

2016 Sustainability Index and Dashboard Summary: Nicaragua

The **HIV/AIDS Sustainability Index and Dashboard (SID)** is a tool completed periodically by PEPFAR teams and partner stakeholders to sharpen the understanding of each country's sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to 90 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 15 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with other contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

Dark Green Score (8.50-10 points) (sustainable and requires no additional investment at this time)
Light Green Score (7.00-8.49 points) (approaching sustainability and requires little or no investment)
Yellow Score (3.50-6.99 points) (emerging sustainability and needs some investment)
Red Score (<3.50 points) (unsustainable and requires significant investment)

The workshop was held in Managua on January 28 2016 with the participation of 80 representatives from Government, Civil Society, Academic Institutions and NGOs. There was a preliminary review of over 120 documents that provided information about the four areas assessed by the SID tool.

Nicaragua is a country classified as low median income, and has a concentrated HIV epidemic.

The country has been showing important advances in the areas of **governance, leadership and accountability**, reaching the highest score (10.00) in planning and coordination, followed by public access to information (8.00), and policy and governance (7.50). Civil society participation (5.93) needs to be improved, especially to sustain the advances to date, which are highly dependent on external support. The area with the lowest score was private sector participation.

Regarding the **National Health System and service provision**, there have been important advances in the area of Human Resources for Health (8.08) followed by the improvement of the Logistics System capacity (7.23). Laboratory capacities (6.11) and Service Provision (5.74) need to be improved, especially to sustain the advances to date, which are also highly dependent on external support. The area with the lowest score is quality management (1.95).

Regarding the **strategic investment, efficiency and sustainable financing** area, the assessment recognized the advances in health sector technical efficiencies (8.45), and recognized the gap in the mobilization of national financial resources (5.83).

There have been important advances in **strategic information** especially related to performance evaluation (7.66) and epidemiological data (6.67). Financial and expenditure analysis needs to be improved, especially to sustain the advances to date, which are also highly dependent on external technical support. This is a very important area that requires more development of local capacity.

Sustainability Analysis for Epidemic Control: Nicaragua

Epidemic Type: Concentrated

Income Level: Lower-middle income

PEPFAR Categorization: Targeted Assistance (Cent. America Regional)

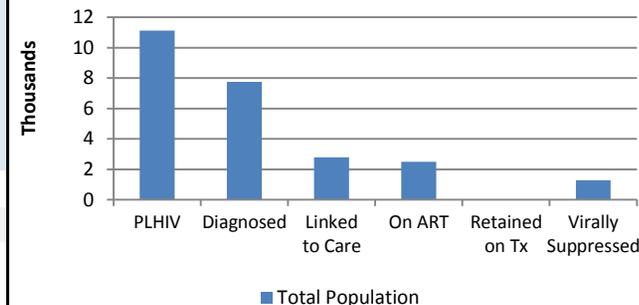
PEPFAR COP 16 Planning Level: \$21,614,000

SUSTAINABILITY DOMAINS AND ELEMENTS

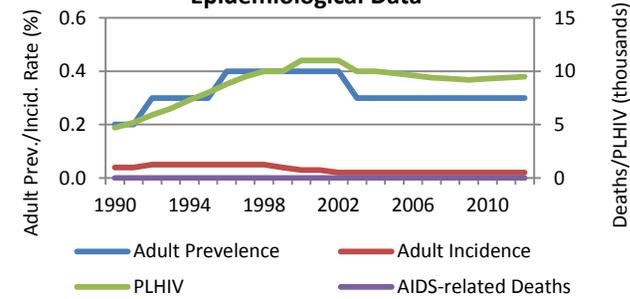
	2016	2017	2018	2019
Governance, Leadership, and Accountability				
1. Planning and Coordination	10.00			
2. Policies and Governance	7.50			
3. Civil Society Engagement	5.93			
4. Private Sector Engagement	2.57			
5. Public Access to Information	8.00			
National Health System and Service Delivery				
6. Service Delivery	4.31			
7. Human Resources for Health	8.08			
8. Commodity Security and Supply Chain	7.23			
9. Quality Management	1.95			
10. Laboratory	6.11			
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	5.83			
12. Technical and Allocative Efficiencies	8.45			
Strategic Information				
13. Epidemiological and Health Data	6.67			
14. Financial/Expenditure Data	5.83			
15. Performance Data	7.66			

CONTEXTUAL DATA

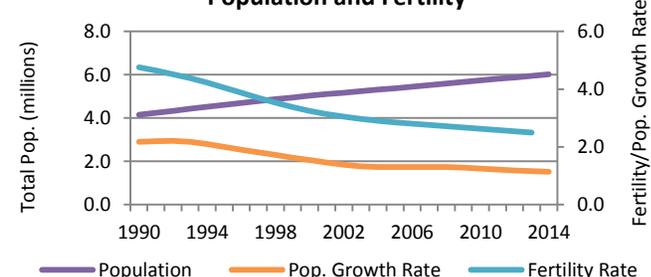
National Clinical Cascade



Epidemiological Data

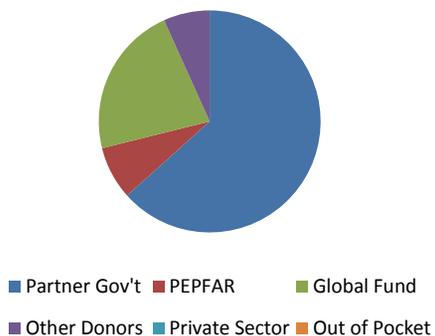


Population and Fertility

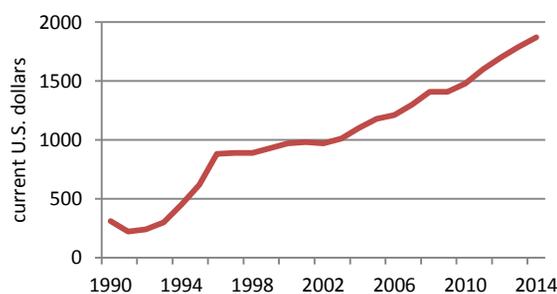


CONTEXTUAL DATA

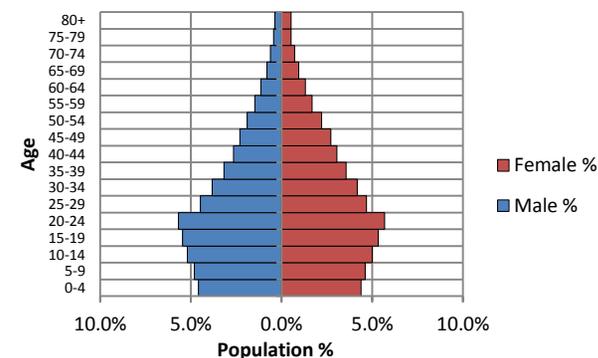
Financing the HIV Response



GNI Per Capita (Atlas Method)



Population Pyramid (2015)



Domain A. Governance, Leadership, and Accountability

What Success Looks Like: Host government upholds a transparent and accountable resolve to be responsible to its citizens and international stakeholders for achieving planned HIV/AIDS results, is a good steward of HIV/AIDS finances, widely disseminates program progress and results, provides accurate information and education on HIV/AIDS, and supports mechanisms for eliciting feedback. Relevant government entities take actions to create an enabling policy and legal environment, ensure good stewardship of HIV/AIDS resources, and provide technical and political leadership to coordinate an effective national HIV/AIDS response.

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.

	Data Source	Notes/Comments
<p>1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?</p> <p> <input type="radio"/> A. There is no national strategy for HIV/AIDS <input checked="" type="radio"/> B. There is a multiyear national strategy. Check all that apply: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> It is costed <input checked="" type="checkbox"/> It is updated at least every five years Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Strategy includes explicit plans and activities to address the needs of key populations. <input checked="" type="checkbox"/> Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children </p>	<p>1.1 Score: 2.50</p>	<p>1.1 National Strategic Plan STI/HIV/ADIS Plan (NSP) November 5, 2011.</p> <p>1.1.2 NSP 2015-2019 has been finished but it is not yet published</p> <p>SNP 011-2015 is posted in: http://www.mcr-comisca.org/sites/all/modules/ckeditor/ckfinder/userfiles/files/NI_PE_N_2011_2015.pdf</p> <p>1.1.1 The cost of the NSP was approved by CONSIDA in 2014, but it has not been published. The data in the plan was used for the Concept Note.</p> <p>1.1.2 SNP 2006-2010; 2011-2015 is posted in: http://www.pasca.org/content/planes-estrat%C3%A9gicos-y-operativos</p> <p>1.1.3 NSP 2015-2019 - It includes key populations: MSM, Gays, Transgender persons, male and female sex workers, mobile populations and incarcerated persons. It includes vulnerable populations: pregnant women, disabled persons, orphans, street kids, children victims of sexual violence, uniformed persons and lesbians.</p> <p>1.1.4 Strategic lines 2015-2019: No. 1: National authority with multisectoral leadership. No. 2: Universal Access to prevention and promotion. No. 3: Universal Access to comprehensive care and quality of care. No. 4: Human Rights. No. 5: Information system and monitoring and evaluation oriented to management of the National Response.</p>
<p>1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?</p> <p> <input type="radio"/> A. There is no national strategy for HIV/AIDS <input checked="" type="radio"/> B. The national strategy is developed with participation from the following stakeholders (check all that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Its development was led by the host country government <input checked="" type="checkbox"/> Civil society actively participated in the development of the strategy <input checked="" type="checkbox"/> Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy </p>	<p>1.2 Score: 2.50</p>	<p>Redtraxex compiles information on participation in the analysis of the SNP 2015-2019. Posted in: http://www.redtraxex.org/Desde-la-RedTraSex-Nicaragua.html</p> <p>Elaboration of the 2015-2016 Anual Plan, posted in: http://www.pasca.org/noticias/docs/NI157_070115.pdf</p>

<p>1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS implemented activities in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc.</p> <p><input checked="" type="checkbox"/> The host country government routinely tracks and maps HIV/AIDS activities of:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> civil society organizations <input checked="" type="checkbox"/> private sector <input checked="" type="checkbox"/> donors <p>The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes.</p> <p><input checked="" type="checkbox"/> Joint operational plans are developed that include key activities of implementing organizations.</p> <p><input checked="" type="checkbox"/> Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.</p>	<p>1.3 Score: 2.50</p>	<p>1.3.1 Evaluation of the HIV Information, Monitoring and Evaluation System, 2015. Available at: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p> <p>Monitoring and Evaluation of the National Strategic Plan 2011-2015. Published on July 2012</p>	<p>1.3.1 The National Nicaraguan Commission held a workshop to evaluate the Information System and the Monitoring and Evaluation Plan of the HIV National Response, with the participation of a total of 40 representatives of the different sectors involved in the national response to HIV. Available at: http://www.pasca.org/noticias/docs/NI141_022615.pdf</p> <p>1.3.2 PrevenSida informs quarterly to national authorities. USAID participates in the national HIV response "mechanisms." The Global Fund and USAID combined their data bases to deduplicate data and estimate population sizes.</p>
<p>1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for B and C)</p>	<p><input type="radio"/> A. There is no formal link between the national plan and sub-national service delivery.</p> <p><input type="radio"/> B. Sub-national units have performance targets that contribute to aggregate national goals or targets.</p> <p><input checked="" type="radio"/> C. The central government is responsible for service delivery at the sub-national level.</p>	<p>1.4 Score: 2.50</p>	<p>1.4.3 General Health Law No. 423, approved March 14, 2002, and published in La Gaceta No. 91 on May 17, 2002</p> <p>1.4.3 MOH. Nicaragua. Model of Family and Community Health. Conceptual Framework. Managua, July 2008. Posted in: https://www.minsa.gob.ni/index.php/repository/Descargas-MINSA/Divisi%C3%B3n-General-Planificaci%C3%B3n-y-Desarrollo/Modelo-de-Salud-Familiar-Comunitaria/Marco-Conceptual-Modelo-Salud-Familiar-Comunitario/</p>	
<p>Planning and Coordination Score: 10.00</p>				

