



# USAID | DELIVER PROJECT

FROM THE AMERICAN PEOPLE

## Latin America and the Caribbean Contraceptive Security Initiative 2014

South-to-South Collaboration with a Regional Approach



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# **Latin America and the Caribbean Contraceptive Security Initiative 2014**

South-to-South Collaboration with a Regional Approach

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

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### **Abstract**

In 2014, the Latin America and the Caribbean Regional Initiative continued to support focus countries in strengthening their commitment to resolving family planning/reproductive health supply chain and commodity security issues. The workplan focused on improving contraceptive availability for all populations, particularly vulnerable groups—such as adolescents—as well as strengthening the capacity of CS champions and local organizations to advocate for sufficient funding to manage well-performing supply chains. One of the most significant results was the commitment of new civil society organizations to be part of the next wave of contraceptive security advocates in the region. The initiative worked with a broad range of partners, including the RHSC LAC Forum, UNFPA LAC Regional Office, the Inter-American Development Bank (IDB) Mesoamerican Health Initiative, Central American Commission of Ministers of Health in Central America (COMISCA), and country platforms, to increasingly diversify financial and technical support for contraceptive security priorities and activities that USAID has previously supported.

Cover photo: August 2014. Ministry of Health Peru participants reviewing the supply chain bottlenecks and timeline for solutions at the Supply Chain Innovations on Transportation and Distribution Workshop, which was held in Medellin, Colombia.

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# Acronyms

Alianmisar	National Alliance of Indigenous Women for Reproductive Health ( <i>Alianza Nacional de Mujeres Indígenas por la Salud Reproductiva</i> )
APHA	American Public Health Association
COMISCA	Central American Commission of Ministers of Health in Central America
CY	calendar year
DHS	Demographic and Health Survey
FP	family planning
FY	fiscal year
IDB	Inter-American Development Bank
INSALUD	<i>Instituto Nacional de La Salud</i>
IPPF	International Planned Parenthood Federation
MOF	Ministry of Finance
MOH	Ministry of Health
MSA	market segmentation analysis
MSH	Management Sciences for Health
NGO	nongovernmental organization
PAHO	Pan American Health Organization
PATH	[no acronym]
Profamilia	Association for Family Welfare ( <i>La Asociación Probienestar de la Familia</i> )
PSI	[only use their acronym]
RHS	Reproductive Health Survey
RHSC	Reproductive Health Supplies Coalition
SC	supply chain
SCMS	Supply Chain Management System
SDP	service delivery point
SICA	(Central American Integration System)
TA	technical assistance
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development





# Acknowledgments

We would like to thank the USAID Latin America and Caribbean Bureau, as well as the USAID missions in the Dominican Republic, Guatemala, El Salvador, Honduras, Peru, and Paraguay, for their continued support in advancing the contraceptive security agenda at the country- and regional-levels. We look forward to continuing the collaboration in the coming year as country champions work to protect USAID's historic investments in family planning and contraceptive security for many past decades.



# Executive Summary

In 2014, the Latin American and Caribbean Contraceptive Security (LAC CS) Regional Initiative continued to support focus countries (see appendix C, item 1) in strengthening their commitment to resolve family planning/reproductive health (FP/RH) supply chain and commodity security issues. The workplan focused on raising awareness to improve contraceptive availability for all populations—particularly vulnerable groups, such as adolescents—as well as building the capacity of contraceptive security (CS) champions and local organizations to advocate for sufficient funding to manage well-performing supply chains. For example, in the Supply Chain Alliance, the initiative worked in collaboration with a broad range of partners (see appendix C, items 2 and 3).

This report covers activities carried out in the 2014 workplan, including—

- advocacy activities to increase investments in public health supply chains (SC)
- technical support to the Reproductive Health Supplies Coalition (RHSC) LAC Forum by participating in the working groups and as members of the executive committee
- capacity building of civil society organizations and youth leaders in advocating for CS
- facilitation in workshops to nurture alliances and collaboration between new actors and the governments to move the CS agenda forward
- sharing with other countries Guatemala SC costing study model through social media, workshops, and technical meetings.
- a regional workshop to help seven countries resolve recurrent bottlenecks when delivering medicines and contraceptives from regions to service delivery points (SDPs).

Table 1 lists the planned activities for fiscal year (FY) 2014. Some activities continued implementation into FY2015.

**Table 1: Summary of Latin America and the Caribbean Contraceptive Security Planned Activities**

#	Description	Technical Priority	Tasks
1	Advocate for increased financing for CS and supply chain management	Advocacy and collaboration, evidence-based decisionmaking	Production of materials; advocacy actions; country meetings
2	Strengthen capacity and membership of the LAC Forum to carry out CS activities	Advocacy and regional collaboration	Partner meetings; production of materials; TA for executive committee and working groups
3	Support the implementation of the <i>Alliance for Health Logistics</i>	Advocacy and regional collaboration	Regional and national partner meetings; production of materials
4	Develop and disseminate CS lessons learned	Partner with local and regional organizations; advocacy and collaboration	Joint paper on CS Promising Practices—USAID and IDB-SM2015
5	Hold regional meeting with USAID, IDB, country representatives, and expert organizations to discuss strategies for improving the availability of contraceptives to vulnerable groups, like youth	Reduce inequalities in access, advocacy, and regional collaboration	Regional workshop, November 2013—USAID and IDB-SM2015
6	Advocate for implementation of the strategies developed during the regional meeting and provide technical assistance to MOHs in their application	Reduce inequalities in access, advocacy, and regional collaboration; strengthen local capacity	Youth short consultancies to follow up country progress
7	Institutionalize market analysis methodology and strengthen the capacity of students in Nicaragua to understand and use demographic data analysis for decisionmaking	Strengthen local capacity; partner with local organizations	Training course. Postponed to 2015
8	Strengthen CS working groups' ability to develop workplans and to collect and monitor the <i>Contraceptive Security Indicators</i>	Strengthen local capacity; partner with local organizations	Targeted TA and country work in Dominican Republic, Guatemala, and Paraguay
9	South-to-south exchange on how to strengthen CS committees and national groups by expanding membership and including new sectors into CS working groups	Partner with local and regional organizations; advocacy and collaboration	Regional workshop May 2014

