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LE GOUVERNEMENT DU GRAND-DUCHÉ DE LUXEMBOURG
Coopération luxembourgeoise

"Contribute to fulfillment of MDGs 4 and 5 (a. and b.) in the departments of Nueva Segovia, Chontales and the South Caribbean Coast Autonomous Region (RACCS) in Nicaragua"

FINAL NARRATIVE REPORT FOR THE MPTF
REPORT PERIOD: 15 DECEMBER 2012 – 31 DECEMBER 2015

Program title and project number	**Country, Priority Locality(ies), Area(s) / Strategic Outcomes**
• Program Title: Contribuir en el cumplimiento de los ODM 4 y 5 (a. y b.) en los departamentos de Nueva Segovia, Chontales, RACCS. • Project Number: GLBU MDTF 1 • MPTF Office Project reference number: 00084852	Country/Region: Nicaragua/Nueva Segovia, Chontales, RACCS[1]. Municipalities: El Jícaro, Jalapa, Murra, Ocotal, Quilalí, Wiwili, Acoyapa, Muelle de los Bueyes, San Pedro de Lóvago, Santo Tomás, Bluefields, Corn Island, Karawala, Kukra Hill and Pearl Lagoon. Sector/Topic: Health of women, children and adolescents over their lifetime. Contribute to the fulfillment of Millennium Development Goals (MDGs) 4 and 5 (a. and b.).
Participating Organizations	**Implementing Partners**
• PAHO, UNICEF, UNFPA	Government of Nicaragua/MINSA: Central Level, SILAIS, Health Centers in the 15 Municipalities.
Program/project Cost (US$)	**Program Duration**
Total approved budget Program document: US$3,781,426 MPTF/ joint program contribution: US$3,781,426 UNICEF: US$607,197 UNFPA: US$883,017 PAHO: US$2,291,212 TOTAL: US$3,781,426 Contribution of the Agency: UNFPA: US$62,204.82 PAHO: US$137,758.00 UNICEF: US$224,834.96 Contribution *of the* Government: U$423,630 Other contributions: N/A	Total Duration: 36 months and 16 days Starting Date: 15/12/2012 Initial ending date 15/12/2015 Actual ending date*:* 31/12/2015
Program Evaluation/Revision/Midterm Evaluation	**Report remitted by:**
Evaluation/Revision – N/A ☒ Yes ■ No Date: March 2016 Midterm Evaluation Report – N/A ☐ Yes ■ No Date: N/A	○ Name: Dra. Socorro Gross ○ Position: Resident Coordinator a.i. ○ Organization: United Nations System ○ Email address: grosssoc@paho.org

[1] In 2014,taking up article 89 of the Political Constitution of Nicaragua, the South Atlantic Autonomous Region (RAAS) is now recognized as the South Caribbean Coast Autonomous Region (RACCS).

LIST OF ABBREVIATIONS

AA	Administrative Agreement
AIEPI	Comprehensive Attention to Prevalent Childhood Illnesses
AIMNA	Comprehensive Attention to Mother, Children and Adolescents
APN	Prenatal Attention
ARO	High Obstetric Risk
CIE-10	International Classification of Illnesses-2010
ASIS	Health Situation Analysis
CIPS	Health Inputs Center
CLS	Sandinista Leadership Councils
CONE	Essential Obstetric and Neonatal Care
DGAF	General Administrative Financial Direction
DCE	Foreign Cooperation Division
DGPD	General Planning and Development Direction
DGSS	General Health Services Direction
ECMAC	Community Strategy on Distribution of Birth Control Methods
ESAFC	Basic Equipment of Comprehensive Health Care Attention
GISI	Intercultural Comprehensive Health Care Groups
GRUN	Government of Reconciliation and National Unity
HCP	Perinatal Clinical History
HIV	Human Immunodeficiency Virus
IMC	Bodily Mass Rate
IUANM	Woman- and Child-Friendly Units Initiative
JAR	Analysis and Reflection Periods
JP	Joint Programme
LQAS	Lot Quality Assurance Sampling
MDG	Millennium Development Goals
MHCP	Ministry of the Treasury and Public Credit
MIFAN	Ministry of the Family, Adolescents and Children
MINED	Ministry of Education
MINSA	Ministry of Health
MMC	Mother Kangaroo Method
MOSAFC	Family and Community Health Model
MOU	Memorandum of Understanding
MPTF	Multi-Partner Trust Fund Office
OCR	Resident Coordination Office
PAHO	Pan-American Health Organization
PAMOR	Love for the Smallest Program
PF	Family Planning
PICOR	Results-Based Short-term Institutional Plan
POA	Annual Operational Plan
PUNO	Participating United Nations Organizations
RACCS	South Caribbean Coast Autonomous Region
SIGRUN	Information System of the Government of Reconciliation and National Unity
SILAIS	Local Comprehensive Health Care Systems
SIVIEMB	Pregnant Women Monitoring System /managerial census
SIP	Perinatal Computer Information System
STDs	Sexually Transmitted Diseases
SVMM	Maternal Mortality Monitoring System
UNDAF	United Nations Development Assessment Framework
UNDP	United Nations Development Programme

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNS	United Nations System
VIF	Domestic Violence
VPCD	Promotion, Growth and Development Monitoring

EXECUTIVE SUMMARY

This final narrative report of the joint programme (JP) "Contribute to the fulfillment of MDGs 4 and 5 (a. and b.) in the departments (states) of Nueva Segovia, Chontales and the RACCS" corresponds to the period of 1 January 2013 to 31 December 2015. It meets the information requirements established in the Standard Administrative Agreement (SAA) signed by the donor and is in correspondence with the Memorandum of Understanding (MOU) signed by the Participating United NationsOrganizations (PUNOs).

The MPTF Office/ UNDP served as Administrative Agent (AA) for the JP under the "pass-through" modality e joint program. The MPTF Office received, administered and managed the donor contributions and disbursed these funds to the PUNOs in correspondence with the decisions of the JP´s Steering Committee. The AA is responsible for the consolidation of the final narrative report and the financial report remitted by each participating Organization.

The program objective was to help achieve MDGs 4 and 5 (a. and b.) in the three above-mentioned departments (SILAIS). The purpose of this report is thus to make known the fulfillment of the results and targets programmed for the 3 years, taking as a base the annual narrative progress report remitted to the MPTF and the statistical data provided by MINSA.

The following are among the main outstanding contributions of the program: (a) The SILAIS assured a complete supply of regulations and protocols in each of the health units; (b) It helped strengthen the obstetric skills and comprehensive management of the newborn as well as supplying equipment to ensure the functioning of the CONEs; (c) Improvement plans focused on maternal and children's health were prepared through the analysis of the quality standards; (d) The competencies of the health and community personnel were improved to implement actions of promotion, prevention and comprehensive health care; (e) Technical assistance to prepare and use the Health Situation Analysis (ASIS) document in each of the municipalities focused primarily on maternal, children's and adolescent health and their determinants; (f) The abilities and functioning of the inter-sectoral arenas were strengthened through knowledge management and provision of tools to develop community strategies of promotion and prevention of illnesses in their communities.

This report is presented in two parts: Part I is the Final Narrative Report and Part II is the Final Financial Report for the "pass-through" portion of the program.

I. Purpose

The Government of Reconciliation and National Unity (GRUN), through MINSA, has designed and implemented the MOSAFC as the main model for improving the health services, mainly to the most vulnerable population, in the framework of a comprehensive strategy that can ensure universal free access and equitable service efficiently and with quality.

In this context, the joint programme was designed to respond to the policies and priorities in health, contributing to the fulfillment of MDGs 4 and 5 in the three SILAIS (and their 15 protagonist municipalities) by improving the health status of women, children and adolescents through the objective of "contributing to the fulfillment of the Millennium Development Goals (MDGs) 4 and 5 (a. and b.) in 15 municipalities of the SILAIS of Nueva Segovia, Chontales and the RACCS" with emphasis on indigenous and Afro-descendent rural communities via the strengthening of the institutional and community capacities in the selected SILAIS.

In addition, the JP was in line with the UNDAF 2013-2017 signed between the Government and the UN, as well as with each PUNO´s cooperation plans. The JP results focused on UNDAF's "Outcome 2.4: Prioritized populations access equitably to health in their lifetime, with emphasis on maternal and infant and women's health."

The following Outcomes have been designed to achieve the program goals and objectives:

Outcome 1: Selected SILAIS have managerial competencies for implementing inter-sectoral interventions in the comprehensive health services networks, with emphasis on maternal, child and adolescent health care.
Outcome 2: The competencies of the human resources in promotion, prevention and comprehensive health care actions are improved, with emphasis on pre-gestational, maternal, child and adolescent health care.
Outcome 3: The 3 SILAIS make timely technical decisions based on the analysis of the indicators generated by the existing Information System.
Outcome 4: The community networks have information, competencies and arenas for their participation in managing maternal, child and adolescent health care.

II. Appraisal of the program outcomes

i) Narrative report on outcomes:

Outcome 1: Selected SILAIS have managerial competencies for implementing inter-sectoral interventions in the comprehensive health services networks, with emphasis on maternal, child and adolescent health care.

Indicator "Number of municipalities that are implementing an ongoing Improvement Program with emphasis on the health care of the mother, newborn and adolescent."

