



PROMOTING COUNTRY OWNERSHIP THROUGH LATIN AMERICAN CONTRACEPTIVE SECURITY COMMITTEES

Paraguay Case Study

Since 2003, the Latin America and Caribbean (LAC) Contraceptive Security (CS) Initiative, funded by the U.S. Agency for International Development (USAID), has fostered country ownership through CS committees established in eight priority countries.¹ As these countries increase access to and use of family planning

(FP), they are graduated from USAID assistance.² During the graduation process, countries assume greater responsibility for the design, oversight, and monitoring of their FP programs, including financing, procurement, and logistics. In 2003, the programs in all eight countries relied on donated contraceptives. By 2011, six countries

Table 1. Graduation Status of LAC CS Initiative Countries

Country	Last Year of Contraceptive Donations (shipments)*	Proposed Last Year of FP Technical Assistance Funds (Activities)	Status of Graduation Plan	Year Graduation Plan Finalized (Assessment)
Bolivia	None Planned		None Planned	
Dominican Republic	2011	FY 2009 (2010)	Plan Completed, Graduated	2007 (2006)
El Salvador	2009	FY 2010 (2011)	Plan Completed, Graduated	2007 (2007)
Guatemala	2012		None Planned	
Honduras	2012	FY 2012 (2013)**	Plan Completed	2008 (2007)
Nicaragua	2009	FY 2011 (2012)	Plan Completed, Midterm Review Completed, Final Assessment Almost Finalized, Graduated	2009 (2007)
Paraguay	2008	FY 2010 (2012)	Plan & Midterm Review Completed, Graduated	2008 (2004)
Peru	2010	FY 2010 (2013)	Plan Completed; 2010 Assessment Finalized, Graduated	2006 (2006)

*Does not include condoms for HIV programs. **Under review as of December 2012—may be extended.

Source: Internal communication with USAID, October 22, 2012.

¹ Bolivia, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru.

² The benchmarks for graduation from USAID FP assistance are achievement of a modern contraceptive prevalence rate at or above 50 percent and a fertility rate at or below three children per woman (USAID n.d.).

were purchasing contraceptives using domestic funding exclusively (USAID | DELIVER Project, 2011); and in 2012, all eight countries had active contraceptive security committees (USAID | DELIVER Project, 2012).³

In the LAC region, Paraguay's experience establishing and strengthening a national CS committee serves as a success story for improving reproductive health indicators in a context of increased country ownership. In particular, the Paraguay CS Committee's steps to implement activities have been effective and well-functioning, offering a template of best practices for committees in other settings. In less than a decade, the country's CS committee has successfully fostered an enabling policy environment, leading to increased financing and political commitment that has made contraceptive supplies more easily available.

Step One: Establish a Sense of Urgency

In 2003, 70 representatives from the priority LAC countries met in Managua, Nicaragua, to discuss demographic trends in family planning, donor participation in FP programs, and contraceptive security. At that meeting, each country formed a national CS committee with a mission of promoting coordinated action among various stakeholders in the financing, procurement, and distribution of contraceptives, supported by international technical assistance. A subsequent meeting in Lima, Peru, examined successes in and barriers to contraceptive security based on situational analyses conducted by the USAID-funded POLICY II and DELIVER projects. Following these assessments, each country began to draft a national CS strategy.

Step Two: Create a Guiding Coalition

The CS committee convened by the Paraguayan Ministry of Health (MOH) after the Managua meeting included key stakeholders in family planning, such as the MOH, the Paraguayan Center for Population Studies, several bilateral health projects, and various donors, including

³ The committee in El Salvador was integrated into the Reproductive Health Alliance, and the committee in Peru is unofficial.

USAID, the Pan American Health Organization, and the United Nations Population Fund (UNFPA). The diverse backgrounds and expertise of the committee members contributed to their success in transforming the group into a motivated team, devoted to achieving its goals. Committee members also shared a history of advocacy on family planning and maternal health and a dedication to the rights of all Paraguayans to be healthy. Based on these common experiences and goals, the committee sought to create an enabling environment for FP and sexual and reproductive health (SRH) services, including access to information, services, and contraceptive methods.

