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**NicaSalud Network Federation
Families United for Health Project
FamiSalud/USAID**



TRIMESTER REPORT

JULY- SEPTEMBER 2010

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ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AIEPI	Comprehensive Care for Illnesses Prevalent in Childhood
AMCHAM	American Chamber of Commerce
AOP	Annual Operating Plan
COSEP	Superior Council of Private Enterprise
COTESAN	Nutrition and Food Security Technical Committee
DAIA	Secure Availability of Contraceptive Supplies
DPSV	Life Saving Skills
RRT	Regional Reponse Team
FP	Family Planning
FamiSalud	Families United for Health
NHC	National Health Campaign
HIV	Human Immuno-Deficiency Virus
H/U	Health Unit
M&E	Monitoring and Evaluation
MAGFOR	Nicaraguan Ministry of Agriculture, Husbandry and Forestry
MINED	Nicaraguan Ministry of Education
MINSA	Nicaraguan Ministry of Health
MOSAFC	Family and Community Health Care Model
N/A	Not Applicable
NGO	Non Governmental Organization
ORS	Oral Rehydration Salts
PFP-C	Promotion of Family Planning in the Community
PNC	Prenatal Care
PROCOSAN	Community Health and Nutrition Program
PRONICASS/USAID	Nicaraguan Project in Support for the Social Sector/USAID
RAAN	North Atlantic Autonomous Region
RAAS	South Atlantic Autonomous Region
SICO	Community Information System
SILAIS	Local System of Comprehensive Health Care
SINAPRED	National System for the Prevention of Disasters
SIVIN	Comprehensive Nutrition and Intervention Surveillance System
SRH	Sexual and Reproductive Health
TQM	Total Quality Methodology
UNAN	National Autonomous University of Nicaragua
UNFP	Unmet Need for Family Planning
USAID	United States Agency for International Development

Direct Beneficiary: Any person, group of persons, geographic area or institution receiving direct sponsorship for implementation of project activities. Direct beneficiaries can be divided into two groups, "A" and "B".

Direct Beneficiary Type A: Any person, group of persons, geographic area or institution trained in project interventions and implementation strategies in the community with technical assistance and resources managed by a non-governmental organization which is a subcontractor of FamiHealth / USAID.

Direct Beneficiary Type B: Any person, group of persons, geographic area or institution benefiting from the project through a social alliance between NGOs (subcontractor or not) which does not implement the community strategies.

Indirect Beneficiary: Any person, group of persons, geographic territory or institution that receives sponsorship from any direct beneficiary.

INTRODUCTION

This document serves to inform USAID of the activities carried by member organizations of the NicaSalud Network Federation during the 18th trimester period, July – September, 2010 of the “Families United for Health” Project.

During this trimester, FamiSalud has made important advancement in the implementation of the community strategies as a result of the coordinated efforts between the technical and administrative personnel from subcontractor organizations, MINSA personnel and other government agencies on the local level, as well as the volunteer network and community leaders.

To date, more than 80% of the communities have volunteers who have been trained and who are carrying out activities specific to Project strategies, or creating ways to reach groups, such as adolescents and males, which cannot be approached in traditional ways. Activities carried out include fairs, forums, sports events, competitions, and educational meetings, among others. Equally innovative volunteer efforts include providing the Maternal Houses with plants such as plantain and yuca, to improve the care given to pregnant women, or using the Maternal Houses as a venue for providing counseling on care for pregnant women, the soon to be or recently delivered women and newborns.

At the same time, FamiSalud has maintained contact with private enterprise, in order to obtain the resources necessary to broaden the benefits provided to the Project’s target population. An important achievement in this regard was the signing of a collaboration agreement with the Maternal Houses Network, and at least four businesses.

Some factors beyond the control of FamiSalud/USAID had a negative impact on the consistent progress of the Project. The flooding caused by the rains, especially in this last month, forced the subcontractors to suspend some of the community activities for reasons of personal and local community safety. This resulted in not being able to complete the training of health and volunteer personnel, and not being able to reach a greater number of communities to provide them with the care included in the strategies, etc. Nevertheless, these commitments will be re-initiated during the next quarter

I. PROGRESS TOWARD ANTICIPATED RESULTS

Geographic Coverage by Strategy

The FamiSalud/USAID Project has achieved 81% of programmed geographic coverage as a result of the Birth Plan strategy being carried out in 653 of the 804 communities programmed for services. (Table 1)

With some strategies, such as CONE-C (Community Emergency Neonatal and Obstetric Care), PROCOSAN, AIEPI-C and Safe Water, a lesser degree of coverage was achieved (80%). The lesser coverage was principally due to two factors; a) the process of training community volunteers and health personnel was not completed because the heavy rains impeded their attendance, and b) from the beginning of the Project, the SILAIS in the participating departments prioritized the implementation of the Birth Plan strategy due to the increase in maternal deaths.

Table 1

**Community Coverage by Strategy
FamiSalud/USAID, September 2010**

Strategy Implemented in the Community	Carried Out Phase 1	Direct Beneficiary Type A					
		Goal Year 1	Oct 09 - June 2010	July - Sept 2010	Increase	%	Accumulated
Communities with ECMAC and PPF-C	272	702	383	212	595	85%	867
a) Communities with ECMAC	0	564	290	161	451	80%	451
b) Communities with ECMAC	0	138	93	51	144	104%	144
Communities with Birth Plan	378	804	436	217	653	81%	1031
Communities with CONE- C	198	279	64	142	206	74%	404
Communities with CONE- C	603	564	373	3	376	67%	979
Communities with AIEPI-C	0	221	0	132	132	60%	132
Communities with Safe Water	277	411	97	217	314	76%	591
Communities with Changing Behaviors	12	12	12	0	12	100%	24
Schools with Coloring for Health	80	164	122	16	138	84%	218

Source: Information System FamiSalud /USAID.

Carried Out Phase 1*: The data presented in this column represents the beneficiary communities in the first phase of the Project and excludes the communities that have been reactivated for the continuation of the Project, in order to avoid duplicate data.

Capacity building in volunteers, health personnel and NGO technical personnel

NGO technical personnel trained

All the human resources of the organizations have been trained in the strategies according to the previously designed training plan. This was made possible by integrating Matagalpa and the Mining Triangle in the RAAN into the program activities of FamiSalud/USAID. (Table 2)

Table 2

**NGO Technicians Trained
FamiSalud/USAID, September 2010**

Strategies	Carried Out Phase 1	Direct Beneficiary Type A					
		Goal Year 1	Oct 09 - June 2010	July - Sept 2010	Increase	%	Accumulated
ECMAC	32	48	38	10	48	100%	80
PPF-C	0	48	38	10	48	100%	48
Birth Plan	43	48	38	10	48	100%	91
CONE-C	40	48	17	31	48	100%	88
PROCOSAN	40	48	17	31	48	100%	88
AIEPI	79	48	38	10	48	100%	127
Safe Water	79	48	38	10	48	100%	127
Changing Behavior	14	16	16	0	16	100%	30
Coloring for Health	79	48	38	10	48	100%	127
Rapid Response Teams	0	13	13	0	13	100%	13
Avian Flu	14	16	16	0	16	100%	30
Tiaht Amendment Requirements	32	48	38	10	48	100%	80
(M&E) Information System	0	48	38	10	48	100%	48
MOSAFC	0	8	8	0	8	100%	8
MASIRAAS	0	5	5	0	5	100%	5
Anthropomorphic Standardization	0	12	12	0	12	100%	12
Total without duplicates	0	73	63	10	73	100%	73

Source: Information System FamiSalud /USAID.

