

Quarterly Report – Year 3 of the project.

[Project MSH/ULAT Honduras]

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ULAT
Local Technical Assistance Unit
for Health - HONDURAS

PROJECT LOCAL TECHNICAL ASSISTANCE UNIT FOR HEALTH (ULAT) HONDURAS YEAR 3 REPORT PROJECT OCTOBER 1, 2013 – SEPTEMBER 30, 2014

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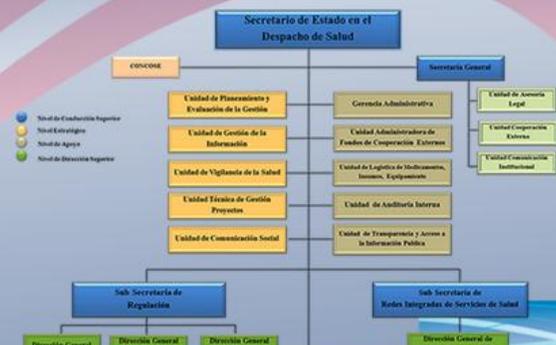


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I. Acronyms

ACCESO	Project Financed by USAID
ACDI	Canadian International Development Agency
AIN-C	Integrated Care for Children in the Community
ASHONPLAFA	Honduran Association for Family Planning
AMSTL	Active Management of the Third Stage of Labor
AQV	Voluntary Surgical Contraception
BID	Inter-American Development Bank
CGPF	Guaranteed Group of Health Benefits
CDC	Centers for Disease Control and Prevention
CLIPER	Peripheral Clinics
CMG	Management Dashboard
CMI	Maternal Child Center
COLOSUCA	Commonwealth of San Manuel de Colohete, San Marcos de Caiquin, Belén and San Sebastian
CSO	Civil Society Organizations
EONC	Essential Obstetric and Neonatal Care
CSC	Cataluña Services Corporation
DAPS	Department of Primary Health Care
DGD	Decentralized Management Directorate
DGDSS	General Directorate of Health Services Systems Development
DGVS	General Directorate of Health Surveillance
DH	Department of Hospitals
DO	Organizational Development
DRISS	General Health Services Integrated Network
DSIF	Department of Family Integrated Health
EAPS	Primary Health Care Teams
EGSPF	Strategy for the Management of Family Planning Services
EMSPF	Methodological Strategy for Family Planning Services
ENDESA	Demographic Health Survey
IMF	International Monetary Fund
FP	Family Planning
FSS	Health System Fund
FUNSALUD	Mexican Health Foundation
GporR	Management for Results Guide
HCDL	Logistical Data Consolidating Tool
HM	Maternal Homes
HTD	Decision Making Tool
ICEC	Joint Implementation of Community Strategies
IFC	Individual, Family and Community
IHSS	Honduran Social Security Institute
IR	Intermediate Result
STI	Sexually Transmitted Infections
INAM	National Women's Institute
JICA	Japan International Cooperation Agency
LMG	Leadership, Management and Governance
MAMBOCAURE	Commonwealth of San Marcos de Colón, Duyure and Concepción de María

MANCORSARIC	Commonwealth of Copán Ruinas, Cabañas, San Jerónimo, Santa Rita
MANCOSOL	Commonwealth of Southeast Lempira
M&E	Monitoring and Evaluation
MCH	Maternal Child Health
MdeGH	Hospital Management Model
MI	Maternal Child
MM	Maternal Mortality
MNS	National Health Model
MSH	Management Sciences for Health (implementing mechanism -ULAT)
MOF	Organization and Functions Manual
MOH	Ministry of Health
NEXOS	Transparent and Improved Local Government Services Project
NGO	Non-Government Organization
OCDE	Organization for Cooperation and Economic Development
OIT	International Labor Organization
OMS	World Health Organization
PAHO	Pan American Health Organization
PAIM	Women's Integrated Care Program
PEI	Institutional Strategic Plan (MOH)
PEMAR	Health Benefits Package for Key HIV/AIDS Population
PCM	President in the Council of Ministers
POA	Annual Operating Plan
RAMNI	Accelerated Reduction of Maternal and Child Mortality
RGH	Reorganization of Hospital Management
ROF	Central Level Organization and Functions Regulation
RISS	Integrated Health Services Networks
RMM	Maternal Mortality Ratio
RRHH	Human Resources
SAIAC	Automated Community Activities Information System
SEFIN	Secretariat of Finance
SEPLAN	Technical Secretariat for Planning and External Cooperation
SERNA	Secretariat of Natural Resources and the Environment
SIAEC	Automated Information System for Community Strategies
SIAFI	Integrated Financial Administration System
SIIS	Integrated Information System in Health
SIMEGpR	System for Monitoring and Evaluation of Management for Results
SNC	National System of Quality in Health
SPSS	Social Protection in Health System
SSRS	Sub-secretariat of Services Networks
Sub RIs	Sub-Intermediate Results
UGD	Decentralized Management Unit
UGDSS	General Unit for the Development of Health Services Systems
UGI	Information Management Unit
ULAT	Local Technical Support Unit for Health
UPEG	Management Planning and Evaluation Unit
UNAH	National Autonomous University of Honduras
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
UVS	Health Surveillance Unit

VIH

Human Immunodeficiency Virus

II. Executive Summary

This document includes the annual report of the activities developed in the framework of implementation of the work plan for year 3 of the Local Unit for Technical Support for Health Project (ULAT) corresponding to the period from October 1, 2013 until September 30, 2014. This report is submitted in compliance with clauses in contract AID-522-C-11-000001 which constitutes the framework of fundamental reference for the project. The report describes project context and objectives, the timeline of the activities carried out, and the achievements and main challenges faced by the project. Further, a summary is included of lessons learned and the main conclusions and recommendations. The committed deliverables and generated success stories are annexed to this report.

The work plan for the reported period and which this report addresses, was built based on the framework of project results, advances observed as to defined products and completed deliverables during the first two years of project implementation, the evaluation related to implementation of version III of the milestone plan approved by USAID, the current situation of the processes which are subject to technical assistance and specific activities that counterparts could carry out with USAID financing for the 2013-2014 period, for implementation to be duly complemented and aligned with the ULAT plan.

The project proceeded, influenced by a series of circumstances that demanded special efforts to adapt the technical assistance to the implications of those circumstances. As such, execution of the work plan was developed during an uncertain first phase, generated by the electoral process until its conclusion with the general elections on November 24, 2013. During this period it was anticipated that the election of new government authorities would result in the re-adaptation of officials and policies which would create the need to restate technical assistance in light of new national decisions. During a second phase, the most relevant circumstances of the period were generated by the administrative transition process of the new government team which extended beyond what was foreseen, even though once the winner of the elections was known, it was agreed to carry out an accelerated transition process in order to generate the adequate conditions for the start of the new administration. A transition commission was appointed for the health sector, under the coordination of Dra. Yolani Batres, who had been working as vice minister in the outgoing administration. As important points of its work agenda, the commission included the startup of the new organizational development at the Ministry of Health, approval of the general health law and approval of the hospital framework agreements included in the project to implement the new hospital management model. These aspects were areas of action in the technical assistance plan that the project provides to the Ministry of Health.

The transition process included: (i) the installation of the new team of officials in the strategic policy leadership of the institution led by Dra. Yolani Batres, who was sworn in as the new Minister of the MOH; (ii) the assumption of specific responsibilities of each of the team members along with the necessary time for the empowerment of their functions, and (iii) the adaptation of the officials to their assigned mission and the new work style and focus driven by the new government and revolves around

the concept of management for results. All of these elements slowed down the transition process because a large part of the team did not have the necessary experience for the level to which they were appointed, which required additional time to achieve full performance. It is important to emphasize that during all transition processes experienced by the MOH, whether through changes in administration or ministerial successions in the same administration, ULAT has been an effective agent for institutional memory.

To this situation, in itself complicated, we can add the complexity represented by the decision to implement the new MOH organic and functional structure with the initiation of the administration. In practice, this required the redefinition of the institutional processes, a new distribution of functions, reengineering of procedures and the redistribution of human and physical resources at the MOH. The development of activities and tasks related to these aspects required an important amount of effort by all members of the senior team, emphasizing that during the development of the proposal of this new organizational development and its implementation, ULAT played and continues to play an important role.

During this phase, support was also provided to the MOH with the development of the plan for the first 100 days, with the definition of a tool that permitted monitoring and analysis of results, which were submitted to the office of the President. This plan organized work for the startup of the new administration with the achievement of results set by the government in the area of health for this period. Twelve of the 20 areas of action were directly related to the ULAT assistance plan, specifically: (i) approval of the framework health system law; (ii) implementation of the reorganization of the MOH based on the new organic and functional structure approved by the President in the council of ministers; (iii) the agreement of commitments of management for results with regions and hospitals; (iv) the formalization and implementation of the first decentralized management agreement with a hospital; (v) binding decentralized management agreements for the first level; (vi) implementation of the new health model, particularly in the design and formation of the integrated health networks and improvement of their response capacities; (vii) the budgetary redefinition of national funds for financing decentralized management; (viii) strengthening the functioning of the departmental health regions by implementing the new organization and functions manual for the regions; (ix) strengthening the function of standardization in the framework of the implementation of the national system of quality; (x) strengthening the functions of acquisitions and contracting health services at central and regional level; (xi) the new management model for MOH human resources and, (xii) strengthening the health surveillance function.

The third phase of the period was affected by the consolidation of the process of broad assumption and empowerment of responsibilities of the new MOH administration and the continuation of efforts oriented towards the implementation of the new organic and functional structure of the institution. The tendency also continued towards the establishment of the new work style and focus, which revolves around the concept of management for results. In order to link the initial 100 days' phase with results from the total administration period, support was also requested from the project for development of the "2014-2018 National Health Plan". A team formed within ULAT worked with Management Planning and Evaluation Unit (UPEG in Spanish) officials in compliance with this mission. It was presented on July 9 by relevant sector actors during a special ceremony during which the Minister of Health also provided accountability of actions carried out during the first six months of the year. The most important aspect

in relation to the plan is the fact that its content includes all the ULAT areas of work and because the time frame in which it is developed goes beyond the date the project finalizes, it constitutes the first great political effort carried out from planning to construction of sustainability of these lines of action.

Along this same line of thought, the decision of the President to present the proposed framework law for social protection to the National Congress is very important. This should be complemented with proposals for the national health system and national health insurance. For the proposed system law, the President integrated a table with relevant health sector actors and participation by ULAT. It is expected that the proposal could incorporate conceptual, political and strategic elements of health sector reform that have been driven with technical assistance from the project.

On the other hand, an additional element of the described scenario was derived from the crisis situation Honduran Social Security Institute (IHSS in Spanish) is going through and that motivated the appointment of a board to intervene in administrative aspects and the intervention of the justice organisms in aspects related to the corrupt management of IHSS resources. The intervening commission has focused its work on problems with greater magnitude in the area of finance and on the preparation of a proposal for institutional reorganization based on the concept of universal assurance. As a consequence, some decisions required for implementing activities related to technical assistance the project had been provided in the field of family planning were not developed and, therefore slowed down.

Within the particular context of the project, the circumstances were appropriate for developing coordination actions carried out with other projects with areas of work that converged with those developed by ULAT, all of which was for the purpose of delivering integrated assistance to the MOH by optimizing individual efforts. Along this line we can mention: (i) maintaining coordination with NEXOS during work meetings coordinated by the Decentralized Management Unit (UGD in Spanish) on the approach to the development of administrative capacities in decentralized managers and a focus on the issues of transparency and social audits in decentralized managers; (ii) integrating the team that is developing the cost and financing study along with PAHO, the MOH and the Central Bank; (iii) coordination for the review and adjustment of the proposed draft national health system law with IDB and PAHO; (iv) along with IDB, specifically with the firm of CSC contracted by IDB, actions related to the implementation of the new management model in three public health services network hospitals and the complementarity of the technical assistance provided to the department of hospitals and the Decentralized Management Unit (UGD); (v) with JICA in aspects related to the implementation of the National Health Model care component; (vi) with IDB, under UGD coordination, aspects related to the development of an agreement between the MOH and the foundation that manages the San Lorenzo Hospital; (vii) with the LMG project, in the services contracting process for the purpose of arriving at an approved response, and (viii) with Aidstar Plus, in the configuration of the Integrated Health Services Networks (RISS in Spanish) for the participation of the NGOs that provide a particular group of HIV/AIDS services to special populations and with the use of guides designed by ULAT in the process of tool development for the National Health Model.

We should also point out the main difficulties faced, which as a consequence have slowed down the specific areas of work with the postponement of the achievement of some others. We can mention that

implementation of the new MOH organic and functional structure, the result was a slower than expected transition process. In addition, a delay was suffered in the initiation of the implementation of some projects with financing dependent on other agencies. This resulted in the postponement of the achievement of some milestones that were established for the first two project years, such as the health information system, the development of which will be financed by the Canadian Cooperation. With respect to the national surveillance standard, under CDC responsibility, this was stalled for a long period of time and was finally culminated and officially launched becoming one of the first results of the national health plan.

The most outstanding results are listed in the chapter on project achievements and program challenges, which describe in detail the proposed activities to be carried out during the year, advances and achievements in relation to quarterly periods and the established programming, the products to be delivered corresponding to the fourth quarterly period as well as the main challenges faced. The following chapter lists the products delivered by quarter and the products developed which were not initially considered.

To summarize, during this third project year, all areas of work were developed in a positive and adequate environment for the achievement of objectives and stated products and only some suffered delays due to reasons duly stated in this report.

III. Project Objectives

The work plan for project year three was built on the framework of the clauses established in the contract and in consideration of the following aspects:

- The current situation of the technical processes subject to technical assistance through the project.
- Evaluation as to the implementation of version III of the milestone plan approved by USAID.
- Results obtained during project year two, with respect to defined products and agreed upon deliverables during the first two years of project implementation.
- The expectations of key MOH counterparts as to products and their characteristics that could be achieved during project year three.
- Specific activities that could be carried out by counterparts with USAID financing for the 2013-2014 period, so that implementation would be duly complemented and aligned with this plan.

Under these considerations and in alignment with the framework of the results of USAID assistance to the country, with objective 4: *“Health status of underserved and vulnerable populations improved”*, the ULAT project stated as the main objective, to continue to provide comprehensive and efficient leadership for the support from USAID to the MOH and the IHSS in order to: (i) improve the quality and access to sustainable family planning and maternal child services, especially for excluded and vulnerable populations, and (ii) help to transform the current health system into one that is decentralized, pluralized and integrated, and that provides efficient, equitable, and sustainable health services for the most vulnerable and excluded groups.

In this context, in order to achieve the proposed goals, the ULAT project has defined three areas of intermediate results, that for the operation the activities have been categorized in the reform and decentralization components, policy development, maternal child health and family planning, aiming for the achievement of results in function of the framework of objectives established by USAID (Illustration I) as follows:

RI 4.1: Increased use of quality maternal and child health and family planning services.

- With this result we seek to strengthen MOH capacities in the development and implementation of fundamental policies and strategies oriented towards making it possible for the most vulnerable population to have effective and permanent access to maternal and child health and family planning services with an acceptable quality. Assistance under this area of intervention was focused on strengthening integrated, synergic and complementary development of interventions oriented towards reducing maternal and child mortality in the framework of health sector reform, encompassing actions oriented towards strengthening family planning services and destined towards maternal and child health. Specifically along this area of work, efforts were oriented: (i) towards family planning, on the one hand for the consolidation of the components of strategy logistics and programming and the appropriate use of information provided by the logistical data consolidating tool at the MOH, and on the other hand, to consolidate

implementation of the family planning strategy at the IHSS, and (ii) to continue with the development of processes related to maternal and child health, the project will work on the integrated, synergic and complementary development of interventions oriented towards reducing maternal and child mortality in the framework of the reform design of the new government and on the implementation of the EONC strategy in function of the new national health model.

RI 4.2: Sustainable maternal and child health and family planning services.

- With this result we intend to ensure that interventions that are designed and implemented in maternal child health and family planning include mechanisms that ensure sustainability. It is expected that sustainability can be guaranteed with strengthening MOH capacities as steward entity in defining the political, technical, financial and regulatory frameworks that enable an adequate, systematic and permanent provision of maternal child and family planning services. To achieve this, technical assistance efforts continue to be oriented towards the development of the main substantive functions and health system processes that make sector reform viable with the MOH as a steward entity, through: (i) the continuous and systematic implementation of the policy advocacy strategy, re-focusing it towards those processes that, because of the interest in them and the political dynamics were prioritized by the MOH; (ii) consolidation of institutional strategic and operational planning; (iii) final approval of the new organic and functional structure of the MOH and development of its implementation plan at the central and regional level; (iv) the development and discussion of a draft law in the area of health; (v) finalization of plans, processes and tools for the new health model incorporating social protection for underserved and vulnerable populations; (vi) strengthening decentralization of health services to increase access and coverage for the most unprotected population; (vii) the contextual development for the implementation of accountability and transparency processes in decentralized managers of health services and (ix) the development of a proposed strategic, technical and operational framework for the Social Protection in Health Systems (SPSS in Spanish).

RI 4.4: Data use for decision making

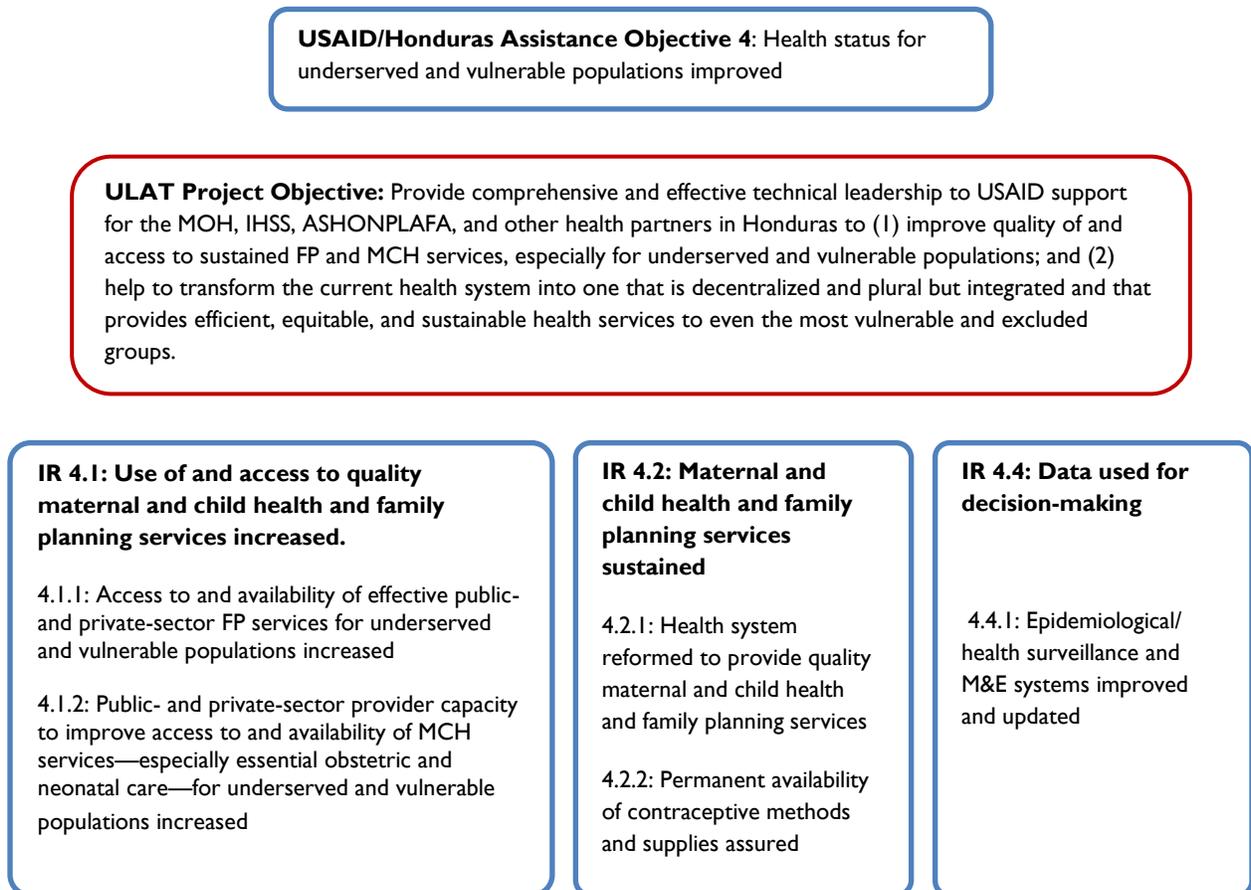
- With this result we intend to contribute to the improvement of the health surveillance systems with special emphasis on maternal and child mortality surveillance, the management monitoring and evaluation process, and improvement in the information system. For this, actions were focused on: (i) support for the construction of the new health surveillance strategy; (ii) providing technical accompaniment to the MOH with the design of the integrated information system in health; (iii) support the development of the instruments for the new management monitoring and evaluation system and (iv) develop research on health costs and financing.

During the development of the gender perspective for this project year three, a gender mainstreaming process was carried out in products obtained through ULAT technical assistance, support for strengthening capacities in the IHSS team on the gender issue to make viable its inclusion in the updated family planning strategy, in the preparation of a proposal for a gender policy for the MOH, and in support for the gender mainstreaming process in the prioritization and focalization study based on population groups and health problems.

Given the complexity of the processes, permanent discussion and coordination was maintained with different cooperating agencies and projects among which there is convergence in the framework of ULAT’s work in order to ensure alignment and harmonization of objectives, activities and available resources.

The following sections present advances and achievements during project year three which are the subject of this report and correspond to the implementation of the work plan, activities and tasks for each of the intermediate results along with the corresponding sub-intermediate results (Sub IRs). A comprehensive description is made of the achievements along with a chronological description for each of the quarters, with descriptions of the scope, products and challenges which were faced.

Illustration 1- ULAT Project- Results Framework



IV. Country Context

According to the latest census carried out in Honduras (2001), the total population of the country is around 7.4 million persons, 54% of which are youths under fifteen years of age. Six of every 10 Hondurans live under the poverty line and of these 70% live in extreme poverty, with a ratio of 2 to 1 between the rural and urban populations. Statistics show gaps in the performance and effectiveness of the Honduran health system, especially in addressing the health determinants among rural populations..

According to the study, “Update of the Maternal Mortality Ratio, 2010” the maternal mortality ratio (MMR) is 73 for every 100,000 live births. In comparison with the 1990 MMR (182 for every 100,000 live births) this represents a 60% reduction, with a reduction of 31.5% in comparison to data obtained in 1997 (108 for every 100,000 live births). Hemorrhages during pregnancy, birth and the post natal period occur at a rate of 37% (mainly secondary to the retention of placental remains) and continue to be the main cause of deaths with hypertensive disorders representing 25% as the second leading cause. Among these, eclampsia during the post natal period (44%) was the most frequent cause. The most significant conditions for their occurrence continue to be care during birth provided by unqualified personnel (17% of all births occur in the communities) and in many cases without basic standards of care. In addition, there is an insufficiency of micronutrients (iron, folic acid and Vitamin A) by women of reproductive age, increasing their vulnerability.

In the framework of the Accelerated Reduction of Maternal and Child Mortality (RAMNI in Spanish) policy, the project proposed as a goal that for 2010 none of the Departments would present a MMR above 90. According to the referred study, 10 Departments achieved this goal: Copán, Cortés, Choluteca, Francisco Morazán, Lempira, Ocotepeque, Santa Bárbara, Valle, Olancho and Yoro. However, the eight Departments that did not achieve the goal are: Atlántida, Colon, Comayagua, El Paraíso, Gracias a Dios, Intibucá, Islas de la Bahía, and La Paz. Of these, in the Departments of Atlántida and El Paraíso, an increase in the MMR of 36 and 40 points respectively was observed in relation to 1997 (34% and 28% for each).

According the 2011-2012 National Demographics and Health Survey (DHS): (i) the national fertility rate was reduced from 3.3 in the 2005-2006 survey to 2.9 children per woman; (ii) during the same period, the prevalence of the use of modern contraceptives increased from 62.1% to 66.1%; (iii) the unsatisfied demand for family planning methods is currently 10.7% in women of reproductive age, but it cannot compare with the rate for 2005-2006, due to changes in the definition of the indicators; (iv) the percentage of women between the ages of 15 to 19 years old with one pregnancy increased from 22% to 24%, and (v) in the rural area the global fertility rate decreased from 4.1 to 3.5 children per woman, as the prevalence in the use of modern contraceptives increased from 50% to 60.6%, national among under served and vulnerable populations, especially in the rural areas.

Although according to global indicators women have a longer life expectancy than men (75.3 years for women, 68.4 years for men), in the course of their lifetime women register higher mortality rates and depend more on health services due to the reproductive cycle. The main causes of death continue to be associated with preventable factors such as reproductive risks, uterine and breast cancer, gender

violence, HIV/AIDS and other causes associated with sexually transmitted illnesses (STI). Men live fewer years; the main causes of death are linked to social violence, traffic accidents and HIV/AIDS.

In relation to childhood mortality, the 2011-2012 DHS states that the trend in the mortality rate for the group of 0-5 years of age continues to decrease. It estimates a mortality rate of 42 for every 1,000 live births for the 1997-2002 period, 32 for every 1,000 live births for 2002-2007 and 29 for every 1,000 live births for 2007-2012. Infant mortality for the 1997-2002, 2002-2007 and 2007-2012 periods were 28, 25 and 24 for every 1,000 live births respectively and neonatal mortality, which continues to be the largest contributor, presented rates of 17, 16 and 17 respectively. This means that 64% of deaths in children less than one year of age during the 1997-2002, 65% in 2002-2007 and 75% in 2007-2012 happened during the neonatal period. In 2007-2012 the main causes were prematurity (22%), asphyxia/trauma at birth (15%), acute respiratory infections (14%), congenital malformations (13%) and diarrheal diseases (11%).

These causes are influenced by the quality of care during pregnancy and birth, primarily during non-institutional births and due to not meeting defined standards of care, as well as the limited availability of technology and the necessary supplies for institutional births. This structure of infant mortality requires making adjustments in the processes of care and therefore, the reorientation of technical assistance in order to focus the approach to these main causes of death.

As to access to permanent health services, ULAT continues to consider that around 70 - 80% of Hondurans have some type of coverage such as the health system response, which includes public sector providers, the Ministry of Health (MOH), the IHSS and private sector providers, be they for profit organizations, Civil Society Organizations (CSO), non-government organizations and others, such as training institutions. Of the population attended, the project estimates that 50-60% is covered by the MOHI, approximately 16% by the IHSS2, and 10-15% by the private sector.

With regard to the health system, its main functions are considered to be: (1) sector stewardship, (2) health financing, (3) assurance to guarantee universal access to basic services, and (4) the provision of individual services and public health. These four functions continue to be exercised in an uncoordinated manner by all stakeholders, whether public or private. ULAT's efforts continue to be oriented towards strengthening the stewardship function, to the development of proposals for assurance and to strengthen the provision of health services to provide them with the desired timeliness and quality. To this effect, the project continues to support the MOH with the implementation of a new organizational structure, at central and intermediate levels, by organizing the system through a National Health Model (NHM) approved by the Ministerial Agreement No. 1000-2013, dated May 20, 2013. This also includes the necessary changes in the planning and budget processes that permit strengthening its stewardship functions and achieve consensus on policies, plans or priority actions in health matters, by improving coordination and alignment of the main counterparts.

¹ Includes 955,161 persons covered through November 2012 by the Decentralized Care Systems. Source: Table of the Population with Decentralized Providers 2012, Decentralized Management Unit (UGD in Spanish), MOH.

² In 2011, the EM Regimen 16.87%, of the General Population; 18.57% of the PEA and 42.46% of the Salaried Population. Source: IHSS in numbers 2003-2011

In this manner, ULAT is contributing to the efforts of increased coordination among sector institutions (mainly the MOH and the IHSS) as well as with other government ministries such as Finance and Planning, in order to develop the mechanisms that ensure access to quality health services to the population, overcoming the inequitable financing of the system. Currently, the inequitable financing of the system is characterized by the majority of the health costs disproportionately affecting those with the least capacity to pay. This requires the MOH to consolidate the changes that are being implemented to strengthen its corresponding stewardship function as the health authority.

In relation to the provision of services, ULAT continues its work to address the problems of collaboration between the different providers and among the public health services network units, to obtain greater social efficiency in resource management. Of particular importance are the acquisition and distribution processes of medications and supplies, making them more adequate and in sufficient quantities in health units still managed by the MOH, improving productivity and quality of the services provided, overcoming the conditions generated by service hours that limit access, long waiting periods and referral systems that do not provide an adequate responses. In addition, the project has initiated actions that favor social audit mechanisms that allow communities to provide their opinions and advocate on the health services they receive.

In the general framework the project must emphasize that in order to reduce the gap between persons with and without access to health services, ULAT continues to develop the health sector reform process that includes two phases: the first phase is on the operations centered on the separation of the functions of stewardship and the provision of services, and the second phase will be centered on health assurance, financing and universal access. The objective of both phases is the development of a decentralized health system, plural and integrated, in which several services providers operate under a unified sectorial plan, conducted by the MOH which would have strengthened its stewardship function and will endeavor to achieve efficiency, effectiveness and quality throughout the system. ULAT is contributing in this national purpose to achieve the objectives of increased quality and sustainability of health services, primarily for the excluded and underserved populations.

Illustration 2- Country Context in Numbers

Indicator	Data	Observations
Live Expectancy at Birth	73.4	According to the 2013 Human Development Report
Childhood Mortality (0-5 years old)	29 for every 1000 live births	Updated 2011-2012 DHS
Neonatal Mortality	18 for every 1000 live births	Updated 2011-2012 DHS
Global Fertility Rate	2.9	Updated 2011-2012 DHS
Maternal Mortality Ratio	73 for every 100,000 live births	Updated 2010 maternal mortality ratio, published in 2013

V. Project Context

ULAT continued to provide technical assistance to the essential processes to strengthen the health system, by attempting to provide the necessary drive to the initiatives that serve to expand coverage and improve access to health services for vulnerable and underserved populations in Honduras. As such, actions were implemented that include decision makers and central level leaders to community level service providers. For this, joint work was continued with counterparts who have been responsible for each area of action with the objective of improving response capacity and effectiveness of the sector, as well as empowerment in a manner that once the project concludes, the expected sustainability could be maintained.

