

## **Quarterly Report – Quarter 1, Year 4 of the project.**

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[Project MSH/ULAT Honduras]

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### **Key words:**

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Local Technical Assistance Unit  
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# Local Technical Assistance Unit for Health (ULAT) Project HONDURAS

## Quarterly Report: Year 4, Quarter 1 (Y4,Q1)

### October 1, - December 31, 2014

**Contract: AID-522-C-11-000001**

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## ACRONYMS

ACCESO	Project financed by USAID
AIDS	Acquired Immune Deficiency Syndrome
AIN-C	Integrated care for children in the community
AMDA	Association of Medical Doctors of Asia
ASIS	Health Situation Analysis
CDC	U.S. Centers for Disease Control and Prevention
CES	Social and Economic Council
CFC	Community Family Census
CLIPER	Preferred Clinics
COLOSUCA	San Manuel de Colohete, San Marcos de Caiquin, Belén and San Sebastián Commonwealth
COR	Contracting Officer's Representative
CSC	Catalonian Services Corporation
DAPS	Department of Primary Health Care
DGD	Department for Decentralized Management
DHS	Demographics and Health Survey
DMN	National Medical Directorate of the IHSS
DSIF	Department of Integrated Family Health
DSPNA	Department of First Level of Care Services
EAC	Hospital Ernesto Aguilar Cerrato
ECR	Regional Leadership Teams
EGSPF	Family Planning Service Management Strategy
EMSPF	Family Planning Methodological Strategy
EONC	Essential Obstetric and Newborn Care
FP	Family Planning
FUNSALUD	Mexican Foundation for Health
GAVI	Global Alliance for Vaccinations and Immunizations
GESALUD	Health Management Project
HCDL	Logistical Data Consolidating Tool
HIV	Human Immunodeficiency Virus
ICEC	Joint Implementation of Community Strategies
IDB	Inter-American Development Bank
IFC	Individual, Family and Community
IHSS	Honduran Social Security Institute
IR	Intermediary Result
JICA	Japan International Cooperation Agency
LMG	Leadership, Management and Governance
M&E	Monitoring and Evaluation
MANCORSARIC	Copán Ruinas, Cabañas, San Jerónimo, Santa Rita Commonwealth
MANCOSOL	Southeast Lempira Commonwealth
MDGs	Millennium Development Goals
MCH	Maternal-Child Health
MdeGH	Hospital Management Model
MM	Maternal Mortality
MMR	Maternal Mortality Ratio
MOF	Organizations and Functions Manual
MOH	Ministry of Health
MSH	Management Sciences for Health
NEXOS	USAID Project for transparency and improvement of local government services

NNV	National Surveillance Standard
NVS	National Standard for Health Surveillance
OD	Organizational Development
PAHO	Pan American Health Organization
PAIN	Children's Integrated Care Program
PEI	Institutional Strategic Plan (MOH)
PMP	Project Management Plan
POA	Annual Operating Plan
POA-P	Annual Operating Plan-Budget
PROAPS	Primary Care Program in Health
RAMNI	Accelerated Reduction of Maternal and Child Mortality
ROF	Regulation and Functions Regulations
RGH	Restructuring of Hospital Management
RISS	Integrated Health Services Networks
SIAFI	Integrated Financial Administration System
SIB	System of Identification of Beneficiaries
SIIS	Integrated Health Information System
SIMEGpR	Monitoring and Evaluation System of Management for Results
SNC	National System of Quality in Health
SPSS	Social Protection in Health System
SSRISS	Sub-secretariat of Health Services Integrated Networks
TIFC	Work with Individual, Family and Community
UAPCE	Unit for Management of Projects Financed by External Funds
ULAT	Local Unit for Technical Support for Health
UFH	Uterine Fundal Height
UGD	Decentralized Management Unit
UGI	Management Information Unit
UPEG	Management Planning and Evaluation Unit
UNAH	National Autonomous University of Honduras
UNFPA	United Nations Fund for Population Activities
USAID	US Agency for International Development
USG	United States Government
UVS	Health Surveillance Unit
WHO	World Health Organization

## I. Summary of Project Activities

<b>Project Title:</b> Local Technical Assistance Unit for Health
<b>Project Objective:</b> To provide integrated technical assistance to the Ministry of Health and other strategic counterparts such as the IHSS, ASHONPLAFA and others to: 1) improve the quality, coverage and access to sustainable maternal child health and family planning services for the country's vulnerable and underserved populations, and 2) support the transformation of the current health system to one which is decentralized, plural and integrated and that provides sustainable and equal health services, especially for the most vulnerable and excluded populations.
<b>Implementing Mechanism:</b> Management Sciences for Health
<b>Contract No:</b> AID-522-C-11-000001
<b>Project Period (beginning and ending dates):</b> July 29, 2011- July 28, 2015
<b>Reporting Period (beginning and ending dates):</b> October 1- December 31, 2014
<b>Total contract estimate (cost plus fixed fee):</b> US\$11,899,497
<b>Balance at the beginning of the quarter:</b> US\$2,058,888
<b>New obligated / assigned funds during the quarter:</b> US\$0.00
<b>Expenses incurred during the reporting period:</b> US\$778,005 (Data for the month of December 2014 for US\$341,948, is preliminary since accounting has not closed yet). This amount does not include November accruals for US\$142,641
<b>Balance at the end of the quarter:</b> US\$1,280,883 (This amount does not consider US\$259,234 of fee)
<b>Estimated expenses for the following quarter:</b> US\$788,775 (January 1 to March 31, 2015)
<b>Number of estimated quarter with the expense balance:</b> 1.6 quarters
<b>Report presented by:</b> MSH-ULAT
<b>Report Submission Date:</b> January 9, 2015

## II. Executive Summary

This document is the report of activities undertaken in the framework of the implementation of the work plan for year four of the Project – Local Technical Assistance Unit for Health (ULAT in Spanish) corresponding to the period from October 1 to December 31, 2014. This report is submitted in compliance with clauses in contract AID-522-C-11-000001 which is the fundamental framework of reference for the project. According to the work plan approved for the period and to facilitate analysis, the report contains: (i) a general description of the country's health situation and the particular situation of the Ministry of Health (MOH) as sector steward institution; (ii) the contextualization of the project in the framework of its objectives and the concrete circumstances under which it is implemented; (iii) aspects related to coordination with other projects financed by USAID and other cooperation agencies; (iv) a special chapter containing elements developed in the project from the gender perspective; (v) achievements of each of the intermediate results in the framework of project objectives and; (vi) elements linked to the performance plan. Considerations are also included in relation to: (i) the general conclusions and; (ii) collected success stories. Specific financial aspects are also part of the report.

As duly noted , the work plan for the reported period that this report deals with, was constructed on the reference framework of the project results, progress observed as to the defined products and deliverables negotiated during project year three and the current situation of the processes which are subject to technical assistance.

An important element has been the discussion generated by different actors and instances around the proposal submitted to the national congress by the President on the law framework for social protection, which should be complemented with a proposed law for the national health system and a national health insurance plan proposal. The importance of having this general framework available has been almost unanimous; however, many observations in regards to the concrete initiative and proposed modifications were generated in relation to its pertinence, gaps in the contents and the feasibility of its application. It is expected these will be considered in order to submit an adjusted version with greater consensus.

The particular committee formed by the President to approach the specific issue of the national health system law, reduced the rhythm of work in which it had been functioning, probably while awaiting the decisions to be adopted in relation to the social protection law, the framework in which it should be developed. The project expects that in January there will be greater certainty with regard to the final outcome of these initiatives.

In the MOH institutional domain, implementation of the organizational development constituted the most significant circumstance. As mentioned in the previous report, the new administration in the MOH made the decision to implement a new organic and functional structure. In practice, this required the redefinition of institutional processes, a new distribution of functions, the reengineering of procedures and the redistribution of human and physical resources at the institution. Given the complexity, the

development of activities and tasks linked to these aspects required great efforts that consumed more time than initially anticipated, with the consequent institutional instability and marked uncertainty that to a greater and lesser degree has affected the normal development of the processes. In the case of technical assistance, it has impacted the effective incorporation of the counterparts for work on the project's areas of action.

In addition, delays continue in the initiation of the implementation of the project to be financed with funds from the Canadian government and its postponement continues to affect the achievement of some milestones related to the integrated health information system, which were scheduled for the first two project years.

On the other hand, the government's decision to implement management for results with the precise identification of the expected products resulted in an increase in the functioning of the MOH in the prioritized aspects. The fact that those elements are in line with the "2015-2018 National Health Plan" also greatly contributed in its prioritization. In effect, the defined products and indicators are included in the "presidential platform" designed with the objective of periodically evaluating government management. It is worth noting that during one of these events at the end of the year, the MOH obtained one of the highest ratings. The project expects that systematization of this exercise generates the appropriate environment for institutionalizing the new planning and monitoring and evaluation management model ULAT is contributing to design and implement.

Interventions have continued at the Honduran Social Security Institute (IHSS in Spanish) through an administrative board that continues to focus its work on problems of great magnitude in the financial area as well as on the preparation of a proposed institutional re-organization based on the concept of universal assurance. Due to this situation it hasn't been possible to advocate on the contraceptive methods acquisition process which the project anticipates will continue unchanged while the institution does not surpass this situation. Nevertheless, work continued with the area team formed for the purpose of implementing the family planning institutional strategy in the area of the responsibilities of the conduction of the national medical directorate.

Actions continued to be developed in coordination with other projects with areas of work that converge with those developed by ULAT, for the purpose of delivering the most integrated assistance possible to the MOH by synergizing individual efforts. The following can be mentioned about these activities: (i) maintaining coordination with NEXOS on the approach to the development of administrative capacities in decentralized managers and the focus of transparency and social audit issues in decentralized management; (ii) the work of the team who developed the cost and financing study along with Pan American Health Organization (PAHO), the MOH and the Central Bank through the final presentation of the results; (iii) coordination for the review and adjustment of the proposed draft law for the national health system with Inter-American Development Bank (IDB) and PAHO; (iv) with the IDB, specifically with the firm of Catalonian Services Corporation (CSC) contracted by IDB, actions related with implementation of the new management model in three public network of health services and the complementarity of technical assistance provided to the Department of Hospitals and the Decentralized Management Unit (UGD in Spanish); (v) with Japan International Cooperation Agency (JICA) on aspects related to implementation of the national health model care component and the

Essential Obstetric and Newborn Care (EONC) strategy and; (vi) with Aidstar Plus, on the configuration of the Integrated Health Services Network (RISS in Spanish) with participation of the NGOs that provide a particular group of HIV/AIDS services to special populations and the use of the guides designed by ULAT in the tool development process for the national health model.

The project participated in an informative meeting held at the UGD' offices with personnel from that unit, USAID, ULAT and Katherine Dennison, USAID nutrition advisor, who is in the country to support with the development of proposals on the issue. She was informed on the work ULAT is carrying out, specifically with the issue of Integrated Care for Children in the Community (AIN-C in Spanish) as well as what the MOH is developing with decentralized managers and what probable projects could be developed in the future.

With regard to the incorporation of the gender perspective in the project work areas the reports mentions that: (i) the document containing the proposed MOH gender policy was reviewed and adjusted in function of the established referential frameworks. It is ready for discussion and final approval; (ii) advances were made in the definition of the concept of equity in health financing for subsidized public services and it was agreed to include financing based on the analysis of inequalities, inequities and gaps, from a focus on the budget, from the social demands of differentiated populations and from the demands of specific groups. Finally, some categories for analysis were defined; (iii) a review was carried out of the methodological proposal for the Accelerated Reduction in Maternal and Child Mortality (RAMNI in Spanish) evaluation process, providing inputs to ensure that the gender perspective is duly incorporated in the design and implementation; (iv) the gender bulletin was prepared; (v) two commemorative events were held for International Men's Day (November 19) and the International Day for the Elimination of Violence against Women, and; (vi) a review was carried out of the document "Guide for the Joint Implementation of Community Strategies (ICEC in Spanish)" and pertinent gender elements were incorporated.

As related to activities developed under Result 4.1 "Increased use of quality maternal and child and family planning services" the following are included in the report: (i) programming family planning activities were carried out in health regions services networks; (ii) the instrument and instruction to carry out physical inventory of contraceptives were distributed to the 20 health regions; (iii) support was provided for visits to all health regions that have experienced difficulties in the use of the Logistical Data Consolidation Tool (HCDL in Spanish) and the program was adjusted and in November the tool was 100% functional; (iv) coordination was carried out with UGD technicians and a report was prepared on the delivery of family planning methods during the period between January to June 2014; (v) guidelines for family planning programming were reviewed and adapted for decentralized providers, by modifying the criteria applied to date; (vi) programming was carried out for family planning activities in the majority of the health units in the Central South and North West IHSS regions; (vii) support was provided for socialization of clinical family planning guides for the IHSS; (viii) HCDL users were trained; (ix) the leadership team for the RAMNI policy mid-term evaluation was integrated which included a review of the methodological proposal; (x) joint work plans were prepared with the El Paraíso region and the Danlí hospital in relation to interventions directed to reducing maternal and infant mortality; (xi) efforts continued directed to strengthening the ICEC process in regions intervened during project year three; (xii) training was carried out with national, regional and hospital facilitators on the application of maternal and neonatal standards, by utilizing the new methodology and designed tools; (xiii) support was

provided for the expansion of the “Checklists” for the application of maternal and neonatal standards and the electronic application was prepared to capture information; (xiv) coordination was carried out with the UGD and the Department of Hospitals which are necessary to carry out EONC training workshops for personnel charged with monitoring and evaluating compliance with the standards and; (xv) the process initiated for collecting the updated bibliography on the management of obstetric and neonatal complications that could serve as the basis for the preparation of protocols or management guides for pregnancies, newborns and their complications.

In relation to Intermediate Result 4.2: “Sustained maternal and child health and family planning services”, in reference to the reform component, the report specifies that: (i) a review and adjustment was carried out of the 2013-2016 institutional strategic plan for the period of 2014-2018; (ii) advances continued on the development of the sectorial health plan; (iii) facilitators from different central level instances were trained on the new structure, contemplated in the Organization and Functions Regulations (ROF in Spanish) on the Organizations and Functions Manual (MOF in Spanish); (iv) the tool was designed for the preparation of the implementation plan for the new organizational structure of each of the central level entities and facilitators were trained on the process; (v) support was provided for the strategic leadership of the change process in the human resources and physical spaces of the different central level entities; (vi) implementation plans were obtained for the new organizational structures for the regions of Cortés, Santa Bárbara, Colón and Yoro, which completed the 20 regional implementation plans; (vii) training was carried out for personnel at the Planning Unit and the Department of Integrated Health Services Networks in the 20 health regions on the planning functions proposed in the new organizational development; (viii) official approval was issued for the processes and procedures manual for the regional level; (ix) technical support continued for the MOH, in the process of development of the proposed draft national health system law and by participating in the health committee formed by the Office of the President; (x) adjustments were made to the draft health system law proposal; (xi) activities initiated to collect the legal instruments on issues that the project assumes will be included in the draft health system law; (xii) the process of adjustment initiated for the Sysleyes software for migrating to a web based platform; (xiii) approval was received and training was carried out for the facilitator teams at the national and regional level to conduct the configuration and delimitation process for the RISS; (xiv) socialization activities were carried out for the guide for the development of regional plans for management of the RISS; (xv) adjustments continued to the proposed guide for monitoring the training process for decentralized providers and advances were made on the preparation of the respective monitoring plan; (xvi) preparation of management for results continues; (xvii) the project continues to provide support for the implementation of the hospital management model in three hospitals (San Lorenzo, Juan Manuel Galvez and EAC) and meetings were held for the exchange of good practices between these hospitals; (xviii) support is being provided for the review of the management agreements for the surveillance standards for the 2015 fiscal period, during this process support was also provided for the review of management agreements for the same fiscal period, the elements for the health surveillance standard were also reviewed, which should be incorporated as specific clauses in the agreements; (xix) support continued for the Teaching University emergency service and the CLIPERs, as well as on the conclusion of documenting resource management processes, organization and training the quality commissions, the identification of the indicator chart for following up and control of the activity and support for the Planning Department by providing items for mapping the tools and data flows for the information system; (xx) the Restructuring of Hospital Management (RGH in Spanish) monitoring

report was submitted including the main findings; (xxi) the guidelines developed for accountability and social audits were finalized and socialized with the UGD, and training was provided for the technical personnel on conceptual and operational understanding of the process; (xxii) the project coordinated with NEXOS for the review and analysis of the report of the social audit carried out with an MOH manager; (xxiii) the draft document to propose the development of a system for the identification of beneficiaries in the Social Protection in Health Systems (SPSS in Spanish) component was reviewed and re-structured; (xxiv) preparation of draft documents is in process for the four SPSS tools agreed upon and; (xxv) discussions continued with the vice-minister for regulation technical team to define the approach to the National System of Quality in Health (SNC in Spanish) from the perspective and responsibilities of the vice ministry. The terms of reference were prepared for a consultancy with the objective of facilitating implementation of standardized and regulatory devices for the national system of quality.