At the start of the program 8 of the 15 municipalities were applying improvement plans, and with the program 100% of the 15 municipalities of the 4 SILAIS[2] achieved the ability to develop and implement their improvement plans in accord with the situation of maternal, child and adolescent health and the analysis of fulfillment of the standards. These municipalities are using this rapid ongoing improvement method, which permits follow-up and evaluation of the planned actions in a given period. They also present the gaps or difficulties, their causes, actions to resolve the problem, the person responsible for their fulfillment, dates and final assessment of the task.

The family and community health care teams of the municipalities formulated their plans as part of their management commitments established with the national health authority. These plans were formulated based

[2] In January 2014, through Ministerial Agreement No. 07-2014, a Local Comprehensive Health Care System was created in the Central Zelaya region (SILAIS Zelaya Central), to be directly responsible for healh care in the municipalities of Muelle de los Bueyes, Nueva Guinea, El Rama and El Coral.

on identifying gaps in the health care provision of the vulnerable population through frequent technical accompaniment visits by SILAIS management.

Prior to the drafting of the plans, the technical teams applied the official MINSA checklist instrument, which covers the 13 key prenatal care activities and appraisal of some indicators of growth and development of boys and girls. In addition, the SILAIS managerial teams and their municipalities followed up on these plans through technical accompaniment visits (monitoring). The technicians of MINSA Central and the participating Agencies made joint visits to collaborate with SILAIS and the municipality in the exercise of applying the Lot Quality Assurance Sampling (LQAS) methodology to assess fulfillment of the quality standards.

As part of the improvement process, the SILAIS technicians and their municipalities audited the cases of maternal and infant mortality and obstetric complications. In addition, the Woman- and Child-Friendly Units Initiative (IUANM) was also implemented in all the municipalities for the purpose of recertifying the health units. This ensures that with this evidence-based intervention it will continue to be implemented sustainably and with quality to increase breastfeeding in the first hours of life and thus help effectively reduce neonatal morbi-mortality.

Output 1.1: The health services network of the three prioritized SILAIS have capacities to manage the maternal, child and adolescent health services.

Indicator "Guides, Protocols and Regulations for maternal, child and adolescent health care have been updated and made available in the attention services network of the prioritized SILAIS."

Together with the technical area of MINSA's Central level, the documents (guides, regulations and protocols) to be updated, edited and reproduced for use in maternal, child and adolescent health care were identified. With the program the regulations, guides and protocols were made available in the 15 municipalities, which made it possible to fulfill the training and updating processes of the quality standards planned in the program and help improve the quality of care for women and children. *See Table 1B in the annexes.*

Indicator "Essential obstetric and neonatal care services (CONE) of three SILAIS organized and functioning."

Program protagonists in the municipalities are organized and the essential obstetric and neonatal care services (CONE) are functioning. The program collaboration helped strengthen officials of the 15 municipalities and internships were facilitated to improve their abilities to manage obstetric and neonatal complications. In addition, basic medical equipment, inputs and HIV tests for pregnant women were provided to prevent maternal-infant transmission and the environments for care of women and labor and delivery rooms were improved, permitting treatment with human warmth and quality. *See Table 1A (points 2 to 16 and 18) and 1C in the annexes.*

The joint programme also facilitated the link between the first and second tier for treatment of obstetric complications and of newborns through their transfer from hard-to-access communities, strengthening the referral and counter-referral system. This contributed to the access and timely handling of complications in this population to reduce maternal and perinatal mortality ("lives saved"). In the case of the RACCS, it is important to note that the communication with units of greater resolution (health centers and the regional hospital) and having mobilization resources for moving patients was extremely important to be able to provide a response to the handling of obstetric patients and newborns in a serious health situation. The situation of the

municipalities of the RACCS is observable in some municipalities of the SILAIS of Chontales and Nueva Segovia. *(See success stories in annexes 2 and 3).*

The implementation of the Mother Kangaroo Method (MMC) starting in 2014 stands out as an effective evidence-based intervention for saving the life of premature newborns and/or those with a low birthweight. With that the abilities of the health personnel to provide assistance in managing the newborn (temperature, early attachment, breastfeeding, early stimulation) were strengthened as were those of the community and families network in their commitment to neonatal health. *(See success stories in annexes 2 and 3).*

As part of the support to the community actions of the Health Model (MOSAFC, MASIRACCS), the JP facilitated resources to the health units for the active search for and follow-up to high obstetric risk pregnancies and postpartum women. That permitted better attracting of pregnant women so they could receive prenatal care (APN) and be registered in the managerial census of pregnant women for proper follow-up, identification and risk management.

Ccomplementary to the JP, the "ToyContigo" initiative was implemented in the Bluefields municipality to support the community counseling services, through which pregnant and post-partum women, their partners or some close relative receives weekly text messages on their cell phone to improve their maternal-infant health practices. Therefore, 328 pregnant women and 120 men received a total of 45,000 SMS messages related to identifying early signs of risks during pregnancy, nutrition for the pregnant woman and breastfeeding.

Output 1.2: Hospitals have strengthened their capacity to resolve neonatology service issues according to the regulations and protocols.

Indicator "The neonatology services of the hospitals of Granada, Carazo, Rivas, Nueva Segovia and Madriz equipped in accord with norms and protocols."

With the joint programme's contribution, the neonatology wards of five hospitals (Granada, Carazo, Rivas, Nueva Segovia and Madriz) were equipped, providing 18 pieces of equipment to strengthen the attention in these centers. Additionally, although not foreseen in the work plan, the project provided 28 pieces of equipment for their corresponding distribution in the three hospitals of the SILAIS prioritized by the joint programme (Nueva Segovia, RACCS and Chontales). With this contribution the conditions of these hospitals were improved to assure quality attention to newborns, strengthening the capacity of these units to resolve problems. Together with the provision of equipment the technical personnel was trained in their use and maintenance. *(See Table No. 1A, point 1, in the annexes).*

Outcome 2: Percentage of personnel of the network of public health establishments of the selected SILAIS that are correctly applying the technical orientations of the guides, protocols and regulations.

Indicator "Percentage of personnel of the network of public health establishments of the selected SILAIS that are correctly applying the technical orientations of the guides, protocols and regulations."

They applied the regulations, guides and protocols for continuous follow-up to the quality standards in all 15 municipalities. This exercise was conducted by the management of the SILAIS and their municipalities as part of their functions.

To follow-up on the application of these standards, the SILAIS management made technical accompaniment visits and developed joint sessions to review and analyze the health standards and goals in the municipalities,

strengthening the use of the LQAS-based analytical methodology, which permitted the identification of gaps or difficulties in meeting the standards and thus preparing short-term improvement plans.

This methodology was applied for follow-up on key indicators of maternal and child health: (a) the 13 key APN activities and (b) the growth and development of children under five years old. As a result of the application of the analytical sample, an average fulfillment of higher than 85% was estimated. In those indicators where unsatisfactory levels were reached, actions were incorporated into the improvement plans for their follow-up and fulfillment.

Central-level MINSA officials together with participating agencies´ technicians accompanied the SILAIS technicians and their municipalities in the analysis of the quality standards and incorporation of actions in the improvement plans.

Output 2.1: The basic health teams are applying quality attention standards in maternal, infant and adolescent health.

Indicator "Percentage of health establishments that have and are implementing Training Plans and Continuing Education."

100% of the health establishments of the joint programme's 15 protagonist municipalities are developing continuing education plans for addressing the main problems of maternal, child and adolescent health according to local needs and in conformity with the guidelines in the Institutional Teaching Plan of each SILAIS. The generation of knowledge with these plans was based on managing standards and evidence-based interventions integrated into regulations, guides and protocols, to improve the quality of attention in the public health services network. These guides, regulations and protocols were provided by the program. *(See Outcome 1).*

To achieve this outcome, the programme helped strengthen the operational capacity of the SILAIS and their municipalities to prepare and implement the training plans by providing didactic and educational material and pedagogical equipment, and facilitating resources for transporting personnel from the establishments to the headquarters of the municipalities and SILAIS. The techniques applied for getting these plans were seminars, workshops, internships and training sessions in the health units.

The programme also contributed to the training of 26 resources from outlying communities of the SILAIS RACCS to be health aides. They were hired by MINSA and returned to their communities to provide health services.

In the training plans, priority was given to managing neonatal asphyxia, applying the MMC to newborns with low birthweight, neonatal sepsis and obstetric complication among others, because they were defined as the municipality's main priorities. In addition, the professional, technical and auxiliary personnel of the 15 municipalities were trained in implementing the IUANM for the protection and promotion of breastfeeding as part of the institutional plan. MINSA had a guide called "*Maleta pedagógica*"[3] (pedagogical satchel) guided by the national teaching plan and as this is a priority of the program its application contributed to this outcome. *(See Table No. 3 in the annexes).*

[3] The pedagogical satchel addresses issues of maternal and child health, immunization, HIV and vector diseases.

Indicator "3 SILAIS have a team of technical facilitators with competency to train the health personnel in regulations, protocols and guides of maternal, child and adolescent health."

The three SILAIS and their municipalities have trained doctors and nurses belonging to the facilitators' network and are responsible for leading the training processes and providing teaching. These resources are specialists in the departmental hospitals.

