a gender-sensitive service provider.

The strategy uses data collection and data analysis instruments, as well as four guides which present: 1) the process and activities to achieve certification; 2) instructions on how use data collection instruments to evaluate progress in complying with achievement indicators; 3) the basic concepts that all staff should know and concrete suggestions for complying with each of the 65 quality standards; and, 4) instructions on how to collect and analyze implementation cost data.

As part of the original test, 15 clinics belonging to NGOs affiliated with PROCOSI conducted baseline studies to assess the degree to which they complied with 65 quality and gender standards. The NGOs made plans to achieve compliance with the indicators. The organizations received on-site technical assistance from PROCOSI to implement the activities included in the action plans, and when they felt they had executed all activities and conditions had improved, they requested PROCOSI staff members conduct an endline evaluation. In the baseline studies compliance with the 65 quality of care standards was very low, but in the endline studies only one of fifteen participating clinics failed to comply with at least 80% of the required indicators. PROCOSI has continued implementing the strategy and presently several NGOs that chose not to participate in the operations research project are requesting an evaluation to certify clinics as gender-sensitive providers or organizations.

REFERENCE GUIDES

The four reference guides used in the operations research study were published in a single document as *“Reference Guides for Institutions and Establishments Seeking Certification as a Provider of Quality Reproductive Health Services with a Gender Perspective.”* A CD-ROM with the complete publication is available. The Reference Guides were used in the workshop to teach participants how to implement the strategy. The publication contains five sections:

Section I is the Procedures Guide, which explains the certification strategy, including 1) conducting baseline studies to assess the degree to which 65 quality of care standards are met; 2) preparing workplans to improve conditions; 3) implementing actions to meet the standards not met yet; 4) having a team of non-clinic staff members evaluate the degree that they have been effective in achieving compliance with at least 80% of the quality of care indicators.

Section II is a Self-Training Guide that presents what staff need to know to comply with the quality and gender standards. (e.g. “At least 80% of staff know the definition of sexual and reproductive health.”).

Section III is the Evaluation Guide. This Guide presents the quality of care and gender indicators or standards and explains how to evaluate them, and how to train evaluation teams, data instruments to be used, and how to analyze data and write a report.

Section IV is the guide to conduct a study to assess the costs of implementing the strategy. It presents the concepts, and instruments needed for the study.

Section V contains the appendices.

WORKSHOP OBJECTIVES

The general objective of this workshop was to train participants to implement the strategy to certify organizations as providers of quality reproductive health services with a gender perspective.

The specific objectives were:

1. To present the certification strategy as a way to facilitate the introduction of a gender perspective in the delivery of reproductive health services
2. Train participants to use the guides to implement the strategy
3. Propose supervision strategies to support implementation of the strategy.
4. Review strategies to determine if the organization is ready for certification or re-certification.
5. Provide technical assistance to implement the strategy, and to adapt instruments
6. Present results of the two operations research studies conducted by PROCOSI to introduce a gender perspective in its affiliate organizations.

PARTICIPANTS

The workshop took place in San José, Costa Rica, June 27 – 29, 2007. It was attended by 31 participants from Bolivia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras and Peru who represented 17 institutions, including Ministries of Health, Social Security Institutes, IPPF affiliates, NGOs, multilateral organizations and a University. Appendix 1 presents the list of participants.

WORKSHOP ACTIVITIES

The workshop was inaugurated by representatives of the Ministry of Health and UNFPA in Costa Rica as well as the Director of “Madreselva,” a local NGO. Appendix 2 presents the workshop agenda. The first sessions established the need for a quality and gender perspective within the framework provided by the sexual and reproductive rights discussed in the Cairo and Beijing conferences and the Millennium Development Goals. The workshop instructors were FRONTIERS and PROCOSI staff members. PROCOSI staff gained experience to allow the organization to become a source of technical assistance to agencies wishing to implement quality and gender sensitive activities.

