

“Support to achieving Millennium Development Goals (MDG) 4 and 5 (a. and b.) in Nueva Segovia, Chontales and South Caribbean Coast Autonomous Region (RACCS) in Nicaragua”
 ANNUAL NARRATIVE PROGRESS REPORT FOR THE MPTF
 REPORT PERIOD: JANUARY 1– DECEMBER 31, 2014

<p align="center">Program title and project number</p> <ul style="list-style-type: none"> • Program title: Support to achieving Millennium Development Goals (MDG) 4 and 5 (a. and b.) in Nueva Segovia, Chontales and RACCS. • Program number: GLBU MDTF 1 • MPTF Office Project reference number: 00084852 	<p align="center">Country, Location(s), Priority area(s), Strategic results</p> <p>Country/Region: Nicaragua/Nueva Segovia, Chontales, RACCS¹. Municipalities: El Jícaro, Jalapa, Murra, Ocotal, Quilalí, Wiwili, Acoyapa, Muelle de los Bueyes, San Pedro de Lóvago, Santo Tomás, Bluefields, Corn Island, Karawala, Kukra Hill, Laguna de Perlas.</p> <p>Sector/Issue: Health of women, children and adolescents according to the life cycle. Contribute to fulfillment of the Millennium Development Goals (MDGs) 4 and 5 (a. and b.).</p>		
<p align="center">Participating Organizations</p> <ul style="list-style-type: none"> • PAHO, UNICEF, UNFPA 	<p align="center">Implementing Partners</p> <p>Government of Nicaragua/MINSA: Central Level, SILAIS, Health Centers in the 15 Municipalities.</p>		
<p align="center">Program/project cost (US\$)</p> <table border="1"> <tr> <td data-bbox="82 1066 500 1465"> <p>Total Program document approved budget: US\$3,801,600</p> <p>MPTF/joint program contribution: US\$3,427,093</p> <p>UNFPA: US\$777,412</p> <p>PAHO: US\$2,123,247</p> <p>UNICEF: US\$526,434</p> <p>TOTAL: US\$3,871,895.79</p> </td> <td data-bbox="500 1066 834 1465"> <p>Agency contribution:</p> <p>UNFPA: US\$44,392.83</p> <p>PAHO: US\$76,858.00</p> <p>UNICEF: US\$134,581.96</p> <p>Government contribution: US\$188,970.00</p> <p>Other contributions: Government of Luxembourg US\$ 3,884,609</p> </td> </tr> </table>	<p>Total Program document approved budget: US\$3,801,600</p> <p>MPTF/joint program contribution: US\$3,427,093</p> <p>UNFPA: US\$777,412</p> <p>PAHO: US\$2,123,247</p> <p>UNICEF: US\$526,434</p> <p>TOTAL: US\$3,871,895.79</p>	<p>Agency contribution:</p> <p>UNFPA: US\$44,392.83</p> <p>PAHO: US\$76,858.00</p> <p>UNICEF: US\$134,581.96</p> <p>Government contribution: US\$188,970.00</p> <p>Other contributions: Government of Luxembourg US\$ 3,884,609</p>	<p align="center">Program Duration</p> <p>Total duration: 36 months</p> <p>Starting date: 15/12/2012</p> <p>Initial ending date: 15/12/2015</p> <p>Actual ending date: N/A</p>
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<p>Program Evaluation/ Midterm Review/Evaluation</p> <p>Evaluation/Review – N/A</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: N/A</p> <p>Midterm Evaluation Report – N/A</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: N/A</p>	<p align="center">Report issued by:</p> <ul style="list-style-type: none"> ○ Name: Silvia Rucks ○ Position: Resident Coordinator ○ Organization: United Nations System ○ Email address: silvia.rucks@one.un.org 		

¹ In 2014, taking up article 89 of the Political Constitution of Nicaragua, the South Atlantic Autonomous Region is now recognized as the South Caribbean Coast Autonomous Region (RACCS).

LIST DE ABBREVIATIONS

AIEPI	Comprehensive Care for Prevalent Childhood Illnesses
AIMNA	Comprehensive Care to Mothers, Children and Adolescents
APN	Prenatal Care
APP	Risk of Premature Delivery
ARO	High Obstetric Risk
CIE-10	International Classification of Illnesses -2010
BL	Baseline
CIPS	Health Supplies Center
CONE	Essential Obstetric and Neonatal Care
CT	Technical Committee
DGAF	General Administrative Financial Direction
DCE	Foreign Cooperation Direction
DGPD	General Planning and Development Direction
DGSS	General Health Services Direction
ECMAC	Community Strategy for the Distribution of Birth Control Methods
ESAFAC	Basic Equipment for Comprehensive Health Care
FP	Family Planning
GVMM	Maternal Morbidity Monitoring Guide
MDG	Millennium Development Goals
HIV	Human Immunodeficiency Virus
IMC	Bodily Mass Index
IUANM	Child- and Woman-Friendly Units Initiative
IVU	Urinary infection
JAR	Analysis and Reflection Sessions
MIFAN	Ministry of the Family, Adolescents and Children
MINED	Ministry of Education
MINSA	Ministry of Health
M&E	Monitoring and Evaluation
MOSAFC	Family and Community Health Model
MPTF	Multi-Partner Trust Fund Office
PAHO	Pan-American Health Organization
PAMOR	Love for the Smallest Program
PICOR	Short-term Results-oriented Institutional Plan
RACCS	South Caribbean Coast Autonomous Region
SIGRUN	Information System of the Government of Reconciliation and National Unity
SILAIS	Local Comprehensive Health Care Systems
SIVIEMB	Pregnancies Monitoring System/Managerial Census
SIP	Perinatal Computer Information System
SVMM	Maternal Mortality Monitoring System
UNDP	United Nations Development Programme
UNDAF	United Nations Development Assessment Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNS	United Nations System
VIF	Domestic Violence
VPCD	Monitoring of Promotion, Growth and Development

EXECUTIVE SUMMARY

This annual progress report for the joint program “Support to achieving of Millennium Development Goals (MDG) 4 and 5 (a. y b.) in Nueva Segovia, Chontales and RACCS” corresponds to the period from January 1 to December 31, 2014. This report is in fulfillment of the reporting requirements set out in the Standard Administrative Agreement (SAA) signed by the donor and corresponds to the Memorandum of Understanding (MOU) signed by the participating United Nations Agencies. It does not attempt to be an evaluation of the program or the performance of the Participating Organizations.

The UNDP’s MPTF office functions as an Administrative Agent (AA) for the “pass-through” portion of the joint program. The MPTF office receives, administers and manages the donor contributions and disburses these funds to the participating UN Agencies as corresponds to the decisions of the program Executive Board. The AA is responsible for consolidating the annual narrative progress and financial report forwarded by each participating Organization.

The program objective is to help reach MDGs 4 and 5 (a. and b.) in the three above-mentioned departments (SILAIS). This report thus aims to report on the progress in achieving the results, taking as a base the information and statistical data provided by the SILAIS and their protagonist municipalities.² This document provides the National Steering Committee a comprehensive vision of the progress in fulfilling the goals of the joint program results, for strategic decision-making and corrective measures.

The main advances of the program in 2014 are summarized in:

Result 1:

1. The capacities of the municipalities’ health personnel to analyze the crucial interventions of infants, children and adolescents continued to be strengthened, which permitted the identification of gaps and construction of Continual Improvement Plans.
2. The CONEs of three SILAIS and their municipalities were strengthened through the provision of supplies,³ increasing the health personnel’s capacities⁴ and improving the environment of treatment of women and the labor and delivery rooms.
3. Integration of the first attention level with the level of greater resolution (Departmental Hospitals) was achieved through the transfer of at-risk pregnancies and sick children, as well as making comprehensive visits to make health services available to the population of hard-to-reach communities.

Result 2:

4. 26 nurses’ aides from remote communities of the RACCS were trained and will return to their communities to provide health services to increase access by distant populations to culturally acceptable health services.
5. Doctors and nurses instructed on communication techniques, community assessments and preparation of crucial messages. The health personnel thus developed abilities for broader interlocution with community leaders to address the health problems more effectively and motivate behavioral change.

