

**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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### **APPENDIX**

**ANNEX A: PACT Lead Organizational Capacity Self-Evaluation**

## ACRONYMS

ADRA	Adventist Development Research Assistance
AIM	Atención Integral a la Mujer (Integrated care to Women)
AIN	Atención Integral a la Niñez
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 (Formerly FFHU)
ARI	Acute Respiratory Infections
AIEPI	Atención Integral Enfermedades Prevalentes de la Infancia (IMCI)
BL	Base Line
BCG	Bacilo de Calmette y Guerin
BF	Breastfeeding
CARE	Cooperative for Assistance and Relief Everywhere
CBDA	Community Based Distribution Agents (Family Planning Methods)
CHVs	Community Health Volunteer
CORU	Unidades de Rehidratación Oral Comunitaria
DIP	Plan de Implementación Detallado
Dt	Difteria Tétanos
ECMAC	Entrega Comunitaria de Métodos Anticonceptivos (CBDA)
EB	Exclusive Breastfeeding
EDA	Enfermedades Diarreicas Agudas
EON	Emergencias Obstétricas y Neonatales (Obstetrics and Neonatal Emergencies)
EON-C	Emergencia Obstétricas y Neonatales en la Comunidad (Community EON)
ECACS	Estrategia de Comunicación y Acción Comunitaria en Salud
FFHU	Fully Functional Health Unit, MSH Developed Quality Improvement Methodology
FPM	Family Planning Meted
GPS	Global Positions System
HIV	Human Immune Virus
HOPE	Project HOPE, The People-to-People Health Foundation, Inc.
HU	Health Unit
IDRE	Información, Desarrollo, Resumen y Evaluación
IEC	Información, Educación, Comunicación
IMCI	Integrated Management of Childhood Illness
JNS	Jornada Nacional de Salud
KPC	Knowledge Practice Coverage
LQAS	Lot Quality Assurance Sampling
LAM	Lactation Amenorrhea Method
MCH	Maternal and Child Health
MCMS	Movilización Comunitaria para Maternidad Segura (Community Mobilization for Safe Motherhood)
MOH	Ministry of Health
MINSA	Ministry of Health
MINSA/SILAIS	Ministry of Health/ Local Integrated Health Care System
M&E	Monitoreo y Evaluación
MEF	Mujeres en Edad Fértil
MM	Maternal Mortality

MMR	Measles, Mumps, and Rubella
MOH or MINSAs	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 (Institutional Strengthening PVO)
PAHO	Pan-American Health Organization
PAI	Programa Ampliado de Inmunizaciones
PDA	Personal Digital Assistant
PMSS	Programa de Modernización del Sector Salud (Health Sector Modernization Program)
PRIME II	Primary Services II
PROCOSAN	Programa Comunitario de Salud y Nutrición
PROSIC	Proyecto de salud Integral en la Comunidad (Integrated Community Health Project)
PVOs or OPVs	Private Voluntary Organization
SIAL	Sistema de Administración Anticonceptiva Logística (Logistics Management FPM System)
SILAIS	Local Integrated Health Care System
SICO	Sistema de Información Comunitaria (Community Based Health Information System)
SIGHOPE	Sistema de Información Georeferencial de HOPE
SMSP	Social Medicines Sales Posts (Puestos Sociales de Venta de Medicamentos)
SM	Salud Materna (Maternal Health)
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
TQM	Total Quality Management (Garantía de Calidad)
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
WFP/PMA	World Food Program / Programa Mundial de Alimentos

## INTRODUCTION

This is a five-year Child Survival (CS) program (2002-2007) aimed at improving the health status of children under five years of age and women of reproductive age in the Department of Jinotega, Nicaragua—with a focus on its rural populations, including those working on the region's many private coffee plantations. The program is building upon Project HOPE's experience implementing strong public health education programs in Boaco, Chontales, and three municipalities of Jinotega. It also benefits from lessons learned in Project HOPE's innovative and highly successful child survival program on the coffee plantations of Guatemala's Boca Costa region.

Located along Nicaragua's northern border with Honduras, Jinotega is mainly rural and mountainous, and is among the country's poorest departments. Coffee production is the main economic activity, with an estimated 12,000 plantations in the region. Severely affected by Hurricane Mitch in late 1998, the plantations in Jinotega have suffered further economic losses due to the recent sharp downturn in coffee prices. As a result, the size of the labor force has been significantly reduced, with an attendant impact on household income and health status. The target population includes 60,031 children under five and 70,827 women of reproductive age (130,858 beneficiaries).

The goal of this program is to reduce morbidity and mortality rates of children under five and women of reproductive age in the Department of Jinotega's primarily rural communities. This is being achieved by working in close cooperation with the SILAIS (MOH Department-level) and the MOH Central-level to support the implementation in all of Jinotega, of newly adopted National Health Strategies for: Child Health and Nutrition (PROCOSAN); Community Distribution of Family Planning Methods (ECMAC); Improving Quality Services (AMAS--Formerly FFHU); Community Based Health Information System (SICO); and Communication and Community Action for Health (ECACS), besides reinforcing already existing strategies to: build the service-delivery capacity of local health facilities and organizations; increase the skills and elevate the morale of health care providers and managers; strengthen cooperation among public, private and community stakeholders; and empower consumers, particularly women, to take greater responsibility for personal and family health maintenance decisions.

Specific program health interventions and level of effort include maternal and newborn care (30%), nutrition/micronutrient deficiencies (13%), breastfeeding promotion (10%), control of diarrheal disease (15%), pneumonia case management (10%), immunization (7%), child spacing (10%), and HIV/AIDS/STIs (5%). The proposed interventions will be implemented in accordance with Nicaragua's "Integrated Services to the Child" (AIN) approach, Central America's version of IMCI.

The program includes a specific set of capacity-building activities and objectives as well as health-related interventions. With respect to capacity building, HOPE is facilitating the establishment of Department- and Municipality-level Health Councils—to include representatives of SILAIS, municipalities, private coffee plantations and associations, PVOs, NGOs, community leaders, and other key players—to guide and extend the project. Program staff work with constituent groups to train key leaders and supervisors, establish planning systems, develop informational tools and procedures for evaluation, and develop their overall capacities to design and effectively implement CS activities. Also, monitoring tools are being developed and shared with partners, and used to develop transfer/sustainability plans for improvements.

Key health objectives include the following: improve the quality of prenatal and postpartum care, and nutritional practices for pregnant women; increase the percentage of newborns and infants who are breastfed; improve nutritional status of children through better feeding practices; improve case management of diarrheal disease and practices to prevent diarrheal episodes; improve management of ARIs and health-seeking behaviors; increase immunization coverage for young children; increase the use of family planning methods and extend birth intervals; and increase knowledge regarding prevention of HIV/AIDS/STIs.

