

# USAID | DELIVER PROJECT

## Final Report

### Regional Initiative for Contraceptive Security in Latin America and the Caribbean



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# **USAID | DELIVER PROJECT Final Report**

## **Regional Initiative for Contraceptive Security in Latin America and the Caribbean**

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## **USAID | DELIVER PROJECT, Task Order 4**

The USAID | DELIVER PROJECT, Task Order 4, is funded by the U.S. Agency for International Development (USAID) under contract number GPO-I-00-06-00007-00, order number AID-OAA-TO-10-00064, beginning September 30, 2010. Task Order 4 is implemented by John Snow, Inc., in collaboration with PATH; Crown Agents USA, Inc.; Eastern and Southern African Management Institute; FHI 360; Avenir Health for Development, LLC; LLamasoft, Inc; The Manoff Group, Inc.; Imperial Health Sciences; Asociasion Benefica PRISMA; and VillageReach. The project improves essential health commodity supply chains by strengthening logistics management information systems, streamlining distribution systems, identifying financial resources for procurement and supply chain operation, and enhancing forecasting and procurement planning. The project encourages policymakers and donors to support logistics as a critical factor in the overall success of their healthcare mandates.

### **Recommended Citation**

USAID | DELIVER PROJECT, Task Order 4. 2016. *USAID | DELIVER PROJECT Final Regional Report. Latin America and the Caribbean*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 4.

### **Abstract**

For more than ten years, with support from the USAID | DELIVER PROJECT and other implementing partners, countries participating in the LAC CS initiative have worked to reach the goal of giving every woman and man the ability to choose, obtain, and use contraceptives. The Regional Initiative brought countries together to share lessons and solutions, which were translated into national results. This report serves as a summary of the technical assistance provided, the south-south collaboration network left behind, and the way forward.

Unless otherwise stated, all photos in this document are credited to the USAID | DELIVER PROJECT.

Cover photo: Regional Meeting Participants from Dominican Republic, Guatemala, Honduras, El Salvador, Nicaragua, Peru, and Paraguay playing Contraceptive Security BINGO. June 2016, Santo Domingo, Dominican Republic.

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2003: Launch of CS in LAC in Nicaragua



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# Project Overview and Context

# Project Overview

The USAID | DELIVER PROJECT (the project), in partnership with ministries of health and other organizations, improves health outcomes in developing countries by increasing the availability of health supplies. For more than 30 years, USAID has been a world leader in providing health commodities to field programs—a critical component of health program success.

In 2003, after USAID's Family Planning Graduation Program had started, USAID's Bureau for Latin America and the Caribbean realized many countries still struggled to ensure long-term contraceptive product availability. National family planning programs, nongovernmental organizations (NGOs), and social marketing programs in all the countries faced major constraints in achieving sustainability in contraceptive financing, procurement, and service provision. USAID thought that if issues were similar in most countries, perhaps joint solutions could be found. With this in mind, in the summer of 2003, USAID established the LAC Contraceptive Security (CS) Regional Initiative under the USAID | DELIVER PROJECT and the POLICY Project.

The project convened countries to discuss lessons and solutions that were then translated into national results. With eight countries continuously challenging and supporting each other to improve CS, the

Initiative has been a great success and catalyzed FP gains to date. When there was a CS improvement in one country, policymakers and technical managers would adapt them to their context and implement a CS practice. For example, Paraguay and Nicaragua modeled the procurement experience of El Salvador to reduce lead times of UNFPA procurement process.

For more than ten years, with support from the USAID | DELIVER PROJECT and other implementing partners, countries participating in the LAC CS initiative have worked towards the goal of giving every woman and man the ability to choose, obtain, and use contraceptives. These countries include Bolivia, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru.

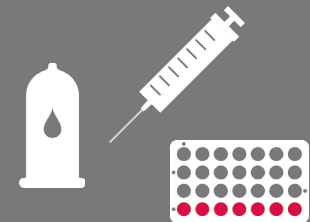
**Project objective:  
every person has  
the ability to**

**choose**

**obtain**

**& use**

**contraceptives**





## Investment in Technical Assistance

Throughout Latin America and the Caribbean, the project helped strengthen supply chain (SC) management systems for family planning programs and all essential medicines. The initiative established strong procurement mechanisms that enabled health facilities to obtain quality contraceptives at competitive prices, advocated for funded budget lines for contraceptive procurement, and established multi-sectorial committees that provided CS coordination, advocacy, planning, and action.

Since the LAC CS Initiative began in 2003, it has helped countries make supply chain and contraceptive security improvements by—

- ❑ mobilizing funded budget lines for contraceptive procurement
- ❑ establishing stronger procurement mechanisms to obtain high-quality contraceptives at competitive prices
- ❑ strengthening integrated supply chains
- ❑ maintaining and strengthening supply chains during health reform processes, such as decentralization and integration
- ❑ establishing multi-sectorial CS committees and other groups that provide coordination, advocacy, planning, and assessments. Also, market analyses leading to new CS strategies that will enable a public and private sector response to CS
- ❑ cultivating leaders and CS champions within public, NGO, and civil society sectors
- ❑ strengthening in-country capacity for data-driven decisionmaking.

## Results

After decades of receiving USAID donated contraceptives, today all seven governments invest public funds in contraceptive procurement -- six of seven countries cover 100% of forecasted needs with government funds.

Procurement options diversified, countries began procuring from Central American mechanism (COMISCA) at comparative prices to UNFPA.

Promoted efficient use of UNFPA procurement mechanism, leading to reduced timeline.

Eight family planning market studies implemented, and as a result Social Security Institute in Nicaragua dramatically increased provision of FP services.

SC costing study institutionalized in Peru. Costing data used to allocate funding for transportation in 2016 results based budget in La Libertad, Peru.

Three CS Committees are active, have a workplan and increased membership, including journalists, youth and civil society.

At least two active CS champions in each country continue to advocate to improve CS in seven countries.

