



Report

Hurricane Mitch Reconstruction Phase 1999 - 2001



April 2002





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Abbreviations

ADD	Acute Diarrheal Diseases
ADP	Association for the Development of the Peoples
ADRA	Adventist Development and Relief Agency International
AIDS	Acquired Immunodeficiency Syndrome
ALISTAR	Alistar of Nicaragua
ARI	Acute Respiratory Infections
BCG	Bacillus Calmette Guerin
BH	Base House
CARE	Cooperative for Assistance and Relief Everywhere
CCM	Chain of Change Model
CDC	Control for Disease Center
CEPS	Center for Studies and Social Promotion
CORU	Community Oral Rehydration Units
CRS	Catholic Relief Services
DM	Disposable Materials
EMB	Exclusive Maternal Breastfeeding
FUMEDNIC	Nicaraguan Medical Foundation
FUNDEMUNI	Foundation for the Development of Women and Children
FUNIC Mujer	Nicaraguan Foundation for Women
FUNISDECI	Nicaraguan Foundation for Integral Community Health and Development
HIV	Human Immunodeficiency Virus
HOPE	Health Opportunities for People Everywhere
HOR	High Obstetric Risk
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illnesses
INPRHU	Institute for Human Promotion
IPD	Inflammatory Pelvic Disease
IR	Intermediate Result

LAM	Lactation Amenorrheal Method
LQAS	Lot Quality Assurance Sampling
MMR	Measles, Mumps, Rubella
MOH	Ministry of Health
NGO	Non-Governmental Organization
NHC	National Health Campaigns
NHS	Nicaraguan Health Survey
ORS	Oral Rehydration Salts
PAHO	Pan-American Health Organization
PBPB	Pregnancy, Birth, Post-Birth
PC	Prenatal Control
PCI	Project Concern International
PLAN	Plan International
POA	Wisconsin Partners of the Americas
PVO	Private Volunteer Organization
RAAN	North Atlantic Autonomous Region
SILAIS	Local Integrated Healthcare Systems
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
ToR	Terms of Reference
TQM	Total Quality Management
UNICEF	United Nations Children's Fund
USAID	The United States Agency for International Development
VHC	Volunteer Health Collaborator
VPCD	Surveillance and Promotion of Growth and Development
VTD	Vector Transmitted Disease
WHO	World Health Organization

Executive Summary

NicaSalud was born in Nicaragua as part of USAID's response to the devastation caused by Hurricane Mitch in Central America in October 1998. In order to respond rapidly and effectively to the critical health situation in communities ravaged by the hurricane, resources were allocated to primary, community-based health projects implemented by a group of twenty-one partner organizations with presence in the affected communities.

In addition to quickly improving the health situation in the field, the creation of NicaSalud provided the birth on a new Federation of PVOs and NGOs to work in primary health care in Nicaragua for years to come. The success of NicaSalud during its first two years of existence can be measured in both the concrete results achieved in the affected communities, as well as the establishment of a sustainable mechanism to continue to provide high-quality, coordinated response in the future.

Funds were channeled through NGO Networks for Health, a consortium that was composed of four of the original NicaSalud partners (ADRA, CARE, PLAN, and Save the Children USA). CARE in Nicaragua provided administrative and financial oversight of all activities. A total of US\$ 6.1 million were received from USAID to implement projects in child survival, reproductive and sexual health and vector control.

The expected results of NicaSalud were based on the objective and results proposed by USAID Nicaragua under the Special Objective "Rapid Reconstruction and Sustainable Recovery in Mitch-Affected Areas", and the Intermediate Result of "Health Status of Mitch-affected families maintained or improved" from these, NicaSalud developed its expected results:

- Renew, re-supply, and re-equip health care services.
- Increase accurate knowledge, healthy behaviors and access to quality health services in Mitch affected areas.
- Coordinated and well-managed partnership to deliver health services to Nicaraguans in Mitch-affected areas.

NicaSalud began as a federation of eight international PVOs (CARE, Save the Children USA, ADRA, PLAN INTERNACIONAL, Wisconsin Partners of the Americas, Project HOPE, CRS, and PCI). Thirteen NGOs were later selected to join NicaSalud, seven of them finishing the projects satisfactorily and continuing with NicaSalud (Ixchen, Compañeros de las Américas, INPRHU- Somoto, FUNDEMUNI, ADP, CEPS and Alistar Nicaragua). The organizations were grouped into three "Sub-Networks" that provided opportunities for operational staff to meet monthly to coordinate activities, exchange information and forge a true network.

In addition to the PVO and NGO partners, NicaSalud worked very closely with the Ministry of Health at the national, departmental, and local levels. MOH Centers and

Posts were equipped and supplied and MOH personnel were trained.

The partners implemented primary health care projects in 736 communities of 34 municipalities of nine Departments of Nicaragua in areas affected by Hurricane Mitch. A total of 420,450 people, of which 77% are women of reproductive age, benefited from these programs.

Among the important results of NicaSalud's activities during the post Hurricane Mitch phase (1999-2001) are:

1. Improvement in the quality of life of 420,450 Nicaraguans living in zones among the poorest in Nicaragua. This improvement has been quantitatively measured in the communities prior to and after NicaSalud's interventions, and includes the following:
 - a. Mothers who received at least one pre-natal checkup increased from 46% to 61%.
 - b. Mothers who received iron daily during pregnancy increased from 71% to 86%
 - c. Births attended by trained personnel increased from 52 to 71%
 - d. Exclusive breastfeeding during the first six months increased from 35% to 62%
 - e. Complete vaccination coverage for infants the one years old increased from 71% to 88%
2. Promotion of community-based primary health care via the training of community volunteers, equipping of local base houses, and strengthening the local network of volunteers and their connection with the Ministry of Health.
3. The establishment of a comprehensive and uniform monitoring and evaluation system among all partners.
4. The establishment of a legally registered Nicaraguan Federation that has established important coordination and collaboration among previously unconnected partners. NicaSalud is coordinating closely with the Ministry of Health and many important actors in the health sector, including donors.

I. Introduction

1. Background

In October 1998 Hurricane Mitch hit the Central American region, especially Honduras and Nicaragua, with devastating effects on the people, environment, and infrastructure. Efforts by Nicaraguans to recover from the damages were assisted by international aid, with special emphasis on the areas of food and health.



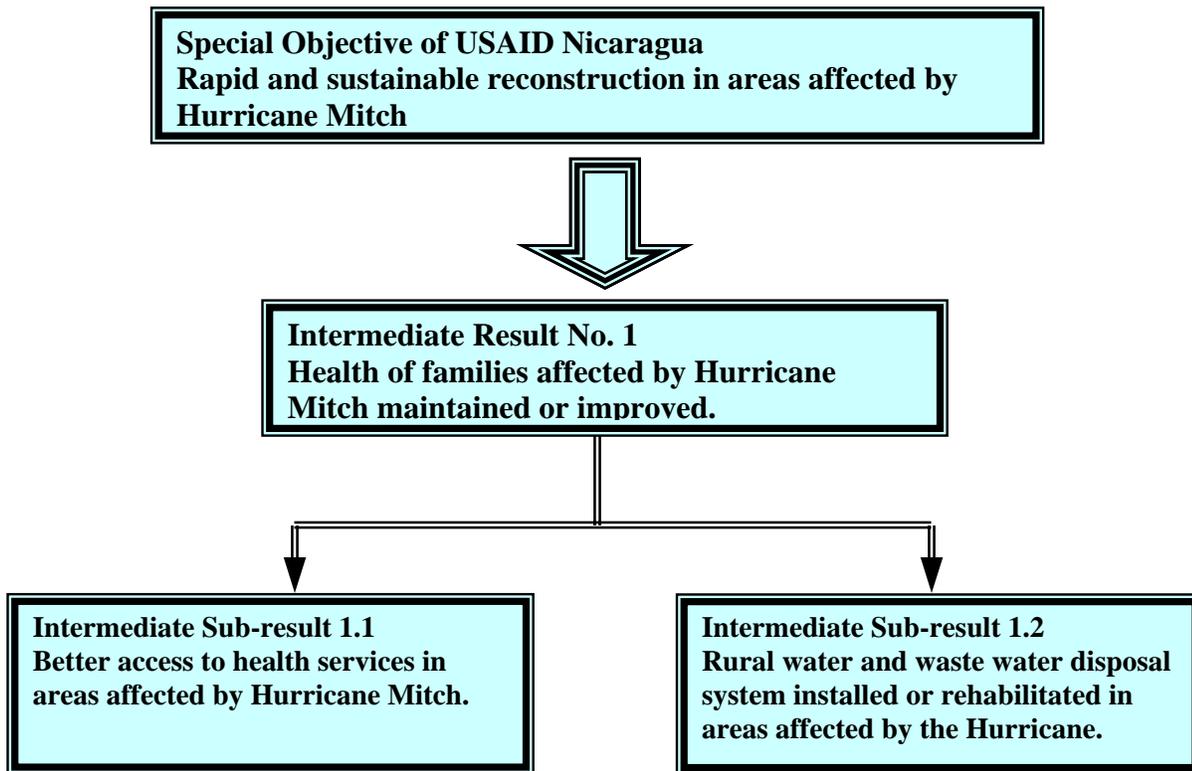
In health, the expected result from the activities was to maintain and improve the health of families affected by Mitch. To achieve that result rapidly, USAID Nicaragua contacted NGO Networks for Health in Washington in order to channel the funds through partner PVOs (ADRA, CARE, PLAN, and Save the Children USA) and other institutions working in primary healthcare in Nicaragua.

In Nicaragua, CARE was chosen to administer the project funds. In May 1999, staff from NGO Networks visited Nicaragua to design the field interventions to be executed. As result of that visit, four new PVOs present in the country joined the effort: PCI, HOPE, Wisconsin Partners of the Americas, and CRS. The eight PVOs worked on a broader vision of how to work together, leading to the formation of a network that would continue the activities after the post-Mitch projects ended.

In September 1999 the Terms of Reference prepared by the PVOs were approved by USAID and the Project Nicaragua Networks, later named NicaSalud, was born. This project is part of the financing granted by the USAID under agreement No. HRN-A-00-98-00011-00.

The expected results of the Nicaragua Networks Project were based on the objectives and results proposed by USAID Nicaragua and are outlined below:

Figure No. 1. Objective and Results of USAID Nicaragua.



Based on the Intermediate Sub-results 1.1, activities to be implemented were defined:

Table No. 1. Results and Activities for NicaSalud

Expected Results	Activities to implement
Intermediate Result 1 Renew, re-supply, and re-equip health services	<ul style="list-style-type: none"> ☐ Improve quality and availability of services in the Health Centers and/or Posts by training staff and providing equipment and supplies.
Intermediate Result 2 Increase accurate knowledge, health behaviors, and access to quality health services in areas affected by Hurricane Mitch.	<ul style="list-style-type: none"> ☐ Introduction of quick impact practices of infant survival. ☐ Expansion of immunization program ☐ Implementation of community-based health education programs. ☐ Monitoring and prevention of infectious diseases.
Intermediate Result 3 A well-managed network for the provision of health services	<ul style="list-style-type: none"> ☐ Strengthen the technical and administrative capacities of the partner organizations of NicaSalud. ☐ Promotion of coordination and exchange of information among partners and other actors regionally and nationally.

The purpose of the network was to create a coalition of international and national non-governmental organizations that would work together with the communities, local organizations, and the Government of Nicaragua, in order to increase the coverage and quality of health services in the territories affected by hurricane Mitch. By the end of 2001 this goal was achieved.

2. The NicaSalud Family

NicaSalud began with eight founding Private Volunteer Organizations (PVOs). In early 2000, national NGOs were invited to submit projects, via a public tender in the press. Thirty-seven organizations sent in project proposals that were reviewed by a technical review committee composed of the eight PVOs. Thirteen proposals were selected, using technical and institutional review criteria. In May 2000 the national organizations officially became part of NicaSalud.