MINSA Personnel Trained

Of the MINSA health personnel programmed for training, 62% were trained. In four strategies (CONE-C, PROCOSAN, AIEPI-C, Safe Water), less than 50% of personnel programmed for training received training, for two reasons: 1) local authorities requested a rescheduling of events in order to assume other tasks designated by MINSA Central, and 2) health personnel have concentrated their attention on those affected by the flooding resulting from the heavy rains of this last month. (Table 3)

Table 3

**Health Personnel Trained
FamiSalud/USAID, September 2010**

Strategies	Carried Out Phase 1	Direct Beneficiary Type A					
		Goal Year 1	Oct 09 - June '10	July - Sept '10	Increase	%	Accumulated
Trained in ECMAC and PF	457	410	225	100	325	79%	782
Trained in Birth Plan	926	391	286	90	376	96%	1,302
Trained in CONE-C	120	125	3	51	54	43%	174
Trained in PROCOSAN	534	484	2	167	169	35%	703
Trained in AIEPI-C	N/A	413	0	64	64	15%	64
Trained in Safe Water	120	265	0	124	124	47%	244
Trained in Changing Behaviors	10	4	4	0	4	100%	14
Trained in Coloring for Health **	37	382	229	156	385	101%	422
Trained in MOSAFC - MASIRAAS	N/A	6	6	0	6	100%	6
Total without duplicates	-	897	298	257	555	62%	555

Source: Information System FamiSalud /USAID, ** Corresponds to Ministry of Education (MINED) personnel training.

Community Health Volunteers Trained

Of the proposed goal of 5,707 trained community network volunteers, 3,886 (68%) were trained in the various strategies. In some strategies, the percentage of volunteers trained was less than 80% as a result of the brigade workers not being able to attend the programmed events due to overflowing rivers and bad road conditions caused by the heavy rains, especially in Matagalpa and the RAAN. (Table 4)

Table 4

**Community Health Volunteers Trained
FamiSalud/USAID, September 2010**

Strategies	Carried Out Phase 1	Direct Beneficiary Type A					
		Goal Year 1	Oct 09 - June 2010	July - Sept 2010	Increase	%	Accumulated
Trained in ECMAC and PPF-C	1,133	1,747	910	601	1,511	86%	2,644
a) Trained in ECMAC Phase I	1,133	539	361	178	539	100%	1,672
b) Trained in ECMAC Phase II	0	1,018	430	357	787	77%	787
c) Trained in PPF- C	0	190	119	66	185	97%	185
Trained in Birth Plan	2,660	2,809	1,802	1,039	2,841	101%	5,501
Midwives Trained in CONE-C	520	254	37	157	194	76%	714
Trained in PROCOSAN	2,754	1,719	125	639	764	44%	3,518
Trained in AIEPI	0	668	0	449	449	67%	449
Trained in Safe Water	936	2,267	0	694	694	31%	1,630
Trained in Changing Behaviors	49	26	26	0	26	100%	75
Total not duplicated	0	5,707	1,916	1,970	3,886	68%	

Source: Information System FamiSalud /USAID

Other Social Actors Trained

Within the Project plan is included the strengthening of SILAIS health units by building capacities in the personnel, be they in the municipalities where the Project is implementing the strategies through a subcontractor, or in municipalities where health personnel are directly responsible for promoting the strategies with the community network, in coordination with governmental institutions such as MINED, MIFAMILIA, etc., non-governmental organizations or the private sector. These resources have been labeled "Direct Beneficiary Type B". In this section we present Project advancement in this area.

The participation of these resources was included in the training plan. In the majority of cases, special events have not been held for this purpose, but rather they have been invited to participate in the established training program.

At the same time, innovative and important initiatives, in terms of the country's nutritional status, were developed with the private sector. For example, an Alliance has been established with the Nicaraguan Egg Commission, which is comprised of all egg producers, for the promotion of egg consumption due its nutritional value, accessibility and mass consumption. Conferences have been held with medical personnel from hospitals, students and university professors for this purpose. The initiatives have been shared with mothers and the population in general through the activities of the "Blue Bus".

The first workshop was held regarding newborns and maternal health and nutrition during pregnancy and postpartum, directed towards the coordinators, responsible parties and care givers of the Maternal Houses, benefiting 15 resources in 6 houses in the municipalities of Juigalpa, Villa Sandino, Muelle de los Bueyes, El Rama and Nueva Guinea. The workshop lasted 16 hours and the purpose was to strengthen knowledge and capacity in counseling in the areas of family planning and nutrition for women during pregnancy and postpartum as well as for the newborn. Topics covered included: components, steps and practical exercises for counseling; types, advantages and disadvantages of different methods of birth control; balanced diet postpartum, myths and truths; breastfeeding, including early attachment or bonding, exclusive breastfeeding, evaluation of position and grasp, problems and manual expression of breast milk.

Table 5 displays the activities carried out with “Direct Beneficiaries Type B”, as well as the level of achievement according to the goal.

Table 5

**Other Social Actors Trained - Direct Beneficiary Type B
FamiSalud/USAID, September 2010**

Direct Beneficiary Type B	Carried Out Phase I	Goal Year 1	Topic/Strategy Implemented	Oct 09 - June 2010	July - Sept 2010	Increase	%	Accumulated
NGO Technical Personnel	108	70	PROCOSAN	11		11	107%	183
			Changing Behavior	13		13		
			NHC Work Methodology	12		12		
			Coloring for Health	12		12		
			Tiaht Amendment Requirements	4		4		
			Anthropometric Standardization	4		4		
			RRT Emergency Plans	6	2	8		
			Administrative and Financial Requirements	6	5	11		
			Subtotal	68	7	75		
MINSA Personnel (Municipal & SILAIS)	920	297	Birth Plan	12		12	105%	1,233
			PROCOSAN	19		19		
			ECMAC- FP Norms	20		20		
			AIEPI-C	18		18		
			MASIRAAS	18		18		
			Maternal Child Health/Nutrition	120		120		
			NHC Work Methodology	74		74		
			Anthropometric Standardization	3		3		
			RRT Emergency Plans	8	21	29		
			Subtotal	292	21	313		
Professors, MAGFOR Technical Personnel and	650	120	Coloring for Health	17		17	81%	747
			MASIRAAS	4	54	58		

Table 5

**Other Social Actors Trained - Direct Beneficiary Type B
FamiSalud/USAID, September 2010**

Direct Beneficiary Type B	Carried Out Phase I	Goal Year 1	Topic/Strategy Implemented	Oct 09 - June 2010	July - Sept 2010	Increase	%	Accumulated
other governmental officials (mayors, regional authorities)			MOSAFC	2		2		
			Maternal Child Health/Nutrition	20		20		
			Subtotal	43	54	97		
Human resources from private sector, unions, associations of doctors, nurses, nutritionists and others from civil society	1200	520	Community Strategies (ECMAC, PROCOSAN, BP, AIEPI-C, SICO)	120	75	195	98%	1,707
			Maternal Child Health/Nutrition	127	185	312		
			Subtotal	247	260	507		
Community Volunteers: brigadae workers, midwives, leaders	1306	200	Strategy Evaluations	21		21	109%	1,523
			Birth Plan	130		130		
			Maternal Child Health/Nutrition	0	5	5		
			Changing Behavior	0	61	61		
			Subtotal	151	66	217		

Result 1: Improved and expanded health services, family planning information and community-based maternal child health

The advances presented below are a product of the work carried out by the network of volunteers, health personnel and technical personnel from the NGO's after having acquired the abilities to do so through the training or capacity building process provided by FamiSalud/USAID.

Result 1.1: Expanded community based family planning services (ECMAC)

Seventy-two percent of the target population has been reached with messages regarding family planning and reproductive health during the first year of the Project. A delay in the reproduction of educational materials for the community (brochures regarding family planning) was the cause of not being able to reach the remaining 28%. These materials will be distributed during the coming months. The group of adolescents is the most difficult group to reach, nevertheless, 70% of the proposed goal was achieved.

Of the 25,870 individuals who received information regarding FP and SRH, 27% (6,930) were referred to the MINSA health unit to obtain a method of contraception. Of these, 18% (1,226 women) were trained as ECMAC users, representing 48% of the goal of women to be reached by ECMAC. See Table 6.

