ACTIVITIES TO IMPROVE THE DELIVERY OF PRIMARY HEALTHCARE SERVICES IN THE DEPARTMENT OF BOACO

Project location:
Department of Boaco, Nicaragua
Project Duration:
August 1, 1998 to July 31, 2002

MID-TERM EVALUATION

Submitted to:
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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CHW	Community Health Workers. Known in Nicaragua as "brigadistas"
CBD	Community Based Distribution
CDD	Control of Diarrheal Diseases
CHC	Community Health Committee (Comites Comunitarios de Salud)
CORU's	Community Oral Rehydration Units (UROCs)
CP	Contraceptive Prevalence
CRS	Congressional Research Service
CS	Child Survival
DIP	Detailed Implementation Plan
DHS	Demographic Health Survey
DPT	Diphtheria, Pertussis & Tetanus
EPI	Expanded Program in Immunization
FPPS	Family Planning Private Sector
GNP	Gross National Product (total value of goods & services produced by the economy in a year.)
HC	Health Center
HIV	Human Immunodeficiency Virus
HOPE	Project HOPE
IMR	Infant Mortality Rate
IEC	Information, Education and Communication
IGA	Income Generating Activity
IUD	Intra-uterine Device
KPC	Knowledge, Practice and Coverage Survey
MPH	Masters in Public Health
MCH	Maternal Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
MVB	Mobile Vaccination Brigades
NGO	Non-governmental Organization
OPV	Oral Polio Vaccine
ORS/T	Oral Re-hydration Solution/Therapy
PH	Public Health
PROFAMILIA	IPPF's Affiliate in Nicaragua
PVO	Private Voluntary Organization
SILAIS	Sistemas Locales de Atencion Integral en Salud (SILAS)
STD	Sexually Transmitted Disease
SOW	Scope of Work
TBA	Traditional Birth Attendant
TTV	Tetanus Toxoid Vaccine
TOT	Trainer of Trainers
UNICEF	United Nations Children's Fund
URC	University Research Corporation

EXECUTIVE SUMMARY

HOPE/Boaco's "Activities to Improve the Delivery of Primary Health Care Services in the Department of Boaco is a project that has been operating for 23 months as of August 30th, 2000. The project's interventions are exclusively educational, no health services are provided by the project. This report presents the mid-term evaluation's results for the first two years of activity for this project.

The project serves a population of 150 243 in six rural municipalities in Boaco. The population served is structured as follows: 5 428 children under one (1) year of age; 25 389 children between the ages of 1-5 years; 38 107 adolescents and 42 528 women of fertile age (WFA.) These targeted high-risk groups are being reached by the Brigadistas. Their extensive home visit schedule has built good rapport with families they've been assigned in the five communities participating in the project. The Brigadistas have worked one on one with mothers in teaching and helping them with referrals. According to the interviews conducted in the five communities visited the Brigadistas spend an average of 3.5 days/week in home visits. Living in the communities where they work makes the Brigadistas accessible to the families practically at all times.

In compliance with the project's mandate the Community Health Promoters or Brigadistas[1] have focused on training and community organization. A total of 9,633 health staff and community members who are presently active in their communities were trained in health management and delivery of primary health care services. This group supports the activities of the SILAIS and its network of Health Centers (HC) and Health Posts (HP.) during the calendar year 1999 approximately; it appears that in some areas of training a significant jump took place during 2000. The most relevant are: health staff trained which jumped from 217 trained in 1999 to 965 in 2000; and the community members trained which jumped from 25 members in 1999 to 2,512.

A DIP was not prepared for this project. Instead, a yearly Work Plan is developed since the project started its operations. The yearly plan serves as a road map of activities to be carried out by the project. Several documents provided by HOPE /Headquarters, HOPE/Boaco and other sources were consulted by the evaluator (see body of this report.)

Another element of the project design is the phasing of project interventions. Human and Institutional capacity building, assessing and providing medical equipment, supplies and computerized equipment have been donated by HOPE/Boaco to both the SILAIS and some of the health centers as part of the counterpart funding for this project.

Approximately 150 community members and health staff from five municipalities were interviewed for this evaluation. When members of the five communities visited were asked about the benefits of the project during the mid-term evaluation, they gave the highest rating to, knowledge of how to prevent

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1 The Brigadista is a community health worker who lives in the community it serves.

illness, vaccinations for their children, and help from the promoters. The Health staff at the SILAS' centers and posts felt that the training in the management of health facilities and automation of some of their functions had been extremely valuable and helped them expedite their service to the community. However, it is important to keep in mind that training in and of it rarely solves health delivery problems, since new skills must be supported by commodities and other system elements, which seem to be perpetually lacking at the Boaco SILAIS and it's network of Health Centers and Posts.

The project has also been very successful in assisting the communities to establish their Health Committees in all of the five municipalities targeted by the project. The committees seem to function quite well they meet once a month and each Committee develops its own action plan. The Committee in Camoapa has already advanced beyond a health committee only. It renamed itself the "Municipal Coordinating Committee for the Development of Camoapa" to reflect its new structure. This particular committee includes members from all social strata and various areas of municipal development. Membership includes 33 institutions including representatives from the Mayor's office, MINSA, various NGOs including HOPE and PROSALUD; neighborhood committees; three Cooperatives; representatives from the Catholic church, the police and one Foundation. This committee is particularly successful and very well organized. On August 31st, 2000, members of the Mid-Term evaluation Team attended the Coordinating Committee's monthly meeting during which various items relating to health and other items of concern to the Camoapa community were in the agenda.

When the meeting of the Camoapa's Coordinating Committee's ended, the Evaluation Team met with the eight committees' officers to discuss the possibilities of establishing a self-financing health care facility in Camoapa and to get their feedback on this initiative. The Committees officers showed great enthusiasm with the idea clearly stating the need for quality services at a mid-price range in Camoapa. According to their best estimate a good number of Camoapa's population would make use of such services

The project is likely to reach at least 60% of the stated training objective of Health and Community health workers. As per the health units being stocked with the required supplies to operate at least at 90% capacity is difficult to tell, most likely not. Departmental and Municipal administrative teams will implement at least 75% of the planned activities every year; work plans are developed by the health units and activities are carried out at least by 75%; at least 20% of the communities involved in the project have implemented activities to improve health, i.e. child feeding centers have been already established in three of the five communities participating in the project

Four areas were identified by the mid-term evaluation to be addressed by HOPE/Boaco during the second half of the project. These are:

(1) Training in Supervision and Monitoring of activities carried-out by health staff at the departmental, municipal and Community levels;
(2) Training HIV/AIDS/STD's prevention, diagnosis and counseling;
(3) Establishment of at least two self-financing health care facilities.
(4) Training in health facility management including cost management/control

With regards to the service provided in the SILAIS and its network of HCs and HPs it could be said

that at least one third of those interviewed felt that if they could afford a modestly priced service of better quality they would use it. If this service would come via an employers' scheme the possibilities of a higher utilization of the service improves.

The next step is for HOPE/Boaco to hire a consultant to conduct an analysis of the Boaco health care market to assess the level of saturation of the market if there is excess capacity; the number of doctors in private practice; the number of private practices; the level of utilization of health services by the Boaco population; who are the main users of private facility services; what is the income range of the users of this facilities; what forms of payment are used: schemes, direct pay, employers; what is the average and median payment; of the persons who do not pay at the existing services what would be approximately the per cent that qualifies for fee examination status, what are their ages and if they have a chronic disease; what are the reasons to judge these persons as indigents. This assessment should provide HOPE/Boaco with he necessary judgment elements to choose the most appropriate venue when establishing self-financing primary health care facilities.

HOPE and HOPE/Boaco should consider further discussing this item with the USAID/Mission the final impact evaluation of the project conducted to measure the "quality of services provided" (item No. 3: Part IV. Monitoring and Evaluation.) Which HOPE included in its technical proposal in light of the perpetual lack of equipment and supplies at the SILAIS which no doubt will continue interfering with the delivery and quality of the service.