WORKSHOP EVALUATION

At the end of the workshop we asked the participants for their perception of the guides and the “gender-sensitive” certification strategy. Their answers are summarized below:

- Participants agreed that the guides were easy to follow and apply. They also recognized the quality of the contents and their presentation. Participants thought the guides could be used in any institution with only minor adaptations. They also recognized the usefulness and quality of the questionnaires to help improve services.
- Some people felt that the gender approach used in the guides was not deep enough or broad enough. However, most participants acknowledged that the objective of operationalizing the gender perspective and being able to measure it was accomplished and that the guides “allow us to evaluate sexual and reproductive health services in an integrated fashion.”
- While some participants felt the number of indicators should be reduced, others felt the need for additional indicators on gender-based violence, masculinity, adolescents, sexual diversity, on the knowledge that staff should have to provide sexual and reproductive health services (provider competence) and on monitoring and evaluation in general. Some participants mentioned that some standards were very subjective and difficult to measure, such as “improved attitudes of service providers.”
- Other participants mentioned that the gender theory behind the indicators should be reviewed in the self-training guide and that bibliographic references should be included for each standard.
- All the participants said they would use the guides in one way or another.
- Most participants had difficulty identifying an organization that could certify them. The exceptions were IPPF affiliates, because IPPF has an on-going certification program. Some participants asked that the Population Council and PROCOSI conduct the certifications.

In general, participants said they were interested in using the guides after practicing their use, even though often they felt they would only use them in a partial way or by adapting it to their needs and not as part of a certification strategy.

UTILIZATION OF KNOWLEDGE ACQUIRED

Workshop participants practiced their newly acquired knowledge by preparing workplans for implementing the strategy in their organizations. After the workshop they would present the plans to agency decision makers to would facilitate replication of the strategy.

- Asociación Pro Bienestar de La Familia (APROFAM) of Guatemala planned to finish their workplan by the end of July. They would search for a donor to fund activities in a few clinics, and felt that IPPF would grant certification.
- Centro Medico de Orientacion y Planificacion (CEMOPLAF) of Ecuador planned to apply surveys to measure client satisfaction in all its clinics. CEMOPLAF is not interested in obtaining accreditation but wants to incorporate the gender perspective in its health programs.
- The Honduran Women and Family Association wanted to be certified by the Honduran Ministry of Health because this would facilitate its licensing process as a service delivery organization. They planned to apply the strategy in their San Pedro Sula clinic.
- (Asociación Hondureña de Planificación de Familia) ASHONPLAFA, the IPPF-affiliate from Honduras, had already implemented a Quality of Care Guarantee Program which IPPF evaluates. The participants thought they could incorporate some elements of the certification strategy into this program.
- The United Nations Development Program (UNDP) in Guatemala provides technical assistance to the government and NGOs, and they planned to incorporate the strategy into their Technical Assistance National Plan and test the strategy in one NGO, providing them with funds to do it.
- PROFAMILIA, the IPPF-affiliate in the Dominican Republic has been certified by the Ministry of Health and by IPPF but planned to update their protocols and the instruments they routinely use to evaluate their clinics.
- Servicio y Desarrollo (SEDES) of the Ministry of Health and Sports in Bolivia, expected to assess the degree to which service delivery units in their “Star Center” Program had a gender perspective in service delivery. They would also like to receive an accreditation from PROCOSI.
- Instituto Peruano de Paternidad Responsable (INPPARES) in Peru stated that they had already institutionalized the delivery of quality services with a gender perspective, but that

they would supplement their current strategy by developing an observation guide to evaluate the performance of providers.

- Participants from the Dominican Republic's Ministry of Health (MOH) said they would test the strategy in the Altagracia Maternity Hospital (the largest in the country with 100 providers and 200 beds) and extend activities later to one hospital in each region.
- Participants from the Salvadoran MOH proposed to involve the University Research Corporation (URC), a USAID collaborating agency, as well as UNFPA and the Department of National Policies on Women, to incorporate the strategy in health facilities.
- Participants from the Salvadoran Institute of Social Security (ISSS) proposed to apply the strategy at primary and secondary service delivery levels, particularly in community clinics where there is a Program for Women's Health Care and Prevention.
- Participants from the Guatemalan MOH thought they would develop protocols for health centers in the primary, secondary and tertiary level of care as part of their Regulation Program. They expected to present an approved workplan by the end of July, since the Vice-Minister of Health is very interested in applying the strategy and insisted that staff attend the workshop. However, the MOH needs external funding to implement activities.
- The MOH, the Social Security Administration, and the University of Costa Rica plan to present the MOH with a joint plan for the three institutions.

