

PROJECT HOPE

**IMPROVING THE HEALTH OF MOTHERS AND CHILDREN OF
RURAL JINOTEGA, NICARAGUA: An Integrated Approach in
Partnership with the Public and Private Sector Providers in
Coffee-Growing Areas**

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ACRONYMS

ADRA	Adventist Development Research Assistance
ACCEDA	Nemotecnia para conserjería en SSR
AIMNA	Atención Integral a la Mujer, Niñez y Adolescencia
AIN-C	Integrated Services to the Child in the Community
AIDS	Acquired Immune Deficient Syndrome
AMATE	Animación, Motivación, Apropiación, Transferencia, Evaluación
AMAS	Abordaje del Mejoramiento de la Atención en Salud
ARI	Acute Respiratory Infections
BCG	Bacilo de Calmette y Guerin
BF	Breastfeeding
CARE	Cooperative for Assistance and Relief Everywhere
CS	Child Survival
CSTS+	Child Survival Technical Support Project
CHVs	Community Health Voluntary
CBDA	Community Based Distribution Agents
CORU	Community Oral Rehydration Unit
DIP	Detailed Implementation Plan
Dt	Difteria Tétanos
ECO	Evaluación de Capacidad Organizacional
EC-MAC	Entrega Comunitaria de Métodos Anticonceptivos
EDA	Enfermedades Diarreicas Agudas
EON	Emergencia Obstétricas y Neonatales
FPM	Family Planning Method
GPS	Global Positions System
HIV	Human Immune Virus
HU	Health Unit
IDRE	Información, Desarrollo, Resumen, Evaluación
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illness
JNS	Jornada Nacional de Salud
KPC	Knowledge, Practice & Coverage
LAM	Lactational Amenorrhea Method
LQAS	Lot Quality Assurance Sampling
MM	Maternal mortality
MMR	Measles, Mumps, and Rubella
MOH or MINSA	Ministry of Health
MSH M&L	Management Sciences for Health / Management and Leadership
NicaSalud	Network of PVOs in Nicaragua
NGOs	Non- Governmental Organization
PACT	OPV Especializada en Fortalecimiento Institucional
PAHO	Pan-American Health Organization
PAI	Programa Ampliado de Inmunizaciones
PDA	Personal Digital Assistant
PRIME II	Primary Services II
PROCOSAN	Programa Comunitario de Salud y Nutrición

PVOs or OPVs	Private Voluntary Organization
SRH	Sexual Reproductive Health
SICO	Sistema de Información Comunitaria
SIGHOPE	Sistema de Información Georeferencial de HOPE
SM	Salud Materna (Maternal Health)
STI	Sexually Transmitted Infections
SILAIS	Local Integrated Health Care System
TBA	Traditional Birth Attendant
TQM	Total Quality Management
U/S	Unidad de Salud (Health Unit)
USTF	Unidad de Salud Totalmente Funcionales
USA	United State of America
USAMN	Unidades de Salud Amigas de la Mujer y la Niñez
VCS	Voluntario Comunitario de Salud (Community Health Volunteer)
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

A. MAIN ACCOMPLISHMENTS

Project HOPE's Child Survival program (CS-18) in Jinotega, Nicaragua has accomplished most of the expected outcomes for the first year of program implementation as planned in the Detailed Implementation Plan (DIP), which was submitted and approved at the Mini University event in Baltimore, Maryland last June 2003. Significant accomplishments include:

- Identification of partners in the private sector—coffee growers—for the implementation of joint activities with the MOH in the Jinotega Municipality pilot area. Activities have started with four private producers and one Cooperative for allocation of resources (personnel and facilities) to set up health services before the beginning of the coffee harvest. In addition, these two partners have agreed on the implementation of community-based pharmacies and distribution points for family planning (FP) methods. Despite the critical economic situation of coffee plantations due to world market downturns in the coffee prices, the main factor for these agreements has been the decisive commitment of the private sector to improve health conditions for their workers as a means to improve productivity.
- Timely initiation of key activities, such as the Total Quality Management (TQM) training of MOH partners and HOPE staff. The recognition of the need to have improved management tools and technical assistance by the MOH personnel at all levels is facilitating this process.
- Close coordination with other PVOs, including ADRA, and CARE, with the purpose to share experiences within the context of similar CS programs. There is recognition by all CS implementing PVOs of the advantages of sharing experiences and tools.
- The project has started and maintained close coordination with MSH M&L, NicaSalud - PRIME II, CARE, and PCI to plan and carry out joint training sessions to MOH personnel; distribution of FP methods in remote communities with difficult access (ECMAC), and organizational community in EON, using participatory methodologies (i.e. AMATE). Cost sharing and savings for training activities is recognized by everyone as the most efficient use of resources.
- Execution of monitoring activities using LOAS for all indicators included in the work plan in the DIP.

The following table lists the program objectives and indicates the overall estimation as to whether or not the progress toward achieving the objective is on target. Additionally, the table includes comments for each objective.

Table 1: Progress by Program Objectives

Project objectives from the DIP	Progress On Target	Observations
Maternal and neonatal care: 30% , Desired Result: Improve the quality of maternal and neonatal care services of the SILAIS Jinotega's health units (HUs)		
Intermediate Results (Outcome): 1. Improve the institutional quality for prenatal, delivery and postpartum care.	Yes	The project was able to conduct monitoring visits on AIM in 55% of health units using the evaluation guidelines available for AIM
		Training of health staff on using AIM and EON protocols. Reproduction of training materials and tools (protocols, norms, monitoring guides). Further training sessions on AMATE, IDRE are scheduled for local health facilitators from SILAIS
		Health units (10%) improved their practices during delivery
		With the support of the Embassy of Japan, a maternal house will be established in Wamblan.
		Training of 100% of municipal teams on TQM as a tool for improving the quality of health care
2. Improve the mother's nutritional practices during pregnancy and breastfeeding	Yes	Health units (50%) with BF promotion plans and key message for immediate BF during the first hour after birth
3. Strengthen the capacity of healthcare providers to manage neonatal and obstetric emergencies	Yes	Review of records in 50% of health units; twenty-five health providers trained on AIM
4. Increase the knowledge of mothers and family members regarding maternal health (basic messages about danger signs during pregnancy, delivery and postpartum).	Ongoing	This activity depends on the implementation of EON-C, which is being revised by the MOH.
5. Increase the capacity of CHVs at the community level, in order to provide education and quality counseling regarding maternal and reproductive health.	Yes	Tasks accomplished: Training curricula developed for maternal health and EON-C; In 6 municipalities the program conducted two bimonthly training sessions with TBAs (80) to address delivery and danger signs, labor, and postpartum complications.
		TBAs (80) trained on maternal health. Training sessions made use of participatory methodologies.

