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**Assessment Trip
Nicaragua**

**LINKAGES
Academy for Educational Development**

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LIST OF ACRONYMS

ANPROVIDA	<i>Asociación Nicaraguense por la Vida</i>
BCM	Breastfeeding, Complementary Feeding, and Maternal Nutrition
BFHI	Baby Friendly Hospital Initiative
CA	Cooperating Agency
CINCOS	<i>Centros Infantiles Comunitarios</i>
COPROSA	<i>Comisión de Promoción Social Arquidiocesana</i>
CRS	Catholic Relief Services
DHS	Demographic and Health Survey
EPB	Expanded Program of Breastfeeding
FONIF	<i>Fondo Nicaraguense de la Niñez y la Familia</i>
HLI	Human Life International
IEC	Information, Education, Communication
INIM	<i>Instituto Nicaraguense de la Mujer</i>
JHU/PCS	John Hopkins University/Population Communication Services
LAM	Lactation Amenorrhea Method
LME	Wellstart Lactation Management Education
MBF	Mother-Baby Friendly
MBFMCH	The Mother Baby Friendly Maternal Child Health Clinics Initiative
MCH	Maternal Child Health
MIS	Management Information Service
NFP	Natural Family Planning
PAHO	Pan American Health Organization
PAININ	<i>Programa de Atención Integral de la Niñez Nicaraguense</i>
PCS	Population Communication Services
PROFAMILIA	<i>Asociación Pro-Bienestar de la Familia Nicaraguense</i>
PVOs	Private Voluntary Organizations
SILAIS	<i>Sistemas Locales de Atención Integral en Salud</i>
TA	Technical Assistance
TBAs	Traditional Birth Attendants
TFR	Total Fertility Rate
UNFPA	United Nations Family Planning Association
USAID	United States Agency for International Development

I. EXECUTIVE SUMMARY

Maryanne Stone-Jimenez, LINKAGES training and community coordinator, conducted an assessment in Nicaragua to explore the possibilities for introducing breastfeeding and the lactation amenorrhea method (LAM) of fertility control into existing health, Natural Family Planning (NFP), reproductive health and family planning programs. This assessment, scheduled from May 27 to June 6, 1997 was curtailed on June 2, 1997 due to a personal emergency in Ms. Stone-Jimenez's family.

Dr. María Jesus Largaespada, Wellstart resident advisor and coordinator of the Wellstart International Mother-Baby Friendly University Initiative (MBF University Initiative) provided support in the preparation for, implementation and follow-up to the assessment visit. This was done as a Wellstart LINKAGES subcontract activity.

Although the Mission had initially requested that LINKAGES and the Georgetown NFP Fertility Awareness Project jointly conduct the assessment, at the time of the assessment visit, Georgetown was in the process of receiving a new cooperative agreement to support their work in NFP and the mechanism was not yet in place to undertake this joint activity.

Interest in promoting and integrating LAM into their program activities was expressed by two NFP organizations: *Comisión de Promoción Social Arquidiocesana* (COPROSA), and *Asociación Nicaraguense por la Vida* (ANPROVIDA); and the national private family planning organization: *Asociación Pro-Bienestar de la Familia Nicaraguense* (PROFAMILIA). COPROSA and ANPROVIDA are interested in including LAM training in their training of instructors in the Ovulation Method (Billings), making LAM available at parish health posts and through Traditional Birth Attendants (TBAs) and community promoters. PROFAMILIA plans to position LAM as a child spacing method. In the Ministry of Health (MINSAL), LAM will be promoted through the reproductive health program of the Direction of Integrated Attention for Women. Technical Assistance (TA) on breastfeeding will be coordinated through UNICEF/PL-480 as part of the Breastfeeding National Plan coordinated by the Department of Nutrition. Although a different LAM delivery strategy will be implemented by each organization, **LINKAGES recommends that the 6 following components be included in each implementation plan:**

- 1. Training in breastfeeding, LAM and counseling skills**
- 2. Development of a supervisory system within each organization**
- 3. Development of strategies for selecting LAM indicators and a system for tracking them**
- 4. Design and implementation of low cost monitoring activities to evaluate programs**
- 5. Development and implementation of a referral system at the community level**
- 6. Development and distribution of field tested LAM educational materials**

To assure the integration of LAM and breastfeeding management, **LINKAGES recommends a Wellstart associate participate as a member of the LAM training team.**

LINKAGES recommends conducting Training of Trainers workshops in optimal feeding and counseling skills for the *Fondo Nicaraguense de la Niñez y la Familia* (FONIF); training which includes supervisory infrastructure, indicators, monitoring and evaluation. FONIF begins a

five year pilot project with the formation of *Centros Infantiles Comunitarios* (CINCOS) in September 1997. The CINCOS are not considered day care centers, but centers of integrated child development where health issues, early stimulation and education of the parents and older siblings are priorities. The formation of the CINCOS are part of the *Programa de Atención Integral de la Niñez Nicaraguense* (PAININ).

It is important to incorporate LAM into any national **mass media strategy**. This might include: rebroadcasting of Expanded Program of Breastfeeding (EPB) designed radio spots and the development of 2 - 3 more radio spots and 1 TV spot, reproduction of existing videos for use in centers and parish health posts and reproduction of booklets for health workers. However, because of the expense involved in a national mass media campaign, this strategy will not be implemented at this time.

II. PURPOSE OF TRIP

1. Assess interest and feasibility of integrating breastfeeding and LAM into the program activities of: a) COPROSA and ANPROVIDA, as well as other non-governmental organizations active in promoting NFP; b) the Ministry of Health (MINSAs); c) *Fondo Nicaraguense de la Niñez y la Familia* (FONIF); d) *Instituto Nicaraguense de la Mujer* (INIM) and e) PROFAMILIA, the national family planning association.
2. Provide program recommendations on how to integrate breastfeeding and LAM into these programs, with a focus on needs in the policy, training, IEC and information areas.
3. Review plans now being developed by the Ministry of Health to develop an information system and suggest ways that information on LAM can be integrated.

III. BACKGROUND

A. Demographic, Breastfeeding and Nutrition Profile (Annex 1)

The majority of Nicaragua's 4 million people reside on the savannah plains in the Pacific region of the country (World Bank, 1993). The tropical jungle found on the Atlantic coast is a significantly larger area but is sparsely populated. This region is home to only 5% of the population, including most of Nicaragua's small Indian population. Mestizos make up 71% of the country's population, and the rest of the population is white (14%) and black (8%). Sixty-three percent of the population lives in urban areas.

The per capita income is an estimated \$414, the lowest in central America (1996 Caribbean Basin commercial Profile). The World Bank estimates that 50% of the population live in poverty with 19% in extreme poverty. Unemployment estimates also range as high as 50%.