VIII. FOLLOW-UP ACTIVITIES

The FRONTIERS project monitor maintained contact with workshop participants and provided technical assistance via telephone and e-mail to assist workshop participants in the use of results from the "gender-sensitive" certification strategy. Appendix 3 details the results of the follow-up and the TA provided to each institution.

Follow-up showed that three months after the workshop several participants had finished their workplans and made presentations to managers and service providers. A few had made greater advances: in Bolivia, the Pan-American Health Office had hired two consultants to help the MOH conduct a diagnostic study of gender conditions; the Honduran Women and Family Association had begun activities to test the strategy; INPPARES in Peru had included some quality of care standards in their organizational quality manual; and the Altagracia hospital in the Dominican Republic had conducted the baseline study.

Based on these initial results of the follow-up, SEDES in Bolivia, the Honduran Women and Family Association, INPPARES, Peru and the Salvadoran Institute of Social Security (ISSS) were offered additional technical assistance during October and November 2007. SEDES in Bolivia requested training sessions for all their health centers and hospitals, but resources were not available. Although FRONTIERS offered to provide a training of trainers workshop, SEDES could not gather support from the health regions to send staff to the course before the end of the project. They were put in contact with PROCOSI for further technical assistance.

The Honduran Women and Family Association and INPPARES requested the donation of manuals and the IEC materials that had been developed for the previous projects. ISSS was provided technical assistance to modify the forms in the guides and the information system to fit their MIS. The FRONTIERS project monitor made an on-site visit in November to help ISSS staff review and analyze baseline data and present the results to ISSS top managers. On-site visits were made to two clinics to help prepare workplans using their baseline data.

In all cases we recommended workshop participants as a source for technical assistance to other agencies. PROCOSI is currently conducting a second round of certifications for an expanded number of clinics that belong to organizations that participated in the OR study, as well as for clinics that belong to organizations that did not participate in the OR study.

CONCLUSIONS

The workshop objectives were met:

- The Reference Guides for Institutions and Establishments Seeking Certification as a Provider of Quality Reproductive Health Services with a Gender Perspective were modified for the workshop and improved with the participants' feedback. The Reference Guide will facilitate the replication and scaling-up of the intervention.
- Participants prepared workplans to utilize the OR project results.
- Follow-up of workshop activities was conducted and technical assistance was provided to participants as demanded to help them in utilization of results.
- Less than six months after the workshop ended, there were clear indications of substantial use of OR study results in at least four organizations in four different countries: Bolivia, El Salvador, Honduras, and Peru.

