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**WORLD RELIEF INTERNATIONAL  
Nicaragua Child Survival Project  
3rd Quarterly Report  
April - June 1993**

**1. Main Achievements or Accomplishments**

Rio San Juan: The 7 promoters have been trained in EPI, Growth Monitoring and Diarrhea Control and the health information system and have in turn begun training 42 brigadistas on these interventions. In April, the brigadistas began their first training sessions with the mothers in the communities beginning with EPI. They had a 35-45% attendance rate with excellent interaction with the mothers. Continued coordination with MINSA has been strong on all levels including the participation of the health educators in the training sessions. On June 23, WRN donated 8 propane refrigerators to MINSA, to help support the cold chain in difficult access areas.

Tipitapa: This quarter the project staff has been able to develop more extensive coordination with MINSA both at the regional and local levels with the active involvement of the health center's educator and the brigadista's representative. The 7 promoters have been trained in EPI, Diarrhea Control and the health information system and have in turn trained 42 brigadistas who have also begun holding community training workshops.

Managua: This quarter the project staff has also seen a more extensive coordination with MINSA as well as increased coordination with community groups, despite political factors. Official CS program planning/coordination meetings will begin in July with the new committee made up of members from WRN staff, MINSA staff and community group leaders. The 7 promoters have also been trained in EPI, Diarrhea Control and the health information system and have in turn trained 37 brigadistas who have begun holding community training workshops.

**2. Geographical Growth**

At present the work is continuing in the following municipalities of Rio San Juan: San Carlos, Las Azucenas, San Miguelito, Sabalos and El Castillo. Due to budget constraints in trying to cover the difficult terrain, the project staff chose to reduce coverage area from 51,527 to 30240 and reduce the number of families per brigadista from 68 to 40 in order to decrease the brigadista's workload. Therefore, the project is no longer working in Morrito and the promoter assigned for that region was transferred to El Castillo.

In the Tipitapa project area, work is continuing in the communities of Francisco Rojas, Roberto Vargas, Noel Morales 4, Noel Morales 5, Orente Centeno, Yuris Ordonez, and A.C. Sandino. The ratio of families per brigadista was lowered from 68 to 50 in order to reduce brigadista dropout. This demonstrates a reduction in the potential population coverage from 76,410 to 46,800. However, the number of promoters previously programmed remains the same with a ratio of 6 brigadistas per promoter in Year 1 and 12 in Year 2.

In the Managua project area, work is continuing in the following communities: La Primavera, Jose Dolores Estrada, Camilo Chamorro, Sebastian Segura, Monte Fresco, Los Chaguities, San Cristobal, Manuel Fernandez, Villa Libertad and Anexo, and Villa Venezuela. A promoter was moved from Sabana Grande to Villa Libertad and Anexo due to political factors. Due to overall budget reductions, the total number of promoters hired will be reduced by 2. Also the ratio of families per brigadista was lowered from 68 to 50 resulting in a reduction of the potential population coverage from 94,626 to 46,800. The ratio of brigadistas per promoter remains the same at 6 brigadistas per promoter in Year 1 and 12 in Year 2.

### 3. Conferences and Visits

April 24

Muriel Elmer, HQ CS Child Survival Director and Dr. Alberto Araica, WRN Program Director visited the Tipitapa and Managua project areas and evaluated an EPI training session given by a promoter to her brigadistas.

May 5

A group of 5 World Relief HQ personnel, lead by Rachel Hogue, WRN CS advisor, visited the Tipitapa project area and attended two mother's training groups given by brigadistas.

May 19

Frank Valva, USAID; Liliana Ayala, USAID; Leonel Valdivia, Development Associates; and Kevin Sanderson, WRN Director, visited the Tipitapa project area and attended a mother's training group given by a brigadista.

May 24-27

Felix Jimenez, Development Associates attended the training seminar for all the promoters held at "Las Lomitas" campground in Juigalpa.

