

LMS Nicaragua PRONICASS Annual Report September 2005 – August 2006

LMS Nicaragua PRONICASS staff

October 10, 2006

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number GPO-A-00-05-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Leadership, Management and Sustainability Program
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org/lms

Activity / Project Name: PRONICASS

Start Date of Activity: September 1, 2005

End Date of Activity: September 30, 2009 (conditional upon funding to that date)

A) Key achievements

The purpose of the project is to increase and improve social sector investment and transparency. The following are the principal achievements in these areas:

Increased investment

- FISE has successfully qualified for \$34 million from IADB and GTZ to invest in local development, having successfully completed the condition precedent of carrying out an institutional reorganization which was facilitated by MSH and consistent with the new donor focus.¹
- Eight million dollars of USAID funds for community health were channeled through the Nicaraguan NGO, NicaSalud, instead of a US-based organization because NicaSalud was able to be certified for receiving US government funds as a result of technical assistance from MSH through the M&L and LMS projects. This means more of the funds will be invested and used in Nicaragua for health.

Improved investment

- Two hundred and forty-four women, previously not eligible, have received treatment for breast or gynecological cancers since May 2005 as a result of MSH assistance in helping INSS to standardize costs for these very complex and varied diseases. The standardization of costs allowed INSS to predict financial impact and, thus, understand and accept the financial risk of offering these services.²
- Student academic performance has improved among the 112,000 students in 100 schools where the new competency-based curriculum and associated educational materials developed with MSH technical assistance has been validated.³ The 2007 MECD budget calls for extension to an additional 200,000 primary and secondary students.⁴
- PROFAMILIA has grown from 56% self-sustainability in 2003 to 95% in the first semester 2006 guaranteeing the continued provision of over 150,000 ambulatory maternal and child health services and over 120,000 couple years of protections as a result of MSH assistance improving financial, management and information systems.⁵
- PROFAMILIA contraceptive sales increased 200% from the first semester of 2005 to the first semester of 2006 as result of improved management of its community distribution network. This has contributed to a 100% increase in couple years of protection between 2005 and 2006 from 60,000 to 120,000.⁶

¹ Information provided by Lic. Mirna Somarriba, ex-Director of Planning of FISE.

² Information on the number of patients benefited provided by Dr. Jaime Fuentes, Director General of Health Services

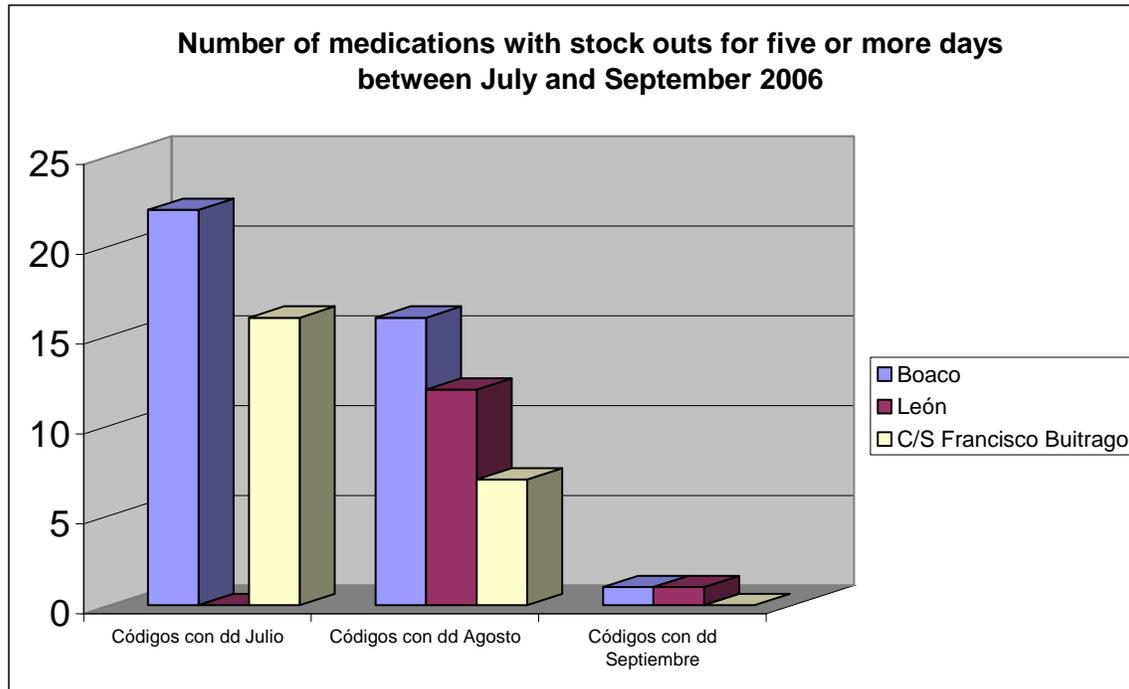
³ “Avances de la Transformación Curricular de la Educación Secundaria, Capacitación y Desarrollo Profesional y Educación Especial”, Directorate of Currículo Development, Ministry of Education, September 2006.

⁴ Ministry of Education 2007 budget submission.

⁵ PROFAMILIA Strategic Plan 2007 – 2010.

⁶ Information from Dr. Denis Alemán, Medical Director of PROFAMILIA.

