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**Consolidated Annual Report on Activities Implemented under the Joint Programme “Support to Achieving Millennium Development Goals (MDG) 4 and 5 (A and B) in Nueva Segovia, Chontales and the South Atlantic Autonomous Region (RAAS) in Nicaragua”**

**Report of the Administrative Agent  
for the period 1 January - 31 December 2013**

**Multi-Partner Trust Fund Office**  
Bureau of Management  
United Nations Development Programme  
[GATEWAY: http://mptf.undp.org](http://mptf.undp.org)

31 May 2014

## PARTICIPATING ORGANIZATIONS



Pan American Health Organisation (PAHO)



United Nations Children's Fund (UNICEF)



United Nations Population Fund (UNFPA)

## CONTRIBUTORS



Luxembourg

# Table of Contents

|  |    |
|--|----|
| EXECUTIVE SUMMARY .....                              | 4  |
| PART I: ANNUAL NARRATIVE REPORT .....                | 6  |
| LIST OF ABBREVIATIONS .....                          | 7  |
| I.    PURPOSE.....                                   | 8  |
| II.   RESULTS.....                                   | 9  |
| I)NARRATIVE REPORT ON RESULTS:.....                  | 10 |
| II) PERFORMANCE ASSESSMENT BASED ON INDICATORS ..... | 16 |
| III.  OTHER ASSESSMENTS OR EVALUATIONS .....         | 20 |
| IV.  RESOURCES .....                                 | 20 |
| PART II: ANNUAL FINANCIAL REPORT .....               | 22 |
| DEFINITIONS .....                                    | 23 |
| 2013 FINANCIAL PERFORMANCE .....                     | 24 |
| ANNEXES .....  | 29 |

## EXECUTIVE SUMMARY

This Consolidated Annual Progress Report under the Joint Programme “Support to Achieving Millennium Development Goals (MDG) 4 and 5 (A and B) in Nueva Segovia, Chontales and the South Atlantic Autonomous Region (RAAS) in Nicaragua” covers the period from 15 December 2012 to 31 December, 2013. This report is in fulfillment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded with the Donor. In line with the Memorandum of Understanding (MOU) signed by Participating UN Organizations, the Annual Progress Report is consolidated based on information, data and financial statements submitted by the Participating Organizations. It is neither an evaluation of the Joint Programme nor an assessment of the performance of the Participating Organizations. The report provides the Steering Committee with a comprehensive overview of achievements and challenges associated with the Joint Programme, enabling it to make strategic decisions and take corrective measures, where applicable.

The “Support to Achieving Millennium Development Goals (MDG) 4 and 5 (A and B) in Nueva Segovia, Chontales and the South Atlantic Autonomous Region (RAAS) in Nicaragua” Joint Programme was established in December 2012 by the Pan American Health Organization (PAHO), the United Nations Children’s Fund (UNICEF), and the United Nations Population Fund (UNFPA). The Joint Programme (JP) aims at contributing towards reaching MDGs 4 and 5 (A and B) in the three above mentioned departments (SILAIS), through the 11 purpose indicators defined by the joint programme.

In order to ensure the adequate conditions before the initiation of the JP, the following activities were developed: (a) Established the Programme’s Technical Committee; (b) The programme baseline was updated with its indicators and respective technical features; (c) Created the AWP of the first year for each SILAIS (15 priority municipalities); (d) Defined the disbursement route to the SILAIS and their municipalities according to Law 550 and Law 823; and (e) Elaboration of the fund transfer request from SILAIS to UN Agencies. Even though the Programme began its implementation in October 2013, the activities previously mentioned facilitated the programme managing and planning at the local (SILAIS), central (MINSAs), and UN Agency levels.

The main advances of the programme in 2013 concretated on:

*1). Strengthening maternal and neonatal health care services in five hospitals of the country and procure 157 computers.*

- The neonatal units of the five hospitals were equipped.
- 153 municipalities have been equipped with a computer for statistic data and health care registration.
- Primary healthcare materials were purchased.

*2). Strengthening of the local capacities to improve health care services emphasizing maternal, child and adolescent health as well as planning, analysis, monitoring and community alliances.*

The programme has defined the standards and protocols to be updated and printed to distribute to health units in the prioritized municipalities. In addition, perinatal technologies were purchased.

In the healthcare services networks of the three SILAIS prioritized, actions for the strengthening of maternal health and child health service management were developed. Breastfeeding committees were created and strengthened in the health units; and health services were extended to the population that live in remote communities through visits by comprehensive health brigades. The SILAIS and municipality management teams’ capacities were strengthened for the monitoring of indicators and quality standards of the health

units. Furthermore, based on the identification of training needs, the institutional teaching plan of the municipalities was tailored and workshops and internships were developed in an effort to improve the skills of health personnel in the most common health complications.

In order to guarantee adequate decision making by the SILAIS and the municipalities based on the results of evidence-based interventions, health personnel were trained in the improvement of health quality and management of data. Also, health personnel improved the analysis of the indicators established in the SIGRUN and social health and wellness agreements.

To strengthen the community capacities to implement the strategies for health promotion and prevention based on the needs of maternal, child and adolescent health, the municipalities were trained on how to analyze and respond to major health issues. Moreover, the participation of the communities was ensured in existing spaces such as the inter sector and community participation spaces (JABA) where community leaders presented their health needs and strengthened alliances with other social sectors.

It is important to note that the programme formulation exercise contributed to the harmonization and alignment of the priorities into one plan as well as the design of an instrument for technical and financial reporting, optimizing time and efforts.

The Multi-Partner Trust Fund Office (MPTF Office) of the United Nations Development Programme (UNDP) serves as the Administrative Agent (AA) for the pass-through funded portion of the Joint Programme. The MPTF Office receives, administers and manages contributions from the Donor, and disburses these funds to the Participating Organizations in accordance with the decisions of the Programme Board. The AA is responsible for consolidation of the individual annual narrative and financial progress reports submitted by each Participating Organization.

This report is presented in two parts. Part I is the Annual Narrative Report and Part II is the Annual Financial Report for the pass-through funded portion of the Joint Programme.



**PART I: ANNUAL NARRATIVE REPORT**

|   |  |  |  |
|---|--|--|--|
| <p align="center"><b>Programme Title and Project Number</b></p> <ul style="list-style-type: none"> <li>• Programme Title: “Support to Achieving Millennium Development Goals (MDG) 4 and 5 (A and B) in Nueva Segovia, Chontales and the South Atlantic Autonomous Region (RAAS) in Nicaragua”</li> <li>• Programme Number: GLBU MDTF 1</li> <li>• MPTF Office Project Reference Number: 00084852</li> </ul>  | <p align="center"><b>Country, Location(s), Priority Area(s)/Strategic Results</b></p> <p>Country/Region: Nicaragua/Nueva Segovia, Chontales, RAAS. Municipalities: El Jícaro, Jalapa, Murra, Ocotal, Quilalí, Wiwili, Acoyapa, Muelle de los Bueyes, San Pedro de Lóvago and Santo Tomás, Bluefields, Corn Island, Karawala, Kukra Hill, Laguna de Perlas.</p> <p>Sector/Subject: Health of Women, Children and Adolescents According to the Life Cycle. Support to Achieving Millennium Development Goals (MDG) 4 and 5 (A and B)</p> |  |  |
| <p align="center"><b>Participating Organizations</b></p> <ul style="list-style-type: none"> <li>• PAHO, UNICEF, UNFPA</li> </ul>  | <p align="center"><b>Implementing Partners</b></p> <p>Government of Nicaragua/MINSA: Central Level, SILAIS, Health Centers in 15 Municipalities</p>  |  |  |
| <p align="center"><b>Programme/Project Cost (US\$)</b></p> <table border="1"> <tr> <td>           Programme Document Total Budget Approved:<br/>           U\$ 3,533,395<br/>           Pass-through funding Contribution of the Joint Programme:<br/>           U\$ 2,590,257<br/><br/>           UNFPA: U\$ 468,618<br/>           PAHO: U\$ 1,781,420<br/>           UNICEF: U\$ 340,219<br/>           TOTAL: U\$ 2,722,411.1         </td> <td>           Agency Contribution:<br/>           UNFPA: U\$ 9,475.8<br/>           PAHO: U\$ 46,858.0<br/>           UNICEF: U\$ 30,130.3<br/><br/>           Government Contribution:<br/>           U\$ 45,690.0<br/>           Other Contributions: N/A         </td> </tr> </table> | Programme Document Total Budget Approved:<br>U\$ 3,533,395<br>Pass-through funding Contribution of the Joint Programme:<br>U\$ 2,590,257<br><br>UNFPA: U\$ 468,618<br>PAHO: U\$ 1,781,420<br>UNICEF: U\$ 340,219<br>TOTAL: U\$ 2,722,411.1   | Agency Contribution:<br>UNFPA: U\$ 9,475.8<br>PAHO: U\$ 46,858.0<br>UNICEF: U\$ 30,130.3<br><br>Government Contribution:<br>U\$ 45,690.0<br>Other Contributions: N/A | <p align="center"><b>Programme Duration</b></p> <p>Total Duration: 36 months<br/>         Starting Date: 15/12/2012<br/>         Initial Date of Termination: 15/11/2015<br/>         Current Date of Termination: N/A</p> |
| Programme Document Total Budget Approved:<br>U\$ 3,533,395<br>Pass-through funding Contribution of the Joint Programme:<br>U\$ 2,590,257<br><br>UNFPA: U\$ 468,618<br>PAHO: U\$ 1,781,420<br>UNICEF: U\$ 340,219<br>TOTAL: U\$ 2,722,411.1  | Agency Contribution:<br>UNFPA: U\$ 9,475.8<br>PAHO: U\$ 46,858.0<br>UNICEF: U\$ 30,130.3<br><br>Government Contribution:<br>U\$ 45,690.0<br>Other Contributions: N/A   |  |  |
| <p><b>Programme Assessment/Review/ Mid-Term Assessment</b></p> <p>Assessment/Review – N/A<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: N/A<br/>         Mid-Term Assessment Report – N/A<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: N/A</p>   | <p align="center"><b>Report Submitted by:</b></p> <ul style="list-style-type: none"> <li>○ Name: Pablo Mandeville</li> <li>○ Position: Resident Coordinator</li> <li>○ Organization: United Nations System</li> <li>○ E-Mail: pablo.mandeville@one.un.org</li> </ul>   |  |  |

