



**MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE
(MSPAS)**

REPUBLIC OF EL SALVADOR, CENTRAL AMERICA

CASE STUDY

INTERSECTORIAL EXPERIENCE IN THE EMPOWERMENT OF ADOLESCENT GIRLS

FINAL REPORT

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INTRODUCTION

The present report contains a case study of Republic of El Salvador's experience with intersectorial work. It analyzes the experience of the Integrated Care Unit for Adolescent Health of the Ministry of Public Health and Social Assistance (MSPAS) in working with various sectors, focusing on the Inter-Agency Program for the Empowerment of Adolescent Girls (PIEMA) as a contributor to health equity.

The report begins with the context in which the intersectorial intervention took place with the support of the inter-agency initiative to contribute to the work of Empowerment of Adolescent Girls.

It outlines the process of integration among the cooperating agencies whose expertise is most closely related to the health sector (Pan-American Health Organization, United Nations Population Fund), aimed at optimization of resources and improving the results of technical and financial cooperation with these agencies.

The work carried out at the different levels is presented, along with the results achieved and outcomes realized.

The lessons learned represent an important element to be taken into account in connection with future programs, so as to strengthen many of the interventions by improving mechanisms used in the intersectorial process and with the innovative initiative of being combined with inter-agency support.

SUMMARY

Social participation is one of the policies of the Ministry of Public Health and Social Assistance (MSPAS) of El Salvador, and intersectoriality is one of its lines of work. Management committees made up of representatives of the population and several non-governmental organizations have been organized at the local level.

The National Program for Integrated Health Care (*Programa Nacional de Atención Integral de Salud*) promotes intersectoriality in the field of adolescent care so as to work in an integrated manner with this population. The program can point to concrete experiences, such as the project carried out in the northern part of San Salvador where, with the facilitation of health personnel, juvenile networks were formed that signed agreements with municipal governments. In departments in the Eastern Health District, juvenile networks of adolescents received support from sponsor networks made up of a number of different actors from civil society and institutions.

A similar initiative was been carried out in the Southern SIBASI (*Sistema Básico de Salud Integral - Basic Integrated Health System*) where programs in support of youth were developed through the local health establishments in conjunction with the University of El Salvador, municipalities and representatives of government and non-government institutions, with assistance from the Canadian International Development Agency (CIDA) and the University of Montreal in Canada.

The Inter-Agency Program for the Empowerment of Adolescent Girls (*Programa Interagencial de Empoderamiento de las Mujeres Adolescentes* or PIEMA), established on the initiative of the group of United Nations agencies UNDP, UNFPA, FAO, UNICEF and PAHO, became a means of strengthening the policies of the Ministry of Health on intersectoriality and, in the specific case of this study, promoting intersectoriality in favour of the adolescent population, particularly females. Technical and financial support were received from the United Nations agencies, particularly UNFPA and PAHO, with each agency contributing its particular expertise.

With the intersectorial approach strengthened with the support of PIEMA, benefits for the adolescent girls were enhanced through the development of human resources. New areas of specialized care for adolescents were opened up, expanding accessibility to 48,034 adolescents who received integrated care in the various new areas. A strategy of Information, Education and Communication was implemented through non-conventional methodologies such as a mural painting contest on the topic of birth control for adolescents, where the first three places went to adolescents participating in the National Program for Integrated Adolescent Health Care run within the Health Units. Students from educational centres, municipalities and NGOs participated. Informative, educational and audiovisual material on sexual and reproductive health (SRH) was prepared, and economic revenue-generating projects were developed, creating 11 micro-enterprises managed by 120 adolescent girls.

The educational model established by the National Adolescent Program (*Programa Nacional de Adolescentes*), which was adopted by the various participating organizations, encourages the development of life skills by adolescent boys and girls, along with risk reduction in the area of SRH.

Lessons learned:

- The leadership provided by the Ministry of Public Health and Social Assistance through the Integrated Care Unit for Adolescent Health (*Unidad de Atención Integral en Salud de Adolescentes*), which helped to strengthen the ability to respond to the needs of this population group and ensure program sustainability, was vital.

- For initiatives like this one aimed at empowering adolescent girls to be viable and sustainable in the long term, it is essential to seek the participation and commitment of local governments and other government institutions.

It is feasible to share funds among the participating agencies in order to optimize funding and avoid duplication of efforts in projects aimed at the adolescent population.

METHODOLOGY

The case study on the Inter-Agency Program for the Empowerment of Adolescent Girls (PIEMA) drew on the following primary and secondary sources of information:

Primary sources of information:

The main sources of information for the study were the liaison officer of the PAHO in El Salvador and the manager of the Adolescent Care Unit of MSPAS. These two individuals assisted in coordinating the study, were consulted in the study methodology, and were interviewed as key individuals in the process due to their expertise and knowledge of the case. Another key person was the liaison facilitator for PIEMA at the UNFPA.

Secondary sources of information:

A review of the literature on interventions with adolescent populations was carried out, with emphasis on studies related to the PIEMA, in order to identify implementation mechanisms, the results and impacts of interventions.

A variety of documents were consulted, including annual reports on the program, working documents, conceptual frameworks, evaluations, presentations, work plans, newsletters, and the basic framework document for PIEMA, as well as web pages of organizations and government institutions working with adolescent populations.

Semi-structured interviews were held using instruments previously designed and approved by the Integrated Care Unit for Adolescent Health. The respondents were PIEMA actors, and the interviews were held at their workplaces and in the community.

A total of 15 interviews were conducted: five with key individuals, five with operational facilitators and five with beneficiaries of the program.

For purposes of collecting information, contacts were established through the Adolescent Care Unit, which facilitated communication with the local level and with beneficiaries at the community level. Individuals at the operational level were chosen at random and interviewed in their locales.

At the final stage, a meeting was held with the team from the Adolescent Care Unit that was involved with PIEMA.

1. CONTEXT

Contextual factors at the start of the project

With a surface area of 21,040.79 km² and a population of 6,154,079 inhabitants (DIGESTYC), El Salvador is the most densely populated country in Latin America with 299 inhabitants per km². The departments with a density higher than the national average are San Salvador, La Libertad and Sonsonate with 2,184, 400 and 359 inhabitants per km² respectively, and the least densely populated is Chalatenango with 97 inhabitants per km².

Statistics show that more than half the Salvadoran population (58.1%) lives in urban areas. Years of population displacements from rural areas have resulted in heavier than average migration toward the metropolitan area of San Salvador.

The adolescent population at the start of the project had the following characteristics:

- Of every ten women of reproductive age (15 to 49 years), three are adolescents. Forty-six percent of the population is under the age of 20 and 21.4% are adolescents between the ages of 10 and 19.
- With respect to reproductive health, the risks associated with precocious sexual activity are: early pregnancy, short intervals between pregnancies, little or no access to prenatal care or institutional delivery, preventable maternal death, induced abortion, irresponsible paternity and risk of STDs and HIV/AIDS.
- In 1999, one third of all births in institutions were of adolescent mothers aged 10 to 19. Of the total live births reported of adolescent mothers, 7% were underweight at birth and 0.8% died. Data from FESAL-98 indicate that of all pregnant adolescents who were married or had a steady partner, 15% said the pregnancy was wanted and half said they wanted to postpone pregnancy or extend the interval between pregnancies.
- The average birth rate for adolescent girls without education was 231 per 1000, compared to 32 per 1000 for those with Grade 10 education or higher. The average birth rate in rural areas was 150 per 1000 adolescent girls compared to 87 per 1000 in urban areas. Similarly, 6 out of 10 adolescents below the age of 15 and 5 out of 19 between the ages of 15 and 19 reported that they became pregnant for the first time while they were neither working nor going to school. The number of children was reduced by half in those who reported working or attending school.
- Of every 100 adolescent mothers, 28 had sexual relations for the first time before the age of 18, and 31 before the age of 20. Two out of 10 have had at least one live birth. Similarly, 4 of 10 women of child-bearing age report having borne their first child before the age of 20.
- Data from FESAL-98 about the reaction of adolescent boys to first pregnancy indicate that only 6 out of 10 offered to legalize the union. Of all adolescents aged 10 to 18 who dropped out of school, 51% were women, of whom 0.8% left school due to pregnancy.
- According to data from the Ministry of Public Health and Social Assistance (MSPAS, 1999), 23 of every 100 clients enrolled in prenatal programs were adolescents aged 10 to 19.