Result 3:

6. 100% of the municipalities have a document of analysis that reflects the trend of their health indicators, identifies local stakeholders and their interventions (map of stakeholders) and provides inputs for short-term planning of actions in those areas that show a gap.
7. Internet communication achieved in 6 municipalities in Nueva Segovia, which facilitated administration of the information registry of the information correctly and on time and their accountability to the central level.

Result 4:

² In January 2014, through Ministerial Agreement No. 07-2014, the Local Comprehensive Health Care System was created in the Central Zelaya region (SILAIS Zelaya Central), which is directly responsible for health care in the municipalities of Muelle de los Bueyes, Nueva Guinea, El Rama and El Coral.

³ See table No. 1A and 1B in Annexes.

⁴ See table No. 3 in annexes

8. The active participation of the community networks in the Basic Comprehensive Health Care Teams (ESAF in Nueva Segovia-Chontales) and in the Comprehensive Intercultural Health Groups (GISI in the RACCS) was increased. This helped to reinforce the social participation established in the Family and Community Health Model (MOSAF) and in the Comprehensive Health Model of the Caribbean Coast Autonomous Region (MASIRACCS).
9. Community leaders, brigade members, promoters and midwives are better trained for addressing the main problems and determinants of maternal, child and adolescent health.

Challenges and goals to fulfill still remain in the third year of the program. The lessons learned and good practices have facilitated the identification of the pertinent actions to be executed during the third year with greater efficiency and effectiveness, as well as the practices that MINSA can continue developing in these SILAIS and replicating in others, once the program is finalized.

I. Purpose

The Government of Reconciliation and National Unity (GRUN) has oriented important efforts to improve the health services so as to restore the health rights of the Nicaraguan population, particularly the most vulnerable population, in the framework of a comprehensive strategy that ensures universal cost-free access and equitable, efficient, quality service. As the lead and regulatory health institution in Nicaragua, MINSA has designed and implemented the MOSAF.

In this context, the program has contributed to the efforts to fulfill MDGs 4 and 5 in the 3 SILAIS to improve the health status of women, children and adolescents according to the life cycle through the objective of helping “fulfill the Millennium Development Goals (MDG) 4 and 5 (a. and b.) in 15 municipalities of the Nueva Segovia, Chontales and RACCS SILAIS, with emphasis on indigenous and Afro-descendent communities, by strengthening the institutional and community capacities in selected SILAIS.”

The following Effects have been designed to achieve the program goals and objectives:

- **Outcome 1:** Selected SILAIS have managerial competencies to implement inter-sectoral interventions in the comprehensive health services networks, with emphasis on maternal, child and adolescent health.
- **Outcome 2:** The competencies of the human resources have been improved in promotion, prevention and comprehensive health care actions, with emphasis on pre-gestational, maternal, infant and adolescent health care.
- **Outcome 3:** SILAIS is making technical decisions based on the analysis of the indicators generated by the existing Information System.
- **Outcome 4:** The community networks have information, competencies and spaces for their participation in the administration of maternal, infant and adolescent health care.

II. Results

The activities implemented during 2014 with the program’s collaboration were jointly programmed by MINSA and the participating Agencies in a Work Plan⁵ considering Results Based Management. Taking as a base the lessons learned about the planning process of the program’s first year in terms of time, central-to-local level coordination and targeting of tasks, the Technical Committee proposed to carry out a biannual programming (year 2 and 3) so as to ensure the work plan’s strategic coherence over the medium term and improve the projected disbursement of funds.

This exercise is considered a good practice because it facilitated the medium-term vision and helped to define logically sequential processes and a more correct projection of the tasks according to the defined activities. This biannual plan incorporates a calendar for disbursements. For the disbursement request for the third year, what has been achieved will be reviewed and the plan will be adjusted for the third year should it be merited.

The results described in this 2014 report were implemented with funds disbursed for the program’s year 1 annual work plan (July 2013 to July 2014). The funds for the second year were not available in the SILAIS until November

⁵ The format used is the one MINSA has institutionalized for all SILAIS.

even though the first year's funds were accounted for on time. During the August – October 2014 period, the activities were implemented with remnant funds from year 1 and with other funds provided by the Agencies (see other contributions from the Agencies on page 1), until the funds for the second year could be transferred to the SILAIS.

i) Narrative report on results:

Outcome 1: Selected SILAIS have the managerial capacities to implement inter-sectoral interventions in the comprehensive health services networks, with emphasis on maternal, child and adolescent health.

Indicator “Number of municipalities that are implementing a continual Improvement Program with emphasis on health care for the mother, newborn and adolescent.”

The program's 15 protagonist municipalities are constructing and implementing improvement plans with assumed commitments for each family and community health team. These plans emerged from an analysis of data on maternal-infant health to learn about fulfillment of the quality standards established in regulations, guides and protocols.

With the programme support, the capacities of the municipalities' health personnel to analyze the crucial interventions of infancy, childhood and adolescence continued to be strengthened, which permitted the identification of gaps and the construction of Ongoing Improvement Plans. The official MINSA checklist, which tackles the 13 key prenatal care activities, was used in the process of identifying the gaps, and the growth curves were used for the care of children. In addition to these instruments, and to reinforce the ongoing improvement processes, the Child- and Mother-Friend Units initiative (IUANM) was used for the purpose of sustainably increase the evidence-based interventions, such as early attachment, breastfeeding before the first hour of life, late tying-off the cord, among others. In the framework of the IUANM, 60 units were evaluated in Nueva Segovia, of which 52 were certified (87%) and 36 units were evaluated in the RACCS (these will be certified in 2015).

The SILAIS managerial teams and their municipalities made visits and monitoring sessions to follow-up on the improvement plans, the quality of the interventions and fulfillment of the social agreements established by the national health authority, as well as of the Joint Program's indicators and goals. In total, they recorded 143 monitoring visits, exceeding the initially planned target of 127.

As part of the processes of improving the care quality, the SILAIS audited the cases of infant mortality and maternal complications, using the ongoing improvement plan as an instrument of analysis.

Output 1.1: The health services network of three prioritized SILAIS have capacities for managing the maternal, child and adolescent health services.

Indicator “Guides, Protocols and Regulations for maternal, child and adolescent health care have been updated and are available in the care service network of the prioritized SILAIS.”

In following up on the regulations and protocols defined in 2013 (FP, APN, maternal center, clinical and community AIEPI, Maternal Morbidity Monitoring Guide,⁶ VIF, breastfeeding, quality standards and indicators, ARO Protocol), the following regulations were updated: Prenatal Care, Family Planning, Clinical AIEPI, Neonatal Health Guide⁷ and GVMM.

The program proposed as a goal to provide 14 regulations, guides and protocols.⁸ In response to the demand of the SILAIS, the following tools were provided for maternal and infant health:

- 5 Regulations, Guides and Protocols: Regulation 077 “Protocols for addressing the most frequent pathologies of high obstetric risk,” Evaluation tools of depressive disorders in the adolescence- H.A.D. scale. Guide for

⁶ In the 2013 narrative report of results it was called SVMM.

⁷ It was not foreseen in the BL to update this guide but in 2014 MINSA decided to incorporate it.

⁸ FP, APN, Maternal Center, clinical and community AIEPI, SVMM, VIF, Breastfeeding, Quality standards and indicators, ARO Protocol, Neonatology, Obstetric Complications, Practical Guide for evaluating prenatal and adolescent care, Delivery Plan.

health staff to organize adolescents' circles and train peer promoters, Inventory for the prediction of psychosocial risk for adolescents, and Regulation 109 "Protocols for treating obstetric complications";

- 15 Tools and graphics: set of plates containing the IMC table for adolescents (female and male), height table for adolescents (female and male), interpretation table of growth indicators from 5 to 19 years, tanner stages scale of sexual maturation in adolescents, table to calculate adolescents' mean height, graphic for evaluating IMC in adolescent women and another for adolescent men, set of plates for treatment of boys and girls under 5 years old, Graphics of length/height by age for children under 5 years old, IMC graphic for children under 5 years old, weight graphic by age for children under 5 years old, weight graphic by length in children under 2 years, IMC alert table;
- 5 Record sheets and others: checklists of obstetric complications, APN and adolescents, Folders for clinical files, Sheet for the delivery plan, Delivery-gram Format, Clinical note of patient entry and follow-up to the family planning program).