## A. MAIN ACCOMPLISHMENTS

Project HOPE's Child Survival program (CS-18) in Jinotega, Nicaragua has accomplished most of the expected outcomes as planned in the Project Work Plan for the Second year, which was submitted with the first annual report. Significant accomplishments include:

- Throughout the second year of the project, it was possible to maintain and strengthen the working relationship among the main partners: MOH/SILAIS, Municipalities, Communities, private Sector (Coffee Growers) and Project HOPE, for the implementation of the Obstetric and Neonatal Emergencies in the Community (EON-C), the Community Based Distribution of Family Planning Methods (ECMAC) and the Health and Nutrition Community Program (PROCOSAN) strategies.
- Completion of the Total Quality Management (TQM) training by six municipal teams and the Project HOPE technical Team. The presentation of final projects is scheduled for late October, necessary to obtain the credits from the Nicaraguan National University, which facilitated the process. The objective of the projects is to identify specific Health or Administrative problems, proposing an improvement action plan and expected results.
- Project HOPE and CARE carried out a Qualitative Operations Research to identify the main causes of maternal deaths during pregnancy, and associated danger signs. The results of the investigation are being used to design and produce Mother Reminder Materials for Expecting Mothers (MTBRM), to be distributed initially during November 2004 in areas with highest maternal mortality rates and later, depending on the outcome of this activity, to mass reproduce for distribution throughout the project area.
- Project HOPE has maintained close coordination and cooperation with MSH, CARE, PCI, ADRA, NicaSalud, PAHO, and the MOH, to carry out national consultation sessions, in order to identify and design key messages for behavioral changes on Maternal and Child Health, in support of the MOH's newly launched Communication Strategy.
- Implementation of the new AMAS (Formerly FFHU) strategy and correct use of tools, conducting three monitoring rounds in 100% of the health units of the SILAIS Jinotega by MOH personnel, assisted initially by Project HOPE technical staff. To support this effort, joint work with the MOH/SILAIS has also permitted the implementation of Organizational Climate and Client Satisfaction surveys.
- Reinforcement of sustainability strategies through the technical support of CSTS for the PROCOSAN (AIN) MOH strategy. For PROCOSAN, a logic work-frame was designed with three categories or dimensions, each one of these with two sub-components to help in the identification of sub-components that need reinforcement. The current action plan designed through this process identifies activities with CHVs, mothers and the private sector (Coffee Growers) to achieve sustainability of this strategy.

### Contributing Factors.

- Action plans have been designed upon consensus between partners, MINSA/SILAIS-Municipalities and the Communities, identifying priorities.
- Official launching of Institutionalized Strategies by the MOH for ECMAC, EON-C and PROCOSAN.
- Joint work with PVOs/NGOs working in similar programs, CARE, NicaSalud, ADRA, etc.
- Unconditional and decisive support from the World Bank-MOH Health Sector Modernization Program (PMSS) throughout the expansion of the PROCOSAN strategy in the SILAIS Jinotega.
- Close coordination with SILAIS for training of Health Personnel in all subjects of MCH.

The following table lists the program objectives for the second year indicating 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
<b>Maternal and neonatal care: 30% , Desired Result:</b> Improve the quality of maternal and neonatal care services of the SILAIS Jinotega's health units (HUs)		
<b>Intermediate Results (Outcome):</b> 1. Improve the institutional quality for prenatal, delivery and postpartum care.	Yes	<ul style="list-style-type: none"> <li>62% of Health Units are using the AMAS Guide for improvement of quality of services.</li> <li>MOH personnel at all levels are aware of the perception of mothers regarding Institutional Delivery Services, which will be considered in the drafting of the Improvement Plans.</li> <li>Three Health Centers have shown improvement in service delivery for Maternal and Child Health, according to demand.</li> <li>Pregnant women are using the Wamblan Maternity Waiting Home to access Institutional Delivery of their children.</li> <li>21 Health Units are implementing the "Plan de Parto" in 50% of intervention communities.</li> </ul>
	No	<ul style="list-style-type: none"> <li>Assessment of training needs, according to MOH's curricula.</li> </ul> <p><i>Changes on Norms prevented the correct assessment, which was postponed. To be done during 3<sup>rd</sup> year.</i></p> <ul style="list-style-type: none"> <li>Train healthcare providers on obstetric and neonatal emergencies.</li> </ul> <p><i>Due to other priorities, training has been scheduled for the 3<sup>rd</sup> year.</i></p>
2. Improve the mother's nutritional practices during pregnancy and breastfeeding.	Yes	<ul style="list-style-type: none"> <li>602 mothers are receiving educational messages related to nutritional practices during pregnancy and for Breastfeeding, through 42 Clubs.</li> </ul>
3. Strengthen the capacity of healthcare providers to manage neonatal and obstetric emergencies	Yes	<ul style="list-style-type: none"> <li>110 Health Providers have updated their knowledge and skills regarding Norms and Protocols for Women and Perinatal Integrated Care.</li> </ul>
4. Increase the knowledge of mothers and family members regarding maternal health (basic messages about danger signs during pregnancy, delivery and postpartum).	Yes	<ul style="list-style-type: none"> <li>Carried out Formative Research to identify perceptions of women and families regarding Danger Signs during Pregnancy and Puerperal Period. Results have been shared with the MOH and will be used for design of Reminder Materials for Expecting Mothers.</li> </ul>
5. Increase the capacity of CHVs at the community level, in order to provide education and quality counseling regarding maternal and reproductive health.	Yes	<ul style="list-style-type: none"> <li>233 CHVs trained in all the SILAIS Jinotega, and providing effective counseling regarding Maternal and Reproductive Health</li> </ul>
6. Strengthen the referral and counter-referral system for maternal health at institutional and community levels.	Yes	<ul style="list-style-type: none"> <li>110 Health Providers trained in the new SICO (Sistema de Información Comunitaria)</li> <li>421 CHVs (TBAs and Brigadistas) trained in all the SILAIS Jinotega on SICO.</li> <li>100% of intervention communities are referring women to health units.</li> </ul>
	No	<ul style="list-style-type: none"> <li>Pilot the COPE community assessment, or similar tools to improve access and health service to the communities. (10 Selected communities)</li> </ul> <p><i>Due to other priority activities the assessment has been scheduled for the 3<sup>rd</sup> year</i></p>

<b>Nutrition / Micronutrients (13%) Desired Result:</b> Improved nutritional status of children less than 5 years old		
<b>Intermediate Results (Outcome):</b> 1. Improved surveillance and identification of children less than 5 years old at risk of malnutrition and improved nutritional counseling for their mothers	Yes	950 Children are being monitored for Growth Development tendencies during the monthly PROCOSAN weighing sessions. Attendance on the part of mothers has been maintained above 80%.
		<ul style="list-style-type: none"> <li>• Training of 53 Facilitators for the PROCOSAN Program, providing them with methodological tools for adequate counseling at the Health Units and to transmit these skills to Community Health Volunteers in communities implementing PROCOSAN.</li> <li>• In coordination with the WFP a training program regarding nutritional value of foods, was started for 21 Health Personnel providing nutritional counseling in three municipalities: Bocay, El Cuá and Jinotega.</li> </ul>
		<ul style="list-style-type: none"> <li>• In 67.5% of intervention communities the CHVs are providing nutritional counseling during the PROCOSAN weighing sessions (54 communities)</li> <li>• Most of the intervention communities have performed more than 4 weighing sessions.</li> <li>• 80% of all Jinotega Health Units meet every two months with CHVs</li> </ul>
2. Increase community involvement in nutritional counseling and education	Yes	<ul style="list-style-type: none"> <li>• In 67.5% of intervention communities the CHVs are providing nutritional counseling during the PROCOSAN weighing sessions (54 communities)</li> <li>• Most of the intervention communities have performed more than 4 weighing sessions.</li> <li>• 80% of all Jinotega Health Units meet every two months with CHVs</li> </ul>
<b>Breastfeeding: 10% Desired Result:</b> Improve the practice of breastfeeding in children aged 0-23 months old		
<b>Intermediate Results (Outcome):</b> 1. Increase the percentage of newborns breastfed within the first hour after birth.	Yes	<ul style="list-style-type: none"> <li>• 100% of Functional Health Units accredited as Mother and Child Friendly</li> <li>• 100% of mothers having institutional childbirth are breastfeeding within one hour of delivery.</li> <li>• 41% of Health Units (33), developing IEC messages and focusing messages on early latch on.</li> </ul>
	No	<ul style="list-style-type: none"> <li>• Use of Quality Assurance/Performance Improvement (QA/PI) and operational research techniques in order to identify barriers in the use of exclusive breastfeeding and choose interventions to be implemented in 80% of selected health units</li> </ul> <p><i>Due to other priorities identified by the main partner (MOH) this activity could not be programmed during the second year. It is scheduled for the first six months of the 3<sup>rd</sup> year</i></p>
2. Increase the percentage of children aged 0-5 months old that are exclusively breastfed.	Yes	<ul style="list-style-type: none"> <li>• 33 Health Units strengthened regarding the Woman and Child Friendly Unit strategy</li> <li>• Joint work with the MOH, ECACS Group, to develop educational materials with Exclusive Breastfeeding messages, using the behavioral Chain Change methodology.</li> <li>• Health personnel are promoting improved nutritional practices and Exclusive Breastfeeding with 33 Expecting Mothers' Clubs.</li> <li>• 80% of all Jinotega health units meet monthly with Breastfeeding support groups</li> </ul>
	No	<ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><i>Due to other priorities identified by the main partner (MOH) this activity could not be programmed during the second year. The goal for year 3 is to have 20% of HUs equipped with tools to promote EB and printing of materials for training at HUs and Clubs</i></p>

