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IMPROVING CHILD HEALTH IN NICARAGUA

BASICS III

INTRODUCTION

From 2007 to 2008, USAID/BASICS supported implementation of community case management (CCM) of childhood illnesses in the departments of León, Matagalpa and Jinotega of Nicaragua. The project supports child survival through CCM by using community health volunteers, known as *brigadistas*, to assess and either treat or refer common infant and childhood infections, such as diarrhea, pneumonia, malaria, and newborn sepsis. The project also provided direct technical assistance for design of a formative research study that evaluated the feasibility of adding newborn health aspects to the CCM program. The volunteers are also valuable resources for counseling families on child health issues. Save the Children was the implementing partner for this work.

ACTIVITIES AND RESULTS

Diarrhea and Pneumonia

Support for Community Case Management of Pneumonia and Diarrhea

The strategic focus of the CCM program, known as *Hasta el Ultimo Rincón* (to the furthest corners), was to assist the Nicaraguan MOH in developing and strengthening the technical and operational capacity necessary to provide timely, life-saving health interventions for rural infants and children (aged two months to five years) and to ensure that those interventions are sustained over time. This CCM piloting for pneumonia and diarrhea was done in conjunction with four rural municipalities in Northern León in 2007.

Two relevant policies provide a strong foundation for CCM in Nicaragua:

- Facility-based IMCI—nursing staff at health posts have been using IMCI algorithms to treat common childhood illnesses, mainly diarrhea and pneumonia. IMCI is the technical backbone for CCM, as similar algorithms are developed for use by brigadistas to diagnose and administer a limited set of curative interventions.
- Community-based PROCOSAN (*Programa Comunitaria de Salud y Nutrición*)—a platform for maternal and child health interventions at the community level with the aid of *brigadistas*. Infant and child health strategies under PROCOSAN include growth monitoring (weight) and nutrition counseling; detection of early warning signs of illness and counseling on home-based management of childhood illness, referrals to health facilities and follow-up; provision of vitamin A supplements and immunization.

CCM provided an opportunity to build on the outreach that PROCOSAN achieved and improve upon it by better addressing the treatment needs of children in remote communities. Yet, despite this enabling environment, a number of challenges presented

themselves, including changes in administration, drug regimen and supply issues, and skepticism and reluctance about CCM. With advocacy by influential MOH staff, at the central and departmental levels, institutional recognition of evidence and use of data for decision making, and Save the Children's strategic facilitation and commitment to a highly participatory process from design to implementation, most of these challenges were overcome.

Nicaragua's experience with CCM demonstrates the advantage of introducing CCM within an ongoing preventive community-based program like PROCOSAN. The assessment team concluded that CCM bolsters the legitimacy of *brigadistas* by equipping them with curative skills and that such legitimacy also supports their preventive work, which still forms the backbone of their community role. The model also demonstrates how CCM can qualitatively change and strengthen health systems by facilitating closer coordination, stronger supervision, and linkages with communities. Close personal supervision and field support by facility based auxiliary nurses to *brigadistas* and emphasis placed on discussion, negotiation, and commitments between *brigadistas* and parents of sick children sets the Nicaragua CCM model apart. That is, the model moves beyond the fundamental goal of broadening access to treatment by also addressing the harder challenge of ensuring quality of care, which is also central to effectively and equitably improving child health.

Ultimately, the preventive aspects of PROCOSAN and the curative focus of CCM appeared to combine positively in a synergy to lower the incidence of preventable childhood morbidity. While this is hard to verify without household surveillance data, it can be said without a doubt that there were no reported child deaths in CCM areas in 2008, in contrast to 37 deaths in non-CCM areas in the same districts. Mothers, *brigadistas* and health personnel also noted that there were fewer complications or less severe cases of childhood illness, as the CCM strategy enables earlier onset of treatment.

