



AIDSTAR Plus

AIDSTAR PLUS ANNUAL REPORT

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AIDSTAR	AIDS Support and Technical Assistance Resources
AO	Assistance Objective
ARV	Antiretroviral
BPS	Basic Package of Services
CAI	Comprehensive Care Treatment Centers for People with HIV (In Spanish, Centro de Atención Integral)
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
COR	Contracting Officer's Representative
ECVC	Sentinel Behavior Study (In Spanish, Encuesta Centroamericana de Vigilancia de Comportamiento)
GOH	Government of Honduras
HIV	Human Immunodeficiency Virus
IHSS	Honduran Social Security Institute (In Spanish, Instituto Hondureño de Seguridad Social)
JSI	John Snow, Inc.
LMG	Leadership, Management and Governance Project
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental Organization
OI	Opportunistic Infection
PAHO	Pan-American Health Organization
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
SCMS	Supply Chain Management System
STI	Sexual Transmitted Infection
SW	Sex Workers
TA	Technical Assistance
ULAT	Local Technical Assistance Unit for Health (In Spanish, Unidad Local de Asistencia Técnica en Salud)
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing

Executive Summary

This report describes the main achievements for AIDSTAR Plus Project from October 1, 2013 – September 30, 2014, as outlined in the Project’s Work Plan. This report serves to update USAID/Honduras on project accomplishments and inform of any outstanding issues during this period.

From October 1, 2013 – September 30, 2014 the AIDSTAR Plus Project accomplished the following:

- One workshop with technical staff of MOH Regulatory Department and National STI/HIV/AIDS Department to present the National Norm for Norm Development
- Detection and Care of STIs Norm under review by Technical Committee
- Procedures manual for the Detection and Care of STIs developed
- Curricula for the Detection and Care of STIs including a Training of Trainers Manual and a Training of Providers Manual developed
- HIV Norm under review by Technical Committee
- Procedures manual for the STI and HIV Prevention and Promotion of Healthy Behaviors developed
- Curricula for STI and HIV Prevention and Promotion of Healthy Behaviors including a Training of Trainers Manual and a Training of Providers Manual developed
- Procedures manual for the Detection of Opportunistic Infections (OI) for people living with HIV (PLHIV) developed and endorsed
- Curricula for the Detection of Opportunistic Infections (OI) for people living with HIV (PLHIV) including a Training of Trainers Manual and a Training of Providers Manual developed
- Curricula for Training of Trainers and Training of Providers in Adult Clinical HIV/AIDS Care and Treatment completed
- Seven (7) National Trainers trained in Adult Clinical HIV/AIDS Care and Treatment
- Curricula for Training of Trainers and Training of Providers in Pediatric HIV/AIDS Clinical Care and Treatment completed
- Eight (8) National Trainers trained in Pediatric HIV/AIDS Clinical Care and Treatment
- Curricula for Training of Trainers and Training of Providers in Prevention of Mother-to- Child Transmission (PMTCT) completed
- Seven (7) National Trainers trained in Prevention of Mother to Child Transmission (PMTCT)
- Final editing of Specific Package of STI and HIV Services for PLHIV and key populations at higher risk in process
- One Supervision Guide finalized and validated
- Curricula for Training of Trainers and Training of Providers in Supportive Supervision completed
- Thirty five (35) trainers trained in Supportive Supervision

- One hundred fourteen (114) providers trained in Supportive Supervision
- Ninety eight (98) providers trained in the Application of the Supportive Supervision Guides
- Fifty seven (57) trainers (16 national trainers and 41 regional trainers) trained in Quality Improvement
- Two hundred thirty six (236) service providers in Quality Improvement
- Development of functional networks to organize public and private service providers to deliver the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk in process
- Definition of sub networks to expand access to ARV therapy in process
- Master Implementation Plan for the Comprehensive Approach to STI/HIV/AIDS Strategy finalized
- Official launch of the 18-month pilot implementation of the Comprehensive Approach to STI/HIV/AIDS Strategy by the MOH on May 29 at the Presidential Palace
- Five Regional Implementation Plan for the Comprehensive Approach to STI/HIV/AIDS Strategy finalized and launched
- Five M&E Plans for the Pilot Implementation of the National Strategy for Integrated Care of STI/HIV/AIDS within the Health Reform Framework developed
- Automated costing tool adjusted and validated
- Curricula for the training of human resources in the costing of services developed including a Training of Trainers Manual and a Training of Providers Manual
- Twenty two (22) trainers trained in the costing of the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk
- Technical assistance for the establishment and operation of a technical team with national and international cooperating partners to facilitate the coordination and harmonization of national efforts to implement the strategy in process
- Proposal for the systematization of the pilot implementation for the development of lessons learned and best practices developed
- The expenses during the current reporting period totaled \$901,317.47¹

¹ Includes interim expenses recorded in the field, but not yet processed through JSI official financial systems

I. Program Context and Objectives

This report serves to update USAID/Honduras on project accomplishments and to inform on any outstanding issues from the project's first project cycle: October 1, 2013 – September 30, 2014.

The Project is in alignment and part of the response of the USAID/Honduras' Country Assistance Strategy 2009, specifically in Assistance Objective Four (AO 4): "Health status for underserved and vulnerable populations improved". The Project will contribute directly to the achievement of IR 4.3 - Use of Quality HIV/AIDS Services Expanded and the corresponding sub-IR 4.3.2 - Quality of HIV/AIDS Treatment, Care, and Support Services Improved.

The Project Objective is "Technical capacity strengthened within the MOH to implement activities under the new National HIV Strategy".