10	Document diverse procurement options to improve contraceptive availability	Promote data-based decisionmaking; partner with regional organizations; strengthen local capacity	COMISCA mechanism paper (USAID and IDB-SM2015); job aid analyzing financial scenarios of contraceptive procurement options
11	Assess current status of supply chains and facilitate exchange among countries to strengthen supply chains in select countries	Strengthening last mile delivery	Virtual survey of bottlenecks from seven countries
12	Conduct regional conference on innovations for improved SC performance	Strengthen last mile delivery; innovation and best practices	Regional workshop August 2014
13	Complete and disseminate supply chain costing study 2013 in Guatemala	Promote data-based decisionmaking; partner with regional organizations; strengthen local capacity	Final report; one brief; SC costing poster; advocacy meeting with ALIANMISAR Guatemala
14	Support strengthening of the RHSC LAC Forum (Work Order 416)	Advocate and collaborate	Pass through PATH

Two major accomplishments are summarized below:

1. Increased visibility of supply chain costing to improve investment in public health supply chains. A year after the *Supply Chain Costing Study* was implemented in Guatemala, the LAC CS Initiative's efforts to increase supply chains visibility of has been successful because other countries have expressed interest in identifying their own supply costs and Guatemala has increasingly committed to understanding and better covering their supply chain costs with smarter investments. The project helped spread the message: *It's not enough to procure medicines; we need to budget concrete resources to cover the cost of managing supply chain activities.*
  - a. The Guatemala Ministry of Finance (MOF) has led the effort to influence the Ministry of Health (MOH) authorities to ensure that future MOH planning includes concrete directives that set aside funding for transportation, human resources (HR), and distribution to resolve the common bottlenecks that regions are still facing when distributing from regions to SDPs. Additionally, because of the continued advocacy and communications from the LAC CS Regional Initiative, several LAC partners are delivering the same message. In October 2015, at the RHSC Mexico meeting, all MOH representatives present committed to securing resources for RH supplies and the supply chain. Several regional partners—PATH, United Nations Population Fund (UNFPA), PSI, Health Policy Project (HEPP), and several MOH leaders—have disseminated similar messages throughout the region.
2. New CS champions from civil society came forward at the May 2014 regional workshop. The project has several testimonials from the Dominican Republic MOH, Insalud nongovernmental organization (NGO) in the Dominican Republic; and NGO *Igualdad y Desarrollo* in Peru acknowledging that attending these regional workshops opened their eyes and strengthened their vision for a renewed and stronger CS movement, where civil society will have an active role in moving the CS agenda forward.

In addition to technical activities, to help protect gains in contraceptive security, with both core and LAC CS funds, the project developed and implemented an active communications plan to strategically disseminate the USAID LAC Bureau's contributions in the region during various critical points throughout the year.

Finally, appendix A includes performance monitoring indicators and results, which show that most of the targets for 2014 were met or exceeded. Appendix B lists the publications and resources produced, appendix C includes additional information about the text, and appendix D lists the news and updates disseminated during this period.

In the coming years, the LAC CS team intends to continue supporting the USAID LAC Bureau in their objective to protect, institutionalize, and sustain many past decades of investment in family planning and CS throughout the region.

# Activities and Narrative of Accomplishments

## Advocate for increased financing for CS and supply chain management

This year, the project continued to advocate for countries to allocate and spend sufficient funds to manage effective supply chains. This activity primarily continued to disseminate advocacy material on the advantages of accounting for hidden supply chain costs. For example, in Guatemala, the MOF and MOH continued to disseminate the 2013 supply chain cost exercise results; they are currently determining how to link those results with the MOH results-based budgeting scheme. In the recent Annual RHSC LAC Forum meeting (October 2014), the ministries of health that participated stated they would work to “facilitate promising practices to finance the supply chain;” highlighting their commitment to finance and procure RH supplies, as well as account for and finance the associated costs of maintaining an efficient supply chain. The project also hired a local consultant in Guatemala—an expert in RH, FP, and advocacy to help develop a brief and to plan an awareness-raising meeting targeted at the national network of grassroots organizations—Alliance of Indigenous Women for Reproductive Health (*Alianmisar*)—to share the results of the SC costing study and its relevance to the RH monitoring and social auditing role that Alianmisar conducts in MOH health establishments.

## Strengthen capacity and membership of the LAC Forum to carry out CS activities

During the current year, the RHSC LAC Forum membership reached more than 300 members, almost double since 2011, thanks to the LAC Forum Coordinator (partially funded by USAID LAC Bureau) efforts and because of the increased membership of the global RHSC. The two working groups on *Multisectoral Approaches* and *Visibility and Advocacy* grew stronger; they met in Bogota, Colombia, to identify priority themes for advocacy and awareness-raising activities; for example, the importance of increasing access to RH supplies for youth and adolescents. The second objective was to analyze all existing CS monitoring tools and agree to develop a tool to monitor CS advances in LAC. From this meeting, an advocacy matrix was developed with four priorities: (1) reduce unmet need for adolescents, (2) analyze the use of long-acting FP



LAC Forum Mobilization Working Group meeting in Profamilia Colombia, Bogota, in February 2014.

methods, (3) identify bottlenecks to accessing financial resources for CS, and (4) advocate for reducing the price of contraceptives for vulnerable populations in the LAC countries that need them most.

The project actively participated in defining all these activities, sharing technical considerations, based on experience working on related activities with multiple partners. The project also drew on its broad network of partners to invite new organizations to the group and to strengthen the LAC forum. Throughout the year, the project has endeavored to share data and analysis from previous years that illustrate the high unmet need for family planning for all sexually active women ages 15–25. The project also helped develop a technical proposal to strengthen various forum activities by contracting an expert consultant in RH, FP, and advocacy. This consultancy included identifying two concrete advocacy strategies to reduce unmet need for family planning among adolescents throughout the region. The LAC Forum Executive Committee will receive a presentation at the beginning of 2015 and their members will decide how and when to implement the recommended activities. The consultancy also included several innovative strategies to make the LAC forum activities more visible.

## **Support the implementation of the Alliance for Health Logistics**

The Alliance for Health Logistics was launched three years ago, in June 2012. The Alliance met five times during FY2014 and achieved consensus with the group to work on several joint themes and papers. The Alliance agreed to work together to develop materials and to, subsequently and jointly, disseminate them. The documents to be published in the second quarter of 2015 include—

- Infographic—*Why Mesoamerica should Invest in Supply Chains*—led by the project. It will include most of the alliance logos, including a dissemination plan.
- Characterization of supply chain models, led by the project and Management Sciences for Health (MSH).
- Barriers to NGOs for registering and distributing products in-country, led by PSI and the International Planned Parenthood Federation (IPPF).

