

**PHASE-OUT PLAN FOR USAID ASSISTANCE TO NICARAGUA
IN FAMILY PLANNING/REPRODUCTIVE HEALTH
Formative Assessment**

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ACRONYMS

APEO	Post-obstetric event contraception [<i>Anticoncepción post evento obstétrico</i>]
CMP	Clínica Médica Previsional [<i>INSS-supported medical clinics for insured patients</i>]
CPR	Contraceptive Prevalence Rate
CS	Contraceptive Security
DAIA	Disponibilidad Asegurada de Insumos Anticonceptivos [<i>Contraceptive Security Committe</i>]
ECMAC	Community Distribution of Contraceptive Methods [<i>Entrega Comunitaria de Métodos Anticonceptivos</i>]
ENDESA/DHS	Encuesta Nicaragüense de Demografía y Salud [<i>Nicaraguan Demographic and Health Survey</i>]
FAMISALUD	Familias Unidas por Su Salud [<i>Families United for Health</i>]
FP	Family Planning
FPG	Family Planning Graduation
FY	Fiscal Year
GON	Government of Nicaragua
HCI	Health Care Improvement Project
IADB	Inter-American Development Bank
INIDE	Instituto Nacional de Información de Desarrollo [<i>National Institute for Development Information</i>]
INSS	Nicaragua's Social Security Institute [<i>Instituto Nicaragüense de Seguridad Social</i>]
IUD	Intrauterine device
MOH	Ministry of Health
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PASIGLIM	Automated Information System for Logistic Management of Medical Supplies
RH	Reproductive Health
SIGLIM	Sistema de Información para la Gestión Logística de Insumos Médicos [<i>Information System for Logistic Management of medical supplies</i>]
SILAIS	Sistemas Locales de Atención Integral a la Salud [<i>Local Systems for Integrated Healthcare</i>]
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government

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1. EXECUTIVE SUMMARY

Since 1991, USAID has been a key health donor in Nicaragua, working closely with the Government (GON), Non-Governmental Organizations (NGO) and the private sector. During this period, USAID has been the primary donor, followed by the United Nation Population Fund (UNPFA), to provide contraceptive donation, technical logistics support, service provision and financial systems. Based on the analysis of demographic and institutional indicators, Nicaragua was targeted by USAID Washington for family planning (FP) graduation assistance in 2005. In 2006 a Letter of Implementation was signed between the Nicaraguan Ministry of Health (MOH) and USAID/Nicaragua to gradually reduce the donation of contraceptives from USAID to MOH - beginning in 2007 and ending in 2009 - which included the progressive increase of MOH contribution in contraceptive purchasing.

After a country visit from the regional team in 2007 and using data from the 2006/2007 Demographic and Health Survey (ENDESA/DHS), Nicaragua was selected for “imminent graduation” (graduation within 2-5 years) from USAID FP assistance. In 2007-2008, a country FP graduation strategy was design by a joint team from USAID/Washington and USAID/Nicaragua. In March 2009, the team developed a FP Graduation (FPG) plan, referred to herein as the FPG plan, which aims to leave Nicaragua with the capability of providing quality contraceptives and family planning services in all departments after graduation. The objective of the FPG plan and associated technical assistance through September 2012 is to ensure that mechanisms are in place, post-graduation, for advocacy, private sector enhancement, quality improvement and management strengthening.

According to the FPG plan, most USAID support for the Nicaragua FP program would end in FY 2011. Because of USAID’s funding cycle, activities funded in fiscal year (FY) 2011 will be implemented in FY 2012 and completed by September 2012. The overriding theme of Nicaragua’s FPG plan is contraceptive security. The strategy was also intended to leverage resources from other donors to assume family planning support, including the financing of the ENDESA/DHS in 2011/12, the foundation for the area of data for decision making.

Broadly, the Nicaragua FPG plan identifies five critical areas for continued support prior to the phase-out of USAID FP assistance, to ensure that the objective of the FPG plan was met. Those areas, in order of expressed priority, are:

- **Contraceptive security**
- **Market segmentation for family planning**
- **Family planning and Reproductive health system strengthening**
- **Improve FP services and quality assurance**
- **Data for decision making (ENDESA/DHS)**

A mid-term assessment of progress in implementing the FPG plan was programmed by USAID/Nicaragua to assess whether successful graduation of USAID FP assistance in September 2012 remains feasible in accordance with the phase-out strategy and progress to date.

The goal of the mid-term assessment was to determine if the implementation of the FPG plan is on target, to evaluate progress of the government and partners in promoting a sustainable family planning program after USAID/Nicaragua family planning assistance ends, and finally, to make recommendations for any needed adjustment to the plan. The methodology included a review of relevant documents, interviews with key stakeholders and informants, and visits to relevant project sites in-country.

The mid-term assessment was conducted from October 18th to October 27th by an assessment team from USAID/Nicaragua and USAID/Paraguay, with oversight and input from USAID/Washington. The team interviewed key government contacts from the MOH central office of logistics, Local Systems for Integrated Healthcare (SILAIS) and health centers, NGOs, USAID implementing partners and the United Nations Population Fund (UNFPA). The assessment team conducted a field visit to the regions of Matagalpa and Jinotega on October 26 and 27th to be able to learn about achievements and challenges to-date from local level counterparts (SILAIS, a regional hospital and municipal health centers). Staff from USAID/Washington provided support in the review of assessment instruments and report drafts.

This summary report describes the main findings of the assessment as well as critical recommendations for the remainder of the strategy and post-graduation period.