Table No. 2 List of Initial NicaSalud Grantees

Private Volunteer Organizations	Non-Governmental Organizations
Adventist Development and Relief Agency International (ADRA)	Alistar of Nicaragua. (Alistar)
Catholic Relief Services (CRS)	Association for the Development of the Peoples (ADP)
Cooperative for Assistance and Relief Everywhere (CARE)	Mercedes Rosales Women’s House of AMNLAE Estelí (AMNLAE)
Health Opportunities for People Everywhere (Project HOPE)	Center for Studies and Social Promotion (CEPS)
Plan International (PLAN)	Ixchen Women’s Center (Ixchen)
Project Concern International (PCI)	Assistance Research Center for Women “Action Now” (Acción Ya)
Save the Children USA (SC).	Partners of the Americas Nicaragua Wisconsin (POA)
Wisconsin Partners of the Americas (POA)	Let’s Talk About Ourselves Foundation (Hablemos)
	Nicaraguan Medical Foundation (FUMEDNIC)
	Nicaraguan Foundation for Women (FUNIC Mujer)
	Nicaraguan Foundation for Integral Community Health and Development (FUNISDECI)
	Foundation for the Development of Women and Children (FUNDEMUNI)
	Institute for Human Promotion (INPRHU Somoto)

NicaSalud detected technical and administrative weaknesses among six organizations during the implementation of the projects and the decision was made to not continue the relationship with NicaSalud. Of these six organizations, three did not finish their projects. The other three organizations finished their projects but, because of their administrative weaknesses, the decision was made to not continue as members of the NicaSalud Network. By the end of 2001, NicaSalud was a federation of 15 national and international organizations working to improve access to health services in rural areas of Nicaragua and improve their quality.

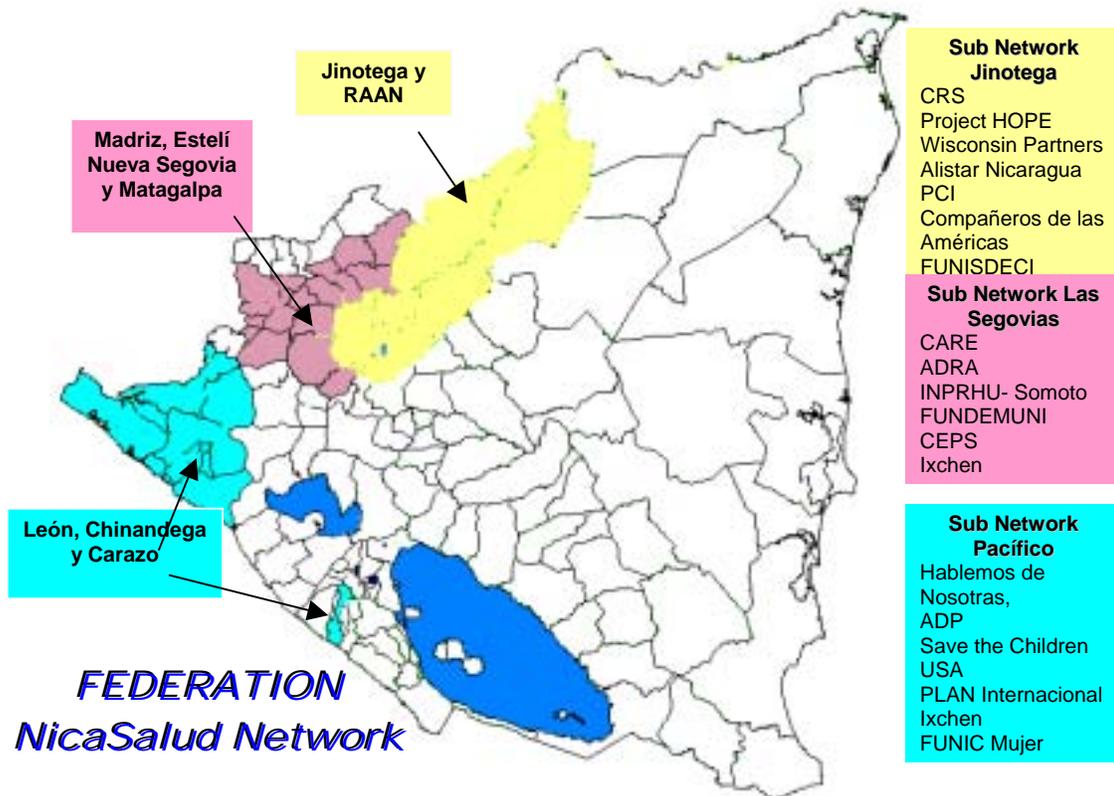
3. Coverage of NicaSalud

NicaSalud implemented health projects in nine departments affected by Hurricane Mitch: Chinandega, León, Carazo, Madriz, Nueva Segovia, Estelí, Matagalpa, Jinotega, and the North Atlantic Autonomous Region (RAAN). Annex 1 gives details of the municipalities and communities by organization.

Activities were carried out in 736 rural communities and urban neighborhoods in 34 municipalities of the departments mentioned above, benefiting population of 420,450. Direct attention was provided to 93,072 women of childbearing age (15-49 years old), 49,186 children from 0 to 5 years old and their mothers, and 20,307 adolescents (15-19 years old).

The map below shows the location of the NicaSalud members' projects. Three sub-networks were created to facilitate coordination, supervision and joint decision-making. These three sub-networks are called Jinotega, Las Segovias and Pacífico.

Figure No. 2. Location of the NicaSalud Activities.



4. Programmatic Areas of Intervention

Three main programmatic areas were identified as focus of NicaSalud's efforts:

- **Child Survival**, done through the promotion and implementation of the IMCI strategy, especially at the community level.
- **Sexual and Reproductive Health**, focusing on issues of maternal health (pregnancy, birth, and post-birth), sexually transmitted diseases and HIV-AIDS among people of reproductive age, with special attention to adolescents.
- **Vector Transmitted Diseases**, specifically malaria and dengue, with activities aiming to control vectors of both diseases.

During the implementation of these areas, crosscutting areas were developed to support all the activities. These crosscutting areas are:

- Networking, or partnership, among the member organizations and with MOH and with the community network of volunteers.
- A strategy for Information, Education, and Communication (IEC): training programs were carried out for staff participating in all the projects.
- Community development and empowerment. Work was done to create and strengthen community structures like Health Committees, Base Houses, and Community Oral Rehydration Units. Community members were recruited and trained about health issues. These members included community leaders, teachers, adolescents, self-taught midwives, and voluntary collaborators.
- Monitoring and Evaluation. To ensure the quality and measure the achievement of the projects, a standardized monitoring and evaluation system was promoted by NicaSalud. Staff was trained from each organization to be able to carry out their own monitoring.

The monitoring and evaluation system utilized was Lot Quality Assurance Sampling (LQAS). It is a simple and quick method that uses small samples to determine the initial situation, coverage, and quality of projects. (Wolfe and Black 1989; Valadez 1991; Robertson, Anker et al. 1997; Valadez et al. 2000).

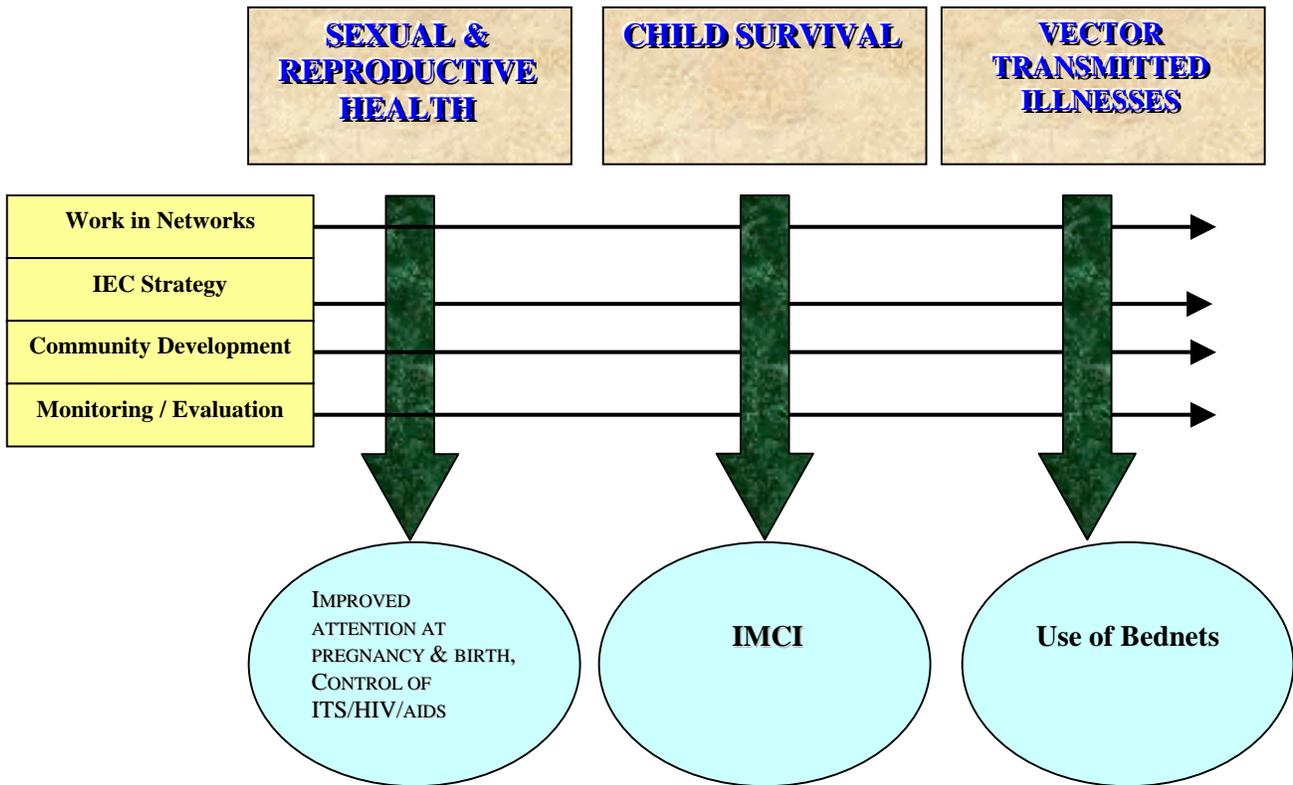
The main considerations for using LQAS were:

- A simple and quick method to use, with demonstrated reliable results.
- Standardization of the process for all the organizations, enabling a comparison of results among them.

- Reduced complexity for the process of monitoring the baseline studies for all the organizations.
- Institutional strengthening with the staff of the organizations acquiring new tools for the process of monitoring and evaluating projects.

The diagram below shows the components of the projects supported by the NicaSalud Network and the crosscutting areas that were developed.

Figure No. 3. Programmatic Areas and Crosscutting Areas of the Projects Executed by the NicaSalud Network



II. Results Obtained

1. Renewal, Re-supply, and Equipping of the Health Services

To improve the quality and availability of the services in the Health Centers and Posts, supplies and equipment were provided and training carried out.

1.1 Equipping

The immediate damage caused by Hurricane Mitch and its aftermath left the Ministry of Health and its units with very low stocks of medicines, supplies or equipment to attend to the increased demand.

NicaSalud focused on providing supplies both institutionally and in the communities. At the institutional level, resources were provided to MOH through its offices (SILAIS and health units). At the community level, the volunteer network was given equipment to do their work.



Delivery of equipment to volunteers in charge of CORUs in the municipality of Wiwilí, Jinotega.