Nicaragua has one of the highest infant mortality rates of all Latin American countries. Forty-nine infants die before their first birthday for every 1000 live births. Over 50% of these deaths are caused by diarrhea or acute respiratory infections.

Breastfeeding rates

Breastfeeding is widely accepted throughout Nicaragua and over 92% of mothers initiate breastfeeding. Infants are exclusively breastfed for an average of only 19 days. Infants in rural areas are exclusively breastfed a month while urban infants receive only breast milk for less than a week. The majority of newborns are introduced to liquids such as water, *fresco* (diluted fruit juice and sugar), tea and milk by the second week of life (Picado, 1994; Hogue and Filoramo, 1993).

Breastfeeding Statistics

WHO Indicator	Percent of Children
Ever breastfed	92
Exclusively breastfed 0-3 months	11
Predominantly breastfed 0-3 months (with water and/or other liquids)	21
Complementary foods and breast milk 6-9 months	48
Breastfed 12-15 months (1st year of life)	34
Breastfed 20-23 months (2nd year of life)	17
Mean duration (months)	12.3

Source: Stupp et al., 1993

Family Planning

The Family Health Survey of 1993 reports a total fertility rate of 4.6 children per woman. This high rate, coupled with a large number of women in their reproductive years, results in one of Central America's fastest growing populations. Rates are highest in rural areas and less educated families. The birth rate for women in rural areas is 6.4 compared with women in urban areas who have, on average, 3.6 children (Stupp et al., 1993). Just under half (49%) of Nicaraguan women aged 15-49 who are in union use contraceptives. Urban women are nearly twice as likely to use contraceptives as rural women. The mean duration of postpartum amenorrhea for Nicaraguan women is 6.9 months (Stupp et al., 1993).

Malnutrition

The nutritional surveillance system began operating in 1989. Data show that the incidence of low weight-for-age malnutrition in children under 6 years was 35.8% in 1990, 33.7% in 1991 and 32.2% in 1992 (PAHO, 1995). Fifteen percent of infants are low birth weight (UNICEF, 1994) which may reflect high rates of maternal malnutrition. One third of Nicaraguan women suffer from anemia (Navas-Morales, 1993).

Anemia rates

According to a National Micronutrient Survey conducted in 1993, the national mean hemoglobin level was 10.6 g/dl. No statistical differences were noted by area of residency, sex or socioeconomic level. The same survey reported that 59% of families meet less than 70% of their iron requirements.

B. USAID-Nicaragua Strategic Objectives

In response to changing country conditions, refocused priorities and reduced budgets, USAID followed a participatory process to formulate a new strategy which has broad ownership and support among the Private Voluntary Organizations (PVOs), Government, and donors. The strategy supports consolidation of the democratic and economic transition through three strategic objectives. The first 2 strategies deal with political participation and sustainable growth in employment. The third strategy is: better educated, healthier and smaller families through programs to ensure that children receive a higher-quality primary education in fewer years; mothers and children are better nourished and receive preventative health care; and couples can use modern family planning methods of their choice. In the area of health, USAID activities encourage the use of preventative health measures and better-nourished women and children through both PVOs and the Ministry of Health. PVOs reach more than 300,000 mothers and children with health, nutrition, education and expanded primary health care services. USAID works to expand the range and access of family planning services throughout the country. The number of couples voluntarily using contraceptives provided through the Ministry of Health and PROFAMILIA rose from 185,000 in 1994 to over 214,000 in 1995.

The Nicaraguan 1995 R4 indicators are included in Annex 2. LINKAGES mandate to improve breastfeeding, complementary feeding and maternal nutrition practices could contribute to the following performance indicators.

- Infant Mortality Rate
- Contraceptive Prevalence
- Nutritional Status
- Prevalence of Exclusive Breastfeeding

To help meet its strategic objectives, the USAID/Nicaragua Mission is particularly interested in LINKAGES extending LAM programs to NFP organizations, as well as other non-governmental organizations active in promoting NFP, and PROFAMILIA, the national family planning association; strengthening breastfeeding, LAM, complementary feeding and maternal nutrition

components (BCM) in the Ministry of Health through the MINSA/UNICEF Title III program; and providing technical assistance to *Fondo Nicaraguense de la Niñez y la Familia* (FONIF) in complementary feeding and nutrition.

1V. FINDINGS

Wellstart Lactation Management Education in Nicaragua

In 1994 the Expanded Program for Breastfeeding (EPB) began working with Nicaraguan counterparts to conduct a national breastfeeding assessment and develop recommendations to improve infant feeding practices. This assessment identified a variety of breastfeeding programmatic needs. Among these was the need to train professionals in lactation management. Several teams of Nicaraguans (13 persons to date) have entered the Wellstart Lactation Management Education Program (LME). Six of these Associates were chosen to develop and implement a national Baby Friendly University Initiative, working closely with their respective universities (5) and with the Ministry of Health and the National Breastfeeding Committee on a comprehensive preservice reform initiative.

In Fiscal Year 1995, USAID/Managua allocated field support funds to Wellstart (\$300,000 to EPB and \$170,000 to LME) and its subcontractors to support expanded breastfeeding activities identifying several priority areas: Social Marketing, Mother Support, Mother/Baby-Friendly Health Center Initiative and Health Worker Education and Training. EPB worked on several key fronts with its partner Manoff: social marketing, monitoring of social marketing, community based training and outreach to private physicians. Many local partnerships were forged including ones with: the Nicaraguan Pediatric Society, NGOs, marketing/massmedia firms, the nutrition and public relations offices of the MOH, UNICEF, MSH and Development Associates.

With its field support funding, the LME Program hired a part time (75%) Preservice Coordinator, Dr. Maria Jesus Largaespada, who manages the Project in Support of the Mother-Baby Friendly University Initiative and coordinates closely with OMNI, UNICEF, USAID, MOH and the universities to ensure comprehensive, well integrated and effective curriculum reform.

The Mission's interest is to focus on the NFP/LAM component, together with breastfeeding promotion integrating the two components. Because of all the work that Wellstart and EPB have accomplished in Nicaragua, their continued involvement is essential.

The Mother-Baby Friendly University Initiative in Nicaragua is designed to ensure that university students graduating from health-related programs are adequately prepared to promote and support breastfeeding in their practices.