Major findings and recommendations

The assessment team concludes that overall mid-term progress of the implementation of FPG is very good. This conclusion was made by examining progress within each of the five strategic areas included in the plan in relation to illustrative benchmarks/indicators identified in the FPG plan. Eight out of seventeen indicators were already met or are right on target for timely completion. USAID Nicaragua has been very successful in integrating all of its current projects with a common vision and a shared goal towards graduation of USAID family planning assistance. An impressive level of teamwork has been accomplished with all USAID partners working together and complementing each other's efforts in supporting the MOH. As a result, it is evident that both the MOH and the Nicaraguan Institute of Social Security (INSS) strongly value the USAID assistance to date.

The mid-term assessment team considers that there is no need to modify the FPG plan's vision, objectives, or strategic areas, each of which remain relevant and important to the development of a sustainable, successful FP program in Nicaragua.

An important benchmark within the FPG plan was achieved, with regard to financial sustainability of the FP program: over the last three years, the MOH has increased the percentage of funding allocated for contraceptive commodities procurement, from 10.5% in 2007 to 50% allocated in 2010 (although not executed yet). Procurement has been partially made through UNFPA, which has benefited the country with lower, more competitive prices. At the same time, data from the USAID/DELIVER project shows that the INSS increased the number of insured women receiving FP services at their clinics, from 3.9% in 2008 to 31.3% in 2010. During this period, stock-outs were reduced and limited to the central warehouse and did not affect end-users.

It is relevant to emphasize the importance of ensuring financial sustainability during the remainder of the strategy, in light of the budgetary gap faced by the MOH, the dependency on UNFPA for half of their contraceptive commodities and the difficulties experienced in executing the available funding. During the assessment, the team was able to confirm that the 2010 contraceptive commodity procurement has not been completed yet, which presents a key short-term challenge to avoid stock-outs.

With regard to the Contraceptive Security Committee (known also as the DAIA committee), a new strategic plan for 2010-2011 was developed. The committee holds regular meetings with active participation from the MOH, UNFPA, John Snow, Inc. (DELIVER implementing partner), University Research Co. (Health Care Improvement implementing partner), NICASALUD, PROFAMILIA, PATH and IXCHEN to monitor the execution of the plan. There is a common perception among all individuals interviewed that the USAID/DELIVER project is taking the leadership role, convening the meetings, monitoring the strategic plan's implementation and providing overall assistance. The new strategic plan, however, recognizes this and actions are being taken to transfer the leadership role to the MOH during the remainder of the FPG plan.

On a separate note, it is important to emphasize the effort carried out by the Mission to monitor compliance with USAID policy requirements for FP programs. USAID/Nicaragua should be proud of its efforts to ensure voluntarism, informed choice and an integrated strategy, which promotes collaboration among its current partners to efficiently identify potential vulnerabilities and make corrective measures.

In order to guarantee that the objectives of the FPG plan are attained, the following critical recommendations are included by strategic area:

Contraceptive Security:

- Through the Contraceptive Security Committee (DAIA), advocate for the completion of this year's (2010) contraceptive commodities procurement through UNFPA.
- Continue to work with the GON to increase the amount of resources allocated for the procurement of contraceptive commodities during subsequent years.
- Strengthen advocacy efforts with UNFPA to ensure continuity of the provision of contraceptives beyond 2013.
- Improve the MOH procurement mechanism and advocate for joint procurement between the MOH and the INSS to promote more competitive prices.
- Develop and implement a strategy to eliminate the MOH internal barriers to procuring contraceptives.
- Initiate a transition strategy to increase the MOH's leadership within the DAIA.
- Develop a new DAIA Plan for the period 2012-2015 before USAID assistance graduation in September 2012.
- Continue advocacy activities through the DAIA to monitor the provision of all FP services nationwide.

Market Segmentation Strategy:

- Promote an alternative contraceptive commodity procurement mechanism for NGOs providing FP services to ensure financial sustainability, create improved conditions for NGO role in FP market share and reduce the burden on the MOH
- Continue the support to the Social Security Medical Clinics (CMPs) logistics system in order to expand the INSS role in the provision of FP services.
- Increase awareness of the FP availability among formal sector workers insured by INSS (Social Security)
- Explore the possibility of establishing a compensation mechanism between the INSS and the MOH to reimburse the MOH for the provision of FP services to INSS clients in public facilities.
- Increase efforts to promote adolescents' access to FP and reproductive health (RH) services.
- Utilize PATH's analysis on FP users profile report (to be produced during FY 2011) to increase private sector participation in the provision of FP services.

Family planning and Reproductive Health System Strengthening:

- Continue the effort initiated to monitor the use of FP norms and protocols, especially within the INSS
- Advocate for an integrated system for condom promotion with HIV/AIDS
- Advocate for more human resources at the SILAIS level to support the implementation of the Automated Information System for Logistic Management of Medicines and Medical Supplies (PASIGLIM)
- Monitor quality of data produced by the PASIGLIM during the remainder of the FPG plan.
- Assist the MOH through FamiSalud in strengthening the SILAIS capacity to expand the Community Distribution of Contraceptive Methods (ECMAC) strategy

Services and Quality Improvement:

- Increase efforts to transfer all tools developed by USAID-supported projects, including Health Care Improvement, DELIVER and FAMISALUD - to the MOH.
- Ensure institutionalization of the changes in services provision and quality improvement.
- Work with the CMPs to modify norms for contraceptive and service delivery (i.e., enable the delivery of more than one oral contraceptive per consultation).
- Continue advocacy efforts promoted by the DAIA to ensure availability of all contraceptive methods within the public sector (both MOH and INSS).
- Maintain efforts to increase pre-service training in FP norms and quality standards at the Public School of Medicine and Nursing school.