## LIST OF ABBREVIATIONS

|                |   |
|----------------|---|
| <i>AA</i>      | Administrative Agent  |
| <i>AIEPI</i>   | Integrated Management of Childhood Illnesses                              |
| <i>APN</i>     | Prenatal Care   |
| <i>ARO</i>     | High Obstetric Risk   |
| <i>ARV</i>     | Antiretroviral  |
| <i>CIPS</i>    | Center for Health Supplies  |
| <i>CONE</i>    | Essential Obstetrics and Neonatal Care                                    |
| <i>DAF</i>     | Bureau of Administrative and Financial Management, Ministry of Health     |
| <i>DEC</i>     | International Cooperation Division  |
| <i>DGPD</i>    | General Planning and Development Division                                 |
| <i>DGSS</i>    | General Health Services Division  |
| <i>ECMAC</i>   | Community Strategy for Contraceptive Methods                              |
| <i>ES AFC</i>  | Comprehensive Primary Healthcare Team                                     |
| <i>GBR</i>     | Results Based Management  |
| <i>HCP</i>     | Perinatal Clinical Records  |
| <i>IUANM</i>   | Child and Mother Friendly Units   |
| <i>JABA</i>    | Analysis and Balance Meetings   |
| <i>LB</i>      | Baseline  |
| <i>MHCP</i>    | Ministry of Finance and Public Credit                                     |
| <i>MIFAM</i>   | Ministry of the Family  |
| <i>MINED</i>   | Ministry of Education   |
| <i>MINSA</i>   | Ministry of Health  |
| <i>M&amp;E</i> | Monitoring and Evaluation   |
| <i>MOSAFC</i>  | Family and Community Health Models  |
| <i>OCR</i>     | Office of the Resident Coordinator  |
| <i>ODM</i>     | Millennium Development Goals  |
| <i>PAHO</i>    | Pan American Health Organization  |
| <i>PAMOR</i>   | Love Programme for the Youngest Boys and Girls                            |
| <i>PF</i>      | Family Planning   |
| <i>PICOR</i>   | Short-Term Institutional Plan Aimed at Results                            |
| <i>AWP</i>     | Annual Work Plan  |
| <i>PTMI</i>    | Prevention of Mother-Child Transmission                                   |
| <i>RAAS</i>    | South Atlantic Autonomous Region  |
| <i>RRHH</i>    | Human Resources   |
| <i>SIGRUN</i>  | Information System of the Government of Reconciliation and National Unity |
| <i>SILAIS</i>  | Local Comprehensive Healthcare Systems                                    |
| <i>SIVIEMB</i> | Surveillance System for Pregnant Women/Managerial Census                  |
| <i>SIP</i>     | Perinatal Computer System   |
| <i>SVMM</i>    | Maternal Mortality Monitoring System                                      |
| <i>TC</i>      | Technical Committee   |
| <i>UNDAF</i>   | United Nations Development Assistance Framework                           |
| <i>UNFPA</i>   | United Nations Population Fund  |
| <i>UNICEF</i>  | United Nations Children's Fund  |
| <i>UNS</i>     | United Nations System   |
| <i>VIF</i>     | Intra-Family Violence   |
| <i>VIH</i>     | Human Immunodeficiency Virus  |
| <i>VPCD</i>    | Promotion, Growth and Development Monitoring                              |

## I. PURPOSE

The Government of Reconciliation and National Unity focused important efforts to improve health services offered to the Nicaraguan population, mainly for the most vulnerable population, within the framework of a comprehensive strategy that guarantees universal access, gratuity, equality, as well as efficient and quality services from a human rights perspective.

Within this context, the Ministry of Health (MINSAL) as the lead regulatory institution of health services in Nicaragua, designed and implemented the Family and Community Health Models (MOSAFIC for its acronym in Spanish), through which Nicaragua is approaching compliance with MDG 4 and 5, progressing toward reduction of infant mortality rates based on greater and timely infant vaccination coverage, preventing death due to infant diarrhea and pneumonia, improving antiretroviral (ARV) coverage to reduce HIV/AIDS transmission from mother to child, increasing the uptake and monitoring of pregnant and puerperal women, ensuring timely and quality healthcare and improving the response capacity in healthcare establishments grounded on strengthening technical capacities, infrastructure and equipment. Health policies also include the capacity building among community stakeholders in the identification of: pregnant and puerperal women, medical attention to boys and girls at risk, responsiveness in healthcare establishments, as well as monitoring and prevention of obstetric and neonatal complications.

In this context a credible and acceptable health model builds up, while being inclusive of the population's active participation in effective access to its human right to health. The Joint Programme makes a significant contribution toward effectively implementing these priorities through the selected Local Comprehensive Healthcare System (SILAIS for its Spanish acronym); with a comprehensive approach that includes managerial aspects, healthcare for women and children, monitoring, analysis, community participation and capacity building.

In this framework, the overall goal of the Joint Programme is to improve the health status of women, children and adolescents in correspondence with their life cycle. The objective of the JP is to contribute to the fulfillment of the Millennium Development Goals (MDG) 4 and 5 (A and B) in communities attended by SILAIS in Nueva Segovia, Chontales and RAAS, with an emphasis on indigenous and afro-descendant rural communities through institutional and community capacity building in the selected SILAIS. The following outcomes have been designed to achieve the programme's goal and objective:

**Outcome 1:** Selected SILAIS rely on managerial skills to implement inter-sector interventions through comprehensive healthcare networks emphasizing maternal, child and adolescent health.

**Outcome 2:** Human resources improved skills for promotion, prevention and comprehensive healthcare actions emphasizing pre-gestation, maternal, child and adolescent healthcare.

**Outcome 3:** SILAIS make timely technical decisions based on the analysis of indicators generated by the existing Computer System.

**Outcome 4:** Community networks rely on information, skills and spaces to participate in maternal, child and adolescent healthcare management.



## II. RESULTS

To ensure the necessary conditions for the programme implementation, the following priorities were set forth: (a) Organize the programme's technical committee<sup>1</sup>, team in charge of programme activities and processes, both in terms of organization and coordination, as well as implementation; (b) Research the programme's baseline with the respective technical note of indicators; (c) Elaborate the Annual Operating Plan (AWP for its acronym in Spanish) for Year 1 of the programme, for each SILAIS and their (15) priority municipalities; (d) Organize and define processes according to the fund disbursement path to the SILAIS and their municipalities, within the framework of Law No. 550 "Financial Management and of the State Budget Regime"<sup>2</sup>, and Law No. 823 "Act for the General Annual Budget of the Republic"; and (e) Elaborate the Cooperation Requests once the funds are available.

Throughout December 2012 - February 2013, a research was performed for the programme's baseline (BL) and indicator's technical notes were defined. PAHO funds (from other funding sources) covered the costs incurred by this BL. This process took place through an outsourced contract under joint coordination and supervision by the MINSAs, the Agencies and the Office of the Resident Coordinator (OCR) of the United Nations System (UNS). To validate the baseline data, a broader discussion meeting was held with MINSAs (Central Level and SILAIS) and the UNS to reach consensus<sup>3</sup> and reproduce analysis meetings with the programme's Technical Committee and statistics and M&E specialists.

The first year AWP planning and elaboration process took place from February to June 2013, which consisted of several phases: organize, agree and instruct the formatting to use in the planning process, achieved in consultation with SILAIS and technical accompaniment from the central level and the UNS Agencies. Three workshops took place in three SILAIS and one in Central MINSAs. Joint visits to the SILAIS promoted the sharing of financial-administrative process for each Agency and to facilitate the elaboration processes for cooperation requests and accountability. The AWP format was applied according to the results based management (RBM) methodology and the strategic guidelines set forth in the short-termed institutional plan aimed at results (PICOR for its acronym in Spanish). Finally, 15 municipal AWPs and three AWPs for the SILAIS Coordination Sites elaborated and concluded with the signature of the three AWPs on July 5, 2013.

Another relevant and necessary process was the setting up of the disbursement and accounting path, which required many meetings with MINSAs Headquarters and UNS Agencies. In accordance with Law 550, the following path was defined for cooperation requests: (a) SILAIS must send cooperation requests to the Bureau of Administrative and Financial Management (DAF for its acronym in Spanish) and in turn, DAF will forward these to each participating organization; (b) the Agencies make the disbursements to MINSAs and MINSAs, in turn, to the Ministry of Finance and Public Credit (MHCP for its Spanish acronym); and (c) MHCP approves the funds for MINSAs and to each of the priority SILAIS. The SILAIS will send their accounting to MINSAs and in turn, it will formally submit the rendered accounts to each Participating Agency; afterwards, the Agencies will send a written notice of their non-objection to the accounting reports.

As of August, a centralized procurement process was undertaken in coordination with MINSAs and UNS. An invitation to bid began using PAHO/WHO administrative mechanisms, and awarded 18 items in regular stock replenishment, 18 items in medical equipment and 157 computers<sup>4</sup>. Likewise, UNFPA procedures together with the General Division of Health Services (DGSS), UNICEF, UNFPA and PAHO, materials selected for reproduction and update. In addition, through the Latin American Centre for Perinatology and Human Development (CLAP) and PAHO, perinatal technologies were acquired for the 15 beneficiary

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<sup>1</sup> Team responsible for monitoring SILAIS and priority municipalities' implementation of the Program; this team integrates technical specialists from the following areas in MINSAs: (DGHS, DGPD, ICD, BAMF and one official from each Agency involved: PAHO, UNFPA, UNICEF and from the ORC of the UNS. An official from the Embassy of the Grand Duchy of Luxemburg in Nicaragua is invited to participate.

<sup>2</sup> Approve on 28 July 2005 and published in GACETA No. 167 on 29 August 2005.

<sup>3</sup> Tangible results are: Report on Results with the Table of Indicators and its Baseline Data and Goals for 15 Municipalities.

<sup>4</sup> Refer to Table No. 9 in Annex, "Purchases Made".

municipalities. Another centralized procurement process involved the acquisition of rapid tests for the diagnosis of HIV and prevention of mother to child transmission (PTMI), carried out through UNICEF administrative procedures.

This coordination, organization and planning processes from the head office down to the municipalities, were the necessary actions to set the basis for a powerful start in the programme's implementation. In this sense, managerial planning processes attained aggregate value because they were applied for the first time, creating national capacities at the local level. From January through September, actions were carried out to establish coordination mechanisms at different levels and to define the applicable single formats throughout the programme's lifespan. Therefore, during that time, tangible results were:

- a) health priorities determined by MINSAs harmonized and aligned in agreement with the United Nations Development Assistance Framework 2013-2017 (UNDAF) objectives, given that the UNDAF responds to the Government's national priorities;
- b) 15 Operational Plans at the municipal level and three at the SILAIS Coordination level elaborated with a RBM approach;
- c) Programme baseline built and goals for each indicator determined for each year and at the end of the programme, as well as the definition and elaboration of the technical notes for each indicator;
- d) Cooperation requests elaborated for the first quarter of the programme's first year;
- e) The single instrument for the technical accountability report elaborated, both for quarterly activities and accountability<sup>5</sup>; and
- f) The Programme's technical team consolidated and working with an excellent level of coordination between the UNS and MINSAs. In the same manner, the Programme's first Steering Committee (SC) meeting took place in December with successful results: MINSAs shared the progress and lessons learned of the programme; the participants expressed their commitment to implement the programme in the times defined and work on activities coordinated at the local level; the SC reaffirmed its commitment to monitoring the programme and establish partnership through this programme, particularly looking towards a new phase upon the Programme closure; The SC recognized and valued the progress in the coordinación between MINSAs (including the local level) and UNS.