In order to achieve the project objective, the following three Expected Results have been defined:

Expected Result I: Improvement of the quality of services

Expected Result II: Improvement of the coverage of STI/HIV/AIDS services

Expected Result III: Improvement of the cost-effectiveness of services

II. Program Results and Activities

AIDSTAR Plus officially presented the objectives and targets in the context of the new organizational development of the MOH and health reform to the newly appointed Vice Ministers of Health Dr. Sandra Pinel, Vice Minister of Integrated Health Networks and Services and Dr. Francis Contreras, Vice Minister of Regulation, as well as the following high level officials of the MOH: Dr. Billy Gonzales, Director General of Integrated Health Networks and Services; Dr. Silvia Nazar, Director of Normalization; Dr. Carmen Sevilla, Director General of Human Resource Development; and Dr. Guillermo Garcia, Technical Assistant to the Vice Minister of Integrated Health Networks and Services. During this meeting the health authorities appointed technical project focal points.

The Project facilitated meetings with the MOH personnel at the central and regional levels for the updating, review and finalization of the National Master Strategy Pilot Implementation Plan and the Regional Pilot Implementations Plans in the five prioritized health regions. The MOH officially endorsed these documents and presented them to the five prioritized regions. On May 29, the MOH held the official launch of the 18-month pilot implementation of the Comprehensive Approach to STI/HIV/AIDS Strategy at the Presidential Palace. The Project also supported the training with staff from the five prioritized health regions to develop five M&E Plans for the Pilot Implementation of the National Strategy for Integrated Care of STI/HIV/AIDS within the Health Reform Framework and trained the regional staff in the use of a dashboard to monitor the technical and financial achievements of the implementation.

Through the strengthening of the regulatory capacity of the MOH, all services provided within the health network will be required to follow standards and protocols for service provision by certified, trained professional providers. It is expected that this will result in higher standards to meet to the diverse needs of key populations and lead to the **improvement of the quality of services**. Therefore, the Project coordinated with the National STI/HIV/AIDS Program to develop two Norms, three Procedures Manuals in the Detection and Care of STIs, STI and HIV Prevention and Promotion of Healthy Behaviors and the Detection of Opportunistic Infections (OI) for people living with HIV (PLHIV). The Project supported the development of the norms according to the National Norm for Norm Development and in close collaboration with the MOH Regulatory Department. Both norms are currently in the stage of a final review by the Technical Committees. AIDSTAR Plus provided technical support for the development of Procedures Manuals in parallel with norm development along with curricula for the Training of Trainers and Training of Providers in each of these manuals.

The Project also provided technical support to the National STI/HIV/AIDS Department to finalize the curricula for the Training of Trainers and Training of Providers in Adult Clinical HIV/AIDS, Pediatric HIV/AIDS Clinical Care and Treatment and Prevention of Mother-to-Child Transmission (PMTCT). Following the development of these curricula, the Project supported Training of Trainers in Adult Clinical HIV/AIDS (7 National Trainers), Pediatric HIV/AIDS Clinical Care and Treatment (8 National Trainers) and Prevention of Mother-to-Child Transmission (7 National Trainers).

Together with the National Quality Assurance Department, the Project reviewed and finalized the Supervision Guide and proceeded to train thirty five (35) trainers trained in Supportive Supervision who then trained one hundred fourteen (114) providers. Following this training in the conceptual framework of Supportive Supervision, the Project supported the training of ninety eight (98) providers in the Application of the Supportive Supervision Guides.

AIDSTAR Plus also hired an international consultant for the training of fifty seven (57) trainers who then trained two hundred thirty six (236) service providers in Quality Improvement.

The Project provided technical support to **increase service coverage** in type of service and population size. The Project developed and finalized the conceptual framework for the formation of functional networks to organize public and private service providers to deliver the Specific Package of STI and HIV Services.

To initiate the process of networks, the Project provided technical support to the five prioritized health regions for the development of guidelines and a database for the consolidation of information for the updating of the Development of the Directory and Mapping of both public and non-public providers.

AIDSTAR Plus also supported the expansion of coverage of ART services in the five prioritized health regions. The Project coordinated with the National STI/HIV/AIDS Department to develop a document describing the reorganization of ART services in

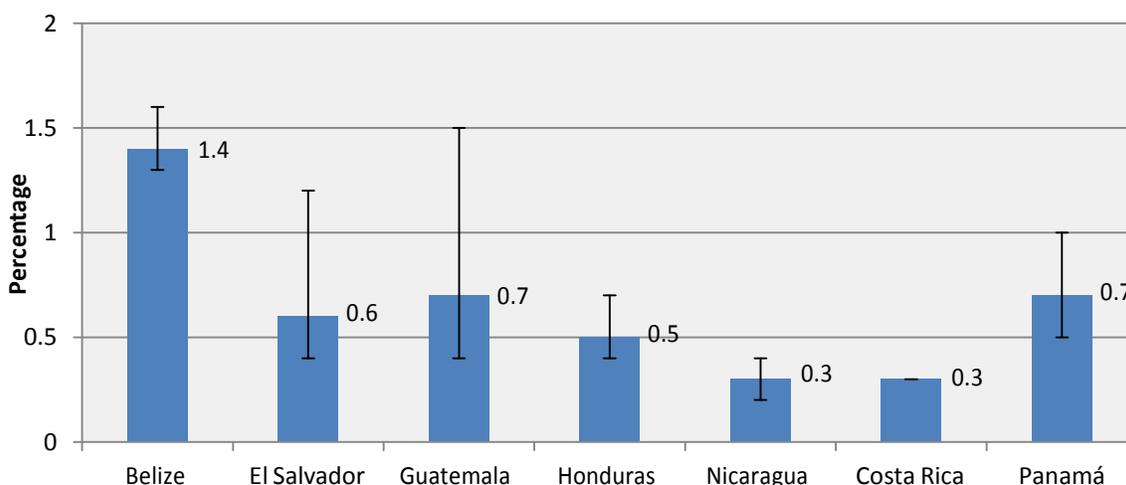
Honduras. This document is the basis for the definition of the sub networks to expand access to ARV therapy. AIDSTAR Plus staff coordinated with the five prioritized health regions to define the geographical areas and health units to expand access to ARV therapy at the primary level.

