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AIDSTAR Plus

AIDSTAR PLUS FINAL REPORT

JUNE 14, 2013 – AUGUST 26, 2015

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ACRONYMS

AIDS	Acquired immunodeficiency syndrome
AIDSTAR	AIDS Support and Technical Assistance Resources
AO	Assistance objective
ARV	Antiretroviral
BPS	Basic package of services
CAI	Comprehensive Care Treatment Centers for People with HIV (In Spanish, Centro de Atención Integral)
CBO	Community based organization
CDC	U.S. Centers for Disease Control and Prevention
COR	Contracting officer's representative
ECVC	Sentinel behavior study (In Spanish, Encuesta Centroamericana de Vigilancia de Comportamiento)
GOH	Government of Honduras
HIV	Human immunodeficiency virus
IHSS	Honduran Social Security Institute (In Spanish, Instituto Hondureño de Seguridad Social)
JSI	John Snow, Inc.
LMG	Leadership, Management, and Governance Project
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
OI	Opportunistic infection
PAHO	Pan-American Health Organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission of HIV
SCMS	Supply Chain Management System
STI	Sexual transmitted infection
SW	Sex workers
TA	Technical assistance
ULAT	Local Technical Assistance Unit for Health (In Spanish, Unidad Local de Asistencia Técnica en Salud)
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary counseling and testing

LETTER FROM THE CHIEF OF PARTY

On behalf of JSI, I would like to thank Minister of Health Dr. Edna Yolany Batres, vice ministers of health, general directors, and the five health regions that implemented the pilot for their leadership and commitment to the process. Also, I want to thank the health providers for their tireless efforts to update their knowledge and their impressive work providing quality care to their clients.

I would like to thank members of the AIDSTAR Plus team for their dedication to providing meaningful and relevant technical assistance during this phase of the pilot. Their professionalism, experience, and expertise have contributed invaluably to helping the regions operationalize both the *National Strategy for Comprehensive Care of STI/HIV/AIDS* and Honduras' larger health reform efforts.

Lastly, I express my gratitude to the people of the United States of America for their generous support to this project through the United States Agency for International Development (USAID).

Together, our collective efforts have increased the number of people in Honduras that have access to STI, HIV, and AIDS treatment. Our work has standardized service quality and made sure that all services (public, private, and non-profit) are functionally integrated into the health system, making them much more accessible to the people who need them.

In gratitude,

Rolando Pinel
Chief of Party
AIDSTAR Plus

I. EXECUTIVE SUMMARY

AIDSTAR Plus strengthened the ability of the Honduran Ministry of Health (MOH) to operationalize the country's *National Strategy for Comprehensive Care of STI/HIV/AIDS* at both the central and regional levels. Launched in 2011, the *Strategy* sets out a comprehensive approach, at all levels of care, for preventing and treating sexually transmitted infections (STIs), including HIV, and opportunistic infections (OIs), within the context of health sector reform and the country's health plan and vision for 2010-2014.

While the *Strategy* had been praised widely for the strength of its approach, the MOH needed assistance in helping regional health teams (and central level employees) understand how to make it operational. AIDSTAR Plus answered that call by providing targeted technical assistance to MOH employees at both central and regional levels to put the *Strategy* in to action.

AIDSTAR Plus worked with five health regions (Cortes, Atlantida, Bay Islands, Metropolitan Central District, and Metropolitan San Pedro Sula), which were prioritized to start implementing the *Strategy* under a specially designed pilot program.

Technical assistance from AIDSTAR Plus helped the regional health teams develop a set of norms, procedures, and guidelines to operationalize the Strategy and thereby improve the quality, coverage, and cost effectiveness of STI/HIV/AIDS services. By the end of AIDSTAR Plus, the five regional health teams felt prepared to continue implementing the *Strategy* on their own.