APPENDIX 1: PARTICIPANTS BY COUNTRY AND INSTITUTION

Country	Name	Position	Institution	Email
Bolivia	Dr. Shirley Rocabado	Responsible of AIEPI, School and Adolescents	SEDES/MOH	shirleyrocbado@yahoo.com
Bolivia	Dr. Gonzalo de la Fuente		SEDES/MOH	gdelafuente@acelerate.com
Costa Rica	Carmen Marín	Population Center	U of Costa Rica	cmarin@ccp.ucr.ac.cr
Costa Rica	Erica Masis	Netsalud	Ministry of Health	emasis@netsalud.sa.cr
Costa Rica	Edda Quirós		MOH	eddaquiros@hotmail.com
Costa Rica	Ileana Quirós		Social Security	iquiros@ccss.sa.cr
Costa Rica	Soledad Díaz	Director	Madreselva, NGO	madreselva06@yahoo.com
Ecuador	Inés Herrera	Evaluation Director	CEMOPLAF, NGO	cemoplaf@uio.satnet.net
Ecuador	Cecilia Suárez	Health Center Director	CEMOPLAF, NGO	cemoplaf@uio.satnet.net cemoplaf_evaluación@yahoo.com
El Salvador	Dra. Esmeralda Ramírez	Family Planning	MOH	eramirez@mspas.gob.sv
El Salvador	Dr. Jorge Cruz González		MOH	jcruz@mspas.gob.sv
El Salvador	Dra. Irma Georgina	Preventive Health Div.	Social Security	irma.santamaria@isss.gob.sv
El Salvador	Dr. Roberto Águila	Planificación Familiar	Social Security	roberto.aguila@isss.gob.sv
Guatemala	Carmen Lissette Vanegas		MOH	lizvanegas@hotmail.com
Guatemala	Marline Paz		MOH	pamarlin@gmail.com
Guatemala	Claudia Solís Mérida		UNDP	claudiasolism@gmail.com
Guatemala	Blanca de Rodríguez		UNDP	bemj58@hotmail.com
Guatemala	Alba García		APROFAM, NGO	agarcia@aprofam.org.gt
Guatemala	Dalila de la Cruz		APROFAM, NGO	dcruz@aprofam.org.gt
Honduras	Ma. Elena Vázquez de Pérez		ASHONPLAFA, NGO	mperez@ashonplafa.com
Honduras	Gricela Soriano, San Pedro Sula		ASHONPLAFA, NGO	gsoriano@ashonplafa.com
Honduras	Zoila Padilla, San Pedro Sula		Honduran Women and Family Association	zoila.padilla@sulonet.net
Honduras	Lic. Concepción Cáceres	Executive Director, San Pedro Sula	Honduran Women and Family Association	concepcion.caceres@sulonet.net
Peru	Rosa Luz Elías Calderón	Community Clinics Administrator, Lima	INPPARES, NGO	relias@inppares.org.pe
Peru	Marta Luisa Díaz Castañeda	Evaluation Departament	INPPARES, NGO	mdiaz@inppares.org.pe
Peru	María Orellana	Chimbote Clinic	Red Plan / INPPARES, NGO	maryorellanaloli@yahoo.es
Peru	Carmen Ortiz	Registered Nurse	Red Plan / INPPARES, NGO	cortiz@inppares.org.pe
Dominican Republic	María Toribio		PROFAMILIA, NGO	mtoribio@profamilia.org.do
Dominican Rep	Odette Ulloa		PROFAMILIA, NGO	ulloa@profamilia.org.do
Dominican Republic	Dr. Héctor Eusebio	Maternal/Child and adolescents	MOH	dr.eusebio@codetel.net.do
Dominican Republic	Dra. Addis Domínguez	Coordinator Gender Program	MOH	addis.dominguez@gmail.com

APPENDIX 2: WORKSHOP AGENDA

Schedule	Theme or Activity	Presenter/ Moderator
DAY ONE	Tuesday, June 26, 2007	
19:30 – 22:00	Welcome dinner	
DAY TWO	Wednesday, June 27	
7:15 – 8:00	Breakfast	
8:00 – 8:45	Registration of participants	
9:00 – 9:15	Inauguration and welcome	Dr. Carballo, Vice-Minister of Health, Costa Rica
9:15 - 10:00	The context of a gender perspective in reproductive health programs.	Soledad Díaz, Madreselva, Costa Rica
10:00 – 10:45	Reproductive rights, gender and poverty.	Ana Elena Badilla, UNFPA Consultant Costa Rica
10:45 – 11:00	Break	
11:00 – 11:15	Objectives and workshop contents.	Antonieta Martin, Population Council
11:15 – 11:45	PROCOSI's gender program and the study of its effects and costs <i>Objective:</i> Inform participants about the background of the accreditation strategy. <i>Expected result:</i> Participants will hear about the original strategy to incorporate a gender perspective to health programs and its cost-effectiveness.	Erica Palenque, PROCOSI
11:45 – 12:15	PROCOSI's experience with the accreditation strategy <i>Objective:</i> Present to participants the experience of a few NGOs during the accreditation process. <i>Expected results:</i> Participants will learn about the obstacles they will face in their organization when implementing the strategy and will be able to prepare a work proposal to confront these problems.	Marleni Narváez, CEMSE
12:15 – 13:00	Results of the PROCOSI accreditation strategy test <i>Objective:</i> Present the results and methodology used by different NGOs. <i>Expected result:</i> Participants will have a general idea of the strategy, how is it implemented and what results can be obtained.	Patricia Riveros, Population Council
13:00 – 14:00	LUNCH	