# Family Planning

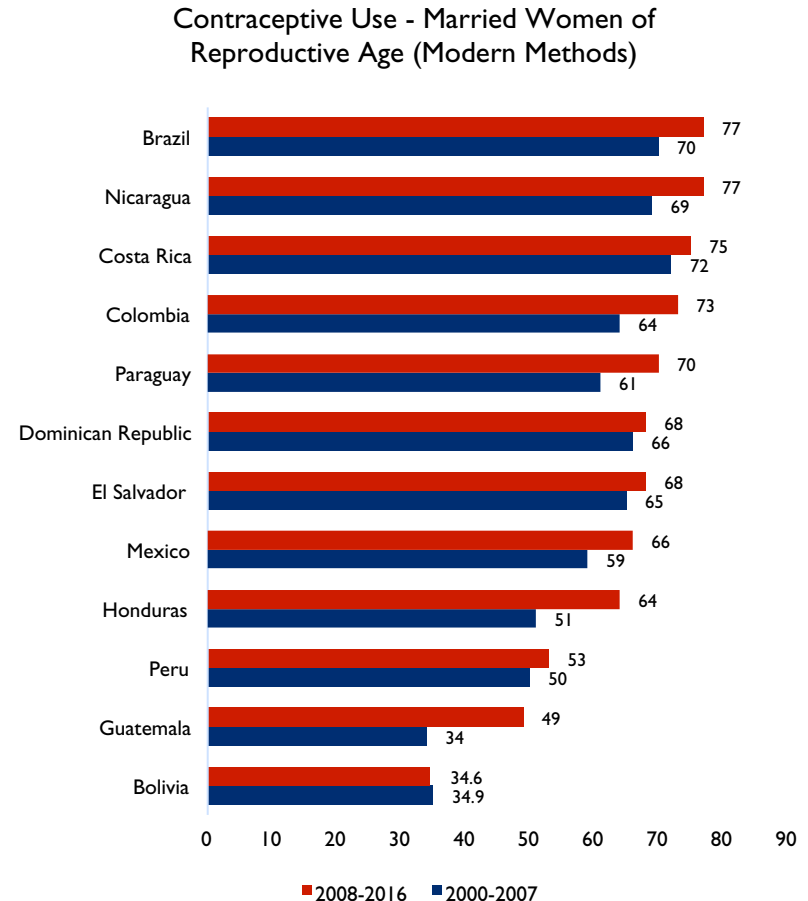
By helping women voluntarily delay, space, and limit pregnancies, family planning (FP) saves the lives of mothers and their children and saves thousands of dollars in health care spending every year.

Most Latin American countries have made dramatic gains in contraceptive prevalence rates since the mid- to late-1990s. In early 2000, countries began USAID graduation plans and contraceptive security efforts. During this time, governments made efforts to increase demand for FP including: improved service delivery, strengthened supply chains, and promoted family planning.

Moreover, after decades of receiving USAID donated contraceptives, today all seven governments invest public funds in contraceptive procurement. The LAC Contraceptive Security Initiative, as a regional south-south bridge, supported all these efforts by connecting countries to protect FP gains through sharing challenges and experiences and adapt solutions to each country's context.

Many more women and men in Latin America now have access to the contraceptives they need as seen in the next graph. However, there is still unmet need of FP in all countries, including middle income countries such as Brazil, Costa Rica, Colombia, and Mexico (that were not part of this Initiative). PRB Data from most recently available national-level surveys, such as Demographic and Health Surveys, Reproductive Health Surveys, Multiple Indicator Cluster Surveys, and national surveys shows that of the 25 countries in LAC, Haiti, Guyana and Bolivia have highest unmet need of modern contraceptives (35, 29, 20 percent respectively), while Puerto Rico, Paraguay and Brazil have the lowest (4, 5, and 6 percent respectively). During the period 2000-2016, modern use of contraceptives in Nicaragua equaled Brazil, Paraguay increased from 61 to 70%, and Dominican Republic maintained its use. While Guatemala, Bolivia and Peru have the lowest use.

The region's main challenge now will be to continue protecting CPR levels while reducing unmet need, particularly amongst population in vulnerable condition.



Source: National Reproductive Health Surveys of countries and Population Reference Bureau 2004, 2016.

## System Strengthening

Contributed to acknowledgement that supply chain systems should be a priority to achieve public health goals.

In 2005, the project recognized that certain supply chain functions were a major problem in securing a steady flow of contraceptives to the LAC countries. Regional focus was to promote sharing lessons to improve procurement, transport, warehousing, and information management.

Lessons from family planning logistics were applied to the entire supply chain strengthening process and resulted in general improvements in product availability for all product categories and various logistics functions including procurement, transport, warehousing, and information management. In recent years, the project enhanced the visibility of supply chains by providing technical assistance to Guatemala and Peru to implement supply chain costing analysis. This directly contributed to increased awareness of the hidden supply chain costs to deliver products to the last mile. In Peru, for example, in 2016 for the first time La Libertad Region included the transportation costs in their results-based budget process. During the SC costing analyses, efficient logistics management information systems (LMIS) were key for a smooth collection of logistics data.

Beyond contraceptive security, the LAC CS Initiative applied a systems strengthening strategy and helped disseminate lessons learned amongst seven countries to strengthen their integrated supply chains for all health products, including essential medicines, maternal and child health products, micronutrients, and vaccines. At the same time, the LAC CS Initiative helped key stakeholders (MOH, CS Committee members) to have an inclusive approach to expand participation and commitment to CS of several MOH departments and decision makers outside of reproductive health (RH) programs.

## Strengthening Supply Chains and Contraceptive Security

Increased stakeholders committing to improving Supply Chain and Contraceptive Security

CS Committee included youth, key MOH stakeholders, and media leaders in select countries

A Supply Chain Alliance was formed to facilitate technical assistance harmonization

Increased understanding of COMISCA pooled procurement negotiations for Mesoamerica and Dominican Republic

Increased visibility of supply chain costs to advocate for increased financing for supply chains





# Technical Assistance

# Technical Assistance Overview

Delivering high-quality health care to patients and clients requires health facilities and dispensaries to have a full supply of medicines and other health products. This necessitates a well-functioning supply chain.