6. Strengthen the referral and counter-referral system for maternal health at institutional and community levels.	Yes	During this year, the MOH institutionalized the Community Information System (SICO), which includes tools for improving access to health care. During next year, HOPE's CS-18 program will support the implementation of SICO in the 80 target communities.
Nutrition / Micronutrients (13%) Desired Result: Improved nutritional status of children less than 5 years old		
Intermediate Results (Outcome): 1. Improved surveillance and identification of children less than 5 years old at risk of malnutrition and improved nutritional counseling for their mothers	Yes	55% of health providers trained (at their job posts) on nutritional assessment, including quality standards for growth monitoring and promotion. The SILAIS-Jinotega trained all of its municipal agents so they can supervise all their staff. The program has presented the nutritional strategy in 46 communities; community health volunteers have been already identified for implementing AIN-C in these communities (this represents 58% of the target set in the DIP)
2. Increase community involvement in nutritional counseling and education	Yes	The program has presented the nutritional strategy in 46 communities; community health volunteers have been already identified for implementing AIN-C in these communities (this represents 58% of the target set in the DIP) This activity also depends on the implementation of PROCOSAN; its implementation is scheduled for the second quarter next year.
Breastfeeding: 10% Desired Result: Improve the practice of breastfeeding in children aged 0-23 months old		
Intermediate Results (Outcome): 1. Increase the percentage of newborns breastfed within the first hour after birth.	Yes	Six main health units with BF promotion plans
☞ Increase the percentage of children aged 0-5 months old that are exclusively breastfed. ☞ Increase the percentage of mothers with children younger than 6 months old who use LAM as a child spacing method.	Yes	Six BF support groups reactivated with a BF promotion plan Six main health units with plans to strengthen USAMN (promotion of 11 BF steps) Forty communities selected for the formation of mothers' and fathers' groups during the first semester of year 2.
Immunizations (7%) Desired Result: Improve immunization coverage for children under 2 years of age		
Intermediate Results (Outcome): 1. Increase the number of children	Yes	The program has provided technical support to SILAIS on the analysis of EPI coverage and drop out rates.

aged 12-23 months old with immunization card		Updating of EPI forms and census with MOH workers at health posts during bimonthly sessions with CHVs and during home visits.
2. Decrease the dropout rate of children less than 5 years old from the immunization program	Yes	Updating of EPI forms and census with MOH workers at health posts during bimonthly sessions with CHVs and during home visits.
Control of Diarrheal Disease: (15%) Desired Result: Improve the quality of healthcare for children with diarrhea.		
Intermediate Results (Outcome): 1. Improve practices of mothers regarding care for children less than 5 years old with diarrhea	Yes	30% of health providers trained (at their job posts) on quality of care. The SILAIS-Jinotega trained all of its municipal agents so they can supervise all their staff.
2. Improve diarrhea case management in the community.	Ongoing	This activity will be implemented according to the revised AIN-C; it is expected that CHV will follow up the counter-referrals sent by health personnel 434 CHVs have been trained during bimonthly sessions on recognition of danger signs
Pneumonia Case Management (10%) Desired Result: Improve quality care for children with pneumonia		
Intermediate Results (Outcome): 1. Improve mothers' healthcare seeking behaviors for ARIs	Ongoing	This activity will be implemented according to the revised AIN-C; it is expected that CHV will follow up the counter-referrals sent by health personnel Referral forms provided to CHVs who liaise with 15 health units during monthly
2. Improve ARIs case management at HUs and in the community	Ongoing	73 CHVs trained during the bimonthly meetings on ARI case management in all health units This activity will be completed in those communities where PROCOSAN (AIN/AIEPI-C) will be adopted; it has been scheduled for the second half of year 2 The program has donated 3,000 bottles of Amoxicilin (125 mg, 5ml) to narrow the gap in health units at different levels
Child Spacing 10% Desired Result: Increase birth intervals in mothers with children aged 0 to 23 months old		
Intermediate Results (Outcome): 2. Increase the use of modern family planning methods in women of reproductive age	Yes	Coordination has been established with the MOH and MSH M&L to standardize norms and to select those hard-to-reach communities. In year 2, five municipalities will be included. Forty health facilitators trained on effective communication on SSR, using the ACCEDA methodology Local facilitators were trained, and up to 40 hard-to-reach communities were selected. The pilot program will start during the first half of year 2.

		During year 1, the MOH institutionalized the implementation of EC-MAC (community distribution of FP methods) in the country, with support from MSH M&L and other MOH partners nationwide.
HIV / AIDS / STIs: 5% Desired Result: Increase the capacity of healthcare providers to provide health education, counseling and referrals relating to sexual and reproductive health		
Intermediate Results (Outcome):	Yes	IEC plan for sensitization of health personnel on HIV/AIDS produced. The plan will be executed during the first half of year 2.
3. To increase the mothers' knowledge on how to prevent HIV / AIDS / STIs transmission		Two core topics selected: use of modern FP methods, and relationship with only one partners. The IEC strategy will be designed early next year.

B. CHALLENGES

- The strategy to implement CS interventions specified in the DIP proposed to work within the framework of AIN-C, an integrated community-based health care services approach promoted by BASICS; however, the MOH was promoting the PROCOSAN approach, a similar strategy endorsed by the World Bank. The MOH is currently merging some aspects of both strategies and will shortly launch a revised AIN-C as the integrated community-based health care services approach for the whole nation. This process has delayed HOPE's CS-18 community-based activities in the target 80 communities.
- Project HOPE had to delay the planned Health Facility Assessment (HFA) proposed in the DIP. Such a HFA will make use of AMAS (formerly known as USTF). It is expected that the SILAIS Jinotega will carry out the HFA in November. Project HOPE will support the SILAIS in all efforts to conduct the assessment in the entire Department of Jinotega.

Actions being taken to overcome challenges

- There is already a plan developed jointly with SILAIS Jinotega and the Central MOH for the implementation of the AIN-C using the new tools from PROCOSAN. The Central MOH has recently issued a resolution ordering the expansion of AIN-C nationwide.
- Training of HOPE field staff and SILAIS personnel on AMAS in order to facilitate the implementation of the strategy.
- Project HOPE will actively participate with SILAIS and municipalities during the diagnosis and monitoring of health units within the framework of AMAS
- In the DIP, Project HOPE proposed to monitor health units using the USTF (known now as AMAS) strategy every six months ; however, as the MOH will put into effect the new strategy (AMAS) that will require more continuous monitoring, Project HOPE will attempt to support the SILAIS to conduct such a monitoring every three months.

C. TECHNICAL ASSISTANCE REQUIRED

Given the adverse geographical and economic conditions present in the program target area, the program required technical assistance (TA) for the revision of its sustainability strategy. To do so, Project HOPE submitted a concept paper to CSTS to receive in-country TA to develop a revised devolution plan so program activities can continue under the management and supervision of local partners after the end of the project. Project HOPE received the confirmation from CSTS to obtain such a TA to better define the devolution plan. Project HOPE is currently coordinating with CSTS this TA, which will translate into a 10-day field visit tentatively scheduled for the first half of February 2004. Activities during such a visit will include participation of local key partners, which includes the MOH in Jinotega (SILAIS) and representative/owners of coffee plantations. The in-country TA aims to define key issues and strategies to adopt in order to sustain activities at the institutional, community and household levels.

D. SUBSTANTIAL CHANGES

The program does not have any substantial changes from the DIP submitted and approved last June 2003.

E. RECOMMENDATIONS FROM THE DIP

Although the DIP submitted in June 2003 at the Mini University event was approved immediately upon its presentation, there were two observations suggested by CSHGP staff: i) collection of two missing Rapid CATCH indicators at baseline; and ii) coordination with other PVOs in Nicaragua.