<b>Breastfeeding:</b> (Continuation)		
3. Increase the percentage of mothers with children younger than 6 months old who use LAM as a child spacing method.	Yes	<ul style="list-style-type: none"> <li>60% of Health Personnel and 120 CHVs trained and delivering counseling to Pregnant Women and Mothers, regarding the use of LAM as a family planning method.</li> </ul>
<b>Immunizations (7%) Desired Result:</b> Improve immunization coverage for children under 2 years of age		
<b>Intermediate Results (Outcome):</b>		
1. Increase the number of children aged 12-23 months old with immunization card	Yes	<ul style="list-style-type: none"> <li>100% of communities with updated EPI books by Health Unit.</li> <li>77% of Children ages 12 to 23 months old with Immunization Card.</li> </ul>
2. Decrease the dropout rate of children less than 5 years old from the immunization program	Yes	<ul style="list-style-type: none"> <li>80% of Health Units have trained personnel for management of the Cold Chain.</li> </ul>
		<ul style="list-style-type: none"> <li>100% of Health Units are systematically monitoring the "EPI Desertion Rate" Indicator.</li> </ul>
		<ul style="list-style-type: none"> <li>100% of the Municipalities received technical and logistics support for two National Health Campaigns.</li> </ul>
		<ul style="list-style-type: none"> <li>100% of Children attending monthly weighing session are being monitored for updating of their vaccination schedule according to age.</li> </ul>
<b>Control of Diarrheal Disease: (15%) Desired Result:</b> Improve the quality of healthcare for children with diarrhea.		
<b>Intermediate Results (Outcome):</b>		
1. Improve practices of mothers regarding care for children less than 5 years old with diarrhea	No	<ul style="list-style-type: none"> <li>Develop and implement the distance learning modules on diarrhea management oriented to health personnel.</li> <li><u>Due to other priorities identified by the main partner (MOH) this activity could not be programmed during the second year. One module to be validate during year 3.</u></li> </ul>
	Yes	<ul style="list-style-type: none"> <li>80% of Health Providers have updated knowledge and skills regarding Norms and Protocols for Integrated Care of Children.</li> <li>52% of mothers with children less than 2 years old that report having treated their child with Oral Re-hydration Salts during the last Diarrhea episode.</li> </ul>
2. Improve diarrhea case management in the community.	No	<ul style="list-style-type: none"> <li>Conduct operations research on CORUs utilization, to identify success lessons in the prioritized municipalities.</li> <li><u>Due to other priorities identified by the main partner (MOH) this activity could not be programmed during the second year. To be done during year 3 for El Cua and Bocay</u></li> </ul>
	Yes	<ul style="list-style-type: none"> <li>952 mothers receiving general recommendations and specific counseling for management of Diarrhea at home.</li> <li>17% of children attending monthly weighing sessions had a Diarrhea episode and mothers received counseling for management at home.</li> </ul>

<b>Control of Diarrheal Disease: (Continuation)</b>		
	Yes	<ul style="list-style-type: none"> <li>10% of mothers with children less than 2 years old who's child had a Diarrhea episode in the last two weeks, report having received support by a CHV in the community. <u>Note: This may indicate that more mothers are going to HUs or referrals by CHVs are not being considered as "Support", since annual monitoring of indicator 12 shows progress.</u></li> <li>418 CHV from all of Jinotega trained on management of Diarrhea during semi-monthly meetings with Health Providers.</li> </ul>
<b>Pneumonia Case Management (10%) Desired Result:</b> Improve quality care for children with pneumonia		
<b>Intermediate Results (Outcome):</b>		
1. Improve mothers' healthcare seeking behaviors for ARIs	Yes	<ul style="list-style-type: none"> <li>80% of Health Providers have updated knowledge and skills regarding Norms and Protocols for Integrated Care of Children.</li> </ul>
2. Improve ARIs case management at HUs and in the community	Yes	<ul style="list-style-type: none"> <li>9% of children attending monthly weighing sessions presented a danger sign of Pneumonia, were identified and referred by a CHV to a qualified Health Provider</li> <li>523 CHVs from all of Jinotega trained on management of Pneumonia cases during semi-monthly meetings with Health Providers.</li> </ul> <p>The SILAIS reports only short periods with shortages of antibiotics more than 10 days per month during the last year. A recent donation from the UNFPA guarantees the supplies for the next four months. Project HOPE delivered during this reporting period US\$1, 039,000 worth of antibiotics for the treatment of pneumonia</p>
<b>Child Spacing 10% Desired Result:</b> Increase birth intervals in mothers with children aged 0 to 23 months old		
<b>Intermediate Results (Outcome):</b>		
1. Increase the use of modern family planning methods in women of reproductive age	No	<ul style="list-style-type: none"> <li>Assist the SILAIS in the identification of training needs for family planning and facilitate up-dating techniques during training supervisions to health personnel. <u>Could not be accomplished in spite of being programmed with the SILAIS. Programmed again for year 3 aimed at training needs during Training Supervisions.</u></li> </ul>
	Yes	<ul style="list-style-type: none"> <li>96 communities with "Community Based Distribution Posts" ECMAC program totally established have exceeded the proposed goals in 6 Municipalities.</li> <li>Out of 860 Women of Reproductive Age (MEF) registered in the Census, 280 have been identified and supplied by the program.</li> <li>Technical support provided to two Health Units for management of the "Sistema de Administración Anticonceptiva Logística" (SIAL).</li> <li>110 Health Units Facilitators trained in Family Planning technologies and effective counseling techniques.</li> <li>260 Counselors trained in SRH and Effective counseling.</li> </ul>

<p><b>HIV / AIDS / STIs: 5% Desired Result:</b> Increase the capacity of healthcare providers to provide health education, counseling and referrals relating to sexual and reproductive health</p>		
<p><b>Intermediate Results (Outcome):</b> 1. To increase the mothers' knowledge on how to prevent HIV / AIDS / STIs transmission</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Implementation of operational plan for STI/HIV-AIDS, focused on promotion and prevention activities aimed at mothers and fathers in 20 communities.</li> </ul>
		<ul style="list-style-type: none"> <li>• Producing Educational Material with three basic STI/HIV-AIDS messages.</li> </ul>
		<ul style="list-style-type: none"> <li>• Promotion and delivery of 20,000 Condoms as means to prevent STI/HIV-AIDS.</li> </ul>
	<p>No</p>	<ul style="list-style-type: none"> <li>• 120 CHVs trained on forms of prevention of STI/HIV-AIDS.</li> </ul>
		<ul style="list-style-type: none"> <li>• 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. <i><u>Due to other priorities identified by the main partner (MOH) this activity could not be programmed during the second year. To be done during year 3 using participatory methodologies.</u></i></li> </ul>
		<ul style="list-style-type: none"> <li>• Training and sensitization of health personnel to carry out the approach and discretionary management of matters related to HIV / AIDS / STIs. <i><u>Due to other priorities identified by the main partner (MOH) this activity could not be programmed during the second year. For year 3 it is planned to establish a sensibilization process for all Health Personnel about discretionary management of HIV / AIDS / STIs.</u></i></li> </ul>
<ul style="list-style-type: none"> <li>• Promote key messages on subjects related to SRH and HIV / AIDS / STIs at HUs and communities mother's/fathers clubs <i><u>It was only possible to advance with the definition of key messages. For year 3 it is planned to start promoting the messages through Mothers Clubs in the communities</u></i></li> </ul>		