The programme began implementation with pragmatic actions as of October and the first year AWP contemplates the period from July 24 2013 up to July 23, 2014. Therefore, this report narrates progress during the October – December 2013 period, focusing on the activities needed to reach the expected results for the first year. The annexes include some tables and photographs. In such context, up to December 31, 2013, it was not possible to rigorously measure all of the output indicators; instead, show data that measure activities by expected results.

## **i) Narrative Report on Results:**

### **Outcome 1:**

The programme allowed for the SILAIS to identify and prioritize the main problems and gaps in maternal, child and adolescent health services by analyzing the situation in each of the municipalities prioritized by the programme. Through this analysis, standards and protocols were defined to strengthen local capacities of health personnel. Moreover, the programme contributed to the process of results-based planning, where heads of SILAIS participated in monitoring activities based on indicators and the creation of improvement plans.

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<sup>5</sup> These are program monitoring reports that will feed the annual report.

The programme provided medical equipment, templates and perinatal technologies in prioritized municipalities in response to needs identified by the SILAIS management. The programme provided technological equipment to 153 municipalities to improve data collection and analysis as well as medical supplies for five neonatal units in five hospitals in order to improve the quality of care and reduce neonatal mortality.

The Joint Programme also identified the need to strengthen the link between the primary health care and the secondary level of health care (hospitals), focusing on the population living in remote communities.

**Output 1.1:** The health services network in three priority SILAIS rely on management capacity to provide maternal, child and adolescent healthcare services.

- Defined the standards and protocols requiring update (FP, PNC, Maternal Homes, clinical and community integrated management of childhood illnesses (IMCI), Surveillance System for Pregnant Women/Managerial Census (SIVIEM for its Spanish acronym), intra-family violence (IFV), breastfeeding, quality standards and indicators, ARO Protocol) and for reproduction (the above plus: neonatology, obstetric complications, practical guide to assess prenatal and adolescent healthcare, childbirth plan).
- SILAIS monitoring of the municipalities improved through the reproduction of Monitoring Forms.
- Increased availability of perinatal technologies through the procurement of (500 each): pocket and wall gestograms, dilatometers, obstetric tapes, weight-size tables. These will be distributed in the 15 municipalities in line with the distribution plan elaborated according to the basic equipment scheduled for each municipality.
- Teams from SILAIS venues visited the municipal capitals and health units to assess compliance with the quality standards and indicators for maternal, child and adolescent healthcare services, for which the defined instrument was used (checklists to measure the standards). The outcomes are input for the elaboration of the intervention plans based on the findings observed, with an emphasis on the reorganization of services and the critical care path.
- Primary healthcare materials and supplies procured (tensiometer, stethoscope, gauges, sheets, screens, nebulizers) for maternal and child care<sup>6</sup> to condition and equip health units in the municipalities.
- Increased uptake and monitoring of pregnant and puerperal women through active search: 374 truant pregnant women, 51 puerperal and 1,534 children for promotion, growth and development surveillance (VPCD for its acronym in Spanish<sup>7</sup>).
- Provided access to healthcare services for populations that live in remote communities through the organization and visits by comprehensive health brigades<sup>8</sup>.
- Access provided for pregnant women and children with complications of higher resolution through 392 transfers from communities with limited access in three SILAIS<sup>9</sup>.
- Increased availability of HIV tests in Health Centers to improve healthcare for pregnant women during prenatal care (PNC), and to prevent vertical HIV transmission from mother to child through procurement of 32 thousand HIV tests.
- 33 Breastfeeding Committees reorganized and strengthened capacity of healthcare and administrative staff on the breastfeeding strategy. Almost 50% of the units are involved in the self-evaluation process to achieve re-certification<sup>10</sup>.
- The Chontales SILAIS developed actions to promote family planning; 236,465 persons from four municipalities received messages through radio spots and 19,811 persons from two municipalities through television spots. A total of 45 health team members strengthened their skills to apply family planning standards and protocols.

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<sup>6</sup> Refer to the Annex, Table No 1 and Table No 2, "Women and Children's Healthcare Rooms properly conditioned and equipped".

<sup>7</sup> Refer to Annex, Table No 3, "Active search of women and children absent from the PNC, FP, PGDS Programs".

<sup>8</sup> Refer to Table No. 4.a and 4.b "Service production by comprehensive health brigades".

<sup>9</sup> Refer to Table No. 5 "Transfer of referred patients (Mother and Child Emergencies)

<sup>10</sup> Refer to Annex, Table No. 6 "Breastfeeding Committees created according to municipalities".

**Output 1.2:** Hospitals strengthened their response capacity in neonatal services in accordance with standards and protocols.

Progress was made in the procurement of regular replacement materials for the neonatal area of five hospitals scheduled based on the diagnosis of gaps performed by MINSA. These materials will be distributed according to the distribution plan elaborated on the basis of the gap diagnosis carried out by MINSA.

### **Outcome 2:**

Healthcare personnel in 15 municipalities improved their knowledge on standards and evidence-based interventions, to ensure the adequate implementation of the standards and improve the quality of care in maternal, child and adolescent health services. Moreover, these health units have the templates to register data from the services provided that will allow the monitoring of the compliance of programme indicators. Also, the programme provided the methodological tools for the organization of groups of facilitators who will be in charge of the training of the SILAIS.

To contribute to the sustainability of the strengthening of local capacities, the continuous education strategy was adjusted in all the health units in the 15 municipalities of the programme. The programme provided methodological tools and training materials to ensure the self-learning process on the main maternal, child and adolescent health problems.

**Output 2.1:** Primary healthcare teams applying quality standards for maternal, child and adolescent healthcare.

Actions aimed to strengthen the skills of healthcare personnel in healthcare establishments of 15 municipalities, and based on the institutional teaching plan, internships and training workshops<sup>11</sup> were implemented to approach the most frequent obstetric complications: post-partum hemorrhage, gestational hypertensive syndrome, deep vein thrombosis, and puerperal sepsis, premature rupture of membrane and obstructed labor, as well as management of neonatal asphyxia.

In the RAAS, two clinical facilitators were trained (one per priority municipality) on addressing maternal, child and adolescent health and HIV, on: gestational hypertensive syndrome, neonatal sepsis and on the combined HIV prevention strategy. These facilitators received teaching kits with the content to be developed on the covered subjects. Teachers in the SILAIS sites and municipalities are key stakeholders that facilitate the implementation process. The SILAIS in Nueva Segovia and Chontales carried out training workshops for 69 clinical facilitators on maternal and prenatal healthcare subjects.

### **Outcome 3:**

To ensure that local levels (SILAIS/municipalities) make informed decisions, according to the implementation results of evidence based interventions, training actions were developed to improve quality, data management and handling, as well as development of skills for human resources on the analysis of indicators set forth by SIGRUN and the Social Agreements for Health and Wellbeing, beyond a mere description of the defined goals. This has contributed to the reorientation of the local level actions in order to reach the population with less access to health services, as well as in those municipalities with maternal child health indexes below the SILAIS average. To this end, an analysis of effective coverage for prenatal care and the nutritional status of boys, girls and pregnant women was developed.

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<sup>11</sup> Refer in the Annex to Table No. 7, "Health Personnel with updated knowledge for maternal and child healthcare services according to SILAIS".

On the other hand, technological tools guaranteed in 153 municipalities for data management, and capacity building for 66 healthcare human resources advanced on the use of management analysis tools through the implementation of workshops on perinatal computer systems (PCS) and SIVIEMB linked to uptake processes, data validation and elaboration of reports from perinatal clinical records (HCP for its acronym in Spanish).

**Output 3.1:** Improve the capacity of healthcare services networks emphasizing maternal, child and adolescent health for decision-making process.

- 153 municipalities rely on technological tools for data management, and capacity building for 66 healthcare human resources advanced on the use of management analysis tools through the implementation of workshops on perinatal computer systems (PCS) and SIVIEMB linked to uptake processes, data validation and elaboration of reports from perinatal clinical records (HCP). Sessions were held to analyze maternal mortality and severe maternal morbidity cases.
- Inter-institutional coordination meetings coordinated by SILAIS Site and in the municipalities to address underreporting of births and deaths.
- One municipality held a fair to uptake children for proper registration.

#### **Outcome 4:**

67% of the priority municipalities (10 of 15) carried out actions so that personnel from the Community Comprehensive Primary Healthcare Teams (ESAFC for its acronym in Spanish), together with community networks, take action to promote maternal and child healthcare. A total of 330 community leaders received training on community strategies such as the Community Strategy for Contraceptive Methods (ECMAC for its acronym in Spanish), the Childbirth Plan, Culturally Appropriate Delivery using culturally appropriate posters and flipcharts<sup>12</sup>. Based on the country's early childhood policy, "Love Programme for the Smallest Boys and Girls" (PAMOR for its acronym in Spanish), and that the policy's proposed actions target minors under 2 years of age, activities carried out in the health sector are creating synergies between PAMOR and the Family and Community Health Models (MOSAFC for its acronym in Spanish), so that actions are complementary and more efficient.

MINSA health teams and community leaders held coordination meetings allowing updated census of pregnant women and children, as well as monitoring in Murra Municipality and in 11 ESAFC in Kukra Hill Municipality. These actions together with the community reference started in the three SILAIS stimulate service demands.

15 municipalities have participation structures for healthcare services (offer) through the Analysis and Balance Days (JABA for its acronym in Spanish), attended by community leaders as guests to assess the goals and commitments assumed by the healthcare teams. As the project advances, next steps aim to make better use of the existing participation spaces for analysis of the health status by the communities themselves so that they propose solutions to local issues that arise from their own contexts, while reducing bottle necks and barriers that limit the effective and warm access to maternal and child healthcare services.

**Output 4.1:** Strengthen community networks for implementation of health promotion and prevention rendering to maternal, child and adolescent healthcare needs.

- Improved dialogue mechanisms between healthcare personnel from the municipalities and the communities, in the same manner that community participation is now reactivated in community strategies where they play a leading role: Childbirth Plan, Vaccination Campaigns, Adolescent Circles, Strategy for Living Well.

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<sup>12</sup> Refer to Table No. 8 "Training community networks for participation in maternal, child and adolescent healthcare management".