Table 6

**R.1.1: Expanded community based family planning services (ECMAC)
FamiSalud/USAID, September 2010**

ACTIVITIES CARRIED OUT	Carried Out Phase 1	Direct Beneficiary Type A - Phase II					
		Goal Year 1	Oct 09 - June 2010	July - Sept 2010	Increase	%	Accumulated
1.1.3. # men, women, adolescents receiving FP counseling	49,564	35,860	7,472	18,398	25,870	72%	75,434
a) # adolescents receiving counseling in FP	12,391	17,798	3,176	8,975	12,151	68%	24,542
b) # women 20 - 49 receiving counseling in FP	25,526	3,963	2,408	2,104	4,512	114%	30,038
c) # men 20 - 49 receiving counseling in FP	11,647	4,091	1,888	2,225	4,113	101%	15,760
d) # men, women, adolescents receiving FP messages through the media	0	10,009	0	5,094	5,094	51%	5,094
1.1.4 # women referred to the H/U for FP method	0	9,443	1,767	5,163	6,930	73%	6,930
a) # adolescents referred to the H/U	0	4,405	794	3,305	4,099	93%	4,099
b) # women 20 - 49 referred for UNFP	0	3,963	771	1,323	2,094	53%	2,094
c) # mujeres with home births referred to a H/U	0	1,075	119	618	737	69%	737
1.1.6. # women attended by ECMAC	7,131	2,572	0	1,226	1,226	48%	8,357

Source: Information System FamiSalud /USAID

- Coordination with MINSA Central for the implementation of ECMAC

Communication regarding Project advances has been maintained with MINSA's departments of Women's Comprehensive Health Care and Health Promotion, and other organizations tied to this topic.

- Coordination with departmental officials in family planning

Coordination has been maintained with the local SILAIS health authorities regarding coordination for implementing family planning strategies. In the Atlantic región, the ECMAC units have been gradually expanded with the participation of health personnel. In Chontales and Rio San Juan, however, there still exists a certain resistance on the part of the health authorities toward this service being provided by the ECMAC counselors. Thus, FamiSalud has maintained communication with the corresponding authorities and has managed to advance in the implementation of the strategies.

- Tiahrt Amendment Activities:

During this period, there have been no reports of possible contradictions with the family planning regulatory framework. In all projects, documentation of activities has been continued and is accessible to each organization on the topic of family planning as a right.

- Coordination with USAID partners and other contributors to FP

Collaborative relationships have been maintained with different partners who work within the area of Family Planning.

- Production of educational and promotional materials FP-SRH

The educational and promotional materials of the ECMAC and Birth Plan strategies were distributed in the various regions targeted by the Project. Educational material on Family Planning has just been designed and will be validated in the communities.

- Training in ECMAC and in the strategy of Community Promotion of Family Planning (PPF-C in Spanish) for health and NGO personnel

Eighty percent of programmed health personnel and eighty-six percent of those programmed for training in the volunteer network have been trained in ECMAC and PFP-C. (Tables 3 & 4) It was explained above that the tropical depression (heavy rains) which occurred in this month affected the holding of training events.

Result 1.2: Expanded community based services and referrals for essential obstetrical care

Maternal Child Health has been a priority for MINSA on all levels of care; FamiSalud/USAID has achieved greater geographical coverage with Birth Plan in that 80% of the communities are participating in birth plan services.

Up through September, the Project has reached 4,534 pregnant women, surpassing the target goal for this period; 100% of the women are negotiating Birth Plan activities; 3,911 women have been referred to the H/U where they have received prenatal care (PNC), also surpassing the goal for this indicator.

In the more isolated geographical areas, such as the Autonomous Regions, Matagalpa and Jinotega, health personnel have not been able to reach 100% of the pregnant women for prenatal care. This is due to the great distances that the women must walk before they reach the H/U, or pay for water transportation. This kind of transportation is not always available in the community and the average cost is \$15 dollars, an amount 6 times higher than that which a farm worker takes home after a day's work. In light of this situation, FamiSalud is supporting MINSA in the organization and logistical arrangements of the medical brigades in the communities with the most difficult geographical access.



An expectant mother looks over her Birth Plan card as she waits to be seen.

During this period, 2,731 births were registered, corresponding to 60% of the pregnant women, and 68% in regard to the goal. Of these 2,731 births, 73% (1,994) occurred in a health center. One factor significantly favoring institutional birth care has been the use of the Maternal Houses located in the various departments of the country. This strategy has helped many women of scarce economic resources, or who do not have the aid of family or friends in the urban area.

One hundred percent of the recently delivered mothers received a home visit during the first 3 days following the birth, by a brigade worker, midwife or health personnel, in which they

were counseled on newborn care, health care following the birth and the promotion of breastfeeding. (Table 7)

Table 7.
R.1.2: Expanded community based services and referrals for essential obstetrical care
FamiSalud/USAID, September 2010

ACTIVITIES CARRIED OUT	Carried out Phase 1	Direct Beneficiary Type A - Phase II					
		Goal Year 1	Oct 09 - June 2010	July - Sep 2010	Increase	%	Accumulated
1.2.1. # pregnant women with prenatal care (APN)	6,422	3,353	1,987	1,924	3,911	117%	10,333
1.2.2. # recently delivered mothers with birth attended by qualified personnel	3,250	3,009	607	1,387	1,994	66%	5,244
1.2.3. # recently delivered mothers referred to a H/U for postnatal care	3,288	3,653	726	2,005	2,731	75%	6,019
a) # women with home births referred to a H/U for postnatal care	0	1,075	119	618	737	69%	737
b) # women with institutional births referred to a H/U for postnatal care	0	2,579	607	1,387	1,994	77%	1,994
1.2.4. # recently delivered women with information on newborn care	2,973	3,653	726	2,005	2,731	75%	5,704
1.2.5. # recently delivered women with a visit during first 3 days following birth	3,076	3,552	726	2,005	2,731	77%	5,807
1.2.6. # pregnant women with BP	6,531	3,353	1,989	2,545	4,534	135%	11,065

Source: Information System FamiSalud /USAID

- Support for maternal houses

Different activities have been developed aimed at supporting the maternal houses in a tangible way, including:

- The signing of a collaboration agreement between the NicaSalud Network, USAID and the National Network of Maternal Houses, to coordinate technical assistance, provision of supplies and edible plants to feed the pregnant mothers staying at the houses while they await the birth of their child, among other forms of assistance.
- Development of alliances with the private sector, such as: the National Egg Commission, Café Soluble and others, to obtain food, supplies and other products for the Maternal Houses.

Signing of collaboration agreement with Maternal Houses

A collaboration agreement was signed between NicaSalud and the country's Network of Maternal Houses in the municipality of El Rama on the 20th of September.

Participating in the act was the U.S. ambassador, representatives from the private sector in the form of COSEP and AMCHAM, Nicaraguan authorities, local government, representatives from USAID and the network of Maternal Houses, and local organizations (CEPRESI, PRODESA, ASCORA, Martin Luther University, mothers who use the Maternal Houses and the population in general.

The U.S. ambassador said in his speech: "I want to offer special recognition to the staff of the Maternal House in El Rama and the health volunteers, the midwives and all Nicaraguans who strive day by day to guarantee health and a better life for their families.

According to the Director of NicaSalud, the purpose of the agreement is *to seek the support of private enterprise in providing the necessary materials for food, medicines and infrastructure to contribute to the reduction of maternal deaths.* The Director presented a donation of \$60,000 dollars provided by funding from the Nicaraguan people and the government of the United States through USAID and the U.S. Embassy, Café Soluble, the Nicaraguan Egg Commission, the National Commission of Sugar Producers and the American Nicaraguan Foundation.

The representative of the Maternal Houses said: *"There are many successful testimonies revealing that the Maternal Houses have helped women give birth to their children under safer conditions."* The Executive Director of NicaSalud in turn said: "The Maternal Houses have become a strategy for reducing maternal morbidity and mortality in the region."

In addition to the principal ceremony, a fair or "Kermesse" was held on Health and Nutrition for the people of the neighboring communities. The fair addressed the following topics:

- MINSA: HIV, SRH, HIV testing
- NicaSalud/PRODESA: Nutrition and Egg Consumption
- CEPRESI/FamiSalud: SRH, Nutrition, Safe Water and SODIS
- CEPRESI/Global Fund: Condom Use
- ASCORA: HIV Prevention and Testing
- Martin Luther University: Promotion of their work
- Maternal House: Care during pregnancy and the newborn, and Promotion of the Maternal House

- Coordination with MINSA Central for implementation of CONE-C

Coordination continues with the departments of Women's Care and Health Promotion

- Birth Plan operational study carried out

This topic is covered in Result 2.3.