Finally, in relation to Intermediate Result 4.4 “Data use for decision making” the following is included: (i) discussions were held with the Health Surveillance Unit (UVS in Spanish) regarding the tools for deeper analysis of maternal and child mortality; (ii) the surveillance report on the maternal mortality for 2012 was approved and its publication was agreed on; (iii) the process finalized for diagramming and printing documents for the report on “Characterization of Mortality in Children from 0 to 5 Years Old”, and the corresponding examples are available, still pending is the authorization for its distribution; (iv) meetings were held with UVS personnel to discuss the elements related to the National Surveillance Standard (NNV in Spanish) that should be incorporated in decentralized management agreement for the first level; (v) the project maintains permanent contact with Management Planning and Evaluation Unit (UPEG in Spanish), to define the strategies and methodology for the development of the Integrated Health Information System (SIIS in Spanish) in the framework of reform; (vi) development the dashboard for Institutional Strategic Plan (PEI in Spanish) 2014-2018 finalized, which is a part of the Monitoring and Evaluation System for Management for Results (SIMEGpR in Spanish); (vii) the majority of indicators were reviewed and adjusted for indicators that are part of the Presidential platform of management for results, the sectorial development plan and the national health plan, for the purpose of preparing an integrated and harmonized SIMEGpR; (viii) the needs for tool development are being identified for collecting data based on the variables with which indicators are constructed in the SIMEGpR and; (ix) support was provided for the presentation of the cost and financing in health study report in 2011.;

To summarize, during this first quarter of project year four, all areas of work were implemented in a positive and adequate environment for the achievement of stated objectives and products and only some suffered delays for reasons that are duly noted in this report.

### III. Project Context and Objectives

#### A. 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 ten Hondurans live under the poverty line and of these, 70% live in extreme poverty, with a ratio of two to one between the rural and urban populations. Statistics show gaps in the performance and effectiveness of the Honduran health system, especially in the approach to determinants for health among rural populations.

According to the “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 and a reduction of 31.5% for data obtained in 1997 (108 for every 100,000 live births). Hemorrhages during pregnancy, birth and the post natal period with a rate of 37% (mainly secondary to the retention of placental remains) continue to be the main cause of deaths with hypertensive disorders representing 25% as the second 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 observing basic standards of care. In addition, there is an insufficiency of micronutrients (iron, folic acid and Vitamin A) by women of reproductive age, which puts them in a condition of vulnerability.

In the framework of the RAMNI 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, ten 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 modern contraceptives use 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 suffered 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, with a prevalence in the use of modern contraceptives increasing from 50% to 60.6% 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 to preventable factors such as reproductive risks, uterine and breast cancer, gender violence, HIV/AIDS and other causes associated to sexually transmitted illnesses. Men live fewer years and the main causes of death are linked to social violence, traffic accidents and HIV/AIDS.

In relation to childhood, the 2011-2012 DHS demonstrates that the trend in the mortality rate for the group from 0-5 years of age continues to decrease, estimating 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 same period was 28, 25 and 24 for every 1,000 live births respectively<sup>1</sup> and neonatal mortality, which continues to be the greatest contributor, presented values of 17, 16 and 17 respectively. This means that 64% of deaths in children under one year of age of one during 1997-2002, 65% in 2002-2007 and 75% in 2007-2012 happened during the neonatal period, and 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, mainly during non-institutional births and are 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 concentrate the approach to these main causes of death.

As to access to permanent health services, ULAT continue 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 MOH, the IHSS and private sector providers, whether profit making, civil society organizations, non-government organizations and others, such as training institutions. Of the population attended, the project estimates that 50-60% is covered by the MOH<sup>2</sup>, approximately 16% by the IHSS<sup>3</sup>, 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 actors, 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. Along this line, the project continues supporting the MOH with the implementation of a new organizational structure, at central level as well as intermediate level, by organizing the system through a national health model 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 function and achieve consensus on policies, plans or priority actions in health matters, by improving coordination and alignment of the main counterparts.

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<sup>1</sup> According to the 2011-2012 DHS data in six-year periods. Table 8.1

<sup>2</sup> 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.

<sup>3</sup> 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 with efforts for closer work 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 for 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 working to address the problems of creating linkages 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 sufficient in health units still managed by the MOH, improving productivity and quality in the services, overcoming the conditions generated by schedules that limit access, long waiting periods and referral systems that do not provide responses. In addition, the project has initiated actions that favor social audit mechanisms in such a manner that communities can 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 developing 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, led by the MOH which will a 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 and sustainable quality health services, mainly for the excluded and underserved populations.

**Illustration 1- Country Context in Numbers**

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

## B. Project Context

Technical assistance continued to be provided in essential processes to strengthen the health system, by attempting to provide the necessary drive and to take advantage of initiatives to expand coverage and improve access to health services for the most vulnerable and underserved populations in Honduras. As such, actions were carried out that included decision makers, central level leaders and community level services providers. For this, joint work continued with counterparts responsible for each area with the objective of improving the response capacity and effectiveness of the sector as well as empowering the counterpart so that, once the project concludes the actions carried out will maintain the expected sustainability.

The decision to start up implementation of the new organic and functional MOH structures generated a complicated situation because in practice it represents a redefinition of institutional processes, a new distribution of functions, reengineering of the procedures and the redistribution of MOH human and physical resources. As it can be inferred, such a complex process required the establishment of vigorous leadership and management in order to achieve the defined milestones in the established time period. This environment has not come in the required magnitude and as resulted in subsequent instability and uncertainty generated at the central level that must be surpassed in the short term. In this manner, the development of activities and tasks linked to aspects of organizational development required important efforts during the period, in which ULAT continued playing an important role. As a result, during the reported period some changes occurred with officials who were functioning as counterparts which impacted the speed of development of some areas of action.

In addition, implementation of activities during this period was also influenced by decisions by the government related to the configuration of a new legal framework for social protection with a concept of universal coverage. As reported, the President submitted a proposed framework law for social protection for congressional approval, which should be complemented with two additional legal instruments: a proposed law for the national health system and a proposal for national health assurance. For the proposed health system law, the President organized a specific committee with relevant health sector actors and participation by ULAT. A workshop has been programmed to discuss the concept of universal coverage and the essential concepts of a health system in the framework of efficiency, effectiveness and equity. It is expected that this discussion will permit development of a proposal which incorporates the conceptual, political and strategic elements of health sector reform being driven by the MOH with technical assistance from the project.

Several meetings were held with the MOH, PAHO and the IDB to discuss the framework law for social protection and for collecting the corresponding observations in relation to the preliminary proposal for the health system being developed by the MOH. It could be said on the general discussion of the framework law that all actors who reviewed the law agreed on the need for and its global objectives, and also on the need for adjustments in content and coherence. Finally, the commission with the mandate of developing the proposal for this framework law worked a new version which was socialized with the Social and Economic Council (CES in Spanish). The office of the President re-introduced it in the Congress in mid-December with the hope that it would be introduced for discussion before the end of this legislative period.

In relation to the health system law, the project proceeded to make adjustments to the proposal under development, by referring to the area of action resulting from the general contents of the framework law for social protection. The project proceeded to define an agenda of the issues which required decision by the Minister before moving forward with the adjustments which will continue in accordance with the elements finally approved by the congress.

Implementation of the information system project financed by Canadian Cooperation was delayed which resulted in the postponement of the achievement of some milestones initially established for the first two project years.

An additional element in this scenario continues to be the IHSS crisis that to date has not been surpassed and resulted in the appointment of an intervening board. The work of the board continues to be focused on financial problems of great significance and in the preparation of a proposal for the reorganization of the institution based on universal assurance. As a consequence, some of the decisions required for implementing activities linked to the project's technical assistance were not made in an appropriate environment for their development and they slowed down.

Some favorable circumstances in the particular project context were coordination actions carried out with other project with areas of work that converge with those developed by ULAT, the purpose of which was to deliver integrated assistance to the MOH and maximize 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 developing administrative capacities in decentralized managers; (ii) integration of the team developing the cost and financing study along with PAHO, MOH and the Central Bank; (iii) coordination for the review and adjustment of the proposed national health system law with PAHO and IDB, more specifically with the firm of CSC contracted by the IDB, actions related to the implementation of the new management model in three public network health services hospitals and the complementarity of the technical assistance provided to the Department of Hospitals and the UGD; (v) with JICA in aspects related to the implementation of the national health model care component; (vi) with the IDB, coordinated by the UGD, aspects related to the development of the agreement between the MOH and the foundation which will be managing the San Lorenzo Hospital and; (vii) with Aidstar Plus, in the configuration of the RISS with participation by the NGOs that provide a particular group of HIV/AIDS services to special populations and the use of the guides designed by ULAT in the national health model tool development process.

Notwithstanding the aforementioned, it should be noted that in general all project areas of work are under implementation in a positive and appropriate environment and the reasons for those that have been delayed are duly identified in detail in the report as well as the corrective actions to overcome the situation.

Results of the activities implemented under previously described circumstances and that constitute the work plan of the assistance provided by ULAT to the MOH and the IHSS for the first quarter of year four in the processes of reform, decentralization, gender, policy development, maternal child health, and family planning, are structured in three areas of intermediate results in function of the USAID framework of objectives for the country:

- IR 4.1: Increased use of quality maternal child health and family planning services, to strengthen the 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.
- IR 4.2: Sustainable maternal and child health and family planning services, with which the project intends to ensure that designed and implemented interventions include mechanisms that ensure sustainability. Supposedly, sustainability can be guaranteed by strengthening MOH capacities as steward entity by defining political, technical, financial and regulatory frameworks that make possible a provision of maternal-child and family planning services that is adequate, systematic and permanent.
- IR 4.4: Data use for decision making, to contribute to improved health surveillance systems with a special emphasis on maternal and child mortality surveillance, the management monitoring and evaluation process and an improved information system.

A significant effort is being made by the project in the incorporation of gender elements in all products obtained through ULAT technical assistance for which specific areas of work have been developed.

## **C. Coordination with other Counterparts/Actors**

During this quarter, development of work events continued oriented towards coordination with officials from organizations developing activities, the nature of which is linked to those implemented by ULAT. Below is a description of these activities along with the main results:

### **Governance and Local Transparency and Improved Services Delivery Project (NEXOS)**

Work meetings were held with the NEXOS Project, coordinated by the UGD, to approach the development of administrative and technical capacities of decentralized managers and to identify areas of work in which individual efforts can be maximized. Throughout year three advances were made:

The following agreements were defined: (i) UGD and NEXOS will be responsible for generating capacities in the managers, according to their area of competence; (ii) because it is anticipated that UGD will not have funds available in January, ULAT will finance a workshop for all managers oriented towards socialization of the national health model and; (iii) ULAT will monitor the process to strengthen the managers' capacities with technical participation by NEXOS and the UGD team, by utilizing the guide and the tools designed for that purpose. It should be reiterated that the training process is based on the training plan developed as a response to the baseline study carried out on established capacities in the managers.

Preliminary activities reinitiated to establish the joint plan to approach the issue of transparency and social audit linked to decentralized health services management. Coordination with the USAID/NEXOS project on this issue was carried out through different means: a review and analysis of the social audit report practiced on an MOH manager and technical discussion meetings held jointly with the UGD during which the elements were made known which are incorporated in the specific proposal designed by ULAT. The project has been consulting with managers with regard to the dates they will provide accountability during town meetings that should be scheduled by the municipalities and commonwealths for that purpose and as such, to be able to accompany the process as closely as possible.

### **ACCESO**

The project participated in meetings with the Department of Decentralized Management (DGD in Spanish), Child Integrated Care Program (PAIN in Spanish), ACCESO and USAID for the purpose of learning the results of the monitoring carried out at the ACCESO project, during which it was found that despite results obtained during the recovery or weight gain in children, anemia rates in the intervened communities had increased. For this reason, with approval from the MOH, USAID considered it necessary to carry out the necessary interventions to correct the problem before the project ended, in communities located in the area of influence of the ACCESO project. During these meetings, ULAT provided technical assistance on the causes of iron-deficiency anemia, with the necessary interventions to provide the required iron during the development phase of children from 6 to 24 months old, as well as iron absorption mechanisms, the conditions for non-absorption (intestinal

parasites, and the ingestion of coffee, milk and sodas) and the necessary interventions based on scientific evidence.

The strategic areas were also made known to achieve recovery of the health status of the intervened children during the medium term, with the following commitments were made: (i) the MOH and the DGD are aware that the necessary interventions should be carried out as soon as possible for the recovery of children with anemia, by ensuring that each of the intervened health units with decentralized management have available the necessary micronutrients and that follow up is carried out for the activities of the ACCESO project technicians; (ii) the ACCESO Project will provide a list of the intervened communities in order to ensure deworming in children under two years old, as documented based on clinical manifestations and laboratory tests (general feces test and the CATO CAT), which are carried out with support from the National University and the supplementation of all children over six months old identified with anemia in the community with a dosage of four to six mg/kg/day during three months or the supplementation with micronutrients during two to four months according to the applied scheme and; (iii) ACCESO project technicians will meet with regional personnel from the intervened departments to make the results obtained known as well as the proposed short term interventions to correct this situation in the selected communities, ensuring supervision and follow up by health personnel from area facilities as well as the provision of necessary medications or micronutrients. In addition, the ACCESO project was supported in the preparation of a technical note that documents the proposed interventions to correct the increased rates of anemia despite the interventions carried out.

## **AIDSTAR PLUS**

The issue of coordination with this USAID implementing mechanism continued to be the process for the configuration of the RISS utilizing the guides designed by ULAT. For this, the five regions in the area of influence of AIDSTAR PLUS were selected as a startup point for the process of configuring the networks. With the experience gained in these regions, ULAT supported the MOH in the expansion of the process in the other 15 regions.

## **IDB**

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

- Support continued for the Department of Hospitals in work events with the consulting firm of CSC, contracted by the IDB to provide technical assistance to the selected hospitals for implementation of the hospital management model.
- Support was provided in aspects related to the development of the agreement between the MOH and the foundation that will be managing the San Lorenzo Hospital.

In another area of action, the project participated in successive reviews of the proposed draft health system law, in function of the process initiated by the office of the President with the introduction of the framework law for social protection for approval by the national congress.

## **PAHO**

With PAHO, there were coordination actions in various issues. In the area of policy, the project participated in work events convened by the MOH to review the proposed health system law being developed. This has required successive adjustments and will require others when the framework law for social protection is approved.

Actions were carried out to coordinate for the finalization and submission of the health cost and financing study. This study was developed in accordance with the methodology and nomenclature utilized by the Central Bank of Honduras for National Accounts. There was participation by Claudia Pescetto, expert from Washington and advisor in health economics and financing (PAHO/WHO), as well as PAHO Honduras and the UPEG and ULAT team to know the health sector reform process as well as the studies carried out in the country and the methodologies utilized in each study.

PAHO and the United Nations Fund for Population Activities (UNFPA in Spanish) are also participating in the midterm RAMNI evaluation process that ULAT is designing and will implement. Dr. Dilbert Cordero is participating for PAHO.

## **UNFPA**

Participation in the RAMNI midterm evaluation mentioned previously and in which Dr. Flor María Matute is participating for the UNFPA.

## **JICA**

With JICA, coordination focused on activities related to the socialization process of the guides that will be utilized by the health regions for the configuration of the RISS and the development of the management plan. Coordination was also established on the issue of implementation of ambulatory EONC, by participating in a workshop in the city of Copan Ruinas, directed to personnel from MANCORSARIC, the physician from the Association of Medical Doctors of Asia (AMDA) who is working in one of the networks in the department of El Paraíso.

## **CENTRAL BANK**

With the Central Bank and PAHO, coordination was carried out to concretize their technical support for the finalization and submission of the results of the cost and financing study which was carried out on December 9, 2014. This study was developed in accordance with the methodology and nomenclature utilized by the Central Bank for National Accounts.

## IV. Integration of the Gender Perspective

It is important to emphasize that during this first quarter of project year four, two international situations in 2015 will have a direct impact on MOH actions:

- i. One is the deadline for achieving the Millennium Development Goals (MDGs), four of which are related to health. More specifically, Goal three specifies: “To promote gender equality and women’s autonomy”. The MOH should report on advances made in achieving those objectives and goals for health defined by the country.
- ii. In the framework of the International Conference on Population and Development held in September 2014 in New York, the President Hernandez of Honduras ratified the Consensus of Uruguay from August 2013 including eight priority measures, including the fourth related to gender equality and the third measure related to sexual and reproductive health, for which the MOH will have direct responsibility.

As it is suggested, the project is linked to these country commitments by including products related to the referred objectives in the work plan for the technical assistance provided.

During the quarter, advances continued on the implementation of the new organic and functional structure of the institution. As such, programs have disappeared during activities carried out to make the new structure function. To date the project still does not have an officially assigned counterpart or a specific mechanism to provide continuity to gender mainstreaming actions and to continue to implement the agreed processes included in the project work plan. This situation is a significant challenge for ULAT because it has required policy advocacy actions in order to position the issue and promote the definition of a team or instance that could assume responsibilities in this regard.

Below is a summary of advances made in these activities. Programming challenges addressed during this period are as follows:

- I) With regard to gender mainstreaming in the project processes:
  - Based on the preliminary version of the proposed gender policy for the MOH, which was developed with the work team in the institution, the project proceeded to review and adjust it in function of the referential frameworks established in the MOH gender policy document in order to produce a final proposal that could be submitted to the political level for approval. The document was finalized and it is expected that during the second quarter official approval and socialization will be achieved.  
*Programming challenge:* Overcome obstacles implied by the elimination of programs with the implementation of the new structure which have resulted in the disappearance of the entities that were acting as counterparts.
  - Advances were made in the definition of the concept of equity in health financing in public subsidized services and it was agreed to include financing based on analysis of inequalities, inequities and gaps, from the budgeting perspective, from social demands from the differentiated populations and from demands from specific group and some

categories for analysis were also defined. The project expects to achieve greater advances during next quarter with the consultancy to carry out the study.

