



Summary Information about AMOS Health and Hope

Background history:

In 1966, the late Gustavo Parajón, a U.S. trained physician, medical missionary, and public health doctor, returned to his native Nicaragua to organize the first mass vaccination campaign. After working in a Managua based urban hospital setting, he became concerned about the “terrible injustice that in the rural communities, there was absolutely no access to health care, and children were dying of completely preventable and treatable illnesses. (Quote from Dr. Gustavo Parajón)” So in 1967, motivated by his Christian faith and desire to serve the poorest and most vulnerable populations, he began a community based primary health care program (CBPHC) for the rural areas of Nicaragua.

Forty years after he began the CBPHC program, Dr. Parajón, along with other physicians and church leaders from both the U.S. and Nicaragua, formed AMOS Health and Hope -- a non-profit (501c3) Christian organization established in Nicaragua in 2007 to expand the CBPHC work started in 1967. **The mission of AMOS** is to improve the health and well-being of poor and marginalized communities by working alongside them in health, education, and development.

Our values are: Loving our neighbor, respecting the rights and dignity of all people, service to vulnerable communities, empowerment for service, stewardship, peace and justice. AMOS has sought to implement its mission through integrated primary health care systems that promote health, prevent disease, and treat the most common causes of death and illness.

Context: Inequities in the distribution of income and health care services result in higher burdens of sickness, death and disability for the world’s poorest people. Despite great advances in medical technology and health care, over 7 million children in the poorest sectors of society still die of completely preventable causes, such as diarrhea and pneumonia (*Black, Morris, & Rice. Where and why do ten million children die every year? Lancet 2003;361:2226–34*) While the global under-five mortality rate (U5MR) has decreased in recent years, children living in poverty are still at higher risk of illness and death than children who are not poor (*UNICEF. State of the World’s Children 2007*). In countries such as Nicaragua, the rural population is especially vulnerable because the vast majority of people do not have their basic needs met, make less than \$2 per day, and have limited access to health care.

Geographic Location: AMOS works in four geographic departments in Nicaragua – Boaco, Chinandega, Matagalpa, and the RAAS (Southern Atlantic Autonomous Region). The rural communities we work with range in distance from 2.5 hours to 9 hours from the capital city of Managua, Nicaragua. AMOS also runs a small outpatient clinic to serve the urban poor with basic medical and dental services in an outlying community called Nejapa on the south side of the capital city of Managua.

Target population: Population of approximately 13,000 people in the municipalities of San Jose de los Remates, Boaco; Villa Nueva, Chinandega; El Ayote, RAAS, and Matiguas, Matagalpa. Nicaragua. The majority of the people we serve work as subsistence farmers who supplement their income by working as seasonal laborers on coffee plantations and cattle farms.

Problems faced by the rural population: Poverty, difficult geographic access to health care services (up to 6 hours by foot to access government health care services), tropical diseases, geographic dispersion, lack of potable water, lack of sanitation services, food insecurity, domestic violence, and underemployment with frequent migration of men and women in search of work.

Brief description of the Primary Health Care program: Our goal is to develop a municipal community based primary health care model that can be replicated and adapted in other municipalities of Nicaragua. To improve the health of women, children and others in the communities, we focus on the following principles:

1. **Building community capacity** - Training and mentoring of local health promoters (*Promotores de Salud*) to coordinate disease prevention, health promotion, and basic curative services in their own communities. AMOS trains the health promoters to implement evidence based interventions and best practices for CBPHC such as census based methodologies, integrated management of childhood illnesses, promotion of breastfeeding, systematic home visitation including neonatal home visits, follow-up of malnourished children, etc.. Health promoter training is participatory and designed to foster critical thinking at different ecological levels including the individual, the family, the community, and the national level. AMOS also assists communities with the following:

- a. A small community clinic, managed by the health promoter and health committee
- b. Regular supply of essential medications
- c. Continuous supervision, monitoring and evaluation of each health promoter for accompaniment and quality assurance of services

2. **Community empowerment** – AMOS trains local leaders to organize and become members of a local health committee that supports the local health promoter and seeks the participation of community members in health related activities, such as doing a community census, monitoring the health of children and pregnant women, building wells and latrines, determining health problems and priorities, creating a local annual health plan and monitoring its implementation. AMOS uses a community based participatory research (CBPR) approach to evaluation as an orientation to help support and develop a community's ability to prioritize and make decisions to take control of their lives and improve their health.

3. **Intersectoral coordination** – to increase the impact of interventions, AMOS communicates and coordinates with the following entities:

- Ministry of Health (MINSAs) – AMOS coordinates with the local government health authorities to support a network of community health workers to enhance clinical services, facilities and outreach.
- Ministry of Education (MINED) – AMOS coordinates with the local government education authorities to support primary school health interventions, literacy campaigns and small school-related construction projects.
- Municipal government - AMOS coordinates with the Mayor's office on issues such as clean water and sanitation
- Other Non-governmental organizations (NGOs) - AMOS coordinates with other NGOs if they happen to have activities or specific projects in the same communities as AMOS to avoid duplication of services and increase the impact through complementary efforts.
- Churches, Foundations and individuals - AMOS receives its financial support from these sources. AMOS also receives short-term construction or medical teams and long-term individual volunteers from the U.S.

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