- Production of relevant educational and promotional materials

Brochures on danger signs are currently being produced for distribution to the women in Birth Plan and Learning Guides to train midwives in Life Saving Skills (DPSV)

- Holding municipal or departmental forums in maternal, perinatal and neonatal health

During this period, two mass mobilization activities on health and nutrition were held. The first was a health and nutrition fair in Nueva Guinea, in coordination with CEPRESI, MINSA, NGO's and other local institutions. During this fair, the following topics were covered:

- MINSA: Breastfeeding and Nutrition
- NicaSalud/Egg Commission: Nutrition and Egg Consumption
- CEPRESI/FamiSalud/USAID: Safe Water and SODIS
- CEPRESI/ Global Fund: Condom Use
- URACAN: Intrafamily Violence
- MARENA: Environmental and Water Management
- MIFAMILIA: Nutrition/ Soy Consumption
- Maternal Houses: Care during pregnancy and of the newborn
- Women's House: Pregnancy and promotion of the Maternal House

A forum on maternal child health was held in Nueva Segovia in which the Minister of Health revealed data on maternal and perinatal deaths in the municipality of Jalapa in order to inform health workers, community leaders and civil organizations about the social impact of Maternal Death. Weaknesses in the process of providing care to pregnant women, care during birth and postnatal care in the community and in the H/U were identified. Commitments and alternative actions were sought from the participants for the reduction of Maternal Death.

Commitments obtained from the participants include the continuation of coordination between the Maternal House and the community network for referring pregnant women for health care and the collection of edible plants to improve the food quality of the women who visit the Casa Materna. Two communities highlighted in their efforts to support this process are Rio Arriba and El Coyolito which provide firewood, plantains and yuca.

- Counseling and other educational activities on the prevention of adolescent pregnancy

Venues and activities in which the community youth are present are used to introduce the topic of family planning to this age group. Creative ways to use the mass media have been used, such as signs with messages pertaining to preventing early pregnancies in local public transportation in the city of Managua which say "Maternity and Paternity Can Wait – Today I Want to Study". It still remains to incorporate the scope of these actions into Project records.



Result 1.3: Expanded coverage by MINSA health units through health volunteers and trained personnel from MINSA

Currently, 94% (288) of the H/U are involved in carrying out the Project, thus strengthening the process of management, negotiation and execution of activities with other key actors such as the community volunteer network, MINED and technical personnel from NGO's. (Table 8)

Within this context, joint work plans have been elaborated and carried out which include activities such as: organizing medical brigade visits, vaccination campaigns, brigade worker training events, fairs, evaluation sessions with volunteers, forums, the functioning of Maternal Houses, and accompaniment visits to volunteers during the various community strategies.

One arena which FamiSalud has used to present and discuss Project advances is the Municipal (or Departmental) Health Councils, where, with consensus from the local health authorities and the NGO's, all agree on how to participate in health activities without duplicating efforts.

Table 8
R.1.3: Expanded coverage by MINSA H/U through health volunteers and trained personnel from MINSA FamiSalud/USAID, June 2010

ACTIVITIES CARRIED OUT	Carried Out Phase 1	October 09 - September 2010					Accumulated
		Goal Year 1	Dir. Ben. Type A	Dir. Ben. Type B	Increase	%	
1.3.1. # H/U that develop monthly activities with volunteers	121	305	251	37	288	94%	409
1.3.2. # H/U with functioning community health committees	121	305	251	37	288	94%	409
1.3.3. # H/U of MINSA with trained personnel	121	305	251	37	288	94%	409

Source: FamiSalud /USAID Information System

- Communication and coordination with MINSA Central authorities continues. The Executive Directorship of NicaSalud and Project Coordinators held a work session with MINSA's General Secretariat and other MINSA offices. During this session were presented the advances made in various Project strategies. MINSA participants recognized the good work being carried out in conjunction with the SILAIS. They also expressed their willingness and receptiveness to coordinate activities on various levels.
- Maintaining the commitment to support technically and financially, the initiative to introduce the MOSAFC family record card into an online system, FamiSalud has provided assistance and follow-up to the SILAIS in Nueva Segovia, Rio San Juan, Jinotega and Matagalpa, according to their needs. Chart 1 reflects the significant advancements made in the data entry of the family information cards created by those SILAIS, in relation to the data presented beginning in March 2010. Currently, support and follow-up is being coordinated for action plans to facilitate the data entry of the SILAIS records in Madriz, Jinotega and Chontales, which have already begun their own efforts to digitalize their records and it is anticipated that approximately 30,000 information cards will be digitalized by the end of March 2011.
- In the special regions of the northern and southern Atlantic, technical assistance and support is being provided for the implementation of an inter-cultural health care model

(MASIRAAS and MASIRAAN), in which a family survey instrument has been readied and begun, with the digitalization of 8 cards from the RAAS as a practice run. Support will be provided for the digitalization of 40,000 cards, with anticipated completion date of June 2011.

Chart 1.					
Advances in online entry of family information card by SILAIS, attended by FamiSalud/USAID					
Period from April 05 to October 11, 2010					
SILAIS attended by FamiSalud/USAID	PERIOD				
	02-March	17-March	05-April	05-July	11-October
Chontales	11	11	11	12	15
Jinotega	820	820	820	858	1,672
Madriz	114	124	124	158	426
Matagalpa	55	81	88	806	2,828
Nueva Segovia	2,791	2,906	4,773	7,770	10,6664
Río San Juan	5,582	5,827	5,874	6,446	6,539
RAAS	0	0	0	0	08

- A MASIRAAS workshop was held, in coordination with the SILAIS in the RAAS, directed toward MINSA human resources from seven municipalities, in which representatives of the regional government also participated.
- Through Project training, personnel from the SILAIS of Río San Juan and Chontales have strengthened their abilities in the elaboration and evaluation of Municipal Emergency Plans. The activity was carried out in coordination with PAHO/MSH (Management Services for Health).

Result 2: Improved nutrition, diet and hygiene practices

Advances made in child health and nutrition are presented below. These activities were carried out by the brigade workers from PROCOSAN, Safe Water, community mobilization using the Blue Bus, and AIEPI-C.

Resultado 2.1: Reduced chronic and global malnutrition in high risk communities

PROCOSAN is currently being implemented in 376 communities, representing 66% of the established goal for the first year (564). This goal has not been reached because some organizations, such as CARE and Save the Children, have initiated a training process in this trimester and the executing NGO's of the Project in Jinotega, Chontales and Río San Juan, have not initiated the implementation process in the second phase, although they are implementing the program in the communities of the first phase. This is due to



A mother from Jinotega waits to be seen at the PROCOSAN weighing session.

the fact that, in coordination with MINSA, the Birth Plan Strategy was given priority.

The PROCOSAN strategy, which contributes to the reduction of chronic and global malnutrition, has achieved 70% of its goal of children (5,298) who are being seen at the program's community sessions.

Of the 5,298 children who attended the sessions in this trimester, 4,827 are children who have attended the program more than once and for whom weight gain tendencies can be established. Eighty-three percent of those children (4,007) have satisfactory growth. This percentage is considered excellent when compared to the program's quality standard established by MINSA, of 80%.

The result during this trimester for the "number of children with unsatisfactory growth for two consecutive months" is 6%, a percentage considered positive in light of the fact that, being an indicator of harm, a goal has been established of not exceeding 7% in this indicator.

Table 9.

**R.2.1. Reduced chronic and global malnutrition in high risk communities
FamiSalud/USAID, September 2010**

ACTIVITIES CARRIED OUT	Carried Out Phase 1	Goal Year 1	Direct Beneficiary Type A - Phase II			
			Average Oct 09 - Jun 2010	%	Average July - Sept 2010	%
2.1.1. # children under 2 attending weighing sessions	10,613	7,592	4,296	57%	5,298	70%
2.1.2. # children with satisfactory growth	7,643	6,074	3,110	79%	4,007	83%
2.1.3. # children with unsatisfactory growth for 2 consecutive months	527	531	280	7%	280	6%

Source: Information System FamiSalud /USAID

- Coordination with MINSA Central to carry out activities related to malnutrition

Coordination with MINSA Central is being maintained. A few activities carried out are listed below.

