



USAID | **NICARAGUA**
DEL PUEBLO DE LOS ESTADOS
UNIDOS DE AMÉRICA

DELIVER PROJECT: NGO LOGISTICAL STRENGTHENING COMPONENT

FINAL REPORT OF EXTERNAL PERFORMANCE EVALUATION

September, 2016

Managua, Nicaragua.

CLARIFICATION: The opinions expressed by the author of this publication do not necessarily reflect the opinions of the United States Agency for International Development nor the opinions of the government of the United States of America.

Evaluator

Yelba Jarquín, MSc.

Field and digital support team

Antonio Rivera, MSc.

Technical support and supervision

Marianela Corriols, USAID Nicaragua

Marcela Villagra, USAID Nicaragua

Internal validation

Oscar Núñez, USAID PrevenSida

Carolina Arauz, USAID DELIVER

Nora Quesada, USAID DELIVER

External validation

Directors and specialists from eight NGOs

This document was presented by the outside consultant Yelba Jarquín to the United States Agency for International Development under cooperative accord No. AID-524-A-10-00003 (USAID PrevenSida, Strategic Information component), implemented by the University Research Corporation (URC).

ACKNOWLEDGMENTS

We particularly recognize the directors and members of the participating organizations in this process of reflection and analysis, the project management teams of USAID and the Nicaragua Mission of USAID, who offered the necessary information to sustain this report, and all the personnel who directly or indirectly have given their support to this evaluation.

CONTENTS

EXECUTIVE SUMMARY..... 9

I.INTRODUCTION..... 12

II. METHODOLOGY 16

III. RESULTS..... 19

IV. CONCLUSIONS 33

V. RECOMMENDATIONS 35

VI. APPENDICES 38

APPENDIX # 1: Terms of reference..... 38

APPENDIX # 2: Schedule of field visits 43

APPENDIX # 3: Persons interviewed 44

APPENDIX # 4: Checklist 47

APPENDIX # 5: Polling guide 49

APPENDIX # 6: Instruments for the focus group 53

APPENDIX # 7: Instrument for individual interview..... 53

APPENDIX # 8: Evidence..... 54

APPENDIX # 9: General output table of the 27 indicators evaluated..... 55

TABLES AND FIGURES

Table 1. Research questions and applied methodology	16
Table 2. Evaluated aspects of the logistical cycle	17
Table 3. Achievement of training goals by the USAID DELIVER PROJECT	20
Table 4. Training and enabling NGO supervision	20
Table 5. Comparison of the 2013 baseline and the 2016 evaluation	21
Table 6. Fulfillment of recommendations by the organization.....	27
Table 7. Sustainability of actions according to NGO assessment.....	30
Table 8. Persistent gaps in the NGOs in September 2016.....	32

ABBREVIATIONS

ABC	Activity-based Costing
ACCS	Costal Campaign Association Against AIDS (<i>Asociación Campaña Costeña Contra el Sida</i>)
ADESENI	Nicaraguan Association for the Rights of Sexual Diversity (<i>Asociación por los Derechos de la Diversidad Sexual Nicaragüense</i>)
AIDS	Acquired Immune Deficiency Syndrome
ANICP+VIDA	Nicaraguan Association of Positive Persons Fighting for Life (<i>Asociación Nicaragüense de Personas Positivas Luchando por la Vida</i>)
ART	Antiretroviral Therapy
ARV	Anti-retrovirals
ASONVIHSIDA	Association of Persons with HIV/AIDS (<i>Asociación de Personas con VIH Sida</i>)
ASSIST	Applying Science to Strengthen and Improve Systems
CANSALUD	National Chamber of Health (<i>Cámara Nacional de Salud</i>)
CEGODEM	Center of Studies for Governability and Democracy (<i>Centro de Estudios para la Gobernabilidad y Democracia</i>)
CEPRESI	Center for AIDS Prevention (<i>Centro de Prevención del Sida</i>)
CIPS	Health Supply Center (<i>Centro de Insumos Para la Salud</i>)
CPV	Voluntary Counseling and Testing (<i>Consejería y Prueba Voluntaria</i>)
CURIM	Committee for the Rational Use of Medical Supplies (<i>Comité de Uso Racional de Insumos Médicos</i>)
DAIA	Assured Availability of Contraceptive Supplies (<i>Disponibilidad Asegurada de Insumos Anticonceptivos</i>)
DAISSR	Assured Availability of Reproductive Sexual Health Supplies (<i>Disponibilidad Asegurada de Insumos en Salud Sexual Reproductiva</i>)
DELIVER	Project of Technical Assistance in the Logistics of Medical Supplies (<i>Proyecto de Asistencia Técnica en Logística de Insumos Médicos</i>)
EMP	Social Security Medical Companies (<i>Empresas médicas Previsionales</i>)
EMC	Quality Improvement Teams (<i>Equipos de Mejora de la Calidad</i>)

FP	Family Planning
FSW	Female Sex Worker
FY	Fiscal Year
GAO	Western Self-help Group (<i>Grupo de Autoayuda de Occidente</i>)
GBV	Gender-based Violence
GF	The Global Fund
HCI	Health Care Improvement Project
HIV	Human Immunodeficiency Virus
HR	Human Rights
INSS	Nicaraguan Social Security Institute (<i>Instituto Nicaragüense de Seguro Social</i>)
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
M&E	Monitoring and Evaluation
MCC	Continuous Quality Improvement (<i>Mejoramiento Continuo de la Calidad</i>)
MINSA	Nicaraguan Ministry of Health (<i>Ministerio de Salud de Nicaragua</i>)
MSM	Men who have Sex with Men
NGO	Non-governmental Organization
OVI	Whole Life Organization (<i>Organización Vida Integral</i>)
PASIGLIM	Automated Information Systems Program for Logistical Management of Medical Supplies (<i>Programa Automatizado del Sistema de Información para la Gestión Logística de Insumos Médicos</i>).
PEN	Strategic National Plan (<i>Plan Estratégico Nacional</i>)
PEPE	First to Expire, First to Deliver (<i>Primero en Expirar, Primero en Entregar</i>)
PEPFAR	United States President's Emergency Plan for AIDS Relief (<i>Plan de Emergencia del Presidente de los Estados Unidos para el Alivio del Sida</i>)
PHIV	Persons with HIV

PREVENSIDA	AIDS-prevention Project in Key Populations in Nicaragua (<i>Proyecto de prevención del Sida en poblaciones clave en Nicaragua</i>)
RACCN	Autonomic Region of the North Caribbean Coast (<i>Región Autónoma Costa Caribe Norte</i>)
RACCS	Autonomic Region of the South Caribbean Coast (<i>Región Autónoma Costa Caribe Sur</i>)
SCMS	Supply Chain Management System
SIGLIM	Information System for Logistical Management of Medical Supplies (<i>Sistema de Información para la Gestión Logística de Insumos Médicos</i>)
SILAIS	Local Holistic Health Systems (<i>Sistemas Locales de Atención Integral a la Salud</i>)
STI	Sexually Transmitted Infection
SW	Sex Worker
TDR	Terms of Reference (<i>Términos de Referencia</i>)
TRANS	Transgender
URC	University Research Co., LLC
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

The objective of this consultancy was to evaluate the performance of the logistical strengthening component of the DELIVER projects in non-governmental organizations (NGOs) that worked with key populations with HIV in Nicaragua from 2013 to 2016.

The external evaluation was conducted by a national consultant with previous experience in performance evaluations of the Bilateral HIV Program of USAID Nicaragua (2013) and of the capability component of the same program (2015).

The research questions were as follows:

- Compared with the baseline, which aspects were strengthened in the field of storage and control of inventory in the organizations that serve key populations and that were beneficiaries of the project?
- What were the key actions in the process of transfer abilities in managing the logistical chain, applying tools for management strengthening and measuring key indicators?
- To what extent were the recommendations from the baseline diagnostic fulfilled?
- How was gender focus applied in the intervention design?
- What actions were sustainable once the intervention was completed?
- What gaps remained once the intervention was completed?

The evaluation was developed over four weeks, from September 1 to September 30, 2016. The methodology included coordination meetings with the USAID PrevenSida and Mission teams, reviewing relevant documents, adjusting the evaluation instrument used in the baseline, conducting 11 interviews at the administrative management level of the organizations and developing eight focus groups with the studied NGOs in the departments of Managua, León, Nueva Segovia, Río San Juan and the Autonomic Region of the South Caribbean Coast. The data were recorded and analyzed in Excel, using the normative method for evaluating the performance of a project.

Personnel from the USAID | DELIVER PROJECT provided technical assistance and training for the NGOs funded by USAID PrevenSida, conducting an initial diagnostic of the logistical capacities of the NGOs in 2013. The diagnostic included management of HIV supplies (inventory control, estimation of necessities, purchase, storage) and identified the baseline of the logistics indicators, priorities for technical assistance and recommendations.

The baseline findings reflected a lack of human resources trained in supply logistics, an absence of documents and/or forms to register the flow of supplies, an absence of internal control mechanisms to ensure inventory, insufficient space, and inadequate environments for storing supplies, particularly condoms, lubricants and HIV tests.

Based on these findings, the USAID | DELIVER PROJECT developed an intervention to strengthen the logistical capacities of the NGOs: the expansion of a pedagogical packet called “Applying Logistics to

Health Care Supplies,” which was used in 2014 for the training of 107 people from 42 NGOs that serve key populations. With a methodology for training facilitators, in 2015, 24 facilitators from twelve NGOs received grants from USAID PrevenSida and were trained. Both the USAID | DELIVER PROJECT and USAID PrevenSida conducted training in capable supervision between 2014 and 2016 to accompany the NGO improvement plans, which included providing the tools and equipment necessary for adequate storage and inventory control, such as storage guides, posters for humidity and temperature control, stowage cards, thermometers, thermohygrometers and electronic Kardex.

The results of the evaluation indicate that there was a marked improvement in the fulfillment of the 27 indicators evaluated, improving from 43.4% to 82.9% in all; 22 of the indicators improved, three remained the same, and two worsened. The principal advances were observed in having thermohygrometers or thermometers (0% to 100%), using thermometers or thermohygrometers, having visible expiration dates (0% to 91%), using supply reception forms (0% to 73%), having stock data collection forms and stowage cards (6.2% to 91%), having supplies labeled (13% to 91%), having sufficient space to store supplies (13% to 82%), applying the PEPE technique (56.2% to 100%), having and using consumption data collection forms (50% to 91%), having adequate supply stacking (63% to 82%) and having clean storage space (69% to 82%). Nevertheless, some aspects remain in need of improvement, such as updating stowage cards (0% to 36.4%), using stowage cards and stock data collection forms (0% to 46%), and performing physical inventory checks (31% to 55%).

