

# UNISON West Midlands Region/George Eliot Hospital Joint Delegation to Nicaragua, 15-23 February 2015

## REPORT

From 15-23 February 2015, a delegation from the West Midlands region of the public sector trade union UNISON and the George Eliot Hospital (GEH) NHS Trust visited Nicaragua for meetings with the health trade union FETSALUD. The main purpose of the visit was to establish a twinning agreement between George Eliot Hospital and the Nilda Patricia Velasquez de Zedilla Hospital in Ciudad-Sandino, Managua. The aim of the agreement is to promote co-operation and understanding of partnership working, share knowledge and provide an opportunity for a mutual exchange of advice and expertise in order to better overcome the challenges faced by both partners. The visit also served to provide an opportunity to strengthen relations between the West Midlands region of UNISON and their counterparts in Nicaragua.

The members of the delegation were Roy Emblen, UNISON Deputy Convenor at George Eliot Hospital, Dr Sebastian Yuen, consultant paediatrician at the hospital and Mark Glover, International Officer, UNISON Solihull Branch. The delegation was accompanied during the visit by the NSC's representative in Managua, Liz Light.



From left: Roy Emblen, Yvonne Calero (FETSALUD), Sebastian Yuen, Andreas Zamora and Camila Mejia (FETSALUD), Liz Light and Mark Glover

The programme for the visit included visits to maternity centres, women's hospitals, children's hospitals and rural and urban health centres. Although Nicaragua remains the second poorest country in the Western hemisphere after Haiti, Nicaraguans enjoy free health care and have benefitted from the advances made in the fields of health and education in the country since the return to power of the Sandinista government in 2007. Maternal mortality and malnutrition rates have been reduced by up to 50% and the delegation was able to witness the emphasis which is placed on health education, preventive medicine and integrated care.

***“The project and the twinning agreement is not just a symbolic gesture. It will hopefully recognise the support our teams and organisations can give to our Nicaraguan partners, but will also provide us with an insight into the Nicaraguan health system, so that we can also look at any of their ideas which might work here”. – Dawn Downes, UNISON Branch Secretary***

What follows is a report by the delegation on their experiences in Nicaragua. The views expressed in the report are those of the delegation:-

## **FETSALUD**

The visit was hosted by the health trade union FETSALUD. The delegation's first meeting was at the union offices in Managua, where they received a comprehensive presentation on the structure of the country and its health system. They also learned more about FETSALUD and how it functions. The union has a National Executive Committee and seven confederations. Each confederation has 2-3 federations (one for each of 18 departments) which are further sub-divided into municipal unions. There are 240 local branches in each hospital and Health Centre. The general secretaries at regional level meet monthly and more often if needed (e.g. for a disease outbreak). 80-95% of health workers (doctors, nurses, managers and administrators) are members of FETSALUD, which numbers around 30,000 members. There is a board of directors with 13 representatives elected by the members. Each director has a role: e.g. secretary (maintains register of members), conflict management, public relations, note-keeper, educational training and sports trainer. The trade union works in partnership with the Gabinete (see later section of the report) as part of the Council for Human Development.

Salaries, once the lowest in Central America, are now increasing. The new Government has increased pay and provided enhanced salaries for long service and for working in remote areas. These were co-produced with FETSALUD, who negotiated a comprehensive collective bargaining agreement. A medical specialist was earning US\$750pcm in 2011 and now earns a base salary of US\$1200pcm.