- Of the total number of institutional deliveries by adolescents, 24.2% were by Caesarean section.
- For 1999, the institutional maternal mortality rate was estimated at 40 deaths per 100,000 live births. Of these 29% were adolescents.
- From 1984 to 1999, of the 2742 cases of AIDS identified, 2.7% were in adolescents aged 10 to 19, and 16.3% in young adults from 19 to 24 years of age. Taking into consideration the incubation period of the disease, this latter group would have acquired the disease during adolescence.
- The incidence of seropositive tests in adolescents was 149 cases, 49.7% in males and 50.3% in females. The departments with the highest incidence were San Salvador, Santa Ana and La Libertad (UNAIDS, 1999).
- From January 1996 to March 1997, the Institute of Forensic Medicine of El Salvador reported that 63% of rapes were committed against adolescent girls between the ages of 10 and 19. The majority of sexual violence against adolescent girls is committed within the family. FESAL-98 reports that for 6 out of 10 girls younger than 10 and 1 out of 3 girls aged 15 to 19 who were victims of sexual violence, the aggressor was related to or well known to them.
- In 1996, 57% of recorded deaths of adolescents were due to causes such as homicide, vehicle accident, other accidents or suicide. The principal cause of death in adolescent males is homicide, and in adolescent females suicide (DIGESTYC, 1996).
- MSPAS data for 1999 show that of every 100 deaths in hospital, 6 were adolescents, confirming the causes given above: for males, trauma and poisoning, and for women, poisoning and septicemia, in most cases related to pregnancy. According to the same source, during this period there were 3.6 abortions reported per 1000 women of reproductive age. Of the total abortions, 1.9% were induced or provoked (septic); 95.2% were spontaneous and 2.9% were spontaneous and septic.
- According to studies by FEPADE 1998, 28% of adolescents of both sexes have been employed in a paid, productive activity of some kind, but only 11% were working at the time of the survey.

The country's conditions of vulnerability, whether social, economic or political, are structural in nature, and are further exacerbated by recurrent vulnerabilities of an environmental nature.

In 2001 a series of large-magnitude seismic events impacted significantly on the country and the population in general, causing severe damage to infrastructure and a decline in the quality of life of Salvadoran families. The consequences aggravated the existing conditions of poverty and cast the structural weaknesses in even starker relief. Studies carried out by the Economic Commission for Latin America and the Caribbean (ECLAC) and other agencies identified impacts in an area comprising 136 municipalities. ECLAC estimates put total losses caused by the two earthquakes at US\$ 1,603.8 million.

The level of poverty in the country rose from 47.5% to 51.1% and the level of extreme poverty from 20.3% to 23.6%, affecting mainly people in rural areas. The rise in poverty levels was concentrated in the departments of San Vicente, La Paz, Cuscatlán and Usulután.

At the same time, the rise in poverty levels affected those in the child and adolescent age group (0 to 17 years) more strongly, with poverty in this group increasing by 3.8% and extreme poverty by 4.1%. In absolute terms, 98,000 children joined the 1.47 million children already living in a situation of total poverty before the earthquake.

In a society like that of El Salvador in which the patriarchal model predominates, girls are discriminated against both on the basis of age and of sex, and in general are perceived as a problem. They do not receive the attention they need, and they do not have access to the same opportunities for development as boys of the same ages. They are exposed to many risks in the areas of sexual and reproductive health, violence, etc. An empowerment proposal with a focus on rights and gender awareness provides an opportunity to undertake an initiative focussed on this population from the point of view of individual and social potentials and skill building.

In 1999, a study carried out by the Ministry of Education/UNESCO/PAHO/WHO revealed that the family constitutes a first major barrier to the delivery of sex education in the classroom. Although teachers expressed the need for sex education, they acknowledged they were insecure about dealing with the topic due to lack of information and training. The teachers that do tackle sex education do so in relation to animal and vegetable reproduction because they do not have an integrated concept of sexuality as physical, psychological and social well-being.

**ADOLESCENTS WHO WORK AND ATTEND SCHOOL,
BY REASON FOR WORKING AND BY SEX**

REASON FOR WORKING	TOTAL %	MALE %	FEMALE %
Family necessity	50	48.8	53.8
Subsistence	11.1	9.8	15.4
To pay for school	13	14.6	7.7
Enjoy working	20.4	19.5	23.1
Other	5.6	7.3	0

Source: FEPADE, 1998

The “Inter-Agency Program for the Empowerment of Adolescent Girls in El Salvador” (*Programa Interagencial de Empoderamiento de la Mujer Adolescente* or PIEMA) is an initiative of the UN Inter-Agency Network on Women and Gender (IANWGE), a network of gender focal points within the following agencies: UNICEF, UNFPA, UNDP, PAHO/WHO, FAO, WFP and the UN volunteer programme UNV. Its aim is to contribute to providing integrated responses to the needs, interests and demands of adolescent girls in general, and of those in rural and marginalized urban areas in particular, taking into account cultural, social, political and economic aspects and involving a variety of actors from a gender and human-rights perspective.

The Cairo Programme of Action called for a number of measures. Among these were:

- Reproductive health-care programmes should be designed to serve the needs of women including adolescents and must involve women in the leadership, planning, decision-making, management, implementation, organization and evaluation of services. Governments and other organizations should take positive steps to include women at all levels of the health-care system.
- Innovative programmes must be developed to make information, counselling and services for reproductive health accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning, domestic and child-rearing responsibilities and to accept the major responsibility for the prevention of sexually transmitted diseases.
- Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies. (Programme of Action of the United Nations International Conference on Population and Development, Cairo, Egypt, 1994).

Another convention equally as important as that adopted in Cairo is the Beijing Conference.

The Beijing Conference

The Fourth World Conference on Women renewed the commitment of the international community to the objectives of equality between the sexes, development and peace for all women, and ensured that the topic of advancement of women was brought forward into the 21st century.

The 12 critical areas of concern identified in the Platform for Action, considered representative of the principal obstacles to the advancement of women, are:

- women and poverty
- education and training of women
- women and health
- violence against women
- women and armed conflict
- women and the economy
- women in power and decision-making
- institutional mechanisms for the advancement of women
- human rights of women
- women and the media
- women and the environment
- the girl-child

Of these areas of concern, PIEMA primarily addressed the following: women and poverty, training, health, violence, decision-making and human rights. The program focused on strengthening the role of women and on equality between the sexes as both a means and an end in the fight against poverty.

As part of the United Nations system, [El Salvador] supports the inter-agency effort to strengthen intersectoriality and thus contribute to the elimination of all forms of discrimination against women. In

keeping with the Secretary General's reform of the United Nations system, the situation of women is approached in an integrated, multisectorial, multidisciplinary and participative form, by means of inter-agency coordination and the involvement of government and non-government institutions, with the aim of creating synergies and capitalizing on and encouraging successful experiences, in order to achieve the greatest and most favourable impact and avoid duplication of effort.

Characteristics of the political environment

El Salvador is a country with a democratic system. Its state structure is made up of three branches of government: the Legislative, Judicial and Executive. The latter is composed of the Presidency of the Republic, supported by four secretariats and a Council of Ministers representing the various areas of intervention by the state such as Education, Health, Housing, Agriculture, Justice, Labour, Economy and others. The Council of Ministers makes decisions about public policies to be carried out on the national territory. The implementation of many of these policies requires laws and regulations, which are approved by the legislative branch, entailing an advocacy process in which government policies, laws and regulations submitted for approval are debated.

The Ministry of Public Health and Social Assistance (MSPAS) plays the lead role in public health policy, proposing policies, draft laws and regulations, and technical standards that contribute to health equity in the various population groups.

The Integrated Care Program for Adolescent Health (*Programa de Atención Integral en Salud de Adolescente*) has made an active contribution to the elaboration of the National Policy on Children and Adolescents with the National Family Secretariat and to the development of the Ten-Year Plan for Youth (*Plan Decenal de Juventud*) with the National Youth Secretariat. It has participated as part of the technical team on the development of the Ministry of Health's National Plan on Reproductive Health, defining specific indicators for follow-up of the youth population.

Macroeconomic policy

In the new world economic order, the process of gradual and progressive removal of tariff barriers will continue, along with the elimination of non-tariff barriers through modernization of national laws and harmonization with the principles of the World Trade Organization, Central American Economic Integration, the Customs Union, and international treaties with the countries of Central America and with Mexico. Among the aims are to improve competitiveness, strengthen exports and promote domestic and foreign investment, develop free-trade zones and strengthen financial incentives, as well to protect consumer rights and provide greater access to credit for micro-enterprises and the informal sector.

With respect to macroeconomic indicators, per capita GDP at constant prices has increased in recent years relative to the average for the 1990-1994 period, from \$1011 (1990-1994) to \$1199 (2000-2004). Similarly, per capita consolidated public sector spending, in current prices, rose from \$380 (1990-1994) to around \$600 (2000-2004).