<p>2. Policies and Governance: Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.</p>	<p>Data Source</p>	<p>Notes/Comments</p>		
<p>2.1 WHO Guidelines for ART Initiation: Does current national HIV/AIDS technical practice follow current or recent WHO guidelines for initiation of ART?</p>	<p>For each category below, check <u>no more than one box</u> that reflects current national policy for ART initiation:</p> <p>A. Adults (>19 years)</p> <p><input type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input checked="" type="checkbox"/> CD4 <500</p> <p>B. Pregnant and Breastfeeding Mothers</p> <p><input checked="" type="checkbox"/> Test and START/Option B+ (current WHO Guideline)</p> <p><input type="checkbox"/> Option B</p> <p>C. Adolescents (10-19 years)</p> <p><input type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input checked="" type="checkbox"/> CD4<500</p> <p>D. Children (<10 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4<500 or clinical eligibility</p>	<p>2.1 Score: 1.07</p>	<p>A. Ministry of Health of Nicaragua (MINSa) Antirretroviral Therapy Guide for Adults with HIV. Managua, Nicaragua, April- 2009.</p> <p>A. Nicaragua. Concept Note for the request of funding for HIV from the Global Fund, 2015-2017 period. Managua, 2014. Available at http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p> <p>B, C y D. MINSa. Nicaragua. Guide for the Management of Mother to Child Transmission of HIV and Management of HIV/AIDS in Children and Adolescents, Managua, August - 2008.</p>	<p>A. The guidelines of the Ministry of Health establish ARV treatment with a CD4 below 500. In the Concept Note it is also established initiation of ARV treatment with CD4 counts below 500. This is the norm followed at health facilities. Concept Note, page 31: effective decentralization of ART at municipal level, ensuring ARV treatment in the co-formulation of fixed dosages in a single tablet with the preferred first-line regimen recommended by WHO/PAHO (TDF/FTC/EFV) to all new ART patients with a CD4 count of 350–500 cells per mm³</p> <p>B. Antirretroviral Therapy Guide for Adults with HIV, page 26</p> <p>C: Guide for the Management of Mother to Child Transmission of HIV, page 31</p> <p>D. Idem</p>
<p>2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> A national public health services act that includes the control of HIV</p> <p><input type="checkbox"/> A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART</p> <p><input checked="" type="checkbox"/> A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits</p> <p><input type="checkbox"/> Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)</p> <p><input checked="" type="checkbox"/> Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)</p> <p><input checked="" type="checkbox"/> Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready</p> <p><input checked="" type="checkbox"/> Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS</p>	<p>2.2 Score: 1.02</p>		

<p>2.3 Non-discrimination Protections: Does the country have non-discrimination laws or policies that specify protections (not specific to HIV) for specific populations? Are these fully implemented? (Full score possible without checking all boxes.)</p>	<p>Check all that apply:</p> <p>Adults living with HIV (women):</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Adults living with HIV (men):</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Children living with HIV:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Gay men and other men who have sex with men (MSM):</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Migrants:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>People who inject drugs (PWID):</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>People with disabilities:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p>	<p>2.3 Score: 0.87</p>	<p>This question aligns with the revised UNAIDS NCPI (2015). If your country has completed the new NCPI, you may use it as a data source to answer this question. Regulations to Law 820: Law for the Promotion, Protection and Defense of the Human Rights for HIV/AIDS, and for its prevention and care. Published in La Gaceta, official newspaper, on June 29, 2015</p> <p>General Health Law No. 423, approved March 14, 2002, and published in La Gaceta No. 91 on May 17, 2002</p> <p>National Policy for the prevention and control of STI, HIV and AIDS. Nicaragua, November 2006</p> <p>Ministerial Resolution 671-2014 issued by the Ministry of Health in Nicaragua</p> <p>Law 655 for the Protection of Refugees; General Law 761 for Migration and Immigration</p> <p>Law No 763. Law for the rights of persons with disability</p> <p>Procedural Penal Code of the Republic of Nicaragua Law No. 406, approved on November 13, 2001</p> <p>Law 779, Integral Law against violence to women and Reforms to Law No 641, Penal Code</p> <p>Law No. 287. Code of Childhood and Adolescence. Republic of Nicaragua</p>	<p>This question aligns with the revised UNAIDS NCPI (2015). If your country has completed the new NCPI, you may use it as a data source to answer this question.</p> <p>The Political Constitution of Nicaragua from 1987 and reforms of 1995 and 2000 contain the catalog of human rights recognized in the country.</p>
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	<p>Prisoners:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Sex workers:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Transgender people:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Women and girls:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p>			
<p>2.4 Structural Obstacles: Does the country have laws and/or policies that present barriers to delivery of HIV prevention, testing and treatment services or the accessibility of these services? Are these laws/policies enforced? (Enforced means any instances of enforcement even if periodic)</p>	<p>Check all that apply:</p> <p>Criminalization of sexual orientation and gender identity:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of cross-dressing:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of drug use:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input checked="" type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of sex work:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Ban or limits on needle and syringe programs for people who inject drugs (PWID):</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p>	<p>2.4 Score: 1.32</p>	<p>This question aligns with the revised UNAIDS NCPI (2015). If your country has completed the new NCPI, you may use it as a data source to answer this question. Decree No 74-99. Regulations to Law No. 285, Reform Law and additions to Law No. 177, Law for narcotics, psycotropics and controlled substances</p>	<p>This question aligns with the revised UNAIDS NCPI (2015). If your country has completed the new NCPI, you may use it as a data source to answer this question.</p>

Ban or limits on opioid substitution therapy for people who inject drugs (PWID):

- Law/policy exists
- Law/policy is enforced

Ban or limits on needle and syringe programs in prison settings:

- Law/policy exists
- Law/policy is enforced

Ban or limits on opioid substitution therapy in prison settings:

- Law/policy exists
- Law/policy is enforced

Ban or limits on the distribution of condoms in prison settings:

- Law/policy exists
- Law/policy is enforced

Ban or limits on accessing HIV and SRH services for adolescents and young people:

- Law/policy exists
- Law/policy is enforced

Criminalization of HIV non-disclosure, exposure or transmission:

- Law/policy exists
- Law/policy is enforced

Travel and/or residence restrictions:

- Law/policy exists
- Law/policy is enforced

Restrictions on employment for people living with HIV:

- Law/policy exists
- Law/policy is enforced

<p>2.5 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?</p>	<p>There are host country government efforts in place as follows (check all that apply):</p> <p><input checked="" type="checkbox"/> To educate PLHIV about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> To educate key populations about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> National law exists regarding health care privacy and confidentiality protections</p> <p><input type="checkbox"/> Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found</p>	<p>2.5 Score: 1.07</p>	<p>Regulations to Law 820: Law for the Promotion, Protection and Defense of the Human Rights for HIV/AIDS, and for its prevention and care. Published in La Gaceta, official newspaper, on June 29, 2015</p> <p>General Health Law No. 423, approved March 14, 2002, and published in La Gaceta No. 91 on May 17, 2002</p> <p>National Policy for the prevention and control of STI, HIV and AIDS. Nicaragua, November, 2006</p> <p>Ministerial Resolution 671-2014 issued by the Ministry of Health in Nicaragua</p>	
<p>2.6 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?</p>	<p><input type="radio"/> A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry.</p> <p><input type="radio"/> B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more.</p> <p><input checked="" type="radio"/> C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.</p>	<p>2.6 Score: 1.43</p>		
<p>2.7 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?</p>	<p><input type="radio"/> A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted.</p> <p><input checked="" type="radio"/> B. The host country government does respond to audit findings by implementing changes as a result of the audit.</p> <p><input type="radio"/> C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.</p>	<p>2.7 Score: 0.71</p>		
<p>Policies and Governance Score: 7.50</p>				

3. Civil Society Engagement: Local civil Society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.			Data Source	Notes/Comments
<p>3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?</p>	<p><input type="radio"/> A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response.</p> <p><input type="radio"/> B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen.</p> <p><input checked="" type="radio"/> C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.</p>	<p>3.1 Score: 1.67</p>	<p>Regulations to Law 820: Law for the Promotion, Protection and Defense of the Human Rights for HIV/AIDS, and for its prevention and care. Published in La Gaceta, official newspaper, on June 29, 2015. Article 26 of the Nicaraguan National AIDS Commission, CONSIDA</p>	<p>CONSIDA and the Country Coordinating Mechanism (CCM) have representatives from the civil society and donors.</p>
<p>3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?</p>	<p>Check A, B, or C; if C checked, select appropriate disaggregates:</p> <p><input type="radio"/> A. There are no formal channels or opportunities.</p> <p><input type="radio"/> B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback.</p> <p><input checked="" type="radio"/> C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply:</p> <p><input checked="" type="checkbox"/> During strategic and annual planning</p> <p><input checked="" type="checkbox"/> In joint annual program reviews</p> <p><input checked="" type="checkbox"/> For policy development</p> <p><input checked="" type="checkbox"/> As members of technical working groups</p> <p><input checked="" type="checkbox"/> Involvement on government HIV/AIDS program evaluation teams</p> <p><input checked="" type="checkbox"/> Involvement in surveys/studies</p> <p><input type="checkbox"/> Collecting and reporting on client feedback</p>	<p>3.2 Score: 1.43</p>	<p>National Strategic Plan for STI, HIV/AIDS, 2011-2015 (NSP). November 5, 2011.</p> <p>NSP 2015-2019 finished, but not yet published</p> <p>Evaluation of the HIV Information, Monitoring and Evaluation System, 2015. Available at: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p> <p>Monitoring and Evaluation of the National Strategic Plan 2011-2015. Published on July 2012</p> <p>National Policy for the prevention and control of STI, HIV and AIDS. Nicaragua, November, 2006</p> <p>MINSa, Nicaragua - University del Valle de Guatemala. Surveillance Study on the sexual behaviour and prevalence of HIV and Syphilis among vulnerable and high risk populations: Men that have Sex with Men (MSM), transgender women, sex workers, IV drug users and persons living with HIV in Nicaragua, 2013. Managua, June 2014.</p>	<p>The documents described in the source column were elaborated jointly with civil society and donor agencies.</p> <p>The report on the epidemiological situation of HIV/AIDS is presented annually to delegates from various CONSIDAS.</p>

<p>3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy and budget decisions related to HIV/AIDS?</p>	<p>A. Civil society does not actively engage, or civil society engagement does not impact policy and budget decisions related to HIV/AIDS. <input type="radio"/></p> <p>B. Civil society's engagement impacts HIV/AIDS policy and budget decisions (check all that apply): <input checked="" type="checkbox"/> In advocacy <input checked="" type="checkbox"/> In programmatic decision making <input checked="" type="checkbox"/> In technical decision making <input checked="" type="checkbox"/> In service delivery <input checked="" type="checkbox"/> In HIV/AIDS basket or national health financing decisions</p>	<p>3.3 Score: 1.67</p>	<p>MOH. Nicaragua. Ministerial Resolution, 671-2014. Nicaragua. Concept Note to request funding for HIV from the Global Fund, 2015-2017 period. Managua, 2014. Available at: http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	
<p>3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)? (if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)</p>	<p>A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources. <input checked="" type="radio"/></p> <p>B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources. <input type="radio"/></p> <p>C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). <input type="radio"/></p> <p>D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). <input type="radio"/></p> <p>E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants). <input type="radio"/></p>	<p>3.4 Score: 0.00</p>		
<p>3.5 Civil Society Enabling Environment: Is the legislative and regulatory framework conducive to Civil Society Organizations (CSOs) or not-for-profit organizations to engage in HIV service provision or health advocacy?</p>	<p>A. The legislative and regulatory framework is not conducive for engagement in HIV service provision or health advocacy <input type="radio"/></p> <p>B. The legislative and regulatory framework is conducive for engagement in HIV service delivery and health advocacy as follows (check all that apply): <input type="checkbox"/> Significant tax deductions for business or individual contributions to not-for-profit CSOs <input checked="" type="checkbox"/> Significant tax exemptions for not-for-profit CSOs <input type="checkbox"/> Open competition among CSOs to provide government-funded services <input checked="" type="checkbox"/> Freedom for CSOs to advocate for policy, legal and programmatic change <input type="checkbox"/> There is a national public private partnership (PPP) technical working group or desk officer within the government (ministry of health, finance, or president's office) in which CSOs or non-profit organizations participate/engage.</p>	<p>3.5 Score: 1.17</p>	<p>Law No. 147. General Law on Non Profit organizations with legal personality. Approved on March 19, 1992. Published in La Gaceta No. 102 on May 29, 1992. Law No. 562 Tax Code of the Republic of Nicaragua and Law No. 598 of Incorporated Reforms Incorporadas, Articles 53 - 62.</p>	<p>Law No. 147, article 10: Non Profit organizations with legal personality are exempt from payment of income tax: section 5: the charity and social assistance institutions, foundations and confederations that have non profit status.</p>
<p>Civil Society Engagement Score: 5.93</p>				