The key successes were enhancing a plan of action to reduce gaps, focusing on continuous quality improvement, developing capacity among the organizations’ work teams, training facilitators, creating and distributing tools and the special offering of the USAID PrevenSida in training quality teams, enabling supervision visits and supplying equipment.

The recommendations presented during the baseline evaluation, which focused on improving storage and inventory control conditions, were 75% fulfilled.

Gender focus was integrated into the design, implementation and evaluation of interventions by incorporating organizations from LGBTI communities, procuring the development of their personnel and institutional capacities and strengthening their leadership.

Eight of the 11 NGOs believed that technical sustainability related to human resources training and the potential to maintain and transfer this knowledge exist within the organization. Only three of the NGOs believed that financial sustainability was within reach through alliances and fund management with other donors.

The principal gaps that persisted once the intervention was finished are related to financial limitations, the lack of available space for functioning, the lack of an infrastructure to store supplies, the high turnover of human resources, systematization of the training of their resources and the limited financing by donors that would allow the NGOs to keep their members active.

The recommendations:

The Mission of USAID Nicaragua should share its own experience and the experience of USAID PrevenSida to strengthen the capacities of NGOs on the regional level by direct dissemination of the report and the creation of articles to appropriately disseminate their knowledge.

The USAID | DELIVER PROJECT should disseminate this experience as an example of good practices with potential applications in similar contexts.

USAID PrevenSida should provide continuity to the supervision model with the NGOs, maintaining the checklist review as a component of the project's monitoring routine with the grantee NGOs.

The NGO should adopt the learning experiences and institutional strengthening reflected in this report, continue their process of growth, and seek funding sources to maintain their achievements.

In general terms, the recommendations focus on evaluating these results and the potential role of NGOs in participating in broader logistical efforts under the framework of the WHO country recommendations to begin universal treatment for all HIV-positive people; such implementation could require more active NGO participation with key populations.

I. INTRODUCTION

BACKGROUND

USAID has supported health and development programs in Nicaragua continuously since 1991, being the principal funder until 2012 of issues related to population, sexual and reproductive health and family planning in Nicaragua. USAID has worked closely with the government of Nicaragua, the private sector and non-governmental organizations (NGOs), providing technical assistance for logistical management, financing, and training systems for health care providers to improve the quality of services.

USAID's cooperation has significantly contributed to the development of programs related to health, nutrition, and maternal and child health, broadening the coverage and consolidation of family planning and strengthening the national response to the HIV epidemic.

In 2010, the Central American region and the government of the United States began the Partnership Framework for Cooperation in Response to the HIV/AIDS Epidemic (2010-2014) with funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR's purpose is to reduce the incidence of HIV/AIDS and its prevalence in high risk populations, utilizing an evidence-based focus, an emphasis on government cooperation and a technical assistance model focused on increasing the sustainability and appropriation of the country.

In this manner, the Mission of USAID Nicaragua has aligned technical and financial assistance from its various projects in the implementation of the PEPFAR framework for cooperation in its four areas: prevention, strengthening of health care systems, strategic information and policy reform, and prioritizing the needs of key populations (men who have sex with men, sex workers and female transgender people).

With funds from PEPFAR, since 2010, USAID Nicaragua has worked within the strategy of strengthening health systems (*fortalecimiento de los sistemas de salud – FSS*) to develop the key population in a more effective manner, coordinating the efforts of implementation allies to offer HIV/AIDS services that are sustainable and high quality. These services are centered on three key areas: offering services, human resources capacity in the area of health, and timely and adequate provision of essential medical products.

In this context, through the PrevenSida project, actions have been developed to reduce the transmission of HIV/AIDS among key populations, strengthening the institutional capacity of at least 50 NGOs to participate in the national response plans to HIV/AIDS. The activities have been supported by other projects associated with USAID such as ASSIST, the USAID | DELIVER PROJECT, PASMO and PASCA.

The USAID | DELIVER PROJECT

The USAID | DELIVER PROJECT, implemented by John Snow, Inc. (JSI), has offered technical and financial assistance to Nicaragua since 1998, with the initial purpose of supporting the establishment of logistical systems in the Nicaraguan Ministry of Health (*Ministerio de Salud de Nicaragua* – MINSa) and in the Association for the Well-being of the Nicaraguan Family (PROFAMILIA).

Since 2003, the project has offered MINSa technical assistance to strengthen its actions with regard to family planning (FP), providing institutional and inter-agency coordination to guarantee assured availability of contraceptive supplies (*disponibilidad asegurada de insumos anticonceptivos* – DAIA), the gradual purchase of contraceptives with fiscal funds, the process of integrating information systems regarding contraceptives and medical supplies, the estimation of contraceptive needs, and the strengthening of post-obstetric-event contraceptive services.

Beginning in 2005, the USAID | DELIVER PROJECT broadened its assistance to the Nicaraguan Social Security Institute (*Instituto Nicaragüense de Seguro Social* – INSS) and Social Security Medical Companies (*Empresas médicas Previsionales* – EMPs) through the National Chamber of Health (*Cámara Nacional de Salud* – CANSALUD). In coordination with other associates and donors, the project contributed to improving the FP indicators and developing abilities among the MINSa personnel to guarantee adequate provision of contraceptives in 100% of healthcare units. Similarly, the project contributed to the evolution of vertical logistical systems into a singular information system for all medical supplies, including contraceptives.

Between 2010 and 2012, the Automated Information Systems Program for Logistical Management of Medical Supplies (*Programa Automatizado del Sistema de Información para la Gestión Logística de Insumos Médicos* – PASIGLIM) was consolidated by national training and equipment; the establishment of the Internet in Local Holistic Health Systems (*Sistemas Locales de Atención Integral a la Salud* – SILAIS) and hospitals; the development and implementation of guidelines for acquisition, storage and distribution; constant monitoring and completion of logistical information; and quality improvement, processing and information-based managerial decision-making. Of the thirty supplies examined for quality control and regularly monitored by MINSa through PASIGLIM, four are HIV supplies (two anti-retrovirals, condoms and HIV quick tests).

Beginning with the diagnosis of the country's storage needs (DAIA/DAISR), the project supported the improvement of storage conditions for medical supplies by enhancing 53 plans for repair and construction of general medication warehouses. Similarly, the project's support was a factor in expanding the diagnostic and development plan for the central storage capacities of MINSa conducted by SCMS/USAID; training and offering technical support for best practices in stowage and storage; formulating general plans and strategies for the management and development of the medical supply system; developing and implementing the strategy for the rational use of supplies (guidelines, manuals and evaluation guides, training human resources, organization and function of CURIMs in prioritized

units and municipalities); implementing PASIGLIM and the CURIM strategy in eight EMPs and IPSS; and inserting the logistics of medical supplies into the curriculum of training schools in the country's universities.

The technical assistance of the USAID | DELIVER PROJECT on HIV began in 2011 by MINSA's request. Previously, the project was involved in the decentralization of voluntary tests with consultancy and antiretroviral therapy (ART) and the promotion of condom use tied to FP and other vulnerable populations. The technical assistance for the design and implementation of SIGLIM required profound transformations to unify six inefficient vertical systems in the processes of purchasing, storage, distribution, rational use, etc. Although the cooperation began with a focus on FP, its success in this area demonstrated the possibility of expanding guidelines and methodologies to the entire set of health care supplies, including medications for art, HIV tests and condoms.

The project also contributed to the strengthening of health care systems, improving the labor force capacities by transferring technical content and abilities to university professors and students and scientific associations working on HIV logistics. In this project, proposed objectives were tied to transferring the logistical and rational use of medication to seven public and private universities by implementing the pedagogical packet and developing operative research into supply logistics to promote evidence-based knowledge management in health care institutions.

JUSTIFICATION

Between 2013 and 2016, the USAID | DELIVER PROJECT strengthened the logistical management capacity of twelve NGOs receiving sub-grants from USAID PrevenSida. The project conducted a diagnostic of storage conditions and control of medical supplies and identified gaps in the management of condoms and lubricants. These findings and their derived recommendations formed the basis of implementing an improvement plan for logistical capacities, including personnel training and the formulation of improvement plans for their warehouses, finishing with the training of facilitators in the logistics of HIV provisions. In the process of enabling capabilities for NGOs, USAID PrevenSida managed to strategically integrate its colleagues, beginning with a recognition of the strengths and experience of each.

In 2014, to train the NGO personnel, the project designed a methodological packet for logistical training adapted for NGOs. With this, 107 members from 42 NGOs were trained, including personnel from the 16 NGOs included in this initial diagnosis. In 2015, the assistance was strengthened by the training of facilitators from twelve NGOs that received grants from USAID PrevenSida and that were also included among the initial sixteen.

This evaluation approaches the problem of the weak logistical capacities for health care supplies in NGOs that work with key populations in the last three years, advances following the USAID | DELIVER PROJECT intervention, and the principal challenges that persist despite all of the identified efforts and interventions.

The objective of this consultancy is to evaluate the performance of the USAID | DELIVER PROJECT interventions in strengthening the capacity for health care supply logistics in NGOs that work with key populations susceptible to HIV in Nicaragua, conducted during the 2013-2016 period.

The questions this evaluation answered were the following:

- Compared with the baseline, which aspects were strengthened in the field of storage and control of inventory in the organizations that serve key populations and that were beneficiaries of this project?
- What were the key actions for the training process for transferring abilities in the management of the logistical chain, application of tools for management strengthening and measuring key indicators?
- To what extent were the recommendations of the baseline diagnosis fulfilled?
- How was gender focus applied in the design of the interventions?
- What actions were sustainable once the intervention was over?
- What were the gaps that persist following the intervention?

II. METHODOLOGY

The performance evaluation of the interventions in strengthening the NGO logistics implemented by the USAID | DELIVER PROJECT was on track to respond to the six guideline questions mentioned in the introduction.

The evaluation has a normative design, beginning with a comparative analysis of the baseline situation evaluated in 2013 of the storage and internal medical supply conditions in NGOs that serve key populations and the current situation. In Table I, the methodological aspects are detailed.