Discussions throughout the year culminated in prioritizing jointly developed documents and guidelines at the regional level, instead of continuing to develop the Alliance at the country level—although the Alliance in Guatemala will continue to be a priority. Guatemala was the first country where the Alliance agreed to start improving coordination because of the multiple international agencies working to improve the public health supply chain, including USAID and its implementing partners<sup>1</sup>.

Following is a summary on the progress of the *Alliance for Health Logistics* work in Guatemala.

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<sup>1</sup>The USAID | DELIVER PROJECT, Supply Chain Management System (SCMS), SIFPO, University Research Corporation (URC), MSH, UNFPA, UNICEF, IDB-SM2015 Initiative, and the Guatemalan Nutrition Alliance.





Supply Chain Alliance founding members. June 2013

At the end of calendar year (CY)2013, the *Alliance for Health Logistics* asked the project to start working with USAID, IDB, Pan American Health Organization (PAHO), UNFPA, and (UNICEF) to use their collective resources to help improve the public health supply chain in Guatemala. Since its conception, the Alliance for Health Logistics has met more than six times to strengthen the coordination of financial and technical resources among the cooperating agencies, with the goal of more strategically and systemically supporting the MOH logistics system.

They developed a preliminary workplan, originally drafted by UNFPA Guatemala, that includes the following themes: (1) reorganizing the supply chain management system and (2) developing a strategy for professionalizing the SC human resources by looking for partnership opportunities with the private sector. Because of the political changes within the MOH during CY2014—including the appointment of a new Minister—the Alliance held meetings to strengthen the coordination and developed strategic steps to show the new administration the importance of harmonizing all the efforts and resources to support the MOH in establishing a new SC directorate. Recently, the current partners have actively participated; this promises to strengthen the group for the future. For example, UNICEF hosted the last meeting; the UNICEF representative stressed that, to reduce malnutrition in Guatemala, they are looking at the public health SC to sustain and improve the availability of micronutrients, which is a key priority for the country’s national health plan.

## **Develop and disseminate CS lessons learned**

In the context of the USAID IDB-SM2015 partnership, the project helped convene five meetings with IDB to determine the scope, methodology, focus, and priority CS promising practices that they will jointly document, under the project’s technical guidance. The project developed a concept note and a questionnaire to collect data from selected countries: Guatemala, Nicaragua, El Salvador, Bolivia, Peru, and Paraguay. During the discussions, IDB and USAID agreed that these CS practices need to be shared with governments and with international agencies that have a systems strengthening perspective, emphasizing the need to incorporate these practices into the public health system. The five practices that the group agreed to document were—

1. Protect funding for procurement of essential medicines.
2. Identify allies with political influence to monitor the implementation of favorable FP/RH laws, policies, and norms.
3. Establish national and regional price negotiation mechanisms.
4. Implement integrated logistics management information systems.
5. Establish a supply chain directorate for essential medicines and medical supplies.

The promising practices have been drafted; they include the definition, advantages, steps for implementation, key players, enabling factors for success, and capacities needed for implementation. The project contracted a consultant to draft the practices, which will be completed and published in the second quarter of FY2015. The primary audience—ministers of health, program managers, ministers of finance, and targeted congressional leaders—will learn how critical these practices are for improving health outcomes and achieving sustainable development.

## **Regional meeting—Strengthening Access to Contraception Services and Products for Adolescents and Youth—was held in San Salvador, El Salvador, in November 2013**

This workshop was reported in the *2013 Annual Report*; it was held the week of November 5, 2013, with the Association for Family Welfare (Profamilia) Colombia as the lead facilitator. USAID and



Paraguay youth leader summarizing her analysis at the Regional Workshop in San Salvador, November 2013

IDB-SM2015 Initiative co-funded the event, which included 60 participants from 10 countries (IDB-SM2015 countries included). Youth leaders also attended to monitor progress and find alternate regional solutions to make quality and affordable contraceptives available for youth in youth-friendly sites and have continued their advocacy efforts in 2014. In addition to the usual countries that participate in these events, countries like Costa Rica—that has not historically participated in the regional initiative because of its graduated status—recognized the importance of collaborating further with neighboring countries and of committing to widening the range of contraceptives available to youth. In fact, the Costa Rica IPPF affiliate participating in the workshop reported that it opened doors to the MOH that had previously not been accessible. The results included various studies, high-level advocacy meetings, and a recent draft ministerial decree; which will improve access to condoms and other contraceptives for youth. The MOH approved the decree; the Presidency currently has it for approval.

## **Advocate for implementing strategies to increase contraceptive availability for youth**

After the Profamilia workshop in November 2013, the project selected youth leaders from previous workshops and trained them to advocate for the availability of contraceptives for adolescents and youth. The purpose was to empower the youth to monitor more effectively the actions implemented after the regional workshop. The project selected youth that, since 2012, have shown a strong commitment and have had experience working in RH programs targeted for youth; most of the selected youth belong to IPPF affiliates, PSI, and other local networks that manage youth programs. Following the USAID | DELIVER PROJECT contracting mechanism to hire consultants, and

based on a limited budget, the project hired either one or, in some cases, two youth leaders for six months in the Dominican Republic, Guatemala, El Salvador, Nicaragua, Peru, and Paraguay.

The scope of work was as follows:

**Objective:** Strengthen the capacity of local young leaders to advocate for CS; improve contraceptive and condom availability while following up on the goals proposed during the project's regional workshops.

## Activities/Tasks

1. Review the country presentation delivered during the regional workshop in El Salvador: *Strengthening Access to Contraception Services and Products for Adolescents and Youth.*
2. Review the activities matrix provided by the activity manager.
3. Meet with country counterparts that participated at the workshop to validate the proposal, update the current status of activities, and facilitate integration of their proposals into existing country strategies being implemented.
4. Enter the status of activities in the matrix template.
5. Hold virtual meetings with the activity manager to support country progress.
6. Document evidence of actions by adolescents to improve access to contraceptives and condoms. For example: minutes of meetings, copy of participants' list, etc.
7. If feasible, highlight the importance of availability of contraceptives and condoms to reduce unmet need, participate in country meetings—i.e., forums on "Preventing with Education."
8. Present three matrixes based on the deliverable schedule.



Youth leaders from seven countries participated in Profamilia Colombia training. April 2013.