Proposed collaboration with LINKAGES:

- To assure the integration of LAM and breastfeeding promotion, a Wellstart associate will participate as a member of the LAM training team

MINSA (The Ministry of Health)/UNICEF/PL 480 Title III

UNICEF believes that LAM should be integrated not only into the hospitals of the Baby Friendly Hospital Initiative (BFHI), but also in centers and prenatal clinics. LAM is seen as an advantage of breastfeeding that must be integrated as well in the university curricula. The process of informing, educating and training in LAM is seen to be necessary at all levels. UNICEF feels that Nicaragua has a high degree of sensitization in LAM and there is a need to go ahead in the process of informing and training at all levels. UNICEF and USAID maintain a technical collaborative and coordinating relationship with programs of immunization, micronutrients, breastfeeding and university curricula.

USAID has awarded UNICEF \$500,000 through the PL 480 Title III program. The project to be implemented is called "The Mother Baby Friendly Maternal Child Health Clinics Initiative" (MBFMCH) which has as its general objective: to contribute to the decline in infant morbi-mortality through the most cost effective intervention which is the promotion, protection and support of optimal breastfeeding practices. This project will be implemented in the rural areas where there is less access to health services and where the infant morbi-mortality and malnutrition rates are high. The 108 health centers and posts chosen for this initiative already have established UNICEF projects. Thus, there is a greater possibility to coordinate activities. The centers have been chosen from: Boaco, Chinandega, Esteli, Leon, Madriz, Managua rural, Matagalpa and Nueva Segovia, *Sistemas Locales de Atención Integral en Salud* (SILAIS). These centers represent a total population of 1.7 million, more than a third of the entire population of Nicaragua. The pregnant and lactating women (more than 100,000) and their breastfeeding children will be the principal beneficiaries of the project. More than 700 health personnel from these centers and posts are to receive training in the management of breastfeeding difficulties. Coordination with MINSA for breastfeeding training will be through the Nutrition Department. Proposed collaboration with LINKAGES:

1. Training of Trainers (TOT) workshops in LAM and counseling skills as a complement to the Breastfeeding TOT from UNICEF/PL-480
2. Trainers replicate training to other staff and promoters at the health centers and posts
3. Technical support to the Direction of Integrated Attention for Women: to adjust follow-up and daily register forms; and to systemize the monitoring and evaluation process

(Annex 3 summarizes USAID and Other Donor Health, Nutrition and Family Planning Programs and Annex 4 summarizes the activities of LINKAGES partners working in Nicaragua)

Comisión de Promoción Social Arquidiocesana (COPROSA)

COPROSA manages programs in 3 areas:

1. Health, including Child Survival (working with Catholic Relief Services, CRS) and nutrition (through infant feeding centers)
2. Training of Traditional Birth Attendants (TBAs) and integrated training of promoters who live in parishes affiliated with the Archdiocese of Managua
3. Other projects based on the identified, specific needs of the parishes

COPROSA covers an area of 72 parishes which includes nearly 70% of the population of Nicaragua. The personnel of COPROSA is comprised of 3 doctors, 4 promoters and one person in charge of

projects. Since 1995, COPROSA has prepared and trained 60 instructors in the Ovulation Method (Billings) to provide services at 10 centers to couples who practice the Billing's Method. A one year follow-up is provided to each couple who use the Ovulation Method. COPROSA also works with 42 "dispensarios" (health posts formed by local committees in 42 different parishes). They are not part of MINSA, but a system of referral has been established between the "dispensarios" and MINSA. These health posts utilize the same information system established by MINSA. These "dispensarios" offer free consultation and medicines at cost. The majority of the health posts have 2 doctors, 1 nurse and 1 auxiliary nurse. COPROSA is interested in including LAM in the trainings that they offer at the 10 centers where the Ovulation Method (Billings) is taught, the 42 health posts and in the training of TBAs and community promoters. Because of the lengthy follow-up given to the couples who practice the Billing's Method (1 year), counseling can also be given in the prerequisites required for the practice of LAM. COPROSA does not only feel that mass communication campaigns in LAM would be very beneficial and a service, but have agreed to publicly endorse LAM (and the Billing's Method) in these campaigns. Great interest was expressed in obtaining and using educational materials in LAM. Proposed collaboration with LINKAGES:

1. Training of Trainers Workshop in breastfeeding/LAM to 15 couples who have been trained in the Ovulation Method/Billings from 10 centers
2. Trainers will replicate training at the 10 centers and 42 parish health posts

Asociación Nicaraguense por la Vida (ANPROVIDA)

ANPROVIDA is a pro-life, pro-family organization which in 1993 became incorporated with Human Life International (HLI). ANPROVIDA emerged as a response to the population control and sex education programs being promoted in Nicaragua by other organizations. It has the support of the Archdiocese of Managua.

Dr. Rafael Cabrera, President of ANPROVIDA, trains instructors in the Ovulation Method (Billing's). These instructors receive 8 hours of training once a month for seven months (56 hours). Couples interested in using the Billing's method receive 4 sessions of 2 hours instruction each (8 hours). There is also an active youth counseling program that focuses on 3 areas: sexual education, free time and the 10 commandments. As part of the Billing's training, other methods of contraception are discussed. Also, the distinct mucous patterns of the mother who is breastfeeding and amenorrheic are part of the Billing's training. Interest on the part of ANPROVIDA was expressed to train couples, already trained as instructors in the Billing's method, in LAM content from each of the 8 dioceses. Cabrera is interested in teaching LAM to the medical students of the *Universidad Americana* (UAM) where he is presently Dean of the Faculty of Medicine. Because of the charting involved and the initial feedback of a supervisor, a system of information exists for the Billing's user. ANPROVIDA would be very interested in supporting any media campaigns that promoted LAM and feel that the media could also be used to promote the Billing's Method. Proposed collaboration with LINKAGES:

1. Training of Trainers Workshop in breastfeeding/LAM to 15 couples who have been trained in the Ovulation Method/Billings from 8 dioceses
2. Trainers will replicate training in 8 dioceses

Asociación Pro-Bienestar de la Familia Nicaraguense (PROFAMILIA)

PROFAMILIA works through a network of 1100 volunteer Health Promoters in 10 clinics covering 9 regions of Nicaragua: Boaco, Chinandega, Jinotega, Juigalpa, Managua (2), Matagalpa, Masaya, Ocotal and Rivas. It is estimated that PROFAMILIA serves 100,000 couples. The emphasis in PROFAMILIA is moving from a family planning to a reproductive health approach which they feel is a more integrated one. LAM has been added to the curriculum of PROFAMILIA. In a Training of Trainers workshop for coordinators and supervisors, LAM was discussed and great interest was demonstrated. The sensitization to the credibility of LAM as a reliable introductory method of child spacing was achieved. PROFAMILIA would like to promote LAM as a child spacing method and are pleased that LAM is one option more that they can offer to couples. They feel that more technical information, clarification of concepts of LAM, attention to specifics (the how to) and dispelling myths with regard to breastfeeding and LAM are needed so that the coordinators and supervisors might replicate the Training of Trainers course to the promoters. PROFAMILIA sees the biggest challenge in LAM training at the community level. LAM is culturally acceptable and it is a matter of "getting it out" to the community. Optimal breastfeeding practices as well as a discussion of the advantages of breastfeeding are seen as part of LAM training. Concern was also expressed that the methodology of the training be participative and include counseling techniques. At present PROFAMILIA is reviewing their management information system and is interested in including LAM indicators in the revised version. Proposed collaboration with LINKAGES:

1. Training of Trainers technical workshop in breastfeeding, LAM and counseling skills for personnel of PROFAMILIA: including medical and nursing personnel, social workers, trainers and supervisors
2. Trainers will replicate training to other staff and promoters at the 10 PROFAMILIA clinics
3. Follow-up visits to trainers
4. Specific training with regards to the relationship between family planning and the lactating mother
5. Development and implementation of a community strategy for changing behaviors in breastfeeding and LAM
6. Field test educational materials developed on LAM and make any modifications necessary

Fondo Nicaraguense de la Niñez y la Familia (FONIF) and Instituto Nicaraguense de la Mujer (INIM)

FONIF will begin a five year pilot project with the formation of *Centros Infantiles Comunitarios* (CINCOS) in September 1997. The CINCOS are not considered day care centers, but centers of integrated child development where health issues, early stimulation and education of the parents and older siblings are priorities. The formation of the CINCOS are part of the *Programa de Atención Integral de la Niñez Nicaraguense* (PAININ). The UNICEF model of *Niño a Niño* is to be utilized as well. Five hundred and twenty-five CINCOS will be created in the rural and peri-urban areas of 30 selected municipalities. Nicaragua has a total of 143 municipalities. The process of municipality selection was based on the following: poverty, the existence of child feeding centers in coordination with the world food program, organization at the community level and local organizations interested

in giving support (technical, material and/or human) and implementing the project. The local organizations are local or international NGOs and/or *Entidades Participantes* (EPs). These CINCOS will provide attention to 69,000 children from 3 months to 6 years and it is estimated that within the five year period a total of 1 million persons will be reached through these centers. Nineteen hundred educators will be trained at the regional and/or local level to work at the centers. These educators are community leaders who are selected by their community and work in conjunction with the municipality. The training includes a nutrition component based on the Ministry of Health's (MINSA) indicators. FONIF manages a centrally located training center (CEFORSE) directed at the training of the promotor. The project aims at self-sustainability within 3 years. FONIF aims at a system of interactive education where articulation and a menu of services are offered. INIM coordinates the Education Subcommittee of the National Breastfeeding Commission and is part of the Commission on Nutrition. Proposed collaboration with LINKAGES:

1. Training of Trainers (TOT) workshops in optimal feeding and counseling skills to staff from 30 CINCOS (representing 30 municipalities)
2. Trainers will replicate training to other staff and promoters at the 30 CINCOS
3. Educational materials
4. Collaboration in systemizing the monitoring and evaluation process
5. Media dissemination along with educational activities
6. Review of the nutrition component in the training module with help from Wellstart Resident, María Jesus Largaespada

OMNI Activities

The Ministry of Health (MINSA) has developed a comprehensive five year micronutrient action plan (1996 - 2001) supported by the OMNI Project. The lines of action for this plan are: Vitamin A supplementation for children from 6 months to 10 years; iron supplements to pregnant and lactating women; fortification of sugar with Vitamin A is being negotiated; flour fortification with iron is being considered. The lines of action also include the following components: Information, Education and Communication (IEC); training, monitoring and surveillance systems; and operations research. In two national health rallies per year, children 6 months to 10 years of age receive Vitamin A supplements with an average coverage of 69%. The World Bank's health sector reform project funds the distribution of micronutrients for children and pregnant and lactating women. A school biscuit program initiated in 1994 and currently serving 250,000 young school children, began fortifying the biscuits with iron and Vitamin A in late 1996 and is supported by the World Food Program. Iodized salt legislation was passed in 1969 and by 1993, 95% of all salt was iodized. UNICEF has a revolving fund for the purchase of iodate for salt iodization.

CARE, CRS and World Vision

CARE, CRS and World Vision implement Child Survival Projects. These PVOs have an interest in promoting LAM and all have expressed a need for LAM training materials. CARE requests technical assistance in monitoring the impact of LAM, CRS in doing an Operations Research Study

and World Vision requests technical assistance in promoting breastfeeding and LAM at the community level.

V. RECOMMENDATIONS

The task was to define the LINKAGES scope of work for Nicaragua in a way that helps USAID/Nicaragua meet its strategic objective of "Better Educated, Healthier, Smaller Families" through natural family planning, population, health and nutrition programs and fits with the LINKAGES mandate of improving breastfeeding, LAM and related complementary feeding and maternal dietary practices.

"An introductory strategy (for LAM) must take into consideration the overall objectives of the institution (COPROSA, ANPROVIDA, PROFAMILIA and MINSA), the characteristics and requirements of the method (LAM) and the service delivery environment into which it will be introduced". (Spicehandler, 1989).

To introduce LAM, there are two features which are essentially interdependent: 1) the criteria for LAM use, disadvantages, duration of efficacy and options for the breastfeeding and non-breastfeeding woman after LAM and 2) counseling, information, referral networks and convenience of access to service delivery points.

Promoting LAM within NFP organizations may help enhance the effectiveness of natural family planning and promote optimal breastfeeding practices. Introduction of LAM within a family planning organization will be most effective when family planning use is high and the organization is trying to improve quality of care and induce new users among previous non-users. Promotion of LAM in such cases can help educate family planning service providers about breastfeeding and make them more sensitive to breastfeeding in addition to enhancing their family planning program. Promoting LAM within the context of health programs can be a way to desensitize the family planning issue, enhance breastfeeding, and reduce fertility where contraception is low.

Based on discussions with the public and private sectors, other Cooperating Agencies and the USAID Mission, and taking into account the overall objectives and service delivery of the organization, LINKAGES recommends the following activities be adapted for integrating breastfeeding and LAM:

- Training in breastfeeding, LAM and counseling skills
- Development of a supervisory system within each organization
- Follow-up of LAM users
- IEC counseling materials
- System of referral
- Monitoring: selection of LAM indicators and system for tracking them
- Evaluation
- Community networks

- Facility, prenatal and post-partum service delivery

Recommendations regarding LAM training courses:

1. **Maintain basic course content designed by Georgetown for LAM training for those with previous training in breastfeeding.** For participants who have never received breastfeeding management training, a longer and more complete course in breastfeeding management is recommended since the use of LAM is linked with exclusive breastfeeding and proper weaning practices. Time should also be devoted to LAM and breastfeeding counseling techniques.
2. **Include clinical training.** Courses should include a clinical training component in LAM and breastfeeding to provide participants with supervised experiences with mothers at various stages: pregnancy, intrapartum and postpartum. Supervised clinical training is the most effective teaching-learning method for these skills.
3. **Schedule sufficient time to develop LAM work plans and practice LAM problem solving.** Implementation and/or dissemination of new information learned in a course is greatly facilitated when the participants develop their own plan of action to carry out upon completion of the course. Sufficient group facilitators should be on hand to advise the groups on their plans.
4. **Provide complete LAM and breastfeeding teaching materials.** Provide teaching materials in ready-to-use format. The provision of materials greatly facilitates replica courses and curricular changes.

