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[Informe; Proyecto; Asistencia Técnica; Planificación Familiar; Materno; Infantil; Salud; Niñez.]  
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Local Technical Assistance Unit  
for Health - HONDURAS

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

## Quarterly Report: Year 4, Quarter 2 (Y4,Q2)

### January 1, - March 31, 2015

**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
ASIS	Health Situation Analysis
CDC	U.S. Centers for Disease Control and Prevention
CFC	Community Family Census
CLIPER	Preferred Clinics
CMG	Management Dashboard
CMI	Maternal Child Health Center
COR	Contracting Officer's Representative
CONCOSE	MOH Advisory Council
CSC	Catalonian Services Corporation
CSW	Commission on the Status of Women
DAPS	Department of Primary Health Care
DGD	Department for Decentralized Management
DHS	Demographics and Health Survey
DMN	National Medical Directorate of the IHSS
DSPNA	Department of First Level of Care Services
EAC	Hospital Ernesto Aguilar Cerrato
EGSPF	Family Planning Service Management Strategy
EMSPF	Family Planning Methodological Strategy
EONC	Essential Obstetric and Newborn Care
ESFAM	Local Family Health Teams
FP	Family Planning
FUNSAUD	Mexican Foundation for Health
HCDL	Logistical Data Consolidating Tool
HIV	Human Immunodeficiency Virus
HSL	San Lorenzo Hospital
ICEC	Joint Implementation of Community Strategies
IDB	Inter-American Development Bank
IHSS	Honduran Social Security Institute
IR	Intermediary Result
JICA	Japan International Cooperation Agency
LMG	Leadership, Management and Governance
M&E	Monitoring and Evaluation
MAFE	Happy Mother Association
MANCORSARIC	Copán Ruinas, Cabañas, San Jerónimo, Santa Rita Commonwealth
MANCOSOL	Southeast Lempira Commonwealth
MCH	Maternal-Child Health
MDGs	Millennium Development Goals
MGH	Hospital Management Model
MM	Maternal Mortality
MMR	Maternal Mortality Ratio
MOCALMIPA	Commonwealth of the Municipalities of Sur de Lempira
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
NGO	Non-Governmental Organization

NNV	National Surveillance Standard
NVS	National Standard for Health Surveillance
OD	Organizational Development
ONUSIDA	UNAIDS
PAHO	Pan American Health Organization
PEI	Institutional Strategic Plan (MOH)
PMA	World Food Programme
PMP	Project Management Plan
PNUD	UNDP
POA	Annual Operating Plan
POA-P	Annual Operating Plan-Budget
PREDISAN	Honduras Association to Preach and Heal
PROAPS	Primary Care Program in Health
PTA	Work Plans
RAMNI	Accelerated Reduction of Maternal and Child Mortality
RCC	Accountability to Citizens
ROF	Organizational Regulations and Central Level Functions
RGH	Restructuring of Hospital Management
RISS	Integrated Health Services Networks
SAIEC	Automated Systems for the Implementation of Community Strategies
SEFIN	Finance Secretariat
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
SME	Medical System for Businesses
SNC	National System of Quality in Health
SPSS	Social Protection in Health System
SSRISS	Sub-secretariat of Health Services Integrated Networks
UAFCE	Unit for the Management of External Cooperation 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
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
US	Health Unit
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\$1,263,179
<b>New obligated / assigned funds during the quarter:</b> US\$1,567,204 (this amount does not include US\$505,823 in obligated funds for Fee)
<b>Expenses incurred during the reporting period:</b> US\$608,174 (Data for the month of March 2015 for US\$258,908, is preliminary since accounting has not closed yet). This amount does not include March accruals for US\$168,236
<b>Balance at the end of the quarter:</b> US\$2,222,209 (This amount does not consider US\$505,823 of Fee)
<b>Estimated expenses for the following quarter:</b> US\$817,594 (April 1 to June 30, 2015)
<b>Number of estimated quarter with the expense balance:</b> 2.71 quarters
<b>Report presented by:</b> MSH-ULAT
<b>Report Submission Date:</b> April 10, 2015

## II. Executive Summary

This document presents the report of activities carried out in the framework of implementation of the work plan for the second quarter of project year 4-Local Technical Assistance Unit for Health (ULAT) corresponding to the period January 1 to March 31, 2015. Presentation of this report is in compliance with the clauses in contract number AID-522-C-11-000001 which constitutes the fundamental frame of reference of the project. According to the approved work plan for the period, which was constructed on the framework of reference of project results, the advances observed as to defined and achieved products during the previous period and the current status of the processes which are the subject of the technical assistance, the report includes (i) a general description of the health situation in the country and in particular that of the MOH as a stewarding entity of the sector ; (ii) project contextualization 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 cooperating agencies (iv) a special chapter containing the 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. Also included are general conclusions and collected success stories. Specific aspects in relation to finances are also part of this report.

An element emphasized in the context in which project activities were implemented was the proposed framework law for social protection presented to the national congress by the President of the country. This continued to be the focus of discussion generated by different actors and relevant public and private sector stakeholders, to such a degree that it still has not been approved. As expressed in due course, the project anticipates that this legal instrument should be complemented with a proposed national health system law as well as a proposed national health insurance scheme which makes the issue quite relevant for the project. The project reiterates that in general there has been consensus on the importance of having this framework law available but there are many observations and proposed modifications related to pertinence, gaps in contents and regarding the feasibility of the application of a concrete initiative which still haven't been resolved.

The particular table formed by the President to address the specific issue of the law for the national health system was not convened during this period. However, a work group was formed in the MOH for the preparation of a proposed health system law in order to have it duly prepared for the moment when the framework law is approved and the initiation of discussions is requested for this specific law.

Implementation of the MOH organizational development acquired major impetus because of decisions adopted by the Minister of Health and under her personal direction. The redefinition of institutional processes, a new distribution of functions, reengineering of institutional procedures and the redistribution of human and physical resources are in an advanced stage, tending to their consolidation. The complexity, the development of activities and tasks linked to these aspects required a great deal of effort during the period, resulting in the achievement of official approval of the organization and functions manual (MOF in Spanish) for the central level. The marked uncertainty inherent in the transition process also affected the normal development of institutional processes. In the case of

technical assistance, the major impact has been on the effective identification of legitimate counterparts for the project areas of action.

Project implementation to be financed with Canadian government funds continued to experience delays in its startup which continues to result in postponing the achievement of products related to the integrated information system in health, which were foreseen for the first phases of the project. At the invitation of USAID the project participated in a meeting with the Canadian cooperating agency during which the issue was addressed as well as the support ULAT would provide to the MOH. During this meeting it was reported that the accompanying firm had still not been selected, the time that each of the remaining phases for project start up would take were also mentioned and the conclusion was reached that in real terms the project would not begin before 2016.

On the other hand, the government decision to implement management for results with the precise identification of the expected products continued to invigorate the functioning of the MOH in those prioritized aspects, in particular as related to institutional and sectorial strategic planning along with the respective management monitoring and evaluation system. What also contributed to this was for those elements to be in line with the “2014-2018 National Health Plan”, because in effect, the defined products and their indicators are included in the Presidential platform designed for the purpose of periodically evaluating government management. An additional impetus in this sense is provided by the decision to adopt the so called zero based methodology for developing the program budget because it obligates the review, redefinition or adjustment of the products and goals as well as the indicators for its compliance.

Work continued at the IHSS for the purpose of implementing the family planning institutional strategy in the scope of responsibilities for management by the national medical directorate. The scope, processes and activities of the joint work plan were redefined. In addition, agreements were established for the evaluation of the methodology to carry out the analysis of the degree of implementation of the strategy.

Coordinating actions with other projects with areas of work that converge with those developed with ULAT continued to be developed for the purpose of delivering the most integrated assistance possible to the MOH, by maximizing individual efforts. This includes (i) maintaining coordination with NEXOS on approaching the development of administrative capacities in decentralized managers and the focus on issues of transparency and social audits in decentralized management (ii) with PAHO, coordination for the review and adjustment of the proposed draft national health system law and for the discussion of universal health coverage issues and the guaranteed group of benefits that are linked to the national health model (iii) with the IDB, specifically with the firm of CSC contracted by IDB, actions related to implementation of the new management model in three public health services network hospitals and the complementarity of the technical assistance provided to the Department of Hospitals and the UGD; (iv) with PROAPS/JICA on the technical validation of the proposed guidelines for the functioning and performance of local family health teams (ESFAM in Spanish) and (v) with AIDSTAR Plus, on the configuration of the Integrated Health Services Network (RISS in Spanish) for the participation of NGOs that provide a particular group of HIV/AIDS services to special populations and the use of guides designed by ULAT in the tool development process for the national health model. In addition, support was provided for the development of the MOH work plans to be financed with USAID funds placed in

the Unit for the Management of External Cooperation Funds Unit for Management of Projects Financed by External Funds (UAFCE in Spanish).

The report mentions that concerning the incorporation of the gender perspective in project areas of work (i) there is a final version of a proposed gender policy (ii) the project continued the preparation of a methodological proposal for the incorporation of gender and age variables in the cost structure in order to decide who should be subsidized (iii) gender aspects were defined and included in the terms of reference for the consultancy to carry out a study of health financing equity (iv) support was provided for the preparation of the analysis protocol and its tools to evaluate the degree of advances made in the implementation of the family planning strategy at the IHSS (v) the proposal was prepared for the gender elements to be incorporated in the midterm evaluation being carried out on RAMNI; (vi) the quarterly bulletin was prepared (vii) two commemorative activities were carried out, one related to Honduran Woman's Day and the other related to International Women's Day (viii) the project contributed to the preparation of the SPSS tool, "Methodological Proposal for the Identification and Incorporation of Prioritized Human Groups in the Cost Structure of Public Subsidized Assurance" (ix) a proposal was prepared for following up the incorporation of gender in the Joint Implementation of Community Strategies (ICEC in Spanish) expansion process and four tools were designed to be applied with central level health personnel, in the regions, in selected integrated networks and with community personnel (monitors), and (x) the project is participating in meetings for reviewing the MOH reproductive and sexual health policy.

In relation to activities developed under result 4.1 "Increased use of quality maternal child and family planning services" the report includes that (i) the project worked on the review and adaptation of the document for systematizing the logistical process for MOH contraceptive supplies (ii) the report was prepared on the physical inventory carried out in December (iii) the tool to carry out the inventory with a cutoff date of May 15, 2015 was updated, printed and distributed to all health regions (iv) support continued to be provided to the MOH for strengthening the functioning of the Logistical Data Consolidating Tool (HCDL in Spanish); (v) activities were anticipated linked to the evaluation process on the application of the Methodological Family Planning Strategy (EMSPF in Spanish); (vi) support was provided to the UGD and to the IDB 2015 Mesoamerica Initiative Project for the design of a management strategy for the logistical process for contraceptives in decentralized models (vii) the programming process for family planning activities at the IHSS was carried out for 2015, for the services themselves and the company medical system (viii) the methodology to carry out evaluation of the family planning management strategy was agreed with technicians from the National Medical Directorate (DMN in Spanish) and the draft protocol to carry it out was prepared (ix) support was provided to the IHSS for carrying out follow up and reinforcement of personnel from Choluteca, Danlí and El Paraíso units, given results found during monitoring visits (x) the family planning clinical guides were socialized with services personnel and personnel from the company medical system (xi) a visit was made to follow up implementation of the HCDL in the units and the Choluteca and El Paraíso regions SMEs (xii) the commitment by the DMN was obtained to support implementation of the strategy, for which it has developed advocacy actions with the intervening board, seeking approval for the necessary funds for the acquisition of contraceptive methods in order to cover shortages (xiii) the final draft of the RAMNI midterm evaluation was prepared (xiv) the project participated in the presentation of the results of the study on anemia and parasitism in communities intervened by the ACCESO project (xv) the diagnostic

was finalized on the AIN-C situation by decentralized providers and the first draft is available of guidelines for an adjusted strategy (xvi) support was provided for the organization of a committee to support the maternal homes in San Marcos de Colón in Choluteca, during a community assembly during which the board of directors was appointed (xvii) an exchange of experiences was carried out between maternal homes committees from San Marcos de Colón and San Marcos de Ocotepeque with successful results; (xix) support was provided for training community family planning monitors in rural areas with 41 persons in MANCORSARIC, Copán, 10 in the MOCALEMPA network (South of Lempira), 19 in San Marcos de Colón; (xx) support was provided to carry out the workshop on rural family planning, directed to a group of 9 community monitors and 10 technical resources from MANCOSOL in the Department of Lempira; (xxi) seven DSPAS officials were trained on the ICEC (xxii) support was provided for the technical facilitation of the workshop on rural family planning directed at institutional and community personnel from the integrated health services network from San Rafael, Lempira; (xxiii) the issue of how to achieve the use of the SAIEC tool to generate information in those decentralized models that are implementing the ICEC; (xxiv) the project continued training in Essential Obstetric and Newborn Care (EONC) for hospital facilitators, maternal child health centers (CMI) and health regions; (xxv) the number of hospitals was increased where the checklists are being applied for verifying compliance with the standards and to date they are being utilized in the Tela, San Lorenzo and Comayagua hospitals; (xxvi) the neonatal hospitalization clinical history was reviewed and updated and the base line was prepared from data collected with the current history; (xxvii) the neonatal ambulatory clinical history was designed and the base line was prepared in health facilities in the services networks of El Paraíso and Trojes, where it will be validated (xxviii) the project continued the process of updating the standards and protocols manuals for maternal neonatal care at ambulatory and hospital level based on updated scientific evidence.

As related to intermediate result 4.2: “Sustainable maternal child health and family planning services”, in reference to the reform component, the report specifies that (i) the multi annual programming and budgeting process initiated for 2016; (ii) the training process continued under the “learn by doing” mechanism, on the methods and techniques for product identification, costs and budget; (iii) support was provided for the review of the central level organization and functions manual (MOF in Spanish) and the preparation of the proposal for the agreement through which the project expects it will be approved (iv) preparation of the processes and procedures manual continued for the organizational development (v) the process advanced with printing the document for “Basic Template for Positions and Profiles for Health Region Human Resources”; (vi) actions were carried out to reactivate the development of human resources capacities in the 20 health regions on the use and understanding of the functions presented in the three organizational development manuals for the regions. The team of national facilitators was formed and the time table prepared for capacity development (vii) support was provided for adjusting work plans for the 20 health regions and MOH central level implementing units to be financed with USAID funds; (viii) support was provided for planning, organization and implementation of the socialization and understanding of the health regions organic and functional structure with new regional chiefs (16 of 20 regions), and training 9 central level facilitators (ix) development of capacities initiated on the understanding, use and handling of the three regional organizational development manuals directed to those responsible for the health regions production centers, with support for planning and organization of workshops for the health regions of Santa Bárbara, Intibucá, and El Paraíso; (x) technical support continued to be provided to the MOH for the development of the proposal for the

national health system law; (xi) the project continued updating the Sysleyes software which includes 1,053 various legal instruments and actions initiated for migration to a web environment and to convert into a reference for internal and external consultations; (xii) support was provided for evaluations of the CONCOSE performance conducted by the Minister for the purpose of strengthening MOH management and governance, and to review achievements during 2014 and reach agreements on result challenges and goals for 2015; (xiii) the project participated in discussions between USAID and the MOH for the purpose of establishing agreements for implementation of the funds with which work plans are financed in different implementing units (xiv) the project participated in the meeting with the group of notables who were consulted during the event programmed by the MOH and PAHO in the framework of the initiative towards achievement of universal access and universal health coverage in Honduras; (xv) the project participated in meetings organized by the Minister of Health and her strategic team to follow up implementation and adjustment of the management agenda for the current year (xvi) advances were made on implementation of the national health model and the application and validation of its operational tools (guides and technical criteria proposals) at the national level, especially as related to the components of care/provision and management; (xvii) advances were made in the preparation of proposals for the national model for the management of human resources in health based on competencies and on the basic guide for the management of supplies and acquisitions, which is in the initial phase of construction; (xviii) the proposal was finalized for the monitoring guide for the training process for decentralized providers; (xix) development of manager competencies continued with implementation of some modules of the defined curriculum (xx) advances were made in the preparatory activities for the monitoring process of competency development in managers (xxi) the process continued for preparing the monitoring and evaluation guide for implementation of regional management plans for the services network (xxii) support was provided for the adjustment of the system for controlling management agreements (xxiii) the process continues for preparing the final edition of the guide containing the main functions and processes for management for results for first level decentralized health services (xxiv) officials from all public network hospitals were trained on the technical-conceptual understanding of the hospital management model (xxv) visits were made to hospitals implementing the hospital management model by officials from hospitals that will be initiating the implementation of the model; (xxvi) and exchange of good practices in the hospital management model was developed between the three hospitals (Juan Manuel Galvez, EAC and San Lorenzo Hospital); (xxvii) new management agreements were signed for the 2015 fiscal period between the MOH and decentralized managers from first and second levels of services provision (xxviii) support was provided for the redesign and adjustment of the management agreements control system in the monitoring, supervision and evaluation processes; (xxix) advances continued in technical support among the teams in the Teaching University emergency and administrative areas, by generating proposals for improvement; (xxx) an exchange visit was facilitated for Teaching University general services areas with their peers and the Juan Manuel Galvez Hospital in Gracias, Lempira; (xxxi) the gradual transition initiated of the public hospital network to move services management from the RGH model to the hospital management model; (xxxii) competencies were developed in hospital UGI coordinators, as key actors in managing the change in their hospitals; (xxxiii) support was provided for the preparation of the "Transparency in Public Management in Decentralized Health Services" document and the Lepera management coordinating team was trained on the same issue (xxxiv) the Happy Mother Association (MAFE in Spanish) coordinating team was trained on the critical path for the "Transparency in Public Management of Decentralized Health Services" document; (xxxv) validation concluded of the

framework reference document for the construction of a system for the identification of beneficiaries (SIB) in the Social Protection in Health System (SPSS) component; (xxxiv) documents were completed for the proposed SPSS management tools (xxxv) the counterpart technical team was organized and made official by the MOH for socialization of SPSS documents and a timetable was established for the activities and, (xxxvi) the development initiated of a proposal for a work plan that will permit developing and concluding activities related to this issue.

Finally, as related to result 4.4 “IR 4.4 Data Use for Decision Making” (i) a workshop was developed in the Atlántida region with the participation of the health surveillance directorate to review the use of tools for deeper maternal and child mortality analysis (ii) a visit to the Atlántida and Colón regions was facilitated to consolidate information from the sustained surveillance system with which the 2012-2013 maternal mortality surveillance report will be closed (iii) the report from the study to characterize child mortality for 2009-2010 was distributed; (iv) an agreement was reached with the UVS to begin the preparation of flows for the processes for the preparation of the processes and procedures manual, in April (v) the project participated in a meeting held by USAID with the Canadian cooperation agency during which the issue of the SIIS was addressed as well as the support provided by ULAT to the MOH (vi) support was provided for the construction of the dashboard for the management for results monitoring and evaluation system (SIMEGpR); (vii) a first draft is available, consolidated with the indicators (viii) support was provided for the preparation of the implementation plan for the SIMEGpR and (ix) follow up continued for the use of the cost and financing in health study. A presentation was made to USAID officials on the results and the review finalized of the data matrix requested by the WHO from the MOH for inclusion in the 2015 world health statistics report. A copy of the study results was provided to the IHSS intervening commission president.

