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# Increasing Families' Access to Improved and Expanded Family Planning Services through Political Commitment

**Innovative logistics system improves contraceptive availability at all levels; next steps must focus on sustaining local support for family planning as donations decline.**

DELIVER, 2005

*MOH staff member during the pilot testing of integrated logistics system forms. SILAIS Esteli, Health Center at San Juan de Limay*

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**Contraceptive security has been achieved when individuals have the ability to choose, obtain, and use quality contraceptives whenever they need them.**

With a population of 5.1 million in 2005[1] and an annual growth rate of 2 percent,[2] Nicaragua is one of the least populous countries in Central America. Administratively, the country is divided into 15 departments and two autonomous regions. Most of its population is concentrated along the Pacific Coast; more than 60 percent live in towns and cities. Although fertility and mortality rates have improved over the past decade, an estimated 80 percent of Nicaraguans live on less than U.S.$2 a day.[3] Nicaragua is currently in a "delayed demographic transition," as defined by the World Bank, with high to medium fertility rates that have been declining over the past three decades (6.9 births per woman in 1970 to 3.2 in 2001). Currently, 63 percent of the population is under 25 years of age. Adolescents (10–19 years old) comprise 26 percent of the total population.[4]

The contraceptive prevalence rate (CPR) has significantly increased over the past decade—from 60 percent in 1998 to 69 percent in 2001, and from 51 percent to 62 percent in rural areas. Use of modern methods also has increased, from 57 percent in 1998 to 66 percent by 2001, with similar trends in rural and urban areas. As of 2001, a variety of contraceptive methods were in use; these included 37 percent, voluntary sterilization; 21 percent, oral contraceptives; 21 percent, injectables; 9 percent, intrauterine devices; 5 percent, condoms; 3 percent, other methods; and 4 percent, traditional methods.[5]

The unmet need for family planning (FP) is lower than in many countries (15 percent), but disparities in contraceptive use and unmet need are wide between rich and poor and urban and rural

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populations. In addition, the CPR among those in the lowest socioeconomic quintile is 50 percent, compared with 71 percent in the highest quintile, and unmet need for FP in the poorest quintile (25 percent) is more than double that of the wealthiest segment of the population (10 percent).[6]

The Ministry of Health (MOH) is the country's main provider of free FP services and contraceptives, which are distributed through departmental and autonomous regional health offices and facilities (local systems of integrated health attention, or SILAIS). The MOH's share of the FP market increased slightly between 1998 and 2001, from 62 percent to 64 percent. The Nicaraguan Army and the Nicaraguan National Police Force also participate in providing health services, including FP. These kinds of public institutions are not often active as FP service providers in other countries in Latin America. The widespread public involvement in Nicaragua illustrates commitment from the entire public sector to providing FP services to the population.

Over the same period (1998–2001), the private-sector share of the contraceptive market declined from 37 percent to 34 percent; and nongovernmental organization (NGO) coverage[7] declined even more dramatically, from 18 percent to 14 percent.[8] Nevertheless, some NGOs continue to serve as important FP service providers. The private-sector Pan American Social Marketing Organization distributes condoms in pharmacies and non-traditional outlets. In 2001, the NGO Nicaraguan Family Well-Being Association (PROFAMILIA) was the second most important provider of reproductive health (RH) services in Nicaragua. PROFAMILIA operates 16 clinics and has an extensive community-based contraceptive distribution program which works through volunteer promoters offer to general and integrated RH services. PROFAMILIA's principal strategic focus is service delivery on a sliding fee basis. Since 1994, PROFAMILIA has moved away from its strong focus on FP toward a more integrated approach to reproductive health.

The U.S. Agency for International Development (USAID) and the United Nations Population Fund (UNFPA) are the main donors of contraceptives to the country and to the MOH. In 2006, for the first time, the MOH agreed to purchase U.S.$9,000 worth of condoms, which will be bid and procured locally; USAID and UNFPA will provide 69 percent and 31 percent of the remaining contraceptive needs, respectively. These organizations are planning to donate contraceptives to cover demand through at least the first quarter of 2008 (UNFPA) and possibly through the end of 2008 (USAID).

Using a draft phase-down plan which will be completed shortly, the MOH will begin to procure contraceptives—2 percent in 2006, 16 percent in both 2007 and 2008, and 17 percent in 2009—depending on the total USAID contributions per year. The phase-down plan will help prepare the country for the decline in donations and for sustained contraceptive availability after 2008.