The youth leaders that more efficiently performed the tasks assigned were from Nicaragua, Guatemala, and Peru. The secret to their performance was mainly due to support from a local organization. Table 2 describes the follow-up actions and progress to date:

**Table 2: Summary of Actions Taken by Youth Leaders, by Country**

Country	Supported by...	Action	Progress
Guatemala	APROFAM (IPPF affiliate)	Participate in peer education strategies to include importance of contraceptive security. Report on the MOH's latest FP norms and logistics guidance to dispense contraceptives to youth at youth-friendly sites.	IPPF youth leader is a member of several country steering committees to improve health services for youth. The project has helped her develop advocacy and communication skills.
Nicaragua	Profamilia (IPPF affiliate)	Two youth leaders participated in the design and implementation of IPPF youth-friendly sites to monitor availability of FP services for youth and adolescents.	Both youth leaders co-presented with Profamilia the results of the survey and next actions. By involving them in this study, onsite training helped them become better advocates.
Peru	NGO Igualdad and Desarrollo	Youth leader and CS organization, <i>Igualdad y Desarrollo</i> , helped organize a marathon in Ucayali region to raise awareness about increasing access to contraceptives for youth.	Access to contraceptives for youth in the Ucayali region has been maintained on the public agenda and within the CS organizations that advocate for FP/RH.

## **Institutionalize market analysis methodology and strengthen the capacity of students in Nicaragua to understand and use demographic data analysis for decisionmaking**

This activity was intended to institutionalize market analysis methodology and to strengthen the capacity of undergraduate students in a private university. However, during the midterm review, USAID and the project cancelled this activity because of the difficulties obtaining the latest Reproductive Health Survey (RHS) dataset. This decision was discussed with both USAID Nicaragua and USAID LAC Bureau leaders, who agreed to propose a new activity and reprogram the funds in 2015. The activity in 2015 will continue to strengthen the local capacity of education institutions to include SC curricula and courses.

## **Strengthen CS working groups' ability to develop workplans and to collect and monitor CS indicators**

This is the third year that LAC MOHs helped complete the CS Indicator exercise. With the help and inputs from seven countries—Guatemala, Dominican Republic, El Salvador, Honduras, Nicaragua, Peru, and Paraguay—*2014 Contraceptive Security Indicators* were finalized and included in the project-wide CS indicators analysis.

The CS Committee in Paraguay provided technical assistance: new allies of the Paraguay CS Committee were invited to several meetings; they are more actively involved in their regular meetings. Civil society, the MOH, and the MOF learned what type of information and indicators they can routinely monitor to identify contraceptive supply imbalances, sufficient financing, and the availability of FP methods. As part of this targeted technical assistance (TA), the MOH Paraguay requested, organized, and led an advocacy meeting with the CS committee and special guests from the MOF. The objective was to raise awareness about the challenges and delays in the procurement process and to ensure that UNFPA placed the contraceptive orders. Among the participants were the MOH financial and legal advisors, as well as a representative from the MOF treasury. During the meeting, recommendations were made on how to resolve bottlenecks in the procurement process and save resources. The MOH delivered key messages about the importance of investing in FP commodities to avoid unplanned pregnancies and help reduce maternal deaths.

The project also provided TA to the Dominican Republic's CS Committee. While helping the MOH collect CS indicators, the project also supported the update for their CS monitoring plan; which includes, with other indicators, some of the CS indicators data. Despite the recent political changes within the MOH, new authorities are committed to continue convening the CS Committee; it will be used as a platform for coordinating efforts to improve FP services and strengthen the public health supply chains. Thanks to the annual visits from the project in recent years, stronger linkages have been established between the MOH, civil society, and local USAID partners; they are beginning to see the importance of participating in and collaborating with the CS committee platform. By helping nurture collaboration between local partners, the project will help ensure that contraceptives are available to the population through multiple channels, across both public and private sectors.

## **South-to-south exchange on how to strengthen CS committees and national groups by expanding membership and including new sectors into CS working groups**

On May 27–29, 2014, 30 representatives from ministries of health, NGOs, and women's and men's groups that defend RH rights, met in Antigua Guatemala to participate in the regional meeting, *Alliances of Civil Society and New Actors for Contraceptive Security in LAC*. The goal was to analyze the role of civil society and new CS champions to help identify challenges and solutions that would protect the availability of contraceptives in their countries. Participants came from the Dominican Republic, Guatemala, Honduras, Nicaragua, El Salvador, Peru, and Paraguay.

Bringing new actors—such as civil society and RH male networks—opened new avenues for coordination, including forming alliances and innovative partnerships that will help monitor progress and resolve potential setbacks. During the workshop, by bringing together NGOs and MOH representatives, the project helped a team of actors across sectors understand the importance of contraceptive security in advancing the RH agenda. The meeting included men who participate in



national and departmental organizations that are monitoring RH and CS from their perspective; thereby, reinforcing gender equity approaches. By involving men, the project promoted CS as central to meeting all people's needs, regardless of gender. At the end of the meeting, a matrix was prepared with several areas for improvement and commitments from country delegations; it focused on financing, policies, and supply chain financing. This workshop was unique because it also included the promotion of databased decisionmaking by using the project's *Contraceptive Security Indicators* tool and dashboards to analyze gaps in making contraceptives available. Moreover, this workshop helped identify ways to form new alliances and seek individual allies or champions to protect CS in the future.

For example, Nicaragua has shown interest in launching a RH Observatory that will focus on teen pregnancy and provide contraception services and commodities to youth. Further, the Dominican Republic's *Instituto Nacional de La Salud* (INSALUD) and MOH have, for the first time, become partners and are closely coordinating and guiding the CS committee's next workplan and advocacy strategies. The CS committee in Paraguay has included the civil society organization *Cuñá Aty* more closely to help them monitor the advances and challenges remaining to sustain CS.

## **Document diverse procurement options for improved contraceptive availability**

In partnership with the IDB-SM2015 Initiative, the LAC regional initiative helped the secretariat of the Central American Negotiation Mechanism of the Central American Commission of Ministers of Health in Central America (COMISCA) strategically document the process for procuring affordable medicines, including oral contraceptives and injectables. The objectives are to highlight the characteristics, conditions, and benefits of using this negotiation mechanism, and how the MOH can effectively use it to optimize scarce resources and funding. This policy document will be widely disseminated through social media and international events like the 2015 RHSC meeting.

