



## ISSUE BRIEF

# USAID'S PARTNERSHIP WITH NICARAGUA ADVANCES FAMILY PLANNING

### OVERVIEW

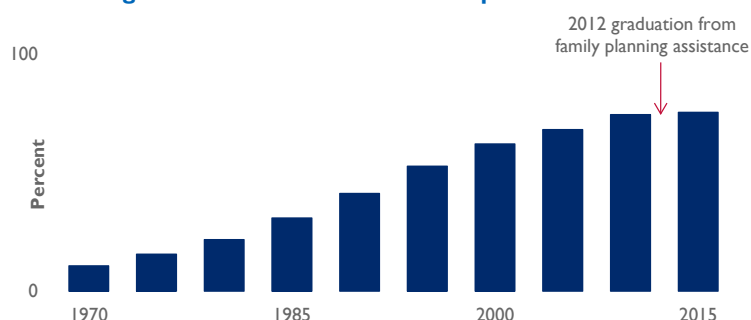
- Nicaragua, the U.S. Agency for International Development (USAID) family planning recipient from 1968 to 1979 and from 1990 to 2012, increased modern contraceptive use from 11 percent in 1970 to 75 percent in 2015, creating one of the region's strongest family planning programs, despite civil war, natural disasters, and its status as one of the poorest countries in the Western Hemisphere.
- Between 1991 and 2011, USAID invested more than \$200 million in health programs in Nicaragua: one-third of this investment went to family planning and reproductive health. This investment encouraged country ownership, as the Ministry of Health increased its funding for contraceptives from only \$9,000 in 2006 to more than \$1.7 million in 2012.
- USAID support to the Government of Nicaragua and non-governmental organizations closed the gap between the modern contraceptive use of the poorest and richest segments of the population. Nicaragua sustained family planning programming and ensured that inequities in access would not increase after its 2012 graduation from USAID family planning assistance.

For more than 4 decades, the Government and the people of Nicaragua prioritized family planning services as a way to promote healthier pregnancies and births and reduce maternal and child mortality. Nicaragua's family planning program became one of the greatest successes in the region.<sup>1</sup> In 1970, an estimated 11 percent of married women reported using modern contraception (Figure 1). Due to family planning outreach, education, and counselling on all available methods and improved access to care, an estimated 75 percent reported contraceptive use in 2015 – one of the highest rates in the Latin America and Caribbean region. Over time, there were improvements in meeting the demand for modern contraception. In 1970, 22 percent of married women reported that their need for these effective methods was satisfied, compared to 87 percent in 2015.<sup>2</sup> As modern contraceptive use increased, Nicaraguan women and couples managed the timing and spacing of pregnancies to achieve their desired family size. The average numbers of births per woman decreased from nearly seven in 1965 to about two by 2015. To contextualize these numbers, today Nicaragua's use of family planning exceeds that of the United States, where 69 percent of married women report using modern contraceptives, 85 percent say their needs are met.<sup>2,3</sup>

**The decision to have smaller families led to improved maternal and child survival.** With a decreasing number of births per woman, Nicaragua experienced improvements in maternal survival as the risk of pregnancy-related deaths decreased by 13 percent between 1990 and 2015 (Figure 2).<sup>4</sup> Among children, deaths in the first month, in the first year, and in the first 5 years of life fell by 58 percent, 63 percent and 67 percent, respectively, resulting in rates of mortality similar to the average mortality of the Latin American and Caribbean region.<sup>5</sup>

