SOCIAL AND INDIGENOUS PEOPLE PLAN (OD 4.20)
Nicaragua Health Services Extension and Modernization Project

As part of project preparation, the project team visited several municipalities throughout the country, including the Regional Governments of RAAN and RAAS and interviewed with SILAIS, hospital staff and other health care providers and users. The team also interviewed Health Councils to discuss their Health Plans in the context of the National Health Plans and the National Health Law.

The social assessment reviewed the evaluations and studies carried out to assess the 14 programs under the Health Modernization Program of the Ministry of Health (PMSS) since 2001. It reviewed the evaluation results of the Women's Centers created under the Indigenous Peoples Development Plan (IPDP) for the PMSS, and corroborated the widely- recognized positive results. Moreover, a Social Feasibility study was carried out by a local independent firm (ALVA Consultants) in a selected sample of 15 municipalities in 7 departments: Jinotega, RAAN, RAAS, Rio San Juan, Madriz, Chontales and Nueva Segovia. The sample municipalities are among the 90 municipalities selected by MOH for installation of Women's Centers; they are among the poorest and more isolated municipalities in the country; they have high maternal-infant mortality rates; they have access to a health care provider with surgical facilities (i.e. hospital, clinic, health center with beds present or future recipient of the FONMAT program.

The study included four parts: First, 15 Social Feasibility workshops were carried out in selected municipalities with the purpose of introducing, discussing, and seeking agreements for the creation of 15 new Women's Centers to be managed by their own communities. Cooperation was sought and agreed with the SILAIS, Hospital or Health Center or Health organization supported by FONMAT, the Municipal Government, local NGOs, public institutions, private organizations, Women's Groups, etc. and with the support of the local networks of midwives and health promoters. Second, an assessment of users' satisfaction of existing Women's Centers was also conducted in Bilwi, Bluefields, Matagalpa and El Rama. Third, an Assessment of Perceptions of Satisfaction among health care service users was carried out through a survey of 720 users and non-users of public primary health care services. Fourth, a similar survey was applied to 150 patients of hospitals to assess their satisfaction with hospital services, their knowledge/use of social controls installed by MOH and their recommendations towards the promotion of social auditing mechanisms. Finally, interviews were made to assess the coordination among the three levels in 15 municipalities: PHC, Hospitals and Women's Centers.

The results of the Assessment and Feasibility Study were presented to the Regional Governments of RAAN and RAAS in December 2004.

Results of 1998 Indigenous Peoples Plan for the Health Modernization Project (APL I)

The 1998 IPDP for the Health Modernization Project called for the creation of Women's Centers in 10 municipalities serving Indigenous and Afro-Nicaraguan population mostly on the Atlantic Coast, Jinotega and Central region of Nicaragua. The present assessment evaluated users'satisfaction in 4 Women's Centers with positive results. Several evaluations of Women's Centers carried out between 2001-2003 corroborate the reduction of maternal and child mortality rates and high cost-effectiveness. The creation of 90 new Women's Centers is part of the National Health Plan for Nicaragua.

Demographic profile of Nicaragua

11% of the Nicaraguan population (out of a total of 5.6 million inhabitants) self-identify as indigenous and conserve their native languages. The majority of indigenous peoples belong to five Atlantic Coast groups: Miskito, Mayangna, Garífuna, Creole (Afro-descendants) and Rama who live in 300 communities of the Atlantic Coast and 15 communities of the Department of Jinotega and the Central Plateau of Matagalpa. Nearly half of the inhabitants of the Atlantic Coast at present are 'mestizos'. The indigenous peoples in the mentioned regions live in extreme poverty conditions and scarce basic health, education, water and sanitation services. Their living conditions have deteriorated in the past decade due to the invasion of colonos, depradation of natural resources in an unsustainable way, open-air mining and over exploitation of marine resources. On the Pacific Coast, the largest indigenous group is the Sutiaba in the Departments of Leon and Chinandega. Other groups include the Nahuas, Nicaraos and Chorotegas who live along the coastal departments of Madriz, Nueva Segovia and Chinandega.