1. EVALUATION OVERVIEW

- **Project's Background and Purpose**

Activities to Improve the Delivery of Primary Health Care Services in the Department of Boaco" funded by USAID/N and implemented by the People-to People Health Foundation, Inc. (Project HOPE) started October 1st, 1998 in the Department of Boaco in Nicaragua's Center Region. This report presents the mid-term evaluation's results for the first two years of activity for this project.

- **Overall Project Objectives**

The overall goal of the project is to reduce the mortality and morbidity in children less than five years of age and women of fertile age (WFA) in the five municipalities of the Boaco Department. HOPE/Boaco is to assist the SILAIS in accomplishing this objective through two program objectives:

- Building human and institutional capacity
- Providing basic and in-service training to health facility staff in the integrated management of child and reproductive health.

- **Geographical Coverage, Population & SILAIS Facilities**

The Boaco/SILAIS is located in the municipality of the same name. Six municipalities form the political division of this department. Boaco is the second largest municipality; it has the most densely populated of the six and has the largest health service network. The municipality of Boaco has two health centers, but the most important center is the Ramon Guillen Navarro Center.
Boaco one of USAID's priority areas encompasses the municipalities of:

- Boaco (the departmental Capital) with 51,171 inhabitants, a general hospital, one HC, and two HPs
- Camoapa with 35,886 inhabitants, one HC and five HPs
- San Lorenzo with 24,371, one HC and four HPs
- Teustepe with 22,909 inhabitants, one HC and five HPs
- Santa Lucia with a population of 8,702, one HC and one HP
- San Jose de los Remates with a population of 8,130, one HC and two HPs.

- **Target Population and Population Data**

The target population both for the SILAIS and HOPE/Boaco includes 5428 children less than one year of age; 25389 children one to five years o age 38107 adolescents and 42528 women of fertile age. In rural areas, life expectancy is almost ten years lower than in urban areas. The population per doctor for Nicaragua is 2,000/per physician.[2]

2 IPPF Country information.

The SILAIS (Sistemas Locales de Atencion Integral en Salud) covers an area of 4,365 square km. with an estimated population of 123,833, Approximately 28% of the population live in urban areas and 72% rural areas, some quite dispersed and distant from the nearest health center or health post. The SILAIS Boaco operates six health centers and twenty health posts in the department. Throughout the war many of the health centers and schools were targeted and destroyed. Following are some population/economic indicators for Nicaragua:

Table 1

- Population growth rate 2.2%
- Population under 15 years of age 43%
- Birth rate 28.26/1000
- Death rate 4.9/1000
- Infant mortality rate 34.79/1000 live births[3]
- Maternal mortality rate 160/1000,000[4]
- Total fertility rate 3.27 children per woman[5]
- Women aged 15-49 using contraception (modern methods) 45% [6]
- Average life expectancy for the total population in years 68.74; males 66.81; females 70.77 years.
- Literacy total population: 65%. Males 64.6%; Females 66.6%
- 61% of the population has access to safe water in the country. In Boaco; 18%.
- Population below poverty line 50%

Sources: The data found in the research done during the writing of this report varies from source to source, in some cases significantly. Because of these variations, the data chosen for the report is the most recent one according to the sources used. In some cases data from the World Fact Book (WFB); the International Planned Parenthood-Nicaragua (IPPF); UNAIDS-Nicaragua and the Congressional Research Service (CRS) data were used.

- **Country's Economic Data**

Nicaragua is experiencing political transition and economic transformation. The country is till facing social strife and problems of deterioration in public services. Nicaragua's un-payable debt of US$5.7 billion (1999 est.) makes Nicaragua a candidate likely to have some debt forgiven by the year's end[7]. The country has already been included within the new batch of "heavily indebted Poor Countries" (HIPCs.) Whether Nicaragua can comply with the complex lending agencies' mandate that includes poverty reduction strategies; plans for schools; health programs and rural development despite its scarce

[3] It is important to note that IPPF indicates a much higher rate of 46/1000

[4] IPPF figures.

[5] UNAIDS-Nicaragua Epidemiological Fact Sheets set TFR at 4.9

6 IPPF data.

7 New York Times, Sunday September 17th, 2000: "Wealthy Nations Propose Doubling Poor's Debt Relief."

resources in order to comply with the debt reduction mandate remains to be seen.

Nicaragua's present gradual economic recovery has been achieved at a high cost in terms of employment and availability of social services, and follows more than a decade of economic crisis caused by a prolonged civil war and the imposition of external economic sanctions. Key elements of the reform process have been the downsizing of the public sector, while expenditures have been redirected towards the social areas. Apparently, the private commercial sector is showing signs of revival and prosperity, but has failed to replace the large government bureaucracy, which was the main source of employment during the conflict years to a great portion of the labor force, particularly women. Unemployment and under-employment is rampant. The WFB 1999 estimate is 10.5% with considerable under-employment. According to the IMF and IDA, Nicaragua would still face an unsustainable level of external debt over the medium term even with the full use of all traditional debt relief mechanisms. Nicaragua received pledges for economic aid of $1.4 billion in 1999.

Seventy percent of Nicaragua's population lives below the poverty line. Nicaragua's GNP per capita is US$410 per annum[8], and inflation oscillates between 10% and 12% per annum. Nicaragua is among the poorest countries in the Western Hemisphere Region. The extent of the economic deterioration undergone by Nicaragua by the end of the 1980s, following a decade of civil war and inefficient and distortionary policies, is reflected in the country's social indicators, with 34.79%/1,000 infant and 160/100,000 maternal mortality. These rates are among the highest in the Western Hemisphere. Social indicators such as life expectancy, infant mortality, illiteracy, and percent of population with access to safe drinking water and sanitation are among the weakest in the region and considerably poorer than the regional average. World Development Indicators show that 44% of Nicaragua's population lives on less than US$1 per day and about 75% live on less than US$2 per day. Poverty is more extensive and deeper in rural areas (i.e. where HOPE operates), with three out of four rural inhabitants living in poverty, compared with one out of three in urban areas, and close to four-fifths of all the extreme poor living in rural areas.[9]

The major economic activity in the area covered by the SILAIS-Boaco is livestock and agriculture with family agriculture being predominantly for home consumption. During the 1980s civil war, Boaco's infrastructure was destroyed. This coupled with civil strife and instability resulted in the present poor living conditions. Agricultural production was affected and led to widespread food shortages. Estimates for 1993 indicate that an estimated 44% of households, rising to 60% in rural areas, were living in conditions of extreme poverty.

Since 1990, the government of Nicaragua has implemented a wide range of structural reforms which have as an objective to support macroeconomic stabilization, enhance the conditions for faster and sustained growth by transforming the economy from state-controlled into a market-based system, and to alleviate the country's widespread poverty.

- **Project's Sources of Funding**

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[2] "Preliminary Document on the Initiative for Heavily Indebted Poor Countries (HIPC)", International Monetary Fund and International Development Association.

[9] International Development Association's poverty assessment.

Funds for the project are being provided by USAID/Nicaragua in the amount of US$1,200,000 and are being matched by $240,377[10] of Project HOPE's private funds. An additional donation of US$1,200,000 in pharmaceuticals and medical supplies are part of the counterpart funding provided by HOPE. Pipeline analysis was beyond this SOW.

- **Problems Identified by HOPE/Boaco**

An assessment of needs carried out by HOPE/Boaco identified multiple supplies and medical equipment problems at the SILAIS level. These obstacles are being addressed by the project to the extent its budget permits it in order to assist the SILAIS improve its services. Problems such as :Insufficient operating budget to respond to the health services needs might be beyond HOPE's financial capacity, and are the sole responsibility of the Ministry of Health (MINSA). HOPE might partially and temporarily alleviate lack of medicines, supplies, laboratory equipment and a serious shortage of paper. These are serious problem since HOPE/Boaco main partner's non-compliance with the agreement made between the two organizations could hamper the training's impact.