Table I. Research questions and applied methodology

Question	Type	Information	Methodology	Data source	Sample method
Q1	Comparative	Quantitative, Qualitative	Analysis of results	Primary	The entire process
Q2	Comparative	Quantitative, Qualitative	Analysis of results	Primary	The entire process
Q3	Descriptive	Qualitative	Document review	Secondary	All of the documents
Q4	Normative	Quantitative Qualitative	Analysis of results	Secondary	All of the results
Q5	Descriptive	Qualitative	Analysis of results	Secondary	All of the conclusions
Q6	Comparative	Quantitative, Qualitative	Review of project development reports (fulfillment of indicators) Observation and field visits to organizations Focus group discussions Individual and group interviews using guides or questionnaires	Primary	The entire process All the reports 16 NGO participants: 11 NGO: 65% evaluated

The evaluation developed the following phases:

Organizational phase:

In the evaluation process, quantitative methods were used beginning with the fulfillment of the logistical indicators for health care supplies from each organization and of the set, complemented by qualitative information coming from an exhaustive document review and from interviews with people involved in the capacitation processes offered by the project and with those who have some responsibility in the management and/or storage of supplies. During this phase, an initial meeting was held with the USAID PrevenSida and the USAID Mission

teams, with the purpose of reviewing the methodology to use, selecting the organizations to visit, incorporating adjustments to evaluation instruments and the fieldwork schedule and that of the presentation of the products.

Field phase

The field phase began with visits to 11 organizations (100% of those planned) that were funded by USAID PrevenSida and included in the list of NGOs provided in the TDR. All NGOs that had active grants and were therefore managing health supplies were included. Previously, coordination was established with each organization, adapting the initial plan to the time availability of the organizations. The field work lasted from September 5 -19 of this year. Eleven NGO officials who had administrative management roles were interviewed (Annex #3.2). In the focus groups, 30 people participated who had technical or promotion roles (Annex #3.3).

Variables studied

The evaluation focuses on key aspects of the logistical cycle principally related to provisions by allocation (generally donations), inventory control, storage and consumption in terms of final users.

The variables studied are presented in *Annex #4: Checklist and Annex #5: Polling guide*. These variables correspond to 27 logistical cycle indicators, which correspond to provision, inventory control, product stock data, storage, and distribution or consumption.

Table 2. Evaluated aspects of the logistical cycle

Aspect of the logistical cycle	Conditions	Practices
Provision	Has a supply reception form	Use a supply reception form Estimate needs
Inventory control	Has electronic Kardex	Uses electronic Kardex
Stock	Has form for product stock Has stowage card	Uses form for product stock Uses stowage card Updates stowage card
Distribution or consumption	Has forms for delivery or consumption	Uses forms for delivery or consumption Uses PEPE Absence of expired products
Storage	Sufficient space Adequate lighting Appropriate humidity Ventilation Has a thermohygrometer Has refrigerators	Clean space Adequate stacking Uses a thermohygrometer Labeled supplies Visible expiration dates Absence of toxic products

Data collection instruments

The data collection instruments were essentially identical to the instruments applied in 2013 (*Annex #4: Checklist and Annex #5: Polling guide*). The forms were updated to add recent NGO data, the type of supplies currently being managed and the type of training and direct technical support received during the study period.

Data collection

The primary data were obtained on two levels: institutional and individual.

- Institutional level: The *Checklist and Polling Guide* instruments (*Annex #4* and *Annex #5*) were applied in each organization that participated in the initial diagnostic and was active at the time of the project evaluation, using the data collection instruments mentioned above. Structural interviews (*Annex # 7: Instrument for Individual Interview*) were also conducted with directors and/or administrative personnel from the NGOs, inquiring into the technical assistance received in strengthening logistics, transferring abilities, integrating gender focus, examining sustainability, and identifying gaps remaining at the end of the project.

Individual level: focus groups were implemented with operative technical personnel from the NGOs to explore new learning in institutional logistics strengthening (type of teaching received, degree of appropriation of the issues, aspects strengthened by the training), the characteristics of the subsequent supervision and monitoring, lessons learned, sustainability and gaps remaining at the end of the project.

Data analysis

The data were keyed in by professional personnel, and quality control was conducted on the physical surveys to reduce bias. Taking as a base the data obtained from the document review, the structured interviews, focus groups, checklists and applied polling guides, the investigation proceeded to qualitative synthesis and the construction of quantitative indicators with which descriptive analysis was conducted with tables, simple frequencies and percentages.

Validation of the results

As a component of the methodology, preliminary internal validation of the results was conducted with USAID personnel and implementing colleagues, and external validation was conducted with a broad number of participants, including colleagues, counterparts and beneficiaries.

Ethical aspects

An ethical framework was established, respecting the principles of autonomy, confidentiality and the volunteer status of the participants both in the spoken interview and the self-administered questionnaire. To protect confidentiality, the names of participants were not included on the questionnaires. All information collected was duly safeguarded.

III. RESULTS

3.1 What was the initial situation?

The USAID | DELIVER PROJECT in 2013 began logistics strengthening with twelve NGOs receiving sub-grants from USAID PrevenSida to contribute to improving the availability of HIV provisions. The baseline diagnostic of storage and control conditions of medical supplies identified gaps in the management of condoms and lubricants.

Of 27 criteria evaluated, only 43% were met. The criteria with the lowest fulfillment percentages were as follows:

- 0%: using stock data collection forms, using stowage cards, using supply reception forms, updating stowage cards, having visible expiration dates, and having climate control
- 6.2%: having stock data collection forms, having stowage cards
- 13%: having sufficient space to store supplies and labeling supplies

3.2 What was the USAID | DELIVER PROJECT intervention?

The strengthening focus developed jointly by the USAID | DELIVER PROJECT and USAID PrevenSida, organized by the Mission of USAID Nicaragua, included the following:

- An initial baseline diagnostic,
- A plan for institutional improvement and strengthening based on the findings of the baseline diagnostic,
- A training strategy that included the design of educational materials adapted to the needs of the NGOs,
- Allocating basic tools such as manuals, guides, posters, electronic Kardex, and thermohygrometers,
- A monitoring plan tied to rendering supervision more capable, and
- A final external evaluation to examine and measure the performance attained.

In 2014, to train the NGO personnel, the project designed a methodological packet for logistical training adapted to the NGOs. The participants selected were responsible for storing provisions. In this training, the pedagogical packet “Applying Supply Logistics” was used, adapted for NGOs. The course lasted two days. These workshops were organized in Managua, Bluefields, León, Bilwi and Río San Juan.

The workshops trained 107 members from 42 NGOs, including personnel from the sixteen NGOs present during the initial diagnosis. In 2015, 24 facilitators were trained in twelve NGOs that received grants from USAID PrevenSida and that were also part of the initial sixteen (Table 3).

Table 3. Achievement of training goals by the USAID | DELIVER PROJECT

Name	Goal/NGO #	Reached #	# people made capable	Percentage %
FY13	16	16	Baseline	100
FY14	42	42	107	100
FY15	12	12	24	100
Total	42	42	131	100

During the period evaluated (2013-2015), the 11 organizations received a total of 48 monitoring and enabling supervision visits, following up on whether the recommendations presented during the baseline were enacted. Table 4 summarizes the training, monitoring and effectiveness of the supervision training received by each NGO.

Table 4. Training and rendering NGO supervision capable

NGO	Training by DELIVER	Rendering supervisors effective by USAID PrevenSida and USAID DELIVER PROJECT (# of events)			
	# of people	2014	2015	2016	Total
1. CEPRESI	3	1	2	2	5
2. ASONVIHSIDA	2	2	2	1	5
3. CEGODEM	2	1	0	1	2
4. IXCHEN	3	1	2	2	5
5. ANICP+VIDA	2	2	2	1	5
6. GAO	5	1	3	2	6
7. ADESENI	3	2	2	1	5
8. CEPS	2	1	2	0	3
9. FSL	2	2	2	1	5
10. ACCCS	3	1	2	1	4
11. OVI	2	1	2	1	4
Total	29	15	21	12	48

3.3 What were the results?

The results of the evaluation indicate that there was a marked improvement in the fulfillment of the 27 indicators evaluated, increasing from 43% to 83% of global fulfillment; 22 improved, three remained the same, and two worsened (Table 5).

The principal improvements were observed in having thermohygrometers or thermometers (0% to 100%), using thermometers or thermohygrometers, having visible expiration dates (0% to 91%), using a form for supply reception (0% to 73%), having stock data collection forms and stowage cards (6.2% to 91%), having labeled supplies (13% to 91%), having sufficient space to store supplies (13% to 82%), applying the PEPE technique (56.2% to 100%), having and using consumption data collection forms (50% to 91%), having adequate supply stacking (63% to 82%) and having clean storage space (69% to 82%). Nevertheless, aspects remain that require improvement, such as updating the stowage cards (0% to 36.4%), using the stowage cards and the stock data collection forms (0% to 46%), and conducting physical inventory checks (31% to 55%).

Table 5. Comparison of the 2013 baseline with the 2016 evaluation

Logistical cycle indicators	2013	2016	Performance
Stock Data (provision, stock, consumption)			
Conditions			
1. NGO has a form to collect consumption or delivery data.	50	91	Improved
2. NGO has a form to collect stock data.	6.2	91	Improved
3. NGO has a stowage card.	6.2	91	Improved
4. NGO has an electronic Kardex.	100	100	Stayed the same
Practices			
5. NGO uses supply reception forms.	0	73	Improved
6. NGO uses a form for stock data collection.	0	46	Improved
7. NGO uses a form for consumption or delivery data collection.	50	91	Improved
8. NGO uses a stowage card.	0	46	Improved
9. NGO conducts a physical inventory of supplies.	31	55	Improved
10. NGO uses an electronic Kardex.	100	91	Worsened
11. NGO estimates supply needs (applies to NGO).	100	100	Stayed the same
Storage			
Conditions			
12. NGO has sufficient space to store the supplies.	13	82	Improved
13. The storage place has sufficient lighting.	88	91	Improved
14. The storage place is free of humidity.	88	91	Improved
15. The storage place has adequate ventilation.	63	100	Improved
16. The supplies are kept under lock and key.	56.2	64	Improved
17. The NGO has refrigeration equipment.	19	73	Improved
18. The NGO has thermometers or thermohygrometers.	0	100	Improved
Practices			Improved
19. The storage space is clean.	69	82	Improved
20. The stacking of supplies is adequate.	63	82	Improved
21. The NGO uses thermometers or thermohygrometers.	0	91	Improved
22. Absence of harmful toxic substances.	100	91	Worsened
23. Expiration dates are visible.	0	91	Improved
24. Supplies are labeled.	13	91	Improved
Distribution or consumption			
Practices			
25. The PEPE technique is applied.	56.2	100	Improved
26. Absence of expired supplies.	100	100	Stayed the same
27. The stowage cards are updated.	0	36.4	Improved
Total	43	83	Improved

Based on the general results, we responded to the evaluation questions:

Q1 Compared with the baseline, which aspects were strengthened in the field of storage and control of inventory in the organizations that serve key populations and that were beneficiaries of this project?