To address the missing Rapid CATCH indicators at baseline, Project HOPE recently collected the two missing ones as part of its first annual monitoring round of LQAS in September 2003. Table 2 shows these two indicators:

INDICATOR (FOR THE ENTIRE PROJECT AREA)	2003 Baseline	2003 Monitoring
1. % of mothers of children aged 0-23 months that received two doses of the dT vaccine during the last pregnancy, according to health card.*		34%
2. % of children aged 0-23 months who slept under an impregnated mosquito net the previous night*		16%

To address the coordination with other PVOs in Nicaragua, Project HOPE has started to coordinate and will continue to do so with ADRA and CARE as follows:

- Two working meetings were held with CARE during August and September 2003 in Matagalpa and Jinotega respectively. Such working meetings served to share experiences and to plan future joint activities as appropriate.
- During the month of October 2003, Project HOPE organized a technical workshop on adult learning methodology (AMATE/IDRE) targeted to municipal facilitators of SILAIS Jinotega. Other facilitators were invited from SILAIS Matagalpa, CARE/Matagalpa. In addition, a second similar workshop has been scheduled for November 2003, and will be carried out with the participation of ADRA staff.
- On October 30, 2003 Project HOPE has organized a visit to the Matagalpa Hospital. During that visit, specialists from the Jinotega Hospital and personnel responsible for the AIMNA program will learn experiences and lessons learned on the integrated health care program for the newborn, child, and mothers from their peers in Matagalpa.
- A technical visit is scheduled with CARE to ADRA in Somoto in November to exchange strategies, approaches and lessons learned among the three PVOs.

Additionally, Project HOPE has organized the following events with local partners in Jinotega:

- A two-day technical workshop on the ECMAC strategy (AMATE) targeted to facilitators for the entire department of the SILAIS. This event was co-facilitated with technical staff from MSH/M&L, MOH, and Project HOPE.
- A three-day technical workshop on CEON (AMATE) targeted to SILAIS facilitators and Project HOPE staff. This event was co-facilitated with personnel from NicaSalud-PRIME II and Project HOPE.

F. INFORMATION REQUESTED DURING THE DIP

As mentioned in Section E, no issues or recommendations were raised during the DIP. However, two specific observations were raised, which are already addressed and explained in Section E.

The following table summarizes Rapid CATCH indicators collected from the KPC survey by Project HOPE in Jinotega last March 2003 and from the first round of monitoring (September 2003) using LQAS.

Table 2: Rapid CATCH Indicators

RAPID CATCH INDICATORS FOR THE ENTIRE PROJECT AREA	2003 Baseline	2003 Monitoring
1. % of children aged 0-23 months with low weight (weight for age) (<-2Z).	92%	NA
2. % of children aged 0-23 months who were born at least 24 months after the previous surviving child.	84%	28%
3. % of children aged 0-23 months whose birth was attended by a doctor or nurse.	51%	51%
4. % of mothers of children aged 0-23 months that received two doses of the dT vaccine during the last pregnancy, according to health card.*		34%
5. % of infants aged 0-5 months who received breast milk only in the past 24 hours.	56%	60%
6. % of children aged 6-9 months who received breast milk and complementary feeding in the past 24 hours.	87%	
7. % of children aged 12-23 months with all recommended vaccines at the moment of their first birthday according to the growth monitoring card	69%	83%
8. % of children aged 12-23 months that received the MMR vaccine according to the growth monitoring card	70%	89%
9. % of children aged 0-23 months who slept under an impregnated mosquito net the previous night*		16%
10. % of mothers of children aged 0-23 months that know at least two signs of childhood illnesses indicating the need for treatment	47%	87%
11. % of children aged 0-23 months that received more liquids and continued feeding during an illness in the last two weeks		
12. % of mothers of children aged 0-23 months who know at least two ways to prevent STIs-HIV/AIDS	6%	15%
13. % of mothers of children aged 0-23 months who report washing their hands with water and soap before the preparation of meals, before feeding children, after defecation and after tending a child that has defecated	19%	10%

*Not collected at KPC baseline, but to be collected as part of the monitoring process, at midterm and final KPC surveys.

See Table 3 at the end of this report for a complete list of key indicators of Project HOPE's CS-18 in Jinotega, Nicaragua.

G. PROGRAM MANAGEMENT SYSTEMS.

Financial management system

All financial matters, including the financial system, follow strict internal norms and regulations established by Project HOPE. In Nicaragua, field teams based in Jinotega report to HOPE office in Managua; in turn, the Managua office reports to HOPE's HQ offices in Millwood, Virginia. Project HOPE is contemplating the use of detailed pipeline reports provided by HQ to the field on a monthly basis.

Human resources and team development

Project HOPE Nicaragua has enrolled local staff with plenty of experience in CS programs working at the community level in RSM. However, Project HOPE will continuously provide professional development to maintain and improve technical skills. In addition, Project HOPE is developing a continuing education program for the entire organization. Such a program is expected to launch in early 2004.

Communication system

The communication between HOPE's Jinotega and Managua offices is open and fluid. Both offices are in the process of establishing a computer network to have technical and financial data readily available to program managers and technical staff. The CS-18 program has designed an information system that is continuously fed by monitoring and evaluation events. During the first year, the CS-18 program generated internal quarterly reports and monthly financial reports, both shared with HOPE headquarters managers.

Local partner relationships

As a member of NicaSalud, Project HOPE currently acts as the coordinating agency for local NGOs, and is a member representing all NGOs in the Health Committee for the entire Department of Jinotega. Therefore, the SILAIS-Jinotega (MOH) maintains a close relationship with Project HOPE for all health activities that NGOs perform in the Department of Jinotega.

PVO coordination/collaboration in country

Currently, Project HOPE maintains a close relationship with PVOs working in Nicaragua through the NicaSalud network of which Project HOPE is an active member. This coordination is allowing HOPE to share experiences and lessons learned as CS activities are being implemented.

In addition, HOPE has started an exchange technical visits program with ADRA in Somoto and CARE in Matagalpa involving health personnel from the respective SILAIS and hospitals.

During the month of September 2003, the HOPE HIS staff member from Jinotega traveled to Guatemala to provide training to Project HOPE's staff of CS program in Quetzaltenango on how to use PDAs for their KPC mid-term survey scheduled for October 2003.

Other relevant management systems

Project HOPE is in the process of developing a comprehensive information system called SIGHOPE. Such a system will register all the CS-18 programmatic activities carried out in Jinotega. Different forms have been designed in PC Creations, the computer software to use with PDAs, so data captured electronically is readily accessible to compute key program indicators. Although this system is in its early stage, it is already providing relevant data so managers can make appropriate decisions to continue or adjust planned activities.

Organizational capacity assessment

An organizational capacity assessment has been scheduled for Project HOPE Nicaragua at the end of October 2003. Such an assessment will be facilitated by PACT and will have the input from staff of Project HOPE Guatemala, which undertook the same assessment last year. Results of the assessment

will be shared in the next report and its implications on the overall organizational capacity of Project HOPE in Nicaragua.

H. Detailed annual work plan

See Table 4 at the end of this report for the detailed work plan with specific activities for the upcoming year.

I. Highlights

Project HOPE is pioneering the use of Personal Digital Assistants (PDAs) for data capturing of population-based survey and monitoring of activities in CS program. HOPE's CS-18 program conducted a pilot test during the KPC baseline survey in early 2003. Results of the pilot test revealed significant savings in time—due to no data entry—as well as reduction of data error. As all the information was directly stored in electronic format, the analysis was performed at record time and with clean data.

In addition, Project HOPE is recently introducing the use of a Geographical Positioning System (GPS) that uses the same PDAs to map out all the rural communities in the program target area. To do so, a geographical information system will be part of the overall HIS for program management decisions. Adding the GPS component will allow spatial presentation of data analysis results and more effective sharing of information with partners and stakeholders.

These tools will expand the concept of the use of data for program management at all levels of project implementation with continuous feedback according to progress and problems identified during the monitoring process.

J. TOPICS THAT DO NOT APPLY TO THE PROGRAM

Not applicable.

K. OTHER RELEVANT ASPECTS

With regard to the budget, no changes have been made since the approved DIP.