To summarize, during this second 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. 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 postnatal 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 postnatal 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 Accelerated Reduction of Maternal and Child Mortality (RAMNI in Spanish) policy, the project proposed as a goal that for 2010 none of the Departments would present a MMR above 90. According to the referred study, 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 Ministry of Health (MOH), the Honduras Social Security Institute (IHSS in Spanish) 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

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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

stewardship function and achieve consensus on policies, plans or priority actions in health matters, by improving coordination and alignment of the main counterparts.

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

## B. Project Context

Technical assistance continued to be provided for essential processes to strengthen the health system, by attempting to provide the necessary momentum and utilize initiatives that serve to expand coverage and improve access to health services for vulnerable and underserved populations in Honduras. As such, actions were implemented that included decision makers and central level leaders as well as community level services providers. For this and in line with the style of the delivery of technical assistance provided by ULAT, the work was carried out jointly with counterparts responsible for each area of action, with the objective of improving the capacity of response and effectiveness of each sector and empowerment so that once the project is finalized, the actions carried out can maintain the expected sustainability.

The Minister of Health evaluated the advances made in relation to implementation of the new organic and functional structure of the MOH and as a result decided to provide greater impetus under her personal direction. The redefinition of institutional processes, the new distribution of functions, re-engineering of the procedures and the redistribution of the human and physical resources are in a more advanced phase with a tendency to consolidate. For this reason in addition to the complexity, the development of activities and tasks linked to these aspects required efforts that led to the official approval of the organization and functions manual (MOF in Spanish) for the central level. As it can be inferred, such a complex process inherently implies instability and uncertainty which were gradually overcome but in some way affected the normal development of institutional processes. Technical assistance has had the greatest impact on the effective identification of legitimate counterparts in each area of action of the project; however, this circumstance has been gradually surpassed.

As noted in the previous report, the discussion generated by different public and private sector actors and relevant instances on the proposed framework law for social protection presented to the national congress by the President, continues to be an important element in the context in which project activities were implemented to such a degree that it still has not been finally approved. As expressed at the time, it is foreseen that this legal instrument should be complemented with a proposed law for the national health system and a proposal for national health insurance because this issue is very relevant for the project. It is reiterated that in general there has been consensus on the importance of having this framework law but there are many observations and proposals for modifying it related to pertinence, gaps in the contents and regarding the feasibility in the application of the concrete initiative that still have not been resolved.

The particular board formed by the President to approach the specific issue of the national health system law was not convened during this period. However, a work group was formed in the MOH for the preparation of the proposal for the health system law that should be duly developed for when the framework law is approved and initial discussions are requested for this specific law.

Project implementation to be financed with Canadian government funds continued to experience delays in starting up and continues to result in the postponement of the achievement of the products related to the integrated health information system which were anticipated for the first phases of the project. At the invitation of USAID the project participated with the Canadian Cooperation Agency during which

the issue was approached as well as the support ULAT would provide to the MOH. During this meeting it was reported that the accompanying firm had still not been selected. Also mentioned were the delays of each of the remaining phases to start up the project and the conclusion was reached that it would not begin before 2016.

On the other hand, the government's decision to implement management for results with the precise identification of the expected products continued to invigorate the functioning of the MOH in aspects that were prioritized, in particular those related to strategic institutional and sectorial planning and the respective management monitoring and evaluation system. What also contributed was that those elements are in line with the 2014-2018 National Health Plan, since in effect the defined products and their indicators were included in the Presidential platform designed with the objective of periodically evaluating the government management. An additional boost in this sense is being provided by the decision to adapt the methodology known as "base zero" for the development of the program budget because that it obligates review, redefinition and adjustment of the products and goals as well as the indicators for compliance.

Work continued at the IHSS for the purpose of implementing the family planning institutional strategy in the context of the responsibilities of conducting the national medical directorate. The scopes, processes and activities of the joint work plan were redefined. Agreements were also established for the evaluation of the methodology for carrying out the analysis of the degree of implementation of the strategy.

Coordination activities with other projects with overlapping areas of work developed by ULAT continued to be developed for the purpose of delivering the most integrated assistance possible to the MOH by maximizing individual efforts. These include: (i) maintaining coordination with NEXOS on the approach to the development of administrative capacities in decentralized managers and a focus on issues of transparency and social audits in decentralized management; (ii) with Pan American Health Organization (PAHO), coordination in the review and revision of the proposed national health system law and for the discussion of the issues of universal health coverage and the guaranteed group of benefits associated with the national health model; (iii) with Inter-American Development Bank (IDB), specifically with the firm Catalonian Services Corporation (CSC) contracted, activities related to implementation of the new management model in three public health services network hospitals and the Decentralized Management Unit (UGD in Spanish) and (iv) with AIDSTAR Plus in the arrangement of the Integrated Health Services Network (RISS in Spanish) for the participation of NGOs that provide a particular type of HIV/AIDS services to key populations with the use of guides that were designed by ULAT as part of the tool development process for the national health model. In addition, support was provided in the development of MOH work to be financed with USAID funds placed in the UAFCE.

The results of implemented activities under the previously described circumstances constitute the work plan for the assistance that ULAT provides to the MOH and the IHSS for the second quarter of the fourth year of the processes of reform, decentralization, gender, policy development, maternal child health and family planning. A particular effort carried out by the project is the incorporation of gender elements in all products obtained through ULAT technical assistance for which specific areas of work have been developed. These processes are structured in the three areas of intermediate results, in function of the framework of USAID objectives for the country:

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

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

During the quarter, coordination activities with organizations with work linked to activities implemented by ULAT. These are described as follows along with the main results:

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

The approach for the development of administrative and technical capacities in decentralized management continued with the NEXOS Project. Because this project provides technical assistance to a number of decentralized health services managers, activities were developed jointly with the UGD and ULAT to define the training curriculum based on the diagnosis of the needs for improving performance identified through the application of a survey developed for this purpose. In this framework, planning, management, facilitation and evaluation were carried out for workshops held on the role of health services decentralized managers in the national health model framework, with participation by UGD and DSPNA technicians, authorities from 14 health regions, officials from 37 decentralized managers and NEXOS/USAID project directors.

In addition, a proposal for the guide monitoring the training process for decentralized providers was finalized which will continue to be validated during the next period.

#### **JICA**

Actions were developed related to technical validation of proposed guidelines for the functioning and performance of local family health teams, prepared by PROAPS/JICA. DSPNA technicians were trained as facilitators for them to train health region team members.

## **ACCESO**

The project participated in discussions of the results of the study on anemia and parasitism in communities intervened in by the ACCESO project. As a result of this study the commitment was made to document the presence of parasites to initiate a deworming process in the age group under two years old, with an integrated approach that includes the elimination of predisposing factors for these infections (disposal of feces soils, water sanitation, health practices, etc.) and for which it is considered necessary to socialize with MOH authorities to define the interventions.

## **AIDSTAR PLUS**

Coordination activities were developed with AIDSTAR Plus in the process for the definition and configuration of the group of guaranteed health benefits and the specific packages of benefits for special populations. In particular, joint assistance continued by providing for the definition and configuration of the specific package of the exposed population or those living with HIV, AIDS and sexually transmitted infections in the framework of the integrated STI/HIV/AIDS strategy.

## **IDB**

With the IDB, specifically with the IDB contracted firm of CSC, actions related to implementation of the new management model in three public health services network. An important challenge is the level of technical support being required by the Department of Hospitals and that is greater than what was anticipated due to the finalization of the activity of the consulting firm of CSC on this issue and the beginning of the implementation process of the hospital management model throughout the hospital network.

## **PAHO**

With PAHO, coordination for the review and adjustment of the proposed draft law for the national health system and for the discussion of issues related to universal health coverage and the guaranteed group of benefits linked to the national health model.

## IV. Integration of the Gender Perspective

In the global scenario, during this period it is important to emphasize the participation of Honduras in the 59th period of meetings of the Commission on the Status of Women (CSW) held from March 9 through 20 in New York for the purpose of examining progress made in the implementation of the Beijing Declaration and Platform for Action, 20 years after its adoption during the 1995 Fourth World Conference on Women. This will also imply analyzing the approach to opportunities and challenges in relation to gender equality and the empowerment of women concerning the post 2015 development agenda.

At national level, the National Congress of Honduras made some reforms to the legal regime linked to gender equality and equity. The decree that establishes that men and women should earn the same salary for equal work was approved and modifications were made to the family code, which establish the distribution of goods between divorcing couples and the definition of alternatives for the marriage process. On the other hand, the National Autonomous University of Honduras, with support from the United Nations Population Fund (UNFPA) and in the presence of representatives from government organisms, from civil society and cooperating agencies, launched a campaign against sexual harassment, with the objective of creating awareness on gender violence in the country.

During this period, the MOH provided a major boost to the implementation of its organic and functional development and although this process is in its advanced stages, and is consolidating, the uncertainty generated has impacted the selection of official counterparts on this issue.

In this general context, below were the advances made in the activities carried out during this period:

- 1) The project has a proposal for a final version of a gender policy which is pending approval by MOH authorities, in order to be subsequently socialized and implemented. Because the project is currently in the process of formalizing the counterparts who will be responsible for this issue, it is expected that these stages will be broadly developed soon.
- 2) In relation to the mainstreaming process for gender in the study for prioritization and focusing based on population groups and health problems, preparation continued on the methodological proposal for the incorporation of gender and age variables in the cost structure in order to decide who should be subsidized:
  - Aspects linked to the legal framework were updated in support of the 2015 budget which has been described as gender sensitive.
  - Lifetime and population aging variables were reviewed and some elements were added that are considered essential such as the excluded fringe age population groups.

- Elements were added regarding social benefits. The definition of poverty in women is under discussion since the proposal to define the issue in relation to the man's income for the home could result in exclusion.
  - The variable of discrimination of vulnerable human groups was added and a first identification of these groups was carried out.
  - Still pending is costing the gender and age variables.
- 3) Gender aspects were defined and included in the scope of work for the consultancy to carry out the study on equity in health financing. More specifically, contributions were made in relation to:
- The approach to vulnerabilities based on gender criteria, interculturality, diversity, etc.
  - Financial protection for the neglected population is considering the particularities of gender, identity, ownership and diversity.
  - Questions on the search for information on gender in health financing.
  - The proposal for the allocation of resources with a gender focus for financing the provision.
- 4) Preparation of the protocol for analysis was supported along with the tools to evaluate the degree of advances made in the implementation of the family planning strategy at the IHSS. A tool was designed that contained eight specific questions on gender issues that are expected to be applied through the focal group methodology.
- 5) The proposal was prepared for the gender elements to be incorporated during the RAMNI midterm evaluation that is being carried out. Of the 36 indicators included in the strategy, 15 were identified in which the gender perspective could be included. The project participated in different work meetings with the technical team accompanying the evaluation process and it is expected that once the corresponding report is finalized during next quarter, gender gaps will be made evident to be considered in the adjustment of the strategy.
- 6) The following are activities relation to strengthening the ULAT technical personnel competencies:
- The corresponding bulletin for the quarter was prepared which includes reflections on international commitments ratified by the government of Honduras related to sexual and reproductive health, due to their link to various project products and the contribution made by the project to achieving the country's commitments. Several documents generated by ULAT are emphasized and their contribution to compliance with the millennium objectives and the Beijing 1995 declaration and platform. As such, commemorative activities carried out during the quarter were discussed as well as other information of interest for project issues was also addressed.
  - Due to the particular and differentiated profile of the nucleus of officials assuming technical functions in the specific areas of action in the project, it was considered pertinent to develop a workshop on gender issues oriented towards project administrative personnel.

- An activity to commemorate the Honduran Women’s Day was carried out on January 25, 2015, during which reflections were made on the gender mainstreaming process carried out by ULAT in each of the areas of action and specific products. In addition, the challenges and perspectives for year four were socialized. An interactive conference was developed on, “Empowering Women in Managing their Health: Facts, Challenges and Perspectives at ULAT”, in addition to the gender approach included in the project work plan and the poem called “Nosotras Esas Sujetos” (Those Subjects, Us) by Juana Pavón was read. Some songs by national artists referring to the day were also sung.
  - The activity was carried out to commemorate International Women’s Day with the participation of the project’s technical team. In the framework of the proposed objectives for this activities the main conclusions drawn were the following:
    - There are important advances. The focus has greatly evolved and resistance was eventually surpassed.
    - Joint participation in commemorative activities has resulted in changes in the manner of doing and thinking by the team with the identification of elements for the incorporation of gender in the different issues. It is considered that inclusion of the issue is no longer forced and the perception is that in relation to when the projected initiated the issue has taken a positive turn which emphasizes all efforts made.
    - On the reform component, the guide prepared for guaranteeing gender mainstreaming has been useful by making evident that it can be applied to every document type (political, strategic, technical or operational). In addition, it is evident that the guide transcends language and results in a deeper analysis of the inequalities produced by gender relationships.
    - In relation to maternal child health and family planning the project has had to overcome the vision which prevailed for many years that all activities that were prioritized and centered on women were buttressed by the MOH. Supporting the participation of men has been a challenge that is just beginning to be addressed and requires increased efforts. The project considers that there has been complementary policy and strategic documents which provide support to operational strategies, such as the Joint Implementation of Community Strategies (ICEC in Spanish). The departmental technical teams, the integrated networks and monitors now manage the gender focus and the approach to barriers differently.
    - Advances have been made in programming the IHSS family planning strategy by disaggregating it by gender and incorporating gender in various documents and in actions to promote health.
- 7) The project contributed to the preparation of the Social Protection in Health Systems (SPSS in Spanish) tool for the “Methodological Proposal for the Identification and Incorporation of Prioritized Human Groups in the Structure of the Subsidized Public Assurance Costs”. The purpose of the document is to present an option – that considers gender variables by lifetimes which are feasible to describe, intervene and impact – and permits proposing how to include excluded or especially vulnerable human groups in the structure of public assurance costs with pertinent actions to their specific social demands. More specifically, the project seeks to

describe the elements and variables of inequity to be considered for prioritization. It is also intended to present a methodological proposal for the characterization and incorporation of human groups in the cost structure for public assurance in health considering gender variables by lifetime.

- 8) A proposal was prepared for following up the incorporation of gender in the ICEC expansion process and four tools were designed to be applied with central level health personnel in the region, in selected integrated networks and with community personnel (monitors).
- 9) Related to other MOH support activities, at the invitation of Dr. Silvia Nazar, general director of standardization, the project is participating in meetings for the review of the MOH sexual health and reproductive policy.

*Deliverables:*

- *Proposal document of the gender elements to be incorporated in the evaluation.*
- *Quarterly Bulletin.*
- *Report on activities carried out for each commemorative date and the results*
- *Quarterly reports of ICEC follow up activities in gender aspects.*
- *Report on the gender elements incorporated in the SPSS management tools for the new national health model.*

## V. Intermediate Results/Project Achievements

Table 1- Project results during the reporting period

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

Based on the advances made at the MOH and the IHSS for year 4 the project considered providing technical assistance oriented to the broad consolidation of processes under development. Implementation of the ICEC is a promising intervention which visualizes the harmonious and complementary functioning of the different community and institutional strategies that help to save the lives of mothers and children, especially those living in the most oppressive conditions. On the other hand, the maternal and neonatal standards of care need to be updated in relation to 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**

- Work was done on the review and adaptation of the document for the systematization of the logistical process for contraceptive supplies at the MOH.
- Programming the MOH contraceptive methods was carried out in November and December 2014 and was subsequently consolidated. However, in January and February the decentralized management networks adjusted their programming based on guidelines that were reviewed and approved in December. For this reason, the project is currently in the process of consolidating the reviewed programming.
- Support activities for the development of competencies for those responsible for the regional warehouses and the networks for the correct storage of contraceptives are pending due to coordination difficulties with the MOH logistical unit which is responsible for the functioning of the warehouses, deriving from the institutional adaptations required by the implementation of the organizational development process.
- Concerning the evaluation of the Methodological Family Planning Strategy (EMSPF in Spanish) the project expects to identify the obstacles faced in the distribution of contraceptive methods and propose the mechanisms to overcome them.
- During this period, the report was prepared on the physical inventory carried out in December with the following results:
  - The reported coverage of 90% was the highest in the history of these activities.
  - Information reported by the health units was timely and complete.
  - The percentage of shortages of some of the five methods provided by the MOH increased from 72% to 84%, which is concerning because it could impact the number of women susceptible to becoming pregnant due to this shortage of contraceptive methods available at the health facilities, specifically the quarterly injectable method and the intrauterine devices.
  - The method with the biggest shortage was the quarterly injectable.

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

Given this situation, the project considers it necessary for MOHs higher authorities to take action to improve provisions at all levels so that the methods are available to the users in a timely manner when they are required.

- The tool to carry out the physical inventory with a cutoff date of May 15, 2015 was also updated, printed and distributed to all health regions.
- Support continued to the MOH in strengthening the functioning of the Logistical Data Consolidating Tool (HCDL in Spanish) through supportive supervision in five health regions (The Bay Islands, Cortés, Colon, El Paraíso and Olancho).
- Activities linked to the evaluation process were anticipated in the implementation of the Methodological Family Planning Strategy (EMSPF in Spanish) with the joint definition of Dr. Ivo Flores of the methodology through which this activity will be developed. With the changes made by the new organizational structure, it is expected that the MOH will designate the official counterpart for this issue.
- The monitoring and evaluation process for the family planning indicators in decentralized providers will be carried out in April and at the same time, the analysis of the corresponding indicators will be coordinated with the UGD.
- Support was provided to the UGD and the IDB Salud Mesoamerica 2015 Initiative project for the design of a strategy for the management of the contraceptive logistical process in decentralized models, linked to the contents in the family planning guidelines which were developed for decentralized providers, in order to prevent shortages.

### *Deliverables:*

- *Document on the systematization of the logistics process for contraceptive inputs.*
- *Consolidation of the programming of family planning activities.*
- *Updated family planning guidelines document.*

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

- The programming process for family planning activities at the IHSS during 2015 was carried out in two service provider modalities: (i) in the services which were provided in 15 of 19 units and (ii) in all units in the medical systems of the institute. No unit in the subrogated systems carried out programming due to a lack of the corresponding clauses in the contracts on this issue.
- Consensus was achieved and agreements were made with National Medical Directorate technicians (DMN in Spanish) on the methodology used to carry out the evaluation of the strategy for managing family planning and a draft protocol was prepared to be implemented. It was agreed that an analysis of the degree of implementation of the strategy would be carried out because the strategy is not totally implemented and an evaluation of its impact cannot be carried out. The timetable was prepared with these agreements. The process was initiated and is expected to be finalized during the first week in May.
- Meetings were held to redefine the scope and some processes and activities included in the work plan for implementing the management strategy for family planning services. Agreements for accompaniment were established and the next step activities to be carried out were defined. Included in these activities is following up the logistical data consolidating tool (HCDL in Spanish) at the Central, South and Eastern regional units and socialization of the family

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

- planning clinical guides with personnel in the national level medical system for enterprises.
- The IHSS was supported in following up and reinforcing personnel at the units in Choluteca, Danlí and El Paraíso, given the results found during previous monitoring visits. The expected degree of progress was not observed in the implementation of some strategy components, mainly in logistics issues. In addition, reports are not being sent to the central level nor was family planning programming conducted for 2015.
  - The family planning clinical guides were socialized with personnel from the family planning services as well as the Enterprise Medical System, with the participation of 60 people in Tegucigalpa and 90 in San Pedro Sula.
  - A follow up visit to the implementation of the HCDL at the unit level and to the Enterprise Medical System at the Choluteca and El Paraíso regions. It was verified that in both regions the tool was installed and functioning but not at the unit level for varying reasons. In general the HCDL is not completely operational in the units because there are few services produced but the tool and the users are ready.
  - In spite of the situation that the institution is still experiencing, a commitment was made by the DMN to support the implementation of the strategy, for which advocacy actions have been developed for the intervening board, seeking the approval of the necessary funds for the acquisition of needed contraceptive methods.