In the different strategies to be implemented in integrating LAM into program activities, decisions must be made as to what LAM indicators to use.

1. Number of women given information and education on breastfeeding and LAM during pregnancy
2. Number of LAM acceptors (agreement on who is a LAM acceptor/user)
3. Number of trainings to introduce LAM
4. Number of instructors trained in LAM
5. Number of parishes/centers/posts that offer LAM
6. Number of LAM acceptors/users who go on to other contraceptive methods (natural or artificial) once LAM is no longer effective
6. Number of universities that include LAM in their curricula (# of hours)
7. Establishment and revision of LAM policy
8. Dissemination of LAM policy
9. Number of sensitization events in LAM

To assure the integration of LAM and breastfeeding management, LINKAGES recommends a Wellstart associate participate as a member of the LAM training team.

LINKAGES also recommends that Dr. María Jesus Largaespada, Wellstart resident advisor and coordinator of the Wellstart International Mother-Baby Friendly University Initiative be contracted 25% to be the on-site LINKAGES coordinator. Responsibilities include: coordinate program interventions with COPROSA, ANPROVIDA, PROFAMILIA, MINSA/UNICEF PL-480 Title III and FONIF.

Proposed Work Plan and Time Line: 12 - 18 months

I. *Training:*

A. *COPROSA & ANPROVIDA:* September 1997

1. a. COPROSA: One, 5 day technical Training of Trainers workshop in breastfeeding/LAM and counseling skills to 15 couples trained in the Ovulation Method/Billings from the 10 COPROSA centers
- b. ANPROVIDA: One, 5 day technical Training of Trainers workshop in breastfeeding/LAM and counseling skills to 15 couples trained in the Ovulation Method/Billings from 8 dioceses
2. Trainers from COPROSA replicate training at 10 centers
3. Trainers from ANPROVIDA replicate training in 8 dioceses
4. Follow-up to trainers in 2 months

B. *PROFAMILIA:* February 1998

1. A Training of Trainers technical workshop in breastfeeding, LAM and counseling skills for personnel of PROFAMILIA: including medical and nursing personnel, social workers, trainers and supervisors
2. Trainers will replicate training to other staff and promoters at the 10 PROFAMILIA clinics
3. Follow-up visits to trainers in 2 months

C. *MINSA/UNICEF PL-480 Title III:* February 1998

1. Ten technical, training of trainers (TOT) workshops in LAM and counseling skills (1 day) as a complement to the Breastfeeding TOT from UNICEF/PL-480 to one staff person from each of the 108 health centers or posts
2. Trainers replicate training to other staff and promoters at the health centers and posts
3. Follow-up to trainers in 2 months

- D. *Fondo Nicaraguense de la Niñez y la Familia (FONIF):*** October 1997
1. Ten, 1 day technical Training of Trainers (TOT) workshops in optimal feeding and counseling skills to staff from 30 CINCOS (representing 30 municipalities)
 2. Trainers will replicate training to other staff and promoters at the 30 CINCOS
 3. Review of the nutrition component in the training module with help from Wellstart Resident, María Jesus Largaespada
 4. Follow-up to trainers in 2 months
- II. *Supervisory system with each organization:***
Assessment of supervisory infrastructure of COPROSA, ANPROVIDA, PROFAMILIA and MINSA/UNICEF PL-480 Title III: develop check list/instrument for supervision to improve quality of LAM teaching
- III. *Management Information System (MIS):***
Develop a strategy/indicators/additions to MIS to monitor LAM use in COPROSA, ANPROVIDA, PROFAMILIA and MINSA
- IV. *Counseling Materials:***
Field test the LAM brochure recently developed with PCS and make any modifications necessary
- V. *Referrals:***
Design a plan to provide lactation management services. Tentative recommendations include: networking with Community Based Mothers' Groups, Church Groups etc.
- VI. *Monitoring and Evaluation:***
1. Assist COPROSA, ANPROVIDA, PROFAMILIA and MINSA in selecting LAM indicators and a system for tracking them
 2. In the first project year, design and implement 2 or 3 low cost monitoring activities, e.g. exit interviews and/or focus groups to obtain feedback on effectiveness of interventions

**ANNEX 1. DEMOGRAPHIC, BREASTFEEDING AND NUTRITION PROFILE -
NICARAGUA**

Annex 1. Demographic, Breastfeeding and Nutrition Profile - Nicaragua	
Population	4.6 million (1996) - 63% Urban, 37% Rural
Infant Mortality Rate	49/1000 live births (1996)
Child Mortality Rate	68/1000 live births (UNICEF. <i>The State of the World's Children</i> , 1996)
Percent of Population Under Age 15	44%
Breastfeeding	
Initiation in first hour	41%
Exclusively breastfed	0-3 months 11%
Median Duration	12.3 months (prevalence/incidence) (Stupp et al., 1993)
Maternal Health and Nutrition	
Total Fertility Rate (15-44)	4.6
Contraceptive Prevalence Rate	49% (all methods) 45% (modern)
% with birth intervals < 24 mo.	37% (women 15 - 40+) - PROFAMILIA
Iron Deficiency Anemia in young children & women	30-55% (National Micronutrient Survey, 1993)

All data from *Population Reference Bureau, Country Profiles*, June 1996 (unless otherwise stated)

ANNEX 2. NICARAGUA 1995 R4 INDICATORS

Annex 2

OBJECTIVE 3: Better Educated, Healthier, Smaller Families						
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA				
INDICATOR 1: Primary school completion rate						
UNIT OF MEASURE: % of children		YEAR	PLANNED	ACTUAL	ACTUAL	
SOURCE: Ministry of Education (MED)					Male	Female
	Baseline	1993	21%	23.5%	20%	25%
	1994	22%	24.8%	22%	27%	
	1995	23%	26.8%	22%	28%	
INDICATOR DESCRIPTION:		1996	28%	28%	24%	31%
		1997	30%			
COMMENTS: Previous data from 1993 – 1995 based on MED estimates. We have revised figures for all years which exclude older students enrolled in primary school. We are assessing a newer system to track this indicator.		1998	31%			
		1999	35%			
	Target	2000	40%			