2. SPECIFIC OBJECTIVES AS STATED ON THE SOW

This Mid-term evaluation report contains information gathered through interviews with both health personnel and community members from five municipalities participating in the project. The report does not provide quantitative data or results of a KPC because the donor or the SOW required neither. This was a process evaluation based on interviews with health personnel and the community from whom the Team heard anecdotes and experiences with the project, which were recorded, as it is required. The only quantification included in the report is the numbers of people that had as of the report's date been trained. Since the project is a training project, immunization coverage and other service delivery accomplishments by the SILAIS could not be directly claim as part of the project's accomplishments, though, the project did build the SILAIS' capacity to better deliver health services. It is also important to keep in mind that HOPE/B was not the only project providing or supporting training at the SILAIS level. So the successes the SILAIS has had can be at best attributed to HOPE/Boaco and other NGO's both local and international working in the area.

- **Item #1: Conduct an Evaluation using participatory Approaches of Project HOPE's Department of Boaco's first two (2) years of Activity**

Evaluation Methodology

The in-country portion of the mid-term evaluation of HOPE's "Activities to Improve the Delivery of Primary Health Care Services in the Department of Boaco" was conducted from August 30th through September 9th, 2000, by a nine (9) member multi-disciplinary team. Team members included HOPE/Boaco's Project Director, three Municipal Coordinators: two physicians and a Nutritionist, HOPE's Headquarters' Associate Director of MCH Programs, two physicians members of the SILAIS-Boaco: the Director and the Health Services Administrator and an External Evaluator who

[10] Project's Work Plan.

served as team leader. Five (5) municipalities and health centers were chosen to conduct group interviews for this mid-term evaluation: HCWs (Brigadistas), TBA's SILAIS' Key Staff, Youth Groups, Pregnant Women, Municipal Health Committees, Coffee Growers Cooperatives, Dairy Members' Cooperatives, and one Commercial Enterprise Please see a list of contacts at the end of this report.

The first evaluation meeting took place the same day of arrival in Boaco with the Project Director and the director of PROSALUD a Management Sciences for Health (MSH) project. The following day an interviewing instrument was developed by the Team for each one of the groups to be interviewed. Five days were spent conducting interviews in the following communities: Camoapa, San Lorenzo, Santa Lucia, Santa Elisa, and Boaco (Municipio).

On a daily basis, upon concluding the interviews in the communities, team members regrouped to discuss and synthesize the information into the main areas of concern specified in the SOW. Among the team members, consensus was reached regarding the needs expressed by the various groups interviewed. On the last day of the evaluation, a meeting with a USAID/Nicaragua's representative and the BOACO-SILAIS' Management Team took place to apprise him of the activities just concluded by the evaluation team.

Approximately 150 persons both from the communities and health staff were interviewed for this evaluation. When members of the five communities visited were asked about the benefits of the project during the mid-term evaluation, they gave the highest rating to, knowledge of how to prevent illness, vaccinations for their children, and help from the promoters.

- **Sources of Information**

The evaluation team reviewed a number of documents from the HOPE/Boaco field office. A list of the documents is presented below:

1 HOPE' Technical Proposal to USAID
2 Baseline Survey (*)
3 HOPE/Boaco's Annual Report 1999
4 HOPE/Boaco's Annual Plan 1999-2000
5 HOPE/Boaco's Quarterly Reports 1998- June 2000
6 HOPE/Boaco's Plan of Activities year 2000
7 STI/HIV/AIDS Prevention and Control in Nicaragua Needs Assessment 11
8 Norms for the Provision of Private Health Services within MOH Facilities (Normativa de los servicios difereciados)
9 UNAIDS-Epidemiological Fact Sheet on HIV/AIDS and STDs
10 The World Fact Book 2000 - Nicaragua
11 Written personal interviews with Community leaders and members

(*) The Base Line survey is based on data collected on births due to an error in translation when the

11 Submitted USAID by The Synergy Project, June 2000.

word "delivery" was translated as "birth attendance". The Mid-term evaluation Team recommended that the evaluation of health services be completed.

A DIP was not prepared for this project. Instead, a yearly Work Plan was developed. The targeted high-risk groups are being reached by the brigadistas. The extensive home visit schedule o the promoters has built good rapport with families who have children under five. An average of two weekly health education sessions are held in every target community; an average of 3.5 days/week are spent in home visits, and quarterly community meetings are held by the Community Health Committees in all of the five communities targeted by the project.

- **Item #2: Project HOPE's Effectiveness in Carrying out Activities specified in the Work Plan in the Context of Project Constraints**

Approximately 150 persons both from the communities and health staff were interviewed for this evaluation. When members of the five communities visited were asked about the benefits of the project during the mid-term evaluation, they gave the highest rating to, knowledge of how to prevent illness, vaccinations for their children, and help from the promoters. The Health staff at the SILAS' centers and posts felt that the training in the management of health facilities and automation of some of their functions had been extremely valuable and helped them in serving the population better. The Brigadistas were highly regarded and considered a valuable member of the health team by all parties interviewed. However, it is important to keep in mind that training in and of it rarely solves health delivery problems, since new skills must be supported by commodities and other system elements, which seem to be perpetually lacking at the Boaco SILAIS and it's network of Health Centers and Posts.

The project has been effective in mobilizing the promoters to work in the community. However, community health workers (Brigadistas) expressed concerns about the lack of transport and the difficulties encountered by them in the delivery of their service to the communities due to lack of funding to cover their transport and meals. HOPE/Boaco provided some means of transport to the Brigadistas by purchasing fifteen mules and the needed equipment. These have been very useful as transport for the health workers in that terrain. But means of transport continues to be a stumbling block for the community worker

HOPE/Boaco has implemented approximately 31.4% of its Health Education Training plan. During the calendar year 1999 approximately 9,633 health staff and community members who are presently active in their communities were trained in health management and delivery of primary health care services. It appears that in some areas of training a significant jump took place during 2000. The most relevant are: health staff trained which jumped from 217 trained in 1999 to 965 in 2000; and the community members trained which jumped from 25 members in 1999 to 2,512. **(See Appendix D.)**

The following table summarizes the Project's training accomplishments during 1999, and its training goals for the year 2000:

Table 2

INDICATOR	Goal Project's Life (A)	Annual Goal (B)	In 1999 (C)	Projection 2000 (D)	Total 1999-2000 (E)	% (E/A)
No. of SILAIS staff and Municipal Directors trained.	650	140	220	97	317	48.8
No. of persons trained from technical & inter-institutional committees	18	9	6	0	6	33.3
No. of technical meetings per Committee	50	12	12	7	19	38.0
Creation & consolidation of the Departmental Health Committee	51	13	4	1	5	9.8
Training at Municipal Level:						
Health Staff	806	210	217	965	1182	+46.6
Municipal Committees	201	51	50	153	203	+ .9
Community	2300	325	25	2512	2537	-10.3
Training in Service Delivery	3850	1085	1086	549	1635	42.5
No. of FP posts supported by the project	100	25	25	0	25	25
Analysis of % of maternal death	5	5	5	3	8	+60
Training/CDD, ARI, EPI	13620	3330	4363	514	4877	35.8
Training/ Nutrition	3114	569	728	519	1247	40
No. of children under 5 receiving vitamin A supplement	74643	18660	18812	26543	45355	60.8
HIV/AIDS/ & STDs:						
- No. of health staff trained in diagnosis & treatment	180	45	0	522	522	+190
- No. of health staff trained in counseling	180	45	0	522	522	+190
- No. Teachers & Brigadistas trained in prevention	650	165	274	120	394	60.6
- TBAs trained in prevention	200	50	156	28	184	92

Source: HOPE/Boaco Annual Report 1999. This table includes projections for the year 2000.

