

ICAS, Contributing to Improve the Population Health in CA.



2009

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ABOUT ICAS:

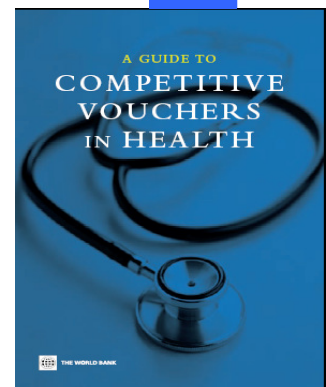
The Central American Institute of Health (ICAS) is a non-governmental, non-profit organization dedicated exclusively to improving the quality of life for the population of Central America. ICAS has extensive experience in managing health projects and delivering technical assistance throughout Latin America.

ICAS attempts to maintain this space with the aim of contributing to the knowledge, debate, and analysis of health problems and the solutions to which countries in Central America can aspire towards achieving. This effort is directed towards politicians, project planners, international agencies and advisors, health professionals and teachers, local health workers, technicians, administrators, and generally, to all citizens interested in reviewing options to improve health systems in Central America.

Mission: To contribute significantly in improving the health of the population of Central America through international collaboration of health professionals, scientists, and consultants of recognized experience and skill in order to offer the health sector high quality technical assistance, the most relevant strategic research, and the most effective training.

Vision: ICAS envisions assisting, as a leader in health care improvement, in the development and dissemination of innovative strategies so that in the near future the most vulnerable populations will have access to quality health services.

The work carried out by ICAS has been recognized by various institutions and international organizations including: The World Bank, The WHO, UNAIDS, and KfW (The German Development Bank) among others. These organizations have accepted the strategies of ICAS as innovative and “best practices” at both national and international levels.



[Nicaragua]

Buenas Prácticas

Bonos que salvan vidas

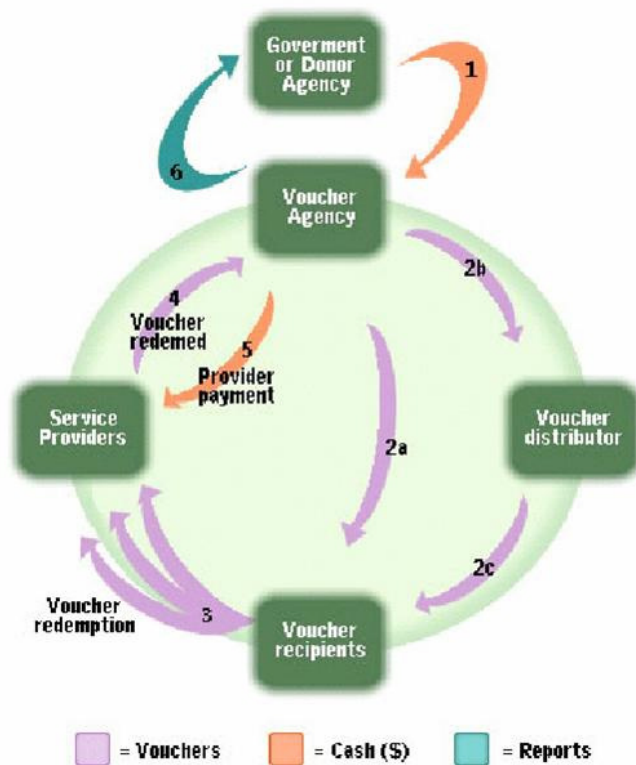
El Programa de Prevención de las ITS-VIH-Sida para poblaciones vulnerables con prácticas sexuales de alto riesgo es realizado por el Instituto Centroamericano de la Salud (ICAS) y comprende la entrega de bonos gratuitos para acceder a diversos servicios de salud capacitados por el programa.