In addition, the program contributed to increase availability of 500 units of perinatal technologies (pocket due date calendar and wall due date calendar, dilatometers, obstetric tapes, neonatal tapes and weight-height table). These technologies correspond to the Prenatal Care Protocol. The health units of the prioritized municipalities have incorporated the birth control eligibility criteria disks into their Family Planning care practice.

Indicator "Essential obstetric and neonatal care services (CONE) of three SILAIS organized and functioning."

The program has contributed to the functioning of the CONE by providing Inputs,⁹ strengthening the health personnel's capacities (table No. 3 of annexes) and to the improvement of the areas for tending women and the labor and delivery rooms at health units planned in the annual work plan.

The program supplied basic medical equipment and materials to the protagonist municipalities: blood pressure cuff, nebulizer, stethoscope, fetal Doppler, hospital wear for delivery rooms, among others (table No. 1B in annexes), which helped improve the quality of the care.

The health teams of the 15 municipalities have strengthened their abilities to manage both obstetric complications (hemorrhage, gestational hypertensive syndrome, Sepsis and others) and neonatal complications through the training of 103 people in CONE regulations and the internships of 39 health resources from the municipalities. These trainings are framed within the institutional strategy of the pedagogical package and the analysis of cases selected by the municipalities, which were advised by specialists of the departmental hospital multidisciplinary teams.

The program facilitated - through active search- the follow-up by the health units of pregnant and postpartum women at high obstetric risk. In the case of Nueva Segovia, the active search got APN services reached 527 unattended pregnant women and 148 postpartum¹⁰ women and registered them in the managerial census of pregnancies for proper follow-up identification and risk management. This follow-up permitted the reduction of complications and/or maternal death.

The joint program also facilitated the link between the first level of health care with the greater resolution level of obstetric complications and of newborns. This has meant that 1,231 pregnant women and 139 children from far-off communities in the 3 SILAIS¹¹ were treated by qualified personnel. The transfer of patients from hard-to-access communities and the good management of the complications helped reduce maternal and perinatal mortality ("lives saved").¹²

During 2014 was identified the need to replicate the "Kangaroo Mother/ Madre Canguro (in Spanish)" strategy in the entire health establishment network to contribute reducing neonatal mortality. The implementation of this strategy started in Nueva Segovia and (1) it has helped to improve the health personnel abilities to provide assistance in managing the newborn (temperature, early attachment, breastfeeding, early stimulation); (2) the hospital unit, health centers and health post have health personnel trained in managing the Kangaroo Mother Method (MMC); and (3)

⁹ See table No. 1A and 1B in annex.

¹⁰ See table No. 4 in annex "Active search for women and children not attending the APN, FP, VPCD programs."

¹¹ See table No. 5 in annex "Transfer of patients to units of greater resolution."

¹² The attached specific history program.

health personnel and communities have a pro-neonatal health attitude and commitment. At the end of the program, the strategy will be applied in the 3 SILAIS.

In the RACCS, the Health Ministry has re-organized the Multidisciplinary Hospital Teams with specialists that provide advice to the personnel of the first level of care through Information and Communication Technology (radio, telephones, Internet) for the correct management of complications in pregnant women and children.

Through the program, a total of 24,000 rapid HIV tests were acquired for 15 protagonist municipalities of the Program. With this provision, counseling and access to the test have been obtained for pregnant women receiving prenatal care, achieving 100% coverage in 2014 in Nueva Segovia and Chontales. This permitted the capturing of a zero positive pregnant woman in Chontales, who received timely treatment.

Output 1.2: Hospitals have strengthened their resolving capacity in the neonatal services according to regulations and protocols.

Indicator “Hospitals equipped with neonatology services from the hospitals of: Granada, Carazo, Rivas, Nueva Segovia and Madriz in accord with regulations and protocol.”

The neonatology wards of five hospitals were equipped with the contribution from the program, providing 18 pieces of equipment¹³ to reinforce the care in these centers. Although not foreseen in the annual work plan, the program provided 28 additional pieces of equipment¹⁴ to be distributed in the three hospitals located in the 3 program SILAIS (Nueva Segovia, RACCS and Chontales).

Outcome 2: Percentage of personnel from the public health establishment network of the selected SILAIS who correctly apply the technical guidelines of the guides, protocols and regulations.

Indicator “Percentage of personnel of the public health establishment network of the selected SILAIS who correctly apply the technical guidelines of the guides, protocols and regulations”

With the objective of providing follow-up to the program indicators, the participating Agencies made a joint visit with MINSA Central¹⁵ and the Grand Duchy of Luxembourg to the SILAIS and their municipalities in coordination with their respective General Directors and technical personnel. This visit was conducted in 11 municipalities (Nueva Segovia: 4; Chontales: 3; RACCS: 4) and 2 departmental hospitals (NS: 1; Chontales: 1) with technical accompaniment by the participating Agencies and using official follow-up instruments.

The visit's main findings were that the municipalities are applying the 13 key activities instrument with compliance of between 80 and 90% for the maternal interventions. The activities with less compliance were the maternal weight and IMC assessment and the low coverage in the interpretation of results of uro-analysis tapes. The activities related to children's care obtained fewer points, in particular the interpretation of the growth curves and nutritional assessment and counseling. These observations were taken up in the municipalities' improvement plans.

The program also contributed to nurses' aide training for 26 human resources from outlying communities of the RACCS. These personnel were later hired by the Ministry of Health and returned to their communities to provide

¹³ 207 Infusion pumps, 10 CPAD neonatal ventilators, 15 crash cart with defibrillator, 15 transport incubator, 10 vital signs monitor, 10 nebulizers, 10 pulse oximeter, 10 portable phlegm suckers, 15 cephalic cameras, 10 swan-neck lamps, 10 laryngoscope, 15 Pedestal blood pressure gauge for neonatal, 2,500 neonatal blood pressure cuffs, 10 electronic digital scales, 15 thermic cribs, 2,500 neonatal stethoscopes, 10 clinic incubators, 10 lamps for phototherapy).

¹⁴ Bassinet, CPAP, Water distiller, Electro-stimulator, Glucometers, Clinical neonatal incubators, Swan-neck lamp, Pressure gauges with humidifiers, Fetal Monitor, Port-IV with wheels, Benson Separator for pylorus, Weitlaner separator, Thermic Cribs, Vital signs monitor, Pulse oximeter, Neonatal-Pediatric-Adult Ventilators, Neonatal Ambu bag, Neonatal stethoscope, Laryngoscope with blades No: 00, 0, 1; Portable X-ray Equipment with its Chasis set, Benson Separator for pylorus (SET), Neonatal blood pressure cuff, Adult blood pressure cuffs, Autoclave (Sterilizer), Infusion pumps, Surgical lamp, Phototherapy lamp, Phlegm suckers.

¹⁵ General Administrative Financial Direction, General Direction of Health Services, General Direction of Planning, Development and Foreign Cooperation Division.

health services. This has helped improve the access to culturally acceptable health services by the population of these communities.

Output 2.1: The basic health teams applying quality standards in maternal, child and adolescent health care.

Indicator “Percentage of health establishments that have and are implementing Ongoing Training and Education Plans”

The program contributed to the training of health personnel (doctors and nurses mainly) of the 15 prioritized municipalities in correspondence with the institutional teaching plan, which promotes the development of capacities from the health unit in coordination with the SILAIS teaching area.

The knowledge of these health personnel was strengthened in managing evidence-based intervention standards for their correct application and in improving the quality of the care in the health services and maternal, child and adolescent nutrition. In addition, the program supplied the reproduction of the formats for recording the production of services in these units and provided them with the methodological tools for organizing groups of facilitators who replicate the training and are responsible for the learning process in the three SILAIS.