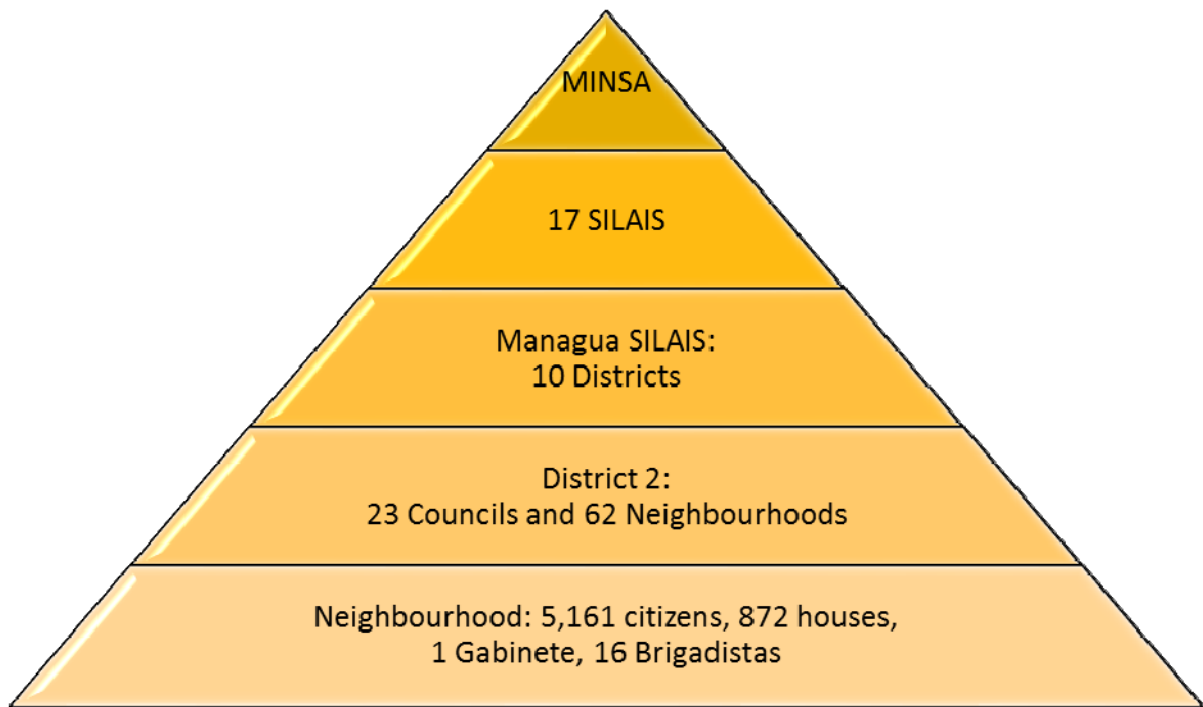
FETSALUD Office – from centre clockwise, Camila Mejia and Andres Zamora (FETSALUD), Alexandra (interpreter)

## The Nicaraguan Health Care System

In 2012, Nicaragua spent a total of 8.2% of its GDP on health. In comparison, UK public and private expenditure on health in 2012 was 9.4%. The Nicaraguan per capita expenditure was US\$335 as compared to US\$3,495 in the UK. The health service is mainly provided by the public sector and is financed by general taxes. There are 32 hospitals, including 11 specialty facilities in the capital, Managua. The most common reason for admission is complications of pregnancy (for example post-partum haemorrhage, hypertension or sepsis). In contrast, there are only three hospitals in the Caribbean region (which covers 55% of the land).

**MINSA's mission is to deliver high quality, free healthcare for its citizens**

The most striking feature of the Nicaraguan healthcare system is how well it seems to be organised. The structure is pyramidal and the function is both top-down and bottom-up. There is direct alignment from the President, through MINSA, the Ministry of Health, SILAIS (regions), hospitals, clinics and outposts through to volunteers and citizens. There is a parallel network within the FETSALUD health union and this in turn is integrated with local Gabinete (cabinets). All are focussed on delivering universal access to free, high quality care close to home.



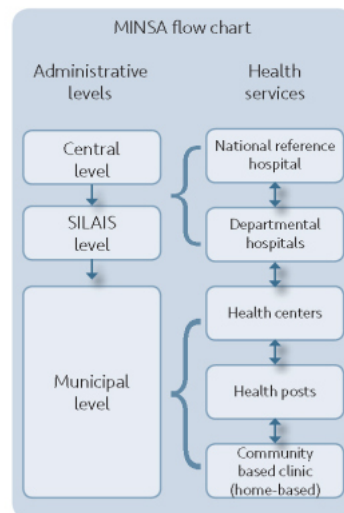
\*SILAIS stands for Sistema Local de Atención Integral En Salud = Local System of Integrated Health Care (they are local systems of primary care created in 1990).