May 28-29

Dr. Jairo Campos, Dr. Zorayda Gomez and Dr. Alberto Araica, WRN personnel attended the Third National Congress on Internal Medicine held in Managua.

June 4-9

Rachel Hogue, WRN CS Advisor, attended a health and community development conference in St. Simon's Island, Georgia.

#### 4. Training

##### Area Coordinators

On June 14, all CS administrative personnel received a training session on vehicle maintenance and repair.

##### Health Promoters

A training session was given by Aminta Ferrufino and Dr. Alberto Araica in Rio San Juan on April 26-30 on participative training methods.

Training sessions were given by Aminta Ferrufino and Dr. Alberto Araica in Tipitapa and Managua on May 10 and 11 on participative training methods.

A training seminar was held from May 24 - 27 for all 21 promoters from the three program areas covering the participative methodology and the health information system.

A training session was given by Aminta Ferrufino and Dr. Alberto Araica to the 7 promoters in Tipitapa and 7 in Managua from June 16-22 on Diarrhea Control and the use of ORT. Two MINSA health workers from the health center in Tipitapa also attended.

A training session was given by Aminta Ferrufino and Juanita Schoeneich to the 7 promoters in Rio San Juan from June 28-July 3 on Diarrhea Control.

##### Health Volunteers ("Brigadistas")

Training sessions were given by the promoters to the brigadistas in Rio San Juan at various times during April 18-24 on growth monitoring.

Training sessions were given by the promoters to the brigadistas in Tipitapa and Managua at various times during April 17-May 11 on EPI.

Training sessions were given by the promoters to the brigadistas in Rio San Juan during the week of May 17-21 on EPI.

## 5. Coordination Activities

On April 26, Dr. Alberto Araica and Juanita Schoenich met with Dr. Ortiz, the MINSA SILAIS director in Rio San Juan to discuss the program's progress. A further meeting was scheduled for May 3 to discuss better coordination with MINSA.

On April 10, Dr. Zorayda Gomez met with the multisectoral committee from District 6 to prepare for the measles campaign. MINSA asked for support from our health promoters in being a part of their upcoming measles vaccination promotion parade.

On April 11, 7 Tipitapa promoters, 7 Managua promoters Dr. Gomez, Dr. Campos and the regional office administrator participated in decorating an office vehicle with measles vaccination promotion banners and rode around Tipitapa and Managua distributing educational materials developed by MINSA.

On June 3, Dr. Zorayda Gomez, Dr. Alberto Araica and Kevin Sanderson, WRN personnel attended a seminar sponsored by Development Associates regarding the preparation of the DIP (Detailed Implementation Plan).

On June 4, Dr. Gomez and the 7 Tipitapa promoters met with the vice-mayor of Tipitapa to solicit his support of the CS program through more direct coordination with the other community groups to help promote health messages such as at feeding centers.

On June 9, the promoters from Managua and Tipitapa attended a workshop given by MINSA on rabies and assisted MINSA in its promotion in the schools.

On June 6, Dr. Zorayda Gomez met with Dr. Contreras, director of the health center in Tipitapa and Pablo Richard Aviles, municipal community representative for the brigadistas, to present them with the baseline survey results, the WRN CS objectives, and the proposed activities for the rest of the year. Upon Dr. Contreras request, she agreed to switch the next intervention training from growth monitoring to diarrhea control, due to the severe diarrhea problems they were facing with it being the rainy season.

On June 11, Dr. Zorayda Gomez, Dr. Alberto Araica and Kevin Sanderson, WRN personnel met with Dr. Olga Chavez, director of MINSA SILAIS Oriental to discuss with her the progress of the

CS project and the agriculture project.

On June 11, Dr. Gomez met with the Tipitapa multisectoral commission and presented them with the progress seen in the CS program. The commission approved her membership.

## **6. Planning Activities**

From April 12-16, Jim Becht, consultant for our HIS system and Muriel Elmer, HQ Child Survival Director met with WRN CS administrative staff to discuss the needs of and design the HIS system to be used in the project.