Data for decision making (ENDESA/DHS):

- Advocate with the government to endorse future ENDESA/DHS (Population based reproductive health survey)

- Work with partners and other donors to get a resource commitment plan to cover the costs of the survey.
- Define with the GON and other donors the appropriateness to implement the survey during 2011
- Advocate for a line item to cover the survey's costs in INIDE or MOH budgets

2. PURPOSE OF THE RAPID ASSESSMENT

USAID/Nicaragua conducted this formative assessment of its Family Planning Graduation Plan (FPG Plan) in order to determine whether successful graduation of USAID/Nicaragua from family planning assistance remains feasible in accordance with the plan. The Mission's purpose was to verify if: expected progress on key objectives outlined in the FPG plan were achieved; original assumptions are still valid; there are risks to continued progress; and adjustments must be made to the FPG plan for the remainder of implementation in terms of programmatic directions, staffing or budget allocation.

3. BACKGROUND

Nicaragua, with a population of around 6 million, has a net growth rate of 1.78 percent and is the second-poorest nation in the Western Hemisphere. USAID has supported health and other development programs in Nicaragua continuously since 1991, with significant expansion following Hurricane Mitch in 1998. The health program has focused on maternal and child health, water and sanitation, family planning and reproductive health, and HIV/AIDS. Roughly one-third of health funds have been designated for family planning and reproductive health programs

In 2001, USAID initiated a Contraceptive Security Committee (DAIA) to guarantee the security and continued availability of contraceptives, including after USAID family planning graduation; this is now an official MOH committee, with participation of United Nations Population Fund (UNPFA), USAID projects (DELIVER, Health Care Improvement (HCI), and FamiSalud), Profamilia, PASMO and the Nicaraguan Social Security Institute (INSS).

The 2007 ENDESA/DHS demonstrates the strength of family planning in Nicaragua: the total fertility rate (TFR) is 2.7 children per women and the modern contraceptive prevalence rate (CPR) is 69.8% of married women in reproductive age. Due to the strength of these indicators, and in accordance with the Technical Note: *Approach to Phase-out of USAID Family Planning Assistance*, Nicaragua was targeted for immediate graduation from USAID Family Planning Assistance.

In March 2009, a Family Planning Graduation Plan (FPG plan) was approved by USAID/Washington, with the ultimate goal of ensuring that mechanisms are in place in Nicaragua post-graduation, for advocacy, private sector enhancement, quality improvement and

management strengthening. USAID's post-graduation vision is to leave Nicaragua with the capability to provide quality contraceptives and family planning services in all departments.

The FPG plan was structured in two stages: immediate phase out and phase graduation. Immediate phase-out occurred from 2008-2009 and was focused on more general health system strengthening. Phase-out graduation was planned for 2010-2012 and includes priority activities that require continued, medium-term support to ensure the sustainability of Nicaragua's family planning program. The activities, in order of priority are:

a) **Contraceptive security:** Because the public sector family planning programs' reliance on donated commodities was perceived as a major threat, the strategy for contraceptive security (CS) largely focuses on this issue. Beyond procurement, expansion of the integrated logistics system and strengthening of the DAIA should continue, to ensure that these critical systems will sustain beyond USAID phase-out.

b) **Market segmentation:** The market segmentation component aims to ensure that there is a well-segmented market – with the commercial sector and NGOs providing methods to those who can afford to pay (including lower-cost commercial products), INSS covering its beneficiaries, and the MOH thus able to focus public sector efforts on targeting the poor, uneducated and inaccessible populations.

c) **System strengthening:** The objective of the system strengthening component is to ensure compliance with and approval and dissemination of standards related to family planning and reproductive health service provision in Nicaragua, as well as to improve advocacy around those issues.

d) **Improved services and quality assurance:** This component is intended to ensure that family planning quality standards and procedures, including access to the safest long term and permanent procedures, are maintained in the MOH and INSS systems in all districts – including the most poor and inaccessible.

d) **Data for decision making:** The objective of the data for decision-making component is to ensure that the implementation of a national health survey remains a priority and that local capacity to implement the survey exists.

The current partners implementing the FPG plan are: John Snow, Inc (JSI) under the USAID/DELIVER project, which is responsible for implementing the “*Contraceptive Security*” component and part of the “*Market Segmentation*” component of the plan; the Health Care Improvement project (HCI) implemented by University Research Co. (URC), implementing the “*System Strengthening*” and the “*Improve services and quality assurance*” components;” and the local NGO NicaSalud is accountable for the “*Market Segmentation*” and the “*System Strengthening*” components. The PRONICASS project also contributed to the “*System Strengthening*” and the “*Improve services and quality assurance*” component and finished in August 2010.

4. METHODS

From October 18th to 29th a team composed by three FSNs (two from the Nicaragua Mission and one from Paraguay) was responsible for conducting the rapid assessment. Two virtual members from USAID/Washington also collaborated in the process.

The team reviewed pertinent documentation and data, interviewed key informants (government counterparts, USAID implementing partners, NGOs and other international donors) and conducted site visits to two regions of the country (Jinotega and Matagalpa) in order to discuss with local and regional public health personnel the strengths of FPG plan implementation as well as any particular area for improvement or modification during the final two years.

On October 29th, a debriefing with Connie Johnson, the Mission Health and Education Team Leader, was conducted and the main findings and recommendations were presented and discussed. On November 19th, the Mission Health team presented and discussed the recommendations with Mission Director and Supervisory Program Officer.

5. RESULTS

The assessment team had found that overall implementation of the FPG plan is very good. USAID/Nicaragua has achieved important benchmarks during its implementation and an important number of the plan's indicators were met or are right on track for timely completion. (See Table 1 for a summary of FPG plan indicators status).

USAID/Nicaragua has supported the MOH in becoming more independent from international cooperation. The FPG Letter of Implementation signed in 2006 between USAID/Nicaragua and the MOH was fully implemented. The MOH has made an effort to gradually assume its financial responsibility in the procurement of contraceptive commodities, increasing its financial contribution from 10.5% in 2007 to 50% in 2010.