It should be noted that the indicator "consolidated public sector spending" includes the total of expenditures by the central government, non-commercial decentralized agencies, and public-sector enterprises. This variable represented 26% of GDP during the period 2000-2004, similar to the percentage during the 1990-94 period.

According to figures of the Central Reserve Bank, remittances and foreign debt represented, on average during the 2000-2004 period, 14% and 49% of GDP respectively.

On the other hand, the annual inflation rate has declined in recent years, from 12.7% in 1990-1994, to 3.3% in 2000-2004.

Statistics obtained from the National Health Account studies for El Salvador show that public spending on health represented 3.5% of GDP for 2000-2004, while private health spending accounted for 4.4% of GDP for the same period. This highlights the relative importance of private spending on health in El Salvador, an important component of which is out-of-pocket spending on health by households, which represents 53% of the total national health expenditure.

The relative importance of private spending on health, concretely that by households, has been a constant since the financial costs of the health sector in El Salvador have been published (1996).

In the three periods 1991-94, 1995-99 and 2000-2004, total poverty (extreme and relative) has been higher in rural than in urban areas; the disparity is more pronounced with respect to extreme poverty, in that the prevalence of persons living in socio-economic conditions below the extreme poverty line is greater in rural areas.

Nevertheless, in relative terms, levels of poverty in El Salvador have declined in recent years. In 1991-94 persons living in relative poverty represented around 32% of the total population while persons living in extreme poverty represented 30%. In 2000-2004, those indicators declined. In fact, statistics show that in that period 25% of the population lived in relative poverty while 18% lived in extreme poverty. Despite this decline, a substantial proportion of the Salvadoran population still lives in poverty.

Labour policies

The work of the Ministry of Labour and Social Forecasting is closely linked to the need to guarantee the fulfilment of the rights and obligations of workers and employers.

The Ministry of Labour is responsible for enforcing labour legislation, which includes: employment standards, conventions ratified with the International Labour Organization, including the commitment to eradicate the worst forms of child labour, the Salvadoran Organization and Functions Act, Pensions Act, Equal Opportunity Act (employment equity), and the Guide to Labour Rights and Obligations.

Statistics show that, of all jobs generated in the country in the years 1991-94 (947,642), 53% were in the formal sector, and the remaining 42% in the informal sector. More recently (2000-2004), the ratio was 68% in the formal and 32% in the informal sector for a total of 1,483,456 jobs created.

Despite the foregoing and even though the gap between males and females employed in the formal sector narrowed, it is still true that, in absolute numbers, more men than women are employed in the formal labour market, which is associated with better working conditions and benefits, and higher pay.

From 1991-1994, women represented 35% of total employment generated in the formal sector; for 2000-2004 the percentage increased to 45%, thus reducing the gap between males and females in the formal sector.

An important variable of analysis that is directly linked to childhood risks is the rate of child labour. The data indicate that this rate went from 20.1% in 1991-94 to 12.7% in 2000-2004, reflecting efforts El Salvador has made to reduce the worst forms of child labour.

Engagement in productive activities by adolescents is considered a limiting factor for their full development. In many cases adolescents are forced to work because of poverty in their households. This prevents them from continuing their education and also exposes them to risks to health and life. Ministry data show that 66.6% of adolescents attend school only, 12.3% work and do not attend school, 6% work and attend school, and 15% neither work nor attend school; by sex, 30% of adolescent males and 14% of adolescent females work (MSPAS/PAHO 2000).

Social indicators

During the most recent five-year period under consideration, there have been significant improvements both in access of the population to potable water (73%) and in conditions of education (16.4[%] reduction in illiteracy rate, 105.8 primary school gross enrolment rate, and 1.6[%] [decline] in school drop-out rates. Since both of these variables directly affect quality of life and health of the Salvadoran population, efforts to improve them even further must continue.

Social welfare and medical care

The information contained in the PAHO/WHO Health Accounts provides an x-ray of health financing and spending in the countries of Latin America. For El Salvador, this information has been regularly generated since 1996, thanks to efforts coordinated by MSPAS together with other institutions like the Central Reserve Bank, the Directorate General of Statistics and Census, and the Salvadoran Social Security Institute (ISSS).

Out-of-pocket expenditures on health by households, according to the estimated data, are very similar to public spending on health (including MSPAS, ISSS, Military Health and Teacher's Welfare). This situation reflects the relative importance of households with respect to financing of the health sector in El Salvador, as discussed in previous paragraphs.

It should be noted that the elevated level of private spending on health, especially by households, has to do with limited coverage by health insurance systems (around 20%, including private coverage) and the high costs borne by households for, among other things, medications and laboratory tests.

HEALTH SPENDING IN THE LAST FIVE YEARS

Public health spending has represented less than half of total national spending on health every year, with a more pronounced reduction in 2004, when public health spending accounted for 38% of the 69.0 [sic] of national health spending. One of the aims of health reform for the coming years is to reverse this tendency, increasing the contribution of public spending on health and reducing direct, out-of-pocket spending on health by households.

National health spending dropped to 7.6% of GDP in 2004, after accounting for around 8% of GDP in the preceding years (except 2001 and 2003). Per capita spending in current values rose from \$161 in 1999 to \$184 in 2004.

Human development index

The human development index (HDI) shows year-over-year changes in a series of variables associated with quality of life, income and life expectancy. In general, the HDI has shown a gradual but constant improvement in quality of life and income for the Salvadoran population compared to the global

average. El Salvador went from position 59 of 108 countries in 1990 to position 104 of 177 countries in 2005.

Legal and institutional framework at the start of the project

The program was developed and initiated within the legal framework that forms the foundation for the development and review of policies, programs and activities aimed at the application of the fundamental rights of adolescents, by finding integrated, concrete and sustainable institutional answers to the needs and interests of adolescents in general and of adolescent girls in particular, based on gender equality and guarantees of gender rights. Government and non-government agencies focusing on adolescents principally offer services of care and rehabilitation.

The program responds to the international legal framework established by instruments such as the Cairo and Beijing conferences, which identified particular areas for agencies to work on, and it also responds to the [UN] Millennium Development Goals with respect to adolescent girls.

- The Political Constitution of the Republic of El Salvador, in Title 1, states that “it is the duty of the State to guarantee that its inhabitants enjoy liberty, health, culture, economic wellbeing and social justice”. Title 2, Chapter 1, Article 2 states that “every person has the right to life, to physical and moral integrity, to liberty, to security, to work, to property and ownership, and to be protected in the maintenance and defence of these rights”. Chapter II, Article 34 states that “Every minor has the right to live under family and environmental conditions that allow him or her to develop fully, and to this end shall enjoy the protection of the State”, and Article 35 states that “The State shall protect the physical, mental and moral health of minors and shall guarantee the right of minors to education and assistance”.
- The Family Code, adopted on 20 October 1993, contains chapters on the constitution of the family, filiation and family status, parental-filial relations, family assistance and guardianship of minors and the elderly.
- The 1999-2004 government plan known as the “*Nueva Alianza* (“New Alliance”)), in the section devoted to the “*Alianza Solidaria*” (“Solidary Alliance”), states that one of the most urgent challenges is to “generate conditions that promote equal opportunities for the development of women and at the same time strengthen the family”. Among the strategies it proposes is to “expand coverage and strengthen inter-institutional coordination of programs for the prevention of family violence and care for its victims” and to “strengthen programs that facilitate the productive work of women, including training programs”.
- The National Family Secretariat (SNF), in coordination with UNICEF and the PAHO, in November 2001 promulgated the National Policy for Integrated Development of Children and Adolescents. The SNF also submitted to the Legislative Assembly a draft project on a Code of Childhood and Adolescence. In the same vein, the SNF was behind the implementation of the national program “*País Joven. Tu Futuro es Hoy*” (Young Country, Your Future is Today), in close coordination with the Ministry of Education (MINED) as its main partner and with other government agencies, including the Ministry of Public Health and Social Assistance (MSPAS), Ministry of the Environment and Natural Resources (MARN), the National Council for Culture and the Arts (CONCULTURA), the National Institute for Sports in El Salvador (INDES), and the Salvadoran Institute of Professional Training (INSAFORP).