Using best practices and innovative approaches, the USAID | DELIVER PROJECT develops and implements robust logistics solutions, fosters supportive commodity security environments, procures and ships health commodities, and partners with local organizations to build sustainable capacity.

In Latin America and the Caribbean, these efforts included—

## Strengthen Logistics System Performance

- Diversify Procurement Options
- Advocate for Increased Financing for CS and Supply Chain Functions
- Support Alliance for Health Logistics and Advocacy for Supply Chains

## Increase National Commitment to Commodity Security

- Promote Sustainable Financing for Contraceptives
- Empower Youth Contraceptive Security Leaders
- Foster Alliances for Contraceptive Security
- Provide Technical Assistance to Support LAC Forum of the Reproductive Health Supplies Coalition

## Build Sustainable Capacity

- Strengthen Human Resources in Health Logistics
- Collect and Use CS Indicators for Decisionmaking
- Strengthen Media Ability to Communicate and Advocate for CS
- Implement Total Market Approach and Segmentation Analysis





## Strengthen Logistics System Performance

To improve health outcomes in the countries where we work, the **USAID | DELIVER PROJECT** increases the availability of health products by strengthening supply chains and creating global commitment. These efforts are guided by the project's supply chain integration framework.

In the public health setting, an integrated supply chain links everyone involved in managing essential health commodities into one cohesive supply chain management organization, ultimately helping clients access quality health care services and supplies.

## Diversify Procurement Options

The project convened a multipartner team to address procurement challenges.

To help mitigate procurement challenges, the project convened a multipartner team—including the USAID | HEALTH POLICY PROJECT, USAID Missions, the U.N. Population Fund (UNFPA), and host-country governments—to study the contraceptive procurement situation and identify options for improvement for countries with similar regulatory and technical constraints.

For example, in 2007, procurement option analyses were conducted in nine countries. In 2011, a reverse auction, in other words a bid in which sellers and buyers compete to offer lowest price, procurement workshop was conducted in Peru. In 2014, in partnership with the Inter-American Development Bank (IDB) and the Mesoamerica Health Initiative, the project developed a brief describing the Central American Commission of Ministers of Health (COMISCA)'s regional pooled procurement and its advantages for LAC countries.

Once the team had a plan and clear recommendations, it developed advocacy messages and targeted technical assistance

to strengthen contraceptive procurement. The LAC CS team used regional research findings, workshops, publications, and advocacy to think strategically about how to improve procurement in each country.

Between 2013 and 2015, the project, in partnership with the IDB's Salud Mesoamerica 2015, successfully advocated for the inclusion of oral and injectable contraceptives, powdered micronutrient supplements, and zinc (for the treatment of diarrhea) on the COMISCA harmonized regional medicines list. El Salvador procured contraceptives through this mechanism in 2014.



## Results

- In 2005, El Salvador's Ministry of Health (MOH) saved U.S.\$3 million by procuring through UNFPA, rather than bidding on the national market.
- Nicaragua's MOH saved U.S.\$106,200 and U.S.\$320,000 in 2008 and 2009, respectively, by procuring through UNFPA.
- El Salvador made the UNFPA procurement process more efficient by reducing timeline from eight months to just four months.
- In 2006, various Peruvian government agencies pooled their resources and procured 165 essential medicines, including contraceptives, through reverse auction, saving approximately U.S.\$14 million.
- In 2010, the unit price of injectable contraceptives was reduced from U.S.\$1.18 in 2005 to U.S.\$0.41 (Medifarma, S. A.) through national (reverse auction) procurement in Peru.
- In 2014, COMISCA negotiated for the first time the unit price for injectable contraceptives with Pfizer to \$1.57 per vial. The market value of this injectable is approximately \$24.69.

## Advocate for Increased Financing for CS and Supply Chain Functions

Working with partner countries' ministries of health, the project supported and advocated for the incorporation of supply chain costing information.



MOH CENARES staff analyzing SC models and SC costing tool (Medellin Colombia, August 2014 )

The project supported countries through advocacy and supply chain costing for the purpose of helping them allocate and spend sufficient funds to manage effective supply chains. This activity included supply chain costing exercises in Guatemala and Peru, as well as a regional meeting that focused on identifying supply chain bottlenecks and effectively financing the public health supply chain.

In 2013, Guatemala's Ministry of Finance and MOH conducted a supply chain costing exercise. The results were disseminated widely

and the country worked to incorporate financing for supply chain management as part of the MOH results-based budgeting scheme. The results and benefits of the Guatemala experience were also disseminated across the region. As a result, ministries of health stated they would work to "facilitate promising practices to finance the supply chain."

In 2014, Peru decided to conduct a costing exercise as well, adapting the project's methodology while having it run and managed by government staff with very limited external support. This is a significant step that few countries have taken before. Moreover, the transportation and warehousing cost analysis done in La Libertad region in Peru led to budget for the first time funding for transportation in next year's results based budget.

In 2014, the Project also facilitated a south-south collaboration workshop between El Salvador and Guatemala to discuss supply chain bottlenecks and the supply chain methodology.

## Peru Costing Exercise Results

- This exercise helped document warehousing and transportation costs of life-saving medicines in La Libertad, Peru. It also increased visibility of the cost of distributing medicines to the last mile.
- The MOH invested its own resources in this important effort. This is helping to optimize the warehousing and transportation functions of the public health supply chain.
- The Peruvian government has taken full ownership of the process and has incorporated the routine collection of supply chain cost information in its web-based information system.

## Alliance for Health Logistics and Advocacy for Supply Chains

The alliance has helped align various partners' approaches to strengthening public health supply chains in the region.