4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.			Data Source	Notes/Comments
<p>4.1 Government Channels and Opportunities for Private Sector Engagement: Does host country government have formal channels and opportunities for diverse private sector entities to engage and provide feedback on its HIV/AIDS policies, programs, and services?</p>	<p><input type="radio"/> A. There are no formal channels or opportunities</p> <p><input type="radio"/> B. There are formal channels or opportunities, but private sector is called upon in an ad hoc manner to provide inputs and feedback</p> <p><input checked="" type="radio"/> C. There are functional formal channels and opportunities for private sector engagement and feedback. Check all that apply:</p> <p><input checked="" type="checkbox"/> Corporate contributions, private philanthropy and giving</p> <p><input type="checkbox"/> Joint (i.e. public-private) supervision and quality oversight of private facilities</p> <p><input checked="" type="checkbox"/> Collection of service delivery and client satisfaction data from private providers</p> <p><input type="checkbox"/> Tracking of private training institution HRH graduates and placements</p> <p><input type="checkbox"/> Contributing to develop innovative solutions, both technology and systems innovation</p> <p><input type="checkbox"/> For technical advisory on best practices and delivery solutions</p>	<p>4.1 Score: 0.56</p>	<p>4.1.C. Regulations to Law 820: Law for the Promotion, Protection and Defense of the Human Rights for HIV/AIDS, and for its prevention and care. Published in La Gaceta, official newspaper, on June 29, 2015. Article 34 of the Nicaraguan National AIDS Commission, CONSIDA</p>	<p>Article 34 of Law 820 establishes that the representative of the private sector is the person who integrates the Projects Management Committee at the national and regional autonomous level, which is presided by the Minister of Health.</p> <p>The law contemplates the participation of the private sector, providing a space for its integration. It has been noted that there is poor attendance to ordinary and extraordinary sessions to which they are invited.</p>

<p>4.2 Private Sector Partnership: Do private sector partnerships with government result in stronger policy and budget decisions for HIV/AIDS programs?</p>	<p><input type="radio"/> A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS.</p> <p><input checked="" type="radio"/> B. Private sector engagement influences HIV/AIDS policy and budget decisions in the following areas (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In patient advocacy and human rights <input type="checkbox"/> In programmatic decision making <input type="checkbox"/> In technical decision making <input checked="" type="checkbox"/> In service delivery for both public and private providers <input type="checkbox"/> In HIV/AIDS basket or national health financing decisions <input type="checkbox"/> In advancing innovative sustainable financing models <input type="checkbox"/> In HRH development, placement, and retention strategies <input checked="" type="checkbox"/> In building capacity of private training institutions <input type="checkbox"/> In supply chain management of essential supplies and drugs 	<p>4.2 Score: 0.56</p>	<p>Law 820: Law for the Promotion, Protection and Defense of the Human Rights for HIV/AIDS, and for its prevention and care. Article 6. "Education for Prevention. The Ministry of Health, by conduct of its Committee for Information, Education and Prevention of CONISIDA, together with the Ministry of Education, the Office of the Ombudsman for the Defense of Human Rights, organizations of the civil society, social and community movements and the private sector, must draft a plan for education and prevention of HIV, which will be used at different levels for formal and non formal education, and in public and private entities and institutions."</p>	<p>USAID, with projects ASSIST and DELIVER, work in capacity building directed to health workers from the private sector focusing primarily on HIV.</p> <p>Law 820: Law for the Promotion, Protection and Defense of the Human Rights for HIV/AIDS, and for its prevention and care. Chapter IV, Human Rights and Obligations to persons living with HIV and AIDS, article 12. Rights: "The Ministry of Health, through the Ethics and Human Rights Committee of CONISIDA, jointly with the institutions, organizations and private sector that work in HIV are responsible to guarantee that the human rights of persons living with HIV are respected, as established in article 13 of said Law. It is against the law to require any type of HIV testing as a condition for a job, education or health service, from employers or in behalf of them, in public or private, national or foreign institutions based in the country."</p>
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<p>4.3 Legal Framework for Private Health Sector: Does the legislative and regulatory framework make provisions for the needs of the private health sector (including hospitals, networks, and insurers)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systems are in place for service provision and/or research reporting by private sector facilities to the government. <input checked="" type="checkbox"/> Mechanisms exist to ensure that private providers receive, understand and adhere to national guidelines/protocols for ART. <input type="checkbox"/> Tax deductions for private health providers. <input checked="" type="checkbox"/> Tax deductions for private training institutions training health workers. <input type="checkbox"/> Open competition for private health providers to compete for government services. <input type="checkbox"/> General or HIV/AIDS-specific service agreement frameworks exist between local government authorities/municipalities and private providers at the sub-national unit (e.g. district) levels. <input checked="" type="checkbox"/> Freedom of private providers to advocate for policy, legal, and regulatory frameworks. <input type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between public and private providers. 	<p>4.3 Score: 0.63</p>	<p>General Health Law, Law No. 423, approved on March 14, 2002. Published in La Gaceta No. 91, date May 17, 2002. Article 3.- Health Sector and Health System: "For the effect of this Law, it is understood that Health Sector means the ensemble of institutions, organizations, persons, public and private facilities, programs and activities, which have the common objective to provide health care to the individual, the family and the community with actions that comprise prevention, promotion, recovery and rehabilitation."</p> <p>Law No. 891, Law of Reforms and Additions to Law No. 822, Law of Tax Concertation, Article 77, Subjective Exonerations: "Only those activities destined to constitutive purposes are exempt from Income Tax, and from other income taxes derived from capital and loss of capital, including the following: I. the Universities and Superior Level Technical Education Centers, in conformity with article 125 of the Political Constitution of the Republic of Nicaragua."</p>	<p>Article 27 of Law 820 includes as members of National CONSIDA a representative of each of the sectors of the private enterprise. The Regulations of the same Law, in Article 34, establish that a representative of the private sector is a member of the Committee for Projects Management at the National and Autonomous Regional levels, which is presided by the Minister of Health.</p>
<p>4.4 Legal Framework for Private Businesses: Does the legislative and regulatory framework make provisions for the needs of private businesses (local or multinational corporations)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tax deductions for health-related private businesses (i.e. pharmacists, supply chain, etc.). <input checked="" type="checkbox"/> Systematic and timely process for private company registration and/or testing of new health products; drugs, diagnostics kits, medical devices. <input type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between local government and private business. <input checked="" type="checkbox"/> Corporate Social Responsibility (CSR) tax policies (compulsory or optional) contributing private corporate resources to the HIV/AIDS response. <input checked="" type="checkbox"/> Workplace policies support HIV-related services and/or benefits for employees. <input type="checkbox"/> Existing forums between business community and government to engage in dialogue to support HIV/AIDS and public health programs. 	<p>4.4 Score: 0.83</p>		<p>By means of USAID PASCA LMG, in coordination with CONSIDA, have supported the elaboration of HIV policies for the work place in companies of the private sector. Said policies include the commitments to reduce practices and behaviour that favor discrimination and stigmatization of PLHIV and members of Key Populations.</p> <p>Response of the private sector to HIV. Available at: http://www.pasca.org/content/respuesta-empresarial-al-vih</p> <p>Meeting on the implementation of HIV/AIDS policies in the workplace. Available at: http://www.pasca.org/content/reuni%C3%B3n-sobre-implementaci%C3%B3n-de-pol%C3%ADticas-de-vih-sida-en-el-lugar-de-trabajo</p> <p>Workshop for the elaboration of HIV policies in the Workplace. Available at: http://www.pasca.org/content/taller-para-la-elaboraci%C3%B3n-de-pol%C3%ADticas-de-vih-en-el-lugar-de-trabajo</p>

<p>4.5 Private Health Sector Supply: Does the host country government enable private health service provision for lower and middle-income HIV patients?</p>	<p><input checked="" type="radio"/> A. There are no enablers for private health service provision for lower and middle-income HIV patients.</p> <p><input type="radio"/> B. The host country government enables private health service provision for lower and middle-income patients in the following ways (check all that apply):</p> <p><input type="checkbox"/> Private for-profit providers are eligible to procure HIV and/or ART commodities via public sector procurement channels and/or vertical programs.</p> <p><input type="checkbox"/> The private sector scope of practice for physicians, nurses and midwives serving low and middle-income patients currently includes HIV and/or ART service provision.</p>	<p>4.5 Score: 0.00</p>		
<p>4.6 Private Health Sector Demand: Is the percentage of people accessing HIV treatment services through the private sector similar to (or approaching) the percentage of those seeking other curative services through the private sector?</p>	<p><input checked="" type="radio"/> A. The percentage of people accessing HIV treatment services through the private sector is significantly lower than the percentage seeking other curative services through the private sector.</p> <p><input type="radio"/> B. The percentage of people accessing HIV treatment services through the private sector is similar to (or approaching) the percentage seeking other curative services through the private sector due to the following factors (check all that apply):</p> <p><input type="checkbox"/> HIV-related services/products are covered by national health insurance.</p> <p><input type="checkbox"/> HIV-related services/products are covered by private or other health insurance.</p> <p><input type="checkbox"/> Adequate risk pooling exists for HIV services.</p> <p><input type="checkbox"/> Models currently exist for cost-recovery for ART.</p> <p><input type="checkbox"/> HIV drugs are not subject to higher pharmaceutical mark-ups than other drugs in the market.</p>	<p>4.6 Score: 0.00</p>		
<p align="center">Private Sector Engagement Score: 2.57</p>				

5. Public Access to Information: Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publically. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.			
		Source of Data	Notes/Comments
<p>5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data, or at least a summary report of data, and analyses are made available to stakeholders and general public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public, or they are made available 3 or more years after the date of collection.</p> <p><input checked="" type="radio"/> B. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within 1-3 years.</p> <p><input type="radio"/> C. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within the same year.</p>	<p>5.1 Score: 1.00</p>	<p>The epidemiological situation of HIV. MOH. Statistics, component on STI and HIV/AIDS.</p> <p>BSS 2009, 2011, 2013</p> <p>It is presented to the group of donors and members of CONSIDA integrated by government and civil society institutions</p>
<p>5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data, or at a minimum at least a summary of it, available to stakeholders and the public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make HIV/AIDS expenditure summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of expenditures.</p> <p><input checked="" type="radio"/> B. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public or website within 1-3 years after date of expenditures.</p> <p><input type="radio"/> C. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public within 1 year after expenditures.</p>	<p>5.2 Score: 1.00</p>	<p>Nicaraguan Commission on AIDS (NAC). Measurement of Expenditure on AIDS, 2013. Posted in: http://www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%202010-2013.pdf</p> <p>Nicaraguan Commission on AIDS, NASA 2012. Posted in: http://www.pasca.org/userfiles/INFORME%20MEGAS%202012%20NI%20FINAL.pdf</p> <p>Nicaraguan Commission on AIDS, Measurement of Expenditure on AIDS, NASA 2009-2010. Posted in: http://www.pasca.org/sites/default/files/NI_MEGAS_2009_2010_FEB13.pdf</p> <p>NAC. Baseline. Socioeconomic Impact of HIV/AIDS in Nicaragua. December, 2010</p>
<p>5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data (or at a minimum of summary of it) available to stakeholders and the public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of programming.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1-3 years after date of programming.</p> <p><input checked="" type="radio"/> C. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1 year after date of programming .</p>	<p>5.3 Score: 2.00</p>	<p>Epidemiological situation of HIV. Component of Statistics component on STI and HIV/AIDS.</p> <p>It is presented to the group of donors and members of NAC integrated by government and civil society institutions</p> <p>A periodic update of the MOH website is required.</p>

<p>5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?</p>	<p><input type="radio"/> A. Host country government does not make any HIV/AIDS procurements.</p> <p><input type="radio"/> B. Host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available.</p> <p><input type="radio"/> C. Host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available.</p> <p><input checked="" type="radio"/> D. Host Country government makes HIV/AIDS procurements, and both tender and award details available.</p>	<p>5.4 Score: 2.00</p>	<p>MOH Website: Contracts & aquisition https://www.minsa.gob.ni/</p>	
<p>5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for educating the public about HIV?</p>	<p><input type="radio"/> A. There is no government institution that is responsible for this function and no other groups provide education.</p> <p><input type="radio"/> B. There is no government institution that is responsible for this function but at least one of the following provides education:</p> <p><input type="checkbox"/> Civil society</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Private sector</p> <p><input checked="" type="radio"/> C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.</p>	<p>5.5 Score: 2.00</p>	<p>MOH. General Department of Teaching and Research</p>	
<p align="center">Public Access to Information Score: 8.00</p>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery

What Success Looks Like: Host country institutions (inclusive of government, NGOs, civil society, and the private sector), the domestic workforce, and local health systems constitute the primary vehicles through which HIV/AIDS programs and services are managed and delivered. Optimally, national, sub-national and local governments have achieved high and appropriate coverage of a range of quality, life-saving prevention, treatment, and care services and interventions. There is a high demand for HIV/AIDS services, which are accessible and affordable to poor and vulnerable populations at risk of infection (i.e. key populations, discordant couples, exposed infants), are infected and/or are affected by the HIV/AIDS epidemic.