The health units at the SILAIS/Boaco would have to have the needed supplies to be able to operate at least at 90% capacity; Departmental and Municipal administrative teams will implement at least 75% of the planned activities every year; work plans are developed by the health units and activities are carried out at least by 75%; at least 20% of the communities involved in the project have implemented activities to improve health, i.e. child feeding centers have been already established in three of the five

communities participating in the project. Out of the 130 Educational activities carried out both in the communities and with MOH personnel , 48.8% were financed by PL-480; 17.43% by PL-480/PROSASER; HOPE financed 14.17% of the training activities during these period,,, and PROSALUD contributed with 6.59%. These contributions and that of other organizations are shown in a graph entitled "**Sources of Funding 1999-2000" presented in Appendix B.**

The project is likely to reach at least 60% of the stated training objective of Health and Community health workers. As per the health units being stocked with the required supplies to operate at least at 90% capacity is difficult to tell, most likely not. Departmental and Municipal administrative teams will implement at least 75% of the planned activities every year; work plans are developed by the health units and activities are carried out at least by 75%; at least 20% of the communities involved in the project have implemented activities to improve health, i.e. child feeding centers have been already established in three of the five communities participating in the project.

Another element of the project design is the phasing of project interventions. Human and Institutional capacity building, assessing and providing medical equipment and supplies, coordination with other institutions, provision of materials for the proper functioning of UROCs in areas with high incidence of cholera and diarrhea, assistance to the health centers in forming youth, pregnant women and breast feeding groups, and support to the children feeding centers have been emphasized through out the life of the project.

- **Item #3: To Assess Project HOPE's Progress in Achieving Project Objectives, Particularly Sustainability Benchmarks and Improved Management at the SILAIS and any Barriers or Facilitators to Meeting those Objectives by the end of the Project Period.**

The project has been very successful assisting the communities to establish their Health Committees in all of the five communities targeted by the project. The committees seem to function quite well they meet once a month and each Committee develops its own action plan. The Committee in Camoapa have already advance beyond a health committee only. It renamed itself the "Municipal Coordinating Committee for the Development of Camoapa" to reflect its new structure. This particular committee includes members from all social strata and various areas of municipal development. Membership includes 33 institutions including representatives from the Mayor's office, MINSA, various NGOs including HOPE and PROSALUD; neighborhood committees; three Cooperatives; representatives from the Catholic church, the police and one Foundation. This committee is particularly successful and very well organized On August 31st, 2000, members of the Mid-Term evaluation Team attended the Coordinating Committee's monthly meeting during which various items relating to health and other items of concern to the Camoapa community were in the agenda.

When the meeting of the Camoapa's Coordinating Committee's ended, the Evaluation Team met with the eight committees' officers to discuss the possibilities of establishing a self-financing health care facility in Camoapa and to get their feedback on this initiative. It was explained to the Committee's Officers that a facility such as the one being proposed would provide primary health care services to those who could afford a modest fee. These costs would be between what the HC and a private physician or private facility charges. The Team wanted to should-out the idea with this groups and get their opinion

about the possibility of some of those schemes having any success in a municipality like Camoapa. The Committees officers showed great enthusiasm with the idea, although, one of the members was adamant about a greater plan such as building a hospital within the municipality, and the Director of the SILAIS showed more reticence to the idea than the rest of the group. There was some degree of anxiety expressed by him about the possibility of an NGO establishing a mid-priced health services facility in town. The Committee's Officers on the other hand, clearly stated the need for quality services at a mid-price range in Camoapa, and did estimate that a good number of the inhabitants of Camoapa would make use of such services. It was also clearly stated by the Committee's officer that at this point many people including some of the members had no choice but to use the HC's services although they were not happy with them.

Another meeting with a group of about 25 Brigadistas took place in Camoapa the same day to further gage the climate in town for a self-sustaining better quality health service. This meeting was not successful because the group felt that they did not the financial capacity to pay for services even if they were reasonably priced. However, the idea of having the employer pay for the services was better welcome with this group.

- **Item #4: Provide Recommendations to Improve Project Approach, Management, Materials, and Systems to increase the Likelihood of Achieving Project Objectives**

In summary, HOPE/Boaco has been very successful in transferring technologies and techniques to the SILAIS and it's network and to the members of the community involved in delivering services. The project's training program has helped in developing skills in policy formulation, data analysis and use, management, financing, conducting needs assessments and planning. Despite the tremendous amount of training that has been done to both health staff and community volunteers, the area of Monitoring and Supervision has not been assertively pursued by the project. Little supervision and monitoring took place during 1999, although, it seems that in 20000 the training is winding down while the supervision seems to be taking a more prominent place.

- **Organization**

After the project had been operating for about a year PROSALUD entered the scene in Boaco. HOPE was never notified by USAID that PROSALUD was to play the role of an "Umbrella" organization which would be coordinating not only HOPE activities by also CARE and other NGOs. Project HOPE is an organization that seems to have the capacity to work with other NGOs quite well and although not originally contemplated in the design, many activities the project has carried out have been a joint effort between HOPE/Boaco and PROSALUD. Although, this partnership has until now been very beneficial in that costs and training activities have been shared by the two organizations, the size of the communities involved does not merit two large institutions one with a large budget to work together. On the other hand, PROSALUD has been investing heavily in Camoapa. There is simply no room for so much assistance in a municipality with 35,886 inhabitants and the danger of potential duplication of efforts is eminent at this point. It is very important that HOPE and PROSALUD's roles in the department of Boaco be clarified. Both of these organizations seem to have the same mandate although PROSALUD's financing ranks 4th on the donor scale. **(Please see Appendix B)**

- **What is Expected at PACD**

"Activities to improve the Delivery of Primary Health Care Services in the Department of Boaco" is not a service delivery project and does not have control over the services provided by its main partner the SILAIS-Boaco. Training activities could be quantified and the quality assessed but the impact of these on reducing the morbidity or mortality in the area cannot be done. HOPE's impact on the quality of service delivery by the SILAIS and its six health centers and twenty health posts in Boaco might prove difficult to ascertain. Training in and of itself rarely solves health delivery problems, since commodities, equipment and other system elements that are lacking at the SILAIS and its network must support the health staff's newly acquired skills. As an example, the SILAIS/Boaco's laboratory lacks a microscope.

HOPE has complied with the donor's mandate by providing the training of the health staff, but this training cannot be guaranteed that it will be translated into impact on the population caused by the effects of the training to the health/community alone. The SILAIS's problems as listed on the situational analysis performed at the onset of the project, such as: insufficient allocations of funding to the SILAIS by MINSA; lack of vehicles or vehicles in disrepair; short supply of pharmaceuticals and medical supplies, even paper to keep patient's record, etc. are endemic problems that hamper the SILAIS performance and that of its network. These serious problems if not checked and resolved as soon as possible could render the training provided by HOPE/Boaco less effective than expected.

Another factor to be considered is that other PVOs and other projects have also made a significant contribution in the area of training and in providing commodities, equipment, and have participated in improving the quality of the local staff's performance. This makes it very difficult to separate HOPE/Boaco's contribution from others, and to evaluate HOPE/Boaco for impact during a final evaluation.

HOPE and HOPE/Boaco should consider further discussing this item with the USAID/Mission the final impact evaluation of the project conducted to measure the "quality of services provided" (item No. 3: Part IV. Monitoring and Evaluation.) which HOPE included in its technical proposal in light of the perpetual lack of equipment and supplies at the SILAIS which no doubt will continue interfering with the delivery and quality of the service.