Implementation of activities during project year three was influenced by a series of circumstances that required adjusting the assistance to the resulting situations. As such, during the initial phase the project was immersed in uncertainty generated by the electoral process that resulted in slowing down the actions of the institutions. During a the subsequent period, the most relevant circumstances were the result of the administrative transition process which was extended beyond what was anticipated in spite of the fact that the winner of the elections was known, an accelerated transition process was agreed to generate the adequate conditions before the new administration initiated work. In the specific case of the health sector, a commission was appointed under the coordination of Dr. Yolani Batres, who had been functioning as vice minister in the outgoing administration. The commission included as key points in its work agenda the startup of the new MOH organizational development, the approval of the general health law, and the approval of the framework agreements of the hospitals that was included in the implement project of the new hospital management model. These three aspects were areas of action in the technical assistance plan provided to the MOH by the project.

Once the new MOH authorities were appointed, the following was required: (i) the formation of a new work team at the top ruling strategic political level of the of the institution led by Dr. Yolani Batres, who was sworn in as the new Minister of Health; (ii) the assumption of specific responsibilities of each of the team members with the necessary time needed to achieve empowerment, and (iii) the settling in of the officials to their assigned mission and a new work and focus that is driven by the new government and revolves the concept of management for results. All of these elements resulted in a slow transition process because an important part of the team did not have the necessary experience for the level to which they had been appointed, which required more time than expected to achieve full performance.

It is important to emphasize that during all transition processes through which the MOH has passed, whether from one administration to another or during ministerial successions, ULAT has been constituted a device for institutional memory.

To this situation, which in itself is complicated, the decision of the minister of health to start implementation of the organic and functional structure of the MOH with the initiation of the new administration and which in practice required the redefinition of institutional processes, a new distribution of functions, reengineering of procedures and the redistribution of human and physical resources of the MOH. Throughout this process, the development of activities and tasks linked to these aspects required great efforts from all the leadership team members, emphasizing that in the

development of a proposal of the new organizational development and its implementation, ULAT played and continues to play an important role.

Continuing with the efforts to startup the new administration and to guarantee achieving the results set by the government, during this period ULAT also supported the MOH in the process of developing the plan for the first 100 days, with the definition of a tool that permitted monitoring and the analysis of results that were submitted to the office of the President. In this plan 17 of the 20 areas of action were directly linked to the ULAT assistance plan, specifically: (i) approval of the framework health system law; (ii) implementation of the re-organization of the MOH, based on the new organic and functional structure approved by the President in the council of ministers; (iii) binding commitments for management for results with regions and hospitals; (iv) the formulation and implementation of the first decentralized management agreement with a hospital; (v) binding agreements for decentralized management at the first level; (vi) the implementation of the new health model, especially in the design and formation of the integrated health networks and improved capacity for resolution of the network; (vii) the budgetary re-definition of national funds for financing decentralized management; (viii) strengthening the functioning of the departmental health regions, by implementing the new organization and functions manual of the regions; (ix) strengthening the function of standardization in the framework of the implementation of the national system of quality; (x) strengthening the acquisition and contracting health services functions at central and regional level; (xi) the new management model for MOH human resources, and (xii) strengthening the health surveillance function.

The third phase was conditioned by the consolidation of the broad assumption and empowerment of responsibilities of the new MOH administration and the continuation of efforts oriented towards implementation of the new organic and functional structure of the institution. The tendency also continued to establish a new work style and focus that revolves around the concept of management for results. For this, in order to link the initial 100 days' phase with the results of the total administration period, support was also requested of the project for the development of the "2014-2018 National Health Plan". A team formed in ULAT worked with UPEG officials in compliance with this mission, until its presentation on July 9 to relevant health sector actors during a special ceremony during which the Minister of Health also presented the actions carried out and results obtained during the first six months of her administration. The most important aspect in relation to the plan is that its contents also include all of ULAT's areas of work and given the time frame in which it is developed, goes beyond the project end date. It constitutes the first political effort carried out in planning for sustainability of these areas of action.

By this same token, the projects consider it extremely important that the President made the decision to present to the national congress the approval of a framework law for social protection which should be complemented with a proposed national health system law and national health insurances. For the proposed system law, the President formed a board with relevant health sector actors and ULAT participation. It is expected that the proposal will include the conceptual, political and strategic elements of health sector reform that have been driven with project technical assistance.

An additional element to the described scenario was the result of the crisis situation at the IHSS that to date has not been resolved and that resulted in the appointment of an intervening board. The board has focused its work on problems of great magnitude in the financial area and on the preparation of a

proposal for institutional re-organization based on the concept of universal assurance. As a consequence, some decisions required to implement activities linked to technical assistance provided by the project did not find the adequate environment for development and were slowed down.

Within the particular context of the project, under the appropriate circumstances coordination activities were carried out with other projects in areas of work that converge with those developed by ULAT.. All of this was for the purpose of delivering to the MOH integrated assistance and optimizing individual efforts. Along this line, the project can mention: (i) maintaining coordination with NEXOS during work meetings coordinated by the UGD on the approach to the development of administrative capacities of decentralized managers and a focus on the issue of transparency and social audit in decentralized management; (ii) integration in the team that is developing the cost and financing study along with PAHO, the MOH and the Central Bank; (iii) coordination in the review and revision of the proposed national health system law draft, with IDB and PAHO; with IDB, specifically with CSC who was contracted by IDB, actions related to the implementation of the new management model in three hospitals in the public health services network and the complementary technical assistance provided to the department of hospitals and the UGD were conducted; (v) the work with JICA, on aspects related to the implementation of the component of care in the national health model; (vi) with IDB, under UGD coordination, aspects related to the development of the agreement between the MOH and the foundation that will be managing the San Lorenzo Hospital; (vii) with the LMG project, in the services contracting process for the purpose of arriving at a verified response, and (viii) with Aidstar Plus, in the setting up of the RISS with the participation of the NGOs that provide a particular group of HIV/AIDS services to special populations and with the use of guides designed by ULAT in the tool development process of the national health model.

It should also be emphasized that the major challenges faced have resulted in slowing down specific areas of work and the postponement of achieving others. Some of these are that implementation of the new organic and functional MOH structure became one of the elements resulting in a transition process which is somewhat slower than expected. In addition, delays were experienced in initiating the implementation of some projects, the financing of which depends on other agencies and has resulted in postponing the achievement of some milestones that were established for the first two project years, such as the health information system with financing from the Canadian cooperation, and the national surveillance standard under CDC responsibility. The lack of definition by the officials who will act as MOH counterparts continues to be a conditioning element for some processes and assistance to not having progressed with the expected speed..

Despite all of this, it should be pointed out that in general all project areas of work are under implementation in a positive and auspicious environment and the reasons are duly identified for those that have suffered delays. The report details the success and challenges as well as the corrective actions needed.

Results of the activities implemented which have been previously described activities and that constitute the work plan for the technical assistance ULAT provides to the MOH and the IHSS for the third year in the processes of reform, decentralization, gender, policy development, maternal child health and family planning, are structured under three areas of intermediate results, in conjunction with the USAID framework of objectives for the country:

- **RI 4.1: Increased use of quality maternal and child and family planning services**”, with which the project seeks to strengthen MOH capacities for the development and implementation of fundamental policies and strategies, oriented towards making it possible for the most vulnerable population to have effective and permanent access to maternal and child health and family planning in a timely manner and with an acceptable quality.
- **RI 4.2: Sustainable maternal and child health and family planning services**”, with which the project intends to ensure that interventions in maternal child health and family planning that are designed and implemented include expected mechanisms that ensure sustainability. It is assumed that sustainability could be guaranteed by strengthening MOH capacities as steward entity by defining political, technical, financial and regulatory frameworks that facilitate the provision of maternal child and family planning services that are adequate, systematic and permanent.
- **RI 4.4: Data use for decision making**”, with which the project intends to contribute to improving health surveillance systems with special emphasis on surveillance of maternal and child mortality, the management monitoring and evaluation process, and the improved the information system.

A particular effort carried out by the project is the incorporation of gender elements in all products obtained through ULAT technical assistance. For this, specific areas of work have been developed.

VI. Integration of the Gender Perspective

During the first quarter of the third year of work, the evaluation of mainstreaming the gender perspective at the MOH was socialized, which was developed during project year two, and based on the results ULAT continued to prepare the gender policy, despite the fact that during this period the official counterpart for this issue in Gender, Health and Development program at the MOH went through different changes that implied modifications in its handling, the initiation of new personnel without training on the issue constituted a great challenge.

For the second quarter, ULAT continued to face situations with repercussions on the approach to the gender issue. Some of these include the change in the government structure, with modifications in institutional relationships as occurred with the integration of the National Women's Institute (INAM in Spanish) with the Secretariat of Social Development. Also pending were the definitions on the integration of health programs in the new MOH organic and functional structure and guidelines as to where the priority and work of the current administration would be oriented on this issue.

During the third period, the MOH advanced slowly in the structural and functional reorganization and the Gender, Health and Development program continued to function as such, with the ensuing uncertainty that resulted in the necessary redistribution and location of human and physical resources in function of the process of change. In this regard, in order to drive project activities on this issue, meetings were held with the vice minister of regulation and his technical assistants to discuss advances and commitments along the defined areas of action. It is evident that a mechanism is needed that permits providing follow up to this process to continue with technical assistance activities programmed in the project, but due to the reasons stated it has not met with the corresponding guidelines.

An important challenge faced during this period was the intervention of the IHSS through a board which was appointed in response to the complex political, financial and technical situation uncovered at the institution. Given the decisions made, this resulted in the technical teams suffering from certain immobilization. Due to the type and magnitude of the problems in the intervening board, the issue of family planning has not been explicitly included in the identified priorities, resulting in a climate of uncertainty in the personnel charged with the startup and development of the strategy, as well as the gender aspects included in the strategy.

Under the described scenarios, below is a summary of the following advances:

- In relation to strengthening capacities of the IHSS team on the gender issue:
 - Programmed activities for the family planning strategy finalized including gender aspects that were considered pertinent and are related to training personnel in order to strengthen their capacities on this issue.
 - Prioritized the promotion of the contraceptive methodology through a mini campaign, because contraceptives acquired by the IHSS have demonstrated little turnover. This phenomenon was attributed to the lack of information in the population, even in locations with concentrated populations where contraceptive promotion would be relatively easier.

- Carried out a workshop for the preparation of non-sexist materials on family planning, utilizing the manual for non-sexist publicity (Andaluz Institute for Women) as the base document as well as the guide for communication with gender equity by Mugarik Gabe.
- Trained twenty five technicians on the gender issue. The objective of this training was to make operational the gender equity axis and facilitate inclusion of these actions whenever the EGSPS is evaluated, adjusted and the new implementation plan is prepared.
- Reviewed gender elements that contain the gender equity axis in the EGSPS and basic aspects of the sex gender system were analyzed as well as the relationship with family planning. Accordingly, activities to strengthen the five perspectives were identified which include gender: policy advocacy, approach to barriers, training, services organization and gender analysis. Finally, the evaluation process of a strategy and its main elements were reviewed.
- During mainstreaming of the process of expansion of the demonstrative experience (Individual, Family and Community (IFC), Maternal Homes (HM in Spanish) and rural Family Planning):
 - Carried out training activities for the institutional personnel. This process included contents on gender sex at community level, the identification of barriers that limit access to women and men to maternal child health and family planning, the variables of the plan of accompaniment of the man with his partner during pregnancy, birth and puerperium.
 - Prepared the plan for systematization of the experience; field information was obtained and inputs were made to guarantee that the gender issue would be incorporated.
 - Elements of gender and masculinities were incorporated in the conceptualization, in the methodological process and in follow up the supervision, and monitoring and evaluation of the guide for the joint implementation of the Joint Implementation of Community Strategies (ICEC in Spanish).
 - Prepared a methodological proposal for carrying out three workshops with DAIF personnel from the six prioritized regions and the networks where the ICEC is implemented. The purpose of these workshops was the development of capacities of the teams at central and regional levels and the networks, to strengthen empowerment in relation to the gender issue, according to results found in the process of expansion.
 - Incorporate the gender elements in the final document for systematization of the demonstrative experience (IFC, MH and rural Family Planning (FP)) in Marcala, La Paz. These elements referred to the participation of men during pregnancy, birth and puerperium. Some gender elements were also rescued that emerged in the zone's experience, weaknesses and possible alternatives were identified to be restated future activities.
 - Developed a training process in gender to strengthen the development of capacities of the MOH technical team in the ICEC, which involves 8 departmental health regions and their services networks. A total of 71 persons were trained (48 women and 23 men).
- For the incorporation of the gender elements in the development of proposals for interventions in the hospitals and prioritized regions to reduce maternal and neonatal mortality, the project participated in the review of the instruments for analyzing mortality and grave maternal morbidity. The inputs provided are in line with of the strategies of intervention that refer to understanding the signs and symptoms of danger by the woman, her partner and her family; the information that the man/husband/partner should have regarding the woman's health during the pregnancy, labor and puerperium and information on domestic violence during this period.

- To guarantee mainstreaming of the EONC strategy, updated based on the new national health model, gender elements were incorporated in the final document to update the strategy. The incorporation was explicitly carried out in the background, the current situation with the inclusion of data related to the three delays based on the 2011-2012 DHS, in the legal framework, the conceptual framework, the purpose, objectives, the care and provision of quality services. The mainstreaming elements are oriented towards: (i) the reference to the three delays and the gender aspects related to decisions made by the woman and the financial availability to be mobilize to the health services; (ii) the role of the man as husband/partner during the pregnancy, birth, puerperium and his influence on the decisions related to the pregnancy and the birth; (iii) quality and warmth in women's care; (iv) sexual and reproductive rights of men and women, and (v) the description of the strategy and the provision of health services, where work that should be carried out from the health services is emphasized, with men/husbands/partners, and their contribution to the reduction of maternal and neonatal mortality.
- In relation to incorporating gender elements in the proposed general health law or in specific laws that would be developed, actions were carried out tending to guarantee the inclusion of aspects that contribute to mainstreaming this issue from the legal perspective, in the proposed project for the framework law for the health system. This proposal specifically defined the approach to the issue on: (i) the inclusion in the objective of the law, with the inclusion of the guarantee to the population of the right to health protection, conceiving it as the mechanism through which the government will guarantee effective, timely and quality access to health services, without discrimination based on gender, race, cultural and ethnic reasons, among others; (ii) establish the MOH's responsibility for the design of the health model, that the MOH will consider attributes of equity for financing to be incorporate; (iii) in the guarantee that the entire population will be insured, without any discrimination based on gender, culture, ethnicity, among others, and during all phases of life, for the effective access to a group of health benefits, in adequate conditions of efficiency, equity, opportunity, sufficiency, quality and universality, and (iv) when defining that the provision of services should be centered on the person, the family, the community and its surroundings, respecting their rights and cultural identity, by eliminating barriers that cause inequities and with privileges for the most vulnerable population groups with the least opportunity to access health services. It is worth mentioning that generally, the text of the law is inclusive and seeks universal assurance for all the population to health services with quality and equity.
- The proposal for the gender policy was finalized, by aligning it with the new national health model and incorporating gender guidelines referring to the provision of services, management, and financing as well as other elements that do not exist in any other MOH document, such as sexual and work harassment, contracting personnel, and inclusive language.
- The need to define a mechanism to follow up the process of incorporating gender in the MOH was presented to the vice minister of regulation and a proposal was submitted for the organization of a gender integration team.
- As to action to strengthen the development of capacities at ULAT:
 - Prepared the guide for mainstreaming the gender equality perspective at ULAT: Knowledge, Commitments and Challenges.
 - Prepared three modules related to conceptual aspects of gender in health (sex gender system and its relationship with health, the focus of human rights in health, complementary gender concepts), gender analysis of "How can I do it?" and theoretic elements for mainstreaming

gender, the focuses that are utilized and current approaches. As such, the differences between feminism and gender are stated, international commitments contracted by the MOH and current challenges faced.

- Prepared gender bulletins For year three, which include: (i) an article on the gender mainstreaming in health processes and advances made during the first quarter according to current programming; (ii) joint implementation of community strategies, approaches to gender and other related issues, that could be incorporated and that constitute innovative elements of the experience under implementation; (iii) updating issues of equity in health, gender and quality, active paternity and the focus of masculinity in sexual and reproductive health, and (iv) gender activities centered on the training processes at the IHSS and the MOH, based on the approach to gender in the framework of maternal child health and family planning.
- A consolidated report was prepared of the following commemorative activities carried out during the current year:
 - International Men's Day on November 19 and the International Day to Eliminate Violence against Women on November 25: information was distributed on the situation of violence in the country, including femicide. A document was also prepared with information on the origin of both days. A video forum was presented with the film "No Returns are Allowed", which was analyzed with project personnel. The role of fathers in the formation of male children was emphasized and the forum reflected on child abuse as it exists; paternal love and the changes in the life of men/fathers when a baby is born. It was an activity valued very positively by participating personnel.
 - Honduran Woman's Day (January 25) and International Woman's Day (March 8): During the first activity, five short films were presented on situations faced by Honduran women and questions were asked in order to relate the contents of the films with the daily lives of persons, concluding with a reflection on the situation of women in Honduras. For the second activity, material was prepared referring to International Women's Day and during the program developed, a gallery of photographs was constructed of women influencing the lives of men and women working at ULAT, for the purpose of enhancing the roles played by women, their contribution to the project and the development of the country.
 - Identified gender elements for the international day of action for women's health that were included in the national health model, approaches to gender barriers made from the components of reform and integrated health for the family..
- In relation to the incorporation of the gender elements in the management monitoring and evaluation system for results (SIMEGpR in Spanish):
 - Included inputs referring to gender inequities that infringe the exercise of the right to health of women and men during their life cycle; equal opportunities, treatment and non-discrimination for services users from health personnel; disaggregation by sex, ethnicity, age group and applying gender analysis, and the inclusion of the elements indicated in the II Plan for Equality and Gender Equity in Honduras 2010-2022 in the legal framework.
 - Incorporated elements in the design of the management monitoring and evaluation system with an emphasis on measuring: (i) inequalities between men and women in relation to the distribution of risks and health needs resulting from biological

differences, material living conditions, the sexual division of labor and relationships of power between the sexes and (ii) inequalities in the assignment of public and private resources.

- As related to the gender mainstreaming process in the prioritization and focalization studies based on population groups and health problems and research on equity in health financing, the project participated in different meetings to define the terms of reference for these consultancies, incorporating gender elements in the objectives, products and selection requisites.
- For inclusion of the gender issue in the accountability and transparency process for decentralized health services managers:
 - Reviewed the evaluation document of the situation of the social audit carried out with decentralized health managers and the accountability process in use. The objective of this document was to provide timely and reliable information on the process and the results of social audits carried out with the managers, which permit the steward entity to make informed decisions and contribute to the consolidation of a culture of the use of generated information.
 - Prepared a proposal for the gender aspects to be included in the guidelines for accountability for health services decentralized managers, emphasizing the rights focus, gender equality, non-discrimination as fundamental principle in this process and the participation of men and women in social audit processes.

Despite the stated accomplishments some aspects considered important were not achieved and have had to be postponed:

- The expected advances were not achieved in the RAMNI mid-term evaluation with gender elements, due to the delayed process to contract the consultant who would carry it out. This activity was initiated during the last quarter and ULAT expects that during its development, which will continue during next project year, it will be possible to measure the corresponding gender elements during the evaluation to strengthen this focus on the updated RAMNI strategy which will be obtained as a result of the evaluation. As such, the project expect to prepare a proposal to define gender guidelines and their incorporation in coordination with RAMNI, through which incorporating this issue will be permitted in proposals for intervention in the hospitals and regions in order to reduce maternal and neonatal mortality.
- Related to the incorporation of gender elements in the process of sustained surveillance of maternal and child mortality, to date, for health surveillance authorities, the review of these tools that are utilized at national level has not been defined as a priority activity, because those that are currently utilized were prepared in 2012.
- The development of a gender strategy and the implementation plan is an activity that had to be postponed as to its implementation because it is conditioned to approval of the proposed developed gender policy.
- The preliminary proposals for management tools for the SPSS component in the new national health model were finalized during the previous quarter and activities for incorporating gender elements will be carried out during next project year.

Fourth Quarter Deliverables:

- *Report on training activities in the demonstrative with a gender focus.*
- *Gender elements that explicitly incorporate the final systematization document for the demonstrative experience.*
- *Reports of the proposed contents for inclusion in the strategy, plan and evaluation. (here ULAT will submit the report on the gender equity axis of the IHSS EGSPF as a deliverable for operationalization, as a precursor to the evaluation of the EGSPF, which was postponed for Year four by the maternal child health and family planning component).*
- *Reports on incorporation of gender elements in the EONC strategy and in its implementation.*
- *Fourth Bulletin on Gender corresponding to the previous quarter.*
- *Report on the commemoration of special events in gender for the ULAT team.*
- *Report on the incorporation of gender elements in the management monitoring and evaluation system.*
- *Report on gender elements incorporated on research on cost and financing in health (national accounts).*
- *Report on gender aspects included in the guidelines for accountability for health services decentralized managers.*

VII. Project Achievements and Programmatic Challenges

Below is a detailed description, by intermediate result, of the development of the activities, advances and achievements by quarterly period in relation to the established program. This includes delivered products, products that are pending delivery with a valuation of the current situation as to their development, the products achieved which were not initially considered and the main challenges that had to be addressed during the development of activities.

RI 4.1 Increased use and access to quality maternal child and family planning services

Through this intermediate result, for project year three ULAT proposed strengthening the integrated, synergetic and complementary development of interventions oriented towards reducing maternal and child mortality in the framework of health sector reform. For this, efforts were focused on consolidating the implementation of strategies and interventions that were being implemented during the first two years of the project. At the MOH, the RAMNI includes 19 interventions oriented towards the underserved and most vulnerable population having access to maternal and child health and family planning services of an acceptable quality, the most important of which are the EONC strategy, the family planning methodology, work with individuals, families and communities, maternal homes and the strategy aiming to guarantee access to family planning services in the rural area. In relation to the assistance provided to the IHSS, actions were oriented towards the implementation of the strategy related to family planning services management in order to improve coverage for its user population.

For the fundamental aspects and achievements of the two sub intermediate results in relation to improved family planning services and maternal child health, the following sections are presented.

SUB IR 4.1.1

Increased access and availability of effective family planning services in the public and private sector for vulnerable and underserved populations

Under this sub intermediate result, during the first two project years the evaluation and updating of the family planning methodology was carried out at national level based on criteria of coverage, quality and gender equity. Advances were also made in the implementation of the referred strategy and the updated logistical data consolidating tool on contraceptives in all MOH regions. At the IHSS, the project designed and initiated implementation of the strategy for managing family planning services.

In function of these advances, for project year three technical assistance efforts were oriented on the one hand, towards the consolidation of the components of logistics and programming for the family planning strategy and the appropriate use of the information provided by the logistical data consolidating tool at the MOH and on the other, to consolidate implementation of the family planning strategy at the IHSS.

FAMILY PLANNING

FAMILY PLANNING AT THE MOH

As mentioned previously, during the first two project years evaluation and updating was carried out of the family planning methodological strategy at national level based on coverage, quality and gender equity; implementation was initiated with training national and regional facilitators, who carried out replications at the network and health unit level. In addition, implementation of the logistical data consolidating tool (HCDL in Spanish) was followed up.

With these achievements, for this period, implemented actions were oriented towards consolidation of the components of logistics and programming the strategy as well as the appropriate use of the information provided by this tool. The activities developed were: (i) provide technical assistance to the Women's Integrated Care Program (PAIM in Spanish) for consolidation of the logistics component to guarantee the provision of methods to family planning monitors in the rural area; (ii) support the PAIM with the consolidation of the programming component of the family planning services methodological strategy (EMSPF in Spanish) and (iii) ensure that agreements with decentralized providers appropriately include family planning guidelines.

In the implementation of the annual work plan, activities were developed for each quarterly period as follows:

Quarter I: October 1-December 31, 2013

- Carried out coordination, in the framework of the joint implementation of community strategies, between the MOH central level, the La Paz departmental region, the Marcala services networks and the health units included in the processes, to define and implement the mechanisms for the distribution of contraceptive methods to family planning community monitors, making the first deliveries of the contraceptives, complying with the guidelines defined in the MOH family planning services methodological strategy (EMSPF in Spanish).
- Updated the tools for carrying out the contraceptive physical inventory and was distributed to all the health regions, with a cutoff date of November 15. Data was gathered and digitalization was initiated to prepare the corresponding report.
- Initiated the preparation of the updated version of the logistical data consolidating tool (HCDL in Spanish) in a programming environment based on FoxPro.
- Supported the Women's Integrated Care Program (PAIM in Spanish) was supported in carrying out workshops to guarantee the application of the MOH EMSPF programming guidelines. These workshops were oriented towards those responsible for family planning from all health regions, to decentralized health services networks managers and to managers from hospitals with agreements financed by the Mesoamerica Health 2015 project.



Illustration 3: Graduating monitors at the RISS in Marcala, La Paz

- Reviewed and adapted the technical guidelines for the development of family planning activities to the current situation of decentralized providers.

Quarter II: January 1- March 31, 2014

- Redesigned the HCDL, and modified it from an electronic spread sheet in Excel to a complete program based on FOX PRO. This satisfied all the demands made by the users at national level and requested during the consultation meeting held for this purpose.
- Trained eighteen of the twenty persons responsible for the functioning of the HCDL on its use in each of the health regions.
- Prepared the report on the physical inventory of contraceptives with a cutoff date of November 15, 2014, with the participation of 1,528 health facilities, which demonstrated that 65% (994 units) of these facilities had shortages of some contraceptive methods.
- Developed two workshops to reinforce programming guidelines contained in the respective EMSPF component oriented towards those responsible for the activity in each of the health regions. Subsequently the regions carried out a workshop to prepare the programming with all those responsible at the Integrated Health Services Network (RISS in Spanish), based on the information from each of the health facilities.
- Included technical guidelines in decentralized management agreements for the development of family planning activities by decentralized providers.

Quarter III: April 1- June 30, 2014

- Continued training HCDL users and initiated its use at the services networks level, which is the biggest novelty of this tool.
- Prepared and distributed the tools for the contraceptive physical inventory. The inventory will be carried out with a cutoff date of June 15, which is the date the activity was carried out at national level.
- Confirmed that decentralized management agreements were signed and in operation. These included the technical guidelines for the development of family planning activities by decentralized providers.

Quarter IV: July 1-September 30, 2014

- Conducted installation, training and strengthening of the use of the HCDL in the remaining regions. As such, the process was completed at national level.
- Conducted physical inventory of contraceptives with a cutoff date of June 25, 2014 and demonstrated a 78% shortage rate.
- Conducted consultations with those responsible for family planning at 18 health regions and three hospitals, on the existing problems in the distribution of family planning methods, for the purpose of defining an improvement mechanism. As a result the following findings were revealed:
 - At the central warehouse: (i) the personnel responsible for deliveries are not always available, therefore occasionally the region does not have access the contraceptive methods; (ii) there aren't opportunities in the submission of control documents by

central level technicians and administrative officials to receive contraceptive methods, and (iii) in some hospitals there is no transportation or human resources available for this activity.

- At the distribution level from the regional warehouses to the networks to the health facilities: (i) there are no clearly defined mechanisms for this activity, and (ii) there are no funds available for options in alternative solutions.

Deliverables Quarter IV:

- *Reports on the physical inventory of family planning methods for October 2013 and May 2014.*
- *Report on the results containing recommendations to improve the distribution of methods.*
- *Report on the programming of FP in the prioritized regions related to EMSPF.*
- *Report on monitoring with the evaluation of coverage and the increased methods delivery by decentralized providers.*

Programming Challenges:

The main challenge faced during this period was the limited time that PAIM officials dedicated to this issue, due to the multiple activities which they carried out and the decisions made that officials of the program for integrated care for women should participate in all the programmed activities. This resulted in agendas being overcrowded and consequently delayed programming the activities.

FAMILY PLANNING AT THE IHSS

During the previous periods, at the IHSS an evaluation of the family planning activities was carried out that demonstrated the inexistence of a management tool to manage these activities and only 22% of beneficiaries who use contraceptives obtained their methods at the institution. In conjunction with this the evaluation, the project designed the “Strategy for Managing Family Planning Services at the IHSS” and its implementation was initiated. Nevertheless, the implementation of activities tending towards the consolidation of the implementation of the strategy is required. As such, for the third year, the project proposed to carrying out the following activities: (i) technically support the corresponding IHSS entities to consolidate the acquisition process for family planning methods; (ii) support the consolidation of the IHSS EGSPF programming and monitoring, (iii) support evaluation and updating of the EGSPF at the IHSS based on the evaluation and (iv) provide technical assistance to make HCDL functioning sustainable.

The activities which were implemented and achievements for each quarterly period are as follows:

Quarter I: October 1- December 31, 2013

- The IHSS’ own and subrogated units carried out programming for 2014 and the preparation was initiated of those consolidated at national level.
- The HCDL was prepared and approved.
- Training was carried out on the use of the HCDL for two computer technicians designated by the national medical directorate, as those responsible for its management at central level. They

were supported during training workshops carried out with personnel who will apply the tool in three modalities of care.

Quarter II: January 1- March 31, 2014

- Supported the strengthening for programming of the largest peripheral clinics in Tegucigalpa. Programming was carried out for units at firms in the medical system during two workshops carried out in Tegucigalpa and San Pedro Sula.
- Initiated the consolidation of programming for family planning methods.
- Installed the HCDL in all the units where it will function and travel was programmed to supervise the utilization of the tool during the first week of April.

Quarter III: April 1- June 30, 2014

- Provided follow up for programming family planning methods in all the IHSS health units, which resulted in the finding that the Northwestern region carried it out by 100% but not the central Southeast region.
- Strengthen the mainstreaming of the gender focus in the framework of the implementation of the strategy, primarily in trainings for the preparation of non-sexist educational materials. As a result, two posters, one banner, four flyers and a radio spot were prepared, and it was agreed to launch a mini campaign to promote family planning services.
- Adjustments continued to be made to the electronic tool for decision making (HTD in Spanish) and training was completed for statistics personnel of the Northwesterners region on its use.