6. Service Delivery: The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.	Data Source	Notes/Comments
<p>6.1 Responsiveness of facility-based services to demand for HIV services: Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow) <input type="checkbox"/> Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics) <input type="checkbox"/> There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services 	<p>6.1 Score: 0.37</p>	<p>6.1.1 Ministry of Health -MINSa. Family and Community Model 6.1.1 UNGASS. National Report on the Advances in the fight against AIDS, March 2012 [access January 14, 2016]. Posted in: http://www.pasca.org/sites/default/files/Ni_info_rme_avances_respuesta_vih_UNGASS_mar2012.pdf 6.1.1, 6.1.2 y 6.1.3 The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014. pages 9-14 [access January 14, 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC 6.1.3 MINSa. General Division of Human Resources, October, 2015. USAID HCI. Cost-effectiveness in the quality of care to persons with HIV in Nicaragua, March 2012.</p>
		<p>6.1.1 The country has a Model of Health Care that permits the adaptation of health services in relation to demand and that is articulated with community health services. The universities, in coordination with the Ministry of Health (MINSa), place graduates in high demand sites. Decentralization of rapid tests and ARVT in 2006 by the MINSa, with support of USAID and CDC, is a clear evidence of this capacity to respond to needs. The universities and civil society movement are joining efforts in training new health resources.</p>

<p>6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services?</p>	<p>The host country has standardized the following design and implementation components of community-based HIV services through (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services <input checked="" type="checkbox"/> National guidelines detailing how to operationalize HIV services in communities <input checked="" type="checkbox"/> Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities <input checked="" type="checkbox"/> Providing financial support for community-based services <input checked="" type="checkbox"/> Providing supply chain support for community-based services <input checked="" type="checkbox"/> Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness) 	<p>6.2 Score: 1.11</p>	<p>6.2.1 MINSAs. Family and Community Model 6.2.2 MINSAs. Norm 118. Manual to Approach Counseling in HIV, August 2013. [access January 14, 2016]. http://www.unfpa.org/ni/wp-content/uploads/2014/09/Norma-118-VIH-y-sida-MINSA.pdf MINSAs. Guide for Antirretroviral Therapy for Adults with HIV, [access January 14, 2016]. Posted in: file:///C:/Users/user/Downloads/GuiaantirretroviralAdultos.8854.pdf 6.2.3 USAID Prevensida. Evaluation of the participation of NGO that represent Key Populations and PLHIV in the national response to HIV, March 2015. [access January 15, 2016] Posted in: USAID Prevensida. Evaluation of technical performance of the HIV Prevention Program in Key Populations, with KPCF funds. November, 2014. [access January 15, 2016] Posted in: http://pdf.usaid.gov/pdf_docs/pa00kdnx.pdf 6.2.4 Institutional capacity of organizations from the civil society who belong to the LGBT community, October, 2013, page 27, [access January 15, 2016] Posted in: https://decsearch.usaid.gov/viewer/index.jsp?start=0&proxy=%2F&sessionId=703b0b87-de4e-4587-9a95-e3e85b4eb137 6.2.5 USAID DELIVER. Diagnosis: storage conditions and internal control of medical supplies in non governmental organizations who care for population who have high risk for HIV/AIDS, October, 2013. USAID DELIVER Pedagogical package for the development of competencies among NGO staff who care for persons with high risk for HIV/AIDS, applying the logistics for health supplies, December, 2013. USAID DELIVER trained health staff of 42 NGO following the program, "Applying the logistics of</p>	<p>6.2.1 and 6.2.2 The authorities of the Ministry of Health expressed that they have a model that allows constant adjustment of strategies so that each month, 100 medical brigades are mobilized throughout the country to reach 100 municipalities. The brigades travel with medications, rapid tests and other resources. The medical teams have been trained to improve care to persons living with HIV. Currently 1000 nurses are being trained to join these health teams. Likewise, the work of CONSIDA at local and national scope have increased the participation of civil society.</p>
<p>6.3 Domestic Financing of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services in high burden areas (i.e. excluding any external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services in high burden areas</p>	<p>6.3 Score: 0.00</p>	<p>USAID PASCA. Measurement of Expenditure in AIDS 2013, from 2010-2013. [access January, 2016]. Posted in: www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p>	<p>The expenditure in HIV for prevention actions is 58% of total budget for HIV/AIDS, and it is provided by national resources (Nicaraguan Institute for Social Security -INSS, MINSAs). For 2014, the country committed to cover 10% of ARVT. 65 health facilities of the INSS provide HIV services. The General Secretary of Health expressed that by year 2016, the Ministry of Health will procure 50% of ARV.</p>

<p>6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services in high burden areas without external technical assistance from donors?</p>	<p><input type="radio"/> A. HIV/AIDS services in high burden areas are primarily delivered by external agencies, organizations, or institutions.</p> <p><input checked="" type="radio"/> B. Host country institutions deliver HIV/AIDS services in high burden areas but with substantial external technical assistance.</p> <p><input type="radio"/> C. Host country institutions deliver HIV/AIDS services in high burden areas with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services in high burden areas with minimal or no external technical assistance.</p>	<p>6.4 Score: 0.37</p>	<p>USAID PASCA. Measurement of Expenditure in AIDS 2013, from 2010-2013. [access January, 2016]. Posted in: www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p>	<p>The expenditure in HIV prevention is covered to a large extent by the public sector (69%). Nevertheless, the expenditure for care and treatment (ARV and tests) are financed largely by cooperation agencies.</p> <p>Representatives of the Universidad del Valle expressed that the studies performed by the university (BSS 2013-2014 y 2006-2010) have also shown the above distribution of HIV expenditure distribution.</p> <p>In the Conclusions of the study " Modes of Transmission Model" it states the following, "<i>the evaluation of the HIV epidemic in Nicaragua by studying incidence cases has permitted the disaggregation of total incidence and prioritization of the most affected groups, beyond the prevalence analysis which is dependent on the denominator population size and does not reflect the current modes of transmission.</i>"</p>
<p>6.5 Domestic Financing of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to key populations in high burden areas (i.e. without external financial assistance from donors)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input checked="" type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p>	<p>6.5 Score: 0.42</p>	<p>USAID PASCA. Measurement of Expenditure in AIDS 2013, from 2010-2013. [access January, 2016]. Posted in: www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p>	<p>According to the data of NASA 2013, the proportion of expenditure on Key Populations is only 7.8% of total expenditures.</p>

<p>6.6 Domestic Provision of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations in high burden areas without external technical assistance from donors?</p>	<p><input type="radio"/> A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions.</p> <p><input checked="" type="radio"/> B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance.</p> <p><input type="radio"/> C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.</p>	<p>6.6 Score: 0.37</p>	<p>USAID PASCA. Measurement of Expenditure in AIDS 2013, from 2010-2013, [access January, 2016]. Posted in: www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p> <p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, pages 9-14 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/coun</p>	<p>The participants expressed that funds are required so that NGO can work closer to health facilities and also to be able to provide accompaniment to victims living with HIV who have suffered violations of their rights when they present their complaints to the national police.</p>
<p>6.7 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services in high HIV burden areas?</p>	<p>The national MOH (check all that apply):</p> <p><input checked="" type="checkbox"/> Translates national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.</p> <p><input checked="" type="checkbox"/> Uses epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations.</p> <p><input checked="" type="checkbox"/> Assesses current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.</p> <p><input checked="" type="checkbox"/> Develops sub-national level budgets that allocate resources to high burden service delivery locations.</p> <p><input checked="" type="checkbox"/> Effectively engages with civil society in program planning and evaluation of services .</p> <p><input type="checkbox"/> Designs a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.</p>	<p>6.7 Score: 0.93</p>	<p>6.7.1, 6.7.2 y 6.7.4 The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/coun</p> <p>6.7.5 NAC.Strategic National Plan for STI, HIV and AIDS, 2011-2015. November 2011, [access January, 2016]. Posted in: http://www.pasca.org/sites/default/files/NI_PEN_2011_2015.pdf</p>	<p>6.7.3 No official sources were found, but officials from MOH & NAC expressed that there is ongoing work on a Human Resource Needs Assessment.</p> <p>7.4 The Concept Note of the GF describes the allocation of funds to populations based on epidemiological criteria.</p>

<p>6.8 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?</p>	<p>Sub-national health authorities (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. <input type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. <input checked="" type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. <input checked="" type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations. <input checked="" type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services. <input type="checkbox"/> Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship. 	<p>6.8 Score: 0.74</p>	<p>6.8.1 y 6.8.2 NAC.Strategic National Plan for STI, HIV and AIDS, 2011-2015. November 2011, [access January, 2016]. Posted in: http://www.pasca.org/sites/default/files/NI_PEN_2011_2015.pdf 6.8.3, 6.8.4 y 6.8.5 The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, pages 9-14 [access January 14, 2016].</p>	<p>The policies have been implemented from the national level to subnational levels through local branches of CONSIDA in each territory. The organizations of the civil society are assuming the leadership of CONSIDA decentralized branches, for example ADESENI. A participant from organizations of the sexual diversity groups expressed that even when civil society has assumed a more active role, its participation has to improve and become more significant.</p>
Service Delivery Score		4.31		
<p>7. Human Resources for Health: HRH staffing decisions for those working on HIV/AIDS are based on use of HR data and are aligned with national plans. Host country has sufficient numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. Host country trains, deploys and compensates health workers providing HIV/AIDS services through local public and/or private resources and systems. Host country has a strategy or plan for transitioning staff funded by donors.</p>			Data Source	Notes/Comments
<p>7.1 HRH Supply: To what extent is the health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or comm site level?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and skills mix of health care providers <input type="checkbox"/> The country's health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden <input type="checkbox"/> The country has developed retention schemes that address health worker vacancy or attrition in high HIV burden areas <input checked="" type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children 	<p>7.1 Score: 0.67</p>	<p>7.1.1 MOH. General Division of Human Resources. Methodology for assigning positions for physicians in social service, October, 2014, [access January 14, 2016]. Posted in: file:///C:/Users/user/Downloads/final-+metodologia+para+el+sorteo+de+mss+OCTUBRE+2014-A+PUBLICACION+WEB.pdf. 7.1.2 MOH. General Division of Human Resources. Distribution of physicians by specialty and subspecialty. October, 2015, [access January 14, 2016]. 7.1.3 MINSA. General Division of Human Resources. Total Labor Force, October, 2015, [access January, 2016]. Posted in: \\Users\\user\\Downloads\\Grafico+FL+periodo+2005-2015.pdf</p>	<p>7.1.1 USAID projects ASIST and DELIVER have provided technical assistance to improve knowledge and skills to human resources in 10 universities in HIV service provision, with a coverage of 94% of future physicians and 100% of future nurses. 7.1.2 There is a collaboration agreement between the Ministry of Health and the universities. Each year, students graduating from the universities are located in positions where the MOH has defined there is a need, but this process requires some refinement. A professor of POLISAL University expressed that there are advances in incorporating HIV into the academic curricula, following the experience of universities that have an HIV counseling clinic where students can rotate and learn. The universities of León, UNAN and UCAN expressed that the subject of HIV is fully integrated into their curricula. The universities work with the MINSA to design the contents of said courses.</p>