- Through meetings, seminars and workshops, the project has contributed toward increased knowledge on the seven key strategies defined for this period: early stimulation, PAMOR, ECMAC, Childbirth Plan, Integrated Management of Childhood Illness (AIEPI for its acronym in Spanish), Breastfeeding, Cultural Appropriateness of Delivery, Adolescent Circles focused on reproductive sexual rights. A total of 659 persons received training.
- A community diagnosis was elaborated in four communities of Nueva Segovia.
- All of the municipalities updated their community management census handling and monitoring to actively seek pregnant women unattended, and in two municipalities, the census updated at the ESAFC level.
- All of the SILAIS trained all of their health staff for re-certification of the health unit as mother and child friendly through regional workshops that trained facilitators on breastfeeding. A total of 47 health professionals were trained in two regional workshops in the SILAIS RAAS and SILAIS Chontales: Corn Island, Bluefields Kukra Hill, Laguna de Perlas, Karawala, and personnel from the SILAIS Site, as well as the municipalities of Acoyapa, Santo Tomás, San Pedro de Lovago, the Asunción Hospital and the SILAIS Chontales<sup>13</sup>.
- The initial session took place with a training workshop in four municipalities of Chontales for application of the Communication for Development Strategy (C4D for its acronym in Spanish); all of the municipalities now rely on facilitators to implement the strategy.
- During this period, the programme provided financial support to the implementation of: five inter-sector and community participation spaces (JABA) in Chontales (one at the SILAIS Site and in four municipalities), one JABA in Nueva Segovia SILAIS Site, and four JABA in RAAS (one in the SILAIS Site and in three municipalities).
- During the sessions, the results from the main indicators assumed in the departmental and municipal social agreements are analyzed; consensus is reached on the most important need and priority demands of the communities as well as on the actions to be developed in order to strengthen the health work and the mechanisms for citizen mobilization and participation.
- Two municipalities of the RAAS SILAIS, Corn Island and Karawala, coordinated actions with the municipalities and other key stakeholders to implement prevention actions.
- RAAS and Nueva Segovia SILAIS implement inter-sector and technical participation spaces together with MINED, MIFAM, the mayoralties and community networks to assess the joint programme indicators, which has strengthened the alliance to comply with these indicators.

### **Lessons Learned:**

1. Permanent accompaniment by SILAIS authorities allows for identification of health priorities in the population with a multi-sector approach.
2. Incorporation of risk management during the planning process provides better guidance for actions, given the presence of regulatory issues and limitations within the municipal territorial scope<sup>14</sup>.
3. The presence of the General Division of Health Services (DGSS for its acronym in Spanish) during monitoring is necessary to provide support at the local level when measuring the quality of the healthcare provided.
4. A structured monitoring plan before programme startup allows us to identify progress in measuring the real impact; in turn, this provides technical assistance and promotes the exchange of good practices and lessons learnt in a joint manner, which reinforces team work and inter-programmatic efforts.
5. Consider handling financial contingencies (delays in disbursements at the national/SILAIS and municipal scope) aims at reorganizing and redirecting the timeframe of planned activities.
6. On elaboration of AWP for year one and the cooperation requests:
  - Ownership of the results based planning methodology applied to the programme at the local level, relevant for the use of a single planning framework.

<sup>13</sup> Refer to Table 8, Graphic No. 1.a and 1.b: "Results of the Implementation of Educational Process for Re-certification of the RAAS and Chontales SILAIS."

<sup>14</sup> *Few suppliers, many are not accredited State suppliers.*

- Adaptation of joint inter-managerial programming with different administrative processes implied more time than expected.
- Planning resources at all levels were not provided and this implied extra contributions from all of the Agencies in order to guarantee the logistics in each SILAIS and personnel travelling to the municipalities.
- The municipalities required time during the planning and implementation phases for programme ownership.
- Evidence of the actions in the results of the programme: Even though results are evident, it is important to record and register the information and relevant evidence in an organized manner to provide inputs mainly for the elaboration of success stories and the narrative report of the programme.

### **Good Practices:**

1. The programme formulation exercise allowed for harmonization and alignment of priorities into a single plan.
2. The design of a single instrument for the financial-technical report allows for optimal time and resources in accountability.
3. Technicians' scheduled assistance and monitoring to the SILAIS at territorial level allows setting clear implementation and report submission dates for each activity.
4. A joint monitoring visit to the municipalities provides comprehensive analysis of bottlenecks in technical and administrative resources for timely and proper execution of the allocated financial resources.
- 5 **Joint monitoring:** The programme's technical committee made three joint visits to the three SILAIS, encompassing 30% of the municipalities during their visit (during their next visit, they will cover the rest of the municipalities). During the visit, "bottlenecks and barriers" in the healthcare service provision were analyzed and will be taken into consideration in the definition of strategies for the 2nd year AWP.
- 6 Approval of a single report between MINSA and the Participating Agencies by the municipalities and SILAIS for submittal to the 3 Agencies.

### **Qualitative Assessment:**

- The municipalities and SILAIS have had the opportunity to hold joint analysis sessions with MINSA Headquarters and the Agencies, which facilitated targeting interventions based on evidence. This action is well appreciated by the partner at all levels as it provides a space for reflection applied on a daily basis.

### On inter-agency coordination:

- This allowed agencies to address the cooperation provided to the sector in a comprehensive manner.
- This helped the partner (MINSA) to coordinate with the UNS toward the same objective.
- Transaction costs reduced in terms of coordination, procurement, and (joint) planning and monitoring, allowing for budget allocations focused only compliance with results.
- The programme's single report form was assumed by the Agencies as a formal accountability document.
- Inter-agency analysis identified the need for strengthening the community empowerment processes defined in Outcome 4.

## ii) Performance Assessment Based on Indicators:

| Programme Results  | Goals Reached According to the Indicator  | Factors Linked to the Variation with Planned Goal (if any)   | Source of Verification  |
|--|---|--|---|
| <p><b>Outcome 1<sup>15</sup></b><br/> <b>Indicator:</b> Number of municipalities implementing the Improvement Programme continues with emphasis on mother, newborn and adolescent healthcare.<br/> <b>Baseline: 8.</b> However, these require strengthened monitoring and compliance.<br/> <b>Planned Goal: 15.</b></p>  | <p>Nueva Segovia: 4/6 municipalities apply the improvement plan, but require rigorous monitoring for compliance.<br/> RAAS: 0/5 does not apply the improvement plan with the existing form although they have the knowledge, but they will apply it with the programme.<br/> Chontales: 4/4 applies the continuous improvement plan but require rigorous monitoring for compliance.</p> | <p>Process to define frequency and standardized tools to use for monitoring and compliance by all municipalities involved.<br/> <u>Note:</u> Selected municipalities have knowledge of the continuous improvement plans but require assistance to guarantee systematic monitoring with an assessment method.</p> | <p>SILAIS monitoring records<br/> Monitoring Minutes<br/> Joint Programme Monitoring and Assessment Reports</p>   |
| <p><b>Output 1.1</b><br/> <b>Indicator 1.1.1:</b> Guidelines, Protocols and Standards for maternal, child and adolescent healthcare updated and available for the healthcare services networks in priority SILAIS.<br/> <b>Baseline for the entire PC: 24</b> existing (14 updated).<br/> <b>Planned goal for the entire PC: update 10<sup>16</sup></b><br/> Reproduction in the health posts of municipalities in the programme: <b>14<sup>17</sup></b><br/> <b>Indicator 1.1.2:</b> Essential obstetric and neonatal healthcare essentials (CONE) organized and working in three SILAIS.<br/> <b>Baseline: 3</b><br/> Organized and working but require renovation of some supplies<sup>18</sup> to guarantee better quality service provision. CONE functionality will be measured with healthcare quality.</p> | <p>To be measured in June 2014.</p> <p><u>Procurement of:</u><br/> 18 items for regular replacement of supplies<br/> 5 thousand HIV tests<br/> 500 perinatal technologies<br/> Supplies to refurbish and equip healthcare rooms for women and children in 13 municipalities</p>   | <p>Guidelines, standards, protocols requiring update and reproduction identified.<br/> The process to update standards adheres to the policy set forth by MINSA's Sanitary Regulations Division.</p> <p>Report will be submitted in June 2014</p>  | <p>Health Units physically rely on these documents.<br/> Joint Programme Monitoring Reports</p> <p>Joint Programme Monitoring Reports<br/> Entry Sheets in MINSA's CIPS</p> |

<sup>15</sup> Note: The results, outcomes, indicators and goals should be as indicated in the project document so **that reports render real goals with the set goals**. Add rows as necessary for Outcomes 2, 3, etc.

<sup>16</sup> PF, PNC, Maternal Homes, clinical and community IMCI, MMMS, IFV, Breastfeeding, Quality Standards and Indicators, ARO Protocol.

<sup>17</sup> Ditto, plus: Neonatology, Obstetric Complications, Practical Guidelines to assess prenatal and adolescent healthcare, Delivery Plan.

<sup>18</sup> Perinatal technologies, tensiometer, supplies, manometers, scales, HIV tests; in addition to patient referrals



|   |  |   |  |
|---|--|---|--|
| <b>Planned Goal: 3</b>  | Real data will be measured in June 2014.   |   |  |
| <b>Output 1.2</b><br><b>Indicator 1.2.1:</b> Neonatal Services equipped in hospital at: Granada, Carazo, Rivas, Nueva Segovia and Madriz pursuant to standards and protocols<br><b>Baseline: 0</b><br><b>Planned Goal: 1</b> Regional Hospital and 4 Departmental Hospitals   | To be measured during the II Quarter of 2014.  | Procurement of medical equipment for 5 hospitals<br><u>Note:</u> These rooms work but lack medical equipment, which the programme will purchase | PAHO Purchase Order  |
| <b>Outcome 2:</b><br><b>Indicator:</b> Percentage of personnel in the network of public healthcare establishments that properly apply the technical instructions in the guidelines, protocols and standards<br><b>Baseline: 80</b><br><b>Planned Goal: 88</b>   | To be measured in June 2014.   | Progress reported in the indicator for Output 2.1   |  |
| <b>Output 2.1</b><br><b>Indicator 2.1.1:</b> Percentage of health establishments that has and implements the Training and Continuous Education Plans<br><b>Baseline: 80</b><br><b>Planned Goal 100</b>  | 14 subjects addressed in the training workshops <sup>19</sup> .  | During 2013, internships and workshops imparted for healthcare staff <sup>20</sup> on addressing obstetric and neonatal complications           | Joint Programme Monitoring Reports<br>Attendance Lists<br>Technical Report of the Activity |
| <b>Indicator 2.1.2:</b> 3 SILAIS rely on competent technical facilitator teams to train healthcare personnel on the standards, protocols and guidelines for maternal, child and adolescent healthcare<br><b>Baseline: 0</b><br>The SILAIS have facilitators, but they cover several subjects. The programme will strengthen them in the maternal, child and adolescent healthcare area, as well as teaching certificates from MINSAs. | RAAS: 2 clinical facilitators per municipality trained to address maternal and child healthcare and HIV.<br><br>Nueva Segovia and Chontales: 69 facilitators trained on maternal and perinatal healthcare issues | Report will be submitted in June 2014   | Joint Programme Monitoring Reports<br>Attendance List<br>Technical Report on the Activity  |

<sup>19</sup> Refer to Annex, Table "Healthcare Personnel with updated knowledge for maternal and child healthcare, according to SILAIS".