Quarter IV: July 1- September 30, 2014

- Prepared the consolidated programming was prepared for all health units that programmed at the IHSS. The units from the central Southeast region were excluded due to their lack of contraceptive methods; they did not want to run the risk of planning.
- Trained clinical services personnel in Tegucigalpa and San Pedro Sulain family planning counseling through the use of the HTD.
- Reviewed and updated the “Family Planning Clinical Guide” to improving the provision of family planning care according to updated standards.
- Reviewed and incorporated the indicators included in the Family Planning Services Management Strategy in the IHSS dashboard, in order to guarantee sustainability.

Deliverables Quarter IV:

- *Consolidated family planning methods programming at the IHSS.*

Programming Challenges:

At the beginning of the period, difficulties were faced relating to the work overload in personnel at the national medical directorate, resulting from delays in decision making, and in turn resulted in slowing down the achievement of results and the lack of consistency in the budgetary implementation.

However, the main challenge faced emerged as a consequence of the appointment by the President of an intervening board for the IHSS, whose decisions resulted in, among other situations, the internal stoppage of the work from the personnel and causing some technical assistance activities to slow down or stop their normal course. One example this, the project can mention, is the consolidation of the programming and monitoring the EGSPF at the IHSS and the consolidation of the family planning methods acquisition processes.

SUB IR 4.1.2

Increased capacity of public and private providers to improve access to and the availability of maternal child services – especially obstetrics and neonatal

Under this sub result, during the first two project years, support was provided to the MOH in the preparation of the analysis of the degree of implementation of the RAMNI policy. Based on the results, a plan for this policy was prepared for 2012 and 2013. Support was also provided, in the framework of the EONC strategy, to the design and implementation of the guidelines for trainings on the implementation of the standards of maternal neonatal care for hospital and ambulatory levels which were updated in 2010 and the review of the work strategy with individuals, families and communities, on the analysis of the degree of implementation of maternal homes and maternal and child mortality surveillance.

In order to continue with the development of these processes for project year three, technical assistance was focused on interventions oriented towards reducing maternal and child mortality in the framework of the reform designated by the new government and implementation of the EONC strategy.

4.1.2.1 Strengthened MOH capacity to supervise implementation of RAMNI at national level

RAMNI

During project year two, an analysis was carried out on the degree of implementation of the RAMNI policy and the results served as the basis for preparing the plan for the RAMNI 2012-2013 that, due to reasons related to changes in MOH authorities, was not possible to be implemented previously. The technical assistance activities proposed for year three were: (i) support the designated entity for carrying out the mid-term evaluation of the implementation of the RAMNI policy; (ii) provide technical assistance for adapting the RAMNI policy in function of the results of the evaluation carried out; (iii) support the DAIF with the development of proposals for intervention in the regions and prioritized hospitals for reducing maternal and neonatal mortality; (iv) support strengthening the RAMNI leadership entity and (v) support the preparation of a proposal for the implementation of the AIN-C strategy that is feasible and efficient for decentralized providers.

The quarterly timetable for the corresponding activities was as follows:

Quarter I: October 1- December 31, 2013

- Initiated the selection and contracting process for the person who would be developing the consultancy to carry out the mid-term evaluation of the implementation of the RAMNI policy.
- Provided follow up to the results obtained during the final phases of the government period which included little prioritization of aspects associated with RAMNI.
- Concluded the selection process for the person who would develop the consultancy to prepare a proposal for the implementation of the AIN-C strategy that is feasible and efficient for decentralized providers.

Quarter II: January I- March 31, 2014

- Finalized the decision to carry out the development of proposals for the intervention in the regions and prioritized hospitals to reduce maternal and neonatal mortality with the Department of Gynecology and Obstetrics of the Teaching University. However, due to changes made at this hospital, approval of the work plan and the consequent development was not achieved; the possibility of reconsidering changes in the counterpart was had begun..

Quarter III: April 1- June 30, 2014

- Halted the process to contract the consultancy that would be carrying out the mid-term evaluation of RAMNI as it has been declared as failed and a new process was carried out which moved to the negotiation phase.
- Decided to coordinate this activity with the Tela and San Lorenzo Hospitals and the departmental region of Atlántida because of the impossibility of carrying out the development of proposals for intervention in the regions and prioritized hospitals to reduce maternal and neonatal mortality at the Teaching University, The design was finalized for the “tools for deeper analysis of maternal and child deaths”, which will serve as the basis for preparing the intervention plan to improve and avoid future deaths for the same reasons.
- Initiated coordination efforts with the vice minister of regulation, who designated his assistants for preparing the draft “RAMNI conduction plan” and agreements were reached on the document that is in final draft.
- Contracted the selected professional to carry out the specific consultancy, which will result in an evaluation report of the AIN-C strategy and a methodological proposal for the AIN-C that is feasible and efficient for decentralized providers. The work plan and tools for gathering the necessary information were prepared to carry out the diagnostic and the data collection process initiated.

Quarter IV: July 1- September 30, 2014

- Finalized the contracting process for the consultant responsible for carrying out the RAMNI mid-term evaluation process.
- Initiated the RAMNI mid-term evaluation. A first meeting was held to coordinate with the United Nations Population Fund and PAHO and requests were made to the General

Standardization Directorate to organize the national coordination team which will conduct this process.

- Prepared the draft tools for deeper analysis of maternal and child mortality, to provide information for the preparation of the plans for intervention that address constraints and with it, prevent future deaths from the same causes. The tools for children were validated by demonstrating that they provide operational advantages for decision making. Those for women are in process of validation.
- Initiated the implementation of the joint work plan with the San Lorenzo Hospital, with a view to convert it into a complete EONC hospital.
- Carried out an evaluation of the AIN-C implementation under all current modalities. Based on the results, a draft proposal for AIN-C guidelines was prepared for decentralized providers which will be utilized to carry out costing of this intervention in the framework of this kind of agreements.

Deliverables Quarter IV:

- *Report on the evaluation of the AIN-C strategy.*
- *Methodological proposal of the AIN-C for decentralized providers.*

Programming Challenges:

Throughout project year three, the greatest challenge faced during this process was the lack of prioritization by the leadership in the direction of the RAMNI strategy at political level and the lack of definition of those responsible, reducing the political vigor with which the project had been preparing tools.

INTEGRATION OF COMMUNITY STRATEGIES

Part of the actions identified as priorities to provide sustainability for efforts directed to contributing to the reduction in maternal and child mortality, is the joint implementation of community strategies, the expansion of which was successful, awakening the interest of the majority of the health regions and other donors such as UNFPA. This strategy was implemented with varying degrees of progress in seven regions and 15 services networks. Approximately 170 community family planning monitors were trained. Along this area of action, the project decided to specifically support the Department of Integrated Family Health (DSIF in Spanish) with the systematization and expansion of this experience which includes the simultaneous implementation of three work strategies with the community: IFC, maternal homes and rural FP. Due to its nature and because there is a high potential for adding other strategies to the three selected initially, the process was called Joint Implementation of Community Strategies (ICEC in Spanish).

The most important achievements during each of the periods are described as follows:

Quarter I: October 1- December 31, 2013

- Finalized training for the Maternal and Child Health Center (CMI in Spanish) Marcala personnel on EONC-Basic, in order to provide a quality response to the demand created from the community.
- Designed and validated the methodology for developing the issue of the "plan for the participation of the man" in sexual and reproductive health, which is an activity carried out with the "learn by doing" methodology to transfer these abilities to the services network personnel.
- Initiated coordination efforts with the ACCESO project initiated in order to incorporate the issue of nutrition in the process. As such, the process to identify the mechanisms to link with the AIN-C, specifically coordination of the monitors and to reinforce the use of the monitoring results.
- Initiated the extension of this experience to other zones in the country. In Arizona, Atlántida, capacities were developed in the regional team with financing from Médicos Mundi. In Santiago Puringla implementation initiated in coordination with the Salud Mesoamerica 2015 Initiative (SM2015). In MANCORSARIC, negotiations have begun with the manager and regional director and in Lepaera, Lempira, with the manager (the municipal mayor) and regional team representatives.
- Designed the "Automated Information System for Community Activities" (SAIAC in Spanish) was designed, which was installed in the Marcala statistics office and the official responsible for managing it was trained. This system consolidates the information produced at services networks level, regional level and central level.
- Established agreements between CMI-E personnel, members of the committee to support the maternal home and the person responsible to adhere to the guidelines and internal regulations for the running of the maternal homes, by making it clear that only pregnant and lactating women will be lodged, who may be accompanied by a female family member.
- Held a marathon to raise funds to remodel the maternal home for the installation of equipment donated by UNFPA through requests made by the DSIF.
- Designed the flows for the internal functions processes to improve management of the maternal home.
- Progress was made in organizing of an itinerant team for carrying out VSC with local anesthesia at the maternal child clinics.
- Prepared plans for the systematization and the ICEC implementation.



Illustration 4: Assembly with key RISS actors in Marcala, to agree on support for the ICEC process.

Quarter II: January 1- March 31, 2014

- Prepared the plan for the expansion of the ICEC for six health regions distributed in strategic points throughout the country and the development initiated of a guide for its implementation. The plan included the development of the regional team and of a team for each RISS that would be charged with implementation of the strategy for the selected network, anticipating that with the developed capacities it could be extended to other networks in the region and other communities in the network teams.
- Initiated the process for the preparation of the work plans for the networks selected for the ICEC. The networks were MANCORSARIC in Copán, Santiago Puringla in La Paz, Arizona in Atlántida, Dulce Nombre de Culmí in Olancho, Concepción de María in Choluteca and San Manuel de Colohete in Lempira.
- Agreed that the Lepaera network would be supported as it relates to the maternal homes strategy, EONC training, and Voluntary Surgical Contraception (VSC) with local anesthesia to be carried out at the CMI-E.
- Provided follow up for the rural family planning monitors and it was confirmed that more than 50% of the graduated monitors stay active. Information gathered on the distribution of methods and the strengths and weaknesses that exist.
- Initiated efforts for reactivating the VSC center at the Dr. Alonzo Suazo health center, which will be converted into a training center where itinerant teams will be trained for each of the participating regions.

Quarter III: April 1- June 30, 2014

- Progress on the ICEC was made simultaneously in eight health services networks and the MANCOSOL network is being incorporated.
- Trained twelve rural FP monitors in the Arizona network, five network conducting teams were trained in the process (Concepción de María, Arizona, COLOSUCA, Santiago Puringla and Dulce Nombre de Culmí) and personnel from health units in two services networks.
- The “external support committee” was organized for the Tela Hospital who will be responsible for managing the Maternal Home.
- Finalized the adjustments were made to the automated information system on community strategies and 27 central level staff were trained, as well as from the eight



Illustration 5: RISS training workshop for community FP monitors at Concepción de María Choluteca



Illustration 6: External support committee organizes at the Tela Hospital and manages the Maternal Home

- networks and six regions where the process is being implemented.
- Finalized preparation of the guide for implementation the ICEC.
- Continued the progress in the preparation of the systematization document for expansion of the ICEC.



Illustration 7: Rural FP monitors at Copan Ruinas.



Illustration 8: Community leaders from Porvenir Segundo community, Copan Ruinas, during a community assembly schematize nutrition problems (Malnutrition and obesity)

Quarter IV: July 1- September 30, 2014

- Socialized the ICEC process was in the Copan Health Region resulting in the decision made by the regional director to expand the process at the level of 10 municipalities that integrate the Chortí commonwealth, in the North of the department of Copan.
- Continued technical assistance to achieve opening the CMI at Nueva Armenia in Copán.
- Provided assistance to the organization for support committees for Maternal Homes at the CMI in Nueva Armenia and El Jaral in Copán and at Concepción de María in Choluteca, for the purpose of increasing coverage of institutional care for births at these zones.
- Provided training on implementation of ICEC to 39 MANCOSOL and COLOSUCA technicians in the department of Lempira.



Illustration 3: Practice of the application of DEPO at the rural FP workshop directed to rural FP monitors at MANCORSARIC.

- Trained forty eight technical personnel as facilitators for training community FP monitors, and 75 volunteers from the Copan Ruinas, MAMBOCAURE, Concepcion de Maria, San Marcos de Colon and Santiago de Puringla networks were trained as rural FP community monitors as well as from the health regions of Copan and La Paz.
- Support was provided to the team from the departmental health region of Copan, the Regional Western Hospital and the MANCORSARIC network health units participating in the ICEC process on the definition of the profile of the functioning, based on obstetric and neonatal care, at each management level (Departmental, RISS MANCORSARIC) and levels of care (Regional Western Hospital, CMI-E, and CESAMOS).
- Finalized the design of the Automated Information System for Community Strategies (SIAEC in Spanish) with which the report can be initiated on defined indicators in the ULAT PMP.
- Finalized the preparation of the “Documentary Photograph” as well as the systematization document of the demonstrative experience in Marcala.



Illustration 4: The transfer committee utilizes hammocks to transport patients in marginalized communities.

Deliverables Quarter IV:

- *Reports on monitoring community interventions.*
- *Photography documenting the demonstrative experience.*

Additional Deliverables

- *Final document of the systematization of the demonstrative experience.*

Programming Challenges:

The ICEC expansion process had an accelerated rhythm which was not initially anticipated and the challenges to overcome derived from the excess activities resulting from the higher number of networks selected by the MOH incorporated into this process as well as the additional commitments acquired with multiple connections with local or national processes. In addition, the quantity of programmed activities causes prolonged spaces in the succession of events necessary for the implementation process.

EONC

During the previous period, the project implemented guidelines to monitoring and evaluation the EONC training centers and to follow up on the implementation of maternal neonatal standards at the ambulatory level. For project year three, efforts are directed towards the review of the EONC strategy based on the new national health model with the inclusion of gender considerations. In order to provide continuity to these processes the project considered carrying out the following activities: (i) provide

technical assistance for reorienting EONC activities based on the results of the DHS and studies to update mortality indicators socialized in 2013; (ii) support implementation of the plans for intervention/improvement for the application of the standards in hospitals; (iii) support the formation of new regional facilitators in hospitals identified as not having a facilitator; (iv) support the implementation of the plan for intervention in ambulatory EONC training, based on the results of the impact evaluation; (v) provide assistance to maintain quality standards and indicators updated, related to the RAMNI prioritized interventions; (vi) support the process of continuous improvement of quality, and (vii) provide assistance in the preparation of the draft document of the updated EONC strategy, based on the new national health model and guaranteeing gender mainstreaming.

The quarterly timeline of advances and achievements was as follows:

Quarter I: October 1 - December 31, 2013

- Initiated data gathering at national level by the Department of Integrated Family Health (DGVS in Spanish) for researching congenital malformations.
- Initiated the evaluation, selection and contracting process initiated for the person who will carry out the research on prematurity.
- Began coordination with DSIF personnel for socialization of the EONC study results and ambulatory EONC and the preparation of the respective intervention plans was programmed.
- Initiated the review of the EONC strategy based on the national health model, the overlaps were identified and the manner in which the adaptation should be carried out. The process was initiated for preparing the first draft of the document.

Quarter II: January 1 - March 31, 2014

- Obtained the preliminary results of the study on congenital malformations.
- Continued to make progress in the process of contracting the person who will carry out the specific consultancy for research in prematurity.
- Conducted follow up to guarantee that the flow charts were delivered to support the application of standards and were placed in strategic areas of the hospital according to guidelines for their use.
- Supported the DSIF with the review and updating of the training process for regional facilitators, in the contents as well as methodologies and audio visual support.
- Prepared and initiated the implementation of a plan to improve the functioning of the EONC training centers, that includes reinforcing the training of facilitators and training new ones, in the hospitals that require them.
- Prepared and initiated the implementation of a plan to improve the functioning of training centers in ambulatory EONC. Decisions were made based on the results of the evaluation which included the separation of the participants by type of resource and the preparation of materials for following up.
- Prepared a preliminary version of the draft EONC strategy adapted based on the national health model, to the results of the DHS and the mortality studies. The document will be discussed with central level technicians once the counterparts are defined in function of the new DO.

Quarter III: April 1- June 30, 2014

- Carried out a review of the database for the surveillance of congenital malformations and problems were found in the design of the electronic application that does not permit an adequate consolidation of data in the EPIINFO program.
- Designed the protocol and questionnaire for the research to characterize prematurity and identify modifiable factors for prevention. However, advances were not made due to problems with the process to contract the specific consultancy.
- Decided to substitute the Teaching University with the Tela and San Lorenzo hospitals for implementation of the plans for intervention/improvement for application of the standards in hospitals.
- Designed the checklists to support the compliance with the maternal neonatal care standards that include contents to improve the quality of care of birth services and management of obstetric and neonatal complications.
- Conducted follow up on the use of flow charts to support application of standards, finding that of the 23 hospitals that were sent flow charts 95% confirmed they received them and of these, 86% have placed them in different rooms or services.
- Reviewed and updated the manual and tools (presentations, clinical cases, scripts for work groups and videos) for training in hospital and ambulatory EONC.
- Finalized the draft EONC strategy adapted to the national health model.

Quarter IV: July 1- September 30, 2014

- Finalized the preparation of the manuals and technical aids for trainings in hospitals and ambulatory EONC.
- Conducted the evaluation test to around 200 professionals from the 20 health regions, who are candidates for facilitators in hospital and ambulatory EONC training. Of these applicants, 99 obtained grades higher than 80%. The cost of their training was also calculated, which was almost L3 million.
- Completed the validation of the checklists to facilitate application of standards at the Tela hospital, with positive results which were socialized at the San Lorenzo hospital where their application will begin in October.
- Finalized the preparation of the software that will permit keeping the managers informed on the management of neonatal and obstetric cases according to standards during a period decided by the managers: by day, week, month and year.

Deliverables Quarter IV:

- *Checklists for compliance with approved maternal neonatal standards*

Programming Challenges:

This process was known for: (i) the lack of prioritization of EONC activities by the team at the department of integrated family health, resulting from complications in their agendas; (ii) the lack of local instrumentation on the issue which obligated the establishment of strategic approaches for the

adaptation of EONC to the national health model; (iii) the prolonged process in contracting the consultancy related to this issue and (iv) the organic and functional restructuring of the MOH which resulted in the lack of a defined official counterpart for the development of some activities which were detained in their implementation. All of these elements constituted important challenges to overcome.

RI 4.2 Sustainable maternal child and family planning services.

Through this result the project intends for all maternal child health and family planning interventions supported by USAID to have the mechanisms that ensure their sustainability, for which the project proposed continuing to support consolidation of the reform process. The fundamental aspects and achievements under this intermediate result linked to sustainability of the maternal child and family planning services are presented in the following sections.

SUB IR 4.2.1

Health system reformed to provided quality maternal child and family planning services

For the achievement of this objective, efforts in technical assistance continued to be oriented on the development of the main substantive functions and processes of the health system to permit making health reform viable with the MOH as the steward entity. Through this sub-result the project sought to continue to develop: (i) the strengthening of the MOH institutional capacity as steward of the political, technical, financial and regulatory frameworks that support the provision of maternal child and family planning services; (ii) the strengthening the legal framework to improve the capacity of maternal child and family planning services; (iii) the development of tools for the new health model that incorporates social protection for underserved and vulnerable populations; (iv) the strengthening of the decentralization of health services to increase access and coverage; (v) the strengthening and expansion of social protection with the inclusion of maternal child and family planning services; and (vi) the strengthening of the capacity of the national quality in health system.

INSTITUTIONAL PLANNING AT THE MOH

Strategic planning and budgeting for results are two of the pillars on which the project is intending to establish management for results. For project year two the MOH prioritized actions oriented towards strategic institutional planning as a response to its commitments with the Technical Secretariat for Planning and External Cooperation (SEPLAN in Spanish) and the Ministry of Finance SEFIN. In consonance with this, support was provided for the development of the methodology that would be utilized in the preparation of a guide under a focus of planning and budgeting oriented towards results, the project participated by training officials from all units and technical support was provided for them to comply with their responsibilities. Support was also provided in the conceptual and methodological development of the annual operational plan-2014 budget (POA-P in Spanish) and in the preparation of the guidelines and instructions required by type of unit.

For the sustainability of this process, as well as for following up and evaluation of the 2013-2016 Institutional Strategic Plan (PEI in Spanish) and the POA-P, and in addition to complying with the obligations to provide periodical information to SEFIN and SEPLAN, for project year three, efforts were oriented towards providing assistance for monitoring the formulated PEI and adjusting it according to results.

Achievements along this area of work were developed according to the following chronological order:

Quarter I: October 1- December 31, 2013

- Monitored the quality of the goals contained in the PEI dashboard. For this: (i) the goals in the strategic plans from the units and the PEI were reviewed, analyzed and adjusted; (ii) the indicators of the dashboard were constructed for monitoring and evaluation of the PEI, and (iii) the PEI was adjusted.
- Initiated the preparation of a guide to systematize the construction of intermediate products and to describe how they should be planned and programmed, as well as the analysis of the information technology tools available at unit and central level to carry out an evaluation and identify the needs for the process of data collection, digitation, quality control and flow of the system.

Quarter II: January 1- March 31, 2014

- SEPLAN web page published the monitoring and evaluation report of the 2013 operating plan for all public institutions (centralized and de-concentrated) in January 2014. The 2013 Operating Plan for the Ministry of Health, which was prepared with ULAT's support, is situated in the group of institutions that received ratings higher than 90% in relation to established criteria (12 institutions out of a total of 87).
- Continued the monitoring and adjustment process of the PEI.
- Initiated the redefinition of scope for the PEI, in accordance with the proposed 2014-2018 Health Plan, with the adjustment of goals through 2018 and the dashboard and indicators
- Obtained approval was obtained of the matrix of the institutional strategic plan by the planning unit at the Secretariat of the Presidency.
- Received authorization for the reproduction of the manual for the preparation of strategic plans; it was agreed to continue with the areas of work, taking as a reference the government guidelines, especially those anticipated to be included in the document for the 2014-2018 health plan.
- Established strategic links for the development of strategic planning, operational planning and management monitoring and evaluation.
- Formed the groups integrated by different areas of the UPEG.
- Prepared a first proposal of the critical path for the areas of work.

Quarter III: April 1- June 30, 2014

- Presented the progress made for the "guide for the preparation of products and results for the generation of public value" document. This document is the basis for adjusting the PEI and to prepare the 2015 POA Budget.
- Carried out the document review as well as identification and analysis of the political and strategic framework of the government and institutional mandates.
- Designed the methodology and prepared for the review and adjustment of the 2013-2016 PEI to the current government context.
- Developed workshops with general directorates and their technical teams in order to establish the products and goals for the stewardship component as well as the component of provision.

This participative construction permitted training new personnel and resulted in commitments by the technicians for implementation of the plan, having clarity in the desired results.

- Finalized preparation of the institutional strategic plan, monitored and adjusted to 2014-2018, which will be utilized as the basis for the preparation of the annual 2015 operating plan.
- Provided support to the development of the methodological tools for the preparation of the annual operating plan and 2015 budget, from the basis developed in the PEI: (i) the general guidelines for the preparation the POA-P; (ii) the computer application for programming and (iii) the document with the essential understandings.
- Provided technical assistance to the UPEG, to harmonize the work with the MOH administrative management, on issues related to the process of preparation of the draft 2015 POA-P and reprogramming the 2014 POA-P, the treatment of the new organizational structure in the budget, and an analysis to verify the agreements that support particular transfers.

Quarter IV: July 1- September 30, 2014

- Provided support for the preparation of the 2014-2018 national health plan and the official launch on July 9, 2014.
- Carried out the review and adjustments of the PEI. This activity has been a catalyst for the development of the joint work process with all MOH central level units and the methodology has reinforced ownership of the process and has strengthened technical capacities in planning. The adjustment was made of the indicators and the goals of the results in function of those established in the 2014-2018 National Health Plan.
- Harmonized the 2014-2018 Institutional Strategic Plan with the 2015 Operating Plan, the latter with indicators of products and results included in the Presidential Platform of Management for Results.
- As a result of the process of the development of capacity due to the assistance provided by ULAT, the MOH, and more specifically the UPEG, was positioned as a leader institution of the government on the issue of strategic planning, operational planning and management for results and other institutions have requested its participation in training workshops as well as accompaniment of the UPEG for the development of their processes.
- Identified elements, during the monitoring and adjustment process of the Institutional Strategic Plan, that require specific treatment to improve the response for management oriented towards results, such as: (i) the development of a method of budget assignation based on objective and equitable criteria, that reflect the needs and conditions of geographic spaces for reference and/or institutional; (ii) the construction of indicators of the product and result and the parallel processes of data flow, and (iii) the development of capacities of analysis for decision making. This process also permitted coordination and harmonization among central level units which ensure obtaining anticipated results and better positioning at regional level and in decentralized units.
- Prepared the 2015 Annual Operating Plan, which was jointly developed by the UPEG and the Integrated general networks for health services (DRISS in Spanish). The joint work between both units was positive, harmonious and permitted carrying out the work in conjunction with common guidelines.

Additional Deliverable

- *Report on the adjustment process for the 2014-2018 PEI*

Programming Challenges

This project year three was a period of intense activities related to the issue of MOH institutional plan, dedicated to consolidate this process in its units and to improve the quality of data and information that contribute to the strategic plans. There was a large amount of units to coordinate and obtain information from to be reconciled in the 2013-2016 PEI with institutional planning guidelines of the new government and with the areas of work included in the 2014-2018 health plan and assistance efforts in accompanying the MOH in three different key processes: (i) the preparation of the 2014-2018 National Health Plan; (ii) the review of the 2014-2018 Institutional Strategic Plan and (iii) the methodological development of the Annual Operating Plan and Budget 201, constituted challenges to overcome.

SECTORIAL PLANNING

Sectorial planning was the next phase of institutional planning developed during 2013 and is one of the products included in the 2013-2016 MOH PEI, which is certified by SEPLAN. To construct sectorial planning, two intermediate products were included in the 2013-2016 PEI: (i) the prioritization and focalization plan based on population groups and health problems, and (ii) the study of the needs for human, technical and financial resources. These two products are items that complement other studies required for constructing the health financing system, the public assurance system and medium and long term sectorial planning with assistance of the rest of the institutions that are part of the health sector. As a consequence, for project year three the project proposed supporting the referred studies for strengthening sectorial planning.

The quarterly time line of advances made in this area of work was:

Quarter I: October 1- December 31, 2013

- Planned two studies to be carried out: (i) a study on the prioritization and focalization of population groups, sex and health problems for inclusion in the financing system and the study on public assurance of health; and (ii) a study of financial needs for the development of the health system.
- Initiated, under this framework, an analysis of the scope of the studies and the coordination and harmonization with other studies foreseen by the project for the purpose of preparing the terms of reference of the anticipated consultancy that will accompany its development. The results of the studies will be considered as inputs for preparing the sectorial plan, which will be defined by the MOH according to priorities established by the authorities.

Quarter II: January 1- March 31, 2014

- Carried out actions for the development of the studies for the prioritization and focalization based on population groups and health needs and for estimating needs for financial resources for implementation of the management and assurance models.

- Reflected and analyzed on the foreseen studies to be carried out for the purpose of verifying the scope of each and its harmonization with the expected results, in the framework of health sector reform and the national health model.
- Prepared the terms of reference for each study in order to adjust the scope of each one and the degree of complementarity of the group.

Quarter III: April 1- June 30, 2014

- Initiated the processes for the selection and contracting of experts who would be implementing the specific consultancies of the anticipated studies, with the publication of requests for expressions of interest. Both studies are important in the current context as inputs for the construction of: (i) the sectorial health plan in the framework of the new sector for development and social inclusion; (ii) the model for subsidized public assurance which is a priority for the MOH and the government; (iii) institutional planning for the medium and short term; and (iv) the implementation of the decentralized management model for health services that is driven by the framework of the national health model and the great areas of sector reform that are supported in key documents: Country Plan and Country Vision; 2014-2018 Government Health Plan; 2014-2018 Government Strategic Plan and the 2014-2018 National Health Plan.

Quarter IV: July 1- September 30, 2014

- Conducted the evaluation and selection process to contract the consultancy for the estimation of financial resources needs. This process had to be declared as failed because even though it was an international consultancy, only national consultants applied with no international experience.

Programming Challenges

Throughout the period the following challenges were faced and overcome: (i) the lack of prioritization of the issue of conduction of the MOH and (ii) the delayed in the process of contracting the specific consultancies which led to delaying the results of the programmed investigations.

On the other hand, a substantial element that required additional efforts was to guarantee, in the terms of reference developed for the preparation of the studies foreseen along this line of assistance and others, maintained coherence between them and would be aligned with the priorities defined by the government.

MOH ORGANIZATIONAL DEVELOPMENT

As part of strengthening the MOH role as steward, the need was put forth of establishing a new organizational structure at the institution which was congruent with proposals defined in health sector reform. For this, during the first two project years, the development of proposals was supported for reorganization which would permit the MOH to effectively assume its functions. These proposals were prepared at central as well as regional level and had different degrees of progress. At the regional level, the new organic and functional structure was approved for health regions and plans were developed for

its startup. At central level, the preliminary drafts were prepared for the MOH macro organization contained in a proposal for the modification of articles linked to regulation of organization, functioning and competencies of the executive power, of an internal regulation for MOH organization and functioning and advances in the development of the respective manuals.

CENTRAL LEVEL

Based on the above, for project year three it was decided to support the MOH with the preparation of the procedures and position description manuals for the central level. However, because during the previous period the proposal was not approved for the macro modification of the MOH structure, contained in the organization, functioning and competencies manual for the executive power, technical assistance along this area of action was oriented towards obtaining approval of the proposal by ministerial agreement of the internal organization and functions of the MOH and finalization of the respective manuals.

The quarterly timeline for the corresponding activities is the following:

Quarter I: October 1- December 31, 2013

- In light of the results from the country's electoral process, the outgoing government decided to carry out a government transition process immediately, by incorporating in the work agenda of the commission appointed for the health sector, the startup of the new DO at the MOH, among other issues.
- The transition process, with the participation of officials who had been part of the outgoing administration, contributed to the approval of the proposal for the modification of articles 67, 68 and 69 for the regulation of organization, functioning and competencies of the Executive Power, which was approved by the President in council of ministers through decree PCM-061-2013, published on January 29 of this year in the official journal of La Gaceta. This instrument constitutes the legal framework that will permit strengthening the MOH role as steward, by expressly defining its substantive functions as well as the scope.
- Initiated the final adjustment to the proposed internal regulation of organization and functions, the development of a plan for the implementation of the new structure and the preparation of the organization manuals.

