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**Health Care in Nicaragua**

As a student of Biomedical Anthropology, hoping to pursue a career in medicine, the opportunity to learn about health care in Nicaragua through organizations and facilities in practice in Managua, was truly fascinating. The information that I gathered in these interviews and observations are outlined below, but only after I summarize the important points concluded from this experience. At the very end, I have included significant facts and statistics that exemplify the progress Nicaragua has made in implementing effective health care over the years, but also emphasizing the work that remains to be done.

The most interesting component of my experience through this process of education was to internally compare the health care system in the United States, to that of Nicaragua, and attempt to understand the ramifications of such a comparison. I also was intrigued to identify any differences between rural and urban health care in Nicaragua, and the responses I received were very compelling.

**Historical Context**

The facts that the end of this outline demonstrate the progress that healthcare has made in Nicaragua during the recent decades, but Nicaragua remains to be a country recovering from revolution and war, and all the emotional and economic baggage that comes with that. During Sandinista rule during the 80s, improvements in health care and education were priorities, the the budget demands of the Contra War, and strategies of the contras to divide the country through shattering its economic policies and social programs, left a shell of health care in the 90s. The national health care system is still in recovery, but FSLN supporters maintain that Ortega has made the greatest gains in improving healthcare, making it free for all Nicaraguans, adhering to the original promises of the front.

**Organization**

Healthcare in Nicaragua is made up of both private and public facilities. The options for private healthcare are numerous, and offer a shorter wait time and a more comfortable ambiance, at an increased price. The public facilities include local health clinics as well as the larger urban hospitals. The state hospitals are extremely specialized, and each place a very particular role. These public facilities tend to be of modest means, understaffed and overcrowded, with long waiting lines for exams and consultation.

There are also non-profit, non-governmental options, such as the Clinic at Nueva Vida, and then the privately funded Women’s Center at Acahual, that provide technically ‘private’
healthcare, but at a ‘public price’. Such operations are made possible but loans, fundraising, and international aid.

Main Issues

Due to the extreme specialization of the public sector, each hospital would say that their particular specialty is of the highest prevalence among Nicaraguans. Hospital Lennin Fonseca has the Nephrology department, so therefore ranks diabetes as the 2nd cause of illness in the nation. It remains uncertain if that statistic is true, but based on my experience in Batahola, and the number of people that were affected by the disease in that community alone, leads me to believe that this statistic has some merit.

One fact that unanimously agreed upon is the deficit of both human and material resources within the healthcare system. Especially within the public sector, hospital and clinics are severely underfunded, and therefore do not have the medical supplies nor the personnel to provide quality healthcare. Even within the private sector, the payment patients provide is not enough to fund the entire operation, and funds have to be supplemented by other means.

Struggles and Successes

The main struggles of health care in Nicaragua, as well as around the world, remain to be an extreme lack of funding. This is exemplified of the lack of access to quality healthcare for rural Nicaraguans, where funding is scarce in every aspect of living.

Kathleen Murdock maintained that while funding is a chronic issue, MINSA does the best they can with the resources that they have. She also confirmed that health care had much improved from the disarray of the 90s to the system that Ortega and the Sandinistas have put in place. This is supported by Victor Figueroa-Clark’s article, “21st Century Sandinismo” published in August of 2012, when he states, “Nicaragua currently spends 53.9% of its budget on health and education”.

Different Perspectives

I believe that healthcare is seen as a fundamental staple within a society, and not one that has a lot of opposing opinions. With that said, when health care overlaps with personal ideologies, dissonance can occur. For instance, if one were opposed to the faith based organization of Jubilee House Community, they may then also be opposed to their participation in the Nueva Vida Clinic. The Center for Women, Acahual is founded on empowering women, and helping them escape cycles of violence, so those who are inflicting that violence, or proponents of machismo culture, would challenge these ideals. Even with these examples, for the most part, Nicaraguans see healthcare as a basic human right, and majority view it as a necessary and positive aspect of society.