## POLITICAL WILL TRANSFORMS THE FUTURE OF CONTRACEPTIVE SECURITY IN NICARAGUA

Historically, FP has been strongly supported in Nicaragua, fueled by a solid policy framework and a political environment conducive to the reproductive rights of women and men. The Nicaraguan Constitution explicitly guarantees the right to reproductive health and universal access to basic health services. The National Health Plan (2004–2015) calls for reducing unmet need for FP and includes unmet need as a performance indicator. The new National Sexual and Reproductive Health Program document will serve as a guide for the future delivery of quality RH services. This document is being published during a period of health sector reform; it can help protect FP resources and priorities in the face of expected structural changes throughout the MOH.[9] In addition, the Maternal Mortality Commission and the Contraceptive Security (CS) Committee actively address CS issues.

As one of its priority strategies, the Poverty Reduction Strategy (PRS) of 2000[10] also aims to improve access to and quality of RH services. Key policies and programs related to RH have been formulated within the framework of the PRS, which integrates concepts of overall health conditions, population growth and distribution, and economic

development to help combat poverty in Nicaragua in the years to come. Young people's RH rights and unmet need are prioritized in the PRS; indicators measure targets for provision of sexual and RH education in and out of school. Through its focus on reproductive health, the PRS aims to reduce maternal mortality and increase contraceptive use. All elements of the PRS give high priority to the most vulnerable groups in rural areas and to those living in extreme poverty.

In 2004, the Women's Integrated Health Program developed a new National Sexual and Reproductive Health Policy and a new strategy for community-based distribution of contraceptives. These programmatic instruments are expected to increase the number of FP users by approximately 10 percent.

RH policy statements seek to increase equity and quality of services through an integrated and sustainable approach to service provision for both adults and adolescents, including active coordination of the public, private, and NGO sectors. Since 2003, Nicaragua has shown a steady commitment to building partnerships between public and private organizations; this is reflected in the multisectoral membership and coordination within the CS Committee. In 2005, the CS Committee developed a comprehensive plan and an implementation proposal to help lay the groundwork for Nicaragua to begin financing, procuring, distributing, and delivering its own contraceptives.

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***Members of Nicaragua's Contraceptive Security Committee at a planning session***

## SOCIAL SECURITY INSTITUTE SHARES PUBLIC-SECTOR RESPONSIBILITY FOR PROVISION OF MATERNAL AND CHILD HEALTH SERVICES

Another important FP provider is the Nicaraguan Social Security Institute (SSI), which is one of the most innovative social security schemes in the Latin American and Caribbean region. SSI covers 10 percent of all primary health care needs through its provision of health services to its beneficiaries, most of whom live in urban areas.[11] SSI contracts with private medical providers known as provisional medical companies (EMPs). The EMPs function as private businesses and are located in both private and public health facilities that provide maternal and child health care to beneficiaries who receive FP during their reproductive years. Currently, SSI is reviewing its per capita structure to include FP services for the spouses (wives or husbands) of beneficiaries. SSI is committed to expanding access to FP in the coming years. This model illustrates the innovative ways public institutions can coordinate the provision of FP services to cover various segments of the population.

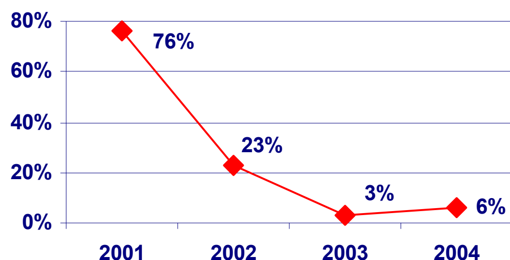
## ROBUST SUPPLY CHAIN ENSURES CONTRACEPTIVE AVAILABILITY AT ALL MOH FACILITIES

One of the main indicators of CS is the availability of contraceptives at service delivery points. The MOH takes pride in its remarkable improvements in logistics management and contraceptive availability in health posts, health centers, and hospitals in recent years. According to logistics performance evaluations, stockouts fell from an alarming level of 76 percent in 2001 to only 6 percent in 2004. During the same period, adequate availability of contraceptives increased from 8 percent to 94 percent.