As part of the sustainability of local capacities, contents of the program have been incorporated into MINSA’s Ongoing Education Plan in the 15 municipalities. In addition, the operational capacity of the SILAIS was reinforced for implementation of this plan by providing didactic and educational materials.

Linked to the processes of ongoing improvement of the health units, the knowledge needs of the health personnel in maternal and neonatal care were identified jointly with the services management. New knowledge was prioritized in the managing of perinatal asphyxia, management of the newborn with low birth weight and the premature newborn, and neonatal and maternal sepsis of the main obstetric complications.¹⁶

As part of the recertification process in the IUANM and based on the analysis of management and knowledge gaps the SILAIS and their municipalities defined an improvement plan that permitted the training of health and administrative personnel so that each of the units would achieve the IUANM certification. It also contributed to the implementation of the Kangaroo Mother strategy, training 35 health workers (23 women and 12 men) from the municipalities of Nueva Segovia. This strategy has been implemented in the primary hospitals of the municipalities of Jalapa and Quilalí, as well as the departmental hospital of Ocotal. The program established an alliance with the team of neonatology specialists of the Bertha Calderon Hospital, a national referral unit in maternal health.

To help the health personnel participate in a dialogue with the families and communities, the program provided training to doctors and nurses¹⁷ on techniques of communication, community assessment and preparation of crucial messages. With these tools, the health personnel strengthened their abilities for broader interlocution with community leaders so that the health problems could be addressed more effectively and behavioral change could be encouraged.

Outcome 3: SILAIS is making timely technical decisions based on analysis of the indicators generated by the existing Information System.

Indicator “Number of prioritized municipalities that have a document analyzing the information generated by the system considering the determinants.”

At the close of 2014, 100% of the municipalities have an analysis document (ASIS) that reflects the trend of their health indicators, identifies the local stakeholders and their interventions (mapping of stakeholders) and provides inputs for short-term planning of actions to improve those indicators that present a gap. This was done with inter-sectoral participation.

¹⁶ See table No. 3 in annex.

¹⁷ Ibid.

The data sources used are MINSA's administrative registries generated based on the diverse the information system components: Managerial Census of Pregnancies, Epidemiological Monitoring System, Vital Statistics Systems and Services Production System. This registry permits the identification of crucial evidence-based interventions.

In addition, the Internet communication gap was reduced in the 6 municipalities of Nueva Segovia, facilitating the prompt and correct recording of health information for more efficient management of the local and national information.

The program helped improve the abilities of the human health resources from the units of first attention level of the protagonist SILAIS through the participation of 1,448 human resources in the development of six topics,¹⁸ of which 30% correspond to community monitoring of maternal and neonatal mortality.

With support from the program, the birth and death formats were reproduced and the capacities of the health personnel in managing the CIE-10 were strengthened to improve the recording of the municipalities' vital statistics.

Indicator "Number of municipalities that plan their health interventions in conformity with the priorities defined in the local situation analysis."

The analysis for planning local health interventions starts from Results-oriented Intermediate- to Short-Term Planning (PICOR). Based on this instrument, the program contributed to the municipalities' planning, monitoring and follow-up process, providing technical assistance and accompaniment. This exercise allowed each municipality to define its interventions according to an analysis of the health situation and identification of gaps related to the interventions so as to have an impact on the indicators of MDGs 4 and 5.

As part of the planning process, the health personnel consulted with the community network to incorporate its demands and proposals in the programming of the municipality's actions. The program provided tools and training to community leaders on timely management of danger signs in pregnant women and children so the community leaders could express their proposals.¹⁹

Output 3.1: Improve the capacities of the health services network to analyze maternal, child and adolescent health for decision-making.

Indicator "Number of municipalities that have personnel with abilities to prepare analyses and define maternal, child and adolescent health priorities."

The strengthening of the health personnel abilities implied expanding the vision of the analysis, passing from a traditional presentation of tables and graphics to a crossed analysis of indicators and interventions. The program encouraged the local levels to change the modality of analyzing the information.

15 municipalities of the program have at least two resources trained to analyze and identify priorities in maternal, child and adolescent health care.

Outcome 4: The community networks have information, competencies and arenas for their participation in managing maternal, child and adolescent health care.

Indicator "Number of municipalities that have an articulated community network developing coordinated promotion and prevention actions with the rector of health."

The program's 15 protagonist municipalities have a community network (family, health and life cabinets; midwives' network; brigade members and health promoters; volunteer collaborators; breastfeeding support groups; adolescents' circle) that promotes promote crucial family practices for developing maternal and child health. With active participation by the community network and the accompaniment of MINSA, 18 community assessments were done and 12 self-help breastfeeding groups were organized.

¹⁸ See table No. 5 in annex "Training on the quality of the data for the health personnel of the SILAIS and their municipalities."

¹⁹ See table No. 8 in annex "Training of the personnel of the community network of the SILAIS and their municipalities."

The program has facilitated the active participation of the community networks in the Basic Comprehensive Health Care Teams (ESAFC in Nueva Segovia-Chontales) and the Intercultural Comprehensive Health Groups (GISI in the RACCS), which has reinforced the social participation established in the Family and Community Health Model (MOSAFC) and the Comprehensive Health Model of the South Caribbean Coast Autonomous Region (MASIRACCS).

To reinforce participation and promote more effective and informed communication by the families and communities, the program developed identification sheets on pregnant and postpartum women and newborns, so community leaders and families can identify the determinants related to the social norms and cultural practices of maternal and infant mortality and supervise the execution of actions at the household level. The community leaders received training on promoting maternal and infant health, prenatal care, danger signs in the newborn and mother and infant food practices as components of the Communication For Development (C4D) strategy's actions. Implementation of the C4D implies a change of focus not only in the generating of institutional capacities, but also in empowering the families for effective dialogue with guarantees of rights, which will be evidenced in 2015.

Output 4.1: Strengthen the community networks to implement health promotion and prevention strategies in accord with their maternal, child and adolescents health needs.

Indicator "Percentage of communities that have an Action Plan for promoting and preventing the main health situations of women, children and adolescents."

Based on the community assessments done, action plans were drawn up in accord with their priorities as defined by the leaders of 44 communities (24 in Nueva Segovia and 20 in Chontales) of the program's protagonist municipalities.

The program facilitated a training workshop so the technical health teams of the 6 prioritized RACCS municipalities could improve their participatory planning abilities. This provided the teams with the technical tools needed to accompany the drafting of action plans in 18 communities. In addition, the training of 26 midwives got underway in the framework of the Institutional Midwife Certification Strategy.

As part of the process of drawing up the action plans, the community leaders received training to identify the determinants²⁰ so that pregnant women could turn to the APN in the first quarter and the mothers could breastfeed exclusively until 6 months. It is expected that the families will decide about the causes of their life situation. This training was in the framework of the communication for development strategy implemented with program funds.

Indicator "Percentage of Municipalities that have functioning inter-sectoral arenas."

The Joint Programme's 15 municipalities have inter-sectoral analysis and reflection arenas (JARs) functioning with their own organizational mechanisms under local MINSA leadership. Coordinators of the Cabinets of Citizen Power, municipal mayor's offices and government institutions participate in the JARs. In these arenas they analyze the indicators established in the Information System of the Government of Reconciliation and National Unity (SIGRUN). The program promoted the sustainability of these arenas by facilitating resources and technical assistance to conduct the sessions to analyze the results of the indicators assumed in the departmental and municipal social agreements. The communities' main needs and priorities are hammered out and agreed to in these arenas, followed by the actions to be developed.

To make the participation of the community networks more effective, the Joint Program has focused its strategy on strengthening the capacity of the community leaders, brigade members, promoters and midwives to address the main maternal, child and adolescent health problems and their determinants. Among them the following stand out: prevention of teenage pregnancies; management of the early stimulation fact sheet, basic aspects of the house-to-house visits manual, ECMAC, Delivery Plan; danger signs in pregnancy, delivery and postpartum and in children; as

²⁰ Social customs, gender roles in the family, access and/or handing of information, influence of the media in adopting attitudes and behaviors, accessibility to services, etc.

well as promotion of the importance of family planning.²¹ The knowledge acquired by those participating has succeeded in increasing the number of pregnant women and children referred to the nearest health units.