In each region there is an all day meeting every two weeks between MINSA and the Director of the Health Centres. This ensures focus on key priorities and campaigns.

***“An impressive example of how a good structure, cooperation and teamwork, coupled with heaps of enthusiasm, works” – Roy Emblen***

MINSa's mission is to provide Nicaraguan citizens with individually tailored health services, to guarantee free and universal access to health services and to promote healthy practices and lifestyles that will improve quality of life and life expectancy and maximise national efforts to foster human development. MINSa seeks to develop a public health system that enforces the civil right to health care and addresses the inequality of services, while improving Nicaraguans' living conditions and helping the country advance.

FIGURE 2. The three levels of the Nicaraguan public health system.



In 2001, 35% of health facilities did not have electricity and 45% did not have water. Of those with water, half only had a supply for four hours or less a day. By 2007, there were still long blackouts due to an insufficient electricity supply. Now, 70% have reliable electricity. The government have committed to increasing it to 80% this year and 90% by the end of 2016. Other improvements under the Sandinista Government are free healthcare and free prescriptions.

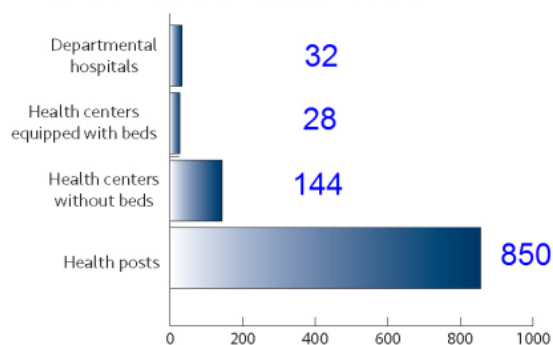


Hospital Pharmacy

# Integrated Care

Health Centres in Nicaragua provide primary care and support the community. They are staffed by GPs and nurses and services they provide include pharmacy, immunisation, mental health, environmental health and zoonoses (diseases that can be transmitted to humans from animals). Some offer dentistry and 28 have beds for minor procedures. Despite limited resources, health centres are essential to the Nicaraguan health system. They combine acute care, follow up and health promotion with outreach and support for remote communities. Our delegation visited a teaching health centre in Managua, the capital, and one in a rural area.

FIGURE 3. MINSA health care facilities.



## Maternity Centres

There is also a strong nationwide, community-based health network. This includes 4,400 home-based community clinics and 33 maternity centres in the Managua district (Casas Maternas). These Casas Maternas ensure that all expectant mothers are housed close to a hospital prior to giving birth in the hospital. They provide a bed, food and facilities until the time that a trip to the hospital is necessary. The staff are MINSA-trained, unpaid, independent volunteers. Casas Maternas started in the 1980s, but by 2007 there were only 50 of them. Most of these were run by NGOs and solidarity groups. Today there are 165, one in every municipality apart from thirteen, all of which are run by the Government. Maternal mortality has been reduced by almost half since 2007.





***In Nicaragua, all pregnant women leave home close to due date, are cared for in a Casa Materna and deliver in hospital***



CASA MATERNA

# Health Centres

## La Morazan Urban Health Centre

The La Morazan Urban Health Centre works in partnership with surrounding hospitals, outposts and its community and their representatives. It provides primary and urgent care for a population of 73,000. If a patient needs admission, they would be transferred by ambulance to the nearest hospital or a specialist (e.g. children's) hospital. The health centre is responsible for four health outposts, each catering for 7000 citizens who may live in remote areas. These outposts are the frontier between healthcare professionals and the community. The outposts are staffed by a doctor, a nurse, a nursing auxiliary, a pharmacist and a receptionist. They may open from 7am-3pm, two to three days a week. Accommodation may be a single room, sub-divided by screens to have a medical consultation area, a nursing area and a fridge for vaccines. The team may see 40-60 patients a day and give weekly updates to the Health Centre. Communication is generally by mobile phone (mobile phones can be bought cheaply from about US\$4!).