<sup>20</sup> Ditto..

|   |  |   |  |
|---|--|---|--|
| <b>Planned Goal: 3 SILAIS</b>   |  |   |  |
| <p><b>Outcome 3:</b><br/> <b>Indicator 3.1:</b> number of priority municipalities that have a document to analyze the information produced by the system considering the decisive issues.<br/> <b>Baseline:</b> 15 municipalities elaborate a management analysis document on diverse subjects, but the programme intends to strengthen the approach and analysis of women, child and adolescent health in the report.<br/> <b>Planned Goal:</b> 15</p>   | To be measured in June 2014  | All municipalities elaborate annual management reports that reflect accomplishments achieved and identified limitations based on indicators in the Institutional Health Plan. Local management teams elaborate these reports and will serve as a tool to assess this indicator. | Joint Programme Monitoring Reports<br>SILAIS Information Systems<br>Municipal Management Report for the Current Year |
| <p><b>Indicator 3.2:</b> Number of municipalities that plan their health interventions according to priorities defined in the local status analysis.<br/> <b>Baseline:</b> 15<br/> Municipalities' plan their interventions (PICOR) based on the management analysis document for diverse subjects, but the programme intends to strengthen the level of analysis and planning targeted for the population under risk in terms of mother, child and adolescent health.<br/> <b>Planned Goal:</b> 15</p> | To be measured in June 2014  | Report will be submitted in June 2014   | N/A  |
| <p><b>Output 3.1</b><br/> <b>Indicator 3.1.1:</b><br/> Number of municipalities that rely on skilled personnel to elaborate analyses and define maternal, child and adolescent health priorities.<br/> <b>Baseline:</b> At least 1 person of the lead team in 15 municipalities has skilled personnel to analyze and define maternal, child and adolescent health priorities.<br/> <b>Planned Goal:</b> 15 municipalities with lead teams that rely on skills to analyze and define</p>                 | 15 municipalities rely on technological tools to handle data and developed skills for 66 healthcare human resources.<br>Staff skills will be measured in June 2014 | Report will be submitted in June 2014   | Joint Programme Monitoring Report  |

|   |  |  |   |
|---|--|--|---|
| <p>maternal, child and adolescent health priorities.</p> <p><b>Outcome 4:</b><br/> <b>Indicator:</b> Number of municipalities that rely on articulated community networks implementing health promotion and prevention actions in a coordinated manner with the governing body for health.<br/> <b>Baseline:</b> 15 municipalities rely on established community networks<br/> <b>Planned Goal:</b> 15 municipalities where community networks actively participate in the implementation of promotion and prevention actions in a coordinated manner with the governing body for health.</p> | <p>The real data to be measured in June 2014<br/> 100% of the health units enjoy support from community leaders for health promotion and prevention within a Community Strategy framework (Contraceptive Methods, Delivery Plan, Pregnancy Management Census, community referral and counter-referral systems, among others)</p> | <p>Report will be submitted in June 2014</p>   | <p>Joint Programme Monitoring Reports<br/> Book of Minutes of the Meetings of the Municipal Director's inter-sector spaces<br/> List of Attendants<br/> Report from the Community Network Coordinator</p> |
| <p><b>Output 4.1</b><br/> <b>Indicator 4.1.1:</b> Percentage of communities that rely on Action Plans to promote and prevent major health issues in women, children and adolescents<br/> <b>Baseline:</b> Pending.<br/> <b>Planned Goal:</b> Pending<br/> <b>Indicator 4.1.2:</b> Percentage of municipalities with working inter-sector spaces<br/> <b>Baseline:</b> 15 municipalities have Inter-Sector Commissions</p>   | <p>To be measured in June 2014<br/> 659 community members trained on 7 strategies<sup>21</sup></p>   | <p>Report will be submitted in June 2014</p>   | <p>Joint Programme Monitoring Reports<br/> List of Attendants<br/> Community Network Work Plan<br/> Report from the Community Network Coordinator</p>   |
| <p><b>Planned Goal:</b> 15 municipalities have Inter-Sector Commissions working systematically.</p>   | <p>To be measured in June 2014.<br/> 5 JABA (1 in SILAIS Site and in 4 municipalities) in Chontales, 1 JABA in Nueva Segovia at the SILAIS Site, 1 JABA in RAAS at the SILAIS Site and in 3 municipalities.<br/> The Municipal Director of 15 municipalities is participating in the Inter-Sector Commission</p>                 | <p>Report will be submitted in June 2014<br/> The community participates in the Social Audit and Accountability Meetings</p> | <p>Joint Programme Monitoring Reports,<br/> Book of Minutes of the Meetings of the Municipal, Director's inter-sector spaces</p>  |

<sup>21</sup> Early stimulation, Love Program, ECMAC, Delivery Plan, AIEPI, Breastfeeding, Cultural Adaptation to Delivery and Clubs, Adolescent Circles focused on Reproductive Sexual Rights.

### III. OTHER ASSESSMENTS OR EVALUATIONS

Based on the joint monitoring visit carried out, the following issues were found:

- **Programme implementation organization:** SILAIS have management teams that accompanied the implementation process in the municipalities. However, ownership of the programme's indicators and results at the municipal level is not yet uniform or consistent. This reflects in the municipal reports.
- **Capacity building:** SILAIS and municipalities report participation in training activities according to plans. During the upcoming period, this knowledge will be subject to assessment, for which a training plan based on competencies coherent with MDG 4 and 5 will take place.
- **Financial accountability:** In general, municipalities and SILAIS received technical assistance from the Agencies, which facilitated timely rendering of accounts.
- **Personnel turnover:** Most of the human resources that participated in the initial planning phase are no longer in the municipalities, reason for which the new human resources were not exposed to results based planning; therefore, they mainly executed for compliance with tasks and fund execution goals.
- A crossover analysis of results was performed during the joint visit (which is not a common practice for the municipalities) to understand how healthcare services and activities are complementary and to understand how effective and efficient health service activities are. Example: # prenatal healthcare provided versus neonatal morbidity-mortality; this example revealed that it is necessary to elaborate an investigation to collect evidence of this situation. These joint visits reinforced the synergy in the inter-agency coordination and with MINSA. In addition, the agencies performed other visits to the municipalities to monitor and provide direct technical assistance.

### IV. RESOURCES

The programme uses a MINSA centralized implementation method, which transfers funds to the SILAIS for execution at the local level. In this sense, progress has been made in the coordination between MINSA Headquarters and the Agencies to ensure harmonious disbursements and accountability.

The financial monitoring system records the data from the municipalities up to SILAIS, with joint supervision by MINSA Headquarters and the Agencies. Financial execution monitoring and accountability is on a quarterly basis, including data at the municipal and SILAIS level as well as of the entire programme. These data are part of the M&E System conducted by the TC.

The programme dynamic agreed centralized procurement procedures in coordination with MINSA and the UNS, pursuant to the procedures of the corresponding entity<sup>22</sup>. Procurement procedures took place through established processes, starting with requests from SILAIS and the formal review/referral by MINSA Headquarters, with technical specifications.

Programme stakeholders have contributed with human and financial resources from other funding sources. In this sense, through MINSA, the Government human resources from MINSA Headquarters and the SILAIS from the following tiers: management, technical and

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<sup>22</sup> Refer to Table No. 9 Procurement – purchases made

administrative staff, ensures a structure for the programme administration, monitoring and implementation. In the same manner, the Agencies contribute with human resources (that provide technical assistance to all levels) and funded planning and monitoring activities, as well as hiring specialists to attain certain activities. Specifically, PAHO mainly contributed by funding the programme baseline and planning (SILAIS sessions, participation of technicians from MINSA Headquarters and from SILAIS in a session held by MINSA) and UNICEF contributed for outsourced consulting for Outcome 4 with the mother and child friendly units (IUAMN for its acronym in Spanish), and community training. UNFPA also contributed for this Outcome in the Social Change Strategy<sup>23</sup>.

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<sup>23</sup> The sum of all MINSA and Agencies' estimated contributions is on the first page of the "Program Cost" heading.

## **PART II: ANNUAL FINANCIAL REPORT**

## DEFINITIONS

### **Allocation**

Amount approved by the Steering Committee for a project/programme.

### **Approved Project/Programme**

A project/programme including budget, etc., that is approved by the Steering Committee for fund allocation purposes.

### **Contributor Commitment**

Amount(s) committed by a donor to a Fund in a signed Standard Administrative Arrangement (SAA) with the UNDP Multi-Partner Trust Fund Office (MPTF Office), in its capacity as the Administrative Agent. A commitment may be paid or pending payment.

### **Contributor Deposit**

Cash deposit received by the MPTF Office for the Fund from a contributor in accordance with a signed Standard Administrative Arrangement.

### **Delivery Rate**

The percentage of funds that have been utilized, calculated by comparing expenditures reported by a Participating Organization against the 'net funded amount'.

### **Indirect Support Costs**

A general cost that cannot be directly related to any particular programme or activity of the Participating Organizations. UNDG policy establishes a fixed indirect cost rate of 7% of programmable costs.

### **Net Funded Amount**

Amount transferred to a Participating Organization less any refunds transferred back to the MPTF Office by a Participating Organization.

### **Participating Organization**

A UN Organization or other inter-governmental Organization that is an implementing partner in a Fund, as represented by signing a Memorandum of Understanding (MOU) with the MPTF Office for a particular Fund.

### **Project Expenditure**

The sum of expenses and/or expenditure reported by all Participating Organizations for a Fund irrespective of which basis of accounting each Participating Organization follows for donor reporting.

### **Project Financial Closure**

A project or programme is considered financially closed when all financial obligations of an operationally completed project or programme have been settled, and no further financial charges may be incurred.

### **Project Operational Closure**

A project or programme is considered operationally closed when all programmatic activities for which Participating Organization(s) received funding have been completed.

### **Project Start Date**

Date of transfer of first instalment from the MPTF Office to the Participating Organization.

### **Total Approved Budget**

This represents the cumulative amount of allocations approved by the Steering Committee.

## 2013 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the JP Nicaragua Support MDG 4&5 funds using the pass-through funding modality as of 31 December 2013. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: <http://mptf.undp.org/factsheet/fund/JNI00>.

### 1. SOURCES AND USES OF FUNDS

As of 31 December 2013, one contributor has deposited US\$ 2,632,748 in contributions and US\$ 3,164 has been earned in interest,

bringing the cumulative source of funds to US\$ 2,635,911 (see respectively, Tables 2 and 3).

Of this amount, US\$ 2,590,257 has been transferred to three Participating Organizations, of which US\$ 548,027 has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US\$ 26,327. Table 1 provides an overview of the overall sources, uses, and balance of the JP Nicaragua Support MDG 4 as of 31 December 2013.