With support from the program, these facilitators have trained the health personnel of the municipalities in regulations, protocols and guides on maternal, child and adolescent health with coordination by those of the SILAIS in charge of teaching. Technical accompaniment was provided by MINSA Central, the national/regional referral hospitals and PUNO´s technicians on specific topics or strategies.

Outcome 3: SILAIS is making timely technical decisions based on analysis of the indicators generated by the existing Information System.

Indicator "Number of prioritized municipalities that have a document analyzing the information generated by the system considering the determinants."

The 15 protagonist municipalities of the program developed and updated their local analysis documents (ASIS) annually in line with the indicators established in the SIGRUN and the local-level social agreements for health, focused mainly on maternal, child and adolescent health. One of the benefits that the ASIS provided is that the management team of the municipalities made informed decisions and the actions were rethought to provide coverage to populations with difficult access to the health services in those territories that have indicator data (of maternal and child health) below the national mean. Furthermore, it was considered a main managerial instrument for identifying priorities and planning actions.

The joint programme facilitated improvement of the abilities or the health personnel of the municipalities through participation in training events on prioritized health issues. These training processes led by the teaching personnel of the SILAIS and the municipalities were implemented by applying the pedagogical satchel with advice from members of the existing facilitators' network in each of the SILAIS and municipalities.

Indicator "Number of municipalities planning their health interventions according to the priorities defined in the analysis of the local situation."

The joint programme 15 municipalities planned their health interventions based on the information and analysis of their local situation. The instrument used for programming tasks and targets was PICOR. This planning exercise was led by the SILAIS Management Unit and the municipalities in the framework of the strategic guidelines of the national health authority.

As part of the planning process, the health personnel consulted the community network to incorporate its demands and proposals in the programming of the municipality's actions. The JP provided tools and training of community leaders so they would be able to express these proposals.

It contributed so this process could be implemented according to the program's Annual Operational Plans through a dynamic participatory exercise headed by MINSA Central. Technical accompaniment was thus provided by officials of this entity and SILAIS and by PUNO´s technicians. This assistance promoted the targeting of tasks mainly to maternal and child health.

Output 3.1: Improve the capacities of the health services network to analyze maternal, child and adolescent health for decision-making purposes.

Indicator "Number of municipalities that have personnel with abilities to prepare analyses and define maternal, child and adolescent health priorities."

The strengthening of the health personnel's technical abilities is one of the priorities of the national health authority, and therefore, the program considered it relevant throughout the period. With the programme the human resources of the health sector of the 15 municipalities expanded and updated their knowledge about managing the institutional information system in its different components: computerized perinatal system (SIP),[4] SIVIEMB,[5] interpretation of the clinical record, the use of CIE/10,[6] the monitoring and recording of maternal and neonatal mortality, the analysis of referral and counter-referral, the essential functions in public health and the documentation of success stories, among other topics. *See Table 6 in annexes.*

The evidence of the strengthening of abilities has been concrete in the analyses developed and in the improvement of the maternal, child and adolescent health intervention, moving from a traditional presentation of tables and graphics to a crossed analysis of indicators and interventions; the reduction of causes of poorly defined diagnoses; improved quality and consistency of the recorded data; and the strengthening of the computer structure, communication (modem, internet service) and logistical administrative management (sheets, formats, etc.).

Indicator "Number of municipalities that are at least systematizing a successful experience or good practices."

Personnel of the health establishments of the joint programme's 15 protagonist municipalities improved their abilities to apply the methodology for documenting and writing up success stories of maternal, child and adolescent health actions. This training was facilitated by PUNO´s technical communication staff, who provided the methodology and guides. Each municipality has two officials in charge of documenting success stories. Nonetheless, only 9 municipalities succeeded in writing up an experience in line with the program outcomes. *(See success stories in annexes 2 and 3).*

Outcome 4: The community networks have information, competencies and arenas for their participation in maternal, child and adolescent health management.

Indicator "Number of municipalities that have an articulated community network developing promotion and prevention actions coordinated with the health rector."

[4] It is a computer program for managing the clinical history of pregnant women and the newborn.
[5] It is a system for monitoring pregnant women managed at two levels: institutional and community-based.
[6] International Classification of Illnesses: Permits standardizing based on codes of all clinical diagnoses of the different pathologies.

The 15 protagonist municipalities of the programme have a community network that is developing illness prevention actions and promotion of healthy family practices. These networks are made up of different articulated stakeholders[7] and function based on the MOSAFC strategic guidelines. A particularity in the different municipalities is that some leaders of these stakeholders perform the function of brigade members, midwives and volunteer collaborators. In the specific case of the RACCS, there is also coordination and support from the Councils of Elders and the *síndicos* (in indigenous and Afro-descendant communities).

The programme facilitated the active participation of the community networks in the Basic Comprehensive Health Care Teams (ESAFC in Nueva Segovia-Chontales-Zelaya Central) and in the Intercultural Comprehensive Health Groups (GISI in RACCS) in correspondence with MOSAFC and the Comprehensive Health Model of the South Caribbean Coast Autonomous Region (MASIRACCS).

To strengthen participation and promote more effective and informed communication of the families and communities with the local health authority, the joint programme facilitated knowledge management by the community network members in handling community strategies such as *Plan Parto* (Birth Plan), ECMAC, Community Managerial Census, implementation of the 16 healthy family practices for the development of maternal and child health, and in the IUANM. *(See Table 7 in annexes).*

To strengthen the coordination and linkages among the stakeholders of the community networks and the health authority and expand the informed dialogue with the family, the programme provided education for doctors and nurses of the 15 municipalities on communication techniques, community assessment and drafting of key messages, which permitted a more effective addressing of the health problems of their communities. In turn, this personnel trained the community leaders of these municipalities.

The leaders of 18 communities were provided tools to facilitate dialogue with the families, so that the latter could identify the determinants related to maternal and child mortality and take actions in line with their social regulations and cultural practices.

The communication actions with the family and communities was done by implementing the Communication for Development (C4D) methodology. They played a lead role in defining their health situation, prioritizing and implementing their own actions. These families and communities achieved greater capacity in proposing needs to the health sector officials through an informed and assertive dialogue.

Output 4.1: Strengthen the community networks to implement health strategies of promotion and prevention according to their maternal, child and adolescent health needs.

Indicator "Percentage of communities that have an Action Plan for the promotion and prevention of the main health situations of women, children and adolescents."

Based on the training that the JPprovided to the leaders of selected communities on the communication for development strategy, they prepared their community assessments,[8] which permitted identification of the socio-cultural factors that influence both family and individual behavior. In this context, they now have 18 action plans ready for implementation focused on the identified factors, which include key messages, target

[7] Cabinet of the Family, Community and Life, Sandinista Leadership Councils (CLS), Sandinista Human Develoment Committee (CSDH), Sandinista Youth, Midwives and Health Brigade workers.

[8] Methods such as Observation, Ethnography, Interviews and Focus Groups were used.

population, means of outreach, budget and actions to be developed in order to have a more comprehensive and effective way to address the maternal and child health situation.

To achieve this outcome, 67 doctors and nurses of the protagonist municipalities were prepared via a 432-hour diploma-level course on "Communication for Social Change and Maternal-Infant Behaviors in the Community." It is important to stress that this strategy was valued well by the SILAIS because they have the tools and abilities to facilitate dialogue between MINSA and the diverse stakeholders.

Indicator "Percentage of municipalities that have functioning inter-sectoral arenas."

The 15 municipalities of the Joint Programme have functioning inter-sectoral forums, among which can be mentioned: Inter-sectoral meetings established by the municipal mayor's offices and regional government; Analysis and Reflection Periods (JAR); Meetings with the Cabinets of Family, Community and Life; Sandinista Leadership Councils (CLS); Adolescent Circles coordinated with the Ministry of Education (MINED) and local committees for natural disaster prevention and mitigation.

Coordinators of the Cabinets of Citizen's Power, municipal mayor's office, community leaders and institutions of the Government participate in these forums, which have their own organizational mechanisms to analyze the maternal and child health situation to reach consensus on the communities' main needs and priorities, and hence the actions to be developed for health prevention and promotion with an inter-institutional and inter-sectoral approach.

To make the participation of the community networks more effective, the programme focused its contribution on strengthening the capacities of the families, community leaders, brigade members, promoters and midwives to address the main problems and their maternal, child and adolescent health determinants. In addition, resources were available for the organization and logistics of these arenas. Additionally, the joint programme promoted the functioning of other inter-sectoral arenas, such as Support Committee to the Maternal Center, breastfeeding support groups, adolescents' circles and commissions for the Love for the Smallest Program (PAMOR) made up of MINSA, MINED and MIFAN. *(See Table 8 in annexes).*

The contribution to the breastfeeding support groups was through the IUANM in the SILAIS, which are responsible for ensuring correct implementation and fulfillment of the breastfeeding norm and mothers' education councilors in the health units.

To improve the key practices in maternal and child health, the programme developed mass communication campaigns through radio spots, fairs, television messages, education murals and distribution of materials in the municipalities of the SILAIS, so the families could identify and make decisions regarding risk factors. In addition, the community leaders and midwives were provided inputs to facilitate their work in the communities and districts. *(See Table 1C, points 44 to 49 in annexes).*

Qualitative Appraisal:

MINSA and the participating Agencies centered their efforts on creating the conditions needed for the success of the program. In this regard the following was achieved: (a) Establishment of the program's Technical

Committee[9]; (b) The joint programme's Baseline with its respective technical indicator sheets; (c) POA for the 3 years (SILAIS and their municipalities); (d) Installation of the disbursement route for the funds to the SILAIS and their municipalities in the framework of Law No. 550 "Financial Administration of the State Budgetary Regime"[10] and Law No. 823 "Annual Law of the General Budget of the Republic"; (e) Cooperation Requests for each SILAIS and its municipalities; and (f) Definition of the format for the single monitoring report, which fed the progress reports remitted to the MPTF.