- **Areas that Need to be Addressed**

Four areas were identified by the mid-term evaluation, which HOPE/Boaco should ensure will be addressed during the second half of the project. These are:

a. Training in Supervision and Monitoring of activities carried-out by health staff and Brigadistas at the departmental and municipal levels.
b. HIV/AIDS/STD's prevention, diagnosis and counseling
c. Establishment of Alternative Financing for Health activities; and
d. Health Facility management training including cost management/control

- **Training in Supervision and Monitoring**

HOPE/Boaco has been very successful in transferring technologies and techniques to the SILAIS and it's network and to the members of the community involved in delivering services. The project's training program has helped in developing skills in policy formulation, data analysis and use, management, financing, conducting needs assessments and planning. Despite the tremendous amount of training that has been done to both health staff and community volunteers, the area of Monitoring and Supervision has not been assertively pursued by the project. Little supervision and monitoring took place during 1999, although, it seems that in 20000 the training is winding down while the supervision seems to be taking a more prominent place.

The project has included this area within its plans for the second phase of the project's activities. A group of individuals to be charged with the responsibility of supervising and monitoring the Brigadistas' activities should be identified. Each Supervisor should be responsible for six-seven Promoters (brigadistas).Once these individuals are identified, the Municipal Coordinators should meet with the supervisors and Health Educator (this is a position that should be filled by HOPE/Boaco) at least once a month for at least a half-day planning meeting. The Supervisors should have a weekly planning meeting in the field with the Promoters. The time the Supervisors spend in the field with the Brigadistas will help them understand the Promoters performance.

The Supervisors should provide on-the job feedback to the field workers. A very useful supervisory tool is the Promoters weekly summary of activities. This summary should record the number of homes visited, health talks given, volunteer training, community meetings, etc. The Supervisors should review these reports with the Brigadistas in their weekly planning meetings. This can be an effective tool in motivating the Brigadistas as they see where they stand in relation to their peers. During the evaluation some staff at the HCs did complain about not receiving community data from the Brigadistas. This problem should be investigated further to determine the reasons why the community workers do not provide the HCs with data. HOPE/Boaco should ensure that the Brigadistas are receiving the documentation they need to fill-in the details of their work in the community especially since the project is well aware of the shortage of paper at the SILAIS level. Another reason could be illiteracy.

- **HIV/AIDS/STDs Prevention, Diagnosis and Counseling**

The documentation provided by HOPE/Boaco shows few training activities in the area of HIV/AIDS prevention and training of health staff in diagnosis and treatment. Most of the people that were trained in prevention were adolescents, which totaled 114. In diagnosis and treatment 110 Brigadistas and 30 health workers have been trained according to training summaries prepared by HOPE/Boaco. HIV/AIDS is an important, yet complex intervention and the project will have only two more years to focus on this area.

According to "STI/HIV/AIDS prevention and Control In Nicaragua Needs Assessment", June 2000, submitted to USAID/Nicaragua by the Synergy Project and TvT Associates, Inc. all the preconditions for a serious epidemic are in place in Nicaragua. Ten factors were identified as present in Nicaragua at the time the above mentioned assessment took place: Two of those factors could easily be identified in Boaco: (1) mobile populations crossing into Costa Rica; and (2) the lack of what the report calls a

"condom culture" in Nicaragua.[12]. The assessment continues pointing to various factors that could contribute to a rapid progress of a concentrated epidemic such as the great number of people that cross the border into Honduras in groups of 90-120 including 265 sex workers and no condoms available, and the vulnerability of the migrant and mobile populations because of their low educational and information level about the risks and the decease among many other factors. HOPE/Boaco must be much more involved in the area of HIV/AIDS/STDs by teaming-up with another NGO to assist in carrying out a Behavior Change Communication (BCC) campaign especially in those areas of Boaco where there are migrant workers e.g. San Lorenzo, and training higher numbers of staff diagnosis and treatment of STDs, and referrals to those NGOs already working with AIDS patients to those that are already infected.

- **Alternative Financing for Health Activities**

As in the majority of LDCs, it is expected that health services to be provided by the government are to be at no cost. In Nicaragua the SILAIS' have for some time been recuperating costs by charging very nominal fees to the users of the service. A new requirement for the SILAIS to remit all funds obtain through cost recovery to MINSA has been put in effect. It appears that funds raised by HC and HPs through service delivery are being recycled through Finance and/or MINSA in Managua, to be later reimbursed (some claim within a month) back to the network. This new MOH mandate sets back the decentralization of health services in Nicaragua.

The majority of those interviewed felt that if there would be an affordable quality service hey would use it. Private health services schemes are not new to Nicaragua. These have been tried at some MOH hospitals in Managua for some with mix reviews. HOPE/Boaco has a donor mandate to assist the SILAIS in developing self-financing, primary health care facilities. Any initiative HOPE/Boaco might embark on to establish self-financing health care facilities should take into account the lessons learned by the MOH hospitals with their own self-financing health care services initiatives.

The next step is for HOPE/Boaco to hire a consultant to conduct an analysis of the Boaco health care market that determines the level of saturation of the market, if there is excess capacity; the number of doctors in private practice; the number of private practices; the level of utilization of health services by the Boaco population; who are the main users of private facility services; what is the income range of the users of this facilities; what forms of payment are used: schemes, direct pay, employers; what is the average and median payment; of the persons who do not pay at the existing services what would be approximately the per cent that qualifies for fee examination status, what are their ages and if they have a chronic disease; what are the reasons to judge these persons as indigents.

A regression analysis should be conducted to determine if the fees charged by providers and distance to facilities are important determinants of health service in Boaco. During the interviews conducted by the evaluation team the distance to a health facility were mentioned by all of the community members that were interviewed as a factor to avoid using these facilities. HOPE/Boaco should inquire to determine if a Living Conditions Monitoring Survey (LCMS) has
been conducted for the Department of Boaco. If this is the case, the LCMS should be complimented

12 "STI/HIV/AIDS Prevention and Control in Nicaragua Needs Assessment" Executive Summary, page 1

with a more qualitative analysis based on interviews to determine the rate of utilization of the Boaco private sector; what are the physician-clinic paying arrangements made by private clinics or facilities of any kind in Boaco; what is the principal source of patients and revenues for multi-doctor private practices; the number of consultations provide by the Boaco private sector annually to determine the average number of consultations per consulting room.

Any initiative in this direction by HOPE/Boaco should take into consideration that this kind of initiative might have significant indirect impact on the health care market in terms of increasing access, utilization, and quality of care. Its approach needs to be adapted to local conditions: epidemiological situation, personnel availability, competition, input prices, and exemption for the poor. The establishment of self-financing primary health care services in Boaco and possibly in Camoapa might have some other indirect effects such as: sparking competition; it might prompt other organizations to offer 24-hour service; and might help other organizations increase cost consciousness and cost-cutting among other effects.

- **Contractual Arrangements**

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Various types of contractual arrangements could be considered by HOPE/B once these studies are performed and a decision regarding the type that will be utilized, then a pilot project with one or two facilities should be initiated. The contractual arrangements could involve the following:

- a company paying the private facility an initial enrollment fee and a quarterly fee for its employees.
- the health maintenance organization HMO) and the traditional fee-for-service provider are two general type of schemes

The quarterly fee or capitation fee make the insured eligible to receive a defined package of services free of point-of-service charges. These plans provide coverage for outpatient care only. For inpatient care the employer's pays the impatient facility and all "medically essential" service costs. The quarterly fee gives the insured member status, which entitles the insured to a discount of 5-20% in a fee for-service system. The employers are billed for services used by their members.

In the Department of Boaco the Health Center at Santa Lucia (Papayal) is in the process of establishing a private primary health care service for which the center will charge a fee. Santa Lucia has already contacted the largest rice mill in the department to offer services to its employees. At the time of the evaluation, the team visited with the mill's manager who actually confirmed that the company was awaiting a proposal from the Santa Lucia HC.