On April 12 and 15 the promoters in Tipitapa met together to prepare all the materials needed to train the brigadistas on the EPI intervention.

On June 1-3, the entire CS administrative staff met to discuss the objectives and redefine the Year 1 goals based on the realities of the field and reviewed and revised the health information system.

On June 7, Dr. Gomez, Dr. Jairo Campos and Aminta Ferrufino met to plan the upcoming training seminar on growth monitoring in Tipitapa and Managua.

On June 12, Dr. Gomez, Dr. Campos and Aminta Ferrufino met to plan the upcoming training seminar on growth monitoring in Tipitapa and Managua.

## **7. Community Participation**

From April 21-23, Dr. Campos and Dr. Gomez, Area Coordinators for Managua and Tipitapa along with the 14 promoters from the 2 areas participated in promotional activities for the vaccination campaign MINSA was executing in the communities. WRN also donated a number of tennis balls and coloring books to the promotional activities.

On June 6, Dr. Gomez met with the Tipitapa community commission to discuss the increase in the cases of rabies, cholera, and malaria and the health problems that many families living by the lake were facing due to the recent flash floods.

On June 7, Dr. Gomez and the promoters in Tipitapa designed and produced a written invitation for the brigadistas to hand out in the communities, inviting mothers to the training meetings. The Tipitapa health center health educator and the brigadista representative also assisted in the production and

distribution of these flyers.

On June 9-11, the 14 promoters from Managua and Tipitapa worked in the community and the schools to help MINSA with their anti-rabies campaign.

On June 19, Dr. Gomez, the health promoters and all the brigadistas in Tipitapa met with MINSA to discuss the current health situation in regards to cholera, diarrheal diseases, ARI, malaria and rabies. The brigadistas met by sector with the promoters to discuss an action plan for their area and to discuss how the project objectives could work more closely with the current health situation. WRN agreed to train MINSA brigadistas in all the interventions with the understanding that they would receive the medications they were promoting from the health centers.

On June 24, Pablo Richard Aviles, municipal brigadista representative, assisted the CS staff in producing the health information system forms on the mimeograph machine at the MINSA health center in Tipitapa.

#### **8. Plans for the Next Quarter**

- a. Implement the HIS on a trial basis until September 1.
- b. Continued training of Promoters and Brigadistas.
- c. Hold further meetings with MINSA and community organizations to discuss more extensive coordination with programs which can strengthen the program objectives and provide incentives for brigadista and community involvement.

#### **9. Project Constraints**

- a. A major delay in the training workbooks, which are being reproduced in Honduras, has made it difficult for the brigadistas to train and motivate the mothers to come to the meetings. These books, however, will be arriving in mid July which should strengthen the brigadistas' teaching abilities and make the community meetings more interesting.
- b. Heavy and frequent rains have also kept the women from attending the sessions. This is especially a problem in several communities where there is no enclosed meeting place available.
- c. Political factors have added to the difficulties in trying to obtain community participation. Many people are afraid to attend group meetings for fear that they will be associated

with being from a certain party. Various community groups have threatened to boycott and undermine our project activities if we also associate with other community groups who may have differing political affiliations. This was true particularly in one area of the Managua project where the community was not responsive to the project because of heavy political activity going on. At various times, the promoter working in this area was mistaken as being from the mayor's office and was threatened. With MINSA's full support, project staff, thereupon decided to move the promoter to another community within the Managua project area where the community was open to involvement and the political situation was less tense. This change, however, has caused a setback in the proposed project goals for this area.

d. The project in the Rio San Juan area continues to experience rapid turnover in its promoters. This is due to the difficult terrain and the inability to find qualified personnel who have the initiative to implement the program objectives effectively. This has caused major setbacks in the implementation and advancement of the project as well as required additional training time and visits from the administrative staff to this region.