In order to improve the quality and ensure the increase of coverage, the relationship between **costs and service results** must be adequate. Therefore, through coordination with the Primary Health Care Department to update the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk, the Project edited and validated an automated costing tool in accordance with these services. The Project later designed a curricula for the training of human resources in the costing of the Specific Package of STI and HIV Services and trained twenty two (22) trainers.

III. National Context

According to UNAIDS 2012 estimates, approximately 35.3 (32.2-3.8) million people were living with HIV worldwide, and 2.3 (1.9-2.7) million new infections had been registered that same year. In Central America, an estimated 148,500 people were living with HIV in 2012 of which 8,500 were new infections. In the region, the highest prevalence of HIV in adults from 15-49 years of age is observed in Belize with 1.4%, followed by Guatemala and Panama with a prevalence of 0.7%, El Salvador with a prevalence of 0.6%, Honduras with a prevalence of 0.5% and Nicaragua and Costa Rica with a prevalence of 0.3% (Figure 1).²

Figure 1. HIV Prevalence in adults from 15-49 years of age in Central America



While national data confirm a prevalence of HIV in the general population of Honduras aged 15-49 years in 2012 of 0.5% (0.4%-0.7%), the prevalence of HIV among key populations in major cities ranges from 3.3% to 15.3%. In this context, key populations

² 2012 UNAIDS Report on the Global AIDS Epidemic.
http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf

present greater exposure to risk factors, which explains the higher HIV prevalence when compared to the general population.³

Official data from Honduras show that the pattern of HIV transmission remains primarily sexual, with a male to female ratio of 1.1 to 1.0.⁴ Despite the progress achieved through the efforts of the Government of Honduras (GOH), with support from international partners, high prevalence persists among key populations, with an estimated prevalence of 6.9-11.7% among men who have sex with men (MSM), 3.3-15.3% in sex workers (SW), and 1.7-4.9% in the Garifuna population.⁵ Key populations are defined as SW, MSM, transgender populations, and the Garifuna ethnic group on the North Coast. Other vulnerable and bridge populations include clients of SW and partners of key populations.

IV. Project Context

The Project was developed under the National Health Care Reform Framework and it will contribute to strengthening the stewardship and the separation of functions (stewardship and service provision) as the process of health sector reform in Honduras mandates.

Since December 2008, the MOH has received technical support to improve the national response to STI/HIV/AIDS and increase access to quality services in Honduras. This TA has been provided by USAID through AIDSTAR-One Honduras and other agencies. The MOH developed and launched in July 2012 the new National Strategy for Integrated Care for STI/HIV/AIDS (or “the Strategy”), a multi-sector strategy developed by members of the MOH, civil society, international donors, non-government organizations (NGOs), and other partners, and with TA provided by USAID through the AIDSTAR-One project in Honduras (the project).

Historically, JSI has provided short and long-term technical assistance through AIDSTAR-One Honduras to build effective, well-managed, and sustainable programs and to promote country-driven leadership in the global campaign against HIV and AIDS. To maximize investments and encourage innovation, the project has documented and shared promising practices and has connected PEPFAR technical working groups, the USG Country Team, government actors, and community-level implementers through integrated online and in-person information exchanges.

The project technical experts continue to synthesize and disseminate scientific research and models of successful program implementation in all areas of HIV, including prevention, treatment, Prevention of Mother to Child Transmission (PMTCT), HIV testing and counseling, orphans and vulnerable children, care and support, gender, and integration of HIV with other health programs.

³ ECVC, 2012

⁴ Informe Estadístico de la Epidemia de VIH/SIDA en Honduras, Secretaría de Salud, Departamento ITS/VIH/SIDA, abril de 2012.

⁵ ECVC, 2012

The MOH supported by AIDSTAR-One developed the National Strategy for Integrated Care of STI/HIV/AIDS within the Health Reform Framework “The Strategy” which was officially launched on March 14, 2011, in Tegucigalpa, and later published in “La Gaceta”, Honduras’ official newspaper, on July 4, 2012.

The Strategy comprises two phases: Phase 1- Implementation Preparation and Phase 2 - National Implementation.

Phase One

Stage One: Preparation for the pilot implementation

1. Strategic and operative guidelines development
2. Definition of functional networks and geographical areas

Stage Two: Pilot implementation of the Strategy

1. Service providers assessment
2. Development of local operative strategy in each of the five prioritized regions
3. Implementation of specific plan for each region

Stage Three: Evaluation and adjustment to the Strategy

Phase Two: National Implementation

The AIDSTAR-One Project provided technical support to the Ministry of Health (MOH) in **Phase One, Stage One**, supporting the preparation for the pilot implementation to achieve the following products:

1. Strategy’s Operational Framework which comprises the following:
 - 1.1 Operational guidelines to implementation plans
 - 1.2 Basic package of STI/HIV/AIDS services
 - 1.3 Reorganization of public and non-public (NGO, civil society, CBO, private sector) service delivery providers
 - 1.4 Referral system among service providers at local and central levels
 - 1.5 Regulation framework
 - 1.6 Supervision framework
 - 1.7 Monitoring and evaluation framework
2. Final Draft of the Basic package of services costing tool
3. Update of four HIV/AIDS norms: PMTCT, VCT, Child Clinical Care and Adult Clinical Care
4. Guidelines for laboratory procedures for HIV Rapid Testing
5. Curricula developed and training carried out for the following HIV/AIDS services: rapid testing, home visits, self-support groups and quality improvement for ARV service providers

AIDSTAR Plus continues to provide TA in **Phase One, Stage Two** to achieve the following products, in each of the five priority regions:

1. Assessment of HIV/AIDS service providers

2. Five regional Strategy Implementation Draft Plans
3. One national conceptual supervision framework with instruments for the implementation/application
4. Conceptual framework for the establishment of five networks
5. Five provider networks, one in each priority region

V. Timeline of Events

Quarter 1: October-December 2013

During this period, AIDSTAR Plus finalized and submitted the following Project documents for their approval by USAID: Milestone Plan, Performance Management Plan (PMP), Work Plan Narrative, Work Plan Matrix, and Branding Implementation and Marking Plan. The project also finalized the hiring of the M&E Advisor and the Senior Technical Advisor in Provision of Services for Key Populations and developed terms of reference (TOR) to begin the recruitment process of qualified national and international consultants for the development and accompaniment of technical proposals according to the Work Plan.