AREAS Of WORK:

For 15 years, ICAS has worked in various countries in Central America in support of the health and rights of the most vulnerable groups, focusing attention towards those who are hard-to-reach, historically marginalized, stigmatized, and neglected including: sex workers, their partners and clients, men who have sex with men (MSM), self-identified homosexuals, glue sniffers, mobile populations (truck drivers, merchants, migrants, migration and customs officers, army, police) adolescents and youth, and poor women in rural areas. ICAS has implemented projects and programs in the areas of Sexual and Reproductive Health focused in the areas of Sexually Transmitted Infections (STIs) and HIV/AIDS, breast and cervical cancer, access to and quality of health services, family planning, adolescent pregnancy, gender, human rights, sexual and reproductive rights, advocacy and actuality Control and prevention Tobacco.

One of ICAS's major accomplishments has been the development of a strategy described in the World Bank manual, "A Guide to Competitive Vouchers in Health," which represents a new methodology aimed at attracting hard-to-reach populations to health services, including in the areas of prevention and health promotion. This strategy provides the opportunity to establish public/private partnerships in health care. Furthermore, the strategy allows for personalized contact with the target populations at the sites were they stay utilising field contacts to transfer information, empower, sensitize, and foster awareness in these groups regarding the care of their own health and their rights.



Graphic of the VOUCHER scheme

To accomplish its mission, goals and objectives, ICAS has implemented 3 major programs:

1. Prevention and Treatment of STIs/HIV/AIDS.
2. Sexual and Reproductive Health for Adolescents and Youth.
3. Prevention Cervical and Breast Cancer.
4. Control and Prevention Tobacco.

CROSS-CUTTING THEMES:

1. Community participation.
2. Behaviour change.
3. Development of networks.
4. Gender.
5. Social marketing.
6. Access to health services.
7. Research.
8. Advocacy.

Intervention zones: Managua, Masaya, Carazo, Granada, Rivas, Nicaragua's southern border, Jinotega, Matagalpa, Boaco, León and Chinandega.

EXPERIENCES OF ICAS:

- The realization of studies, research and consultations in various topics, principally in the area of health, at both national and international levels.

- The development of activities of Information, Education and Communication (IEC) concentrating on vulnerable populations and adapting each activity to the specific needs of individual groups. Additionally, ICAS provides information, and develops spaces for the organization and participation of vulnerable groups with the purpose of empowering these groups to control their lives and especially their health. Furthermore, ICAS attempts to promote the equal participation of vulnerable groups in social, economic and political decisions at all levels.

- The formation and strengthening of networks of support and collaboration that contribute to and provide responses to the needs of vulnerable groups along with other state and non-state organizations with

the goal of complementing rather than duplicating each other's efforts.

- Advocacy, through information, fostering of awareness, sensitization and education of authorities, decision-makers, institutions, health personnel and others, and recommendation and implementation of proposals for innovative programs. Participation in decision-making spaces, the Country's Coordination Mechanism (CCM) of the Global Fund to fight AIDS, TB and Malaria, Intersectorial Commissions of the Ministry of Health, National Commission for the Fight Against Cancer, among others, where the importance and necessity of attending vulnerable populations has been expressed. In this way ICAS has developed advocacy through the representation, mobilization and empowerment of vulnerable groups.

- Lobbying and advocacy to defend, promote, and respect human rights, sexual and reproductive rights, equality, gender, and establishment of public policies principally in the area of health, and

specifically for those sectors of the population most vulnerable. This has been accomplished through various means including through the publications ICAS has realized throughout the past 15 years.

- Fights against tobacco: Advocacy to guarantee the effective application of the guidelines protocols of the Framework Convention Tobacco Control (FCTC) of the OMS, in the national plans and activities of prevention and control of the tobacco in the country. Mainly the approval of a new legislation for the control of tobacco.

- The organization of a network of accessible clinics, run by both non-governmental and state organizations, adapted to target populations through a system of vouchers for the provision of accredited and quality assured services including, HIV testing and counselling, STI treatment, sexual and reproductive health, and screening of breast and cervical cancer.

- The formation of a network of field workers (health promoters) who carry out activities of IEC (face-to-face sessions, workshops, didactic games, educational materials, etc.), and distribute both

condoms and reference cards for health services.