These arenas permit the Cabinets of Citizen Power to make proposals for improving maternal-infant health in the communities with an inter-institutional and inter-sectoral addressing of the health prevention and promotion activities.

In addition to the assistance provided to the JARs, the program promoted the functioning of other inter-sectoral arenas such as the maternal center support committee, breastfeeding support groups, adolescent circles and commissions for the Love for the Smallest Program (PAMOR) made up of MINSA, MINED, MIFAN.

To improve the key maternal and child health practices, the program developed massive communication campaigns through radio spots and distribution of educational materials (posters and flipcharts) in the municipalities of the Chontales SILAIS, so the families could identify and decide about risk factors. The educational packet was provided to 151 brigade members and 20 midwives of two municipalities of this SILAIS.

In the SILAIS, the program contributed to the Cultural Adaptation of Delivery strategy through the training of midwives from remote communities. In addition, the midwives sensitized the pregnant women to move into the maternal centers prior to delivery to thus reduce the delays in seeking attention by qualified personnel.

The program's main contribution to achieving the implementation of the IUANM in the Nueva Segovia and RACCS SILAIS was to assure technical advice for the creation of each of these committees, which are responsible for guaranteeing correct implementation and fulfillment of the breastfeeding norms in the health units and education of the mother-counselors. In addition, the program trained 100% of the health professionals of six municipalities of Nueva Segovia and five municipalities of the RACCS to develop their skills so they can collaborate with the mothers in resolving problems related to breastfeeding. The program also facilitated the training of 71 breastfeeding support groups of six municipalities of the Nueva Segovia SILAIS and 20 such groups in five municipalities of the RACCS, which provide counseling.

The program contributed to the promotion of health and healthy practices in the 15 municipalities through the preparation of educational murals, fairs, radio spots and televised messages. It also supplied community leaders and midwives with tools²² to facilitate their work in the communities and districts.

Lessons learned:

1. The technical accompaniment and follow-up to the program actions as part of the institutional practice promotes and facilitates the coordination of the stakeholders at all levels.
2. Recording the activities and strategies promoted with the program in an ongoing improvement process permits their replication in other actions promoted by MINSA through the SILAIS.
3. Facilitating the community's incorporation in the health promotion strategy by providing them work materials and support for their mobilization motivates volunteerism and assures their participation.
4. A monitoring exercise designed with a holistic focus and with the participation of all stakeholders contributes to the definition of the programmatic strategies, objectives and interventions needed for the expected change, thus facilitating the construction of an institutional culture of permanent accompaniment to analyze the progress of the care processes.
5. Protecting and recording the relevant information in an organized and timely manner facilitates the immediate availability of information at the time of constructing a successful history and drafting reports with good practices and lessons.

Good practices:

1. Programming the attendance and follow-up of the SILAIS technical teams in the territorial activities permits the clear establishment of the dates of execution and delivery of reports for each activity.

²¹ See Table No. 8 in annex "Training of the Community Network personnel of the SILAIS and their municipalities."

²² Cloak, rubber boots, flashlights, backpacks and gloves, among others.

2. The joint visits to the 3 SILAIS and 15 municipalities were designed for comprehensive addressing of issues and conducted by the program CT, reducing transaction costs. All visits were developed in the framework of a technical accompaniment of the SILAIS for monitoring the program results in each municipality.
3. A culture of ongoing accompaniment of the municipalities has been constructed for the analysis of standards on the progress status of the care processes and application of evidence-based interventions.
4. The planning of the biannual plan, done with accompaniment by the Agencies at the local level with leadership by the SILAIS and conduction by MINSA Central, permitted efficiency in the planning time on the one hand and more appropriation by local health personnel (municipalities) of the Results-Oriented Short-Term planning methods and formats institutionalized by MINSA on the other.
5. The health teams have incorporated goal-based work practices and are defining action strategies through analyses of gaps.
6. Use of the same methodologies and formats among the agencies permitted a more effective and practical analysis of the findings, thus defining more complementary improvement actions.
7. The program monitoring exercise facilitated the information needed in an orderly way in the annual follow-up task of the UNDAF and the Agencies' cooperation framework, with coordinated collaboration by the participating UN Agencies.

Qualitative Appraisal:

The joint programme has advanced as programmed, showing important results in the framework of its indicators and goals. The appraisal by the stakeholders (SILAIS and municipalities) is that the program has helped the strategies proposed by MINSA in the MOSAFC be implemented in the 3 SILAIS with good coordination at all levels. It has also helped the 3 SILAIS improve their management of maternal-infant health care at both the executive and community level. Challenges and goals still remain to be met in the third year of the program, but the lessons learned and the good practices have permitted the identification of the pertinent actions to be executed during the third year with greater efficiency and effectiveness, as well as practices that MINSA can continue developing in the SILAIS and replicating in others once the program has ended. In fact this replication process has already begun in 14 municipalities (of these SILAIS) that were not prioritized in the program on strategic issues (IUANM, Nutrition, Kangaroo Mother, essential functions in public health, Communication for Development, ASIS, Handling of obstetric complications), with funds from the same program. These strategies have also been replicated in 3 SILAIS (Madriz, Las Minas and Bilwi) with other funds.

It is important to stress that the alliance between the national women's referral hospital, "Bertha Calderon," and the local care level was generated with the program. The institutionalization of the "Kangaroo Mother" strategy in the SILAIS of the joint program is recognized as helping to reduce neonatal mortality. Taking this hospital's experience, this unit's technical team, in coordination with MINSA's Health Services Direction and the participating UN Agencies, guaranteed the first workshop in a department of the country (Nueva Segovia) for the health personnel of the first level care services network and the hospital of the Nueva Segovia SILAIS. The implementation of the "Kangaroo Mother" strategy started in Nueva Segovia and later in Chontales and Zelaya Central, expanding the Kangaroo Mother network to the municipalities of these 3 SILAIS. At the end of the program it is expected that it will be replicated in the RACCS SILAIS.

Close coordination and joint work have been generated between the technical areas of the participating Agencies and MINSA Central in the planning, implementation, technical accompaniment (of the SILAIS and municipalities) and monitoring processes. These processes have been consolidated more as the lessons learned are being assumed with the commitment to surmount the limitations. In this context, more active participation was generated by the financial technicians of the agencies and MINSA Central as part of the accompaniment and technical assistance to the SILAIS and their municipalities, so that the processes of drafting, implementing and accounting for operational plans are less complex. The financial follow-up was integrated with the programmatic follow-up through joint visits with a comprehensive approach, with the objective of making these processes part of the technical accompaniment and strengthening local capacities with continual exchanges and feedback. It is worth underscoring the protagonism and appropriation by the local health teams, who assumed commitments and actions beyond their functions to fulfill the programmed results.