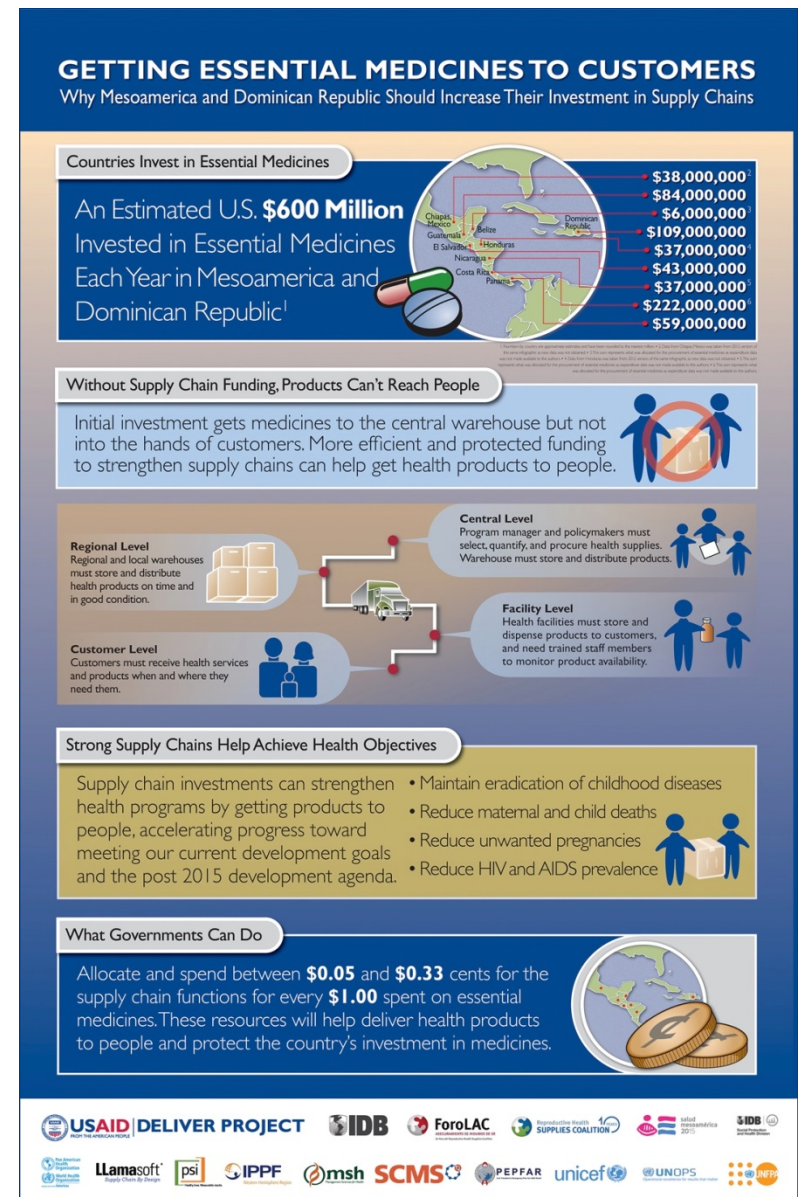
In 2012, the project, in conjunction with other development organizations, launched the Getting Health Products to People Alliance for Health Logistics, which seeks to improve health product availability throughout the LAC region. The partners committed to the leveraging of their collective resources for the purpose of sharing knowledge about interventions that help strengthen public health supply chains.

The alliance has helped align various partners' approaches to strengthen public health supply chains in the region. For example, partners developed and endorsed a results framework and concept note (in English and Spanish). The core members agreed that by bringing various actors together, forging public and private partnerships, and thinking beyond institutional confines, the alliance would be able to support good projects and promote successful scale-up of interventions into programs that can be sustained by local governments and private organizations.

The alliance also produced an infographic for health policymakers. Alliance members used this tool to encourage countries to invest in procuring essential medicines and in the public health supply chains that deliver these products to the people who need them.

The infographic demonstrates that by committing between .05 and .33 cents to supply chains for every US dollar invested in products, countries can strengthen their health programs, better serve their customers, and help meet their development goals. The infographic is available in both English and Spanish and was disseminated throughout the region by the 15 allied organizations.

In 2015, alliance members supported Guatemala's Ministry of Health in developing a supply chain master plan that includes seven strategic supply chain components.







MOH Guatemala delegation ready to present Guatemala public health supply chain management system (El Salvador, December 2014)



Dr. Jose Mordan, Director of DIGEMIA/MOH in Dominican Republic, speaking with journalists at a CS Training

## Increase National Commitment to Commodity Security

Contraceptive security (CS) exists when every person is able to choose, obtain, and use quality contraceptives and other reproductive health products whenever s/he needs them. Strong supply chains alone cannot ensure availability of or access to these commodities.

To help countries create an enabling environment for reproductive health commodity security, the USAID | DELIVER PROJECT, in collaboration with counterparts, undertook a variety of policy and advocacy activities at the global, regional, and country levels.

## Financing Contraceptives

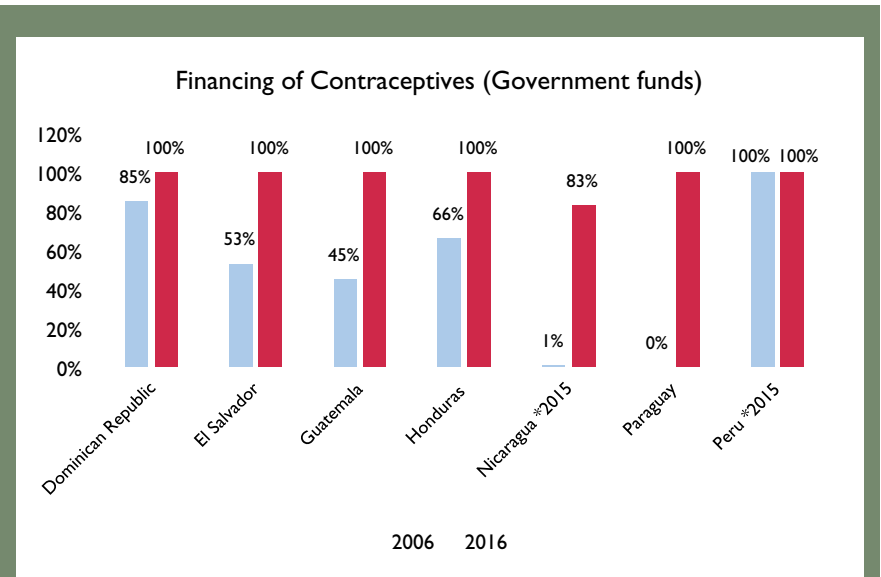
The project continued to advocate for countries to allocate and spend sufficient funds to cover 100 percent of contraceptive forecasts.