## **Assess the current status of supply chains and facilitate exchange among countries to strengthen supply chains in select countries**

To prepare for the regional conference on SC innovations, which has the goal of improving the SC transport and distribution functions, the project developed a survey about the main bottlenecks faced by the eight focus countries in distributing life saving medicines to the last mile. The respondents were logistics advisors, logistics coordinators, warehouse managers, and project

The Contraceptive Security and Partnerships Workshop, held in Antigua, Guatemala was an important space to train us in definitions, practices, and roles that both Government / Civil Society play to meet the demands and needs of contraception, sexual and reproductive health. In the midst of challenging times, partnerships between Government and other stakeholders with genuine representation of organized groups represents a unique opportunity to join forces to advocate for sustain financial resources for family planning and contraception services, improved quality of care, and more efficient management of the health care services for vulnerable groups such as adolescents. For these partnerships, we will need to use and apply proactive attitudes and skills for productive public-private alliances, as proposed during the workshop." **Dr. Jose Mordan, Family Planning Advisor Ministry of Health Dominican Republic**

advisors. Llamasoft summarized and analyzed transport and distribution bottlenecks, by country, highlighting the most common ones—for example, insufficient vehicles; insufficient budget for transportation and distribution; and to cover other SC costs in the annual plans and budgets. The survey results were used to design the regional conference and to select the most relevant tools and learning objectives for the workshop.

## **Hold a regional conference on innovations for improving SC performance, by Llamasoft and the project**

A total of 22 participants from the Dominican Republic, El Salvador, Honduras, Paraguay, and Peru attended the workshop. Participants included MOH logistics coordinators; budget, financing, and administrative managers from the central level; one regional logistics coordinator; one representative from the transportation division (where applicable); and one manager from the central logistics unit. The key objectives were to (1) share and discuss bottlenecks in distribution and transportation of MOH supply chains and (2) apply best practices and innovative solutions to resolve these bottlenecks. Participants also shared the results from the SC costing study done in Guatemala, highlighting the involvement of the high-level MOF throughout the process, as well as the participation of both the MOH and MOF staff member who conducted field work. The discussions on costing helped the MOH budgeting and administrative staff to be more sensitive about the importance of the supply chain to achieve positive public health outcomes.



Paraguay delegation discuss their road application and plan.

The key result was that the participating countries identified a SC bottleneck and presented a process map and critical route analysis tool to implement improvements in distribution and transportation within their public health supply chains. One similarity among countries was that they all included improving the visibility of the supply chain for health system strengthening as one of the activities to focus on. All five countries, except Honduras, prioritized the visibility of the supply chain information and costing data. Process maps and critical route analysis templates were helpful for countries in developing high-quality, detailed plans, with indicators, to measure a six-month time frame for the progress of the proposed actions. As a result of this workshop, Peru and El Salvador are interested in conducting pilot SC costing exercises, which will help them visualize all the elements of a well-performing supply chain and the associated costs; and advocate for sustainably financing the SC. Moreover, in November 2014, the Central Directorate for Strategic Commodities in Peru (DARES in Spanish) asked the project to help them develop a SC costing study in two geographical regions of Peru in 2015.

## Complete and disseminate supply chain costing study in 2013



Supply Chain Costing poster displayed at the APHA conference in November 2014.

During the *Applying Best Distribution and Transport Practices* workshop mentioned earlier, a supply chain visibility session raised awareness on the importance of monitoring supply chain costing indicators to improve supply chain performance. As a result, Peru and El Salvador are exploring ways to carry out a supply chain costing exercise, as well as increase the visibility of the supply chain challenges they face; and monitor the implementation of solutions to address these challenges. Additionally, the project has actively and more broadly disseminated the benefits of supply chain costing exercises through

social media, the RHSC LAC Forum, and at the 2014 American Public Health Association (APHA) conference in New Orleans. The poster presented at the APHA conference on the Guatemala Costing Study resulted in many positive comments and interest in how the use of costing data can help strengthen health systems. After the final costing study report was released in Guatemala, the MOF convened several meetings to discuss next steps for using the results of the study to generate supply chain cost indicators and to include these elements in future annual operational plans. To download the costing study and poster, please go to these links: <http://bit.ly/1H33qFW> and <http://bit.ly/1H33Vja>.

## Pass-through to PATH: support strengthening of the RHSC LAC forum

For the second consecutive year, the USAID LAC bureau has transferred funds to PATH through the USAID | DELIVER PROJECT, with the goal of strengthening the operations of the LAC RHSC Forum Secretariat. PATH is responsible for managing and spending these funds. This year's pass-through funds were partially spent; the remaining funds will probably be spent in the first quarter of FY2015.

## Use of the publications and communications strategy

Appendix B includes a list of the publications produced during the year. For the second year in a row, the project has leveraged resources from our communications team to actively disseminate and communicate the USAID LAC Regional Initiative contributions through social media. With technical guidance from a communications expert on the project, we developed a communications plan that includes social media coverage, especially for special world days. Appendix C includes additional information about the text. Appendix D lists all the news, updates, and documents disseminated during 2014.



# Lessons Learned

Although many countries in LAC continue to maintain significant health outcomes, particularly compared with other regions, with LAC countries increasingly graduating from USAID health support, there are specific risks when maintaining the systems and programs that provide reproductive health products and contraceptives to the LAC population.

The project learned that, even a sustained government commitment during the USAID-presence period, does not guarantee that the commitment will be maintained after USAID has discontinued support. For example, Honduras and Paraguay have been unable to totally maintain their commitment to procuring contraceptives since graduation, although for many years they had used government funds to finance contraceptives.

In this changing donor environment, the project's recent work to develop the networks, incentives, and monitoring tools necessary to encourage and pressure governments to continue to maintain their commitments, clearly shows that civil society and other donors—PAHO, UNFPA, UNICEF, and IDB, for example—will have a central role in keeping the governments accountable. Without external support and pressure from both local and international organizations, commitments will fall short. It is unlikely that goodwill of the governments alone will continue to protect contraceptive security; therefore, mechanisms must be built in to ensure that CS advocates, both within and beyond the government, can keep this priority on the national health agenda, over time.

Promising results working with new donors and local organizations, through the SC Alliance and LAC Forum, shows that it is possible to build this network and that new local partners are becoming increasingly interested in supporting CS priorities moving forward; because they understand that access to RH commodities is essential to improving health and development throughout the region.



# Conclusion

The work of more than 10 years of the LAC CS Regional Initiative<sup>2</sup> to pull together this broad CS advocacy network is and will be extremely valuable throughout the region, particularly in this changing donor environment. Without data visibility and active advocacy efforts, it is unlikely that many of the investments countries and USAID made in the past will be sustained.