Trimestre II: enero 1-marzo 31, 2014

- Reviewed and adjusted the proposed organization and functions regulation.
- Initiated the adjustments for the organization and functions manual, which was developed with ULAT's assistance. This requires additional efforts because it will include detailed descriptions of the entities that are dependent of each of the general directorates, the strategic units and the support units. It was anticipated that this work would be carried out by the IDB; however, the proposal presented by the specific consultancy was not developed in consideration of the recently approved modifications.

Quarter III: April 1- June 30, 2014

- Continued the review of the proposed internal organization and functions regulations. Approval was obtained through ministerial agreement, in which the description of the functions of the instances that are dependent of each of the general directorates was included as well as for the strategic units.
- Carried out workshops directed to the political and leadership level at the MOH for socialization of the new central level organic and functional structure, with the participation of the Minister, the Vice Ministers, General Directors and other officials of confidence. During one of the workshops the methodology for change management was applied, with the acceptance of the participants.
- In the short term, the project expected to initiate the development of the processes and procedures manual since the internal organization and functions regulations were already approved, which are in process of publication in the official journal of La Gaceta. It is expected that the same will occur with the organization and functions manual.

Quarter IV: July 1- September 30, 2014

- The Central Level Organization and Functions Regulations were approved and published in the official journal La Gaceta on August 2, 2014.
- Finalized and submitted for approval the proposed MOH Central Level Organization and Functions Manual.
- Designed the tool for the preparation of the implementation plan of the new central level organizational structure.
- Trained facilitators in the implementation of the central level organizational development, on the modifications of the organizational structure and the contents of the MOH internal organization and function regulations (ROF in Spanish) and the organization and functions manual (MOF in Spanish).
- Provided support was provided to the General Directorate of Human Resources Development in the strategic leadership of the process of change in the human resources at the different central level instances.
- Initiated the preparation of the document for the basic central level positions and profiles template document.

Additional Deliverable Quarter IV

- *La Gaceta dated August 2, 2014 containing the MOH internal organization and functions regulations (ROF).*

Programming Challenges

During this process, a challenge that was overcome was the interruptions caused by changes in the political directorate at the MOH which during the first phase of the year, leading to setbacks to preparation that may have been overcome. Subsequently, the time required by the new officials for the broad assumption of their new functions and for their empowerment in the change process, also resulted in slowing down the implementation of the new structure.

REGIONAL LEVEL

Considering that during the first project years approval was obtained of the organizational structure of the health regions and technical support was provided to the SSRS and regional facilitators with the implementation of the organizational structure of the health regions, for this third project year assistance was oriented towards continuing to strengthen the startup of this process and obtain approval of the basic positions and functions template and the process and procedures manual.

The quarterly timeline of advances and achievements is as follows:

Quarter I: October 1- December 31, 2013

- Continued the support provided to the SSRS in the implementation and monitoring of the plan to follow up the health regions with the implementation of the organization and functions manual and the positions template manual.
- Decided, jointly with the MOH, that the monitoring and follow up mechanisms for implementation of this process would be the monthly reports from the regional chief directed to the SSRS and bi-monthly meetings between the SSRS/ DGDSS and the regional chiefs.
- Prepared four implementation plans for the organizational structure, corresponding to the regions of the Bay Islands, Francisco Morazán, El Paraíso y the metropolitan area of Tegucigalpa.
- Provided support to the Department of Primary Health Care (DAPS in Spanish) with the preparation of the draft regional level processes and procedures manual, by defining the flows of the processes and sub-processes for each substantive function of the stewardship, which were assigned to the health regions as well as the services provision function.

Quarter II: January 1- March 31, 2014

- The 20 health regions signed management for results agreements with the Minister of Health, which included as part of the monitoring indicators that the regions should include a structured planning unit and the RISS department with the provision of the necessary human resources, based on what is stated in the organization and functions manual and the basic positions and profiles template for the regional level.
- Defined that the Department of Primary Health Care (DAPS) is responsible for designing a tool that permits monitoring regional plans for the implementation of the organization and functions manual and the positions template manual.
- Defined that the baseline to measure the degree of annual development of the health regions in the organizational development process will be the study carried out by the department of quality, financed by USAID, in September 2013, “Results of the implementation of the organizational development of the health regions”.
- Initiated the process printing the document that contains the basic positions and human resources profiles template, which would be utilized for training regional human resources.

Quarter III: April 1- June 30, 2014

- Carried out workshops to provide guidelines to the new regionals for the implementation of the organic and functional structure. This activity slowed down advances achieved in this issue.

- Defined the strategy to expedite implementation of the regional DO, to approach the development of the regional planning instance jointly with the UPEG, to contribute to the integrity of the approach, to reduce cost and to optimize the time set aside for training.
- Provided support so that during planning for USAID funds the MOH and specifically what was destined for the sub-secretariat of services networks and the 20 regions, particular amounts would be identified for financing to develop the capacities in the functions stated in the organizations and functions manual and the basic positions and profiles template.
- Identified the training methodology *in situ* at each region.

Quarter IV: July 1- September 30, 2014

- Obtained approval for the processes and procedures manual and the basic positions and profiles templates at the regional level, which are in process to be printed for subsequent distribution.
- Obtained the implementation plans for the new organizational structure for the regions of Cortés, Santa Bárbara, Colón, Yoro, and with this the 20 regional implementation plans are completed.
- Provided support for the development of training for the human resources staff at the Planning Unit and the Department of Integrated Health Services Networks in the 20 health regions, related to the planning functions in the framework of the new organizational development. This process was under the leadership of the UPEG and the RISS technicians, in 18 health regions.

Deliverables Quarter IV

- *Annual report on the situation of each health regions' transformation.*
- *Document containing the regional level processes and procedures manual along with the approval letter.*

Programming Challenges

Part of the challenges to face and overcome in the development of this process was the lack of motivation of the counterparts who were politically weakened in their work which led to their interest being reduced to a minimum in the leadership of the processes. In addition, it was a challenge to maintain the issue of regional organizational development on the DAPS agenda as well as the involved health regions, in a situation of marked uncertainty and a certain level of destabilization.

LEGAL FRAMEWORK

The lack of prioritization of this issue on the agenda of the political elite at the MOH was aggravated by the continuous changes at the leadership level, resulting in, during the first two project years, conditions that were not conducive in discussing the preliminary proposal for the draft law within the institutions. At the end of year three, the issue became an item in the MOH political agenda and the development was supported by a proposal for decentralized services management, which is a document prepared in an environment which was more restricted than initially considered. In light of this, for project year three the construction was proposed of the viability of proposals that were developed based on the legal framework, specifically the proposed general health law or a proposed specific law, defining the following activities: (i) provide assistance for the adjustment of the preliminary proposed general law or

the development of a specific law; (ii) update the legal inventory; (iii) support the development and approval of the proposed prioritized regulations and (iv) carry out political advocacy actions to obtain approval of the proposals of the new legal framework in health.

The quarterly timeline for the corresponding activities and advances made was:

Quarter I: October 1- December 31, 2013

- Presented to members of the transition committee of the President elect, the proposals for the draft general health law and the specific law as related to health services management, that were developed with ULAT's assistance.
- Developed a proposal for a draft law for the management of decentralized health services and a proposal for a framework law for the health system which was presented to the National Congress and discussed during a first debate for its approval.
- The transition commission made the decision to carry out the necessary actions for the approval of the proposed draft framework health law in function of the scope of the contents in the current legislature at the national congress. As of that moment, Dr. Yolani Batres designated a work team formed by members of the MOH, IDB, the transition team for the new government, with support from FUNSALUD from Mexico under ULAT coordination, for the purpose of adjusting the draft law in order to convert it into a framework tool that facilitates the possibilities of implementation of health sector reform in the short and medium term. The proposal was finalized and formally delivered to Dr. Batres and other members of the transition commission, with the expectation that it would be submitted for consideration of the full legislative chamber for discussion and approval.

Quarter II: January 1- March 31, 2014

- Initiated a process of adjustment for the draft law submitted to the Congress in function of the observations made during the process of plenary discussion. This issue was incorporated as part of the Minister's agenda in the 100 days plan at the MOH.
- An additional element that should be considered is derived from the situation of the current crisis at the IHSS and resulted in the appointment of an intervening board. The Minister of Health was requested to participate in the discussions of possible solutions and among these, the alternative was considered of making a proposal to the President on the need to change the entire health system under a scheme of universal assurance. During preliminary discussions, the health sector reform proposal led by the MOH was retaken, which includes components of the steward role of the ministry, the differentiated regimes of assurance for the population, the establishment of an entity to administer financing and assurance and management of the provision of decentralized health services with financing linked to results. It is still not predictable where these discussions will lead.
- Signed the contract which was awarded for the formal transfer of the legal inventory tool to the MOH and activities continued linked to updating the physical and electronic database, and the tool created for this purpose.

- Continued discussions with the transition commission corresponding to the health sector, on the relevant aspects to be incorporated in the agenda, mainly those related to the introduction to the Congress of the initiative of the general health law.
- Provided support as part of the advocacy strategy to the recently appointed MOH political team, with the development and implementation of the plan for the first 100 days that incorporated a large proportion of the areas of work of the technical assistance provided by ULAT.

Quarter III: April 1- June 30, 2014

- During preliminary discussions for the development of a draft law, the proposal was retaken of health sector reform that to date had been conducted by the MOH and includes the important components of the steward role of the ministry, the differentiated regimes of assurance of the population, the establishment of an entity to administer financing and assurance and decentralized management of the provision of health services with financing linked to results.
- Initiated the development of a proposed national health system law, which included previous proposals for a general health law and the law for the management of health services. Support was provided to the MOH along with PAHO and the IDB and a preliminary version was finalized of the proposed law presented to the office of the President.
- Continued activities linked to updating the physical and electronic databases and the tool created for this purpose. Progress was made in the development of a proposal that permits migrating the database to a web environment for final transfer to the MOH.
- Provided support to following up the compliance and analysis of results obtained with the implementation of the plan for the first 100 days.
- Provided assistance, in the area of the advocacy strategy, to the MOH to link the initial 100 days' phase to the expected results during the total four years of the administration period. As such, the development was supported of the "2014-2018 National Health Plan". The most important aspect of the plan is that the contents include all of the areas of work of ULAT, making it the first major political effort for the sustainability of this area of action.

Quarter IV: July 1- September 30, 2014

- Provided support to the legal aspects of finalizing proposals for structural and organic reforms at the MOH. Efforts to develop an implementation plan were immersed in planning for the first 100 days established by the Minister of Health and subsequently in the contents of the 2014-2018 national health plan.
- Oriented efforts during the final period of the year towards the analysis of the political scenarios that in light of the decisions made from the Office of the President with concluded with the presentation of a draft law for social protection, directly impact on advances made in this area of action.
- Participated in the health board, convened by the Office of the President for the development of a proposed health system that permits providing the tools for the law for social protection presented for approval of the National Congress.

- Continued to systematically and periodically update physical and electronic data bases as well as the tool created for this effect (SYSLEYES). To date the system includes 313 laws, 254 regulations, 224 standards, 33 policies, 66 international instruments and 72 WHO resolutions.

Deliverable Quarter IV

- *Document containing a compilation of activities for implementing the MOH structural reforms.*

Programming Challenges

During the first phases of the period an important challenge continued to be placing as a priority in the MOH political agenda, the issue of the general health law, in order to advance in its development and approval. However, in conjunction with the actions of advocacy carried out as a result of the analysis of the current political scenario, this issue acquired great relevance. Another challenge faced was to conclude during a relatively short period of time, a final proposed law based on adopted political decisions.

NATIONAL HEALTH MODEL

The National Health Model was officially approved by the MOH during project year two and based on this, the socialization process was initiated. The project also proceeded to support the development of three of the seven guides defined as priority for the management component of the national health model, with the understanding that those corresponding to the component of care had been prepared.

For year three the project proposed to strengthen knowledge in relation to the national health model as the first standard and to continue with the preparation of the tools for the national health model for the implementation of the three components that integrate it, by orienting efforts on: (i) continue the support to MOH in socialization of the national health model and its guides and implementation tools; (ii) provide technical support to the MOH in the local validation and implementation process of the guides of the component of care/provision of the national health model in municipal health services networks in the health regions of Lempira and El Paraíso; (iii) support the approval and socialization of the guides of the care/provision component (the definition of the guaranteed group of health benefits, the configuration of health services networks, the articulation of the first level of care with the community, and the categorization of health facilities); (iv) prepare and validate the basic guides of the management and financing components of the national health model (management of the supply and acquisitions chain, the provision, development and administration of health personnel, management of maintenance and general services, accountability to society, cost recovery and shared costs, and strengthening participation and citizen control); (v) support approval and socialization of the guides prepared for the components of management and financing (the annual operating plan for results, cost accounting and budget for results, payment mechanisms for health services providers, the methodological guide for the preparation of guides for clinical practices and protocols, the use and interpretation of the dashboards and the quality assurance, the regulation of commitments/agreements/management contracts and the criteria and mechanisms for assigning health resources); and (vi) provide technical assistance to the MOH in the preparation of a proposal for the creation of a health system fund.

During the implementation of the annual work plan, activities were developed for each quarterly period as follows:

Quarter I: October 1- December 31, 2013

- Continued activities in socialization and dissemination of the national health model focused on specific aspects such as the beneficiaries.
- Carried out a workshop as well as a series of work events with the participation of other cooperating agencies for: (i) the design of the specific package of health benefits for HIV positive patients; (ii) updating the EONC strategy and its technical standards; (iii) updating standards of care for adolescents; (iv) the preparation of the operating guide for the configuration of integrated health services networks; (v) the development of the guide to mainstream the gender equality perspective; and (vi) the proposal for the model for decentralized management agreements for health services.
- The national health model is available in printed format for dissemination among officials and key health sector actors.
- Provided technical support to the DAPS with the review of the first draft of the proposed based on the document for the operational guidelines for the primary health care teams (EAPS in Spanish) and comments, observations and recommendations were provided.
- Continued follow up for the approval of the guides for the national health model care/provision component.
- Designed and technically validated five of the seven guides for the national health model management and financing components: (i) the annual operating plan for results; (ii) the cost accountability and budgeting for results; (iii) the payment mechanisms for health services providers; (iv) the use and interpretation of the dashboards and quality assurance; (v) the regulation of commitments/agreements /management contracts.
- Initiated the construction process for the guides pending for design.
- Initiated, as an additional proposal, the base document for “Defining options for public policies and institutional mechanisms to constitute the RISS”, an operational guide that facilitates those regional conduction teams to constitute and delimit their own RISS. The process for the preparation of the proposal for this new guide is in the initiation phase.

Quarter II: January 1- March 31, 2014

- Collaborated with the MOH in the socialization of the national health model and its tools, among officials from different instances at the central level and other institutions and sector cooperating agencies such as UNAH, IHSS JICA and the AIDSTAR-Plus project. In addition, dissemination and diffusion of the national health model was expanded by delivering electronic versions and hard copies of the document to professionals from other health sector institutions.
- Provided support, along with JICA, to the RISS general director for operating purposes of the implementation of the national health model, especially in the design and formation of integrated health networks and improvement of the resolution capacity of the network.
- Agreed on the training for at least three trainers in 15 prioritized health regions on the application and implementation of the guides that permit organizing the provision of health services.

- Supported the approval and socialization of the guides for the care/provision component of the national health model. As such, support was provided for the development of the road map for: (i) the final definition of the group of health benefits; (ii) the review of benefits protocols; (iii) the definition of minimum guidelines for costing health benefits; (iv) the definition and categorization of health facilities; and (v) the operational conceptualization of the primary care teams and reorganization of the services networks as substantive contents of the 100 days plan.
- Made advances in the design of the rest of the guides for the management and financing component. The “criteria and mechanisms for assigning health resources” guide is ready for discussion and finalization.
- Prepared the scope of work and referential document for the development of the proposal for the creation of the national health fund, in order to initiate the process to contract the consultant.

Quarter III: April 1- June 30, 2014

- Support continued to be provided to the MOH for socialization of the national health model and the implementation guides. As such, the project took advantage of several processes such as: (i) the configuration of the package of health benefits for key HIV/AIDS population (PEMAR); (ii) the training for the application of the guide for the configuration and delimitation of the RISS; (iii) the preparation of a proposal for policies and the models for human resources management based on competencies and (iv) the configuration of the type 3 health facility for the first level of care. Central and regional level MOH officials participated in these events, many of whom recently assumed their respective positions.
- Provided support in the definition and configuration of the type three facility for first level of care (“polyclinic”) through the application/validation of the guide for the categorization of health facilities and the regulation under construction for licensing, authorization and functioning of health facilities.
- Obtained approval from the MOH for the application of guides for the care/provision component of the national health model in processes such as: (i) the definition, delimitation and organization of the health benefits package for key HIV/AIDS populations (PEMAR and PVVS); (ii) the configuration of integrated health services networks for key HIV/AIDS population in five health regions; (iii) the preparation by PROAPS/JICA of the proposed operating guidelines manual for the EAPS, and (iv) the design of a type three health facility for first level care, based on the guide for categorization and classification and the regulation for licensing, authorization and functioning of the health facilities.
- Reoriented the design of the guide for the “provision, development and administration of health personnel” towards the “design of policies and the national human resources management model based on competencies”, in line with the new MOH organic and functional structure.
- Analyzed the integration of the following guides as components of the guidelines document for accountability and transparency: (i) accountability with society; (ii) cost recovery and shared costs, and (iii) strengthened citizen participation and control.
- Continued to technical validation some guides for the management and financing component through the process of development of annual operating plans at the MOH.

- Finalized the evaluation and selection process for the international professional who will carry out the consultancy for the development of a proposal for a national health fund. However, still pending is a policy review and clarification of the eligibility of professionals by country of origin.

Quarter IV: July 1- September 30, 2014

- In relation to the guides for the care/provision component:
 - Completed the process of defining the specific health benefits package for key STI/HIV/AIDS population, advancing to the definition of the model for estimating costs for the package, in the framework of the CGPS, and in association with the AIDSTAR-Plus project.
 - Finalized the draft document for the guide for the configuration and delimitation of the RISS which was socialized with authorities from the twenty health regions in the country. With this guide, the configuration and delimitation process of the RISS could initiate as well as the preparation of the respective regional management plan.
 - Made advances in the design, organization, training and local validation of the primary health care teams, as the defining element.
 - Obtained verbal approval of the guide for the categorization and definition of health facilities of the first level of communication. This was duly notified to the directors and department chiefs of the RISS in the twenty health regions in the country.

Programming Challenges

Various challenges were addressed throughout the period in order to achieve the advances made: (i) in several occasions the multiple activities and tasks in which counterpart officials are immersed resulted in difficulties to organize and harmonize the timely compliance with acquired commitments, resulting in deteriorated continuity and slowness in the construction of proposals; (ii) the preparation of the seven guides pending to be initiated, in the established term, given their complexity and the current conditions of the functioning of the MOH; (iii) the lack of decisions at the MOH political level for the approval of the guides and (iv) the socialization and validation process of the guides with officials recently entering the system who have limited knowledge of the system and the reform process, and have unclear work assignments all during a phase of administrative transition.

DECENTRALIZATION

The decentralization process continued to advance and in view of the fact that the MOH had planned to extend the process to other health regions, for project year three strengthening was proposed for the first and second level in the planning process oriented towards results of the development of management capacities, control and accountability for the managers and the development of management tools of the process at the regional level.

With this understanding, the project proposed to carry out the following activities: (i) the implementation of the guide for management for results in the decentralized services networks through the adjustment of POA operating tools, monitoring plans and the training process for UGD personnel as well as the health regions; (ii) the review and adjustment of the guide for the preparation of technical

and economic proposals of the projects in line with the new national health model; (iii) the implementation of the "processes and procedures manual for contracting health services "; (iv) the preparation and implementation of plans for decentralization of services networks management; (v) the development of the competencies of the central and regional level teams to monitor and evaluate the results of decentralized management of health services at first and second level; (vi) monitoring the training processes for managers and providers in the services networks at the first level; (vii); monitoring the implementation process of the hospital management model in three hospitals; (viii) the process to improve organization and management of clinical services and selected technical and therapeutic support; (ix) the development of management agreements and monitoring tools for decentralized units at the second level of care; (x) implementation of clinical management of medical, surgical, orthopedic and emergency services in the Reorganization of Hospital Management (RGH in Spanish) standard, through protocols of the five most important causes of care, and (xi) strengthening the accountability and transparency process in decentralized health services managers.

FIRST LEVEL

In this area of action the most salient achievements by quarter unfolded in the following manner:

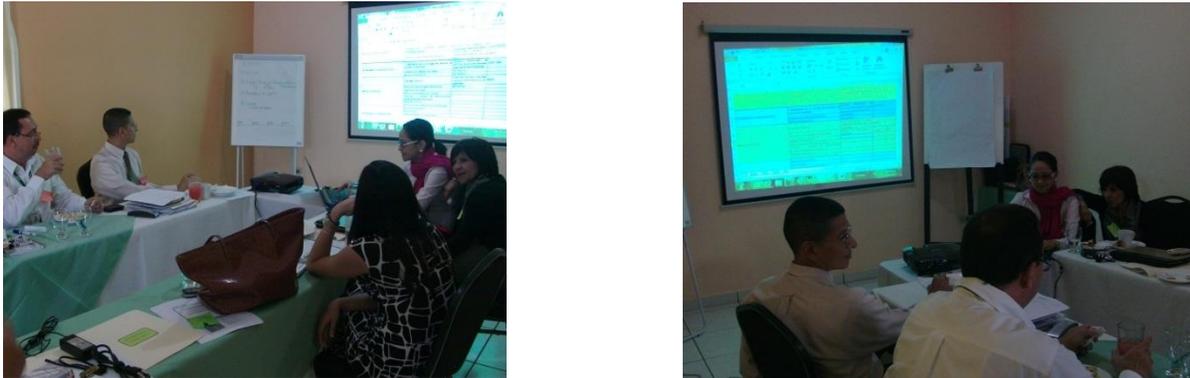


Illustration 5: Workshop for the exchange of experiences for the development of capacities in decentralized managers.

Quarter I: October 1- December 31, 2013

- Initiated the adjustment of the guide for management for results (GporR in Spanish) with a more operational focus on the scope of management of health services provision networks with the issues of: (i) framework of management for results, (ii) quality management , (iii) the RISS managers, adjusted based on the document of “Contracting Health Services: Procedures Guide for the Intermediate level of the Ministry of Health”; (iv) the requirements of organization of the manager for the negotiation, establishment of agreements and for the preparatory phase for the implementation of the agreement and (iii) citizen participation and social audit.
- Prepared a tool (checklist) to identify whether the referred guide is in line or not with the national health model and to determine the pertinence of its adjustment.
- Finalized the process of reviewing the national health model and for “Contracting Services: Procedures Guide for the intermediate level of the Ministry of Health” and as a result of this review the conclusion was reached that in general the guide document is in line with the national health model and only some specific aspects were identified which do not correspond, such as: (i) the ages included in the life cycles, the corresponding age group to older adults does

not coincide with that in the national health model; (ii) the classification of the health facilities according to their level of complexity is not congruent with what is approved in the national health model and (iii) the analysis of barriers is focused on the geographic and financial types of barriers and very superficially states the analysis of other types of barriers such as inter-cultural, gender, quality etc.



Illustration 6: Training and socialization workshop "Guide for the preparation of regional plans".

- A final report is available of the review of the alignment of the document "Guide for the preparation of the regional plan for managing the integrated health services network" with the document "National Health Model".
- Concluded the design and validation of the guides for preparing the regional plan for managing the RISS, and the socialization plan was prepared for this document and the training plan to initiate this process with five health regions to be selected by the MOH.
- Made advances in the process to prepare the monitoring and follow up plan through the preparation and deployment of the regional management plans for the RISS.
- Prepared and validated a survey to carry out the evaluation of the current situation of the management capacities for the provision of services of decentralized managers, directed to the coordinating technical teams and to the managers' representative who signs the management agreement. During this period, all of the managers were surveyed, and processing and entering information into a database were initiated.
- Designed and prepared a contents matrix or modules where the phases, issues and tools are identified for the curriculum of the first level managers.

Quarter II: January 1- March 31, 2014

- Completed 80% of the preparation of the processes and procedures manual for contracting health services.
- Continued the reviews of the processes and sub-processes that were initially established for the stewardship function corresponding to the guarantee of assurance in the organizational redesign of the MOH. In order to compare them with processes and procedures developed in the preliminary version of this manual for contracting health services.
- Initiated the review processes as well as agreements with the MOH on the establishment of a critical path for socialization and training on the "Guide for the Development of the Regional Management Plan for the RISS". This process integrates the configuration of the RISS according to what is proposed in the national health model.

- Finalized the design for the monitoring and follow up plan for the phase of preparation and insertion of the regional management plans for the RISS.
- Participated, at the local level, in the exchange of experiences with the managers, organized by the USAID-NEXOS project. The most relevant experiences were: (i) the training couples for the socialization of family planning which is carried out during consultations provided by the municipality as a prerequisite to marriage; (ii) the mechanisms for contracting human resources that permits optimizing their utilization and (iii) the mechanisms for coordination utilized by the manager internally and externally.
- Collaborated in the strengthening process of the managers' capacities with the UGD, with the NEXOS project. The current advances refer to knowing the results of the survey carried out for the diagnostic of the current situation of the management capacities of decentralized managers for the provision of services, which was directed to the coordinating technical team and the legal representative who signs the management agreement. The most relevant issue in the results was that of the group of 37 managers, 43% demonstrated low results and 54% had average results, which indicates that the MOH should establish a priority for investing in the development of capacities in managers and, as such, ensure better management results, quality of services and user satisfaction. The management functions that need to be prioritized for the development of competencies in the management personnel refer to the functions of coordination, direction and organization.
- The phase of designing contents or modules, in which phases, issues and tools are identified for the training curriculum for first level managers, is under implementation. The first advances were presented to the tripartite team (UGD, NEXOS and ULAT) who made observations for their adjustment. Still pending is the validation phase, once UGD approves the suggested changes to the proposal presented by consultants contracted by NEXOS, and that are related to the conceptual, contextual and methodological frameworks.
- All of the previous information constitutes important inputs for the curriculum and the training plan, which will be the basis for finalizing preparation of the guide and instruments for monitoring the process to strengthen capacities of the managers, as a continuous process that the health regions will be developing with the managers in their networks.

Quarter III: April 1- June 30, 2014

- Reinitiated and finalized discussions with the UGD's technical personnel regarding conceptual understandings on which the guide for management for results is based, for decentralized RISS and the processes and tools for decentralized managers developed with support from the Salud Mesoamerica 2015 Initiative with MSH's assistance, for the purpose of guaranteeing conceptual and operational coherence with management for results and to integrate them in the implementation phase of this guide.



Illustration 7: Workshop on conceptual and operational understanding for management for results.

- Carried out Technical and political discussions with the MOH facilitation team, for the purpose of positioning the scope of the processes and procedures manual for contracting health services and to decide if it will function under the scheme of universal assurance in health promoted by the government.
- Finalized the plan for monitoring and following up the phase for the preparation and insertion of the regional management plans of the RISS.
- Reinitiated the development of the tools for following up results and recommendations of social audits carried out with the managers, in order to improve the decentralized management process.
- Initiated the gathering of information on the transparency and accountability processes in order to carry out the corresponding evaluation.
- Concluded the design phase was concluded for the contents or modules, during which the phases, issues and tools were identified for the training curriculum of first level managers.
- Made cost estimates for implementation of the curriculum proposal for the development of competencies in the 37 decentralized managers and as such, adjustments were made in the terms of reference for the team of consultants that are required based on the modules to be developed and the level of effort for each manager, as well as, the request for financing necessary for the development of the concentration workshops for those modules that will be approached under this methodology.



Illustration 8: Workshop to review processes and instruments of management for results for decentralized managers.



Illustration 9: Workshop on "The guide for the development of regional plans".

Quarter IV: July 1- September 30, 2014

- Continued to work on the adjustment of the design of the guide for management for results in the decentralized services networks, because MOH counterparts have prioritized other processes and this delayed its finalization. On the other hand, establishment of the networks, their functions and relationships, is in process by the MOH which is needed in order to define its approach in this guide. Execution of this activity was transferred to the final project year.
- Salud Mesoamerica 2015 Initiative's technical assistance has developed a proposal for organization of the function of acquisition of services in the framework of a system of assurance for the MOH. ULAT technical support was concentrated in supporting coordination of the DGD, with organization of the work teams in light of the functions assigned in this

organizational proposal and the MOH organization and functions manual, as well as other ongoing processes.

- Socialized the guide for the development of the regional management plans for the Health Services Integrated Networks (RISS in Spanish), with officials from the SSRISS, with regional chiefs and chiefs from the department of networks at the twenty health regions and with cooperation regions that support them. This process was directed by Dr. Sandra Pinel, Vice Minister of the RISS.
- Trained the DGD team in the guide for monitoring the management agreement with the San Lorenzo hospital.
- Finalized the process for the definition of a curriculum and the preparation of the terms of reference for contracting human resources for training decentralized managers. This process was not developed by the DGD, because to date the consultant has not been contracted who would be carrying this activity with IDB project funds.

Deliverables Quarter IV

- Semi-annual report on the implementation of the plan to decentralize the management of health networks.
- Progress report on the processes of training managers and providers of network services at the first level.

Additional Deliverables

- Guidelines on the formulation of the plan to decentralize the management of health networks.

Programming Challenges

The complexity of this process in addition to the diversity of support available to the MOH, are factors that influence the effective development of technical assistance on this issue. The most important challenges that had to be overcome were: (i) achievement of sustainability of the results achieved with decentralized managers and drive the processes of improvement in different areas of management, when the MOH did not comply with several responsibilities established in the management agreement, especially in reference to timeliness in the disbursements; (ii) concrete efforts in coordination with other projects that provide technical assistance in this issue and with which proposals had to be reconciled for them to be aligned and (iii) advances in the design of proposals with counterpart teams, the majority of which were new in their positions.

HOSPITALS

Implementation of the annual work plan, the development of activities carried out and achievement for each quarterly period are as follows:

Quarter I: October 1- December 31, 2013

- Continued support to be provided in a sustainable manner to the department of hospitals on the understandings in the hospital management model and its methodology of application and to ensure that the development of the management tools for different re-designed hospital systems added value to hospital management.