##### *Deliverables:*

- *Consolidated programming of family planning methods at the IHSS.*
- *Monitoring and evaluation reports on implementation of the EGSPF.*
- *Reports of training carried out.*

##### **RAMNI**

- All the activities were developed that were included in the work plan for the RAMNI policy midterm evaluation process. The technical leadership team coordinated activities to be finalized with the approval of the tools and the information gathering processes. The final draft of the evaluation report was prepared, which demonstrates the important achievements through implementation of the policy. The design or adaptation of the national policy for reducing maternal and child mortality will be based on results obtained from the RAMNI evaluation process, the development of which is expected to begin during the next period.
- The technical assistance plan is being developed for the implementation of RAMNI in El Paraíso. Essential Obstetric and Neonatal Care (EONC) workshops were developed, and the baselines were set for the use of the clinical perinatal history including weight gain and uterine fundal height charts, implementation of the ambulatory neonatal clinical history and use of the neonatal hospitalization clinical history. On the other hand, the project is coordinating with PAHO and representatives from the Latin American Federation of Gynecological and Obstetric Societies for the development of the project “Zero Maternal Deaths from Hemorrhaging” which will include the new intervention of the anti-shock suit that will be utilized at the CMIs and the hospital in El Paraíso.
- Concerning the implementation of the technical assistance plan, it was also agreed with the El

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

Paraíso regional director to initiate joint implementation of the community strategies in selected networks that are reporting high maternal and neonatal mortality and morbidity rates. These networks are Trojes and El Paraíso with a CMI, in Trojes with decentralized management but without a maternal home and in the El Paraíso network with decentralized management.

- The project participated in the presentation of the results of the study on anemia and parasitism in communities intervened by the ACCESO project. As a result, the presence of parasites should be documented in order to initiate the deworming process in the age group children under 2 years with an integrated approach that includes the elimination of factors that lead to these infections (disposal of feces, soils, water sanitation, hygiene practices, etc.), which should be socialized with MOH authorities to define the interventions that would improve the current situation.
- Assessment of the situation of the Integrated Care for Children in the Community (AIN-C in Spanish) by decentralized providers was finalized and the first draft of the guidelines for an adjusted strategy is available. Initially it was agreed that the validation of the guideline document would be carried out in Olancho with PREDISAN, in Yoro with the municipalities of Victoria and Yorito and in El Paraíso, at the municipality of El Paraíso, with Friends of the Americas, since these managers signed the agreement but still haven't selected the communities that will be intervened with AIN-C. The final decision will be made jointly with the UGD and the Directorate of Standardization.

#### **INTEGRATION OF COMMUNITY STRATEGIES**

- Organization of the support committee was reinforced for the maternal homes in San Marcos de Colón in Choluteca during a community assembly in which the board of directors was appointed. During that workshop committee members demonstrated interest in contributing to increasing institutional births within the network; at the moment the institutional birth rate stands at 96%, and it was agreed that the goal for this year is to reach 98%. The definition of this goal served to establish the general objective of its work plan starting in January and ending in December. The specific objectives of the plan are the following: (i) improve the physical structure and equipment of the maternal home during the first half of 2015; (ii) stimulate the use of the maternal home through a process for promoting services and care for the users; (iii) strengthen management of the maternal home through the preparation and implementation of regulations beginning in the second half of 2015; and (iv) strengthen linkages between the maternal home support committee, the communities and the RISS headquartered in the municipality of San Marcos de Colón. An important product in planning was the learning process of the RISS team in San Marcos de Colón, including the members of the committee who expressed that they were properly trained for the next processes, given the importance of the methodology utilized through which the objective of generating capacity in the counterparts was achieved, contributing to the sustainability of the processes.

During the technical facilitation of the rural family planning workshops programmed for this network it was verified that the facilitators, at the departmental and network level, fulfilled their roles at a technical level which demonstrates that training process was effective in training

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

the facilitators as well as other strategies in the ICEC framework through the “learning by doing” methodology.

- An exchange of experiences was carried out between the maternal homes committees in San Marcos de Colón and San Marcos de Ocotepeque with successful results. The San Marcos de Ocotepeque committee made a presentation on the background processes, the manner in which it was managed and its achievements. The support committee for the San Marcos de Colón clinic made a presentation of its objectives in the framework of the ICEC. The presentations permitted the exchange of ideas around the objective of “contributing to increase institutional births”, taking into account the particularities each of the committees in each network that should be considered in order to achieve the objective.  
The exchange permitted the San Marco de Colón maternal home support committee to improve the level of motivation, better clarifying its role and strengthen linkages with the RISS.
- Support was provided for training rural family planning community monitors, for a total of 41 persons in MANCORSARIC, Copán, 10 at the MOCALEMPA network (South of Lempira) and 19 in San Marcos de Colón.
- Support was also provided for a workshop on rural family planning, oriented to a group of nine community monitors and 10 MANCOSOL technicians from the Department of Lempira.
- Because Department of Primary Health Care (DAPS in Spanish) assumed coordination of the ICEC, seven technicians were trained from this unit, two of which were incorporated in the implementation process in El Paraíso. In addition to fulfilling this training process, commitments were established in the first level of care team that include:
  - Review and adapt the presentations based on the new organizational development and national health model.
  - Accompaniment will be assured for the ULAT technical team during the next workshops with the first level of care team,
  - Document review of the strategies will be carried out to ensure that they are in line with the new model and the organizational development as well as to continue implementation of ICEC.
  - Ensure that the automated system remains in the Management Information Unit (UGI in Spanish) tools so that they can be institutionalized.
- To follow up the ICEC, support was provided for the technical facilitation of the workshop on rural family planning oriented to institutional and community personnel in the integrated health services network in San Rafael, Lempira. The workshop was developed in Gracias, Lempira with the objective of training facilitators of this RISS in order for them to train health unit personnel participating in the process as well as community personnel preselected as candidates for rural family planning monitors. Twelve monitors and nine facilitators were trained.
- The issue was approached with the UGD on how the SAIEC tool could be utilized to generate information in the decentralized models that are implementing the ICEC. The commitment was made to include the aspect in a second computer module that is being worked to include results obtained in current agreements.

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

### Deliverables:

- Reports of advances made in the maternal homes training process.
- Reports of the events to exchange experiences.
- Report on training rural family planning monitors.
- Report on monitoring the ICEC process.

### **EONC**

- Training continued for hospital, CMI and health region facilitators. During this period 18 persons from Hospital del Sur were trained, ten from Hospital de Occidente, eight from La Esperanza and 13 from the Tela Hospital. A total of 30 persons were trained from the CMIs in Concepción de María, San Marcos de Colón, El Paraíso Copán, MANCORSARIC, Maya Chortí, Hombro a Hombro, San Miguelito, Marcala, Santiago Puringla and Aguantequerique, in addition to three persons from the Atlántida region who are responsible for monitoring. Fifteen persons were trained on ambulatory EONC. Facilitators were also trained in other regions and hospitals for a total of 166 facilitators at national level who are trained to carry out replications in their networks and hospitals once the corresponding financing is requested. It is important to emphasize that UGD officials were also trained and as a result it is expected that monitoring will be improved since the level of learning demonstrated by the participants during pre and post-testing was high.
- The number of hospitals was expanded in which the checklists are being applied for verifying compliance with the standards that are currently being utilized in the hospitals in Tela, San Lorenzo and Comayagua. The project expects to have the statistical information in the next period.
- The clinical history for neonatal hospitalization was reviewed and updated with pediatricians who participated in the EONC workshops, with the Teaching University and the San Felipe Hospital. The baseline of the data collected was prepared with the current history of the Danlí hospital, with the new version to be validated at this hospital.
- The neonatal ambulatory clinical history was designed and the baseline was set in the health facilities in the services networks of El Paraíso and Trojes, where it will be validated.
- The information on the use of charts was also prepared as well as information the project expects to obtain from these charts in the same networks and health facilities where this tool will be validated.
- Given the reorganization process generated by the MOH organizational development and the subsequent difficulties in identifying the respective counterparts, it has not been possible to address activities to strengthen the continuous improvement of quality process in maternal care.
- Implementation of a pilot experience for the development of EONC abilities for a decentralized provider has not been carried out due to the change in the proposal for the development of training in EONC which meant changing the formation of regional facilitators and hospitals at the national level to a process directly developed by ULAT in the hospitals and prioritized regions. This effort prevented providing attention to the referred activity.
- Updating the standards and protocols manuals for maternal neonatal care at ambulatory and

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

hospital levels based on current scientific evidence and the dispositions contained in the MOH regulatory processes is underway. The draft has been prepared of the technical standards for care during preconception, pregnancy, birth, puerperium and for newborns. It was presented to the general directorate of standardization for development of the approval process. The project is simultaneously working on the clinical guides that make these standards operational as well as the drafts which the project expects to finalize in mid-April.

##### *Deliverables:*

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

#### R 4.2 Sustainable Maternal Child and Family Planning Services

For the achievement of this objective, the work plan for year 4 defined continuing to carry out technical assistance efforts oriented to development of the main substantive health system functions and processes framed in the context of sector reform with the MOH as steward and conductor of the process.

With this understanding, based on what has been developed, the project continued to strengthen institutional capacities in relation to strategic and operational planning linked to the budget, in the context of the new government organizational structure and the creation of sectorial cabinets. The project continued developing policy advocacy activities, by refocusing on those processes prioritized by the MOH, such as the implementation of the new organic and functional structure of the MOH and the configuration of the new health system legal framework.

During preliminary discussions related to the new legal framework of the system, the project continued reviewing the implications of the proposal for health sector reform, mainly in aspects related to the MOH's role as steward, the differentiated regimes for assurance of the population, financial administration, and assurance and management of the provision of decentralized health services with financing linked to results. Because advances have not been made in the approval of the framework law for social protection by the National Congress, support has continued for the MOH in the adjustment of its proposal for a draft law for a national health system. In addition, some activities have been carried out related to the national system of quality in health policy, based on regulatory aspects included in the 2014-2018 National Health Plan, presenting a specific line of action circumscribed to strengthening quality as a policy and crosscutting theme throughout the system.

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

##### **MOH INSTITUTIONAL PLANNING**

- Based on the 2014-2018 Institutional Strategic Plan (PEI in Spanish) and to follow up on the results oriented planning process approved by the Presidential Directorate of Management for Results, the multiannual programming and budgeting process initiated for 2016. It began with the systematization of the methodology for the identification of programmable products and

## R 4.2 Sustainable Maternal Child and Family Planning Services

tracers and to link the use of resources through methods for estimating the cost of each method. This deals with a tool to facilitate budget assignment for the implementing units under criteria of equity, production and efficiency.

This also responds to the decision made by the Secretariat of Finance that certain public institutions, including the MOH, should estimate the base line and budget required for 2016 to cover institutional needs, the base line to apply criteria of weighted expenses, such as inflation, demand and priorities.

The methodology proposed by the MOH to the Secretariat of Finance was approved as being the best proposal due to its technical excellence. In essence, this method introduces a substantial change in financing, moving from historic budgets to prospective budgets. The UPEG has organized a team that, with ULAT support constructed the method for budget assignment and the work material which will continue to be developed during the next quarter.

For the sustainability of these actions, a training process has been followed under the mechanism of “learning by doing” for the methods and techniques for the identification of products, costs and budgets. Products known as “cost conductors” were also identified, requested by the Secretariat of Finance, and fixed costs and variables were also identified based on expense items in the budget for the purpose of arriving at the cost per conductor.

### *Deliverables:*

- *Document with the adjusted M&E plan of the Institutional Strategic Plan*
- *Report on competencies developed in strategic planning*

## **SECTORIAL PLANNING**

- The process began to contract the selected consultant to carry out the “Study for prioritization and focalization of population groups differentiated by sex and health problems, for inclusion in financing systems and public assurance in health”. The project expects that this consultancy will be carried out in the next period.

## **ORGANIZATIONAL DEVELOPMENT**

### **CENTRAL LEVEL**

- As previously mentioned, implementation of the new organic and functional central level structure at the MOH was reinvigorated under the direction of the Minister. As such, support was provided for the review of the central level organization and functions manual based on the organizational regulations and central level functions (ROF in Spanish) and approved through ministerial agreement no. 406. Support was also provided for the preparation of the proposed agreement through which the manual will be approved. This situation led to strengthening the articulated work by political level instances at the MOH through the formation of integration groups that respond to the functions defined by each of the instances.
- Work continued on the preparation of the Organizational Development processes and procedures manual with the completion and reorganization of the master table of processes

## R 4.2 Sustainable Maternal Child and Family Planning Services

organized by competencies and sub-elements. Work also began on collecting and diagramming the macro processes, processes and derived sub-processes. As a complement to this work, the project is planning to approach the preparation of the position description manual during the next period.

### REGIONAL LEVEL

- The previous process concluded and advances were made on printing the document that contains the human resources basic positions and profiles template for the health regions. The first 230 copies were received. Approval was obtained for printing the Processes and Procedures Manual for Health Regions with the delivery of the first 100 copies.
- Actions were carried out to reactivate the development of the capacities in the human resources in the 20 health regions on the use and understanding of the functions included in the three organizational development manuals for the regions. These manuals are the organization and functions manual, the processes and procedures manual and the basic positions and profiles template. The activities to be carried out included, consolidating the implementation of the new regional structure, alignment with the 2014-2018 health plan and indicators for the evaluation of the presidential platform for management for results. Based on the agreements made, the team of national facilitators was organized and the timetable was prepared for the development of capacities.
- Support was provided for the adjustment of the work plans to be financed with USAID funds, for the 20 health regions and the MOH central level implementing units, one of the products obtained was the reprogramming of activities oriented to implementation of the new organic and functional structure of the health regions to achieve consolidation.
- Support was provided for planning, organization and implementation of: (i) socialization and understanding with the regional chiefs of the organic and functional structure of the health regions (16 of 20 regions) and (ii) training for 9 central level facilitators, training for production center members in each health region on the use of the 3 regional Organizational Development manuals.
- Development of capacities began in the understanding, use and handling of the 3 regional Organizational Development manuals directed to those responsible for the health region production centers, with support for the planning and organization of workshops for the Santa Bárbara, Intibucá and El Paraíso health regions. Development of the workshop was also facilitated for the El Paraíso health region.

### *Deliverable:*

- *Training reports (three manuals from the regional organizational development).*

### LEGAL FRAMEWORK

- Technical support has continued for the MOH in the development of the proposal for the draft national health system law. Several discussion sessions were held with the MOH and PAHO for the purpose of making the corresponding adjustments to the preliminary proposal that the

#### **R 4.2 Sustainable Maternal Child and Family Planning Services**

MOH had been developing, in function of advances made during the discussion of the framework law for social protection. Follow up was also provided to discussions with PAHO with several congressmen, members of the health commission and the vice president of the special commission to address the issue of the framework law for social protection, being aware that some issues proposed by the MOH are also included in the latest version available of the judgment.

- As mentioned during the previous period, given the time left for project implementation and the complexity of the development of proposals for the health law regulations, the project is awaiting political decisions that will determine the way forward for the proposal for the health system law and as a result, the project will proceed to develop proposals for the regulations that will be prioritized by the MOH. The development and startup of a plan for implementing legal reform is in the same situation.
- The project continued to update the Sysleyes software that includes 1,053 diverse legal instruments and actions in preparation for their migration to a web based system and to convert them into a reference for internal and external consultations: (i) the Linux server was configured and dedicated to serve APACHE, PHP5 and MySql in order to develop the tool (ii) the information was migrated from the desk application to the server that will be hosting the application and the data bases, and (iii) visual changes were made in order to make it more user friendly. The tool has advanced by 80% and it is expected that during the next quarter it will be transferred for use by the MOH.

#### **POLICY ADVOCACY**

- Support was provided for the evaluation of the performance of CONCOSE conducted by the Minister, by helping with conceptualization of the contents, preparation of the agendas, construction of the presentations and preparation of the material for working as a team. The purpose was to articulate efforts by exercising the functions established with the objectives of (i) strengthening the management and governance of the MOH through the systematization of functions and organization of the Consultative Council, and (ii) reviewing the 2014 achievements and reaching consensus on the challenges, and results goals for 2015 in the framework of the National Health Plan and the 2014-2018 Institutional Strategic Plan.
- The project participated in discussions between USAID and the MOH for the purpose of establishing agreements for implementation of funds which will finance the work plans of different implementing units.
- The project participated in the meeting with the notables group which was consulted during the event programmed by the MOH and PAHO in the framework of the initiative towards achievement of universal access and universal health coverage in Honduras, and during activities developed by a consulting team here from Washington for the development of the roadmap.
- The project participated in meetings convened by the minister of health and her strategic team to provide follow-up for the implementation and adjustment of the management agenda for the current year.

### **NATIONAL HEALTH MODEL**

- With technical assistance from ULAT and based on commitments included in the 2014-2018 National Health Plan, the MOH advanced with developing various processes for implementing the national health plan and the application and validation of the operating tools (guides and proposals for technical criteria) at the national level, especially those related to the care/provision and management components. Due to its strategic consideration, the demand for technical assistance has required including activities not originally anticipated in the quarterly work plan, not just for ULAT purposes but especially for the MOH. ULAT technical assistance was oriented to:
  - Planning, management, facilitation and evaluation of workshops carried out on “The role of health services decentralized managers in the framework of the national health model” with the participation of technical specialists from the UGD and the Department of First Level of Care Services (DSPNA in Spanish), authorities from 14 MOH health regions, officials representing 37 decentralized managers and NEXOS/USAID project directors.
  - Support was provided for the development and implementation of the workshop for the technical validation of the proposal for guidelines for the functioning and performance of the local family health teams (ESFAM in Spanish), prepared by Primary Care Program in Health (PROAPS in Spanish) / Japan International Cooperation Agency (JICA) and DSPNA technicians were simultaneously trained as facilitators for them to train team members from the health regions.
  - Support was provided for the MOH to complete the matrix for the “road map for Honduras to advance towards achieving universal access to health and universal health coverage”, on issues linked to the national health model, as a dynamic element for its implementation and for the implementation of the guides.
  - During the process for the definition and configuration of the group of guaranteed health benefits and for the specific benefits packages for special populations, the project continued to provide technical assistance in the definition and configuration of the specific package for the population exposed to or living with HIV/AIDS and sexually transmitted infections in the framework of the integrated strategy of the STIs/HIV/AIDS. ULAT is an active member of the interagency and programmatic committee for the sustainability of this strategy, which includes the participation of LMG, UNICEF, PMI, UNDP, ONUSIDA, PAHO and other agencies such as UNFPA, World Vision and the CDC, which will be integrated.
  - The first proposal was prepared for the base document of the technical criteria for the configuration of the “group of guaranteed health benefits”. It is worth pointing out that the PAHO/Washington regional consultant in charge of the issue stated his recognition and favorable professional opinion of the document.
  - Technical approval was received for the guide for the configuration and delimitation of integrated health services networks (RISS in Spanish) which are under full implementation in the 20 health regions of the country. Support was provided to the DSPNA in following up and the definition of the technical criteria that permit the

#### **R 4.2 Sustainable Maternal Child and Family Planning Services**

regional teams to duly adjust those proposals for the RISS which are configured and delimited so that each and every RISS complies with the stated requirements.