Although significant investments are not currently needed, a regional mechanism, comprising an ever-increasing group of advocates and national organizations across public and private sectors, remains the essential ingredient to achieving CS in LAC. The approach employed by the LAC CS Regional Initiative includes actively sharing lessons, challenges, and solutions among countries, throughout the region. By learning, collaborating, and, to a certain extent, competing with their neighboring countries, champions have implemented the policies, coordinating mechanisms, and structures needed to better finance, plan, procure, and deliver contraceptives and other essential health products to the people who need them.

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<sup>2</sup> Follow this link to see a timeline that shows more than 10 years of USAID's LAC CS Regional Initiative work <http://cdn.knightlab.com/libs/timeline/latest/embed/index.html?source=0Atf1L3-CbeaodF9mZjFUbGZyS1hCaHRjeXJJUD15S2c&font=Bevan-PotanoSans&maptype=toner&lang=en&height=650>



# Appendix A

## Performance Monitoring and Indicators

The LAC CS Regional Initiative tracked high-level indicators to reflect the collateral benefit of the workplan activities, including workshops, policy briefs, presentations, and technical exercises. The Initiative indirectly contributes to activities at the country level—the broad range of partners work together to ensure that contraceptive security goals and activities remain on the development agenda throughout the region.

The Initiative was successful in maintaining progress and commitment to CS this year, as evidenced by meeting or exceeding most of the targets (see table 3). For example, indicator results (Indicator 1) illustrate that, as a result of coordination efforts, seven countries were able to empower at least two CS champions using data to influence decisionmaking, meeting targets set out at the beginning of the year.

It is anticipated, however, that future efforts to maintain this level of performance, by country, will be challenging as USAID phases-out support, and as relationships with local champions and partners evolve. For example, this year, Honduras continued to face challenges in maintaining a commitment to contraceptive security. *CS Indicator* data, which the USAID | DELIVER PROJECT collected through the broad global project, illustrates that for the second year that Honduras did not finance or procure contraceptives and UNFPA donated all products.

Next year, it will be essential to continue working with regional partners to ensure that both USAID and other partners, with direct in-country presence, incorporate CS strategies into their portfolios. This will ensure continued commitment and support for family planning programs and contraceptive supply chains, and will mitigate the slippage seen in Honduras. More specifically, coordinated efforts will need to be made in the remaining years of the initiative to ensure that donors and governments continue to monitor and ensure that sufficient commitment, funding, and technical capacity is available to effectively procure and distribute contraceptives at the country level.

Additionally, the indicators (Indicator 1.2) show that multiple new local organizations have been engaged to join and support CS advocacy efforts, including new civil society organizations that have never been actively involved in the CS Initiative (see annex 2). These new organizations have been actively engaged through the project's regional workshops and targeted technical assistance in some countries (Dominican Republic, Paraguay, and Peru, in particular). Civil society organizations and women's groups involvement illustrate that CS objectives will be further maintained with leadership and a new generation of advocates from beyond the public sector.

In addition, most countries in LAC increasingly acknowledge the importance of protecting and providing services and supplies for youth populations (Indicators 2.1 and 2.2). These acknowledgements have been expressed in all regional and country conferences/workshops related to increasing access to FP for vulnerable groups: i.e., *Repositioning FP in LAC*, the *Promise Renewed*, *IDB Health Mesoamerica 2015*, and the project's regional and country workshops. The LAC CS Regional Initiative efforts—including workshops, leadership trainings, and hands-on data analyses and advocacy activities—illustrate the high levels of unmet need among youth, especially unmarried youth—have been helpful in raising awareness of the importance of expanding access to

contraceptives for youth and mobilizing a cadre of youth advocates in the region to advocate for contraceptive security.

The Supply Chain Alliance, launched in June 2013, is an ongoing activity that seeks to foster coordination among partners and leverage resources and technical support from donors to improve supply chain performance in the LAC region. In FY2014, the project expected to implement the Alliance at the country level in two countries; however, coordinating the partners in Guatemala and Peru was very difficult (Indicator 1.3). After much discussion throughout the year, Alliance members concluded that a more effective approach should focus primarily on coordination efforts at the regional level and to support countries only when asked. Creating subsidiary Alliance groups at the country-level will no longer be the primary objective of the Alliance; the indicator for this activity will be revised accordingly in the 2015 monitoring plan. Collaboration among Alliance members—USAID, PAHO, IDB, UNICEF, UNFPA, MSH, Llamasoft, and others—has focused on developing joint technical briefs, analysis, and infographics with regional application, as well as continued support in Guatemala. Members agree that technical briefs and advocacy activities will be a more effective use of limited resources than setting up Alliance activities in multiple countries. Because Alliance members in Guatemala have identified a need for coordination, the group will continue to meet in-country. In Peru, the project promoted coordination with the Alliance members to carry out the supply chain costing study, but no partner showed interest.

The activity to institutionalize market analysis methodology and strengthen the capacity of undergraduate students (private university) in Nicaragua was not carried out because of the difficulty in obtaining the latest RHS dataset. This decision was discussed with both USAID Nicaragua and USAID LAC Bureau leaders, who agreed to propose a new activity and reprogram the funds in 2015. For this reason, indicators 3.1 and 3.2 will no longer apply; new indicators will be substituted for them. These new indicators will be related to developing human resources for supply chain curricula, in partnership with a local university in Nicaragua.

Finally, the activity to conduct a regional conference on innovations for improved SC performance, by Llamasoft and the project (Indicator 4.2), aimed to include seven focus countries in a regional workshop, *Applying Best Distribution and Transport Practices*; which focused on developing plans to resolve bottlenecks in transportation and the distribution of health commodities. However, because of political reasons and unforeseen circumstances—including the Guatemala U.S. Embassy's delay in processing U.S. Embassy security checks—neither Guatemala nor Nicaragua could attend. As a result, they did not develop supply chain improvement plans. All other countries that participated—a total of five—developed plans. As an additional outcome from this workshop, four of the five countries (Dominican Republic, El Salvador, Peru, and Paraguay) included the need to carry out supply chain costing analysis in their supply chain improvement roadmaps. Peru has committed to conducting a SC costing study early in 2015; El Salvador has also considered conducting a SC costing study in the future. See tables 3 and 4.