Illustration 10: Workshop on validation of the guide for monitoring the hospital management model

- Developed training workshops directed at hospital human resources departments to validate the guide for monitoring the process, prepare the tools to carry out field monitoring and prepare reports.
- Carried out monitoring for the phase of documenting the processes and the re-design in the Enrique Aguilar Cerrato and Juan Manuel Gálvez hospitals, which was developed by the department of hospital technicians through interviews with key hospital personnel (Leadership Team, Advisory Council, among others) and the exhaustive review of the preliminary reports for products delivered by the consulting firm to the department of hospitals.
- Carried out joint actions with different cooperating organisms (PAHO, Doctors without Borders, ULAT, among others) and with the hospital counterpart conducting team for the Teaching University to improve its conditions for an efficient response in the public health services network, by agreeing to: (i) strengthen the conducting team and (ii) review actions to improve that could be prepared in advance in the emergency area, such as the preparation of protocols for care and the immediate review of the processes of the department of social work in the emergency area.
- Developed a training workshop on documenting processes for the technical team and volunteers that support the Teaching University, who moved to the hospital CLIPERs to carry out observation and information gathering of the processes of care at Hato de Enmedio and Las Crucitas. An exercise of observation and the process of information gathering was carried out simultaneously in the area of labor and service delivery, leaving the teams trained to carry out information gathering on the clinical processes in the rest of the areas in the emergency section.
- Continued the technical assistance provided to the UGD along with SM2015 to improve first level management agreements for 2014.
- Provided support for the preparation of a proposal for a first-level-hospital annual agreement, based on the proposed framework agreement with the San Lorenzo Hospital and the process was initiated for the identification and preparation of the annexes.
- Continued to provide support to the improvement of the database for the management dashboard utilized by the hospitals, the preparation of a guide for monitoring processes and results stated in the Management Dashboard (CMG in Spanish), and preparation initiated for the plan for induction of new Information Management Unit (UGI in Spanish) directors and

coordinators and the tool for identifying the needs for the development of competencies in hospital professionals in the framework of the RGH.

- Review advances and results of the RGH process in 2014 and concluded that there was a need to change the work strategy and move to following up measurement of indicators with an emphasis on work on the implementation of specific processes established during the second phase of this process, in such a manner that implementation would be driven from the MOH central level.

Quarter II: January 1- March 31, 2014

- Reviewed the results of the re-design of processes at the three hospitals with technical assistance from the firm of CSC and preparatory technical discussions for the implementation phase.
- Developed recommendations resulting from field monitoring carried out at the end of 2013, at the Enrique Aguilar Cerrato and Juan Manuel Galvez Hospitals, oriented towards: (i) the need to strengthen the functioning of the leadership team; (ii) accelerating implementation of the communications plan; (iii) improving the methodology of the training processes; (iv) obtaining political support from MOH authorities and hospital directors and (v) the prioritization of implementation actions in the areas of clinical management and patient management.
- Reinitiated the implementation phase, with the approval through Legislative Decree No. 319-2013 of the San Lorenzo Hospital framework management agreement and current negotiations for the annual 2014 management agreement, in this hospital, activities began oriented towards field verification on the incorporation of the re-designed processes and its results, for timely decision making.
- Completed the report of the results of technical assistance for the Teaching University which emphasized the following conclusions and recommendations: (i) the need to carry out an exhaustive analysis of the production, performance and capacity of response at each CLIPER; (ii) the creation of a minimum structure with existing resources at the three CLIPERs to carry out an improvement in management and conduct; (iii) implement an information system (medical records, clinical and administrative processes) that permits systematic monitoring and evaluation of the management of each of these units; (iv) prepare a study of the demand for services and based on the results develop the strategic plan, aligned with the objectives of the Teaching University and (v) initiate an operational planning process based on demand, with a plan for monitoring and evaluation of the compliance with the goals and results, among others.
- Prepared the following technical annexes for the 2014 annual agreement for the San Lorenzo Hospital, based on the framework management agreement approved by the legislative power: (i) guaranteed group of benefits; (ii) indicator dashboard for monitoring the agreement and performance evaluation and (iii) proposed goals to be negotiated with the manager.
- Continued the development of the adjustment of the clauses in the annual agreement with the San Lorenzo Hospital and aspects were reviewed related to financing and the disbursement plan.
- Continued support for the implementation of the second phase of the RGH through: (i) improving the management dashboard database utilized by the hospitals, the online installation at each hospital and following up on its utilization; (ii) improving operational monitoring tools for certain indicators such as the operating rooms, laboratory and emergency areas, and (iii)

establishing and developing a critical path to determine the five main causes of discharges from surgical medical services, to prepare the measurement tools for compliance of standards of care, among others.

Quarter III: April 1- June 30, 2014

- Initiated the implementation phase of the Hospital Management Model (MdeGH in Spanish) at the San Lorenzo, Enrique Aguilar Cerrato and Juan Manuel Gálvez hospitals and advances were made in some of the processes/procedures in logistics and supply, maintenance, general services, financial management and patient management. Some of the procedures implemented demonstrated positive results such as the so called “consumption pacts” at the Juan Manuel Gálvez Hospital, that provided evidence of the quantity of supplies stored in store-rooms and services not subject to major controls in their consumption and storage.
- Continued work events with the technical team organized to discuss prioritization of the processes to intervene according to recommendations in the report and decisions made by the Teaching University board of directors.
- Continued technical support provided for the development of management agreements and monitoring tools for decentralized units for the second level of care with: (i) the preparation of monitoring tools for the management agreement at the San Lorenzo Hospital and the definition of the contents of the production reports for payment of cost variables; (ii) the development of a proposed management agreement to be negotiated with managers at the Hermano Pedro de Catacamas Hospital and the María Pediatric Specialty Hospital, and (iii) the development of proposals for management agreements with four new hospitals (Gabriela Alvarado, Santa Teresa, Santa Bárbara Integrated and Juan Manuel Gálvez) which will be financed with funds from the Mesoamerica project.
- During the implementation process of clinical management of medical, surgical, orthopedic and emergency services in the RGH standard, through protocols of the five most important causes of care, work was carried out in: (i) data collection for the management dashboard measured by the hospitals; (ii) improved operational tools for recording data for monitoring some indicators such as from operating rooms, laboratories and emergency areas, verification criteria for the quality of prepared clinical histories, among others; (iii) formalization of the protocols for the five main causes of discharges from surgical medical services that will serve as an input to prepare the measuring tools for compliance with standards of care; (iv) development of the technical assistance plan to improve the analysis and decision making process at the instances of the consultative council and the external support committee for a group of selected hospitals and (v) verification in the field of processes established in the RGH that they are implementing effectively.

Quarter IV: July 1- September 30, 2014

- The implementation plan for the processes-procedures selected for this period in the three hospitals is ongoing, with some limitations related to the availability of personnel and decision making by hospital directors in relation to re-assigning functions for relocated personnel.

- The project participated in two work events organized by the MOH department of hospitals, during which the firm of CSC presented advances made in implementation in each hospital and limitations and facilitators for the process were analyzed.
- The project participated in the exchange of experiences in the three hospitals that are in process of implementing the hospital management model, carried out in the city of La Esperanza, which demonstrated a good level of appropriation by the employees responsible for assuming the new procedures. The San Lorenzo Hospital is demonstrating greater advances during this phase, determined by its status as decentralized hospital, which supports the decision making required by the process, as well as a greater level of commitments and empowerment by the personnel.
- A workshop was developed with the participation of the chiefs of the Teaching University emergency services and the CLIPER and the technical team in support of the general directorate of the hospital. During this workshop, the main technical and management problems were identified and a technical proposal for emergency services was prepared and discussed with the Teaching University general director.
- The agreed technical support plan is under implementation, with the organization and training of the continuous improvement commissions for emergency services for them to carry out continuous improvement of documented processes and that require optimization.
- The documentation is finalizing for data recording, flows and tools for the different processes and procedures in emergency services and the CLIPERs, for the purpose of carrying out optimization of the information process of these services and their support.
- Support was provided to the DGD technical team with the preparation of the guide for monitoring the hospital management agreement and in training the team who will carry out monitoring.
- Support was provided with the implementation of monitoring the San Lorenzo Hospital management agreement.
- The indicator dashboard was prepared for monitoring the María Hospital management agreement.
- Field monitoring was carried out for twenty one MOH hospitals, in order to determine the degree of implementation of the processes-procedures established in the RGH directives and guidelines. The report of the results of the monitoring was submitted to the MOH department of hospitals technical team and analysis was carried out of the causes of those processes that demonstrate little advances, to determine improvements and the hospital units that should carry them out to strengthen hospital management. The requirements for technical support for implementing the improvement cycles will be part of the work plan for the fourth year of ULAT assistance for the MOH department of hospitals in order to provide sustainability to the RGH process.

Deliverables Quarter IV

- *Quarterly Report MdeGH implementation process in three hospitals.*
- *Report of organizational processes, structural functionality and organization of the emergency area in the surgical block and MI.*
- *Semi-annual report of the results of the improvement of hospital management under the RGH.*

Additional Deliverables

- *Maria Hospital convention.*

Programming Challenges

The technical assistance provided for implementation of activities developed during this process had to overcome a series of challenges: (i) the crisis in relation to the availability of resources in hospital services to address the high demand for care due to the prevalence of some diseases; (ii) the resistance to change at operating levels in the reform processes and those that require political decisions and a clear positioning of higher authorities, which was not always effective; (iii) slowing down the process of implementing the Hospital Management Model process by the firm of CSC at hospital level; (iv) the delay by MOH authorities in making decisions on those critical aspects for improving hospital management and (v) the demand for additional technical assistance that was a result of management commitments signed by all hospitals in the public network, in order for them to comply with CMG reports in time and form.

From the operational point of view, the project also had to overcome the failure in the automated tool for capturing data for the management dashboard in all hospitals, given the capacities of the available hardware and software at local level and the adaptation of the hospital counterpart team, for the modification of a work strategy, which was based on following up the measurement of indicators, towards one with an emphasis on following up specific processes and their improvement.

SOCIAL AUDIT

Achievements for each quarterly period are as follows:

Quarter I: October 1- December 31, 2013

- Initiated coordination actions with the NEXOS project under UGD guidance, for carrying out a diagnostic on the audits carried out with decentralized health services managers. As such, preparation initiated of the tool to be utilized in the diagnostic and agreements were established for gathering field information.

Quarter II: January 1- March 31, 2014

- Continued coordinating meeting during this period for the definition of the fundamental elements to be considered in the diagnostic to be carried out and the manner in which to provide tools for this process as part of the support for the MOH. The contracting process was initiated for the official who would be providing assistance on this issue.

Quarter III: April 1- June 30, 2014

- Initiated the evaluation of conducting social audits and the utilization of the resulting recommendations for health services networks' decentralized managers.
- The tool was designed and validated to be applied to managers who, during a previous review were identified as being subject to verification.

- Carried out the necessary coordination with USAID-NEXOS project technicians in order to learn about their work experience in this field, the tools developed and the results of the social audits of the managers they support.
- Reviewed the different legal instruments and technical standards jointly with the UGD counterpart team, which constitute the basis for work in the social audit and accountability process, in order to create conceptual and operational understandings.

Quarter IV: July 1- September 30, 2014

- Finalized the “social audit and accountability guidelines” as a tool for the decentralized managers in the provision of health services to be informed on existing regulations in the country as related to social control processes, social audit and accountability and to permit their active and informed participation in this process.
- Held meetings to discuss these guidelines for the purpose of supporting the operational understanding of this process of social control of management.

Deliverables Quarter IV

- Guidelines for accountability and transparency of managers of decentralized health services.

Programming Challenges

The most important challenges during this period were: (i) the MOH not prioritizing social audits ; (ii) the prolonged process for contracting the official to implement the anticipated functions; (iii) achieve the results established in the work plan in a shorter period of time; (iv) the reduced awareness at the MOH of social audit processes carried out with the managers, their results and implementation of the recommendations and (iii) the poor understanding at the management level on these processes that are related to strengthening transparency.

PUBLIC ASSURANCE

For the scope of this process, the design was proposed as well as the registration module for the identification of beneficiaries of the system of social protection in health. It was also proposed to provide support with the definition and preparation of the management tools for the SPSS component in the new health model and its incorporation in agreements with decentralized providers for first and second levels of care.

During the first two project years, important advances were made in some aspects included in the “Conceptual, Political and Strategic Framework of Health Sector Reform”. A social protection policy was made official and the International Labor Organization C102 agreement was ratified, regarding social security as a minimum standard. Both elements strengthen the political context by creating the need to carry out technical efforts for the development of an appropriate proposal for health financing.

As such, it was proposed for project year three to carry out the following activities: (i) support the MOH with construction of consensus for the definition of the variables of identification of SPSS beneficiaries; (ii) support the design of the registration module for the identification of beneficiaries of

the social protection in health system; (iii) support technical approval for the incorporation of the module for the identification of SPSS beneficiaries into the proposal for the design of the Integrated Information System in Health (SIIS in Spanish); (iv) support the definition and preparation of management tools for the SPSS component in the national health model. These management tools correspond to: (a) the development of a methodological proposal for the identification and incorporation of prioritized human groups in the cost structure of subsidized public assurance; (b); the proposal for a system of control for the implementation of SPSS contracts and agreements; (c) a methodological proposal for a system for financial control of the social protection system and (d) the document for the proposed public-public model and (vi) support to the MOH with the development of a proposal for the incorporation of the management tools for the social protection component in agreements with decentralized providers for the first and second level of care.

The quarter timeline for the corresponding activities was as follows:

Quarter I: October 1- December 30, 2013

- Carried out technical discussions in order to articulate the aspects related to the issues that are being developed in other processes such as decentralization, the national health model, sectorial planning and other proposed studies.
- Contributed some elements that could support the issue of assurance, for them to be taken into account at the time that the general health law is prepared or any other legal document that is presented for approval by the authorities.
- Carried out an analysis of the proposals included in the plan for the next government, with the observation that the issue of assurance will have an important space in the agenda to be developed.

Quarter II: January 1- March 30, 2014

- Continued technical discussions to articulate related aspects that are being developed with other processes in which technical assistance is provided, such as decentralization, the national health model, sectorial planning, other proposed studies and the general health law. In this framework, elements continue to be developed that could support the issue of assurance, for them to be taken into account at the time a concrete proposal is prepared.

Quarter III: April 1- June 30, 2014

- Prepared the document containing the necessary variables for the identification of possible beneficiaries, those required to be the subjects of a social protection program (subsidized regime) and others that are necessary to be enrolled as a user of a system of provision.
- Pending approval of the variables of identification included in the document “identification system for beneficiaries of the subsidized regime”, in order to initiate the design of the module for the identification of beneficiaries. The policy of social protection in Honduras defines the characteristics of the persons who qualify to be included in social protection actions and will be complemented from the perspective of priorities in health.
- Made advances in the design of the system of identification of beneficiaries of the subsidized regime, which could be implemented through the SIIS project, financed with funds from ACDI.

- Made progress made in the development of a very preliminary proposal of a system of control for the implementation of SPSS contracts and agreements, specifically as related to a system of public assurance in health.

Quarter IV: July 1- September 30, 2014

- Finalized the proposal document and is ready for discussion, for the management tools of the SPSS component: (i) follow up system and operational control of the contractual commitments of the social protection in health system; (ii) identification system of SPSS beneficiaries, public assurance in the health system, subsidized regime and (iii) a financial control system for the social protection in the health system.
- Initiated the design of a proposal for the decentralized management systems, public-public modality, as a tool for the SPSS and the basic elements were proposed.
- Analyzed the proposal of the framework law for social protection, which was presented to the national congress by the President. The contents include the benefits that had been anticipated for the formation of a social protection in health system and the anticipated tools to be developed fit in its contextualization.

Programming Challenges

During all of year three, the challenge in this process was positioning the issue of public assurance in political and technical agendas and with this, transcend in the development of proposals to approach the problems of access to services and the conformation of the system that requires a solution.

NATIONAL SYSTEM OF QUALITY IN HEALTH

The policy of the National System of Quality (SNC in Spanish) was approved by the MOH in March 2011 and since then advances were only made in the development of some elements of the components of standardization and in the development of instances of coordination. Along this line of action, the project proposed as concrete activities: (i) support the preparation and start-up of the implementation plan for the national system of quality; (ii) provide technical support to the MOH for implementation of the zero standard; (iii) support the development of capacities for standardization and verification of quality, and (iv) support the redesign of the licensing and certification processes based on what is established in the new central level DO. Advances obtained throughout the period on the issue of quality were not as expected, due to delays in the definition of the political leadership who would lead the processes linked with implementation and additionally due to finding spaces for the discussions on the implications and the need to include it in the MOH political and operational agenda.

The greatest achievement were the discussions carried out with the vice minister of regulation for the purpose of analyzing the approach to the SNC from the perspective and responsibilities of the MOH sub-secretariat of regulation, to know the current situation advances on this issue from the optic of accompaniment by ULAT and to optimize the availability of technical assistance it offers. As a result, the commitment was obtained of the definition of the required counterparts and the beginning of work events to be carried out in shorter periods of time than those programmed in order to achieve greater

advances in the future of the administration. However, delays in the adaptation of the MOH organizational structure with the needed human resources resulted in a slowing down in compliance of acquired commitments. This process related to the development of all the activities will be retaken during the last year of the project, with the scope established in version IV of the milestone plan.

RI 4.4 Data use for decision making

With support from USAID through ULAT, the MOH developed tools related to health surveillance and RAMNI monitoring and evaluation processes. However, although advances in the development of proposals and the implementation were substantial, the functioning of the mechanisms for improving decision making was not developed with the same magnitude. In addition, actions foreseen for the first two years of the project had to be postponed because they were linked with areas of work corresponding to other projects, financed by the CDC and Canadian cooperation, the implementation of which continued to be delayed. For this, under this intermediate result, the project proposes working on improvement of the health surveillance systems with special emphasis on surveillance of maternal and childhood mortality, the management monitoring and evaluation process and improvement of the information system.

SUB IR 4.4.1

Updated and improved M&E systems and epidemiological health surveillance

HEALTH SURVEILLANCE

The fundamental responsibility of the MOH as steward entity responsible for conducting the health sector, parts from planning based on the analysis of the situation of health in which the determinants and conditions are defined and permits identifying the inequities from the perspective of all the variables: epidemiological, demographical, social, cultural, gender etc. in view of this, for project year three the project proposed: (i) supporting the MOH DGVS in coordination with the Centers for Disease Control and Prevention (CDC) in the United States, on the review of the new health surveillance strategy and in the discussion of the focus that permits retaking the issue during the transition; (ii) support the MOH DGVS in coordination with the CDC, in the development of the new organizational structure of the directorate; (iii) socialize the study “Update of the maternal mortality ratio, Honduras 2010”; (iv) socialize the study on the characterization of child mortality (0 to 5 years old) 2010; (v) strengthen the sustained surveillance process of maternal and child mortality.

The achievements and advances achieved for each quarterly period are as follows:

Quarter I: October 1- December 31, 2013

- Re-established collaboration with the different actors, by arriving at specific agreements in relation to the surveillance strategy. Three moments in the near future were identified in the agreements for a review of the standard: (i) a workshop with the participation of the DGVS and ULAT technicians and the consultant contracted by the CDC; (ii) a consultation meeting with experts to be carried out in January 2014 and (iii) technical meetings with ULAT to retake the reform processes in light of advances made in different processes.
- Carried out the review of advances in the process developed by the DGVS, with technical assistance from a consultant contracted by the CDC for its organizational structure.
- The project finished preparing the study on the characterization of child mortality (0-5 years old) 2010 and the printing process initiated.

Quarter II: January 1- March 31, 2014

- Provided support was provided for the review of the document presented by the consultant contracted by the CDC for the preparation of the strategy for health surveillance. The purpose of this activity was to consult experts so that in light of their experience, they would review the document. ULAT participated before and during the consultation, in order to support the organization of the activity and to ensure that specific and necessary elements for the reform process would be included in the agenda. In this manner, the review was oriented by taking into account the approved regional DO, the functions established in the new institutional structure and the relationships and interdependence of the defined instances in function of the requirements of the health surveillance standard. The project also took into consideration aspects linked to the national health model, such as the first standard and the focus of risk, as part of the standard.
- Worked on a proposal for organizational structure for the DGVS, with participation of technicians from that directorate and the CDC consultant.
- Finalized the printing of the document containing the results of the study on the characterization of child mortality (0-5 years old) in 2010. In addition, a “pull out” was printed containing a summary of the report with the most relevant data to facilitate dissemination, as a pocket tool in order to have the information at hand.
- Coordinated with the director of the health surveillance unit for reactivation of the functioning of the committee of maternal and child mortality.

Quarter III: April 1- June 30, 2014

- The preparation of the final draft of the national health surveillance standard in the framework of the MOH stewardship functions was supported through the specific CDC consultancy. As such, advocacy actions were carried out for the activities related to implementation of the standard, could be included in the 2014-2018 Institutional Strategic Plan, establishing specific goals for each year. With this advances can be made in its application.
- The Health Surveillance Unit (UVS in Spanish) organizational structure carried out through the CDC was discussed which was included in the MOH ROF with few modifications.
- Adjusted the report of the study “Honduras: Characterization of Child Mortality (0 to 5 years old) 2009 – 2010” based on the observations received.
- Reactivated the mortality surveillance committee. The reports were reviewed of sustained surveillance of both mortality statistics for 2012, approving the report on maternal mortality and programming other events to review the report on child mortality in which several modifications were made with conclusions and recommendations pending preparation.

Quarter IV: July 1- September 30, 2014

- Carried out the official launch of the national standard for health surveillance, designed and prepared in the framework of sector reform. This event included the assistance of MOH central level officials, regional directors, epidemiologists and external cooperation.
- The proposal for the Health Surveillance Unit DO was retaken in the process of preparing the MOF.

- Approval was obtained to publish the report of the results of the 2010 characterization of child mortality and the printing of which proceeded.

Deliverable Quarter IV

- *Quarterly report on advances in the health surveillance strategy*
- *Report on advances in the UVS's Organization and Functions Manual*

Additional Deliverables

- *Document containing the national standards for the health surveillance*

Programming Challenges

During project year three diverse challenges had to be addressed, ranging from overcoming structural obstacles to retaking the process of preparing the health surveillance standard in the framework of reform, through confronting difficulties and weaknesses in the conduct of the Health Surveillance Unit emphasized with the process of change in the central level organization and functioning, resulting in the postponement of activities.

HEALTH INFORMATION SYSTEM

During project year two, the MOH had the SIIS strategic plan as a priority. During this period coordination actions with ACDI were maintained and with support from ULAT and other cooperating agencies, advances were made in some of the objectives included in the referred plan. Also, in process was the review of the memorandum of understanding between Honduras and Canada, which was expected to be signed by current authorities. In this context, for the third year ULAT proposed strengthening technical assistance and more direct support for the MOH with the design of the integrated health information system.

Throughout the third year, the design of the integrated information system was dependent on implementation of the project to be financed by the Canadian cooperation, known as “Strengthening the Integrated Information System in Health, (SIIS in Spanish) A-033881, for the purpose of improving the capacity of the government in data collection, processing, management and analysis as well as the use of information as the basis for planning and assigning resources in order to improve the health of Hondurans.

For the first quarter the memorandum of understanding was signed between the governments of Honduras and Canada. To date, conditions have not been met for the effective implementation of the project and it wasn't until the final months of this period of the project that ACDI informed the MOH on the advances on the installation of the agency accompanying the project.

Deliverable Quarter IV

- *Quarterly report on advances in the SIIS.*

Programming Challenges

The delay in initiating the project for the development of the SIIS with funds from the government of Canada, resulted in lagging agendas for the processes linked to the information system in health and therefore, in the broad development of activities included in the ULAT work plan with which it was expected to provide support to the MOH for the design of the SIIS. In this framework, an additional important challenge to be overcome was being present and informed on advances in the negotiation with ACIDI cooperation and involve the personnel in the area of UPEG information systems, in management monitoring and evaluation, in order to guarantee that the needs for information could be incorporated in the changes, once financing from that cooperating agency would be approved.

MANAGEMENT MONITORING AND EVALUATION

In 2013 the 2013-2016 institutional strategic plan (PEI in Spanish) was prepared linked to the Country Plan, to the SEFIN and SEPLAN guidelines based on the public management value chain oriented towards results. Advances were also made on the analysis of accumulated experiences at the UPEG especially through RAMNI and in the development of institutional planning and budgeting oriented towards results, (which is the purpose of the monitoring and evaluation) and the organic and functional design of the system.

With the governmental decision that SEPLAN would develop the monitoring and evaluation system for the Country Plan, by utilizing software and with advances made during project year two, during which the purpose and diagnostic was concluded of the actors and information needs, as well as, the organic and functional development of the monitoring system, for project year three the following activities were proposed: (i) support the UPEG with the construction of the dashboards and similar structures for the management monitoring and evaluation system; (ii) support the UPEG with the design, validation and adjustments of the collection tools and their integration in the management M&E system; (iii) provide assistance with the design of tools to identify and prioritize gaps, the preparation of corrective measures and continuous improvement and (iv) support the UPEG with the review of the functioning of the monitoring and evaluation system.

The quarterly timeline for the corresponding activities is as follows:

Quarter I: October 1- December 31, 2013

- Prepared a work plan for the System for the Monitoring and Evaluation System of Management for Results (SIMEGpR in Spanish), which was discussed with the UPEG and includes the methodological process for; (i) the analysis and preparation of the dashboard, the analysis of the matrix of objectives and final and intermediate PEI products, and the relationship with SIAFI/POA products, and (ii) the identification of indicators for the evaluation of intermediate products.
- Formed the multidisciplinary team for planning, statistics, monitoring and evaluation, who provide an integrated and technical vision of the understandings, to ensure data quality.

- Initiated the work events to construct the dashboard, indicators and institutional strategies in the framework of reform, by utilizing a training methodology for institutional strengthening for UPEG in this area.
- Initiated discussions for adjusting the current tools to obtain data and their flow in the framework of the new organizational structure at the regional level.
- Decided to carry out a process for induction and training of regional units that would include two areas of work. The first is centered on training in relation to: (i) structure and configuration of the SIMEGpR; (ii) tools for data collection; (iii) data flow; (iv) analysis tools and (v) information flow. The second is directed towards validating and adjusting the SIMEGpR data collection tools.

Quarter II: January 1- March 31, 2014

- Initiated adjustment to the definition of indicators, in the framework of guidelines of the new government. The adjustment was also initiated of data and information collection tools required for construction of indicators. The UPEG team was integrated for this, including the current director of the information management unit who is defining the work plan for that unit and its priority areas of action.

Quarter III: April 1- June 30, 2014

- Identified elements that are required for the construction of the SIMEGpR and for the identification of associated indicators.
- Provided support with the definition of the indicators with which the project expected to measure the results established in the 2014-2018 National Health Plan.
- Reviewed the 2014-2018 Institutional Strategic Plan and adjusted in the framework of the 2014-2018 National Health Plan and the guidelines issued by the Presidential Directorate for Management for Results.
- Defined the methodology and work materials were developed for the Annual Operating Plan and 2015 Budget.
- Initiated construction of:
 - The dashboard for the national health plan, which is structured around the three strategic components of the plan: (i) the conduction of the health system; (ii) the regulation of the health system and (iii) the provision of services.
 - The MOH dashboard to be included in the matrix of the development and social inclusion sector.
 - The tracer products proposed by the MOH general directorates to analyze the possibility of constructing the related indicators.

Quarter IV: July 1- September 30, 2014

- Finalized construction of the dashboards for monitoring and evaluation of institutional management, carried out in the framework of the preparation of the 2014-2018 National Health Plan and the review and adjustment of the 2014-2018 Institutional Strategic Plan.

- Designed fact sheets and prepared for the defined indicators. These fact sheets precisely describe the elements of a determined indicator, the quality and transparency in its construction and the results to be obtained.
- Identified the Data and information gathering tools and integrated them in the management M&E system.
- Trained all central level units, who are responsible to upload the information to the Presidential platform of management for results.

Deliverable quarter IV

- *Quarterly progress report on the implementation of the management monitoring and evaluation system.*

Programming Challenges

Significant efforts were required to reconcile the matrix of management results with the institutional and sectorial demands, in light of the review and adjustment of the 2014-2018 Institutional Strategic Plan, the 2014-2018 National Health Plan and the demands of the Development and Social Inclusion sector. In addition, the construction of the SIMEGpR requires agreements in the planning, monitoring and evaluation, information and statistics system, in an integrated team to facilitate the joint vision of the system. The formation of this team depended on decisions made at the UPEG directorate in function of its priorities and the capacity of the human resources, but their participation wasn't always counted on in the required time.

EQUITY IN FINANCING IN HEALTH

The analysis of health financing and cost is a relevant issue due to its impact, not just in financial sustainability of health systems but also in the effective access to services by the population and the types of interventions that are financed. Knowledge of costs and financing is essential for decision making on the assignation of resources and permits evaluating the equity and efficiency with which they are assigned and utilized and is key to learning about the impact of the decisions made in health. Thus, for project year three the following areas of action were defined: (i) support the development of research on financing and cost in health (National Accounts), and (ii) support the development of research in equity of financing in health: directionality, barriers and gaps in social investments in health for men and women in different life cycles.

Activities were implemented for each quarterly period as follows:

Quarter I: October 1- December 31, 2013

- Continued with: (i) the development and adjustment of data collection tools; (ii) the review and definition of the directory of institutions to be surveyed and (iii) the development of four tools to gather information along with the respective instructions, each directed towards a specific sector: the central government, the local government, nonprofit institutions and private institutions (iv) the validation of the methodology and the tools during a workshop with the participation of an expert from PAHO-Washington; (v) the development of institutional

capacities in the UPEG team for data and information gathering, which is a very relevant activity developed during this period; and (vi) making trips to gather information, covering 15 of the 18 departments.

Quarter II: January 1- March 31, 2014

- Concluded the first phase of the study with the following achievements:
 - Interest expressed by the MOH on the development of the study and especially in its institutionalization.
 - The formation of a team with technicians from the Central Bank, PAHO (Honduras headquarters and Washington headquarters) and USAID-ULAT, under UPEG leadership.
 - The use of a methodology that responds to criteria approved by all involved parties, based on standard methods prepared by OCDE, WHO/PAHO, IMF and the Central Bank of Honduras which responded to SEFIN guidelines.
 - The appropriation of the issue by UPEG technicians.
 - The systematization of the process through the detailed description of each phase of construction including the documentation utilized, tool development for information gathering, socialization of advances with teams from the involved parties and personnel from the National Autonomous University (department of postgraduate in economics, master's degree in public health and the economics department research unit).
- Initiated the second phase during which preparation was foreseen of the cost and financing document.
- Prepared terms of reference for carrying out the study on equity in financing in health, guaranteeing its complementarity with the rest of the studies which have yet to initiate.