With respect to inter-agency coordination in development of the actions to achieve the program results, an appreciation of the joint work of the Agencies has been generated because it has allowed the cooperation provided to the sector to be addressed in more comprehensively and it has been agreed that each of the Agencies will provide

comprehensive follow-up to one SILAIS so the work will be more complementary and more efficient. The reduction of the transaction costs has been maintained with respect to coordination, acquisitions, planning and joint follow-up.

ii) Indicator-based Performance Evaluation:

Program results	Goals achieved according to the indicator	Factors associated with variation with the planned goal (if any)	Verification source
<p>Outcome 1 Indicator: Number of municipalities implementing an ongoing improvement program with emphasis on attention to the health of the mother, newborn and adolescents. Baseline: 8. Nonetheless their follow-up and fulfillment need to be strengthened. Planned goal: 15.</p>	<p>Nueva Segovia: 6 municipalities are applying an improvement plan. RACCS: 5 are applying an improvement plan. Chontales: 4 are applying an improvement plan. 15 municipal health centers and posts are implementing ongoing improvement plans periodically.</p>	<p>Although the goal was reached, more technical assistance is required for rigorous follow-up by the directive teams of the SILAIS HQ. In addition, this activity must be incorporated into the comprehensive monitoring visits by MINSA Central to the SILAIS as one of the specific points to monitor. Some need to incorporate the analysis of adolescents. The formats need to be standardized.</p>	<p>SILAIS technical reports. Improvement plans (municipalities and health posts). Reports of results of monitoring the data consistency. Minutes books with directive teams.</p>
<p>Output 1.1 Indicator 1.1.1: Guides, Protocols and Regulations for maternal, child and adolescent health care have been updated and are available in the care service networks of the prioritized SILAIS. Baseline of the whole PC: 24 existing (14 are updated). Planning goal of the whole PC: Update: 10²³ Reproduce to the health posts of the program municipalities: 14²⁴ Indicator 1.1.2: Obstetric and essential neonatal care services (CONE) of 3 SILAIS organized and functioning. Baseline: 3 Organized and functioning but require renewal of some inputs²⁵ to guarantee better quality of the care. CONE's functionality will be measured by the quality of the care. Planned Goal: 3</p>	<p><u>Updated:</u> 5 (Prenatal Care, Family Planning, Clinical AIEPI, Neonatal Health Guide,²⁶ GVMM). <u>Reproduced</u>²⁷: 5 Regulations, Guides and Protocols; 15 Tools and graphics; 5 Sheets and others. The following were distributed according to entry to the CIPS: 2 regulations (Obstetric Complications and ARO); 35 formats or instruments used for treating patients and monitoring quality standards and indicators; Delivery Plan sheets, Folders of Clinical Files.</p>	<p>The updating of Guides and Regulations is done with a multidisciplinary team with a broad consultation processes. This involved meeting with the sectors and going to the departments, which demanded more time than foreseen.</p>	<p>SILAIS technical reports. DGSS distribution plans. Requisition for delivery of materials by the CIPS to the SILAIS. Photos.</p>
	<p>2000 units of criteria disks for Family Planning</p>		

²³ FP, APN, Maternal Center, clinical and community AIEPI, SVMM, VIF, Breastfeeding, Quality standards and indicators, ARO Protocol.

²⁴ Ibid plus: Neonatology, Obstetric Complications and Practical Guide for evaluating prenatal and adolescent care. Delivery Plan.

²⁵ Perinatal technologies, blood pressure cuffs, manometers, scales, HIV tests, plus transfer of patients.

²⁶ It was not planned in the LB to update this but in 2014 MINSA decided to incorporate it.

²⁷ See detail on page 8 of this report.

	<p>24,000 rapid HIV tests for 15 municipalities</p> <p>3 SILAIS have CONEs organized and functioning</p>	<p>measure and show evidence of “saved lives.”</p>	<p>Distribution plans prepared by DGSS.</p> <p>Invoices, Receipt reports, Inventories, Patient referrals, route maps.</p> <p>Photos of the treatment environment, financial supports of the purchases.</p>
<p>Output 1.2</p> <p>Indicator 1.2.1: Neonatal services equipped for the hospitals of Granada, Carazo, Rivas, Nueva Segovia and Madriz in accord with regulations and protocols.</p> <p>Baseline: 0</p> <p>Planned goal: 1 Regional Hospital and 4 Departmental Hospitals.</p>	<p>5 Hospital neonatology wards equipped: 1 Regional Hospital (Nueva Segovia) and 4 Departmental Hospitals (Granada, Carazo, Rivas and Madriz).</p>	<p>18 pieces of equipment were foreseen with the program. Additionally, in 2014 the program provided 28 more for their distribution in the 3 SILAIS.</p>	<p>SILAIS technical reports.</p> <p>Official Note of delivery as donation to MINSA and payment invoices.</p>
<p>Outcome 2:</p> <p>Indicator: Percentage of public health establishments network personnel of the selected SILAIS correctly applying the technical orientations from the guides, protocols and regulations.</p> <p>Baseline: 80</p> <p>Planned goal: 88</p>	<p>Jalapa: 90%, Ocotal: 91%, Quilalí: 90%, El Jícaro: 88%, Murra: 90%, Wiwili: 89%, San Pedro: 83%, Santo Tomas: 81%, Acoyapa: 81%, Muelle de los Bueyes: 80%, Bluefields: 90%, Corn Island: 85%, Kukra Hill: 80%, Pearl Lagoon: 80% and Karawala: 100%.</p>	<p>The measurement of this indicator needs to be specified from the health personnel performance and appraisal of the fulfillment of quality standards and indicators with which the application of norms and protocols needs to be evaluated. It is necessary to be able to differentiate the percentages of fulfillment by component: Children, Adolescents, Women.</p>	<p>SILAIS technical reports.</p> <p>Analysis of infant morbidity-mortality.</p> <p>Minute book and checkbook list.</p> <p>Report on follow-up of standards.</p>

<p>Output 2.1 Indicator 2.1.1: Percentage of health establishments that have and are implementing Training and Continuing Education plans. Baseline: 80 Planned goal: 100</p> <p>Indicator 2.1.2: 3 SILAIS have a team of technical facilitators with competencies to train health personnel on maternal, child and adolescent health regulations, protocols and guides. Baseline: 0. Facilitators exist in the SILIAS, but to cover various issues. With the program they will be strengthened in the area of maternal, child and adolescent health and certified by MINSA educators. Planned goal: 3 SILAIS</p>	<p>The 15 municipalities are implementing training plans.</p> <p>San Pedro: 80%, Santo Tomas: 80%, Acoyapa: 80%, Muelle: 80%. Jalapa: 80%, Ocotal: 80%, Quilalí: 80%, Jícaro: 80%, Murra: 80%, Wiwilí: 80% Bluefields: 84%, Kukra: 84%, Pearl Lagoon: 94%, Corn Island: 84%, Karawala: 84%</p>	<p>It is necessary to specify the quantity of issues imported by component: Children, Adolescents and Women.</p>	<p>SILAIS technical reports. Continual Education Plans. Continual Education Documents with participant list.</p>
<p>Outcome 3: Indicator 3.1: Number of prioritized municipalities that have an analytical document of the information generated by the system considering the determinants. Baseline: 15 municipalities prepared an analytical document on management of the diverse issues, but with the program the aim is to strengthen the addressing and analysis of the health of women, children and adolescents in that report. Planned goal: 15</p>	<p>15 municipalities have a document of analysis.</p>	<p>These documents require more technical assistance to deepen the analysis of the determinants for the health of women, children and adolescents.</p>	<p>SILAIS technical reports. ASIS analysis document. SILAIS institutional plan.</p>
<p>Indicator 3.2: Number of municipalities planning their health interventions according to the priorities defined in the analysis of the local situation. Baseline: 15. The municipalities are planning their interventions (PICOR) based on the document analyzing management of the diverse issues, but the program goal is to strengthen the level of analysis and planning geared to at-risk populations in the health of women, children and adolescents. Planned goal: 15</p>	<p>15 municipalities are planning according to the priorities defined in the analysis of the local situation.</p>	<p>More technical assistance is required to be able to plan according to the analysis of the situation and identifying at risk-populations.</p>	<p>SILAIS technical reports. PICOR report in the headquarters and municipalities.</p>