The Project facilitated meetings with the MOH personnel at the central and regional levels for the updating, review and finalization of the National Master Strategy Pilot Implementation Plan and the Regional Pilot Implementations Plans in the five prioritized health regions.

The Project also began to coordinate with several regulatory health unit counterparts including the National STI/HIV/AIDS Program, Primary Health Care Department and the National Quality Assurance Department to develop or update the documents as defined in Expected Result I of the Project Work Plan to improve the quality of STI and HIV services: two Norms, three Procedures Manuals, Specific Package of STI and HIV Services for PLHIV and key populations at higher risk, Training of Trainers & Providers Manuals in three areas of care and treatment and supportive supervision.

AIDSTAR Plus staff also began coordinating with the five prioritized health regions to define the geographical areas and health units to expand access to ARV therapy at the primary level.

Quarter 2: January-March 2014

During the second period, AIDSTAR Plus finalized the hiring of the Deputy Chief of Party and held a comprehensive and transparent process to evaluate and identify candidates to complete the following open staff positions: Regional Program Officer – Tegucigalpa, Health Finance Officer, Senior Finance and Administrative Manager. The Project also advanced in the identification of national and international consultants to support the implementation of activities as established in the approved Work Plan.

Given foreseen delays in the official launch of the pilot implementation of the Strategy, the Project submitted to USAID a redistribution of the timeline of events in the Work Plan and Milestone Plans as well as budget modifications to assure to the completion of all activities originally programmed for FY14. The Project also edited the M&E Framework in order to align with the new PEPFAR indicators, resubmitting the PMP to USAID.

The Project officially presented the objectives and targets in the context of the new organizational development of the MOH and health reform to Vice Ministers of Health Dr. Sandra Pinel, Vice Minister of Integrated Health Networks and Services and Dr. Francis Contreras, Vice Minister of Regulation, as well as the following high level officials of the MOH: Dr. Billy Gonzales, Director General of Integrated Health Networks and Services; Dr. Silvia Nazar, Director of Normalization; Dr. Carmen Sevilla, Director General of Human Resource Development; and Dr. Guillermo Garcia, Technical Assistant to the Vice Minister of Integrated Health Networks and Services. This included the appointment of technical project focal points.

The MOH officially endorsed the Master Implementation Plan and the five Regional Implementation Plans for the Comprehensive Approach to STI/HIV/AIDS Strategy holding a meeting on February 18-19 to present the final documents to the five prioritized regions.

AIDSTAR Plus coordinated a workshop with technical staff of MOH Regulatory Department and National STI/HIV/AIDS Department to present the National Norm for Norm Development. The Project then moved forward providing technical assistance for the development of the draft documents of two norms and three procedures manuals.

The Project also provided technical support to the National STI/HIV/AIDS Department to finalize the curricula for the Training of Trainers and Training of Providers in Adult Clinical HIV/AIDS, Pediatric HIV/AIDS Clinical Care and Treatment and Prevention of Mother-to-Child Transmission (PMTCT).

During this period, the Project provided technical support to the five prioritized health regions for the development of guidelines and a database for the consolidation of information for the updating of the Development of the Directory and Mapping of both public and non-public providers.

Quarter 3: April-June 2014

During the third period, AIDSTAR Plus finalized the hiring of the permanent staff positions including: Regional Program Officer – Tegucigalpa, Health Finance Officer, and Senior Finance and Administrative Manager.

The MOH held the official launch of the 18-month pilot implementation of the Comprehensive Approach to STI/HIV/AIDS Strategy on May 29 at the Presidential Palace.

The Project continued to coordinate with the National STI/HIV/AIDS Department to finalize the New Project Proposals for the Detection and Care of STIs Norm and HIV Norm and present to the Regulatory Department. AIDSTAR Plus also supported the development of draft procedures manuals in the Detection and Care of STIs and STI and

HIV Prevention and Promotion of Healthy Behaviors in parallel with the norm development and continued the development of the Detection of Opportunistic Infections (OI) for people living with HIV (PLHIV) procedures manual.

The Project also provided technical support to the National STI/HIV/AIDS Department for the Training of Trainers in Adult Clinical HIV/AIDS (7 National Trainers), Pediatric HIV/AIDS Clinical Care and Treatment (8 National Trainers) and Prevention of Mother-to-Child Transmission (7 National Trainers).

Together with the National Quality Assurance Department, the Project reviewed and finalized the Supervision Guide and proceeded to train thirty five (35) trainers trained in Supportive Supervision who then trained one hundred fourteen (114) providers.

The Project continued to coordinate with the Primary Health Care Department and the National Quality Assurance Department to update the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk and began to review and edit the automated costing tool in accordance with these services.

The Project initiated the development of the conceptual framework for the development of functional networks to organize public and private service providers to deliver the Specific Package of STI and HIV Services.

Quarter 4: July-September 2014

During the final period, AIDSTAR Plus received approval for the hiring of three national consultants and one international consultant to impulse project deliverables as defined in the Work Plan. The national consultants began to support the Project efforts in July and the international consultant will carry out the designated activities in October 2014.

