

FEMALE ENTREPRENEURSHIP EDUCATION AND ASSOCIATION FOR THE ORGANIZATION OF EL SALVADOR.

FINAL REPORT

**PROJECT: JUNGLE MEDICAL CLINIC (P-114)
(PROVIDING EDUCATION, HEALTH AND NUTRITION ATTENTION, TO
FAMILIES FROM THE FLOWER PORT, DEPARTMENT OF
USulután)"**

PERIOD: JULY 2012 to APRIL 2013

**PREPARED BY OEF FOR DEL MAR SOLANA BEACH SUNRISE
ROTARY CLUB (DISTRICT 5340)**

SAN SALVADOR, APRIL 2013.

INTRODUCTION

I. ACTIVITIES DESCRIPTION

This final report provides information about the activities developed from July 2012 to April 2013 for the Jungle Medical Clinic Project (District Grant P-114). The main goal of this project is to provide adequate treatment to the Jungle Village near Usulután, El Salvador and also advise them on preventative methods such as education, health and on nutrition to the poor families of the Jungle villages.. These actions have been financially supported by the Del Mar Solana Beach Sunrise Rotary Club (DMSB) in District 5340 (International Sponsor in California USA).DMSB with their district 5340 contributed \$10,000.00 towards establishing the Jungle Medical Clinic and also towards improving the health and nutrition of more than **166 families** who are under extreme poverty conditions.

The following were accomplished for the project.

- Hiring of a full time Community Health Promoter/Nurse Practitioner who lives in the community and serves both as a professional providing treatment to patients and also as a parenting counselor. She also dedicates 20% of her time focusing on the overall health and nutrition of the communities.
- Providing the needed medical equipment, fitness examination rooms and other facilities, where the jungle medical clinic functions. The needed facilities, water and utility services are provided by OEF and will be continuing after this project is complete at OEF expense.
- Future actions are planned to sustain continuity of the project beyond this project to provide the needed treatment to the population of the Jungle villages with the promised help of the local community members such as: ADESCO, health unit, Community Board of Directors, Communal Clinic, Water Policy Director, School Teachers/Super Intendants and Fisherman's Council (cooperative fisheries)..
- Diagnosis made of the community where 166 families were identified. Four organizations working for the development of the community and improving the school and health systems for the families (annex 1).

In addition to the above, the Jungle Villages Medical Clinic established the following care giving facilities to the 166 families and the population of the surrounding villages at large. This recently established health clinic under this project has had some good progress already because it has made the women and their families aware of the importance of prevention and checkups that are necessary for their wellbeing.

1: preventive controls: Prevention involves providing prenatal, postnatal and infant controls, spacing pregnancies and special attention to adults, by performing the following activities:

(a) – Proper equipment of dispensary premises: Equipped with furniture 2 desks, 16 chairs, metal and wood, file cabinets, camilla, a portable computer, 3 weight scales (2 for adults and 1 for children) and a camera.

(b) Prenatal, postnatal and infant controls- developing three days, and according to the number of women with such needs, performed 6 prenatal, 6 children's controls, 6 Pap smears; indicating according to requirement, lab tests and Imaging. In addition, ultrasound of breasts, mammography, general examination of urine and fecal samples. In addition, clinic has been providing people with care and treatment for dysentery and urinary tract infections, which has helped significantly decreased the amount and level of infections.

These above actions have already resulted into major community involvement, mainly for women who are now aware of their health and safety for themselves and their families. At least 28 women approximately voluntarily visited the clinic for checkups and were advised about the importance of periodical checkups..

(c) Adult/Senior Care- Effort is being made to pay attention to the senior care. Senior population have been told that they need to focus more on their health education. So far three consultations/visits were made. Earlier, they were not paying any attention prior this Project.. Now, medications were delivered to some of the seniors in need and also provided low cost vitamin supplements for better quality life.