- The mandate of the Salvadoran Institute for the Protection of Minors (ISPM), now the Institute for the Development of Children and Adolescents (ISNA), is to oversee the implementation of the National Policy on Care of Minors created in 1990, following ratification of the Convention on Rights of the Child. This policy has been updated and revised by the various sectors involved such as Health, Education, Justice and Labour. Although the mandate of providing care to children who have suffered harm has been fulfilled, much remains to be done in the area of prevention.
- The Salvadoran Institute for Women's Development (ISDEMU) was created in response to the commitments undertaken by El Salvador at the Beijing Conference, to implement, follow up and monitor the fulfilment of the National Women's Policy issued in 1997. The aim of the policy is to "improve the condition and elevate the position of Salvadoran women, assuring that their participation in national development takes place under conditions of equality of opportunity relative to men and promoting co-responsibility among the sexes".
- As agencies aimed at promoting a culture of rights enforceability, the Assistant Attorney General's Office for the Protection of the Rights of the Child, with the support of international organizations including UNICEF, spearheaded the Program of Defenders of Human Rights of Children and Adolescents. These "*defensorías*" or human rights defenders subsequently became part of the Juvenile Unit of Human Rights Promotion.
- In the Salvadoran 1994-1999 National Health Plan, MSPAS set general strategic objectives to serve as guidelines for health programs in El Salvador. Under "Action Programs", it established a program of Adolescent Care (*Atención al Adolescente*), now organized as the Office of Adolescent Care (*Gerencia de Atención al Adolescente*), the goal of which is to "improve the level of health of Salvadoran adolescents through interventions aimed at health promotion, protection, recovery and rehabilitation by means of inter-institutional and intersectorial efforts". The work of this office is described as "prevention through promotional activities and educational support to strengthen the health and quality of life of adolescents through active and conscious participation by the societal actors in the health sector". Within this framework and as part of the process of modernization of the health sector, in 1997 the Office of Integrated Care for Adolescent Health (*Gerencia de Atención Integral a la Salud de Adolescentes*) was created as part of the Directorate of Integrated Care of the Person (*Dirección de la Atención Integral a la Persona*). With the support of UNFPA, this office initiated the execution of a project on Education for Sexual and Reproductive Health for Adolescents.
- The Health Care Standards for Adolescents (*Normas de Atención de Salud para los y las Adolescentes*) issued by MSPAS in 1998 as a follow-up to the 1994-1999 Health Plan recognized the importance of "providing specialized health care to the Salvadoran adolescent population, which constitutes one of the fundamental pillars of society not only because of its numbers but because of the potential and capacities that it represents for the future of the country". The standards seek to orient activities aimed at improving the health and well-being of this population, to coordinate efforts with other groups and institutions, and to involve adolescents directly.
- The 1999-2003 National Plan for Sexual and Reproductive Health approved by MSPAS in April 1999 was intended as an alternative in response to the needs of the population in the area of reproductive health. Based on the National Health Plan, it "coordinates, integrates and renders viable the multiple activities being undertaken by all institutions, both in the

health sector and in other areas”. It was designed to serve as a “guide and framework for the development of activities aimed at contributing to the solution of the problems in this area”.

- The Educational Reform currently under way (2000-2005), “*Desafíos de la Educación in Nuevo Milenio*” (Challenges in Education in the New Millennium) (MINED, 2000), was approved in January 2000 and is part of the government’s “*Nueva Alianza*” program. It falls within the framework of the Educational Reform launched by MINED in the early 1990s, with the aim of modernizing educational curricula and structures in El Salvador.
- MINED together with the National Family Secretariat (SNF) are promoting a number of projects directed toward adolescents, such as “*País Joven*”, in coordination with various government institutions (MARN, CONCULTURA, INSAFORP, INDES, INSAFOCCOP), using the *Casas de la Cultura* (Cultural Centres) in 14 municipalities as Centres for Integrated Adolescent Development. As part of the same project, and in coordination with National Youth Directorate of MINED, “Open Schools” (*Escuelas Abiertas*) are operating in 450 school facilities throughout the country. These are spaces offering vocational, artistic and sports education. The “Open Schools” are a national initiative that does not, as yet, receive international cooperation funding.

2. IMPLEMENTATION OF THE INTERSECTORIAL PROGRAM FOR THE EMPOWERMENT OF ADOLESCENT GIRLS

PIEMA AS AN EXPERIMENT IN INTERSECTORIALITY IN THE MINISTRY OF HEALTH

The proposal for integrated health reform presented in 2000 highlighted “social participation” as an important means of extending health service coverage and encouraging behavioural changes that would help to achieve better health and quality of life for Salvadorans. Social participation was therefore one of the nine lines of action put forward in the reform proposal. This created new challenges for improving the quality, quantity, efficiency and equity of health services.

Social participation is one of the policies of the Ministry of Public Health and Social Assistance (MSPAS) of El Salvador, and intersectoriality is one of its lines of work. The intersectorial approach is intended to encourage interaction and cooperation among different societal actors with the aim of preserving and improving the health of the inhabitants of the various communities. One of the strategies implemented at the local level as part of the intersectorial focus is the formation of management committees made up of representatives of the population and several non-governmental organizations to support the management of Health Units at the local level.

The National Program for Integrated Health Care (*Programa Nacional de Atención Integral de Salud*) promotes intersectoriality in the field of adolescent care as a way of working in an integrated manner with this population. The program can point to concrete experiences, such as the project carried out in the northern part of San Salvador where, with the facilitation of health personnel, juvenile networks were formed that initially received technical and financial support through a project of the PAHO. These networks received technical assistance from local health services, and advice and counselling from health educators working in the SIBASIs (*Sistemas Básicos de Salud Integral* - Basic Integrated Health Systems). In the course of implementing and building these networks, agreements were signed with municipal governments that created opportunities for citizen participation.

In departments in the Eastern Health District, juvenile networks of adolescents received support from sponsor networks made up of a number of different actors from civil society and institutions that provided and channelled resources to meet the needs of the adolescent population.

A similar initiative was carried out in the Southern SIBASI, where programs in support of youth were developed through the local health establishments in conjunction with the University of El Salvador, municipalities and representatives of NGOs and GOs, with assistance from the Canadian International Development Agency (CIDA) and the University of Montreal in Canada.

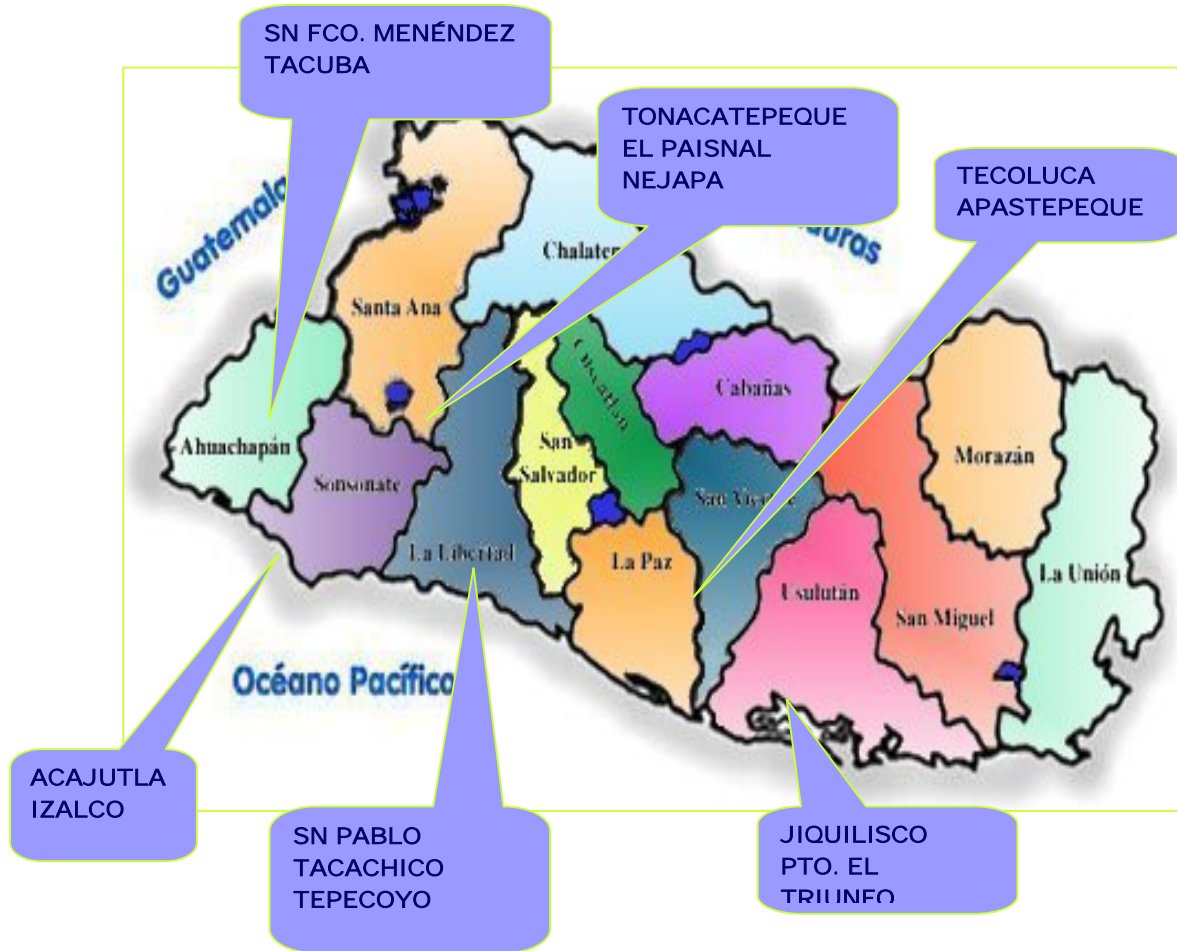
Objectives of the PIEMA program

General objective: To promote the empowerment of adolescent girls by strengthening their role as subjects of rights and duties in the area of human development.