- Support was provided for the proposed guidelines for referrals and response, in order to ensure the articulation of health facilities that constitute the RISS in the health regions.
- Advances were made in the preparation of proposals for the national model for human resources management based on competencies and the basic guide for the management of supplies and acquisitions, which is in the initial phase of development.
- In relation to activities for developing a proposal for the creation of a national health fund, contracting the professional who will develop these activities is still pending. There have been difficulties in the selection process related to locating qualified candidates.

#### **DECENTRALIZATION**

- Although advances were made in training the health region teams on the application of the tools (matrixes) for two components of the guide for the development of the regional plan for management of integrated health services networks, related to configuration of the RISS, advances have not been made in the subsequent regional management plan because it still has not been prioritized by the MOH.
- The proposal was finalized for the monitoring guide for the decentralized providers training process and the project will continue the validation process during the next period. Because the USAID-NEXOS project provides technical assistance to a number of health services decentralized managers, some activities were developed jointly with the UGD and ULAT for the definition of the training curriculum based on the needs assessment for improving performance, identified through the application of a survey carried out for this purpose.
- Activities to strengthen managers' competencies continue to be developed, with some modules being implemented during the period for the defined curriculum, such as the preparation of the community family census (CFC), the analysis of the health situation (ASIS in Spanish), the National Health Model and social audits and accountability.
- Monitoring the development of competencies in managers by health region teams is advancing in two dimensions: (i) developing the competencies of the health region teams on management understandings (innovative tools for the application of decentralized management for the provision of services) and (ii) strengthening the monitoring, supervision and evaluation process of the health regions as part of their functions of management articulation, control and support as defined in the organizational redesign. Both processes are ongoing and will be an important contribution to strengthening management of integrated health services networks.
- Preparation continued of the monitoring and evaluation guide for implementing regional management plans for the services network, even with the delay in the approval for the implementation of these plans and trainings the regional teams have barely initiated its development.
- Support was provided to the Department for Decentralized Management (DGD in Spanish) with adjustments to the control system for the management agreements and the monitoring, supervision and evaluation processes. The project intends to foster greater utilization of data

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generated by the information system for the purpose of analyzing the data and making decisions. The project is also seeking for the spaces for interaction between the health region teams with the networks to be focused on identifying interventions for improvement in order to achieve health results in the population and in management efficiency. The project also seeks for interactions by health region teams with those from the networks to be focused on identifying interventions for improvement in order to achieve results in the health of the population as well as efficient management.

- Due to delays in carrying out the anticipated trainings, according to issues prioritized in the curriculum, evaluation of the process and the results from the development of technical and administrative capacities in decentralized health services providers has not been achieved. The project will attempt to seek alternatives for its development.
- The guide containing the main functions and processes for management for results for first level decentralized health services is in its final edition. The activities are scheduled to be socialized and validated in April by the UGD, with management support teams from the health regions and technical teams. Visits were made to some managers (Taulabé, Lepaera, Hombro-Hombro y Mancorsaric) and the interaction with their technical teams in the framework of the different trainings carried out provided useful knowledge in relation to the capacities that need further development in order for the health services networks to function with a focus on results.

### *Deliverables:*

- *Report on the process to prepare and implement the plan.*
- *Document containing the guide for monitoring the training process for decentralized providers (phase II).*
- *Report of advances made in the training process for first level of care networks managers and providers.*
- *Report on the follow-up the implementation of the guide to management for results for the RISS with decentralized management and its tools.*

### *Additional Deliverable:*

- *38 signed management agreements with the decentralized providers.*

### SECOND LEVEL

- MOH authorities approved implementation of some of the main processes in the hospital management model in the other network hospitals, with the objective of generating better conditions of care and response for the users as well as improved management of these services.
- Officials from all public network hospitals were trained on the technical and conceptual understandings of the hospital management model and operational understanding of the prioritized processes. This implementation is supported by the experiences generated and capacities in teams from the three hospitals which have been implementing the model for two

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years.

- Visits to hospitals implementing the model were facilitated for officials from hospitals who will initiate implementation of this model, for the purpose of fulfilling the model startup, which is being monitored and supervised by the Department of Hospitals' technical team.
- The exchange was developed from good practices taken from the hospital management model in the three hospitals (Juan Manuel Galvez, the EAC Hospital and the San Lorenzo Hospital) which have been developing this process, and demonstrated advances in (i) reduced waiting time for surgeries and consultations (ii) reduced hospital costs with the efficient use of the installed capacity of the operating rooms in addition to better control of supplies and (iii) greater degree of motivation, commitment and involvement by the hospital direction and technical teams.
- The hospital management model has also been socialized along with the implementation process at the Sub-secretariat of Services Networks technical regulatory units, in order for the technical support for the hospital network to be adjusted according to the approved focuses and processes.
- The new management agreements for the 2015 fiscal period were signed between the MOH and the first and second level decentralized managers for the provision of services.
- The UGD was supported on the re-design and adjustment of the control systems in the management agreements, in the monitoring, supervision and evaluation processes, as well as in the design of the processes that support the quality of the services and the results related to technical audits and inspections. These processes will be applied by different health region technical teams with support from the UGD. The results obtained are referred to at the end of the design for the monitoring and supervision that the health region will apply to decentralized networks, its socialization and validation with the technical teams from the 14 health regions and to the design of the monitoring guide that the network technical team will apply to its health services providers. This training for the managers is programmed for April.
- Advances continued in the technical support for the teams in the Teaching University's emergency and administrative areas, by generating proposals for improvements to resolve problems in the following processes: (i) Triage, with a proposal for organizing the emergency area for the identification of classified patients, the standardization manual for interns and physicians who operate and an emergency registration sheet; (ii) the laboratory diagnostic support process with a proposal for taking and carrying samples and the generation of tests on emergency room computers (iii) the information system, with a proposal for a mailbox for the final disposal of emergency records and (iv) the availability of supplies and administrative support with a proposal for re-designing the acquisition process and the organizational structure of the finance and administration directorate.  
The proposals prepared with technical teams from the respective services were submitted to the Teaching University directive team (president of the board of directors, general director, the administrative financial director, the council of directors and the directorate technical advisory team) for the purpose of determining the requirements for its implementation and to generate the corresponding decision making.
- A visit was facilitated for the exchange of personnel in the Teaching University general services area (maintenance, storage, laundry area, security, the morgue, machine room) for their peers

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at the Juan Manuel Galvez Hospital in Gracias Lempira, for the purpose of learning and adapting new procedures introduced through the hospital management model in these hospital areas.

- Conversations initiated with the Department of Hospitals for the methodological design of the evaluation of the results of implementation of the hospital management model, which will be developed during next quarter.
- The public hospital network initiated the gradual transition in the management of services from an RGH to an MGH. This process, conducted by the Department of Hospitals with ULAT assistance, has meant the provision of technical support to some hospitals in order to obtain particular developments according to their complexity and context, which were oriented to (i) the introduction of adjustments to the organization at the level of hospital management, strengthening through the incorporation of key positions at the strategic level (ii) the modification of the UGI into a sub-directorate of information with new processes and tools for the improvement of this area as a fundamental management element (iii) the introduction of a patient management system to speed up clinical administrative process and to improve user satisfaction (iv) the introduction of new procedures to the medication and supply provision process from the warehouses to the services through stock pacts and (v) by updating tools and control processes such as the management dashboard, among others.
- Competencies were developed among the hospital UGI coordinators, by empowering them as key actors of change management in their hospitals and for them to become involved in leader and/or work teams organized to implement the hospital management model. It is important to mention that every UGI coordinator contributed their knowledge and experiences to make improvements and adjustments to those CMG indicators which were presenting problems of understanding of the use of the monitoring tools or problems related to the availability of data in the hospitals and finalizing with an adjusted dashboard. This instrument was the basis for the indicators that are overseen per compliance through monitoring management commitments.

##### *Deliverables:*

- *Quarterly report on advances made on implementation of the hospital management model.*
- *Quarterly report on advances made on the re-design of processes and functional organization of the University Teaching Hospital emergency service.*
- *Report on the results of the implementation process of the RGH guidelines.*

#### ACCOUNTABILITY AND SOCIAL AUDITS

- Support was provided to the DGD on the preparation of the document "Transparency in Public Management of Decentralized Health Services", developed for the purpose of providing information to managers related to existing regulations in the country on social control processes, which permit active and informed participation, whether it is when citizen accountability is carried out or when the institutions submit to social audits. Technical teams were trained from a total of 33 decentralized health services managers, on the guidelines for them to implement these processes.
- Training for the coordinating team from the Lepaera manager was carried out jointly with the

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DGD on the document referred to in the previous paragraph. Because the Lepaera manager is the municipality, accountability was carried out jointly with municipal accountability. Point number 10 of the minutes of the first town meeting on February 19, 2015 indicates that the report was made known on decentralized health services as well as its different activities, with a printed report left in the municipal offices as verification.

- The Happy Mother Association (Asociación Madre Feliz - MAFE in Spanish) was trained jointly with the DGD on the critical path for the document on “Transparency in Public Management of Decentralized Health Services”. Technical support was provided during preparation of the report which was presented during a town meeting on February 27. Based on the analysis and the recommendations from the RCC, follow up will be provided to the continuous improvement of the quality plan of the manager. The RCC was carried out with assistance from the Mayor and the council members, central level authorities and the community in general.

Relevant aspects for the RC process for the Happy Mother Association include, among others: (i) about 500 persons from the community attended (ii) it was important for the mayor’s office to provide space during the town meeting for the decentralized services RCC (iii) during the question and answer space, there was good participation from the public who recognized MAFE for their clear and organized presentation. They expressed their satisfaction with the opportunity to know the income and expenses of this manager and (iv) it is considered that MAFE includes good management and maintains a good supply of medications, providing good treatments.

#### Deliverable:

- *Quarterly reports on the process and results from the accountability and transparency and social audits carried out with the managers.*

#### **PUBLIC ASSURANCE**

- Validation of the document for the reference framework for the development of a beneficiary identification system (SIB in Spanish) for the SPSS component was concluded, the reception of which was made official by the UPEG.
- At the invitation of the PAHO representative the project participated in work meetings with the MOH organized for the purpose of establishing a road map and to discuss organizational aspects of activities linked to universal health coverage which is a PAHO area of work.
- Proposal documents were completed for the SPSS management tools including a methodological proposal for the identification and incorporation of prioritized human groups.
- The counterpart technical team was formed and made official by the MOH for socializing the SPSS documents and a timetable for the activities was established. The following documents are available, developed with ULAT assistance which were the basis for training activities:
  - Management tools for social protection in health system.
  - Reference framework for the development of a system for the identification of beneficiaries in the national health model SPSS component.
  - Methodological proposal for the identification and incorporation of prioritized human groups in the cost structure of subsidized public assurance.
  - Control proposal for the implementation of contracts, conventions and agreements for

#### R 4.2 Sustainable Maternal Child and Family Planning Services

the SPSS.

- SPSS financial control system.
- Decentralized management modalities for health services, public-public modality.
- Establishment of a public assurance health regime; actuarial study.

An official note was received to acknowledge receipt of the referred documents, which included a statement that the documents are technical help for the process under development for the purpose of preparing the document “Pluralized System for Health Assurance for People. Development Proposal for a Special Regime of Protection in Health: Subsidized Public Assurance” which once finalized will be submitted to the Minister for approval.

##### Deliverables:

- *Reference framework document for the development of a system for the identification of beneficiaries of the component of the social protection system in health in the national health model.*
- *Document containing the technical proposals for the management tools.*
- *Document containing the methodology for identifying and incorporating human groups prioritized to cost structure of insurance.*
- *Document containing the proposal for control of implementation of contracts and agreements in accordance with the SPSS.*
- *Document containing the proposal for the financial control system of the SPSS.*
- *Document of the proposal for the implementation plan for the management tools for the system of protection in health in the national health model.*
- *Progress report on the implementation of SPSS.*

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

- Based on the terms of reference agreed upon with the sub-secretary of regulation and with the participation of the technical delegate from this instance, the process initiated to contract the national consultant for galvanizing implementation of the SNCs and to design proposals for the standards and a plan for the development of capacities. The process was declared as failed due to a lack of candidates that expressed interest in developing the consultancy, and the project is continuing to recruit. Added to the above is the transfer of the designated counterpart to another instance, resulting in delays in the initially programmed activities. Nevertheless, development initiated of a proposal for a work plan that will permit developing and concluding activities linked to this issue during the next period.

#### IR 4.4 Data Use for Decision Making

Emphasis continued to be placed on epidemiological surveillance and management of outbreaks which captured part of the attention and work of UVS technicians, which affected activities in the change process such as the development of competencies and tools that permit putting the national surveillance standard into operation and to carry out actions that are consistent with the 2014-20178 National Health Plan. It is important to remember that this standard will function as technical support to be provided by the health surveillance instances at all levels for organization of the Health Services

#### IR 4.4 Data Use for Decision Making

##### Integrated Networks (RISS in Spanish).

Activities foreseen for development of the Integrated Health Information System (SIIS in Spanish) continue to be deferred and because they are not under the project purview, expectations have been modified regarding project achievements on this issue. It is clear that the process continues to be essential for management surveillance, monitoring and evaluation and the project will closely continue with all related activities.

Advances continued in the development of the monitoring and evaluation system for management for results (SIMEGpR in Spanish) in the framework of the 2014-2018 National Health Plan, the 2014-2018 Institutional Strategic Plan as well as other institutional needs, with the understanding that they should be consolidated at the corresponding levels and the capacities should be created for their use and maintenance.

There are current needs to carry out studies that provide additional elements for the analysis of the health situation and to know the existing inequalities in greater detail. These strategies and policies could be reoriented to eliminating injustices in accordance with priorities and objectives established in the national health plan. Without question, the results of the studies will support planning focused on specific groups, situations of exclusion and will strengthen criteria applied for budget assignation.

#### **HEALTH SURVEILLANCE**

- A workshop was developed with the participation of the Directorate of Health Surveillance, in the region of Atlántida, to review the use of tools that serve to provide deeper analysis of maternal and child mortality, with the conclusion reached that the tool is of great use for child mortality by providing information for making decisions, however, for maternal mortality it is necessary to expand the validation process. Unfortunately maternal mortality has not been validated because there have not been maternal deaths in the zone.
- The Atlántida and Colón regions were visited to consolidate information on the sustained surveillance system, the result of which is that the maternal mortality surveillance report will be closed for 2012 and 2013 which the project expects will be socialized during the next period.
- The report from the study on the characterization of child mortality for 2009-2010 was printed, and by decision of the MOH will be distributed nationally via express mail.
- Given the conditions and demands on the UVS, during the quarter there have been few meetings on the incorporation of NNV aspects in agreements with decentralized health services managers and not all the defined agreements have been fulfilled. However, it should be recognized that the basic aspects of the standard continue to be incorporated in current management agreements. The project considers that a new review of the agreements should be carried out and a modification be prepared in due time.
- It was agreed with the UVS to initiate the preparation of the flows of the processes for the preparation of the processes and procedures manual in April.

*Deliverables:*

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

- *Reports on activities carried out on maternal and child mortality surveillance.*

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

- The programmed processes and activities were not developed during the period because it was supposed that the SIIS project would be carried out with support from the government of Canada which still has not initiated. However, follow up was provided with UPEG to some linked activities. For example, support was provided for meetings for the UGI to carry out the analysis and update of the SIIS strategic plan, in light of the organizational and functional changes and development occurring at the MOH, beginning with the signing of the memorandum of understanding. It is perceived that there is space for modifying the strategy and the activities, as long as the objectives are the same and the established amounts do not vary.
- At the invitation of USAID, the project participated in a meeting with the Canadian cooperating agency during which the issue of SIIS was addressed as well as the support ULAT provides to the MOH. An official from the Canadian embassy and a representative from the Office of Commerce and Development International Affairs of the Government of Canada participated along with an information and communication technology specialist who was in Honduras to update the situation of the project. The project was informed that the accompanying firm had still not been selected and because it is a contract with a value higher than \$3 million, the contract must be approved by the government of Canada. It was also mentioned that there will be periods of time that could delay one of the phases such as the fact that in Canada federal elections will be held in 2015 which implies there will be some changes in the government. This led to the conclusion that in real terms this project will not begin in 2015.

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

- Support was provided to the UPEG for the development of the dashboard for the monitoring and evaluation system for management for results (SIMEGpR in Spanish). This includes the indicators that provide a response for the monitoring and evaluation processes for institutional and sectorial commitments and implied the design of the specific dashboards for each planning tool, such as: (i) the Presidential platform of management for results; (ii) the platform of the cabinet for development and social inclusion; (iii) the 2014-2018 National Health Plan and (iv) the 2014-2018 Institutional Strategic Plan.

A first consolidated draft is available with indicators for all the referred to platforms, which is under review by the UPEG technical team. Implementation of the SIMEGpR complements the development of the dashboard, because this implies the review of the data collection tools. As a first phase of this activity, analysis was carried out of the tools that are currently utilized for data collection at all levels and has been contrasted with the need for information required by the included indicators.

Design of the SIMEGpR permits stratification of the evaluation according to geographic spaces and levels of care, which ensures the identification and assessment of gaps in terms of health and results of the institutional management in the exercise of the stewardship function.

- Support was also provided for the preparation of the SIMEGpR implementation plan, which is being adjusted in light of the development of indicators and tools and the new regional and central level

#### IR 4.4 Data Use for Decision Making

organizational and functional structure.

##### Deliverables:

- Document containing the implementation plan for the startup of the SIMEGpR.
- Quarterly reports of advances made in implementation of the SIMEGpR.

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

- Follow up continued to be provided for the use of the health cost and financing study, carried out with ULAT support. As such, (i) notices related to the study were reviewed, which were being presented through different communications media in the country, in order to verify if these were in accordance with study results; (ii) the results of the study were presented during a meeting with ten USAID officials, who demonstrated much interest and an interesting debate ensued in relation to the scope of the results (iii) the UPEG director requested support for the review of the cost estimates in health (1995-2013), sent by the World Health Organization in Geneva, the amounts of which were corrected with information from the three studies prepared in country (iv) the finalized review of the data matrix requested by WHO to be included in the 2014 report on world health statistics which were submitted by the MOH to PAHO and (v) a copy of the study results was submitted to the president of the IHSS Intervening Commission.

Mr. Cristian Morales, economist from the health accounts team in the PAHO/WHO Washington offices, who accompanied in the preparation of the cost and financing study for 2011, stated his satisfaction in relation to the quality of the study to the UPEG director. He also expressed his wish to organize a meeting in Honduras with representatives from countries who are working on the issue and in supporting a new study with 2014 as reference, thereby taking advantage of the capacities developed by UPEG technicians.

- The process to contract the consultant who will develop the study on equity in financing was initiated. This consultancy was anticipated to be carried out by an international consultant but was declared as failed due to a lack of candidates who were interested. As such, the terms of reference were modified and changed to a national consultant. It is expected that the process will conclude and that the consultancy will be under implementation during the next period.