The contribution to MOH consisted of the following (See details in Annex No. 2):

- Medical supplies (medical equipment, disposable materials, and clinical laboratory equipment)
- Specialized stationery (forms for IMCI follow up, prescription forms, vaccination cards, community referral and counter-referral sheets)
- Non-medical supplies (office furnishings, computers and accessories, linen, audiovisual equipment for training)
- Contracting of staff for support for MOH

At the community level, the contributions included the following (see details in Annex No. 3):

- Medical equipment (basic equipment for primary care at the community level and disposable materials)
- Non-medical supplies (kitchen utensils and furnishings for Base Houses and/or CORUs)
- Teaching materials (Manuals for IMCI)

This equipping contributed directly to the activities carried out by the projects, by the Ministry of Health, and by the community. Among the activities were:

- Start or improvement of oral rehydration therapy
- Improved monitoring of children's growth
- Early identification and timely referral of children at risk from malnutrition
- Attention at birth
- Records of health services

1.2 Training in Tools and Methods

NicaSalud also supported project implementation by providing technical assistance and training. MOH and volunteers participated in the following trainings:

➤ Integral Management of Childhood Illnesses (IMCI)

The IMCI strategy is part of the Ministry of Health policy and focuses on the goal of "Healthy Children by 2002". The strategy consists of integrated care in communities of children less than five years old. The Ministry of Health, through the Directorate for Integral Attention for Children and the local units, facilitated the training to include this strategy in the communities where NicaSalud worked. The achievements made in the application of this strategy at the community level are reflected in the results presented here within.

➤ Sexual and Reproductive Health

This area covers a wide range of themes that were carried out to promote change in specific behaviors among the community members. The themes include:

- **Lactation Amenorrheal Method (LAM)**
LAM is a natural method of family planning that is a result of exclusive breastfeeding. The training was directed at MOH and NicaSalud project staff working in the maternal infant area. The LINKAGES Project provided training in this area.
- **Mother-Baby Theme**
Themes related to care for the mother and baby, including prenatal care, family planning, attention for clean and safe birth, and early detection of obstetric emergencies were taught.
- **Control of Uterine Cancer**
The training was based on the norms of MOH as a basic tool for facilitating the development of actions by the NicaSalud partners for the prevention and early detection of uterine cancer, with referrals to the

health units for specialized care and follow up of the cases.

- **Prenatal Control and Family Planning**

This training was based on an analysis and study of the norms established by MOH, to promote the spacing of pregnancies and the voluntary and informed reduction of the number of pregnancies in the early stages of relations between couples.

- **Sexual and Reproductive Health among Adolescents**

This training is aimed at promoting appropriate behavior that favors sexually healthy lifestyles among adolescents.

“It is satisfying to know that one’s work is fruitful and recognized. When I started as a brigade member, no one knew me. Even a while ago, when I was going to the hospital with a sick child or some other sick person, no one took notice. To a certain point they looked on us brigade members as just another person. That has been changing in the last 2 years and is due largely to the training given us by the NicaSalud projects, always together with MOH. There is greater recognition of the work we do as brigade members in the communities and not only in the Jinotega hospital. The other time I had to take a seriously ill person to the Matagalpa hospital, because it is closer to the community and in the hospital they attended to the patient and they treated me very well, from the door attendant to the doctors and nurses. The only thing I did was to identify myself as a health brigade member. They opened the doors, paid attention to me, I explained the patient’s illness to the doctor and they treated him well. I felt proud and recognized for my work.”

José Ángel Hernández

Health Brigade Member, La Esmeralda, Jinotega.

➤ **Management Tools**

NicaSalud introduced innovative tools to improve project management. Among these tools were:

- ▣ **Lot Quality Assurance Sampling (LQAS).** This method is oriented towards the quantitative monitoring and evaluation of health services. It allowed for standardization in the preparation of baseline studies and the final evaluation of the projects. NGO Networks for Health provided technical assistance and training about the theory, application and analysis using this tool. All projects subsequently used LQAS as their monitoring and evaluation method and the results are presented in this report.
- ▣ **Operations Research and EpiInfo.** The training on the use of these tools for developing evaluative processes was facilitated by the Center for Health Research

and Studies (CIES), School of Public Health of Nicaragua, and aimed at the project coordinators and MOH staff with management positions.

- ▣ **Total Quality Management (TQM)** is a set of instruments and tools to improve the processes of planning, organization, management, monitoring, and evaluation of projects and of their institutions. CARE, in coordination with the Centers for Disease Control of Atlanta, facilitated and coordinated this course. The NicaSalud project coordinators and the staff of the management teams of MOH participated. At the end of the course, the participants presented a practical exercise based on their respective projects and programs.



Participants in TQM workshop facilitated by CARE and the CDC Atlanta

Of the courses I've received, for me this one (TQM) has been the hardest, but also the most satisfying because it has enabled me to analyze problems from a new managerial outlook, Total Quality. This has helped the MOH and myself as a professional

Dra. Reyna Ortiz, Epidemiologist MOH.

- ▣ **Chain of Change Model (CCM)** is a tool that enables institutions to plan, design, and evaluate changes in behavior among a specific population. The training in the use of this tool was facilitated by CEPS, one of the partner organizations of NicaSalud, with help from NGO Networks for Health. This tool has been used for designing future projects in NicaSalud.

The table below details the training sessions by specific theme and number of participants, according to the type of organization they belong to:

Table No. 3. Number of participants by type of training session held.

Type of Training	NicaSalud	Partners	MOH	HV*	Total
CHILD SURVIVAL					
Clinical IMCI	1	31	668	0	700
Community IMCI	1	33	6	1647	1687
Neonatal IMCI	0	15	15	0	30
Management of the IMCI	1	15	19	0	35
MATERNAL HEALTH					
SRH	1	18	396	313	728
Maternal Health for Midwives	0	0	0	749	749
Breastfeeding and Amenorrheal Method	3	19	18	0	40
Mother – Baby Theme	0	19	6	0	25
Uterine Cancer	1	20	9	0	30
Prenatal control and Family Planning	1	16	15	0	32
VECTOR TRANSMITTED ILLNESSES					
Malaria for Voluntary Collaborators	0	0	0	523	523
MANAGERIAL TOOLS					
Lot Quality Assurance Sampling	3	131	8	0	142
Operative Research and Epi Info	1	53	6	0	60
Chain of Change Model	5	85	10	0	100
Total Quality Management	3	19	6	0	28

*HV = Health Volunteers

2. Changes in Knowledge and Behavior

To measure changes in knowledge and behavior among the beneficiary population, a knowledge, practices, and coverage survey was carried out in the areas of Child Health and Sexual and Reproductive Health. These surveys were conducted with mothers with children from 0 to 11 months old, mothers with children from 12 to 23 months old, women from 15 to 49 years not pregnant, men from 15 to 49 years old, and adolescents from 15 to 19 years old. Because the PVOs and NGOs had different amounts of time to carry out their projects (two years for the PVOs and one year for the NGOs), the data were differentiated between the two types of organizations. Progress was measured in September 2001 in comparison to the baselines done in December 1999 for the PVOs and August 2000 for the NGOs

2.1 Safe Motherhood (Prenatal Care, Care at Birth, & Care after Birth)

Safe motherhood was promoted by increasing the percentage of women controlling their pregnancy in order to make a timely detection of high-risk pregnancies and any complication during pregnancy. In addition, the presence of a qualified birth attendant at the birth and attention from a trained provider for the woman after the birth. Among the activities carried out to this end were:

- Door to door visits by the volunteers (brigade members and midwives) to find women with new pregnancies without prenatal control and women not making their respective control visits. In these cases, referrals were made to the MOH health units in order that the mothers receive attention. Through the system of community information, a total of 1,418 new pregnancies were found and referred.
- Formation of groups of pregnant women by communities, with meetings, normally once a month, to share experiences in themes related to attention during pregnancy, at birth, after birth, breastfeeding, care of newborns, and others. Nationally, fifty-nine groups with these characteristics were formed.
- Information about maternal health for mothers and the community at large, through local radio and television programs, in the departments of Jinotega, Estelí, Chinandega, and Nueva Segovia.
- Implementation of the Birth Plan strategy in communities of San José de Pantasma Jinotega, involving the family of the pregnant woman and the community to provide preventive care during her pregnancy and receive institutional attention for the birth.

In the final evaluation in September 2001, 56% of the mothers had had at least one prenatal care session during the pregnancy of their child of less than a year, based on information in the Prenatal Care card. Nevertheless, 40% of the mothers did not show their Prenatal Control card, a third of them saying they had given it to the MOH health establishments. The PVOs increased the percentage of mothers who had at least one Prenatal Control visit, from 46% to 61%. There was no significant change among the NGOs. In general, 39% of the mothers made a minimum of four control visits per pregnancy.

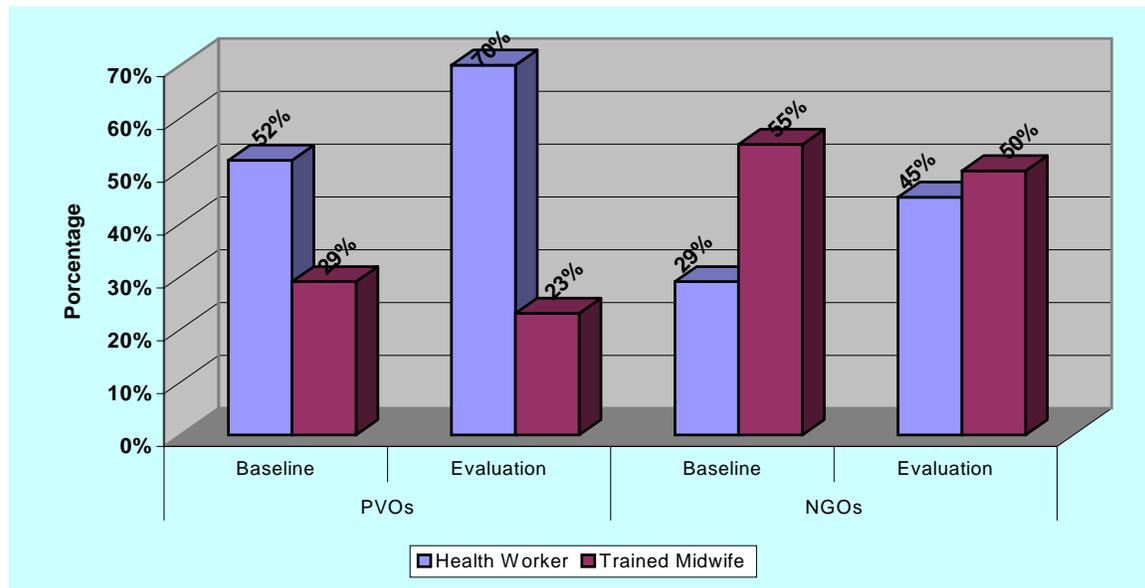
Table No. 4. Prenatal care: Mothers with children from 0 to 11 months:
Comparison between the baseline and the final evaluation of PVOs and NGOs.

Indicator	PVOs		NGOs	
	Baseline	Evaluation	Baseline	Evaluation
Mothers with children 0-11 months old who showed PC card	56.0	63.0	45.0	46.0
Mothers with children from 0-11 months old who received at least one prenatal visit, according to card	46.0	61.0	44.0	46.0
Mothers with children from 0-11 months old who received iron during pregnancy	71.0	86.4	83.8	NA

NA= Not Applicable

The intake of iron during pregnancy was measured by PVOs. Eighty-six percent of the mothers with children from 0 to 11 months said they received this micronutrient during pregnancy, an increase over the baseline of 71%.

Figure No. 4. Person who attended at birth. Comparison between baseline and final evaluation PVOs and NGOs.