<p>Output 3.1 Indicator 3.1.1: Number of municipalities with personnel able to prepare the analysis and definition of maternal, child and adolescent health priorities. Baseline: At least 1 person from the directive team of the 15 municipalities has personnel with abilities to analyze and define maternal, child and adolescent health priorities. Planned goal: 15 municipalities whose directive teams have abilities to analyze and define maternal, child and adolescent health priorities.</p>	<p>13 municipalities have at least 2 human resources with abilities to analyze and define maternal, child and adolescent health priorities.</p>	<p>If the personnel of the directive teams that have been trained and have acquired experience must be transferred to other posts, it must be planned that this resource trains new personnel so the performance is maintained.</p>	<p>SILAIS technical reports. Diplomas and participant attendance list.</p>
<p>Outcome 4: Indicator: Number of municipalities that have an articulated community network developing coordinated promotion and prevention activities with the health rector. Baseline: 15 municipalities have a community network established. Planned Goal: 15 municipalities whose community networks participate actively in developing coordinated promotion and prevention activities with the health rector.</p>	<p>15 municipalities have an articulated community network that develops promotion activities.</p>	<p>The capacities of the community networks have been strengthened with tools for developing prevention and promotion actions in health. The progress shown in this indicator permits a deepening of the informed dialogue between the community network and multisectoral arenas.</p>	<p>SILAIS technical reports. Reports of visit to the community members and meetings to accompany the implementation of community strategies. SICO reports. Minute book.</p>
<p>Output 4.1 Indicator 4.1.1: Percentage of communities have an Action Plan for promotion and preventing the main health situations of women, children and adolescents Baseline: No data at the start of the program. For the 2nd and 3rd year the BL will be what was achieved in year 1 (70%) Planned Goal: 100% (62 communities). Indicator 4.1.2: Percentage of municipalities that have functioning inter-sectoral arenas. Baseline: 15 municipalities have an Inter-sectoral Commission. Planned Goal: 15 municipalities have a systematically functioning Inter-sectoral Commission.</p>	<p>70% (44 communities)</p>	<p>The second phase of the communication for development strategy was implemented during 2014, through which assessments were prepared in these communities. This is the basis for initiating the preparation and execution of action plans and their respective follow-up.</p>	<p>SILAIS technical reports. Community action plans. Documents. Photos.</p>
	<p>100% of the municipalities have functioning inter-sectoral arenas</p>	<p>With the results achieved it is expected that in 2015 the content of these commissions will be more participatory and with suggestions from the families in the communities.</p>	<p>SILAIS technical reports. JAR Agreements.</p>

iii) Specific Story “Kangaroo Mother”

Problem/Challenge: Implement the Kangaroo Mother Strategy in the entire health establishments network and their communities to help reduce neonatal mortality due to premature birth and/or low birth weight, as well as reduce the hospital stay of the premature baby and achieve lasting physical-motor development.

With technical assistance from the Bertha Calderon Hospital, the National Referral Hospital Unit and the UNS Agencies, the capacity of the network of workers from the First Treatment Level (Health Centers and Posts) was developed to establish a support network for the communities the newborns are from.

The following interventions were developed together with the departmental health network personnel:

- Reinforce the knowledge and abilities of the community and health personnel (first treatment level, second resolution level and departmental referral unit) with the technical assistance of neonatology specialists from the Bertha Calderon Hospital;
- Improve the environmental conditions of the neonatology ward to ensure a more comfortable setting for the breastfeeding mothers.
- Establish the registry system of the “kangaroo mother strategy” in the hospital unit and first treatment level units, strengthening the departmental referral and counter-referral system (hospital-municipalities-hospital).
- Strengthen the capacities of the network of community stakeholders and key practices to contribute with their actions to sustainability of the interventions in their communities on children’s and mothers’ health.
- Train the health personnel in “16 key practices” recommended by UNICEF and WHO: vaccination, handling of the newborn, nutrition and the national PAMOR strategy.
- Buttress the monitoring (data management, household visits to low-weight children, monitoring of key practices).
- Establish an alliance with the IUANM for recertification of the health units in breastfeeding.

Result:

- Health personnel of the health establishment network empowered with the Kangaroo Mother strategy and active in gradually implementing it in all health units.
- The network of monitoring boys and girls with low birth weight (BPN) has improved with use of the referral and counter-referral system.
- Community leaders have applied promotion practices for the development of infant health (16 key family practices for the development of infant and maternal health), including breastfeeding and complementary food.
- Community leaders have participated in household visits to children with BPN and promoted kangaroo mother in the home.
- The local inter-institutional coordination favoring maternal and infant health is strengthened (Love for the Smallest Program).
- In a 10-month period, 26 pre-term babies with weight of between 1,000 and 1,900 grams and between 28 and 35 weeks of gestation have been born and received Kangaroo mother treatment and care. Of these children, 85% survived.

Lessons learned:

- Its implementation requires the consensus and ample participation of diverse institutional sectors and the communities.
- Integration has been necessary among the national, departmental and municipal health referral units in implementing the strategy.
- The participation of the community network is crucial in this process to strengthen the continued monitoring of children with low birth weight.
- Promoting Kangaroo Mother in the home as part of the care continuum is relevant to achieving the results.

III. Resources

The program has an implementation modality centralized in MINSA central, which transfers the funds to the SILAIS for execution by the municipalities. In this context, the coordination between MINSA central and the Agencies has been progressive so as to ensure harmony in the disbursements and accountability.

The financial follow-up system records data from the municipalities to the SILAIS, with guidance and supervision by MINSA Central and with accompaniment and technical assistance by the Agencies to the SILAIS and their municipalities. The financial execution is monitored quarterly through the accountability and includes data for each municipality of the SILAIS and thus of the program as a whole. These data are part of the M&E system conducted by the CT.

The program stakeholders have contributed human and financial resources from other financing sources. In this regard, the Government, through MINSA, has contributed human resources from MINSA central and the SILAIS at the managerial, technical and administrative levels to ensure a structure geared to the program's administration, follow-up and implementation. The Agencies have also contributed human resources (which provide technical accompaniment and assistance at all levels in both financial and programmatic aspects) and have financed activities for planning, implementation, accountability and follow-up with funds from other sources. As part of the synergy and complementarity of the actions that the Agencies are projecting for the development of strategies focused on maternal-infant health, they have contributed to achieving the program results through the contracting of specialized human resources.²⁸

²⁸ See on page 1 of this report the contribution of each Agency and of MINSA Central in the two years of the program.

ANNEXES

Table No. 1A: Acquisition of periodically replaced equipment and material

Description	Requested	Acquired
Medical equipment	18	46
Material of periodical replacement	44	39

Source: UNS Agencies, January to December 2014.

Table No. 1B: Purchase of basic supplies distributed in the SILAIS and their municipalities

No.	Description	Nueva Segovia	Chontales	RACCS	TOTAL
1	Fans	-	32	-	32
2	Scales	-	18	-	18
3	Nebulizer	-	7	-	7
4	Blood pressure cuffs	-	31	-	31
5	Stethoscope	-	30	-	30
6	Sheets	124	30	-	154
7	Lab coats	150	33	-	183
8	Partition	-	1	-	1
9	Pads for newborns	-	46	-	46
10	Electric generator	-	1	-	1
11	Surgical kits	14	-	-	14
12	Delivery kits	25	-	-	25
13	Fetal Doppler	-	-	8	8
14	Adult blood pressure cuffs	-	-	25	25
15	Stethoscope for adults	-	-	25	25
16	Scale with a stadiometer for adults	-	-	6	6
17	Bathroom scale	-	-	10	10
18	Wall clock	-	-	5	5
19	Water tank (1,750 lt.)	-	-	4	4
20	Square plastic tables	-	-	4	4
21	Plastic chairs	-	-	106	106
22	Baby bath	-	-	5	5
23	Mattresses	-	-	15	15
24	Lidded plastic garbage can	-	-	10	10
25	Colored Curtains	-	-	109	109
26	Calculator	-	-	4	4
27	Acrylic writing board	-	-	6	6
28	Cork board	-	-	7	7
29	Projector	-	-	1	1
30	Semi-professional photo camera	-	-	2	2
31	Printer	-	-	1	1
32	Executive briefcase	-	-	1	1
33	Bags (for Bluefields participants in internship)	-	-	4	4
34	Rapid HIV Diagnostic Tests	6,000	6,000	12,000	24,000
35	ADN PROVIRAL	48	24	72	144

Source: SILAIS Chontales, Nueva Segovia y RACCS: Estadísticas, Dirección Municipal y AIMNA.

Table No. 2: Monitoring of the SILAIS and their municipalities

SILAIS	Goal of Health Units to be supervised	Total units supervised
Chontales	33	34
Nueva Segovia	60	80
RACCS	34	29
Total	127	143

Fuente: SILAIS Chontales, Nueva Segovia y RACCS: Estadísticas, Dirección Municipal y AIMNA.