Table 3: List of Key Indicators Obtained through 2003 and Expected through the End of the Project

TARGET GOALS FOR KEY INDICATORS 2004-2007						
KEY INDICATORS	Actual	Target by Year of Project				
	2003 Baseline	2003 Monitoring	2004	2005 Midterm	2006	2007 Final
1. % of mothers of children aged 0-23 months who report having had at least one prenatal visit with a doctor or nurse.	89%	78%	+2	92%	+3	95%
2. % of children aged 0-23 months old whose birth was attended by a doctor or nurse.	51%	51%	+3	56%	+2	60%
3. % of mothers who report having had at least one postpartum visit.	32%	25%	+3	38%	+4	45%
4. % of children aged 0-23 months, weighed in the last four months according to growth monitoring card.	68%	76%	+7	82%	+6	91%
5. % of children aged 0-23 months old with satisfactory growth according to weight for age (<2Z)	92%	NA	=	92%	=	92%
6. % of children aged 0-23 months old with out anemia. Hb > 11 mg/dl	58%	NA	+3	64%	+4	70%
7. % of children aged 0- 23 months old who were breastfed within the first hour after birth	68%	65%	+2	71%	+2	75%
8. % of infants aged 0-5 months who received only breast milk in the past 24 hours	56%	60%	+4	63%	+4	70%
9. % of children 12-23 months fully immunized (BCG, OPV3, Pentavalente 3, and MMR) by 12 months	69%	83%	+3	74%	+4	80%
10. % of mothers of children aged 0-23 months with a diarrheal episode in the last two weeks who report giving as much or more food to their child	46%		+2	50%	+3	55%
11. % of mothers of children aged 0-23 months with a diarrheal episode in the last two weeks who report giving as much or more liquids or breast milk to their child	69%	70%	+3	75%	+3	80%
12. % of mothers of children aged 0-23 months who report having sought assistance or counseling from a health unit or CORU during the child's last diarrheas episode.	36%	47%	+4	43%	+4	50%
13. % of mothers of children aged 0-23 months who report washing their hands with water and soap before the preparation of meals, before feeding children, after defecation and after tending a child that has defecated	19%	10%	+4	27%	+5	35%
14. % of mothers of who can identify at least two danger signs for diarrhea	27%	34%	+2	31%	+2	35%
15. % of children aged 0-23 months with cough and fast breathing in the last two weeks taken to a health unit	60%	58%	+8	76%	+5	85%
16. % of mothers who identify fast breathing as a danger sign of pneumonia	76%	67%	+3	81%	+2	85%
17. % of children aged 12 to 23 months old that were born at least 24 months after previous surviving child	84%	28%	+2	87%	+2	90%
18. % of mothers with children aged 12 to 23 months old who are not pregnant, desire no more children or are not sure and report using a modern family planning method	65%	24%	+1	67%	+2	70%
19. % of mothers of children aged 0-23 months who know at least two ways to prevent HIV / AIDS / STIs	6%	15%	+2	10%	+3	15%

Table 4. PROJECT WORK PLAN FOR YEAR 2 - Program's GOAL: To improve the health of women of reproductive age and Children younger than 5 years old in Jinotega's rural areas

INTERVENTION: Maternal and Neonatal Care: 30%

Desired Result: Improve the quality of maternal and neonatal care services of the SILAIS Jinotega's health units (HUs)			
Intermediate Results (Outcome):			
<ol style="list-style-type: none"> 1. Improve the institutional quality for prenatal, delivery and postpartum care. 2. Improve the mother's nutritional practices during pregnancy and breastfeeding. 3. Strengthen the capacity of healthcare providers to manage neonatal and obstetric emergencies. 4. Increase the knowledge of mothers and family members regarding maternal health (basic messages about danger signs during pregnancy, delivery and postpartum). 5. Increase the capacity of CHVs at the community level, in order to provide education and quality counseling regarding maternal and reproductive health. 6. Strengthen the referral and counter-referral system for maternal health at institutional and community levels. 			
Results Indicators:	Targets		Measurement Method(s) M: Monitoring; E: Evaluation
	Baseline	Final	
1. % of mothers of children aged 0-23 months who report having had at least one prenatal visit with a doctor or nurse.	89%	95%	M: Annual LQAS in selected municipalities
2. % of children aged 0-23 months old whose birth was attended by a doctor or nurse.	51%	60%	E: BL, MT, and Final KPC Survey
3. % of mothers who report having had at least one postpartum visit.	32%	45%	
Process Indicators:			
1. % of HUs that have implemented at least one quality activity (performance improvement and documented changes regarding management practices).	N/A	80%	M: Every six months, using LQAS in selected municipalities
2. % of health care providers using protocols based on evidence and work tools in order to provide prenatal, delivery and postpartum care, and manage obstetric emergencies.	N/A	80%	E: BL, MT and Final KPC Survey
3. % of HUs that have a written delivery plan for pregnant women, developed in coordination with the communities (selected 53 HUs)	N/A	100%	
4. % of communities with emergency transport plan for pregnant women during obstetric emergencies. (80 selected communities).	N/A	80%	← may be difficult to discern
5. % of mothers who know danger signs during pregnancy, delivery and postpartum	N/A	80%	
6. % CHVs (400) trained on referral and counter-referral carrying out effective referrals.	68%	75%	
7. % of mothers of children aged 0-23 months that received two doses of the dT vaccine during the last pregnancy, according to health card.	N/A	80%	

Maternal and Newborn Care (continued)						
MAJOR ACTIVITIES	YEAR 2				Personnel Responsible	Output/Outcome of Activity Desired
	1	2	3	4		
SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))						
Monitoring and follow up quarterly of the AIM (Intergraded Services to Women) program at HUs through implementation of MOH's work tools (Check lists, decision tree) to support the design of a continuous plan for services' quality assurance	✕	✕	✕	✕	Municipal Direction teams Project HOPE Staff	8 municipalities using AIM guides and tools. Monitoring Reports. Quality assurance plan.
Assessment of training needs on subjects regarding maternal and newborn care, according to MOH's curricula for healthcare providers on maternal health, delivery and newborn care, and obstetric and neonatal emergencies.					SILAIS Quality Team Project HOPE Staff	Needs report for 53 health facility staff (8 doctors, 40 nurses, and 5 others) from 8 health centers and 45 health posts.
Assist the SILAIS partners in the training of municipal facilitators for educational activities at the local level and facilitating updates during training-oriented supervisions to AIM health personnel.	✕	✕	✕	✕	Project HOPE Specialist MOHs Quality Team	AIM medical personnel updated during training-oriented supervisions
Implement focal groups type operations research to assess mothers' perception regarding the quality of institutional delivery.	✕	✕			SILAIS staff Project HOPE staff	Operations research reports indicate mothers' satisfaction with quality of institutional delivery care.
Assist the in the evaluation and improvement of service provision flow at HUs that provide delivery services.	✕	✕	✕	✕	SILAIS/Municipal staff Project HOPE staff	80% of H/Us providing deliveries with improved service flow.
Develop the capacity of municipalities to design and manage maternal homes projects that improve pregnant women's access to HUs.	✕	✕	✕	✕	Project HOPE staff Municipalities MOH/SILAIS	Municipal committees designing and managing maternal homes projects.
Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)						
Train healthcare providers on key issues regarding maternal and neonatal care, through continuous education plans and the methodology for training-oriented supervision (110 AIM providers).	✕	✕	✕		Municipal facilitators Project HOPE Staff	110 healthcare providers trained on maternal and newborn care key issues (30 doctors, 80 nurses)
Develop health providers skills to promote IEC activities at the HU and community through training events using adult learning methodologies and negotiation based counseling (110 AIM providers)	✕	✕			Municipal facilitators Project HOPE Staff	Municipal education plans using adult learning methodology and counseling (30doctors, 80 nurses)
Promote Maternal Mortality (MM) analysis each quarter using a case study approach and the identification of the 4 delays (8 municipalities)	✕	✕	✕	✕	Municipal Quality Committee Project HOPE Staff	8 municipalities carrying out the analysis of MM cases and the 4 delays identification