## Centro de Salud Pedro Altamirano (Managua)

The delegation was extremely impressed with the level of integration they found in the Centro de Salud Pedro Altamirano. This was coupled with a determination to keep families healthy.



Members of staff at the Centre are patient-focussed, committed and passionate. Cesàr Castillo has been the Centre Director for three months. He has three years experience at this level and is passionate about his role. He



said he was most proud of ***“the disposition of the staff; we work hard – one is as good as ten!”*** His chief nurse added that she was proud of ***“the work we do and relationship with the community. If someone does not attend, we go out looking for them!”*** The head pharmacist summed up their contribution: ***“we offer the attention and give what they need. We offer everything, including medicines and contraception, totally free.”***



The Health Centre works in partnership with five health outposts to cover 168,000 citizens. There are 176 staff members (141 women) across the six sites. In total, they see approximately 500 patients a day. Services in the main Health Centre include a 24/7 emergency department. There is an old ambulance for transferring patients who need admission to one of two local hospitals. The Health Centre has no in-patient beds of its own. The outposts are up to 11km away and are run by one doctor, a nurse, a physician assistant, a pharmacist and an administrator. They are trusted, embedded in the community, understand needs and regularly visit all citizens (eg for a vaccination campaign). At all sites, members of staff make every contact count with health promotion and disease prevention advice.



Vaccination information for children

Specialities include general medicine, internal medicine, paediatrics, gynaecology (including gynaecological cancer), dental, psychology, psychiatry and physiotherapy. Epidemiology (Public Health) monitors disease outbreaks, of which the most serious are Dengue Fever and Chikungunya, both spread by

mosquitoes. There is also a Zoonosis specialist (Environmental Health) who works to control rabies and other infections spread by animals. Common long term conditions include diabetes, hypertension and epilepsy. The laboratory, clinics and pharmacy are open seven days a week, from 7 or 8 am until 5pm

Partly due to a lack of resources, communication is low-tech. There are four computers, connected on an internal network and to MINSA, the Ministry of Health. There is no access to the internet or external email, whether by a wired or wireless network. This appears to be MINSA policy.

Medical records and immunisations are written on paper and kept on site. Data is captured on demographics and activity and transferred to a computer database. It was surprising to discover that they prefer typewriters and carbon copy paper to computers as they are more reliable! The electricity supply used to be variable, but has improved since the Sandinista government came to power in 2007.



# Gabinetes

Gabinetes (cabinets) are local representatives working in partnership with the community. The Gabinete is a formal, apolitical institution. Enthusiastic, energetic citizens, keen to contribute, are asked to join. Members ***“shine in their love for their fellow man”*** and are motivated to improve their community. Barrio (neighbourhood) Gabinetes have 48 members, including eight elected as community leaders. Each member will have a specific role, such as health, education or the Sandinista Youth Movement. Two will be councillors. Leaders meet weekly and the whole cabinet meets every two weeks to discuss issues relevant to their citizens. Equally, they will share important public health messages from MINSA. The government gives direction, whilst the Gabinete has freedom to implement as they choose. ***“If we see a problem we take the initiative, without waiting for a mandate from above”***. They work with anyone who wants to help and believe that ***“any problem is a problem for everyone”***. The leaders are known by all in the area and have much more influence than outsiders from the Health Centre. The reward is simply the ***“personal satisfaction of knowing you can make a difference, improving the health of the community.”***

# Brigadistas

Brigadistas are trained to prevent common conditions and promote health. Although unpaid and with no material benefits, there is no shortage of volunteers to become Brigadistas de Salud (member of a health brigade). Each manzana (1.74 acres or 7,000m<sup>2</sup>) has one brigadista. There are 30,000 in Nicaragua and they are generally aged from adolescence to 40 years old. Some become healthcare workers and may receive scholarships from FETSALUD to study. One benefit is that brigadistas get to bypass queues if they need healthcare.