The Case Studies:
Hospital Antonio Lennin Fonseca

- Marvin Pavon- Nurse of Epidemiology
  - Masters in Teaching
  - Social Service in Military Hospital in Jinotega
  - 25 years in public sector

- Hospital Departments and Wings
  - Building of Citizen Attention
    - Social Works
    - Lawyers
    - Information for families of patients
    - Out-Patient Laboratory: 7am-4pm
    - 2 obligatory charlas to qualify for medical card
  - School of Technical Nursing
  - Rehabilitation Center
    - Physical Therapy: 7am-3pm
  - Nephrology
    - Diabetes (2nd cause of illness in Nicaragua)
    - Renal Diseases
  - Hospedaje
    - For families of ICU patients
  - Out-Patient Surgery
  - Special Exams
    - CT, MRI, EKG, Ultrasound, X-Ray
  - Surgery
    - 7 operation rooms

- HIV and AIDS
  - programs offered at Manolo Morales Hospital
  - all medicationations and exams are confidential
  - the test is free and can be taken at any time
    - 2 years ago, there was a successful campaign that administered 1,660 tests in 1 month
  - while stigma remains, it is much improved since past descrimination
  - it is now seen as a chronic disease, rather than a death sentence

- Improvements
  - Completely Free
  - Access to Special Exams
  - Reduced wait time
  - Administer tests only when needed
    - reduce wasted cost
o local clinics are being used more, as opposed to everyone going to the hospital for all care
  ■ improved communication between the clinics and the hospitals

● Challenges
  o high patient demand
  o deficit of health care workers
  o lack of resources
  o “falta recursos humanos y materiales”

● Urban versus Rural Health Care
  o Marvin explained that there was no difference
    ■ only that there are fewer specialties in the country
  o he maintained that there is equal accessibility in both
    ■ the medical brigades have brought health care to remote locations

● Observations
  o a huge number of patients waiting to be seen and receive tests or exams
  o culture of coming at 7am and waiting in line, whether or not you have an appointment later
  o State hospitals are incredibly specialized: 11 Public Hospitals in Managua Alone
    ■ HALF is nephrology, neurology, and plastic surgery
  o Marvin was proud to repeatedly point out security cameras, ensuring the safety of the hospital and its personnel
  o Rooms are organized by gender, and fit as many patients as possible, with decreased privacy
  o some departments have internet, the but the hospital lacks internet, and has continued power issues
  o patients records and lab results are paper, but can receive diagnostic imaging vis CD
  o the hospital has 2 unions
    ■ one pro, and one contra the government
  o those who can afford it, choose private care

● Nadia Nabhan- Student of Anesthesia and Joyce Mueller- Student of Orthodontia
  o shift in the ER, from 8:00 pm-6:00 am

● Urban versus Rural Health Care
  o both Nadia and Joyce commented that there is a complete lack of access to healthcare in the rural sector, and that while MINSA has made progress with public health initiatives, the infrastructure and resources are lacking to provide quality healthcare to those living in the country

● General Observation and Comments
  o security guard at entrance, reducing number of people in waiting room
need ID to enter when working
  ○ the ER itself is one open room, with chairs (instead of beds)
  ■ patients must register with nurse before receiving treatment
  ○ all patients receive rehydration fluids via IV, and if not severe, sent to wait in observation room
  ○ doctors are last to see only critical patients (most patients never see the doctor)
  ○ students with minimal training perform primary treatments
    ■ IVs
    ■ Sutures
  ○ I, a CNA (3 week program) and EMT (4 week condensed program) am licensed to provide non-invasive care until the higher trained healthcare professionals arrive. Here, as a friend, I was invited to do sutures on the scalp of 2 patients, and take blood samples from 3 patients. In the US it may have been out of the question to be a fly on the wall (privacy, confidentiality, lawsuits, liability, etc)

Clinic at Nueva Vida (http://www.jhc-cdca.org/index.html)
  ● Kathleen Murdock- Jubilee House Community
    ○ began in 1979 with shelter work in the US
    ○ relocated to Nicaragua in 1994
    ○ faith basesd
      ■ work with the poor
  ● Programs
    ○ economic development
    ○ sustainable agriculture
    ○ education
    ○ appropriate technology
    ○ health care
  ● Clinic
    ○ opened in 1999 in Nueva Vida
      ■ a poor neighborhood of Ciudad Sandino, composed of refugees relocated after Hurricane Mitch
    ○ open from 8:00am-5:00pm, Monday- Friday
      ■ mornings tend to be the most busy
    ○ focus on personal health maintenance
      ■ ⅔ patients are acute
      ■ ⅓ patients are chronic
    ○ strong association with MINSA
      ■ all infectious disease need to reported to MINSA
○ Services only available when patients receive a bono, which includes consultation, lab work, and medications
  ■ service of half a days work in community
  ■ pay $30 Cordobas (approx $1.25 USD)
○ the clinic used to be free, but found that people abused the system
  ■ the small fee makes people accountable for their health
○ Volunteer Doctors come on an individual basis, and their service is free for patients
○ Services
  ■ Pediatrician in the mornings
    ● asthma- preventative and acute
      ○ due to burning at the nearby dump
  ■ General Physician in the afternoons
    ● diabetes
    ● hypertension
    ● emphysema
  ■ Health Promotion
    ● charlas on diabetes, HIV, STDs, sexual health for youth
    ● young mothers group of 25 memebers
    ● elderly program of 30 memebers
      ○ staff goes on house rounds every 2 weeks
  ■ Laberatory
  ■ Free Eye testing and Glasses on Tuesday mornings
  ■ Green pharancy
    ● medicinal gardens
  ■ Dentist- part time
  ■ Orthopedist- 2x per week
● HIV and AIDS
  ○ most cases in the area our overseen by MINSA
  ○ hope to be able to offer rapid test to patients soon
● Urban versus Rural Health Care
  ○ rural areas lack trained healthcare professionals
  ○ MINSA does the best they can with the resources that they have
  ○ during the 90s, the quality of care depended on political ideology of the area
    ■ historically Sandinista regions saw cuts in health care and education
  ○ “FSLN cares for the poor”