For all of NicaSalud, 63% of the births by mothers with children from 0 to 11 months were attended by qualified health staff, an increase of the baseline of 19% for the PVOs and 16% for the NGOs. The figures for attention at birth by a midwife were similar for the PVOs, with almost a quarter of the total (24%). For the NGOs, births attended by midwives represent 50% of all the births.

In the baseline study of the PVOs, it was found that 11% of the births were attended by a relative or by the birthing mother herself. This figure dropped to 5% in the final evaluation, a significant accomplishment.

Knowing that a high percentage of births are attended by midwives, a focus of the projects was directed at training them in themes of: attention for clean birth, danger signs during pregnancy, birth and post-birth, and referral because of complications. Once the curriculum was completed, the local MOH gave certificates to the midwives, with 749 accredited. They were supplied with basic material for attending to a clean birth (a case containing gloves, linen [robe, leggings, and towels], alcohol, gauze, scissors, cotton, measuring tool, flashlight, and pincers). During this period trained midwives attended 830 births.

“Now I can really attend to births with greater cleanliness.”

Mrs. Carla Palacios, a midwife in Yalí, Jinotega, regarding the training and delivery of material for attending to births.



TBAs of Villanueva, Chinandega practicing clean childbirth techniques.

In the final evaluation, for all of NicaSalud, 61% of the births were institutional and 39% were at home. Compared to the baseline, the PVOs had a 13% increase in institutional births. The figure for the NGOs was roughly the same: 35% in the baseline and 39% in the evaluation.

Attention to woman by qualified staff after the birth increased by 37% for the PVOs and 42% for the NGOs. Volunteers, especially midwives, were extremely important in finding and referring pregnant women to the health units in order to provide this service after birth.

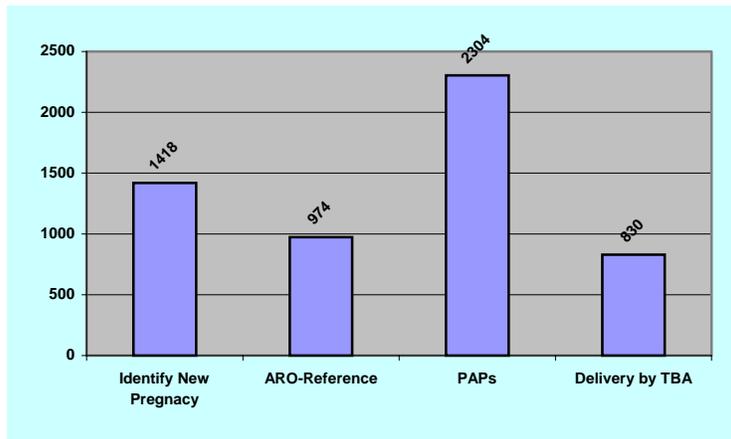
Table No. 5. Attention during and after birth. Mothers with children from 0 to 11 months. Baseline and final evaluation. PVOs and NGOs

Indicator	PVOs		NGOs	
	Baseline	Evaluation	Baseline	Evaluation
Birth attended by midwife	29.0	24.2	56.0	50.0
Institutional birth	56.0	69.0	35.0	39.0
Birth at home	42.0	31.0	65.0	61.0
Post natal attention received by mothers with children from 0/11 months old by qualified staff	51.0	87.8	37.0	79.3
Mothers with children from 2 to 11 months who received Vitamin A in the first two months after giving birth	28.0	40.8	NA	NA

NA= Not Applicable

Another indicator evaluated was the ingestion of Vitamin A after birth. The percentage of women who say they had received Vitamin A after giving birth increased from 28% to 41%. Wisconsin Nicaragua Partners of the Americas supported the taking of this micronutrient. They made a donation to MOH, which took charge of distributing it to the SILAIS and health units nationally. This donation provided an important stock of iron in the health posts and centers.

Figure No. 5. Provision of Health Services to Women.



The community volunteers put their new or reinforced knowledge from the training sessions into practice and showed results. There was increased detection of new pregnancies and women with high-risk pregnancies and their corresponding referral to a health unit and births attended by midwives. In addition, some projects in Chinandega and

Estelí, in coordination with MOH and PROFAMILIA, carried out pap smears. Depending on the results obtained, the respective treatment was given. There were also 8,442 medical and psychological consultations, the vast majority for women.

2.2 Sexually Transmitted Infections /HIV/AIDS

The projects of CEPS, PCI, Alistar Nicaragua, and CARE worked with the adolescent population (15 to 19) and the Ixchen Foundation worked with young adults (15 to 24) with the theme of sexually transmitted diseases. The other organizations directed their attention at women between 15 and 49 years of age.



Training workshop for network promoters in sexual and reproductive health

Among the activities carried out were: use of a peer method for educational activities for adolescents and youth, for which 1,047 promoters were given training. There were sexual and reproductive health fairs, talks in schools, the formation of theater and puppet groups, the presentation of mini-videos with portable equipment in the communities, the preparation of radio and television programs, training of teachers in how to properly treat the subject with students, and awareness raising for parents in order to support the adolescents.

In the final evaluation, 98% of the women surveyed by the PVOs said they had heard of HIV/AIDS, an increase of 11% over the baseline. But for all of NicaSalud, only 61% of the women responded correctly with two or more forms of transmission of HIV/AIDS. The main one mentioned was sexual relations, with 91% responding with this answer. Less than 5% mentioned that HIV can be transmitted to children through pregnancy, birth, and breastfeeding.

"...the teachers helped us learn about AIDS and how to prevent it."

Adolescent from Jinotega

For all of NicaSalud, 66% of the women mentioned at least two ways that a person could prevent the transmission of HIV. These percentages represent an increase over the baseline of 47% for the PVOs and 27% for the NGOs. The forms of prevention mentioned related to sexual relations, with 74% mentioning the use of condoms. The other methods mentioned did not exceed 40%. Among them were fidelity, not having sexual relations with prostitutes, and sexual abstinence.

Eighty-four percent of the women knew where they could get condoms. For the PVOs, there was increase of 17% over their baseline, while there was no difference among the NGOs. Despite these high percentages, only 7% said they used a condom with their partner during their latest sexual relation.

2.3 Child Health



Child-to-child multiplying activity

The child health activities were directed at promoting and implementing the strategy of Integrated Management of Childhood Illnesses (IMCI). The IMCI strategy focuses on two important elements in order to reduce complications and death among infants: attention to sick children and promotion of protective factors like immunization, good nutrition and breastfeeding.

The Community IMCI strategy was implemented through the volunteer network in the communities. One thousand six hundred and forty seven brigade members from all over the country were trained. The IMCI strategy is used at two levels: community and

institutional. Both are complementary and one cannot work without the other. Health staff in the local health units were trained in Community IMCI and 657 people were trained in Clinical IMCI.

The training sessions were accompanied by the delivery of equipment to the volunteers to carry out their activities to promote health. Some projects also equipped local MOH health units with basic supplies.

Among the activities that volunteers developed and improved through the implementation of the IMCI are:

- Detecting children with signs of danger and referrals to health units
- Ensuring a complete regimen of vaccinations for children
- Monitoring the growth of the child
- Education and counseling of mothers on preventing diseases and nutrition

For the project evaluations, mothers with children from 0 to 11 months old and mothers with children from 12 to 23 months old were interviewed. Knowledge, practices, and coverage of services in the components of growth, development and nutrition, immunization, and illnesses most prevalent in this population growth were evaluated. The main results were as follows:

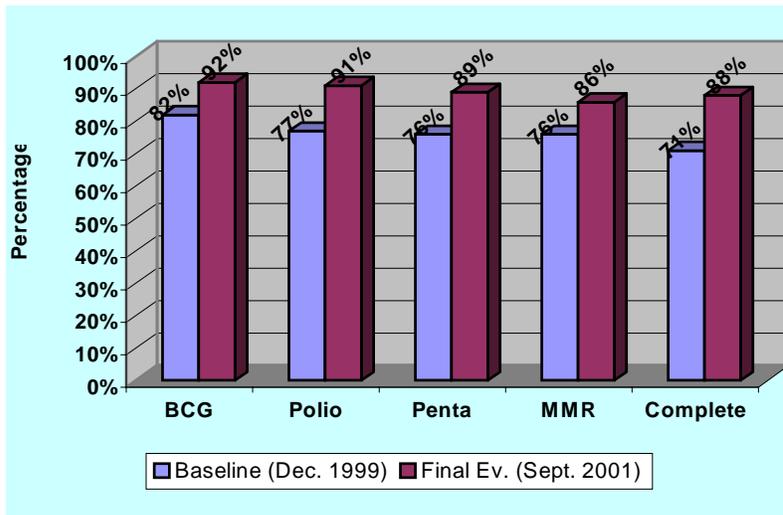
Eighty-nine percent of the mothers showed the card for control of growth and development of their children. To some extent, this indicator reflects the contact the children have had with the health units, especially with the program for Surveillance and Promotion of Growth and Development. According to the cards checked, 74% of the children had had control of their growth in the previous two months, a satisfactory percentage.

"The problem of children is something special to me. Now, with the training I've received on IMCI all the ideas fall into place. Now I know what I have to do when a child has diarrhea. That happened to me the other day with a 2 year old in my community who had diarrhea. I could recognize the danger signs quicker. I knew that the child had danger signs and what I did was transfer him to the health center. I knew what I had to do according to the IMCI handbook... We feel satisfied by the work we do with support from the project because last year, no child died of diarrhea, which was usual before the project came to the community."

Teresa Blandón, Health brigade member from El Cacao, Jinotega

Immunization: A high percentage (95%) of mothers interviewed with children from 12 to 23 months old showed a vaccination card for their child. The PVOs had a 10% increase and the NGOs had an 11% increase over the baseline. All the results were measured using the vaccination cards shown by the mother. The PVOs had a significant increase in vaccine coverage and although the NGOs had an increase, it is not significant statistically.

Figure No. 6. Coverage of immunization for children over one year of age. Comparison of baseline and final evaluation for PVOs

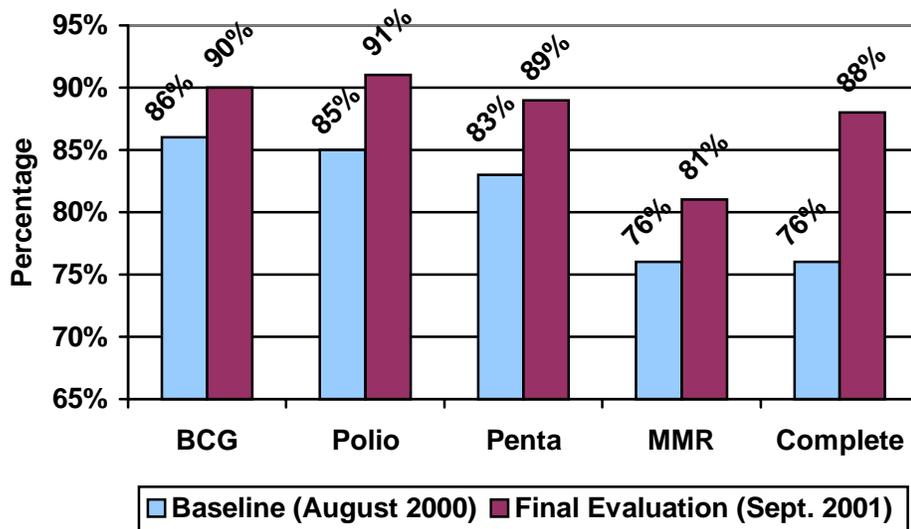


The coverage with BCG obtained in the final evaluation was 91%, an increase of 10% for the PVOs and of 4% for the NGOs over the baseline.

Children from 12 to 23 months old are considered to be immunized against polio if, according to the vaccination card, at least three doses of the vaccine have been applied. The

coverage obtained in the evaluation was 91%. Compared to the baseline, the increase for the PVOs was 14% and for the NGOs it was 6%.