The local hospital or health centre teaches about 60 brigadistas, once a month. Topics will be decided by the brigadistas, although MINSA may say there is a priority area (e.g. a disease outbreak). Brigadistas then feed back to their community what they have learned. Current priorities include:

- First response
- Health promotion
- Health education (presentations to a group or informally)

- Natural disaster (earthquake, flood, tsunami)
- Teenage problems (including pregnancy)
- Prevention of mosquito-borne illness (malaria, dengue fever and chikungunya)
- Sexual health
- Immunisation
- Antenatal care

Brigadistas are pivotal in engaging citizens at a local level. If someone becomes ill, a brigadista will assess them and call for help if necessary. They will decide whether the patient needs a review and whether they can travel or request a home visit. If a healthcare team is coming to their municipality, brigadistas will identify people who would benefit from their attention. They will participate in regular campaigns such as immunisations of children under five years old or fumigation to eradicate certain diseases.

A surprising feature of their work is that it occurs door to door! If someone is not brought to an appointment, a brigadista will visit the family at home. The mosquito eradication and immunisation programmes are also door to door.



Brigades are voluntary missions to improve health in remote areas. Each Hospital and Health Centre will organise Brigades at intervals. The Nilda Patricia Hospital plans one a month. The team consists of 90 people in three groups of 30. Each group will have a variety of doctors and nurses drawn from a group of healthcare centres. Each hospital may contribute two staff. The local community matches the 90 with 90 locals. The teams will spend a month embedded in a rural community. The government decides on the focus of the mission and FETSALUD organises it. The Brigadistas identify those in need, according to the purpose of the Brigade. Projects include immunisation, mosquito eradication and health education.

There are also national campaigns such as “Everyone is with you” for children with a disability. Por Amor (for love) is for all children under six years to ensure they maximise their developmental potential. Brigadistas go from house to house to inform about normal development and offer support to those with delayed development.



## La Chureca

The past history of La Chureca is heart wrenching. A huge city refuse dump, where all manner of waste ended up, was the source of income and shelter for all those who lived here. Control of infection was unheard of and people made a living through scavenging. Today, La Chureca has been transformed. Living conditions have improved vastly, with the building of new homes for the community, and the establishment of a recycling plant has provided work, status and pride to the people who live here. As well as solid buildings to live in, the workers now have schools and a health centre for their families.





**La Chureca as it was**



**Recycling in action at La Chureca plant today**



# General Impressions

At all the sites visited, the staff had the same drive and determination, a clear understanding of what they were about. The hand in glove cooperation of unions and government is reflected in an organised structure, from the tip of the organisational pyramid to the brigadistas and volunteers at grassroots level in communities.



Nevertheless, financial shortcomings in the health service are evident in terms of lack of maintenance, reflected in decoration, fixtures and fittings, buildings and furnishings – yet in spite of this, members of staff remain efficient and motivated. It is about people caring for people, minus the technology dominated clutter that reflects care in the UK. There is always a sense of purpose and community spirit, at each and every location, so essential in the caring business.

Ambulances are scarce, one perhaps stationed at the community health centre. Even larger hospitals are limited to one, or maybe a few more. Sirens

or blue lights were hardly noticed at all during the visit. Health services that we take for granted in the UK like radiology are being invested in, for example in La Mascote children's hospital, which has new buildings to house their new acquisitions. However, in order to improve care quality, equipment like defibrillators, minor surgery tools, ultrasound/Doppler ultrasound scanners are needed.

Health care at community level is impressive and includes checking that children's immunisation is up to date, with height and weight recorded. It is about prevention rather than cure.

The information drive to keep the public aware of health issues is hard not to notice. Handmade signage everywhere is bright, image descriptive and to the point, with a minimum of textual context. A picture paints a thousand words.