- The training of health care service providers in specialised and appropriate care in all areas related to sexual and reproductive health, including the development of specific protocols to attend vulnerable groups.

- The design and development of educational materials especially for specific populations, adjusted towards their individual characteristics and needs.

- The formation of health messengers who come from the various target groups, and who are trained and educated in topics related to sexual and reproductive health, human rights, negotiation, and HIV, and who then inform and advise individuals belonging to their own groups.

- The formation of Youth Peer Educators in topics related to sexual and reproductive health, and the promotion and defence of their rights.

- The implementation of both participative and recreational methodologies, Behaviour Change Communication (BCC), peer education, “Edutainment”, social marketing of condoms and health services, and voucher strategies.

MAIN ACHIEVEMENTS

En Materia de Prevención y Control de Tabaquismo.



Since 2007 the ICAS together with different organizations of the civil society, the state and diverse international organisms like: Campaign for Tobacco Free Kids (TFK), American Cancer Society (ACS), Union International Against Cancer UICC) it has developed

diverse actions that they contribute to prevent and to control the damages to the health, to the environment, to the society and the development of the country, caused by the direct and involuntary consumption of the tobacco, especially to the most vulnerable groups like the children, girls, adolescents and women.

- On 22-01-2008, 22 Nicaraguan organizations established the National Committee for the Fight against Tobacco (NCFT): 12 public/private universities, 5 medical and 5 civil society organizations, including ICAS. The NCFT has implemented various advocacy efforts, mainly towards the National Assembly. This led to the ratification of the Framework Convention on Tobacco Control (FCTC) on 08-04-2008, which served as the starting point to prepare and present a new law to control tobacco.
- On International World No Tobacco Day, 2008, the first national anti-tobacco forum was organized by several Universities, together with ICAS and other NCFT members, attended by some 1,500 persons (students, teachers, doctors, representatives of the Ministry of Health and PAHO).
- During 2008 ICAS obtained technical and financial support from international organizations: American Cancer Society (ACS), International Union Against Cancer (UICC) and Tobacco Free Kids (TFK). With this support ICAS implemented actions to strengthen the capacity of the civil society to fight tobacco. Furthermore, ICAS achieved support from the Ministries of Health and Education and the secretariat of the National Assembly to accelerate the passing of the new tobacco law.
- ICAS implemented, with support from UICC, a study in 2008 to identify knowledge, attitudes and practices about tobacco use in secondary schools of Managua (see annex 1, at end of this form). From June 2008 to February 2009, ICAS implemented educational activities (workshops, mobile cinemas, murals, posters, etc.) in 5 secondary schools. The objective is to prevent smoking in schoolchildren. Over 3000 students were reached and over 100 teachers trained in at least 3 issues related to smoking (damage to health, prevention, rights of non-smokers).
- In October 2008, ICAS organized, with support from TKF, the workshop "Communication and Policies to control tobacco" with 15 representatives from civil society organizations including NCFT and the National Assembly.
- On 15-10-2008, ICAS organized, together with a University, an advocacy workshop (key elements to establish an advocacy plan to achieve the adoption of the new tobacco law) involving 13 NCFT members.
- On 6-11-2008, ICAS organized the workshop "Smoke-free environments" with 6 NCFT members and more than 30 university students.
- On 14-11-2008 ICAS organized, with support from the Ministry of Education and school authorities, the first anti-tobacco forum for students, attended by 60 students and 6 teachers representing 5 public schools. The forum discussed damage to health, secondhand smoke, the rights of nonsmokers and skills to resist social pressures and to avoid smoking-initiation. conjunto con el estado, para combatir el tabaquismo.
- Active member of the International Union Against the Cancer UICC.
- With support from ACS and in collaboration with the Universidad Evangélica de Nicaragua Martin Luther King, ICAS will develop a pilot project in 2009 with the objective to develop, apply and reinforce a smoke-free policy at this Nicaraguan University.