- Participation in technical committees related to child health and nutrition (breastfeeding, micro-nutrients, children's health, COTESAN)

In collaboration with the inter-institutional committee of PROCOSAN, a work session was held in which MINSA, UNICEF, NicaSalud and the Nicaraguan Red Cross participated. In this session a presentation was made regarding the results of the study on programs to fortify food, carried out in Mexico by UNICEF. Information was also provided on advancement in the operational study of the community strategies currently being done by the FamiSalud/USAID Project. MINSA presented the Window of Opportunities Project, being carried out on the Caribbean coast of Nicaragua.

- Production of educational and promotional materials on nutrition

The elaboration and copying of PROCOSAN promotional and education materials were completed and these were distributed in the various regions benefited by the Project.

Additionally, a technical and methodology review was made of AIEPI-C educational and promotional materials, which facilitated their re-design.

Result 2.2: Improved child health through broadening the use of PROCOSAN

The Project monitors two indicators of harm: Children under five with diarrhea, receiving oral rehydration salts, and children under five with acute respiratory infections referred to the H/U for treatment.

Regarding the former, 1,756 cases were reported, with an accumulated total of 2,096 cases, which amounts to 35% of the Project goal. Regarding the latter, a total of 777 cases were reported, with an accumulated total of 845, which amounts to 18% of the Project goal. An important increase in compliance in relation to the previous trimester was observed, to which we attribute: 1) the geographic coverage was widened during this period, primarily in the communities attended by AIEPI-C, which allowed for reaching a greater number of sick children during the home visits and; 2) the number of minors attending the PROCOSAN weighing sessions increased, resulting in reaching more children affected by these illnesses. These results also show that the community personnel have improved the training and the registration of sick children under treatment and/or referred for treatment, compared to the previous trimester.

Three hundred and forty exclusively breastfed babies were reported, reaching 100% compliance with the established goal for the first year of the Project. This total reflects only the information received from communities implementing PROCOSAN, in which there are more opportunities for being registered. It can therefore be assumed that there are more children in this age group who are being breastfed, although this does not necessarily reflect a prevalence toward exclusive breastfeeding for the population of babies under six months of age in the Project's regions.

The indicator of the number of newborns who received postnatal visits during the first 3 days of life is noteworthy, reaching 75% of the goal. This was a substantial improvement over the previous trimester and reflects better record keeping of community network activities and visits to 100% of recently delivered women during this period, on the home as well as institutional level. Table 10.

Table 10
R.2.2. Improved child health through broadening the use of PROCOSAN
FamiSalud/USAID, September 2010

ACTIVITIES CARRIED OUT	Carried Out Phase 1	Direct Beneficiary Type A - Phase II					
		Goal Year 1	Oct. 09 - Jun 2010	Jul - Sep 2010	Increase	%	Accumulated
2.2.1. # children under 5 with diarrhea receiving ORS	239	6,052	340	1,756	2,096	35%	2,335
2.2.2. # children under 5 with ARI referred to H/U for tx	123	4,680	68	777	845	18%	968
2.2.3. # children under 6 mos. exclusively breastfed	0	608	277	340	617	101%	617

2.2.4. # newborns receiving postnatal visits in first 3 days of life	3,076	3,653	726	2,005	2,731	75%	5,807
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Source: Information System FamiSalud /USAID

- Participation in MINSA's extended technical councils and other areas of coordination

The subcontractors maintain their participation on the local level through the technical councils on the municipal and departmental levels. Through these councils, Project advances have been made known, and activities to be carried out in the communities are planned, facilitating a complementing of MINSA and other NGO actions, and avoiding a duplication of efforts.
- Production of educational and promotional materials on child health

A technical and methodology review was made of AIEPI-C educational and promotional materials, which allowed for their re-design.
- Coordination with UNICEF, PAHO, private sector and other partners in child health issues

Work sessions have been held in coordination with UNICEF and PAHO, to review/revise AIEPI-C educational and promotional materials.
- AIEPI-C training to MINSA and NGO staff and technicians

Training events have been held in all the SILAIS on the community component of the AIEPI-C strategy. In line with the cascade training method, training was initially given to health personnel and they in turn have trained the health volunteers. Although this training method has not concluded for the health personnel, nor for the volunteers, it is anticipated that the trainings will be concluded in the next trimester.
- Implementation of AIEPI training activities for facilitators

AIEPI-C is currently being implemented in 60% of the target communities. The activities carried out by the brigade workers are shown in Table 10.
- Reactivation and supplying of educational materials to Base Houses in the communities.

Functioning Base Houses have been provided with educational and promotional materials on maternal child health. Some of these Base Houses, however, do not have ORS to treat the cases of diarrhea that they encounter. In light of this situation, it will be recommended to the brigade workers that these cases be managed with homemade fluid replacement formulas and that they make referrals to the H/U to obtain ORS.

Result 2.3: Increase in positive and sustainable behavior in the home and community in hand washing, personnel hygiene and safe waste disposal practices

The Safe Water Strategy promotes personal and environmental hygiene practices such as: hand washing at critical moments (before eating, after defecating, before preparing meals and before feeding the children); proper water and waste management; measures which when put into practice avoid the incidence of illness.

Through September 2010, a total of 8,829 families have been attended, which reflects 47% of the target goal established for the first year. Surpassing the original goal is a result of

increased geographical coverage in response to the demand of the municipal offices and community leaders, stemming from the extreme weather conditions of the past few months. It is also a result of the recognition of the importance of the strategy which includes educational and promotional tolos to preventa cute diarrheal illness, acute respiratory illnesses, human influenza and other illnesses.

There is currently an average of 28 families per community becoming involved and committed to as well as benefiting from the strategy. In regard to the promotion of the use of a method of disinfection of water for human consumption in the home, it was observed that chlorine continues to be the method most used by the families (85%). This is due to the joint efforts of the local MINSA offices, which are supplying chlorine to the trained health brigade workers for them to distribute during the home visits. Another 15% of the homes are putting other relatively newer disinfection methods into practice, such as SODIS and filtration.

The Project has taken on certain initiatives of some of the subcontractors, such as Alistar Foundation in Waspam, which has been able to supply filters to families in the communities along the banks of the lower Rio Coco. The families in communities in Nueva Segovia, Madriz and Chontales are putting the solar water disinfection method (SODIS) into practice.

Table 11
R.2.3: Increasing positive and sustainable behaviors in the home and the community
in hand washing, personal higiene and safe waste disposal
FamiSalud/USAID, September 2010

ACTIVITIES CARRIED OUT	Carried Out Phase 1	Direct Beneficiary Type A - Phase II					
		Goal Year 1	Oct 09 - June 2010	July - Sep 2010	Increase	%	Accumulated
2.3.1. # families store water properly and use treated water to drink and cook	10,382	6,009	2,377	6,452	8,829	147%	19,211
a) Families treating water with SODIS	0	0	134	233	367	4%	367
b) Families treating water with Chlorine	0	0	1,913	5,599	7,512	85%	7,512
c) Families treating water with Filter	0	0	255	461	716	8%	716
d) Families treating water by boiling	0	0	75	159	234	3%	234
2.3.2. # persons receiving msgs on hand washing re: food prep, eating & latrine use	5,835	29,556	14,086	10,619	24,705	84%	30,540
a) # persons with messages provided in the home	0	18,026	5,298	8,701	13,999	78%	13,999
b) # children with messages provided in schools	5,835	11,530	8,788	1,918	10,706	93%	16,541
2.3.3. # liters of treated water per family	19,548,145	9,013,212	1,912,021	6,947,594	8,859,615	98%	28,407,760

Source: Information System FamiSalud /USAID.

Starting in the month of July, INPRHU, NicaSaud, MINSA and the SODIS Foundation-Bolivia, through joint efforts, initiated a validation process for the use and management of plastic bags, designed by the SODIS Foundation, to be used as a means of solar water disinfection in communities of the municipality of San Lucas (Canales and Manzana), in the department of

Madriz, with the voluntary participation of 31 families. A protocol was designed, reviewed and agreed upon through consensus, for this validation process, with the objective of proving the effectiveness and evaluating the acceptance of the method in both normal and emergency situations. The results will be available in the next trimester.

- Implementation of "Coloring for Health" in the schools

Teachers from MINED are developing activities included in the strategy for children in first through third grades, in 84% (138) of the total schools to be benefited by FamiSalud.