## The twinning agreement is signed

On 22 February, the delegation signed a framework twinning agreement, the end result of a very busy week's schedule. The twinning agreement between UNISON West Midlands Region and FETSALUD and between the George Eliot Hospital NHS Trust and the Nilda Patricia Hospital in Ciudad Sandino, Managua, represents the first ever hospital to hospital twinning between the UK and Nicaragua. The agreement affirms mutual support between the two unions and hospitals. Both sides have agreed to strengthen and develop the foundations first formed in the UK in 2014 and during this visit. In the agreement, they commit to learn together, share expertise and work to improve the quality of care in health services for patients and staff. The

agreement will be further developed and given a more practical focus in the weeks and months ahead.

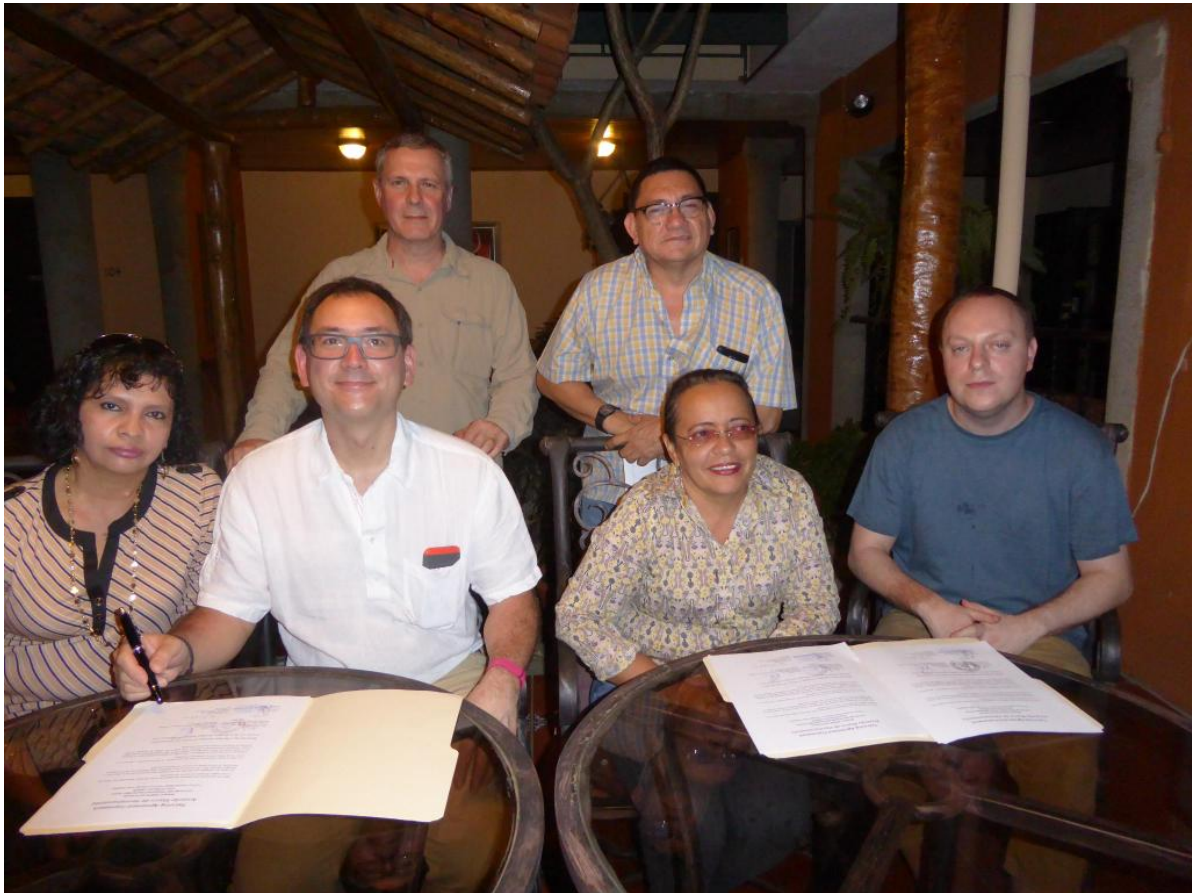


Figure 1 L to R Dr Elba Silva, Dr Sebastian Yuen, Dr Kamila Mejia. Roy Emblen

Signatories:

Dra Camila Mejia, General Secretary FETSALUD, Hospital Nilda Patricia.