With this JP, close coordination, community and joint work was generated between the technical areas of the PUNOs and MINSA in the processes of planning, implementation, technical accompaniment (to the SILAIS and their municipalities), monitoring, reports and accountability. These exercises were strengthened to the degree that the lessons learned were assumed with the commitment to surmount some limitations. In this context, more active participation by the finance technicians of the Agencies and MINSA Central was generated as part of the technical accompaniment to the SILAIS and their municipalities. Therefore, the financial follow-up was successfully integrated with the programmatic follow-up through joint visits with a comprehensive approach, thus strengthening the local capacities.

Regarding inter-agency coordination, the four outcomes of this joint programme were designed with a complementary and synergistic approach regarding the contributions of each Agency, based on the UNDAF mandate. For that reason, it is distinguished by the programme activities having generated a comprehensive and more efficient value added in the joint work and technical accompaniment provided to the SILAIS and their municipalities, permitting a reduction of the transaction costs in terms of coordination, acquisitions, planning and joint follow-up. The tasks of planning, technical accompaniment and follow-up were agreed to according to the experience of each Agency.

It was assessed that the program has helped reinforce the strategies proposed by MINSA in the MOSAFC in the three SILAIS with good coordination at all levels. This has helped the three SILAIS improve their maternal and child health management at both the management level and in the communities. Alliances were established locally with different social stakeholders in the communities to ensure greater participation in the promotion and prevention of illnesses. These stakeholders were crucial to achieving the outcomes. In the context of strengthening the implementation of PAMOR, some of the strategies developed through these alliances were: Managerial Census of pregnant, postpartum and postnatal women; Birth Plan, Community issuing of birth control methods; AIEPI; promotion of breastfeeding/IUANM; and Community Assessments/Plans, among others. Another alliance strengthened with the program was the Analysis and Reflection Period in the municipalities, with the participation of the local governments, government institutions and the community network.

MINSA and the PUNO´s contributed human and financial resources from other funding sources. The Government has also contributed human resources from MINSA central[11] and SILAIS/municipalities throughout the programme cycle. In addition, the Agencies contributed human resources (which provide technical accompaniment at all levels) and have financed (with other sources) activities for planning, follow-up and contracting of specialists for achieving some activities.

[9] The team responsible for following up on the implementation of the program in the SILAIS and prioritized municipalities. This team was made up of technicians from the following areas of MINSA: (DGSS, DGPD, DEC, DAF); one official for each of the UNS agencies (PAHO, UNFPA, UNICEF) and OCR and an official from the Embassy of the Grand Duchy of Luxembourg in Nicaragua.

[10] Approved 28 July 2005 and published in La Gaceta No. 167 on 29 August 2005.

[11] Areas: Foreign Cooperation, Planning, Health Services and Finances.

ii) Evaluation of the Indicators-based Performance:

Program Outcomes	Goals reached according to the indicator	Factors associated with the variation from the planned goal (if any)	Verification source
Outcome 1 **Indicator:** No. of municipalities implementing a continuous Improvement Program emphasizing attention to the health of the mother, newborn and adolescent. **Baseline: 8.** Nonetheless, follow-up and fulfillment need to be improved **Planned Goal: 15.**	At the close of the program, all 15 municipalities prepared and followed -up on their improvement plans with emphasis on attention to the health of the mother, newborn and adolescent. The programme proposed to help strengthen the municipalities and facilitate the conditions for those that did not have plans to apply them in the same theme.	Providing technical assistance for rigorous follow-up by the management teams of the SILAIS headquarters was prioritized. In addition, this activity was incorporated into the comprehensive monitoring visits (by MINSA Central to the SILAIS). The formats were standardized.	Technical reports of the SILAIS and monitoring of the programme. Improvement plans (municipalities). Reports of outcomes of the monitoring of data consistency. Minutes books with managerial teams.
Output 1.1 **Indicator 1.1.1:** Guides, Protocols and Regulations for maternal, infant and adolescent health attention have been updated and made available in the attention services network of the prioritized SILAIS. **Baseline of all PCs: 24** existing (14 are updated). **Planned goal of all the PC:** Update: **10**[12] Reproduce down to the health posts of the program municipalities: **14**[13] **Indicator 1.1.2:** Essential obstetric and neonatal care services (CONE) of three SILAIS organized and functioning. **Baseline: 3**	Updated: 4 (Prenatal Care, Family Planning, Clinical AIEPI and Neonatal Care Guide). In addition, the Guide to Monitoring Grave Maternal Morbidity is being prepared. The health posts in the 15 municipalities have maternal, child and adolescent health regulations, guides and protocols. Reproduced: 49,500 blocks - Instruments (check lists on maternal health for the record of the application of regulations, guides and protocols.	The updating of Guides and Regulations was done with guidance by MINSA and the multidisciplinary teams and broad consultation processes. VIF and ARO are being updated. At the start of the programme, updating was also prioritized (Maternal Center, SVMM, breastfeeding, quality standards and indicators). Nonetheless, MINSA considered that they were still valid indicators and it was not necessary to update them.	SILAIS technical reports and programme monitoring. Delivery documents to MINSA Delivery requisition of the materials by CIPS to the SILAIS. Photos

12 PF, APN, Maternal Centers, clinical and community AIEPI, SVMM, VIF, Breastfeeding, Quality standards and indicators, ARO Protocol.
13 Ibid. More: Neonatology, Obstetric Complications, Practical Guide to evaluate prenatal and adolescent attention, Birth Plan.

	1,200 documents – Family planning regulations. 265 units – Clinical guide for neonatal attention. 500 units - Regulation 077 (ARO) 929 units - Regulation 108 Neonatal Clinical Guide 500 units - Regulation 109 Protocols attention to obstetric complications 50,000 units – Folders for clinical files.		
They are organized and functioning but some inputs[14] need to be renewed to improve the quality of attention. The functionality of CONE will be measured with the quality of attention. **Planned Goal: 3**	Cones are organized and functioning in the 3 SILAIS. Inputs (perinatal technologies, blood pressure monitors, provisioning, manometers, scales, HIV tests) are available in the 3 SILAIS, human resource capacity strengthened and availability of regulations.		Technical reports of the SILAIS and of the program monitoring. Entry sheet in the CIPS in MINSA. Invoices, receipt reports, inventories, patient referrals, route sheets, photos of the attention environments, financial supports of the purchases.
Output 1.2 **Indicator 1.2.1:** The neonatology wards of the hospitals of Granada, Carazo, Rivas, Nueva Segovia and Madriz equipped according to the regulations and protocols.	The neonatology wards of 5 hospitals: 1 Regional Hospital (Nueva Segovia) and 4 Departmental Hospitals (Granada, Carazo, Rivas, and Madriz) equipped.	18 pieces of equipment were planned within the programme. Additionally, in 2014 the programme provided 28 more for distribution in the 3 SILAIS	SILAIS technical reports and programme monitoring. Official delivery note as donation to MINSA and

14 Perinatal technologies, blood pressure monitors. Provisioning, manometers, scales, HIV tests. Also transport of patients.

Baseline: 0 **Planned Goal:** 1 Regional Hospital and 4 Departmental Hospitals.	28 pieces of equipment provided for distribution in the 3 SILAIS targeted by the programme.		payment invoices.
Outcome 2: **Indicator:** Percentage of personnel of the network of public health establishments of the selected SILAIS that are correctly applying the technical guidelines of the guides, protocols and regulations. **Baseline: 80** **Planned Goal: 88**	SILAIS Chontales: San Pedro: 85%, Santo Tomas: 88%, Acoyapa: 85%, Muelle de los Bueyes: 85%. SILAIS RACCS: Bluefields: 91%, Corn Island: 75%, Kukra Hill: 89%, Pearl Lagoon: 60% and Karawala: 90%. SILAIS Nueva Segovia: Jalapa: 90%, Ocotal: 91%, Quilalí: 90%, El Jícaro: 88%, Murra: 90%, Wiwili: 89%. The program provided: Training, accompaniment to health units (monitoring), availability of guides and regulations. Standards assessed every 3 months.	This indicator needed to be measured based on the health personnel performance to systematize appraisal of the meeting of quality standards and indictors with which the application of regulations and protocols are evaluated. This indicator is estimated with the appraisal method of the quality standards.	SILAIS technical reports and program monitoring. Analysis of infant morbi-mortality Record book and checklist. Report of standards follow-up
Output 2.1 **Indicator 2.1.1:** Percentage of health establishments that have and implement Training and Continual Education Plans. **Baseline: 80** **Planned Goal: 100**	100% of the health establishments of the 15 municipalities have and are implementing Training and Continual Education Plans. These plans are guided by the MINS and ultimately from the SILAIS.		SILAIS technical reports and program monitoring. Continual education plans. Continual education records with participant list. Human Resources data base of the municipalities.
Indicator 2.1.2: 3 SILAIS has a team of technical facilitators with competencies to train the health personnel in regulations, protocols and guides on maternal, child and adolescent health. **Baseline: 0.** Facilitators exist in the SILAIS but only to cover various topics. With the program they will be strengthened in the area of	3 SILAIS have a team of technical facilitators with competencies to train the health personnel in regulations, protocols and guides on maternal, child and adolescent health.		SILAIS technical reports and programme monitoring. Attendance lists, records book, photos. Technical reports of the workshops.