Of the 27 indicators evaluated, 22 improved, three remained the same, and two worsened by 9% (absence of harmful toxic substances and the use of an electronic Kardex). Of the 22 indicators that improved, the majority reached a fulfillment level greater than 80% (Table 5).

The indicators with the greatest performance are as follows:

Between 91% and 100%: NGO has a form to collect consumption or delivery data.

- NGO has form to collect stock data.
- NGO has a stowage card.
- NGO uses a form for consumption or delivery data collection.
- NGO has an electronic Kardex.
- NGO uses an electronic Kardex.
- The storage area has adequate ventilation.
- The storage area has sufficient lighting.
- The storage area is free of humidity.
- NGO has thermometers or thermohygrometers.
- NGO uses thermometers or thermohygrometers.
- The PEPE technique is applied.
- Absence of expired supplies
- Supplies are labeled.
- Expiration dates are visible.
- Absence of harmful toxic substances
- Supply needs are estimated.

Between 81% and 90%:

- Sufficient space to store supplies
- Storage space is clean.
- Stacking of supplies is adequate.

Between 61% and 80%:

- NGO uses supply reception forms.
- NGO has refrigeration equipment.
- The supplies are kept under lock and key.

Less than 60%:

- NGO uses a form for stock data collection.
- NGO uses a stowage card.
- The stowage cards are updated.

- NGO runs a physical inventory of supplies.

Below, the results are analyzed according to the logistical cycle:

Insofar as the purpose of the logistics is to guarantee that the health supplies required by the organizations reach their destination in the correct quantities at the correct time in the correct condition and at the correct price, the current appropriation and use of forms that allow NGOs to rely on the necessary information to avoid shortages and to conduct the opportune distribution of supplies have been key. In measuring the indicators, it is important to differentiate between practices and conditions of storage. Practices always depend on people; conditions depend on the infrastructure, the environment, etc.

Provisions: The principal source of provisions for ten of the 11 NGOs is donations; only one NGO estimates its needs and acquires products. The use of supply reception forms in the warehouse area increased from 0% to 73% of the people currently using that area. The NGOs financed by the Global Fund have requisition forms from the Health Supply Center (*Centro de Insumos Para la Salud – CIPS*).

Inventory control: At the beginning of the logistical cycle, information is collected regarding the consumption of products and the stock levels to ensure the availability of supplies to attend to the population served. In this sense, the logistical information was strengthened in eight of the 11 evaluated aspects.

- **Stock data:** Even when there are limits to stock data, it is evident that this area was significantly strengthened, increasing the number of organizations that had a stowage card. Nevertheless, its use and updating remain limited. Four of the ten NGOs presented evidence of its use in 2016; the other six NGOs have records until 2015. Having stock data collection forms and a stowage card has significantly improved (6.2% to 91%). Use of a stock data collection form and a stowage card (0% to 46%) and conducting physical inventory checks (31% to 55%) are improved but remain low. Only one aspect worsened, the use of the electronic Kardex (100% to 91%). One of the organizations has an Activity-Based Costing (ABC) system, which is an automated accounting system that includes a module for managing inventory.

- **Consumption or input of supply data:** Ten of the 11 NGOs have their own forms for input or distribution of supplies and use those forms for internal control. The forms differ among the organizations because the forms depend on the activities developed. Among the most commonly observed forms are sheets for egress of material, records of ingress, records of delivery of supplies to home bases and records of delivery during visits to persons with HIV. Having and using a consumption or delivery data collection form has improved (50% to 91%).

Storage: Storage is a basic condition for the quality and integrity of health supplies (condoms, water-based lubricants, HIV quick tests, medications, periodic replacement and clinical laboratory material). It is important to differentiate between storage practices and conditions. The practices always depend on the people; the conditions depend on the infrastructure, the

environment, etc. In this component of the logistical cycle, ten of the 11 evaluated indicators improved.

- **Improved in terms of conditions:** Although the majority of the NGOs improved their storage practices, some NGOs also improved their conditions through management, for example, obtaining donated poles or poles constructed with their own means. Efforts were made to obtain temperature and humidity measurements. Having thermometers or thermohygrometers (0% to 100%), having sufficient space to store supplies (13% to 82%), having refrigeration equipment (19% to 73%) and having adequately ventilated storage space (63% to 100%) have improved: At baseline, there was no information regarding the storage temperature during the visit; however, the current evaluation observed that in ten of the 11 NGOs, the temperature measured by thermometer or thermohygrometer was in an appropriate range for the stored supplies.

- **Improved in terms of practices:** The personnel notably improved their practices: personnel reorganized their physical space to create storage space, modified procedures to store the products on poles, kept supplies under lock and key, maintained adequate cleanliness, and designated a person to be in charge of filling out the inventory and temperature forms. The most prominent indicators are the use of thermometers or thermohygrometers (0% to 91%), adequate stacking of supplies (63% to 82%), and clean storage space (69% to 82%). Only one aspect worsened, the absence of toxic substances.

Distribution: The practices related to the final distribution of supplies to the beneficiary populations were evaluated. These practices improved in 100% of the aspects evaluated: the expiration dates were visible (0% to 91%), the supplies were labeled (13% to 91%) and the PEPE technique was applied (56.2% to 100%). Updating of the stowage cards (0% to 36.4%) improved but remains low.

These achievements were possible as long as the trained personnel under the management of the organization developed management alliances and other connections with other institutions to enable and improve conditions for the management and storage of supplies.

It is worth noting that the majority of organizations do not currently need to estimate their needs. These organizations do not make purchases, with one exception, because the supplies are only condoms, lubricants and HIV tests that are assigned in accordance with the quantity established according to the number of activities and the beneficiary population reported in the POA and in the framework of project performance.

Q2. What were the key actions for the training process for transferring abilities in the management of the logistical chain, applying tools for management strengthening and measuring key indicators?

One of the most relevant characteristics of USAID projects that institutional and health-system strengthening has enabled is the singular property of **permanently articulating various training methods**. This articulation may be conducted by improving supervision, formal workshops or accompanying activities; coaching or technical assistance effectively drives their strategies and simultaneously manages to incorporate monitoring and evaluation systems that effect the expected results and continuous quality improvement.

In this sense, the project elaborated a plan of action, proposing goals and objectives to encourage the organizations to enter into and adopt good practices for supply storage. This mixed plan of action included activities under the responsibility of both projects.

The key actions were divided into training human resources, monitoring and improving supervision, allocating materials and equipment, and making organizational changes. Among the most important actions are the following:

Training or enabling human resources

- **The development of capacities** among the work teams of the organizations and their management structure is a result of training in basic issues of the logistical cycle in six workshops using the pedagogical packet as a tool designed for maintaining the processes of Continuous Quality Improvement (*Mejoramiento Continuo de la Calidad – MCC*) and focused on training competencies in the organizations.

- **Training facilitators in 2015** occurred through a workshop on logistics, with the objective of strengthening work competencies among NGO personnel for the correct use of methodological designs, production of workshop schedules and the development of content during the training events. In this event, 24 people from 12 NGOs that serve key populations and are grantees through USAID PrevenSida, were trained.

Monitoring and improving supervision

- The monitoring visits of the USAID | DELIVER PROJECT were made to all trained organizations. A total of 27 visits were conducted, during which the employment of good storage practices and inventory control were verified. These visits enabled the determination of which practices were best implemented by the use of poles and adequate ventilation compared with previous visits. Similarly, those responsible for managing the supplies were supported in updating the stowage cards, jointly conducting physical inventory checks of the supplies stored in the organizations. In this period, a mean implementation of 80% was reported, which was considered highly satisfactory.

- The focus on developing competencies began with the training of five members of the USAID PrevenSida group on issues chosen from the pedagogical packet “Applying Logistics to Health Provisions” to develop abilities to follow up on the improvement plans conducted by the NGOs.

- The coaching visits of the USAID PrevenSida team resulted in 21 visits to the 11 **NGOs being evaluated as a component of the regular monitoring of the project. These visits were to** offer support and monitor goals as well as budget execution, monitor the strengthening of the administrative area, human resources, financial administrative procedure manuals, advances in the Single Record System, the acquisition and management of inventory, and verify the achievement of recommendations from previous visits. To this methodology was added a checklist of twelve items for monitoring the adequate storage of supplies in all of the organizations since 2014, achieving complementarity and completion of the processes. When gaps were identified, improvement plans were developed, whose implementation was monitored by the technical personnel of the project and whose goals were achieved in the majority of cases. In addition, there is a record of agreements to accomplish certain goals that were verified by the project consultants in subsequent visits.

Allocating materials and equipment

- **Production and delivery of tools** serve as a guide to adequate storage conditions for NGOs that serve key populations and include a poster of adequate conditions for the storage and humidity of supplies managed by the NGOs. Similarly, a poster was created regarding the optimal temperature and humidity for supplies stored in the key NGOs: condoms, lubricants and quick tests.

- **Useful and practical equipment such as thermometers and thermohygrometers** were allocated to measure the temperature and relative humidity of the air and the environment to maintain the storage of supplies in optimal conditions.

- **Provision of an electronic Kardex** by USAID PrevenSida for quick tests was adopted for the control of other supplies, allowing greater inventory control.

- **Assigning financial resources** to some organizations to ensure adequate spaces or infrastructure includes purchasing fans, extinguishers, poles and other items to improve storage conditions.

Organizational changes

- **The configuration of quality teams** promoted by the USAID PrevenSida and ASSIST projects was another key element that resulted from follow-up regarding the adequate management of supplies. Tasks and responsibilities were assigned to each human resource; one important element was the production of a quality management manual.

Additionally, the USAID | DELIVER PROJECT developed a *Virtual course in logistics and the rational use of medical supplies* facilitated by UNAN León, which, in addition to being dynamic and interactive, offered a range of knowledge that required a great deal of dedication and time to complete successfully. The course lasted six months, 24 weeks (176 hours), beginning at the end of 2015, and included individual and group activities with orientation and accompaniment. The training was offered to all of the NGOs; however, only 30% of the organizations took advantage of this offer because of the difficulty in meeting the requirements, which included low educational level, lack of experience in independent study, lack of available time during work hours and limitations in reading documents and completing the homework assigned in the course.