<p>7.2 HRH transition: What is the status of transitioning PEPFAR and other donor supported HIV/AIDS health worker salaries to local financing/compensation?</p>	<p><input type="radio"/> A. There is no inventory or plan for transition of donor-supported health workers</p> <p><input type="radio"/> B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support</p> <p><input type="radio"/> C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented</p> <p><input checked="" type="radio"/> D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan</p> <p><input type="radio"/> E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated</p>	<p>7.2 Score: 1.00</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria. 2014. page 42, [access January 14, 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>In the Concept Note, page 42, it is mentioned that the government will be assuming gradually the payment of human resource, stating since July 2014.</p> <p>The physicians of the VICTIS (KP-friendly) clinics have been transferred to the MINSA budget as well as several physicians who work at the Roberto Calderón facility.</p> <p>Authorities of the MINSA expressed that they have gradually assumed the salary of medical human resources, for example internists at the EMD.</p>
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<p>7.3 Domestic funding for HRH: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)?</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) health worker salaries</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) health worker salaries</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) health worker salaries</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) health worker salaries</p> <p><input checked="" type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries</p>	<p>7.3 Score: 3.33</p>	<p>MOH Budget 2016. [access January 14, 2016]. Posted in: http://www.hacienda.gob.ni/documentos/presupuesto/presupuesto-gral.-de-la-republica/proyecto-de-presupuesto-2016/titulo-ii-presupuesto-general-de-la-republica/presupuesto-de-egresos-1/D_16_03_MINSA.pdf/view</p> <p>USAID PASCA. Measurement of Expenditure in AIDS in 2013, MEGAS 2012, page 25 [access January, 14 2016]. Posted in: www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-</p>	<p>In the budget of the MOH 2016, page 262, it is stated that 50% of the budget of the MOH will be dedicated to payment of staff salaries who are contracted for delivery of professional services. Nevertheless, in the NASA Report 2012, in page 42, it states that salaries were 37% of the total expenditure in HIV. Additionally, it mentions that 64% of services delivered are provided by staff from the public sector, mainly in health centers and hospitals with HIV/STI clinics.</p> <p>In Nicaragua, birth attendants and midwives do not receive a salary.</p>
<p>7.4 Pre-service: Do current pre-service education curricula for health workers providing HIV/AIDS services include HIV content that has been updated in last three years?</p>	<p><input type="radio"/> A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years)</p> <p><input checked="" type="radio"/> B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply):</p> <p><input checked="" type="checkbox"/> Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services</p> <p><input checked="" type="checkbox"/> Institutions maintain process for continuously updating content, including HIV/AIDS content</p> <p><input checked="" type="checkbox"/> Updated curricula contain training related to stigma & discrimination of PLWHA</p> <p><input type="checkbox"/> Institutions track student employment after graduation to inform planning</p>	<p>7.4 Score: 1.17</p>	<p>7.4.B1. USAID ASSIST. Pedagogical package to develop competencies among health care workers in Family Planning, Mother-Child Care and HIV/AIDS, April 2015.</p> <p>7.4.B1 USAID DELIVER. Pedagogical package to develop competencies for logistics management and rational use of medical supplies, February, 2013. MINSa: Manual to approach HIV, Managua, August, 2013 [access January 14, 2016]. http://www.unfpa.org.ni/wp-content/uploads/2014/09/Norma-118-VIH-y-sida-MINSA.pdf</p> <p>MINSa. Procedure Chart for Integrated Care for prevalent diseases of childhood, 2015.</p> <p>MINSa. "Guide to approach the most common infectious diseases of childhood and malnutrition. For hospital care of children 1 month to 4 years of age. Hospital AIEPI January, 2009.</p> <p>MINSa. Guide for Antiretroviral Therapy in Adults [access January 14 2016]. Posted in: file:///C:/Users/user/Downloads/Guiaantiretrovi</p>	

<p>7.5 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p>Check all that apply among A, B, C, D:</p> <p><input checked="" type="checkbox"/> A. The host country government provides the following support for in-service training in the country (check ONE):</p> <p><input type="checkbox"/> Host country government implements no (0%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements some (approx. 10-49%) HIV/AIDS in-service training</p> <p><input checked="" type="checkbox"/> Host country government implements most (approx. 50-89%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training</p> <p><input checked="" type="checkbox"/> B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS</p> <p><input type="checkbox"/> C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians</p> <p><input type="checkbox"/> D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden</p>	<p>7.5 Score: 0.58</p>	<p>A. The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis or malaria. 2014. pages 27 & 28 [access January 14, 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC USAID ASSIST. Pedagogical package to develop competencies among health care workers in Family Planning, Mother Child Care and HIV/AIDS, April 2015. USAID DELIVER. Pedagogical package to develop competencies in logistics management and rational use of medical supplies, February, 2013.</p>	<p>A y B. 42 health facilities from the public and private sector provide HIV care to people living with HIV. There exists coordination between the institutions MI FAMILIA of the MINSA and the Ministry of Education which train families with children with HIV, by means of the program AMOR (LOVE). In 2012, USAID, with projects HCI and DELIVER, supported the development of a pedagogical package to be used for continuous in-service education of health care workers. The program was adopted by the MINSA. The representatives from Universidad del Valle and CDC expressed that they have a Training Plan under the modality of a certification course directed to all the physicians of the VICITS clinics. The course is coordinated by the MINSA.</p>
<p>7.6 HR Data Collection and Use: Does the country systematically collect health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?</p>	<p><input type="radio"/> A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management</p> <p><input type="radio"/> B. There is no HRIS in country, but some data is collected for planning and management</p> <p><input type="checkbox"/> Registration and re-licensure data for key professionals is collected and used for planning and management</p> <p><input type="checkbox"/> MOH health worker employee data (number, cadre, and location of employment) is collected and used</p> <p><input type="checkbox"/> Routine assessments are conducted regarding health worker staffing at health facility and/or community sites</p> <p><input checked="" type="radio"/> C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country:</p> <p><input checked="" type="checkbox"/> The HRIS is primarily financed and managed by host country institutions</p> <p><input checked="" type="checkbox"/> There is a national strategy or approach to interoperability for HRIS</p> <p><input checked="" type="checkbox"/> The government produces HR data from the system at least annually</p> <p><input checked="" type="checkbox"/> Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</p>	<p>7.6 Score: 1.33</p>	<p>MOH: Labor Force by Department, Municipality and Profiles, October 2015, [access January 15, 2016]. file:///C:/Users/user/Downloads/FL+Por+Departamento_+Municipio+y+Perfil.pdf</p> <p>MOH: Measurement of Regional Targets of Health Human Resources in Nicaragua, 2011-2015 [access January 14, 2016]. Posted in: file:///C:/Users/user/Downloads/metad_desafio_nicaragua_+final_junio2012.8291.pdf</p>	
<p align="center">Human Resources for Health Score</p>		<p align="center">8.08</p>		

8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.			Data Source	Notes/Comments
<p>8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<input type="radio"/> A. This information is not known. <input type="radio"/> B. No (0%) funding from domestic sources <input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources <input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources <input type="radio"/> E. Most (approx. 50 – 89%) funded from domestic sources <input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources	8.1 Score: 0.21	The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 48 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC	Until 2013, all antiretroviral drugs were funded by the Global Fund, but in 2014 the country gradually started funding the procurement of ARVs using state resources (from the Treasury), covering an estimated 10 percent of first-line ARV medications, which is 6% of the total. The plan is to use the Strategic Fund provided by PAHO as the procurement mechanism.
<p>8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<input type="radio"/> A. This information is not known <input type="radio"/> B. No (0%) funding from domestic sources <input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources <input checked="" type="radio"/> D. Some (approx. 10-49%) funded from domestic sources <input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources <input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources	8.2 Score: 0.42	The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 43 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC	The country provides HIV tests to all pregnant women for early diagnosis and prevention of MTCT. According to the General Secretary of the MOH, Dr. Beteta, 300,000 rapid tests are performed each year and all related costs are covered by the MOH.
<p>8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? <i>Note:</i> The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs.</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<input type="radio"/> A. This information is not known <input type="radio"/> B. No (0%) funding from domestic sources <input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources <input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources <input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources <input checked="" type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources	8.3 Score: 0.83	The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 27 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC	The Concept Note reports that 7 to 9 out of every 10 persons living with HIV are receiving condoms in health centers and hospitals of the Ministry of Health.

<p>8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?</p>	<p><input type="radio"/> A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP).</p> <p><input checked="" type="radio"/> B. There is a plan/SOP that includes the following components (check all that apply):</p> <p><input checked="" type="checkbox"/> Human resources</p> <p><input checked="" type="checkbox"/> Training</p> <p><input checked="" type="checkbox"/> Warehousing</p> <p><input checked="" type="checkbox"/> Distribution</p> <p><input type="checkbox"/> Reverse Logistics</p> <p><input checked="" type="checkbox"/> Waste management</p> <p><input checked="" type="checkbox"/> Information system</p> <p><input checked="" type="checkbox"/> Procurement</p> <p><input checked="" type="checkbox"/> Forecasting</p> <p><input checked="" type="checkbox"/> Supply planning and supervision</p> <p><input checked="" type="checkbox"/> Site supervision</p>	<p>8.4 Score: 2.02</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, pages 44 & 45 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>CIPS is undergoing rehabilitation so Laboratorio RAMOS is acting as Logistics Operator. It offers adequate capacity and security conditions for storage.</p> <p>Improvement of storage facilities is co-financed by the government and the Global Fund in 8 storage facilities throughout the country in hospitals and SILAIS.</p> <p>Additionally, the information systems are being integrated from SIGLIM to Galeno.</p> <p>The General Secretary of the Ministry of Health expressed that currently there are no problems with the supply chain because of the existence of a central warehouse (ALMACENTRO), and because staff at the departmental level has been trained in supply management and are supervised periodically by the Central MOH. When stock outs of ARV do occur, it is usually attributable to local management errors at the health facility.</p> <p>The delegate from CDC suggests that instead of supplying PLHIV with medications every month, they should switch to three-month supplies to favor adherence to therapy.</p>
<p>8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not available.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources.</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources.</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) funding from domestic sources.</p> <p><input type="radio"/> E. Most (approx. 50-89%) funding from domestic sources.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funding from domestic sources.</p>	<p>8.5 Score: 0.42</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 44 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>In June, 2013 USAID, with its projects DELIVER and SCMS, helped MINSA to draft a plan to improve the storage conditions in the storage rooms of CIPS.</p>

<p>8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock levels?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities <input checked="" type="checkbox"/> Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time <input checked="" type="checkbox"/> MOH or other host government personnel make re-supply decisions with minimal external assistance: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Decision makers are not seconded or implementing partner staff <input checked="" type="checkbox"/> Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects <input checked="" type="checkbox"/> Team that conducts analysis of facility data is at least 50% host government 	<p>8.6 Score: 2.22</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 45 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>The Concept Note provides insights on the integration of the information systems from SIGLIM to Galeno.</p>
<p>8.7 Assessment: Was an overall score of above 80% achieved on the SCMS National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. A comprehensive assessment has not been done</p> <p><input checked="" type="radio"/> B. A comprehensive assessment has been done but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments</p> <p><input type="radio"/> C. A comprehensive assessment has been done and the score was higher than 80% (for NSCA) or in the top quartile for the assessment</p>	<p>8.7 Score: 1.11</p>	<p>USAID/DELIVER. Situational Diagnosis of Storage Facilities, August, 2011</p>	
<p>Commodity Security and Supply Chain Score: 7.23</p>				
<p>9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services</p>			<p>Data Source</p>	<p>Notes/Comments</p>
<p>9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?</p>	<p><input type="radio"/> A. The host country government does not have structures or resources to support site-level continuous quality improvement</p> <p><input checked="" type="radio"/> B. The host country government:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement <input type="checkbox"/> Has a budget line item for the QM program <input type="checkbox"/> Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions 	<p>9.1 Score: 0.67</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 22 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>42 health facilities in 19 SILAIS provide ARV. Each facility has a multidisciplinary team. Nevertheless, staff requires more training and quality assurance needs to improve.</p> <p>The MOH General Secretary expressed that the quality of services provided to the populations needs to improve in quality. He believes quality assessment to be the main problem of MOH health facilities, which was corroborated by the representatives of organizations from civil society and key populations.</p> <p>Dr. René Gutiérrez from Universidad del Valle expressed that VICITS (KP-friendly) clinics have a quality assurance plan, which started to be implemented in February 2016.</p>

<p>9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)</p>	<p><input checked="" type="radio"/> A. There is no HIV/AIDS-related QM/QI strategy</p> <p><input type="radio"/> B. There is a QM/QI strategy that includes HIV/AIDS, but it is not current (updated within the last 2 years)</p> <p><input type="radio"/> C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements</p> <p><input type="radio"/> D. There is a current HIV/AIDS program specific QM/QI strategy</p>	<p>9.2 Score: 0.00</p>	<p>USAID HCI. A successful path to improving maternal-child, family planning and HIV/AIDS healthcare. September 2013, [access January, 2016]. Posted in: https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&riD=MzY1NTE&inr=VHJ1ZQ==&dc=YWRk&bckToL</p>	<p>There are norms, protocols and algorithms for the prevention, diagnosis and treatment of HIV/AIDS, as well as standards and indicators for quality monitoring.</p>
<p>9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?</p>	<p>A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting.</p> <p><input checked="" type="radio"/> B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply):</p> <p><input type="checkbox"/> The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement</p> <p><input type="checkbox"/> There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities</p> <p><input type="checkbox"/> There is documentation of results of QI activities and demonstration of national HIV program improvement</p>	<p>9.3 Score: 0.00</p>	<p>USAID HCI. A successful path to improving Family Planning, HIV/AIDS and Mother-Child care. September 2013, [access January, 2016]. Posted in: https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&riD=MzY1NTE&inr=VHJ1ZQ==&dc=YWRk&bckToL</p>	<p>The Ministry of Health has a unit which has the responsibility to collect HIV information in regard to testing, positive cases, follow-up on data and epidemiological surveillance so all cases are registered. It operates nationwide.</p>
<p>9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?</p>	<p><input type="radio"/> A. There is no training or recognition offered to build health workforce competency in QI.</p> <p><input checked="" type="radio"/> B. There is health workforce competency-building in QI, including:</p> <p><input checked="" type="checkbox"/> Pre-service institutions incorporate modern quality improvement methods in curricula</p> <p><input type="checkbox"/> National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services</p>	<p>9.4 Score: 1.00</p>	<p>USAID ASSIST. Pedagogical package to develop competencies among health care workers in Family Planning, Mother Child Care and HIV/AIDS, April 2015.</p>	