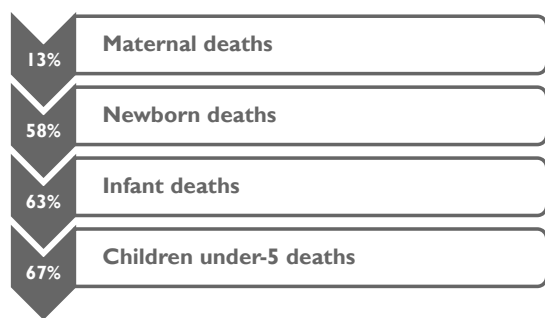
The partnership between Nicaragua and the United States resulted in major achievements in reproductive health including successful strategies for reaching the rural poor. In 1968, USAID began its family planning assistance to the Government of Nicaragua with initial strategies focused on extending health services to rural areas.<sup>6</sup> In 1971, USAID also initiated support of the non-governmental organization PROFAMILIA, which became a pioneer in family planning in Nicaragua. This political support set the stage for a demographic shift from high to low birth rates and increased support for women's rights. This was a tumultuous period in Nicaraguan history, marked by an earthquake in 1972 followed by a civil war in the 1980s. Due to civil conflict, the U.S. Government suspended all economic assistance to Nicaragua from 1979 to 1990. Despite these obstacles and the relatively low use of modern contraception (i.e., less than one-quarter of mar-

**Figure 1. Use of modern contraceptives increased**



Over 45 years, modern contraceptive use among married women age 15–49 increased, enabling women and couples to choose the timing and spacing of their children and achieve their desired family size.

**Figure 2. Reduction in mortality relative to live births**



From 1990 to 2015, improved access to and utilization of family planning led to reduced risk associated with pregnancy and birth. Relative to the number of live births, there were fewer women dying from pregnancy-related complications, and fewer newborn, infant and child deaths.

ried women), in 1981, the Nicaraguan Government promoted efforts to ensure that public and private sector organizations offered clients a variety of family planning methods.<sup>2,7</sup>

**Nicaragua's 1990 constitution guaranteed universal access to basic health services, including reproductive healthcare, paving the way for USAID assistance from the 1990s onward.** Investments in human capital enhanced quality of life and overall productivity. Nicaragua's 1990 presidential elections brought improvements in bilateral relations with the United States.<sup>8</sup> Upon resuming activities in 1990, USAID and the United Nations Population Fund (UNFPA) became the leading family planning donors in Nicaragua, providing technical and financial assistance, including the provision of contraceptives and logistics support.<sup>7</sup> The economic turnaround that followed allowed the country's decision-makers to shift from crisis control mode to longer-term pioneering strategies, particularly in remote rural communities where 80 percent of the poor live.<sup>9</sup> Government strategies targeted vulnerable families with projects that leveraged locally-driven initiatives. For example, Casas Maternas mobilized volunteers and non-governmental organizations to provide pre- and postnatal care to mothers.<sup>10</sup> The Nicaraguan Ministry of Health reduced the equity gap by leading family planning program delivery and policy development in 17 decentralized health districts known collectively as SILAIS (District System for Integrated Healthcare Delivery).<sup>11</sup> Health promoters became the liaison between the Ministry of Health and women who signed up for family planning through this program.<sup>7,12</sup>

**With the support of the Nicaraguan Government and donor organizations, non-governmental organizations and family planning volunteers worked together to improve family planning knowledge using broadcasted and printed messaging campaigns.** The local women's rights organization Puntos de Encuentro (Common Ground) used radio, television, and print media to foster community engagement on reproductive health. Beginning in 2001, Puntos de Encuentro produced the first Nicaraguan soap opera entitled, *Sexto Sentido* (Sixth Sense) to address controversial issues such as sex, drugs, domestic violence, and AIDS.<sup>13,14</sup> These messages were designed to provide information and education on family planning that balanced messages from liberal and conservative voices, such as the Roman Catholic Church.

During the final phase of USAID assistance, the Ministry of Health allocated its funds to purchase family planning commodities, while USAID invested in strengthening local capability to finance, procure, and distribute contraceptives. Beginning in 2005, the Government of Nicaragua developed strategies for assuming complete control over their family planning program as graduation from family planning assistance approached. In 2006, the Ministry of Health signed an agreement with USAID and UNFPA to gradually reduce contraceptive donations. In 2007, USAID representatives assessed the country as ready for graduation, citing progress in improving primary healthcare, reducing maternal mortality, and reaching rural areas with family planning programming.<sup>7,18</sup> Further demonstrating a readiness to take over family planning activities, the Nicaraguan Ministry of Health expanded the National Health Policy to provide health services free of charge to the entire population. The policy emphasized reducing gaps in family planning programs for marginalized populations, including the rural and urban poor and the indigenous population.<sup>7</sup> The graduation plan was developed to ensure Nicaragua's ability to provide quality contraceptives and related programming.<sup>18</sup> Between 1991 and 2011, USAID invested more than \$200 million in health programs in Nicaragua: one-third of this investment went to family planning and reproductive health.<sup>7</sup> By 2012, health measurement targets required for graduation were achieved: modern contraceptive use increased to more than 55 percent, and average number of births per woman declined to less than three.<sup>18</sup>