Specific objectives:

- To encourage the active participation of adolescent girls, from the perspective of gender equity, in the project initiatives.
- To involve adolescent girls, from the perspective of human development, as allies in the transformation of structures and identities towards equity and equality of opportunity.
- To support the establishment and consolidation of specialized care and integrated health promotion services, with an emphasis on sexual and reproductive health.
- To create opportunities for organization and capacity-building by adolescent girls, with the goal of creating alternative revenue-generating enterprises.
- To participate in overseeing the process of generating proposals on reforms to the legal and institutional framework favouring the rights of adolescents.
- To raise awareness in the national and local media and gain their support for actions aimed at empowerment of adolescents.
- To encourage inter-agency coordination in providing resources for the benefit of adolescents.

Geographic location of projects



ACTORS IN THE PROCESS

CHIEFS OF AGENCY	IANWGE	FACILITATORS	COUNTERPARTS		ADOLESCENTS
			GOs	NGOs	
FAO	Focal Point	FAO	MAG Ministry of Agriculture and Ranching via CENTA (National Centre for Agricultural and Forestry Technology)	CORDES Foundation for Cooperation and Communal Development of El Salvador	18**
PAHO	Focal Point	PAHO	MSPAS Ministry of Public Health and Social Assistance Youth Secretariat	ACISAM CENIT ASTAC	
UNDP	Focal Point	UNDP	Office of the Mayor, Acajutla Municipality	PROCOMES Association of Communal Projects of El Salvador	4
UNFPA	Focal Point	UNFPA	MSPAS Ministry of Public Health and Social Assistance El Paisnal Municipal Clinic	ASAPROSAR Salvadoran Association for Rural Health	9
UNICEF	Focal Point	UNFPA	MINED Ministry of Education	AMMT Municipal Association of Women of Tecoluca FUNDE National Development Foundation IDHUCA Human Rights Institute of University of Central America INTERVIDA	

* Although the total number of adolescent girls was greater, 31 were chosen as representative to participate in the focal groups.

** The larger number of adolescent representatives is because the group in which CENTA was involved focused on actions by all of the agencies.

Direct actors

Five United Nations agencies intervened in the program (FAO, WHO/PAHO, UNDP, UNFPA, UNICEF), each with a corresponding Salvadoran government or non-government counterpart.

The other important group of direct actors is made up of the adolescent girls who were the target population of the program (5,000). Because one of the program objectives was to be inclusive, this group was made up of a formal sector and an informal sector. The first group was made up of girls attending school, recruited through schools and the Ministries of Health and Education. The second was made up of girls not attending school, mainly single mothers, pregnant teens and/or others who were at risk of not receiving an education. The intervention was delivered at the community level through the Ministry of Health, CENTA, NGOs and municipalities.

Indirect actors

This group was intended to be made up of, generally, parents, secondary school teachers, officials of health facilities, staff of *Casas de Encuentro* (youth centres) and Offices of Human Rights Defenders, technical experts from government institutions, NGOs and municipal governments, facilitators, and community members.

The PIEMA project was based on seven key elements that were present from the time the proposal was formulated through to execution: human development, gender equity, empowerment, rights focus, intersectoriality, inter-institutionality and interagency cooperation.

The areas that the program set out to strengthen, in order to empower the adolescent girls, were prevention, promotion of integrated health, provision of SHR education and services, prevention of gender violence, alternative forms of income generation through non-traditional initiatives, and strengthening of legal, political and institutional frameworks in favour of adolescent rights.

Description of functions and responsibilities

The program had a series of orientation mechanisms and levels of participation to allow for expression of the objective of empowering adolescent girls.

The inter-agency framework in El Salvador has its origins in 1996, when a gender-focus group known as IANWGE was launched within the United Nations. Out of this arose the first joint and inter-agency initiatives, such as the interest in and support for the construction of gender indicators. The Salvadoran Institute for Women's Development (IDEMU) worked on the development of gender-focused sectorial indicators, with support from the Mexican National Women's Institute and others, and funding was obtained through various agencies for initiatives to develop concrete health indicators (PAHO), violence (UNPD) and education (UNICEF).

A mechanism for coordination was established, made up of the UN's Gender Focal Points in El Salvador (IANWGE) and technical personnel in charge of the operation of the Coordinating Unit. The latter's role was to ensure the adequate operationalization and follow-up of inter-agency coordination, and to contribute to the empowerment of adolescent girls in El Salvador.

Structure:

- Coordinating Unit, its technical team and administrative support staff, whose function was to establish liaison or relations with the Ministries of Health, Education and Agriculture and NGOs
- Inter-Agency Network on Women and Gender Equality (IANGWE) in El Salvador
- Advisory committee
- Inter-sectorial committees at the local level

Description of responsibilities

Coordinating Unit (UC-PIEMA):

Coordinator, interdisciplinary technical team, and administrative support personnel:

- director
- interdisciplinary technical team made up of two professionals, one from the social sciences and one from the health sector
- administrative support, consisting of an administrative assistant, driver, and a part-time person for miscellaneous duties.

The initial structure did not work as it had been intended to, and the unit was therefore restructured to consist of a PAHO unit providing organizational coordination for PIEMA and a technical coordination unit from UNFPA. The operational team was made up of a facilitator from each of the agencies, which allowed for greater fluidity in the execution of planned activities.

Inter-agency Board

The Inter-agency Board was made up of technical liaison facilitators from PAHO, UNFPA, FAO, UNICEF and UNDP, who provided follow-up on the inter-agency activities and furnished reports on agency specifics.

The PAHO and UNFPA liaisons, as direct counterparts to MSPAS, provided greater coordination, technical advice and monitoring for the development of activities in their area of competency.

Team from the Office of Integrated Care for Adolescent Health and MSPAS networks

Among the primary functions of the team is the development of standards for the application of the adolescent care model, with regard to provision of services and health promotion; development of information, education and communication strategies for adolescents; and human resources development. It provides monitoring and follow-up of activities.

Basic Integrated Health System (SIBASI)

Part of the network of establishments of the Ministry of Health, the SIBASI are local actors in the development of activities with adolescents, primarily in the area of health and prevention of violence. Develop training programs for life-skills, setting life goals, and self-care for the adolescent population. Provide specialized health services for adolescents.

Intersectorial committees at the local level

The purpose of this structure was to coordinate activities at the local level. The committees were made up of representatives of local government, agency counterparts, both government and NGO, and local adolescent leaders, assisted by the interdisciplinary team of the Coordinating Unit (UC-PIEMA).

The committees participated in the preparation and execution of plans by each counterpart and provided follow-up, as well as identifying needs and resources for coordination.

Outcomes

- Increased awareness among societal interest groups of the situation of adolescent girls, sharing an interest in promoting a positive image of this population.
- Broad dissemination of information and communicational materials highlighting the positive image of adolescent girls.
- Increase in studies and projects to expand knowledge of the situation of adolescent girls and institutional responses.
- Adolescents received exposure to and learned from activities of other agencies and their counterparts.
- The organization and proactive role by adolescent participants was supported in an equitable manner in the mechanisms of articulation and local development structures.
- Agencies of the UN system developed mutual support capabilities through projects for adolescent development.
- Health promotion and health care initiatives meeting biological and gender-specific needs were provided to adolescent girls and their peers, with emphasis on sexual and reproductive health.
- Strengthened role of institutional and local leaders as allies in promoting development and health of adolescents.
- Facilities for the provision of integrated health services for adolescent girls provided in a timely manner.
- Assistance provided to adolescent girls in organizing and creating alternative revenue-generating enterprises.
- Improvements in the legal, institutional and policy framework to respond to interests and needs of adolescents.
- Improved knowledge of gender and empowerment and changes in attitudes toward the establishment of equitable gender relations.
- Adolescents incorporated into the distribution and preparation of food supplied at educational sessions.
- Development of human resources as regards outreach to the adolescent population, in the form of health services, youth management, gender issues, rights, violence prevention, sexual and reproductive health, counselling.