maternal, child and adolescent health and certified by MINSA educators **Planned Goal: 3 SILAIS**			
Outcome 3: **Indicator 3.1:** Number of prioritized municipalities that have a document of analysis of the information generated by the system considering the determinants. **Baseline:** 15 municipalities are preparing a document analyzing management of the diverse topics, but the program aim is to strengthen the coverage and analysis of the health of women, children and adolescents in that document. **Planned Goal:** 15	15 municipalities are preparing documents analyzing the situation annually, taking into account the determinants of maternal and child health. The format of this document standardized for its application in the 15 municipalities.		SILAIS technical reports and program monitoring. Document of analysis. SILAIS institutional plan.
Indicator 3.2: Number of municipalities planning their health interventions in line with the priorities defined in the analysis of the local situation. **Baseline:** 15. The municipalities are planning their interventions (PICOR) based on the analysis document of management of the various topics, but the program wants to strengthen the level of analysis and planning geared to at-risk populations in the health of women, children and adolescents. **Planned Goal:** 15	15 municipalities annually plan their health interventions in line with the priorities defined in the situation analysis.		SILAIS technical reports and program monitoring. PICOR report in SILAIS and of the municipalities.
Output 3.1 **Indicator 3.1.1:** Number of municipalities that have personnel with abilities to prepare analysis and define maternal, infant and adolescent health priorities. **Baseline:** At least 1 member of the management team of the 15 municipalities has personnel with abilities to analyze and define maternal, infant and adolescent	15 municipalities have personnel with abilities to prepare documents and define maternal, infant and adolescent health priorities.	The personnel that was trained and transferred to another job post took on the commitment to train the new personnel so the performance would be maintained.	SILAIS technical reports and programme monitoring. Diplomas and list of participant attendance. Minutes of management meetings for the planning and drafting of the improvement plans.

health priorities **Planned Goal:** 15 municipalities whose management teams have abilities to analyze and define maternal, infant and adolescent health priorities.			
Outcome 4: **Indicator:** Number of municipalities that have an articulated community network developing promotion and prevention actions coordinated with the health rector. **Baseline:** 15 municipalities have an established community network. **Planned Goal:** 15 municipalities who community networks are participating actively, developing promotion and prevention actions coordinated with the health rector.	15 municipalities have an articulated community network that is developing promotion actions coordinated with the health rector.	The capacities of the community networks have been strengthened with tools for taking prevention and promotion actions in health. The progress shown in this indicator permitted a deepening of the informed dialogue between the community network and the multi-sectoral arenas.	SILAIS technical reports and programme monitoring. Reports of visit to the community members and meetings to accompany the implementation of community strategies. SICO Reports. Records book
Output 4.1 **Indicator 4.1.1:** Percentage of communities that have an Action Plan for promotion and prevention of the main health situations of women, children and adolescents **Baseline:** No data at the start of the programme. For the 2nd and 3rd year the BL will be achieved in year 1 (70%) **Planned Goal:** 100% (62 communities). **Indicator 4.1.2:** Percentage of municipalities that have functioning inter-sectoral arenas. **Baseline:** 15 municipalities have an Inter-sectoral commission **Planned Goal:** 15 municipalities have a systematically functioning inter-sector commission.	The 15 municipalities prepared an action plan for the communities. 18 action plans were prepared by the 15 municipalities. 18 communities were selected through the C4D methodology at the family level together with the municipal authorities, in which the community leaders and families participated in a learning process.	The initial planning was done based on the statistical analysis but in the wake of the local assessment and information management, the SILAIS and municipalities prioritized those with greater needs and agreed to do 18 plans. MINSA's effort is to strengthen the sectors (comprising various communities). When this indicator was designed, the proposal was to strengthen the community strategy, but over the course of the program with the preparation of the assessments, it was shown that people began to make use of the information and the dimension was broad, so it was more viable to prioritize one community per municipality.	SILAIS technical reports and programme monitoring. Community action plans. Documents Photos.
	100% of the municipalities have functioning inter-sectoral arenas.		SILAIS technical reports and programme monitoring. Agreement documents of

			the JARs.

ii) Evaluation:

In the framework of the purpose of the MDG 4 and 5 Joint Programme, a contribution was made with the implementation of the strategic actions contained in the national action plan to reduce maternal and perinatal mortality, which considers five strategic areas with the definition of evidence-based interventions as the active management of the third period of the birthing work, the addressing of obstetric and newborn complications and strengthening of the CONEs in the health units. The systematization of the measurement of the process indicators was strengthened as institutional coverage of and qualified attention to the delivery, and prenatal coverage with four or more attentions. The participation of the community network in the protagonist municipalities of the program was also buttressed for the development of community strategies such as birth plan, ECMAC, AIEPI and institutional and community monitoring of maternal and child health.

The joint programme has applied a final assessment of the actions implemented, outcomes that are presented in another document with relevant aspects about the outcomes/impact; Management/processes; and sustainability. This exercise was done locally with the participation of the municipalities and the SILAIS leadership.

Therefore, this document proposes to share the lessons and good practices of this section.

Lessons learned:

1. Defining and agreeing to the strategies to be developed for programme implementation in each outcome contributes to more comprehensive and complementary planning.
2. Conceiving a programme coherent with the planning times of the national counterpart reinforces and complements the local efforts for timely performance.
3. When the cooperation is at a local level, doing the planning as a single process where the POAs are prepared at the same time permits gaining time at the moment the funds are reaching the direct executor.
4. Incorporating follow-up to the POAs together with that of the indicators in a single exercise of joint monitoring acknowledges a complete vision of the achievement of results.
5. The technical accompaniment of and follow-up to the programme actions as part of the institutional practice reduces the transaction costs and promotes and facilitates coordination of the stakeholders at all levels.
6. Recording the activities and strategies being promoted with the programme in a process of ongoing improvement permits their replication in other actions promoted by MINSA through the SILAIS.
7. Facilitating the communities' incorporation into the health promotion strategy, providing them working materials and support for their mobilization, motivates volunteerism and assures participation.
8. A monitoring exercise designed with a comprehensive approach and with the participation of all stakeholders helps define the programmatic strategies, objectives and interventions needed for the expected change, thus facilitating the construction of an institutional culture of permanent accompaniment for analyzing the progress of the attention processes.
9. Protecting and recording the relevant information in an organized and timely way facilitates the immediate availability of information when constructing a success story and preparing reports with good practices and lessons.

Good practices:

1. Programming the attendance and follow-up of the SILAIS technical teams in the territorial activities permits the clear establishment of the dates of implementation and submission of reports for each activity.
2. The joint visits to the three SILAIS and the 15 municipalities were designed with comprehensive coverage and implemented by the programme technical committee, reducing transaction costs. All visits were in the framework of technical accompaniment to the SILAIS for monitoring the programme outcomes in each municipality.
3. A permanent culture of technical accompaniment to the municipalities to analyze the standards on the progress of attention and application of evidence-based interventions has been built.
4. The bi-annual planning, done with accompaniment by the Agencies from the local level with leadership by the SILAIS and conduction of MINSA Central, permitted efficient planning time on the one hand and more appropriation by the municipal health personnel of the methodology and Results-Based Short-Term Planning formats institutionalized by MINSA on the other.
5. The health teams have incorporated goal-based work into their practice and are defining action strategies through the analysis of gaps.
6. The use of homologous formats and methodologies among the Agencies allowed a more effective analysis and practice of the findings, better identifying the gaps and defining complementary actions for improvements.
7. The programme´s joint monitoring exercise facilitated the needed information in an ordered way for the UNDAF annual monitoring report as well as Agencies cooperation frameworks .

iii) Specific Story "Lives saved"

I. Problem/Challenge:

The region's geographic reality associated with the installed capacity of the health centers and posts, which are first-attention-tier establishments imposes the constant of ongoing referrals as the only option for the population's access to a resolution level of specialized quality. The population of the RACCS that lives in outlying communities needs to be moved by outboard motor boats or by air in cases of a medical urgency requiring hospitalization, specialized consultation and access to diagnostic and ambulatory therapeutic means.

The particularities of the RACCS relative to the rest of the country are mainly seen in its cultural and linguistic diversity. The geographic characteristics, however, are also different and attribute singularities to the region that create special conditions of access, communication, mobilization and population dispersion, which involve high costs and more time to get from one place to another among their municipalities and communities. In addition the social context requires the formulation of particular health policies to ensure the delivery of efficient, equitable health services adapted to the cultures of the indigenous peoples and different ethnic groups and also to the geographic conditions that condition them to an exclusively water-based mobilization system.

The services network of the RACCS SILAIS has a hospital located in the municipality of Bluefields, which is the regional referral hospital and the only health establishment with specialized services. The other municipalities have health centers without beds and health posts. The population of those municipalities accesses the second-tier attention services by activating the institutional and community referral and counter-referral system.