Quarter III: April 1- June 30, 2014

- Carried out interviews with the field team to systematize the data collection process through the survey.
- Analyzed data entry of the questionnaires located in the database, for the purpose of verifying their quality.
- Verified the inconsistencies and internal quality of the application and adaptation of the needs for crossing variables required by the construction of indicators, charts and graphs to analyze the information. As an added value, a user manual was prepared for the application that can be utilized in future studies.
- Established contacts with the Central Bank of Honduras to work the data related to the homes and insert them into the database.
- Initiated the analysis phase activities which include: (i) analyzing the database information; (ii) analyzing the structure and contents of the document of the study results and (iii) preparing a draft and socializing the results for approval by the implied parties. It is important to emphasize that the ordered sequence for the different phases and moments of the study has received approval from PAHO Washington, who expressed: (i) the recognition of the work carried out and to Honduras as one of two countries in the region, along with El Salvador, for leadership on this issue and (ii) its agreement to continue supporting the team during the final phase of preparation of the final report and socialization of the results.

- Prepared the terms of reference and published for the study on equity in financing. Expressions of interest were received and the administrative process is about to conclude the evaluation and selection of the consultant.

Quarter IV: July 1 - September 30, 2014

- Finalized the cost and financing study. For this, the following activities were developed:
 - The process of obtaining data on the cost for the homes in joint work with the Central Bank of Honduras and the National Statistics Institute was concluded, which facilitated the guidelines and the necessary information. The cost for the homes is one of the points of the study with the greatest interest and at the same time, greater sensitivity due to the relevance with the characterization of the health system with a focus on equity.
 - The application for data management of the cost and financing study was finalized. This is a very relevant additional product because in the future it will permit periodical updating and analysis of information.
 - The quality of the final data introduced in the database was reviewed, as well as information outputs, in a consolidated manner, by verifying that the aggregated data responds to the formats of the basic output charts, according to the methodology utilized.
 - The preliminary data was socialized and validated by the technical team, formed by PAHO, the Central Bank of Honduras, the National Statistics Institute and the Honduran Social Security Institute. The structure and contents of the final report were approved.
 - The observations of the experts were included in the final report and deeper analysis of the information was carried out.

Deliverable Quarter IV

- Document containing the Cost and Financing Study 2011.

Programming Challenges

Throughout the period, several challenges were addressed including: (i) achieving appropriation of this type of study by UPEG technicians as well as the recognition of the importance of the study for their work as planners; (ii) prioritization of the issue during a period of time during which actions were focused on other areas; (iii) obtaining data from external institutions outside the MOH; (iii) obtaining data during field work required more time than anticipated due to the lack of awareness of this type of study by the majority of the institutions, especially in the private sector.

Environmental Plan

As previously mentioned, the activities developed by ULAT and providing technical support to the MOH do not generate adverse environmental impacts. However, they can provide opportunities to include and improve the means to address the management of hazardous biological and medical residue in various main products and in the results in which technical assistance is provided. In view of this, activities linked to the environmental mitigation plan during project year three were concentrated in:

- The inclusion of directives and guidelines for the RGH, approved through ministerial agreement no. 200 dated February 27, 2013 of a series of indicators for evaluating hospital management, including environmental management:
 - BIO-RH-01. % of recipients that include colored bags defined in the Regulation for the Management of Hazardous Residues.
 - BIO-RH-02. % of areas that comply with at least 80% of the criteria established in the tool for the evaluation of the management of hospital residues.
 - BIO-SP-01. % of hospital personnel that are aware of 80% or more of selected knowledge for the management of biosecurity.
 - BIO-SP-02. % of hospital services that include 100% of critical supplies for the management of biosecurity.
 - BIO-SP-04. Number of accidents and infections occurring in hospital areas or services associated with the management of hazardous solid hospital residues and were reported on the registration sheet of accidents and infections.
- Inclusion in the annual management agreement with San Lorenzo Hospital, in force as of April 1, 2014, of a clause that obligates the management of the hospital to comply with the environmental and social management plan which was prepared according to guidelines provided by the MOH. The relevance of this environmental and social management plan is that the objective is to establish mitigation measures to lessen potential environmental and social impacts, identified during the phases of construction/remodeling and operation of the San Lorenzo Hospital which contains the following interventions:
 - Licensing plan and required permits.
 - Operating permits
 - Environmental license issued by SERNA. Licensing resolution containing the mitigation measures.
 - Adjustment plan for management of solid hospital residues.
 - Integration and consolidation of the hospital waste committee which includes 12 persons.
 - Organization of work teams and development of a plan
 - Socialization and approval of the plan for the management of hospital residues.
 - Request the municipal corporation for land or physical space for the municipal sanitary land fill.

- Request financing from the private sector and external entities for the acquisition of materials, supplies, equipment, vehicles and containers.
 - Implementation of a training plans on the management of hospital residue.
 - Development and implementation of a health surveillance plan for personnel.
 - Refurbishment and remodeling of the booth for temporary storage of hospital residue.
 - Dissemination and sensitization campaign on the prevention of risks.
- Strategy for the internal management of solid waste.
 - Design of the contents and methodology for training personnel.
 - Design of educational material.
 - Preparation of an evaluation plan for the hospital previous to defining the indicators for this purpose.
- Plan for adaptation of internal management for the efficient use of electric energy
 - Improved infrastructure and electrical equipment
- Contingency plan and risk management
 - Installation and refurbishment the emergency operations center
 - Acquisition of supplies and materials to signpost the hospital
 - Acquisition of equipment for the alarm and alert system
 - Implementation of improvements in the structural part of the hospital including the residual water system, the electrical system, the adaptation of environments

Always in the framework of established commitments in the issue of the environment, signs were placed in project facilities, for the purpose of strengthening and/or contributing to the protection of the environment, through the good use of and saving of energy.



Illustration 11- Results of the Project in Numbers

Indicator/ Item	Results	Observations
Total Year 3 Deliverables	166	<ul style="list-style-type: none"> Includes those programmed in the plan and additional ones.
<ul style="list-style-type: none"> Programmed in Annual Plan Finalized deliverables during Year 3 Eliminated Additional Deliverables Final Drafts Completely Reprogrammed Additional Deliverables 	<ul style="list-style-type: none"> 145 75 23 4 43 21 	<ul style="list-style-type: none"> Remitted to USAID in respective quarter Justifications in corresponding reports. Pending validation and / or approval. Comments report text (s). Attached to reports in respective quarters.
Total key persons trained in family planning and reproductive health issues	429	<i>Main Issues</i>
	<ul style="list-style-type: none"> Women:306 Men: 123 	<ul style="list-style-type: none"> Family planning in rural areas (Community Family Planning (FP - ICEC) Tool logistics data consolidator. Development of materials on sexual and reproductive health (IHSS)
Total key persons trained in maternal-child health issues, Including issues of management and leadership, reform, decentralization, ONEC, etc.	543	<i>Main subjects</i>
	<ul style="list-style-type: none"> Women: 368 Men: 175 	<ul style="list-style-type: none"> Outpatient ONEC (ONEC Basic) Survey and analysis of hospital production processes (Organizational development) Management of the critically ill obstetric patient.
Number of policies / guides developed/changed in maternal infant issues, with project support	6	<ul style="list-style-type: none"> Honduran National Health Plan 2014-2018 Norm of National Health surveillance. Hospital Management Model and Implementation Guide. Rules of Organization and Functions MOH. Decree amending the macro structure MOH (PCM - 061). Proposal of the General Health Law.
Total USAID funded agencies with which we have coordination/work plans	5	<ul style="list-style-type: none"> Governance and Transparency and Improved Service Delivery Project. (USAID/NEXOS) ACCESO LMG Project (MSH) AIDSTAR PLUS CDC
Total cooperative agencies without USAID funding with which we coordinate joint assistance actions	5	<ul style="list-style-type: none"> MESO AMERICA Project – 2015 (BID/MSH) JICA IDB PAHO/WHO BCH (Honduran Central Bank)

VIII. Deliverables: October 2013-September 2014

Products Delivered during year three, Quarter I

Documents Delivered	
1.	Reports of the training activities of the pilot project with a focus on gender.
2.	Report on the activities in support of the development and approval of the MOH gender policy.
3.	Three modules on gender (I)
4.	Reports commemorating each special event on gender for the ULAT team. (I)
5.	Report on the incorporation of gender elements in the management monitoring and evaluation system.
6.	Implementation plan for the community strategies.
7.	Document containing the procedures guide for the development of decentralized management health services projects, in line with the new adopted National Health Model. "Guide for the formulation of the regional plan for managing the integrated network of health services"
8.	Quarterly report of the MdeGH implementation process in three hospitals.
9.	Report on advances made in the training process for managers and providers of the first level services networks
10.	Guidelines for the interpretation and use of the dashboards and assurance of quality and results.
11.	Quarterly reports of advances made on the development of the strategy.
12.	Quarterly reports of advances made in the SIIS design process.
13.	Quarterly reports of advances made in the implementation of the management monitoring and evaluation system. Will be completed in the fourth quarter.
14.	Report of the training for the management of the critically ill obstetric patient.
15.	Approved systematization plan of the pilot project.
16.	Document of the study to characterize child mortality.
Contract Documents	
1.	Quarterly Report, year 3, quarter I.
Additional Deliverables	
1.	Analysis Report for setting the document "Health Services Procurement Guide for Intermediate Level Procedures of the Ministry of Health"

Products Delivered during year three, Quarter II

Documents Delivered	
1.	Report of the activities to support the development and approval of the MOH Gender Policy.
2.	The second of three modules for training on the issue of gender.
3.	Quarterly bulletin on gender
4.	The second report of the commemoration of special events related to gender to the ULAT team.
5.	Report on the incorporation of gender mainstreaming in the proposal of the General Health Law.
6.	Updated HCDL tool
7.	Reports of the physical inventory of FP methods for October 2013 and May 2014
8.	Reports of FP programming in prioritized regions based on the methodological family planning strategy.
9.	Agreement Template with the FP guidelines incorporated.
10.	Monitoring reports for community interventions
11.	Report of advances made in the training processes for managers and providers in the first level services networks.
12.	Quarterly report of the Hospital Management Model implementation in three hospitals.
13.	Document containing the new Hospital Management Model.
14.	Document containing the Instrumentation Guidelines of the new Hospital Management Model.
15.	Bi-annual report of processes and, functional and organizational structure of the surgical block of emergency services and maternal-child care.
16.	Bi-annual report of results of improved hospital management in the framework of the RGH.
17.	Quarterly reports of advances made on the construction of the surveillance strategy.
18.	Quarterly reports of advances made in the health information system design process.
19.	Quarterly reports of advances made in the implementation of the Management for Results Monitoring and Evaluation System.
20.	General Law of Health “Health System Framework Law” officially approved (attached letter of approval of the law).
Contract Documents	
1.	Quarterly Report, year three, quarter II.

Additional Deliverables

1. Document containing the processes of the Teaching Hospital Emergency Area and peripheral clinics
2. Guidelines for the estimation of the hospital targets based on results management.
3. Application of the guidelines for the estimation of hospital targets in a network hospital.
4. Implementation guide for the ICEC
5. Information System of the IFC, Maternal Home and Rural FP strategies
6. Document containing the guidelines for the monitoring and management performance control plan at the regional level of the MOH.
7. Strategic Alternative for the Strengthening of the DGRISS management.
8. Signed agreement between the MOH and ASHONPLAFA.
9. Decree PCM 061-2013, containing reforms of the competences and the organic and functional structure of the MOH.
10. Final Report (Lic. Hector Moncada)
11. Final Report (Dra. Melly Pérez)
12. Final Report (Lic. Gertalina Cerrato)
13. Final Report (Dr. Hadwin Aguilar)
14. Final Report (Lic. María Sandoval)

Products Delivered during year three, Quarter III

Documents Delivered	
1.	Bulletin on gender # 2
2.	Bulletin on gender # 3
3.	Third of three modules for training on the issue of gender.
4.	Third report of the commemoration of special events related to gender for the ULAT team.
5.	Agreement No.406 approving the organization and functions internal regulation of the MOH.
6.	Quarterly report of the Hospital Management Model implementation in three hospitals.
7.	Report of advances made in the training processes for managers and providers in the first level services networks.
8.	Quarterly reports of advances made on the development of the surveillance strategy.
9.	Quarterly reports of advances made in the health information system design process.
10.	Quarterly reports of advances made in the implementation of the Management for Results Monitoring and Evaluation System.
11.	Report of the degree of implementation of the flowcharts of the Maternal & Neonatal standards.
Contract Documents	
1.	Quarterly Report, year 3, quarter III.
2.	Work Plan, Year IV. Submitted 15 August 2014
Additional Deliverables	
1.	39 decentralized management agreements signed in 2014

Products Delivered during year three, Quarter IV

Documents Delivered	
RI 4.1	PF Component
1.	Physical inventory of FP methods. May 2014
2.	Report of results with recommendations to improve the distribution of methods
3.	Report on FP methods scheduling priority regions based on EMSPF
4.	Monitoring report with the evaluation of coverage and increase in delivered methods by decentralized providers
5.	Consolidated FP Methods Programming at the IHSS
6.	Report of assessment of the AIN-C Strategy
7.	AIN-C methodological proposal for decentralized providers
8.	Monitoring reports of community interventions
9.	Photo documentary of the Demonstrative Experience
10.	Checklists for the application of approved maternal-neonatal standards
RI 4.2	Reform Component
11.	Annual report of the status of transformation for each of the health regions
12.	Health regions processes and procedures manual
13.	Quarterly progress report on the development of the strategy
14.	Progress report on the organization and manual functions (DGVS) UVS.
15.	Quarterly progress report in the SIIS design process
16.	Quarterly progress report in the implementation of the management monitoring and evaluation system
17.	Document containing the health expenditures and financing study
18.	Plan for legal and structural reforms
Componente de Descentralización	
19.	Biannual report of the implementation of the decentralization for health networks management
20.	Progress report in training managers and providers of the first level services networks

21.	Quarterly report of the implementation process of the hospital management model in three hospitals
22.	Biannual report of processes and the functional and organizational structure for the emergency area in the surgical and maternal-child block
23.	Biannual report of results of the improved hospital management in the framework of Hospital Management Reorganization
24.	Document containing guidelines for accountability and transparency for health services decentralized managers
Gender Component	
25.	Reports of content for inclusion in the strategy, design and evaluation of IHSS
26.	Final document for the systematization of the Demonstrative Experience explicitly incorporates gender elements
27.	Reports of the training activities on the Demonstrative Experience with a focus on gender
28.	Reports on the incorporation of gender elements in the EONC strategy and in its implementation
29.	Quarterly gender newsletter
30.	Reports commemorating each special event on gender for the ULAT team
31.	Report of the incorporation of gender in the management monitoring and evaluation system
32.	Report on gender elements incorporated in the study on health financing and cost (national accounts)
33.	Report on gender aspects included in the guidelines for accountability for health services decentralized managers
Contract Documents	
1.	Project Progress Report, Year Three, Quarter IV.
Additional Deliverables	
1.	Organization and Functions Manual MOF
2.	Mary Hospital Agreement
3.	Guidelines for the formulation of the plan to decentralize the management of health networks.
4.	National Health Plan 2014-2018
5.	National Standard for Health Surveillance
6.	MOH Rules of Organization and Functions (RIOF)
7.	Gazette dated August 2, 2014 containing the internal rules of organization and functions SESAL (ROF).

8. Clinical Guidelines for the FP Care in the IHSS

9. Report containing the adjustment process of PEI 2014-2018

IX. Monitoring and Evaluation

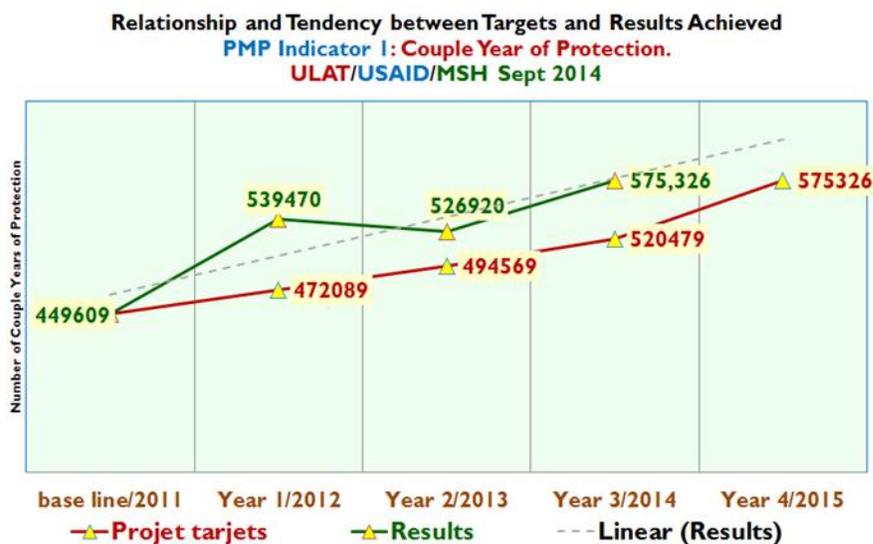
PMP Indicators - IR 4.1

Strategic goal: <i>Improve the health of vulnerable and underserved populations</i>							
Intermediate Result 4.1.- <i>Use of and access to quality maternal and child health and family planning services increased</i>							
Indicator	Base line	Year 1	Year 2	Year 3		Final Project Targets	Observations
				Target	Achieved		
Indicator 1. (F) Couple Years of protection (CYP)	449,609	539,470	526,920	520,479	575,326	431,495	The goals established in the PMP for the three years of the project were completed on, in year four similar to that achieved in year three, due to difficulties in buying contraceptives (outside the scope of the project) an objective. Analysis method shows a decrease in oral intake and stabilization in condoms. There is significant increase in the consumption month injectable, IUD, VSC F and M, and the insertion of the implants, methods that contribute more to the construction of the indicator. It is important to recognize in this period a grant from UNFPA. The ultimate goal is estimated for three quarters 4 according periods of project implementation.
Indicator 2. Percentage of health regions that conduct annual programming using the methodology described in the FP strategy	100%	100%	100%	100%	100%	100%	The fulfillment of the goal for this indicator has reached to the level of health networks.
Indicator 3. (F) Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds	0	0	330	35	195	70	The on meeting established goals for this indicator are due to increased demand for deployment on ICEC, as well as cascade training for logistics processes and FP in the IHSS MOH not initially contemplated.
Indicator 4. (F) Number of policies or guidelines developed or changed supported by the USG to improve access to and use of FP/RH services for which evidence of initial implementation has been gathered	1	2	2	0	0	4	The overall target set in the project for this indicator was 4 policies have already been fulfilled. (i) FP component to be included in contracts with suppliers decentralized (ii) methodological strategy MOH modified FP (iii) Monitor Manual (a) Community of FP. (Strategy to ensure access to family planning services in rural areas). (iv) Strategy FP for IHSS.
Indicator 5. Number of new standards included in the organizational and human resources development at ASHONPLAFA	0	4	3	0	0	7	The stated goal of seven was achieved as in year two of the project, as planned, which coincided with the completion of the support agreement between USAID and ASHONPLAFA.
Indicator 6. Percentage of births attended by skilled doctor, nurse or midwife in USG-	52%	67%	68%	69%	63.7% ³	70%	The ultimate goal of the project at its inception was established in 56%, was modified by the results obtained in year 1, however, the irregularity (sub record, lack of systematization) of statistical reports from several hospitals

³The total numbers the recorded amount of births attended by trained personnel was 144.315..

assisted programs							have stopped counting the actual number of attended births, a situation that has been exacerbated by the government's transition period.
Indicator 7. Percentage of maternal deaths related to the first delay (seeking emergency help)	SD ⁴	27%	19%	NE ⁵	22%	*	* In the first three years of the project has not been possible to make statistical estimates of a target for this indicator. With the observed trend and interventions related to the expansion of the ICEC, one would expect that at the end of the project, the percentage is below 20%.
Indicator 8. Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	99,287	101,439	92,305	105,334	91,867	101,439	The procedure to measure this indicator has been systematized, compliance in this year was 98.56% at the level of the whole country; However the challenge of information management for construction remains, should intervene on factors such as the systematization of the report of the number of births and underreporting of information..

Figure I- PMP Indicator I – Couple Year Protection (CYP)



The results obtained are shown in this graph highlights:

- 1.- Compliance with the goals established in the three years of the project; and
- 2.- Line of trend ascent, which exceeds the fall shown in year 2 of the project.

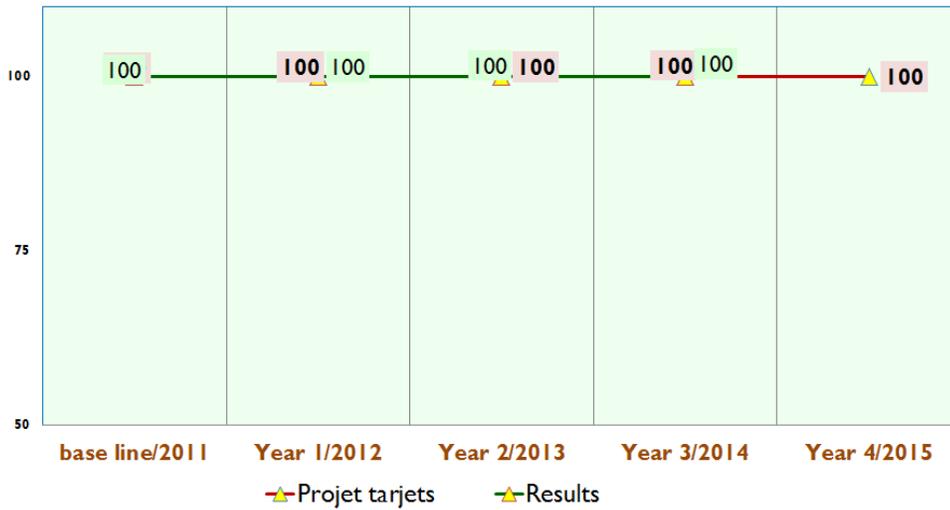
For year 4, the goal remains the figure obtained in year 3, because of problems in procurement of contraceptives. Out of project scope

⁴ SD: Without data

⁵ NE: Not Estimated. Impossible to make statistical estimates.

Figure 2 – PMP Indicator 2. - Percentage of health regions that conduct annual programming using the methodology described in the FP strategy

Relationship and Tendency between Targets and Results Achieved
PMP Indicator 2: Percentage of health regions that conduct annual programming using the methodology described in the FP strategy.
 ULAT/USAID/MSH Sept 2014



Fulfilling the goal set for the level of health regions is maintained. This year, this result was consolidated at the level of integrated health services networks.

Figure 3- PMP Indicator. Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds

Relationship and tendency between targets y results
PMP Indicator 3: Number of people trained in FP/RH with USG funds.
 ULAT/USAID/MSH Sept 2014



The graph of this indicator is observed on the targets set - Compliance in years two and three, with a comparative decline in the last year.

The goal for year four is considerable and is estimated on the basis of staff training on the ICEC for expansion

Figure 4 – PMP Indicator 4. Number of policies or guidelines developed or changed supported by the USG to improve access to and use of FP/RH services for which evidence of initial implementation has been gathered

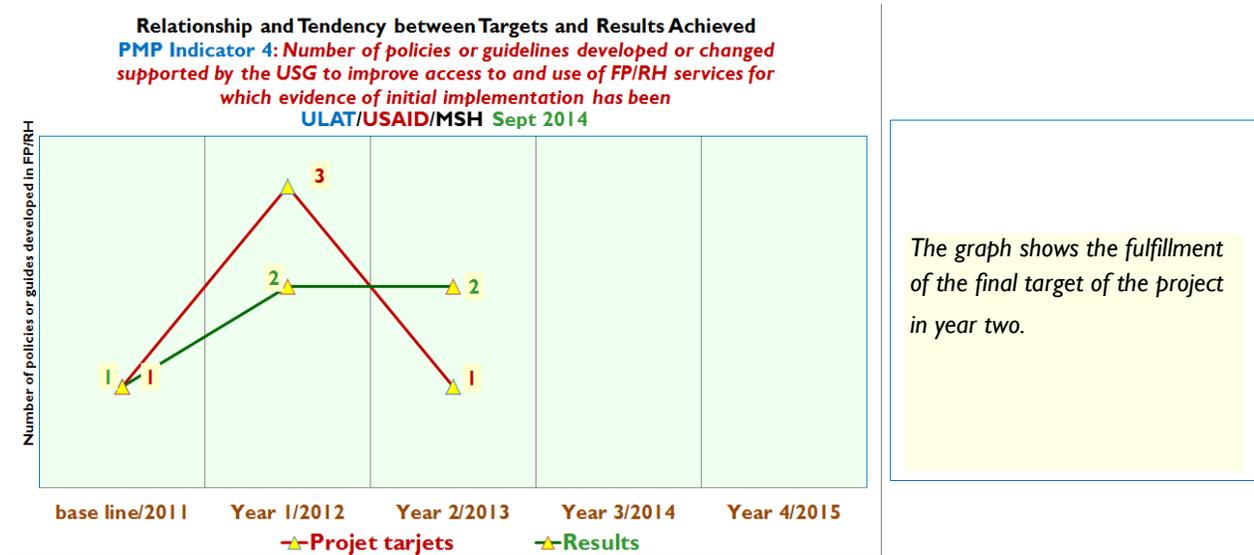


Figure 5 – PMP Indicator 5. Number of new standards included in the organizational and human resources development at ASHONPLAFA.

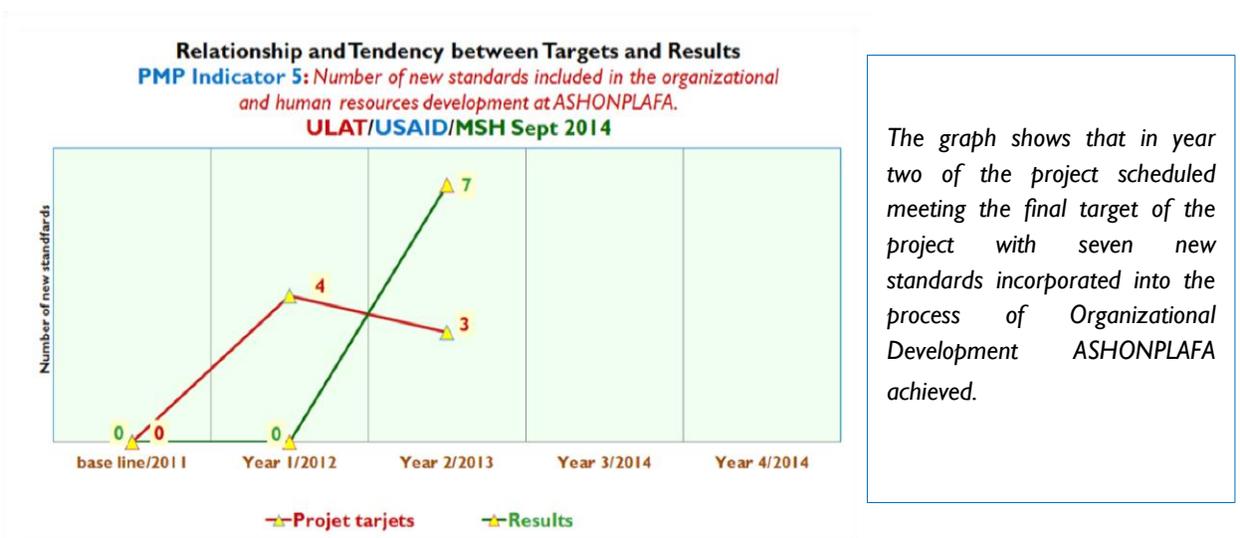
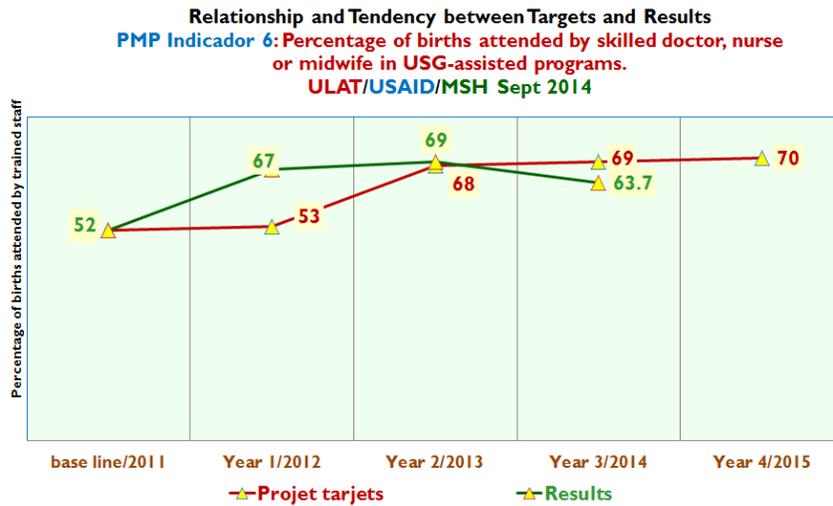


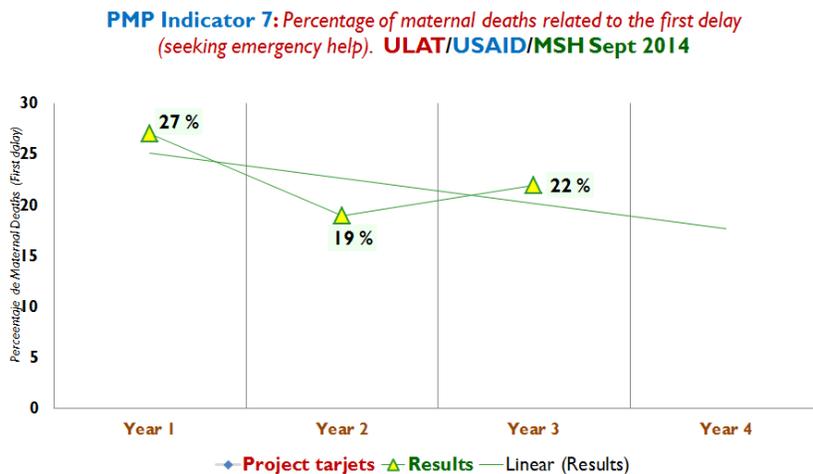
Figure 6 – PMP Indicator 6. Percentage of births attended by skilled doctor, nurse or midwife in USG-assisted programs



The graph shows a decline in this period, compared to the results obtained in year two of the project; with just over five percentage points below the target set of 69% is observed. Among the problems encountered in achieving this goal include underreporting and late submission of information.