The Project also received during this period the approval of modifications to the Project Milestone Plan, Budget Realignment and a second funds obligation. AIDSTAR Plus also submitted the FY15 Work Plan for the review and approval of USAID.

Project staff participated in the Technical Norm Committees to review the Detection and Care of STIs and HIV Norms. AIDSTAR Plus also finalized the procedures manuals in the Detection and Care of STIs, STI and HIV Prevention and Promotion of Healthy Behaviors and the Detection of Opportunistic Infections for people living with HIV as well as the curricula for the Training of Trainers and Training of Providers in each of these manuals.

The Project continued to coordinate with the Primary Health Care Department and the National Quality Assurance Department to update the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk. AIDSTAR Plus staff proceeded to edit and validate the automated costing tool and later developed a curricula for the training of human resources in the costing of the Specific Package of STI and HIV Services and trained twenty two (22) trainers.

Together with the National Quality Assurance Department, the Project supported the training of ninety eight (98) providers in the Application of the Supportive Supervision Guides. AIDSTAR Plus also hired an international consultant for the training of fifty seven (57) trainers and one hundred sixty three (163) service providers in Quality Improvement.

The Project finalized the development of the conceptual framework for the development of functional networks to organize public and private service providers to deliver the Specific Package of STI and HIV Services.

AIDSTAR Plus coordinated with the National STI/HIV/AIDS Department to develop a document describing the reorganization of ARV therapy services in Honduras. This document is the basis for the definition of the sub networks to expand access to ARV therapy.

The Project held a training with staff from the five prioritized health regions to develop five M&E Plans for the Pilot Implementation of the National Strategy for Integrated Care of STI/HIV/AIDS within the Health Reform Framework and train the regional staff in the use of a dashboard to monitor the technical and financial achievements of the implementation.

VI. Project Achievements and Challenges

Expected Result I: Improvement of the quality of services

Achievements

- One workshop with technical staff of MOH Regulatory Department and National STI/HIV/AIDS Department to present the National Norm for Norm Development
- Detection and Care of STIs Norm under review by Technical Committee
- Procedures manual for the Detection and Care of STIs developed
- Curricula for the Detection and Care of STIs including a Training of Trainers Manual and a Training of Providers Manual developed
- HIV Norm under review by Technical Committee
- Procedures manual for the STI and HIV Prevention and Promotion of Healthy Behaviors developed
- Curricula for STI and HIV Prevention and Promotion of Healthy Behaviors including a Training of Trainers Manual and a Training of Providers Manual developed
- Procedures manual for the Detection of Opportunistic Infections (OI) for people living with HIV (PLHIV) developed and endorsed
- Curricula for the Detection of Opportunistic Infections (OI) for people living with HIV (PLHIV) including a Training of Trainers Manual and a Training of Providers Manual developed
- Curricula for Training of Trainers and Training of Providers in Adult Clinical HIV/AIDS Care and Treatment completed
- Seven (7) National Trainers trained in Adult Clinical HIV/AIDS Care and Treatment

- Curricula for Training of Trainers and Training of Providers in Pediatric HIV/AIDS Clinical Care and Treatment completed
- Eight (8) National Trainers trained in Pediatric HIV/AIDS Clinical Care and Treatment
- Curricula for Training of Trainers and Training of Providers in Prevention of Mother-to-Child Transmission (PMTCT) completed
- Seven (7) National Trainers trained in Prevention of Mother to Child Transmission (PMTCT)
- Final editing of Specific Package of STI and HIV Services for PLHIV and key populations at higher risk in process
- One Supervision Guide finalized and validated
- Curricula for Training of Trainers and Training of Providers in Supportive Supervision completed
- Thirty five (35) trainers trained in Supportive Supervision
- One hundred fourteen (114) providers trained in Supportive Supervision
- Ninety eight (98) providers trained in the Application of the Supportive Supervision Guides
- Fifty seven (57) trainers (16 national trainers and 41 regional trainers) trained in Quality Improvement
- Two hundred thirty six (236) service providers in Quality Improvement

Challenges

- The process of norm development has generated difficulties primarily in the application and understanding of requirements as established by the MOH Regulatory Department in the National Norm for Norm Development. According to this document, the development of norms must follow a strict timeline, which covers a period of no less than 10 months. This information was not available at the time of the planning phase for the FY14 work plan and has therefore caused delays in the deliverables. The Project has also experienced difficulties on behalf of MOH counterparts for the leadership of Technical Norm Committee as defined by the Regulatory Department and attendance of those who form the multidisciplinary team for the review of the norm document. This has resulted in Project staff assuming a very close collaboration to assure that the Technical Norm Committee functions as required and in some cases, the cancellation of Technical Norm Committee meetings by the Regulatory Department due to non-compliance with the required participation.
- With regard to the training of training methodology, the Project has experienced favorable results and strong leadership by the MOH through the National Quality Assurance Department. However, the Project has experienced a loss of trained personnel due to periods of vacation, rotations, etc. In some cases, personnel have expressed concern with participating in the training of training workshops, as it is seen as creating an increased work load. AIDSTAR Plus has countered these

situations through the careful selection of participants for the workshops and creating sessions at the end of the workshops for the planning of provider trainings.