Family planning is one of the GON priorities and is included in the Multi-annual Health Plan for the 2011 – 2015 period presented by the MOH in September 2010. The document expressly includes Reproductive Health as one of its Strategic actions # 1.1.1.5 with FP included as one of the key actions to be promoted. The plan also includes indicators that reflects the GON's priority for FP, such as indicator # 40: FP post-partum coverage, # 43: % of health facilities offering at least three family planning methods #22: % of adolescents receiving reproductive health education through the family health teams.

The MOH Short term Institutional plan (for the period 2010-2011) also identifies FP as a priority when including under the Strategy 2 “ Quality medical care and free medicines” (*Atención médica de calidad y medicinas gratuitas*) the goal # 2.7 which states that the MOH is committed to “Guarantee family planning for women in reproductive age to support their

reproductive rights (*Garantizar la planificación familiar a mujeres en edad fértil a fin de apoyarlas en el ejercicio de sus derechos reproductivos*).

Stock-out of contraceptives has been reduced in 2010 and has affected only the central warehouse of the MOH. The Social Security INSS clinics and the CMPs are providing family planning contraceptives to those formal workers insured and their partners. CMPs in increased family planning coverage from 3.9% in 2008 to 31.3% in 2010.

The MOH has implemented a community distribution program for contraceptives known as ECMAC (Entrega Comunitaria de Métodos Anticonceptivos) currently under implementation in the majority of the SILAIS. FP norms were updated and widely disseminated not just to the MOH network of services but to the INSS clinics as well. The FP norms were also incorporated in the curricula of the Medicine and Nursing schools. With USAID assistance, the MOH is closely monitoring compliance at the facility level. A new program to increase the availability of long term methods was also designed and implemented, increasing the provision of these services in 2010.

USAID/Nicaragua and its local counterparts had also made a remarkable effort to promote the use of the data produced by the 2007 ENDESA/DHS. Secondary analysis was conducted, and the information utilized for decision making, such as the ECMAC strategy. Several materials were published with the data produced.

The DAIA is functioning regularly with active participation from the MOH, INSS, DELIVER, HCI, NicaSalud, Profamilia, PSI/PASMO, UNFPA, PAHO, women's NGOs and IXCHEN and has defined a strategic plan for 2010-2011.

A significant effort was also conducted by the USAID/Nicaragua health team to ensure compliance with the USG FP regulatory policy. Each of the implementing partners is monitoring different aspects of the policy and a set of instruments were developed to ensure consistent collection of data. With this system, USAID/Nicaragua has been able to identify potential vulnerabilities and take appropriate actions on a timely fashion.

Table 1 shows that Nicaragua's FPG plan implementation is right on track, with eight out 17 targets already achieved and the remaining in process to be accomplished in a timely fashion. The Mission has been very successful in establishing an integrated and coherent program, with all of its current partners working with a common view and shared goals. This situation has positively impacted the technical assistance provided by all USAID partners and had created a positive atmosphere around USAID technical support within the MOH and the INSS.

TABLE 1. NICARAGUA FP GRADUATION INDICATORS SUMMARY

Indicators by level and strategic component	Accomplished	In process	Comments
Impact Indicators			
Reduction of FPG			Reduction from 4.8 in 1990 to 2.7 in 2006. To be measured with the next ENDESA/DHS
Increase rate use of modern contraceptives			Increased from 49% in 1993 to 69% in 2006. To be measured with the next ENDESA/DHS
Intermediate Indicators			
A.1 DAIA functioning			Transfer of leadership from DELIVER to MOH still in process
A.2 Graduation Strategy included as sub intermediate result (IR.2) in SOAG			Complete.
A.3 Letter of implementation signed and implemented for gradual reduction of USAID contraceptive donation to the public sector.			All terms of the LoI 4 were implemented. MOH procuring 50% of its contraceptive needs with its own resources.
A.4 Donors coordination improved in RH/FP issues			Agreement about contraceptive purchases included in long term planning. Donors supporting the MOH in procurement and quality improvement.
A.5 Integrated logistic system implemented			SIGLIM implemented nationwide, PASIGLIM to be installed nationwide by December 2010.
A.6 Decrease in the number of health centers and health post that experience stock-outs of contraceptives methods.			Limited stock-out at the central level during 2010 not affecting the end-users.
B.1 MOH participation decreasing to 60%			67% in 2006. To be measured with the next ENDESA/DHS
B.2 Social security participation increasing to 18% in 2010			4% in 2006. To be measured with the next ENDESA/DHS
B.3 Private sector and NGOs increased and maintained between 14-16% of participation in market			19% in 2006. To be measured with the next ENDESA/DHS
B.4 Projection of market segmentation used for budgetary assignation and long term planning			DAIA reports.
C.1 Reproductive Health National Strategy Implemented			In process, multisector and multidonor approach.
C.2 Contraceptive Community Distribution Strategy developed (ECMAC)			ECMAC included in the new health model and partially implemented
C.3 Post obstetric event contraception strategy (APEO)			APEO being implemented nationwide.
D.1 Family planning national guidelines updated and implemented			Norms disseminated and its use monitored by MOH.
D.2 Increase availability of long term methods			Post event IUD and voluntary female contraception services functioning in all SILAIS and main public hospitals of the country. Referral system for community workers established.
E. DATA FOR DECISION MAKING			
E.1 ENDESA survey increased use for decision making			Results were widely disseminated and used. Several secondary analysis conducted and utilized for planning process at the MOH.
E.2 Next ENDESA preparation plan			INIDE leading the ENDESA/DHS preparation.
Number of intermediate indicators: 17	8	9	

The assessment team found no need to make modifications to the plan and that general assumptions remained valid. The main findings and achievement related to each of the strategic activities are as follows:

5.1 Contraceptive Security:

The assessment team found that the MOH is strongly committed to FP and is covering 50% of the contraceptive commodities needs with its own resources. Stock-outs were reduced and limited to the central warehouse, thus not affecting the end users (see Table 2 for details on allocated funding for the 2005-2010 period). During 2010 the GON has allocated US\$ 732,000 for contraceptive procurement, including US\$ 200,000 from UNFPA. The funds had not yet been utilized and represent 50% of the country's current needs. A similar amount is allocated for FY 2011. Most of the contraceptive commodities procurement is done by UNFPA with limited local procurement for Intrauterine Devices (IUDs). The MOH procurement process still needs to be improved and expedited. At the time of the assessment, 2010 funding was still pending of execution; however, a burly political will within the MOH and the DAIA lead the team to conclude that there is sufficient foundation to ensure completion of the procurement. The MOH recognizes the importance of better understanding the UNFPA procurement mechanism and in improving the current procurement process, which experiences delays every year for several reasons.

Table 2. Contraceptive commodities procurement for public sector 2005-2010

Financial source	2005	2006	2007	2008	2009	2010
USAID	1,089,894	461,726	428,450	554,645	577,832	0
UNFPA	1,017,945	1,030,672	461,213	455,676	1,093,142	715,000
MOH		9,000	103,830	591,665	196,907	732,079
PASMO					6,240	6,759
Total	2,107,038	1,501,398	993,493	1,601,986	1,874,124	1,453,838
% from MOH	0	0.6	10.5	36.9	12	50

Source: DELIVER project

The central warehouse experienced some stock-out of condoms during 2008 because condom distribution for FP and HIV/AIDS were managed separately. During 2009, the central warehouse suffered also a stock-out of oral contraceptives; however, the period of stock-out was less than a month and did not affect end-users.

The 2010-2011 plan developed by the Contraceptive Security Committee (DAIA) focuses on improving market segmentation and transferring all tools developed by USAID Partners to the MOH. The DAIA is actively working as an advocacy body and holds periodic meetings.

With regard to the logistic system, all 17 departments are currently using the SIGLIM and the computerized version, referred to as PASIGLIM, and is operating in six departments with the expectation that by the end of the calendar year it will be installed in all regions of the country.

It is likely that by 2012 all regions will be using the PASIGLIM and all delivery points will be using the SIGLIM. Although the MOH is the regulatory entity for implementation of the PASIGLIM, DELIVER is still playing a big role in monitoring, even reporting to the MOH on a periodic basis. USAID/Nicaragua is currently working to transfer monitoring activities to MOH staff.

The MOH is now able to forecast its contraceptives needs with no assistance from DELIVER. Technical staff at the MOH is using the PIPELINE as stated on the FPGP for forecasting purposes.

Despite the significant successes achieved by USAID/Nicaragua in strengthening the MOH's procurement and logistics capacity thus reducing stock outs, some gaps remain and need to be addressed - mostly related to budget and human resources. In terms of the budgetary processes, the MOH is facing significant delays and obstacles to execute funding on time. Additionally, the MOH is facing a financial gap, which is affecting its capacity to increase the amount allocated for FP program. Moreover, the allocated funding covers 50% of the contraceptive commodities but with insufficient funds identified for critical program elements such as materials (e.g., to print logistics management and information forms).

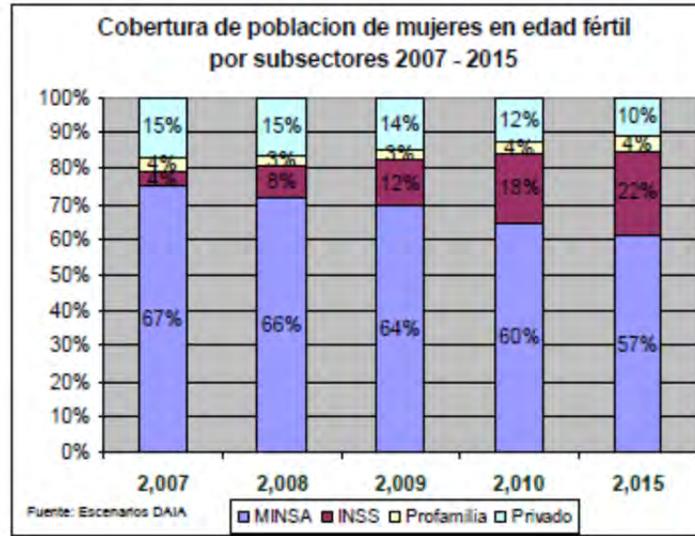
UNFPA has a plan to donate contraceptive commodities until 2013; however, their goal is to have the GON taking financial responsibility. It is unknown at this point if UNFPA will donate commodities beyond that period. Therefore, it will be critical for the DAIA committee to advocate for a new plan with the MOH to transition from UNFPA donation to government resources in the mid-term. Meanwhile, the Inter-American Development Bank (IADB) recently demonstrated interest in including contraceptive procurement as a component of their next health project to be implemented by the MOH.

Finally, making a transition from DELIVER's leadership role to the MOH will be also crucial in terms of programmatic sustainability moving forward. This can be done by, for example, rotating the secretariat and holding all DAIA members responsible for organizing the regular meetings and monitoring compliance with the DAIA strategic plan. At the same time, expanding the DAIA committee membership during the remainder of the strategy will reinforce the representation of the DAIA as a more robust advocacy group.

5.2 Market Segmentation:

The country's health policy allows for participation from all sectors in the provision of health services. The policy includes market segmentation for FP. As seen in Figure 1, four key services providers play a substantial role in family planning in Nicaragua: MOH, private sector, social security and Profamilia. It is expected that social security will play a most important role in the future.