In absolute numbers were recorded in the period 144,315 deliveries by trained personnel.

Figure 7 – PMP Indicator 7. Percentage of maternal deaths related to the first delay (seeking emergency help)



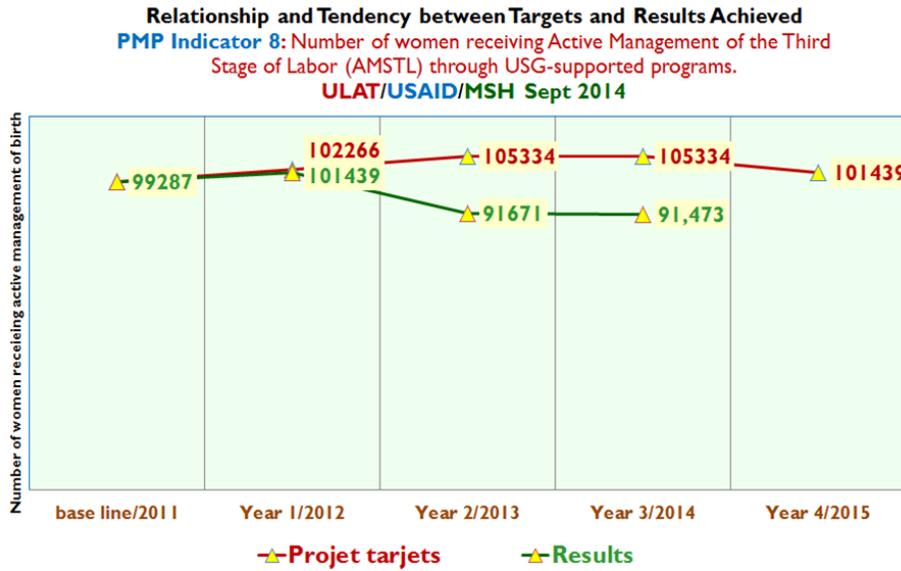
The chart presents the indicator results for years one, two and three of the project, highlighting the line with clear downward trend indicator, allowing expect for year 4 to obtain the result is less than 20%.

First Delay: The time that passes from the time the woman identifies that she has a serious health problems and the moment she makes the decision to seek health at a health unit. ULAT will consider that the first delay has contributed to maternal deaths when some time passes between someone identifying signs of danger and the decision was made to seek medical help.

Second Delay: The time that passes between when a woman leaves her house until her arrival at the health facility.

Third Delay: The time that passes from arrival at the door of the health facility until the moment care is provided.

Figure 8 – PMP Indicator 8. Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.



The graph shows a stabilizing trend in the results for the year two remained below the set target (15%).

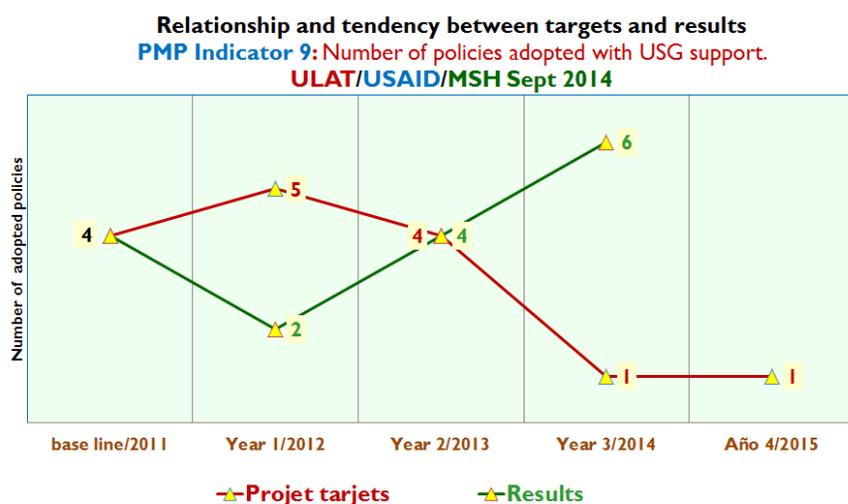
For the construction of this indicator, the percentage of women receiving active management of the third stage of labor is 98.56%. However, the absolute number is below the expected goal, because persist some problems in the registry and the timeliness of data delivery attendance.

PMP Indicators- IR 4.2 and 4.4

Strategic Objective: Health status for underserved and vulnerable populations improved							
Intermediate Result 4.2.- Maternal and child health and family planning services sustained							
Indicator	Base Line	Year 1	Year 2	Year 3		Final project target	Observations
				Target	Achieved		
Indicator 9. (F) Number of policies adopted with USG support	4	2	4	1	6	11	A long this period six major policies were developed: 1. Honduran National Health Plan 2014-2018 2. Norm of National Health surveillance. 3. Hospital Management Model and Implementation Guide. 4. Rules of Organization and Functions MOH. 5. Decree amending the macro structure MOH (PCM - 061). 6. Proposal of the General Health Law.
Indicator 10. Number of people trained in maternallnewborn health through USG-supported programs	0	256	420	475	543	887	Accomplishments of the project in this indicator exceed the target set for year three and widely meta number at the end of the project. These results are related to the favorable conditions in the project that generated needs greater than originally anticipated training.
Indicator 11. Number of management plans for organizational re-structuring of the health regions for which initial implementation has begun	0	5	7	8	8	20	In this indicator, the project has complied fully target programmed. 20 management plans have been completed.
Indicator 12. Number of gender-related obstacles addressed in the new health model	0	NA	4	4	4	9	Barriers identified will be addressed through the different component processes of ULAT Gender Mainstreaming. Of the ten barriers initially identified so far have been addressed is more than eight. Another barrier, based on the strategy of gender mainstreaming in the MOH are expected to be addressed in the fourth year of the project. The only barrier that will not be addressed in the project refers to the incorporation of gender-related variables in the SIIIS, a project financed with funds from the Canadian cooperation has postponed if at the beginning.
Indicator 13. Percentage of decentralized providers with a social auditing clause included in their contracts	0	100%	100% (37)	100%	100% (38%)	100%	Target achieved with the inclusion of the social clause in the standard contract audit, monitoring and updated annually.
Indicator 14. Number of underserved people covered with health financing arrangements	760,613	959,865	1,105,670	1,545,030	1,338,939	1,800,000	A significant achievement of 87% was obtained, despite the financial difficulties being experienced MOH as result of the crisis in the country in this regard.
Indicator 15. Number of coverage extension projects formulated by the sanitary health regions using the designed methodological guideline	0	6	37	2	39	14	The final target of the project established in the PMP for this indicator was exceeded from year two, so the goal of two projects of year 3, has been overtaken by the process of drafting new agreements. Each signed agreements corresponds to a specific project to extend coverage for

							processing the elements contained in the methodological guide used. In that sense MOH has obviated the step "to formulate a project document", constituting the agreement on "the project itself." Thus 100% of agreements have followed the methodology process established.
Indicator 16. Number of hospitals prepared to begin initiate implementation of the new hospital management model proposal	0	0	3	2	0	9	Preparing hospitals to start implementing the new model of hospital management will be taken up for year four, with the new National Health Plan.
Indicator 17. (F) Percentage of USG-assisted delivery points experiencing stock-outs of specific tracer drugs (FP) (contraceptives)	63	60	58	43	78	43	The increase in the percentage of stock-outs units some method was the expected outcome of this indicator, because there are failures to acquire, mainly oral contraceptives. Nevertheless the observed shortage, the CYP have increased by increase in VSC, and use of injectable, IUDs and implants, which have a factor for calculating the greatest CYP.
Indicator 18. Number of management decisions taken based on MOH's monitoring and evaluation reports	0	NA	NA	NA	NA	14	The Monitoring and Evaluation for Results Management System will be implemented in year 4.
Indicator 19. Number of laws, policies or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level	0	0	7	2	5	8	The target set for this indicator has been over fulfilled. For year three were prepared: 1 National Health Plan 2014-2018. 2 Joint Implementation Guide for Community Strategies. (ICEC). 3 General Health Law. 4 Guidelines for Social Audit 5 Systematization document of the ICEC.

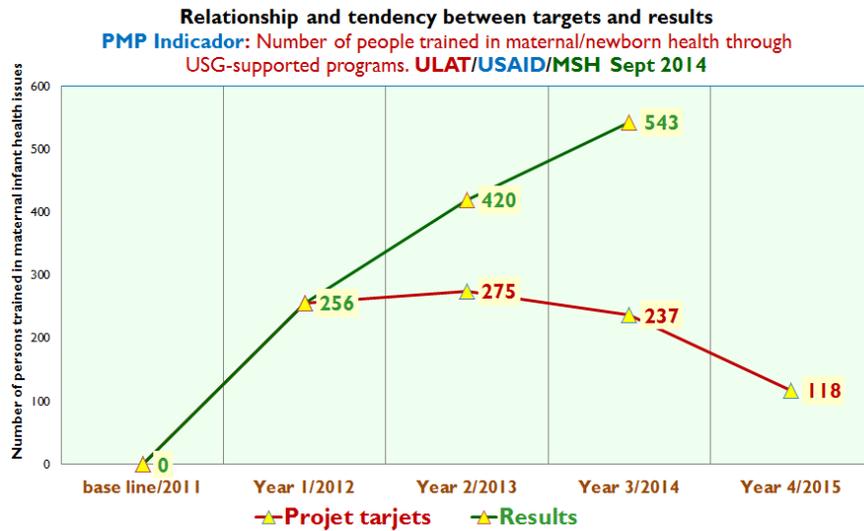
Figure 9 – PMP Indicador 9. Number of policies adopted with USG support.



The graph shows that the ultimate goal of the project, established in 11 policy has been exceeded (16 With an effort of 6 policies developed in year 3.

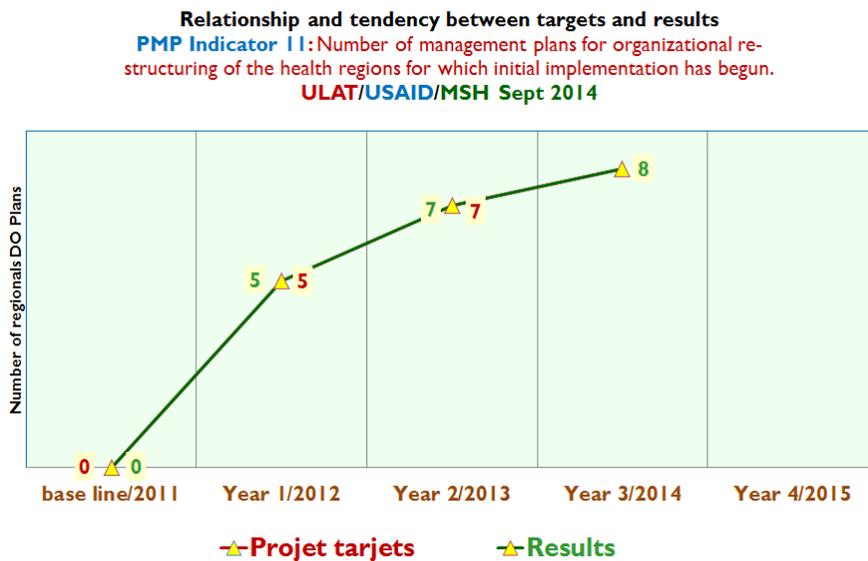
In year 4 of the project, the target is to develop the only remaining policy: financial management model for the national health insurance fund.

Figure 10 – PMP Indicator 10. Number of people trained in maternal/newborn health through USG-supported programs.



The chart shows the surpassing the target of 3 year notes, as for people trained in maternal and child health issues, including issues related to the reform and decentralization. With a clear trend line to the upside These results arise from increased demand SESAL on expansion in the training of ONEC issues and reform issues related to Organizational Development and Strategic Planning.

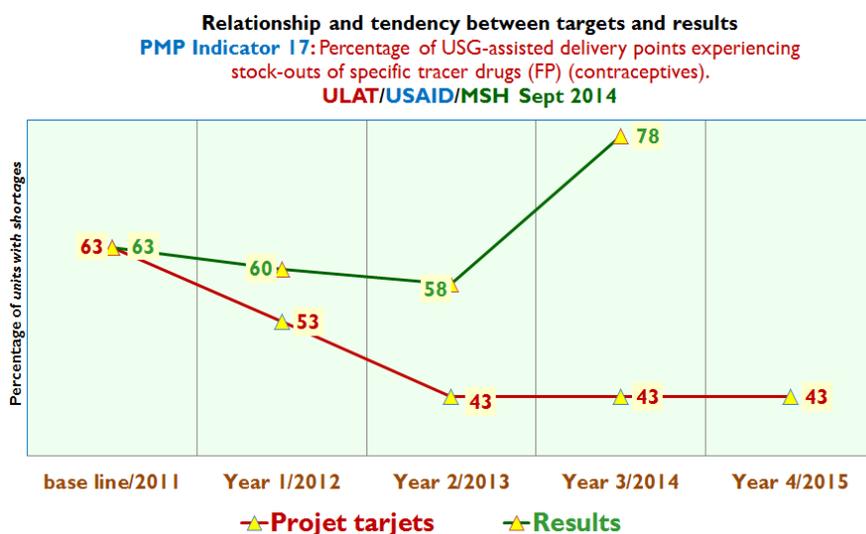
Figure 11 – PMP Indicator 11. Number of management plans for organizational re-structuring of the health regions for which initial implementation has begun.



The graph of this indicator reflects the fair implementation of planned results.

In Year 3 of the project has met the target set with 20 management plans developed for organizational development of the Regions Health.

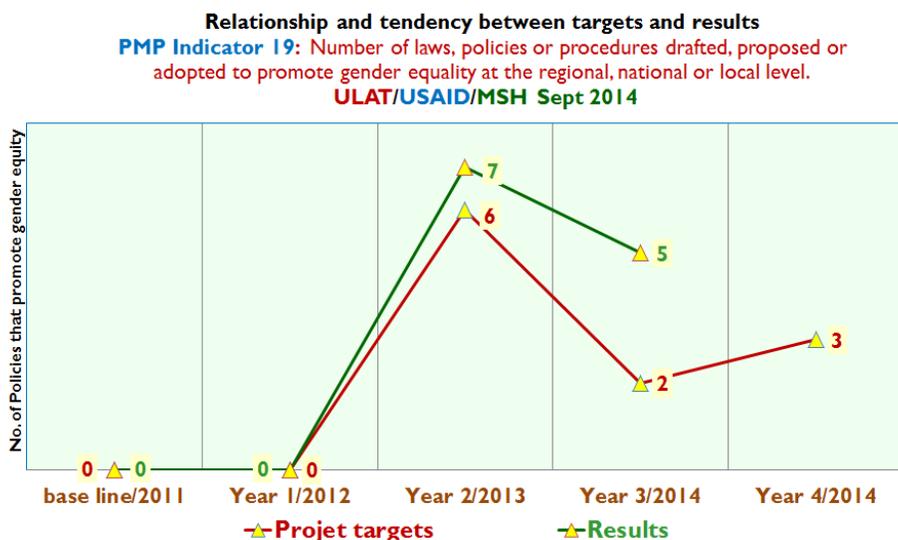
Figure 12 - PMP Indicator 17. Percentage of USG-assisted delivery points experiencing stock-outs of specific tracer drugs (FP) (contraceptives).



The physical inventory conducted court dated June 15, 2014, reported by 78% of health facilities with stock below the minimum level (at least one method), which compared to October 2013 data represents an increase of 20%.

This result confirms the effects of irregularities in the purchase of contraceptive supplies, logistics cycle phase of escaping the effort made by the project as they are political decisions at the highest national level.

Figure 13 – PMP Indicator 19. Number of laws, policies or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level.



The target set for year 3 was accomplished; project produces the following documents of laws, policies, or procedures that promote gender equity:

1. National Health Plan 2014-2018.
2. Joint Implementation Guide for Community Strategies. (ICEC).
3. General Health Law.
4. Guidelines for Social Audit
5. Systematization document of the ICEC.

X. Coordination with other counterparts and actors

During project year three, the project continued with the development of multiple work events for coordinating with officials from organizations that develop activities, similar in nature to those implemented by ULAT. These are described below along with the main results:

Governance and Local Transparency and Improved Delivery of Services Project (NEXOS)

Several work meetings were held with the NEXOS project, coordinated with the UGD, to approach the development of administrative and technical capacities for decentralized managers and to identify the areas of work in which efforts can be optimized that each is carrying out individually. Throughout the third year advances were made in:

- Defined the framework for activities formed by the following agreements: (i) UGD and NEXOS would be responsible for generating capacities in the managers, according to their area of competence; (ii) UGD decided that it would utilize the learn by doing methodology with the necessary technical accompaniment; (iii) ULAT will design the guide and instruments for monitoring the strengthening processes for the managers' capacities, with technical participation of NEXOS and the UGD team; (iv) ULAT will work with the "Training plan and programs for institutional strengthening for health managers" proposed by NEXOS and an EXCEL matrix will be organized by "module" where existing tools and others that are necessary to be constructed are identified; (v) harmonization of the tools will be carried out; (vi) a guide will be prepared for the evaluation of managers' capacities and training needs and will be applied to all the managers; (vii) the work plan will be prepared for strengthening managers' capacities and (viii) the curriculum will be constructed and the tools for the modules will be prepared as well as the audience to which they are directed. The survey was taken to establish the base line on the managers' capacities and the training plan was developed.
- Carried out the conceptual, theoretical and methodological review of the proposed curriculum for the development of the decentralized managers' capacities as a result of the consultancy contracted by NEXOS and its development was adapted to be more closely linked to informal education and more simplified for its development in service.
- Prepared the cost estimates for the implementation of the training plan for managers, with the expectation that in function of available financing in the respective projects, it could be initiated in the short term.
- Initiated preliminary activities to establish a joint plan for approaching the issue of transparency and social audits linked to decentralized management in health services.

Because training activities were not initiated in the field during the expected time period, third year activities that were contemplated in the ULAT work plan and were linked to monitoring the development of the capacities of decentralized managers, continued to be delayed in implementation. The project expects to achieve implementation during the final project year.

ACCESO

Activities coordinated with the ACCESO project were related to the issue of nutrition. More specifically, communications continued for coordination activities between both projects in the area of policies and above all, for the definition of the sustainability of actions financed by ACCESO in health. In this framework, discussions were held between ULAT/ACCESO/USAID to define the role that ULAT will play during this process. It was evident that implementation of the previously agreed work plan finalized with the achievement of the two proposed objectives, related to the inclusion of the issue of nutrition in the IFC strategy and with training ACCESO personnel in maternal and child health aspects. In order to advance in future coordination, the following commitments were established: (i) design and implement a methodological process for the development of the issue of nutrition in community committee meetings in the framework of the IFC strategy for the ACCESO personnel to apply in the regions where they work; (ii) approach the gender issue during an IFC meeting as an example for designing what corresponds to the nutrition issue and (iii) coordinate actions in the work that will be carried out with the person to be contracted to design a cost-effective adaptation of the AIN-C strategy for decentralized providers. All of these commitments were complied with by ULAT.

Activities were also developed for the definition of the approach to the AIN-C issue integrated in the joint implementation of community strategies, in decentralized management of services provision and in the simplification of the AIN-C strategy to make it more cost effective. It is necessary to emphasize that these issues constitute elements of the ULAT work plan which will result in the preparation of the respective proposal for the MOH.

LMG

With the LMG project, converging aspects were coordinated related to the technical assistance to the UGD linked with agreements with non-government organizations by the MOH. These are elements of decentralized management in health services contemplated in the framework of reform. Specifically, discussions were held jointly with the SM2015 project related to the services contracting process, for the purpose of arriving at a harmonized response.

AIDSTAR PLUS

The coordination with this USAID implementing mechanism constituted the socialization of the activities from the guides that will be utilized by the health regions to establish the configuration of the RISS and the development of its management plan. These guides were designed by ULAT in the process of preparing tools for the national health model.

In addition, the projects worked jointly with the NGOs that provide a particular group of HIV AIDS services to special populations by following guidelines that were worked with ULAT in the tool development process of the national health model.

IDB

Activities in coordination with the IDB were related to the decentralization of services management at the first level and with the implementation of the new management model in three public health services network hospitals that the institution supports and the design of which was prepared by ULAT. For this purpose:

- Held meetings with the IDB and the UGD to define the mechanisms that would permit optimization of the technical assistance provided to the department of hospitals with the hospital management model and to the UGD in strengthening and the development of proposals for legal instruments based on what ULAT has constructed on this issue.
- Continued support provided to the department of hospitals in the work events with the consulting firm, CSC, contracted by the IDB to provide technical assistance to hospitals selected for implementation of the hospital management model.
- Provided support in aspects related to the development of the agreement between the MOH and the foundation that will be managing the San Lorenzo Hospital.
- Coordinated with the SM2015 project on the technical assistance that is provided from both projects on the issue of the acquisition of health services, to be convergent and harmonized in its understanding and contents. The LMG project financed by USAID also participated in this particular issue.

Along another area of action, the projected participated in the review of a proposal for a draft law for health services management, framed in the decentralization process that was anticipated could be considered and approved by the national congress. Nevertheless, the opinion of the transition commission was that the discussion of the general health law was more convenient and timely and the project proceeded to develop a proposal based on the preliminary draft that was prepared by ULAT.

Currently, interest was renewed on the issue of the general health law given the decision of the executive power to introduce an initiative in the National Congress for the approval of a framework law for social protection that will be complemented with a health system law along with the health assurance law. For the national health system law, a special table was formed for work with the relevant health sector actors, with participation by ULAT.

PAHO

Coordination actions in various issues were carried out with PAHO. In the area of policies, the project participated in work events organized by the MOH for the development of arguments that the Minister of Health could utilize during discussions on a proposed health system that were carried out as a response to the crisis at the IHSS and were described in the chapter on project context. The IDB also participated in these events. As a result of these actions, a proposal was developed for the national health system law in function of the decisions adopted by the MOH, according to the circumstances generated by government performance. Currently, this proposal is being submitted to a new review given the decision of the executive power to introduce an initiative in the national congress for the approval of a framework law for social protection.

The Teaching University was also supported by the project and PAHO. Preparations were made for the review and documentation of the processes of care, evaluation support and general services at the Hato de Enmedio and Las Crucitas CLIPERs. In addition, processes were also reviewed in the emergency areas, in the observations of adult surgery as well as the organizational structure of the obstetric emergency area, resulting in the definition of a proposal to be submitted to the institution's directing authorities.

Coordination actions were also carried out to carry out the cost and financing study in health. This study was developed in accordance with the methodology and nomenclature utilized by the Central Bank for the National Accounts. There was participation by an expert from Washington, Claudia Pescetto, who is an advisor in economics and financing (PAHO/WHO) as well as PAHO Honduras and the UPEG and ULAT team in order to learn about the health sector reform process and studies carried out in the country as well as the methodologies utilized for each study.

JICA

Coordination with JICA was focused on activities related to the process of socialization of the guides that will be utilized by health regions to establish the configuration of the RISS and the development of their management plan. These guides were developed by ULAT in the process of developing tools for the national health model.

CENTRAL BANK

Coordination actions were carried out with the Central Bank and PAHO to concretize technical support for carrying out the cost and financing study in health, which concluded in 2011 as the referral year. This study was developed in accordance with the methodology and nomenclature utilized by the Central Bank for National Accounts.

OTHERS

In the framework of the development of the MOH gender policy, a meeting was carried out for consultation with the gender experts from the European Union, the United Nations Population Fund, PAHO/WHO, in addition to two independent consultants in order to obtain inputs for the policy.

XI. General Conclusions and Lessons Learned

In consideration of a general evaluation, implementation of the work plan for project year three resulted in the following conclusions:

- i. During year three of project implementation, the MOH has participated in a complex and prolonged transition process which has occurred in phases, the finalizing the previous administration and continued with the development of the electoral event for the selection of new government authorities, followed by the transition period during the post electoral phase and the assumption of the new administration of their roles with a different leadership and work focus. This has influenced the promptness in the execution of activities linked to the project areas of work given the nature and complexity of the ULAT project which results in its dynamics being sensibly influenced by political circumstances in the immediate surroundings.
- ii. In this context, adapting to these situations which move with great uncertainty, has been possible thanks to the positioning of the project in relation to the new MOH authorities, which has permitted the timely placement of issues linked to health sector reform and strategies for improving maternal child health and family planning on the agenda of the ministerial leadership, for the purpose of creating the appropriate conditions to continue driving them. Also contributory is the fact that, due to the type of project and the manner in which technical assistance is provided, under conditions of administrative transition ULAT performs as an effective institutional memory device.
- iii. Changes resulting from the election process with the selection of new government authorities and with a transition process established early on resulted in an appropriate political environment for the development of some areas of action for the project which in the past had not found adequate conditions for viability. As such, approval was achieved for the proposal for the new MOH central level structure and functioning which led to the issuance of a Presidential decree in the council of ministers which made the structure official. In the same manner, the discussion was retaken of the need for a framework law for the health system to substitute the current organization regarding this issue and in this dynamic a proposed law was developed.
- iv. In the same manner, changes in the MOH political leadership with the appointment of Dr Yolani Batres as minister of health and the subsequent selections she made of the professionals to carry out leadership positions, continued to generate the appropriate conditions for the development of the project areas of action. As such, to organize the work in the immediate term and guarantee obtaining the results set by the government for the first 100 days for the new administration in the area of health, the Minister developed a specific plan.
- v. Participation is emphasized in the development and monitoring and evaluation of the 100 days plan of the new administration in the area of health, which constituted the tool for organizing the work in the immediate term. ULAT provided support for the process of constructing the plan as well as the design and establishment of the tool that would permit monitoring. The importance of this plan is that it includes all elements linked to the field of reform and are ULAT's areas of work, which moved from one administration to another without difficulty.

- vi. In order to link the startup phase of the new administration, reflected in the 100 days plan, with the long term actions with the four year horizon of the new government period, support was provided for the “2014-2018 National Health Plan” which will be presented to the main health sector actors during the second week of July of this year. This plan also includes all areas of work in which ULAT has been providing technical assistance and as such, could be considered a fundamental effort for the sustainability of project action beyond its contract period, from the perspective of institutional policy planning.
- vii. The technical assistance provided to Dr. Yolani Batres and to her team during the startup phase of her administration created the conditions to invigorate the positioning of the project with the institution and as a consequence, increase the dynamics of the different ULAT areas of work and consequently to move towards consolidation of the processes during the final phase of the project.
- viii. The previous circumstances were also important for ULAT to be considered as a participant in the health table organized by the executive power to discuss a proposed general health law as a complementary legal instrument to the framework law of social protection which was introduced for approval to the national congress.
- ix. An important element was the IHSS intervention through a special commission, which has focused its work in the institution’s problems with great magnitude in the area of finance and the preparation of institutional reorganization based on the concept of universal assurance, which has resulted in slowing down some decisions required for implementing activities linked to technical assistance provided by the project.
- x. There were favorable conditions for ULAT to coordinate actions with other projects with which it has converging areas of work, supporting the delivery of integrated assistance to the MOH and optimizing individual efforts. Plans for joint action have been formalized with NEXOS and ACCESO which are other implementing mechanisms financed by USAID. Coordination efforts have also intensified with the IDB in aspects for operations in the implementation of the new management model in three public services network hospitals and the review of the decentralized management agreements at the first level in the framework of the requirements for financing and aspects that include the SM2015 project. This includes coordination with the IDB and PAHO in aspects for the configuration of the new health system legal framework, with PAHO and the Central Bank in cost and financing studies and with JICA in aspects linked to implementation of the new health model.
- xi. The opportunity to provide technical assistance in different MOH entities and levels permits identifying how specific elements in different processes contribute to the global purpose and to establish synergy for obtaining expected results. As an example, there is the demonstrative experience for the joint implementation of community strategies that constitutes a nucleus of action based on the community that tends to expand from three initially considered strategies to others that have the opportunity to develop in a concept of integrated health. Evidence of its potential is the tendency towards short term expansion from the geographic point of view motivated by interest in decentralized managers to establish a more cost effective delivery of quality health services.
- xii. The lack of distribution of human resources available from the MOH central level, according to the new organic and functional structure, with the specific definition of responsibilities of the

counterparts constitutes an important element that results in the assistance for some processes not to advance with the corresponding speed. To this should be added that at regional level an important substitution has occurred in key positions which generates a demand for re-training in the basic aspects of the institutional changes and also results in delays in the development of the processes.

- xiii. Contributing to the performance of the project is the support received from the USAID health office team, which continues to be effective. This has significantly facilitated relationships with different project counterparts and with cooperating agencies contracted by USAID and others, and permitted the project technical team to count on the minimum adequate conditions for advances reached to date are in accordance with what is expected.
- xiv. In the framework of the described situation, in general all project areas of work are under quite an acceptable level of implementation.

XII. Financial Report

1. State of accounting

Fund Accountability Statement

Cumulative Revenue (funding obligations received)	\$9,826,470
Interests earned (1)	0
Costs incurred (Expenses through 9/30/14)	\$7,770,072 + \$259,234 fee = \$8,029,306
Available funds as of 9/30/2014	\$1,797,164
Payables (accruals)	\$171,463
Net available funds	\$1,625,701
Estimated expense burn rate for next quarter	\$1,156,954
Estimated quarters of pipeline	1.41

Note:

(1) As this is a cost reimbursable contract, there is no interest accrued.