- Close collaboration with UICC, of which ICAS is an active member. In 2008 ICAS developed the first phase of the project: “Strengthening Civil Society’s Capacity to Fight against Tobacco in Nicaragua in an Appropriate and Effective Manner: Achieving Smoke-Free Schools”. In addition to strengthening the civil society’s capacity, ICAS developed a pilot campaign for primary prevention in secondary schools. ICAS has presented a proposal for the second phase of this initiative.
- ICAS also liaises with ACS, TFK, and the International Union Against Tuberculosis and Lung Disease. Through this collaboration ICAS has received financial and technical support, including through participation in workshops/meetings sponsored by these institutions. This has built the capacity of ICAS and other civil society organizations. Issues treated were e.g.: ‘Advocacy’, ‘Smoke Free Environments’, ‘Collaboration’ and ‘Communication and Policies for the Control of Tobacco’.
- Through constant communication and lobby ICAS succeeded to obtain the support and collaboration from important sectors such as the Ministries of Health and Education, PAHO, the

secretariat of the National Parliament, Universities and Civil Society organizations, especially those which are member of the NCFT. These entities have been key to the development and sustainability of the actions: preventive activities; capacity building; and advocacy, primarily to promote the adoption of the new anti-tobacco law. These activities can be considered the start of the organization of the Nicaraguan civil society to fight tobacco.

- ICAS maintains close communication with TFK offices in Washington, specifically related to the process of the passing of the new anti-tobacco law and assessing the technical and financial support TFK can provide through ICAS to Nicaragua. Support will focus on advocacy efforts at different levels of decision makers. The possible actions have been taken up by ICAS in an Action Plan, to be presented to TFK.

For more information or support some of our initiatives, see publications list of the program and Website (www.icas.net) or contact Engineer Joel Medina L. to the mail joel@icas.net.

In the area of STIs/HIV/AIDS, including human rights:



From 1996 to 2007, ICAS had at least 161,000 field contacts with vulnerable groups and carried out IEC activities related to sexual and reproductive health, safe sex practices, relevance of looking after one’s health, the promotion and defence of

rights, condom distribution, negotiation skills, contraceptive methods, and access to detection and treatment services for STIs and HIV.

- In the last year have been approached to more than 10,100 members of the vulnerable groups (Sexual workers, Glue-sniffing, People with Sexual Diversity, Clients etc.). Taking information about

prevention of HIV, human rights, self-esteem, among other thematic.

116,000 condoms were distributed during the different activities of IEC, 1,500 tests of HVI were carried out, 200 consultations for STI, 30 accompaniments to pregnant women (sexual workers and Glue-sniffing) and 10 Glue-sniffing HVI (+) entered to the integral pattern of accompaniment for attention in VIH.

At the moment ICAS with support of ICCO it develops a project with the objective of contributing to the reduction of the incidence of the HIV - AIDS in gluesniffing adolescents and youth in Managua and Masaya.

- The project aims to build the capacity of the civil society to facilitate access to HIV/AIDS services for gluesniffing adolescents and youth in Managua and Masaya. One of the elements is the development and piloting of an innovative and comprehensive HIV/AIDS prevention and care model for glue-sniffers. Additionally, the project will sensitize key actors and train charitable organizations to appropriate and apply the model in their own strategic plans in order to benefit GS and promote project sustainability.

This proposal is based on the pilot experience of ICAS, obtained in 2007 and the first months of 2008 in Managua. The pilot used outreach by trained field workers to contact GS at the sites where they concentrate and to offer them basic prevention messages and accompaniment to the different HIV/AIDS services. The innovative aspect is the accompaniment, which demands from field workers specific capacities, including knowing how, when, and where to contact GS. Because of their characteristics, GS need a special approach to HIV prevention which includes explaining the benefits of HIV/AIDS services in for GS understandable everyday language, “cultural sensitive” motivation to

make use of these services, including voluntary HIV counseling and testing (VCT), and providing accompaniment to the services. Last plays an essential role in providing GS comprehensive care. Without it, GS would not be able to access the services.