#### Table 2- Programming Challenges during the reported period

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

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

The most important challenges confronted during the period were (i) the institutional adaptations established by the organizational development process; in particular as related to the redistribution of the human resources with officials who traditionally were functioning as counterparts being assigned to other functions. The most important problem is confusion regarding the responsibility in management and consolidation of information related to family planning, produced through the HCDL as well as information referring to the delivery of other methods such as the AQV, and (ii) the acquisition process

for contraceptive methods and subsequent distribution from the central level towards the health regions continues to present difficulties. On the other hand, restructuring the acquisition methods of all supplies and medications (including contraceptives) continues to be a threat by being based on criteria that are not necessarily contemplated in the family planning services methodological strategy.

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

The most important challenge during this period continues to be the lack of total implementation of the strategy due to the special situation in management in the scenario of the financial crisis that prevents providing preferential attention to the acquisition of all contraceptive methods required by the strategy, in the face of other problems considered to be of greater importance for the institution.

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

An important challenge was the transition of the counterpart during the institutional re-adaptation process but that, contrary to other processes, was surpassed once new counterparts were officially designated along with the trained work team.

### ***RAMNI***

A challenge that had to be surpassed during the period regarding the issue of the RAMNI evaluation and related proposals for adjusting policy, was the time dedicated to this activity by the counterparts, which resulted in slowing down the anticipated development and prevented advancing as expected during the time established for the consultancy.

### ***EONC***

An important challenge has been the flexibility of time available by the work team to be able to attend multiple requests for technical assistance on the issue which were received from the regions and hospitals.

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

### ***Institutional Planning***

The challenge has been the development of institutional capacities as the bases are being defined for the multi-annual programming and budget process for 2016, for which items for its construction have been identified and prepared. Systematization has been developed with all MOH units regarding the process to be carried out. It should also be emphasized that this has required close harmonization and coordination with administrative management, the sub-secretariat of the RISS and the Secretariat of Finance which has resulted in better planning and adaptation of the process.

### ***Sectorial Planning***

An important difficulty has been locating a qualified consultant for developing the study for focalization and prioritization based on population groups and health needs. It is estimated that the consultancy could initiate in April.

### ***Central Level Organizational Development***

A challenge here was retaking the management of the organizational development process by the MOH policy level, given the number of problems faced and to be able to organize the agenda for ULAT technical assistance to be able to provide immediate responses to the requests received.

### ***Regional Level Organizational Development***

Having sufficient available time by the assigned technical counterparts, prioritization at the political level for this issue and to have the financial resources available at the health region level to organize training events in different regions have been the main obstacles faced.

### ***Legal Framework***

Difficulties in obtaining the necessary consensus for the approval of the framework law for the social protection system, which is the main reference for the development of the contents of the health system law and the complementary legal instruments, have resulted in slowing down the development of the respective final proposals.

### ***Health Model***

An important challenge was attending and providing complete satisfaction to various demands for technical assistance by the DSPNA, in support of multiple activities to be developed by the MOH for implementing the National Health Model in the framework of the implementation of the 2014-2018 National Health Plan, at the central level as well as the regional level and without prejudice to fulfilling other responsibilities contained in the project work plan for year 4.

### ***First Level Decentralization***

The most important challenge was the lack of prioritization by the MOH for implementing socialization and training activities for the health region teams on the "Guide for the Development of the Regional Management Plan for the Integrated Health Services Networks" for technical support for preparing regional management plans for the integrated health services networks and for the development of monitoring and evaluation of the implementation of regional management plans for the services network.

In addition, because the training process for decentralized managers has been partially developed and not as planned, the monitoring process will have to also be carried out only partially and the evaluation activity will have to be re-stated as to its form and content.

### ***Hospital Decentralization***

An important challenge was the technical support required by the Department of Hospitals which was greater than anticipated due to the finalization of the activity carried out by the consulting firm of CSC and the beginning of the implementation period of the hospital management model throughout the hospital network.

### ***Accountability and Social Audits***

Because the accountability and social audit processes were not included in municipal agendas for carrying out open town meetings, not all managers who were followed up with the UGD as priorities carried out this process, which requires finding the appropriate opportunity to carry them out.

### ***Public Assurance***

Assignment of MOH technical counterparts to initiate the socialization process of the SPSS documents

and tools was a challenge to resolve.

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

The lack of prioritization on the MOH agenda to galvanize the issue continues to be an important challenge.

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

### **Health Surveillance**

Achieving concordance in the work the UVS technicians in the face of the situation of having few available resources and the situation of the epidemiological emergencies, nationally, as well as internationally, which required immediate responses, is a permanent challenge.

### **Integrated Health Information System (SIIS in Spanish)**

The essential difficulty for the development of activities linked to this process has been that the SIIS project financed by the Government of Canada has not initiated.

### **Management Monitoring and Evaluation**

An important challenge was the harmonization of the understandings regarding the structure and content of the Monitoring and Evaluation System for Management for Results (SIMEGpR) and the tools for measuring results. Changes in the technical counterparts in the middle of the process resulted in new scenarios which required successive changes in the focus of the document and the tools which resulted in slowing down activities. Nevertheless, the interest and support provided by the UPEG directorate in the development of the process has also been influenced by other external factors that compete for prioritization.

### **Equity in Health Financing**

An important difficulty has been locating a qualified candidate for the implementation of the consultancy to develop the study on health financing. It is estimated that implementation of the consultancy could be carried out during the next period.

**Table 3- 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>	
<b>MOH Family Planning</b>	
<ul style="list-style-type: none"> <li>▪ Support the development of competencies on the correct storage of contraceptives for those responsible for regional warehouses and networks.</li> <li>▪ Implement the distribution mechanisms identified during project year 3.</li> <li>▪ Support carrying out two physical inventories for contraceptives in November 2014 and May 2015.</li> <li>▪ Support functioning of the Logistical Data Consolidating Tool (HCDL in</li> </ul>	

- Spanish).
- Support the evaluation of the application of the Methodological Family Planning Strategy (EMSPF in Spanish) at the MOH at national level
- Provide support for strengthening the monitoring and evaluation process of family planning indicators in decentralized providers.
- Support strengthening the use of "family planning guidelines for decentralized providers".

### **IHSS Family Planning**

- Support the consolidation of programming for family planning in the three IHSS modalities for the provision of services.
- Support the monitoring and evaluation processes for family planning activities.
- Support training processes for operating the Strategy for Managing Family Planning Services (EGSPF in Spanish).
- Support the functioning of the Logistical Data Consolidating Tool (HCDL in Spanish)
- Support management of the National Medical Directorate (DMN in Spanish) for the acquisition of contraceptives.
- Evaluate the functioning of the components of the Strategy for Managing Family Planning Services (EGSPF in Spanish).
- Adapt the EGSPF based on results of the evaluation.

### **RAMNI**

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

### **INTEGRATION OF COMMUNITY STRATEGIES**

- Support expansion of the Joint Implementation of Community Strategies (ICEC) in the intervened networks during project year 3.
- Support the expansion of the Joint Implementation of Community Strategies (ICEC) in selected regions by utilizing the prepared methodological guide.
- Support the implementation and functioning of the "Automated Community Strategies Information System".

## EONC

- Support training for national, regional and hospital facilitators on the application of maternal and neonatal standards by utilizing the designed methodology and tools.
- Support national level expansion of the checklists for the application of maternal neonatal standards.
- Provide follow up of the impact of EONC training at hospital and ambulatory level.
- Support implementation of neonatal hospitalization clinical histories.
- Support the re-design and implementation of the "Ambulatory neonatal clinical history".
- Support national level expansion of the use of clinical perinatal history with surveillance graphics of the incorporated uterine fundal height (AFU in Spanish) and weight gain.
- Provide technical assistance to strengthen the continuous improvement process in maternal neonatal care.
- Support the implementation of a pilot experience for the development of EONC skills for a decentralized provider.
- Support updating the manuals of standards and protocols for maternal and neonatal care at ambulatory and hospital level based on updated scientific evidence and dispositions contained in the MOH regulatory processes.

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Key Project activities for the next reporting period	Comments
<b>IR 4.2 Sustained Maternal Child and Family Planning Services for Vulnerable and Under Served Populations</b>	

### INSTITUTIONAL PLANNING

- Support systematization for linking 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 to results.

### SECTORIAL PLANNING

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

groups.

### **CENTRAL LEVEL ORGANIZATIONAL DEVELOPMENT**

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

### **REGIONAL LEVEL ORGANIZATIONAL DEVELOPMENT**

- Support the SRISS with the consolidation of the 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 draft national health system law.
- Support the development of proposals for regulations that are prioritized.
- Provide technical assistance for the development and startup of a proposal for an 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 the selected basic guides for the management and financing components for the National Health Model.
- Provide technical assistance for the preparation of a proposal for the creation of the national health fund.
- Support the design of the implementation plan for the national health model.

Contracting the consultant is pending for the development of a proposal for the creation of the national health fund

### **DECENTRALIZACIÓN (First Level)**

- Support socialization and training for the health region teams on the "guide for the development of the regional management plan for integrated health services networks".
- Technically support the preparation of regional management plans for the health services integrated networks.
- Support the Department of Primary Health Care (DAPS in Spanish) for monitoring and evaluation of the implementation of regional management plans for the services network.
- Support the Decentralized Management Unit (UGD in Spanish) for the health regions to develop their competencies for monitoring the training processes for decentralized providers (phase II).
- Support the Decentralized Management Unit (UGD in Spanish) in carrying out the evaluation of the training curriculum for the development of technical and administrative capacities in the providers.

### **HOSPITAL DECENTRALIZACIÓN**

- Technical support for the Department of Hospitals to extend implementation of the hospital management model to other hospitals and for the development of mechanisms to sustain the process

- Technical support for the UGD for the development of management agreements and monitoring tools for second level of care decentralized units.
- Technical support for the Teaching University in the process to strengthen the emergency area and the CLIPER, through implementation of management for quality results.
- Support the Department of Hospitals during evaluation of the process and the results of implementing the hospital management model in three MOH hospitals.
- Support the monitoring and continuous improvement process of the RGH, in the implementation in the public hospital network.

#### **ACCOUNTABILITY AND SOCIAL AUDITS**

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

#### **PUBLIC ASSURANCE**

- Support validation and socialization of the frame of reference for the construction of an identification system for beneficiaries (SIB in Spanish) in the Social Protection in Health System (SPSS in Spanish) component of the National Health Model.
- Support the definition of technical proposals for the management tools in the National Health Model Social Protection in Health System.

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

- Review and re-design the implementation plan for the National Quality in Health System.
- Support the startup of the National Quality in Health System implementation plan.
- Support identification for the preparation and/or adjustment of technical proposals for selected standards in the Social Protection in Health System.
- Support the development of capacities for standardization and verification in conformity.

Contracting the specific consultancy is pending 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 implementation of the use of the surveillance sub-system data base for child mortality in hospitals.
- Provide technical assistance for sustained surveillance of maternal and child mortality.
- Establish NVS elements that should be incorporated in new contracts with decentralized managers.
- Support the MOH Health Surveillance Unit in consolidating the new organizational structure for the directorate.

### **HEALTH INFORMATION SYSTEM**

- *Support the definition of strategies and the methodology for developing the Integrated Health Information System (SIIS in Spanish in the reform framework.*

*Development of this activity depends on initiation of the SIIS Project which will be financed with Canadian government funds.*

### **MANAGEMENT MONITORING AND EVALUATION**

- *Provide technical assistance for preparation of the Monitoring and Evaluation System for Management for Results (SIMEGpR in Spanish).*
- *Support implementation of the Monitoring and Evaluation System for Management for Results (SIMEGpR in Spanish).*

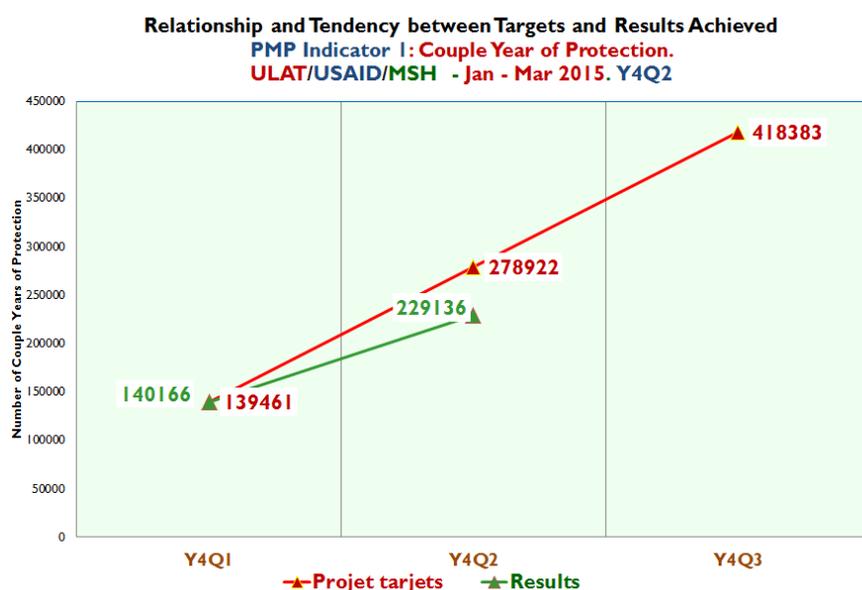
### **EQUITY IN HEALTH FINANCING**

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

## VI. Monitoring and Evaluation

Performance Monitoring Dashboard								
Indicator I	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>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 (100.5% quarterly performance)	88,970 of 139,461 (Quarterly performance of 64%) 229,136 of 278,922 (Cumulative 82%)	
<b>Y4Q2 comment:</b> <ul style="list-style-type: none"> <li>The notable decline in this indicator, in this specific case, is most likely due to an incomplete data collection. Indeed, due to changes in the responsibilities of officials at the central level, caused by the redistribution of human resources given the new organizational structure, the position that has long ha among their responsibilities the monthly gathering of this information was assigned to other duties without a reassignment of this important activity to another person. So under these conditions, the results presented corresponding to the period from September to December, appear to contain information on permanent methods from only 4 hospitals (Hospital Escuela, San Felipe, Leonardo Martinez and Catarino Rivas) and for the month of December the consumption of temporary methods from 6 health regions. Under these circumstances it is difficult to arrive at valid conclusions and requires advocacy to overcome the situation in the shortest time possible.</li> </ul>								

**Figure I-** PMP Indicator I: Couple Year Projection – Y4Q2

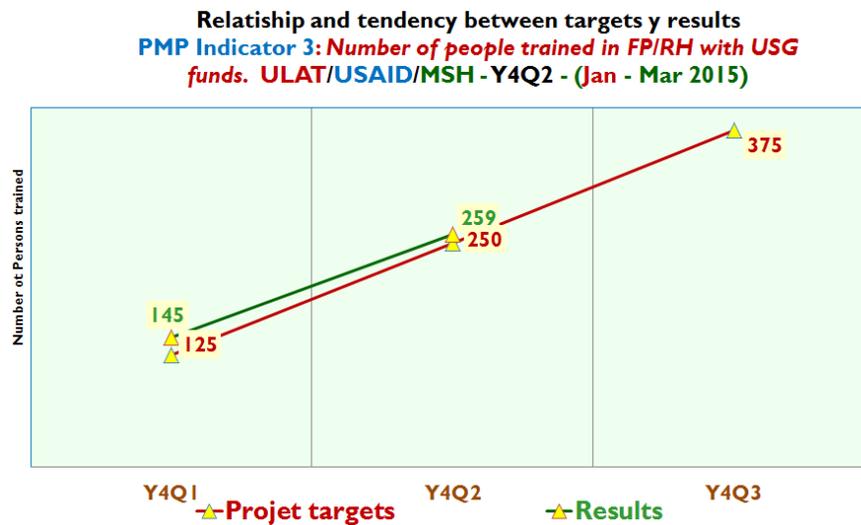


The graph shows an important decrease the amount of cumulative CYP expected by the project for the second quarter, achieving only 82% of the project goal. For this result is important to note the change of personnel to collect information from the SESAL (MOH).

Performance Monitoring Dashboard								
Indicator 2	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>								
Percentage of health regions that conduct annual programming using the methodology described in the FP strategy	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%	NA	
Y4Q2 Comments:								

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>								
Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds	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 from the Y4 work plan</i>	Quarterly Cumulative	0	429	145 (Women: 107; Men: 38)	114 (Women: 69 Men: 45) cumulative reached 259 of 250 expected, this represents <b>104%</b> of the cumulative goal	
Y4Q2 comment:								
- The 114 people trained correspond to the efforts made in the process of expansion of the ICEC, mainly for training of Community FP monitors.								

**Figure 2-** PMP Indicator 3: Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds – Y4Q2

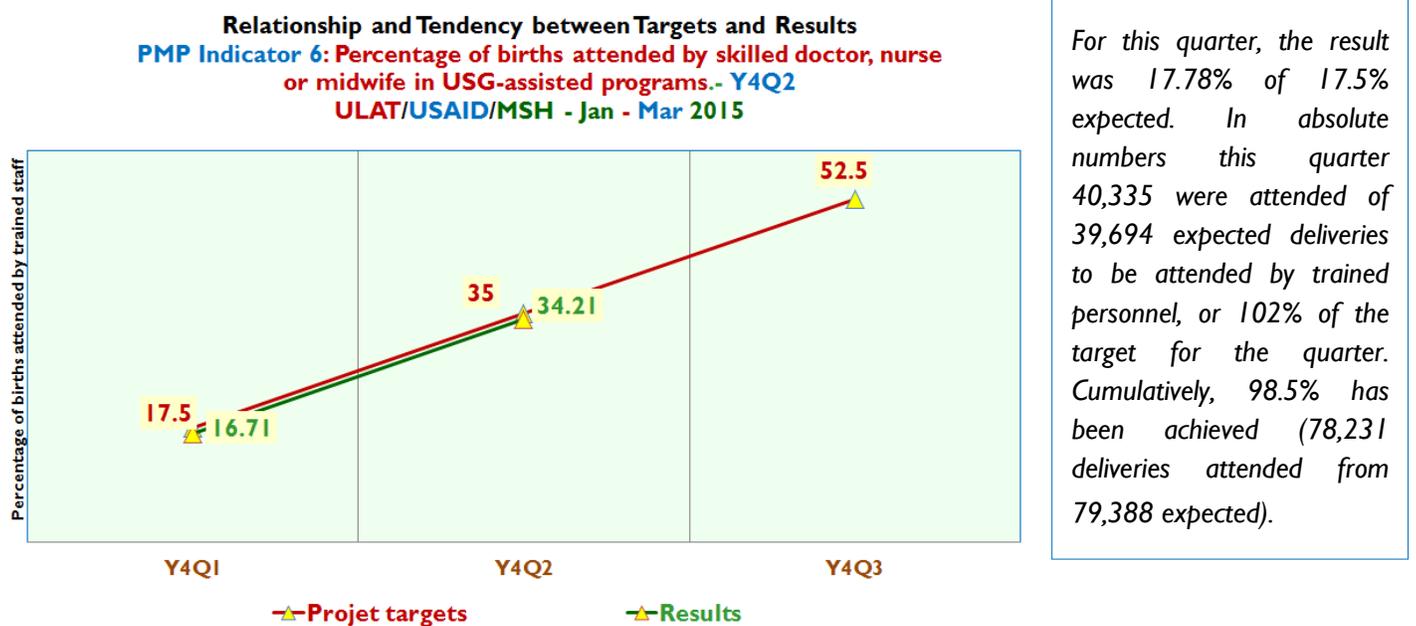


The graph shows trend lines approaching, with the cumulative achievement slightly above (104%) the expected cumulative target for this second quarter.