With rising demand for family planning services and declining assistance from USAID, as the major donor, contraceptive security advocates have been encouraging countries to gradually increase their funds to eventually cover 100 percent of their contraceptive forecast needs.

Using multiple approaches—research papers, presentations, trainings, advocacy events, and in-country technical assistance in selected countries—donors, technical assistance providers, and local counterparts have helped countries prepare budgets and generate government funds to cover their contraceptive needs. The project has monitored these commitments, provided many tools (for example M&E guide, CS Index, CS Indicator Surveys, Total Market Approach), and encouraged countries to increase funding for contraceptive procurement.

In 2016 CS Indicators demonstrate that six of seven countries paid 100 percent of their contraceptive forecasts, which shows public sector commitment to invest government funds to cover contraceptive needs.

These efforts, coupled with commitment from governments expressed in laws and decrees, have resulted in every public health sector in seven LAC countries gradually assuming responsibility to finance and procure contraceptive forecasts.



Source: Ministry of Health data for all countries.

Notes: Peru and Nicaragua data from 2015 CS Survey



- In 2016, 6 of 7 countries financed 100% of their contraceptive forecasts.
- Nicaragua financed 83% of contraceptives with government funds (2015 Survey).
- Due to stock on hand from 2015, Paraguay did not need to allocate additional contraceptive financing in 2016.



## Empower Youth Contraceptive Security Leaders

The project held various workshops and training programs to strengthen youth leaders' advocacy skills for promoting improved access to sexual and reproductive health services and contraceptives for adolescents and youth.

Since 2012, youth leaders in several countries have been mobilized and involved in strengthening reproductive health programs by providing a youth-friendly perspective. The youth have become well-versed in monitoring the CS situation in their countries and throughout the region. A regional network has been formed through a Facebook community that now has approximately 170 members.

In November 2013, USAID and Inter-American Development Bank-Salud Mesoamérica 2015 Initiative co-funded a regional event “Strengthening RH Services for Youth”, facilitated by Profamilia Colombia. This event included 60 participants from 10 countries. Youth leaders proposed alternate regional solutions to a) make high-quality affordable contraceptives available in youth-friendly sites and b) youth advocacy efforts. After this regional event, the project contracted youth leaders to develop plans to advocate for and monitor the availability of contraceptives for adolescents and youth in Dominican Republic, Guatemala, El Salvador, Nicaragua, Peru and Paraguay. In 2015, the project continued prioritizing access of RH services to youth.

In May 2015 the LAC CS Initiative organized a regional meeting to continue addressing CS challenges and find ways to increase youth access to contraceptives. During the meeting, country representatives discussed innovative distribution approaches to reach youth, including condom dispensers, RH fairs, and “casas clave” in Nicaragua. The Dominican Republic decided to adapt these three initiatives in a pilot youth outreach intervention called UEPA (Unidad Especial de Promoción Anticonceptiva), in conjunction with MOH, Asociación y Club Nuevo Ambiente (ASOCLUBNUAM), Profamilia, National Health Institute (INSALUD), Society for Family Health (SFH), with technical and financial assistance from UNFPA and SFH. As part of the closeout activities in 2015-2016, the project helped develop terms of reference for the manager of the youth Facebook page. Voting for a new manager was conducted in April and Sergio Alexander Santos from El Salvador was elected. He developed a plan to strengthen the page and is seeking collaboration from other agencies to continue supporting the page, focusing on RH supplies.

## Results

1. New and invigorating management of the youth and CS Facebook page.
2. Youth Ministry of Paraguay included availability of contraceptives in its policy agenda.
3. Ucayali Youth Center in Peru strengthened its youth clinic and established a partnership with MOH to provide condoms for its clinic.
4. In Dominican Republic “ASOCLUBNUAM”, Profamilia, and UNFPA adapted the Nicaragua youth clinics model to their model, called “UEPA” and conducted a baseline survey to pilot the model in Azua, San Cristobal, and Santo Domingo Oeste.



Youth leaders of ASOCLUBNUAM and journalist Emilia Santos/CIPESA, discussing role of civil society and youth leaders in advancing CS. (Dominican Republic, June 2016)

### Foster Alliances for Contraceptive Security

The project facilitated meetings in Latin America and the Caribbean aimed at identifying new partners and building stronger CS alliances

In recent years, civil society has been engaged in the south-to south network through a series of important regional meetings. Civil society will always have a fundamental role in ensuring continued financing and commitment to CS.

#### A south-south meeting and fruitful connections for CS

In 2014, a regional south-to-south exchange called Alliances of Civil Society and New Actors for Contraceptive Security in LAC gathered approximately 30 representatives from ministries of health, NGOs, and women's and men's groups that defend RH rights. During the meeting participants learned about RH groups and alliances such as the RH Observatory in Guatemala and the private hospital SUMEDICO in Nicaragua. Participants identified the most pressing challenges to strengthening CS, analyzed the role of civil society, and cultivated new CS champions to protect availability of contraceptives in their countries.

Leaders from Instituto Nacional de la Salud (INSALUD) and NicaSalud praised the meeting for teaching them about CS, about RH Observatories, and how CS is critical to their organizational objectives.

#### INSALUD and its Maternal Mortality Observatory, key champion in Dominican Republic

INSALUD, which runs the National Maternal Mortality Observatory in Dominican Republic, became a strong CS committee member after attending the 2014 south-to-south meeting. The MOH and INSALUD acknowledged that the meeting helped them build a bridge between civil society and the MOH to implement efforts within the CS committee. INSALUD collaborates with the CS committee and was the main partner in the CS training for media representatives in 2016. INSALUD also leads the advocacy sub-commission of the CS committee.