Children currently benefiting from "Coloring" total 10,706. Of these, 8% (836) are children in fourth through sixth grades, although these grades are not included in the target population. These children are in rural schools with a multi-grade structure (schools in which one teacher covers all grades, from first through sixth). In order to avoid differentiating among the children, the teachers have included them all in the strategy's activities. (Table 12)



Children of Sierra Morena – Jinotega participate in Coloring for Health

The process of readjusting and redesigning the methodology guides and didactic materials for the fourth edition was completed for first grade, along with the preliminary version of the methodological guide for second grade. Adjustments have led to the inclusion of an indicator of success, an evaluation activity, technical update of content and informative material.

Table 12
Educational and community mobilization activities and attention to the Direct Beneficiary Type "B"
FamiSalud/USAID, September 2010

Municipality/Department	Carried Out Phase 1	October 09 - September 2010					
		Goal Year 1	Oct 09 - June 2010	July - Sept 2010	Increase	%	Accumulated
2.3.10. # schools implementing Coloring for Health	80	164	122	16	138	84%	218
2.3.12. Total of schools with Coloring for Health activities (Grades 1-6))	5,835	11,530	8,788	1,082	9,870	86%	15,705
a) # female students Coloring for Health	0	5,707	4,336	547	4,883	86%	4,883
b) # male students Coloring for Health	0	5,823	4,452	535	4,987	86%	4,987
2.3.19. # students grades 4-6 carrying out Coloring for Health activities	0	836	0	836	836	100%	836

Source: Information System FamiSalud /USAID.

- Adjustments to the methodological guides for Coloring for Health in Miskito and Mayagna
In terms of the didactic material used in the learning sessions, the process of readjusting the booklet for first grade was completed, in Spanish, Miskito and Mayagna.

- Coordination with the General Office of Health Surveillance for the implementation of the environmental health component

Work sessions have been held for the methodological review of the Safe Water strategy with members of the NicaSalud Network Federation and the Director of Sanitation Surveillance from MINSA Central. In these sessions it was agreed that an instrument would be elaborated for the collection of data on the activities carried out by the health brigade worker.

In addition, a workshop was held on “Elaboration of Municipal Plans in the Event of a Flu Pandemic or Epidemiological Events”, with the participation of PAHO/Stop AI/MSH, to prepare the health units for an eventual epidemic outbreak. Health personnel from the SILAIS of Rio San Juan participated in this workshop.

- Revision and adaptation of the safe water, hygiene and environmental sanitation strategy

This activity has been completed. At present, the promotional and educational materials for the strategy are being copied and distributed.

- Participation in the technical committees related to environmental health (Avian and Human Influenza Anti-Pandemic Health Advisory Team, Interest Committee on Water and Sanitation)

A plastic bag is being validated for the purpose of water disinfection using the SODIS method, in coordination with health personnel and technical personnel from INPRHU-Somoto.

- Production of educational and promotional materials for environmental health

The promotional and educational materials have been created and distributed to the subcontractors. The promoters’ manual is still pending and under technical review. This has not caused any delays in the training events for health and community personnel. (Appendix 1)

- Safe water and environmental health training

A training workshop was held for facilitators in the Safe Water strategy. Health personnel from the SILAIS participated along with the Project’s subcontractors. PCI, Oxfam England and FamiSalud/USAID collaborated in facilitating the workshop. (Tables 3 and 4)

- Carrying out departmental and/or municipal fairs in water and environmental sanitation.

“Regional Health Fairs: Water and Nutrition” were organized and developed with the SILAIS of Madriz, Chontales, Rio San Juan, Madriz and NGO members of the Federation. Participating in the activities were the mayoral and health authorities of the municipalities, students and the population in general.

- Monitoring water quality (bacteriological and chemical)

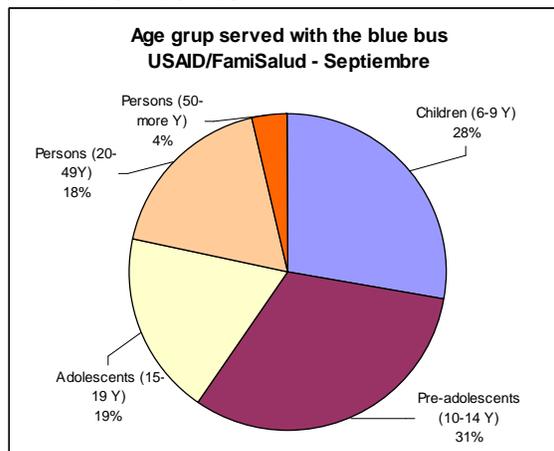
The initial monitoring of water quality will be carried out in conjunction with the operational evaluation of the Project in November 2010. The second monitoring will be held in March 2011 and the last quality control will be done in July 2011 during the final evaluation. The sample will be established with the LQAS system and will use Pathoscreen as the biological

test to detect the presence and absence of *E. coli* in water for domestic consumption. The same will be done to analyze residual chlorine and pH.

- Educational and community mobilization visits with the Blue Bus

The activities developed for community mobilization using the “Blue Bus”, outlined in this section are directed towards the direct beneficiary population Type B.

Thirty community visits were made with the “Blue Bus” in a total of 8 departments. Ten visits were made to Leon and Chinandega, 9 to Madriz and Matagalpa, 4 in Managua and 4 in the RAAS and Rio San Juan. The activities of the bus were programmed and carried out in coordination with MINED, MINSA, the Nicaraguan Egg Commission, the Mayors’ Commission on Adolescence and Youth, MIFAMILIA, FamiSalud/USAID Project subcontractors and the NGO members of the Federation.



Up through September 2010 a total of 26,755 people have been attended and provided with information on various topics including: environmental health, sexual and reproductive health, child health and nutrition such as the benefits of consumption and nutritional value of eggs and breastfeeding, prevention of Leptospirosis, information on human influenza and the integration of men in the care of their partners during pregnancy, birth and postpartum. (Table 13)

An interesting aspect of the development of educational activities is the active role of those who are collaborating on the local level. During this period 354 collaborators provided support for facilitating the educational activities and 380 health care rounds. The collaborators include technical personnel from MINSA, MINED, brigade workers, community volunteer promoters and technical personnel from the organizations.

Table 13.

**Sanitary Education in the Schools - Coloring for Health
FamiSalud/USAID, September 2010**

Population Group	Goal Year 1	Topic/Strategy Implemented	Oct 09 - June 2010	July - Sept 2010	Increase	%
Children between 6 and 9 years	10,200	Nutritional counseling for mothers	134	888	1022	73%
		Handwashing at critical times	1986	2002	3988	
		Water disinfection method	45	24	69	
		Personal & environmental hygiene	20	1974	1994	
		Prevention of adolescent pregnancies- SRH	204	124	328	
		Subtotal			2389	
Pre-adolescents between	10,800	Prevention of adolescent	1537	207	1744	79%

Table 13.

**Sanitary Education in the Schools - Coloring for Health
FamiSalud/USAID, September 2010**

Population Group	Goal Year 1	Topic/Strategy Implemented	Oct 09 - June 2010	July - Sept 2010	Increase	%
10 and 14 years (male and female)		pregnancies- SRH				
		Nutritional Counseling	198	390	588	
		Handwashing at critical times	1325	959	2284	
		Water disinfection method	1399	1060	2459	
		Personal & environmental hygiene	378	1049	1427	
		Subtotal	4837	3665	8502	
Female and male adolescents between 15 and 19 years	8,760	Prevention of adolescent pregnancies- SRH	153	436	589	58%
		Handwashing at critical times	962	250	1212	
		Water disinfection method	614	167	781	
		Personal & environmental hygiene	654	150	804	
		Epidemics (human & avian flu)	129	235	364	
		Nutritional counseling	0	1292	1292	
		Subtotal	2512	2530	5042	
Women and men between 20 and 49 years	12,120	Prevention of adolescent pregnancies- SRH	0	192	192	40%
		Handwashing at critical times	914	952	1866	
		Water disinfection method	398	83	481	
		Personal & environmental hygiene	316	150	466	
		Epidemics (human & avian flu)	865	171	1036	
		Nutritional counseling	0	791	791	
		Subtotal	2493	2339	4832	
Women and men 50 years and older	2,400	Prevention of adolescent pregnancies- SRH	0	25	25	41%
		Handwashing at critical times	297	237	534	
		Water disinfection method	214	13	227	
		Personal & environmental hygiene	40	0	40	
		Epidemics (human & avian flu)	345	76	76	
		Nutritional counseling	0	76	76	
		Subtotal	551	427	978	

Result 3: Better use of studies for program planning, implementation and evaluation.