- The national policy for RAMNI which has been implemented in the country since 2008 is in process of evaluation. Actions were initiated to ensure that the gender perspective was appropriately included in the design and implementation of the evaluation and a review of the methodological proposal was carried out, providing gender inputs for inclusion. Greater advances are expected for the next quarter.

2) As related to strengthening gender issue competencies in ULAT technical personnel:

- The gender bulletin for the quarter was prepared which included information on issues related to the right to health as well as the importance of approaching and operationalizing the gender perspective, how ULAT is visualized in this regard, what process has been followed to mainstream gender in all project products, and a recapitulation of processes carried out to date in addition to where we are going with regard to the gender issue during project year four.
- National Men's Day was commemorated on November 19 with the participation of all project personnel. The origin of the date was discussed and the video "The Butterfly Circus" was presented, which underscores peoples' values and served as the basis for reflecting on the values of the personnel. In addition, personalized recognitions were given to the male project personnel.
- The International Day for the Elimination of Violence against Women was commemorated. All project personnel participated in this activity which began with an intervention on the gender vision in work carried out by ULAT, and how it relates to the issue of gender violence. Then the issue of obstetrical violence was developed and the link with work that will be carried out in 2015. The event finalized with the presentation of a short video on the subject.

These commemorative activities developed during the quarter provided a deeper understanding of their conceptual aspects, creating more awareness on the issue, by making evident some health problems that have been invisible as well as the approach in the standards of care, resulting in care that does not respond to standards of quality expected to be provided in the country's health services.

Deliverables:

- *Gender Bulletin.*
- *Report on activities carried out on commemorative dates and the results.*

3) For consolidation of the approach to the gender barriers/obstacles:

- The document "Guide for the Joint Implementation Community Strategies" was reviewed. The pertinent gender elements were incorporated: background, conceptualization, objectives, methodological process and training for institutional and community personnel. In addition, a specific chapter was developed: The Gender Process as Mainstreaming Axis in the ICEC. A checklist will be developed next quarter that will permit measuring advances made in gender in the ICEC and at least three visits

will be made on the ground to provide follow up to the operationalization of the focus in these strategies.

Deliverable:

- *Quarterly report on follow up of gender aspect activities at the ICEC.*

## V. Intermediate Results/Project Achievements

Table 1- Project results during the reporting period

### IR 4.1 Increased Use of Quality Maternal and Child Health Services and Family Planning

Based on advances made at the MOH and the IHSS, for project year four the project considers that technical assistance is required to broadly consolidate the processes under development. Implementation of the ICEC is a promising intervention which visualizes the harmonious and complementary functioning of different community and institutional interventions that help save the lives of mothers and children, especially those living in depressed conditions. On the other hand, standards of maternal and neonatal care need to be updated in conjunction with the new knowledge generated and the changing characteristics of scientific evidence.

Actions carried out in each of the defined processes are detailed below:

#### **FAMILY PLANNING AT THE MOH**

- Carried out programming in support of the of family planning activities in the health regions services networks at a national level during two workshops with the participation of those responsible from each of the 20 health regions. It should be emphasized that in December for the first time in history, there has was a national consolidation including services networks with decentralized management.
- Carried out the physical inventory of contraceptives, the instrument and instructions on how to carry it out were distributed to the 20 health regions and in turn to the health facilities. The physical inventory was carried with a cutoff date of November 15 and it is expected that receipt of information will be completed in order to proceed with digitizing it with the expectation of having the results in January.
- Provided support to Mr. Carlos Cáliz to visit all health regions that have experienced difficulties in utilizing the HCDL . Adjustments were also made to the program and as a result the tool was fully functional in November. Because a very low percentage of networks have the tool functioning, the project expects this to improve during next quarter.
- Strengthen the monitoring and evaluation process of the family planning indicators in decentralized providers by coordinating with UGD technicians and a report was prepared on the delivery of family planning methods for the period between January and June 2014. Information was gathered for 23 managers, with a 69% rate of compliance with the programming for Intrauterine Device (IUD), 97% for condoms, 54% for oral contraceptives and 84% for quarterly injectable methods. During monitoring, it was also found that 93% of the health units were stocked.
- Developed a workshop for the reinforcing the use of the "Family Planning Guidelines for Decentralized Providers " with technical assistance from ULAT for all providers, UGD and Women's Integrated Care Program (PAIM in Spanish) personnel. These guidelines were reviewed and adapted during the event and the most important changes were made in the programming component where it was decided to modify the criteria used for programming, by making the criteria more practical. As such, the project had the assurance that the number of couples to be protected would increase in relation to the previous year. In essence, there are now only two criteria: (i) The number of protected couples during the previous year, less the

## IR 4.1 Increased Use of Quality Maternal and Child Health Services and Family Planning

voluntary surgical contraception and the DIUs and (ii) the addition of 8% of fertile age women recorded in the census. Much discussion was generated in relation to the logistics component, with doubts regarding the obligation of the managers to purchase methods during shortages because this is not included in financing per capita. However, it was evident that the majority of managers purchase methods.

### Deliverable:

- *Report on compliance of FP scheduling of decentralized suppliers.*

### **FAMILY PLANNING AT THE IHSS**

- Carried out family planning programming activities in the majority of health units in the central South and Northwest regions, with only three units pending. The programming workshop was successful and participating personnel from all levels demonstrated interest and empowerment during the process.  
Because the strategy is not being implemented as it was designed, it hasn't been possible to systematize monitoring and evaluation activities.
- Provided support for the socialization of the family planning clinical guides directed towards 20 general practitioners and specialists and will reinforce institutional capacity for the effective delivery of methods to users requiring these services. During next quarter the guides will be socialized with a similar pending group.
- Developed a workshop for 20 participants to strengthen training for HCDL users, during which the functioning of this tool was confirmed and reports were obtained on family planning activities carried out at the health units.

### Deliverables:

- *Monitoring and evaluation reports on implementation of the EGSPF.*
- *Reports of trainings carried out.*
- *Logistics reports obtained from the HCDL tool (January to October 2014)*

### **RAMNI**

- With respect to midterm evaluation of the RAMNI policy, the vice minister of regulation delegated one of his assistants to coordinate this process. The leadership team was organized and formed by Dr Ritza Lizardo and Dr Claudia Quiroz, Dr Aida Codina and Dr Edelma Salgado, Dr Wilson Mejía and Dr Ivo Flores from the MOH, Dr Dilbert Cordero from PAHO, Dr Flor María Matute for UNFPA, Maribel Lozano and Dr María Elena Reyes and Dr José Ochoa for ULAT. This team has initiated working to review the proposal and provided various suggestions that were incorporated in the documents and tools. The timetable was developed for activities to continue the work in the immediate future.
- Established coordination mechanisms to support the development of the work plans to simultaneously implement interventions for reducing maternal and child mortality in prioritized health regions with the regional team in El Paraíso and the hospital in Danlí. Joint work plans were prepared which were approved and their implementation initiated. The first result was training in ambulatory EONC with the participation of the network coordinator, which was carried out with financing from AMDA who had anticipated implementing this activity in December.

## IR 4.1 Increased Use of Quality Maternal and Child Health Services and Family Planning

### **INTEGRATION OF COMMUNITY STRATEGIES**

- Continued efforts oriented towards strengthening the ICEC process in networks intervened during project year three. Work was carried out in training and following up in the following networks: Erandique, San Rafael, la Unión, MANCOSOL and COLOSUCA in the department of Lempira, MANCORSARIC in the department of Copán, HOMBRO A HOMBRO in the department of Intibucá, San Marcos de Colón and Concepción de María in Choluteca and Arizona in Atlántida. Some of the results are: (i) the organization of 78 communities in the framework of the Work with Individual, Family and Communities (TIFC in Spanish); (ii) training 162 family planning community monitors and 20 institutional resources in the strategy (iii) support for the organization of four committees to support maternal homes, and (iv) the conclusion of the preparation of the automated information system for the community strategies, which had to be improved in order to automatically obtain reports on the indicators that permit evaluating the strategy, mainly regarding institutional care during labor.

#### *Deliverable:*

- *Reports on advances made in the ICEC training process*

### **EONC**

- Carried out efforts to train national, regional and hospital facilitators on the application of maternal and neonatal standards, utilizing the designed methodology and tools. Due to the high cost of training facilitators in all regions and hospitals, the decision was made to focus on the networks and hospitals that are prioritized due to effects of the ICEC or due to previous commitments in the framework of plans for the reduction of maternal and perinatal mortality in the regions and hospitals. As such, the training manuals were printed and two ambulatory EONC workshops were developed to train 30 participants. Five workshops were also developed to train 74 participants in hospital EONC from hospitals in Puerto Lempira, Gracias, San Lorenzo and Choluteca.
- Supported the expansion of the checklists for the application of maternal and neonatal standards. The checklists are being applied in the Tela and San Lorenzo hospitals and their implementation is being evaluated by Danlí hospital personnel, since they also utilize a similar process. The electronic application was prepared to capture information they produced and it is being validated before its installation in the hospitals.
- In relation to technical assistance to strengthen the process of continuous improvement of quality in maternal and neonatal care, the necessary coordination with the UGD was carried out as well as with the Department of Hospitals to carry out EONC training workshops for personnel charged with monitoring and evaluation of compliance with the standards and as such, achieve the standardization of criteria to apply for the evaluation of management of obstetric and neonatal complications.

#### *Deliverables:*

- *Reports on training in the application of maternal and neonatal standards, utilizing the designed methodology and tools.*

## IR 4.1 Increased Use of Quality Maternal and Child Health Services and Family Planning

- In order to contribute support for updated scientific evidence on EONC issues, the process initiated the collection of the updated bibliography on these issues and the process initiated for collecting the updated bibliography on the management of obstetric and neonatal complications that could serve as a database for the preparation of protocols or guides for the management of pregnancies, newborns and complications.

## IR 4.2 Sustained Maternal Child and Family Planning Services

For the achievement of this objective the year four work plan was defined for continuing to orient technical assistance efforts in the development of the main substantive functions and a health system process that permits making sector reform viable with the MOH as steward entity to facilitate achievement.

Based on what was developed during project year three, implementation continued of the development of institutional capacities related to strategic and operational planning linked to the budget, in the framework of the new government organizational structure and the creation of sectorial cabinets. Implementation continued of the political advocacy strategy, by refocusing it towards those processes that due to political interest and dynamism were prioritized by the MOH, such as the implementation of a new organic and functional structure for the MOH and the configuration of the new legal framework for the health system.

During preliminary discussions, the proposal for health sector reform was retaken, including the components of the MOH role as steward, the differentiated regimes for assurance of the population, the establishment of an entity that will administer financing and assurance and the provision of decentralized health services with financing linked to results. Nevertheless, due to the decision to prepare the proposed framework law for social protection submitted to the national congress for approval, along with PAHO and IDB support continued for the MOH on the adjustment of the proposal for the national health system law.

Activities were retaken related to the policy for the national quality health system based on regulatory aspects included in the 2014-2018 National Health Plan, which presents a specific area of action inscribed in the strengthening the quality as a policy and as crosscutting axis for the entire system.

Actions carried out in each of the processes defined under this result are detailed as follows:

### **MOH INSTITUTIONAL PLANNING**

- Reviewed and adjusted the PEI 2013-2016 was reviewed and adjusted, in the framework of the country plan, the plan for all for a better life, the government's strategic plan and the national health plan. These mandates have been integrated in the Institutional Strategic Plan. The monitoring and evaluation plan for the PEI 2014-2018 resulted from, and is a part of the SIMEGpR, which integrates all required indicators to follow up the institutional mandate. During this quarter, the proposed dashboard was prepared as well as indicators and goals for the adjusted institutional strategic plan (PEI 2014-2018). The adjusted 2014-2018 Institutional Strategic Plan will be presented in the near future to the Presidential Directorate for Management for Results for approval.

### **SECTORIAL PLANNING**

- Continued making progress on the development of the sectorial health plan in the framework of the initiative of the Sectorial Cabinet for Development and Social Inclusion as the institution that is part of this sector and technical support has been provided to the UPEG team on this issue. The sectorial cabinet formed a technical team constituted by UPEG representatives from institutions that are part of the sector. A first draft of the sectorial plan was prepared with the Country Plan, the Plan for a Better Life, and the Government's Strategic Plan as references, which reintroduce elements that should be jointly constructed in order to achieve sectorial objectives included in these plans. The plan includes a chart of sectorial impact indicators that are part of the SIMEGpR.

### **CENTRAL LEVEL ORGANIZATIONAL DEVELOPMENT**

- Carried out training for facilitators of the different instances in the new central level structure, contemplated in the ROF and in the MOF.
- Designed the tool for the preparation of an implementation plan for the new organizational structure by each of the central level instances and facilitators were trained in the process.
- Provided support to the General Directorate of Human Resources Development for the strategic conduction of the process of change in the human resources and the physical spaces for the different central level instances.

### **REGIONAL LEVEL ORGANIZATIONAL DEVELOPMENT**

- Obtained the implementation plans for the new organizational structure for the regions of Cortés, Santa Bárbara, Colón and Yoro, which completed the 20 regional implementation plans.
- Carried out human resources trainings for from the Planning Unit and the Department of Integrated Health Services Networks from the 20 health regions on the planning functions proposed by the new organizational development.
- Received official approval for the regional level processes and procedures manual.

#### *Deliverables:*

- *Note with MOH approval of the operating processes and procedures approved regional*

### **LEGAL FRAMEWORK**

- Continued providing technical support to the MOH, in the development process of the proposed draft national health system law and by participating in the health committee formed by the office of the President to address the preparation of a proposal of the framework of the initiative for the social protection law introduced in the national congress for approval. Several discussions were held on the framework law for social protection, with the MOH, PAHO and IDB to make the corresponding observations in function of the preliminary proposal for the health system that MOH developed. It can be said that in general all actors

#### IR 4.2 Sustained Maternal Child and Family Planning Services

who were presented with the social protection law coincide in the need for the law and its global contents, but consensus also exists that its contents require adjustments and coherence. USAID invited the project to participate in a meeting of the CESAR committee to discuss observations made by the technical group in order to move it through the respective channels to the corresponding instance. Finally, the commission with the mandate of developing a proposal for a framework law for social protection, worked on a new version which was socialized with the CES and that the office of the President re-introduced in the national congress in mid-December.

In relation to the health system law, the project proceeded to make adjustments to the proposal that was being prepared with the reference the scope of its actions resulting from the general contents of the framework law for social protection. The project proceeded to define an agenda of the issues requiring decisions by the Minister before continuing with this process of adjustments.

- Initiated activities for the collection of legal instruments related to issues that should be included in the proposed health system law. These legal instruments that originated in other countries will be the basis for analysis and development of the proposed specific regulations that should put into operation the mandates included in the proposed health system law that the MOH would adopt. Given the time left in project implementation and the complexity of the development of these processes because they are highly dependent on political decisions, the project expects to achieve the development of proposals for the main regulations that would be prioritized by the MOH in order for these to be available when conditions are right for discussion and the required consensus is present. The development and startup of a plan for implementing legal reforms is in a similar situation.
- Initiated the process, related to the collection of the legal tools linked to the area of health, of adjustment to the SYSLEYES software in order to proceed with the migration of the documents to a web environment and the conversion into a referral for internal and external consultations. It is expected that this process will finalize and move towards operational maintenance by the MOH at the end of next quarter. The tools for diverse legal categories approved to date simultaneously continued to be entered in the software.

#### NATIONAL HEALTH MODEL

- Supported the implementation of the national health model and the available guides in the health regions required concentrated efforts during the period given that the Sub-secretariat of Health Services Integrated Networks (SSRISS in Spanish) approved the renewal and implementation of the decision to train facilitators at national and regional levels in order to conduct the configuration and delimitation process for the RISS and because of the urgent programming need to deliver to the Secretariat for General Coordination of the government, evidence of compliance with goal five of the 2014-2018 National Health Plan, “100% of health services will be organized in RISS”, for which the following events were implemented and evaluated: (i) training the national training team on the configuration, delimitation and management of the RISS and the use of educational techniques for training adults. This central level team was formed with professionals from the Department of First Level of Care Services professionals (DSPNA in Spanish), which depends on the SSRISS; (ii) training the Regional Leadership Teams (ECR in Spanish) from five health regions which were utilized as pilot programs; (iii) accompaniment and simultaneous on-site technical support (coaching) during four weeks for each regional conduction team in those five regions to strengthen their technical competencies and to facilitate the process; (iv) training the regional leadership teams

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in the fifteen health regions to complete training these intermediate level teams; (v) accompaniment and technical support (coaching) to the regional conducting teams in the fifteen health regions through work sessions via voice over internet protocol.

As a result of these interventions, the MOH now has available thirteen professionals at central levels (twelve from the DSPNA and one from the UGC) and around 90 regional level professionals trained in the configuration and delimitation of more than 80 networks (an average of four per region), subject to a review by the regional conducting teams before submitting them for consideration by higher MOH authorities.