This dramatic increase in availability is outstanding, especially considering that oversupply and frequent stockouts were serious problems for the MOH into the late 1990s. In 2000, to systematically improve logistics management and avoid product wastage and stockouts, the MOH launched a new contraceptive logistics policy and implemented a logistics management information system. Since then, USAID has targeted technical and financial

assistance toward improving contraceptive availability. Numerous professionals from the SILAIS have been trained in logistics management; job aids and manuals have been developed and disseminated; national contraceptive inventories have been performed; and the supervision system has been significantly strengthened.

**Percentage of Facilities That Experienced Stockouts at the Time of the Last Order**




Source: *2005: Contribuyendo al Desarrollo de Sistemas Logisticos Eficientes* (DELIVER-Nicaragua y el Ministerio de Salud)[12]

One of the core conditions of a robust supply chain is an efficient information system. Over the past five years, the MOH has shown exceptional commitment to improving logistics management by setting performance standards. Today, 100 percent of the 17 SILAIS service delivery points adequately aggregate essential logistics data: balances, adjustments, and average monthly consumption. Some of the interventions that helped improve staff performance were (1) the MOH's commitment to improve contraceptive availability, (2) periodic monitoring of the logistics process, (3) generation of readily available data to forecast contraceptive needs and plan purchases, (4) workshops to strengthen logistics information skills, and (5) visits to postpartum clinics to monitor the use of FP services and contraceptives.

## STREAMLINED CONTRACEPTIVE MANAGEMENT PROVIDES A MODEL FOR OTHER HEALTH COMMODITY SUPPLY CHAINS

In 2005, MOH officials decided to integrate essential medicine and contraceptive logistics systems. This initiative responded to the need to eliminate the redundancies and costs of parallel information systems. The integration initiative included a series of interventions: (1) evaluating current information systems to determine similarities and differences; (2) analyzing the advantages of integrating systems; (3) designing a single distribution and warehousing system; (4) training staff responsible for essential drugs and logistics management; (5) pilot testing the integrated system with tracer drugs and contraceptives; and (6) training personnel at the central level in the use of PipeLine, the procurement monitoring software tool.

These activities have enhanced the skills of staff at the Medical Supplies Technical Procurement Unit, which is responsible for managing the logistics for all medicines and medical supplies, including contraceptives. Many of the important lessons learned from strengthening the contraceptive supply chain are being applied and institutionalized to improve logistics management for all essential medicines.

## CHALLENGES AND NEXT STEPS

Nicaragua faces several challenges over the next few years to maintain these gains in contraceptive prevalence and simultaneously reduce its 15 percent unmet need for FP. To efficiently use resources and deliver services—especially to hard-to-reach populations—stakeholders will need to adopt a whole-market approach[13] to FP service provision. Different sectors will need to focus on their comparative strengths and coordinate services accordingly. Some of the challenges ahead include securing public resources to buy high-quality and affordable contraceptives; improving access to long-term contraception and postpartum FP services; increasing EMP coverage contracted by SSI; formalizing the CS strategy in the MOH to ensure the sustainability of efforts; expanding the CS Committee by involving civil society groups and other government institutions, such as the Ministry of Finance and the Secretary for Planning; continuing the MOH integration process for contraceptives and essential drugs; institutionalizing recent improvements in logistics management functions; and developing and institutionalizing the capacity to carry out cost-effective procurement after donations phase out.

## ENDNOTES

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7. This includes a sum of the major NGO FP providers in Nicaragua (i.e., PROFAMILIA, Ixchen, and Si Mujer).
8. See note 5.
9. Taylor, Patricia A., et al. 2004. *Nicaragua: Contraceptive Security Assessment, February 2–13, 2004.* Arlington, Va.: John Snow, Inc./DELIVER, and Washington, DC: Futures Group Inc./POLICY II, for the U.S. Agency for International Development (USAID).
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13. A whole-market approach requires recognition of the contribution various public, NGO, and private suppliers can make in meeting client needs and the fact that various populations may have a different willingness and ability to pay for FP services. The approach requires an analysis of the contraceptive market by segments—defined by the various socioeconomic and geographic characteristics of FP service users—to better serve the entire population.

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The authors’ views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

**DELIVER**
**John Snow, Inc.**
1616 North Ft. Myer Drive, 11th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
www.deliver.jsi.com