**Table 1. Financial Overview, as of 31 December 2013 (in US Dollars)\***

|  | Annual 2012 | Annual 2013      | Cumulative       |
|--|-------------|------------------|------------------|
| <b>Sources of Funds</b>                                      |             |                  |                  |
| Gross Contributions  | -           | 2,632,748        | 2,632,748        |
| Fund Earned Interest and Investment Income                   | -           | 3,164            | 3,164            |
| Interest Income received from Participating Organizations    | -           | -                | -                |
| Refunds by Administrative Agent to Contributors              | -           | -                | -                |
| Fund balance transferred to another MDTF                     | -           | -                | -                |
| Other Revenues   | -           | -                | -                |
| <b>Total: Sources of Funds</b>                               | <b>-</b>    | <b>2,635,911</b> | <b>2,635,911</b> |
| <b>Uses of Funds</b>   |             |                  |                  |
| Transfers to Participating Organizations                     | -           | 2,590,257        | 2,590,257        |
| Refunds received from Participating Organizations            | -           | -                | -                |
| <b>Net Funded Amount to Participating Organizations</b>      | <b>-</b>    | <b>2,590,257</b> | <b>2,590,257</b> |
| Administrative Agent Fees                                    | -           | 26,327           | 26,327           |
| Direct Costs: (Steering Committee, Secretariat...etc.)       | -           | -                | -                |
| Bank Charges   | -           | 75               | 75               |
| Other Expenditures   | -           | -                | -                |
| <b>Total: Uses of Funds</b>                                  | <b>-</b>    | <b>2,616,659</b> | <b>2,616,659</b> |
| <b>Change in Fund cash balance with Administrative Agent</b> |             | <b>19,252</b>    | <b>19,252</b>    |
| Opening Fund balance (1 January)                             | -           | -                | -                |
| <b>Closing Fund balance (31 December)</b>                    |             | <b>19,252</b>    | <b>19,252</b>    |
| Net Funded Amount to Participating Organizations             | -           | 2,590,257        | 2,590,257        |
| Participating Organizations' Expenditure                     | -           | 548,027          | 548,027          |
| <b>Balance of Funds with Participating Organizations</b>     |             |                  | <b>2,042,230</b> |

\* Due to rounding of numbers, totals may not add up. This applies to all numbers in this report.



## 2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this Fund as of 31 December 2013.

**Table 2. Contributors' Deposits, as of 31 December 2013 (in US Dollars)\***

| Contributors             | Prior Years<br>as of 31-Dec-2012 | Current Year<br>Jan-Dec-2013 | Total            |
|--------------------------|----------------------------------|------------------------------|------------------|
| Government of LUXEMBOURG | -                                | 2,632,748                    | 2,632,748        |
| <b>Grand Total</b>       | -                                | <b>2,632,748</b>             | <b>2,632,748</b> |

## 3. INTEREST EARNED

Interest income is earned in two ways: 1) on the balance of funds held by the Administrative Agent ('Fund earned interest'), and 2) on the balance of funds held by the Participating Organizations ('Agency earned interest') where their Financial Regulations and Rules allow return of interest

to the AA. As of 31 December 2013, Fund earned interest amounts to US\$ 3,164 and there is no interest received from Participating Organizations. Details are provided in the table below.

**Table 3. Sources of Interest and Investment Income, as of 31 December 2013 (in US Dollars)\***

| Interest Earned                            | Prior Years<br>as of 31-Dec-2012 | Current Year<br>Jan-Dec-2013 | Total        |
|--|----------------------------------|------------------------------|--------------|
| <b>Administrative Agent</b>                |                                  |                              |              |
| Fund Earned Interest and Investment Income | -                                | 3,164                        | 3,164        |
| <b>Total: Fund Earned Interest</b>         | -                                | <b>3,164</b>                 | <b>3,164</b> |
| <b>Participating Organization</b>          |                                  |                              |              |
| <b>Total: Agency earned interest</b>       | -                                | -                            | -            |
| <b>Grand Total</b>                         | -                                | <b>3,164</b>                 | <b>3,164</b> |

## 4. TRANSFER OF FUNDS

Allocations to Participating Organizations are approved by the Steering Committee and disbursed by the Administrative Agent. As of 31 December 2013, the AA has transferred US\$ 2,590,257 to three Participating Organizations (see list below).

Table 4 provides additional information on the refunds received by the MPTF Office, and the net funded amount for each of the Participating Organizations.

**Table 4. Transfer, Refund, and Net Funded Amount by Participating Organization, as of 31 December 2013 (in US Dollars)\***

| Participating Organization | Prior Years as of 31-Dec-2012 |         |            | Current Year Jan-Dec-2013 |         |                  | Total            |         |                  |
|----------------------------|-------------------------------|---------|------------|---------------------------|---------|------------------|------------------|---------|------------------|
|                            | Transfers                     | Refunds | Net Funded | Transfers                 | Refunds | Net Funded       | Transfers        | Refunds | Net Funded       |
| PAHO/WHO                   | -                             | -       | -          | 1,781,420                 | -       | 1,781,420        | 1,781,420        | -       | 1,781,420        |
| UNFPA                      | -                             | -       | -          | 468,618                   | -       | 468,618          | 468,618          | -       | 468,618          |
| UNICEF                     | -                             | -       | -          | 340,219                   | -       | 340,219          | 340,219          | -       | 340,219          |
| <b>Grand Total</b>         | -                             | -       | -          | <b>2,590,257</b>          | -       | <b>2,590,257</b> | <b>2,590,257</b> | -       | <b>2,590,257</b> |

## 5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All final expenditures reported for the year **2013** were submitted by the Headquarters of the Participating Organizations. These were consolidated by the MPTF Office.

## 5.1 EXPENDITURE REPORTED BY PARTICIPATING ORGANIZATION

As shown in table 5 below, the cumulative net funded amount is US\$ **2,590,257** and cumulative expenditures reported by the Participating Organizations amount to US\$ **548,027**. This equates to an overall Fund expenditure delivery rate of **21** percent. The agency with the highest delivery rate is UNICEF (39%), followed by UNFPA (22%) and PAHO/WHO (17%).

**Table 5. Net Funded Amount, Reported Expenditure, and Financial Delivery by Participating Organization, as of 31 December 2013 (in US Dollars)\***

| Participating Organization | Approved Amount  | Net Funded Amount | Expenditure                   |                           |                | Delivery Rate % |
|----------------------------|------------------|-------------------|-------------------------------|---------------------------|----------------|-----------------|
|                            |                  |                   | Prior Years as of 31-Dec-2012 | Current Year Jan-Dec-2013 | Cumulative     |                 |
| PAHO/WHO                   | 1,781,420        | 1,781,420         | -                             | 308,677                   | 308,677        | 17.33           |
| UNFPA                      | 468,618          | 468,618           | -                             | 105,410                   | 105,410        | 22.49           |
| UNICEF                     | 340,219          | 340,219           | -                             | 133,940                   | 133,940        | 39.37           |
| <b>Grand Total</b>         | <b>2,590,257</b> | <b>2,590,257</b>  | <b>-</b>                      | <b>548,027</b>            | <b>548,027</b> | <b>21.16</b>    |

## 5.2 EXPENDITURE REPORTED BY CATEGORY

Project expenditures are incurred and monitored by each Participating Organization and are reported as per the agreed categories for inter-agency harmonized reporting. In 2006 the UN Development Group (UNDG) established six categories against which UN entities must report inter-agency project expenditures. Effective 1 January 2012, the UN Chief Executive Board (CEB) modified these categories as a result of IPSAS adoption to comprise eight categories. All expenditures incurred prior to 1 January 2012 have been reported in the old categories; post 1 January 2012 all expenditures are reported in the new eight categories. The old and new categories are noted to the right.

Table 6 reflects expenditure reported in the UNDG expense categories. Where the Fund has been operational pre and post 1 January 2012, the expenditures are reported using both categories. Where a Fund became operational post 1 January 2012, only the new categories are used.

In **2013**, the highest percentage of expenditure was on Equipment, vehicles, furniture and depreciation (43%) and the second highest expenditure was on Transfers and grants (34%).

### 2012 CEB Expense Categories

1. Staff and personnel costs
2. Supplies, commodities and materials
3. Equipment, vehicles, furniture and depreciation
4. Contractual services
5. Travel
6. Transfers and grants
7. General operating expenses
8. Indirect costs

### 2006 UNDG Expense Categories

1. Supplies, commodities, equipment & transport
2. Personnel
3. Training counterparts
4. Contracts
5. Other direct costs
6. Indirect costs

**Table 6. Expenditure by UNDG Budget Category, as of 31 December 2013 (in US Dollars)\***

| Category   | Expenditure                   |                           |                | Percentage of Total Programme Cost |
|--|-------------------------------|---------------------------|----------------|------------------------------------|
|  | Prior Years as of 31-Dec-2012 | Current Year Jan-Dec-2013 | Total          |                                    |
| Supplies, Commodities, Equipment and Transport (Old) | -                             | -                         | -              |                                    |
| Personnel (Old)                                      | -                             | -                         | -              |                                    |
| Training of Counterparts (Old)                       | -                             | -                         | -              |                                    |
| Contracts (Old)                                      | -                             | -                         | -              |                                    |
| Other direct costs (Old)                             | -                             | -                         | -              |                                    |
| Staff & Personnel Costs (New)                        | -                             | -                         | -              |                                    |
| Suppl, Comm, Materials (New)                         | -                             | 52,411                    | 52,411         | 10.23                              |
| Equip, Veh, Furn, Depn (New)                         | -                             | 219,386                   | 219,386        | 42.83                              |
| Contractual Services (New)                           | -                             | -                         | -              |                                    |
| Travel (New)   | -                             | 11,991                    | 11,991         | 2.34                               |
| Transfers and Grants (New)                           | -                             | 176,675                   | 176,675        | 34.49                              |
| General Operating (New)                              | -                             | 51,757                    | 51,757         | 10.10                              |
| <b>Programme Costs Total</b>                         | -                             | <b>512,220</b>            | <b>512,220</b> | <b>100.00</b>                      |
| Indirect Support Costs Total                         | -                             | 35,807                    | 35,807         | 6.99                               |
| <b>Total</b>   | -                             | <b>548,027</b>            | <b>548,027</b> |                                    |

**Indirect Support Costs:** The timing of when Indirect Support Costs are charged to a project depends on each Participating Organization's financial regulations, rules or policies. These Support Costs can be deducted upfront on receipt of a transfer based on the approved programmatic amount, or a later stage during implementation.

Therefore, the Indirect Support Costs percentage may appear to exceed the agreed upon rate of 7% for on-going projects, whereas when all projects are financially closed, this number is not to exceed 7%.

## 6. COST RECOVERY

Cost recovery policies for the Fund are guided by the applicable provisions of the JP Project Document, the MOU concluded between the Administrative Agent and Participating Organizations, and the SAAs concluded between the Administrative Agent and Contributors, based on rates approved by UNDG.