- The Implementation Plan for the National Health Model and the 2014-2018 National Health Plan, the design, preparation, development, validation and implementation process for the guide for the configuration and delimitation of the RISS produced a driving effect in other ongoing processes for the implementation of some political instruments available at the MOH central level, such as: (i) the definition of public policies and the institutional mechanisms to constitute the RISS; (ii) the definition of the group of guaranteed health benefits and specific packages for special populations; (iii) the categorization of health facilities (projects for regulations for licensing, authorization and functioning of health facilities and licensing of polyclinic facilities and first level of care type three) and; (iv) the linkages of first level of care facilities with the community (proposed guidelines and the tools for the operation of primary care teams in the RISS, PROAPS/JICA).
- Developed activities facilitator training at the central level and the 20 health regions. This activity was aimed at implementing the guidelines providing component of attention due to its alignment with the implementation plan of the MNS. The 20 regions of Health presented its proposal for setting and delimitation of integrated health care networks

#### Deliverable

- *Document of the proposal implementation plan for the 2014-2018 national health model*

#### DECENTRALIZATION

The decentralization process for management of the networks for the provision of health services has continued to advance with the incorporation of the second level providers. This process has faced challenges of improvement and strengthening, in the processes for contracting services from the central offices, the development of management capacities in providers, control and accountability in this process as well as the development of management tools for the process at health region level. The RISS management plan that the project expects each health region to prepare will be useful to conduct the process inside their territory and to make all technical, financial and coordination provisions with other actors required by this process. The prioritization and definition of the strategy for implementing the RISS configuration process and the RISS management plans has initiated.

An important technical advance in the implementation of the management model established by the MOH in hospitals that decentralize is the introduction, in three hospitals, of innovative tools for various organizational systems such as logistics and supplies, equipment and building maintenance, guest area and patient management, among others. As it was reported, the MOH has been carrying out implementation of the hospital management model based on decentralized management for results with quality, in three hospitals with technical accompaniment by a consulting firm contracted through the

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GESALUD 2418 project with funds from an IDB credit for the government of Honduras.

During this phase of implementation, ULAT is providing technical assistance for the department of hospitals to carry out the follow up and evaluation process for this implementation phase and, in addition to the coordination with the MOH regulating entities, a standardization and surveillance process in compliance with management standards and tools, introduced in order to ensure sustainability and to achieve expected care and management results.

On the other hand, the project continues to work with the Teaching University on the development of coordination mechanisms to improve access and care for hospital emergency services users, in order to organize and reinforce their integration in the public system services network, at their respective level in the national referral hospital.

### FIRST LEVEL

- Carried out activities at the end of project year three to socialize the guide for the development of regional plans for managing the RISS, with sub-secretariat of services networks officials and from cooperation projects that support them, as well as officials from 20 health regions (health region and network department chiefs), conducted by the vice minister. Department of Primary Health Care (DAPS in Spanish) and UGD technicians were trained as the central level facilitating team in conceptual and operational understanding, to facilitate the training process for the RS teams as well as to carry out technical accompaniment for the preparation and subsequent follow up of the implementation of the plan.
- Trained teams from the 20 health regions in the application of the tools (matrixes) of both initial components of the guide and in the guidelines for configuring the RISS. During this training process the health regions advanced in a first draft of a proposal for the configuration of the RISS, which will be developed in order to continue preparing the regional plan to managing the RISS.
- With regard to support for the design and validation of the proposed guide for monitoring the training process for decentralized providers, this is in process of adjustment in light of the methodological elements that are still under discussion and decision making by the MOH. Progress was made in the preparation of a monitoring plan by utilizing the methodology proposed in the guide, in order to follow up the training plan developed by NEXOS, which was initiated in November with decentralized managers from the municipalities of Protección and Macuelizo and the Chortí commonwealth, the general objective of which was to strengthen competencies to prepare a Community Family Census (CFC in Spanish) and the Health Situation Analysis (ASIS in Spanish). The training process for MOH decentralized managers has been, and continues to be, uncertain due to the availability of financing.
- Continued adjustments to the design of the management for results guide, in order to later on proceed to adjust some tools that would be operationalizing processes such as operational planning and control through the monitoring plan. The management agreements that have been adjusted for 2015 propose the need for the manager to have an operating plan to link activities with the results required by the agreement in order to achieve increased coverage, efficiency and quality in the provision of services.

### SECOND LEVEL

- Carried out support currently provided to the Department of Hospitals, through follow up of the implementation of the hospital management model in the three hospitals (San Lorenzo, Juan

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Manuel Galvez and EAC), for the purpose of assuring the availability of all the required technical tools: manuals, formats and electronic tools as well as the identification of different training methodologies for the development of competencies in the personnel who is assuming the new processes.

Discussions with Department of Hospitals technicians on conceptual and methodological understandings of the hospital management model and exchanges of good practices between hospitals being carried out are generating favorable conditions for the Department of Hospitals to take on the challenge of extending the application of this model in other public health services network hospitals. These events have permitted identifying technicians from the hospitals with a very good attitude and operational understanding of the processes, who could become Department of Hospitals collaborators during the expansion.

For the time being decisions are required from the MOH's political authorities related to the official identification of hospitals that will initiate this process in order to prepare a strategy and a critical path in support of implementation of the hospital management model.

- Review of the management agreements for the 2015 fiscal period are under way, for the purpose of adjusting the objectives to concrete and measurable results, as well as for the substitution of the monitoring and performance indicators focused on processes, with indicators of the products and impact results where it is possible to measure them, whether through surveys or permanent records that complement current records established by the MOH for statistics for the production of services.

The elements for the health surveillance standard were reviewed, which should be incorporated as specific clauses of responsibility by the manager and the health region as well as new indicators to verify compliance with this standard which will be integrated in the new agreement proposed for 2015.

The MOH information system requires an integrated intervention in order to carry out more effective follow up in compliance with the articles included in the management agreements. The current follow up process is carried out entirely in the field which is economically unsustainable due to the high cost of mobilizing the technicians. On the other hand, the development of tools to support management of the agreements obviously does not integrate different data sources making it necessary to always seek other sources.

In the framework of this review of the agreements and the follow up process, it was proposed to optimize the process and the tools for follow up and for the 2015 evaluation, by focusing on at least three types of activities: (i) analysis of statistics that are received monthly, (ii) auditing some of the processes, and (iii) verification in the field of non-conformity with continuous improvement by the manager and the result of the analysis of the statistics for the production of services.

- Advances made in technical support for the Teaching University emergency services and Preferred Clinics (CLIPER in Spanish) during this period, refer to: (i) completing the documentation for the resources management processes in this area, for evaluation support for information services and management; (ii) the organization and training for the quality commissions for each emergency service and the CLIPERs, as well as the directives for each service and the department leadership, by initiating the measurement and follow up processes for continuous improvement in at least two of the services; (iii) the development of work with the leadership of the services and the emergency department for the identification of the indicators for following up and controlling the activity and results from this department and; (iv) support for the planning department by providing inputs for mapping the tools and data flow for the information system, for the purpose of providing operational elements for the development of the hospital general information system which are being developed with support from the National Autonomous University of Honduras (UNAH in Spanish).

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In order for the hospital directing team to continue to assume the leadership of the management improvement process and the provision of services, a plan of action was jointly prepared for continuing to implement actions for improvement in time and form, which was discussed with hospital department leadership, services and the general directorate for approval and the subsequent follow up of the implementation.

### Deliverables:

- *Quarterly report on implementation of the hospital management model*
- *Quarterly report on advances made in the re-design of the processes and functional organization of the Teaching University emergency service*

- As a product of the results of the field monitoring carried out for the RGH which finalized in September, during this period two work events were carried out with the Department of Hospitals technical team, with the objective of submitting the report and the main findings as well as to subsequently define a strategy for the approach to the main problems identified during these processes.

Redesigning the tool and follow up process will be initiated and carried out by the Department of Hospitals through the dashboard, for the purpose of feedback for hospital directors based on the evaluated indicators.

According to the results of monitoring the RGH process, the strategic approach should focus on interventions initially directed towards three processes: (i) protocolization of the five main causes for leaving the hospitals, for its implementation, (ii) strengthening the continuous improvement process, and (iii) a systematic approach to the information system (data collection and processing and decision making) and continue supporting the hospitals in improving their management.

It was also considered that some of the clauses and evaluation indicators in the management commitments signed by the MOH should be modified for the hospitals to support their management with different tools and processes provided by the RGH.

### ACCOUNTABILITY AND SOCIAL AUDITS

- Finalized and socialized the guidelines developed for accountability and social audits as part of the technical support for the UGD to strengthen the accountability and transparency process in decentralized health services managers, with the leadership unit and other personnel, were . Training for the technical personnel was provided in conceptual and operational understandings of the process.
- Carried out coordination with the NEXOS Project for the review and analysis of the social audit report carried out with a manager from the MOH and through technical discussions held jointly with the UGD.
- With the UGD, the project also planned close follow-up of the accountability process the managers should carry out with civil society during January 2015, as established in the country's legal framework. For this, UGD issued communications to the managers for them to provide information on the process and to proceed in preparation of a calendar of assistance and subsequent follow up of the results of the process.
- San Lorenzo Hospital was the subject of a social audit in October and the results report is pending in order to approach the UGD with regards to developing the follow up for implementation of the recommendations.

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### Deliverable:

- *Quarterly reports of the process and the results of accountability and transparency as well as of the social audits carries out on the managers*

### **PUBLIC ASSURANCE**

- Submitted the draft document, in regards to the validation and socialization of the referral framework for the development of a System of Identification of Beneficiaries (SIB in Spanish) of the SPSS in Spanish of the national health model, to a review and re-structuring process in light of new conceptual and strategic elements incorporated in the proposed framework law for social protection mentioned in previous sections. The mentioned referral framework was shared with the UGD for consideration in the preparation of the terms of reference for a programmed consultancy.
- With regard to the definition of the technical proposals for management tools for the social protection in health system in the national health model, the draft documents are being prepared for the four agreed tools, which are: (i) the methodological proposal for the identification and incorporation of prioritized human groups for the cost structure for subsidized public assurance that will include gender and age variables in order to be able to decide who to subsidize; (ii) the proposal for a control system for implementing contracts, conventions and agreements in the SPSS, which is considered to be implemented with independent operating managers in the decentralized services, in the current parameters of action of the MOH; (iii) the methodological proposal for a financial control system for the SPSS, defining the processes over which it is feasible to exercise some type of regulation and who are the actors with the authority to carry out the regulation and surveillance in relation to compliance; and (iv) an analysis has initiated of the model for public-public management, in the framework of actual contractual relationships of the MOH with different central and local government agents that manage public health services and are financed by the Ministry.

### Deliverable

- *Report on advances made in application of the SPSS.*

### **NATIONAL SYSTEM OF QUALITY IN HEALTH**

- Discussions continued with the vice-minister of regulation's technical team to define the approach for the national system of quality from the perspective and responsibilities of this vice-ministry. As a result, the terms of reference were prepared for a consultancy with the objective to facilitate implementation of standardized and regulatory devices for the national system of quality, in order to improve technical and perceived quality in maternal and child services and family planning for underserved and vulnerable groups. It is expected that their products will include a document containing the implementation plan for the adjusted national system of quality, proposals for standards designed according to the prioritization established in the implementation plan and a plan for the development of capacities for the standardization and verification of standards.

#### **IR 4.4 Data Use for Decision Making**

The emphasis that was always placed on epidemiological surveillance and the management of outbreaks held a great part of the attention and work of the UVS technicians, which affected the change process. The drive generated by the finalization and launch of the national standard for health surveillance (NVS in Spanish), is requiring the development of competencies and the tools to put in into operation and to carry out actions that are consistent with the objectives of the 2014-2018 National Health Plan. It is important to remember that this standard will provide technical support to the health surveillance entities at all levels for organization of the RISS.

Activities foreseen for the development of the SIIS have continued to be postponed and have modified the expectations for project achievements on the issue because it is not part of its domain. It is clear that the process continues to be essential for management surveillance, monitoring and evaluation and the project will continue closely with all related activities.

Advances continued in the development of the SIMEGpR in the framework of the 2014-2018 National Health Plan (, the PEI 2014-2018 as well as other institutional needs, with the understanding that they should consolidate the corresponding levels and create the capacities for their use and maintenance.

The need to carry out studies is valid, in order to provide additional elements for the analysis of the health situation and to know existing inequities in greater detail and based on this reorient the strategies and policies to eliminate injustices in accordance with priorities and objectives established in the national health plan. Without a doubt, the results of the studies will support planning by focusing on specific groups, the situations of exclusion and will reinforce criteria applied for the assignation of the budget.

#### **HEALTH SURVEILLANCE**

- Discussed the drafts tools for deeper analysis of maternal and child mortality with the UVS. The tool for analyzing maternal mortality is pending for validation and the one for child mortality is already being utilized in the Atlántida region. It is expected that the results of implementation will be discussed during a meeting programmed for this purpose in that Department.
- Received approval for the maternal mortality surveillance report for 2012 was approved and there is agreement for its publication. There are some details still pending are in this regard.
- Finalized the diagramming and printing process for the documents of the report on “The Characterization of Mortality in Children from 0 to 5 Years Old”. The corresponding samples are available with the authorization pending for its distribution.
  
- Held meetings with UVS personnel to discuss elements related to the NNV that should be incorporated in the first level decentralized management agreements. For this, reference

#### **IR 4.4 Data Use for Decision Making**

documents were reviewed: current management agreement, the NNV, the ROF and the MOF at central level as well as regional level. As a result, a proposal was prepared consistent with the need to include a specific objective on this issue in the agreements, as well as to specify the roles of the MOH and the managers and the tools that should be annexed to the agreement. Still pending is the discussion and agreements regarding the changes mentioned.

#### **INFORMATION IN HEALTH SYSTEM (SIIS IN SPANISH)**

- Established and maintained contact with the UPEG on the issue of the definition of the strategies and methodology for the development of the SIIS in the framework of reform. The UPEG has provided follow up for the process and it also received visits from Canadian Cooperation representatives, however, still in process is the selection of the accompanying agency to initiate the respective project.
- Established contacts with UGI personnel, however, the project still has not been able to form a team in this unit to act as counterpart for the project and a certain lack of knowledge is detected with regard to their functions and the SIIS strategic plan, which is the object of financing. The project took advantage of activities related to planning and development of the SIMEGpR to begin involving the personnel and as such, to empower them to take on their responsibility in the generation and production of quality timely data for the development of indicators and other functions.

#### **MANAGEMENT MONITORING AND EVALUATION**

- Finalized the development of the dashboard for the PEI 2014-2018 , which is a part of the SIMEGpR, which has been structured around two areas and nine categories for analysis in response to the matrix of strategic objectives and management results of the institutional strategic plan. The included indicators harmonize with the goals of the rest of the planning tools in the national, sectorial and institutional scope. As added value, this process was developed in a participative manner, which is generating institutional capacities in the monitoring and evaluation area and a substantial improvement in the bases resulting in quality data and information. This is leading to improved transparency in the results and the resources utilized.
- Reviewed and adjusted the majority of the indicators.. These are part of the Presidential platform of management for results, the sectorial plan for development and social inclusion and the national health plan, for the purpose of preparing an integrated and harmonized SIMEGpR. The preparation of the objectives consisted of very detailed work with the participation of the central level units and the UPEG with technical accompaniment from ULAT. During the process elements and scopes that should be previously discussed in the MOH were identified, which affected the speed in the development of the objectives.
- Assistance in the design of the tool development to identify and prioritize gaps, to prepare plans for corrective measures and continuous improvement is developed in parallel to the process of preparation of the SIMEGpR. The needs for tool development are identified for data collection based on the variables with which the indicators are constructed.

#### IR 4.4 Data Use for Decision Making

##### Deliverables:

- Quarterly reports of advances made in implementation of the SIMEGpR.

#### **EQUITY IN HEALTH FINANCING**

- Provided support for the presentation on the report of the 2011 health cost and financing study. The event included participation by the Minister of Health, Dr. Yolany Batres, Central Bank of Honduras officials, the National Statistics Institute and PAHO, the representatives of which formed the main committee. The development process of the study was characterized by joint work during one year by institutions represented at the committee, during meetings held to approach specific issues and the final review of the data along with the preparation of the report document. This allows for the guarantee that the information is supported by the quality and reliability of the data, as well as compliance with the methodology established in the guide for the national health accounts producer. Some of the aspects worth noting are the words from members of the main committee which referred to how this study strengthens decision making to implement strategies that guarantee financial protection for the poorest. In addition, it is the basis for the new Social Protection in Health Law (currently in the congress for discussion and approval), it provides elements for the creation of the National Health Fund, reorganization of the health sector, strengthens the stewardship functions and provides a guarantee for financing.

##### Deliverable:

- Report on the Study report on cost and financing study

#### Table 2- Programmatic Challenges during the Reported Period

#### **IR 4.1 Increased Use of Quality Maternal and Child Health and Family Planning Services**

##### **MOH Family Planning**

The organizational development process currently being implemented at the central level has resulted in certain delays for programmed activities, despite efforts by the DSIF to maintain the attention and the implementation of processes being developed with the regions and hospitals as much as possible. The lack of financing with USAID funds at the UAPCE limited the implementation of some priority activities.