INSALUD and MOH representatives prioritizing strategies to improve CS in Dominican Republic (Antigua Guatemala, May 2014)



Journalists in group discussion at a CS training in Dominican Republic (January 2016)

## Fostering Alliances for Contraceptive Security (continued)

The project facilitated meetings in Latin America and the Caribbean aimed at identifying new partners and building stronger CS alliances

### New RH observatory CONEXIÓN in Nicaragua

After the south-south exchange in 2014, NicaSalud Federation formed the Nicaraguan Reproductive Health Observatory to catalyze information-sharing and surveillance of maternal deaths and unplanned youth pregnancies. The project funded a consultancy from the RH observatory of Uruguay to help NicaSalud develop a concept note. The CONEXIÓN RH observatory was launched at the well-known Nicaragua private University Central America in May 2016. The observatory gained the interest of academic institutions, youth organizations, and media representatives. Support from the project included the initial design of the observatory web page, which is part of the NicaSalud internet site. The launch of CONEXIÓN marks a new era that reinforces the empowering of women in Nicaragua and creates awareness about the benefits of preventing unwanted pregnancies among adolescents as well as the benefits of family planning. The observatory's objectives include monitoring CS and contraceptive availability to adolescents and youth.



US Ambassador giving welcoming words at the RH Observatory launch (Nicaragua, May 2016)

Key CS messages used throughout the years for advocacy to achieve Contraceptive Security



## LAC Forum of the Reproductive Health Supplies Coalition

A neutral regional Forum as platform for advocacy and community of practice in Contraceptive Security

### Technical assistance

In May 2010, the project participated in the launch of the LAC forum led by UNFPA. Since then, the project has provided technical assistance to the LAC forum and led one of its working groups. The LAC forum has grown to 547 members from 122 organizations, and has 42 official members from 28 countries.

Besides providing leadership and technical support to the LAC Forum, the LAC CS Initiative, upon request from USAID LAC Bureau, managed funding to PATH to support operations of the Reproductive Health Supplies Coalition (RHSC) LAC forum coordinator.

Through the life of the project, the LAC CS team participated in defining all strategies and priorities and made technical recommendations for the future of the Forum.

The project also drew on its network of partners to invite new organizations to the group and increase membership.

### Toward technical and financial sustainability

The project has participated in strategic planning meetings and provided consultancy to analyze the future direction of the forum as well as fund-raising opportunities for its financial sustainability. In 2014, the project organized a meeting in Bogota, Colombia, to identify the following priority themes for advocacy and awareness-raising activities: 1) reduce unmet need of adolescents; 2) analyze the use of long-acting FP methods; 3) identify bottlenecks to accessing financial resources for CS; and 4) advocate to reduce the price of contraceptives for vulnerable populations in the LAC countries that need them most. These priorities remain.

The LAC forum is expected to be the platform for continuing advocacy efforts and nurturing a community of practice to advance CS and protect CS gains in Latin America.

## Results

1. Increased membership by facilitating registration of participants from USAID | DELIVER PROJECT-led regional meetings—for example, youth leaders and media representatives
2. Facilitated dissemination and visibility of CS indicators
3. Stronger focus on youth by linking efforts with RHSC Youth Caucus



LAC Forum Mobilization Working Group meeting (Bogota, Colombia, February 2014)





CS Training participants playing CS Bingo  
(Dominican Republic, February 2016)



Regional Meeting, Nicaragua and Honduras delegates and  
IPPF representative (Dominican Republic, June 2016)

## Build Sustainable Capacity

An essential component of a robust health supply chain is the staff that implements logistics tasks. To run effectively, public health supply chains require motivated, trained, and skilled staff who are competent in the various essential logistics functions and who are empowered to make decisions that positively impact health supplies and supply chains.

The goal of the USAID | DELIVER PROJECT's capacity building activities is to strengthen human resources in public health supply chain systems in the developing world. A focus on developing a superior workforce allows organizations and individual staff to accomplish their customer service goals, ensuring higher performance among public health personnel and, therefore, increased availability of contraceptives and other essential health products.

## Strengthen Human Resources in Health Logistics in Nicaragua

Logistics training for health staff, who do not hold a degree, across health sectors promises to be a way to institutionalize supply chain capacity building.

Over the years, the project team has leveraged experiences and resources in countries. In Nicaragua, the project office was noted for its outstanding “maleta pedagógica” training model.

In 2016, the project partnered with National University of Nicaragua (UNAN) León to develop a supply chain curricula for empirical staff of all sectors and professional fields in Nicaragua. The curricula will help sustain capacity-building in supply chain management beyond the public sector in Nicaragua. It will also give a cadre of staff who do not hold a degree a set of basic but critical supply chain competencies. UNAN developed the supply chain curricula, which has nine learning modules covering health systems, medicines and their effect on the body, pharmacy management, logistics management, quality control and warehousing in pharmacies, prescribing and dispensing medicines, rational drug use, pharmacology and pharmacy, human relations, and teamwork.

The curricula is another step toward institutionalizing supply chain knowledge in academic institutions. The main benefit of this effort will be the certification of empirical staff who, for years, have learned the management of health supplies through peers and colleagues. With certification from UNAN, empirical staff will

gain professional recognition for their supply chain management skills and will have access to updated information on supply chain management through the data source management of UNAN.



Teachers and students of UNAN SC professionalization efforts led by DELIVER Nicaragua in 2014.



## Collect and Use CS Indicators for Decisionmaking

Data has been continuously collected in LAC to improve decision making for intelligent solutions to advance CS

### Collection of CS Indicators

The project has supported the collection of CS Indicators Surveys from 2009 to date to gather key indicators on financing, procurement, stock status in central warehouses, partner coordination, laws, contraceptive method mix and CS Committees.