Figure No. 7. Vaccination Coverage among Children 12-23 Months: A comparison of NGO Baseline and final Evaluation Results.



The Pentavalent vaccine immunizes against diphtheria, whooping cough, tetanus, hepatitis B, and Haemophilus influenza. For all of NicaSalud, coverage of this vaccine, according to the cards, was 89%. The PVOs and NGOs showed an increase of 13% and 6%, respectively. The MMR vaccine immunizes against mumps, measles, and rubella. For of all NicaSalud, at final evaluation, there was coverage of 84%. Compared with the baseline, the PVOs, had an increase of 10% and the NGOs increased 5%.

Complete vaccination coverage is defined as when a child has had one dose of BCG, three doses of antipolio, and three of pentavalent. The vaccination coverage using these criteria was 88%. Compared with the baseline, the increase for PVOs was 17% and for NGOs it was 12%.



Start of NHC, Estelí-2001

One of the important mechanisms to achieve vaccination coverage is the National Health Campaigns (NHC), a joint effort of public and private institutions working in the communities. NicaSalud's projects maintained active participation and direct support with staff and materials in the communities, municipalities, and SILAIS of the communities. Similarly, the participation of the community network played a major role in carrying out the censuses and actively seeking out children who needed vaccinations.

The projects went door to door to examine the vaccination cards. When unvaccinated children were detected, follow-up visits with the MOH personnel were scheduled for vaccination.



Training in Breastfeeding Techniques with an adolescent mother

Breastfeeding and Complementary Feeding. Promotion of breastfeeding focused on starting breastfeeding early, within the first hour after birth, increasing Exclusive Maternal Breastfeeding (EMB) in children under 6 months, beginning weaning in the sixth month after birth, and giving breast milk up to 24 months of age. The main activities carried out for this were:

- ❑ Formation of mothers' groups to hold regular meetings to talk about the importance of breastfeeding, the nutritional content of mother's milk, beginning and periodicity of breastfeeding, ways to breastfeed, how to avoid complications, and transmission of experiences to young mothers from mothers with more experience. During the lifetime of the projects, 1,108 groups of mothers were formed.
- ❑ Food fairs held by the community with assistance from the projects to present dishes prepared by the people with ingredients from the area. These fairs were used to carry out other activities, like vaccinating children.

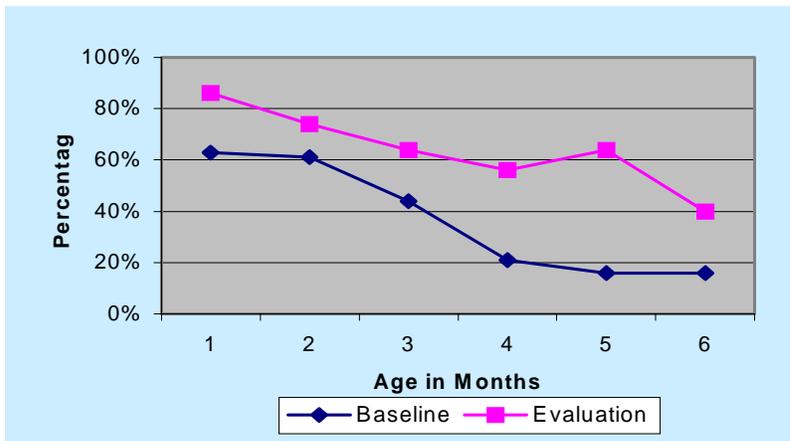
- House-to-house visits to find pregnant women or newborns in order to start talking with the mother about the feeding of her baby. There were 25,804 household visits made by the project volunteers and technical staff.

“In the struggle against infant mortality, exclusive breastfeeding becomes a key weapon for preventing illnesses.”

**Dra. Gloria Pérez,
Director MOH, Estelí.**

In the evaluation of the PVOs, it was found that a little more than three quarters (76%) of the mothers with children from 0 to 11 months old said they began breastfeeding in the first hour after giving birth. This is an increase of 13% over the baseline.

Figure No. 8. Tendency for Exclusive Breastfeeding of children 0-5 months old. Comparison of Baseline with Final Evaluation of PVO projects.

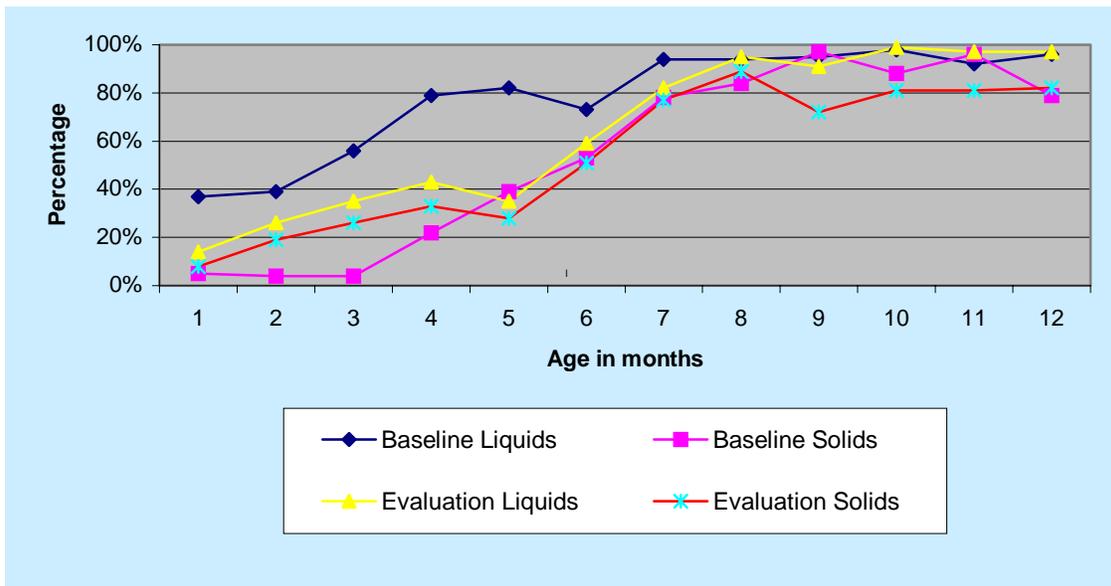


Overall in the NicaSalud areas, 61% of mothers with children from 0 to 5 months old said they were using Exclusive Maternal Breastfeeding: 62% and 53% for PVOs and NGOs, respectively. The PVOs had an increase of 27%. There is a tendency for mothers to give liquids and solid

food to their children from three months of age. Nevertheless, compared to the baseline, there was increase in the percentage of mothers providing EMB. It is advisable to give other liquids (besides mother’s milk) and food to the children when they reach 6 months of age.

The average for all NicaSalud for mothers with children from 6 to 11 months who give food complementary to breastfeeding is 80%, a higher percentage than those found in the baseline study (69%).

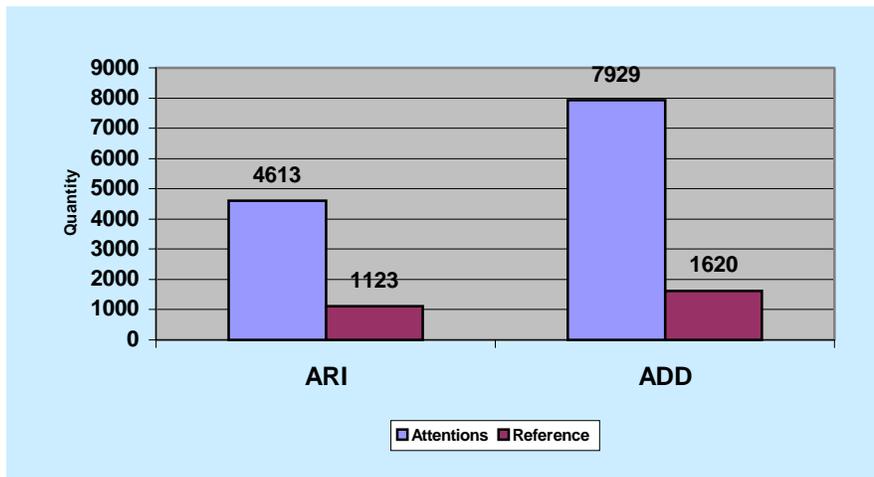
Figure No. 9. Tendency for Complementary Feeding Liquids and Solid Foods of Children 0-11 months old. Baseline and Final Evaluation (PVOs).



Sixty-five percent of the mothers continued to breastfeed when their children were 12 to 23 months old. The PVOs had an increase of 13% over the baseline, while the NGOs saw an increase of 14%.

Attention to Illnesses (ADD, ARI). The trained volunteers provided direct basic attention to the population, especially children from 0 to 5 years of age, in the frame of the IMCI strategy. The emphasis is placed on the recognition of danger signs and making timely referral to a health establishment with qualified staff. During the project period, there were 12,542 sessions to provide care to children with acute diarrhea and respiratory diseases, broken down as follows:

Figure No. 10. Attention from health volunteers for children with ADD and ARI, Cases and references to health clinics.



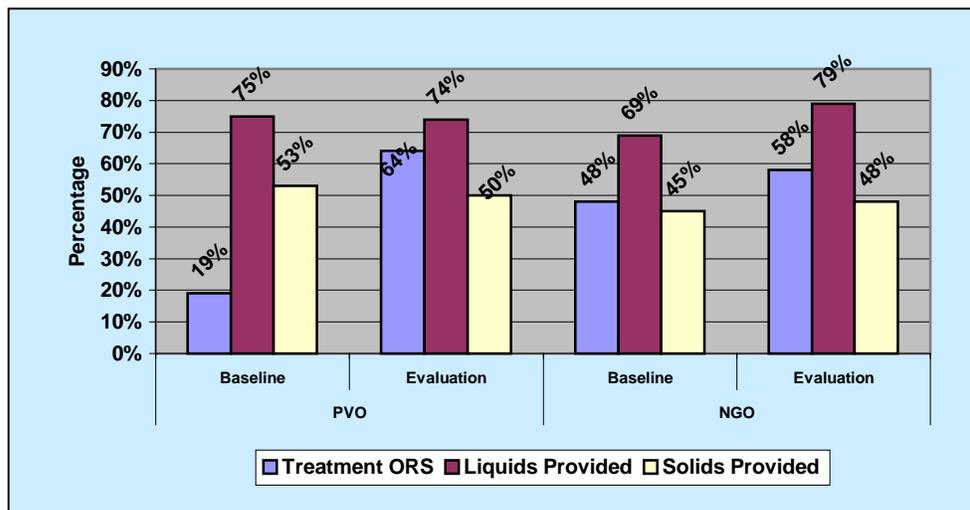
There were 7,929 care sessions for children with Acute Diarrhea Diseases (ADD), of which 1,620 were referred to health units because of signs of dehydration. There were also 4,613 care sessions for children with Acute Respiratory Infections (ARI). Of these, 1,123 were referred to health units.

Part of the work of the volunteers and project technical team was to carry out activities for information and education with the mothers so that they can recognize the danger signs and give proper attention to children with diarrhea or respiratory ailments. To treat children with ADD at home, emphasis was placed on the use of oral rehydration salts and the mothers knowing how to prepare them properly. House to house visits were carried out, along with the formation of mothers' groups, putting priority on households with mothers with children under 5 years of age.

The evaluation measured the knowledge and practice of the mother in regards to treating sick children. The main results were as follows:

For all of NicaSalud, the prevalence of diarrhea, in the two previous week of the survey, was 25% in children from 0 to 23 months, in both the PVO and NGO areas.

Figure No. 11. Treatment with ORS, Ingestion Liquids and Food in children from 0-23 months old with diarrhea. Comparison Baseline and Final Evaluation. PVOs and NGOs.