The main problem is a result of the process of acquiring contraceptive methods and consequent distribution from the central level to the health regions. On the other hand, a threat is visualized in the re-structuring of the acquisition mechanisms of all supplies and medications (including contraceptives) when these are based on criteria that are not necessarily contemplated in the methodological strategy for family planning services. This issue requires particular attention.

##### **IHSS Family Planning**

Coordination with the IHSS DMN continues to be complicated due to directives issued and

management decisions made by the intervening commission, because there are activities that require higher level approval. Further, the project has been unsuccessful in obtaining space to make known the programmed and defined activities in the work plan. However, as a result of made by Dr. Hugo Rodríguez, it was reported that the executive directorate approved and supported implementation of the EGSPF.

#### ***Integration of community strategies***

The great demand for technical and financial support generated by interest in the intervention at management as well as operational levels exceeds current ULAT capacities.

#### ***RAMNI***

Delays in prioritizing the issue by MOH higher authorities.

#### ***EONC***

Important limiting factors were the lack of funding in the required magnitude for training as it had been initially planned, changes in the central level work team as a result of implementation of organizational development, the difficulty to carry out simultaneous workshops that permit more rapid advances with this training during the time available.

### ***IR 4.2 Sustained Maternal Child and Family Planning Services***

#### ***Institutional planning***

Once the Institutional Strategic Plan for 2014-2018 is evaluated, adjusted and approved by the Minister, the dashboard, indicators and goals are developed in a participatory manner by central level units. Identification of the indicators for the strategic objectives of the stewardship and as related to chronic degenerative diseases required important innovations and substantial improvements in tool design for monitoring and evaluating results.

#### ***Sectorial planning***

Harmonization of the Institutional Strategic Plan with the Sectorial Plan for Development and Social Inclusion being prepared by the Sectorial Cabinet for Development and Social Inclusion implied accompaniment to the UPEG in reviewing proposals and the preparation of technical files for the indicators included as part of the sectorial plan.

Still pending are two consultancies foreseen for carrying out studies that could serve as the basis for sectorial planning.

#### ***Central level organizational development***

The organization and functions manual has still not been made official by the MOH, consequently the project is working on the basic positions template and the processes manual with the understanding that there will not be many modifications between the MOF proposed document and the document finally received for approval.

#### ***Regional level organizational development***

Failure of final approval of the processes and procedures manual and the basic positions and profiles template for the health regions, in addition to the failure to delegate final decisions to some counterparts by higher authorities.

### **Legal framework**

The lack of final approval of the framework law for social protection resulted in having to wait for the final development of the proposed health system law since the framework will serve as a reference.

### **Health model**

Having to respond to the request for technical assistance to provide simultaneous support to the 20 health regions in order to accelerate the configuration and delimitation process of the RISS, implied forming newer employees with little experience in the issue as facilitators with little experience in the issue. The uncertainty in the changes resulting from implementation of organizational development can be added to this.

### **First level decentralization**

The dynamic and priority of MOH decision makers to provide greater sustainability and credibility in the decentralization process in management of the provision of services is not always aligned with the opportunities and needs for the development of technical processes.

### **Hospital decentralization**

There are many varied challenges in this process. There was a delay in the decision to socialize and communicate approval of the hospital management model, as well as to continue decentralization with the other two hospitals approved through the loan agreement with the IDB, hospital directors under great pressure from labor unions, slowing down the internal development of the processes and the Department of Hospitals suffering a reduction in its technical process as a result of the implementation process for organizational development at the MOH.

### **Accountability and social audit**

Little experience on the issue and lack of knowledge of the existing legal framework by MOH counterparts as well as the political component that moves around it, turns it into a complex implementation process that advances slowly. On the other hand, this is a two way process because when carrying out a social audit of the agreement the manager and the MOH are being evaluated, which adds certain uneasiness in driving the issue from the institution.

### **Public assurance**

The project is advancing in the development of proposals for the SPSS management tools without the issue being prioritized in the MOH political agenda.

### **National Quality in Health System**

The lack of prioritization on the MOH agenda to drive the issue

## **IR 4.4 Data use for making decisions**

### **Health surveillance**

The challenges faced during the period were conditioned by decisions not made at the political level to culminate the socialization process for the child mortality study and all issues related to sustained surveillance of maternal and child mortality, as well as the lack of time on the UVS agenda, in the face of new threats of epidemics such as chikungunya and Ebola.

### **Integrated information system in health (SIIS)**

The main problem facing the normal development of activities linked to this process resulted from actions of the Government of Canada which is still in the selection phase of the accompanying firm.

This is one of the conditions for initiating the SIIS project.

On the other hand, the MOH structural reorganization has resulted in new UGI personnel without experience in the issue. To this can be added that there has not been a transition period between the UPEG and the UGI and the lack of knowledge of the functions assigned to its personnel.

#### **Management monitoring and evaluation**

Involvement by the technical team and a heightened awareness of the need to have the SIMEGpR and the tools available for the preparation of indicators has been a crucial point for its development.

This is a complex issue directly involving all central level units, especially the UGI, with which areas of involvement and coordination will have to be examined for the preparation and development of the SIMEGpR.

#### **Equity in health financing**

The cost and financing study was finalized during the previous quarter, however, the editing and formal presentation of the results were carried out this quarter. This resulted in an important work load to review subsequent tests, accompanying for the design and printing of the materials and preparation for the presentation event which was carried out by the Minister.

It is important to note that at the same time, the project contributed with negotiations with PAHO/WHO as well as through the GAVI Alliance, which will continue to support development of these studies and strengthening the human resources. During this quarter PAHO promoted the participation of two UPEG technicians in a workshop in Lima, Peru on this issue.

**Table 3- Prioritized activities for the next reporting period**

<b>Key project activities for the next reporting period</b>	<b>Comments</b>
<b>IR 4.1 Increased use and access to quality maternal child and family planning services</b>	

#### **MOH Family Planning**

- *Support the consolidation of programming family planning activities in the health regions services networks*
- *Support the development of competencies in those responsible for regional warehouses and the networks for the correct storage of contraceptives.*
- *Implement the distribution mechanisms identified during project year 3.*
- *Support carrying out two physical inventories for contraceptives, in November 2014 and May 2015.*
- *Support the functioning of the HCDL.*
- *Provide support for strengthening the monitoring and evaluation process for family planning indicators in decentralized providers.*
- *Support strengthening the use of the "Family Planning Guidelines for Decentralized Providers".*

### **IHSS Family Planning**

- Support consolidation of programming family planning activities in the three modalities for the provision of services at the IHSS.
- Support the monitoring and evaluation processes for family planning activities.
- Support the training processes for operating the EGSPF.
- Support the functioning of the HCDL.
- Support management of the DMN for the acquisition of contraceptives.

### **RAMNI**

- Support finalization of the RAMNI policy mid-term evaluation.
- Support the design and adaptation of the national policy to reduce maternal and child mortality based on the results of the evaluation.
- Support the development of work plans for simultaneously implementing interventions oriented towards reducing maternal and child mortality in prioritized health regions.
- Support finalization of the design and implementation of a more cost effective methodological proposal for the AIN-C strategy for decentralized providers.

### **INTEGRATION OF COMMUNITY STRATEGIES**

- Support the ICEC expansion process at intervened networks for project year 3.
- Support ICEC expansion in selected regions by utilizing the prepared methodological guide.

### **EONC**

- Support training of national, regional and hospital facilitators on the application of maternal and neonatal standards on the application of maternal and neonatal standards by utilizing the methodology and designed tools.
- Support national level expansion of the checklists for the application of maternal neonatal standards.
- Support implementation of clinical histories for neonatal hospitalization.
- Support the redesign and implementation of the "Neonatal Ambulatory Clinical History".
- Support national level expansion of the perinatal clinical history to include surveillance graphics of uterine fundal height (AFU in Spanish) and weight.
- Provide technical assistance to strengthen the continuous improvement of quality process in maternal neonatal care.
- Support implementation of a pilot experience for the development of EONC abilities for a decentralized provider.
- Support updating the manual for maternal neonatal standards of care and protocols at ambulatory and hospital levels based on updated scientific evidence and dispositions contained in the MOH regulatory processes.

Key project activities for the next reporting period	Comments
<b>IR 4.2 Sustainable Maternal Child and Family Planning services for vulnerable and underserved populations</b>	

### **INSTITUTIONAL PLANNING**

- *Support systematization of the link between the Institutional Strategic Plan with the Annual Operating Plan by identifying programmable products that respond to each defined tracer product.*
- *Provide technical assistance for strengthening institutional capacities in planning and budgeting oriented towards results.*

### **SECTORIAL PLANNING**

- *Support development of the prioritization study of population groups differentiated by gender and health problems, for inclusion in the financing and public assurance systems.*
- *Support the development of the study of the needs for financial resources to construct the health financing system, the public assurance system and medium and long term sectorial planning, along with the other institutions that are part of the sector.*

*Pending for contracting the consultants for carrying out the studies. The terms of reference were prepared during the previous project year and completion of the selection and contracting process is expected.*

### **CENTRAL LEVEL ORGANIZATIONAL DEVELOPMENT**

- *Support implementation of the new MOH organic and functional structure.*

### **REGIONAL LEVEL ORGANIZATIONAL DEVELOPMENT**

- *Support the SRISS on the consolidation of implementation of the regional level organic and functional structure.*

### **LEGAL FRAMEWORK**

- *Provide follow up and technical support for the advocacy process for approval of the proposed national health system law.*
- *Support the development of proposed regulations as prioritized.*
- *Provide technical assistance for the development and startup of a proposed implementation plan for legal/structural reforms.*

- Update the legal inventory.

## **NATIONAL HEALTH MODEL**

- Support implementation of the national health model and the available guides at the health regions.
- Prepare and technically validate selected basic guides for the national health model management and financing components.
- Provide technical assistance for the preparation of a proposal for the creation of the national health fund.
- Support the design of the national health model implementation plan.

## **DECENTRALIZATION (First Level)**

- Support socialization and training for health region teams on the “Guide for the Development of the Regional Management Plan for Integrated Health Services Networks”
- Technical support for the preparation of regional management plans for the integrated health services networks.
- Support the UGD with the design and validation of the proposed guide for monitoring the training process for decentralized providers (phase II).
- Support the DAPS with monitoring and evaluation of the implementation of regional management plans for the services networks.
- Support the UGD for the health regions to develop competencies for monitoring the training process for decentralized providers (phase II).
- Support the UGD with the evaluation of the training curriculum for the development of technical and administrative capacities in providers.

Carrying out these activities depends on approval of the guide for developing the plan.

## **HOSPITAL DECENTRALIZATION**

- Technical support for the Department of Hospitals for extending implementation of the hospital management model (MdeGH in Spanish) to other hospitals and with the development of mechanisms for the sustainability of the process.
- Technical support for the UGD with the development of management agreements and monitoring instruments for decentralized units at the second level of care.
- Technical support for the Teaching University in the strengthening process for the emergency area and the CLIPER, through implementation of management for results with quality.
- Support the Department of Hospitals on evaluation of the process and the results of implementing the hospital management model in three MOH hospitals.
- Support the monitoring and continuous improvement of the RGH process, in implementation at the public hospital network.

Although favorable technical conditions are being created, timely political decisions by MOH authorities are necessary in order to comply with this activity.

### **ACCOUNTABILITY AND SOCIAL AUDIT**

- Technical support for the UGD for strengthening the accountability process and transparency in the health services decentralized managers.

The project will advance if the MOH participates in the foreseen accountability processes and carries out systematization of the use of results for continuous improvement of services provided by the manager.

### **PUBLIC ASSURANCE**

- Support validation and socialization of the framework of reference for the construction of a beneficiary identification system (SIB in Spanish) for the national health model SPSS component.
- Support the definition of the technical proposals for management tools for the national health model SPSS.

This requires the MOH to include development of the issue in its agenda.

### **NATIONAL SYSTEM OF QUALITY IN HEALTH**

- Review and redesign the implementation plan for the National System of Quality in Health (SNCs in Spanish).
- Support the startup of the National System of Quality in Health implementation plan.
- Support the identification for the preparation and/or adjustment of the technical proposals for selected standards in the National System of Quality implementation plan.
- Support capacity development for standardization and verification of the conformity.

Still pending is contracting the specific consultancy for the development of these activities.

<b>Key project activities for the next reporting period</b>	<b>Comments</b>
<b>IR 4.4 Data use for decision making</b>	

### **HEALTH SURVEILLANCE**

- Support expansion of the process for deeper analysis of maternal and child mortality in hospitals and regions to improve decision making.
- Technical support for the implementation of the use of the data base of the surveillance subsystem for child mortality in hospitals.

- *Provide technical assistance for surveillance of maternal and child mortality.*
- *Support the socialization process of the results of the report from the study on characterization of child mortality for 2009-2010.*
- *Establish the NVS elements that should be incorporated in new contracts with decentralized managers.*
- *Support the MOH UVS in the consolidation of the new organizational structure of the directorate.*

### **HEALTH INFORMATION SYSTEM**

- *Support the definition of strategies and methodologies for the development of the SIIS in the reform framework.*

*Development of this activity depends on initiation of the SIIS project to be financed with Canadian government funds.*

### **MANAGEMENT MONITORING AND EVALUATION**

- *Provide technical assistance for the preparation of the SIMEGpR implementation plan.*
- *Support implementation of the SIMEGpR.*

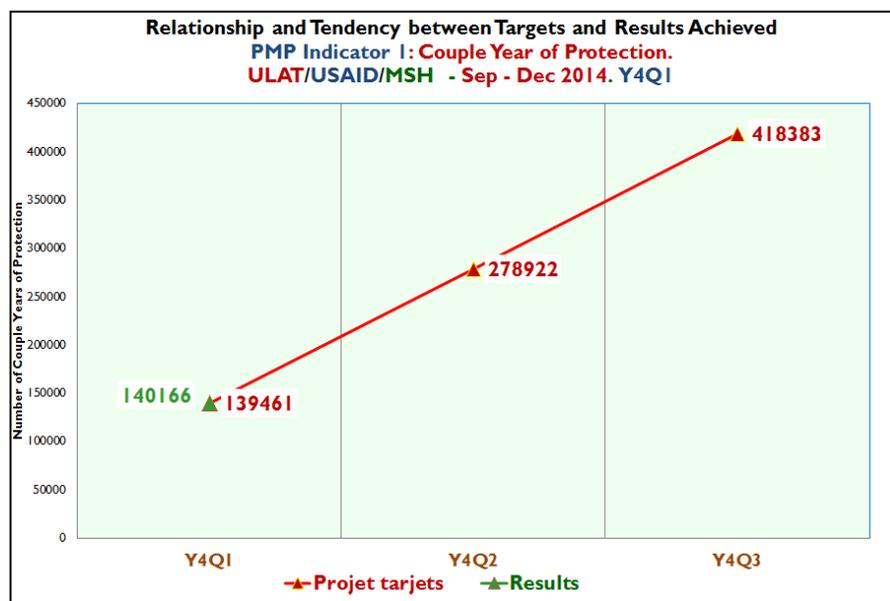
### **EQUITY IN HEALTH FINANCING**

*Support the development of research on equity in health financing.*

## VI. Monitoring and Evaluation

Performance Monitoring Dashboard								
Indicator I	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Couple-Years of Protection (CYP)</b>	The estimation of protection provided by contraceptive methods over the period of one year, based on the volume of all the contraceptives sold or distributed at no cost to clients during this period. Unit: CYP	<b>418,383</b> <i>PMP has no goal, this data was adjusted to remaining period of the project in the PY-4</i>	Quarterly Cumulative	449,609	575,326	140,166 of 139,461 expected		
<p><b>Y4Q1:</b> Despite the high shortages identified in the previous period of 78%, health facilities continue to make efforts to keep covered to users with an alternative. If conditions remain the same in three quarters 420.498 CYP production could be achieved.</p>								

**Figure 1-** PMP Indicator I: Couple Year Projection – Y4Q1

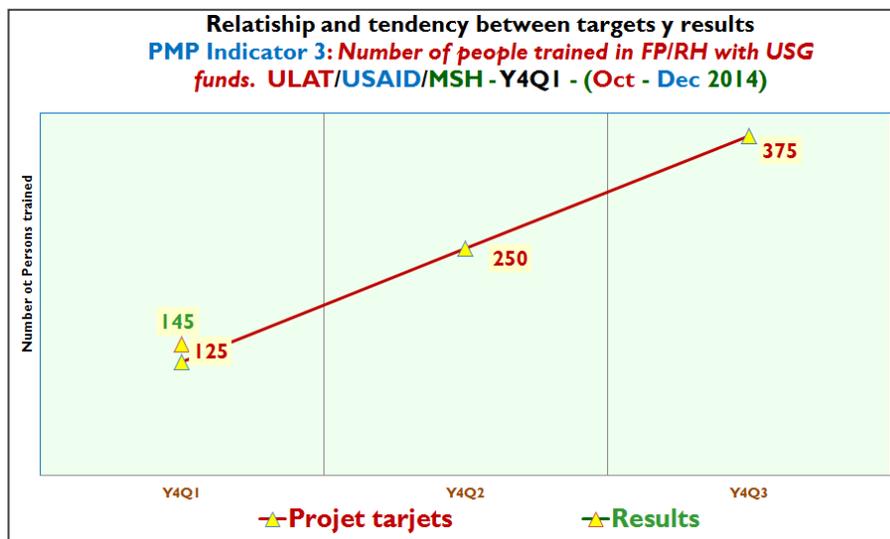


For this quarter the figure presents a result slightly above the target set for this indicator.