- Quality of care and coverage in over 300 health units providing care to approximately 50% of the Nicaraguan population has measurably increased as a result of systematic health unit monitoring through the use of the AMAS health facility monitoring instrument.⁷
- Almost all of the one million patients served by five SILAIS⁸ can now expect to actually receive the medications prescribed for them by their provider because of the impact of the new logistics information system which has reduced outages since its introduction in July. The following table shows the reduction in stock outages in two SILAIS in the first three months of operation:



- \$3.8 million of InterAmerican Bank institutional strengthening investment is being channeled through the social services care model developed with MSH technical assistance.

Increased transparency

- The Ministry of the Family presented to the Ministry of Finance a 2007 results-based budget, i.e. one that clearly links results to investment thus facilitating transparency by closing linking spending with measurable outputs.

B) Are desired results being achieved?

The above evidence indicates that the desired results are being achieved.

C) Are planned outputs being completed on schedule?

The outputs have suffered delays. The work with the Ministry of Health suffered from the five month physician strike. Furthermore, the principal counterpart in the Ministry of Health, the Planning Division, is significantly understaffed and becomes a bottleneck in making and implementing decisions.

⁷ “Capacidad Explicativa y productiva del Abordaje AMAS en las coberturas de servicios de Centros de Salud de Nicaragua”, de Trinidad, Eduardo, MSH, August 2005.

⁸ Managua, Leon, Boaco, Masaya and Estelí

The work with the Ministry of Education suffered from mixed guidance at the beginning of the year from different MECD authorities on the direction that the USAID assistance under PRONICASS should take, i.e. if it should be focused at the municipal management level or at the school level. This was remedied by March and since then progress has been quite rapid. With the Ministry of Education, PRONICASS also accepted a significant new challenge, not included in the original work plan. The Minister requested PRONICASS assistance in designing organizational reengineering to improve efficiency and effectiveness. Given that this was consistent with the project mandate and with USAID consent, this activity was added.

Work with INSS, Nicasalud, the Ministry of the Family and PROFAMILA all proceeded at the expected pace.

D) Are the outputs leading to the achievement of the desired results?

As mentioned above, the outputs are leading to the desired results. However, as discussed with the Project CTO many of PRONICASS results are medium to long term. Therefore, often it is the combination of outputs – design, validation, training, implementation, monitoring – that lead finally to the desired results.

E) If results / outputs are not being achieved, what corrections are being proposed?

N/A

F) Action planned for next 12 months (bullets).

MINSA

- Results-based budgeting implemented
 - MINSA final products defined and costed
 - MINSA using results-based budgeting in Matagalpa, Boaco and Nueva Segovia and some of their municipalities
 - Municipal and SILAIS Annual Operating Plans linked to budget and focused on results
 - Regular monitoring of budget and productivity in Boaco
- Implementation of the Health Care Model (MAIS)
 - Municipalities in Boaco, Nueva Segovia and Matagalpa sector
 - Health units in Boaco, Nueva Segovia and Matagalpa typed
 - 200 health units organized around implementation of the model
 - Maternal health care protocols implemented and their application monitored
- Health Secretariat of the RAAS is organized with operational manuals and procedures

MECD

- Educational Strategic Planning
 - 28 municipalities have educational plans for local development
 - 28 municipalities have educational investment plans
 - 45 schools have educational development plans consistent with the municipal plans
 - Above plans are monitored
- Results-based budgeting implemented
 - MECD final products defined and costed

- MECD using results-based budgeting in Matagalpa, Boaco and Nueva Segovia and some of their municipalities
- Municipal Delegation Annual Operating Plans linked to budget and focused on results
- Plans are monitored and using management dashboards
- Educational Secretariat of the RAAS is organized with operational manuals and procedures

Municipal Development Committees

- 15 Municipal Development Committees incorporate health and education strategies in their municipal development plans
- 15 social auditing committees functioning in target departments
- 3 municipal projects audited by CDMs

Comments / Issues:

As mentioned above, the PRONICASS project was designed to work on management systems, leadership and sustainability. It is obvious that without clear and efficient systems, an organization (be it a family or a multi-national conglomerate) cannot produce cost-effective results. However, it is often difficult to show the impact of system wide changes in service delivery, especially in the short term. One of the challenges of providing technical assistance in management systems is to demonstrate this impact. In the first section of this report, we are pleased to provide evidence of impact at all levels of organizational development – from receiving more financing to providing more pharmaceutical products to patients.

A challenge in reporting is also the fact that we are working with three different planning and reporting calendars. The Leadership, Management and Sustainability Project, a centrally-funded project, has a planning period of July through June. PRONICASS, a part of that project, must both plan and report for that period since its work plans must be approved as part of the overall LMS plan. Our counterparts have a calendar year planning horizon. We have found it to be both effective and important for our work plans to be incorporated into our counterparts' annual work plans. Finally, there is the USAID fiscal year, October through September, the period to which this report responds. We are always, in a sense, just part way through some work plan when asked to provide a summary report.

Given the fact that PRONICASS works at the policy level, as well as the operational level, it is occasionally presented with new opportunities to provide assistance in areas of great strategic importance to achieving desired results but which have not been contemplated in the work plan. PRONICASS has appreciated the ability to dialogue with the Mission on the pros and cons of pursuing these opportunities. One such, was the request from the Minister of Education to support the Ministry institutional reorganization process.

PRONICASS challenges current USAID management structure based on technical specialties. The technical staff of the Office of Human Investment, where the PRONICASS project is housed, has very competent and experienced professionals in health and education. However, there is no one of them that oversees the entire social sector area. This can lead to an under-representation of the project in dialogues with the Ministry of Education, since the PRONICASS CTO is a health professional. We believe that it is important to USAID and the project to assure the PRONICASS is on an equal footing with other projects in the context of education.