Fifty-nine percent of the mothers gave oral serum as part of treating their child during the last bout with diarrhea (15 days before the interview). The PVOs had an increase of 41% and the NGOs had a 9% increase. There was no change in the quantity of foods given during diarrhea. For other liquids, the NGOs had an increase of 20%.

Only 39% of the mothers with children under two years of age had oral rehydration salts in their house. The main places to obtain them were: Base Houses or Community Oral Rehydration Units (CORUs) (45%), health centers (44%), health promoters (34%), and health posts (17%).

The preparation of oral rehydration serum (ORS) by the mother is basic to treating diarrhea because if prepared improperly, the serum does not have the desired effect. To check on the quality of the preparation, mothers were asked about the steps for preparing ORS and then were given a packet of salts and asked to prepare it. For the PVOs, there was an increase from 43% to 78% of the mothers who prepared it correctly. Correct preparation went from 11% to 72% for the NGOs. During the baseline, note was made of the steps to prepare the serum that the mothers did not do well, and this helped direct the activities. The deficiencies detected were: not washing the hands before preparation, not boiling or chlorinating the water used to prepare it, and not always measuring one liter of water correctly. Recognizing that it is vital to prepare the oral serum with the correct amount of water, PLAN International designed a plastic container with a 1-liter mark and with graphics showing to the correct preparation of the oral serum. These bottles were distributed to the homes with children under five years of age and education was given about how to prepare the serum.



Community work with mothers in the countryside

By project end, 79% of the mothers interviewed for all NicaSalud mentioned at least two signs of danger that a child with diarrhea may show. This percentage rose 35% to 78% among the PVOs and rose from 27% to 83% among the NGOs.

For all of NicaSalud, almost half (48%) of the mothers with children from 0 to 23 months old said their children had had a respiratory infection in the two weeks prior to the interview. For the PVOs and NGOs, the prevalence of respiratory illnesses was very similar: 50% and 47%, respectively. These percentages varied little from the results obtained in the baseline study.

The mother's knowledge of danger signs in a child with a respiratory infection associated with pneumonia is vital for deciding to seek institutional help. Mothers with children from 0 to 11 months old were asked about the danger signs that would make them go to a health unit urgently. At project end, 55% responded satisfactorily about the danger signs. In the baseline study, only 5% of the mothers in the PVO areas could answer correctly.

At final evaluation, 71% of the mothers with children with respiratory infections sought help or treatment in a health establishment. There was an increase of 40% for the PVOs. There was no significant statistical difference for the NGOs.

2.4. Vector Transmitted Diseases

Activities to reduce the incidence of malaria were developed by organizations with projects in areas where this disease is endemic (areas of PCI, HOPE, CARE, and PLAN International).

The activities carried out to combat malaria included training and equipping of volunteers, environmental sanitation, and hiring staff to support the MOH's detection and treatment of malaria cases.

Training and consolidation of volunteers. New volunteers were trained in workshops and refresher courses were held for volunteers who had collaborated in the past with the Program to Control Vector Transmitted Diseases directed by the MOH. Among the topics covered were diagnosis and treatment, taking the sample (drop of blood), information management system, and control of the vector. In all, 523 volunteers were given training.

Equipping volunteers. Along with the education, the volunteers were equipped so that they could do community surveillance work of all feverish persons, take the blood sample in order to send it to the closest MOH laboratory for diagnosis, and then give treatment according to the result. The basic equipment consisted of disposable materials (lances, cotton, alcohol, slides, and slide covers).

Community Clean-up Campaigns. In coordination with the MOH, the local government, community health volunteers, and the population at large in the community, clean up campaigns were held to eliminate breeding grounds for mosquitoes, with the elimination of garbage and aquatic vegetation and the draining of puddles. MOH fumigated inside and around homes in priority areas. There were more than 80 clean-up campaigns, during which more than 20 cubic meters of garbage were gathered and eliminated, 6,269 square meters of aquatic plants were eliminated, and 80 meters of puddles that could serve as a breeding ground for the vector were drained.

Hiring of staff. To support the SILAIS' efforts in Jinotega, two technicians were hired to control vector-transmitted diseases, provide education, and to conduct monitoring in the communities.

3. Networks for Health

Beside the significant achievements in improving health in the communities, a second major impact of the post Hurricane Mitch phase of NicaSalud was the establishment of a functioning and sustainable network to promote health in Nicaragua. From the beginning there was a commitment to working together among the diverse organizations that compose NicaSalud, and a goal to achieve an institution, rather than a project with a defined life.

The Network developed its Vision to articulate its goal:

“United communities with the right to quality health services, including access to and participation in delivery of such services.”

NicaSalud’s Mission clearly describes the role of the network in achieving that end:

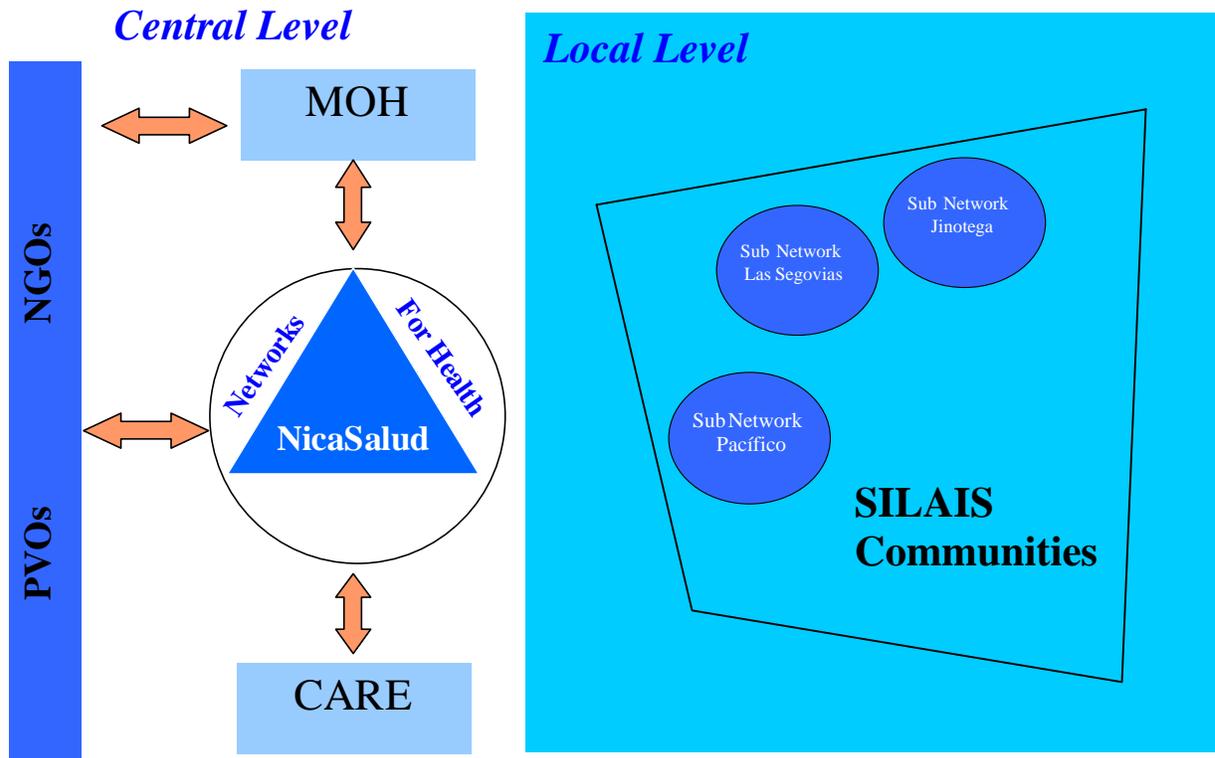
“To improve the health of vulnerable groups, through a network dedicated to high quality initiatives.”

At the international level, NicaSalud was supported by NGO Networks for Health, which provided technical and organizational strengthening.

At a national level the organizations met regularly, especially the Board of Directors, to discuss progress of the activities and strategic planning. The NicaSalud office also maintained very close coordination with the MOH, providing for a strategic partnering between the MOH and the NGO sector working in health in Nicaragua. CARE provided financial and administrative oversight and responsibility.

At a local level, three sub-networks were formed to provide on-going contact among the project managers of each institution, the NicaSalud supervisor of each sub-network, and the SILAIS and departmental offices of the MOH. It was at this local level that activities were coordinated operationally. Figure 12 provides a graphic representation of these networks.

Figure No. 12. The NicaSalud Networks



3.1. The NicaSalud Team

The operational coordinating body for NicaSalud is the team that provides technical, financial, and administrative oversight and strengthening to the activities and institutions. The team is kept small and each technical member has both a geographic and thematic leadership role. The administrative and financial team likewise serves both for the smooth functioning of the NicaSalud office, and to strengthen the capacity of NicaSalud's members.

“In the training process for Sexual and Reproductive Health, we realized that we did not have proper documentation. Making use of the opportunities given us by working in a network, we proposed a meeting and got the good will and collaboration of Ixchen from our Pacific sub-network and of PROFAMILIA, which supplied us with enough pamphlets that contributed to having the training sessions be more dynamic, serving to reinforce the knowledge of the promoters and the community.”

Dr. Marlene Castro, Supervisor of the NicaSalud/Save the Children Project

3.2. Strengthening of the Sub-networks

The three sub-networks, designed according to the geographic area of the projects, shared human, technical, and material resources in a climate of solidarity and cooperation in order to attain efficiency in the programmed interventions and achieve maximum benefits for the target population. The process of organizational strengthening of the partners at the level of the sub-projects was consolidated in two ways: technical training (EPIINFO, IMCI, LQAS, TQM, etc.) and the holding of monthly coordination meetings to discuss issues of institutional and strategic importance. The ongoing technical advice from the NicaSalud team also provided opportunities to coordinate and share lessons learned.

In addition to the sub-network members, collaborations were established with other organizations and projects working in the zones, creating synergies and providing for the elimination of duplication of efforts. Finally, the sub-networks coordinated closely with the SILAIS of the MOH, providing an important linkage between the MOH and the NGO community.



Work Session. Project Coordinators in the Las Segovias Sub-Network

4. Organizational Progress of NicaSalud

Initially four of the PVO partners in NGO Networks for Health present in Nicaragua were to implement the project, with CARE selected as lead. Later, USAID added the other 4 PVO partners to increase coverage. USAID already had a cooperative agreement with Save the Children USA for the NGO Networks for Health Project, and it was seen as an appropriate mechanism to channel Post Hurricane Mitch funds to four of the PVO partners. CARE already had a sub-grant agreement with Save and this agreement was amended to add the funds to be channeled through CARE to the four other PVOs, the local NGOs and for the management and administration of what became NicaSalud. NicaSalud was initially a CARE project, but leadership and governance was shared from the beginning with the PVO directors and later adding two local NGO directors.

A first step in enlarging NicaSalud was the incorporation of new members. A public request was made for projects to be presented by Nicaraguan NGOs and 13 projects were selected for financing. The Board of Directors was expanded to include two representatives from the NGOs, elected by the NGOs.

From the beginning, there was a view to create an independent organization that would continue after the Post-Mitch financing. NicaSalud applied for legal registration in Nicaragua as a non-profit federation. The National Assembly approved legal registry of NicaSalud in October 2001 and since then it has been registered with the Ministry of the Interior.

5. Financial Activities

5.1. Funds allocated

USAID allocated NicaSalud US\$6,100,000 (six million one hundred thousand dollars) for the Post-Mitch Reconstruction Phase. As part of the Reconstruction funding, these funds were provided for activities between 1999 and December 31, 2001. This funding covered both NicaSalud's operational budget and the sub-grants that it provided. A total of US\$4,671,966.49 was distributed among 21 organizations, of which 8 are PVOs and 13 are NGOs.