Performance Monitoring Dashboard									
Indicator 4	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 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</b>	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	NA	NA	NA
<b>Y4Q2 Comment:</b> The target for this indicator was fulfilled in year 2, four documents: (i) Component FP to be included in contracts with decentralized providers (ii) MOH's methodological modified FP strategy (iii) Community FP Monitor Manual. (Strategy to ensure access to family planning services in rural areas). (iv) FP strategy for IHSS.									

Performance Monitoring Dashboard									
Indicator 6	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>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 of E=39,694 PMP) <b>95%</b>	<b>34.21%</b> of <b>35%</b> cumulative expected  At this quarter achieved <b>40,335</b> of E=39,694 PMP) or <b>102%</b> of quarterly performance.  Cumulatively we have: <b>78,231</b> of <b>79,388</b> expected for <b>98.5%</b> of the global goal.		
Y4Q2 comment:									

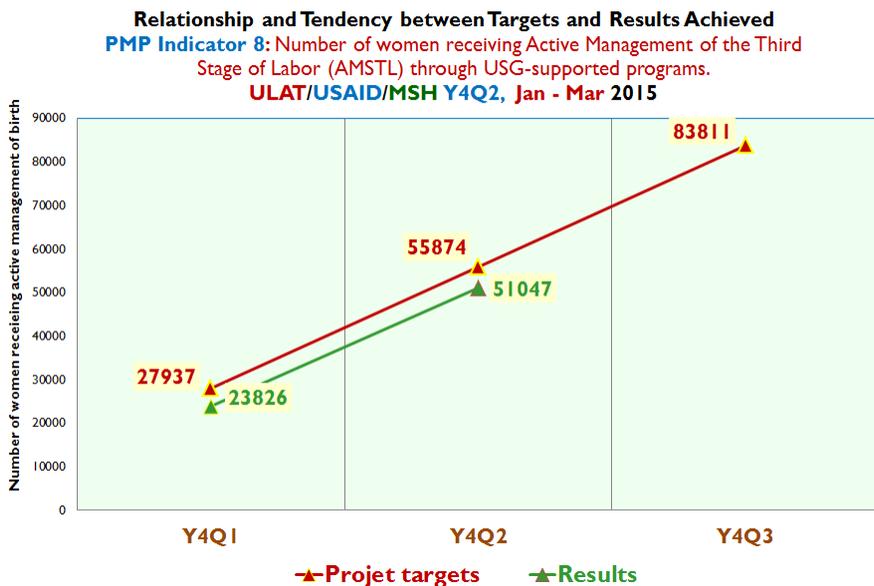
Figure 3- PMP Indicator 6. Percentage of births attended by skilled doctor, nurse or midwife in USG-assisted programs.



Performance Monitoring Dashboard								
Indicator 7	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>Percentage of maternal deaths ascribed to the first delay (seeking emergency help)</b>	<i>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> <i>Unit of Measurement: Maternal deaths ascribed to the first delay</i>	20 <i>In the PMP there is NO goal, this goal is the plan Y4</i>	Annual	19%	22%	NA	NA	
<b>Y4Q2 Comments:</b> - It is an annual indicator, and data from 2013 has not yet been made official.								

Performance Monitoring Dashboard								
Indicator 8	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 women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs</b>	<i>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> <i>Unit of Measurement: Women that receive AMSTL</i>	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%)	Cumulative 51,047 of 58,874.  In this quarter 27,221 of 27,937 expected.  % Quarter: 97% % Cumulative: 87%	
<b>Y4Q1 comments:</b> - The percentage obtained of the measurement AMTSL indicator from the reorganization of hospital management in 22 hospitals that reported it in this period was 99%; we applied this to the total number of births in these hospitals during that period to obtain the figure that we are reporting.								

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

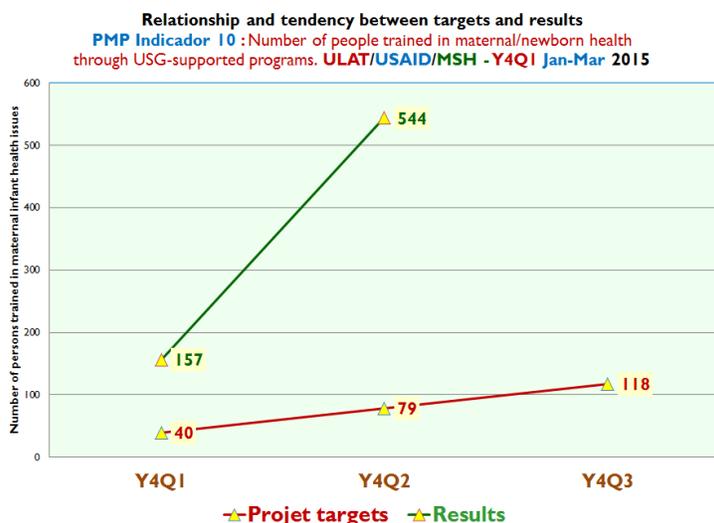


The quantity reached in this quarter was 27,221 women who received the active management of third stage of labor, compared to 27,937 expected, or 97% of the target set for this quarter. The cumulative amount at the second quarter is 51,047, which represents an increase from 85% to 87% as the total accumulated to this period. This increase of 2% in the cumulative numbers still shows as parallel lines in the figure to the left.

Performance Monitoring Dashboard								
Indicator 9	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 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	
Y4Q2 Comments:								

Performance Monitoring Dashboard								
Indicator 10	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 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	0	<b>543</b>	157 (women: 115 and 42 men)	387 Women: 296 Men: 91  Cumulative 544 Women: 411 Men: 133	
<p><b>Y4Q2 comments:</b> Disaggregation by components, sex and issues is as follows:</p> <p><b>1. FP – MCH component: 166 People (130 women and 36 men)</b></p> <p>1. Hospital ONEC: Total 120 persons; 92W and 28M. 2. Ambulatory ONEC: Total 46 persons; 38W and 8M.</p> <p><b>2. Decentralization component: 130 People (88 women and 42 men)</b></p> <p>1.- Supervision Guide to Health Regions for Decentralized Managers (PNA). Total 30 people; 29W and 1M. 2.- Social Auditing and Accountability Processes. Total 67 people; 37W and 30M. 3.- Reorganization in the Framework of MGH. Total 33 people; 22W and 11M.</p> <p><b>3. Reform component: 78 People (68women and 10 men).</b></p> <p>1- National Health Model and Role of Decentralized Managers. Total: 63; 56M and 7M 2. Operational Guidelines for Family Health Teams. Total: 15; 12W and 3M. 3. Strengthening Institutional Capacities in Planning and Budgeting for Results 2016. Total: 13; 10W and 3M.</p>								

**Figure 5-** PMP Indicator 10. Number of people trained in maternal/newborn health through USG-supported programs. Y4Q2



The graph shows a surpassing of the target set in the PMP for the year 4 of the project, which is related to the demand for retraining in hospital and ambulatory CONE, using a participatory methodology. The second area of demand is related to three aspects of Decentralization Management.

Performance Monitoring Dashboard								
Indicator I1	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 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
<b>Y4Q2 Comments:</b> - The target of this Indicator was reached in year 3.								

Performance Monitoring Dashboard								
Indicator I2	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 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	
<b>Y4Q2 Comments:</b>								

Performance Monitoring Dashboard								
Indicator 13	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 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. <i>Unit of Measurement:</i> Percentage of contracts signed which include the social auditing clause within it	100%	Quarterly Cumulative	0	100% (39/39)	100%	100%	
<b>Y4Q2 Comments:</b> <ul style="list-style-type: none"> <li>The 2015 agreements of primary level of care establish regulations for transparency in management in clauses 18 and 19 and the responsibility of the manager in clause 7, subsection B, paragraph 42. The Management Agreement HSL clause 23 and the responsibility of the manager the 4th clause in subsection B, paragraph 16.</li> </ul>								

Performance Monitoring Dashboard								
Indicator 14	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 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). <i>Unit of Measurement:</i> Number of people	1,800,000 (PMP)	Biannual Cumulative	770,613	1,338,939	NA	1,374,435	
<b>Y4Q2 comments:</b> <ul style="list-style-type: none"> <li>The sources of information are the 2015 agreements signed between MOH and suppliers / managers.</li> </ul>								

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	0	
<b>Y4Q2 Comments:</b> <ul style="list-style-type: none"> <li>- In this period no new projects were signed to expand coverage within these agreements. Two providers/managers have been replaced.</li> </ul>								

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	0	
<b>Y4Q2 Comments:</b> <ul style="list-style-type: none"> <li>- All hospitals are in process: implementation plans are being prepared by each hospital, as well as the organization of the leading teams and work teams. We will be documenting the indicator and evidence for the next quarter.</li> </ul>								

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	84%	
<b>Y4Q2 Comments:</b>								
- The SESAL (MOH) had serious problems for the acquisition of methods in 2014, as well as to the distribution.								

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	NA	
<b>Y4Q2 Comments:</b>								
- The Management Monitoring and Evaluation System is still in the design phase.								

Performance Monitoring Dashboard								
Indicator I9	Indicator definition	Goal Year 4	Frequency	Base line	Year 3	Results		
						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	0	
<b>Y4Q2 Comment:</b> <ul style="list-style-type: none"> <li>- Among the documents scheduled for project year 4, the Gender Policy for the SESAL (MOH) is ready, pending approval by the MOH authorities; this procedure hinders the development of the Gender Mainstreaming Strategy. The RAMNI Policy is under review and will be delivered in the next quarter.</li> </ul>								

## VII. Project Management

Management Priorities	Status	Comments
Develop the plan, implement and monitor the activities included that are linked to project closing in the contract.	Continuously implemented	The plan for closing also incorporates the plan for demobilization and equipment disposal.
Participate in the weekly meeting with the project COR to monitor development of activities in each project component.	Continuously and systematically implemented	This is a very important strategic aspect that contributes to project success.
Culminate the contracting process for the position of training coordinator in the integrated family health component.	Implemented	The contracting process was finalized and the selected person began working on March 4, 2015.
Culminate contracting processes for (i) the consultancy for implementation of the National Quality Policy and the implementation plan (ii) consultancy for focalization and prioritization of population groups and (iii) consultancy for development of the hospital management model.	In process	The consultancy contracting process for the issue of continuous quality is in process, in the face of the difficulty of finding professionals that express interest in developing it. The other two consultancies are in negotiations.
Culminate the contracting process for the international consultancy for the preparation of proposal for a national health fund.	In process	The international consultancy for the proposal for a health fund continues in process.
Submission of the report on the first quarter of project year four submitted to USAID for approval and to make adjustments in accordance with observations made.	Implemented	The report was submitted to USAID on January 9, 2015 and was approved.
Preparation of version IV of the milestone plan and submitted for USAID approval	Pending approval	Version IV of the 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 achieving them in the time established

		given the circumstances of the context in which the project unfolds.
Conclude various tax exemption and population security tariff processes.	Pending	Given the dynamic that marks government actions, the slow pace of these processes requires continuous follow up. For this reason current actions are oriented to obtaining favorable resolutions for the two year period.
Continue coordination with IDB on (i) implementation of the hospital management model in hospitals selected by the MOH and (ii) along with PAHO for the development of the proposal for the national health system law.	Continuously and systematically implemented	The first activity is carried out according to the level of implementation of the processes and the second in function of decisions being made by the MOH and the development of parliamentary discussions of the social protection law.
Coordination with JICA on implementing the national health model in two departments of the country.	Continuously and systematically implemented	According to the level of implementation of project processes.
Coordination with LMG on MOH institutional strengthening on the issue of contracting services.	Continuously and systematically implemented	According to the level of implementation of project processes.
Continue coordination actions with the NEXOS project.	Continuously and systematically implemented	According to the level of implementation of project processes.
Continue participating in follow up meetings for the PMP with USAID implementing mechanisms.	Continuously and systematically implemented	Meetings are held at the request of USAID.
Support the monitoring process of MOH results incorporated in the Presidential platform of management for results and the 2014-2018 plan.	Continuously and systematically implemented	The strategic importance of monitoring is that when results are included, the main project areas of work invigorate the dynamics of implementation.

	implemented	
Systematic analysis of policy, social and economic scenarios that advocate for project development in the framework of the new administration.	Continuously and systematically implemented	Aspects that facilitate or obstruct project development need to be identified, considering there is a new government administration.

**Table 5- Management priorities for the next period**

<b>Management Priorities for the Next Reporting Period</b>	<b>Comments</b>
Develop the plan, implement and monitor included activities, linked to project closing as established in the contract.	There are activities in the plan with established schedules, and a specific path has been defined for each (demobilization plan and equipment disposal, final report, notification of the finalization of individual contracts to the human resources, notification of closure of project operation to government institutions, partners and counterparts, etc.)
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.
Culminate the contracting processes for national consultancies for: (i) implementation of the national policy of quality and the implementation plan (ii) focalization and prioritization of population groups and (iii) development of the hospital management model processes.	With the new mechanism established by USAID for approval of local consultancies, the contracting process is expedited. The difficulty is related to the lack of qualified resources in the country and those that exist are not available and the required expressions of interest have not been obtained.
Culminate the process to contract the international consultant for the preparation of a proposal for the national health fund.	Continues in process
Presentation of the report for project year four second quarter for USAID approval and make the adjustments according to observations made.	The report will be presented on April 10, 2015.
Follow up USAID approval of version IV of the milestone plan.	
Conclude processes for tax exonerations and the	Because the government has delayed this process,

Management Priorities for the Next Reporting Period	Comments
population security tariff.	the project expects to obtain a favorable resolution for an exoneration covering two years in one single administrative act.
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 proposal for the national health system law.	According to the level of implementation of the project processes.
Continue coordination with JICA on implementation of the national health model in two departments of the country.	According to the level of implementation of the project processes.
Continue coordination with LMG on institutional strengthening of the MOH on the issue of services contracts.	According to the level of implementation of the project processes.
Continue coordination actions with the NEXOS project.	According to the level of implementation of the project processes.
Continue participating in meetings to follow up the PMP with USAID implementing mechanisms.	Meetings are held at the request of USAID.
Support the monitoring process of the MOH results incorporated in the Presidential platform of management for results and the plan for 2014-2018.	The strategic importance of following up monitoring is based on the fact that when results are included, the main areas of work of the project invigorate the dynamics of implementation.
Systematic analysis of the policy, social and economic scenarios that affect project development in the framework of the new administration.	Identification is required of the facilitator aspects or obstacles for project development.

**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>	<b>\$277,982</b>
<b>Maternal and Child Health and Family Planning Services Sustained</b>	<b>\$457,853</b>
<b>Epidemiological/Health Surveillance and M&amp;E Systems Improved and Updated</b>	<b>\$ 81,759</b>

## VIII. Main Conclusions

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

- i. The MOH central level organizational development acquired renewed vigor during the quarter, because the minister of health placed it with a high priority on her political agenda. This decision resulted in expediency for the implementation of activities linked to corresponding project areas, such as the development of proposals related to the organization and functions manual and the central level processes manual as well as the development of capacities for the implementation of the three manuals at regional level.
- ii. Distribution of the human resources available at the MOH central level, in function of the different instances and units defined in the new organic and functional structure, with officials assuming new responsibilities, who were acting as specific counterparts that in some way is becoming a conditional element for some of the process to not advance with the corresponding speed. To this it can be added that substitutions made in key positions at the regional level continue to generate requests for reconsideration of the basic aspect of sector reform, which also results in delays in the development of the processes.
- iii. Participation in discussions for the development of a proposed health system law which is part of a group of legal instruments with which the project desires to configure the framework of social protection in the country from the perspective of universal coverage continues to be one of the most important advocacy actions carried out. Although advances have been made towards this objective, the fundamental limitation for arriving at a final proposal has been the fact that the framework law for social protection has not yet been approved by the National Congress, even as this is quite a current issue.
- iv. The MOH political leadership has been conditioned by the follow up carried out for the products contained in the 2014-2018 National Health Plan since these are also incorporated as the main results of its management, on the Presidential platform. For this reason, they are monitored as part of the follow up process carried out by the Directorate of Management for Results at the offices of the President and that lead to the establishment of a periodical certification of institutional performance. Because several of the products of this plan correspond to ULAT areas of work, these are supported by the dynamism in the management of that process.
- v. In general, adaptation to situations that at times generate uncertainty is carried out due to the credibility that ULAT has with MOH authorities which permits placing issues linked to the project on the country agenda at the appropriate moment.
- vi. Despite the particular circumstances the IHSS is experiencing, advances have been made on implementation of the family planning institutional strategy in the scope of responsibilities of management of the National Medical Directorate (DMN in Spanish).

- vii. The short term results obtained with the startup of the ICEC have created conditions for its expansion. In essence, the experience is evidence of the potential for an integrating action on the approach to health problems and as central nucleus could be complemented in the future with other strategies, the dynamics of which could be reconciled. Because of these conditions, a favorable acceptance is generated for the accelerated expansion at national level.
- viii. Given the project style and work focus, coordination actions continue with other projects and agencies with areas of work that converge with those at ULAT, which results in the delivery of more integrated assistance to the MOH.
- ix. A contribution to good project performance is the continued effective support provided by the team at the USAID health office. This has significantly facilitated relationships with different project counterparts and cooperation agencies contracted by USAID, as well as, others and permitted for the project technical team to work under adequate conditions for the advances achieved to date to be as expected.
- x. In the framework of the described situation, in general all project areas of work are under implementation at a quite acceptable level.

## IX. News and Success Stories



**USAID**  
DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA

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

### SUCCESS STORY “Horizontal learning” generating impact

#### Implementation of the Hospital Management Model



Photo: Don Manuel de Jesús Portillo, patient benefited from the reduction of the “surgical lag” due to the effective deployment of the surgical commission in the Juan Manuel Gálvez Hospital of the city of Gracias, Department of Lempira, Honduras, C. A.



Photo: Meeting of the Surgical commission taking decisions that contribute to the reduction of waiting lists.

Photo: Manual registration of the lists of patients who require surgery.



The life experience accounted by *Don Manuel de Jesús Portillo* at his 67 years of age is common for many people in the majority of hospitals in Honduras and, it probably is, in many hospitals in developing countries.

*Don Manuel* suffered his ailment for several years. “*I could no longer stand that big ball that I carried around*”, referring to a hernia in the groin area that extended as a huge tumor toward his right testicle, and that was causing him intense pain and disability with small efforts. His fear of the risk of complication and the need to have a healthy work life, led him to consultation in the Juan Manuel Gálvez Hospital, in the city of Gracias, head of the department of Lempira, where he resides. The doctor told him that his problem would be resolved with a surgery, which took more than two years to be carried out. “*I was scheduled for surgery more than five times, and when I arrived, they always told me that there was no longer room for me*”.

The *case of Don Manuel*, after all the difficulties, has a happy ending, with a surgery performed successfully, from which he is now recovering. “*I still have pain when I make greater efforts*,” he says, but his herniation has been cured. People with economic resources do not suffer from these experiences because surgeries, such as *Don Manuel's*, are carried out in less than a week in the private health market. The factors and causes for the large waiting lists for surgical patients at public hospitals are multiple *and in the previous model of hospital care, the clinical and patient management was not carried out jointly with the list and programming of surgeries*. These and other changes are being implemented with the new Hospital Management Model, designed with the technical assistance of ULAT.