#### **10. Lessons Learned**

a. Project staff has seen the importance of developing a strong coordination with MINSA at all levels and demonstrating a willingness to support them in areas of concern which may not be directly related to our program objectives, though not deviating from the main goals (i.e. supporting them in the anti-rabies campaign). MINSA in turn has given our project credibility to the community and supported the involvement of the brigadistas.

b. Project staff has learned the importance of area coordinators involving themselves directly in the work the promoters are doing in the community both to provide support and encouragement as well as supervision. Being that not all the promoters may have the same level of self-initiative, it is important to find out from the brigadistas and the community how effective their work has been. We discovered in one promoter's case that the reason there was a high level of brigadista dissatisfaction and low community participation was because the promoter was negligent at showing up in the community or would only show up for half days.

#### **11. Additional Observations**

##### **a. HIS Consultancy Recommendations**

In the development and implementation process of the HIS

system, project staff to date have considered the following recommendations made by the HIS consultant (see listing in appendix): #1, #2, #3, #4, #5, #6, #7, #10, #11.

In regards to #8, "Develop a Manual of Instructions for use in training activities and for reference use", project have thoroughly reviewed the forms with the 3 area coordinators and have given them a copy of the description of the forms. Once the 3-month trial period is completed in September, project staff will develop a more detailed manual of instructions.

In regards to #9, "Develop a plan of analysis as an integral part of the HIS. In addition to presenting the indicators and formulas for calculation, the plan will indicate who will do the analysis and with what frequency", project staff will be analyzing the entire process over this 3-month trial period to determine the most efficient reporting process and determine the individual who will be responsible for the compilation of the data.

#### ACRONYMS

ARI	Acute Respiratory Infections
CS	Child Survival
EPI	Expanded Program of Immunization
HIS	Health Information System
MINSA	Nicaraguan Ministry of Health
ORT	Oral Rehydration Therapy
SILAIS	Local Integrated Health Attention Systems
WRN	World Relief Nicaragua

## Appendix: HIS Recommendations

1. Carefully review the chart of indicators, data requirements, and collection mechanisms (Annex F) and the collection forms (Annex G) to verify their content and internal consistency.
2. Each form must display its own identification number, page number, the date (month/year) of the last revision, and the initials of the person that made the revision (for example: SI-02/Pag.2/AAR/5-93) on each page of the form. This is very important for control of the system and in order to avoid confusion and inconsistency of data in the future.
3. Modify the quantitative objectives proposed in the DIP (pp.5-6) in order to reflect the changes shown in the list of indicators in Annex F.
4. Consolidate, simplify, and unify the criteria for high risk from the point of view of (1) the voluntary brigadistas that have the responsibility (decision) of detecting and following-up on cases, and (2) the HIS--the compilation and reporting of cases.
5. Unify criteria with MINSA and other pertinent NGOs in order to standardize the operational definitions, indicators of analysis, collection and reporting instruments, etc. The consulting firm of Development Associates could advise and facilitate a large part of this process.
6. Promote regular meetings in each of the three project regions with organizations that work in health in order to analyze information, coordinate actions, and share experiences.
7. Carry out a test of 3 to 6 months to verify the feasibility and utility of instruments and proposed methods in the HIS with the participation of the brigadistas, promoters, coordinators, MINSA, Development Associates, and World Relief offices in the United States and then make the modifications that are necessary.
8. Develop a Manual of Instructions for use in training activities and for reference use.
9. Develop a plan of analysis as an integral part of the HIS. Annex F would be the basis of such a plan, but in addition to presenting the indicators and formulas for calculation, the plan will indicate who will do the analysis and with what frequency.
10. Designate someone to be responsible for coordinating and guiding the development of the HIS, central processing of the information, and training.
11. Once the system is established and tested, determine the feasibility of computerizing some aspects of the system, in particular the processing and analysis of data. This should be done during the first year of implementation so that incorporation of past data will not take long.