The experience of the project in transferring abilities and competencies in managing the storage and control of inventory has been unique in the region. In general, the organizations perceive USAID and its allies as a source of continuous learning and enrichment processes.

Q3. To what extent were the recommendations of the baseline diagnosis fulfilled?

The diagnostic conducted in 2013 resulted in a set of recommendations that abetted direct actions and helped the organizations themselves conduct an internal reflection process that resulted in a plan directed at reducing the gaps regarding the storage and control of their inventory. In total, the 11 NGOs received 48 specific recommendations, ranging from three to nine each (Table 6). The specific evaluation of these recommendations indicated that 75% were fulfilled. Four NGOs fulfilled 100%, another four between 60 and 80%, and two achieved less than 50%.

Table 6. Fulfillment of recommendations by organization

NGO	Type of NGO	# of recommendations presented in 2013	# of recommendations fulfilled in 2016	% fulfillment
IXCHEN	FSW/women	4	4	100
CEGODEM	MSM	3	3	100
FSL	GBV/KP	7	7	100
ANIC+VIDA	Persons +	4	4	100
CEPRESI	MSM	5	4	80
ADESENI	Transgender	4	3	75
OVI	MSM	3	2	67
ASONVIHSIDA	Persons +	5	3	60
GAO	Persons +	4	2	50
ACCS	KP/Persons +	9	4	44
Total		48	36	75

The principal recommendations involved the search for resources to implement the recommendations, including the production and use of stowage cards for each of the supplies within their responsibility, the production of forms for egress of the supplies used in the development activities of the promoters, the electronic Kardex to control HIV quick tests, producing reception reports for the supplies they received and placed in the safekeeping area, producing internal request forms for CIPS and broadening or acquiring shelving for the supplies.

The training process in issues of health care supply logistics, offered by the Project, created expectations in the organizations to improve their operations and motivated the organizations to seek the means to create the necessary conditions to ensure that the recommendations would not simply remain in the report.

Not all NGOs have identical capacities and development; some NGOs did not have great difficulty in acquiring the necessary means to achieve their goals, having the ability to rely on certain sources of income. Other NGOs took advantage of two leaderships developed in their territories and utilized alliances to acquire the tools to improve storage conditions.

In this context, just as the recommendations were presented in the diagnostic, the fulfillment of each recommendation was analyzed by the organization and a point was assigned for each recommendation fulfilled; the points were totaled and divided by the total number of recommendations to derive a quantitative percentage of the level of fulfillment.

Beyond the numbers and percentages reached, the level of fulfillment can be evaluated as a joint achievement because the majority of organizations began at zero on the baseline. In addition, most organizations suffer from constant changes in personnel because of the identical financial limitations that oblige the organizations to operate with minimal human resources and constantly search for financing for economic and institutional sustainability, developing along the way simultaneous actions to respond to the need to fill gaps or correct difficulties.

Q4. How was the gender focus applied in the design of the interventions?

In its programmatic design and as an axis of its management and services, the USAID/HIV program fully assumes a reduction in gender inequality. The projects and programs developed by USAID have followed the principles that compose the base of the framework of USAID gender policies. The following principles have been applied in a satisfactory manner:

- **Integration of gender equality:** Organizations that work with LGBTI populations, particularly MSM and female transgender people, were incorporated. The focus on gender

equality is evident in the opportunity the NGOs have to enhance sexual diversity by empowerment and equality of opportunity. Of the 11 NGOs with institutional strengthening, three (27%) were MSM NGOs, one (9%) was a female transgender person NGO, three (27%) NGOs were for people with HIV, and four (36%) NGOs worked with sex workers and the LGBTI population. Of a total of 29 people trained, 13 (44.8%) were women and 16 were (55.2%) men; by sexual orientation, seven (24%) were MSM, three (10%) were female transgender people, and 17 (58.6%) were heterosexuals.

- Empowering women within the programs: Three organizations that work with women in situations of gender violence were also incorporated, and organizations of people with HIV promote the strengthening of capacities and leadership in these groups to allow these people to exercise their sexual rights and live their sexuality more safely.

- The construction of alliances to integrate sectors that benefit women and key populations. Organizations rendered possible the exchange of experiences with social actors and alliances with the MINSA and other state institutions that serve key populations. The organizations have improved relationships with the community and health service providers, facilitating access to services, which in turn contributes to reducing the stigma and discrimination against key populations.

- Adopting an integrating focus to foment equality. The cross-cutting nature of the gender focus is specified on two levels of the daily dynamic of the projects that compose the program, such as the contents and methodologies of training implementation and the institutional strengthening of the organizations in which key populations participate.

The strengthening of leadership is present in all training opportunities and generates the recognition and respect of persons in their communities, strengthening organizations comprising sexual diversity and women.

The other dimension in which the gender focus is apparent is the development of the capacity to implement organizations and focus on the people who compose these organizations to participate in a more informed and protagonistic manner in the dynamic of the program itself, both perceived in their internal relations and from the perspective of key populations.

Q5. What actions are sustainable once the intervention is over?

This issue was broached by each of the NGOs, and the results are synthesized in Table 7. The majority of the replies mentioned the technical sustainability related to the development of the NGOs' human resources. Only three of the 11 NGOs considered it possible to have attainable financial sustainability by alliances and managing funds from donors.

Table 7. Sustainability of actions according to NGO assessment

NGO	Technical sustainability	Financial sustainability	Global evaluation
CEGODEM	New alliances with other projects. It is important for the grants to be systematic	Proposals to the European Union for other funds on the HR agenda to stabilize institutional achievements	Possible financial sustainability
ADESENI	New alliances maintaining continuity with previously established alliances with MINSAs, the Office of the Mayor, Duty Free Zones	Apply for financing	Possible financial sustainability
IXCHEN	Human resources' logistical training contributes to institutional sustainability.	Continuity in seeking financing	Human Resources sustainability and possible financial sustainability
CEPRESI	Continuity in training the resources of the organization		Human resources sustainability
OVI	Training and knowledge transfer to new personnel		Human resources sustainability
GAO	With the development of institutional capacities and by inter-organizational alliances		Possible institutional sustainability
FSL	Maintaining the volunteer force		Human resources sustainability
CEPS	Education as facilitators enables training new resources and continuing to develop good storage practices		Human resources sustainability
ANICP+VIDA	Storage and inventory control conditions imply costs (energy bills to maintain ventilation and purchase of papers)	Dependent on financing	Uncertain
ASONVIHSIDA	Many technical limitations	Low financing	Uncertain
ACCCS	Dealing with private companies to acquire poles through alliances	Dependent on their own income	Uncertain

Recognizing the importance of logistical quality management

Recognizing the importance of logistical health care supply management by the management of the organization contributes to the development of the organization and enables other donors to apply for new grants that contribute to sustainability. Incorporating the indicators of the logistical chain in the operative plans and quality manuals of the organizations offers the opportunity for permanent monitoring of all actions, guaranteeing adequate management and storage of supplies. The improvement of logistical management has contributed to financial stability and, therefore, to greater institutional sustainability.

Permanent human resources training

Sustainability resides in actions that develop the competencies of the human capital of each organization and of the capacity to accumulate knowledge and experience to be shared internally and with other organizations. Facilitator training has been used by twelve NGOs, to whom responsibilities in supply management have been assigned, including training new human resources entering the organizations. This includes personnel attitudes toward the work to always obtain the best results.

Experience exchange within the network

The dynamic of the organizational functioning as a network contributes to the sustainability of the logistical capacity for strengthening actions, both as exchanging experiences and good practices for growth. For some organizations, sustainability is associated with constant alliances with other organizations.

Q6. What are the gaps that persist after the intervention is over?

The majority of organizations identified the financial limitations when grants or projects end. Similarly, not having their own location becomes a threat to being able to maintain supplies under optimal conditions because organizations can lose the conditions and progress achieved when changing locations.

Some additional gaps identified during the field visits of this evaluation are as follows:

- **Lack of infrastructure to store supplies:** Some organizations do not have adequate locations for the quantity of supplies the organizations receive as donations. For example, the amount of condoms assigned to some organizations has increased considerably, affecting storage conditions.
- **Turnover of NGO human resources:** The turnover of human resources in organizations affects the application of guidelines and standards in the logistical cycle.
- **Lack of systematic training:** Even when there are facilitators from the NGOs to continue to conduct training, the organizations lack financing to facilitate training sessions.

- Periods without external funding: The waiting time for new grants is a critical period during which the NGOs do not have the resources to pay the salaries of their network of promoters and the services the NGO provides to the populations that benefit.

Table 8. Persistent gaps in the NGOs in September 2016

NGO	Gaps
CEGODEM	Lack of financing continuity Loss of systematization of interventions
CEPRESI	Continued human resources training Lack of their own climate control equipment
ASONVIHSIDA	Lack of adequate physical space
IXCHEN	Improve inventory control for educational materials
ANICP+VIDA	Lack their own location
ADESENI	General institutional strengthening, financial limitations
GAO	Financial
OVI	Maintaining equipment in working order
CEPS	Financing to replicate learning
FSL	No capacity to maintain supply stock
ACCCS	Lack of institutional budget

The lessons learned reported by the NGOs are as follows:

- Keeping track of documents and supplies is of the utmost importance
- The learning was useful in improving the organization of work
- The ability to control the input and output of supplies prevents being left with zero supplies.
- Strengthening allows for a better positioning of organizations.
- Maintaining the practice of adequate storage. Everything should follow guidelines and protocol.
- All practices and all processes should be documented.
- Currently, the expiration dates of supplies are reviewed before receiving the supplies and passing the supplies on to the warehouse

IV. CONCLUSIONS

The USAID | DELIVER PROJECT successfully strengthened the logistical capacity of health supplies in NGOs that worked with key populations with HIV in Nicaragua from 2013-2016.

The results of the evaluation indicate that there was a marked improvement in fulfillment of the 27 criteria evaluated, increasing from 43.4% to 82.9% of global fulfillment. Twenty-five aspects were strengthened, three remained the same, and two worsened.

The principal advancements were observed in having thermohygrometers or thermometers (0% to 100%), using thermometers or thermohygrometers, having visible expiration dates (0% to 91%), having collection forms for stock data and a stowage card (6.2% to 91%), having labeled supplies (13% to 91%), using a supply reception form (0% to 73%), having sufficient space to store supplies (13% to 82%), applying the PEPE technique (56.2% to 100%), having and using forms for consumption data collection (50% to 91%), having adequate supply stacking (63% to 82%) and having clean storage space (69% to 82%). Nevertheless, some aspects remain in need of improvement: using the stowage card and stock data collection (0% to 46%), updating the stowage card (0% to 36.4%) and performing physical inventory checks (31% to 55%).