Click [here](#) to download Delivering Community-Based Treatment for Childhood Pneumonia and Diarrhea: a Mid-Term Assessment of *Hasta el Ultimo Rincón*, a Community Case Management Project of Save the Children in Nicaragua

Newborn Health

Evaluating the feasibility of adding newborn health aspects to CCM

With a view to determining how to introduce newborn care onto the developing CCM platform in Nicaragua, USAID/BASICS provided technical assistance to Save the Children for a September 2007 formative research study on preventive care and key practices undertaken by mothers and families for newborns, both in the home and at the community level. The study notably included efforts to determine what barriers exist to care-seeking.

The assessment team concluded that there is some knowledge in the community of danger signs, examples of good home care (essential newborn care and warming cold infants), knowledge of proper sources of care (and many competing sources), but not much information about the quality of care or compliance. The main barriers to care-seeking are low availability and low access to case management. While this initial step in the potential introduction of newborn health was not meant to produce specific recommendations, it was suggested that a behavior change strategy (for home care, knowledge of danger signs, and care-seeking) should acknowledge and build upon current good practices. The assessment was carried out by the BASICS partner Save the Children.

Click [here](#) to download *Final Report: Formative Research, Community Case Management, Newborn Health, Nicaragua*

Click on the titles below to access reports and other materials developed during USAID/BASICS' support of CCM in Nicaragua.

Title	Type	Description	Technical Focus Area(s)	Key items of importance in this document include...
Delivering Community-Based Treatment for Childhood Pneumonia and Diarrhea: a Mid-Term Assessment of <i>Hasta el Ultimo Rincón</i>, a Community Case Management Project of Save the Children in Nicaragua	Assessment Report	An evaluation by Save the Children of their 20-month experience in implementing the first phase of their strategy for community case management of childhood illnesses in Nicaragua, including significant technical support from USAID/BASICS.	<ul style="list-style-type: none"> ▪ Diarrhea ▪ Pneumonia 	<ul style="list-style-type: none"> ▪ Assessment methodology (pg. 5) ▪ Contextual factors and critical processes for CCM introduction in Nicaragua (pg. 11) ▪ Overview of Nicaragua's CCM model (pg. 16) ▪ A monitoring framework for CCM in Nicaragua (pg. 41)
Final Report: Formative Research, Community Case Management, Newborn Health, Nicaragua	Formative Research Report	A Spanish-language report detailing preventive care and key practices undertaken by mothers for newborns in the home and at the community level.	<ul style="list-style-type: none"> ▪ Newborn Health 	<ul style="list-style-type: none"> ▪ Research questions (pg. 6) ▪ Methodology (pg. 8)
Manual del Brigadista—Manejo de Casos Comunitarios	Manual	A Spanish-language manual providing guidance to brigadistas (community health workers) on carrying out community case management activities.	<ul style="list-style-type: none"> ▪ Diarrhea ▪ Pneumonia 	<ul style="list-style-type: none"> ▪ Treatment register (pg. 65)

Title	Type	Description	Technical Focus Area(s)	Key items of importance in this document include...
<p><i>Manual Técnico Operativo</i> <i>Manejo de Casos Comunitarios</i></p>	<p>Manual</p>	<p>A Spanish-language manual providing guidance to health facility workers on supporting community case management activities.</p>	<ul style="list-style-type: none"> ▪ Diarrhea ▪ Pneumonia 	<ul style="list-style-type: none"> ▪ Supervisory checklist (pg. 41) ▪ Treatment register (pg. 46) ▪ Monitoring and evaluation matrix (pg. 50)
<p><i>Guía de Capacitación—Manejo de Casos Comunitarios</i></p>	<p>Training Guide</p>	<p>Trainers' guide for community case management activities, including exercises for community health workers.</p>	<ul style="list-style-type: none"> ▪ Diarrhea ▪ Pneumonia 	
<p>Counseling Cards and Mother Reminder Cards</p>	<p>Counseling Cards</p>	<p>Fifteen (15) counseling cards and 19 “mother reminder cards” covering cough and cold, diarrhea, fever, feeding, pneumonia, and dysentery, including for different age groups. <i>See page 36 of the Manual del Brigadista for guidance on using these cards.</i></p>	<ul style="list-style-type: none"> ▪ Diarrhea ▪ Pneumonia 	