The inputs that activate the institutional referral system are communication via radio and transport via pangas (boats, often canoes, with outboard motor), with the latter the most effective means of transport in the region for covering long distances, but they use a lot of fuel and the cost is high. The national airline is also an option in the case of Corn Island to Bluefields, although it is also a very costly means of transport.

The timely transport of pregnant women and children with some illness has helped reduce avoidable deaths of pregnant women with obstetric complications and newborns with grave health problems from communities of difficult access and extreme poverty of the South Caribbean Coast.

II. Programme Interventions: How was the problem or challenges addressed through the Program interventions?

- → Strengthening of the abilities for comprehensive attention to pregnant women and newborns of the health personnel located in the establishments in outlying communities.
- → Active search in prioritized communities through comprehensive medical attention visits.
- → Provision of basic medical teams for attention during the comprehensive visits.
- → Organized participation of community networks in actions to promote health practices in maternal and child health and prevention of illnesses.
- → Improvement of more qualified health services to the population of communities of difficult access and extreme poverty of the RACCS through the transfer of pregnant women and newborns with complications to health establishments with greater capacity to resolve the problems.

III. Outcomes:

- → 541 pregnant women and newborns, both with complications, were transported during the implementation period of the JP MDG 4 and 5, thus avoiding deaths.

→ The technical capacities of the technical health personnel were strengthened, permitting timely decision-making to save lives.
→ The commitment of health workers to attention for the more vulnerable population was consolidated.
→ Community network (brigade workers, promoters, midwives) with abilities and commitment to assume and participate in the processes to improve the maternal and child health situation of their communities;
→ The inter-sectoral arenas of the communities strengthened in managing maternal, child and adolescent health.

IV. Lessons learned:
→ Community network of organized communities permitted the implementation of community strategies that helped reduce maternal and child mortality.
→ Decentralization of the conduction of health interventions permitted more timely and consensual decision-making.
→ Availability of financial resources contributed to the transportation of the PC MDG protagonists in the prioritized territories.

ANNEXES

1. Table of the report – according to the order of the narrative.

2. Success stories:
   a. Mother Kangaroo method
   b. Comprehensive visits to communities of difficult access in the RACCS
   c. IUANM

3. Photos of the success stories.

4. Photos of the program in the three years.

ANNEX 1. Tables of the report – according to the order of the narrative

Table No. 1A: Acquisition of medical and non-medical equipment and material for periodical replacement

Description	Requested	Acquired
1. Medical equipment (neonatal health)	18	46
2. Stethoscopes	125	125
3. Blood pressure monitors	149	149
4. Adult scales	98	98
5. Pediatric Scales	96	96
6. Swan neck lamps	53	53
7. Oto-Ophthalmoscope	39	39
8. Micro-centrifuge	1	1
9. Doppler	21	21
10. Blood Gas Gasometer	1	1
11. Pocket Due-date Calendar	2,800	2,800
12. Neonatal Tape measures	2,000	2,000
13. Wall Due-date Calendars	100	100
14. Obstetric Tape measures	1,000	1,000
15. Height rods	500	500
16. Material of periodic replacement	46	46
17. Computers	161	161
18. Marine Motors *	2	2

Source: *Agencies of the UNS, 2013-2015.*

** The Program contributed 15% of the cost and 85% was a contribution of PAHO with other financing source.*

Table No. 1B: Acquisition of Guides, Regulations and Protocols

Description	Acquired
• Blocks - Instruments (check lists on maternal, infant and adolescent health) for the record of the application of regulations, guides and protocols	49,500
• Family planning regulations	1,200
• Clinical guide for neonatal attention	265
• Regulation 077	500
• Regulation 108 Neonatal Clinical Guide	929
• Regulation 109 Obstetric complications attention protocols	500
• Folders for clinical files	50,000

Source: *UNS agencies participating in the program, 2013-2015.*

Table No. 1C: Basic inputs distributed in the SILAIS (RACCS, Nueva Segovia, Chontales, Zelaya Central) and their municipalities

No.	Inputs	RACCS	Nueva Segovia	Chontales	Zelaya Central	Total
1	Fans	44	-	36	10	90
2	Weights	16	-	19	8	43
3	Fetal Doppler	8	1	-	-	9
4	Nebulizer	-	-	7	-	7
5	Blood pressure monitor	35	71	110	15	231
6	Stethoscope	35	6	57	15	113
7	Partitions	7	54	1	1	63
8	Sheets	211	319	114	18	662
9	Pillows	-	98	-	-	98
10	Pillowcases	-	1	-	-	1
11	Curtains	-	-	23	-	23
12	Areas for newborns	-	-	30	-	30
13	Two-way chrome infusion stand	2	-	-	-	2
14	Stainless steel mayo stand	1	-	-	-	1
15	Swan neck lamp	1	-	-	-	1
16	Surgical cases	-	29	-	-	29
17	Delivery cases	-	34	-	-	34
18	Baby bathtub	-	3	-	-	3
19	Bathroom scale	-	3	-	-	3
20	Mattresses	-	42	30	-	72
21	Robes	120	376	39	10	545
22	Shirts	197	-	-	_	197
23	Paint (drum)	2	-	-	_	2
24	Electricity plant	-	-	-	2	2
25	Plastic chairs	-	-	40	12	52

26	Hanging shelves	-	-	1	-	1
27	Ambulance repair	-	1	-	-	1
28	Water tank	-	5	-	-	5
29	Banner	3	-	-	_	3
30	Blankets	2	-	-	_	2
31	Mosquito net	55	-	-	_	55
32	Jackets	3	-	-	_	3
33	Metal file cabinet	-	-	4	-	4
34	Calculator	-	24	13	_	37
35	Acrylic writing board	6	52	33	_	91
36	Cork board	6	1	2	_	9
37	Clip board for flip chart	-	-	3	-	3
38	Projector	1	1	-	-	2
39	Projector screen	1				1
41	Laptop	1				1
42	Bookcase	1				1
43	Wooden crate	1				1
44	Satchels		34	29	_	63
45	Black rubber boots	140		77	_	217
46	Ponchos	143		70	_	213
47	Backpacks	226		77	_	303
48	Flashlights with batteries	143		60	_	203
49	Caps	143		77	_	220

***Source**: SILAIS Chontales, Zelaya Central, Nueva Segovia and RACCS: Statistics, Municipal Direction and AIMNA.*

Table No. 2: Monitoring of the SILAIS and their municipalities

SILAIS	Goal of Health Units to be supervised	Total Units supervised
RACCS	50	34
Nueva Segovia	51	51
Chontales	32	28
Zelaya Central (Muelle de los Bueyes)	12	12
Total	**145**	**125 (86.2%)**

Source: *SILAIS RACCS, Nueva Segovia, Chontales and Zelaya Central: Statistics, Municipal Direction and AIMNA.*

Table No. 3: Training of the health personnel of the SILAIS and their municipalities

No.	Training topics	RACCS	Nueva Segovia	Chontales	Zelaya Central	Total
		Number of participants				
1	Child- and Mother-Friendly Units Initiative	305	324	100	238	967
2	CONE Internships	-	7	38	-	45
3	CONE Regulations		94	93	30	217
4	Evidence-Based Interventions		56	194	-	250
5	Kangaroo Mother Workshop	38	40	8	18	104
6	Analysis of PF tools, Obstetric and Neonatal Complications	24	334	251	-	609
7	Training in Sexual and Reproductive Health	34	-	-	-	34
8	Evaluation of the filling out and interpretation of the instrument for monitoring severe maternal morbidity and perinatal morbidity.	-	115	-	-	115
9	Training of facilitators on IUD insertion	-	20	-	-	20
10	Training of facilitators on attention to the newborn	-	20	-	-	20

11	MOPECE	21	60	150	30	261
12	Guide on Comprehensive Attention to Adolescents	111	164	78	-	353
13	Strategy on Communication for Changing Behavior	23	264	295	46	628
14	Addressing of most frequent ARO pathologies	86	90	161	30	367
15	AIEPI Procedures Chart	76	174	219	62	531
16	Formation of clinical facilitators of pedagogical satchels	-	7	27	-	34
17	Manual of attention to adolescents	24	163	84	50	321
18	Regulation 126 (adolescent health)	87	-	55	-	142
19	Regulation 120 (adolescent health)	50	-	37	-	87
20	Guide to early stimulation	35	-	-	-	35
21	Regulation of humanization of institutional birth	4	-	-	-	4
22	Training in MATEP	15	-	-	-	15
23	Planning and evaluation sessions with leaders and institutions to focus on community strategies	-	115	-	-	115
24	Monitoring and evaluation of community strategies (was training in Birth Plan/ECMAC)	20	-	-	30	50
25	Technical sessions on expanded technical counsels work	-	72	-	-	72
26	Participatory planning methodology	20	-	50	-	70
27	Application of quality standards and indicators	38	104	246	65	453
28	Updating on regulation and functioning of maternal centers	-	-	-	-	-
29	Gestational Hypertensive Syndrome	-	129	86	-	215
30	Monitoring of the nutritional status of pregnant women and development of children and adolescents	-	265	142	30	437

31	IVU in pregnant women and managing of APP	20	275	112	-	407
32	Taking and interpretation of vital signs	-	75	116	-	191
33	Internship in La Mascota Hospital	-	-	-	-	-
34	ABR	-	-	29	-	29