*Don Manuel* was favored for surgery by the hospital “*Surgical Commission*” a collegiate administrative entity that is responsible for organizing and making decisions, which has substantially reduced surgical lag and has benefited many people. This process has not been easy, “*At the beginning, the surgeons and the people who work in the operating rooms showed resistance, because any change always generates resistance*” stated by Dr. Miguel Romero, who serves as the Head of Clinical Management and of the Surgical Commission.

The advances in the implementation of this new model differ from one hospital to another and face multiple challenges. With the technical assistance of ULAT, the strengths of each hospital have been identified, and *teaching - learning* exchanges have been realized, in a horizontal direction, among professionals who exercise the same functions, sharing between peers their successful experiences. The team at the Juan Manuel Gálvez Hospital achieved positive results in surgical programming and implementation, applying the experiences that the team at the Hospital of San Lorenzo, Valle shared at one of these meetings, known as “*Sessions for the Exchange of Good Practices*”.



## SUCCESS STORY "ACCOUNTABILITY TO CITIZENSHIP: GENERATING TRUST IN THE COMMUNITY"



Photo: Principal table and guests to the accountability meeting in February 2015, by the non-profit Happy Mother Association (MAFE), a decentralized health services manager in the town of Taulabé, department of Comayagua, Honduras.



Photo: Pregnant young user of prenatal care, participate in the session on accountability to citizens, convened by MAFE.



Photo: The Mayor Lectorio Maldonado expressed: "the development of the community is based on health and education; so it was important that the mayor's office provide the space for MAFE's session on accountability to citizens."

Belkis Padilla, a pregnant 24 year old woman who lives in the municipality of Taulabé, referred to her participation in the meeting on accountability to citizens that was convened by the decentralized health services manager Happy Mother Association (MAFE), *"Of course it is beneficial because we saw how the money comes in and how it is spent, how aid enters and how it is distributed."*

At the same event, Mrs. Julia, who often uses such services in its capacity as the mother of a 15 month old baby, said: *"The information was very transparent, legal and for improvement; for example in the case of the mother's home that they are planning, it will undoubtedly be of benefit to all village women who come here for assistance in childbirth."*

Meanwhile, Mr. Santiago, elderly (73), says he is satisfied with the accountability that took place. *"Before we did not know, and now we see where the funds come from and where they go. Now the people are happy because they gave accurate accounts ... because things belong to us and we have to look out for them, because the health center belongs to us! Now we have seen that MAFE handles this with great transparency. Because sometimes one does not know and says, Will the state give something here? Or won't give anything? And what did they give after? What they gave us the patients that go to the health center is medicine, care and then, what else do we want? It is good health center that we have."*

Mr. Santiago is a user of the health services, and because of the trust that its management generates, he also said on stewardship in his health care: *"I thank the center that gave me medicine that was available, and when the doctor explained that I might need a stronger medicine, I bought it myself because everything cannot be given by the center."*

During the meeting an explanation was provided of the health situation of the town and the health determinants. Mrs. Dolores, a voluntary services partner, said *"I'm going, well because we did not know. My community [Carrizal] comes out in yellow and I know this signals that you have to be alert so that the problems related to water quality do not increase. The information is good, because sometimes you believe that in your community things are fine and it is not like that. Of course, by having meetings with the authorities we can improve."* She also obtained information regarding the funds received, commenting *"part of the inflow and outflow is used to support community volunteers."*

MAFE has been managing health services in a decentralized way in the town of Taulabé, Comayagua for the past 10 years. It is one of the pioneers of decentralization, through the allocation of funds at a local level, promoting shared responsibility and caring for the health of the population in order for them to contribute to their own welfare; assuming social control mechanisms that allow monitoring of the proper use of resources allocated to achieve the results in the agreement established with the Ministry of Health.

With technical support from USAID/ULAT, MAFE successfully conducted its first accountability session in an open council held before the community, municipal and health authorities, agencies and partners. They were recognized for their good management by the Mayor of Taulabé, Mr. Lectorio Maldonado, who stated his satisfaction and pledged to continue providing his support.

## SUCCESS STORY *“Exchanges for Maternal and Child Health, Experience of the Committees of Maternity Homes”*



Photo: Mr. Alvaro Salinas, treasurer of the Maternity Home in San Marcos de Colón, which does completely voluntary work for women in the poorest communities, shares his high hopes and support for building the best mother's home in the country.



Photo: Mr. José Antonio Guevara, secretary of the maternal home of San Marcos de Colón Committee, with renewed energy after the exchange between committees of maternity homes, willing to do his best for the future mothers of his community.



Photos: Advances in the construction of the new Maternity Home in San Marcos de Colón. To the right, Joselyn a teenager (17) treated at the mother's home, satisfied with her daughter Ximenita two months old, who was hospitalized for five days due to complications during the delivery.

The enthusiasm, energy and aspirations of the maternity home committee in San Marcos de Colón, in the department of Choluteca, on the southern tip of Honduras, should be valued as a "special engine" that will lead to great results in the short and medium term. In the words of the treasurer of the committee, Mr. Alvaro Cruz Salinas, "We're excited, we learned a lot in the exchange we had with the committee of San Marcos de Ocotepeque, since we saw the gains they have achieved in over 20 years; we thank USAID/ULAT who supported us to make this exchange, since we have only been operating for one year, but we're thinking big, we want to do great things. We obtained the construction of a new building, and we will achieve, with the help of local organizations, to do much more."

In Honduras, the Ministry of Health has been promoting the operation of "maternity homes" for over 30 years as one of the strategies established by the World Health Organization (WHO) to contribute to the reduction of maternal and child mortality. Studies on the causes and factors influencing women to die or have serious complications, show that in more than half of these cases the distances between the community and the health unit are a factor, especially when it takes the family more than two hours for the woman to receive the required attention.

The dispositions, management and dynamics that **maternity homes** work with have evolved; at its inception in the 1990s it was considered an obligation of health personnel to manage and maintain the maternal home, but gradually it was observed to have greater sustainability, better maintenance and better results when the community works closely with health services, and now is the community itself that manages and cares for women who are housed in these special places.

Currently, the management of maternity homes is done through support committees, made up of people who volunteer, for solidarity, and are elected at a community meeting and sworn in by local governments. Mr. José Antonio Guevara, Secretary of the Board Committee of the Maternity Home in San Marcos de Colón, commented: "We are very attuned to the project, we see a great future for mothers, mostly for those mothers who are in areas quite far from the village and have great difficulties at birth "...We thank USAID/ULAT, for supporting us on exchange tours. What impressed us the most is the maternal home of San Marcos de Ocotepeque, which is well-conditioned, well run ... that injected us with the energy to try to make a similar, or perhaps better thing ..."

he development of the exchange of experiences from "committees to committees" stimulated the "self-empowerment" of knowledge, experience and progress; this is impacting positively on a better management in three areas: a) organization and participation by the community; b) working together with the Maternal and Child Clinics and hospitals; and c) advocacy and transparent management of financial resources for the construction of new buildings of maternity homes based on the guidelines established by the Ministry of Health and where physical space is planned so that the partner can accompany the pregnant woman during her stay if they wish.

## X. List of Annexes

<i>Milestone</i>	<i>Name of Milestone</i>	<i>Deliverable</i>	<i>Status</i>
	Gender Mainstreaming	Proposal document of the gender elements to be incorporated in the RAMNI evaluation.	Delivered
		Quarterly Bulletin Y4Q2	Delivered
		Report on activities carried out for each commemorative date and the results	Delivered
		Quarterly reports of ICEC follow up activities in gender aspects.	Delivered
		Report on the gender elements incorporated in the SPSS management tools for the new national health model.	Delivered
<b>14</b>	Contraceptive logistics system (forecasting, acquisition, storage and distribution of contraceptives) completely implemented.	National consolidation approved of programming family planning activities.	Delivered
<b>23</b>	Decentralized providers increase service coverage PF target groups.	Updated family planning guidelines document.	Delivered
<b>120</b>	Contraceptive procurement mechanisms are systematized	Document systematization of logistics of contraceptives.	Delivered
<b>16</b>	The IHSS FP implements the strategy at all levels.	Consolidated programming of family planning methods at the IHSS.	Delivered
		Monitoring and evaluation reports on implementation of the EGSPF.	Delivered
		Reports of training carried out.	Delivered

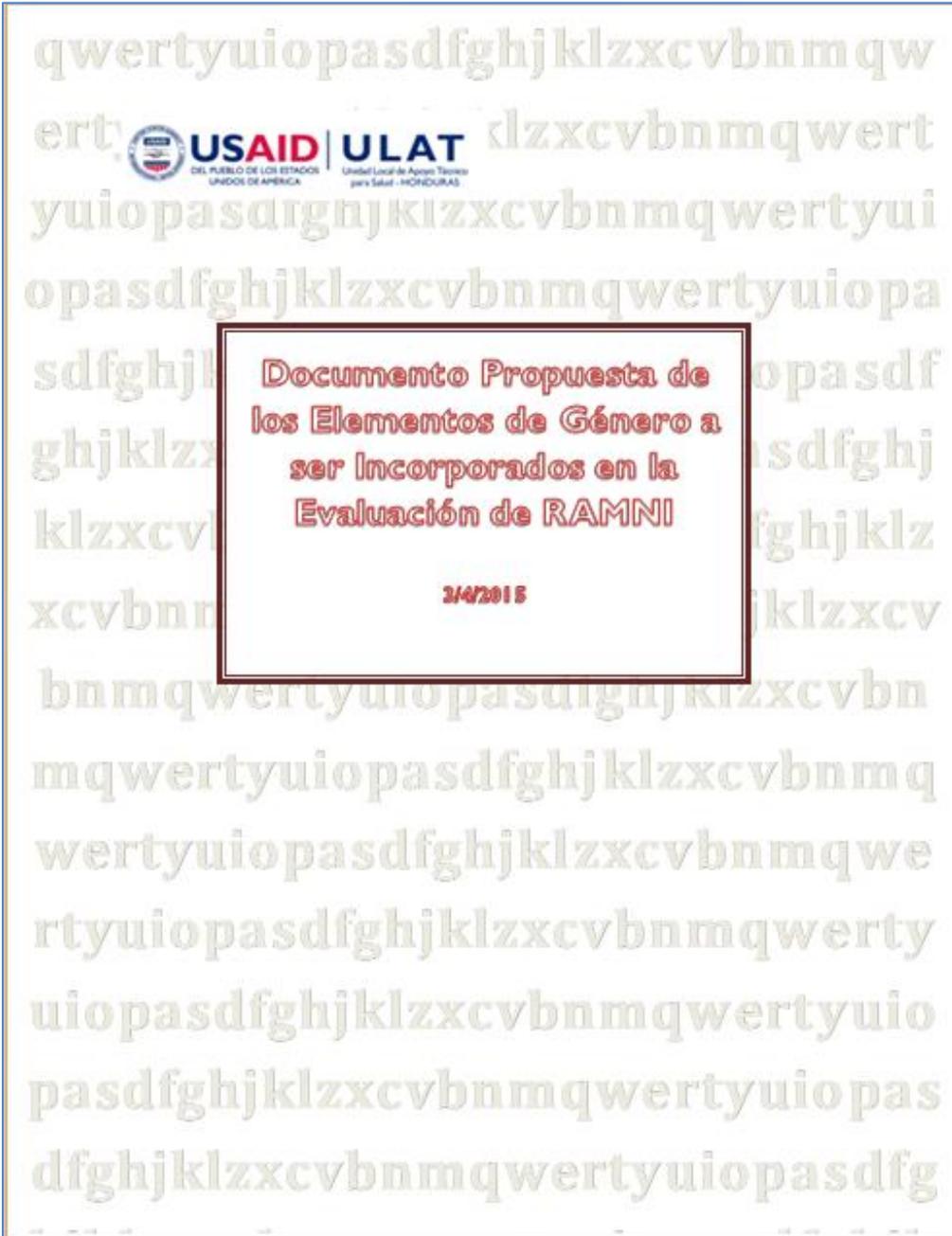
<b>151</b>	FP strategy in rural areas expanded nationally through decentralized managers, using the joint implementation of community strategies (ICEC)	Reports of advances made in the maternal homes training process.	Delivered
		Reports of the events to exchange experiences.	Delivered
		Report on training rural family planning monitors.	Delivered
		Report on monitoring the ICEC process.	Delivered
<b>53</b>	Standards and protocols for maternal and newborn health monitored in compliance in the MOH health units.	Reports of training in the application of maternal and neonatal standards by utilizing the designed methodology and tools.	Delivered
<b>64</b>	Institutional plan monitored and adjusted	Document containing the plan for monitoring and evaluation of PEI adjusted.	Delivered
<b>71</b>	Competencies in institutional planning and organization developed	Report on competencies developed in strategic planning.	Delivered
		Report on training human resources from the Planning Unit and Department of Health Services Networks of the Health Regions on the processes and procedures manual at regional level and the basic positions and profiles template of the health regions' human resources	Delivered
<b>93</b>	Decentralization plan being rolled out progressively and continuously according to programmed health regions for the period.	Report on the process to prepare and implement the plan.	Delivered
<b>96</b>	Decentralized providers training monitoring methodological proposal designed.	Document containing the guide for monitoring the training process for decentralized providers (phase II).	Delivered

<b>100</b>	Decentralized provider training processes monitored according to the new providers included in the year	Report of advances made in the training process for first level of care networks managers and providers.	Delivered
<b>154</b>	Quality results management model for decentralized providers is being implemented	Report on the follow-up the implementation of the guide to management for results for the RISS with decentralized management and its tools.	Delivered
<b>94</b>	Increased implementation of organizational manuals and procedures for managing regional hospital (Phase II).	Quarterly report on advances made on implementation of the hospital management model.	Delivered
		Quarterly report on advances made on the re-design of processes and functional organization of the emergency service of the University Teaching Hospital.	Delivered
<b>144</b>	Hospital Reordering Strategy adjusted based on evaluation results, and under implementation (Phase III).	Report on the results of the implementation process of the RGH guidelines.	Delivered
<b>99</b>	Decentralized providers will have public meetings for accountability and transparency.	Quarterly reports on the process and results from the accountability and transparency and social audits carried out with the managers.	Delivered
<b>106</b>	Designed a framework for building the Beneficiary Identification System component of the National Health Model SPSS (Phase II)	Reference framework document for the development of a system for the identification of beneficiaries of the component of the social protection system in health in the national health model.	Delivered
<b>107</b>	Developed technical proposals of management tools for SPSS component of the new national health model (phase II)	Document containing the technical proposals for the management tools.	Delivered
		Document containing the methodology for identifying and incorporating human groups prioritized to cost structure of	Delivered

		insurance.	
		Document containing the control proposal for the implementation of contracts and agreements of SPSS.	Delivered
		Document containing the proposed system of financial control of SPSS.	Delivered
		Document modalities proposed type of decentralized management of health services, public-public mode.	Delivered
<b>117</b>	Ongoing monitoring of the implementation of SPSS to ensure that the program is running smoothly.	Progress report on the implementation of SPSS.	Delivered
<b>49</b>	Mortality surveillance instruments incorporating gender-related obstacles identified that affect service access and coverage (first delay).	Reports on activities carried out on maternal and child mortality surveillance.	Delivered
<b>139</b>	The M & E system implemented in the management level (central and regional).	Quarterly reports of advances made in implementation of the SIMEGpR	Delivered
<b>83</b>	Proposal for coverage extension projects through decentralized providers approved and adopted.	38 management agreements signed with decentralized providers.	Delivered

## XI. Annexes

### 1. Gender





# Boletín informativo de Género en Salud

Edición N°2 Enero - Marzo 2015

## Editorial INSTITUCIONALIZAR GÉNERO EN SALUD PARA QUÉ?



El proceso de institucionalización debe ser entendido como un proceso mediante el cual se crean instituciones, es decir, causas estables (normas, costumbres y usos) o habituales de comportamiento que se hacen "habituales" en la vida social. En otras palabras, la institucionalización es una manera de operacionalizar un valor social que ha sido acordado por la sociedad (o grupos importantes de ella), ya sea mediante un acuerdo político o cultural. Los propósitos de la institucionalización de Género son variados pero todos tienen en común la búsqueda de la igualdad de género (entre mujeres y hombres en el campo del Salud), con el fin de favorecer la igualdad y el derecho a la salud en este caso, así como para trabajar en la superación de las brechas existentes entre hombres y mujeres. Desde la perspectiva de género, institucionalizar significa integrar y reconocer la existencia del sistema de jerarquía entre los sexos en las relaciones y la dinámica social, como un asunto central en las relaciones de poder.

A modo de ejemplo: las leyes o como instituciones o los partidos políticos, son instituciones en la medida que tienen causas culturales y sociales aceptadas por todos o la mayoría de los integrantes. Esta causa, a su vez, su origen aceptación de un determinado tipo de comportamientos sobre los cuales se aplican sistemas de sanciones (o premios o castigos), permitiendo clasificar "habituales" en el comportamiento de los individuos en relación a dichas causas. Es lo que podemos denominar como "las normas", fuera de las cuales se aplican los sistemas de sanciones (premio o castigo) para los que cumplen al máximo la norma y castigo para aquellos que las transgreden (castigo en algunos casos a la muerte).

La institucionalización del enfoque de género es un caso de avance en el proceso de cambio socio-cultural y sobre todo en el debate actual sobre el papel del Estado en la redistribución de oportunidades. Para nuestro caso la distribución de igualdad de oportunidades para mujeres y hombres.

La sola institucionalización, formal, no es suficiente, con ello sólo se garantiza que de alguna manera, ciertos requerimientos serán contemplados, pero lo que no se garantiza es la incorporación de nuevos y actualizados reclamos surgidos desde la sociedad civil. Si bien son necesarias estas concreciones, para realizar las funciones de inserción social, la dinámica de la sociedad hace imprescindible que las instituciones sean lo suficientemente flexibles como para transformarse e incorporar los cambios.

La institucionalización del enfoque de género, por tanto, aporta una perspectiva crítica de la salud, favorece una visión holística y trata de explicar las formas de vivir, de enfermar y morir de hombres y mujeres con el objeto de reorientar las intervenciones y alcanzar el mejor nivel posible de salud y bienestar y reducir las inequidades en salud por razón de género.

## Consecuencias de no incluir el Enfoque de Género al Análisis de la Salud

Es importante tener en cuenta que al estudiar de la salud sin perspectiva de género obtiene resultados sesgados, es decir, resultados que se quisiera conocer



como "sesgos sesgados negativos", sobre todo de

Los sesgos de género cometidos en la investigación pueden realizarse con métodos cuantitativos, cualitativos o la combinación de ambos (consultar la definición de [metodología](#)).

Debido a la jerarquización de las relaciones en la sociedad patriarcal en que vivimos, donde el masculino tiene más valor que el femenino, la posición de desventaja entre ambos, con más frecuencia corresponde a las mujeres.

Bajo esta perspectiva también se analizan las posibilidades reales, el acceso de sus vidas, sus expectativas y oportunidades, y los conflictos institucionales y sociales que deben afrontar y cómo influye todo ello en la salud de hombres y mujeres.