OBJECTIVE 3: Better Educated, Healthier, Smaller Families						
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA				
INDICATOR 2: Infant Mortality Rate (IMR)						
UNIT OF MEASURE: Deaths per thousand		YEAR	PLANNED	ACTUAL		
SOURCE: Family Health Survey	Baseline	1993		58		
		1995		56		
INDICATOR DESCRIPTION:		1996	55	50		
		1997	49			
COMMENTS: Data for years when no FHS is performed come from CELADE projections.		1998	48			
		1999	47			
	Target	2000	46			

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OBJECTIVE 3: Better Educated, Healthier, Smaller Families

APPROVED: June 1995 **COUNTRY/ORGANIZATION:** USAID/NICARAGUA

INDICATOR 3: Total Fertility Rate (TFR)

UNIT OF MEASURE: number of children		YEAR	PLANNED	ACTUAL
SOURCE: Family Health Survey (FHS)	Baseline	1993		4.6
		1995	4.4	
INDICATOR DESCRIPTION: Average number of children born to a woman over her life-time		1996	4.2	
		1997	4.1	
		1998	4.0	
COMMENTS: Data available every five years. See proxy indicator (CYP) below for intervening years.		1999	3.9	
	Target	2000	3.8	

OBJECTIVE 3: Better Educated, Healthier, Smaller Families

APPROVED: June 1995 **COUNTRY/ORGANIZATION:** USAID/NICARAGUA

INDICATOR 4: Couple years of protection (CYP)- public sector

UNIT OF MEASURE: years of protection		YEAR	PLANNED	ACTUAL
SOURCE: DHS Project	Baseline	1992		34,700
		1995	35,200	54,396
INDICATOR DESCRIPTION:		1996	36,000	85,793
		1997	95,000	
COMMENTS: CYPs provided by public sector clinics in four health districts covered by DHS project.	Target	1998	110,000	
		1999	130,000	

OBJECTIVE 3: Better Educated, Healthier, Smaller Families

APPROVED: June 1995 **COUNTRY/ORGANIZATION:** USAID/NICARAGUA

INDICATOR 5: Couple years of protection (CYP) - Profamilia

UNIT OF MEASURE: years of protection		YEAR	PLANNED	ACTUAL
SOURCE: Profamilia	Baseline	1992		52,000
		1995	100,000	139,000
INDICATOR DESCRIPTION: CYPs provided by nationwide system of clinics and CBD posts.		1996	118,000	138,000
		1997	150,000	
COMMENTS:	Target	1998	155,000	
		1999	165,000	

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OBJECTIVE 3: Better Educated, Healthier, Smaller Families				
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA		
RESULT 3.1: Better Nourished Women and Children				
INDICATOR 1: % of children under 5 years with Vitamin A deficiency				
UNIT OF MEASURE: % of children under 5 years with Vitamin A deficiency		YEAR	PLANNED	ACTUAL
SOURCE: National Nutrition Survey	Baseline	1993		67%
INDICATOR DESCRIPTION:		1996	40%	
		1997	35%	
COMMENTS: Between surveys, proxy indicator is the percent of children receiving two doses of Vitamin A from the Ministry of Health. See below.		1998	30%	
		1999	30%	
	Target	2000	28%	

OBJECTIVE 3: Better Educated, Healthier, Smaller Families				
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA		
RESULT 3.1: Better Nourished Women and Children				
INDICATOR 2: % of children under five receiving Vitamin A supplements				
UNIT OF MEASURE: % of children		YEAR	PLANNED	ACTUAL
SOURCE: PAHO, MINSA data.	Baseline	1993		0
INDICATOR DESCRIPTION:		1995	70%	> 80%
		1996	75%	70% (1 dose)
		1997	75%	
COMMENTS:		1998	80%	
	Target	1999	80%	

OBJECTIVE 3: Better Educated, Healthier, Smaller Families				
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA		
RESULT 3.1: Better Nourished Women and Children				
INDICATOR 3: Prevalence of exclusive breast-feeding				
UNIT OF MEASURE: % women		YEAR	PLANNED	ACTUAL
SOURCE: Family Health Survey	Baseline	1993		12%
INDICATOR DESCRIPTION:		1995	13%	
		1996	14%	
		1997	16%	
COMMENTS: National data only available thru repeat FHS. Data from PVO target areas will be used in intervening years.		1998	17%	
		1999	18%	
	Target	2000	20%	

Data for PVO target areas	BASELINE	EVALUATION
PCI (Managua)	10%	38%
ADRA (Nueva Segovia, Estelí)	10%	40%
CRS (Managua, Masaya)	2%	5%
World Vision (Granada)	0%	22%
Project HOPE (Carazo)	N/A	18%
Save the Children (León, Chinandega)	N/A	N/A
Partners of America (Rivas)	6%	15%
CARE (Matagalpa)	16%	21%
MIHV (Jinotega)	24%	
World Relief (Tipitapa, Managua, Río San Juan)	2%, 2%, 12%	15%, 0%, 23%

OBJECTIVE 3: Better Educated, Healthier, Smaller Families				
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA		
RESULT 3.1: Better Nourished Women and Children				
INDICATOR 4: % of Children under 3 Stunted (Regions I, II and VI)				
UNIT OF MEASURE:	% of children stunted			
SOURCE:	YEAR	PLANNED	ACTUAL	
INDICATOR DESCRIPTION: 1993 Baseline data for children from LSMS used as an indicator of severity. Now that we have completed program surveys, we are establishing a new baseline in 1996, combining data from the Title II target areas in all three regions.	Baseline	1993		17, 8, 18
				boys girls
	New Baseline	1996		29% 39%
	Target	1997	TBD	
COMMENTS: During program week, we will consult with technical experts in LAC, GLOBAL and BHR to establish out year targets.		1998	TBD	
		1999		

OBJECTIVE 3: Better Educated, Healthier, Smaller Families					
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA			
RESULT 3.1: Better Nourished Women and Children					
INDICATOR 5: % of children under 3 underweight (Regions I, II and VI)					
UNIT OF MEASURE:	% of children underweight		YEAR	PLANNED	ACTUAL
SOURCE:	Title II operation research & 1998 LSMS	Baseline	1993		23, 23, 26
INDICATOR DESCRIPTION: 1993 Baseline data for children from LSMS used as an indicator of severity. Now that we have completed program surveys, we are establishing a new baseline in 1996, combining data from the Title II target areas in all three regions.		New Baseline	1996		boys girls
		Target	1997	TBD	6% 24%
			1998	TBD	
COMMENTS:			1999		