- The provision of more than 20,200 consultations, the management of at least 7,000 cases of STIs and 9,000 reproductive tract infections, all of which were guaranteed treatment and proper follow-up.

- The use of at least 4,500 vouchers for voluntary testing and counselling and the incorporation of HIV-positive cases into the treatment services that exist in the country.

- The organization of a network of more than 25 clinics (public, private, and NGO-run) that have been trained and sensitized to treat vulnerable groups in the area of STIs/HIV/AIDS.

- The establishment of a network of at least 20 NGOs collaborating with ICAS in carrying out activities directed towards vulnerable groups.

- The provision of technical training for health care personnel in various areas such as: diagnosis and treatment of STIs, HIV testing, pre- and post-test counselling, psychological care for individuals diagnosed with HIV/AIDS, opportunistic infections, vulnerability of mobile populations, and surveillance of 1st, 2nd, and 3rd generation as well as antiretroviral therapy.

- The development of specialized protocols for care adjusted to the needs and characteristics of the program’s beneficiary groups. These protocols are based on “best practices” and experiences at the international level.

- ICAS has trained at least 200 health staff members (NGO, public and private sector) on the previously mentioned topics.
- The establishment of collaboration with health centres run by the Ministry of Health to provide special attention to vulnerable groups and efforts to integrate the coverage of these populations into the protocols of attention.
- The creation of more than 30 health messengers from different vulnerable groups including individuals from the military, sex workers, and MSM, among others.
- The distribution of 1,615,000 condoms to different vulnerable groups in different

environments, as well as promotional materials directed towards self-care of health and risk-reduction (lubricants, T-shirts, key rings, etc.).

- The activities realized by ICAS in the area of HIV are within the STI/HIV Prevention Program and have been carried out in the zones of Managua, Tipitapa, Chinandega, Guasaule, Somotillo, León, Rivas, Peñas Blancas border, Cárdenas, Sapoa, and San Jorge.

For more information or support some of our initiatives, see publications list of the program and Website (www.icas.net) or contact Doctor Zoyla Segura to the mail joel@icas.net.

In the area of adolescent and youth sexual and reproductive health:



Since 2000, ICAS has worked to provide adolescents and youth access to services including: Information, Education and Counselling, Contraception (if necessary), Pregnancy Testing, Prenatal Care (including laboratory testing), and the Syndromic Management of Sexually Transmitted Infections (STIs).

- During the 2008 at least 200 community promoters in health (teachers, communal leaders, religious leaders, volunteers, among other) of some 60 rural communities of 9 municipalities of Matagalpa, they were trained by ICAS.

Topics on prevention of the HIV and other aspects related to the SRH of men and women of rural areas of the country, they were imparted. This training is accompanied by the design and implementation from a communication campaign to rural level, focused in the

prevention of the HIV, based on the elimination of the practices of risks.

- The realization of more than 50,000 contacts in: schools, neighbourhoods, parks, markets, and other meeting places frequented by adolescents and youth, and the provision of IEC activities.

- The provision of more than 11,000 consultations to adolescents and youth seeking various services, most frequently the detection and treatment of STIs, contraception, pregnancy, and counselling for various aspects related to sexual and reproductive health. The program provides the opportunity for adolescents to seek care for more than one reason at the clinic of their choice.

- The main reasons for consultations include: contraception (at least 6,500 adolescents and youth), followed by information or counselling (at least 4,700 adolescents and youth), and third, sexually transmitted infections (at least 3,190 adolescents and youth).