<p>9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?</p>	<p>The national-level QM structure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convenes meetings that includes health services consumers <input checked="" type="checkbox"/> Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Sub-national QM structures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convene meetings that includes health services consumers <input type="checkbox"/> Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Site-level QM structures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement 	<p>9.5 Score: 0.29</p>		<p>The Ministry of Health has a unit which has the responsibility to collect HIV information in regard to testing, positive cases, follow-up on data and coverage, but there are no evidences that this information is used to improve quality of care at clinical level.</p>
Quality Management Score:		1.95		
<p>10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.</p>			Data Source	Notes/Comments
<p>10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. There is no national laboratory strategic plan <input checked="" type="radio"/> B. National laboratory strategic plan is under development <input type="radio"/> C. National laboratory strategic plan has been developed, but not approved <input type="radio"/> D. National laboratory strategic plan has been developed and approved <input type="radio"/> E. National laboratory plan has been developed, approved, and costed 	<p>8.1 Score: 0.42</p>		<p>Officials from CNDR and NAC were consulted and they stated that currently there is work to formulate the Laboratory Strategic Plan, with the support of the Global Fund.</p>
<p>10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. Regulations do not exist to monitor minimum quality of laboratories in the country. <input type="radio"/> B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated). <input type="radio"/> C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated). <input type="radio"/> D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). <input checked="" type="radio"/> E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). <input type="radio"/> F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated). 	<p>8.2 Score: 1.25</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, pages 22 & 23 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>The laboratory networks in the country comprise 238 laboratory facilities; 192 belong to the MINSA, 38 to IPSS, 4 to the Military Hospital and 11 to the Ministry of the Interior. They all use a standardized algorithm for rapid tests. The regional and departmental hospitals are responsible for confirmatory tests; quality control is performed by CNDR.</p>

<p>10.3 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?</p>	<p><input type="radio"/> A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control</p> <p><input checked="" type="radio"/> B. There are adequate qualified laboratory personnel to perform the following key functions:</p> <p><input checked="" type="checkbox"/> HIV diagnosis in laboratories and point-of-care settings</p> <p><input checked="" type="checkbox"/> TB diagnosis in laboratories and point-of-care settings</p> <p><input type="checkbox"/> CD4 testing in laboratories and point-of-care settings</p> <p><input type="checkbox"/> Viral load testing in laboratories and point-of-care settings</p> <p><input checked="" type="checkbox"/> Early Infant Diagnosis in laboratories</p> <p><input checked="" type="checkbox"/> Malaria infections in laboratories and point-of-care settings</p> <p><input checked="" type="checkbox"/> Microbiology in laboratories and point-of-care settings</p> <p><input checked="" type="checkbox"/> Blood banking in laboratories and point-of-care settings</p> <p><input type="checkbox"/> Opportunistic infections including Cryptococcal antigen in laboratories and point-of-care settings</p>	<p>8.3 Score: 1.11</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 23 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>CD4 and viral load tests are performed only in 3 departmental laboratories and centralized in the CNDR. USAID with its project PrevenSida have worked to improve the laboratory network through the procurement of CD4 count mobile equipment. By year 2015, 405 tests have been done.</p>
<p>10.4 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?</p>	<p><input checked="" type="radio"/> A. There is not sufficient infrastructure to test for viral load.</p> <p><input type="radio"/> B. There is sufficient infrastructure to test for viral load, including:</p> <p><input type="checkbox"/> Sufficient viral load instruments and reagents</p> <p><input type="checkbox"/> Appropriate maintenance agreements for instruments</p> <p><input type="checkbox"/> Adequate specimen transport system and timely return of results</p>	<p>8.4 Score: 0.00</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 23 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>CD4 and viral load tests are performed only in 3 departmental laboratories and centralized in the CNDR. USAID with its project PrevenSida have worked to improve the laboratory network through the procurement of CD4 count mobile equipment. By year 2015, 405 tests have been done.</p>
<p>10.5 Domestic Funds for Laboratories: To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No (0%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> C. Some (approx. 10-49%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> D. Most (approx. 50-89%) laboratory services are financed by domestic resources.</p> <p><input checked="" type="radio"/> E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.</p>	<p>8.5 Score: 3.33</p>	<p>The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis and malaria, 2014, page 22 & 23 [access January, 14 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>The laboratory networks in the country comprise 238 laboratory facilities; 192 belong to the MINSA, 38 to IPSS, 4 to the Military Hospital and 11 to the Ministry of the Interior. They all use a standardized algorithm for rapid tests. The regional and departmental hospitals are responsible for confirmatory tests; quality control is performed by CNDR.</p>
<p>Laboratory Score: 6.11</p>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Investments, Efficiency, and Sustainable Financing

What Success Looks Like: Host country government is aware of the financial resources required to effectively and efficiently meet its national HIV/AIDS prevention, care and treatment targets. HCG actively seeks, solicits and or generates the necessary financial resources, ensures sufficient resource commitments, and uses data to strategically allocate funding and maximize investments.

	Data Source	Notes/Comments
<p>11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.</p>		
<p>11.1 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?</p>	<p>11.1 Score: 1.67</p> <p>Nicaragua. Concept Note for the request of funding for HIV from the Global Fund, 2015-2017 period.</p> <p>NAC. Measurement of Expenditure in AIDS, MEGAS 2013, Nicaragua. Published in 2015.</p> <p>NAC. National Strategic Plan - NSP, 2015-2019. [Concluded but not yet published].</p>	<p>11.1b HIV is a priority for the government, so it is explicit in the national budget, which has been presented to the donor community and cooperation agencies.</p> <p>The approach to the epidemic is cross-cutting, in which financing of prevention, treatment and social support is executed within the projects and programs with population focus (family and community), from the platform of the corresponding ministries (health, education, youth and others).</p>
<p>11.2 Annual Targets: Did the most recent budget as executed achieve stated annual HIV/AIDS goals?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p>11.2 Score: 1.67</p>	<p>11.2.e The Principal Recipient-Nicaraguan Institute of Social Security of the Global Fund reports 89% performance of indicators related to budget execution based on the targets and objectives of the grant. As such, the score will be E.</p>

<p>11.3 Budget Execution: For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level?</p> <p>(If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)</p>	<p><input checked="" type="radio"/> A. Information is not available</p> <p><input type="radio"/> B. There is no national HIV/AIDS budget, or the execution rate was 0%.</p> <p><input type="radio"/> C. 1-9%</p> <p><input type="radio"/> D. 10-49%</p> <p><input type="radio"/> E. 50-89%</p> <p><input type="radio"/> F. 90% or greater</p>	<p>11.3 Score: 0.00</p>	<p>MOH. Nicaragua. DAIA Plan 2009-2012</p>	<p>11.3.a Although there is no information on the execution of national resources in HIV, the country has experience in the estimation of public expenditures and procurement of contraceptive supplies (DAIA).</p>
<p>11.4 PLACEHOLDER for future indicator measuring country's financial ability to pay for its HIV response (will not be included in SID for COP 16)</p>				
<p>11.5 Domestic Spending: What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding (excluding out-of-pocket and donor resources)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. None (0%) is financed with domestic funding.</p> <p><input type="radio"/> B. Very little (approx. 1-9%) is financed with domestic funding.</p> <p><input type="radio"/> C. Some (approx. 10-49%) is financed with domestic funding.</p> <p><input checked="" type="radio"/> D. Most (approx. 50-89%) is financed with domestic funding.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) is financed with domestic funding.</p>	<p>11.6 Score: 2.50</p>	<p>NAC. Measurement of Expenditure in AIDS, MEGAS 2012, Nicaragua. Published in 2014.</p>	<p>11.5.d As reported in the NASA expenditure measurement, 2012, the government is assuming 58% of the national expenditures (public and private).</p>
<p>Domestic Resource Mobilization Score:</p>		<p>5.83</p>		

12. Technical and Allocative Efficiencies: The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).			
		Data Source	Notes/Comments
<p>12.1 Resource Allocation Process: Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources?</p> <p>(note: full score achieved by selecting one checkbox)</p>	<p>A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources.</p> <p><input type="radio"/></p> <p>B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply):</p> <p><input type="checkbox"/> Optima</p> <p><input type="checkbox"/> Spectrum (including EPP and Goals)</p> <p><input type="checkbox"/> AIDS Epidemic Model (AEM)</p> <p><input checked="" type="checkbox"/> Modes of Transmission (MOT) Model</p> <p><input checked="" type="checkbox"/> Other recognized process or model (specify in notes column)</p>	<p>12.1 Score: 1.43</p>	<p>Nicaragua. Concept Note for the request of funding for HIV from the Global Fund, 2015-2017 period.</p> <p>12.1.2 The 2015 Concept Note, lists the tools used to assign resources, for example, Spectrum.</p> <p>12.1.4 The study, <i>Modes of Transmission</i>, has also been used to focus strategic actions in correlation with financial resources.</p> <p>12.1.b.5 Use of the Unique Code Model</p>
<p>12.2 High Impact Interventions: What percentage of site-level point of service HIV domestic public sector resources (excluding any donor funds) are being allocated to the following set of interventions: provision of ART, VMMC, PMTCT, HTC, condoms, and targeted prevention for key and priority populations?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Information not available</p> <p><input type="radio"/> B. No (0%) site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> E. Most (approx. 50-89%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p>	<p>12.2 Score: 0.71</p>	<p>NAC. Measurement of Expenditure in AIDS, NASA, Nicaragua. Published in 2014.</p> <p>12.2 Since 2012, the government is assuming 47% of total expenditures of HIV-AIDS with national funds.</p>

<p>12.3 Geographic Allocation: Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Information not available.</p> <p><input type="radio"/> B. No resources (0%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas.</p> <p><input checked="" type="radio"/> E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.</p>	<p>12.3 Score: 1.07</p>	<p>NAC. Overview of the AIDS Epidemic in Nicaragua 2014. (GARPR Report 2014)</p>	<p>12.3.A Managua is the city where the epidemic is concentrated. Although, the NASA study is not disaggregated at subnational level, 1,403 out of 2,935 persons were receiving the ARVT in public health facilities in Managua. During that same year, out of the total of new infections detected in the country, 50% were people who resided in Managua (1,019).</p> <p>In the near future, the plan is to increase the scope of the Global Fund coverage beyond Managua to other departments reporting high number of HIV cases.</p>
<p>12.4 Data-Driven Reprogramming: Do host country government policies/systems allow for reprogramming domestic investments based on new or updated program data during the government funding cycle?</p>	<p><input type="radio"/> A. There is no system for funding cycle reprogramming</p> <p><input type="radio"/> B. There is a policy/system that allows for funding cycle reprogramming, but it is seldom used.</p> <p><input type="radio"/> C. There is a system that allows for funding cycle reprogramming and reprogramming is done as per the policy but not based on data</p> <p><input checked="" type="radio"/> D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy and is based on data</p>	<p>Q3 Score: 1.43</p>	<p>Nicaragua. National Assembly. Ammendments Law to Law No. 889, Annual General Budget of the Republic, 2015 and the reform to Law No. 914.</p>	<p>Reforms to the national annual budget are implemented by means of a law. This is the way to make adjustments in the budget within the current year (before the annual term has concluded).</p>
<p>12.5 Unit Costs: Does the host country government use recent expenditure data or cost analysis (i.e. data from within the last three years) to estimate unit costs of HIV/AIDS services for budgeting or planning purposes?</p> <p>(note: full score can be achieved without checking all disaggregate boxes).</p>	<p><input type="radio"/> A. The host country government does not use recent expenditure data or cost analysis to estimate unit costs</p> <p><input checked="" type="radio"/> B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply):</p> <p><input checked="" type="checkbox"/> HIV Testing</p> <p><input checked="" type="checkbox"/> Care and Support</p> <p><input checked="" type="checkbox"/> ART</p> <p><input checked="" type="checkbox"/> PMTCT</p> <p><input type="checkbox"/> VMMC</p> <p><input checked="" type="checkbox"/> OVC Service Package</p> <p><input checked="" type="checkbox"/> Key population Interventions</p>	<p>12.5 Score: 1.43</p>	<p>Nicaragua. Concept Note for the request of funding for HIV from the Global Fund, 2015-2017 period.</p>	<p>Concept Notes are adjusted annually. It includes resources from the GF and government funds.</p> <p>There is no masculine circumcision performed in the country as a prevention strategy.</p>