HOPE/Boaco has had within its program objectives to seek alternative sources of financing. Cost Recovery opportunities and limitations are to be explored by the project according to the project's 1999 plan. The Santa Lucia initiative was explored during the mid-term evaluation through meetings with the Santa Lucia center's Director and through several Team discussions on the viability of the plan. The Team concluded that HOPE/Boaco does not have the level of funding that an initiative like that requires, that is MINSA's requirements for equipment and upgrading of this facility in order for it to start functioning as a primary health care facility surpasses HOPE/Boaco's budget.

Interviews were conducted with five commercial enterprises including coffee, milk, and cattle raising cooperatives during this evaluation. These interviews were to sound-out the idea of providing private health services to these organization's employees at a reasonable cost, that is a cost that ranges between what a HC and a private physician would charge. Other alternative financing venues were explored. Meetings were held with five (5) Cooperatives. The cooperatives ranged from a small cooperative with a membership of 250 plus families to a larger one with double that amount in membership.

- **Health Facility Management Training Including Cost Management and Control**

The Financial staff has been trained in the Financial Control System (Sistema de Control Financiero Software -SAF) package. This package was developed within MINSA by MSH/PROSALUD for the SILAIS in Nicaragua. An examination of the software package documentation indicates that the SAF is a Fund Accounting package that has the capacity to classify income and expenditures by donor source. This is very useful for MINSA and the SILAIS. However, when examining the capability of the package at the health center and health post level, one can see that a cost component which is considered vital in the management and control of costs at all levels of the health system is not part of the SAF. The SAF satisfies the center's needs for information, that is, the information generated by SAF is at a higher global level or summarized, whereas the information required by a health centers and posts have to be much more detailed.

HOPE/BOACO would have to assist the self-financing primary care facilities develop a data driven monitoring, evaluation and planning system; it would have to play an important role in assisting these facilities in developing a sound personnel recruitment criteria, process, and training so that the relationship between service delivery and performance be as transparent as possible. Once these alternative health services have been established the project would have to provide training to those involved in providing self-financing primary health care services. As for "Servicios Diferenciados" [13] HOPE/Boaco has already satisfied the project's mandate to educate the public and private sector on the needs, benefits and strategies associated with making a basic monetary contribution for services received

- **Models to be explored further**

Following are the possible models of health service provision hat were discussed during the final Team meeting and HOPE/Boaco might further consider that:

Table 3

NAME	LOCATION	SERVICE MODEL	MEMBERSHIP	ADVANTAGES/ COMMENTS
San Lorenzo, private health services within the health center	San Lorenzo	Primary/Curative health care	None	Equipment & upgrading of facility surpasses HOPE's budget

13 "Servicios Diferenciados" in Nicaragua refer to self-financing services provided within an MOH facility. The most common scheme is to set aside a part of a hospital, clinic or health center to provide these services to those who'll like quality services at a modest price.

Coffee Growers Cooperative (COCABO)	**Boaco**	**Guatemalan Service Model.**	**690 members and their families.**	**None**
"CAMOAPAN" Cooperative (Savings & Loan)	Camoapan	Service to be provided on site by a doctor & nurse	1,050 members and their families	None
Cooperative "San Francisco" (Milk Producers)	Camoapan	Service to be provided on site by a doctor & nurse	N/A	None
Cooperativa San Felipe (milk producers)	**Boaco**	**Service to be provided on site by a nurse.**	**250 members and their families**	**-Pasteurizing Plant ready to open will increase membership - Tax exempt for importation of equipment into the country**
HOPE/MINSA clinic model	Boaco	PHC. HOPE to provide pharmaceuticals; MINSA to provide infrastructure & staff	None	It was suggested that this clinic is called HOPE clinic. The model might be an expensive one. Model should be further explored.
San Francisco & Misiguito Cooperatives (Milk producers)	Camoapa	To be determined	Not available	None

At the end of the Mid-term evaluation exercise the Team concluded that the two options highlighted on the above table were the most viable ones. However, it is the recommendation of the consultant to explore these two possibilities further by conducting an analysis of the Boaco health care market. When discussing self-financing health care facilities most organizations tend to think of the PROSALUD Bolivia model as an example in Latin America.

- **Discussion of a self-financing Health Model in Latin America**

The most successful model of this kind in the region is PRODSALUD in Bolivia. PROSALUD is a PHC delivery system that provides a high volume of high quality services. Prices for its curative care are only slightly higher than those charged by MOH facilities. Roughly 10% of its curative care is provided free-of-charge to the poor.

There's no question that the PROSALUD model has very special characteristics and support that must be readily available in Nicaragua in order for this model to succeed. For instance, part of PROSALUD's success was public/private partnership. The government of Bolivia's policies, local organizations and funding from USAID merged to create and assist the organization gain confidence in the market so that private entities would confidently entered into agreements with PROSALUD contributing to the organization's self-sufficiency. An excess supply of doctors willing to enter into favorable contractual arrangements for PROSALUD was also an important aspect of this endeavor.

The following is the stuffing model of all PROSALUD's centers:

- A General Practitioner who also serves as the clinic director
- Depending upon the case load: one nurse, a nurse auxiliary and a laboratory technician
- Most clinics have a dentist, an obstetrician/gynecologist and a pediatrician

The general practitioner, the nurses and the lab technician are all salaried employees of PROSALUD. The specialists are non-salaried and operate under a fee-splitting arrangement. PROSALUD provides its specialists with the use of a consulting room, marketing, and management support together with a high volume of patient traffic Dentists provide their own equipment and split their fees with PROSALUD 80/20. OB/GYNs and pediatricians provide most of their own equipment and split their fees 50/50 with PROSALUD. This fee-splitting/risk-sharing is a critical enabling factor of this model's most important profit-generating aspects.

Therefore, the specific parameters developed from its Bolivian-based experience can not be adopted with inadequate attention to how important it might be to modify those parameters to better fit the different conditions of Nicaragua. Two assumptions are of particular importance: 1) that the adequate number of doctors in Boaco would be willing to work for a franchise on a fee-splitting basis, and 2) that the mix of services that would be demanded by the people in Boaco would be similar to that of Bolivians.

The PROSALUD approach needs to be adapted to local conditions and which should be monitored for competing public and private providers if HOPE/Boaco decides to implement this model: epidemiological situation, personnel availability, competition, input prices, and exemptions for he poor. Unit costs of services, population served (utilization), rates of exemptions from payment, net operating revenue, quality of care, consumer satisfaction, prices of services, socio-economic status of users, and utilization of preventive services.

It is very important for HOPE to be aware that to establish a self-financing health care service(s) will require an initial subsidy which might be a large at first to cover the initial investment, but that should later be diminished gradually since it will only be needed to cover a small operating cost gap. Several indicators must be monitored very closely: unit costs of services, population served (utilization), rates of exemption from payment, net operating revenue, quality of care, consumer satisfaction; prices of services, socio-economic status of users, and utilization of preventive services. Perhaps the most challenging situation HOPE/Boaco might find itself in would be to be able to continue ensuring the success of a service delivery system designed to provide a high volume quality primary health care services to low-income persons, making it more efficient and recovering more costs than the public sector.

3. PROGRAM RECOMMENDATIONS

Technical:

HOPE/Boaco should develop and supervision and monitoring plan immediately to respond to this need. This plan should be developed in collaboration with the SILAIS and the key staff of each one of the centers under the SILAIS-Boaco. It should be made clear to all that the supervision and monitoring plan is to be implemented and updated by them and that HOPE is only serving as facilitator and as coach in the insertion of the plan but that the responsibility rests with them. A group of individuals to be charged with the responsibility of supervising and monitoring the Brigadistas' activities should be identified. Each Supervisor should be responsible for six-seven Promoters (Brigadistas). Once these individuals are identified, the Municipal Coordinators should meet with the supervisors and Health Educator (this is a position that should be filled by HOPE/Boaco) at least once a month for at least a half-day planning meeting. The Supervisors should have a weekly planning meeting in the field with the Promoters. The time the Supervisors spend in the field with the Brigadistas will help them understand the Promoters performance.