**Table 3. High-Level Indicators**

<b>Indicator</b>	<b>Unit of Measure</b>	<b>Baseline</b>	<b>2013</b>	<b>Target</b>	<b>2014</b>
Indicator 1: (high-level) Number of countries with at least two commodity security champions using data for advocacy and influencing decisionmaking	Number of countries, Subset 7 (Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Peru, and Paraguay)	4 of 7 (2012) (Guatemala, El Salvador, Nicaragua, and Paraguay)	6 of 7 (Guatemala, El Salvador, Dominican Republic, Nicaragua, Paraguay, and Peru)	6 of 7	6 of 7 (Guatemala, El Salvador, Dominican Republic, Nicaragua, Paraguay, and Peru) <sup>3</sup>
Indicator 2: (high-level) Number of commodity security actions taken by USAID-supported regional partnerships, alliances and/or coalitions. <sup>4</sup>	Number of actions	New indicator	N/A	4	14

<sup>3</sup> Honduras fell short in 2014 with CS commitments.

<sup>4</sup> The USAID | DELIVER PROJECT will not be solely responsible for this indicator. USAID LAC Bureau will gather data from implementing partners.

**TABLE 4. Activity Level Indicators**

Indicators	Unit of Measure	Baseline	2013	Target	2014
<b>Objective 1:</b> Diversify technical and financial support for CS and supply chain management through advocacy efforts aimed at fostering collaboration through regional and country partnerships.					
<b>Activity 1.1 Advocate for increased financing for CS and supply chain management.</b>					
I.1 Number of countries with a decisionmaker who advocates for increasing the budget or funding for the supply chain	Number of countries: Subset 7 (Dominican Republic; Guatemala; El Salvador; Honduras; Nicaragua; Peru, and Paraguay)	0 of 7 (2012)	2 of 7 (Guatemala and Peru)	3 of 7	3 of 7 (Guatemala, El Salvador, and Perú)
<b>Activity 1.2 Strengthen capacity of the LAC Forum to engage with civil society organizations and other local partners to carry out CS activities.</b>					
I.2 Number of organizations delivering key advocacy messages about the imperative to ensure the availability of RH supplies, in particular for vulnerable groups	Number of organizations	New Indicator	N/A	7	13
<b>Activity 1.3 Support the implementation of the Alliance for Health Logistics.</b>					
I.3 Number of countries planning activities in coordination with the Alliance for Health Logistics	Number of countries: Subset 7 (Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Peru, and Paraguay)	0 of 7 (2012)	1 of 7 (Guatemala)	2 of 7	1 of 7 (Guatemala)
<b>Objective 2:</b> Increase commitment from governments and NGOs to improve availability of contraceptives to vulnerable groups, like youth.					
<b>Activity 2.2 Advocate for implementation of the strategies developed during the regional meeting and provides technical assistance to MOHs in their application.</b>					
2.1 Number of countries that show evidence of new actions aimed at improving access to contraceptives for youths	Number of countries: Subset 10 (Belize; Chiapas, Mexico, Costa Rica, Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Peru, and Paraguay)	New indicator	N/A	5 of 10	6 of 10 (Dominican Republic, Guatemala, El Salvador, Nicaragua, Peru, and Paraguay)



	Paraguay)				
2.2 Number of countries with at least one youth leader that defends their right to access RH/FP products	Number of countries: Subset 7 (Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Peru, and Paraguay)	New indicator	N/A	4 of 7	5 of 7 (Guatemala, Dominican Republic, Nicaragua, Paraguay, and Peru)
<b>Objective 3:</b> Build capacity of local institutions and CS champions to use evidence to advocate for improving contraceptive security					
<b>Activity 3.1 Institutionalize market analysis methodology and strengthen capacity of students training in Nicaragua to understand and use demographic data analysis for decisionmaking<sup>5</sup></b>					
3.1 Percentage of students trained in MSA pass competency test at the end of the training	Percentage of students	N/A	N/A	N/A	N/A
3.2 Number of countries where market analysis has been institutionalized using the most recent DHS or RHS data	Number of countries	N/A	N/A	N/A	N/A
<b>Activity 3.2 Strengthen CS working groups' ability to develop workplans and to collect and monitor CS indicators</b>					
3.3 Number of countries that share and use CS indicator data regionally and nationally	Number of countries: Subset 7 (Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Peru, and Paraguay)	1 of 7 (2012, Guatemala)	1 of 7 (Guatemala)	3 of 7	7 of 7 (Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Peru, and Paraguay)
<b>Activity 3.3 South-to-south exchange on how to strengthen CS committees and national groups by expanding membership and including new sectors into CS working groups</b>					
3.4 Number of countries that engage civil society organizations in their efforts to strengthen	Number of countries: Subset 7 (Dominican Republic, Guatemala, El Salvador, Honduras,	New indicator	N/A	2 of 7	5 of 7 (Dominican Republic, Guatemala,

<sup>5</sup> This activity was planned to institutionalize market analysis methodology and strengthen the capacity of undergraduate students (private university). However, during the midterm review, USAID and the project decided not to carry out this activity due to the difficulties in obtaining the latest RHS dataset. This decision was discussed with both USAID Nicaragua and USAID LAC Bureau leaders, who agreed to propose a new activity and reprogram the funds in 2015.

CS	Nicaragua, Peru, and Paraguay)				Nicaragua, Peru, and Paraguay)
<b>Objective 4:</b> Strengthen health supply chains in region by sharing innovative approaches between countries					
<b>Activity 4.1 Document diverse procurement options for improved contraceptive availability</b>					
4.1 Number of countries that have implemented an improvement in their procurement process	Number of countries Subset 5 (Dominican Republic, Guatemala, El Salvador, Honduras and Nicaragua,)	New indicator	N/A	1 of 5	1 of 5 (El Salvador)
<b>Activity 4.2 and 4.3 Assess current status of integrated supply chains and facilitate exchange among countries to strengthen supply chains in select countries and regional conference on innovations for improved SC performance</b>					
4.2 Number of countries that develop a plan to implement supply chain innovations to strengthen in-country systems	Number of countries: Subset 7 (Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Peru, and Paraguay)	New indicator	N/A	7 of 7	5 of 7 (Dominican Republic, El Salvador, Honduras, Peru, and Paraguay)