2 : Monitoring of controls and health education , directed toward the learning of appropriate health habits and the verification of the use of soy and cultivation of vegetables for their good nutrition. The actions include the following:

– (a) **Educational talks;** To date 6 educational Conference were conducted. On the average, a group of 30 people showed much interest in learning by actively participating in the development of the following:

1. Opening and managing Bank accounts
2. Self-esteem
3. Preparation for the arrival of the baby in the family
4. Growing vegetables in home gardens
5. Importance of the use of soy in your family's diet
6. Environmental awareness and sanitation

(b) Demonstrative Trainings: This activity includes the continued promotion of the cultivation of vegetables and the preparation of soy-based recipes. In relation to the first, successfully developed a day of training on growing vegetables - cucumber, pipian, tomato, radish, green beans, green pepper, Zucchini, spinach and radish-, and after training, became the delivery of seeds to each family of the community, emphasizing the importance of a balanced diet and the contribution that the cultivation of home gardens provides the family the economy and the improvement in their nutritional status of children, women and the population in general. (Note – earlier District Grant projects P-27 & P-46 funded \$16,000 by DMSB & Dsitrict 5340 for School Farms I & II provided extensive training in 2010-2012 in this regard)

As for the demonstrative trainings on soy-based recipes, there were 20 people who today have the knowledge and are currently consuming soy. They distributed rice fortified with soy to families in the community for the enrichment of their diets.

–(c) **Domiciliary visits tracking;** in terms of visits domiciliary, the health promoter and the support Committee, carried an average of three visits each family in the community, in order to promote the actions of the project - cleaning, - and training sessions, obtaining the support, interest and participation of the population. Also, the visits have served to check the healthiness of housing conditions, strengthen the educational content, verify sowing seeds and collect information for the community diagnosis.

(d) **Organization and training of a support Committee;** 7 community leaders were selected, and trained to be health promoters and to develop environmental sanitation actions. Should be noted, that they have managed to consolidate a support Committee really committed to the efforts to improve the conditions of health and environmental benefit of their families and their community, both who, not only get involved in environmental sanitation actions but who also participated responsibly in all activities of the project.

3. Environmental sanitation actions ; were established to improve the hygiene and sanitary conditions of the community and the family housing.

(a) **Education about basic sanitation of the community**; to share steps to be followed to properly treat the waste, both at community level and individually within each Household (participation of about 60 people).

(b) **Cleaner of the community housing awards**; in which in addition to hygiene, evaluates the proper use of water, the disposal of wastes, which there are no vectors, animals are encorralados, among other aspects. So 15 packages of home appliances have been purchased, each pack contains a kitchen of three burners with gas, dishes for 6 people and cookware system; they will be delivered to a total of 15 families who comply with the criteria of the contest.

–(c) **Cleaning campaign**, developed first **cleaning campaign** and abatizacion - led by the health promoter and the Committee's support, which was counted with the participation of approximately 40 families. Previously, women leaders managed and coordinated with the local school, to ensure the participation of boys, girls and teachers, in the development of the campaign. It is worth mentioning, that years ago was made to acquire garbage truck, and it failed for lack of financing and community support; Now with the support of the Mayor and the community, the task of getting a truck was successful. being the first time that the Mayor supports. (photographs in annex 2)

II. Impact results

1. **Made the community diagnosis** allowing to identify 166 families, who reside in 150 homes, with a total of 615 people; and contacted 4 community organizations;
2. **A support Committee**, was organized composed of 4 women leaders and 3 leaders, who have been trained to work together with the Health promoter, to improve the State of health and nutrition of the population served, who lives in conditions of extreme poverty.
3. **Key actors** , It is important to note that the key factors are the support received from the Director of the health unit, Director and teacher of the Center school, members of the Municipal Council and members of 4 directors present in the area; Fishermen from Puerto El Flor, ADESCO, school policy.
4. **70 Families training and planting vegetables**, harvesting radishes, coriander, cucumber, green bean, tomato, chile; and therefore improving their nutrition
5. **More than 50% of families - to date-** improved their nutrition through the consumption of rice with soy donated. This product has been distributed based on the needs of families.
6. Hiring of a health promoter - resides in the area - and a degree in maternal and child health, who execute the actions, described in this technical report.
7. Dispensary suitable, equipped and empowered to meet the claimant population in the area of health.