Train healthcare providers on obstetric and neonatal emergencies, quality delivery care, and timely referral of high risk pregnancies (110 providers)	✕	✕			Municipal facilitators assisted by Project HOPE Staff	110 healthcare providers trained (30 doctors, 80 nurses)
Develop and implement the strategy of the delivery plan at institutional and community levels.	✕	✕	✕	✕	Health Providers and CHVs	Pregnant women with documented delivery plan.
Maternal and Newborn Care <i>(continued)</i>						
Assist partners in the identification of performance gaps and use QA/PI methodologies to select interventions to improve services provided at HUs and in the community.	✕	✕	✕	✕	SILAIS and Direction team Project HOPE team	Quality Improvement plan using QA/PI methodologies applied at the H/Us and in the community.
Community/Household Level <i>(Brigadistas, TBAs, other Community Volunteers)</i>						
Conduct periodic update sessions regarding maternal care issues, according to TBAs curricula and EON protocols, and TBAs correct referral of pregnant women (400 midwives)	✕	✕	✕	✕	HUs Personnel Project HOPE Educators	200 midwives receiving updating training on maternal care issues.
Train TBAs on adult training methodologies and participative techniques (400 midwives).		✕	✕		HUs Personnel Project HOPE Educators	50% of TBAs trained on adult training methodologies and participative techniques
Select appropriate key maternal health messages, to improve the knowledge of mothers and families in the project area through mothers' clubs and HUs.	✕				MOH/SILAIS Project HOPE Staff	Mothers and families in the project area receiving key messages on maternal health.
Pilot the COPE community assessment, or similar tools to improve access and health service to the communities. (10 Selected communities).	✕	✕	✕	✕	HUs Personnel Project HOPE staff	Improved access and health services to the communities
Promotion of services offered by the health personnel at the HU.	✕	✕	✕	✕	HUs Personnel CHVs	Documented higher demand for services offered at the H/U.
Create fathers and mothers groups to facilitate training on gender subjects, family planning; danger signs during pregnancy, delivery and postpartum; key practices for healthy development (Bulletin No. 13,16 WHO, PAHO)	✕	✕	✕	✕	HUs Personnel Project HOPE Educators	80 communities with fathers and mothers groups promoting key messages.

INTERVENTION: Nutrition / Micronutrients (13%)

Desired Result: Improved nutritional status of children less than 5 years old
Intermediate Results (Outcome):
 Improved surveillance and identification of children less than 5 years old at risk of malnutrition and improved nutritional counseling for their mothers
 Increased community involvement in nutritional counseling and education

Results Indicators:	Targets		Measurement Method(s) M: Monitoring; E: Evaluation
	Baseline	Final	
4. % of mothers with children 0-23 months who were weighed in the past 4 months, card confirmed	91%	≥91%	M: LQAS in selected municipalities every four months E: BL, MT, and Final KPC Survey
5. % of children aged 0-23 months old with satisfactory growth according to weight for age (> 2 SD Z)	92%	≥92%	
6. % of children aged 0-23 months old with no anemia (Hb > 11 mg.dl)	58%	70%	
Process Indicators:			
8. % of target communities with monthly AIN-C sessions	N/A	90%	M: LQAS in selected municipalities every four months
9. % of children 6-23 months who received Vitamin- A and iron in the past 6 months, confirmed by growth monitoring card	16%	80%	
10. % of health facility staff who correctly classify the nutritional status of children < 5 years old and provide appropriate counseling according to AIN-C/AIEPI norms and protocols	N/A	80%	E: BL, MT and Final KPC Survey M: AIN/AIEPI (monthly reports) Supervisory checklists

MAJOR ACTIVITIES	YEAR 2				Responsible Personnel	Output/Outcome of Activity Desired
	1	2	3	4		
<i>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))</i>						
Train all 18 SILAIS facilitators on continuous education methodologies, regarding clinical AIN/AIEPI in order to ensure correct cascade training to health facilities' personnel.	x	x			SILAIS staff, Project HOPE staff	18 Facilitators trained
Develop operational research in order to evaluate work tools (check- list, role play, performance evaluation, mystery clients, etc.)	x	x	x	x	SILAIS' quality teams, Project HOPE staff.	FFHU work tools for quality control adapted to local level.
<i>Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)</i>						
Train health personnel on clinical AIN and key infant care subjects for children younger than 5 years old. According to AIN Program norms and protocols.		x		x	Project HOPE staff in collaboration with local MOH master trainer and health staff	80 nurses and 30 doctors trained on AIN norms and protocols.

Nutrition / Micronutrients <i>(continued)</i>						
Develop a continuous quality improvement plan regarding the AIN program at the municipality level.		x		x	SILAIS' quality teams. Project HOPE staff.	80% of selected HU implementing quarterly a quality improvement plan according to results from the municipality's quality assessments.
Train the municipality's quality teams on use of the "Monitoring and Supervision for the First Level of Care Guide".	x				SILAIS staff. Project HOPE staff	100% of the municipality's quality teams trained and implementing the monitoring and evaluation guide
Train health personnel of selected HUs on community AIN to ensure adherence to the AIN/AIEPI strategy.	x				Project HOPE staff in collaboration with local MOH master trainers and staff	100% of the communities implementing AIN-C having semi-monthly follow up by supervision health personnel.
Community/Household Level <i>(Community Health Volunteers (CHV), TBAs, other community volunteers)</i>						
Implement community AIN in 80 communities prioritized by the SILAIS	x	x			SILAIS/HUs, with assistance from HOPE staff.	80 communities conduct monthly weighing sessions with assisted by SILAIS/HUs
Train 240 community Health volunteers on effective counseling techniques in order to improve the promotion and education at community level.			x	x	Project HOPE staff in collaboration with local MOH master trainers and HU staff	240 CHVs providing counseling on nutrition using effective techniques.
Promote meetings every two months between the HU personnel and network of CHVs.	x	x	x	x	HOPE Educators – H/U personnel.	80% of the selected H/U having meetings every two months with the CHVs' network within their service area.
Hold periodic meetings with breastfeeding support groups (one for each health unit).	x	x	x	x	Educators HOPE – H/U personnel	80% of the HU conducting routine breastfeeding support groups meetings.
Organize mothers' clubs and provide monthly follow up talks in the communities where AIN-C is implemented		x	x	x	Educators HOPE – H/U personnel	80 mothers' clubs receiving monthly talks regarding health issues including nutrition.