Step Three: Create a Vision for Change

Under the leadership of the Paraguayan MOH, the committee met regularly and designed an official Strategic Plan for CS (2005–2010) that included the following elements:

- Political commitment and leadership
- Financing and acquisition of contraceptives
- Allocation and targeting of resources
- Logistics and administration for contraceptives
- Demand for and use of services

Step Four: Communicate the Vision

After drafting its Strategic Plan for CS (2005–2010), the committee used a two-pronged approach to communicate its vision for change through advocacy to national policymakers in Paraguay while simultaneously strengthening the logistics system for contraceptives. The strategic advocacy approach involved evidence-based policy dialogue with members of Parliament to create a plan that progressively substituted internal funds for donor funds to finance family planning. A new law established a protected line in Paraguay's national budget for the purchase of contraceptives, and a memorandum of understanding between the MOH and UNFPA was drafted for the actual purchasing mechanism.

The committee also worked with officials in the Department of Treasury and others to demonstrate the importance of their new responsibilities for purchasing contraceptive supplies and to streamline these processes. Guided by the USAID | DELIVER Project, committee members strengthened the logistics system by training personnel in logistics, counseling, and promoting informed and voluntary access to FP services. The committee helped redefine the basket of contraceptive methods offered by the MOH and added contraceptives to the list of essential medicines. Other efforts to strengthen the contraceptive logistics system focused on designing procedures for information systems, reporting, and forecasting for FP; dedicating storage facilities at the national and regional levels; and designating vehicles to transport and distribute supplies to health outposts.

Step Five: Empower Others on the Team to Act

While implementing its vision, the committee distributed responsibilities and tasks among its members according to their strengths and skills. The group included a former Minister of Health and professionals with decades of experience working directly on issues such as SRH, maternal health, equal rights, and women and young people's well-being. Capitalizing on the diverse strengths of the committee members made the implementation more efficient and effective. The strategy simultaneously fostered the participation of all committee members, consolidating them as a team working together to achieve their goals, and ensured that each member was engaged.

Step Six: Create Short-Term Goals

As part of its Strategic Plan, the committee monitored its progress in implementing activities on a monthly basis. Thus, the members were able to track advances toward each goal and clearly see both achievements and potential barriers. This strategy kept members motivated to work toward the ultimate goal of country ownership in CS.

Step Seven: Build on the Change

As the first Strategic Plan drew to a close, the committee evaluated its successes and the remaining barriers to contraceptive security in Paraguay. The members drafted a second Strategic Plan for CS (2011–2015) and added new goals, including increasing access to family planning for adolescents and integrating FP and HIV/AIDS. To achieve its new goals, the committee sought new members, both permanent and temporary. The new permanent members included representatives from other branches of the MOH, SRH nongovernmental organizations, and ministries of women, youth, and education; and representatives from the private pharmaceutical sector joined as temporary members to serve as occasional advisors on FP-related issues.

Step Eight: Anchor Changes in Organizational Culture

As part of the second Strategic Plan, in December 2011 the committee was granted a ministerial resolution to formalize its own functions and establish internal regulations. The members documented their successes by sharing lessons learned with others. In December 2011, committee members presented their experiences at a meeting of the USAID priority countries hosted by Paraguay, where they analyzed the factors that contributed to the committee's achievements. That analysis, drawn from interviews with key stakeholders and an internal document review, is the basis of this brief.

Conclusion

Because of its members' strong cohesion as a group, their shared vision, and clear institutional processes to achieve its goals and monitor and share its successes, the Paraguay CS Committee has achieved impressive advances in country ownership of family planning and contraceptive security. The committee has greatly diminished the incidence of stockouts and increased demand for and

access to contraceptives and SRH services. It has also facilitated MOH ownership of the financing, procurement, and logistics processes for contraceptives, as well as strengthened the policy environment for FP and SRH. This increased ownership, including the appropriate legal and normative frameworks to support these changes, will ensure that Paraguayans' access to FP supplies and services remains sustainable in the post-graduation era.

References

This brief is adapted from: Narváez, Carmen. 2012.

Sistematización de la Experiencia del Comité DALA Paraguay. Washington, DC: Futures Group, Health Policy Project.

USAID. n.d. USAID's *Global Health Strategic Framework: Better Health for Development FY 2012–FY 2016*. Washington, DC: USAID.

USAID | DELIVER Project. 2012. *Contraceptive Security Indicators 2012*. Retrieved October 31, 2012, from http://deliver.jsi.com/dlvr_content/resources/allpubs/factsheets/CS_Indicators_Data_2012.xlsx.

USAID | DELIVER Project. 2011. *Working Together Regionally to Save Lives Locally: How Latin America Increased Access to Family Planning Services and Supplies*. Arlington, VA: John Snow, Inc.

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