This result covers the operational studies and the initiative being developed to include men in Changing Behaviors. Advances are presented below.

- Development of operational study of ECMAC, Birth Plan and PROCOSAN

Progress has been made in the elaboration of three preliminary reports as a basis for discussion with previously identified key actors. The investigative team was expanded with the hiring of two consultants who will focus on the elaboration of reports for PROCOSAN and ECMAC. During the month of October, the advances made in these reports will be reviewed internally in the technical office, for their preparation and discussion in the first two weeks of November with personnel from MINSA Central. During these meetings, a workshop for analyzing the results will be prepared. Participating in the workshop will be managers from FamiSalud, and personnel from MINSA Central, SILAIS, United Nations, other NGO's involved and donor agencies. The objective is to obtain the final version of the report and the proposal for improving the strategies. All are committed to turning in the final report on November 20th.

Below are some of the preliminary results for each study in the community environment.

- ECMAC
 - **There is no easy road for adolescents.** Adolescents cannot request BCM from the counselor without first going to the Health Center or Health Post, which in turn can sometimes be difficult to justify to the adolescents' families. The adolescent girl or boy has the challenge of "gaining the support" of the counselor so that "their use of MBC will remain a secret". Adolescent boys usually turn to men in order to obtain condoms.
 - Health personnel report a faulty mechanism of supply related to poor community planning. The impact of this error results in an unstable supply of certain types of products and in the user not being able to voluntarily select the contraceptive method.
 - Counselors migrate out of economic necessity.
 - **There are no incentives for counselors**
 - Some of the beliefs mentioned by the women using ECMAC:
 - Algunas creencias mencionadas por las mujeres usuarias de ECMAC:
 - BCO "give the women cancer, make their breasts sick."
 - "Planning (use of contraceptives) gives you cancer."
 - "The blood gets sick."
 - "The more children a woman has, the healthier she will be."
- PROCOSAN:
 - **Among best practices;** Mention is being made of the need to involve more actors to create alliances in the implementation of PROCOSAN. For example, MINED is mentioned in conjunction with MIFAMILIA, whose target populations, incidentally, overlap with PROCOSAN. The participation of the father of the family, along with the rest of the family is a favorable element for the ownership and use of the program by the mother and child.
 - Mothers assert that "they have felt the changes and improvements in their manner of feeding themselves and their children, in their self care, personal hygiene, and in avoiding illness". They also mention making better use of locally available resources as well as using the services of MINSA. And they provide testimonies of successful healing of illnesses and improved nutrition of the children with health complications. They also place much relevance on the role of the volunteers organized as a support system and guides for the mothers.

- **The mothers** recognize that PROCOSAN provides important services such as nutritional and hygiene counseling by means of brigade workers; that, because of their role, the brigade workers are the first to provide the care that they rely on; they also appreciate the link that the organized volunteers offer to MINSA services, bringing to them the services of medical consultations including medications to respond to illnesses, prenatal control, child healthcare, vaccinations and iron supplements.
- The mothers mention that they are informed of how the weight of their child is progressing, the importance of complete vaccinations, of iron. They make decisions based on this information. For example, “we are in agreement with the weighings because before, when PROCOSAN was not here, the children were not weighed....one didn’t know how the child was doing, and now one knows how to manage the child, knows if the weight has gone down or up.” “Yes, because it helps us to think about all that the brigade workers are saying and to follow their advice....it helps us to have the children in good health...we just have to do as they tell us.”
- MINSA personnel see their relationship with the community from two perspectives: the first refers to providing supplies and materials and the necessary resources for implementation of their plans, and the second refers to how they must provide training, follow-up, support and backup, and to motivate the populace in a variety of ways. For example, they give them meat and attend to them as a priority when they visit the health units.

Birth Plan:

- On the community level, there is recognition that MINSA, accompanied by the NGO’s, has arrived in the communities to present the Birth Plan strategy and that the community itself has accepted. They also recognize that the majority of the brigade workers were selected by MINSA to receive the training. The community activities identified were the carrying out of the census of pregnant women, identifying and referral of pregnant women to fill out the Birth Plan, follow-up visits to the home, referrals to the Health Unit and referrals to the Maternal Houses. The resources they have received for implementing the plan have included: trainings paper supplies from the Project, support from the Project technical staff for home visits and the comprehensive visits from health personnel.
- In relation to counseling from the perspective of the beneficiaries, the majority of women report that they have filled out the Birth Plan cards alone. However, those women whose partners also participated felt more supported. They feel that the things upon which they have decided in regard to the Birth Plan are things that they can accomplish with the support of their families. All of them recognize that it is the community midwife who visits them to fill out the Birth Plan cards.
- Community volunteers assert that they lack materials for convincing women of the importance of the Birth Plan. They want to have more visible materials, with more figures on them, to help them talk to the women and their families.
- Some strengths recognized by the community in regard to the Birth Plan strategy are:
 - Community network organized and trained. Community personnel are trained and have experience in other PROCOSAN strategies, which aids their work in Birth Plan.
 - Communication between community leaders and health personnel
 - Commitment of community personnel

- Recognition by the community that maternal death is a public health problema that impacts the entire community
- Greater awareness of the women of going to the Maternal Houses
- o Recommendations offered by community volunteers:
 - Receive other incentives like baby clothes, food while at the Maternal House, food for pregnant women and breastfeeding mothers
 - Provide sleeping quarters for the woman's partner when she is at the Maternal House
 - More information for the men on how to care for their partners following the birth
 - Give more support from the Health Center to the midwife
 - Provide the midwives with first aid kit for providing care during the pregnancy
 - Provide the midwife with a cell phone for emergency calls to the Health Unit
- Behavior Change Initiative with Men / Matagalpa CRS.

Launching of the Strategy.

According to the phases of methodology developed together with CRS-Caritas, 20 strategy launching events on the community level and one on the departmental level were organized and held. Involved in these activities were local governmental authorities, principal partners from governmental institutions such as MINSA, MINED, MIFAMILIA and others on the municipal level, Maternal House of Rio Blanco and local NGO's.

Organization and execution of third promoter training workshop on the Changing Behavior strategy in conjunction with CRS-Caritas.

The training process for promoters was concluded with the third workshop in which 18 promoters from the communities of Matiguas, Rio Blanco and Paiwas participated.

This workshop trained the participants in the conceptual, organizational and methodological bases of implementing the strategy of working with men in the communities. The focus was on the development of the basic skills needed for the community promoter role and an analysis of gender and masculinity in the context of pregnancy, birth, postpartum period, care for the newborn and children under two in the communities. The participation of the promoters in the workshop was lively and there was demonstrated interest and commitment in the role they will play in the communities.

Diagnostic and counseling laminates were elaborated for the promoters of behavior change and promotional materials for the strategy were designed, created and reproduced.

- A coordination process has been initiated with the supervisory team of FamiSalud for the planning and execution of health fairs. Discussions have also been held with the Puntos de Encuentro Foundation ("Meeting Points Foundation) to articulate the strategies or methodologies for working in the reproductive health arena aimed at adolescents through a process of integrating the community mobilization efforts of the NicaSalud Federation in the annual radio program tour, "DKY", which the Foundation produces.

- The design for proposed teaching games in the topics of child and environmental health are being coordinated with the area of communications of the technical office in order to come up with a proposal that would be designed and approved during this trimester.
- A list of supplies needed for the operational aspect of a proposal for the sanitation literacy initiative is being elaborated and the process of sharing communication with MINED's Office on Youth and Adult Education has begun.

FINANCIAL EXECUTION

Financial activities corresponding to the 18th trimester period (July to September 2010) are presented below, detailing the disbursements received and the budgetary execution, as well as the accumulated amounts during the entire Project.