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**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: 25 de Enero y 8 de Marzo del 2015 Para  
conmemorar el Día de la Mujer Hondureña y el Día  
Internacional de 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



# SEGUIMIENTO AL PROCESO DE DESARROLLO DE LOS CONTENIDOS DE GÉNERO DEFINIDOS EN LA ICEC

3/3/2015



***INFORME DE AVANCE DE LOS ELEMENTOS DE GÉNERO INCORPORADOS EN LAS HERRAMIENTAS GERENCIALES DEL SPSS DEL NUEVO MNS: Herramienta 01.- Propuesta Metodológica para la Identificación e Incorporación de Grupos Humanos Priorizados a la Estructura de Costos del Aseguramiento Público Subsidiado.***

2015

## 2. Intermediate Results 4.1



### **CONSOLIDADO NACIONAL DE PROGRAMACIÓN DE ACTIVIDADES DE PF DE LA SECRETARÍA DE SALUD**

Tegucigalpa, Honduras, 2015

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



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Unidad Local de Apoyo Técnico  
para Salud - HONDURAS

**LINEAMIENTOS TECNICOS PARA EL  
DESARROLLO DE LAS ACTIVIDADES DE  
PLANIFICACION FAMILIAR POR  
PROVEEDORES DESCENTRALIZADOS.**

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*1-3-2015*

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Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

**Sistematización de los procesos logísticos de planificación familiar en la secretaría de salud con énfasis en la estimación de necesidades, adquisición de métodos anticonceptivos, almacenamiento y distribución**

**Marzo 2015**



**CONSOLIDADO PROGRAMACIÓN DE METODOS DE  
PLANIFICACIÓN FAMILIAR DEL INSTITUTO HONDUREÑO DE  
SEGURIDAD SOCIAL  
IHSS**

*Tegucigalpa, Honduras, 2015*



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

**Informe de Monitoreo y Evaluación de la Ejecución de la  
Estrategia para la Gestión de los Servicios de PF en el IHSS:**

**Fecha: Marzo 2015**

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

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

**Informe de las capacitaciones realizadas para la  
implementación de la Estrategia de Planificación  
Familiar en el IHSS.**

**Fecha: Enero - Marzo 2015**

---

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

Sometido a:  
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Management Sciences for Health (MSH)  
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Tegucigalpa, Honduras

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Management Sciences for Health, Proyecto ULAT



INFORME DEL PROCESO DE  
CAPACITACION A LOS COMITES DE  
APOYO DE HOGARES MATERNOS

TEGUCIGALPA MDC

MARZO 2015



INFORME DE INTERCAMBIO DE  
EXPERIENCIAS COMITÉ DE APOYO  
HOGARES MATERNOS

TEGUCIGALPA MDC

MARZO 2015



## INFORME DE CAPACITACION DE MONITORAS/ES DE PF RURAL

TEGUCIGALPA MDC

MARZO 2015



INFORME DE MONITORIA  
PROCESO DE IMPLENETACION  
CONJUNTA DE LAS ESTRATEGIAS  
COMUNITARIAS (ICEC) RISS

TEGUCIGALPA MDC

MARZO 2014

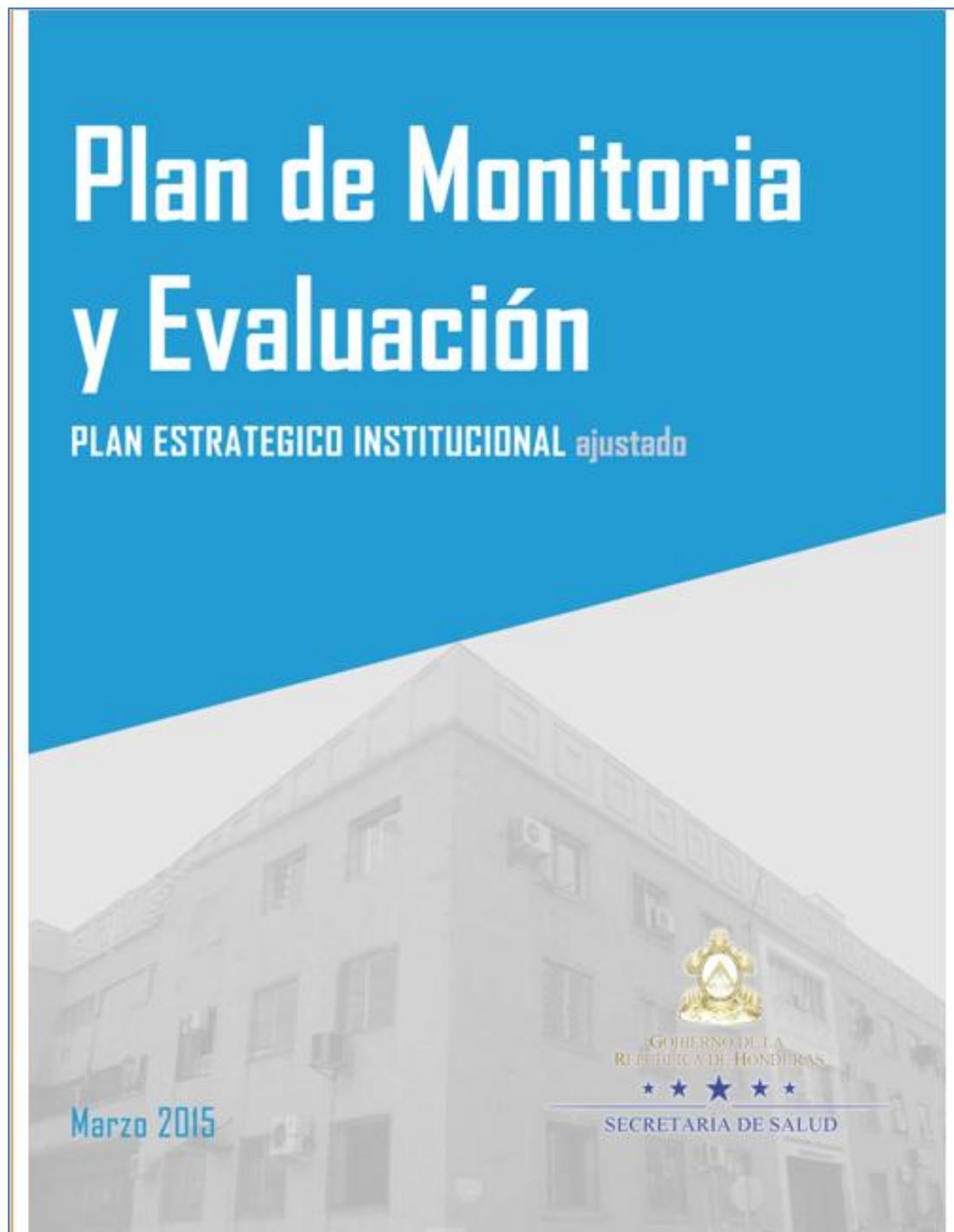


# INFORME DE CAPACITACIÓN EN CUIDADOS OBSTETRICOS Y NEONATALES ESENCIALES (CONE)

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

ULAT/USAID  
2015-03-25

3. Intermediate Results 4.2





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

**Informe de las competencias desarrolladas en  
planificación estratégica**

**Fecha: Enero - Marzo 2015**

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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  
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Tegucigalpa, Honduras

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Management Sciences for Health, Proyecto ULAT



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

### Informe de Capacitaciones en Desarrollo Organizacional Marzo 2015

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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:  
Componente: Reformas:  
Management Sciences for Health, Proyecto ULAT



**Informe:** *Avance sobre el proceso de "capacitación a los recursos humanos de la Unidad de planeamiento, Departamento de redes integradas de servicios y Unidad de Vigilancia de la Salud y de salud de las regiones sanitarias, en el Manual de Procesos y Procedimientos del Nivel Regional y Plantilla Básica de puestos y Perfiles de los Recursos Humanos de las regiones sanitarias"*

**Fecha:** 01 Enero al 31 Marzo del 2015 (Informe Y4Q2)



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

**Informe: Proceso de elaboración e implementación del Plan  
Regional de Gestión de las RISS.**

**Fecha: 01 Enero al 31 Marzo del 2015 (Informe Y4Q2)**

---

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

**Sometido a:**

Dr. Juan de Dios Paredes Pez  
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Gobierno de la  
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SECRETARÍA DE SALUD

**GUÍA PARA EL MONITOREO DEL PROCESO DE  
CAPACITACIÓN DE GESTORES  
DESCENTRALIZADOS  
DE SERVICIOS DE SALUD**

**2015**



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en Salud - HONDURAS

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

**Informe: Avance del proceso de capacitación de los gestores-  
proveedores de las redes de primer nivel de atención.**

**Fecha: 01 Enero al 31 Marzo del 2015 (Informe Y4Q2)**

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

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Tegucigalpa, Honduras

**Sometido por:**

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**INFORME DE SEGUIMIENTO DE LA IMPLEMENTACION DE LA  
GUIA DE GESTION POR RESULTADOS PARA LA RISS CON  
GESTION DESCENTRALIZADA DE LA PROVISION Y SUS  
HERRAMIENTAS DE GESTION**

**Periodo: ENERO – MARZO 2015**



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Tegucigalpa, Honduras

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**INFORME TRIMESTRAL DE AVANCE DEL PROCESO DE LA  
IMPLEMENTACION DEL MODELO DE GESTION  
HOSPITALARIA**

**Periodo: Enero-Marzo 2015**

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

**Informe de Consultoría:  
Informe trimestral de avance del rediseño de proceso y  
organización funcional del servicio de las emergencias del HEU.**

**Fecha: Informe trimestral Enero-Marzo 2015**

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Dr. Juan de Dios Paredes  
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Tegucigalpa, Honduras

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INFORME SEMESTRAL DE RESULTADOS DE  
IMPLEMENTACION DE LOS LINEAMIENTOS DEL  
REORDENAMIENTO DE LA GESTION HOSPITALARIA III FASE

Fecha: Octubre 2014- Marzo 2015



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

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

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

Sometido por:

Management Sciences for Health, Proyecto ULAT

INFORME TRIMESTRAL DEL PROCESO Y RESULTADOS DE LA  
RENDICION DE CUENTAS Y TRANSPARENCIA, Y DE LAS  
AUDITORIAS SOCIALES REALIZADAS A LOS GESTORES  
DESCENTRALIZADOS

**Periodo: ENERO - MARZO 2015**



Gobierno de la  
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SECRETARÍA DE SALUD

***Marco de Referencia para construcción  
de un Sistema de Identificación de  
Beneficiarios del Componente del SPSS  
del Modelo Nacional de Salud***

**SPSS**



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SECRETARÍA DE SALUD

# **HERRAMIENTAS GERENCIALES DEL SISTEMA DE PROTECCIÓN SOCIAL EN SALUD**

**SPSS**



**USAID**  
DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA

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

**PROPUESTA METODOLÓGICA PARA LA IDENTIFICACIÓN E  
INCORPORACIÓN DE GRUPOS HUMANOS PRIORIZADOS A  
LA ESTRUCTURA DE COSTOS DEL ASEGURAMIENTO  
PÚBLICO SUBSIDIADO**



GOBIERNO DE LA  
REPÚBLICA DE HONDURAS



SECRETARÍA DE SALUD

# **HERRAMIENTAS GERENCIALES**

*Sistema de Protección Social en Salud*



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DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA

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

**PROPUESTA DE CONTROL PARA LA  
IMPLEMENTACIÓN DE CONTRATOS, CONVENIOS Y  
ACUERDOS DEL SPSS**



Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

**HERRAMIENTAS  
GERENCIALES**

*Sistema de Protección Social en Salud*



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DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA

**ULAT**  
Unidad Local de Atención Técnica  
para Salud - HONDURAS

**2**

**SISTEMA DE CONTROL FINANCIERO DEL SISTEMA  
DE PROTECCIÓN SOCIAL EN SALUD**



Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

# **HERRAMIENTAS GERENCIALES**

*Sistema de Protección Social en Salud*

**3**



**USAID**  
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UNIDOS DE AMÉRICA

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

**MODALIDADES TIPO DE GESTIÓN  
DESCENTRALIZADA DE SERVICIOS DE SALUD,  
MODALIDAD PÚBLICO - PÚBLICO**



Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

# **HERRAMIENTAS GERENCIALES**

*Sistema de Protección Social en Salud*



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

**4**



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

**Fecha: 01 Octubre 2014 al 31 Marzo del 2015 (Informe Y4Q2)**

**Sometido a:**

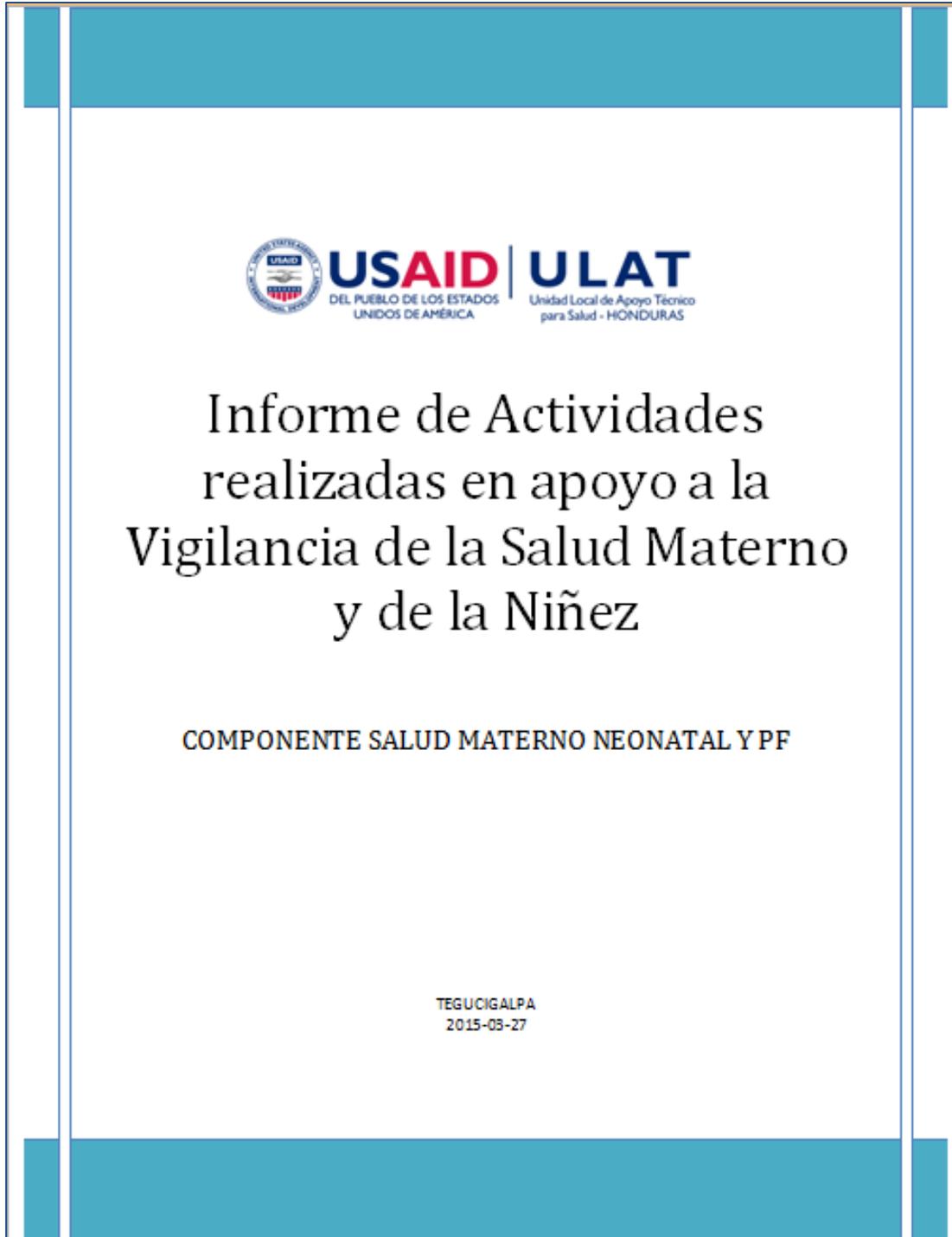
Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

Management Sciences for Health, Proyecto ULAT

**INFORME DE AVANCES EN LA  
APLICACIÓN DEL SISTEMA DE  
PROTECCIÓN SOCIAL EN SALUD**

#### 4. Intermediate Results 4.4



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**Proyecto- Unidad Local de Apoyo Técnico en Salud (ULAT II)  
HONDURAS**  
**Informe de Avance en la implementación del Sistema de  
Monitoreo y Evaluación de la Gestión**  
**Fecha: 1 Enero a 31 de Marzo, 2015**

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

Sometido a:  
Dr. Juan de Dios Paredes  
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Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

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Management Sciences for Health, Proyecto ULAT



## 5. Additional Documents

38 management agreements signed with decentralized providers.

# 164-15



GOBIERNO DE HONDURAS  
SECRETARÍA DE ESTADO EN EL DESPACHO DE SALUD

**CONVENIO DE GESTION  
PARA LA PRESTACION DE SERVICIOS DE SALUD DE PRIMER NIVEL ENTRE LA  
SECRETARÍA DE SALUD Y EL GESTOR CORPORACIÓN MUNICIPAL DE ATIMA**

Nosotros, **Edna Yolani Batres Cruz** mayor de edad, hondureña, con tarjeta de identidad No. 1311-1967-00022, Médico Especialista en Salud Pública, con domicilio en la ciudad de Tegucigalpa, Municipio del Distrito Central, Departamento de Francisco Morazán, actuando en mi condición de Secretaria de Estado en el Despacho de Salud, nombrada mediante Acuerdo Ejecutivo No. 09-2014 de fecha 27 enero de 2014, quien en lo sucesivo se denominará "**LA SECRETARIA**" y **Héctor Arturo Alcantara**, mayor de edad, estado civil, hondureño, con tarjeta de identidad No. 1313-1968-00441, actuando en mi condición de Representante Legal de la Corporación Municipal de Atima, Santa Bárbara, nombrado por el Tribunal Supremo Electoral mediante punto único de la Sesión Extraordinaria de fecha de 13 de Diciembre 2013, quien en lo sucesivo se denominará "**EL GESTOR**", hemos acordado en celebrar el presente **CONVENIO DE GESTION**, sujeto a las clausulas siguientes:

**CLAUSULA PRIMERA: PROPOSITO**

Contribuir al mejoramiento del estado de salud y bienestar de la población beneficiaria con énfasis en las poblaciones postergadas, priorizando al grupo materno infantil.

**CLAUSULA SEGUNDA: OBJETIVOS DEL CONVENIO**

**General**

Garantizar el cuidado de la salud de la población beneficiaria y la mejora del acceso, cobertura y calidad de los servicios de salud con énfasis en el grupo materno-infantil, mediante la implementación de un modelo de atención familiar comunitario, a través de acciones de promoción, prevención de enfermedades y daños a la salud, incremento del acceso y accesibilidad de los servicios integrales, continuos, con calidez, culturalmente aceptables, oportunos y eficientes con énfasis en poblaciones en condiciones de pobreza y extrema pobreza.

**Especificos**

1. Mejorar el acceso y accesibilidad de los servicios de salud según las estrategias establecidas en base al Modelo Nacional de Salud y los lineamientos establecidos por **LA SECRETARIA**.
2. Contribuir a la reducción de la morbilidad y mortalidad materna a través de

  
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