- The use of contraceptives in those sexually active adolescent women who used a voucher increased by 76%.
- At least 2,000 adolescents have sought care for pregnancy and have received prenatal care services including: laboratory tests (VDRL, haematocrit, general urine exam, blood type and Rh) and iron sulfate and folic acid supplementation. Furthermore, 100% were referred to the official program of the Ministry of Health for their follow-up.
- The preparation of more than 200 resources in themes related to sexual and reproductive health including sexual and reproductive rights and topics related to the adolescent stage of life.
- ICAS has achieved an increase in knowledge and improvement in attitudes of service providers; importantly, doctors have increased their knowledge regarding contraceptive methods and the syndromic management of STIs.
- A decrease in some barriers that prevent doctors from treating adolescents, and an increase in adolescent health services characterized by warmth and friendliness, and improved quality.
- The formation of at least 45 adolescent peer educators who come from poor neighbourhoods, where ICAS has carried out interventions, the majority of whom are youth who dropped out of school. These youth receive training in at least 9 themes

related to sexual and reproductive health and rights. Additionally, they must fulfil a series of requirements to qualify as a peer educator.

- More than 2,500 adolescents and youth have been trained through peer education in topics such as STIs/HIV/AIDS, family planning, sexual and reproductive health and rights, and the negotiation and use of condoms. Activities were realized in the environments where these adolescents and youth usually are and feel comfortable.
- The establishment of a network of at least 20 clinics (ONG, private and public) to provide special attention these populations.
- At least 250 neighbourhoods in Managua, Tipitapa, Ciudad Sandino, Matagalpa, Rivas, Chinandega and León have been covered by activities related to this program.
- The activities realized by ICAS in the area of Sexual and Reproductive Health for adolescents and youth are within the program of the same name and have affected those adolescents and young people with the highest percentage of unmet needs in these groups. *For more information see the list of publications for this program on the Sexual and Reproductive Health for Adolescents and Youth webpage: www.icas.net*

In the area of tobacco control and prevention of cervical and breast cancer:



The goal of the cervical and breast cancer prevention program is to increase the coverage of Papanicolaou (PAP) and breast exams in poor rural women between

the ages of 30 and 65 years.

- The distribution of a total of 36,344 vouchers to women in the most at risk age group in various parts of the country.
- The screening of 18,344 women in various parts of the country (Siuna, Managua, Granada, Masaya, Rivas, Ocotal,

Somoto, Jalapa, Jinotega, Matagalpa, Estelí, Chontales).

- The detection of 436 positive cases of pre-cancerous lesions and the treatment of 361 patients, substantially improving their health and quality of life.
- An increase in the awareness of hard-to-reach women regarding cervical cancer screening programs, and an increase in both knowledge of cancer screening and PAP smear coverage through a social marketing strategy using large-scale communication methods (radio, television, newspaper, pamphlets). Additionally, the sensitizing of health care personnel through workshops.
- The improvement of the existing referral systems in the Ministry of Health services, through continuous improvement in the organization and coordination of all parts.
- Improvement in the quality of PAP screening and interpretation in the health centres of the Ministry of Health, and also outside of those executed by the Cancer Prevention Program..
- Assisting in strengthening the health centres involved in the program through the provision of materials for PAP screening both during and after the end of the Cancer Prevention Program.
- The technical transfer of protocols for the management of pre-cancerous lesions to the health care centres, both private and MINSA, which are founded in evidence-

based medicine (diagnostic and therapeutic treatment in one session).

- The implementation of a cervical cytology External Quality Assurance (EQA) scheme through refresher workshops for professionals who diagnose cervical cytology throughout the country, and which has been in existence since 2003.
- An increase in the quality of cytology in laboratories throughout the country through the External Quality Assurance scheme. To control and assure high quality diagnostic cytology, ICAS offers the participating professionals the possibility to measure the quality of their work and to receive a certificate of Quality Assurance if they have attained the level of quality established by a Committee of Experts.
- The training of health care personnel from the participating Ministry of Health centres and private clinics in technical aspects of taking a PAP and the humane treatment of patients, both of which have substantially improved the quality of PAP screening and have also benefitted patients receiving a PAP outside of the Ginecobono voucher program.

The activities realized by ICAS in the area of the Prevention of Breast and Cervical Cancer are within the program of the same name. *For more information see the list of publications for this program on the Prevention of Breast and Cervical Cancer webpage: www.icas.net*