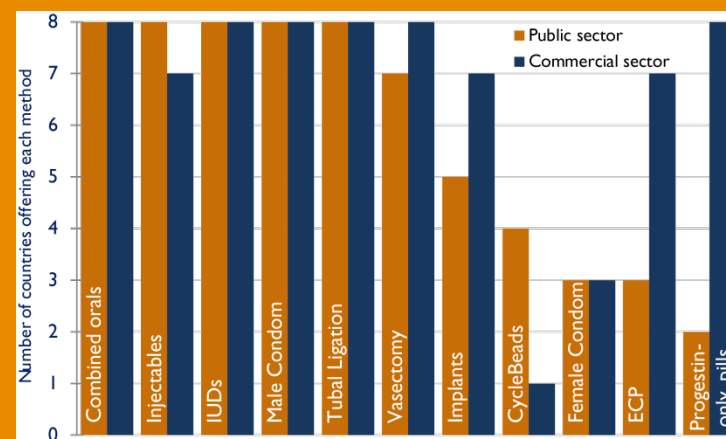
Since 2014, the project started engaging Ministries of Health in the data collection, using the RHSC LAC Forum platform. This responded to the need to disseminate more broadly the use and benefits of these indicators. In 2016, CS indicators report: (a) three active CS Committees (Dominican Republic, Guatemala, and Paraguay); (b) in six of seven countries forecasted need were paid with public funds; (c) public sector offer 8 methods and the NGO/ commercial sector offer 9 methods. In order to continue the visibility of gains and gaps, the challenge ahead is to continue motivating governments to collect and provide this data to the LAC Forum after the project ends.

### Analysis of FP market and unmet need among youth

The LAC CS Initiative contributed to segmentation analysis in 7 countries: Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Bolivia, Perú, and Paraguay.

The major challenge continues to be high unmet need (approximately 10% or less) among sexually active young women 15-24 years old. In addition, historic market data from more than 10 years will serve as institutional memory by which countries may monitor progress in the years to come.

On average, countries offer:  
8 methods in the public sector and  
9 methods in the commercial sector



Unmet need of Contraceptives, Youth WRA



Source: Data from the Demographic Health and Reproductive Health Surveys for all countries and years. <http://www.measuredhs.com/accesssurveys/>, and <http://www.cdc.gov/reproductivehealth/surveys/SurveyCountries.htm>.

## Strengthen Media's Ability to Communicate and Advocate for Contraceptive Security

Journalists and media representatives learned basic CS concepts to become strong advocates in Dominican Republic.

The project made efforts to inform journalists and media representatives about the importance of CS. In January 2016, with technical assistance from the project, INSALUD—through the Maternal Mortality Observatory (OBMM)—provided training to 25 journalists from Santo Domingo, Barahona, and San Pedro de Macoris on CS as “a pillar of meeting public health objectives and sustainable human development.”

The workshop aimed to broaden journalists' approach and understanding of various CS components that facilitate contraceptive availability.

During the workshop participants learned about the links amongst each CS element: a) the context and legal framework that facilitate public health actions, b) funding sources, 3) transparent and timely procurement processes, 4) logistics management, 5) coordination and alliances between

members of the CS committee, and 6) the total market approach to improving service delivery.

During the training, emphasis was placed on essential elements of CS such as multisectoral coordination with organizations that monitor and disseminate advances and challenges. Journalists also learned the concepts pertaining to the demand of contraceptives and other RH supplies and how meeting RH needs contributes to achieving public health goals and overall sustainable human development.

As a result of the training, the Circle of Health Journalists (CIPESA) became a member of the CS committee in the Dominican Republic. CIPESA also joined the global RHSC and LAC Forum.



CS Training for journalists (Dominican Republic, February 2016)

***As indicated by INSALUD and the OBMM, "Journalists have a crucial role to inform and sensitize the population on initiatives and programs that promote the common good, such as CS, which in the long run is reflected in effective public health policies."***

# Participatory Approach to Total Market and Segmentation Analysis

## Participatory Market analysis Approach focused on unmet need amongst youth

### Market analysis, including supply and demand

Over the years, the project helped countries analyze FP total market approaches as well as understand the trends of contraceptive use, reasons for non-use, and unmet need of contraceptives among sexually active women 15-24 years old. These analyses were conducted for the Dominican Republic, Guatemala, Honduras, El Salvador, Nicaragua, Bolivia, Peru, and Paraguay. Data for the Dominican Republic, Honduras, and Peru was updated in 2015

### Participatory process for the total market approach (TMA)

The project used a participatory process to test and develop a more practical market analysis. The approach combined demographic data analysis with current and future provider supply data which served to identify concrete strategies based on each FP provider's comparative advantage.

**Honduras 2009.** A strategic planning workshop was held to engage the commercial sector contraceptive suppliers in the CS planning process.

**Nicaragua 2010.** A meeting was held to analyze supply and demand data through a process that examined desk-based market analyses, facility-based data, and FP service supply. The information was used to conduct a gap analysis in the FP market and develop actions to resolve problems.

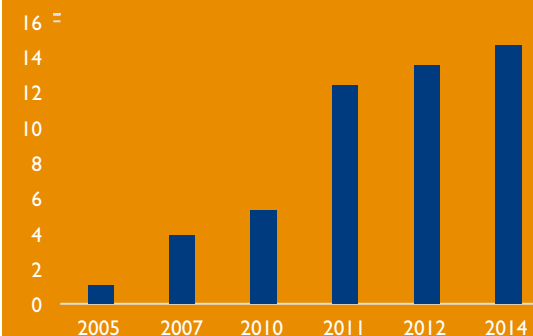
**Guatemala 2012.** A total market strategy was developed by the CS committee with support from the project and other USAID implementing partners (Support for International FP Organizations and Health and Education Policy Project).

By participating in the FP market analysis, stakeholders increased their knowledge about the family planning market, revitalized their commitment to improving service provision, and gained traction to develop more concrete and better coordinated strategies to reduce gaps in access to family planning services and commodities.

## Results

Nicaragua CS committee members used a participatory approach in 2010 that identified service gaps and gained concrete commitment from the Social Security Institute to significantly increase participation as shown in the graph below.

Percentage Participation Social Security Provision of FP services to affiliates



Source: ENDESA 2006/2007, Annual Reports Social Security Nicaragua 2010, 2011, 2012, 2014



# Las Alianzas Estratégicas Sostienen la DAIA. Parte 2

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Miriam de la Cruz, WFP Guatemala

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Jóvenes de ASOCLUBNUAM, República Dominicana



## The Way Forward

Youth leaders of ASOCLUBNUAM and journalist Emilia Santos/CIPESA, discussing role of civil society and youth leaders to advance CS (Dominican Republic, June 2016)

# The Way Forward

Looking back at thirteen years of the USAID Regional Contraceptive Security Initiative, USAID's objective to protect FP gains in targeted LAC Countries, maintaining CPR, reduce unmet need, and governments gradually funding contraceptives public needs were achieved in every supported country.