14:00 – 14:45	Introduction to the accreditation strategy to provide quality services with gender perspective <i>Objective:</i> Present a vision of the guides and procedures used to obtain the accreditation. <i>Expected result:</i> Participants will know the components and instruments used in the strategy.	Marleni Narváez
14:45 – 16:00	Evaluation standards – Self-Training Guide (discussion) <i>Objective:</i> Review the Self-Training Guide to see the quality and genders standards used in this guide. <i>Expected result:</i> Participants will learn how to use the self-training guide and every standard proposed. In this session, participants will identify the needs to modify standards in their organization.	Patricia Riveros
16:00 – 16:15	Break	
16:15 – 17:30	Evaluation standards (discussion) – continued...	Erica Palenque
DAY THREE June 28, 2007		
7:30 – 8:30	Breakfast	
09:00 – 10:00	Evaluation Instruments <i>Objective:</i> Explain how to use each of the three evaluation instruments. <i>Expected result:</i> Participants will learn how to apply the evaluation instruments.	Patricia Riveros
10:00 – 11:00	Practicing the use of evaluation instruments	Participants
11:00 – 11:15	Break	
11:15 – 12:15	Enter data and analyze it <i>Objective:</i> How to enter data to the information system (manually or by computer). In the case of a manual system, explain how to analyze the data. <i>Expected results:</i> Participants will learn how to enter and analyze data from evaluation instruments.	Marleni Narváez
12:15 – 13:00	Practicing how to enter and analyze data	Participants
13:00 – 14:00	Lunch	
14:00 – 14:30	Workplans <i>Objective:</i> How to elaborate work plans to improve indicators. <i>Expected result:</i> Participants can elaborate a workplan using the results of the internal evaluation.	Erica Palenque
14:30 – 15:00	Practicing on how to elaborate a workplan	Participants
15:00 – 16:00	Evaluation process <i>Objective:</i> Review how evaluation teams are organized; how to estimate samples for observations and interviews; how to write a final report; how the accreditation and re-accreditation ceremonies are organized. <i>Expected results:</i> Participants will learn how to implement these activities.	Patricia Riveros
16:00 – 16:15	Break	

16:15 – 17:00	Collecting data on costs <i>Objective:</i> Explain how to collect data on costs, which are the collection instruments and the process to obtain results. <i>Expected results:</i> Participants will learn to do cost studies and use their results.	Erica Palenque
17:00 – 17:30	Technical assistance and follow-up <i>Objective:</i> Explain how follow-up activities are planned as well as the technical assistance that can be offered. <i>Expected results:</i> Participants will get information on how to prepare their workplans to get follow-up T/A.	Patricia Riveros
DAY FOUR June 29, 2007		
7:30 – 8:30	Break	
09:00 – 11:00	Write a proposal to implement the strategy in your organization <i>Objective:</i> Each organization will write a proposal with the background, action plans and technical assistance needed. <i>Expected result:</i> Develop a workplan for at least one service point and for the administrative offices in each organization.	Participants
11:00 – 11:15	Break	
11:15 – 13:00	Preparation of a proposal to implement the strategy in your organization	Participants
13:00 – 14:00	Lunch	
14:00 – 16:00	Proposal presentations <i>Objective:</i> Each organization presents its proposal to implement the accreditation strategy and gets feedback from moderators and other participants. <i>Expected result:</i> Develop a reviewed proposal which includes feedback.	Participants
16:00 – 16:15	Break	
16:15 – 17:00	Proposal presentation (continued...)	Participants
17:00 – 17:30	Review commitments and workshop evaluation <i>Objective:</i> Establish dates and mechanisms to be in touch with the Population Council and PROCOSI in the future. <i>Expected result:</i> Maintain contact with participants to implement the strategy.	Toni Martin
17:30 – 17:45	Closing	Patricia Riveros