Expected Result II: Improvement of the coverage of STI/HIV/AIDS services

Achievements

- Development of functional networks to organize public and private service providers to deliver the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk in process
- Definition of sub networks to expand access to ARV therapy in process
- Master Implementation Plan for the Comprehensive Approach to STI/HIV/AIDS Strategy finalized
- Official launch of the 18-month pilot implementation of the Comprehensive Approach to STI/HIV/AIDS Strategy by the MOH on May 29 at the Presidential Palace
- Five Regional Implementation Plan for the Comprehensive Approach to STI/HIV/AIDS Strategy finalized and launched
- Five M&E Plans for the Pilot Implementation of the National Strategy for Integrated Care of STI/HIV/AIDS within the Health Reform Framework developed

Challenges

- The formation of health service networks in STI and HIV is based on the context of the formation of health service networks in general, which the MOH has been developing with technical assistance by USAID. The latter process has experienced delays in its implementation. In August, Dra. Sandra Pinel, Vice Minister of Integrated Health Networks and Services, promoted high level technical discussions regarding the overall approach of the health networks and changes proposed in that area. These discussions caused delays in the AIDSTAR Plus timeline for the development and implementation of functional networks to organize public and private service providers to deliver the Basic Package of Services in STI/HIV/AIDS for PLHA and key populations. However, in September, the MOH held a meeting with the regional health authorities to express the approval of the framework for the formation of health service networks. With this approval, the Project will also advance in the formation of health service networks in STI and HIV as programmed in the Project Work Plan.
- High political level authorities including Dr. Sandra Pinel, Secretary for Integrated Health Service Networks held a workshop on February 18 and 19 to present the Master Implementation Plan for the Comprehensive Approach to STI/HIV/AIDS Strategy in the five prioritized health regions. This workshop was fundamental in order to advance in the pilot implementation of the strategy in accordance with

the new central level organizational development model of the Ministry of Health. However, the new model has caused some concern among some National STI/HIV/AIDS Department staff who do not agree with the new development scheme and the Project encountered resistance by some senior staff of the Department hindering the ability to coordinate efforts.

- The regional health teams have encountered difficulties in the characterization of key populations due to the lack of a defined methodology to carry out these estimations. As established in the Project's Work Plan, a country working group was to define the methodology to be used in the measurement of key populations and the Project would then provide technical support to the five prioritized regions to apply this methodology. Due to several factors, the working group has experienced delays in the definition of this methodology. Project technical staff attended several meetings to provide technical assistance for the development of a proposal for the determination of population size of the five prioritized regions where the country has begun the Pilot Implementation for the National Comprehensive Approach to STI/HIV/AIDS Strategy, which has secured funding and should be carried out in FY15.

Expected Result III: Improvement of the cost-effectiveness of services

Achievements

- Automated costing tool adjusted and validated
- Curricula for the training of human resources in the costing of services developed including a Training of Trainers Manual and a Training of Providers Manual
- Twenty two (22) trainers trained in the costing of the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk
- Technical assistance for the establishment and operation of a technical team with national and international cooperating partners to facilitate the coordination and harmonization of national efforts to implement the strategy in process
- Proposal for the systematization of the pilot implementation for the development of lessons learned and best practices developed

Challenges

- The Project experienced delays in initiating the activities of this expected result, which included the identification and contracting of permanent staff and consultants. By the 4th quarter of FY14, all staff had been identified and assumed the development of the corresponding activities to advance in this expected result.
- The Project has identified difficulties due to the lack of national counterpart to drive the process of costing of the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk. Therefore, AIDSTAR Plus has assumed a leadership role in the development of this process in collaboration with the Primary Health Care Department as related to the Specific Package of STI and HIV Services.

- The establishment and operation of a technical team with national and international cooperating partners to facilitate the coordination and harmonization of national efforts to implement the strategy has been delayed several times due to difficulties in coordinating schedules with the political levels of the MOH. It is expected that the first meeting be carried out in October 2014.

VII. Gender Component

The Project assured the incorporation of gender approach in all the training processes. This included the development of assessment tools to determine the values and beliefs related with gender approach both at the beginning and ending of each training process. Through all training project activities the awareness in the use of non-stigmatizing language among health providers was promoted. Also the Project provided TA to integrate the gender approach in two developed and updated norms and three procedures manuals.

The Project is supporting the development of Services Networks and will determine the services by identifying the range of services needed by women and key populations, plan appropriate linkages to medical and psychosocial services, this will have an impact to improve physical access to services by considering women's limited autonomy and mobility, identify appropriate opening hours, and minimize the number of visits that women need to make. This also comprises links with other partners, such as local authorities, human rights organizations, and social support organizations to help respond to specific needs.

Additionally the Project provided TA to include in the regional M&E Strategy pilot implementation plans, the development of indicators for measuring the inclusion of gender-responsive HIV programs and services on women by ensuring appropriate disaggregation of data on sex and age, rural or urban area, and other gender analyses of data.

During the month of May, LMG held three gender workshops for key populations (MSM, TS, and Garifuna) in La Ceiba. AIDSTAR Plus staff participated in each of the workshops, as described above.

VIII. Monitoring and Evaluation

Table 1. Report of PMP Indicators (October 2013 – September 2014)