The policies in place, as of 31 December **2013**, were as follows:

- **The Administrative Agent (AA) fee:** 1% is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. In the reporting period US\$ **26,327** was deducted in AA-fees. Cumulatively, as of 31 December **2013**, US\$ **26,327** has been charged in AA-fees.
- **Indirect Costs of Participating Organizations:** Participating Organizations may charge 7% indirect costs. In the current reporting period US\$ **35,807** was deducted in indirect costs by Participating Organizations. Cumulatively, indirect costs amount to US\$ **35,807** as of 31 December **2013**.
- **Direct Costs:** The Fund governance mechanism may approve an allocation to a Participating Organization to cover costs associated with Secretariat services and overall coordination, as well as Fund level reviews and evaluations. These allocations are referred to as 'direct costs'. In **2013**, there were no direct costs charged to the Fund.

## 7. ACCOUNTABILITY AND TRANSPARENCY

In order to effectively provide fund administration services and facilitate monitoring and reporting to the UN system and its partners, the MPTF Office has developed a public website, the MPTF Office Gateway (<http://mptf.undp.org>). Refreshed in real time every two hours from an internal enterprise resource planning system, the MPTF Office Gateway has become a standard setter for providing transparent and accountable trust fund administration services.

The Gateway provides financial information including: contributor commitments and deposits, approved programme budgets, transfers to and expenditures reported by Participating Organizations, interest income and other expenses. In addition, the Gateway provides an overview of the MPTF Office portfolio and extensive information on individual Funds, including their purpose, governance structure and key documents. By providing easy access to the growing number of narrative and financial reports, as well as related project documents, the Gateway collects and preserves important institutional knowledge and facilitates knowledge sharing and management among UN Organizations and their development partners, thereby contributing to UN coherence and development effectiveness.

## **ANNEXES**

**Table No 1 - SILAIS Chontales  
Health Units with Improved Quality in Healthcare Provision  
Healthcare Facilities for Women and Children Upgraded/ Equipped**

| <b>For SILAIS Chontales: 4 Municipalities</b> |                      |             |         |                     |
|---|----------------------|-------------|---------|---------------------|
| Item Purchased                                | At health units in:  |             |         |                     |
|   | Muelle de los Bueyes | Santo Tomas | Acoyapa | San Pedro de Lóvago |
| Fans  | 10                   | 13          |         | 4                   |
| Scales  | 4                    |             | 1       |                     |
| Nebulizers                                    |                      | 2           |         | 7                   |
| Tensiometer                                   |                      | 7           | 8       | 16                  |
| Stethoscopes                                  |                      | 4           |         | 15                  |
| Sheets  |                      | 60          | 15      | 12                  |
| Gowns   |                      | 40          | 20      | 25                  |
| Blankets                                      |                      | 10          |         |                     |
| Screens                                       |                      | 1           | 1       |                     |
| Speculum                                      |                      | 9           | 10      |                     |
| Fetal Doppler                                 |                      | 1           |         |                     |
| Gooseneck Lamps                               |                      | 2           |         |                     |
| Fields for newborns                           |                      | 20          | 10      | 37                  |
| Mattresses                                    |                      | 5           |         |                     |
| Otto Ophthalmoscope                           |                      | 3           |         |                     |

*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS. January 2014.*

**Table No 2 - SILAIS RAAS**

**Health Units with Improved Quality in Healthcare Provision  
Healthcare Facilities for Women and Children Upgraded/ Equipped**

| <b>For SILAIS RAAS: 4 municipalities</b> |                            |                         |                    |                 |                   |
|--|----------------------------|-------------------------|--------------------|-----------------|-------------------|
| <b>Item Purchased</b>                    | <b>AT health units in:</b> |                         |                    |                 |                   |
|  | <b>Kukra Hill</b>          | <b>Laguna de Perlas</b> | <b>Corn Island</b> | <b>Karawala</b> | <b>Bluefields</b> |
| Screens                                  | 3                          | 1                       | 2                  | 1               |                   |
| Gowns for adult patients                 | 20                         | 20                      | 10                 | 10              |                   |
| Gowns for child patients                 | 20                         | 20                      | 10                 | 10              |                   |
| Sheets for hospital beds                 | 57                         | 64                      | 17                 | 18              |                   |
| Chrome Gooseneck Lamps                   | 1                          |                         |                    |                 |                   |
| Fetal Doppler                            | 1                          |                         |                    |                 |                   |
| Two-way Serum Carriers                   | 2                          |                         |                    |                 |                   |
| Mayo Table                               | 1                          |                         |                    |                 |                   |
| Adult Tensiometer                        | 2                          |                         |                    |                 |                   |
| Pediatric Tensiometer                    | 2                          |                         |                    |                 |                   |
| Pediatric Stethoscope                    | 2                          |                         |                    |                 |                   |
| Adult Stethoscope                        | 2                          |                         |                    |                 |                   |

*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS, January 2014.*

**Table No. 3**  
**Active Search for Women and Children that do not attend the APN, PAF VPCD Programmes**

| Actions         | SILAIS        |           |       | Total |
|-----------------|---------------|-----------|-------|-------|
|                 | Nueva Segovia | Chontales | RAAS  |       |
| Pregnant        | 23            | 241       | 110   | 374   |
| Puerperal       | 4             | 30        | 17    | 51    |
| Children (VPCD) | 10            | 950       | 574   | 1,534 |
| Total           | 37            | 1,221     | 701   | 1,959 |
| Family Planning | 3             | 1,177     | 1,105 | 2,285 |

*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS, January 2014.*

*The Nueva Segovia SILAIS data corresponds to Murra Municipality.*

**Table No. 4.a**  
**SILAIS RAAS – Service Production by Comprehensive Health Brigades**

| Healthcare                                 | Bluefields  | Lag. De Perlas | Kukra Hill   | TOTAL       |
|--|-------------|----------------|--------------|-------------|
| <b>TOTAL</b>                               | <b>2704</b> | <b>1,390</b>   | <b>3,636</b> | <b>7730</b> |
| VPCD minors > 1 year of age                | 145         | 56             | 176          | <b>377</b>  |
| VPCD 2 to 4 years                          | 380         | 205            | 223          | <b>808</b>  |
| APN Total                                  | 42          | 25             | 115          | <b>182</b>  |
| APN > 19 years of age                      | 18          | 12             | 40           | <b>70</b>   |
| Total Puerperium                           | 11          | 3              | 3            | <b>17</b>   |
| Puerperium > 19 years of age               | 5           | 0              | 1            | <b>6</b>    |
| Total Family Planning                      | 767         | 132            | 297          | <b>1196</b> |
| Family Planning for > 19 years of age      | 203         | 55             | 90           | <b>348</b>  |
| First Time Cytology                        | 31          | 5              | 40           | <b>76</b>   |
| Subsequent Cytology                        | 45          | 11             | 49           | <b>105</b>  |
| Total Vaccinated Children < 5 years of age | 235         | 98             | 313          | <b>646</b>  |
| HIV Tests (Total)                          | 197         | 60             | 230          | <b>487</b>  |
| HIV Tests (Pregnant Women)                 | 37          | 15             | 70           | <b>122</b>  |
| Total TT Dose                              | 326         | 45             | 198          | <b>569</b>  |

*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS, January 2014.*



**Table No. 4.b**  
**SILAIS Chontales - Service Production by Comprehensive Health Brigades**

| Healthcare                                 | Acoyapa | Muelle | Sto. Tomas | San Pedro | Total |
|--|---------|--------|------------|-----------|-------|
| <b>TOTAL</b>                               | 1,534   | 826    | 959        | 272       | 3,591 |
| VPCD                                       | 580     | 128    | 114        | 128       | 950   |
| APN  | 100     | 21     | 49         | 71        | 241   |
| Puerperium                                 |         | 16     | 1          | 5         | 30    |
| Family Planning                            | 344     | 475    | 156        | 204       | 1,177 |
| Total Vaccinated Children < 5 years of age | 100     | 66     | 50         | 89        | 305   |
| Total TT Doses                             | 353     | 119    | 48         | 184       | 704   |

*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS, January 2014.*

**Table No. 5**  
**Referral Patients Transferred (Maternal and Child Emergencies)**

| Municipality                                   | N° of Referrals   | Obstetrics        | Pediatric        |
|--|-------------------|-------------------|------------------|
| <b><u>South Atlantic Autonomous Region</u></b> | <b><u>177</u></b> | <b><u>130</u></b> | <b><u>47</u></b> |
| Corn Island                                    | 9                 | 7                 | 2                |
| Bluefields                                     | 43                | 31                | 12               |
| Laguna de Perlas                               | 60                | 38                | 22               |
| Kukra Hill                                     | 37                | 31                | 6                |
| Karawala                                       | 28                | 23                | 5                |
| <b><u>Nueva Segovia</u></b>                    | <b><u>80</u></b>  | <b><u>80</u></b>  | <b><u>-</u></b>  |
| Jalapa   | 20                | 20                | -                |
| Quilalí  | 20                | 20                | -                |
| Wiwilí   | 25                | 25                | -                |
| El Jícaro                                      | 15                | 15                | -                |
| <b><u>Chontales</u></b>                        | <b><u>145</u></b> | <b><u>124</u></b> | <b><u>21</u></b> |
| Muelle de los Bueyes                           | 43                | 42                | 1                |
| San Pedro de Lóvago                            | 46                | 43                | 3                |
| San Tomás                                      | 42                | 27                | 15               |
| Acoyapa  | 14                | 12                | 2                |
| <b>Total</b>                                   | <b><u>402</u></b> | <b><u>334</u></b> | <b><u>68</u></b> |

*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS, January 2014.*

*Total transfers from SILAIS Nueva Segovia include both maternal and child emergencies.*

**Table No. 6**  
**Breastfeeding Committees Created by Municipality**

| <b>SILAIS</b>                   | <b>Municipality</b>  | <b>Number of Committees per Municipality</b> |
|---------------------------------|----------------------|--|
| RAAS                            | Corn Island          | 1  |
|                                 | Kukra Hill           | 9  |
|                                 | Laguna de Perlas     | 5  |
|                                 | Karawala             | 1  |
| Chontales                       | Sto. Tomas           | 4  |
|                                 | Acoyapa              | 4  |
|                                 | San Pedro de Lóvago  | 4  |
|                                 | Muelle de los Bueyes | 4  |
| Nueva Segovia                   | Ocotal               | 1  |
| <b>Total Committees Created</b> |                      | <b>33</b>                                    |