The indicators that achieved less than 60% fulfillment were using a stock data collection form, conducting physical inventory checks of supplies, and using and updating a stowage card.

The key actions were elaborating on a plan of action to reduce gaps, focusing on continuous quality improvement, developing capacities in the organizations' work teams, training facilitators, creating and using tools, receiving special input of USAID PrevenSida in the training of quality teams, enabling supervision visits, receiving endowments for equipment, and facilitating electronic Kardex.

The level of fulfillment of the 48 recommendations from the baseline diagnostic was 75%. These recommendations focused on improving storage conditions and practices, improving inventory control, creating and using supply input and output forms, and using Kardex to control HIV quick tests.

Gender focus was integrated into the design of the intervention by incorporating organizations from LGBTI communities, procuring the development of personal and institutional capacities

that contribute to improving HIV prevention services for key populations, strengthening leadership and empowering these communities.

The sustainability of these actions is possible by incorporating organizational, procedural and behavioral changes in the management of the logistical cycle. Eight of the 11 evaluated NGOs considered technical sustainability related to human resources development to be possible, and only three believed that financial sustainability was possible by alliances and management of funds from other donors.

The gaps that persist are completing the technical assistance to correspond to financial limitations (both from internal and external sources), the lack of availability of their own spaces for operation, and rotation and loss of human resources, which are directly related to limitations in financing permanent work positions.

V. RECOMMENDATIONS

FOR THE MISSION

To share the experience of the USAID | DELIVER PROJECT and USAID PrevenSida in strengthening the logistical capacities of NGOs on the regional level by directly disseminating the report and by writing articles to disseminate the knowledge in appropriate formats.

To incorporate the strengthening of logistical capacities in future programs for HIV care in key populations.

FOR USAID | DELIVER PROJECT

To document and disseminate this experience as an example of good practices with the potential of applying these practices in similar contexts.

FOR USAID PREVENSIDA

To follow up and ensure continuity to the enabling supervision model with NGOs, maintaining the checklist review as a component of the project monitoring routine with grantee NGOs and emphasizing the use of tools that ensure adequate storage and control of inventory.

To facilitate the use of the pedagogical packet “Applying Logistics” for trained NGO facilitators to transfer abilities in storage and inventory control when onboarding new personnel and when updating trained personnel.

To maintain logistics issues through workshops at the beginning of grant periods to facilitate coaching, experience exchange and internships among NGOs.

To accompany the implementation of pending recommendations.

FOR NGOS

To take as their own the learning and institutional strengthening experiences reflected in this report and to continue with their growth process and search for funding sources to maintain their achievements.

To analyze the effects of personnel rotation in the various stages of the logistics process and to evaluate the measures that could be taken to reduce that rotation, including expanding training to more team members and reflecting on the utility of having greater control over supplies.

To reinforce the use of standardized requisition forms that fulfill all technical requirements.

In general terms, recommendations include the evaluation of these results and the potential role of NGOs in participating in broader logistics efforts in the framework of the World Health Organization's country recommendations and beginning universal treatment for all HIV-positive people. Such implementation could require more active participation from NGOs focusing on key populations.

V. BIBLIOGRAPHY

1. Aráuz, C., & Núñez, J. (2013). Diagnóstico: condiciones de almacenamiento y control interno de insumos médicos en organizaciones no gubernamentales que atienden a población de alto riesgo en VIH-Sida 2013. Managua, Nicaragua.
2. MINSA. (2007). SIGLIM. Manual de Procedimientos. Managua, Nicaragua. Disponible en: www.minsa.gob.ni/index.php/.../SIGLIM-Sistema-de-Información-para-la-Gestión
3. USAID DELIVER. (2007). Nicaragua, Informe Final de País. Nicaragua.
4. USAID DELIVER (2010) Una Alianza Modelo entre El Instituto Nicaragüense de Seguridad Social y el Ministerio de Salud. Nicaragua.
5. USAID DELIVER, U. (2011). *Manual de Logística. Guía práctica para la gerencia de cadenas de suministros de productos de salud*. Managua. Disponible en: http://DELIVER.jsi.com/dlvr_content/resources/allpubs/guidelines/LogiHand_ES.pdf
6. USAID DELIVER. (2012). Informe trimestral abril -junio. Managua. Nicaragua.
7. USAID DELIVER (2013). Informe anual 2013 Nicaragua.
8. USAID DELIVER (2014) Informe anual 2014. Nicaragua.
9. USAID Nicaragua (2015) HIV Bilateral Program Mid Term Performance. Period 2007-2013. Nicaragua: USAID Nicaragua; November 2015. Disponible en http://pdf.usaid.gov/pdf_docs/pa00k865.pdf
10. USAID Nicaragua (2015). Jarquín, Y., Larios, M., Hernández, C., & Ochoa, J. *Evaluación del Componente de Capacitación del Programa Bilateral de VIH USAID Nicaragua*. Managua. Disponible en: <http://www.prevensida.org.ni/index.php/documentos>
11. USAID PrevenSida (2014) Informe anual. Año 2014. Nicaragua.
12. USAID DELIVER (2015) Informe anual 2015. Nicaragua.
13. USAID PrevenSida. (2015) Proyectos de subvención de ONG. Nicaragua.
14. USAID PrevenSida. (2016) Informe anual 2016. Nicaragua.
15. USAID PrevenSida. Reporte de coaching a ONG. Años 2014, 2015, 2016. Nicaragua.
16. USAID PrevenSida, U. (2015). *Paquete pedagógico para desarrollar competencias en gerencia administrativa y técnica del programa de prevención de VIH*. Managua, Nicaragua. Disponible en <http://www.prevensida.org.ni/index.php/documentos>
17. USAID PrevenSida, U. (2016). *Intercambio de experiencias: “Fortaleciendo la cadena de suministros para VIH en las ONG que atienden población clave”*. Managua, Nicaragua. Disponible en: <http://www.prevensida.org.ni/index.php/noticias/217-intercambio-de-experiencias-fortaleciendo-la-cadena-de-suministros-para-vih-en-las-ong-que-atienden-poblacion-clave>

VI. APPENDICES

APPENDIX # 1: Terms of reference

PERFORMANCE EVALUATION OF THE COMPONENT OF LOGISTICAL STRENGTHENING FOR THE NGO BY THE DELIVER PROJECT (EXTERNAL EVALUATION)

1. **Type of contract:** Individual consultant

2. **Place of contract:** Nicaragua

Background:

USAID has supported health and development programs in Nicaragua continuously since 1991, being the principal funder until 2012 of issues of population, sexual and reproductive health and family planning in Nicaragua, working closely with the government of Nicaragua, the private sector and non-governmental organizations (NGOs). USAID has provided technical assistance for logistical management, financing and training systems for health care providers to improve the quality of services.

With funds from the United States President's Emergency Plan for AIDS Relief (PEPFAR), since 2010, USAID Nicaragua has worked within the strategy of strengthening health systems (*fortalecimiento de los sistemas de salud – FSS*) to develop the key population in a more effective manner by coordinating the efforts of implementation allies to offer HIV/AIDS services that are sustainable, high quality, and centered around three key areas: offering services, human resources capacities in the area of health and timely and adequate provision of essential medical products.

As a component of this effort by the PrevenSida project, actions have been developed to reduce the transmission of HIV/AIDS among key populations, strengthening the institutional capacity of at least 50 NGOs to participate in the national response plans to HIV/AIDS. The activities have been supported by other projects associated with USAID such as ASSIST, DELIVER, PASMO and PASCA.

In 2013, strengthening of the logistics of the DELIVER Project began, starting with twelve NGOs who received sub-grants from PrevenSida (See Annex I) to contribute to improving the availability of HIV supplies. A diagnostic of storage and control conditions of medical supplies identified gaps in the management of condoms and lubricants; this diagnostic became the basis for implementing the strategy of personnel training and the formulation of plans to improve their warehouses, ending with the training of logistics facilitators for HIV supplies (See Annexes).

To train personnel, a methodological packet for logistical training adapted to NGOs was designed. In 2014, 107 members from 42 NGOs were trained, including personnel from the 16 NGOs included in the diagnostic. In 2015, facilitators from 12 NGOs that received grants from PrevenSida and that were also a portion of the 16 initial NGOs were trained. In the Annexes section, a list of potential NGOs to evaluate is presented.

The questions this evaluation should answer are as follows:

- Compared with the baseline, which aspects were strengthened in the field of storage and control of inventory in the organizations that serve key populations and that were beneficiaries of this project?
- What were the key actions for the training process for transferring abilities in the management of the logistical chain, applying tools for management strengthening and measuring key indicators?
- To what extent were the recommendations of the baseline diagnosis fulfilled?
- How was gender focus applied in the design of the interventions?
- What actions are sustainable once the intervention is over?
- What gaps persisted after the intervention was over?

The evaluation will begin with coordination meetings between USAID, the PrevenSida project and the evaluator. The evaluation will include an exhaustive review of the bibliographic and document material (baseline diagnosis, educational materials, reports from the DELIVER and PrevenSida projects). The evaluation should include quantitative and qualitative methods by applying individual surveys and interviews using the methodology of focus groups to describe the degree of appropriation of the issues. It is expected that at least 11 NGOs from the list in the annex will be visited (65% of 17). To evaluate the sustainability of the strategies supported, advances and gaps in institutional and individual capacity for logistics in HIV supplies will be identified, which will allow the NGOs to face their needs and the challenges to sustainable development, offering a clear idea of their strengths, weaknesses and opportunities for improvement. For the external evaluation meeting with members of NGOs and personnel from the project and from USAID, the consultant is expected to organize and host a midday event. For the translation of the document from Spanish to English, an internationally certified site is required. For example, the estimated cost of a document between 8,000 and 10,000 words is between \$1,200 and \$1,350 (approximately 20 pages of central document and two or three weeks for the translation process). All of the costs of land and air transport, travel, printing, communication, translation, and event organization should be included in the proposed budget.

General objective of the consultancy:

To evaluate the performance of the DELIVER project in strengthening the capacity of health supply logistics in non-governmental organizations (NGOs) that worked with key populations for HIV in Nicaragua from 2013 to 2016.

Required structure of the evaluation report

The report will have a maximum length of 20 pages, not including annexes. The report should be presented in the format required by Branding & Marking of USAID.