## Appendix B

### 2014 Latin America and the Caribbean Contraceptive Security Documents and Publications

Activity	Description
<b>1.1 Advocacy for Supply Chain and 1.3 SC Alliance</b>	Brief supply chain costing study for Guatemala in Spanish and English Joint LAC Infographic “Why Mesoamerica should invest in supply chains” Presentation of supply chain costing data for Alianmisar in Guatemala
<b>1.2 LAC Forum</b>	Presentations at the 2014 Reproductive Health Supplies Coalition (RHSC) annual membership meeting in Mexico: <ol style="list-style-type: none"> <li>a) Presentation of supply chain costing study</li> <li>b) Presentation of procurement options in LAC</li> </ol> Final Report: <i>Strategies to Increase Visibility of the LAC RHS Forum and Its Regional Priorities</i>
<b>2.2 Technical assistance for contraceptive security and youth</b>	Infographic—Empowering Youth for Contraceptive Security—version updated for the RHSC meeting in Mexico
<b>4.1 Diversifying procurement options</b>	COMISCA brief for regional procurement option, jointly developed by USAID and IDB-SM2015
<b>4.3 Transportation regional workshop</b>	<ul style="list-style-type: none"> <li>• Llamasoft presentation of LAC logistics models overview</li> <li>• Workshop report</li> </ul>
<b>4.4 Supply Chain Costing Study</b>	<ul style="list-style-type: none"> <li>• Final report: <i>Supply Chain Costing Study in Guatemala</i></li> <li>• APHA poster: <i>Supply Chain Costing</i> final in English</li> <li>• Poster: <i>Supply Chain Costing</i> final in Spanish, with Guatemala ministry logos</li> <li>• Brief: <i>Supply Chain Costing Study</i> results in Guatemala</li> </ul>
<b>Other</b>	LAC CS Timeline: 10 years <a href="http://cdn.knightlab.com/libs/timeline/latest/embed/index.html?source=0AtfIL3-CbeaodF9mZjFUbGZySIhCaHRjeXJJUDJ5S2c&amp;font=Bevan-PotanoSans&amp;maptype=toner&amp;lang=en&amp;height=650">http://cdn.knightlab.com/libs/timeline/latest/embed/index.html?source=0AtfIL3-CbeaodF9mZjFUbGZySIhCaHRjeXJJUDJ5S2c&amp;font=Bevan-PotanoSans&amp;maptype=toner&amp;lang=en&amp;height=650</a>



# Appendix C

## Focus Countries and Partners

1. The Reproductive Health Supplies Coalition's (RHSC) LAC Forum; Pan American Health Organization (PAHO); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF) LAC Regional Office; and Guatemala Office, the Inter-American Development Bank's Mesoamerican Health Initiative 2015, Council of Ministers of Health of Central America and Dominican Republic (COMISCA)(see item 3), civil society organizations (INSALUD in Dominican Republic, Nicasalud Network in Nicaragua), and other country platforms, to increasingly diversify financial and technical support for contraceptive security priorities and activities that have historically been supported primarily by U.S. Agency for International Development (USAID).
2. Focus countries include Dominican Republic, Guatemala, El Salvador, Honduras, Nicaragua, Paraguay, and Peru; as well as for several activities, the Mesoamerican Health Initiative countries, such as Belize, Costa Rica, Panama and Mexico (Chiapas). Other countries also benefitted from the Regional Initiative activities; however, the USAID *CS Indicators* report and the IDB Mesoamerica Health Initiative monitor them. Several other LAC countries have collateral benefits from the work supported by the initiative. For example, Brazil, Chile, Ecuador, Uruguay, and other graduated countries have historically participated in regional events and/or the RHSC LAC forum to present their own experiences. They have frequently reported that they have not only benefitted as presenters; but, rather, have learned from USAID-supported countries that are traditionally considered less advanced.
3. Council of Ministers of Health of Central America and Dominican Republic, COMISCA is the political body of the Central American Integration System (SICA is its acronym in Spanish) that gathers representation of the Regional Health Sector to identify and prioritize regional health problems. The Central American Health Plan jointly address these problems, because of its multiple causes and socio-economic importance, which need to be brought to the attention of the Presidential Summit for intersectoral solutions, furthering regional health initiatives that require international cooperation managed through SICA; as well as monitoring, implementation and evaluation of the agreements and resolutions of the Summit with the participation of the Presidents of Central America.



# Appendix D

## LAC CS Links to News, Updates, and Papers

JSI: The Pump Blog post

[Youth champions use evidence based advocacy to improve access to family planning](#)

Aug. 15, 2014

LAC Alliance News Item

[Getting Products to People: LAC Alliance for Health Logistics Results Framework](#)

August 20, 2014

<https://www.facebook.com/DeliverProject/posts/700397276705424>

<https://instagram.com/p/r7g5wfQmjj/>

[News item on DELIVER website](#)

[Here is a Story](#) that shows all of the posts we made about the LAC timeline. We also mentioned LAC's work during the World Contraception Day Twitter chat, you can see that [story here](#). Look for our answer to question number 16 or follow [this link](#).

Aug. 20, 2014

<https://twitter.com/deliverproject/status/502161823479902210>

Aug. 21, 2014

<https://twitter.com/LLamaNews/status/502474989317398529>

Aug. 22, 2014

<https://twitter.com/deliverproject/status/502818141614112768>

Sept. 15, 2014

<https://twitter.com/deliverproject/status/511548797970030592>

Sept. 25, 2014

<https://twitter.com/deliverproject/status/515245230829080576>

Sept. 29, 2014

Instagram post about the timeline <https://instagram.com/p/tiYxFWwmpH/>

<https://twitter.com/deliverproject/status/516636113058811904>

<https://twitter.com/deliverproject/status/516625845801459712>

Oct. 10, 2014

<https://twitter.com/deliverproject/status/520583323266326528>

Nov. 3, 2014

<https://twitter.com/deliverproject/status/529298010203643906>

Here is the link to the Facebook post about Nora at SM2015 on Nov. 13, 2014:

<https://www.facebook.com/DeliverProject/posts/742910949120723>

Nov. 20, 2014

<https://twitter.com/deliverproject/status/535499575197724672>

Nov. 21, 2014

<https://twitter.com/deliverproject/status/535795446934142976>

<https://twitter.com/deliverproject/status/535794780476030976>

Nov. 26, 2014

<https://www.facebook.com/DeliverProject/photos/a.384784734933348.90489.370239679721187/749199098491908/?type=1>

Dec. 17, 2014

<https://twitter.com/deliverproject/status/545292365125419009>

<https://twitter.com/deliverproject/status/545292347253485568>

<https://twitter.com/deliverproject/status/545232487073710080>

Dec. 29, 2014

<https://www.facebook.com/DeliverProject/posts/768052929939858>

<https://twitter.com/deliverproject/status/549633506436206593>



For more information, please visit [deliver.jsi.com](http://deliver.jsi.com).

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