Despite much progress over the past decade, many LAC countries face challenges in providing family planning services to all segments of the population. Women living in rural areas, the lowest socioeconomic groups, the young, the less educated, and specific ethnic groups have significantly lower rates of modern contraceptive use compared to other groups. In Bolivia, Guatemala, Peru, Honduras, Paraguay, El Salvador, Nicaragua, and the Dominican Republic, CPR is an average of 8 percent lower in rural areas than in urban areas; and 18 and 15 percentage points lower in Guatemala and Bolivia, respectively. Moreover, countries still need to prioritize, improve performance and finance a robust supply chain in times of health reform and political challenges.

LAC countries have made tremendous progress by offering free and low-cost contraceptives, but most CS advocates know they will need to work harder to maintain the gains achieved in recent years, to extend services to underserved groups and to satisfy the remaining unmet need for family planning throughout the region.

Challenges will grow as the region prepares to increase FP and contraception services during the Zika pandemic.

The project's highly interactive and participatory approach showed that sharing challenges, solutions, and successes inspires country representatives to return home and develop customized CS strategies that work. Other programs and initiatives in the LAC health sector and other regions of the world can benefit from applying the principles of the CS Initiative.

RH observatories are platforms for citizens to exercise empowerment and oversight of RH advances and setbacks. Such groups can increase awareness by disseminating information and evidence about the importance of protecting sexual and reproductive health gains as well as contraceptive security gains in Latin America and the Caribbean.

Seeking and nurturing alliances between governments, private and commercial sectors, and national women's groups that keep the CS agenda in the political realm is an effective approach. Youth, media members, and journalists who are committed to RH/FP causes should be included in every RH national group or CS committee. They are in the best position to raise awareness about women and men's rights to contraceptives when they need them.

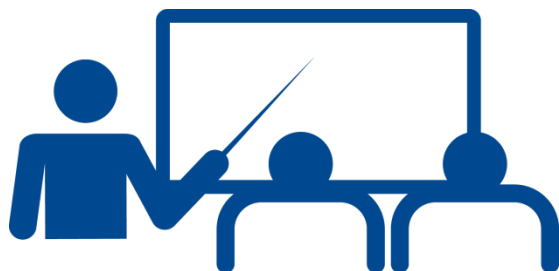
## Areas for Future Focus

- Maintain robust and effective supply chains during health sector reform.
- Help local stakeholders and donors recognize the supply chain as a strategic pillar for achieving public health goals.
- Continue to seek alternative and sustainable procurement options.
- Ensure adequate and sustainable financing for distributing contraceptives and other essential medicines to the last mile.
- Use practical and innovative data-driven tools to analyze the family planning market and reduce disparities and gaps.
- Implement creative strategies to reach the most vulnerable and difficult to access populations with a basic package of health services, including family planning.
- Continue the collaborative contraceptive security approach to strengthen health systems and protect gains to-date, by nurturing and strengthening the CS network formed over the past decade.



## Priorities for Countries

At the closeout meeting held in June 2016, the project facilitated a priority setting session to identify concrete short-term actions to increase availability of contraceptives. Following is a summary of the priorities by country:



**Dominican Republic.** Continue the UEPA strategy. Include youth leaders as members of newly formed CS subregional groups of the CS Committee.

**Honduras.** Advocate to open youth RH services in selected public schools by raising Ministry of Education awareness.

**Guatemala.** Incorporate 2013 SC costing data in future MOH budgets.

**Nicaragua.** Develop 2016–2017 plan for CONEXION RH observatory and continue fundraising for sustainability.

**El Salvador.** Expand RH youth services to offer education and contraceptives to youth who need them.

**Paraguay.** Raise awareness and funds to implement a Demographic Survey Study that will update RH status in-country. Also, MOH and Youth Ministry will explore feasibility of holding a meeting with Education and Youth Commission of Congress to prioritize RH and CS.

**Peru.** Strengthen civil society monitoring and advocacy of current policies to protect CS moving forward. Strengthen resource programming to improve last-mile distribution.

## Remaining Challenges:

- Collect and use SC costing data to gain SC visibility and to resolve bottlenecks in last-mile distribution.
- Continue collaboration amongst multiple cooperating agencies and projects in Guatemala, following the principles of the Supply Chain Alliance.
- Address existing bottlenecks in budget allocation and execution processes to expedite contraceptive orders.
- Continue efforts of civil society to monitor allocation of public funds and public expenditures to cover 100 percent of contraceptive needs, including unmet need.
- Increase use of condom dispensers at public health facilities to improve availability of contraceptives for youth.
- Promote long-acting contraceptive methods for those women that choose to use them.
- Include unmet need in contraceptive forecasts to increase coverage of FP services in times of Zika in targeted regions.





# Additional Resources

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# Acronyms

ASOCLUBNUAM	Asociación Club Nuevo Ambiente
COMISCA	Central American Commission of Ministers of Health
CPR	contraceptive prevalence rate
CS	contraceptive security
DARES	Supply Directorate of Strategic Health Supplies
CENARES	Supply Center of Strategic Health Supplies
FP	family planning
HR	human resources
IDB	Inter-American Development Bank
INSALUD	Instituto Nacional de la Salud
LAC	Latin America and the Caribbean
LMIS	logistics management information system
MOH	Ministry of Health
NGO	nongovernmental organization
OBMM	Maternal Mortality Observatory
Profamilia	Association for Family Wellbeing
PSI	Population Services International
RH	reproductive health
RHSC	Reproductive Health Supplies Coalition
TMA	total market approach
UEPA	Special Health Care Units (for its acronym in Spanish)
UNFPA	United Nations Population Fund
UNAN	National University of Nicaragua
WRA	Women of Reproductive Age

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