APPENDIX 3: TECHNICAL ASSISTANCE PROVIDED TO INSTITUTIONS AND PROGRESS OF ACTIVITIES

As of September, 2007

Organization and contacts	Activities reported
Bolivia SEDES / Ministry of Health Shirley Rocabado <i>In charge of the AIEPI Program for School-Age Children and Adolescents</i> Gonzalo de la Fuente <i>Hospital Director</i> Silvia Villarroel <i>Program Manager</i>	<p>First formal meeting with Dr. Gonzalo de la Fuente to review the action plans presented at the workshop; although they have not changed much, he has requested a meeting with the highest level of SEDES directors to discuss the plans.</p> <p>Coordination of activities with the Hospital in Pampahasi Bajo. However, since this hospital depends on the SEDES <i>Star Project</i>, there are certain aspects that the parts are still negotiating</p> <p>The activities included in the action plan have been initiated with a presentation of the project to hospitals and health centers that could participate in the process. However, they have not yet found personnel for the training sessions. Most activities are financed by PAHO.</p> <p>PAHO hired two consultants (a doctor and an engineer) to launch the diagnostic process. The plans for 2008 include the involvement of hospital staff for this activity which has to be negotiated with PAHO.</p> <p>The baseline study was completed in all hospitals working with the <i>Star Project</i> and selected clinics for adolescents. The <i>Star Project</i> is a strategy that SEDES has been implementing for the past five years in order to improve the quality of care in health services. We still need information on the names of all participating centers.</p> <p>Several workshops have been implemented in various health networks. A workshop on concepts and gender perspective for personnel at youth centers is still pending due to lack of facilitators.</p> <p>SEDES has requested assistance from FRONTIERS for training activities and to develop IEC material on the related topics.</p>
Ecuador CEMOPLAF	Emails have been sent to CEMOPLAF to request information on their progress activities; however we have not received a response yet.
El Salvador Ministry of Health	Emails have been sent to the MOH but we have not received any information.
El Salvador ISSS Roberto Águila <i>Family Planning Office</i> Irma G. Santamaría	The Salvadoran Institute of Social Security (ISSS) changed some personnel functions, which resulted in delays of the project activities. However, Dr. Roberto Águila and Dr. Georgina Santamaría have continued working on the action plan for presenting it to Family Planning and Woman's Program officials.
Guatemala Ministry of Health Lissette Vanegas	They have requested a meeting with the MOH's high authorities to review the action plan and begin activities. They have not received an answer yet.

Organization and contacts	Activities reported
Guatemala UNDP	Emails have been sent to UNDP but we have not received any feedback yet.
Guatemala APROFAM Dalila de la Cruz	They have presented the project to the Executive Director. He is very interested in the project, and is looking for external funding to implement the activities. Their proposal includes 30 health centers where the project would be implemented.
Honduras ASHONPLAFA	Emails have been sent to ASHONPLAFA but we have not received any feedback yet.
Honduras Honduran Women and Family Association	The strategy has been presented to Health Center personnel.
	They sent us the first draft of their action plan. Some indicators had observations, so they needed to modify the plan.
Concepción Cáceres <i>Executive Director,</i> <i>San Pedro Sula</i> <i>Center</i>	They sent their final action plan, which had minor observations. Their action plan was approved, and they started activities.
Zoila Padilla	They decided to eliminate the creation of a space for childcare, but clinic personnel will help watch the client's children if necessary.
Peru INPPARES Martha Díaz <i>Evaluation Office</i> Geovanna Romero <i>Administrative</i> <i>Manager</i> Carmen Ortiz <i>Provider Red Plan</i>	They sent the first draft of the action plan, which had some inconsistencies, so they reviewed it. Activities will be implemented in the Los Olivos Health Center, which has been offering services for 13 years and is one hour away from the INPPARES headquarters.
	Los Olivos has 8 health providers and offers reproductive health services, general medicine, nutrition, and psychological consultations. They also coordinate health fairs with the Ministry of Health.
	INPPARES sent a reviewed version of their activities plan which still had some problems. They finally sent a version of the action plan, which was approved.
	INPPARES managers also reviewed the action plans to make sure that the strategy applies to all health centers.
	They had a "Manual of Quality for the Organization", so they adapted the indicators according to their needs. They also requested assistance to develop materials on quality of care for the health centers.
Dominican Republic PROFAMILIA Mayra Toribio	They will be presenting the strategy and action plan to the head of the Quality of Care Office. According to the draft version of their action plan, they comply with most of the indicators, so they feel that they do not need to work much to obtain the highest score.
	They are working on next year's budget to include funds for this project.
Dominican Republic Ministry of Health Addiz Dominguez <i>Coordinator Gender</i> <i>Program</i>	Their plan is almost finished. They need to complete the budget. They have completed the baseline of Hospital Santa Gracia, and will be presenting the plan to PAHO for financing.