No.	Type	Indicator	FY14 Target N # D #	FY14 Result To Date N # D #	% Achievement	Comments
Project Goal: Provide technical assistance to develop and enhance the technical capacity of the MOH to enable it to lead the implementation of the National Strategy for Integrated Care for STI/HIV/AIDS in the five priority health regions: Metropolitan Tegucigalpa, Metropolitan San Pedro Sula, Atlántida, Cortés, and the Bay Islands						
1	PEPFAR	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce their risk of mother to child transmission (MTCT) during pregnancy and delivery (PMTCT-ARV)	220 TBD	129 TBD	58.6%	Data represents pregnant women receiving ART through June 2014 (reports from some regions pending). Newly initiated on treatment during the current pregnancy: <i>Result pending</i> Already on treatment at the beginning of the current pregnancy: <i>Result pending</i>
2	PEPFAR	Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy (TX-RET)	>85%	890 1063	98.5%	The national reporting cycle of this indicator is aligned with the calendar year and reported 5 months after the year has ended. Year 1 target corresponds to the period January 1, 2013- December 31, 2013. Sex: 81% = Male 87% = Female Age: 83% = <15 84% = 15+ Pregnancy Status & Breastfeeding Status: <i>National Information System does not provide this information</i>
Expected Result I. Improvement of the quality of services						
3	PEPFAR	Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results (HTC-TST)	90000	71,911	79.9%	Data represents patients receiving ART through July 2014. Sex: <i>National Information System does not provide information by sex</i> Age: <i>National Information System does not provide this information</i> Test Result: Positive: 379 Negative: 71,532 <i>Pregnant Women: 32,950</i> <i>General Population: 38,961</i>
Expected Result II. Improvement of the coverage of STI/HIV/AIDS services						
7	PEPFAR	Number of adults and children with advanced HIV receiving antiretroviral therapy (ART) (TX-CURR)	7000	7,149	102.1%	Data represents patients receiving ART through June 2014. Sex: Male: 3,537 Female: 3,612 Age: <1: <i>Result Pending</i> <15: 614 15+: 6,535
8	PEPFAR	Number of HIV Positive adults and children receiving a minimum of one clinical service (C2.1.D)	7000	7,149	102.1%	Data represents patients receiving a minimum of one clinical service through June 2014. Sex: Male: 3,537 Female: 3,612 Age: <1: <i>Result Pending</i> <15: 614 15+: 6,535

No.	Type	Indicator	FY14 Target	FY14 Result To Date	% Achievement	Comments
			N #	N #		
			D #	D #		
10	PEPFAR	Number of service outlets providing ARV therapy services in accordance with national and international standards	29	24	82.8%	Type of Site: 22 Public 0 Private 2 NGO

IX. Outstanding Issues, Constraints, Delays and Actions Taken

- As described in the quarterly report for the period of October-December 2013, the lack of a project focal point within the MOH, mandates by the MOH placing restrictions on national meetings, and the current shift of the governing body, caused significant setbacks in the validation, approval and endorsement of project deliverables as well as the carrying-out of scheduled workshops.
- On May 29, the Ministry of Health (MOH) began implementation of the activities established in the Implementation Letter 15 and complementary to the activities implemented by AIDSTAR Plus for the 18-month pilot implementation of the Comprehensive Approach to STI/HIV/AIDS Strategy. Given the considerable delays to begin the implementation of the activities funded directly from USAID to the MOH, any health situation that may affect the well-being of the Honduran population (i.e. Hemorrhagic dengue emergency, Stock-outs of basic drugs and medical supplies, etc.) could further delay the completion of the planned activities.
- In August, the MOH experienced allegations of malpractice and shortages of supplies for service delivery at the Mario Catarino Rivas Hospital in San Pedro Sula. This crisis caused the health sector to be mobilized, creating a national movement by workers unions (nurses, auxiliary nurses, health workers and the under college of physicians). This movement caused the cancellation of activities in some of the prioritized health regions due to conflicts with activities being carried out by workers unions. Dr. Yolani Batres, Secretary of Health, named an intervention committee to resolve these issues.
- In August, the MOH began to experience a redistribution of human resources according to the new Organizational Development. However, the new model has caused some distraction principally among National STI/HIV/AIDS Department staff being appointed to several different technical units within the MOH. The Project has been actively seeking understanding with regard to the organizational development model of the MOH and how these changes will affect coordination with the technical counterparts National STI/HIV/AIDS response within the Ministry of Health.
- JSI sent an official limitation of funding notice on August 5 and a follow-up email on August 14 to USAID Contracting Officer, Raphael Metzger explaining that in order to continue to fully implement Project activities, it was necessary that more funds be made available. The Health, Population and Nutrition Office at USAID brought this issue to the attention of the Mission Director who quickly resolved the issue by channeling the request through the Contracting Officer in El Salvador, Joseph Terrazas. The Project received notification of the new funds obligation on August 29. However,

the non-availability of funding did affect some areas of project implementation and caused the delay in project deliverables.

X. Lessons Learned

- Ensure compliance of norm documents with the National Technical Norm for the Development of Norms in the Health Sector. During the process of Norm development, the teams maintained constant contact with the Regulatory Department, which provided feedback on the development of these documents. This continued review ensured that the documents presented with the New Project Proposals were presented in a more advanced stage and therefore decreased the amount of time of review by the technical committee.
- Facilitate the coordination and harmonization of national efforts to implement the strategy in the context of Honduran Health Care Reform and the implementation of the new Organizational Development model within the MOH through the formation of a technical team with national and international cooperating partners. USAID and its implementing partners have directed their efforts toward the alignment of project implementation to the changes occurring within the MOH. However, it is necessary that all national and international stakeholders are aware of the advancements in the process of Health Care Reform and the Organizational Development model in order to establish a better coordination between projects and not duplicate efforts. AIDSTAR Plus coordinated with the National STI/HIV/AIDS Department and the Health Service Network Management Department to develop the Terms of Reference and coordinate the first meeting for the formation of the technical team that will meet regularly with the technical level and yearly with the political and cooperating levels.
- Provide time at the end of training of trainers workshops to plan the implementation of replica workshops at the regional levels. Following training of trainers workshops, AIDSTAR Plus regional staff coordinated with the trainers from the five prioritized health regions to plan and implement the replica workshops. However, the Project has experienced a loss of trained personnel due to periods of vacation, rotations, etc. By providing a space for planning the regional workshops at the end of each training of trainers workshop, the Project hopes to ensure the maximum involvement of trainers trained.
- Improve the quality of workshops held by the Project through internal feedback sessions to share experiences and improve processes. The Project has identified reoccurring weaknesses in internal management of workshops including conflicts in facilitation, timing, logistics, etc. Therefore, the Project will begin to implement feedback sessions following each workshop to learn from its own experiences and continually improve the quality of the workshops.
- Ensure that the Terms of Reference developed are sufficiently detailed in the requirements for the given position, but not overly demanding. The project experienced difficulties in the identification of available qualified personnel and consultants who meet the requirements established in the Terms of Reference set forth. This presented an obstacle in the identification of candidates given that the project has made great efforts to identify qualified staff.