#### USAID SUPPORT TO PROFAMILIA CLOSED THE GAP BETWEEN MODERN CONTRACEPTIVE USE OF THE POOREST AND RICHEST SEGMENTS OF THE POPULATION

USAID worked with the Government of Nicaragua and PROFAMILIA (formerly known as the Asociación Demográfica Nicaragüense, and an affiliate of the International Planned Parenthood Federation) to close the gap in the unmet needs between poorer and wealthier populations by expanding public and private sector outreach in family planning. Between 1962 and 1982, 55 new health centers and 10 rural hospitals were established. In addition, more than 1,600 health workers were trained in family planning, and 105 health centers offered family planning programs.<sup>6</sup>

By 2009, PROFAMILIA was providing family planning programs to more than 300,000 people a year through 16 regional clinics (several financed by USAID) and nearly 1,000 community-based contraceptive distribution posts.<sup>15</sup> USAID provided technical assistance through centrally funded projects to build PROFAMILIA's capacity and sustainability. The clinics were a success and rapidly achieved a cost-recovery of 85 percent within 2 years of operations due to their location in heavily populated areas and broad offering of services.<sup>16</sup> USAID also provided funding through other non-governmental organizations, such as the NicaSalud Federation Network, in collaboration with international and local organizations to expand community-based family planning.<sup>17</sup>

The Government of Nicaragua's endorsement of international agreements related to reproductive health was key to the success of the graduation process. In June 2010, Nicaragua and other countries that participated in USAID's Regional Contraceptive Security Initiative reaffirmed their commitment to provide budgetary resources for reproductive health commodities. These commodities enabled people to choose, obtain, and use high quality contraceptives and condoms for family planning or prevention of HIV and sexually transmitted infections. Nicaragua joined representatives from Bolivia, the Dominican Republic, El Salvador, Guatemala, Paraguay, and Peru to sign the Declaration of Punta Cana, a strong statement of support for family planning. Over the next 2 years, the Nicaraguan Ministry of Health, USAID, other donors, Nicaragua's Contraceptive Security Committee, and other key players coordinated and integrated plans for a sustainable family planning program and reported remarkable reduction in maternal mortality between 2008 and 2012.<sup>18</sup>

Nicaragua sustained family planning programs and prioritized equitable access after graduation from USAID family planning assistance, providing reproductive healthcare that focused on adolescent pregnancy and lower income populations.<sup>19</sup> USAID's investment encouraged country ownership, as the Ministry of Health increased its funding for contraceptives from only \$9,000 in 2006 to more than \$1.7 million in 2012. The Ministry of Health and PROFAMILIA continue to be the largest health service institutions in Nicaragua. For those who are able to pay, the private sector provides contraception with little or no government subsidy.<sup>20</sup> Results from these programs have demonstrated that improving healthcare and family planning support healthy timing and spacing of pregnancy, which in turn decreases maternal and infant deaths.<sup>1</sup> With the help of public sector programs, innovative non-governmental organization activities and external support from agencies like USAID, women have achieved the smaller families and longer birth intervals they wanted. Nicaragua continues to provide the opportunity to grow and expand healthcare, including family planning, for more people.

## LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Ensure the availability of government funds to guarantee procurement of 100 percent of contraceptives needed for the population covered by the Ministry of Health.
- Reduce unmet need for family planning, particularly among adolescents. Nicaragua has one of the highest adolescent birth rate in the Latin America and Caribbean region, and 1 in 5 babies were born to women age 15–19 in 2015.
- Improve the quality of family planning programming.
- Retain skilled personnel to provide family planning services and to sustain the contraceptive logistics system.
- Strengthen private sector participation with affordably priced contraceptives.

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