Performance Monitoring Dashboard								
Indicator 2	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Percentage of health regions that conduct annual programming using the methodology described in the FP strategy</b>	Health regions that perform their annual programming for the FP activities using the strategic methodological guidelines for family planning services. (Instruments 1.1 & 1.3 of the document). <i>Unit of Measurement:</i> Health region planning its activities according to the FP methodological strategy guidelines	100 %	Annual	100%	100 %	100%		
<p><b>Y4Q1:</b> A meeting with the heads of the FP activities of the 20 health regions in which it was found that all the networks used the guidelines of the methodological strategy of FP services and already has information to develop national consolidated, was performed. This national data consolidated will be ready in January, once it is built decentralized scheduling managers was adjusted based on the review of the technical guidelines for this group of suppliers.</p>								

Performance Monitoring Dashboard								
Indicator 3	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds</b>	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained with USG project funds in FP/RH topics. <i>Unit of Measurement:</i> Person trained in FP/RH with USG funding	375 <i>In the PMP there is NO goal, this goal is the plan Y4</i>	Quarterly Cumulative	0	429	145 (Women: 107; Men: 38)		
<p><b>Y4Q1:</b> Six training activities are reported in this quarter. Four for the training of community and institutional staff at ICEC. One in proper use of the tool of decision making for users family planning. And the other in the management and consolidation of logistics data Inputs for Family Planning IHSS.</p>								

**Figure 2-** PMP Indicator 3: Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds – Y4Q1

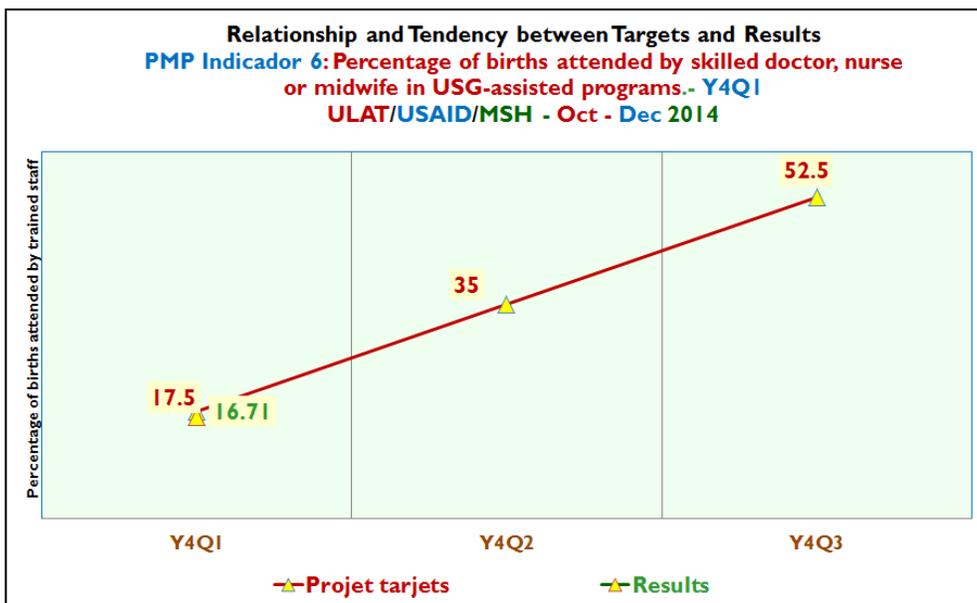


The graph shows a figure slightly surpassing the target of people trained in the period, which is related to the demand for training of institutional and community staff in the process of expanding the ICEC.

Performance Monitoring Dashboard								
Indicator 4	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
Number of policies or guidelines developed or changed supported by the USG to improve the access to and use of FP/RH services and for which evidence of initial implementation has been gathered	Number of policies or guidelines that have been designed or modified in order to improve access to quality FP/RH services. These designs and/or modifications are done with the political approval of the MOH and with support from the USG. <i>Unit of Measurement:</i> Number of new or changed policies/guidelines related to FP/RH issues during the project year	I <i>In the PMP there is NO goal, this goal is the plan Y4</i>	Biannual	I	0	NA		
<p><b>Y4Q1 Comments:</b> In this quarter measurement does not apply (NA), because this set on a biannual.                      In Y4 Plan: "In Year 4 assessment management strategy FP services in the IHSS, absent conditions for initial implementation the project will deliver a final version of the evaluated and adjusted proposal will be scheduled".</p>								

Performance Monitoring Dashboard								
Indicator 6	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Percentage of births attended by skilled doctor, nurse or midwife in USG-assisted programs</b>	Deliveries attended at a MOH maternal-child health clinic or hospital or at a decentralized management health unit. To be considered care by qualified personnel, qualified doctors and nurses are included. <i>Unit of Measurement:</i> Percentage of deliveries	52.5% <i>this data was adjusted to remaining period of the project</i>	Quarterly Cumulative	52%	63.5%	<b>16.70%</b> of <b>17.50%</b> expected (R=37,896 de E=39,694 PMP) <b>95%</b>		
Y4Q1: According PMP goal of the year is 158.775 births (70%)								

Figure 3- PMP Indicator 6. Percentage of births attended by skilled doctor, nurse or midwife in USG-assisted programs.



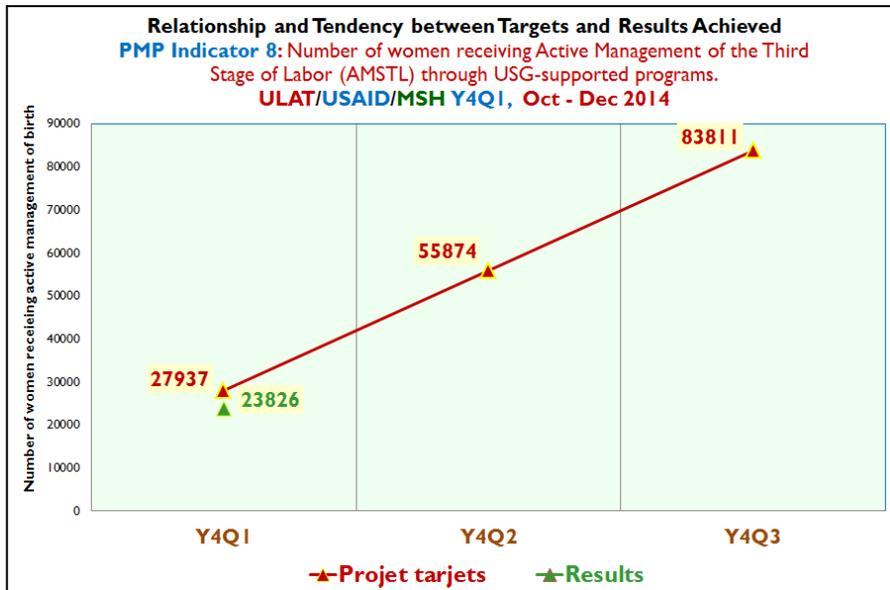
For this quarter the result was 16.71% of the 17.5% expected.

In absolute numbers this quarter resulted in 37,896 of the 39,694 deliveries expected were attended by trained personnel, which corresponds to 95% of the expected target for this quarter.

Performance Monitoring Dashboard								
Indicator 7	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Percentage of maternal deaths ascribed to the first delay (seeking emergency help)</b>	First delay: Time elapsed between the moment the woman identifies that she has a serious health problem and the moment a decision to seek help from a health unit is made. <i>Unit of Measurement:</i> Maternal deaths ascribed to the first delay	20 <i>In the PMP there is NO goal, this goal is the plan Y4</i>	Annual	19%	22%	NA		
<p><b>Y4Q1 Comments:</b> The latest official data is recorded in 2012.            In Y4 Plan: "It is difficult to set a target for this indicator, a slight decrease of 22% is estimated as 20%. considering the efforts that are made to the joint implementation of community strategies (ICEC), which is in early stage of expansion into rural areas inaccessible "</p>								

Performance Monitoring Dashboard								
Indicator 8	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs</b>	Number of women who receive active management of the third stage of labor (AMSTL) according to the national norm in MOH's health facilities. <i>Unit of Measurement:</i> Women that receive AMSTL	83,811 <i>this data was adjusted to remaining period of the project</i>	Quarterly Cumulative	99,287	91,867	23,826 of 27,937 expected (85.28%)		
<p><b>Y4Q1 comments:</b> Information based on the percentage compliance report indicator AMTSL of 21 hospitals that reported in the period. Data were missing from the Hospitals of San Lorenzo, Mario Catarino Rivas and San Francisco de Olancho. The Hospital Escuela also reports AMTSL</p>								

**Figure 4- PMP Indicator 8.** Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs

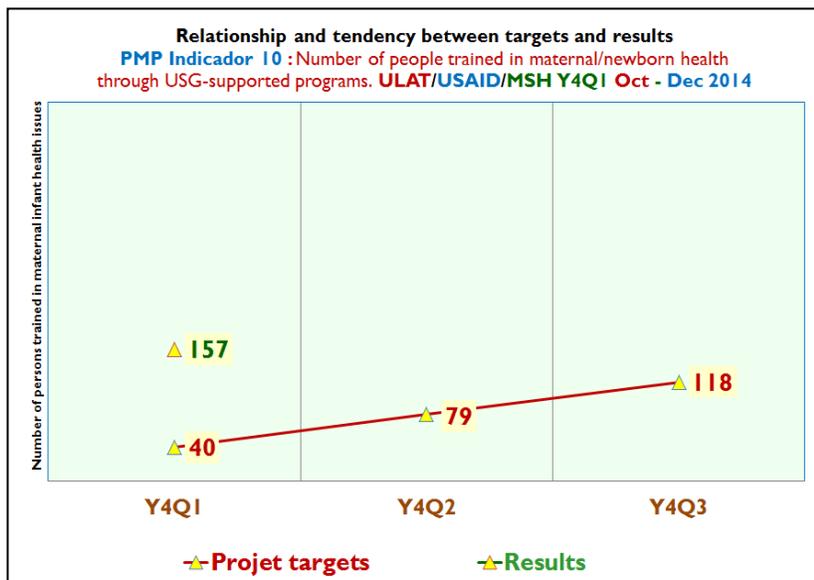


The figure reached in this quarter was 23,826 of women who received the active management of the third stage of labor, compared to the 27,937 expected, corresponding to 85.28% of the target.

Performance Monitoring Dashboard								
Indicator 9	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of policies adopted with USG support</b>	National policies in reform/ decentralization of the health sector and financed with USG funding and incorporated into ULAT's work plan, which are written in draft form and put under disposition of the MOH's high authorities, and for which we will be able to collect evidence that demonstrate that these policies have been adopted. <i>Unit of Measurement:</i> Adopted Policies	2	Annual	3	6	NA	NA	
<i>Y4Q1 Comments:</i> In this quarter measurement does not apply (NA), because this set on an annual.								

Performance Monitoring Dashboard								
Indicator 10	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of people trained in maternal/newborn health through USG-supported programs</b>	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in maternal and/or newborn health and nutrition care through USG-supported programs. <i>Unit of Measurement: Number of MOH staff trained</i>	<b>118 (PMP)</b>	Quarterly Cumulative	<b>0</b>	<b>543</b>	<b>157 (women: 115 and 42 men)</b>		
<p><b>Y3Q3 comments:</b> Disaggregation by components, sex and issues is as follows:</p> <p>1. <u>PF – SMI component: 68 Persons.</u> By Sex: 53 women and 15 men. - Themes: 1. Hospital ONEC Hospitalario: Total 37 personas; 32W y 4M. 2. Ambulatory ONEC: Total 32 personas; 21W y 11M.</p> <p>2. <u>Decentralization component: 27 People.</u> By sex: 21 women and 6 men. Theme 1.- Regional Plan of RIIS and Configuration Guide RIIS national facilitators. 17 People; Women:17; Men: 3. Theme 2.- Processes Social Auditing and Accountability. 10 People; Women:7; Men: 3.</p> <p>3. <u>Reform component: 62 People.</u> By sex: 41 women, and 21 men. - Theme 1- Training for regional leadership teams to Settings and delimitation of the RIIS in 15 Health Regions. Women: 31; Men: 14. - Theme 2- Training workshop and monitor the process of M&amp;E Institutional Strategic Plan 2014 - 2018. Women: 17; Men: 7.</p>								

**Figure 4-** PMP Indicator 10. Number of people trained in maternal/newborn health through USG-supported programs. Y4Q1



The graph shows a surpassing of the target set on the PMP for year 4 project, which is related to the demand for retraining in hospital and ambulatory EONC, using a participatory methodology. The second theme that complements these results is the training of new regional driving equipment management processes of RIIS.

Performance Monitoring Dashboard								
Indicator I1	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of management plans for organizational re-structuring of the health regions for which initial implementation has begun</b>	This indicator measures the number of Sanitary Health Regions that are prepared to begin rolling-out the new organizational development model for the MOH's intermediate level. <i>Unit of Measurement:</i> Number of Management Plans	<b>0</b>	Biannual	0	8	NA	NA	NA
<i>Y4Q1 Comments: The goal for this Indicator was reached in year 3.</i>								

Performance Monitoring Dashboard								
Indicator I2	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of gender-related obstacles addressed in new health care model</b>	The amount of gender-related obstacle identified during the gender-related gap analysis elaborated by ULAT, which are found to adversely affect the access and coverage to a defined portfolio of services for the most vulnerable and underserved population, especially women, and which have been selected as appropriate to be modified through a feasible approach that would be included in the new health model. <i>Unit of Measurement:</i> Number of barriers	<b>2</b> <i>In the PMP there is NO goal, this goal is the plan Y4</i>	Annual	0	4	NA	NA	
<i>Y4Q1 Comments: In this quarter measurement does not apply (NA), because this set on an annual.</i>								

Performance Monitoring Dashboard								
Indicator I3	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Percentage of decentralized providers with a social auditing clause included in their contracts</b>	Defines the number of decentralized providers in regards to the total number of providers as targeted per year, who have signed their contracts with a social auditing clause included in it. The social auditing clause in general terms requires that each decentralized provider submits to social auditing and transparency processes. Unit of Measurement: Percentage of contracts signed which include the social auditing clause within it	100%	Quarterly Cumulative	0	100% (39/39)	100% (40)		
<p><b>Y4Q1 Comments:</b> To agreements reported in the third quarter 2013, The agreement of María Children's Specialty Hospital is incorporated in this quarter.</p>								

Performance Monitoring Dashboard								
Indicator I4	Indicator definition	Goal Year 4	Frequency	Results				
				Baseline	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of underserved people covered with health financing arrangements</b>	Number of people covered by USG-supported health insurance or subsidies (to avoid double counting, individuals receiving both insurance and subsidies are to be counted only once). Unit of Measurement: Number of people	1,800,000 (PMP)	Biannual Cumulative	770,613	1,338,939	NA		
<p><b>Y4Q1 Comments:</b> In this quarter measurement does not apply (NA), because this set on a biannual.</p>								

Performance Monitoring Dashboard								
Indicator 15	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of coverage extension projects formulated by the sanitary health regions using the designed methodological guideline</b>	Number of new projects for coverage extension through decentralized providers that are formulated by the Sanitary Health Region. <i>Unit of Measurement:</i> of Number of projects	2/14 (PMP)	Biannual Cumulative	0	38	NA		
Y4Q1 Comments: In this quarter measurement does not apply (NA), because this set on a biannual.								

Performance Monitoring Dashboard								
Indicator 16	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of hospitals prepared to initiate implementation of the new hospital management model proposal</b>	Number of hospitals in which the preparatory phase has been completed (this refers to the basic previous conditions listed in the definition of a prepared hospital), and for which the SSRS determined that the hospital management team is ready to initiate the implementation phase of the new hospital management model proposal. <i>Unit of Measurement:</i> Number of hospitals	2 (PMP)	Biannual	0	0	NA		
Y4Q1 Comments: In this quarter measurement does not apply (NA), because this set on a biannual.								

Performance Monitoring Dashboard								
Indicator 17	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Percentage of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (FP) (contraceptives)</b>	Refers to the percentage (health units) of delivery points in which the physical inventory reports shortages of at least one contraceptive method. <i>Unit of Measurement:</i> Health unit or delivery point reporting stock-out of at least one contraceptive method.	43%	Biannual	53%	78%	NA		
Y4Q1 Comments: In this quarter measurement does not apply (NA), because this set on a biannual.								