Table No. 6. Funds allocated by organization for projects.

Organization	Budget US \$
A.D.P.	97,995.86
Acción Ya – Estelí	27,659.65
ADRA	400,000.00
Alistar	97,993.07
AMFAN / Ixchen	97,996.20
AMNLAE – Esteli	65,870.90
CARE	400,000.00
CEPS	97,639.78
Compañeros de las Américas	97,999.17
CRS	400,000.00
FUMEDNIC	99,999.73
FUNDEMUNI	93,211.31
FUNIC Mujer	99,977.30
FUNISDECI	99,730.77
Hablemos de Nosotras	95,995.26
INPRHU – Somoto	99,897.49
PCI	400,000.00
Plan International	400,000.00
Project Hope	400,000.00
Save the Children USA	700,000.00
Wisconsin Partners	400,000.00
Total	4,671,966.49

5.2. Administrative and Financial Training

To ensure compliance with the reporting for sub-grants, as well as to strengthen the NGOs financial and administrative capacity, NicaSalud staff provided oversight, including field audits, and training to the sub-grant recipients.

At project initiation, a workshop was held on accounting, internal control, and administrative procedures for the accountants and managers of the projects of the NGOs. The workshop covered basic accounting practices as well as administrative procedures and the norms for internal controls. The following materials were provided:

- ▣ Manual for internal control
- ▣ Administrative procedures
- ▣ Manual for administrative accounting procedures
- ▣ Instructions for the uses of the financial reports
- ▣ Manuals for the formulation and preparation of budgets

Supervision visits were carried out and the reports discussed with financial and management officials of the organizations. Monthly financial reports were submitted by the NGOs and reviewed by NicaSalud staff finance department.

5.3. Audits

NicaSalud contracted PricewaterhouseCoopers to audit the funds that were executed by the Nicaraguan NGOs. For the PVOs, OMB Circular A-131 audits applied.

III. Lessons Learned

The Post-Mitch Reconstruction Phase of NicaSalud has provided many valuable lessons. Among them are the following:

- Despite the short time frame (two years for the PVOs and one year for the NGOs), significant impact can be achieved in improving community-based health indicators. Important and significant improvement in health-promoting behaviors can be achieved by a concentrated effort.
- Close coordination with the network of community volunteers was key to achieving the impacts at the community level. The volunteers provide much of the education and training and should be recognized as important actors in the health promotion system.
- Key to being able to show the community-level impact of the projects was the monitoring and evaluation system that provided explicit orientation for the identification of key indicators and the measurement of them pre- and post-intervention. The technical assistance provided in implementing this system was key to its success. The implementation demonstrated its effectiveness and convinced most organizations of the value of expanding the system to other activities. The unified approach permitted comparisons across organizations.
- A federation of NGOs can provide clear value-added to work among a number of organizations. In the case of NicaSalud, the following benefits were seen:
 - Coordination to avoid overlap of project areas.
 - Cross learning among organizations. The special experiences and tools of organizations were shared and picked up quickly by other organizations.
 - A common reporting mechanism to the donor, of both financial and technical supervision, providing effective and efficient oversight of the projects.
 - Technical training can be provided efficiently and effectively to a large number of organizations working of similar issues.
 - A common voice can be developed with which to coordinate with the Ministry of Health. Internal discussions can be used to develop a consensus from a number of organizations that can then be discussed with the MOH. The MOH finds it much easier to interact with a Federation than with a large number of organizations.
- A federation permits access to information, lessons learned, tools, and approaches that would be other wise difficult for small organizations to access, due to organizational limitations.

- The individual organizations can be strengthened in their administrative and financial management, as well as technical capacities through the oversight, training, and exposure to new donor demands and expectations.
- The existence of at least two networks, one at a national level among directors, and another at the operational level among project managers, was key to ensuring adequate political support at the national level and operational coordination at the local level.

Song of Farewell

All the committees that NicaSalud organized and trained value the importance for working better together.

Brigade members and midwives working together in our community so that our children have a healthy life in our home.

The project says farewell with great pleasure that leaves us working with the knowledge from the training.

They leave happy by accomplishing their mission, but we think, brothers and sisters, that we are left with the obligation of continuing with it.

I give thanks to them for their friendliness towards us shown by coming to teach and I say farewell with this humble song, giving thanks to this organization.

**Adelina Pozo Ponce
Community Midwife
El Lajero Community, San José de Cusmapa, Madriz**

This was written by a midwife who she sings in the “corrido” style, very popular in the countryside.

The network of volunteers was working to finish the project in July and so she wrote the farewell song in the last training session they had in July 2001.

ANNEXES

Annex 1. Departments and Municipalities of Project Activities

Organization	Department	Municipality
ADRA	Madriz	Yalaguina
		Palacaguina
		San Lucas
		Totogalpa
ADP	Chinandega	Villanueva
Alistar of Nicaragua	RAAN	Waspan
CARE	Estelí	Estelí
		Condega
		La Trinidad
		Pueblo Nuevo
		San Juan de Limay
		San Nicolás
CEPS	Nueva Segovia	Ocotal
CRS-CARITAS	Jinotega	Wiwilí
Foundation ACCIÓN YA	Estelí	Estelí
		Pueblo Nuevo
		La Trinidad
FUMEDNIC	Chinandega	Puerto Morazán
		Villanueva
	León	Telica
		La Paz Centro
FUNDEMUNI	Nueva Segovia	Quilalí
FUNIC Mujer	Carazo	Santa Teresa
FUNISDECI	Jinotega	El Cúa
Foundation HABLEMOS de NOSOTRAS	Chinandega	El Viejo
INPRHU- Somoto	Madriz	San José de Cusmapa
Ixchen Women's Foundation	León	Malpaisillo
	Chinandega	Chichigalpa
	Matagalpa	San Isidro
	Estelí	Estelí
Project HOPE	Jinotega	Jinotega
		Wiwilí
		Pantasma
PLAN Nicaragua	Chinandega	Tonalá-Puerto Morazán

Organization	Department	Municipality
PCI	Jinotega	San Rafael del Norte
		Yalí-La Concordia
		Pantasma
Save the Children USA	Chinandega	Chinandega
		Chichigalpa
		El Realejo
		Posoltega
	León	Malpaisillo
		Telica
Quezalguaque		
Partners of the Americas	Jinotega	Jinotega
Wisconsin PARTNERS of the America	Jinotega	Jinotega
Women's House-AMNLAE Estelí	Estelí	Estelí
		San José de Limay
		Condega
		Pueblo Nuevo
		La Trinidad
		San Nicolás

Annex. 2. Equipment Provided to the Ministry of Health

Sub Network	Recipient	Material provided
<p style="text-align: center;">Pacific Sub Network</p>	Ministry of Health (SILAIS and Health Units)	Stationery for the AIMNA program Disposable materials for PAP Pediatric scales and adult weigh scales Blood pressure gauges Stethoscopes Thermometers (194) Gynecological cots (20) Scales for height and weight (5) Swan neck lamps (10) Speculums (10) Uterine pincers (5) Height measurers Specialized stationery for health records and statistics
	Rural Children's Houses. Mother-to-Mother Groups	Teaching materials for attention for children
	Base houses	Teaching and training materials Chlorine, alcohol Gloves and applicators for basic treatment of wounds Chlorimeters (14) Stationery for referrals and counter-referrals
	Pregnant women and families with children under 5 years of age	Bottles illustrated with the steps for preparing oral serum
	Health promoters	Thermometers (45) Batteries (552) Boots (44)

Sub Network	Recipient	Material provided
Jinotega/RAAN Sub Network	Ministry of Health (SILAIS and Health Units)	Stationery for referrals and counter referrals Vitamin A tablets (63.000). Salter scales (19) Pediatric scales (19) Birth certificates (500) Prenatal ID cards (100) Blocks of forms for keeping records of ambulatory attention (333) Forms for integral attention for children (200). Blocks of forms for IMCI (50) Blocks of forms for medical history of children (50). One solar panel Sheets for follow up and control of children for the IAC/IMCI program (4000) Material for teachers (bond paper, Bristol board, acetates, flip charts, pens) Basic equipment for CORUs
	CORUs	Chlorine Oral Rehydration Salts
	Midwives	Satchels for clean births (65)
	Base Houses Health brigade members	Envelopes for oral serums (3850) Tables for care of sick children (77)
	Children in the Children-to-Children strategy	Knapsacks (268)
	Trained midwives	Stationery for attention from midwives Equipment for clean births (48) (One waterproof satchel containing: plastic apron, 20 umbilical clamps, 2 scissors, one suction cup, 50 pairs of globes, and 2 flasks of alcohol)
	Ministry of Health (SILAIS and Health Units)	Blood pressure gauges for children (5), Blood pressure gauges for adults (5) Material for attention for children with ADD and ARI: pots, pans, gas stoves, towels, and glasses Megaphones (4)
	Breastfeeding Counselors	Satchels (127) Flip charts.

Sub Network	Recipient	Material provided
Las Segovias Sub Network	Person in charge of base houses	Weights and covers for scales (15) Pediatric scales (21) Thermometers Tables (210) and watches, gas stoves, pots and pans Basic equipment for CORUs (15) Basic equipment for IRAS (15) Basic material for CORUs (101) Scales, watches, thermometers, measuring cup, pitcher, cup, spoon, glasses, corkboard, cover for scale Measuring tapes (15) Scales for children (15) Flashlights (15) Bed sheets (30)
	Health promoters	Bibliographical materials Scales (3) Stethoscopes (10) Pediatric scales (2) Height measurers (4) Knapsacks, flashlights, batteries, calculators, pens, posters, leaflets, manuals
	Midwives	Large towels (15) Knapsacks (21) Medium scissors (6) Eye pincers (20) Reata tape (21) Pairs of surgical gloves (100) Yards of gauze (200) Liters of alcohol (3) Pans (21)
	Friend of Women House Promoters against violence	Tables (3) Shelf units (3) Chairs (3)
	Adolescent promoters and volunteers in SRH	Educational material Knapsacks (280) Caps (455) T-shirts (312) Notebooks (1000) Day planners (122)
	Center for attention to adolescents	Teaching material and furniture Chairs for waiting room (10) Tables (10) Bookshelf (1) Filing cabinet (1) Literature on SRH topics

Annex. 3. Supplies Provided to the Communities

INPUTS	Unit of measure	QUANTITY
70% Alcohol	Gallons	47.5
Thermometers	Units	348
Large pans	Units	80
Cups and Medium cups	Units	117
Kidney dishes	Units	90
Aluminum spoons	Units	40
Medium pans	Units	10
Glasses	Units	11
Disposable syringes	Units	44
IAC manuals	Copies	104
Stationery for AIMNA programs, records and statistics, referrals and counter referrals, birth certificates, prenatal ID cards, integral care for children	Units	6,572
Chlorimeters	Units	14
Furniture for Health Centers	Units	23
Tables for CORUs	Units	77
Equipment for midwives	Equipment	224
Salter scales	Units	139
Watches	Units	262
Tape thermometer	Units	86
Measuring tapes	Units	147
Pitchers	Units	234
Cups	Units	582
Ladles	Units	88
Pots	Units	119
Small spoons	Units	321
Glasses	Units	582
Boxes for ColVol	Boxes	380
Corkboards	Units	50
Covers for scales	Units	188
Gas lamps	Units	15
Flashlights	Units	154
Bed sheets	Units	30
Medium scissors	Units	21
Eye pincers	Units	36
Reata tape	Units	21
Surgical gloves	Units	420
Gauze	Units	800
Manual for promoter	Units	310
Knapsacks	Units	495
Calculators	Units	120
Scales for adults	Units	22
Pediatric scales	Units	4
Stethoscopes	Units	32
Height measurers	Units	92
Equipments for CORUs	Equipment	290
Chairs	Units	10
Tables	Units	10
Shelf units	Units	5