HOPE/Boaco should seek a partner with substantial experience in the management of HIV/AIDS training, diagnosis and prevention. Nimehuaatzin is a leading NGO that works solely in HIV/AIDS as has been pointed out in various parts of the above-mentioned reports. HOPE/Boaco should meet with the Nimehuatzin staff to explore possibilities to work together. There are other organizations in Nicaragua that have been working in HIV/AIDS mentioned in the report. HOPE/Boaco should contact them all to see which is the one that HOPE/Boaco could develop a partnership with in helping reduce sexual risk through BCC and treating and controlling STDs

HOPE/Boaco should concentrate its efforts during the second phase of the project in Boaco, Teustepe, Santa Lucia and San Jose de los Remates in continuing the training in primary health care and HIV/AIDS/STDs. HOPE could also concentrate its efforts in assisting the SILAIS establish self-financing health services in two of these municipalities. HOPE/Boaco should only consider Camoapa if the project considers that establishing a self-financing health care facility in this municipality if feasible. Other activities such as training, provision of medical equipment and medical supplies could be left to PROSALUD in Camoapa and Santa Lucia.

HOPE/Boaco have equipped some of the centers with a computer and the Microsoft package of programs that have been very useful for the centers. Further training in "Patient Flow Analysis" and possibly a statistical package for the bigger centers will further help the staff to obtain better statistics that will assist them in adjusting their plans.

To ensure sustainability it is vital that the health committees start taking responsibility for the management of PHC activities in their communities. A monitoring and supervision plan should be developed together with members of the committees so that they assist in these activities being that at least 98% of the committees members have been trained by HOPE/Boaco in management of health services.

All interested parties expectations regarding the assessment of impact of the services provided by the SILAIS/Boaco as a result of the training conducted by HOPE/Boaco should be clarified prior to HOPE/Boaco embarking on the implementation of the second phase of the project. USAID/Nicaragua's expectations in this regard should be clarified.

4. ADMINISTRATIVE

Cost Accounting and Cost Control should be added to the training of the financial managers at the SILAIS and health centers. Since SAF does not have this component. It is important that HOPE/Boaco develop a training package that includes a Costs module that could be possibly handled separately from the SAF Package, unless costs can be incorporated to SAF.

It is obvious that HOPE/Boaco cannot provide transport to all health promoters. What is recommended is that HOPE/Boaco purchase (as budget permits) a number of additional mules or bicycles which ever are more appropriate. These means of transport should be sold to the promoters at a nominal cost, this would encourage the promoters to take care of his/her means of transport.

During meetings with the health promoters another requests for gloves, flashlights and raincoats were made in various municipalities. These are needed because of the intense rainy season in the area and the need for the promoter to travel at night while performing her/his duties. HOPE could either donate these small items or sell them at a nominal cost to the promoters. The subject of the meals for the health promoter should suggested to the Community Health Committees to be put on their agenda to discuss the possibility of these meals to be a donation made by the community to the health worker. The health worker might be able to obtain her/his meals from a different household every time she/he goes to the community.

The reasons for the community workers not providing the HCs with data should be further investigated. HOPE/Boaco must ensure that the Brigadistas are receiving the documentation they need to fill-in the details of their work in the community especially since the project is well aware of the shortage of paper at the SILAIS level. Another reason could be illiteracy.

- **Recommendation Made by the SILAIS' Director**:

During the de-briefing with the SILAIS Director and his staff, the Director requested that HOPE/Boaco consider some sort of an incentive for the most senior health staff at the SILAIS and its network. He suggested that the project consider establishing a fund to finance Masters Degrees for physicians that have served at MINSA facilities for several years without any kind of incentive.

5. LESSONS LEARNED

Health training programs alone do not guarantee improvement in the delivery of health services when the health facilities do not have the necessary system elements to help them improve their services. Project's partners as agreed must provide commodities and equipment to support the newly acquired health staff 's skills. If MINSA does not ensure that the SILAIS' are well stoked with the commodities, medical equipment and other system elements necessary to deliver quality services, the training will not have the intended effect.

Training activities have much greater chance of being effective and sustained if the project's strategy focuses on enhancing/strengthening partners abilities rather than creating parallel training systems. The strength of HOPE/Boaco lies in the fact that it has been implemented almost entirely in collaboration

with other NGOs both local and international and that no parallel training systems have been created. The project has been training staff from the SILAIS as well as community workers from all the communities the project is serving and demonstrated that by working together with other NGOs much more could be accomplished than if each NGO trains in isolation.

Training is a very effective strategy particularly from a sustainability perspective, if done effectively it has no recurrent costs. A well executed training program will have lasting effects not only on the trainees but also on the trainers since training programs leave behind curricula and materials that can be used again and modified for different circumstances. Good health habits depend to a very large extent on individuals changing their behaviors; and since the first step in changing behaviors is the acquisition of knowledge, training mothers and training trainers of mothers in child survival behaviors is a very effective strategy.

6. PERSONS INTERVIEWED

Municipal Coordinating Committee for the Development of Camoapa:

Mr. Lorenzo Urbana	neighborhood Committee
Ms. Ada Malespin	Board of Directors, Water Program
Ms. Rosaura Salazar	CODHERCA, Board of Directors
Ms. Reyneris Sequira	ITACA –CURC
Ms. Luela Velez	MINSA
Mr. Delfino Garcia	PROGRACOM, President
Mr. Ramon Mendoza	ADM, Health Promotor

San Lorenzo, Health Committee

Ms. Marisol Gomez	PMA, Health Promoter
Ms. Yolanda Reyes Oporta	MECD, Technician
Ms. Danelia Solano	Secretary, Mayor's Office
Ms. Salvadora Picado Reyes	DIDEP-PAININ, Technician

San Lorenzo, Health Center

Dr. Margarito Alvarado	Director
Mr. Jairo Romero	Maintenance
Ms. Natividad Martinez	Nurse
Mr. Paulino Hurtado	Administrator
Ms. Bertha Rosa Zambrana	Statistician

San Lorenzo, Sixteen Mothers and twenty-two youths Interviewed

Santa Elisa, three members of the Health Center staff and fourteen Brigadistas interviewed

Santa Lucia, Las Mercedes, El Habra, El Llanito, Boaquito, Las Pencas, Sto. Domingo, La Concepccion, Los Rivas:
Nine Brigadistas, six TBAs and four Mothers interviewed

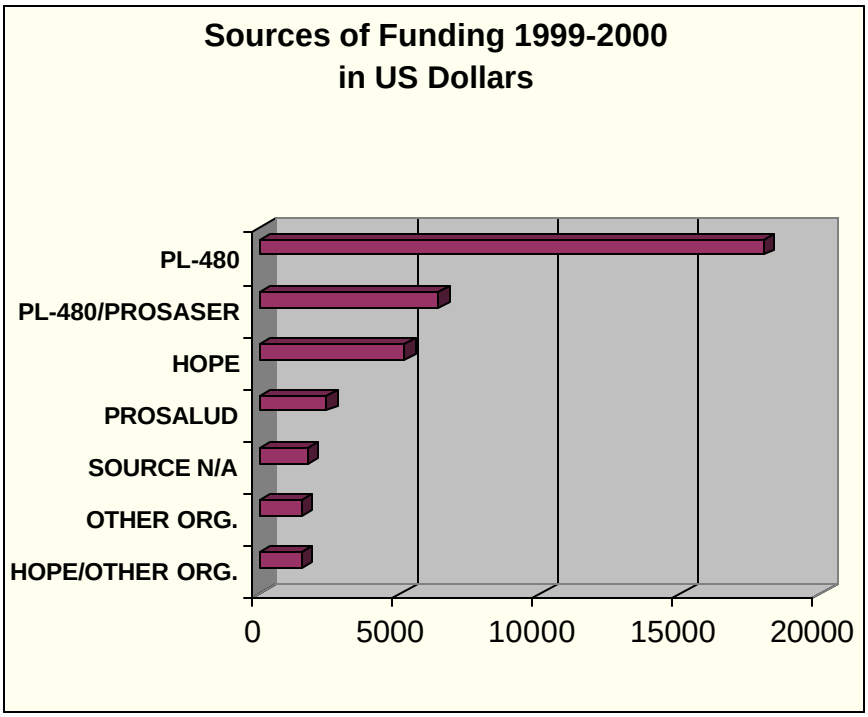
MINSA/Health Center, Camoapa, twelve staff members interviewed