Modalities of planning, follow-up, evaluation and reporting

- The first stage of the program consisted of a strategic planning effort, in order to give each participating agency the experience of inter-agency work, and a priori visualization of the work to be carried on for the two years and six months of program execution.

- It was established that local participation planning would include representatives of government stakeholders at the local level, representatives of NGOs in the areas of interest, and community representation by adolescent girls taking part in local youth organizations.
- Each agency in the system would establish a framework financing agreement with the executing entity, according to the needs and considerations of the entities involved in the execution of the specific initiative.
- Execution was technically assisted by the counterpart executing entity, with technical support from the UN agency responsible for the project and with advice and support from the program Coordinating Unit.
- Periodic and final evaluation mechanisms were established by the counterparts and participating agencies.
- The UN agencies and/or counterpart organizations involved in the execution of the program provided monitoring personnel and resources for field visits.

Mechanisms of participation promoting intersectoral action

As part of PIEMA, a number of different non-government organizations, government organizations such as the Ministries of Health and Education and CENTA (National Centre for Agricultural and Forestry Technology), cultural centres, municipalities, and community organizations participated in planning and execution of activities at the local level.

The involvement of MSPAS with PIEMA began with two contacts prior to the establishment of formal links, at information, validation and consultation events held to establish a diagnosis and update of the situation of adolescent girls. Subsequently MSPAS received an invitation from UNDP notifying it that it was a formal counterpart.

In contrast to MSPAS' previous participations with these agencies, in this program the plan was that PIEMA would coordinate and execute with Health and other sectors. One person from the National Adolescent Program was assigned to be responsible for coordination and this was how the program operated, with operational planning carried out jointly for each year, building on activities being carried out under the National Adolescent Program.

In the years 2003-2004 liaison was established between the agencies and MSPAS thanks to the joint work done in other projects with UNFPA and PAHO. With the other agencies there was some occasional support.

The requirement to provide care specifically to the female adolescent population was not fulfilled because the conceptual framework of the National Adolescent Program includes males and females. Therefore, in order to work toward empowerment, it was important to work with both sexes. So as not to take away opportunities for participation from the girls, what was done was to try to ensure that there were always more girls than boys participating.

The Ministry of Health provided support with complementary activities divided between UNFPA and PAHO, which helped to achieve greater optimization of resources. UNFPA provided equipment for the adolescent care units, while PAHO repaired and renovated these facilities. Also, UNFPA provided support in the form of educational activities which included the donation of methodological guides and

workbooks for adolescents and their parents. Internally, management coordination avoided duplication of effort. Also among the achievements is the fact of having achieved better coverage of the population through the multiplication effect, as well training of human resources and specialization and equipping of MSPAS areas of care.

The role of the state was fundamental with respect to providing training of human resources to equip them with the knowledge and technical skill needed to deal with the adolescent population, establishing the standards and protocols for health service delivery, producing educational materials for the target population, and providing monitoring and follow-up of the care furnished at the various levels to the adolescent target group.

DESCRIPTION OF LEVEL OF INTEGRATION

Integration was brought about through the inter-agency group, the entity which served as a forum for information sharing and coordination among the various government and local entities that were carrying out the activities. At the operational level the beneficiary population received training about sexual and reproductive health, leadership, and focus on gender issues, and participated in setting up and implementing productive projects.

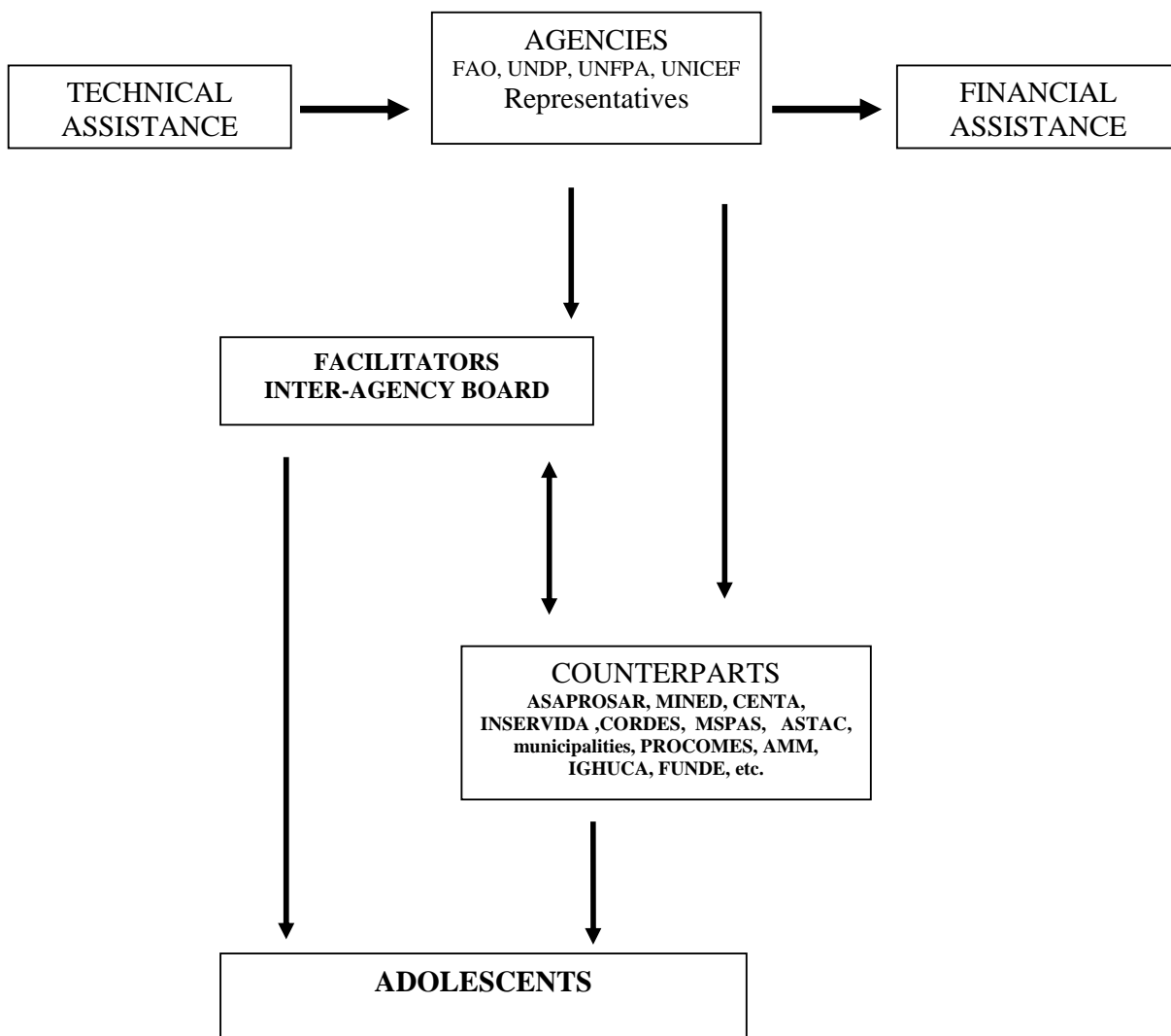
The objectives with which PIEMA was undertaken were accomplished. With respect to the general objective of empowerment and strengthening the promotion of rights and human development of adolescent girls, a weakness or gap identified by the actors was the lack of a baseline that would have permitted measurement of change and comparison with the initial situation. However, it is also clear that the degree of empowerment acquired by the adolescent girls or the number who were empowered is impossible to determine exactly. It is not possible to identify objectively the changes related to this process, because this “is a process that begins in the mind, in that women find a time and space for themselves and begin to re-examine their lives critically and collectively” (Batliwala, 1993:10).

CONTRIBUTION TO HORIZONTAL COOPERATION, COORDINATION AND INTEGRATION

As a result of the project, the Ministry of Health’s inter-institutional coordination at the local level was improved, and various beneficiaries at the community level were able to share experiences, share educational materials, and participate jointly in information, education and promotion activities at the local level.

One of the training modalities used in delivering sexual and reproductive health education was youth camps that brought together representatives of various government institutions and youth leaders from a number of different municipalities.

MODEL



UNDP began its activities aimed at promoting organization at the local level for the prevention of gender violence by working with the mayor's office of the municipality of Acajutla in 2003, in the communities of Villa Centenario and Villa San Cristobal. The responsibility of this counterpart was Social Projection.