<p>12.6 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies</p> <p><input type="checkbox"/> Reduced overhead costs by streamlining management</p> <p><input checked="" type="checkbox"/> Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc.</p> <p><input checked="" type="checkbox"/> Improved procurement competition</p> <p><input type="checkbox"/> Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years)</p> <p><input checked="" type="checkbox"/> Integrated HIV into primary care services with linkages to specialist care (need not be within last three years)</p> <p><input type="checkbox"/> Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years)</p> <p><input checked="" type="checkbox"/> Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years)</p> <p><input checked="" type="checkbox"/> Developed and implemented other new and more efficient models of HIV service delivery (specify in comments)</p>	<p>12.6 Score: 0.95</p>	<p>MOH, Nicaragua. Plan for Comprehensive Care in the Approach to HIV, September 2014. [Not published].</p>	<p>12.6.9 Adoption of Treatment 2.0 (T2.0) developed by WHO and UNAIDS has given support to expansion and sustainability of HIV care, responding to financial and technical challenges which limit universal access to ARVs.</p>
<p>12.7 ARV Benchmark prices: How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year?</p> <p>(Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)</p>	<p><input type="radio"/> A. Partner government did not pay for any ARVs using domestic resources in the previous year.</p> <p><input type="radio"/> B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen.</p> <p><input type="radio"/> C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen.</p> <p><input type="radio"/> D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen.</p> <p><input checked="" type="radio"/> E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen.</p>	<p>12.7 Score: 1.43</p>	<p>NAC. Measurement of Expenditure in AIDS, NASA 2012, Nicaragua. Published in 2014.</p> <p>National Assembly. Nicaragua. Law for Administrative Contracting in the Public Sector, Law 737. Approved October 19, 2010.</p>	<p>In regard to treatment, despite that it continues to depend on external resources, the country assumed in year 2014, 10% of all ARV medications procurement. External factors can affect stability of all categories of the national budget.</p> <p>In regard to supplies for HIV care, the country has gained experience in procurement using international purchasing mechanisms employed to purchase supplies for other health programs (contraceptives, vaccines, etc.). Law 737 provides the judicial support to these procurement mechanisms.</p>
<p>Technical and Allocative Efficiencies Score:</p>		<p>8.45</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN C

Domain D: Strategic Information

What Success Looks Like: Using local and national systems, the host country government collects, analyzes and makes available timely, comprehensive, and quality HIV/AIDS data (including epidemiological, economic/financial, and performance data) that can be used to inform policy, program and funding decisions.

13. Epidemiological and Health data: Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.	Data Source	Notes/Comments
<p>13.1 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?</p> <p> <input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input checked="" type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies </p>	<p>13.1 Score: 0.71</p>	<p>13.1.1 ENDESA, page 11, the support of the Global Fund through the project, "Nicaragua joined to respond toward a contained HIV/AIDS epidemic", Round 8, and the World Bank project, "Improvement of Family and Community Services" implemented by the MINSA, United Nations Population Fund (UNFPA), and the United Nations Fund for Children (UNICEF). 13.1.2 The country has an agenda for evaluation and research on HIV: Inventory of performed studies and the research agenda. 13.1.3 INIDE, as a governmental entity is responsible for vital statistics of the population of Nicaragua and leads and coordinates activities related to information on HIV among the general population. Likewise, INIDE recognizes the important role played by the World Bank as a partner in different stages of research studies: a) design of the questionnaire; b) field data collection; c) training of survey teams, and d) analysis of data.</p>
<p>13.2 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?</p> <p> <input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input checked="" type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies </p>	<p>13.2 Score: 0.71</p>	<p>13.2.1 NAC. National Strategic Plan for HIV 2011-2015. Nicaragua, November 2011. Posted in: http://www.pasca.org/sites/default/files/NI_PEN_2011_2015.pdf 13.2.2a TRAC: NICARAGUA (2012): TRaC HIV/AIDS Study, Men that have Sex with Men in Managua and Chinandega. 3rd. National Round, posted in: http://www.pasca.org/sites/default/files/2012_TRaC_HSH_NICARAGUA.pdf 13.2.2b NAC. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p> <p>13.2.1 The studies realized in the country on behavior of key population are led by NAC and the donor agencies, have contributed to have a national research agenda based on analysis of knowledge gaps, which take into account cultural aspects of the rural indigenous and afro descendant populations, and have included topics of heterosexual men and MSM. Available in the SNP, page 35, Result 1.5. 13.2.3 TRaC Study (Tracking Results Continuously) was possible through the support of USAID.</p>
<p>13.3 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p> <p> <input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. No financing (0%) is provided by the host country government <input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government <input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government <input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government <input checked="" type="radio"/> F. All or almost all financing (90%+) is provided by the host country government </p>	<p>13.3 Score: 1.67</p>	<p>13.3.1 Nicaragua Survey on Health and Demography 2011/12. Preliminary Report http://www.unfpa.org/encuesta-nicaraguense-de-demografia-y-salud-201112-informe-preliminar/ 13.2.2 Presentation of the Results of the Survey, "Measurement of Life Conditions", October 6, 2015, presented by Ovidio Reyes, President of the Central Bank of Nicaragua, available in: http://www.inide.gob.ni/Emnv/Emnv14/Presentacion%20Resultados%20Emnv_06Oct2015.pdf</p> <p>13.3.1 ENDESA was financed by the Government of Nicaragua, the World Bank, UNFPA, UNICEF and the Global Fund, page 11. 13.3.2 Nicaragua, together with donors, has implemented six surveys to measure conditions of life (1993, 1998, 2001, 2005, 2009 y 2013).</p>

<p>13.4 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input checked="" type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (approx. 90%+) is provided by the host country government</p>	<p>13.4 Score: 0.83</p>	<p>13.4.1 NAC. Measurement of Expenditure in AIDS, NASA 2012, Nicaragua. February 2014. Posted in: http://www.pasca.org/userfiles/INFORME%20MEGAS%202012%20NI%20FINAL.pdf</p> <p>NAC. Measurement of Expenditure in AIDS, 2010-2013 period, available at: http://www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p>	<p>13.4.1 Measurement of Expenditures on AIDS, Nicaragua 2012.</p> <p>In the study on expenditures on AIDS of year 2012, the expenditures corresponding to research was \$202,758, which represented 1% of total expenditures.</p>
<p>13.5 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government collects at least every 5 years HIV prevalence data disaggregated by:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input checked="" type="checkbox"/> Sub-national units <p><input checked="" type="checkbox"/> B. The host country government collects at least every 5 years sub-national HIV incidence disaggregated by:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input checked="" type="checkbox"/> Sub-national units 	<p>13.5 Score: 0.95</p>	<p>13.5.1 Modes of Transmission (MoT), AIDS Commission of Nicaragua, April, 2012. Available in: http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_final.pdf</p> <p>13.5.2 Epidemiological Surveillance Report on HIV in Nicaragua. MINSA. October, 2015.</p>	<p>13.5.1 Nicaragua has performed a study on modes of transmission which uses available estimations of population sizes, HIV and STI prevalences, and behavior parameters such as rate of couple turnover per year, number of sexual intercourses of couples per year and the proportion of sexual intercourses protected by condoms, pages 11 and 30.</p> <p>13.5.2 In a periodic way (quarterly), the country, via the MOH AIDS program, generates information on incidence by age group, geographic distribution of affected population and PLHIV, and incorporates the data into the Epidemiological Surveillance Information System (SIVE).</p>

<p>13.6 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. The host country government does not collect/report viral load data or does not conduct viral load monitoring</p> <p><input checked="" type="radio"/> B. The host country government collects/reports viral load data (answer both subsections below):</p> <p>According to the following disaggregates (check ALL that apply):</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Key populations (FSW, PWID, MSM/transgender)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>For what proportion of PLHIV (select ONE of the following):</p> <p><input type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25-50%</p> <p><input checked="" type="checkbox"/> 50-75%</p> <p><input type="checkbox"/> More than 75%</p>	<p>13.6 Score: 0.36</p>	<p>13.6.1 Progress Report 2014: NAC. Situation of STI, HIV and AIDS in Nicaragua. Monitoring and Evaluation of progress in containing the epidemic, 2012. Posted in: http://www.pasca.org/userfiles/NI%20Informe%20de%20indicadores%20Priorizados%202012%2031sep2013.pdf</p> <p>13.6.2 The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis or malaria. 2014 [access January 14, 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>13.6.1 70% (1,540/2190) of PLHIV in ARVT are followed with CD4 and Viral Load.</p> <p>The National Program keeps records of the levels of viral load. Nevertheless, no systematic reports are available.</p>
<p>13.7 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)</p>	<p><input type="radio"/> A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM) or priority populations (Military, etc.).</p> <p><input checked="" type="radio"/> B. The host country government conducts (answer both subsections below):</p> <p>IBBS for (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Female sex workers (FSW)</p> <p><input checked="" type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input checked="" type="checkbox"/> People who inject drugs (PWID)</p> <p><input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>Size estimation studies for (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Female sex workers (FSW)</p> <p><input checked="" type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input checked="" type="checkbox"/> People who inject drugs (PWID)</p> <p><input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p>	<p>13.7 Score: 0.95</p>	<p>13.7.1 NAC. Modes of Transmission of HIV (NASA), April 2012. Posted in: http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_final.pdf</p> <p>13.7.2 The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis or malaria, 2014, page 13 [access January 14, 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>13.7.1 Among the new cases of HIV infections for year 2012, 50.6% are persons who are key populations, with a predominance of MSM (44.5%). When groups that are related to MSM are included, such as female partners of MSM and clients of sex workers who are MSM, the proportion of new infections linked to MSM surpasses half of new infections (54%).</p> <p>13.7.2 Based on coverage analysis of groups of key populations, estimations on population size were obtained for 2013.</p>
<p>13.8 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?</p>	<p><input checked="" type="radio"/> A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys</p> <p><input type="radio"/> B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups</p> <p><input type="radio"/> C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups</p>	<p>13.8 Score: 0.00</p>	<p>13.8.1 NAC. National Strategic Plan for HIV 2011-2015. Nicaragua, November 2011. Posted in: http://www.pasca.org/sites/default/files/NI_PEN_2011_2015.pdf</p> <p>CONSIDA. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MIE%20V30sep2015.pdf</p>	<p>13.8.1 The Information, Monitoring and Evaluation System is geared toward management of the National Response (Strategic Line 5, page 38)</p> <p>13.8.2 There is no official calendar for the use of data to guide the collection of data and the submission of reports. Nevertheless, the MOH has defined a calendar for the use of data and for the elaboration of quarterly reports. There has been some difficulty with the publication of said reports. The possibility of online tools for this purpose is being assessed.</p>

<p>13.9 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply):</p> <p><input checked="" type="checkbox"/> A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data</p> <p><input type="checkbox"/> A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance</p> <p><input type="checkbox"/> Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection</p> <p><input checked="" type="checkbox"/> An in-country internal review board (IRB) exists and reviews reviews all protocols.</p>	<p>13.9 Score: 0.48</p>	<p>NAC. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p>	<p>"The results of data audits has been recorded and feedback has been given to those entities which have been audited." (i-9).</p> <p>There are guidelines for supervision of routine collection of data at the facilities that provide HIV services, both at urban and community levels. Nevertheless, it is necessary to standardize supervision guidelines, and it is imperative to train staff to guarantee the quality of data.</p> <p>In regard to research on HIV, Law 820 stipulates that all NAC must approve all research.</p>
Epidemiological and Health Data Score:		6.67		
<p>14. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.</p>		Data Source	Notes/Comments	
<p>14.1 Who Leads Collection of Expenditure Data: To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?</p>	<p><input type="radio"/> A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years</p> <p><input type="radio"/> B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions</p> <p><input type="radio"/> C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance</p> <p><input checked="" type="radio"/> D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance</p> <p><input type="radio"/> E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance</p>	<p>14.1 Score: 1.25</p>	<p>14.1.1 NASA Measurement of Expenditure in AIDS, NASA 2012, Nicaragua. February 2014. Posted in: http://www.pasca.org/userfiles/INFORME%20MEGAS%202012%20NI%20FINAL.pdf</p> <p>NAC. Measurement of Expenditure in AIDS (NASA), 2010-2013 period, available at: http://www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p>	<p>14.1.1 The study was led by the Technical Office of CONSIDA which coordinated the technical team of the institution. For the implementation of this study, USAID PASCA provided financial and technical assistance, page 10.</p>
<p>14.2 Who Finances Collection of Expenditure Data: To what extent does the host country government finance the collection of HIV/AIDS expenditure data (e.g., printing of paper-based tools, salaries and transportation for data collection, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input checked="" type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>14.2 Score: 1.67</p>	<p>14.2.1 NAC. Measurement of Expenditure in AIDS, NASA 2012, Nicaragua. February 2014. Posted in: http://www.pasca.org/userfiles/INFORME%20MEGAS%202012%20NI%20FINAL.pdf</p> <p>NAC. Measurement of Expenditure in AIDS (NASA), 2010-2013 period, available at: http://www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p>	<p>14.2.1 During the latest NASA study, the information flowed in a routine fashion from the actors participating in the national response by means of submission of data to the national authority. This was a different modality than before as the collection of information was mainly financed with national resources.</p>