Equally important, the MOH teams who received technical assistance from AIDSTAR Plus (at both the central and regional levels) are motivated and prepared to help the remaining regional health teams begin the process of operationalizing the *Strategy* in their areas, which is fully in line with the government's goal to scale up *Strategy* implementation across the country.

Additional **project achievements** include:

1. **Strengthened stewardship capacity of the MOH**. After technical assistance from AIDSTAR Plus, the Honduran Ministry of Health is in a stronger position to guide implementation of the *National Strategy for Comprehensive Care of STI/HIV/AIDS* at both the central and regional levels. The launching of the Technical Norms for the Health Sector and the Norm in Clinical Care for People with HIV in August 2015 demonstrated MOH capacity to create actionable norms and guidelines for health services.

   Together, AIDSTAR Plus and the MOH created more than 30 tools and guidelines for MOH staff and program managers including STI norms, HIV norms, procedures manuals for the detection and care of STIs, laboratory operating procedures to diagnose the most common opportunistic infections in people with HIV, guidelines for technical orientations on behavior communication for STI and HIV prevention in key populations, etc.

2. **Improved quality, coverage, and cost-effectiveness of HIV and STI services**. AIDSTAR Plus assisted the regional health teams in developing quality improvement plans and implementing supportive supervision to improve quality. Coverage was improved by helping regional health teams map out all the STI/HIV/AIDS services in their area (including public, private, and nonprofit) into a seamless network of services, complete with a working referral system. And cost effectiveness was achieved with the creation of a practical tool that correctly calculates the costs of services within a network.

3. **Fulfilled regional pilot implementation plan objectives**. AIDSTAR Plus supported the MOH in mapping and creating functional integrated referral networks that ensure clients receive seamless services along the full continuum of STI/HIV/AIDS care. Specific guidelines, tools, and training curricula were institutionalized at national level are now available for regions to use. The costing of services tool is a game changer for regional health teams and providers – allowing them to determine service costs and thus more effectively plan and spend their budgets.

4. **Sustained knowledge transfer of clinical practices**. AIDSTAR Plus developed six training curricula for training of trainers and training of providers. The curricula cover important technical areas such as correctly using the procedures manuals and guidelines to implement the specific package of STI and HIV services for PLHIV and key populations, developing and standardizing a comprehensive and systematic approach to supportive supervision, and reorganizing comprehensive care and treatment to expand ARV therapy at the primary health care level. The AIDSTAR Plus team trained 237 national and regional trainers and 1,300 providers using the curricula mentioned above.

The main **lessons learned** from the project are:

- Future technical assistance should be designed to cover the entire pilot implementation period for measurement and carry-over purposes.

- The different pilot processes must be considered as an integrated approach in order to achieve the expected impact: timing of some interventions should be synchronized, while others cannot occur without the conclusion of others.

- Mid-term assessments and evaluations are useful to improve project implementation and expand the programs, but should be planned at the start of the project.

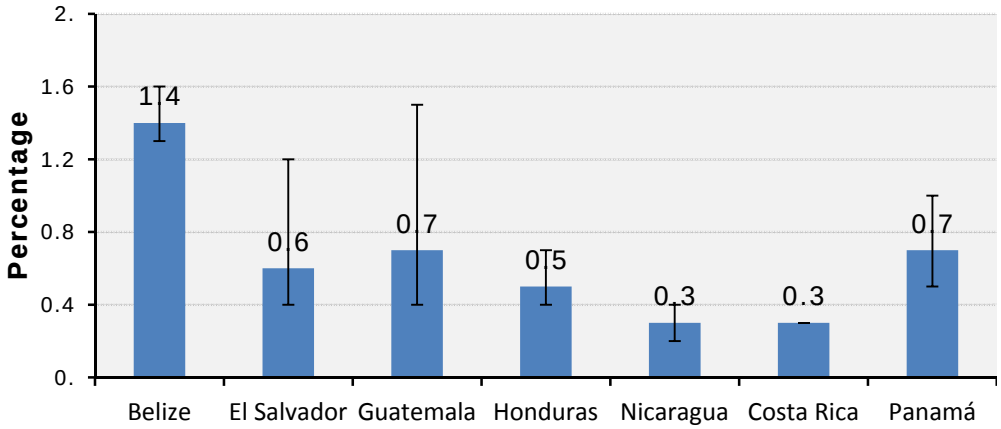
- The dashboard tool developed by the project with the MOH has improved the health regions' management capacity, and should be extended and promoted.