INTERVENTION: Breastfeeding: 10%

Desired Result: Improve the practice of breastfeeding in children aged 0-23 months old						
Intermediate Results (Outcome): Increase the percentage of newborns breastfed within the first hour after birth Increase the percentage of children aged 0-5 months old that are exclusively breastfed						
Results Indicators:	Targets				Measurement Method(s)	
	Baseline	Final			M: Monitoring; E: Evaluation	
7. % of children aged 0- 23 months old who were breastfed within the first hour after birth	68%	75%			M: Annual LQAS in selected municipalities E: BL, MT, and Final KPC Survey	
8. % of infants aged 0-5 months who received only breast milk in the past 24 hours (Exclusive Breastfeeding)	56%	70%				
Process Indicators:						
11. % of mothers with children aged 0-23 months who received information regarding LAM during their pregnancy and postpartum visit	12%	60%			M. Every six months in health units	
12. % of mothers with infants 0-5 months who report using LAM	3%	10%				
MAJOR ACTIVITIES	YEAR 2				Personnel Responsible	Output/Outcome of Activity Desired
	1	2	3	4		
<i>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))</i>						
Promote technical assistance in order to strengthen the mother-and- child-friendly health units, as a strategy to achieve breastfeeding and exclusive breastfeeding.	✕	✕	✕	✕	MOH/SILAIS Municipal staff, Project HOPE staff	Cooperation Plan and Management Protocols for Child- Friendly Health Units in 53 H/U.
Use of Quality Assurance/Performance Improvement (QA/PI) and operational research techniques in order to identify barriers in the use of exclusive breastfeeding during the first 6 months and choose interventions to be implemented in 80% of selected health units	✕	✕			MOH/SILAIS Health units staff Project HOPE staff	Reports on operative researchers and municipality work plan for the 53 H/Us.
Develop a work plan for promotion of BF, EBF and LAM, through key health messages, effective counseling and following the 11-steps of the National Norm for children aged 0-23 months old, in 80% of the selected H/U	✕	✕	✕	✕	Project HOPE staff in coordination with SILAIS master trainers and staff	Mothers with children aged 0-23 months old receiving health messages, documented by health personnel
<i>Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)</i>						
Develop work tools for exclusive breastfeeding and printed materials with basic messages that promote breastfeeding, to support educational activities at the HU and Mothers' Clubs levels.	✕	✕			Project HOPE staff in coordination with SILAIS master trainers and staff	Work tools and printed materials for BF promotion

Training and updating of health personnel regarding exclusive breastfeeding, LAM, complementary feeding and mother-child affective communication.	✕	✕			Project HOPE staff in coordination with SILAIS master trainers and staff	Records of trained health providers and municipal training plans
Breastfeeding (continued)						
Strengthening the pregnant and breastfeeding mothers clubs by the H/Us, promoting breastfeeding as the best food for their child's nutrition and the consumption of locally available nutritional foods.	✕	✕	✕	✕	Municipal Staff, ACS, HOPE staff	80% of HUs with breastfeeding practice support groups, developing education plans.
Community/Household Level (Brigadistas, TBAs, other Community Volunteers)						
Training and update CHVs (Brigadistas and TBAs) regarding breastfeeding practices and exclusive breastfeeding, complementary feeding and mother-child affective communication.	✕	✕			Health units facilitators Project HOPE staff	400 CHVs trained and carrying out breastfeeding promotion
Promote the consumption of nutritional foods locally available practices through mothers and fathers' clubs, at the community level, directed by CHVs. (20 functional mothers and fathers per each club (1,600), in prioritized communities)	✕	✕	✕		Silais , with assistance of Project HOPE staff	Clubs in 80% of priority target communities, (80 clubs X 20 mothers and fathers =1,600 members) promoting nutrition
Promote the use of adequate nutritional practices by Mothers for their children's and their own self care (mothers breastfeeding within the first hour after delivery).	✕	✕	✕	✕	MOH, with assistance of Project HOPE staff	Mothers' breastfeeding within the first hour after delivery, using nutritional practices.

INTERVENTION: Immunizations (7%)

Desired Result: Improve immunization coverage for children under 2 years of age			
Intermediate Results (Outcome): Increase the number of children aged 12-23 months old with immunization card Decrease the dropout rate of children less than 5 years old from the immunization program			
Results Indicators:	Targets		Measurement Method(s) M: Monitoring; E: Evaluation
	Baseline	Final	
9. % of children 12-23 months fully immunized (BCG, OPV3, Pentavalente 3, and MMR) by 12 months	70%	80%	M: LQAS in selected municipalities every four months E: BL, MT, and Final KPC Survey
Process Indicators:			
13. %EPI desertion rate, for children aged 12-23 months old (BCG, OPV3, Pentavalente 3, and MMR)	6%	≤6%	M: LQAS in selected municipalities every four months
14. % of mothers possessing immunization cards for children aged 12-23 months old	95%	≥95%	E: BL, MT, and Final KPC Survey

MAJOR ACTIVITIES	YEAR 2				Personnel Responsible	Output/Outcome of Activity Desired
	1	2	3	4		
SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))						
Train 110 healthcare providers on EPI immunization protocols for its application in AIN	x		x		Municipality Direction Teams HOPE Staff	80% H/Us applying EPI immunization protocols in AIN
Develop training plans to strengthen adequate management of the EPI's cold chain.	x				SILAIS Educator Municipality HOPE Staff	8 H/Us with a training plan for adequate management of cold chain.
Logistic and technical assistance during the National Health Campaigns (NHCs)	x		x		SILAIS Educator Municipality HOPE Staff	8 municipalities with logistic support and technical assistance during the NHCs.
Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)						
Develop training plans to strength the management of the EPI's cold chain	x				SILAIS Educator Municipality HOPE Staff	80% of selected HUs managing the cold chain according to national EPI norms.
Assist health personnel for the organization and execution of fieldwork and the strengthening of systematic vaccination	x	x	x	x	SILAIS Educator Municipality HOPE Staff	80% of HUs conducting Integrated Visits to priority communities to immunize children less than 5 years old.
Immunization (continued)						
Community/Household Level (CHVs, TBAs, other Community Volunteers)						
Implement community AIN in 80 communities prioritized by the SILAIS.		x	x	x	HUs, with assistance from HOPE staff	80 communities conducting monthly weighting session with support of HUs.
Support the SILAIS in the strengthening of community information system updating of the EPI notebook and census.	x	x	x	x	HUs Personnel HOPE Educator	80 communities with updated EPI notebook and census for children 0 to 23 months.
Provide monthly follow-up to the immunization schedule during the community AIN sessions in 80 communities with AIN.		x	x	x	HUs Personnel HOPE Educator	90% of children from 80 with adequate immunization schedule for their age in communities with AIN-C

INTERVENTION: Control of Diarrheal Disease: (15%)

<p>Desired Result: Improve the quality of healthcare for children with diarrhea.</p> <p>Intermediate Results (Outcome): Improve practices of mothers regarding care for children less than 5 years old with diarrhea. Improve diarrhea case management in the community.</p>									
Results Indicators:	Targets				Measurement Method(s) M: Monitoring; E: Evaluation				
	Baseline	Final							
10. % of mothers of children aged 0-23 months with a diarrheal episode in the last two weeks who report giving as much or more food to their child	46%	55%			M: LQAS in selected municipalities every four months E: BL, MT, and Final KPC Survey				
11. % of mothers of children aged 0-23 months with a diarrheal episode in the last two weeks who report giving as much or more liquids or breast milk to their child	69%	80%							
12. % of mothers of children aged 0-23 months who sought assistance or counseling from a health unit or CORU during the children's last diarrheal episode	36%	50%							
13. % of mothers of children aged 0-23 months who report washing their hands with water and soap before the preparation of meals, before feeding children, after defecation and after tending a child that has defecated	19%	35%							
14. % of mothers who can identify at least two danger signs for diarrhea	27%	35%							
Process Indicators:									
15. % of mothers of children aged 0-23 months with a diarrheal episode in the last two weeks who report having received ORS from a CHVs during their child's last diarrhea episode	N/A	65%			M: M: LQAS in selected municipalities every four months E: BL, MT, and Final KPC Survey M: AIN/AIEPI (monthly reports), Supervisor checklists, User's Satisfaction Survey (Evaluation Guide)				
16. % CHVs reporting monthly the management of children with diarrhea according to the AIEPI/C protocol.	N/A	80%							
17. % of mothers of children with diarrhea who report being satisfied with the service received from the CHVs	N/A	85%							
<p><i>Note: Data for indicators 15 and 16 will be provided by the initial assessment for AIN-C sessions and indicator 17 will come out of the users satisfaction survey (3rd Quarter 2003)</i></p>									
MAJOR ACTIVITIES				YEAR 2					
				1	2	3	4	Personnel Responsible	Output/Outcome of Activity Desired
<p>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))</p>									
Develop and implement the distance learning modules on diarrhea management oriented to health personnel				x	x	x	x	Municipalities SILAIS Facilitators HOPE Staff	80 nurses and 30 doctors from the 8 municipalities trained using the distance learning modules on diarrhea management