MINSA/SILAIS, Boaco, six Staff members Interviewed

Other Interviews:
General Manager, Empresa Arrocera (Rice Mill) "Rigoberto Lopez Perez", San Lorenzo
President and General Manager, Cooperativa de Cafetaleros de Boaco (COCABO)
President and General Manager, Cooperativa de Servicio para la produccion Agropecuaria "SanFelipe", Boaco
Preside and General Manager, Cooperativa "CAMOAPAN' (Savings & Loan), Camoapa
{President and General Manager of two Cooperatives: MISIGUITO and San Francisco

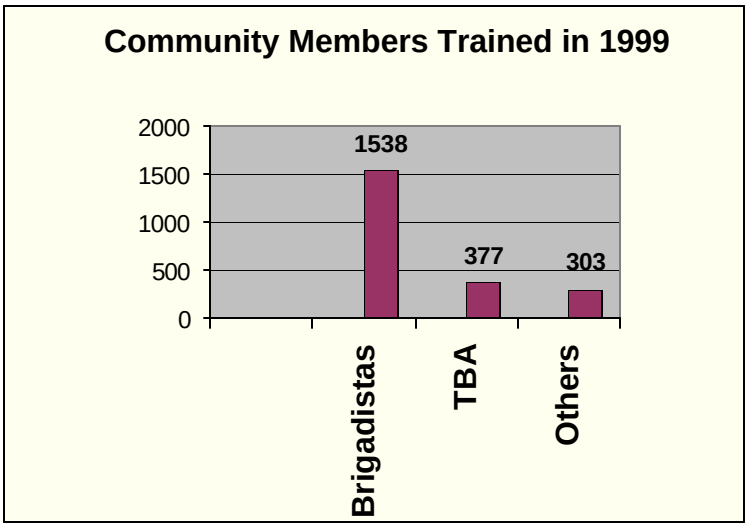
Dr. Alberto Araica, Project Management Specialist, USAID/Nicaragua
Dr. Charles Wallace, Project HOPE's Country Representative

APPENDIX "B"



Source: HOPE/Boaco "Resumen de Actividades Educativas Realizadas por HOPE y otros ONG and SILAIS Enero 1999-Junio 2000". (Sumary of Training Activities- HOPE and Others '99-'00.)

APPENDIX "D"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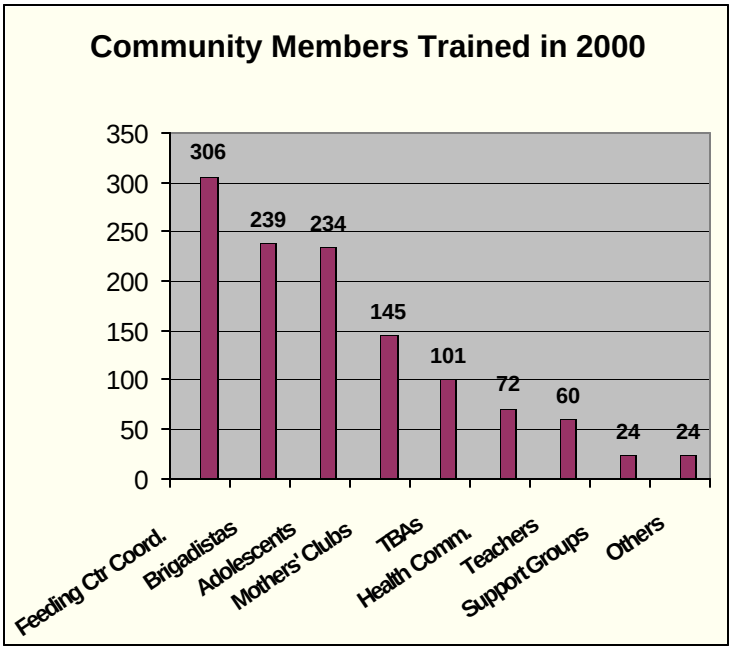
Brigadistas
TBA
Others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200
150
100
50
0
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145
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72
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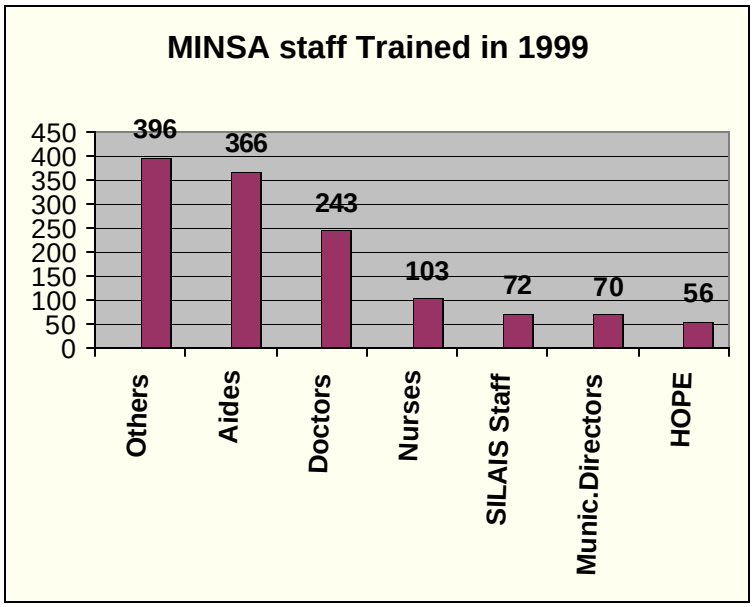
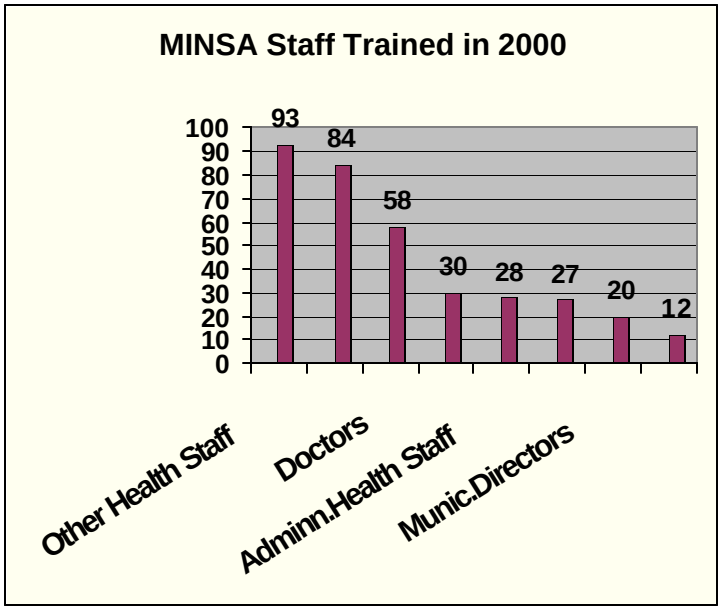
Feeding Ctr Coord.
Brigadistas
Adolescents
Mothers' Clubs
TBAs
Health Comm.
Teachers
Support Groups
Others

APPENDIX "D"





Source: HOPE/Boaco "Resumen de Capacitaciones y Actividades Realizadas 1998-2000.

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See DRC7988 which contains all appendices
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