INPUTS	Unit of measure	QUANTITY
Filing cabinets	Units	3
Speculums	Units	20
Gynecological cots	Units	6
Uterine pincers	Units	5
Swan neck lamp	Units	6
Radios	Units	45
Boots	Pairs	153
Wood blackboards	Units	46
Foggers	Units	4
Equipment for ColVol	Equipment	100
Blood pressure gauges	Units	47
Ambu	Units	3
Laryngoscopes	Units	3
Pediatric blood pressure gauges	Units	9
Computers	Equipment	7
Overhead projectors	Units	4
Whiteboards	Units	4
Camera	Units	1
Megaphones	Units	4
Standup fans	Units	5
Plastic jerry cans	Units	41
Pediatric stethoscopes	Units	1
19 inch television	Units	1
VHS	Units	1
Waiting room benches	Units	4
Sofas	Units	2
Stop watches	Units	2
Scales	Units	13
Stoves	Units	28
14 cubic foot freezers	Units	1
Plastic tables	Units	27
Suction cups	Units	12
Thermometer carrier	Units	28
Rulers	Units	28
Signs for base houses	Signs	34
Plastic chairs	Units	68
Towels	Units	112
Bags for counseling	Units	127
Furniture (tables, chairs, shelves)	Units	9
Envelopes for oral serum	Envelopes	3850
Vitamin A tablets	Tablets	63,000
Solar panel	Units	1
Caps	Units	455
T-shirts	Units	312
Notebooks	Units	1,000

Annex. 4. Instruments used for selection of projects presented by national NGOs

PROJECT NicaSalud

CLASSIFICATION OF PROJECTS

NGO: _____

Project: _____

Evaluator: _____

CRITERIA	VALUE	SCORE
Feasible, Sustainable, Acceptable	15	
The project is framed in the strategic objectives and intermediate results of USAID and Network, directed at the population affected by Hurricane Mitch?	4	
The strategies and proposed activities are proven effective?	4	
The proposed goals can be implemented in the time projected for the project?	3	
Is it possible for the project to be sustained by the local actors once the funding period ends?	4	
Programmatic Ability	15	
The proposed objectives correspond to the problem identified?	4	
The strategies and proposed activities will allow for the proposed objectives?	4	
Local beliefs and practices are considered in the design of the project?	3	
There is evidence of the participation of local community actors in drawing up the proposal?	4	
Clarity of Presentation	15	
The objectives of the project were made operational in specific accomplishments that can be measured and evaluated?	7	
All the components asked for are found in the base document?	4	
There is coherence and clarity between all these components?	4	
Collaboration	10	
Making work linkages with other local institutional actors is included? MOH, Local Government, NGOs, PVOs	4	
There is a component for the institutional strengthening of MOH	2	
Establishing coordination and strengthening the community network is included?	4	
Special Programmatic Emphasis	10	
The target population of the project is well defined?	5	
It proposes services for the population and/or themes of national interest?	5	
Innovation	5	
It presents novel aspects of intervention?	2.5	
It has proposals about changes in behavior?	2.5	
Monitoring and Evaluation	5	
It presents general strategies for the M&E process	2.5	
The execution of a baseline and final evaluation is considered	2.5	
Managerial/Administrative Capacity	10	
The number and technical/professional profiles presented by the project are acceptable and viable, according to the design of the project itself?	5	
It presents in writing at least one external audit report?	5	
Budgetary Clarity	10	
It presents a memory of calculations?	3	
It contains the budgetary outlays indicated in the terms of reference?	3	
The costs presented are reasonable, acceptable, and eligible in relation to the programmatic plan presented?	4	
Co-financing	5	
It includes a proposal for counterpart funding from the NGO	5	
TOTAL SCORE	100	

**PROJECT NicaSalud
FINANCING FOR LOCAL NGOs
HEALTH PROJECTS**

Consolidation of Evaluation of Proposals

Name of the NGO: _____

Name of the Project: _____

Criteria Evaluated	Evaluation 1	Evaluation 2	Evaluation 3	Evaluation 4	Average of Evaluation
TECHNICAL-PROGRAMMATIC					
Feasible, Sustainable, Acceptable					
Programmatic Ability					
Clarity of Presentation					
Collaboration					
Special Programmatic Emphasis					
Innovation					
Plan for M&E					
Sub-Total					
ADMINISTRATIVE AND FINANCIAL					
Managerial And Administrative Capacity					
Budgetary Clarity					
Co-financing					
Sub-Total					
GRAND TOTAL					

RANGES OF CLASSIFICATION:

EXCELLENT (more than 90)

GOOD (76-90)

FAIR (60-75)

POOR (less than 60)

PROJECT NicaSalud
FINANCING OF LOCAL NGOs
HEALTH PROJECTS

TOTAL Points

Individual Evaluation of Proposals
Criteria for Evaluation

Name of the NGO: _____

Name of Project Proposal presented:

Name of the evaluator: _____

Date evaluation made: ___/___/___

Signature of evaluator: _____

TECHNICAL-PROGRAMMATIC ASPECTS (75 points)

Feasible, sustainable, acceptable. (15 points) Score

To what extent are the components of the proposal appropriate for the population in the frame of the strategic objectives and intermediate results defined by USAID/NGO Networks for Health. The proposal is feasible taking into account the available time? The proposed strategies are of proven effectiveness and it is possible that when the NGO that implemented them withdraws the community can maintain it?

Programmatic Ability (15 points) Score

Refers here to the extent that the NGO has been able to design the project in order to accomplish what is proposed. The problem proposed to intervene around has been well identified and delimited? The objectives proposed correspond to the problem identified? The strategies and activities to be developed give full outlet to the objectives proposed? There is evidence of the participation of community actors in drawing up the proposal? The proposal is adapted to the conditions, customs, traditions, and respect for socio/cultural values so that the population appropriates it?

Clarity of Presentation (15 points) Score

Refers to what extent the organization has clearly and realistically stated the concrete objectives of the project that should always converge in creating lasting benefits for the groups towards which the interventions are directed. The objectives are measurable and the achievements can be quantified? There is a clear expression of the results and how to obtain them? All the items asked in the base document are presented? There is coherence and clarity between all the components of the design?

Collaboration (10 points) Score

Has to do with the promotion and use that the proposal has for creating and/or strengthening links with other NGOs, PVOs, MOH, or other sectors working in the area so that the results to be obtained have a greater impact than if each one worked alone and individually. The proposal includes the participation of the community in its different organizational forms?

Special programmatic emphasis (10 points)

Score

The target population is clearly defined? The proposal aims to attend to the population or themes of national interest like Gender Equity, Community Mobilization, Adolescents, and specific priority age groups, among others?

Innovation (5 points)

Score

Interesting and novel aspects that it is proposed to implement to solve the problem(s) put forward through activities or participatory methods in and with the community. Proposals about changes in behavior or other strategies with community involvement are presented?

Plan for monitoring and evaluation (5 points) Score

Presents a viable and economic plan to measure progress and results that are to be obtained with the execution of the project? Includes general elements for Monitoring and Evaluation? Has included the execution of baseline study and a final evaluation?

ADMINISTRATIVE AND FINANCIAL ASPECTS (25 points)

Managerial/Administrative Capacity (10 points)

Score

Refers to whether the posts and number of staff proposed in the project is adequate or corresponds to the programmatic aspect of the project. Whether the NGO presents in writing at least one report from external audits made in the last three years.

Budgetary Clarity (10 points) Score

Assess whether the project budget presents a memory of calculations, that is, a breakdown of each budgetary outlay. The budget form presented in the project contains the outlays indicated in the terms of reference? The costs presented in the budget are reasonable, acceptable, and eligible in relation to the programmatic plan presented?

Co-financing (5 points)

Score

The budget includes a proposal for counterpart funds proposed by the NGO.

EVALUATION OF THE PROJECT PROPOSALS PREPARED BY NGOs

Name of the NGO:			
Name of the Project presented:			
Target population at which the project is directed:			
Geographic area to be attended by the project:			
Assess (with an X) the project proposal with regard to the following defined institutional criteria. The lack of one voids the project, except for the letter of backup from MOH:			
	Has	Doesn't have	Observations
Legal personality			
Statutes			
Perpetual Register			
Backup letter from MOH			
Years of experience in the intervention proposed			
Accounting system (external audits)			
Budgetary management			
Relation of project to post Mitch areas			
Assess (with an X) the project proposal in regard to the form approved by NicaSalud:			
	Has	Doesn't have	Observations
Executive summary			
Justification			
Geographic area			
Target population			
Overall goal / General objective			
Specific objectives			
Strategies			
Activities			
Matrix of expected results			
Human resources			
M & E			
Budget			
Organizational chart			
Timetable			
Letters of support			
<p>NOTES: Regarding the letter of backup from MOH, this will be flexible in nature, it being possible to wait a prudent amount of time; the minimum years of experience in the intervention proposed by the NGO is three; external audits from the last three years should be included in the annexes; assess how important is the relation of the project to areas affected by Mitch, with the strengthening of collaboration between NGOs, PVOs, MOH, and other partners in the proposed areas, with the promotion of healthy and sustainable conduct in the affected communities, with greater access to health services in affected areas, and with the themes of Child Survival, Reproductive Health, Immunization, Health Education, and Infectious/Contagious Diseases like malaria, dengue, cholera, leptosporosis, STDs, or STIs/HIV/AIDS; in such a way that the health situation of families affected by Mitch is improved and maintained.</p>			

Annex. 5. List of documents produced by NicaSalud

1. Esperanza, Camacho, Tenorio Mercedes and Roberto Pao. 2001. Programa de Capacitación Modelo de Cadena de Cambio. (Program for Training in Chain of Change Model) 25 pp.
2. Lee, Sallie. 2000. Organizational Startup and Structure Network Formation Project Management. 42 pp.
3. NGO Networks for Health Project. 1999. Nicaragua Start –up Workshop. 95 pp.
4. NGO Networks for Health Project. 2000. Enfoque Técnico de NGO Networks para los Programas de Cambio de Conductas. (Technical Approach of NGO Networks for Change of Behavior Programs) 72 pp.
5. NGO Networks for Health Project. 2000. NicaSalud Staff Orientation Workshop. 94 pp.
6. NicaSalud. 2000. Behavior Change Implementation Plan NicaSalud 2000.
7. NicaSalud. 2000. Report of the NicaSalud Board of Directors Retreat October 3-5, 2000 Hotel Montelimar, Nicaragua. 22 pp.
8. NicaSalud. 2000. Taller de Arranque con Organismos No Gubernamentales Miembros de la Red. (Startup Workshop with Non-Governmental Organizations Partners of the Network) 51 pp.
9. NicaSalud. 2000. Taller de Planificación de Desarrollo y Fortalecimiento de Capacitación. (Workshop for Planning of Development and Strengthening of Training) 27 pp.
10. Spicehandler, Joanne. 1999. Taller de Inicio en Nicaragua. (Startup Workshop in Nicaragua) 13 pp.
11. Spicehandler, Joanne. 2000. Report on Consultancy to work with NicaSalud on the NGO Startup Workshop June 19-23, 2000. 41 pp.
12. Sullivan, Frank. 2000. Draft Board of Directors Retreat Themes.
13. Sullivan, Frank. 2001. NicaSalud Strategic Planning-1.
14. Valdez, Joseph, F. Campos, R. Thorndahl, L. R. Seims and Corey Leburg. 2000. NicaSalud Baseline Survey Results for 8 Partner Organizations, ADRA, CARE, CRS, POA, PCI, PLAN, HOPE and SC. November – December 1999. 48 pp.

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