## B. CHALLENGES

### Factors that have impeded progress toward achievement

- The MOH updated AIN Norms during the first quarter of the year, meaning that the training activities had to be reinitiated from the very start, both for service providers and program managers.
- High Doctors and Nurses turnover in the largest municipalities, which also have the greatest health, geographical accessibility and poverty problems.
- Competition for the same population on the part of Service Provision oriented projects working in the same territories as Project HOPE, mainly in the municipalities of Pantasma, Wiwili, El Cua and Bocay. Since these projects use incentives to capture the target population and have numerical goals to be reached, they frequently and easily cross the boundaries of the different projects trying to increase their population coverage. Poor coordination of these service-oriented projects with the MOH/SILAIS only adds to the confusion, since served populations have a tendency or are induced to abandon educational programs in favor of incentive projects.
- Weak follow up by MOH health personnel to the monthly weighing sessions, especially in communities of difficult geographical access.

### Actions being taken by the program to overcome challenges

- Starting in June 2004, the whole training process was reinitiated for MOH health and health programs management personnel. With the aim of designing a cost effective plan to provide necessary retraining of MOH field personnel, starting in February joint meetings were held with MOH/SILAIS managers to plan the training process. The MOH/SILAIS will carry out the training, with Project HOPE staff performing as facilitators of the process and training sessions. Some logistics support will also be necessary to guarantee the success of the proposed plan.
- The high turnover rate of medical personnel assigned to Health Posts has been identified as a main concern by Project HOPE staff, which will definitively work against the sustainability of proposed project objectives. These concerns have been discussed with SILAIS authorities and follow up meetings have been proposed to design an action plan for the next few years that will yield a minimum number of permanent positions for this key personnel.
- The SILAIS and Project HOPE organized a meeting with all organizations conducting service provision oriented projects in the department of Jinotega, in order to coordinate actions and establish information mechanisms for the local health authorities and to avoid duplication of activities and efforts in the same communities.
- To achieve a better follow up of weighing sessions by health personnel, an agreement was reached with the MOH/SILAIS and Municipalities to have visits at least once every two months, or to have Health Centers personnel provide the necessary support when local health personnel is not available.

### C. TECHNICAL ASSISTANCE REQUIRED

- The upcoming mid-term evaluation, March- April, will require of special attention and support. This will be best accomplished with a follow up visit of the CSTS+ Technical Advisor, serving as facilitator of a process of analysis of the results obtained to date by Project HOPE and main partners. The proposed outcome of this Technical Assistance would be an operational plan for the following two years of the Project that identifies sustainability strategies for the newly launched MOH policies in Reproductive health, Family Planning, Communications, and Community Based Monitoring.
- Technical support for implementation of the Mid-Term Evaluation of the Project, both from HQ and a Consultant.
- Technical support will also be required to strengthen the performance of Project HOPE personnel responsible for M&E and IEC activities.

### D. SUBSTANTIAL CHANGES

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

### E. RECOMMENDATIONS FROM THE DIP

#### Activities that are being undertaken to implement each one

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.

The two originally missing Rapid CATCH indicators are being obtained annually through the normal monitoring process. This is being accomplished by the Project HOPE Health Educators during their routine work in the communities and in a period no longer than one month, using the original KPC questionnaires modified by the addition of questions relative to these two indicators. Table 2 shows these two indicators and the results of the first and second annual monitoring.

INDICATOR (FOR THE ENTIRE PROJECT AREA)	2003 Baseline	2003 Monitoring	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%	67 %
2. % of children aged 0-23 months who slept under an impregnated mosquito net the previous night.		16%	24 %

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:

- Working meetings are being held routinely with CARE in Matagalpa and Jinotega in conjunction with two main activities: The development of Mother Reminder Materials for Expecting Mothers (Mothers-to-be Reminder Materials, MTBRM), addressing the need for information at home for danger signs during pregnancy, and the implementation of the PROSIC Project (Proyecto de Salud Integral en la Comunidad --Integrated Community Health Project) funded by the local USAID Mission through NicaSalud. The PROSIC project is focused both on Child Development and Nutrition, and Maternal Health problems. This PROSIC Project is designed as a community intervention that integrates the PROCOSAN and ECMAC strategies, Community Mobilization for Safe Motherhood --MCMS (Movilización Comunitaria para Maternidad Segura), which includes community organization and mobilization for the Delivery Plan, Obstetric emergencies committees and transport brigades, mutual and family funds, Lifesaving Skills, and Delivery Plan, and the SODIS (Solar Energy Water Disinfection) methodology. Cross-cutting interventions include strengthening of the MOH/SILAIS, mass communication, behavioral change, participative community monitoring, networking, inter-sector partnerships and a gender focus.
- The Project HOPE organized technical workshop on adult learning methodology (AMATE/IDRE) for municipal facilitators of SILAIS Jinotega, also attended by facilitators from SILAIS Matagalpa, CARE/Matagalpa, was followed up by a second workshop in November 2003, with the participation of ADRA staff.
- With ADRA Project HOPE has joined efforts in the support provided to the MOH for the development of the newly launched MOH Communication strategy, with the identification and development of key messages for behavioral changes.

Also, coordination and support activities have taken place between the two PVOs in support of the Social Medicines Sales Points, in cooperation with private sector project partners, as a sustainable alternative for continuous availability of affordable basic medicines in the communities.

- The technical workshop on the ECMAC strategy (AMATE) aimed at facilitators for the entire department of the SILAIS, co-facilitated with technical staff from MSH/M&L, MOH, and Project HOPE, has been replicated by our partners in Jinotega. NicaSalud has plans to replicate the workshop using AMATE/IDRE, for training of NicaSalud supported project personnel in Chinandega, starting late October 2004.
- The technical workshop on EON-C (AMATE) co-facilitated with personnel from NicaSalud and Project HOPE, aimed at SILAIS facilitators, has also been replicated at the local level and as a strategy for the implementation of the PROSIC project.

## **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**

<b>RAPID CATCH INDICATORS FOR THE ENTIRE PROJECT AREA</b>	<b>2003 Baseline</b>	<b>2003 Monitoring</b>	<b>2004 Monitoring</b>
1. % of children aged 0-23 months with low weight (weight for age) (<-2Z).	92%	NA	NA
2. % of children aged 0-23 months who were born at least 24 months after the previous surviving child.	84%	28%	34%
3. % of children aged 0-23 months whose birth was attended by a doctor or nurse.	51%	51%	60%
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%	67%
5. % of infants aged 0-5 months who received breast milk only in the past 24 hours.	56%	60%	56%
6. % of children aged 6-9 months who received breast milk and complementary feeding in the past 24 hours.	87%	68%	80%
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%	77%
8. % of children aged 12-23 months that received the MMR vaccine according to the growth monitoring card	70%	89%	80%
9. % of children aged 0-23 months who slept under an impregnated mosquito net the previous night*		16%	24%
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%	88%
11. % of children aged 0-23 months that received more liquids and continued feeding during an illness in the last two weeks	57%	53%	40%
12. % of mothers of children aged 0-23 months who know at least two ways to prevent STIs-HIV/AIDS	6%	15%	26%
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%	29%

\*Not collected at KPC baseline, but 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 the HOPE office in Managua; in turn, the Managua office reports to HOPE's HQ offices in Millwood, Virginia. Project HOPE HQ recently established a web page based pipeline report system for use of the field offices, which will have the most recent financial execution information updated monthly. Financial execution has been maintained within the budget lines and amounts established.