Figure 1. Fertile age women coverage by market segments



All social security CMPs are offering FP services and the goal is to expand the program to all other providers of the social security during the next two years.

As shown in Table 1, the INSS has dramatically increased its coverage of FP users, from 3.1% in 2008 to 21% in 2010, according to DELIVER data. The INSS has also increased the number of clinics distributing contraceptives from, 21.6% in 2007 to 31.3% in 2010.

CMP authorities are well aware of the advantages of implementing a FP program: All CMPs are currently providing contraceptives. Spouses of social security recipients are able to receive contraceptives. Many CMPs have expanded FP services from pregnant women only to all women. These strategies must be replicated in all CMPs and among other private INSS providers and are fundamental in improving the distribution of public resources among those in the lowest quintiles of the population. Given that INSS services provide the same contraceptives as the MOH, work remains to be done to increase users' awareness of the available services and to redirect them to the INSS facilities in order to decrease the public sector burden.

Additionally, UNFPA plans to assist the MOH in targeting adolescents and improve their access to services and commodities, in response to high unwanted adolescent pregnancy rates identified by the MOH.

Although not included in the FPG plan, through the PrevenSida Project, USAID is promoting the integration of FP and HIV services. This is an important strategy that should be continued to strengthen the sustainability of family planning. Finally, a project currently under implementation by PATH, will be also be beneficial in providing data on FP consumers profile in order to develop strategies to better reach different populations.

Main challenges to be faced during the next two years are related to increasing the offer of FP supplies through the INSS and ensuring that those who can afford to pay are getting their services either by the NGOs or the commercial sector. The information to be produced by the

PATH study will help identifying better strategies to reach different target populations. Assisting the NGOs in accessing alternative procurement mechanisms with more competitive prices in order to increase their coverage is also a pending issue

5.3 System strengthening:

All targets included in the FPG plan have been accomplished. The Community Distribution of Contraceptives program (ECMAC) has allowed rural communities to have access to modern methods of contraceptives through a network of health promoters. Access to long-term methods is also promoted through the ECMAC, with the promoters making the appropriate referral for IUDs or voluntary female sterilization. Figure 2 shows the progress made to increase access to FP methods and to reduce gap between rural and urban areas.

Table 3 Family planning methods rate use by urban and rural population

Concepto	1993	1998	2001	2006
% Uso métodos	49	60	69	72
Brecha urbano rural	28	15	11	5
Uso en el área urbana	61	66	73.3	75
Uso en el área rural	33	51.4	62.3	69
Fecundidad Deseada	-	2.5	2.3	2.2
Fecundidad Observada	-	3.6	3.2	2.7

Fuente: UNFPA/SSR. Elaboración propia con base datos oficiales de ENDESA 1998, 2001 y 2006 y Encuesta de Salud Familiar 1992-1993.-

A post-obstetric event contraception strategy (APEO, in Spanish) is also being implemented. All SILAIS health units are offering long-term methods as part of the basic basket of contraceptives. It is important to note that USAID/Nicaragua has been extremely successful in promoting voluntarism and informed choice for all methods, and especially for long-term methods. The Mission has developed an integrated system to monitor compliance with FP regulations and policy through its partners. Support is being provided to the MOH to monitor compliance with voluntarism, and several communications instruments were developed to ensure that FP clients are well informed of their FP options and able to make a voluntary choice.

Another challenge is to ensure that all SILAIS health units have the capacity to implement and monitor the ECMAC strategy as well as support the MOH integrated logistics system for condom distribution for HIV/AIDS prevention, and the availability of long term methods (IUDs and Voluntary Female Sterilization-minilap).

Finally, ensuring that the MOH has the technical capacity and the resources to assume all the activities currently supported by USAID and carried out by USAID partners will be critical to ensure sustainability of the results achieved.

5.4 Improve services and quality assurance:

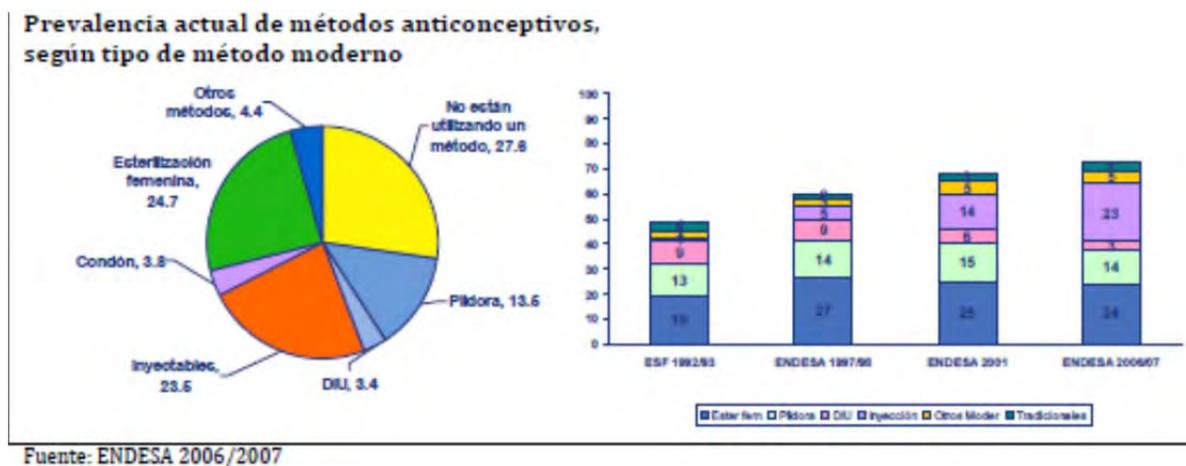
This activity is also a reflection of USAID/Nicaragua's progress in implementing the FPG plan. FP norms were updated in 2008 and published in 2009. With support from USAID, the MOH has made efforts to disseminate and monitor its use. All CMPs have incorporated the norm into their practice.