III. Coordination with other organizations

For the execution of the activities were carried out coordination with other organizations, who provided support as detailed below:

- **Water board** : Provided the physical space for the operation of the health clinic, which operates annex of the community water Board Office.
- **Cooperative of fishermen's port blossom** : Provided human resources for the development of the campaign of cleaning and abatizacion.
- **Center school** : Provided support, through the / pupils in the campaign of cleaning and abatizacion.
- **Mayor**: Provided the truck of waste and support personnel for the cleansing campaign.
- **Health unit**: Contributed inputs - abate - for the development of abatizacion and support this campaign staff campaign.
- **Other associations of community - development ADESCO completo** -: took part in the Organization and execution of the actions of the project.

And as additional contributions to the development of this community, the O.E.F has begun the attention with 50 children from 4 ° to 6 ° degree; through the installation of reinforcement and leveling school room; serving approximately 38 families, with funding from CATERPILLAS, as well, has earmarked are efforts to provide loans in the area; so families can start or strengthen your business.

IV. Problems encountered and PLAN of action for resolving them

Below is a table of the most relevant problems encountered in the community, some actions and other possible actions to provide solutions to these problems:

NO.	PROBLEMS ENCOUNTERED	ACTIONS PERFORMED OR SUGGESTED
1	52% Of the population is between 0-19 years of age, being dependent population, with little interest in improving their health.	<ul style="list-style-type: none"> ▪ To strengthen the actions of care and education in health and nutrition in order to improve the health of children and adolescents, the senior population is in this category.
2	The analfabetismos is high compared with other communities; Since it has only 1% and 33% manage to reach the University. What makes it even more difficult to health education.	<ul style="list-style-type: none"> ▪ Vocational training courses were promoted. ▪ Promotion of the assistance of children became to the room of leveling, so that they receive school reinforcement and prevent the repetition and dropout. ▪ Manage the MINED, possible literacy course for adult workers
3	19% Of the female population older than 19 cytology was not done during the previous year.	<ul style="list-style-type: none"> ▪ 3 Days of taking of cytology and other attentions were preventive health in the community. ▪ Coordinate with the health unit, so they provide training on the importance of Cytology, the risks and benefits of this decision.
4	50% Of families at risk of pregnancy	<ul style="list-style-type: none"> ▪ Empower families mainly women and teenagers

	does not use family planning methods	<ul style="list-style-type: none"> - on issues such as: prevention of pregnancy in adolescence, family planning, contraceptive use, and others. ▪ Contraceptive methods access the population - prior coordination with community health unit.
6	46% Of dwellings are conctruidas of materials such as: straw, cardboard, Palm, plastic.	<ul style="list-style-type: none"> ▪ Promote credit funds to families interested in improving their housing conditions and managing municipal and community support for cases of extreme necessity.
7	Due to the absence of toilet train service, 60% of the families build up or burning trash and 40% bury it.	<ul style="list-style-type: none"> ▪ Carry out cleaning campaigns, recycling and Abatizacion every two months in order to reduce the pollution in the community - held a campaign of cleaning and abatizacion - and also ▪ Conduct training sessions on issues of sanitation,-was carried out a day of training.
10	21% Of families, without latrine friendly to the environment, i.e. the handling of excreta of these families is outdoors.	<ul style="list-style-type: none"> ▪ Manage municipal support, community or of altruistic organizations for the construction of latrines appropriate for the use of families in the community.
11	52% Of households used wood stove and 43% cooked with firewood and gas, which impairs their health and the environment.	<ul style="list-style-type: none"> ▪ Manage municipal support, community or of altruistic organizations for the construction of stoves suitable for reducing pollution in the community.
14	71% Of the population under 5 years presents parasitism,	<ul style="list-style-type: none"> ▪ 3 Days of care were in preventive health. ▪ Strengthen actions for education and health care and nutrition to influence the emergence of cases of common illnesses.

V. Lessons learned

1. The institutional image of the OEF against the population of the flower, has facilitated the implementation of the project activities, since the population participates actively; as much as other organizations and institutions present in the area. Since the OEF supported them in difficult moments lived by the population.
2. The trust generated among the inhabitants of the community, and the health promoter is a factor that has led to develop the project with success.
3. The acceptance and adoption towards the use of soy, without showing resistance to consumption, is an indicator that will improve the health of the population.
4. Community organization has been a factor that has helped the actions developed in the project, showing much empowerment and conviction that the organization is the key to continue bringing development to their communities.
5. Count on the cooperation to work other areas of complementary health, such as housing construction, would leave a major impact at the level of community development and improvement of life of the poorest families.