Source: *SILAIS RACCS, Nueva Segovia, Chontales and Zelaya Central: Statistics, Municipal Direction and AIMNA.*

Table No. 4: Active search for women and children not attending the AP, VPCD and family planning programs

No.	Actions	RACCS	Nueva Segovia	Chontales	Zelaya Central	Total
1	Pregnant women	168	375	408	-	951
2	Postpartum	47	52	53	-	152
3	Children (VPCD)	641	10	1,096	-	1,747
4	Family Planning (PF)	1,161	3	138	-	1,302
5	Search for pregnant women for HIV test	38	-	51	-	89
6	Medical Consultations	81	-	2,158	-	2,239

Source: *SILAIS RACCS, Nueva Segovia, Chontales and Zelaya Central: Statistics, Municipal Direction and AIMNA.*

Table No. 5: Transfer of patients to units of greater resolution

No.	Category	RACCS	Nueva Segovia	Chontales	Zelaya Central	Total
1	Obstetric referrals	383	1186	998	434	3001
2	Pediatric referrals	158	125	156	67	506
3	Other referrals	8	64	209	80	361
	Total	549	1375	1363	581	3868

Source: *SILAIS RACCS, Nueva Segovia, Chontales and Zelaya Central: Statistics, Municipal Direction and AIMNA.*

Table No. 6: Training of the health personnel of the SILAIS and their municipalities on information system and data management issues

No.		RACCS	N. Segovia	Chontales	Zelaya	Total

	Training topics				Central	
		Number of participants				
1	Community monitoring to improve the maternal and neonatal mortality record		172	195	-	387
2	Use of the SIP and SIVIEMB	34	94	240	-	368
	SAIKOO computer program and strategic planning	38	-	-	-	38
3	Improvement of data and their capture and inputting	20	171	232	-	423
4	Regulation 044 (Management of clinical file)		60	38	-	98
5	CIE-10	-	95	39	-	134
6	Correct filling out of death certificate	39	-	4	-	43
8	Essential Functions in Public Health (FESP)	46	-	-	-	46
9	Updating of the health personnel in the SICO	30	-	22	-	52
10	Filling out and interpretation of the HCP	-		36	-	36
12	Analysis of referral and counter-referral	32	-	63	10	105
13	Monitoring and interpretation of several maternal morbidity	20	-	29	-	49
14	Workshop on Systematization/ documentation and dissemination of good practices	7	6	3	1	17000

Source: *SILAIS RACCS, Nueva Segovia, Chontales and Zelaya Central: Statistics, Municipal Direction and AIMNA.*

Table No. 7: Comprehensive Medical Brigades in the SILAIS and their municipalities

		RACCS	Nueva	Chontales	Zelaya	Total

No.	Category		Segovia		Central	
		Number of attentions				
1	VPCD	6,765	3,102	5,899	212	15,978
2	Prenatal Attention	737	574	1,377	6	2,694
3	Postpartum	98	168	365	1	632
4	Family Planning (PF)	4,664	3,332	6,677	246	14,919
5	Vaccinated children < 5 years old	3,661	6,688	3,535	116	14,000
6	Total TT doses	3,430	5,568	4,455	484	13,937
	Total immunizations	5,336	5,026	5,706	-	16,068
7	Papanicolau (PAP)	892	3,638	4,191	-	8,721
8	Talks	364	2,269	6,904	80	9,617
9	Odonatological Attentions	-	410	-	-	410
10	All with voice	-	664	-	-	664
11	Chronic illnesses	-	1,809	-	-	1,809
12	PAMOR visits	-	86	-	-	86
13	Referrals to maternal center	-	32	-	-	32
14	HIV test of pregnant women	1,380	384	156	-	1,920
15	Blood samples	-	-	248	-	248
16	SR+14 samples	-	-	273	-	273
17	General medical consultations	30,163	3,801	33,148	703	67,815
18	Nursing consultations		648	-		648

Source: *SILAIS RACCS, Nueva Segovia, Chontales, Zelaya Central: Statistics, Municipal Direction and AIMNA.*

Table No. 8: Training of Community Network personnel of the SILAIS and their municipalities

No.		RACCS	Nueva	Chontales	Zelaya	Total

	Training topics		Segovia		Central	
		Number of participants				
1	Love for the Smallest (PAMOR)	160	613	213	-	986
2	Community Managerial Census of Pregnant Women	57	115	151	111	434
3	Cultural Adaptation of Birthing to Midwives	69	165	177	44	455
4	16 key practices for Maternal Infant Development	20	275	96	-	391
5	Community AIEPI (prevalent early childhood illnesses)	309	681	395	158	1,543
6	Communication strategy for behavioral change.	171	125	66	-	362
7	Birth Plan	306	1,219	247	276	2,048
8	Awareness-building for the promotion of male allies on women's health	-	955	120	96	1,171
9	Meeting to analyze community strategies	60	-	1	-	61
10	Community Health Fairs	260	1,105	198	-	1,563
11	Coordination sessions with stakeholders from the municipality	83	319	290	-	692
12	Analysis and Reflection Period (JAR)	242	1,232	365	-	1,839
13	Training of adolescent leaders on adolescent comprehensive health	38	763	113	-	914
	Adolescents' Circles	-	148	153	-	301
14	Leaders trained on Strong Family	-	179	102	-	281
15	Male partners in maternal health	-	-	20	-	20
16	Community assessment	-	90	52	-	142
17	Early stimulation	15	-	-	-	15

17	Help groups for breastfeeding counseling	300	408	118	170	996
18	Sexual and Reproductive Rights	35	428	277	-	740
19	Domestic Violence	-	60	51	-	111
20	ECMAC	146	640	228	72	1,086
21	SICO	99	172	151+82 communities	-	422/82
22	Community counseling on nutrition for pregnant women and breastfeeding	55	-	-	-	55
23	Meeting with midwives	38	-	-	-	38
24	Regulation 120 directed to adolescents	79	-	28	-	107
25	Regulation 126 directed to adolescents	112	-	28	-	140
26	Regulations for functioning of maternal centers	19	-	-	-	19
27	Training sessions for users of maternal centers	-	540	-	-	540
28	Participatory planning methodology	-	-	112	-	112
29	Training in sexual and reproductive health	-	60	-	-	60
30	Breastfeeding	140	200	40	-	380
31	Community backpack	-	82	-	-	82

Source: *SILAIS RACCS, Nueva Segovia, Chontales and Zelaya Central: Statistics, Municipal Direction and AIMNA.*

ANNEX 2. Success stories

1. STORY "Mother Kangaroo Method"

I. Problem/Challenge: To implement the Mother Kangaroo Strategy in the entire network of health establishments and their communities to help reduce neonatal mortality due to prematurity and/or low birth weight, as well as reduce

the hospital stay of the premature baby and achieve lasting physical-motor development. The capacity of the network of workers of First-Tier Attention (Health Centers and Posts) was developed with technical assistance from the "Bertha Calderón Hospital," the National Referral Hospital Unit, and from the UNS Agencies to establish a support network of the newborns' communities.

II. Program Interventions

The following interventions were developed in conjunction with the personnel of the departmental health network:

- Reinforce the knowledge and abilities of the health personnel (first tier of attention, second tier of resolution and the departmental referral unit) and those in the community with technical assistance by neonatology specialists from the Bertha Calderón Hospital;
- Improve the environmental conditions of the neonatology ward to ensure a more comfortable environment for breastfeeding mothers.
- Establish the record system of the "Mother Kangaroo System" in the hospital and units of first-tier attention, strengthening the departmental referral and counter-referral system (hospital-municipalities-hospital).
- Strengthen the capacities of the network of community stakeholders and key practices to contribute through their actions to the sustainability of the interventions on child and maternal health in their communities.
- Train the health personnel on "16 key practices" recommended by UNICEF and WHO, vaccination, managing the newborn, nutrition and the national PAMOR strategy.
- Buttress the monitoring (data management, house visits to low-weight children, monitoring of key practices).
- Establish alliance with the IUANM for the recertification of the health units on breastfeeding.

III. Outcomes

- Health personnel of the network of health establishments empowered with the Mother Kangaroo Strategy and active in gradually implementing it in all health units.
- The monitoring network of children with low birthweight (BPN) has improved with the use of the referral and counter-referral system.
- Community leaders applied promotion practices for the development of infant health (16 key family practices for the development of child and maternal health), including breastfeeding and complementary food.
- Community leaders have participated in house visits to children with low birthweight and have promoted Mother Kangaroo in the home.
- The local inter-institutional coordination on behalf of maternal and infant health is strengthened (Love for the Smallest Program).
- In a 10-month period, 26 pre-term infants weighing between 1,000 and 1,900 grams and born at between 28 and 35 weeks of gestation have received Mother Kangaroo attention and care. Of these babies, 85% survived.

IV. Lessons learned:

- Its implementation requires the broad consensus and active participation of diverse institutional sectors and the communities.
- Integration among the national, departmental and municipal referral health units has been necessary in the implementation of the strategy.
- Participation by the community network to strengthen the continuous monitoring of children with low birthweight is crucial in this process.
- The promotion of Mother Kangaroo in the home as part of the attention is relevant to achieving the results.