2. State of budget implementation

**Management Sciences for Health
ULAT FOR HEALTH
Contract 522-C-11-00001
Year Three Budget Implementation Statement
As of September 30, 2014
(US\$)**

Description	Budget	Actuals	Accruals	Actuals+Accruals	%	Balance
Expenditures:						
Salaries and Wages	1,860,956	1,314,980	75,520	1,390,500	75%	470,456
Consultants	368,975	52,727	7,234	59,961	16%	309,014
Overhead	811,600	532,185	27,675	559,861	69%	251,739
Allowances	65,989	32,048	-	32,048	49%	33,940
Travel and Transportation	277,560	88,495	3,087	91,583	33%	185,977
Training	404,136	342,663	42,374	385,036	95%	19,100
Subcontracts and Grants	-	-	-	-	0%	-
Other Direct Costs	530,956	369,956	15,573	385,528	73%	145,428
Equipment	13,748	39	-	39	0%	13,709
Total	4,333,919	2,733,093	171,463	2,904,556	67%	1,429,363
Fee	107,487	50,582	-	50,582	47%	56,905
Total	4,441,406	2,783,675	171,463	2,955,138	67%	1,486,269

- 1/ Variance caused by: a) severance payment budgeted not paid, and b) contracting of two Technical Advisors (Family Planning and Decentralization) in May 2014 and two Technical Assistants in February 2014 (Family Planning and Decentralization), these contracts were budgeted to start in October 2013
- 2/ Processes for international consultancies were postponed considering the selected candidates were from advanced developing countries and due to USAID restrictions on contracting consultants from those countries
- 3/ "From Post Shipping" costs for TCN Elena Sanchez will be paid at the end of the Project
- 4/ Deliverables are being achieved with less resources than expected due to the efficient way the activities have been programmed
- 5/ Some of the publications programmed for Year three will be completed during Year four
- 6/ Air conditioners, photocopier and LCD projectors budgeted were purchased at a lower price than US\$500
- 7/ This balance does not include the liability of the cumulative severance for US\$220,937 as of September 2014

3. Matrix of the major challenges faces

**Management Sciences for Health
ULAT FOR HEALTH
Contract 522-C-11-00001
Matrix of Financial Problems/Actions Taken/to be Taken
As of September 30, 2014**

Subject	Problem	Action Taken/to be Taken
Sales Tax Exoneration	On July 2013 the legal process to obtain the sales tax exoneration was initiated, process that took a year to obtain the exoneration document; additionally, the exoneration is currently performed online which involved the registration of the Project for the Government to grant access to the system and the related training of the Project staff. This situation prevented the timely exoneration of purchase orders.	After obtaining the exoneration document, next steps were taken for the Government to grant the Project access to the online system, training was received by Project staff and internal actions were taken considering the time involved since the purchase request if received until the exoneration Purchase Order is obtained. Additionally, all the required documentation is being prepared to submit the Executive Directorate of Income the request for reimbursement of the sales tax of the Purchase Orders that were not exonerated.
Income Tax, Net Assets and Temporary Solidarity Contribution	The process to obtain the exoneration document for the Income Tax, Net Assets and the Temporary Solidarity Contribution (Security Charge), related to Year 2013, was initiated on January 2014 but still pending completion, situation that has not allowed to obtain the reimbursement for the security charges made to the Project as of September 2013.	On October 10, 2014, an inspection visit from staff of the Executive Directorate of Income was performed to the Project as part of the process to obtain the exoneration document, process which is expected to take at least two more additional months. A report requesting reimbursement of all the security charges made to the Project was prepared to be submitted to the Executive Directorate of Income, once the exoneration document is received.

4. Implementation of activities

**Management Sciences for Health
ULAT FOR HEALTH
Contract 522-C-11-00001
Award Budget vrs. Actuals by IR
As of September 30, 2014
(US\$)**

Description	Use and Access to Quality Maternal and Child Health and Family Planning Services Increased	Maternal and Child Health and Family Planning Services Sustained	Epidemiological/Health Surveillance and M&E Systems Improved and Updated	Total
Planned	3,418,102	6,836,204	1,139,367	11,393,674
Fee				505,823
Total Planned				11,899,497
Expenditures	2,656,066	4,258,840	855,166	7,770,072
Fee				259,234
Total Expended				8,029,306
Amount Remaining (Planned - Expenditures)	762,036	2,577,364	284,201	3,623,602
Amount Fee Remaining (Planned - Expenditures)				246,589
Contract Amount Remaining (Total Planned - Total expensed)				3,870,191

XIII. Annexes

1. Non-fungible report goods

ANNUAL REPORT OF GOVERNMENT PROPERTY IN CONTRACTOR`S CUSTODY				
LOCAL TECHNICAL ASSISTANCE UNIT FOR HEALTH (ULAT) AID-522-C-11-000001				
As of September 30, 2014				
	Motor Vehicles	Furniture and furnishings		Other non-expendable property
		Office	Living Quarters	
A. Value of property as of last report.	\$27.692,56	\$86.500,38		
B. Transactions during this reporting period.				
1. Acquisitions (Add):				
a. Purchased by contractor 1/				
b. Transferred from USAID 2/				
c. Transferred from others- Without reimbursement 3/				
2. Disposals (deduct):				
a. Returned to USAID				
b. Transferred from USAID- Contractor Purchased				
c. Transferred to other Government Agencies 3/				
d. Other disposal 3/	1.006,93	\$1.620,00		
C. Value of property as of reporting date.	\$26.685,63	\$84.880,38		
D. Estimated average age of contractor held property	Years 2	Years 2	Years	Years

Note: On February 10 , 2014, a robbery was performed to a vehicle rented by the Project, sustracting a Dell Latitude i7 laptop worth US\$1,620, this was reported to the insurance company. Additionally, on May 29, 2014 a donation of a damaged vehicle worth US\$1,006.93, was performed to the Vocational Center San Juan Bosco, MSH cancelled the value of this vehicle to USAID.

ANNUAL REPORT OF GOVERNMENT PROPERTY IN CONTRACTOR'S CUSTODY				
LOCAL TECHNICAL ASSISTANCE UNIT FOR HEALTH (ULAT) AID-522-C-11-000001				
As of September 30, 2014				
	Motor Vehicles	Furniture and furnishings		Other non-expendable property
		Office	Living Quarters	
A. Value of property as of last report.	L. 549.974,25	L. 1.725.438,76		
B. Transactions during this reporting period.				
1. Acquisitions (Add):				
a. Purchased by contractor 1/				
b. Transferred from USAID 2/				
c. Transferred from others-Without reimbursement 3/				
2. Disposals (deduct):				
a. Returned to USAID				
b. Transferred from USAID-Contractor Purchased				
c. Transferred to other Government Agencies 3/				
d. Other disposal 3/	L. 20.000,00	L. 32.173,20		
C. Value of property as of reporting date.	L. 529.974,25	L. 1.693.265,56		
D. Estimated average age of contractor held property	Years 2	Years 2	Years	Years

Note: On February 10 , 2014, a robbery was performed to a vehicle rented by the Project, sustracting a Dell Latitude i7 laptop worth L32,173.00, this was reported to the insurance company. Additionally, on May 29, 2014 a donation of a damaged vehicle worth L20,000, was performed to the Vocational Center San Juan Bosco, MSH cancelled the value of this vehicle to USAID.

2. Success Stories



SUCCESS STORY

Community participation key piece in the *Increase access to the basic health services.*



Photo: Health personnel coach the community counselor in intramuscular injection technique to benefit family of communities with limited access.



Photo: Training session for the health personnel for the expansion of the joint implementation of community strategies ICEC, which will benefit the families to access the family planning services, in southern Honduras.

The Ministry of Health of Honduras with technical assistance from USAID/ULAT's project; deepens the expansion phase of the Joint Implementation of Community Strategies (ICEC); strategy to provide, in an integrated manner in a technical-management approach, three strategies in the past, offered separately, these are: "Working with Individual Family and Community" (ZIFT), "Maternity Homes" and "Family Planning in Rural Areas", the goal is to minimize the number of maternal deaths and children in communities with poor access to services health.

This process began in 2012 as a demonstrative experience in remote communities in the municipality of Márcala, La Paz, about 120 kilometers north of the capital; the results have been positive, by involving communities in self health care; with significant improvements in the number of births in safe environments and more families using modern methods of family planning.

These results have prompted the Honduran health authorities to expand its implementation to communities in remote areas of the country, currently the process unfolds in thirteen territories without infrastructure networks and access to health services that work with decentralized management in the context of advances in the health sector reform of Honduras.

All operational activities for sustainability require the active participation of agents and community leaders, led by health personnel, they organize communities to prepare transport in cases of emergency, to manage maternity homes and for delivery of the contraception methods in the community.

The capacity development has been achieved with the methodology "Learning by Doing", strengthening the skills of institutional personnel from different levels of the Ministry of Health to implement the teaching of community workers so that they develop a number of functions assigned in strategies.

The key element is the voluntary work by two thousand peasants that transformed into community monitors, walk long distances, rearrange their harvest days, deliver family planning methods, detect and refer women at risk in pregnancy or delivery, promote emergency transportation services and organize support committees. The participatory attitude and commitment that these community workers have, give sustainability a number of changes that will undoubtedly contribute to the goal of having a safe motherhood and healthy childhood.

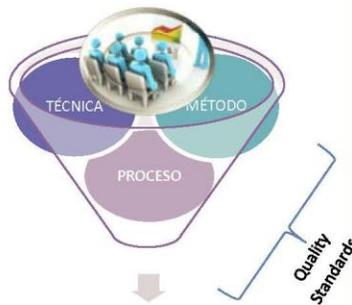


USAID
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ULAT
Unidad Local de Apoyo Técnico
para Salud - HONDURAS

SUCCESS STORY

Accompaniment of actors during the execution of the study of health spending and financing



Study of health spending and financing in 2011

The study of spending and financing has been the driving force behind the creation of institutional powers, the transfer of technologies for economic research and teamwork with the participation of national institutions and cooperation agencies that support to the Ministry of Health in the field of Health Economics

As part of the technical support process the ULAT during the implementation of the study of health spending and financing 2011, it is worth mentioning two strategic pillars that guide, support and strengthen the developed actions:

- The articulation with other actors from the beginning of the study that has facilitated the permanent and constant participation of all of them in each of the stages of its implementation. This has allowed us to build in a participatory and consensual way the method, the technique and the instruments. With the leadership of the Unit of Planning and Management Evaluation (UPEG), of the Ministry of Health, the following institutions have participated: the Central Bank of Honduras (BCH), the National Institute for Statistics (INE), the Honduran Social Security Institute (IHSS), with technical support from the Pan American Health Organization (PAHO) from their headquarters in Honduras and Washington and the technical and financial support of the ULAT.
- The generation of commitments, in each of the steps in the process, by establishing the necessary agreements and commitments that have ensured the participation of the key people in the decision-making, the development of the timely and appropriate actions, maintaining at all times the quality standards required to demonstrate the objectivity and reliability of the results of the study.

As a result, the study provides answers to such questions as:

How are the resources being mobilized and managed?

Who is paying and how much is being paid out for the health care?

Who is providing the goods and services and what resources are being used for this?

How are the health care funds being distributed between the different services, interventions and activities?

This project is funded by the United States Agency for International Development (USAID) under the contract USAID/Honduras contract AID-522-C-11-000001.

3. Deliverable - IV Quarterly

1. Intermediate Results 4.1





IDENTIFICACION DE PROBLEMAS EN LA CADENA DE DISTRIBUCION DE METODOS ANTICONCEPTIVOS A NIVEL NACIONAL.

Informe de Resultados y Recomendaciones

Septiembre 2014
Proyecto ULAT/MSH



**INFORME REUNION PARA LA
CONSOLIDACION DE LA
PROGRAMACION DE
ACTIVIDADES DE PF 2014 DE LA
SESAL SEGÚN LINEAMIENTOS DE
LA ESTRATEGIA METODOLOGICA.**



Comayagua, Marzo 2014



ULAT/MSH

**INFORME DE ACTIVIDADES DE
PLANIFICACION FAMILIAR
POR PROVEEDORES
DESCENTRALIZADOS**

2014



IHSS
Instituto Hondureño de Seguridad Social

CONSOLIDADO DE PROGRAMACIÓN DE MÉTODOS DE PF EN EL IHSS

AÑO 2014



SECRETARÍA DE SALUD

Diagnóstico sobre la Implementación de la Estrategia de Atención Integral a la Niñez en la Comunidad (AIN-C)

ULAT/MSH- USAID

Septiembre de 2014





SECRETARÍA DE SALUD

Lineamientos para la implementación de la estrategia de Atención Integral a la Niñez en el Comunidad (AIN-C) a través de gestores descentralizados

Octubre 2014





INFORME DE MONITORIA
PROCESO DE IMPLEMENTACIÓN
CONJUNTA DE LAS ESTRATEGIAS
COMUNITARIAS (ICEC) RISS MARCALA,

FOTODOCUMENTAL ICEC

Implementación Conjunta de las Estrategias Comunitarias



La elaboración de este fotodocumental ha sido posible gracias al generoso apoyo del Pueblo de los Estados Unidos de América a través de la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID). El contenido del mismo es responsabilidad de la Unidad Local de Apoyo Técnico para Salud y no necesariamente refleja el punto de vista de la USAID o del Gobierno de los Estados Unidos.

Septiembre 2014



SECRETARÍA DE SALUD

Listas de Chequeo para verificar la aplicación de la Norma Materno Neonatal



2014

DEPARTAMENTO DE SALUD INTEGRAL A LA FAMILIA



2. Intermediate Results 4.2

Resultados de Implementación Desarrollo Organizacional SESAL



Dra. Rosario Cabañas de Calix
Departamento de Garantía de Calidad
Septiembre 2013



GOBIERNO DE LA
REPÚBLICA DE HONDURAS



SECRETARÍA DE SALUD

Manual de Procesos y Procedimientos de las Regiones Sanitarias





PLAN PARA REFORMAS LEGALES Y ESTRUCTURALES

Proyecto USAID-ULAT

September 1, 2014

La elaboración de este plan ha sido posible gracias al generoso apoyo del Pueblo de los Estados Unidos de América a través de la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID). El contenido del mismo es responsabilidad de la Unidad Local de Apoyo Técnico para Salud (ULAT) y no necesariamente refleja el punto de vista de la USAID o del Gobierno de los Estados Unidos.



Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

Contrato: AID-522-C-11-000001

Sometido a:

Dr. Juan de Dios Peredes Paz
Management Sciences for Health (MSH)
Proyecto Unidad Local de Apoyo Técnico para la Salud
Col. Rubén Darío, Ave. José María Medina C-417
Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT

INFORME SEMESTRAL DE AVANCE DEL PROCESO DE
IMPLEMENTACION DEL PLAN REGIONAL DE GESTION DE
RISS

Fecha: abril-septiembre 2014



**Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT)
HONDURAS**

**Informe: Trimestral de Avance sobre el monitoreo del
desarrollo de las capacidades de los gestores
descentralizados.**

Fecha: 01 Julio al 30 Septiembre del 2014 (Informe Y3Q4)

Contrato: AID-522-C-11-000001

Sometido a:

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Sometido por:

Management Sciences for Health, Proyecto ULAT



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Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

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Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT

**INFORME TRIMESTRAL DE MONITOREO DEL PROCESO DE
IMPLEMENTACION DEL MODELO DE GESTION
HOSPITALARIA**

Periodo: Julio-Septiembre 2014



Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

Contrato: AID-522-C-11-000001

Sometido a:

Dr. Juan de Dios Paredes Pez
Management Sciences for Health (MSH)
Proyecto Unidad Local de Apoyo Técnico para la Salud
Col. Rubén Darío, Ave. José María Medina C-417
Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT

INFORME SEMESTRAL DE AVANCE EN EL PROCESO DE
ESTRUCTURA FUNCIONAL Y ORGANIZACIONAL DEL AREA DE
LA EMERGENCIA DEL BLOQUE MATERNO INFANTIL Y BLOQUE
QUIRURGICO DEL HOSPITAL ESCUELA UNIVERSITARIO

Fecha: Abril-Septiembre 2014



Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

Contrato: AID-522-C-11-000001

Sometido a:

Dr. Juan de Dios Paredes Paz
Management Sciences for Health (MSH)
Proyecto Unidad Local de Apoyo Técnico para la Salud
Col. Rubén Darío, Ave. José María Medina C-417
Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT

**INFORME SEMESTRAL DE AVANCE DEL PROCESO DE
REORDENAMIENTO DE LA GESTION HOSPITALARIA II FASE**

Fecha: Abril-Septiembre 2014



GOBIERNO DE LA
REPÚBLICA DE HONDURAS



SECRETARÍA DE SALUD

Lineamientos de Auditoría Social y Rendición de Cuentas a la Ciudadanía para los Gestores de Servicios de Salud



USAID
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UNIDOS DE AMÉRICA

ULAT
Unidad Local de Apoyo Técnico
para Salud - HONDURAS

3. Intermediate Results 4.4



Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

Contrato: AID-522-C-11-000001

Sometido a:

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Proyecto Unidad Local de Apoyo Técnico para la Salud
Col. Rubén Darío, Ave. José María Medina C-417
Tegucigalpa, Honduras

Sometido por:

Proyecto ULAT



INFORME DE AVANCES SOBRE LA CONSTRUCCIÓN DE LA ESTRATEGIA DE VIGILANCIA DE LA SALUD

30 SEPTIEMBRE 2014



Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

Contrato: AID-522-C-11-000001

Sometido a:
Dr. Juan de Dios Paredes Paz
Management Sciences for Health (MSH)
Proyecto Unidad Local de Apoyo Técnico para la Salud
Col. Rubén Darío, Ave. José María Medina C-417
Tegucigalpa, Honduras

Sometido por:
Management Sciences for Health, Proyecto ULAT.

**INFORME DE AVANCE
DEL
MANUAL DE
ORGANIZACION Y
FUNCIONES DE LA
UNIDAD DE
VIGILANCIA DE LA
SALUD**



30 DE SEPTIEMBRE 2014



Proyecto- Unidad Local de Apoyo Técnico en Salud (ULAT II) HONDURAS

Contrato: AID-522-C-11-000001

Sometido a:
Dr. Juan de Dios Paredes
Management Sciences for Health (MSH)
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Tegucigalpa, Honduras

Sometido por:
Management Sciences for Health, Proyecto ULAT

**Informe: Avance en la implementación del
Sistema de Monitoreo y Evaluación de la
Gestión**

Fecha: 1 Julio al 30 Septiembre, 2014



Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

Contrato: AID-522-C-11-000001

Sometido a:

Dr. Juan de Dios Paredes Paz
Management Sciences for Health (MSH)
Proyecto Unidad Local de Apoyo Técnico para la Salud
Col. Rubén Darío, Ave. José María Medina C-417
Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT



Informe de Avance del Proceso de Diseño del SIIS

Julio - Septiembre 2014

Trimestre 4/4



Gobierno de la
República de Honduras



SECRETARÍA DE SALUD

ESTUDIO DE GASTO Y FINANCIAMIENTO EN SALUD



4. Gender

Informe: Contenidos Propuestos para la Incorporación de Género en la Estrategia de Gestión de Servicios de Planificación Familiar (EGSPF), Plan y Evaluación del IHSS.

*Proyecto ULAT
Septiembre de 2014*

9/29/2014



USAID
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UNIDOS DE AMÉRICA

ULAT
Unidad Local de Apoyo Técnico
para Salud - HONDURAS

*INFORME: SOBRE LA
INCORPORACIÓN DE LOS
ELEMENTOS DE GÉNERO EN
EL DOCUMENTO DE
SISTEMATIZACIÓN DE LA
EXPERIENCIA DEMOSTRATIVA*

SEPTIEMBRE 2014





INFORMES DE CAPACITACIÓN EN LA EXPERIENCIA DEMOSTRATIVA CON ENFOQUE DE GÉNERO

1. **Primer taller de Género en la ICEC, del 30 de junio al 4 de julio 2014**
2. **Segundo taller de Género en la ICEC, del 29 al 31 de julio 2014**
3. **Tercer taller de Género en la ICEC, del 19 al 21 de agosto 2014**



**INFORME SOBRE LA
INCORPORACION DE LOS
ELEMENTOS DE GÉNERO
EN LA ESTRATEGIA CONE**

9/29/2014



Boletín informativo de

Género en Salud

Edición N°1 Enero - Marzo 2014



Editorial

El Desarrollo de las Capacidades del Equipo Técnico para la Transversalización de la Perspectiva de Género en los Productos de ULAT: Avances y Retos.

El desarrollo de capacidades es el proceso a través del cual las personas, organizaciones y sociedades obtienen, fortalecen o mantienen las capacidades para establecer y lograr sus propios objetivos de desarrollo a lo largo del tiempo (UNDP, 2009). El fortalecimiento de las capacidades del equipo técnico para la transversalización de la perspectiva de género en los productos de ULAT, es un proceso iniciado desde el año 2012, realizándose una serie de actividades tales como la elaboración de módulos contenidos de información sobre género socio-género, análisis de género, transversalización de género, un manual para realizar la incorporación de género en los productos de ULAT, diversas capacitaciones sobre el tema, así como la celebración de actividades conmemorativas en fechas importantes para continuar sensibilizando y mantener actualizado al equipo en los temas abordados por el proyecto. Con mucha frecuencia se ha considerado únicamente la capacitación, pero en ULAT hemos avanzado en diversos aspectos:

- Se han roto muchas de las barreras de género del equipo del proyecto como personas que forman parte de la sociedad hondureña y que tienen su historia de vida, conocimientos, actitudes y prácticas generadas en una sociedad que cuenta con un modelo hegemónico androcéntrico y que generan desigualdades e inequidades;
- Se promueve una visión de género definida en el proyecto;
- Se involucra y suma el proceso desde la dirección del ULAT y las coordinaciones de los diferentes componentes;
- Se cuenta con una masa crítica de recursos humanos con conocimientos, experiencia y competencias correctas, a quienes se les han brindado diferentes capacitaciones en la transversalización de la perspectiva de género, desarrollando además las herramientas antes señaladas;
- Se consideran los recursos financieros necesarios para realizar las actividades de transversalización de género;
- Existe acompañamiento técnico permanente de una especialista en el tema que además facilita información constante, de los diferentes temas del proyecto, con visión de género y se realizan coordinaciones para maximizar los recursos y la efectividad de las intervenciones;

Existen retos a ser abordados en los procesos del cuarto año del proyecto, para que la transversalización continúe avanzando en el proyecto, ésto depende fundamentalmente de acciones como promover discusiones técnicas específicas, según procesar en las que se transversaliza la perspectiva de género, revisar literatura relacionada y compartir los documentos y las experiencias entre componentes. Así, el proyecto cumplirá con las metas propuestas en éste tema. Este cuarto año permitirá la consolidación de todos los procesos en curso y por iniciarse, del que ánimo, que lo haremos con mucha energía.

"La Perspectiva de Género, nos vino a mejorar el país... nos puso a pensar en que estamos siendo discriminados con las mujeres que llegan a los hijos maternos infantiles y a los hogares maternos, porque a veces los tratamos mal y a sus parejas no les damos a tener a l parto y lo que es peor, no les damos información del cuidado en que se encuentra la señora y el bebé que está por nacer, así, no podemos mejorar la salud de las mujeres ni hacer que las hembras se involucren durante el embarazo, parto y puerperio..."

Palabras del Dr. Mauricio Saucedo, Centro de Salud de Quezaltenango. (en la fotografía con camisa azul)





28 DE MAYO
**DÍA
 INTERNACIONAL
 DE ACCIÓN
 POR LA
 SALUD DE
 LA MUJER**



***INFORME CONMEMORACIÓN DE EVENTOS
 ESPECIALES EN GÉNERO - 2013-2014***

SEPTIEMBRE 2014

ENTREGABLE

**INFORME DE APORTES
PARA LA INCORPORACION
DE LOS ELEMENTOS DE
GÉNERO EN EL SISTEMA
DE MONITORIA Y
EVALUACION DE LA
GESTIÓN.**

SEPTIEMBRE 2014



*INFORME SOBRE ELEMENTOS DE
GÉNERO INCORPORADOS EN LA
INVESTIGACION SOBRE GASTO Y
FINANCIAMIENTO EN SALUD:
APORTES*

SEPTIEMBRE 2014



2014

INFORME SOBRE ASPECTOS DE
GÉNERO INCLUIDOS EN LOS
LINEAMIENTOS DE AUDITORIA
SOCIAL Y RENDICION DE
CUENTAS A LA CIUDADANÍA PARA
LOS GESTORES DE SERVICIOS DE
SALUD

Septiembre 2014

9/29/2014



5. Additional Documents





Fundación Amigos del Hospital María



CLAUSULAS ADICIONALES DE CARÁCTER TÉCNICO, ASISTENCIALES Y ECONÓMICAS AL CONVENIO DE ADMINISTRACION Y GESTION DEL HOSPITAL MARIA, ESPECIALIDADES PEDIÁTRICAS, SUSCRITO ENTRE LA SECRETARIA DE ESTADO EN EL DESPACHO DE SALUD Y LA FUNDACIÓN AMIGOS DEL HOSPITAL MARIA, APROBADO MEDIANTE DECRETO LEGISLATIVO No.268-2005, PUBLICADO EN EL DIARIO OFICIAL LA GACETA BAJO No.30,829 DE FECHA 20 DE OCTUBRE DEL 2005.

Nosotros, Edna Yolani Batres Cruz, mayor de edad, hondureña, con tarjeta de identidad No.1311-1967-00022, Médico Especialista en Salud Pública, con domicilio en la ciudad de Tegucigalpa, Municipio del Distrito Central, Departamento de Francisco Morazán, actuando en mi condición de Secretaria de Estado en el Despacho de Salud, nombrada mediante Acuerdo Ejecutivo No. 09-2014 de fecha 27 enero de 2014, quien en lo sucesivo se denominará "LA SECRETARIA" y José Eduardo Atala Zablah, Mayor de Edad, Casado, Hondureño, Licenciado en Administración de Empresas y de este domicilio, con Tarjeta de Identidad No. 0801-1956-03274 actuando en mi condición de Presidente de la FUNDACIÓN AMIGOS DEL HOSPITAL MARIA, (FAHM) con personalidad jurídica N° 541-2005, condición que acredita mediante Poder Especial de Administración otorgado en el Testimonio de Escritura Pública número nueve (9), autorizada en la ciudad de Tegucigalpa M.D.C. en fecha 22 de Febrero del 2006 e inscrita bajo el número 1904 del tomo 169 del Registro de la Propiedad Inmueble y Mercantil, el 12 de enero del 2007 en el Departamento de Francisco Morazán, quien en lo sucesivo se denominará "LA FUNDACION", hemos acordado suscribir cláusulas adicionales de carácter técnico asistenciales y económicas al convenio de Administración y Gestión del Hospital María, especialidades pediátricas, para establecer los principales elementos que regirán y regularán la delegación de la gestión de provisión de servicios de salud del Hospital María de Especialidades Pediátricas, de la forma siguiente:

ANTECEDENTES

En fecha 22 de agosto de 2005 la Secretaria de Estado en el Despacho de Salud y la Fundación Amigos del Hospital María, suscribieron un convenio de Administración y Gestión del Hospital María de especialidades pediátricas, aprobado mediante Decreto Legislativo No.268-2005, publicado en el Diario Oficial la Gaceta bajo No.30,829 de fecha 20 de octubre del 2005. En dicho convenio en la cláusula Séptima se establece la suscripción de común acuerdo de cláusulas adicionales en las que se determinarán las variables técnicas, asistenciales y económicas a efectos de lograr una efectiva ejecución del convenio.

CLÁUSULA PRIMERA: PROPÓSITO.

Mejorar el acceso y la respuesta a los problemas de salud de la población pediátrica (de 0 a 18 años) de la República de Honduras, referidas de la red



GUIA PARA LA FORMULACION DEL PLAN REGIONAL DE GESTION DE LA RED INTEGRADA DE SERVICIOS DE SALUD

Septiembre 2014



Gobierno de la
República de Honduras



SECRETARÍA DE SALUD

PLAN NACIONAL DE SALUD

2014 - 2018



GOBIERNO DE LA
REPÚBLICA DE HONDURAS



SECRETARÍA DE SALUD

Norma Nacional de Vigilancia de la Salud



La Gaceta



DIARIO OFICIAL DE LA REPUBLICA DE HONDURAS

La primera imprenta llegó a Honduras en 1823, siendo instalada en Tegucigalpa, en el castel San Francisco, lo primero que se imprimió fue una proclama del General Morazan, con fecha 4 de diciembre de 1823.



Después se imprimió el primer periódico oficial del Gobierno con fecha 25 de mayo de 1825, conocido hoy, como Diario Oficial 'La Gaceta'.

AÑO CXXXVII TEGUCIGALPA, M. D. C., HONDURAS, C. A.

SÁBADO 2 DE AGOSTO DEL 2014. NUM. 33,495

Sección A

Secretaría de Estado en el Despacho de Salud

ACUERDO No. 406

Tegucigalpa, M.D.C., 15 de mayo de 2014

LA SECRETARÍA DE ESTADO EN EL DESPACHO DE SALUD

CONSIDERANDO: Que de conformidad al artículo 149 de la Constitución de la República, la Secretaría de Estado en el Despacho de Salud, coordina todas las actividades públicas de los organismos centralizados y descentralizados del sector salud.

CONSIDERANDO: Que el artículo 29 de la Ley General de la Administración Pública estipula que a la Secretaría de Estado en el Despacho de Salud, le compete lo concerniente a la formulación, coordinación, ejecución y evaluación de las políticas relacionadas con

SUMARIO

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la protección, fomento, prevención, preservación, restitución y rehabilitación de la salud de la población.

CONSIDERANDO: Que en línea con estos cometidos, tanto la política de reforma del sector salud, la Ley para el Establecimiento de una Visión de País y la Adopción de un Plan de Nación para Honduras y, el Plan de Salud para el periodo 2010-2014, establecen que la Secretaría de Estado en el Despacho de Salud, para asumir la conducción del sector salud, deberá actuar con una

A. 153

INSTITUTO HONDUREÑO DE SEGURIDAD SOCIAL



GUÍA CLÍNICA Y PROCEDIMIENTO DE PLANIFICACIÓN FAMILIAR

2014



Construyendo un Modelo de Implementación Conjunta de Estrategias Comunitarias (ICEC), para reducir la mortalidad Materna y de la niñez en Honduras.

Sistematización de la Experiencia Demostrativa, Marcala, La Paz.

Este Modelo surge en el marco de La Política Nacional para la Reducción Acelerada de la Mortalidad Materna y de la Niñez (RAMNI), impulsada por la Secretaría de Salud de Honduras, iniciándose como una Experiencia Demostrativa en la Red de Servicios de Marcala en el departamento de La Paz y apoyada por el proyecto ULAT/MSH financiado por la Agencia de Desarrollo de los Estados Unidos (USAID)



**Informe del proceso de ajuste del
Plan Estratégico Institucional
PEI 2013-2016**

Septiembre, 2014

I