OBJECTIVE 3: Better Educated, Healthier, Smaller Families					
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA			
RESULT 3.2: Increased Use of Child Survival Services and Practices					
INDICATOR 1: Vaccination coverage rates - polio3, DTP3, measles					
UNIT OF MEASURE:	% target population		YEAR	PLANNED	ACTUAL
SOURCE: MINSA/PAHO statistics		Baseline	1993		94, 78, 93
			1994		84, 74, 73
			1995	> 80, > 80, > 80	96, 85, 81
INDICATOR DESCRIPTION: 1996 data preliminary			1996	> 80, > 80, > 80	98, 89, 89
			1997	> 90, > 90, > 90	
COMMENTS: MINSA/PAHO Data considered high due to double counting.		Target	1998	> 90, > 90, > 90	
			1999		

OBJECTIVE 3: BETTER EDUCATED, HEALTHIER, SMALLER FAMILIES				
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA		
RESULT 3.2: Increased Use of Child Survival Services and Practices				
INDICATOR 2: % of children with diarrhea treated with ORS				
UNIT OF MEASURE: % of children		YEAR	PLANNED	ACTUAL
SOURCE: Family Health Survey In intervening years, data from PVO Co-Financing projects will be used. See below.	Baseline	1992		54%
		1993		54%
		1995	55%	N/A
INDICATOR DESCRIPTION:		1996	56%	N/A
		1997	57%	
COMMENTS:		1998	58%	
		1999	59%	
		Target	2000	60%

PVO target areas	BASELINE	EVALUATION
PCI (Managua)	53	54
ADRA (Nueva Segovia, Estelí)	42	62
CRS (Managua, Masaya)	40	47
World Vision (Granada)	26	64
Project HOPE (Carazo)	22	46
Save the Children (León, Chinandega)	36	52
Partners of America (Rivas)	53	60
CARE (Matagalpa)	59	59
MIHV (Jinotega)	46	
World Relief (Managua, Rfo San Juan)	N/A	35, 47, 60

OBJECTIVE 3: Better Educated, Healthier, Smaller Families				
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA		
RESULT 3.3: Increased Use of Reproductive Health Services and Practices Including STDs/HIV				
INDICATOR 1: Condom use among high risk groups (STDs/HIV)				
UNIT OF MEASURE: % condom use		YEAR	PLANNED	ACTUAL
SOURCE: Family Health Survey	Baseline	1993		2%
		1995	3%	N/A
INDICATOR DESCRIPTION: % of high-risk women consistently using condoms.		1996	4%	N/A
		1997	5%	
COMMENTS: 1997 Survey will refine this indicator.		1998	7%	
		1999	9%	

OBJECTIVE 3: Better Educated, Healthier, Smaller Families				
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA		
RESULT 3.3: Increased Use of Reproductive Health Services and Practices Including STDs/HIV				
INDICATOR 4: Births attended by trained personnel				
UNIT OF MEASURE: %		YEAR	PLANNED	ACTUAL
SOURCE: Family Health Survey	Baseline	1993		60.0%
		1995		53.6%
INDICATOR DESCRIPTION:		1996	68%	61.7%
		1997	70%	
COMMENTS: Next survey 1997-1998. In intervening years will use MINSA's statistics from 4 SILAIS (hospitals and Health Centers). Actual figures do not include births attended by trained midwives.		1998	72%	
		1999	74%	
	Target	2000	75%	

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OBJECTIVE 3: Better Educated, Healthier, Smaller Families				
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA		
RESULT 3.4: Increased Quality and Efficiency of Primary Education				
INDICATOR 1: Primary school repetition rates (grades 1-4)				
UNIT OF MEASURE: % of students		YEAR	PLANNED	ACTUAL
SOURCE: Baseline: RTI Repetition Study, Ministry of Education data	Baseline	1993		41/17/11/11
		1995	41/17/11/11	26/15/12/8
INDICATOR DESCRIPTION:		1996	24/13/10/7	23/14/11/8
		1997	22/13/11/7	
		1998	21/12/10/7	
COMMENTS: Repetition rates slightly lower for girls, but difference not statistically significant.		1999	20/11/9/6	
	Target	2000	19/10/8/5	

OBJECTIVE 3: Better Educated, Healthier, Smaller Families							
APPROVED: June 1995		COUNTRY/ORGANIZATION: USAID/NICARAGUA					
RESULT 3.4: Increased Quality and Efficiency of Primary Education							
INDICATOR 2: Achievement test scores							
UNIT OF MEASURE: % test scores increase		YEAR	PLANNED	ACTUAL			
SOURCE: MED				Spanish		Math	
				Female	Male	Female	Male
	Baseline	1995	0%	59%	58%	33%	34%
INDICATOR Baseline testing was done by the project in 1995 for 4th grade in Spanish and Math.		1996	3%				
		1997	8%				
COMMENTS: Nationwide testing administered for 4th grade in Spanish and Math. Results for 1996 will be reported during program week in April 1997. Nationwide testing in 2nd grade in Dec. 1997.	Target	1998	14%				
		1999	20%				
		2000	25%				

**ANNEX 3. USAID AND OTHER DONOR HEALTH, NUTRITION AND FAMILY
PLANNING PROGRAMS IN NICARAGUA**

Annex 3. USAID and Other Donor Health, Nutrition and Family Planning Programs in Nicaragua

Type of Program	Organizations Involved
<p>1.Strengthen country's institutional capacity to plan and carry out its own population programs 2.Lower fertility and maternal mortality rates by increasing the demand for and ensuring the supply of high quality services and contraceptives</p>	<p>United Nations Population Fund</p>
<p>1.Institutional strengthening of MINSA, which will provide technical assistance 2.Primary health care; preventive care and parallel programs including family planning 3.Pharmaceutical supply and distribution system 4.Rehabilitation and maintenance of hospitals 5.TA to the Nicaraguan Social Security Institute 6. Project administration</p>	<p>World Bank</p>
<p>Family Planning Expansion/Regionalization. Implemented by PROFAMILIA, an IPPF affiliate, the project expands and strengthens the delivery of family planning services</p>	<p>USAID</p>
<p>Decentralized Health Services Project. Implemented by MINSA, the maternal and child health component includes activities to improve family planning service delivery and increase contraceptive prevalence.</p>	<p>USAID</p>
<p>Reproductive health. Implemented by MINSA.</p>	<p>Bilateral Agency Assistance Germany</p>
<p>1.Integrated obstetric service incorporating family planning for low-income women in Managua 2.Mobile project to provide accessible family planning and related health services for the peri-urban families of Managua 3.Casa de Partos (Obstetric Unit) launched in 1995 to complete the full range of RH services 4.Strengthen IXCHEN: RH and related services for women</p>	<p>Marie Stopes International Co-funding from the European Union</p>