<p>14.3 Comprehensiveness of Expenditure Data: To what extent does the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input checked="" type="radio"/> B. HIV/AIDS expenditure data are collected (check all that apply):</p> <p><input checked="" type="checkbox"/> By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others</p> <p><input checked="" type="checkbox"/> By expenditures per program area, such as prevention, care, treatment, health systems strengthening</p> <p><input checked="" type="checkbox"/> By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel</p> <p><input type="checkbox"/> Sub-nationally</p>	<p>14.3 Score: 1.25</p>	<p>14.1.1 NAC. Measurement of Expenditure in AIDS, NASA 2012, Nicaragua. February 2014. Posted in: http://www.pasca.org/userfiles/INFORME%20MEGAS%202012%20NI%20FINAL.pdf</p> <p>NAC. Measurement of Expenditure in AIDS, 2010-2013 period, available at: http://www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p>	<p>14.1.1 The study was led by the Technical Office of CONISIDA which coordinated the technical team of the institution. For the implementation of this study, USAID/PASCA provided financial and technical assistance, page 10.</p>
<p>14.4 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure data are collected</p> <p><input type="radio"/> B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago</p> <p><input checked="" type="radio"/> C. HIV/AIDS expenditure data were collected at least once in the past 3 years</p> <p><input type="radio"/> D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures</p> <p><input type="radio"/> E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures</p>	<p>14.4 Score: 0.83</p>	<p>14.2.1 CONISIDA. Measurement of Expenditure in AIDS, MEGAS 2012, Nicaragua. February 2014. Posted in: http://www.pasca.org/userfiles/INFORME%20MEGAS%202012%20NI%20FINAL.pdf</p> <p>14.2.2 CONISIDA. Measurement of Expenditure in AIDS, 2010-2013 period, available at: http://www.pasca.org/userfiles/Informe%20MEGAS%202013%20NI%20Evoluci%C3%B3n%202010-2013.pdf</p>	<p>14.2.1 During the latest MEGAS study, the information flowed in a routine fashion from the actors participating in the national response by means of submission of data to the national authority. This was a different modality than before as the collection of information was mainly financed with national resources.</p>
<p>14.5 Economic Studies: Does the host country government conduct health economic studies or analyses for HIV/AIDS?</p>	<p><input type="radio"/> A. The host country government does not conduct health economic studies or analyses for HIV/AIDS</p> <p><input checked="" type="radio"/> B. The host country government conducts (check all that apply):</p> <p><input checked="" type="checkbox"/> Costing</p> <p><input checked="" type="checkbox"/> Economic evaluation (e.g., cost-effectiveness analysis and cost-benefit analysis)</p> <p><input type="checkbox"/> Efficiency analysis (e.g., efficiency of service delivery by public and private sector, resource allocation)</p> <p><input type="checkbox"/> Market demand analysis</p>	<p>14.5 Score: 0.83</p>	<p>14.5.1 CONISIDA. Baseline, "Socioeconomic Impact of HIV and AIDS in Nicaragua". December, 2010. Performed by ALVA Consulting Firm. No available in the web.</p> <p>14.5.2 Cost-effectivity in the quality of care of persons living with HIV in Nicaragua. Broughton, E. Moreno, I and Nuñez, D. March, 2012. Available in: https://www.usaidassist.org/sites/assist/files/costo-effectividad_tar_nicaragua_marzo2012_0.pdf</p>	<p>14.5.1 A recent health economic analysis on HIV, using 2010 data, showed that 65.5% of expenditures correspond to hospital care, with a total of 459 hospital days in 44 events, for an average of 1.79 hospital admissions per person and an average stay of 10.4 days, page 8. This data showed a reduction in costs as the number of hospitalizations events decrease and savings of \$561 for each case that didn't require hospital care. In summary, the intervention saved money and improved outcomes, so it is considered cost effective.</p>
<p>Financial/Expenditure Data Score:</p>		<p>5.83</p>		

15. Performance data: Government routinely collects, analyzes and makes available HIV/AIDS service delivery data. Service delivery data are analyzed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention.			
		Data Source	Notes/Comments
<p>15.1 Who Leads Collection of Service Delivery Data: To what extent is the routine collection of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government?</p>	<p><input type="radio"/> A. No system exists for routine collection of HIV/AIDS service delivery data</p> <p><input type="radio"/> B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions</p> <p><input type="radio"/> C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution</p> <p><input type="radio"/> D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution</p> <p><input checked="" type="radio"/> E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government</p>	<p>15.1 Score: 1.33</p> <p>15.1.1 CONISIDA. National Strategic Plan for HIV 2011-2015. Nicaragua, November 2011. Posted in: http://www.pasca.org/sites/default/files/NI_PEN_2011_2015.pdf</p> <p>15.1.2 CONISIDA. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p>	<p>15.1.1 The country has an epidemiological surveillance system of second and third generation as well as an information, monitoring and evaluation system, and has established mechanisms for submission of information coming from the actors who participate in the HIV response: national institutions, cooperation agencies and non governmental organizations. A harmonized database has been compiled with multisectoral, indigenous and afro descendant population indicators, which respond to national and international commitments. The information is discussed and analyzed in forums where follow-up is assessed, as well as the current situation of the epidemic and the national response, and compliance with prevention, diagnosis and treatment activities. Annually, lessons learned are used to improve the National Response to advance national and international commitments.</p> <p>15.1.2 It was not possible to obtain information on all the variables of the Epidemiological Record. There is no standardization for submission of monthly reports, and often times submissions are untimely, page 48.</p>
<p>15.2 Who Finances Collection of Service Delivery Data: To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No routine collection of HIV/AIDS service delivery data exists</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input checked="" type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>15.2 Score: 2.50</p> <p>15.2.1 CONISIDA. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p>	<p>15.2.1 The epidemiological surveillance system in the country operates under the leadership of the MINSA and CONISIDA. There exist well defined instruments for obtaining information collected in all health facilities nationwide. Nevertheless, the country lacks an integrated information system, page 8.</p>

<p>15.3 Comprehensiveness of Service Delivery Data: To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government routinely collects & reports service delivery data for:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV Testing <input checked="" type="checkbox"/> PMTCT <input checked="" type="checkbox"/> Adult Care and Support <input checked="" type="checkbox"/> Adult Treatment <input checked="" type="checkbox"/> Pediatric Care and Support <input checked="" type="checkbox"/> Orphans and Vulnerable Children <input type="checkbox"/> Voluntary Medical Male Circumcision <input checked="" type="checkbox"/> HIV Prevention <input checked="" type="checkbox"/> AIDS-related mortality <p><input checked="" type="checkbox"/> B. Service delivery data are being collected:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> By key population (FSW, PWID, MSM/transgender) <input checked="" type="checkbox"/> By priority population (e.g., military, prisoners, young women & girls, etc.) <input checked="" type="checkbox"/> By age & sex <input type="checkbox"/> From all facility sites (public, private, faith-based, etc.) <input type="checkbox"/> From all community sites (public, private, faith-based, etc.) 	<p>15.3 Score: 1.22</p>	<p>15.3.1 Epidemiological Surveillance Report on HIV in Nicaragua. MINSa. October, 2015. 15.3.2 CONISIDA. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p>	<p>15.3.1 A report on the behavior of the epidemic in the country is produced quarterly, highlighting new cases, PLHIV on ARVT broken down by age, sex, geographical location and accumulated mortality data. Additionally, a progress report is published annually, with evaluation on the performance of a set of indicators which measure HIV care. The MINSa registers data on orphans, and provides care for this group with the participation of the program MI FAMILIA. 15.3.2 It was not possible to obtain information on all the variables of the Epidemiological Record. There is no standardization for submission of monthly reports, and often times submissions are untimely, page 48. There is not a unique database which includes all the variables necessary for the national response, page 49.</p>
<p>15.4 Timeliness of Service Delivery Data: To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?</p>	<p><input type="radio"/> A. The host country government does not routinely collect/report HIV/AIDS service delivery data</p> <p><input type="radio"/> B. The host country government collects & reports service delivery data annually</p> <p><input type="radio"/> C. The host country government collects & reports service delivery data semi-annually</p> <p><input checked="" type="radio"/> D. The host country government collects & reports service delivery data at least quarterly</p>	<p>15.4 Score: 1.33</p>	<p>15.4.1 CONISIDA. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p>	<p>15.4.1 Data on service delivery is compiled timely and provide information for performance analysis of the programs. Each SILAIS submits information to the central MINSa periodically, but it is not published in a timely way. Generally, there is access to partial information every quarter; access to complete information can only be obtained annually. There are no mechanisms in place for planning and managing M&E, or for performance assessment, page 25.</p>

<p>15.5 Analysis of Service Delivery Data: To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates)?</p>	<p><input type="radio"/> A. The host country government does not routinely analyze service delivery data to measure program performance</p> <p><input checked="" type="radio"/> B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply):</p> <p><input checked="" type="checkbox"/> Continuum of care cascade for each identified priority population (e.g., military, prisoners, young women & girls, etc.), including HIV testing, linkage to care, treatment, adherence and retention</p> <p><input checked="" type="checkbox"/> Continuum of care cascade for each relevant key population (FSW, PWID, MSM/transgender), including HIV testing, linkage to care, treatment, adherence and retention</p> <p><input checked="" type="checkbox"/> Results against targets</p> <p><input checked="" type="checkbox"/> Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.)</p> <p><input checked="" type="checkbox"/> Site-specific yield for HIV testing (HTC and PMTCT)</p> <p><input checked="" type="checkbox"/> AIDS-related mortality rates</p> <p><input type="checkbox"/> Variations in performance by sub-national unit</p> <p><input type="checkbox"/> Creation of maps to facilitate geographic analysis</p>	<p>15.5 Score: 1.00</p>	<p>15.5.1 CONSIDA. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p> <p>15.5.2 The Global Fund. Concept Note Nicaragua. Investing for impact against HIV, tuberculosis or malaria. 2014 [access January 14, 2016]. http://www.theglobalfund.org/en/portfolio/country/?loc=NIC</p>	<p>15.5.1 Nicaragua, relies on the Monitoring and Evaluation System for analysis of service delivery, which has mapped all actors of the Information System for Monitoring and Evaluation of the National Response. This process is led by the Committee of Monitoring and Evaluation of CONSIDA. On the other hand, it has aligned and selected indicators for monitoring the response which permits follow up of interventions and outcomes of service delivery. The process of information analysis has permitted the country to produce national reports on the progress of the national response (2010, 2011, 2012, 2013). There are estimations and projections of the epidemic from year 2011 to year 2018. The characterization of the epidemic has been done by means of the Modes of Transmission studies performed in year 2011; analysis on HIV expenditures have been investigated and published in the MEGAS reports, years 2009-2010 and 2011; in the Costs section of the NSP, 2011-2015, and in the Populations Size Estimations, page 11.</p> <p>15.2.2 The country has developed a methodology to estimate populations sizes with projections from year 2014 to 2020, page 13.</p>
<p>15.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply):</p> <p><input type="checkbox"/> A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance</p> <p><input type="checkbox"/> A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government</p> <p><input checked="" type="checkbox"/> Standard national procedures & protocols exist for routine data quality checks at the point of data entry</p> <p><input type="checkbox"/> Data quality reports are published and shared with relevant ministries/government entities & partner organizations</p> <p><input type="checkbox"/> The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans</p>	<p>15.6 Score: 0.27</p>	<p>15.6.1 CONSIDA. Evaluation of the HIV Information, Monitoring and Evaluation System. Nicaragua, August, 2015. Available in: http://www.pasca.org/userfiles/Nicaragua%20Evaluaci%C3%B3n%20Sist%20MyE%20V30sep2015.pdf</p>	<p>15.6.1 The country has guidelines for supervision and collection of routine data in the facilities, both in institutions as in community level. Routine supervision visits take place, which include evaluation of data and feedback to local staff. Nevertheless, there is insufficient dissemination of the results of audits on the quality of the information and implementation of recommendations, page 57.</p> <p>On the other hand, several gaps have been identified, such as the lack of integration of information sub-systems in the MINSA. The transference of data is not timely. There are gaps in monitoring the quality of the information, page 49. Additionally, it is not possible to obtain information on all the variables present in the HV Epidemiological Record. The registry books are not available in the totality of health facilities, page 48, and there is a need for a unique database which includes all the variables necessary to evaluate the national response, page 49.</p>
<p>Performance Data Score:</p>		<p>7.66</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D