In all health centers and hospitals visited, public health staff was aware of the norms and the quality standards. At the same time, INSS facilities have incorporated the MOH FP norms and standard criteria for quality control, and the MOH is closely monitoring compliance in both policies. USAID/Nicaragua has also supported the incorporation of the FP norms into the curricula of the School of Medicine and the Nursing school. The nursing school incorporated a module on new standards for FP service provision, which is underway. With regard to the school of medicine, interns now have the opportunity to learn about the norms and protocol during the rotation.

As in most Latin American and Caribbean countries, turnover rates of health personnel are a main concern. Although training in FP norms and quality standards was conducted nationwide, the system is highly vulnerable to the turnover of human resources, and the MOH does not have a system for ensuring that new staff is adequately trained.

A special effort is being made to guarantee access to long-term methods. As seen in Figure 2, there is limited use of long-term methods (IUDs and surgical) and an increasing demand for Depo-Provera. USAID projects are contributing to increase the capacities of health personnel to offer long-term methods and provide services in accordance with MOH norms. The MOH is actively promoting the use of IUDs, which was evident during site visits and at the MOH central offices. Although all public health employees also mentioned the importance of voluntarism and free choice, there is a consensus among the DAIA members that this initiative needs to be carefully monitored. This will represent the main challenge under this activity for the remainder of the strategy.

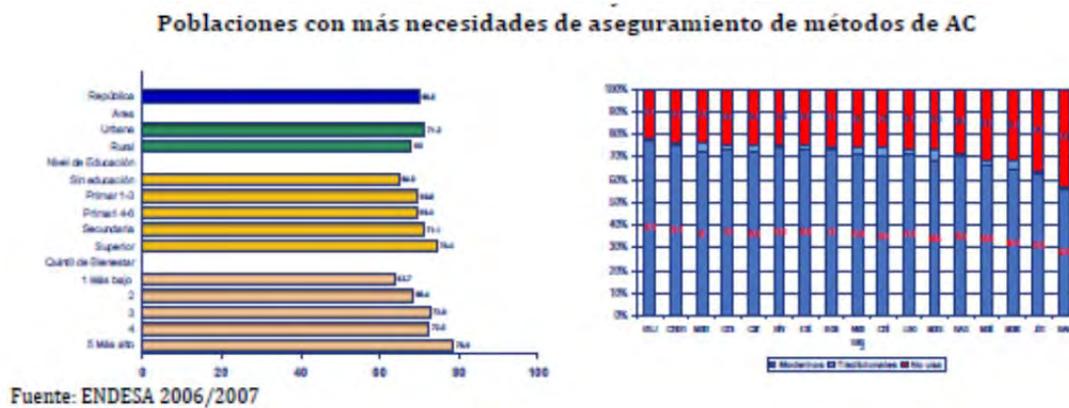
Figure 2 Use of contraceptive methods by type of modern method



5.5 Data for decision making:

Significant efforts were made by USAID/Nicaragua, its partners and the MOH to disseminate the results of the 2007 ENDESA/DHS. Data from the survey was published in different formats and was widely disseminated and used for programming purposes by all stakeholders. Secondary analyses were conducted, materials with key information were produced, and the results were widely disseminated. Based on the results of the study, the MOH developed a strategy to reach the poorest rural district (See Figure 3). The next ENDESA/DHS is clearly identified as a priority for all those interviewed during the assessment, and funds are available to cover most of the survey costs.

Figure 3 Most in-need population for FP services according to 2006/2007 DHS



The INIDE is taking the lead on the implementation of the next ENDESA/DHS and preliminary meetings with donors have been conducted with the main goal of ensuring that enough resources are available on time. USAID has worked with other donors such as PAHO, UNFPA, World Bank and the Embassy of the Netherlands to explore their willingness to cover part of costs of the next survey, and all of these organizations expressed interest. Global Fund is currently covering part of the survey, using funds from the 8th Round Global Fund HIV/AIDS project. PAHO already included technical support for DHS in their plans. USAID has US\$ 135,000 available, and other donors must be called upon by the GON to fill the gap.

5.6 Funding levels for the implementation of the FPG plan:

USAID/Nicaragua has received the overall level of FP funds foreseen in the graduation plan (see Table 3 below).

Table 3. Proposed and Received Population phase-out budget

USAID/NICARAGUA			
Funding level for the phase-out plan planned vs received			
Fiscal Year	Planned		Received
2007	2,661,000		2,600,000
2008	2,700,000		2,700,000
2009	2,600,000		2,700,000
2010	2,200,000		2,700,000
2011	2,000,000		

6. CONCLUSIONS

The assessment team concludes that overall progress of the implementation of the FPG Plan is positive. There is no need to modify the strategic areas of the plan and the original assumptions remain valid.

In conjunction with the DAIA, USAID/Nicaragua has led very effective advocacy efforts to strengthen the MOH political will; as a result, FP is considered a high priority within the GON and is included in the MOH National Health Plan and the corresponding annual monitoring plan.

With regard to the procurement of contraceptive commodities, the agreement signed with UNFPA had allowed the MOH to optimize resources, and the inclusion of a budget line item within the MOH for contraceptive procurement has been decisive to ensure availability. The procurement of contraceptive commodities needs to be improved and expedited. This can be accomplished by promoting the UNFPA mechanism and implementing advocacy and training activities among critical offices within the MOH. DAIA members can also benefit from the recent publication developed by DELIVER on “Improving the procurement of contraceptives methods: Practical tips.”

The design and implementation of the SIGLIM has contributed to the timely availability of commodities and has helped the MOH to reduce stock-outs of contraceptive commodities. The country is advancing towards a better market segmentation by increasing the participation of the INSS and the private sector.