### **Human resources and team development**

The Project HOPE continuing education program is facilitating the professional development of its staff in Nicaragua. To date, two postgraduate courses in Public Health and one in Project Management have been co-financed up to a 35%. Also bachelor's studies in Psychology, Information Systems, Accounting, and Social work are being supported 100%. Continuing training is being provided for all technical staff regarding Strategies and Health Programs launched by the MOH, using the new tools of the Project HOPE AMATE education methodology, facilitating the performance of their duties.

Project HOPE staff is being supported by the Regional Education Expert, developing both their abilities to transfer knowledge through the implementation of Project HOPE developed educational methodologies, AMATE and IDRE, and to design educational materials using these new educational approaches. Part of this process includes monitoring the performance of personnel serving in the capacity of Educators, reinforcing strengths and identifying weaknesses, which are then improved upon. One full monitoring cycle has been accomplished so far with the necessary feedback provided.

### **Communication system**

The communication between HOPE's Jinotega and Managua offices is open and fluid. Both offices have functional computer networks providing readily available technical and financial data to program managers and technical staff. Due to technical limitations, the Jinotega technical team is not able to have continuous access to the Internet. For time consuming research the Managua office provides support with research and documents downloads. The CS-18 program designed and is implementing an information system that is continuously fed by monitoring and evaluation events, with data being collected through the use of Handheld-Computers (PDAs) and specialized software, PC-Creations. Information collected through this system is processed and analyzed monthly by the technical teams. During the first two years of the project, the CS-18 program generated internal quarterly reports and monthly financial reports, both shared with HOPE headquarters managers.

### **Local partner relationships**

Project HOPE is an active member of NicaSalud PVO/NGO Network, currently a member of the Board of Directors. In Jinotega Project HOPE represents all NGOs working in the region in the Departmental Health Committee. This allows for Project HOPE to maintain a close relationship with the SILAIS-Jinotega (MOH) for all health activities that NGOs perform in the Department of Jinotega.

The SILAIS Jinotega authorities rely on the cooperative work of Project HOPE to support the mandatory implementation of MOH strategies. Project HOPE used the results of the Annual and Semiannual evaluation carried out by the SILAIS-Jinotega (MOH), which analyzed advances and limitations throughout the past year, to establish joint planification of activities with the SILAIS, for the implementation of newly launched and promoted MOH Strategies according to local realities and priorities.

### **PVO coordination/collaboration in country**

Project HOPE takes part in the quarterly meetings of the SO3 partners in Managua, where advances and problems of the USAID funded projects are reviewed regularly, specially those dealing with Child Survival projects' issues. These encounters also afford opportunities to interface with activities of other projects, PL480, DAP, Education, providing additional exchange opportunities.

Project HOPE in cooperation with CARE, PCI and NICASALUD, revised the Community Mobilization and Safe Motherhood facilitator's training guide content, providing recommendations which will be presented to the Community Communication and Action Strategy committee (Estrategia de Comunicación y Acción Comunitaria en Salud, ECACS) for use as a main tool at the national level.

### **Other relevant management systems**

Project HOPE continues the process of developing a comprehensive health information system called SIGHOPE. Such a system is registering all the CS-18 programmatic activities carried out in Jinotega. Different forms have been designed in PC Creations, the computer software used with PDAs, so data captured electronically is readily accessible to compute key program indicators. Although this system is just being validated, it is already providing relevant data to managers who can make appropriate decisions to reduce or increase the level of effort for planned activities. An additional feature, mapping using a GPS module, should provide for better presentation of data analysis results and follow up at the local level.

Results obtained through the monitoring process are analyzed by the Project HOPE Technical Team for each supervision area, to identify priority areas and to allow for allocation of effort consistent with the need for improvement of affected indicators. These results and analysis are being shared with partners at all management levels, MOH (SILAIS, Municipal Directions –Health Centers, and Health Posts), and other organization working in the Jinotega Department, which share similar interventions. For the purpose of this annual report, only the global results are presented for each indicator.

Monitoring and follow up to institutional and community strategies are being implemented through the individual tools of each strategy, acting immediately to correct identified particular problems. The main strategy used to guarantee correct performance of health providers and CHVs is the training supervision.

## **Organizational capacity assessment**

The organizational capacity assessment undertaken by Project HOPE Nicaragua at the end of October 2003 and facilitated by PACT, has provided the necessary input from staff at all levels to serve as the basis of the development of an action plan for reengineering of Human Resources and Administrative procedures, following on the lead from Project HOPE HQ. The final observations and recommendations from PACT on the overall organizational capacity of Project HOPE in Nicaragua are included as Annex A.

## **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**

By using the Personal Digital Assistants (PDAs) for data capturing of population-based surveys and monitoring of activities in CS program, Project HOPE has been able to enter complete forms in the PDAs for children 0-11 and 12-23 months old, linked to Access databases in the SIGHOPE, allowing desegregation by age group, with the first reports already being produced for each indicator. Work continues on summary tables and graphics presentations.

The mapping of communities using the Geographical Positioning System (GPS) and the same PDAs also continues, improving tables to pinpoint health units. Of special interest are children not included in the initial database or those who have changed location. The maps themselves are also being improved to allow better visualization on the PDAs and the main computers.

Information obtained by these means is already being used 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**

- Sustainability is a crosscutting strategy and implemented activities are geared towards its achievement for each one of the strategies identified in consensus with the main partner, the MOH/SILAI. In the particular case of PROCOSAN, special assistance was received from CSTS to identify actions and activities to assure its correct transfer to the MOH/SILAI and community, and sustainability. The plan is to use lessons learned from this experience to all other MOH strategies implemented in the community.

- The Project HOPE Reproductive and Child Health specialists incorporated morbidity and opportune stimulation to the PROCOSAN information system, achieving the acceptance of the new format by personnel of the MOH responsible for this program, who will promote the proposal as a model to be approved by the Multi-sector committee and to be used then at the national level.
- The document to be used in the communities for the “Plan de Parto” (Delivery Plan) by health providers, volunteers and the family, was defined including EON-C components. Besides this, work protocols for Facilitators and participants in the ECMAC and EON-C strategies regarding the Community Mobilization for Safe Maternity (MCMS) were established.
- Project HOPE supported the Community of Wamblan for the drafting of a proposal for construction and equipping of the Maternity Waiting Home and provision of labor and delivery medical equipment for the Health Unit. With the technical support of Project HOPE and Financial Support of the Japanese Embassy, the Home was built equipped and commissioned, and medical equipment provided. The Wamblan Maternity Waiting Home is now averaging 4.5 pregnant women guests per month.
- In order to improve access to essential medicines, in Coordination with PROSALUD Dario (Local NGO working on accessibility to basic medicines), the MOH-SILAIS and the private sector partners (Coffee Plantation Owners and one large Cooperative Group), Project HOPE provided training to support the establishment of eight Social Medicines Sales Posts (SMSP), which stock only minimal quantities of essential medicines and sell them at affordable prices to local populations. Project HOPE is conducting monitoring and supporting further training activities with these SMSPs. Monitoring of 7 Posts indicate that they are already financially sustainable. One of these Posts was also established in support of the Maternity Waiting Home in Wamblan, which is also showing good results.
- The Project HOPE technical team adapted the AMATE/IDRE educational methodology to the design of the Facilitator's Manual for the Community Mobilization for Safe Maternity (Movilización Comunitaria y Maternidad Segura, MCMS), to be utilized countrywide by the MOH for training of personnel at all levels.
- Project HOPE delivered an estimated US\$2,013,467.00 in medicines (Analgesics, Antibiotics, Anti-Inflammatories, etc.) and medical supplies to the SILAIS Jinotega, distributed mainly to Health Posts and Health Centers, with a small percentage going to the Hospital.