Main recommendations of the Social Feasibility Study and Assessment of perceptions of satisfaction among users of public health care services

(1) Attention should be paid to traditional and intercultural medicine since people are combining both on a daily basis. This subject is of high priority in the Regional Health Plans.
(2) Strengthen local networks of midwives, MOH and traditional health promoters. Educate them to identify, refer, accompany and monitor women in need of pre and post-natal care; small children suffering from URI and diarrheic infections; and men, women and youths at risk of HIV/AIDS. Equip them with gear and access to transportation, to be efficient.
(3) Although the topic of social control in the health sector is a concern to the central level of the MOH and the Regional Health Councils, at present, the communities and health staff interviewed in the field are not aware of or engaged in any plans for social auditing/control in the sector.

4. The Situation of the Autonomous Atlantic Regions and their Health Plans

Extensive consultations with civil society and other sectors at the community, municipal and departmental levels were carried out in the past two years in order to discuss the Regional Health Plans for RAAN and RAAS. As part of the Plan, a Health Decentralization Commission that includes the MOH and Regional health authorities was formed to oversee the decentralization process. Likewise, Regional Health Commissions and Regional Municipal Commissions have been formed. The Regional Communal Commissions are in the process of formation.

A number of workshops and forums have been held between the Regional Governments of RAAN and the present Minister of Health for the definition of Decentralization of political, financial, administrative and operational power to the Regional Government and its Councils. The Health Plans for RAAN and RAAS are consistent with the National Health Plans for Nicaragua. At present, the definition of the Health Plan for RAAN is more advanced than that of RAAS. As part of project preparation, the MOH will finance the Diagnostic Study of Health in RAAS and a definition of the main elements of a regional health policy.

The most important issues related to the Autonomous Atlantic Regions health plans are:

(**a) Legal Framework**

The Health Law (Title II, Chapter IV) warrants the Autonomous Regions of the Atlantic Coast the right to define their own health model according to their traditions, culture and costumes, within the framework of policies, plans, projects and programs of the Ministry of Health. Under the Health Law, the MOH will coordinate with the Regional Councils the management and institutional models, as well as those required to promote decentralization, de-concentration and delegation of responsibilities to those regions. The Regional Autonomous Councils, on the other hand, will be able to create their own health institutions for service administration and delivery, within the framework of autonomy and consistent with the national health policies, norms and procedures.

Law No. 28 warrants the Autonomy of the Northern and Southern Atlantic Coast Regions (RAAN and RAAS). This law was approved by Congress in October of 1987 but its Operational Guidelines became effective in 2003. Under Law No. 28, Decentralization of Administrative responsibility is transferred from the Central Government to the Regional Government of the Atlantic Coast. The law requires that the Regional Governments be involved in the preparation, design, implementation, monitoring and evaluation of projects implemented on the Atlantic Coast of Nicaragua. The Law also requires that individuals integrating the Regional Governments and Commissions have a pertinent profile and be trained in the necessary skills.

Other important legislation pertaining to Autonomy are: Law No. 445 of Land Tenure and Legalization; and Law No. 162 on the Protection and Preservation of native languages and the teaching of Intercultural Bilingual Education.

(b) Administration of Health Care

Prinzapolka is the poorest municipality in the country and 95 percent of its population corresponds to Miskito Indians. It is the only municipality, however, without a Municipal Health Delegation on the Atlantic Coast. At present it depends administratively on both Puerto Cabezas and Siuna. The Regional Health Plans recommend the creation of a Municipal Health Delegation and Council to attend the needs of Prinzapolka.

The re-incorporation to the Atlantic Region of 7 municipalities presently administered by Pacific Regions (Waslala and Mulukuku in RAAN; and Paiwas, Nueva Guinea, El Rama, Muelle de Bueyes and El Ayote in RAAS) is high in the agenda of Regional Governments as fiscal distribution of revenues to municipalities is done on a percapita basis. The re-incorporation of municipalities has already been done for the Education sector, but the decision is still pending for the health sector. The total number of municipalities on the Atlantic Coast is 19. After the re-incorporation is implemented, the creation/construction and equipment of Municipal Delegations will be needed as well as training of its members.