However, challenges still remain to improve the procurement process within the MOH; advocate with public health staff involved in the acquisition process and ensuring timely completion of the procurement process; expand the provision of FP services through the Social Security network of services; and assist NGOs with more competitive procurement options.

The mid-term assessment team saw no programmatic need to modify the original vision, objectives, or technical areas of FPG plan, each of which remain relevant and important to the development of a sustainable, successful FP program. Recommendations for the ongoing implementation of each component were made and are summarized below.

In summary, the mid-term assessment team is impressed by advancements made in Nicaragua in implementing the FPG plan and expects that, with continued attention from the Mission staff and

implementation of the recommendations included on this report, Nicaragua will be well-positioned to succeed in achieving a sustainable FP program.

7. RECOMMENDATIONS

The team developed general and specific recommendations regarding ongoing implementation of each component in order to ensure that the objectives of the plan are attained.

General recommendations are as follows:

- Extend current FP projects to Sep 30, 2012
- Promote integration of FP with the Mission HIV and MCH activities.
- Define, with USAID/Washington, the post-graduation responsibilities in monitoring compliance with FP regulations.
- Ensure that all donors and stakeholders are aware of USAID phase-out and its impact on future RH implementation
- Discuss with USAID/Washington the possibility of receiving targeted funding for ENDESA/DHS, FP compliance and DAIA monitoring activities.
- Ensure that the MOH develops autonomy and self-reliance in CS technical work and decision-making by reducing direct support from DELIVER in the final year(s)

Table 4 provides recommendations for addressing the remaining challenges identified in previous sections of this report.

Table 4. Recommendations by strategy component and key challenges

Challenge	Recommendation for Improvement
Contraceptive Security	
Contraceptive procurement	Advocate within the DAIA for timely execution of the MOH funding for procurement Work with UNFPA to ensure continuity of the provision of commodities while the MOH gradually assume a bigger percentage of the needs. Advocate for sufficient resources for FP procurement.
Contraceptive Security Committee	Promote a more active MOH leadership within the DAIA while decreasing DELIVER's role as defined on the DAIA plan. Through DAIA, monitor the MOH decision to increase IUD use Assist the DAIA committee with the development of a new strategic plan for 2012-2015
Adolescent access to FP	Support the GON strategy to increase adolescent's access to FP services.
Market Segmentation	
Social Security	Continue to assist the INSS in expanding the provision of FP services nationwide Through DELIVER, assist the INSS in establishing a contraceptive procurement mechanism for contraceptives
NGO sector	Assist NGOs members of the DAIA committee in identify and structure a more competitive procurement option.
System Strengthening	
Community Distribution of Contraceptives	Intensify assistance to SILAIS capacity through FamiSalud to expand the ECMAC strategy.
Logistics	Support the MOH integrated logistic system for condoms with HIV/AIDS Monitor the quality of data produce by PASIGLIM
MOH institutional capacity	Gradually transfer of all USAID supported projects responsibilities and tools to MOH
Availability of long term methods	Continue the support to the MOH and INSS to increase availability of long term methods (IUDs and Voluntary female sterilization- minilap.
Improve Services and Quality Assurance	
Ministry of Health	Through NicaSalud and HCI assist the MOH and INSS with the provision of FP materials for counseling Implement the plan to gradually transfer the tools and skills developed by HCI to the MOH staff Continue monitoring FP compliance through implementing partners.
Data for decision making	
2011 ENDESA/DHS	Work with other donors and INIDE in defining funding availability and preliminary steps for the next ENDESA/DHS

Taking into consideration the possibility of a budget reduction in FY 2011, USAID/Nicaragua proposes to concentrate efforts and resources in certain key indicators. Table 5 details USAID/Nicaragua's priorities: the first column considers a scenario with 100% of the expected funds for FY 2011; the second column considers a reduction of 25%, and the third column, 50%.

TABLE 5 Selected indicators according to three financial scenarios.

Indicators by level and strategic component	FINANCIAL SCENARIOS		
	100%	75%	50%
Intermediate Indicators	100%	75%	50%
A.1 CSC functioning	Deliver	Deliver	Deliver
A.2 Graduation Strategy included as sub intermediate result (IR.2) in SOAG			
A.3 Letter of implementation signed and implemented for gradual reduction of USAID contraceptive donation to the public sector.			
A.4 Donors coordination improved in RH/FP issues	Deliver		
A.5 Integrated logistic system implemented	Deliver	Deliver	Deliver
A.6 Decrease in the number of health centers and health post that experience stock-outs of contraceptives methods.	Deliver	Deliver	Deliver
B.1 MOH participation decreasing to 60%	Deliver		
B.2 Social security participation increasing to 18% in 2010	Deliver	Deliver	Deliver
B.3 Private sector and NGOs increased and maintained between 14-16% of participation in market	Deliver		
B.4 Projection of market segmentation used for budgetary assignation and long term planning	Deliver	Deliver	Deliver
C.1 Reproductive Health National Strategy Implemented			
C.2 Contraceptive Community Distribution Strategy developed (ECMAC)	Famisalud	Famisalud	Famisalud
C.3 Post obstetric event contraception strategy (APEO)	HCI		
D.1 Family planning national guidelines updated and implemented	HCI		
D.2 Increase availability of long term methods	HCI	HCI	
E. DATA FOR DECISION MAKING			
E.1 ENDESA/DHS survey increased use for decision making	Deliver	Deliver	Deliver
E.2 Next ENDESA/DHS preparation plan	TBD	TBD	
Number of intermediate indicators: 17	14	9	7

Note: Yellow represents the selected indicators to concentrate efforts in FY 11 and the name inside the box, the project in charge of the indicator.

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