Performance Monitoring Dashboard								
Indicator 18	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.4 Use of Data for Decision Making</b>								
<b>Number of management decisions taken based on MOH's monitoring and evaluation reports</b>	Management decisions (can be administrative, technical or financial) are those made by MOH authorities and which are based on the analysis of the Monitoring and Evaluation reports collected through the UPEG, SSRS and SSRP, and which have been documented through aide memoires or meeting reports. <i>Unit of Measurement:</i> Number of management decisions	4 (PMP)	Quarterly Cumulative	0	N/A	NA		
Y4Q1 Comments: The system is still in the design phase. N/D meaning No data Available								

Performance Monitoring Dashboard								
Indicator 19	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.4 Use of Data for Decision Making</b>								
<b>Number of laws, policies or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level</b>	Any law, policy or procedure designed to promote or strengthen gender equality at the regional, national or local level, which was developed or implemented with USG assistance. <i>Unit of Measurement:</i> Number of relevant items (laws, strategies, procedures) that meet the criteria described in the definition	<b>3</b>	Biannual	0	5	NA		
<p><b>Y3Q3 Comments:</b>            In this quarter measurement does not apply (NA), because this set on a biannual.  <b>Y4 Plan:</b> "The three papers scheduled for the year 4 of the project are: The MOH Gender Policy - 2014, The Gender Mainstreaming Strategy - MOH 2014. The Policy RAMNI with elements of gender."</p>								

## VII. Project Management

Table 4- Management Priorities Addressed during this Reporting Period

Management Priorities	Status	Comments
Support the monitoring process of MOH results incorporated in the Presidential platform of management for results and the plan for the 2014-2018 period.	Implemented continually and systematically	The strategic importance is that when results are included, the main project areas of action invigorate the dynamics of implementation.
Participate in the weekly meeting with the Project COR to monitor the development of activities of each project component.	Implemented continually and systematically	It is a very important strategic aspect that contributes to the project's success.
Complete the contracting process for the position of technical specialist in the decentralization component.	Implemented	The contracting process finalized and the selected person will begin on January 5, 2015.
Complete the contracting processes for: (i) the extension of the consultancy for the RAMNI mid-term evaluation (ii) implementation of AIN-C guidelines for decentralized providers, and (iii) strengthening the Teaching University emergency system and emergency services management with quality.	Implemented	The contracting process for the first three consultancies is completed. The extension of the consultancy for the RAMNI mid-term evaluation, will initiate on January 13, 2015. For implementation of the AIN-C the beginning date is January 5, 2015 and support for the Teaching University began on December 10, 2014.
Complete the contracting process for the international consultancy for the preparation of a proposal for a national health fund.	In process	The international consultancy for the proposal for a health fund continues in process.
Submission of the annual report for project year three for USAID approval and make the adjustments according to observations made.	Implemented	The report was submitted to USAID on October 28, 2014 and the project awaits observations.
Preparation of version IV of the milestone plan and submitted for USAID approval.	Pending for approval	The version IV milestone plan was submitted for USAID approval during the third quarter of project year 3. It was based on an evaluation of each milestone as to scope and the possibility of achievement in the time established given the circumstances of the context in which the project unfolds.
Complete various pending tax exoneration processes as well as for the population security rate.	Pending	Given the lack of dynamics of government actions, the slow pace of these processes requires continuous follow up.
Continue coordination with the IDB on (i) implementation of the hospital management model in hospitals selected by the MOH and (ii)	In process	The first activity is carried out according to the level of implementation of the processes

along with PAHO, development of the proposed national health system law.		and the second in function of decisions made by the MOH and the development of the congressional discussion process of the framework law for social protection.
Coordination with JICA on implementation of the national health model in two of the country's departments.	Continuously and systematically implemented	According to the implementation level of project processes.
Coordination with the Leadership, Management, and Governance (LMG) project on MOH institutional strengthening on the issue of services contracts.	Implemented	Identification of essential activities that could be subject of joint action.
Continue coordination actions with the NEXOS project.	Continuously and systematically implemented	The project expects to invigorate the implementation level of the development of actions in which there is joint participation for training decentralized managers as well as in social audit processes.
Continue participating in follow up meetings for the Project Management Plan (PMP) with USAID implementing mechanisms.	Continuously and systematically implemented	Meetings held are organized by USAID.
Systematic analysis of political, social and economic scenarios that advocate for project development in the framework of the new administration.	Continuously and systematically implemented	Identification of facilitating aspects or obstacles for project development is required, considering that the project is facing a new administration.

**Table 5- Management Priorities for the Next Period**

<b>Management priorities for the next reporting period</b>	<b>Comments</b>
Support the monitoring process for MOH results incorporated in the Presidential platform of management for results and the 2014-2018 plan.	The strategic importance of following monitoring is based on when results are included; the main areas of action for project work invigorate its dynamics for implementation.
Participate in the weekly meeting with the project COR to monitor development of the activities in each project component.	This is a very important strategic aspect that contributes to project success.
Initiate and complete contracting processes for the consultancies for: (i) facilitating implementation of the policy on quality and the national system for quality in health plan; (ii) assistance for decentralization activities for the first level of care (iii) processes for hospital environments (iv) the methodology for the identification and inclusion of prioritized human groups in the structure for assurance costs and (v) the implementation of the SIMEGpR (vi) the development of an investigation on equity in	As approved with the new mechanism established by USAID for approval of local consultancies, the project expects these processes to be finalized in the short term.

health financing.	
Complete the contracting process for the international consultancy for the preparation of a proposal for a national health fund.	This process was declared as failed due to the lack of time that the selected person had to remain in the country, and the process had to be reinitiated with a short list.
Submission of the first quarter of project year four for USAID approval and make adjustments according to observations made.	The report will be submitted on January 9, 2015.
Beginning the preparation of project year four, second quarter report.	The report should be submitted no later than April 10, 2015.
Preparation of version IV of the milestone plan submitted for USAID approval.	Approval is still pending.
Preparation of a proposal for the adjustment of the PMP.	This activity is in function of approval of the milestone plan.
Conclude the exoneration process for various taxes the population security rate.	Closer follow up will be provided to try to overcome delays generated by slow government actions and finalize the process.
Continue coordination with the IDB on (i) implementation of the new hospital management model in hospitals selected by the MOH and (ii) along with PAHO, the development of the proposed national health system law.	The first activity is carried out according to the level of execution of the processes and the second in function of decisions being made by the MOH and the development of the congressional discussion process of the framework law for social protection.
Coordination with JICA on implementation of the national health model in two departments of the country.	In accordance with the level of implementation of project processes.
Coordination with LMG on MOH institutional strengthening on the issue of services contracts.	The project will attempt to develop a joint plan of action.
Continue coordination actions with the NEXOS project.	The project expects the implementation level of actions will be invigorated where there is joint participation, both for training decentralized managers as well as for social audit processes. Training processes for managers will reinitiate in January 2015.
Continue participating in follow up meetings for the PMP with USAID implementing mechanisms. Systematic analysis of political, social and economic scenarios that advocate on project development in the framework of the new administration.	The meetings are held at the request of USAID. Facilitating aspects or obstacles require identification for project development considering that the project is facing a new government administration.

**Table 6- Anticipated expenditures for the next reporting period**

<b>Line Item</b>	<b>Anticipated Expenditures</b>
<b>Use and Access to Quality Maternal and Child Health and Family Planning Services Increased</b>	\$236,633
<b>Maternal and Child Health and Family Planning Services Sustained</b>	\$473,265
<b>Epidemiological/Health Surveillance and M&amp;E Systems Improved and Updated</b>	\$ 78,877

## VIII. Main Conclusions

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

- i. During the quarter, the organizational development of the MOH central level continued to be slow which affected implementation of the activities linked to the project's areas of work, given that the nature and complexity of the ULAT project's results are influenced by the political environment.
- ii. The lack of distribution of the human resources available at the MOH central level, according to the new organic and functional structure, and the specific definition of responsibilities as counterparts is an element that affects assistance in that some processes do not advance with the corresponding speed. In addition, at regional level an important substitution has occurred in key positions, resulting in the demand for retraining on the basic aspects of the institutional changes, which has also resulted in a delay in the development of the processes.
- iii. In general, the vigor in the MOH political management process gradually reduced in the course of 2014. This could be attributed to the lack of experience of the institutional political team, the partial failure of cohesion with the subsequent internal formation of sub-groups functioning under different agendas, and distracting relevant or politically interesting problems that require day-to-day administrative efforts in detriment of those that must be deployed in order to maintain the processes of change.
- iv. In this context, adaptation to these situations which generated a great deal of uncertainty, was possible thanks to ULAT's positioning with MOH authorities. This allowed the timely placing of issues linked to the project regarding health sector reform on the political agenda, as well as strategies oriented towards improving maternal-child health and family planning.
- v. Included in the advocacy actions is participation in the health sector committee formed by the President for the development of a proposed health system law which is part of a group of legal instruments for configuring the country's social protection framework from the perspective of universal coverage. For the purpose having the MOH vision of health sector reform as part of this proposal, the project has been participating in a work group organized by the Minister of Health, along with MOH, PAHO and IDB officials.
- vi. The monitoring of results committed to with the Directorate of Management for Results at the office of the President and those resulting from implementation of the 2014-2018 National Health Plan, became a facilitating factor for advancing in many areas of work in which ULAT provides technical assistance. ULAT supported the UPEG in the performance of this functions that could be considered a fundamental effort for the sustainability of project actions beyond the project period, from the perspective of institutional policy planning.

- vii. The IHSS intervening board has continued to focus its work on financial problems of great magnitude and on the preparation of a proposal for institutional reorganization based on the concept of universal assurance. Given this situation, it has not been possible to advocate on some of the areas of assistance that ULAT provides to that institution. Of particular importance, it has not been possible to discuss acquisition of methods in the family planning strategy that has been developed, which the project anticipates will continue to be the case unless the situation changes. However, work continued with the task group formed for the purpose of implementing the institutional strategy for family planning in the scope of responsibilities of management of the DMN.
- viii. Coordination continued with other projects in areas of work that converge with those of ULAT to deliver the most integrated assistance possible to the MOH, by synergizing individual efforts. Some of these are (i) maintaining coordination with NEXOS on the approach to the development of administrative capacities of decentralized managers and a focus on the issues of transparency and social audits in decentralized management (ii) the work of the team who developed the cost and financing study along with PAHO, the MOH and the Central Bank, through final presentation of the results (iii) coordination for the review and adjustment of the proposal for the draft national health system law with IDB and PAHO (iv) with IDB, specifically with the firm CSC contracted by the IDB, actions related to implementation of the new management model in three public network health services hospitals and the complementarity of the technical assistance provided to the Department of Hospitals and the UGD; (v) with JICA in aspects related to implementation of the national health model care component and the EONC strategy and, (vi) with AIDSTAR Plus on the configuration of the RISS for the participation of the NGOs that provide a particular set of HIV/AIDS services to key populations and the use of guidelines designed by ULAT during the tool development process for the national health model.
- ix. The support received from the USAID Health Office team continues to be effective, which has contributed to the project's positive performance. This has significantly facilitated relationships with different project counterparts and cooperating agencies contracted by USAID, as well as others which permitted minimum adequate conditions for the project technical team for the advances achieved to date to be as expected.
- x. In the context described, in general all of the project's areas of work are under execution at a very acceptable level.

## IX. News and Success Stories



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para Salud - HONDURAS

### SUCCESS STORY CAPACITY DEVELOPMENT ON THE SUBJECT OF GENDER: **A PROCESS OF CHANGE**



Picture: ULAT's Staff sharing a dynamic to celebrate International Women's Day.



Picture: ULAT's Staff sharing a dynamic to celebrate International Men's Day.

The ULAT project is oriented to the development the substantive functions and the process of the health system, that allow the Ministry of Health to advance in assuming its role as lead agency, also for contributing to the reduction of maternal and child mortality. The mainstreaming and integration of the gender perspective in the activities of the project is a platform for the development of skills, in order that ULAT and its counterparts understand that gender integration is a powerful factor in the design, implementation and monitoring, and evaluation of health services, all being co-responsible to respond dynamically to the application that has the issue, and thus allocate resources for gender-specific activities and monitoring progress toward its goals.

*n that sense, the project develops capacities for gender integration, by training its technical team, starting with the approach of the basic concepts of sex, gender, sexuality, diversity, discrimination, fairness, equality and gender mainstreaming, then continued with the management of gender analysis, ending with a module on how to mainstream gender, accompanied by a methodological guide, material that has become a box of educational tools that allows the technical team to perform these processes. Furthermore accompaniment was conducted from the gender component of the project to strengthen the skills that have been developed and the achieved progress is being monitored, according to gender sensitive indicators defined in the project.*

Al mismo tiempo, mientras que impulsamos este proceso, también nos enfrentamos a situaciones interesantes:

1. We live in a shock stage, suddenly, before a new knowledge, which also touches the lives of people who apply it, although no names are specified, the issues challenge thoughts, behaviors, attitudes, practices and use of non-inclusive language.
2. A second stage of denial, manifested in different ways: blocking, not opening the issue, reactivity, sometimes traditional questions, etc.
3. Then the team began to realize that gender mainstreaming had to be made in the project, that all activities were being supported from the management. Conscience of the situation was taken, by overcoming their own barriers to the topic.
4. The next stage of acceptance began, where the team became interested in the topic, open spaces, making proposals.
5. It was began to experiment how to do it in practice, according to scheduled activities, eg in maternal and child health to prevent maternal mortality, began to make the inclusion of man during pregnancy, childbirth and postpartum.
6. The progress made in mainstreaming gender in all components have been recognized.
7. It was achieved he gender integration in 24 project documents, some specific of the topic and others that have done mainstreaming.

At present, the process has had varying degrees of progress, it is not perfect, has many challenges and some limitations that have been resolved, yet the journey is still long.

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



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## SUCCESS STORY

### The development of skills and the Interinstitutional joint, Keys of the Sustainability



*Picture: Head table, Event where the Expenditure and Financing Study was presented. Accompanying the Minister Mrs. Yolany Batres, the Vice Chairman of the Central Bank of Honduras, the Sub Director of the National Institute of Statistics, The Representative of PAHO and the Director of USAID's office of Health, Population and Nutrition.*

]

In December 2014, the Ministry of Health introduced the Study Report in Expenditure and Financing in Health in year 2011. The study is a product of the technical assistance that with USAID's funds, provides the Project- Local Unit of Technical Support in Health (ULAT) HONDURAS.

The study was based on the methodology described in Producer guide of national health accounts with special applications for low and middle-income countries (GOCNS) developed by WHO, the World Bank and USAID taking as reference the System of Health Accounts (SCS or SHA for its acronym in English).

Among the features of National Health Accounts is that they are integral accounts covering the entire health system and all entities that act in this or benefiting from it, are comparable in time and space by allowing the assessment of changes in health spending over the years and among countries, are consistent since they make use of definitions, concepts and principles that are the same for each entity and measured transaction.

For the result reached by the ULAT Project in this study, the 4 steps cyclic methodology was applied; i) Customer Focus, ii) Innovation and Improvement, iii) Development of competencies, iv) Implementation.

Throughout the year that the study lasted, the project facilitated mediation between various actors and institutions; PAHO/WHO (Honduras and Washington), Central Bank of Honduras, National Institute of Statistics (INE), Honduran Institute of Social Security (IHSS). This articulation has allowed the commitment of the various stakeholders to continue to support such studies, has even opened the doors to the Ministry of Health for new financing and strengthening capacities of human resources for the new entrants, which have participated in international forums on the subject.

Added to this, the study makes an important contribution to the debate and strengthening of economic statistics, at a time when in the country the theme of Universal Health Insurance is discussed.

The media, spoken, written and television, have made important comments on the study.