UNICEF has been working with its natural Salvadoran counterpart, MINED, for several years. The intervention of MINED within PIEMA, beginning in 2003, was made possible by the project design that complemented the efforts already under way in the Program for the Education of the Girl-Child.

IDHUCA (Human Rights Institute of the University of Central America), another counterpart of UNICEF, participated through the Offices of Defenders of Youth and Adolescent Rights (*Defensorias de la Niñez y la Adolescencia*). Its link with PIEMA was established in April 2004. The idea was that the Defensorias would provide more in-depth information about rights, so that participants would not simply learn about their rights, but also would understand the responsibilities assigned to state institutions under the law and be able to take steps to try to ensure that the institutions fulfilled their responsibilities. One of the difficulties encountered was the lack of a culture of complaint in El Salvador.

CENTA, principal government counterpart to the FAO, joined the project in 2004. The importance of its participation had to do with its previous experience in working with the agency, and projects in which women and girls were familiarized with agricultural processes and technology transfer.

INTERVIDA is an NGO in the development field, and a counterpart of UNICEF. It joined the program in March 2004 and was selected to participate in the pilot program on cultural projects such as the Youth Centres and the relationship between the objectives of the agency – education and action in favour of adolescents – and those of the organizations – preventive projects centred on the cultural aspect as a means of preventing youth violence. It was incorporated into PIEMA because of the importance of the initiative in providing artistic and creative activities, opportunities for play, promotion of women and gender equity as points of confluence for children and adolescents that helped to strengthen sense of belonging, team work and social relations.

PROCOMES (Foundation for the Promotion of Communities of El Salvador) joined PIEMA in June 2004. It was contracted as a consultant by UNDP to organize and train adolescent girls in three municipalities: San Francisco Meléndez in Ahuachapán, Jiquilisco and Nejapa.

ASAPROSAR (Salvadoran Association for Rural Health), the counterpart to UNFPA, joined PIEMA in October 2004. It worked in Villa Centenario, Acajutla, where it had worked previously and which was one of the municipalities identified as priorities by the program. It served as a point of contact for MSPAS and PAHO and was contracted to develop just one educational activity in SHR for adolescents in the last quarter of the year.

The year 2005 was considered by the various actors as the year that saw consolidation of the program at various levels of participation.

The other NGO working in El Paisnal was **CORDES (Foundation for Cooperation and Communal Development of El Salvador)**, as a counterpart of the FAO. The connection with CORDES was based on its 14 years of working in the area, providing assistance to development processes, and its commitment to working with youth as an institutional priority. The emphasis was on education and its application to productive initiatives, as means of generating revenue, understanding small business management and empowering adolescent girls.

ASTAC (Salvadoran Association of Arts and Cultural Workers) was contracted for to prepare two specific events: the International Women's Day activities and the Non-Violence Campaign, the former in March and the second in October 2005.

The most recent intervention by a counterpart was that of **FUNDE (National Foundation for Development)** in April 2006. FUNDE was chosen by UNICEF to support the process of constructing and disseminating municipal public policies in favour of children and adolescents, considered by the agency to be a key piece in the Local System for the Integrated Protection of Children and Adolescents. FUNDE is present in four municipalities, two of which are PIEMA locations: Tecoluca and Acajutla.

MSPAS The participation of the Ministry of Public Health and Social Assistance in PIEMA began with two contacts prior to the establishment of formal links, at information, validation and consultation events held to establish a diagnosis and update of the situation of adolescent girls. Subsequently MSPAS received an invitation from UNDP notifying it that it was a formal counterpart. In contrast to the institute's previous participations with these agencies, the PIEMA program was intended to be coordinated and executed with the health sector and other sectors. One person from the National Adolescent Program was assigned to be responsible for coordination and this was how the program operated, with operational planning carried out jointly for each year.

In some of the municipalities PIEMA had already begun more concrete operational activities with adolescents together with UNFPA and PAHO.

In the years 2003-2004 there was some uncertainty because this was the first time inter-agency work was being undertaken, and although all were new to the process, liaison was established between the agencies and MSPAS thanks to the joint work done in other projects with UNFPA and PAHO. With the other agencies there was some occasional support.

The year 2005 was considered the best, in that they [MSPAS?] were able to coordinate their efforts more effectively, and were able to plan more clearly with the two agencies and were able to operationalize concrete activities, with operations in the 13 municipalities and with support by the two agencies.

One of the positive aspects of the participation in PIEMA is that it resulted in various complementary activities by UNFPA and PAHO in areas of the Ministry's responsibility. UNFPA provided equipment for the adolescent care units, while PAHO repaired and renovated these facilities. Also, UNFPA provided support in the form of educational activities which included the donation of methodological guides and workbooks for adolescents and their parents. Internally, management coordination avoided duplication of effort. Also among the achievements is the fact of having achieved better coverage of the population through the multiplication effect, as well training of human resources and specialization and equipping of MSPAS areas of care.

Acajutla municipality. PIEMA has an agreement with the municipality but subcontracts the administration and execution of program activities to the NGO. The municipality received no money for any programs or training, but received funds specifically to provide scholarships to adolescent girls in the two communities of Acajutla. They work with 40 adolescents, 20 from each community.

MINED The role of the Ministry of Education in PIEMA intrinsically brought with it the perspective of gender, since the Ministry is implementing the National Women's Policy. It was therefore necessary to understand those discriminatory aspects in which the lack of gender equity is apparent. Although this perspective forms part of its work, it was understood that there is a difference between

the work the Ministry carries out daily in the schools, and a project that requires more intensive actions in relation to the gender focus.

Cooperation with this counterpart entailed the drawback that although the inter-agency work required that the physical locations and the populations there be simultaneously served by different entities, this was difficult for MINED because the institutional logic is different, and because MINED's priority was the "Escuelas Efectivas y Solidarias", the Safe and Effective Schools model, the selection criteria for which were educational indicators and social risk indicators. It was contrary to MINED's criteria that the schools located in those districts serve the population with which CENTA was working as the counterpart to the FAO within PIEMA, because the adolescents selected for the program were not attending school.

Among the results achieved was the work on Empowerment, which placed on the agenda a subject of great importance for women's development, focusing on adolescents around whom many myths have been created.

Another achievement was to have been able to establish continuity in certain activities that were already under way, such as filling in gaps in areas such as assertiveness, sexual abuse, and rights.

The contributions of the various actors came together to provide a response to the needs of the beneficiary adolescent population, each from its particular area of expertise, combining aspects of self-care, environment, development of revenue-generating projects, informal education, gender focus, assertion of rights, all of which contributed to the empowerment of the adolescent girls.

BUDGET AND FINANCING MECHANISMS PROMOTING INTERSECTORIAL ACTION

AGENCY	AMOUNT	
FAO	174,400	
PAHO	545,000	
UNDP	632,200	This amount includes funds earmarked for the Coordinating Unit (US 501,400)
UNFPA	370,600	
UNICEF	457,800	
TOTAL	2,180,000	

Once funds were approved, the heads of the agencies convened meetings with the experts from IANWGE to define financing mechanisms for the program. The modality chosen was parallel administration of funds or shared financial responsibility, which was considered the most effective and efficient for a program like PIEMA where it is hoped that the participation of the UN agencies would produce shared results with a range of national counterparts. Under this modality, each agency had complete autonomy to manage the budget for each activity and to account for its spending to its point of contact at the respective headquarters, which in turn reported to UNFIP (United Nations Fund for International Partnerships).

Once the financing modality was established, an inter-agency consultation workshop was held to prepare a joint plan and budget setting out the responsibility of each agency according to the areas of expertise and mandate of each one.

Although this option was chosen with the idea of ensuring the greatest effectiveness, efficiency and timeliness of implementation, and reducing transaction costs for the national counterparts, the donor and the UN, in practice it was found to be not adequate, because this modality allowed the agencies to make immediate use of the funds awarded to them according to their own timelines, plans and procedures, without having to wait for other agencies to receive their funds. The result was that in some cases, activities that had been planned to precede the intervention of certain agencies were not able to be realized.

The UNDP was responsible for assigning funds for the Coordinating Unit. In the case of UNFPA, FAO and UNDP, the budget was managed directly by the agency based on a work plan previously approved by the counterparts. PAHO directed its funds to the Ministry of Health and UNICEF to the Ministry of Education, to the Institute of Human Rights at UCA (University of Central America) and to INTERVIDA.