- I. Executive Summary
- II. Introduction: background, justification, objective

- III. Methodology: qualitative and quantitative
- IV. Results: description of the interventions conducted, comparison with baseline
- V. Discussion and Conclusions: evaluation of the advances and gaps, sustainability, application of gender focus, sustainability potential
- VI. Recommendations
- VII. Annexes: instruments used, tables, figures, pictures, etc.
- VIII. Bibliography and documents consulted

3. Duration and schedule

Estimated duration of the consultancy: 7 weeks

- Organization, coordination and instrument design phase: one week
- Field phase: two weeks
- Writing the report in Spanish: one week; translating the report into English: three weeks

The principal tasks to fulfill are listed below and should be presented according to their level of effort, expressed in number of days.

Activities
1. Coordination meeting between PrevenSida and USAID
2. Elaboration on and presentation of a detailed work plan, including field visits
3. Bibliographical and document review
4. Interviews and visits to NGOs in Managua (at least 7)
5. Interviews and visits to NGOs in León, Ocotal, San Carlos and Bluefields (4)
6. Writing report draft #1
7. Validation meeting between PrevenSida and USAID
8. Workshop to return the results of the evaluation
9. Writing report draft #2
10. Meeting to present the final report in Spanish
11. Writing the final report in Spanish
12. Translation and review of final report in English

4. Expected products

- First report with detailed work plan
- Report of field phase
- Final evaluation report in English and Spanish. Of the final document, 30 copies are required in Spanish and 5 copies in English (full color cover and black and white interior, spiral- or perfect-bound). In addition, a CD with the versions in Word and PDF will be delivered.

5. Required qualifications/professional experience:

- Education: health sciences professional with educational courses in health supply logistics
- Experience: at least five years of experience in monitoring and evaluation in the field of health, preferably in the field of health supply logistics
- Preferable: experience in writing documents according to USAID publication standards

- Required: present prior evaluation work experience

6. Coordinator: Oscar Nuñez, Coordinator USAID|PrevenSida.

To contract the person proposed will require the VoBo of the Mission.

7. Deadline to receive technical financial offers: August 26, 2016 at 3:00 pm.

8. Requirements:

Present letter of intent confirming immediate availability

Updated CV focused on the topic of the evaluation, maximum 3 pages

Technical offer and financial offer in US dollars separately

9. Correspondence address:

Direct technical and economic proposals to participate in this consultancy to Yudy Wong.

The technical-financial proposal can be submitted physically or by email to cwong@urc-chs.com

Address; De donde fue la Vicky Altamira. 1 cuadra abajo, 1 cuadra al sur.

Plaza San Ramón. Segundo piso. Módulo 9. Managua Nicaragua

Direct Line: (+505)2270 6747, 2278 0392 ext 102

10. Prepared by: Oscar Nuñez

11. Date: August 12, 2016

12. Approved by:

13. Date: August 12, 2016

Dr. Marianela Corriols, USAID Nicaragua

Lic. Marcela Villagra, USAID Nicaragua

BIBLIOGRAPHY

Aráuz Carolina, Jairo Núñez 2013. *Diagnóstico: condiciones de almacenamiento y control interno de insumos médicos en organizaciones no gubernamentales que atienden a población de alto riesgo en VIH-Sida 2013*. Arlington, Va.: USAID | PROYECTO DELIVER, Orden de Trabajo 4.

Documentos clave de los proyectos DELIVER y PrevenSida accesibles en el DEC USAID. <https://dec.usaid.gov/dec/home/Default.aspx>

LIST OF NGO PARTICIPANTS

Department	Name of the NGO
Managua, Managua	1. ANICP+VIDA 2. ASONVIHSIDA 3. IXCHEN 4. CEGODEM 5. CEPRESI 6. RED TRANS 7. OVI 8. ACAJ-PELG 9. ICAS
León	10. GAO
Managua, Mateare	11. ADESENI
Nueva Segovia, Ocotal	12. CEPS
Rio San Juan, San Carlos	13. Fundación San Lucas
RACCS, Bluefields	14. ACCS 15. RDS-RAAS
RACCN	16. FADCANIC

APPENDIX # 2: Schedule of field visits

Territory	NGO	Goal Population	Date
Managua	CEPRESI	MSM	09/05/2016
	ASONVIHSIDA	PHIV	09/06/2016
	CEGODEM	MSM	09/07/2016
	ANICP+VIDA	PHIV	09/07/2016
	IXCHEN	SW	09/07/2016
	OVI	MSM	09/19/2016
	ADESENI	TRANS	09/08/2016
León	GAO	PHIV	09/08/2016
Ocotal	CEPS	MSM and Mobile populations	09/09/2016
Rio San Juan	FSL	SW, PHIV, MSM and Mobile populations	09/10/2016
RACCS	ACCS	SW, PHIV, MSM and Mobile populations	09/13/2016

Source: Work plan and methodology. Evaluation of the performance of strengthening the capacity of NGOs in Nicaragua, 2016

APPENDIX # 3: Persons interviewed

3.1 Persons individually interviewed at USAID and USAID projects

No	Person interviewed	Institution
1	Dr. Marianela Corriols, HIV Advisor	Misión/USAID Nicaragua
2	Dr. Carolina Aráuz, Resident Advisor	USAID/ DELIVER 2013-2016
3	Dr. Oscar Nunez, Chief of Party	USAID/ PrevenSida 2010-2017

3.2 Persons individually interviewed at NGOs

No	Name	Type of Population served	Location	Person interviewed	Email
1	CEPRESI	PEMAR	Managua	Norman Gutiérrez	direccion@cepresi.org.ni
2	ASONVIHSIDA	PVS	Managua	Bruce Menzies Offer	asonvihsida@asonvihsida.org.ni
3	ANICP + VIDA	PVS	Managua	Julio Mena	juliocesarmena@hotmail.com
4	ANFAM / IXCHEN	Women, SW, GBV	Managua	María Lourdes Rodríguez Bolaños	ixchennacional1988@gmail.com
5	ADESENI	PEMAR	Mateares	Marlene Vivas	adeseni-mateare@hotmail.com
6	CEPS	Victims of GBV, Treatment of people PEMAR	Ocotal	Rommel Ponce	ceps@ibw.com.ni
7	CEPS	Victims of GBV, Treatment of people PEMAR	Ocotal	Ingrid Reyes	ceps@ibw.com.ni
8	Fundación San Lucas	Victims of GBV, Treatment of people PEMAR	RSJ	Sonia Herrera	sonyliz03@yahoo.es
9	ACCCS	PEMAR, Uniformed	Bluefields	Adolfo Rosales Ordoñez	acccsida@yahoo.com
10	ACCCS	PEMAR, Uniformed	Bluefields	Keitha Cooper	acccsida@yahoo.com
11	OVI	MSM, Trans, SW	Managua	Nelson González Moreno	<oviorg2011@hotmail.com>

3.3 Persons interviewed in focus groups

Name	Type of Population served	Location	Focus Groups	Email
CEPRESI	PEMAR	Managua	María Antonia Sánchez,	direccion@cepresi.org.ni
			Oscar Guillen	
			Salvador Reyes	
ASONVIHSIDA	PVS	Managua	Bismark Cortez Castro	asonvihsida@asonvihsida.org.ni
			Oxana Delgadillo	
			Martha Berríos	
CEGODEM	PEMAR	Managua	Gary Mena	fidelmoreira@gmail.com
			Manuel Calderón	
			Jorge Luis Rivera	
ANICP VIDA	PVS	Managua	Fidel Moreira	
			Luis Espino Delgado	
			Sandra Largaespada	
IXCHEN	Women, SW, GBV	Managua	Julio Mena	juliocesarmena@hotmail.com
			Patricia Marengo Ríos	
			ixchennacional1988@gmail.com	
GAO	PVS	León	Ana Marina López	grupoautoayudaoccidente@gmail.com
			Flavia Garay	
			Salvador Medal	
ADESENI	PEMAR	Mateares	Martha Torrez	adeseni-mateare@hotmail.com
			Gerald Zelaya	
			Pablo Salazar	
FSL	Victims of GBV, Treatment of people PEMAR	RSJ	Norma Rubí	lidietharare@yahoo.com
			Yader Romero	
			Tracy Boniche	
FSL	Victims of GBV, Treatment of people PEMAR	RSJ	Cristabella Berríos	lidietharare@yahoo.com
			Amanda Moncada	
			Natasha Hernández	
FSL	Victims of GBV, Treatment of people PEMAR	RSJ	Natsumi Hernández	lidietharare@yahoo.com
			Lidieth Arana	
			Darving Reyes	
			Mirjana Mondragón	

3.4 Participants in internal validation

No	Name	Institution
1	Nora Quezada	Directora Regional JSI
2	Oscar Núñez	USAID PrevenSida
3	Carolina Aráuz	DELIVER
4	Marianela Corriols	USAID Nicaragua
5	Marcela Villagra	USAID Nicaragua

3.5 Participants in external NGO validation

No	Name	NGO	From	Telephone no.
1	Bruce Menzis	ASONVIHSIDA	Managua	89996344
2	Gary Mena Guevara	ASONVIHSIDA	Managua	88215942
3	María Lourdes Rodríguez	IXCHEN	Managua	89969212
4	Patricia Marengo Ríos	IXCHEN	Managua	58420725
5	Darvin Reyes H	FSL	Río San Juan	58708073
6	Sonia Herrera	FSL	Río San Juan	89188852
7	María Antonia Sánchez	CEPRESI	Managua	22707988
8	Rommel Ponce	CEPS	Ocotal	82583413
9	Marlene Vivas	ADESENI	Managua	87146652
10	Cristabella Berríos	ADESENI	Managua	89791805
11	Julio Mena	ANICP VIDA	Managua	86826573
12	Sandra Largaespada	ANICP VIDA	Managua	86541739
13	Yudy Wong	USAID PREVENSIDA	Managua	86719688
14	Oscar Núñez	USAID PREVENSIDA	Managua	88504631
15	Yelba Jarquín	CONSULTORA	Managua	84352427

APPENDIX # 4: Checklist

CHECKLIST FOR THE FOLLOW-UP ON LOGISTICAL ASPECTS IN THE NGOs THAT ATTEND KEY POPULATIONS FOR HIV

Objective: To verify the implementation of the improvements in internal control and storage conditions of health supplies in the organizations trained with the pedagogical packet “Applying Logistics to Health Supplies”

Date: ___/___/___ Name of the NGO: _____

Name of the person interviewed _____

Was he/she trained in health supply logistics? YES _____ NO _____

Name of the person supervising _____

ITEMS TO VERIFY		YES	NO
1.	The NGO has a form to collect consumption or delivery data.		
2.	The NGO uses a form to collect consumption or delivery data.		
3.	The NGO has a form to collect stock data.		
4.	The NGO uses a form to collect stock data.		
5.	The NGO estimates supply needs.		
6.	The NGO has a stowage card to control supply.		
7.	The NGO uses a stowage card to control supply.		
8.	The NGO runs physical inventory on supply.		
9.	The NGO has sufficient space to store supplies.		
10.	The NGO's storage space is clean.		
11.	The storage space has sufficient lighting.		
12.	The storage space is free of humidity.		
13.	The storage place has adequate ventilation.		
14.	The supplies are kept under lock and key.		
15.	The stacking of supplies is adequate.		