**Table 3: List of Key Indicators Obtained through 2004 and Expected through the End of the Project**

<b>TARGET GOALS FOR KEY INDICATORS 2004-2007</b>			
<b>KEY INDICATORS</b>	<b>2003 Baseline</b>	<b>2004 Monitoring</b>	<b>2007 Final</b>
1. % of mothers of children aged 0-23 months who report having had at least one prenatal visit with a doctor or nurse.	89%	86%	95%
2. % of children aged 0-23 months old whose birth was attended by a doctor or nurse.	51%	60%	60%
3. % of mothers who report having had at least one postpartum visit.	32%	50%	45%
4. % of children aged 0-23 months, weighed in the last four months according to growth monitoring card.	68%	89%	91%
5. % of children aged 0-23 months old with satisfactory growth according to weight for age (<2Z)	92%	NA	92%
6. % of children aged 0-23 months old with out anemia. Hb > 11 mg/dl	58%	NA	70%
7. % of children aged 0- 23 months old who were breastfed within the first hour after birth	68%	72%	75%
8. % of infants aged 0-5 months who received only breast milk in the past 24 hours	56%	56%	70%
9. % of children 12-23 months fully immunized (BCG, OPV3, Pentavalente 3, and MMR) by 12 months	69%	77%	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%	50%	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%	57%	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%	43%	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%	29%	35%
14. % of mothers of who can identify at least two danger signs for diarrhea	27%	54%	35%
15. % of children aged 0-23 months with cough and fast breathing in the last two weeks taken to a health unit	60%	85%	85%
16. % of mothers who identify fast breathing as a danger sign of pneumonia	76%	83%	85%
17. % of children aged 0-23 months old that were born at least 24 months after previous surviving child	84%	86%	90%
18. % of mothers with children aged 12-23 months old who are not pregnant, desire no more children or are not sure and report using a modern family planning method	65%	70%	70%
19. % of mothers of children aged 0-23 months who know at least two ways to prevent HIV / AIDS / STIs	6%	26%	15%

**Table 4. PROJECT WORK PLAN FOR YEAR 3 – Program’s GOAL: To improve the health of women of reproductive age and Children younger than 5 years old in Jinotega’s rural area**

**INTERVENTION: Maternal and neonatal care: 30%**

<b>Desired Result:</b> Improve the quality of maternal and neonatal care services of the SILAIS Jinotega’s health units (HUs)			
<b>Intermediate Results (Outcome):</b>			
<ol style="list-style-type: none"> <li>1. Improve the institutional quality for prenatal, delivery and postpartum care.</li> <li>2. Improve the mother’s nutritional practices during pregnancy and breastfeeding.</li> <li>3. Strengthen the capacity of healthcare providers to manage neonatal and obstetric emergencies.</li> <li>4. Increase the knowledge of mothers and family members regarding maternal health (basic messages about danger signs during pregnancy, delivery and postpartum).</li> <li>5. Increase the capacity of CHVs at the community level, in order to provide education and quality counseling regarding maternal and reproductive health.</li> <li>6. Strengthen the referral and counter-referral system for maternal health at institutional and community levels.</li> </ol>			
Results Indicators:	Targets		Measurement Method(s) <b>M: Monitoring; E: Evaluation</b>
	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%	
3. % of HUs that have a written delivery plan for pregnant women, developed in coordination with the communities (selected 53 HUs)	N/A	100%	E: BL, MT and Final KPC Survey
4. % of communities with emergency transport plan for pregnant women during obstetric emergencies. (80 selected communities).	N/A	80%	
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%	← may be difficult to discern

Maternal and Newborn Care <i>(continued)</i>						
MAJOR ACTIVITIES	YEAR 3				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>						
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	44 Health Units 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	Updated assessment of training needs for health providers for year 3.
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	Provide technical support to SILAIS for Training Supervisions of 18 Facilitators during AIM training activities.
Implement focal groups type operations research to assess mothers' perception regarding the quality of institutional delivery.	»		»		SILAIS staff Project HOPE staff	8 municipalities using operations research results to draft continuous quality improvement plans.
Assist the in the evaluation and improvement of service provision flow at HUs that provide delivery services.	»	»	»	»	SILAIS/Municipal staff Project HOPE staff	4 municipalities with improved service provision flow according to patients' needs.
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	Advance on sustainability by providing Quarterly monitoring and technical support to for management activities of the Wamblan Home.
<i>Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)</i>						
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	24 health providers in targeted Health Units, trained on Maternal and Neonatal Care Protocols
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	Follow up to 110 health providers giving counseling, using adult learning techniques including the negotiation process.
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	100% maternal deaths case analysis with support by Project HOPE
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	24 health providers in targeted Health Units, trained on Maternal and Neonatal Care Protocols, and EON.
Develop and implement the strategy of the delivery plan at institutional and community levels.	»	»	»	»	Health Providers and CHVs	Follow up to 80 communities implementing the "Plan de Parto" (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	Follow up to field work of the TOM program for teams in the eight municipalities, to improve services of Health Units
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	Finish training of 74 Traditional Birth Attendants (TBAs) including EON-C curricula, in 37 of the direct intervention communities.
Train TBAs on adult training methodologies and participative techniques (400 midwives).	»	»	»	»	HUs Personnel Project HOPE Educators	Train 400 TBAs on EON during semimonthly meetings with HUs using the AMATE / IDRE methodology
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	Promote Key Messages in 80 direct intervention communities (Already defined by ECACS)
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	10 Communities applying the COPE tools.
Promotion of services offered by the health personnel at the HU.	»	»	»	»	HUs Personnel CHVs	80 direct intervention communities supplied with posters promoting MOH Health Services
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	Follow up to already formed groups and organize 37 more in direct intervention communities.

**INTERVENTION: Nutrition / Micronutrients (13%)**

<b>Desired Result:</b> Improved nutritional status of children less than 5 years old			
<b>Intermediate Results (Outcome):</b> 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) <b>M: Monitoring; E: Evaluation</b>
	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: LOAS 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 3				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			SILAIS staff, Project HOPE staff		19 MOH health providers trained on changes to AIN Norms and Protocols.
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.		8 municipal direction teams provided with technical support for evaluation of HUs using AMAS tools.
<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		Complete goal of training health personnel on Clinical AIN Norms and Protocols (22 Health Providers)
Develop a continuous quality improvement plan regarding the AIN program at the municipality level.	x	x	x		SILAIS' quality teams. Project HOPE staff.		8 Health Centers with AIN continuous quality improvement plan using AMAS tools
Train the municipality's quality teams on use of the "Monitoring and Supervision for the First Level of Care Guide".	x	x	x		SILAIS staff. Project HOPE staff		Follow up to trained Quality Teams in all of the 8 municipalities.
Train health personnel of selected HUs on community AIN to ensure adherence to the AIN/AIEPI strategy.	x	x			Project HOPE staff in collaboration with local MOH master trainers and staff		Complete goal of training health personnel on Clinical AIN / AIEPI Norms and Protocols (22 Health Providers)
<i>Community/Household Level (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.		Implement the strategy in the missing 27 communities to complete goal.

<b>Nutrition / Micronutrients</b> <i>(continued)</i>						
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	Train 81 CHV in selected communities
Promote meetings every two months between the HU personnel and network of CHVs.	x	x	x	x	HOPE Educators – H/U personnel.	Monitoring 50% of semi-monthly Health Providers and CHVs meetings in all 8 municipalities
Hold periodic meetings with breastfeeding support groups (one for each health unit).	x	x	x	x	Educators HOPE – H/U personnel	Monthly Monitoring of 42Health Providers in Health Units to guarantee that meetings with EB support groups.
Organize mothers' clubs and provide monthly follow up talks in the communities where AIN-C is implemented	x	x			Educators HOPE – H/U personnel	Organize clubs in the missing 37 communities to complete goal.

