

IN NICARAGUA, FOLLOWING UP WITH CHILDREN EXPOSED TO ZIKA IS A SUSTAINABLE REALITY



Delegates from SILAIS Nueva Segovia in a bi-monthly work session reviewing medical records of children with CZS.

The Ministry of Health implemented the first actions for detection, care provision and follow-up and above all, prevention, in January of 2016, as soon as the first cases of pregnant women with Zika virus infection were detected in Nicaragua.

Progress in knowledge about the Zika virus and the support of the USAID ASSIST Project, led MOH to strengthen their clinical and managerial actions to face it. Regarding pregnant women and children, the two most relevant actions are: preparing the Clinical Practice Guide for Care and Surveillance of Congenital Zika Syndrome and implementing bimonthly technical sessions on follow-up to pregnant women and children exposed to Zika.

The purpose of the sessions is to strengthen monitoring for children exposed to the Zika virus and those born with CZS, through developing skills among medical and nursing staff, and strengthening management mechanisms. Delegates from all Comprehensive Health Care Local Systems (SILAIS) of the country participate in the sessions. These are the case managers responsible for comprehensive care for children at the SILAIS, and departmental hospital pediatricians.

"Let us remember that we work with human beings, we have to be vigilant, look for them when they have left or changed their address; not assume that the child who migrated will not return; we must be vigilant because they can return at any time. We do not know everything about Zika yet, its behavior has been different from other places, that's why we are linking it with the VPCD program. This is where the mother will tell us that she sees something strange in the child." María Esther Estrada M.D. MINSA

The sessions strengthen implemented mechanisms such as: organizing focal points or case managers, agreeing on care criteria and monitoring tools, collecting data, exchanging fundamental information for follow-up, and improving inter-SILAIS communication.

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In each SILAIS, case managers are responsible for monitoring care provided to children exposed to Zika, and/or affected with CZS and other congenital malformations. To do this, they have two tools developed for this purpose: the summary table on assessments for follow-up of children exposed to Zika or with CZS signs and symptoms, and the database to record information.

The teams carry out an active search for children affected with congenital malformations, microcephaly or other signs and symptoms associated with CZS, where they are and if they are receiving medical care. Focal points conduct an exhaustive review of these children's records. The resulting information is organized and recorded. Improvement plans are prepared, and care services are organized according to the needs of the children. Finally, this information is presented in bimonthly sessions to analyze it and determine national and local actions.

For example, first session reflected that 1% (9 of 865) of records met 100% of the criteria for Surveillance and Promotion of Growth and Development (VPCD, for its acronym in Spanish). The following session, reflected 13% (89 of 676) progress, considering the resources limitations that they are trying to overcome with management mechanisms. Most recently, it was reflected that 99% (999 of 1013) were offered VPCD care. This led, among other factors, to nearby SILAIS, for example, Matagalpa and Jinotega to coordinate use of specialists and equipment to complete assessments for children.

There has been great progress in monitoring of children exposed to Zika. There is clarity in the location of affected mothers and children, thereby expanding follow-up coverage for these children. Care has improved by applying what is established in the Clinical Practice Guideline for Care and Surveillance of Congenital Syndrome associated with the Zika virus infection and monitoring of medical records based on assessment criteria.

The majority of SILAIS also show significant progress in coordination between SILAIS and the National Diagnosis and Referral Center (NDRC), resulting in data correction. Also, MINSa coordination with social security companies of the Nicaraguan Social Security Institute and private health establishments.

This experience also determines challenges to maintain achievements. It is necessary to be on the lookout for new discoveries by Zika specialists and researchers. Pregnant women and mothers should always be screened, even if that SILAIS does not have cases. All pregnant women with suspected Zika should be reported. Monitoring must be constant, and data must be updated in the respective data bases. In terms of care, SILAIS should speed up assessments for children.

"The ASSIST project may end, but the methodological tools are left with us, but we must be empowered to use them... and institutionalize the processes. Dr. María Esther Estrada - MINSa