Roy Emblen, Deputy Convenor, UNISON, George Eliot Hospital.

Dra Elba Silva, Director, Hospital Nilda Patricia.

Dr Sebastian Yuen, Consultant Paediatrician, George Eliot Hospital.

## Programme for UNISON George Eliot delegation February 2015

Date	Activity	Place
Sunday 15 Feb	Arrival and transfer to hotel	Managua airport
Monday 16 Feb	Meeting with FETSALUD (Gustavo Porras, Andrés Zamora, Camila, Justa Pérez, Yvonne Calero)	FETSALUD office, Managua
	Lunch Centro de Salud Mercado Huembés	Puerto Allende Health Centre, Huembes Market
Tuesday 17 Feb	Meeting on the twinning with the Nilda Patricia Hospital	Ciudad Sandino
	Maternity centre	Ciudad Sandino
	FETSALUD housing project	Ciudad Sandino
Weds 18 Feb	Rural health centre	Masachapa
	Maternity centre	Masachapa
Thursday 19 Feb	Trade unión training project	CIPRES, Managua
	La Mascota children's hospital	Managua
Friday 20 Feb	La Morazan urban health centre	Linda Vista, Managua
	Nilda Patricia Hospital – meeting on twinning	Ciudad Sandino
Saturday 21 Feb	Visit to a barrio (neighbourhood/community) to see fumigation and 'abatizacion' programmes carried out by the Ministry of Health	Managua
Sunday 22 Feb	Masaya Market, meeting with John Perry	Masaya
	Final meeting/farewell	Andrés etc
Monday 23 Feb	Departure	













# Twinning Agreement Framework Acuerdo Marco de Hermanamiento

Between UNISON and FETSALUD  
and George Eliot Hospital and Hospital Nilda Patricia.  
Entre FETSALUD y UNISON  
Y entre Hospital Nilda Patricia y George Eliot Hospital.

With this agreement, we celebrate the beginning of this twinning relationship and affirm the mutual support between our unions and hospitals.

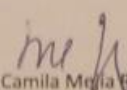
We agree to strengthen and develop the foundations first formed in the UK in 2014 and in Managua February 2015. We commit to learn together, share expertise and work to improve the quality of care on health services for our patients and staff.

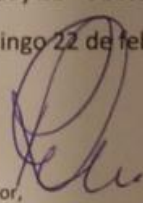
Con este acuerdo celebramos el inicio de esta relación de hermanamiento y afirmamos el apoyo mutuo entre nuestros sindicatos y hospitales.

Acordamos el compromiso de fortalecer y desarrollar las bases de amistad que se iniciaron en el Reino Unido en 2014 y Managua en Febrero 2015. Nos comprometemos a aprender juntos, compartir conocimientos y trabajar para mejorar la calidad de atención en los servicios de salud para nuestros pacientes y personal.

Signed this day in Managua, Nicaragua on Sunday 22<sup>nd</sup> February 2015

Firmado este día en Managua, Nicaragua, domingo 22 de febrero 2015

  
Dra. Camila Mejía R.  
General Secretary FETSALUD,  
Hospital Nilda Patricia Velazco de Zedillo,  
Managua, Nicaragua

  
Roy Emblen  
Deputy Convenor,  
George Eliot Hospital NHS Trust Branch of UNISON,  
UNISON West Midlands, UK

  
Dra. Elba Silva C.  
Director  
Hospital Nilda Patricia Velazco de Zedillo,  
Managua, Nicaragua

  
Dr Sebastian Yuen  
Consultant Paediatrician,  
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Nuneaton, UK