**INTERVENTION: Breastfeeding: 10%**

<b>Desired Result:</b> Improve the practice of breastfeeding in children aged 0-23 months old						
<b>Intermediate Results (Outcome):</b> 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) M: Monitoring; E: Evaluation		
	Baseline	Final				
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 3				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.	x	x	x	x	MOH/SILAIS Municipal staff, Project HOPE staff	44 HUs receive monthly technical assistance for promotion of Exclusive Breastfeeding

<b>Breastfeeding (Continued)</b>						
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	›		x		MOH/SILAIS Health units staff Project HOPE staff	Conduct Operations Research regarding barriers in the use of exclusive breastfeeding in 80 direct intervention communities.
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	›	x	x	›	Project HOPE staff in coordination with SILAIS master trainers and staff	Strengthen and accompany implementation of work plans for 44 Health Units.
<b>Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)</b>						
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.	›	x	x	›	Project HOPE staff in coordination with SILAIS master trainers and staff	<ul style="list-style-type: none"> <li>• Follow up to Health Units' Murals.</li> <li>• Follow to 43 Mothers' Groups and</li> <li>• Forming 37 new groups in 37 communities.</li> </ul>
Training and updating of health personnel regarding exclusive breastfeeding, LAM, complementary feeding and mother-child affective communication.	›	x			Project HOPE staff in coordination with SILAIS master trainers and staff	Updating training for 110 Health Provider on subjects regarding Breastfeeding.
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.	›	x	x	›	Municipal Staff, ACS, HOPE staff	Complete implementation of PROCOSAN in 27 missing communities.
<b>Community/Household Level (Brigadistas, TBAs, other Community Volunteers)</b>						
Training and update CHVs (Brigadistas and TBAs) regarding breastfeeding practices and exclusive breastfeeding, complementary feeding and mother-child affective communication.	›	x	x	›	Health units facilitators Project HOPE staff	240 CHV trained during semi-monthly meetings on Breastfeeding and complementary feeding.
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)	›	x			Silais , with assistance of Project HOPE staff	Complete implementation in 37 missing direct intervention communities
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)	›	x	x	›	MOH, with assistance of Project HOPE staff	Monthly monitoring Breastfeeding practices of mothers in 80 direct intervention communities

**INTERVENTION: Immunizations (7%)**

<b>Desired Result:</b> Improve immunization coverage for children under 2 years of age						
<b>Intermediate Results (Outcome):</b> 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)	
	Baseline	Final			M: Monitoring; E: Evaluation	
9. % of children 12-23 months fully immunized (BCG, OPV3, Pentavalente 3, and MMR) by 12 months	70%	80%			M: LOAS in selected municipalities every four months  E: BL, MT, and Final KPC Survey	
<b>Process Indicators:</b>						
13. %EPI desertion rate, for children aged 12-23 months old (BCG, OPV3, Pentavalente 3, and MMR)	6%	≤6%			M: LOAS 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		
<i>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))</i>						
Train 110 healthcare providers on EPI immunization protocols for its application in AIN	x		x		Municipality Direction Teams HOPE Staff	Quarterly monitoring of 54 HUs to verify implementation of AIN Protocolos using AMAS tools.
Develop training plans to strengthen adequate management of the EPI's cold chain.	x	x	x	x	SILAIS Educator Municipality HOPE Staff	Training plan for management of Cold Chain produced by the SIALIS with limited support of Project HOPE
Logistic and technical assistance during the National Health Campaigns (NHCs)		x		x	SILAIS Educator Municipality HOPE Staff	Technical and logistics support for 2 National Health Campaigns
<i>Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)</i>						
Develop training plans to strengthen the management of the EPI's cold chain		x		x	SILAIS Educator Municipality HOPE Staff	8 municipal Health Units with Cold Chain management training plan aimed at Health Providers.
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	85% of Health Units implementing strategies for reinforce systematic immunization

Community/Household Level (CHVs, TBAs, other Community Volunteers)						
Implement community AIN in 80 communities prioritized by the SILAIS.	x	x	x	x	HUs, with assistance from HOPE staff	Implement Community AIN in 27 communities and provide follow up to 53.
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	Monitor updating of EPI book and immunization census in 80 direct intervention communities during Semimonthly meetings of HUs personnel with CHVs
Provide monthly follow-up to the immunization schedule during the community AIN sessions in 80 communities with AIN.	x	x	x	x	HUs Personnel HOPE Educator	Monthly monitoring of immunization schedule in 80 communities for children attending PROCOSAN weighing sessions

**INTERVENTION: Control of Diarrheal Disease: (15%)****Desired Result:**

Improve the quality of healthcare for children with diarrhea.

**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.

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: LOAS in selected municipalities every four months
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%	E: BL, MT, and Final KPC Survey
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%	
% of mothers who can identify at least two danger signs for diarrhea	27%	35%	
Process Indicators:			
14. % 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: LOAS in selected municipalities every four months
15. % CHVs reporting monthly the management of children with diarrhea according to the AIEPI/C protocol.			E: BL, MT, and Final KPC Survey
16. % of mothers of children with diarrhea who report being satisfied with the service received from the CHVs	N/A	80%	M: AIN/AIEPI (monthly reports), Supervisor checklists,
<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>	N/A	85%	User's Satisfaction Survey (Evaluation Guide)

MAJOR ACTIVITIES	YEAR 3				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>						
Develop and implement the distance learning modules on diarrhea management oriented to health personnel.	x	x			Municipalities SILAIS Facilitators HOPE Staff	Develop one training module for management of Diarrhea during the first semester
To carry out user satisfaction surveys to mothers who attend AIN services	x	x	x	x	Municipality Quality Teams HOPE Staff	Perform quarterly client satisfaction surveys in 80% of HUs
<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			Municipalities SILAIS Facilitators HOPE Staff	Complete training goal for HUs personnel on AIN Norms and Protocols (22 Health Providers)
Conduct operations research on CORUs utilization, to identify success lessons in the prioritized municipalities		x		x	Municipality Direction Team HOPE Staff	Conduct Operations Research in the communities of the Bocay municipality regarding use of.
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	Provide Training Supervision to 110 health providers caring for children.
<i>Community/Household Level (CHVs, TBAs and other Community Volunteers)</i>						
Implement community AIN in 80 communities prioritized by the SILAIS	x	x	x	x	SILAIS, with assistance from HOPE staff	Implement Community AIN in 27 communities and provide follow up to 53.
Create and provide follow-up to mothers' clubs	x	x			HUs Personnel HOPE Educator.	Create clubs in missing 37 direct intervention communities.
Train CHVs on community AIEPI for the correct management and referral of complicated diarrhea cases.		x			HUs Personnel HOPE Educator.	Update 240 CHV on the PROCOSAN Morbidity Module
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.	Monthly monitoring of CHVs during weighing sessions regarding management of Diarrhea
Train 240 CHVs on promotion, education, counseling and identification of diarrhea dangers signs at community level.	x	x	x	x	HUs Personnel HOPE Educator.	Conduct Performance Evaluation for 159 CHV during monthly weighing sessions and train 81 new CHV

**INTERVENTION: Pneumonia Case Management (10%)**

<b>Desired Result:</b> Improve quality care for children with pneumonia							
<b>Intermediate Results (Outcome):</b> Improve mothers' healthcare seeking behaviors for ARIs Improve ARIs case management at HUs and in the community							
Results Indicators:	Targets				Measurement Method(s)		
	Baseline	Final			<b>M: Monitoring; E: Evaluation</b>		
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: LOAS in selected municipalities Every Four Months		
16. % of mothers who identify fast breathing as a danger sign of pneumonia	76%	85%			E: BL, MT, and Final KPC Survey		
<b>Process Indicators:</b>							
17. % of mothers of children with ARIs who report being satisfied with the service received by HU staff.	N/A	80%			M: LOAS in selected municipalities Every Four Months		
18. % of CHVs reporting monthly the management of children with ARIs, according to AIEPI-C.	N/A	75%			M: User's Satisfaction Survey (every six months)		
19. % of children less than 2 years old with ARIs treated with antibiotics	34%	42%			M: AIN/AIEPI (monthly reports)		
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)		»	»	»	»	SILAIS staff, Project HOPE staff	Quarterly monitoring of the referral counter-referral SICO system in 80 priority communities
Provide antibiotics for pneumonia case management to SILAIS to reduce the gap of MOH's medical supplies shortage.		»	»	»	»	Project HOPE Nicaragua.	80% of health units receiving donated antibiotics from Project HOPE for treatment of pneumonia
<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.		»	»			SILAIS master trainers and staff in collaboration with local H/Us and Project HOPE staff	Train 22 health providers on AIN pneumonia management Protocols
Support municipalities on monitoring and follow-up of ARIs at community level.		»	»	»	»	Municipal Direction Team Project HOPE Staff	240 CHVs report monthly Respiratory Infections cases in the communities.