To carry out user satisfaction surveys to mothers who attend AIN services	x		x		Municipality Quality Teams HOPE Staff	80% of H/Us have a quality improvement plan according to results of satisfaction surveys.
<i>Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)</i>						
Train the HUs personnel on clinical AIEPI for the correct application of the diarrheal diseases management protocols.	x	x	x	x	Municipalities SILAIS Facilitators HOPE Staff	80 nurses and 30 doctors from the 8 municipalities trained
Conduct operations research on CORUs utilization, to identify success lessons in the prioritized municipalities			x		Municipality Direction Team HOPE Staff	The municipality of Bocay giving follow-up to CORUs, according to data from research regarding CORUs utilization
Provide training and training-oriented supervision to health personnel to ensure compliance with norms and protocols for diarrhea management.	x	x	x	x	Municipality Quality Team HOPE Staff	80 nurses and 30 doctors from the 8 municipalities trained and 80% of selected H/Us receiving feedback according to weaknesses found during quarterly supervisions
<i>Community/Household Level (CHVs, TBAs and other Community Volunteers)</i>						
Implement community AIN in 80 communities prioritized by the SILAIS		x	x	x	SILAIS, with assistance from HOPE staff	80 communities conducting monthly weighting sessions with the assistance of the HUs
Create and provide follow-up to mothers' clubs	x	x	x	x	HUs Personnel HOPE Educator.	80 communities prioritized by HUs with functional mothers' clubs
Train CHVs on community AIEPI for the correct management and referral of complicated diarrhea cases.	x	x	x	x	HUs Personnel HOPE Educator.	240 CHVs trained on diarrhea management and adequate case referral
Provide training and training-oriented supervision to CHVs to ensure compliance with norms and protocols for diarrhea management.	x	x	x	x	HUs Personnel HOPE Educator.	240 CHVs trained and with HUs' training-oriented supervision
Train 240 CHVs on promotion, education, counseling and identification of diarrhea dangers signs at community level.	x	x	x	x	HUs Personnel HOPE Educator.	240 CHVs trained

INTERVENTION: Pneumonia Case Management (10%)

<p>Desired Result: Improve quality care for children with pneumonia Intermediate Results (Outcome): Improve mothers' healthcare seeking behaviors for ARIs Improve ARIs case management at HUs and in the community</p>																																																				
Results Indicators:		Targets		Measurement Method(s) M: Monitoring; E: Evaluation																																																
		Baseline	Final																																																	
15. % of children aged 0-23 months with cough and fast breathing in the last two weeks taken to a health unit		60%	85%	M: LQAS in selected municipalities Every Four Months E: BL, MT, and Final KPC Survey																																																
16. % of mothers who identify fast breathing as a danger sign of pneumonia		76%	85%																																																	
Process Indicators:																																																				
18. % of mothers of children with ARIs who report being satisfied with the service received by HU staff.		N/A	80%	M: LQAS in selected municipalities Every Four Months M: User's Satisfaction Survey (every six months) M: AIN/AIEPI (monthly reports)																																																
19. % of CHVs reporting monthly the management of children with ARIs, according to AIEPI-C.		N/A	75%																																																	
20. % of children less than 2 years old with ARIs treated with antibiotics		34%	42%																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:50%; text-align: center;">MAJOR ACTIVITIES</th> <th colspan="4" style="text-align: center;">YEAR 2</th> <th rowspan="2" style="text-align: center;">Personnel Responsible</th> <th rowspan="2" style="text-align: center;">Output/Outcome of Activity Desired</th> </tr> <tr> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="text-align: center;"><i>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MINSA, other Public Sectors, Private Sector, local NGOs, community groups))</i></td> </tr> <tr> <td style="width:50%;">Support the SILAIS in the strengthening of Community Referral and Counter-referral System (logistics and trainings)</td> <td style="text-align: center;">x</td> <td style="text-align: center;">x</td> <td style="text-align: center;">x</td> <td style="text-align: center;">x</td> <td style="width:15%;">SILAIS staff, Project HOPE staff</td> <td style="width:20%;">80% of the HUs providing follow up to the Community Referral and Counter-referral System. (reviewing referrals and providing counter-referrals)</td> </tr> <tr> <td>Provide antibiotics for pneumonia case management to SILAIS to reduce the gap of MOH's medical supplies shortage.</td> <td style="text-align: center;">x</td> <td style="text-align: center;">x</td> <td style="text-align: center;">x</td> <td style="text-align: center;">x</td> <td>Project HOPE Nicaragua.</td> <td>80% of selected HUs with a medical supplies shortage less than 10 day per month.</td> </tr> <tr> <td colspan="7" style="text-align: center;"><i>Municipality Level (SILAIS, Public and Private Facilities, local NGOs and community groups)</i></td> </tr> <tr> <td>Train HUs personnel on clinical AIEPI for the correct application of pneumonia management protocols.</td> <td style="text-align: center;">x</td> <td></td> <td></td> <td style="text-align: center;">x</td> <td>SILAIS master trainers and staff in collaboration with local H/Us and Project HOPE staff</td> <td>80 nurses and 30 doctors trained on AIN's norms and protocols</td> </tr> </tbody> </table>							MAJOR ACTIVITIES	YEAR 2				Personnel Responsible	Output/Outcome of Activity Desired	1	2	3	4	<i>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MINSA, other Public Sectors, Private Sector, local NGOs, community groups))</i>							Support the SILAIS in the strengthening of Community Referral and Counter-referral System (logistics and trainings)	x	x	x	x	SILAIS staff, Project HOPE staff	80% of the HUs providing follow up to the Community Referral and Counter-referral System. (reviewing referrals and providing counter-referrals)	Provide antibiotics for pneumonia case management to SILAIS to reduce the gap of MOH's medical supplies shortage.	x	x	x	x	Project HOPE Nicaragua.	80% of selected HUs with a medical supplies shortage less than 10 day per month.	<i>Municipality Level (SILAIS, Public and Private Facilities, local NGOs and community groups)</i>							Train HUs personnel on clinical AIEPI for the correct application of pneumonia management protocols.	x			x	SILAIS master trainers and staff in collaboration with local H/Us and Project HOPE staff	80 nurses and 30 doctors trained on AIN's norms and protocols
MAJOR ACTIVITIES	YEAR 2				Personnel Responsible	Output/Outcome of Activity Desired																																														
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Support the SILAIS in the strengthening of Community Referral and Counter-referral System (logistics and trainings)	x	x	x	x	SILAIS staff, Project HOPE staff	80% of the HUs providing follow up to the Community Referral and Counter-referral System. (reviewing referrals and providing counter-referrals)																																														
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Support municipalities on monitoring and follow-up of ARIs at community level.	x	x	x	x	Municipal Direction Team Project HOPE Staff	CHVs of 46 communities carry out home visits to children with ARIs counter-referred by the HUs.
Pneumonia / Acute Respiratory Illness (continued)						
Community/Household Level (CHVs, TBAs other Community Volunteers)						
Implement community AIN in 80 communities prioritized by the SILAIS.			x	x	SIL AIS, with assistance from HOPE staff	46 communities conducting monthly weighting sessions with assistance from H/Us
Train CHVs on community AIEPI for management and adequate referral of pneumonia/ARIs cases	x	x	x	x	HUs personnel Project HOPE staff	240 CHVs trained on adequate management of ARIs according to community AEIPI norms and protocols.
Train to CHVs on the identification of ARIs danger signs.	x	x	x	x	SIL AIS master trainers HUs personnel Project HOPE staff	80% of mothers in communities with AIN-C receiving talks on ARIs danger signs from CHVs.
Train 240 CHVs on effective counseling techniques to improve healthcare for children with ARIs at community level.		x	x	x	SIL AIS master trainers HUs personnel Project HOPE staff	240 CHVs providing effective counseling on ARIs management at home