Once the financial support of the agencies for the work with adolescents ended, each of the participating government and non-government institutions provided follow-up for the activities in their area of expertise, leaving behind human resources with the skills and abilities to deal with and care for the adolescent population. In the specific case of MSPAS, the technical teams in the regions and the SIBASIs, based on the Adolescent Care Model and management commitments that accorded well with many of the activities carried out as part of PIEMA, provided follow-up to the educational process begun with the beneficiary population and to the provision of services at the local level.

3. IMPACT

The policies of social participation and intersectorality were strengthened by PIEMA with the involvement of a range of social actors on behalf of the empowerment of adolescent girls at the community level. It provided an opportunity to share successful experiences and to build capacities in the personnel of the various institutions and community organizations.

As part of the modernization process, intersectorality is fundamental to the development of health services throughout El Salvador.

Indicators of youth participation were defined. These measures of the fulfilment of management commitments are taken into account for the purposes of monitoring the follow-up to the program of adolescent care at the various levels.

Compared with the incredulity and disinterest of the various participants and of society in general toward the subjects of empowerment, intersectorality and inter-agency work when the project was conceived and executed, it is evident that by the end, PIEMA had positioned itself as “the inter-agency project in El Salvador”. PIEMA represents a learning experience at every level: as an initiative with a novel way of working and on a topic that interested few people, it offered opportunities throughout for questions, revisions and improvements. For example, between the beginning and the end of the program, changes took place in the organizational structure and the roles of the actors.

A valuable change was made, for example, when it was determined that the Coordinating Unit was not functioning satisfactorily, which provided an opportunity to make changes that benefited the program by improving inter-agency work, with joint development of work plans and activities, as well as improving the distribution and use of the resources that had been assigned to this unit. The problem with the Coordinating Unit was that it turned into one more Executing Entity, which it was not intended to be; and moreover it had more funds than did the agencies. As a result, with the Coordinating Unit acting as another executing entity, not enough attention was being paid to the planning and management aspects vital to the functioning of a program such as this one.

The objectives with which PIEMA was undertaken were accomplished. With respect to the general objective of empowerment and strengthening the promotion of rights and human development of adolescent girls, a weakness or gap identified by the actors was the lack of a baseline which would have permitted measurement of change and comparison with the initial situation. However, it is also clear that the degree of empowerment acquired by the adolescent girls or the number who were empowered is impossible to determine exactly. It is not possible to identify objectively the changes related to this process, because this “is a process that begins in the mind, in that women find a time and space for themselves and begin to re-examine their lives critically and collectively” (Batliwala, 1993:10).

At the personal level the principal changes were the acquisition of greater knowledge, including knowledge of their rights and ability to defend those rights, greater self-esteem and self-valuation, self-confidence, assertiveness, self-knowledge, greater self-care, improvement in the ability to participate in society, to communicate with others and to speak in public, ability to share their experiences without fear of rejection, acknowledgement of weaknesses and possibilities of changing them, getting a new perspective on their bodies and their health, problem-solving skills, ability to set goals and/or develop life goals, perception of having more skills to be able to contribute to the community.

Within the context of the family, the adolescent girls experienced greater understanding of their family, better communication and trust with family members, a feeling of greater freedom of expression, greater confidence and acknowledgement by the family of their skills and knowledge, acknowledgement of their contribution to the family’s welfare through participation in the project.

At the community level, community members acknowledged the skills and knowledge of the adolescent girls and came to see them as important actors in their communities. They participate more in community activities, and try to respect, help and value others in the community. There has been a reduction in conflicts among schoolmates. They have adopted critical thinking.

As for the other central aspect of empowerment, having to do with control of physical, financial, material and non-material resources, a significant change was the adolescents’ access to productive enterprise. Eleven productive projects were formulated in 11 of the municipalities prioritized by PIEMA, eight of which were fully implemented and are now operating profitably. Two projects were only partially implemented because a part of the investment that was initially planned was delayed.

PIEMA/MSPAS reached approximately 28,573 adolescent girls who received integrated health care including SRH in 13 units specializing in integrated adolescent care between January 2005 and June 2006. It reached 2600 adolescent girls satisfied with the provision of SRH services, 236 received information and awareness training in SHR, gender equity, prevention of sexual and gender violence, prevention of STDs and HIV/SIDA. 115 adolescent girls were active in productive projects, and 15 more received training in processing of medicinal plants. This brings the total number of direct beneficiaries of PIEMA to 31,563 adolescent girls.

With respect to the specific objective of providing specialized health services for adolescent girls, including promotion of health and SRH, there was an increased recognition by persons in health services of the need for specialized care for the adolescent population with emphasis on girls. Similarly, the strategy of cooperation between agencies and government entities (UNFPA/MSPAS) made it possible to include education in the services, with the result that today in the 13 municipalities selected, there now exist 13 Specialized Integrated Care Units for Adolescent Health, with specially adapted facilities, personnel trained to care for adolescents, and adolescents themselves educated about their needs for care thanks to the joint work of PIEMA and MSPAS.

The analysis of the experience, from the points of view of the different actors involved, has also led to various conclusions about inter-agency work, empowerment and working with adolescents, about the counterparts and about the program as such.

In the first place, it was concluded that it is possible to work in an inter-agency and inter-institutional manner, and that by each entity doing what it knows how to do, with strong commitment at all levels focused on a single group, a process of empowerment was successfully initiated in one of the most vulnerable and ultimately most needy populations in the country. The experience laid the foundation for inter-institutional work.

In the final analysis, by uniting the efforts of the various actors, it was possible to establish a communication bridge between the agencies and counterparts, and to ensure that the planned strategies and modalities were followed in terms of inter-agency work and program activities.

It was important to maintain the unity of the criterion of working primarily with adolescent girls, since for strategic reasons the program also included intervention with adolescent boys, activities with parents and community agents. The adolescent girls live in a larger setting and if the rest of the population were excluded the process would be incomplete.

The execution of intersectoral programs to optimize benefits for the population and rationalize use of resources is a policy adopted as part of the government plan. Such programs have been implemented by the different institutions such as Ministry of Education, Ministry of Health and Ministry of Agriculture, which participated in PIEMA.

A positive result of the project was strengthening of coordination among government and non-government institutions.

In the case of the cooperating agencies, there was a coordination of agendas with respect to interventions on behalf of the adolescent population, to focus on the empowerment of adolescent girls who were marginalized and dispossessed of many basic benefits of life.

4. LESSONS LEARNED

- To achieve the empowerment of adolescent girls requires a medium and long-term time horizon and systematic work with this population to bring about the transformation of the structures that have kept them (adolescent girls in general and rural ones in particular) subordinated and discriminated against.
- It was important to recognize that adolescent boys and girls have distinct needs and expectations, which need to be responded to specifically, in such a way as to assure both sexes equality of opportunity in access to decisions, resources and benefits.

- An inter-agency program should not carry out vertical actions directly with the communities, so as to bring about sustainable involvement by the counterparts and the sustainable implementation of activities.
- The leadership of the Ministry of Health contributed to the capacity to respond to this population group.
- It is important to create opportunities for the participation of adolescent girls who do not have access to education or work. For these girls, the implementation of productive projects is an opportunity to realize life goals.
- For initiatives like these to be viable and long-term, the participation and commitment of local government and other government institutions is indispensable.

5. FURTHER CONSIDERATIONS

With respect to intersectorial action, the arguments of the state entities were directed at the fact that the inter-agency organization had to consult and coordinate with those entities, since in the particular case of the Ministry of Health the aim was participation by local health personnel and not vertical inter-agency action. Previous work that entities had done with the community and the level of commitment by personnel to working with adolescents were influencing factors.

When the organizing unit of PIEMA was restructured, and the management role was taken back by the Pan American Health Organization and the technical coordination by the United National Population Fund, and the unit took on a coordinating role instead, the result was greater fluidity for execution of the planned actions.

The results of the sustained commitment have been seen over time in some of the objectives that translated into institutionalized approaches and activities for young people. In the case of the Ministry of Health the projected translated into an provision of health services, health education and health promotion for adolescents, and into a fundamental pillar of human resource development, leaving behind skills acquired by health personnel that remained even after technical and financial support ended.

Through the institutional policy of the Ministry of Health, a contribution has been made to health equity in the municipalities where intervention occurred. There exists a national systematic program for adolescents that has been strengthened principally in terms of sexual and reproductive health, health promotion, and promoting the leading participation of adolescents with a gender and rights focus.

MSPAS, by promoting intersectorial participation at the community level, made it possible to respond to the needs of adolescents in accordance with the mission of each of the institutions and organizations present at the local level, thus strengthening response capacity.

The mechanisms of intersectorial participation and empowerment of adolescent girls resulted in reduction in maternal and infant mortality, which is one of the Millennium Development Goals.

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