Center for Women- Acahual (https://sites.google.com/site/cdmacahual/)
● Silvia Ciseros- Nurse
• a single mother who loves working in a place where the programs have a real impact on the lives of women
• connects with the women, as they have all suffered, and feels a unity with the patients and her co-workers

* Services
  • open from 8:00am-5:00pm, Monday- Friday
  • patients are asked to pay $50 cordobas if they are able
    ■ and if they are not, they receive aid to receive care and services
  • health care without judgment
    ■ educate on health and reproductive rights
    ■ helping women to receive care and leave a cycle of violence
      • emotional and physical
        ○ product of machismo culture
  • Medical Consultation
    ■ laberatory
    ■ EKG and Ultrasound
    ■ pharmacy
  • Gynecology and pre-natal care
  • Education
    ■ health promoters
    ■ charlas
      • sexual and reproductive health
      • HIV and STDs
      • self-esteem
      • gender
      • violence
    ■ family planning
      • provide free contraceptives
  • Psychologist
  • Legal assistance
    ■ educate on rights of women
    ■ that the laws to prevent and violence against women have been a huge help in prosecuting abusers
  • Hair Salon
    ■ can be a customer, or take classes
  • Library and Pre-School

* HIV and AIDS
  • offer rapid test
  • coordinate with local clinics and hospitals to continue care
  • essentially all HIV patients need to go to Managua to get treatment
there is still a huge stigma, but education continues to improve

Urban versus Rural Health Care

there is more access in the urban sectors
in rural areas everything is more difficult
  ■ no access to HIV treatment
  ■ everything is further
  ■ increased maternal mortality
  ■ increased child mortality
  ■ ambulances cannot access remote locations
there is demand everywhere, but it is higher in the country
there are not enough resources
  ■ in a corrupt government where only friends receive treatment

The Facts

MINSA (http://www.minsa.gob.ni/)
UNICEF (http://www.unicef.org/infobycountry/nicaragua_statistics.html)
WHO (http://www.who.int/countries/nic/en/)

General Statistics:
1 National population of approximately 5.8 million
   a 64% of the population is less than 25 years old
2 The estimated number of people living with HIV in 2009 was estimated to be 7,000

Signs of Progress:
1 under 5 mortality rate from 68 in 1990 to 27 in 2010
2 infant (under 1) mortality rate from 52 in 1990 to 23 in 2010
3 greater and equal to 98% of 1-year-olds were immunized against the following in 2010
   a tuberculosis
   b diphtheria, pertussis, and tetanus
   c measles
   d polio
   e hepatitis b

There is Still Much to be Done:
1 only 58% of under-fives with suspected pneumonia in 2010 were taken to a health care provider
2 only 49% of under-fives with diarrhea received oral rehydration
3 only 2% of under-fives living in high risk malaria areas with high fevers received anti-malarial medication
4 in 2009 the mother-to-child transmission of HIV was estimated at 2,000 cases
5 in 2012, out of 100, 65 use mobile phones, but only 10 use the internet
the net attendance ratio in 2010 of primary school is 77 for male and 84 for female, but drops to 35 for male, and 47 for female for secondary school

**Urban versus Rural Discrepancies:**

1. % of population with improved drinking water sources in 2008
   - urban: 98%
   - rural: 68%

2. % of population with improved sanitation facilities in 2008
   - urban: 63%
   - rural: 37%

3. % of population with skilled attendant at birth in 2010
   - urban: 92%
   - rural: 56%