INTERVENTION: Child Spacing 10%

Desired Result: Increase birth intervals in mothers with children aged 0 to 23 months old			
Intermediate Results (Outcome): Increase the use of modern family planning methods in women of reproductive age Increase the percentage of mothers with children younger than 6 months old who use LAM as a child spacing method			
Results Indicators:	Targets		Measurement Method (s) M: Monitoring; E: Evaluation
	Baseline	Final	
17. % of children aged 12 to 23 months old that were born at least 24 months after previous surviving child	84%	90%	M: Annual LQAS in selected municipalities E: BL, MT, and Final KPC Survey
18. % of mothers with children aged 12 to 23 months old who are not pregnant, desire no more children or are not sure and report using a modern family planning method	65%	70%	

Process Indicators:										
21. Number of community health workers (CBDAs) distributing modern family planning methods within the pilot project's communities.					N/A	80%	M: Every Six months in health units MOH service statistics (HIS)			
22. % of trained health facility staff demonstrating 'effective' counselling techniques during FP consultations					N/A	80%	Direct observations checklists, exit interviews			
MAJOR ACTIVITIES	YEAR 2				RESPONSIBLE PERSONNEL	Output/Outcome of Activity Desired				
	1	2	3	4						
SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))										
Establish alliances with the MOH/SILAIS and other partners for the creation of new community posts for the distribution of family planning methods (80 prioritized communities, 20/year),					X	X			MOH/SILAIS, Municipal health staff, Project HOPE staff	Cooperation plan and protocols for family planning methods distribution posts being managed by 80 community health workers.
Support the management process at health units to improve the availability of modern family planning methods to women of reproductive age and their companions.					X	X	X	X	Health Units Staff and Project HOPE staff	Documentation of implemented management activities (HU-SILAIS)
Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)										
Assist the SILAIS in the identification of performance gaps among health staff and the use of methodologies for selection of interventions to improve service delivery at the health unit and community levels.					X	X	X	X	Project HOPE staff in collaboration with SILAIS master trainer and staff	Providers' performance analysis Report
Assist the SILAIS in the identification of training needs for family planning and facilitate up-dating techniques during training supervisions to health personnel.					X	X			Project HOPE staff in collaboration with SILAIS master trainers and staff	Trained health personnel records and municipalities training plans
Training health personnel and the CHVs network on effective SRH counseling. 110 health facilities' personnel and 400 community health volunteers.					X	X	X	X	SILAIS trainers/facilitators assisted by Project HOPE Specialists	90% of eligible staff trained or updated
Child Spacing (continued)										
Strengthen the community and institutional health information systems regarding actual demand of women for family planning methods in order to improve the availability of the FPM at local level.					X	X	X	X	Municipal health staff, community health volunteers, Project HOPE staff	Functional and integrated SILAIS Health Information System (HIS)
Community/Household Level (CHVs, TBA, other health community workers)										

Establish follow-up mechanisms at community level in order to improve accessibility to family planning methods through a network of community based distribution agents (CBDAs).	X	X	X	X	MOH, with assistance from Project HOPE staff	80% of target communities, with CBDAs follow-up mechanisms
Pilot the community distribution posts strategy in areas not covered by PROFAMILIA to increase accessibility to family planning methods.	X	X	X	X	SILAIS, with assistance from Project HOPE staff	80% of target communities, with CBD posts
Develop an operating manual for CBDAs, using as reference the ones done by other partners (PROSALUD) for the monitoring and follow up at community level by health units personnel in charge of the selected communities					SILAIS, with assistance from Project HOPE staff	80% of CBDAs in target communities with operating manual and supervision reports

INTERVENTION: HIV / AIDS / STIs: 5%

Desired Result: Increase the capacity of healthcare providers to provide health education, counseling and referrals relating to sexual and reproductive health.						
Intermediate Results (Outcome): To increase the mothers' knowledge on how to prevent HIV / AIDS / STIs transmission						
Results Indicators:	Targets				Measurement Method(s)	
	Baseline	Final			M: Monitoring; E: Evaluation	
19. % of mothers of children aged 0-23 months who know at least two ways to prevent HIV / AIDS / STIs	6%	15%			M: Annual LQAS in selected municipalities, E: BL, MT, and final KPC	
Process Indicators:						
1. % of HUs offering education and counseling on ways to prevent HIV / AIDS / STIs	N/A	80%			M. Every six months in health units, using verification lists and exit surveys to mothers.	
MAJOR ACTIVITIES						
	YEAR 2				Personnel Responsible	Output/Outcome of Activity Desired
	1	2	3	4		
<i>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))</i>						
Coordinate with SILAIS the update plans for health personnel on SRH and HIV / AIDS / STIs, according to MOH's curricula, emphasizing training on educational methodologies and counseling.	X	X			MOH SILAIS/ Municipal staff, Project HOPE staff	Updating plan and training curricula on SRH
<i>Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)</i>						
Training and sensitization of health personnel to carry out the approach and discretionary management of matters related to HIV / AIDS / STIs.		X	X		SILAIS master trainers and staff Project HOPE staff	Trained health providers and municipal training plans

Select and promote key messages to increase mothers' knowledge on ways to prevent against HIV / AIDS / STIs through IEC strategies within the AIM programs of the HUs.	X	X	X	X	SILAIS master trainers and staff Project HOPE staff	80% of selected H/Us promoting key messages verified through exit surveys.
<i>Community/Household Level (Brigadistas, TBAs, other Community Volunteers)</i>						
Promote key messages on subjects related to SRH and HIV / AIDS / STIs at HUs and communities mother's/fathers clubs	X	X	X	X	Healthcare providers and CHVs	80% of mothers and fathers clubs trained on documented SRH and HIV/Aids subjects.

Sustainability and Organizational Capacity

Desired Result: Increase the possibility that program partners maintain the activities promoted by Project HOPE									
Results Indicators:				Targets		Measurement Method(s) M: Monitoring; E: Evaluation			
				Baseline	Final				
1. Number of activities that Project HOPE support are transferred to local partners				0		M: Quarterly and annual technical reports. These activities will begin to be transferred by mid-term			
MAJOR ACTIVITIES				YEAR 2				Personnel Responsible	Output/Outcome of Activity Desired
				1	2	3	4		
<i>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))</i>									
Establish a GIS for the use of data in decision making (SIGHOPE)				X	X			Project HOPE staff	SIGHOPE up and running
Conduct an Organizational Assessment at Project HOPE Nicaragua				X	X			Project HOPE staff	Organizational Improvement Plan for Project HOPE Nicaragua
Conduct a study to determine the specific activities to be transferred to local partners. Such activities are included in a devolution plan of sustainable activities				X				Project HOPE staff	Devolution Plan prepared and implemented