2. STORY "Comprehensive visits to communities of difficult access in the RACCS"

I. Problem/Challenge encountered:

In the municipality of Kukra Hill, located in the South Caribbean Coast Autonomous Region (RACCS), 71% of the population lives in rural communities, a considerable part of them of difficult access for health services. For that reason, the Ministry of Health makes comprehensive visits via Mobile Medical Brigades to ensure these populations

the right to health. The municipality has a territorial extension of 1,262 km^2 and an estimated population of 9,744 inhabitants, 52% of whom are women. The ethnic distribution of the population is 56% mestizos, 39% Creoles and 5% Miskitus. Kukra Hill is made up of a total of 61 communities, divided into 10 sectors according to the Region's Health Model (MASIRACCS).

The municipality's Network of Health Services is made up of a Municipal Health Center and 8 health posts located in the rural area. The health personnel providing services in the network is made up of 9 doctors, 11 nurses and 14 nurses' aides. The community network contains health brigade members, midwives, volunteer collaborators (who work on the prevention of vector diseases), traditional medics and female counselors on the Birth Plan strategies and on the community provision of birth control methods (ECMAC).

II. Program Interventions

The municipality's managing technical team, made up of members of the medical brigades, previously organized the trips out to the communities and coordinated with the stakeholders of the protagonist communities in the following way:

- Organization together with community leaders of the departure routes of the Medical Brigades and the prioritized issues to develop during the visits.
- Inventory of the inputs to be used during the visits to prioritized communities, as well as the profile of the personnel to participate in the visits.
- Community leaders and members of the Health Committees organized their communities prior to the arrival of the Medical Brigade members.
- The following actions were developed during the stay in the communities:

a. **Prevention**: update of the community census, educational talks, monitoring of the managerial census of pregnant women, timely referral of children under five years old to the health units, among other actions.

b. **Treatment**. Medical and nursing attention was provided to people who manifested health problems. They were guaranteed the respective treatment.

III. Outcomes

→ This has permitted the maintenance of access to the program of finding pregnant women in the first trimester and four controls of attention, attracting of puerperium women, control of growth and development of infants under one year old.

→ Improved vaccination coverage, offer of family planning methods and referral of pregnant women to the maternal center, among others.

→ The local health authority, compliance with the principle of the Right to Health, helps improve the access to health of the most vulnerable populations from communities of difficult access.

In the comprehensive visits in the 2013-2015 period the programme achieved:

- Increase the number of attracting pregnant women in the first trimester and four controls of attention.
- Attracting of puerperium women and conducting of first VPCD control in infants under one year old.
- HIV tests (pregnant women, patients with STDs and general population).
- Papanicolau Examination for women of a fertile age (mainly those over 35 years old).
- Conducting of the second VPCD control in children from 1 to 4 years old.
- Increase in the immunization coverage.
- Offer of family planning methods and the practice of breast self-examination.
- Early referral of pregnant women to the maternal center.
- Promotion of the Maternal Center
- Monitoring of quality indicators in 100% of the Health Units.

IV. Lessons learned:

→ The Program helped strengthen the community actions and organization. Without these previous processes, in coordination with the leaders of the communities of difficult access, it would not have been possible to achieve the proposed goals.

→ The success of the comprehensive health visits will be ensured if the community has organized Health Committees that have leadership once the health brigade is set up in the community.

→ Motivation manifested by the communities permitted organize future joints visits with members of the Medical Brigades. The visits to the communities of difficult access must be organized with careful planning, as the operation costs are high given the access difficulties (distance, rainy season).

3. STORY "Child- and Woman-Friendly Units Initiative"

I. Problem/Challenge encountered:

The IUANM initiative was developed jointly by WHO and UNICEF in 1992 to insure that babies born in the Health Units would be breastfed during the first hour of life and to reduce neonatal mortality in the first 8 days of life. It is a good start to ensure exclusive breastfeeding during the first six months and extend it with complementary food up to 24 months of age. The 3rd National Evaluation of the International Code of Commercialization of Milk Substitutes conducted by MINSA in 2011 showed that only one hospital and one health center of the department of Madriz remained recertified with IUANM and 17 of the 22 hospitals, 129 of 154 health centers, 644 of 1,048 health posts and 11 of 17 SILAIS were recertified in 2005. MINSA assumed the commitment to recertify at least 80% of the Health Units by the end of 2015.

II. Program Interventions

To accompany MINSA in this initiative, training was provided to the health personnel in the main hospitals of the 15 municipalities of the program as part of a process of continual improvement. It started with the definition of the strategy in the framework of the institution's policy, the organization of a follow-up structure (both within the health center and at the community level), the analysis of the bottlenecks, the definition and implementation of an improvement plan, the self-evaluation process and the request for an external evaluation (at the time the identified problems were surmounted).

III. Outcomes

→ Training of the health personnel of the program's 15 municipalities for the application of this initiative.
→ Re-certification of 100% of the Health Units in Nueva Segovia and the RACCS. 100% of the units of Chontales and Muelle de los Bueyes are apt for evaluation and recertification.[15]
→ The prohibition of the use of baby bottles and also the milk from formulas was noted in the health units both at the moment of birth and during the infant development control sessions, where breastfeeding was the norm. In addition, no publicity was permitted that promoted any other milk than breast milk. The workers and parents have taken on the initiative as their own and appear to feel proud of having been part of it.
→ At the start of the intervention, breastfeeding in the first hour of life was 67% and by the end it had been raised to 92%.

IV. Lessons learned:

→ MINSA's commitment in this initiative permitted fulfillment of all the actions to get the health units recertified.
→ The involvement and teamwork of the professional and technical personnel of the health services, the community and all workers of different levels (cleaning employees, drivers, security personnel, etc.) permit the success of the strategy.
→ Incorporating this initiative as part of the continual improvement in outcome one proposed by the program facilitated this action being implemented in the institutional management framework.

[15] Based on this experience, UNICEF supported the Ministry of Health in expanding this initiative into all Health Units of the 15 municipalities of Nueva Segovia (only 5 were part of the Joint Program) as well as the units of Las Minas and Bilwi, both of which are municipalities of the North Caribbean Coast Autonomous Region (RACCN) of Nicaragua. Moreover, on its own initiative, the Ministry of Health has extended it to 4 more SILAIS.

ANNEX 3. Photos of success stories

PHOTOS OF THE STORY "Lives Saved" in the RACCS

1. Members of the Community Network of Karawala – a municipality located approximately 410 km from Managua – carry "Celestina" on their shoulders to the community dock. Their mission was to help save the life of Celestina and her baby.

2. "Celestina," in the company of her mother after half an hour being carried by companions of the community, is made comfortable in the boat to be transported to the Hospital.

3. Distances are long in the South Caribbean Coast Autonomous Region. The transport by boat from Karawala to the Hospital in the regional capital in Bluefields took four hours. In these situations timely transportation is crucial.

4. "Celestina" is received by an ambulance with trained personnel of the "Ernesto Sequeira" Regional Hospital in Bluefields who will provide the required emergency obstetric care.

5. Celestina and her baby "Rosita," both in good health, awaiting medical discharge from the Maternal Center of Bluefields to then return with her daughter to her municipality. The community's coordination and the timely performance by the trained health personnel were indispensable for the mother and daughter to be back with the rest of their family.

PHOTOS OF THE STORY "Mother Kangaroo Method"

<table>
<tr><td> </td><td> </td><td> </td></tr>
<tr><td>1. In the municipality of Nueva Segovia, 278 km from the capital, almost on the border with Honduras, mothers from diverse municipalities get together in the Neonatology Ward of the Departmental Hospital. All of them are participating in the Mother Kangaroo strategy.</td><td colspan="2">2. Mothers hold their babies in their arms in the Neonatology Ward of Nueva Segovia's Departmental Hospital. The "Mother Kangaroo" strategy helps reduce neonatal mortality for prematures babies and/or those with low birthweight.</td></tr>
</table>

<table>
<tr><td> </td><td> </td></tr>
<tr><td>3. The health personnel make house visits to provide follow-up to the mothers with recent births and to promote the "Ambulatory Kangaroo" so that the strategy gets directly to the families.</td><td>4. The health personnel guides and provides responses to the concerns of the mother and her relatives. The activity is coordinated by the health post and center of the municipality of Ocotal.</td></tr>
<tr><td>5. The health center follows up on the mothers with recent births and keeps a record and monitors the health status of the children who have joined Mother Kangaroo.</td><td> </td></tr>
</table>

PHOTOS OF THE STORY “Comprehensive visits of difficult access in the RACCS”

1. Kukra Hill is a municipality of the South Caribbean Coast Autonomous Region located 415 km from the capital city. Doctors and nurses from the Ministry of Health travel the river in canoes and pangas (outboard motor boats) to take health services to the most remote communities.

2. Once they get to the municipality the health personnel go with their medicines and medical equipment on horse- or mule-back, to get directly to the population.

3. Children and women, especially pregnant women, are prioritized in the consultations, as is the third-age population.

4. The participation and leadership of the Community Health Committee members is crucial within the municipality. As well as maintaining timely communication with the community and the SILAIS health personnel, they are in charge of maintaining a record of the health situation of each person in the municipality and/or detecting alert signs in case there is a need to transport someone due to illness.

5. During the visit, the health personnel hold a session with community leaders to strengthen the needed coordination to ensure health attention to each member of the community.

6. Doctors and nurses after the workday and interaction with the population, where follow-up measures are also established for different cases in the community.