(c) Financial Autonomy

The Decentralization entails that the decisions concerning financial planning and implementation be made by the Autonomous Regions, rather than by the Central Government.

(d) Participation

Participation of the civil society through the Communal, Municipal and Regional Commissions is a salient principle of Decentralization and Autonomy. The Councils represent the peoples for making decisions regarding policy, planning and sharing of responsibilities.

(e) Human Resources

It is widely recognized that there are two major problems regarding human resources:

(i) Health professionals from the Pacific don't usually choose isolated regions to live, however they are often assigned there for medical residency, resulting in a high turnover of health staff;
(ii) Local health staff of isolated regions who would like to work/live in those areas have a hard time becoming MOH staff.

It is therefore recommended that health workers graduating in URACCAN or other universities be given priority for MOH staffing in the isolated areas of their choice, which may contribute to keep hospitals and health units staffed.

(f) Expansion Strategy of Primary Health Care services for vulnerable groups

One of the strategies of the Health Plans is the expansion of basic primary health services for vulnerable populations through the creation/improvement of '*Subsedes*' which were created to strengthen nuclei of health posts serving indigenous and isolated communities. They don't exist in the present nomenclature of MOH. They are strategically located to cover areas of difficult access. Staff includes medical staff, nurses, Information Systems for monitoring diseases, lab staff. They operate with energy from solar panels. *Subsedes* have basic equipment (stethoscope, tension meter) for child delivery and minor surgery, 5 or 6 beds for patient recuperation, transportation (boat, or car) and communications. They assist a nucleus of communities with itinerant teams for vaccinations, and refer patients to bigger units and hospitals.

Ten (10) 'subsedes' have been created in the past with the support of different foreign donors, to serve Indigenous and Afro-Caribbean population. The two best-equipped *subsedes* are Bilwaskarma and Santa Martha which act as independent service providers. They have a Cooperation Agreement with MOH where the latter contributes with medical and nursing staff, information systems and transportation, medicines, extension services and vaccination campaigns. Although they have yielded successful results, they continue to have a low profile due to lack of financing. The Regional Governments seek financial resources to strengthen their operation. At present, most *subsedes* have medical staff but lack recuperation facilities, and means of transportation and communication

(g) Strengthening of the traditional health care networks

Given the isolation and low density of population on the Atlantic Coast Region, access to public health services is much lower than in the rest of the country. To compensate for the supply deficit, traditional networks of traditional health agents such as midwives, health leaders (promoters) and volunteer health workers, 'sukias' and 'curanderos' (traditional healers), play a very important historical role in the surveillance, promotion and supply of health care. They are the pillars that support the health system in the regions inhabited by Indigenous and Afro-descendants. Studies find that more than 40 percent of child deliveries are done by traditional midwives. Also, the Regional Health Councils calculate that over 20,000 health consultations are made to traditional leaders by patients seeking health care. Moreover, the 'Sukias' and 'curanderos' together with the Institute of Traditional Medicine of the University of URACCAN (RAAN) are the healers responsible for providing health care to patients suffering from what is called "*krisi siknis*" and defined as a cultural-based psycho-somatic disease. According to the Council, over 5,000 people were treated with that disease in the past two years. In many cases, activities of the traditional networks are coordinated with local MOH institutions, NGOs, the coastal universities of URACCAN and BICU (RAAS) and international as well as national donors (European Union, Doctors without Borders, Acción Médica Cristiana, KEPA (Norweigian)), etc.

Traditional healers and health volunteer workers are respected prestigious leaders who are held responsible for the health of the community. They may do their work for free or charge a very small fee mostly to cover transportation and nourishment. An important item in the Regional Health Plans of RAAN and RAAS is the strengthening of these

traditional healers and volunteers with training in safe health practices at the Institute of Traditional Medicine of URACCAN, equipment, and a fee for transportation to deliver reports.