*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS, January 2014*

**Table No. 7**  
**Healthcare Personnel with Updated Knowledge on Maternal and Child Healthcare**  
**according to SILAIS**

| Training Themes  | Total Trained by SILAIS |                          |                             | Observations  |
|--|-------------------------|--------------------------|-----------------------------|---|
|  | SIL AIS<br>RAAS         | SIL AIS<br>Chontale<br>s | SIL AIS<br>Nueva<br>Segovia |   |
| Management Pregnancy Census                                    | 45                      |                          | 28                          |   |
| 2. ARO (N-109) Protocol and Standards                          |                         | 48                       | 210                         |   |
| Facilitators trained on evidence based interventions           | 25                      | 25                       |                             |   |
| 4. Analysis and interpretation of evidence based interventions |                         | 32                       |                             |   |
| 7 CONE Internships   | 10                      | 8                        |                             | Performed in departmental and regional hospitals under the “Clinical Rotation” Mode |
| 8. CONE Standards  |                         | 29                       | 208                         |   |
| 9 Communication for Social Change                              |                         | 41                       |                             |   |
| 10. Clinical Facilitators                                      | 16                      | 32                       |                             | Pursuant to the Teaching Brief defined by the MINSA Teaching Division               |
| 11. FP Tools, Obstetric and Neonatal Complications             |                         | 48                       |                             |   |
| 12 Health Strategy for Adolescents                             |                         | 52                       |                             |   |
| 13 Adolescent Healthcare Guidelines (N-095, N-107)             |                         | 76                       |                             |   |
| 14. Nutrition and Food for Pregnant Women                      | 53                      |                          |                             |   |
| <b>Total People Trained</b>                                    | <b>149</b>              | <b>391</b>               | <b>446</b>                  |   |

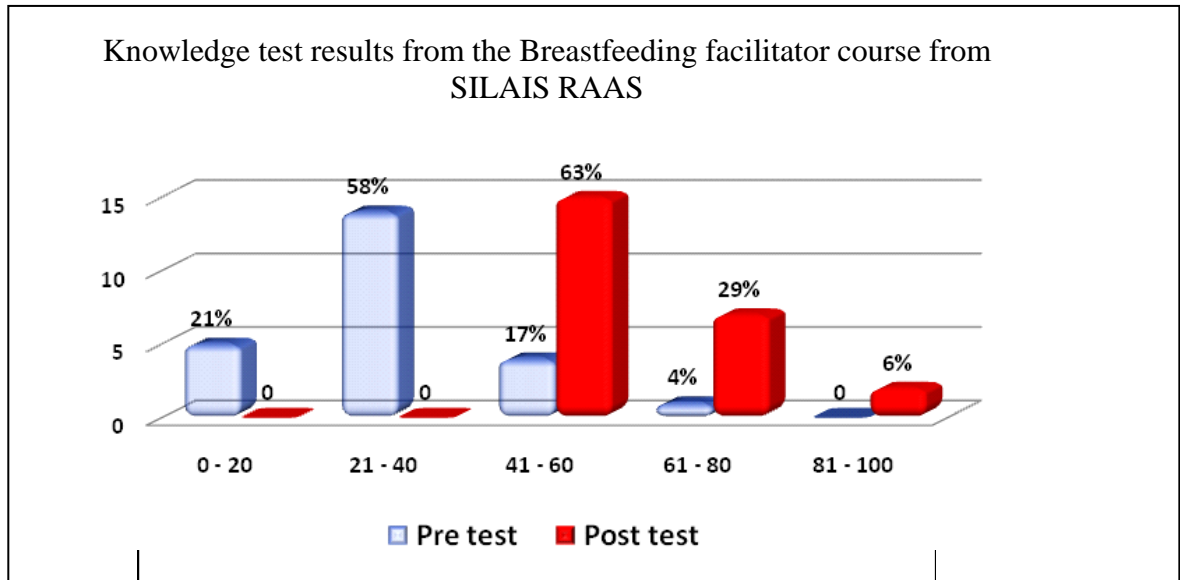
*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS, January 2014.*

**Table No. 8**  
**Community Network Training to Participate in Mother, Child and Adolescent Healthcare Management**

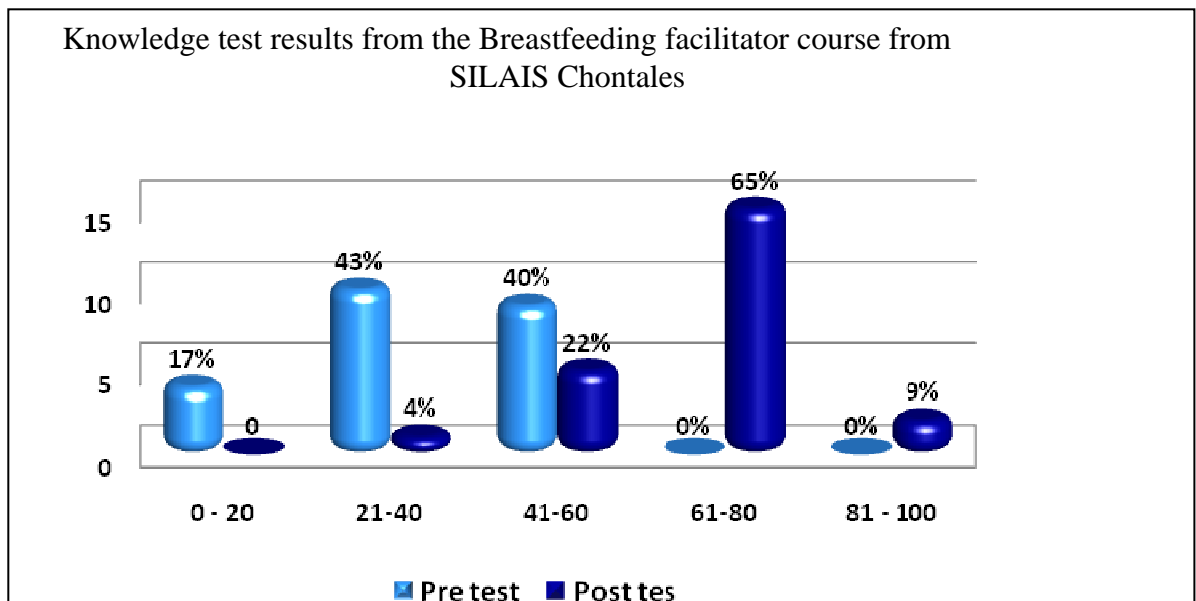
| <b>Community Strategy</b>            | <b>Type of Community Resources</b> | <b>Amount</b>                               | <b>SILAIS</b> | <b>Municipalities</b>   |
|--------------------------------------|------------------------------------|---|---------------|---|
| PAMOR                                | Community Leaders                  | 20 people                                   | RAAS          | 5 communities in Laguna de Perlas                             |
|                                      |                                    | 24 people                                   | Nueva Segovia | 6 communities in Jícaro                                       |
|                                      |                                    | 15 people                                   | Chontales     |   |
| Early Stimulation                    | Mothers                            | 15 people                                   |               | Bluefields  |
| ECMAC, Delivery Plan                 | Community Leaders and Midwives     | 81 people                                   | RAAS          | 20 communities in Bluefields, Laguna de Perlas and Kukra Hill |
|                                      |                                    | 136 people                                  | Nueva Segovia | Murra, Jalapa, Ocotal   |
|                                      |                                    | 15 people                                   | Chontales     | 13 communities in San Pedro de Lóvago                         |
| AIEPI                                | Community Leaders                  | 100 people                                  | RAAS          | Corn Island, Laguna de Perlas, Karawala                       |
|                                      |                                    | 123 people                                  | Chontales     | 69 communities in Acoyapa, San Pedro de Lóvago                |
| Breastfeeding                        | Community Leaders                  | 28 Committees Created                       | RAAS          | Corn Island, Laguna de Perlas, Karawala, Kukra Hill           |
|                                      |                                    | 40 people                                   | Nueva Segovia | Ocotal  |
| Cultural Appropriateness of Delivery | Midwives                           | 15 people                                   | RAAS          | Kukra Hill  |
| Adolescent Clubs and Circles         | Adolescents                        | 50 people                                   | RAAS          | Bluefields  |
|                                      |                                    | 40 people                                   | Nueva Segovia | Ocotal  |
| <b>Total Strategies: 7</b>           |                                    | <b>Total Persons: 659 and 28 committees</b> |               | <b>Total: 113 communities in 10 municipalities</b>            |

*Source: Ministry of Health –Lux Technical Committee SILAIS Progress Reports from Nueva Segovia, Chontales and RAAS, January 2014.*

**Graphic 1**  
**Implementation Outcome of the Educational Re-Certification Process in the SILAIS in RAAS and Chontales**



*Source: UNICEF. Consultancy Report, Re-Certification Initiative of the Mother and Child Friendly Units, January 2014.*



*Source: UNICEF. Consultancy Report, Re-Certification Initiative of the Mother and Child Friendly Units, January 2014.*

**Table No 9**  
**Procurement – Purchases**

| <b>Item</b> | <b>Detailed Description as Required</b>  | <b>Measurement Unit</b> | <b>Amount Requested</b> |
|-------------|--|-------------------------|-------------------------|
| 1           | Wooden Applicator with Cotton Tip  | Unit                    | 4,205                   |
| 2           | Plastic Bag with Filter for Pediatric Colostomy                                  | Unit                    | 4,205                   |
| 3           | Blue Identification Bracelet for Newborn Boys                                    | Unit                    | 420                     |
| 4           | Pink Identification Bracelet for Newborn Girls                                   | Unit                    | 420                     |
| 5           | Flexible venous catheter (without fins and port) Caliber 24                      | Unit                    | 1,680                   |
| 6           | Umbilical venous catheter, 5 Fr, one way, 40 cm. length                          | Unit                    | 50                      |
| 7           | Catheter without oxygen mask with neonatal bilateral cannula                     | Unit                    | 1,682                   |
| 8           | Umbilical venous catheter 3.5 Fr, one way, 40 cm. length. (3.5 Fr, 20 cm length) | Unit                    | 200                     |
| 9           | Tape- measure  | Unit                    | 420                     |
| 10          | Urine collection bags for boys and girls, with capacity of 60 - 100 ml           | Unit                    | 10,495                  |
| 11          | Refined surgical gauze   | Part                    | 1,261                   |
| 12          | Rubber pear with 10 ml capacity  | Und                     | 420                     |
| 13          | Oropharyngeal airway (Model GUEDEL) # 0, for pediatric use                       | Unit                    | 420                     |
| 14          | Endotracheal tube without cuff, Murphy tip # 2                                   | Unit                    | 419                     |
| 15          | Endotracheal tube without cuff, Murphy tip # 2.5.                                | Unit                    | 420                     |
| 16          | Endotracheal tube without cuff, Murphy tip # 3.                                  | Unit                    | 420                     |
| 17          | Endotracheal tube without cuff, Murphy tip # 3.5.                                | Unit                    | 420                     |
| 18          | Stoppers for intermittent injections with heparinized membrane (heparin stamps)  | Unit                    | 2,102                   |
| 19          | Desktop computers with accessories, Office license and antivirus license         | Unit                    | 157                     |
| 20          | Rapid Diagnostic Tests for HIV   | Kits                    | 160                     |
| 21          | Seven Perinatal Technologies packages (each 500 units)                           | Unit                    | 3,500                   |

Source: MINSA.