<b>Pneumonia / Acute Respiratory Illness (continued)</b>						
Community/Household Level (CHVs, TBAs other Community Volunteers)						
Implement community AIN in 80 communities prioritized by the SILAIS.	»	»	»	»	SILAIS, with assistance from HOPE staff	Implement community AIN in 27 new communities And provide follow up to 53.
Train CHVs on community AIEPI for management and adequate referral of pneumonia/ARIs cases	»	»	»		HUs personnel Project HOPE staff	Update 240 CHV on the PROCOSAN Morbidity Module
Train to CHVs on the identification of ARIs danger signs.	»	»	»		SILAIS master trainers HUs personnel Project HOPE staff	Update 240 CHV on the PROCOSAN Morbidity Module
Train 240 CHVs on effective counseling techniques to improve healthcare for children with ARIs at community level.	»	»	»	»	SILAIS master trainers HUs personnel Project HOPE staff	Conduct Performance Evaluation for 159 CHV during monthly weighing sessions and train 81 new CHV

**INTERVENTION: Child Spacing 10%**

<b>Desired Result:</b> Increase birth intervals in mothers with children aged 0 to 23 months old			
<b>Intermediate Results (Outcome):</b> 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
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%	E: BL, MT, and Final KPC Survey
Process Indicators:			
20. 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)
21. % of trained health facility staff demonstrating 'effective' counselling techniques during FP consultations	N/A	80%	Direct observations checklists, exit interviews

MAJOR ACTIVITIES	YEAR 3				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>						
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	x	x	MOH/SILAIS, Municipal health staff, Project HOPE staff	Follow up to 96 formed community posts and identification of at least 10 new communities in the missing municipalities
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	Provide systematic Monitoring to the SIAL (Logistics Management FPM System) in 44 Health Units.
<i>Municipality Level (MOH, Public and Private Facilities, local NGOs, and community groups)</i>						
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	Follow up to Delivery Plan strategy in 80 communities and 29 HUs
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	Updated training needs assessment for Health Providers for year 3 and drafting of training plan.
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	Quarterly monitoring to 80% of Health Providers and 50% of CHVs regarding SRH counseling
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	Monthly reports from CHVs on demand of FPM feeding the SIGHOPE and HUs information systems
<i>Community/Household Level (CHVs, TBA, other health community workers)</i>						
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	Monthly follow up to the counselors' reports in 88 communities
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	Quarterly monitoring 50% of communities implementing CBDA
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	x	x	x	x	SILAIS, with assistance from Project HOPE staff	Quarterly monitoring CBDA norms application

**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) M: Monitoring; E: Evaluation			
	Baseline	Final				
19. % of mothers of children aged 0-23 months who know at least two ways to prevent HIV / AIDS / STIs	6%	15%	M: Annual LOAS in selected municipalities, E: BL, MT, and final KPC			
<b>Process Indicators:</b>						
23. % 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 3				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				MOH SILAIS/ Municipal staff, Project HOPE staff	Conduct survey during December 2004 regarding knowledge on HIV/AIDS aimed at Health personnel
<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	110 Health Providers trained
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	Message promotion through written and spoken means.
<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	Complete activities according to training plan on STIs/HIV-AIDS for 80 mothers' clubs

**SUSTAINABILITY**

<b>Desired Result:</b> Increase the possibility that partners provide sustainable support to project activities now promoted by Project HOPE									
<b>Results Indicators:</b>					Targets		<b>Measurement Method(s)</b> <b>M: Monitoring; E: Evaluation</b>		
					Baseline	Final			
1. Number of Project HOPE supported activities that are transferred to partners.					0		M: Quarterly and Annual Technical Reports, Activities transfer will be carried out throughout the duration of the second half of the project.		
<b>MAJOR ACTIVITIES</b>				<b>YEAR 3</b>				<b>Personnel Responsible</b>	<b>Output/Outcome of Activity Desired</b>
				1	2	3	4		
<i>SILAIS (Jinotega) Level (Coordination with Stakeholders (SILAIS/MOH, other Public Sectors, Private Sector, local NGOs, community groups))</i>									
Continue with implementation of strengthening activities for the PROCOSAN strategy, aimed at its sustainability, and transfer of activities to priority communities identified by the SIALIS Jinotega				x	x	x	x	Project HOPE staff	80 communities continue PROCOSAN activities, with active participation of mothers and CHVs
Apply the sustainability strengthening activities, and transfer methodology to other strategies being implemented by the MOH/SILAIS (MCMS, ECMAC)				x	x	x	x	Project HOPE staff	80 communities maintain activities of the MCMS, ECMAC strategies with community participation
Carry Out Mid-Term Evaluation					x			Project HOPE staff	8 municipal directors and 2 SILAIS direction personnel take part on Mid-Term Evaluation
Develop the Second Half Project Plan based on results of the Mid-Term Evaluation and Transfer Plan of sustainable activities.					x			Project HOPE staff	Work plan for second half of the project, including transfer of activities to the main partners, MOH/SILAIS and Communities.
Establish and start transfer of the health information system with geographical referencing (SIGHOPE) to aid in opportune decision making				x	x			Project HOPE staff	Present first results of the SIGHOPE to the SILAIS and PVO/NGO Network, during first quarter of 2005

1 **ANNEX A: PACT Lead Organizational Capacity Self-Evaluation**

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3 **SUMMARY**

4 **PACT lead Organizational Capacity Self-Evaluation, Project HOPE-Nicaragua, November 2003**

5

6 **INTRODUCCION**

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**OBJETIVE:**

Promote Organizational learning and development of capacities of Project HOPE Nicaragua, generating at the same time a continuous reflective process, learning from experience and finding consensus for future activities that contribute to the achievement of Vision and Mission.

8

**METHDOLOGY:**

The staff of Project HOPE Nicaragua must perform self-evaluation of the organizational capacity; therefore the process will be participative with short presentations and conclusions regarding every step of the self-evaluation.

9

**EXPECTATIONS:**

- Draft Improvement plan for Project HOPE Nicaragua
- Follow up plan, evaluation
- Contribute
- Obtain new ideas
- Useful Workshop
- Deep discussions, not superficial
- Learn to improve within the organization
- Learn to grow as a person
- Objective and collective criticism
- Appropriation of Project HOPE
- Better organization
- Teamwork

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## FINAL OBSERVATIONS AND RECOMMENDATIONS

Technical level of Project HOPE Nicaragua staff is high, besides there is real commitment with objectives and the Organization's Mission, it is considered that the fundamental problems are in subjective areas such as interpersonal relationships and confidence in the levels of competence of others, recommending to discuss and go deeper regarding:

- Trust of the Management level towards staff and staff towards management, so that a fluid communication process can exist that promotes improvement of the Organization's effectiveness and efficiency.
- Define as soon as possible an integral strategic planning process (vision, mission, objectives, strategies, operational plan and roles descriptions) with the participation of all staff, aligned with the PROJECT HOPE Headquarters mission, vision and objectives.
- Develop financial and administrative procedures, validation with staff and implementation.