(h) On the Definition of the Basic Health Care Package for isolated areas (PBSS)

A Diagnostic Study of the organization of health care services as prescribed by the Regional Health Plan is being implemented with the financial support of the Inter-American Development Bank (IDB). The study should be completed in March 2005. Financing is sought for a consultancy to determine the elements of the Basic Health Care Package for the Autonomous Regions (to include Intercultural Health Care).

(i) Contracting of Health Care Services Delivery to the private sector

Given past experience of extension of health care services to isolated indigenous and Afro-Caribbean communities, the Regional Health Care Plans contemplate strengthening of NGOs which currently deliver said services.

5. Indigenous and Afro-Nicaraguan Peoples and Gender Plan

Given the presence of Indigenous and Afro-Nicaraguan Peoples in the project area, the proposed project includes an Indigenous and Afro-descendant Peoples and Gender Plan intended to include all those living in the regions inhabited by ethnic population. The plan below results from the joint consultations of MOH and World Bank with the Central and Regional Governments, and seeks to respond in part to the Regional Health Plans being formulated. The interventions included in the Plan below are suggestions made by the Regional Governments and should be further discussed with the project team, and the MOH.

The objectives of the Indigenous and Afro-Nicaraguan Peoples and Gender Plan are:

1. To ensure that the Indigenous and Afro-Nicaraguan Peoples within the project area benefit from the project in an equitable and culturally-adequate manner;
2. To promote full and active participation of the indigenous and Afro-Nicaraguan peoples, their Regional Governments, Regional Health Councils, leaders and authorities in the project design, implementation, monitoring and evaluation of the proposed project.

Recommendations

Given that the bulk of the Indigenous and Afro-Nicaraguan population live in the Atlantic Coast, the following recommendations derive from the assessments and discussions with the Regional Health Councils, and are suggested to be incorporated in the project design:

Component 1: Extension of Access to the Basic Package of Health Services (PBSS) by the poorest and most vulnerable populations

(a) Consultancy to determine the PBSS for the RAAN and RAAN (US$30,000)

(b) Contracting of private health care providers, particularly NGOs and mobilization of private and public itinerant health care units, appropriately trained and equipped, to reach out to people living in remote areas.

(c) Installation of 15 new community-managed Women's Centers in selected municipalities of RAAN, RAAS, Rio San Juan, Jinotega, Madriz, Nueva Segovia and Chontales.

(d) Promotion of Women's Centers in 15 new communities on the Atlantic Coast.

(e) Strengthening and improving 10 existing Sub-sedes of SILAIS operating in remote areas on the Atlantic Coast and serving Indigenous, Afro-Nicaraguans and mixed population. ($200,000)

(f) Construction and Equipment of 8 new Sub-sedes in selected municipalities. ($620,000)

(h) Creation of a Municipal Delegation in Prinzapolka.

Component 2: Strengthening the Network of Services in Targeted Areas to Support the Implementation of the PBSS

(a) Training of 900 midwives and 500 traditional healers. ($200,000)

(b) Equipping midwives and health promoters (boots, backpack, rain poncho) and provision of supplies (goss, umbilical clamp, scissors, etc). ($200,000)

(c) Workshops with traditional health providers at the Institute of Traditional Medicine of URACCAN with the purpose of sharing experiences.

(d) Dissemination of best practices of health care provision and implementation of PBSS in isolated rural areas.

Component 3: Improving Stewardship, Institutional Strengthening and Decentralization

(a) Strengthening the technical skills of the Regional Health Councils to administrate health

(b) Strengthening the technical skills of the Regional Government

(c) Strengthening the operations of the Coordinating Commission to continue to manage the decentralization process (workshops, assemblies, mobilization, monitoring)

(d) Strengthening the social auditing mechanisms by financing workshops, training, with the Regional, Municipal and Communal Health Commissions.