XI. Coordination with Other Actors

Supply Chain Management Systems (SCMS)

AIDSTAR Plus coordinated with SCMS in order to assure that personnel from the newly opened sites providing access to ARV therapy at the primary health care level are trained in the logistical process of the management of ARV.

Leadership Management and Governance Project (LMG)

AIDSTAR Plus staff participated in three workshops on incorporating gender violence prevention in the comprehensive approach to STI/HIV/AIDS held by LMG in La Ceiba, Atlántida. The workshops were held with staff from the departmental health regions and NGOs that implement decentralized projects with the MOH. The workshops and AIDSTAR Plus staff who attended are detailed below by key population:

- Sex Workers (May 14-18) – Berta Alvarez, Senior Technical Advisor in Provision of Services for Key Populations
- Men who have Sex with Men (May 19-21) – Iliana Guevara, HIV/AIDS Service Training Officer
- Garifuna (May 22-24) – Dr. Sergio Flores, Regional Program Officer

With the intention to standardize methodologies and approaches in Continuous Quality Improvement and the Costing tool, AIDSTAR Plus coordinated with LMG to facilitate two spots for personal from LMG in the training workshops. Following these trainings, LMG will replicate and provide follow-up with NGOs under the decentralized model of the Ministry of Health.

ULAT

ULAT has provided technical assistance to the MOH for the organization of health networks within the framework of Health Reform in Honduras. Given that AIDSTAR Plus is supporting the formation of networks for the provision of HIV care and treatment, technical staff coordinated with ULAT in order to assure the alignment of these efforts with the final documents approved by the MOH.

The Project has also coordinated with ULAT to provide technical expertise to the MOH for the review and adaptation of the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk as established under the National Health Model and to include services for key populations by life cycle.

CDC/UNAIDS/USAID

In order to determine the size of key populations in each region, the country has organized a working group made up of key personnel from the National AIDS Program, ONUSIDA, USAID and the CDC. During this year, AIDSTAR Plus actively participated in meetings to establish the methodology to be used in the measurement of key populations. Following the determination made by this committee, AIDSTAR Plus will later provide technical support to the five prioritized regions to apply this methodology with the regional teams (See activity 2.3.2 above for more information).

XII. Summary of Key Conclusions

Expected Result I: Improvement of the quality of services

- One workshop with technical staff of MOH Regulatory Department and National STI/HIV/AIDS Department to present the National Norm for Norm Development
- Detection and Care of STIs Norm under review by Technical Committee
- Procedures manual for the Detection and Care of STIs developed
- Curricula for the Detection and Care of STIs including a Training of Trainers Manual and a Training of Providers Manual developed
- HIV Norm under review by Technical Committee
- Procedures manual for the STI and HIV Prevention and Promotion of Healthy Behaviors developed
- Curricula for STI and HIV Prevention and Promotion of Healthy Behaviors including a Training of Trainers Manual and a Training of Providers Manual developed
- Procedures manual for the Detection of Opportunistic Infections (OI) for people living with HIV (PLHIV) developed and endorsed
- Curricula for the Detection of Opportunistic Infections (OI) for people living with HIV (PLHIV) including a Training of Trainers Manual and a Training of Providers Manual developed
- Curricula for Training of Trainers and Training of Providers in Adult Clinical HIV/AIDS Care and Treatment completed
- Seven (7) National Trainers trained in Adult Clinical HIV/AIDS Care and Treatment
- Curricula for Training of Trainers and Training of Providers in Pediatric HIV/AIDS Clinical Care and Treatment completed
- Eight (8) National Trainers trained in Pediatric HIV/AIDS Clinical Care and Treatment
- Curricula for Training of Trainers and Training of Providers in Prevention of Mother-to-Child Transmission (PMTCT) completed
- Seven (7) National Trainers trained in Prevention of Mother to Child Transmission (PMTCT)
- Final editing of Specific Package of STI and HIV Services for PLHIV and key populations at higher risk in process
- One Supervision Guide finalized and validated
- Curricula for Training of Trainers and Training of Providers in Supportive Supervision completed
- Thirty five (35) trainers trained in Supportive Supervision
- One hundred fourteen (114) providers trained in Supportive Supervision
- Ninety eight (98) providers trained in the Application of the Supportive Supervision Guides
- Fifty seven (57) trainers (16 national trainers and 41 regional trainers) trained in Quality Improvement
- Two hundred thirty six (236) service providers in Quality Improvement

Expected Result II: Improvement of the coverage of STI/HIV/AIDS services

- Development of functional networks to organize public and private service providers to deliver the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk in process
- Definition of sub networks to expand access to ARV therapy in process
- Master Implementation Plan for the Comprehensive Approach to STI/HIV/AIDS Strategy finalized
- Official launch of the 18-month pilot implementation of the Comprehensive Approach to STI/HIV/AIDS Strategy by the MOH on May 29 at the Presidential Palace
- Five Regional Implementation Plan for the Comprehensive Approach to STI/HIV/AIDS Strategy finalized and launched
- Five M&E Plans for the Pilot Implementation of the National Strategy for Integrated Care of STI/HIV/AIDS within the Health Reform Framework developed

Expected Result III: Improvement of the cost-effectiveness of services

- Automated costing tool adjusted and validated
- Curricula for the training of human resources in the costing of services developed including a Training of Trainers Manual and a Training of Providers Manual
- Twenty two (22) trainers trained in the costing of the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk
- Technical assistance for the establishment and operation of a technical team with national and international cooperating partners to facilitate the coordination and harmonization of national efforts to implement the strategy in process
- Proposal for the systematization of the pilot implementation for the development of lessons learned and best practices developed