Table No. 3: Training of health personnel of the SILAIS and their municipalities

No.	Training topics	Nueva Segovia	Chontales	RACCS	TOTAL
		Number of participants			
1	Child- and Mother-Friendly Units Initiative	613	169	33	815
2	CONE Internships	2	21	16	39
3	CONE Regulations	30	55	18	103
4	Evidence-based Interventions	152	56	11	219
5	Analysis of FP Tools, Obstetric and Neonatal Complications	121	95	-	216
6	MOPECE	0	20	25	45
7	Comprehensive Adolescent Treatment Guide	410	87	-	497
8	Strategy for Behavioral Change Communication	232	108	30	370
9	Addressing of most frequent ARO pathologies	105	114	-	219
10	AIEPI Procedure Charts	0	22	25	47
11	Training of Clinical Facilitators of Pedagogical Briefcases	240	44	16	300
12	Adolescent Care Manual	-	86	-	86
13	Quality Standards and Indicators	275	-	-	275
14	Updating of maternal center regulations and functioning	-	-	2	2
15	Community Monitoring and Evaluation Strategies (was training in Delivery Plan/ECMAC)	-	-	25	25
16	FP Eligibility Criteria Counseling Tools	-	-	38	38
17	Participatory Planning Methodology	-	-	16	16
18	Application of Quality Standards and Indicators	-	-	11	11
19	Gestational Hypertensions Syndrome	-	-	22	22
20	Monitoring of the Nutritional Status of Pregnant Women and Development of Children and Adolescents	-	-	9	9
21	IVU in Pregnant Women and Handling of APP	-	-	41	41
22	Taking and Interpreting of Vital Signs	-	-	30	30
23	Internship in La Mascota Hospital	-	-	3	3

Source: SILAIS Chontales, Nueva Segovia y RACCS: Estadísticas, Dirección Municipal y AIMNA.

Table No. 4: Active search for women and children not attending the AP, VPCD and Family Planning Programs

No.	Actions	Nueva Segovia	Chontales	RACCS
1	Pregnant women	527	-	-
2	Postpartum women	148	-	-
3	Children (VPCD)	858	-	-
4	Family Planning (FP)	1,228	-	-
5	Search for pregnant women for HIV test	82	-	-
6	Consultations	1,232	-	-

Source: SILAIS Chontales, Nueva Segovia y RACCS: Estadísticas, Dirección Municipal y AIMNA

Table No. 5: Transfer of patients to units of greater resolution

No.	Item	Nueva Segovia	Chontales	RACCS	TOTAL
1	Obstetric referrals	644	411	176	1,231
2	Pediatric referrals	62	46	31	139
3	Other referrals	81	-	-	81
	Total	787	457	207	1,451

Source: SILAIS Chontales, Nueva Segovia y RACCS: Estadísticas, Dirección Municipal y AIMNA

Table No. 6: Training of the health personnel of SILAIS and their municipalities on Information System and data management issues

No.	Training topics	Nueva Segovia	Chontales	RACCS	TOTAL
		Number of participants			
1	Community monitoring to improve the registry of maternal and neonatal mortality	318	95	33	446
2	Use of SIP and SIVIEMB	183	69	12	264
3	Improvement, collection and input of data	183	104	16	303
4	Regulation 044 (Handling of clinical file)	183	105	-	288
5	CIE-10	183	-	-	183

Fuente: SILAIS Chontales, Nueva Segovia y RACCS: Estadísticas, Dirección Municipal y AIMNA

Table No. 7: Integral Medical Brigades in the SILAIS and their municipalities

No.	Item	Nueva Segovia	Chontales	RACCS	TOTAL
		Number of treatments			
1	VPCD	1,008	1,728	-	2,736

2	Prenatal Care	61	376	150	587
3	Postpartum	-	74	3	77
4	Family Planning (FP)	485	1,636	222	2,343
5	Children vaccinated < 5 years	3,557	778	68	4,403
6	Total TT dose	-	2,058	-	2,058
7	Papanicolau (PAP)	-	110	47	157
8	Talks	100	-	-	100
9	HIV test in pregnant women	147	376	22	545
10	General medical consultation	8,444	10,343	1,528	20,315

Source: SILAIS Chontales, Nueva Segovia y RACCS: Estadísticas, Dirección Municipal y AIMNA

Table No. 8 Training of Community Network personnel of the SILAIS and their municipalities

No.	Training topics	Nueva Segovia	Chontales	RACCS	TOTAL
		Number of participants			
1	Love for the Smallest	-	119	100	219
2	Managerial Census of community pregnant women	-	58	-	58
3	Cultural Adaptation of Delivery for Midwives	-	121	7	128
4	16 key practices for Maternal-Infant Development	318	117	10	445
5	Community AIEPI (prevalent childhood illnesses)	86	62	-	148
6	Delivery Plan	-	150	-	150
7	Sensitization for the promotion of male allies in women's health	-	64	-	64
8	Meeting to analyze community strategies	-	82	-	82
9	Community Health Fairs	-	1365	-	1,365
10	Coordination sessions with municipal stakeholders	-	112	-	112
11	Analysis and Reflection Session (JAR)	799	167	329	1,295
12	Training of adolescent leaders in comprehensive adolescent health	350	-	50	400
13	Leaders trained in Strong Family	86	-	-	86
14	Male partners in maternal health	400	-	-	400
15	Community Assessment	450	-	-	450
16	Help Groups for Breastfeeding Advice	200	-	100	300
17	Sexual and Reproductive Rights	-	-	141	141
18	Domestic Violence	-	-	25	25
19	ECMAC	-	-	40	40
20	SICO	-	-	40	40

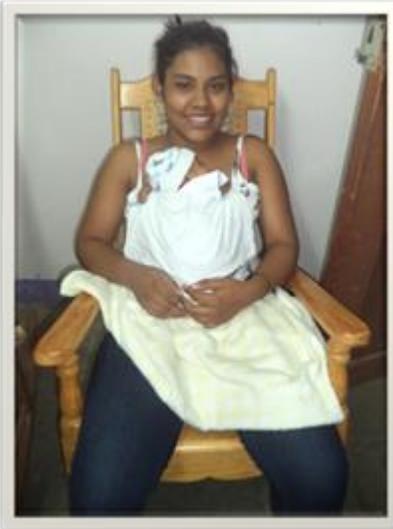
Source: SILAIS Chontales, Nueva Segovia and RACCS: Estadísticas, Dirección Municipal y AIMNA

PHOTOS OF “KANGAROO MOTHER” SPECIFIC HISTORY”²⁹

²⁹ Source: Files/evidence of joint program, 2014.



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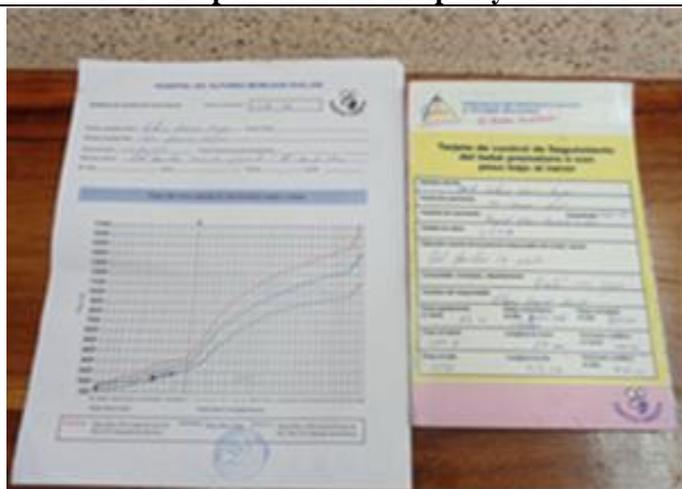
Neonatology Ward, Nueva Segovia Departmental Hospital



“Ambulatory Kangaroo” House visit by the health center and post of the municipality of Ocotal



“Ambulatory Kangaroo” House visit by the health center and post of the municipality of Ocotal



Formats of registry or monitoring of the health status of the children that have joint Kangaroo Mother