ITEMS TO VERIFY		YES	NO
16.	The PEPE technique is applied.		
17.	Absence of expired supplies		
18.	The supplies are labeled.		
19.	The stowage cards are updated.		
20.	The expiration dates are visible.		
Total items fulfilled			
Percentage of fulfillment: Total items fulfilled/20*100			

Observations: _____

APPENDIX # 5: Polling guide

POLLING GUIDE ON THE LOGISTICAL, INFORMATION AND STORAGE SYSTEMS FOR MEDICAL SUPPLIES

NGOs FUNDED BY USAID PREVENSIDA

I. ESTABLISHMENT DATA

(This section collects information related to the location of the establishment, date of visit and participants in the monitoring and/or supervision process. Be precise in each item considered).

DATE: ___/___/___

(Specify month, day and year)

Name of the participating NGO:

(Include the name and role of each person involved in the monitoring and/or supervision process: Supervising team and participants from the health establishment visited).

Name of the Participant

Role

1. _____
2. _____
3. _____
4. _____
5. _____

II. TYPE OF PRODUCTS (Mark all)

Condoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lubricants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Quick tests	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Educational materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Basic medication stock	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Specify: _____

III. ESSENTIAL LOGISTICAL DATA

What are the sources of information used to collect CONSUMPTION data?

Confirm the information offered by the interviewee by randomly reviewing a SIGLIM report, and contrast the consumption data reported by the prescriptions sent with one of the other sources of information used to obtain consumption data. If using another instrument, specify in Observations.

Pre-designed forms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Source:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Observations:		

What are the sources of information used to collected the STOCK data? *Confirm the information offered by the interviewee by randomly reviewing a SIGLIM report, and contrast the stock data included in the report with one of the sources of information used to obtain the stock data. If using another instrument, specify in Observations.*

Stowage Cards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kardex Cards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical Inventory	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Source:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Observations:		

V. PROVISION SYSTEM

1. Does the NGO have an established period of re-stocking for their level of resolution?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Observations:
------------------------------	-----------------------------	---------------

2. Does the NGO have established registry forms for the input of supplies they manage?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Observations:
------------------------------	-----------------------------	---------------

3. Does the NGO have established registries for the output of supplies they manage?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Observations:
------------------------------	-----------------------------	---------------

4. Has the NGO made emergency requests in the last 2-3 months?

Corroborate this information with the reports of supply movement and the stowage cards. Clarify the cause in the observations.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Observations:
------------------------------	-----------------------------	---------------

V. INVENTORY CONTROL SYSTEM

1. Does the NGO have an inventory control system for the supplies? If possible, show the system.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Observations:
------------------------------	-----------------------------	---------------

2. Does the NGO run inventory on supplies, by period, by whom? If possible, specify details.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Observations:
------------------------------	-----------------------------	---------------

3. Does the NGO perform selection of supplies by accounting, by frequency, by whom?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Observations:
------------------------------	-----------------------------	---------------

VI. STORAGE SYSTEM

(This section allows the evaluation of the fulfillment of adequate storage conditions and their timely availability).

**Verify the basic storage conditions in the warehouse or office area.
Perform a visual inspection and corroborate each of the aspects enumerated in each area.**

Sufficient space	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clean space	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sufficient lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dry environment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adequate ventilation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Security of the supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adequate stacking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>PEPE stacking</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Absence of harmful toxic substances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Absence of expired supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Labeled supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Updated Stowage Cards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visible expiration date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Climate control	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Has there been damage to supplies? The stock control cards and the record of losses will be reviewed to verify damage to supplies, and damage will be noted in the corresponding box. If there has been damage, the cause should be explained in the observations box.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Observations:
------------------------------	-----------------------------	---------------

Other Findings:

Agreements:

VII. CHARACTERIZATION OF TRAINING

VIII. BACKGROUND OF COACHING AND SUPERVISION

IX. SUSTAINABILITY

APPENDIX # 6: Instruments for the focus group

OPEN QUESTIONS FOR THE FOCUS GROUP

1. Do you consider that the DELIVER project generated new learning for institutional strengthening? If so, what aspects were strengthened with the capacities developed by DELIVER? (If not, explain)

2. Was there some type of follow-up or monitoring for the praxis or implementation of the learning?
Someone from the organization? _____ How often? _____
From the DELIVER project? _____ At what intervals? _____
3. What lessons were learned from the entire process of strengthening the health supply chain?
4. What actions developed by DELIVER could be sustainable in the NGO? How?
5. What are the gaps?

APPENDIX # 7: Instrument for individual interview

INSTRUMENT FOR INTERVIEWS WITH NGO DIRECTORS AND/OR ADMINISTRATIVE PERSONNEL

Name of the NGO _____ Years of Trajectory _____

Name _____ Age _____

1. What key actions will the DELIVER project implement to strengthen the capacities in the logistics of health supplies in the organization?

2. What interventions developed by the DELIVER project allowed for the transfer of abilities in managing the logistics chain and strengthening management in this organization?

3. In what manner was the focus on gender integrated into the interventions developed by DELIVER?

4. What aspects do you consider were not developed by DELIVER with regard to the strengthening of capacities to manage the logistics chain?

5. What actions have been developed for the sustainability of the interventions developed by the projects, and what are the gaps?

APPENDIX # 8: Evidence

CEPRESI



CEPS



Centro para la Educación y Prevención del S
 Proyecto Cepal Lucania
 (ENTRADA A BODEGA) N°
21/0716
 Ento de: CEPS - MUSA
 TIPO DE MATERIAL: EDUCATIVO PROMOCIONAL PAPELERIA

CANTIDAD	DESCRIPCION
<u>223</u>	<u>Cartas prescrites de la</u> <u>caja de 104 unidades</u> <u>fecha 02/2016</u> <u>ultimo lote</u>

CEPRESI



GA0



CEPS

FUNDACION SAN LUCAS
 REQUISICION DE BODEGA
 LUGAR Y FECHA: San Carlos 28/07/2016
 SOLICITANTE: Esteban de I. San Juan
 PROYECTO: prevencion VIH

No	DESCRIPCION DEL ARTICULO	UND/MEDIDA	CANTI
	<u>cajas de toallitas</u>	<u>100 g/40</u>	<u>2</u>

ATORIZADO
 MBRE Y FIRMA

RECIBE CON
 MBRE Y FIRMA

FUNDACION SAN LUCAS

APPENDIX # 9: General output table of the 27 indicators evaluated

ITEMS TO VERIFY		CEP RESI	ASONVI HSIDA	CEGO DEM	ANICP+ VIDA	ANFAM/IXCHEM	GA0	ADES ENI	CEP S	Fund. Sn LUCAS	ACCCSi da	OVI	% FULFILLMENT BY ITEM	
													YES	NO
1	The NGO has a form to collect consumption or delivery data.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	90.9	9.1
2	The NGO uses a form to collect consumption or delivery data.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	90.9	9.1
3	The NGO has a form to collect stock data.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	90.9	9.1
4	The NGO uses a form to collect stock data.	NO	NO	Yes	Yes	Yes	NO	NO	Yes	Yes	NO	NO	45.5	54.5
5	The NGO estimates supply needs.*	DOES NOT APPLY				Yes	DOES NOT APPLY						100	-
6	The NGO has a stowage card to control supply.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	90.9	9.1
7	The NGO uses a stowage card to control supply.	NO	NO	Yes	Yes	Yes	NO	NO	Yes	Yes	NO	NO	45.5	54.5
8	The NGO runs physical inventory on supply.	NO	NO	Yes	NO	Yes	Yes	Yes	Yes	Yes	NO	NO	54.5	45.5
9	The NGO has sufficient space to store supplies.	Yes	Yes	NO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	81.8	18.2
10	The NGO's storage space is clean.	Yes	NO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	81.8	18.2
11	The storage space has sufficient lighting.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	90.9	9.1
12	The storage space is free of humidity.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	Yes	90.9	9.1
13	The storage place has adequate ventilation.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100.0	-
14	The supplies are kept under lock and key.	Yes	NO	NO	Yes	Yes	NO	NO	Yes	Yes	Yes	Yes	63.6	36.4
15	The stacking of supplies is adequate.	Yes	NO	Yes	Yes	Yes	Yes	NO	Yes	Yes	Yes	Yes	81.8	18.2
16	The PEPE technique is applied.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100.0	-
17	Absence of harmful toxic substances.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	90.9	9.1
18	Absence of expired supplies.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100.0	-
19	Supplies are labeled.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	Yes	Yes	90.9	9.1
20	The stowage cards are updated.	NO	NO	NO	Yes	Yes	NO	NO	Yes	Yes	NO	NO	36.4	63.6
21	Expiration dates are visible.	Yes	Yes	Yes	Yes	Yes	NO	Yes	Yes	Yes	Yes	Yes	90.9	9.1
22	The NGO has refrigeration equipment	Yes	NO	Yes	NO	Yes	Yes	NO	Yes	Yes	Yes	Yes	72.7	27.3

ITEMS TO VERIFY		CEP RESI	ASONVI HSIDA	CEGO DEM	ANICP+ VIDA	ANFAM/ XCHEM	GA0	ADES ENI	CEP S	Fund. Sn LUCAS	ACCCSi da	OVI	% FULFILLMENT BY ITEM	
													YES	NO
23	The NGO has thermometers or thermohygrometers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100.0	-
24	The NGO uses thermometers or thermohygrometers.	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	Yes	Yes	Yes	90.9	9.1
25	NGO has an electronic Kardex.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100.0	-
26	NGO uses an electronic Kardex.	Yes	Yes	Yes	Yes	Yes	Yes	NO	Yes	Yes	Yes	Yes	90.9	9.1
27	NGO uses supply reception forms	Yes	NO	Yes	Yes	Yes	NO	Yes	Yes	Yes	NO	Yes	72.7	27.3
Average of global fulfillment based to 27 items													82.7	17.2