Annex 3. USAID and Other Donor Health, Nutrition and Family Planning Programs in Nicaragua

Decentralized Health Services Project: decentralize the administration of health interventions through <i>Sistemas Locales de Atención Integral en Salud</i> (SILAIS)	Management Sciences for Health (MSH)
Supplementation, Fortification, IEC, Public Health Measures, Training, Monitoring and surveillance systems and Operations Research	OMNI
Interest expressed in including LAM in their Reproductive Health Communication Program	JHU/PCS

ANNEX 4. LINKAGES PARTNERS WORKING IN NICARAGUA

Annex 4. LINKAGES Partners Working in Nicaragua

AED	
La Leche League International	NA
Populations Service International	NA
Wellstart International	<ol style="list-style-type: none"> 1. Conducted a national breastfeeding assessment to develop recommendations for action to improve infant feeding practices, 2. Thirteen Nicaraguans entered the Wellstart Lactation Management Education Program (LME), 3. Six of these Associates were chosen to develop and implement a National Baby Friendly University Initiative, working closely with their respective universities (5) and with the MOH and the national breastfeeding committee on a comprehensive preservice reform initiative.
CARE	Child Survival Project: 65 rural villages in 7 municipalities of Matagalpa; coverage: 23,875
CRS	<p>Child Survival Project: 48 rural communities of Masaya and Managua; coverage: 21,000</p> <p>Work closely with COPROSA, <i>Caritas</i> and the Catholic Church; intermediary of funds for NGOs or community-based organizations</p> <p>Rural revolving funds for credits, agriculture and human rights</p>
World Vision	Child Survival Project in Masaya, Granada and Carazo, working in more than 200 communities

ANNEX 5. AGENDA

Annex 5: Agenda

From May 27 through May 29, Dr. María Jesus Largaespada accompanied Stone-Jiménez to all meetings and Dr. María Alejandra Bosche was present at all meetings except those of UNICEF. During the week of June 2 - June 5, Largaespada attended pre-arranged meetings in the absence of Stone-Jiménez.

- May 27 Arrived in Managua
09:30 USAID
Dr. María Alejandra Bosche, Specialist in Project Administration
Dr. María Jesus Largaespada, Wellstart Resident Advisor
10:30 PROFAMILIA
Lic. María Auxiliadora Lacayo, Interim Executive Director
Dr. Carlos Jarquin, Regional Director
Lic. Veronica Matus, Training Coordinator
Dr. Cecilia Maurente, Reproductive Health Advisor
- May 28 09:30 *Fondo Nicaraguense de la Niñez y la Familia (FONIF)*
Lic. Luis Gonzalez, President of Administration Committee
Instituto Nicaraguense de la Mujer (INIM)
Dra. Guadalupe Salinas, Training Coordinator, FONIF
Gladys Monjarre, Delegate of INIM
- 12:00 UNICEF
Dr. Ivette Sandino, Health and Nutrition Officer, Wellstart Associate
Dr. Rolando Figueroa, International Advisor
- 13:30 *Asociación Nicaraguense por la Vida (ANPROVIDA)*,
Clinica Tiscapa
Dr. Rafael Cabrera, President
- May 29 11:30 Ministry of Health (MINSa)
Dr. Lombardo Martínez, Minister of Health
- 15:00 *Comisión de Promoción Social Arquidiocesana (COPROSA)*
Dr. Roberto Rivas Reyes, Executive Director
Dr. Luisa Rodriguez
Dr. Karen Mojica
Lic. Renzo Reyes, Administrative Director
Arq. Nelson Dona, Projects Coordinator
- May 30 Official Holiday in Nicaragua

June 2 Stone-Jimenez returned to Washington via Miami

June 2 11:00 CRS

June 3 10:00 UNFPA, United Nations Family Planning Association
Dr. Azucena Saballos, Health Advisor
14:00 Ministry of Health (MINSa)
Dr. Fatima Quiroz, General Director of Integrated Attention for the
Woman and Child and Team

June 4 14:00 Ministry of Health (MINSa)
Dr. Dionys Fuentes, Director of the Program for Integrated
Attention for the Woman
Lic. Clara Aviles

June 5 09:30 PAHO/PL-480
Dr. Luis Codina, Asesor de Materno Infantil y encargado de los
Proyectos PL-480 y PROSILAIS
14:00 World Vision International

June 6 08:30 CARE
11:30 UNICEF
Dr. Ivette Sandino, Health and Nutrition Officer, Wellstart
Associate
Dr. Rolando Figueroa, International Advisor

June 9 16:00 CARE

June 13 08:00 UNAN/UNFPA

June 16 14:00 World Vision International

ANNEX 6. CONTACTS IN NICARAGUA

Annex 6. Contacts in Nicaragua

USAID Mission

Edificio AID
Pista Sub Urbana
Del Supermercado La Colonia
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Ministerio de Salud (MINS)

Complejo de Salud "Dra. Concepcion Palacios"
Entrada a Colonia Primero de Mayo, Pista "Sabana Grande"
Tel/Fax: (505) 2894161, Dra. Fatima Quiroz
Tel: (505) 2894101, Dr. Dionny Fuentes

Dr. Lombardo Martínez, Minister of Health
Dr. Fatima Quiroz, General Director Integrated Attention for Women, Children and Adolescents
Dr. Dionny Fuentes, Director Integrated Attention for Women
Dr. Gloria Elena Navas, Director, Department of Nutrition
Dr. Blanca Benard
Dr. Blanca Ulmos
Lic. Ligia Suarez
Lic. Clara Avilés, Integrated Attention for Adolescents
Dr. José Douglas Jarquín, UNFPA Advisor

Asociación Nicaraguense por la Vida (ANPROVIDA) Clinica Tiscapa

Parroquia Santa Marta
Reparto San Juan - Apto. C-098
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Dr. Rafael Cabrera, President

CARE

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Ian Myles, Director

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Dr. Elena McEwans, Child Survival Project

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Antigua Nunciatura, Barrio

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Elena Pachón, Child Survival Project Officer

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Gladys Monjarrez, Delegate of INIM

Johns Hopkins University, JHU/PCS

Distribuidora Vicky 5 1/2 cuadras al lago (Save the Children)

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Lic. Margarita Gurdian, Local Coordinator

OMNI/Nicaragua

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(Del Canal 2 una cuadra al oeste, una cuadra al norte)

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Dra. Josefina Bonilla

PROFAMILIA

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Lic. Maria Auxiliadora Lacayo, Interim Executive Director

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Lic. Veronica Matus, Training Coordinator

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Dr. Maria Jesus Largaespada, Wellstart Resident Advisor

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Lic. Anna R. McElhinney, Health Coordinator