Disbursement

Three disbursements were received totaling US \$482,482.77 (four hundred and eighty-two thousand, four hundred and eighty-two hundred dollars and 77/100). The accumulated amount received as of September 30, 2010 is US \$9,638,728.00 (nine million, six hundred and thirty-eight thousand, seven hundred and twenty-eight dollars and 00/100), which represents 97% of the obligated amount, accumulated as of the month of September 2010 (implementation letter No. 8) which totals US \$9,953,419.00 (nine million, nine hundred and fifty-three thousand, four hundred and nineteen dollars and 00/100).

Budget Execution

The amount executed during this trimester was US \$666,440.00 (six hundred and sixty-six thousand, four hundred and forty dollars and 00/100), with which the accumulated total as of September 30, 2010 comes to US \$9,716,508.00 (nine million, seven hundred and sixteen thousand, five hundred and eight dollars and 00/100), representing 101% over the total amount of disbursements received. This situation is a result of the accounting provisions that do not represent cash expenditures, such as worker indemnization, payment of 13th month, vacations and other provisions. The same amount represents 84% of the accumulated budget through the fifth year of the Project, which comes to US \$11,628,008.00 (eleven million, six hundred and twenty-eight thousand, eight dollars and 00/100).

Table 14

**Budget Execution July – September 2010 (US\$)
FamiSalud/USAID, September 2010**

Area	Approved Budget (a)	Disbursement Received (b)	Execution				
			Accumulated prev trimesters (c)	Current Trimester (d)	TOTAL executed e = (c + d)	% vs Disbursements f= [(e / b)*100]	% vs Budget g=[(e / a)*100]
Personnel	1,651,620	1,428,314	1,427,098	69,949	1,497,047	105%	91%
Benefits	687,956	593,990	585,688	3,865	589,553	99%	86%
Trips	378,488	329,590	299,657	35,241	334,898	102%	88%
Equipment	256,945	241,187	177,398	7,072	184,470	76%	72%
Supplies and Services	773,272	477,403	494,842	70,609	565,451	118%	73%
Sub-contracts	7,879,727	6,568,243	6,065,384	479,703	6,545,087	100%	83%
TOTAL	11,628,008	9,638,728	9,050,068	666,440	9,716,508	101%	84%

According to the budget, the area with the least execution of funds is “Equipment”, with accumulated expenditures of 72%. This is due principally to the acquisition process for some pieces of equipment, which has taken more time to complete than estimated. The process is currently being speeded up.

Disbursement to Subcontractors

The amount disbursed to the subcontractors in this period comes to US \$246,878.32 (two hundred and forty-six thousand, eight hundred and seventy-eight dollars and 32/100), paid out to eight NGO’s which have initiated the execution of the Project in this extension phase. The disbursement assigned to the subcontractors through September 2010 was US \$379,013.36 (three hundred and seventy-nine thousand, thirteen dollars and 36/100). (Chart 2).

The accumulated disbursements to subcontractors is US \$5,641,977.27 (five million, six hundred and forty-one thousand, nine hundred and seventy-seven dollars and 27/100), which represents 96% of the total budget, which in turn totals US \$5,895,897.69 (five million, eight hundred and ninety-five thousand, eight hundred and ninety-seven dollars and 69/100).

Chart 2
Disbursements to Subcontractors (expressed in U.S. dollars)
July - September 2010

Subcontractor Organization	Disbursements
PROJECT CONCERN INTERNATIONAL - Jinotega	27,334.60
FRIENDS OF THE AMERICAS- Jinotega	44,408.59
CEPS – Nueva Segovia	53,471.27
INPHRU- Madriz	44,504.17
CEPRESI – Chontales	30,952.87
PROFAMILIA – Río San Juan	9,952.28
IXCHEN – RAAS	67,472.51
ALISTAR – WASPAM/RAAN	30,597.46
CARE – Matagalpa	35,840.49
SAVE THE CHILDREN – Triangulo Minero/RAAN	34,479.12
GRAND TOTAL	379,013.36

Shared Contribution

According to the obligated shared contribution amount, 75% fulfilment has been reached. The contributions in this period represent 2%. The areas which give the greatest contributions fall under “Other Direct Costs”, representing 74% and “Community Contribution”, with 16%. The contribution from this last area will progressively increase in line with volunteer personnel who become integrated into the activities following their training in the strategies.

In this report are included the lists of shared contributions executed by the subcontractors in the period of July 1 to September 30, 2010. As part of the established internal controls, a balance reconciliation in the area of shared contributions between the subcontractors and the technical office was conducted, establishing a precise balance in the information presented by

the NGO's, resulting in adjustments to the balance amounts between the areas "Personnel" and "Community Contribution". (Chart 3)

Chart 3

**Shared Contributions (expressed in U.S. dollars)
September 2010**

Area	Accumulation Previous Trimesters (a)	Current Trimester (b)	Accumulated c = (a+b)	Amount Committed	%
Personnel	158,296.13	32,708.25	191,004.38		
Equipment	64,476.50	6,104.81	70,581.31		
Other Direct Costs	2,009,961.03	64,341.86	2,074,302.89	3,733,492.00	75%
Community Contribution	492,162.40	-33,773.50	458,388.90		
TOTAL	2,724,896.06	69,381.42	2,794,277.48	-	-

Audits

In the months of July and August, an external audit was carried out on the financial statements concluding March 31, 2010, by the international auditing firm, Deloitte Touche & Solis, S.A.

On September 30, 2010, the first draft of the auditing report was received, which is undergoing review by the technical office and the NGO subcontractors. A work session is planned with the firm to discuss some aspects of the report.

Previous actions, such as systematic financial monitoring of the NGO's by the technical office have resulted in a reduction of recurring findings and we observe a strengthening of internal controls on the part of the ten organizations.

USAID Regulations

The Project participated in a workshop on the "Rules and Regulations of USAID", held August 17-19 in the Prince Hotel Business Tower in Lima, Peru. Participating from NicaSalud were the Chief of Finances, the Administrative Chief and the Acquisitions Official, posts that are responsible for the application of these regulations. In the following period, a replica of the workshop will be held with the subcontractors and office personnel for the purpose of transmitting the knowledge acquired and to strengthen the administrative and financial procedures applicable to the development of activities carried out with United States Government federal funding.

NEXT STEPS

Considering the results achieved at the close of the first phase of the Project extension, the following steps are proposed:

- Maintain and strengthen coordination with MINSA on the central and local levels, as well as with local organizations and partners of USAID.
- Continue with the execution of activities within the training plan, complete the cascade training to the community level in the different strategies.
- Create the Annual Operating Plan in collaboration with the subcontractors and adjust the budget for the second year of the Project's extension.
- Organize and develop analysis sessions on the results of the studies with key actors in the PROCOSAN, Birth Plan and ECMAC strategies; and present final reports and plans for improvements for each strategy in conjunction and agreement with the Ministry of Health.
- Automate the Project database to facilitate opportune decision making by subcontractors and the technical office.
- The Project will be refocusing actions directed toward accelerating the processes for reaching those indicators that, while moving forward in a notable manner, require a greater level of effort to improve performance, especially those related to maternal health results, such as:
 - Women covered by ECMAC, less than half the goal was reached
 - Recently delivered women with births attended by qualified personnel



APPENDIX

Appendix 1: Promotional Materials:

Community Poster



Poster for the Home



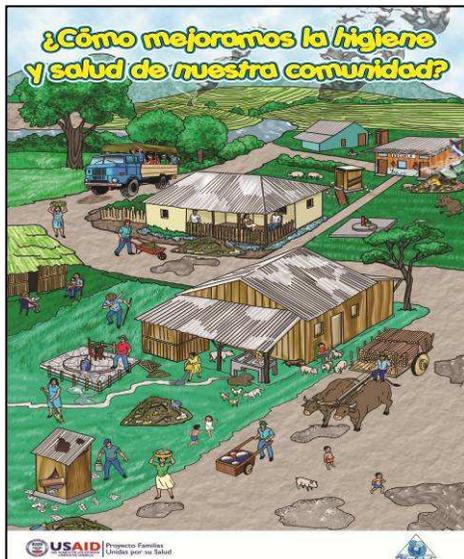
Hand Washing Poster



Sets of Counseling Laminates



Healthy Community Jigsaw Puzzle



Healthy Community Jigsaw Puzzle