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

## X. List of Annexes

Milestone	Name of Milestone	Deliverable	Status	Fee
	Gender Mainstreaming	Gender Bulletin #1	Delivered	NO
	Gender Mainstreaming	Report on activities carried out on commemorative dates and the results ULAT #1	Delivered	NO
	Gender Mainstreaming	Quarterly report on follow up of gender aspect activities at the ICEC	Delivered	NO
23	Decentralized providers increase service coverage PF target groups.	Report on compliance of FP scheduling of decentralized suppliers.	Delivered	NO
16	The IHSS PF implements the strategy at all levels.	Monitoring and evaluation reports on implementation of the EGSPF.	Delivered	NO
		Reports of trainings carried out.	Delivered	NO
		Logistics reports obtained from the HCDL tool (January to October 2014)	Delivered	NO
151	PF strategy in rural areas expanded nationally through decentralized managers, using the joint implementation of community strategies (ICEC)	Reports on advances made in the ICEC training process	Delivered	NO
53	Standards and protocols for maternal and newborn health, monitored in compliance in the MOH health units.	Reports on training in the application of maternal and neonatal standards, utilizing the designed methodology and tools.	Delivered	YES
67	Develop procedure manual and job descriptions for the MOH at the central and regional level.	Note with MOH approval of the operating processes and procedures approved regional level	Delivered	NO
82	Designed the MNS implementation plan for 2014-2018.	Document of the proposal implementation plan for the 2014-2018 national health model	Delivered	NO
94	Increased implementation of organizational manuals and procedures for managing regional hospital (Phase II).	Quarterly report on implementation of the hospital management model	Delivered	NO
		Quarterly report on advances made in the re-design of the processes and functional organization of the Teaching University emergency service	Delivered	NO
99	Decentralized providers will have public meetings for accountability and transparency.	Quarterly reports of the process and the results of accountability and transparency as well as of the social audits carries out with on the managers	Delivered	NO
106	Designed a framework for building the Beneficiary Identification System component of the MNS SPSS (Phase II)	Report on advances made in application of the SPSS	Delivered	NO
107	Developed technical proposals of management tools for SPSS component of the new national health model (phase II)			YES
114	Designed a Proposed Plan of			YES

	Implementation Management Tools (HG-SPSS) Component Assurance MNS.			
138	System Monitoring and Evaluation for Results will begin.	Quarterly reports of advances made in implementation of the SIMEGpR.	Delivered	YES
139	The M & E system implemented in the drive level (central and regional).			NO
140	Study on expenditure and financing, completed and published	Report on the Study report on cost and financing study	Delivered	NO
<b>Additional Documents</b>				
144	Hospital Reorganization Strategy adjusted based on the results of the evaluation and the implementation	End Consultancy Report: Mr. Rosa Carcamo. Strengthening the process of Reorganization of Hospital Management Date: May 19 to November 18, 2014	Delivered	NO
41	Completed and implemented the RAMNI work plans in 2014 at national and regional levels	Final report from Dr. Kenya Videá: Designing a methodology for implementing the AIN-C strategy feasible for decentralized suppliers	Delivered	NO
140	Study Expenditure and Financing finalized and published	Final consultancy report: Ms. Maria Sandoval. Design of the expenditure and financing study	Delivered	NO

## XI. Annexes

### 1. Gender

Componente de Género  
ULAT

# Boletín informativo de Género en Salud

Edición N°1 Octubre - Diciembre 2015



### Editorial

#### EL DERECHO A LA SALUD Y EL GÉNERO

**El derecho a la salud es parte fundamental de los derechos humanos y de lo que entendemos por una vida digna. El derecho a disfrutar del nivel más alto posible de salud (física y mental) por derecho con todas las calidades, no es nuevo. En el plano internacional, se proclamó por primera vez en la Constitución de la Organización Mundial de la Salud (OMS), de 1946, en cuyo preámbulo se define la salud como "un estado de completo bienestar físico, mental y social, y no solamente la ausencia de afecciones y enfermedades". También se afirma que "el goce del grado máximo de salud que se pueda lograr es uno de los derechos fundamentales de todo ser humano, sin distinción de raza, religión, ideología política o condición económica o social". En la Declaración Universal de Derechos Humanos, de 1948, también se menciona la salud como parte del derecho a un nivel de vida adecuado (art. 25) y también fue reconocido como derecho humano en el Pacto Internacional de Derechos Económicos, Sociales y Culturales, de 1966.**

**Al respecto, en su Observación General No. 14, el Comité de Derechos Económicos, Sociales y Culturales, indicó que el derecho a la salud no incluye solamente la atención de la salud sino que es inclusivo y comprende un amplio conjunto de factores que pueden contribuir a una vida sana. Este Comité que es el órgano encargado de llevar a cabo un seguimiento del Pacto Internacional de Derechos Económicos, Sociales y Culturales, los denomina "factores determinantes básicos de la salud" y son los siguientes: agua potable y condiciones sanitarias adecuadas; alimentos adecuados para el consumo; nutrición y vivienda adecuadas; condiciones de trabajo y un medio ambiente salubre; educación e información sobre cuestiones relacionadas con la salud; igualdad de género.**

**En este marco, la no discriminación y la igualdad son principios fundamentales de los derechos humanos y elementos decisivos del derecho a la salud. En el Pacto Internacional de Derechos Económicos, Sociales y Culturales y la Convención sobre los Derechos del Niño se anuncian los siguientes motivos no exhaustivos de discriminación: raza, color, sexo, idioma, religión, opinión política o de otra índole, origen nacional o social, posición económica, discapacidad, nacimiento o cualquier otra condición social.**

**La no discriminación y la igualdad también significan que los Estados deben reconocer las diferencias y satisfacer las necesidades específicas de los grupos que generalmente afrontan dificultades especiales en el sector de la salud, por ejemplo tasas de mortalidad más altas o una mayor vulnerabilidad a ciertas enfermedades. La obligación de zanjarse la no discriminación requiere la adopción de normas de salud específicas a determinados grupos de población, como mujeres, niños o personas con discapacidad. La adopción de medidas positivas de protección son especialmente necesarias cuando determinados grupos de personas han sido permanentemente discriminados por los Estados o por los agentes privados.**

**Con base en los mismos criterios, el Comité de Derechos Económicos, Sociales y Culturales ha establecido claramente que es injustificable la falta de protección legal o de hecho de los miembros vulnerables de la sociedad contra la discriminación en el sector de la salud. Incluso en situaciones de limitación grave de recursos, es preciso proteger a los miembros vulnerables de la sociedad, por ejemplo mediante la aprobación de programas especiales de costo relativamente bajo.**

**Con este fuerte marco que nos otorga el derecho a la salud, podemos preguntarnos: En Honduras, ¿cómo es el derecho a la salud y como incluimos los aspectos de género? ¿Cuál es mi actitud y responsabilidad para incluir los temas de género en nuestro trabajo cotidiano? ¿cómo los procesos se convierten en un reto para todas las personas que trabajamos en ULAT porque nos comprometemos a seguir buscando abordajes innovadores y que den respuesta a las demandas de salud de mujeres y hombres en su ciclo de vida.**



La equidad en salud implica alcanzar el desarrollo máximo de la potencialidad de la salud de todas las personas en aquellos casos donde el ser humano puede significar. **La equidad en salud** define la equidad como la ausencia de desigualdades innecesarias, injustas y evitables, o que si eran necesario la planificación de políticas internacionales y nacionales que respalden estas fines.

Por ser humano e independiente al conjunto de todos los humanos que pertenecen a la tierra, en todo su ciclo de vida, con todas sus etnias, con ambos sexos y con todas las contribuciones posibles de género.



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

**Informe: Informe de conmemoración de dos eventos  
especiales en género para el equipo de ULAT.**

**Fecha de eventos: 19 Noviembre y 25 de Noviembre del 2014  
Para conmemorar el Día Internacional del hombre y el Día  
Internacional para la eliminación de la violencia contra la  
mujer respectivamente. (Informe Y4Q1)**

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**Contrato: AID-522-C-11-000001**

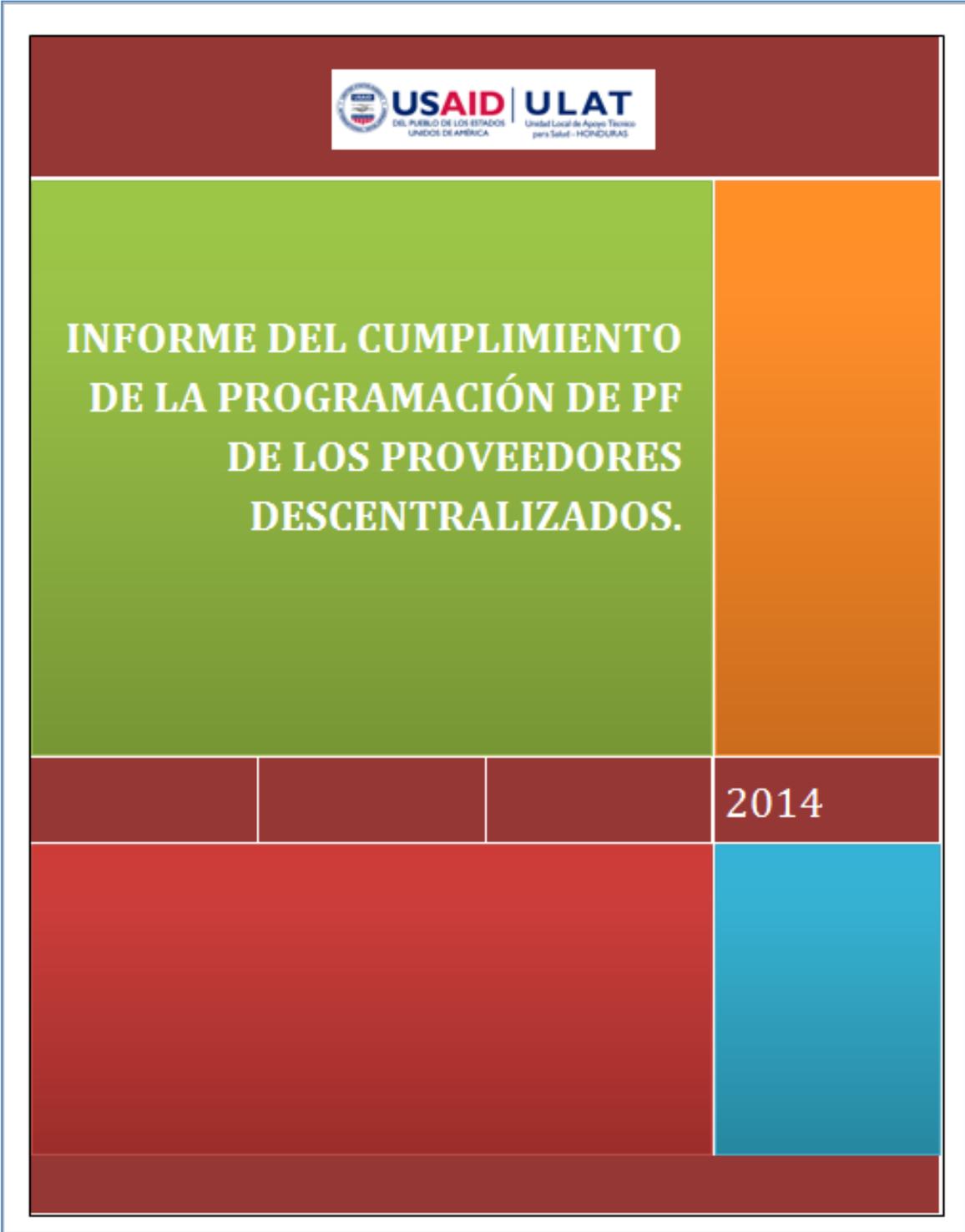
Sometido a:  
Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

Sometido por:  
Management Sciences for Health, Proyecto ULAT



INFORME TRIMESTRAL  
DE SEGUIMIENTO A LA  
IMPLEMENTACIÓN  
CONJUNTA DE  
ESTRATEGIAS  
COMUNITARIAS, - ICEC  
EN ASPECTOS DE  
GÉNERO

2. Intermediate Results 4.1





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

**Informe: Monitoria y Evaluación de la Ejecución de la  
Estrategia para la Gestión de Servicios de Planificación  
Familiar (EGSPF).**

**Fecha: 01 Octubre al 31 Diciembre del 2014 (Informe Y4Q1)**

**Contrato: AID-522-C-11-000001**

Sometido a:  
Dr. Juan de Dios Paredes Paz  
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Management Sciences for Health, Proyecto ULAT



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

**Informe de las Capacitaciones realizadas en el IHSS  
Implementación de la estrategia de PF en todos los niveles**

**Fecha: 01 Octubre al 31 Diciembre del 2014 (Informe Y4Q1)**

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes Paz  
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**Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT)  
HONDURAS**

**Reporte Logísticos Obtenido de la Herramienta Consolidadora  
de Datos Logísticos de PF en el IHSS (HCDL)**

**Fecha: Enero a Octubre del 2014 (Informe Y4Q1)**

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**Contrato: AID-522-C-11-000001**

**Sometido a:**  
Dr. Juan de Dios Paredes Paz  
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Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**  
Management Sciences for Health, Proyecto ULAT



# INFORMES DE CAPACITACIÓN EN LA APLICACIÓN DE LAS NORMAS MATERNAS Y NEONATALES UTILIZANDO LA METODOLOGÍA Y HERRAMIENTAS DISEÑADAS

Componente Salud Materno Infantil y Planificación Familiar  
(SMI/PF)

ULAT/USAID  
2014-12-22



INFORME DE AVANCE EN EL PROCESO  
DE CAPACITACION ICEC

TEGUCIGALPA MDC

DICIEMBRE 2014

### 3. Intermediate Results 4.2

  
GOBIERNO DE LA  
REPUBLICA DE HONDURAS

\* \* \* \* \*  
SECRETARÍA DE SALUD

DF. No. 482-SSRIS-2014                      Agosto 21, 2014.

**Ductor**  
**JUAN DE DIOS PAREDES**  
Director de Proyecto  
UIAT-USAID  
Management Sciences for Health- Honduras  
Su Oficina.

**Ref. Aprobación del Documento**  
**"Manual de procesos y**  
**procedimientos de las Regiones**  
**Sanitarias"**

Estimado Dr. Paredes:

Como resultado del apoyo técnico brindado por USAID a través de la UIAT, a la Subsecretaría de Redes de Servicios, Dirección General de Redes Integradas de Servicios de Salud, y Departamento de Servicios de Salud de Primer Nivel, en el tema del Desarrollo Organizacional del nivel Regional, por medio de la presente, me permito informar que el *"Manual de procesos y procedimientos de las Regiones Sanitarias"*, ha sido revisado por nosotros, por lo cual con la presente estamos notificando su aprobación.

Dicho documento está en congruencia con los lineamientos del Marco Conceptual Político y Estratégico de la Reforma Del Sector Salud, con el manual de organización y funciones de las regiones sanitarias, con el documento de la plantilla básica de puestos y perfiles de los recursos humanos de las regiones sanitarias, y constituye una herramienta básica para la implementación de la nueva estructura orgánica y funcional de las Regiones Sanitarias, en cuya elaboración han participado desde el inicio nuestros técnicos, de manera que podemos confirmar que además del documento, quedan desarrolladas las capacidades de nuestro equipo para continuar con el proceso.

Agradecemos todo el apoyo que están brindándole a esta Secretaría y en especial a la Subsecretaría de Redes de servicio y Dirección General de Desarrollo de Sistemas y Servicios de Salud. Aprovecho la oportunidad para brindarle mis más altas muestras de consideración y estima.

NOTA: Adjuntamos a la nota, el Documento aprobado en formato impreso y electrónico.

Agradezco de antemano su valioso apoyo, y aprovecho la oportunidad para saludarle muy atentamente.

Atentamente,

  
**DRA. SANDRA MAMBEL PINEL,**  
SUB SECRETARIA REDES INTEGRADAS DE SERVICIOS DE SALUD

☐ Dra. Edna Yolany Batres, Secretaria de Estado en los Despachos de Salud  
Dr. Billy Garzañer, Director Redes Integradas Servicios de Salud  
Archivo

MEC/alam

Barrió El Centro, Avenida Cervantes, Contiguo al Correo Nacional,  
Tegucigalpa, M.D.C. Honduras C.A.  
Teléfono www.salud.gob.hn



**PLAN PARA LA IMPLEMENTACION DEL MODELO  
NACIONAL DE SALUD 2014-2017**

Tegucigalpa, Honduras, 2014



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para Salud - HONDURAS

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

---

**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes Paz  
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Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

Management Sciences for Health, Proyecto ULAT

**INFORME TRIMESTRAL DE AVANCE DEL PROCESO DE  
IMPLANTACION DEL MODELO DE GESTION HOSPITALARIA**

**Periodo: Octubre -Diciembre 2014**



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para Salud - HONDURAS

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

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**Contrato: AID-522-C-11-000001**

Sometido a:

Dr. Juan de Dios Paredes Paz  
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Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT

INFORME TRIMESTRAL DE AVANCE EN EL REDISEÑO DE  
PROCESOS Y ORGANIZACIÓN FUNCIONAL DEL  
DEPARTAMENTO DE EMERGENCIA DEL HOSPITAL ESCUELA  
UNIVERSITARIO

Fecha: Octubre-Diciembre 2014



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**ULAT**  
Unidad Local de Apoyo Técnico  
para Salud - HONDURAS

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

---

**Contrato: AID-522-C-11-000001**

Sometido a:

Dr. Juan de Dios Paredes Paz  
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Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT

**INFORME TRIMESTRAL DEL PROCESO Y RESULTADOS DE LA  
PRESENTACION DE RENDICION DE CUENTAS Y  
TRANSPARENCIA, Y AUDITORIA SOCIAL REALIZADAS A LOS  
GESTORES DESCENTRALIZADOS**

**Periodo: OCTUBRE-DICIEMBRE 2014**



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

**Informe Trimestral de Avance en la Aplicación del SPSS**

**Fecha: 1 Octubre al 31 Diciembre 2014**

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**Contrato: AID-522-C-11-000001**

Sometido a:  
Dr. Juan de Dios Paredes  
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 en la aplicación  
del SPSS Y4Q I**

Tegucigalpa M.D.C., Diciembre 2014

#### 4. Intermediate Results 4.4



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

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

**Fecha: 1 Octubre al 31 Diciembre, 2014**

---

**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes  
Management Sciences for Health (MSH)  
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**Sometido por:**

Management Sciences for Health, Proyecto ULAT



Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

# ESTUDIO DE GASTO Y FINANCIAMIENTO EN SALUD AÑO 2011



Tegucigalpa M.D.C. Diciembre 2014

## 5. Additional Documents

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

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**Informe de Consultoría: Fortalecimiento del proceso de  
Reordenamiento de la Gestión Hospitalaria.**

**Fecha: 19 de mayo al 18 de noviembre 2014**

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**Contrato: AID-522-C-11-000001**

Sometido a:  
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Rosa María Cárcamo  
Consultora

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**Informe de Consultoría: Propuesta Metodológica para la  
Implementación de la Estrategia de AIN-C para proveedores  
descentralizados.**

**Fecha: 29 de diciembre de 2014**

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**Contrato: AID-522-C-11-000001**

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**HONDURAS**

**Informe de Consultoría: Diseño del Estudio de Gasto y Financiamiento en Salud**

**Fecha: 17 de Junio al 22 de Julio 2014**

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**Contrato: AID-522-C-11-000001**

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