II. THE BIG PICTURE: OPERATIONAL CONTEXT

The status of HIV and AIDS in Honduras and Central America

According to UNAIDS 2012 estimates, approximately 35.3 (32.2-38.0) million people were living with HIV worldwide and 2.3 (1.9-2.7) million new infections were registered that year. In Central America, an estimated 148,500 people were living with HIV in 2012, of which 8,500 were new infections. In the region, the highest prevalence of HIV in adults from 15-49 years of age is observed in Belize with 1.4%, followed by Guatemala and Panama each with a prevalence of 0.7%, El Salvador with a prevalence of 0.6%, Honduras with a prevalence of 0.5%, and Nicaragua and Costa Rica each with a prevalence of 0.3% (Figure 1).[1]

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



While national data confirm a prevalence of HIV in the general population of Honduras aged 15-49 years in 2012 of 0.5% (0.4%-0.7%), the prevalence of HIV among key populations in major cities ranges from 3.3% to 15.3%. In this context, key populations present greater exposure to risk factors, which explains the higher HIV prevalence when compared to the general population.[2]

Official data from Honduras show that the pattern of HIV transmission remains primarily sexual, with a male to female ratio of 1.1 to 1.0.[3] Despite the progress achieved through the efforts of the government of Honduras (GOH), with support from national and international partners, high prevalence persists among key populations, with an estimated prevalence of 6.9 to 11.7% among men who have sex with men (MSM), 3.3 to 15.3% in sex workers (SW), and 1.7 to 4.9% in the Garífuna population.[4] Key populations are defined as SW, MSM, transgender populations, and the Garífuna ethnic group on the North Coast. Other vulnerable and bridge populations include clients of SW and partners of key populations.

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[1] 2012 UNAIDS Report on the Global AIDS Epidemic. http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf

[2] ECVC, 2012.

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

[4] ECVC, 2012.

Country context

Role of the Health Secretariat. The Health Secretariat, according to the Honduras Constitution, is responsible for providing the Honduran population with access to an essential package of health services by public and private providers. The Health Secretariat developed the National Health Plan called "Plan de Salud 2010-2014," within a long-term country strategy and health sector reform process that started almost ten years ago.

The health reform aims to separate the functions of stewardship (from the central level of the Health Secretariat) and service delivery (from approximately 1,700 service delivery units throughout the country) within the Health Secretariat and to include private and NGO providers.

The Health Secretariat designed the pilot program for the *National Strategy for Comprehensive Care of STI/HIV/AIDS* to be first implemented in the five highest prevalence regions (75% of national HIV cases) of Honduras. After the pilot is completed in December 2015, implementation will expand to the remaining 15 regions.

About the *National Strategy for Comprehensive Care of STI/HIV/AIDS*. As discussed above, AIDSTAR Plus was expected to strengthen the stewardship of the Ministry of Health to implement the *National Strategy for Comprehensive Care of STI/HIV/AIDS.*

The predecessor project to AIDSTAR Plus, which was called AIDSTAR-One (and also implemented by JSI), supported the Honduran Ministry of Health to develop the *National Strategy for Comprehensive Care of STI/HIV/AIDS* within Honduras' health reform framework.

The general objective of the *Strategy* is to develop a comprehensive approach to STIs, including HIV, within the context of health sector reform and the country's vision and health plan 2010-2014 at all levels of care.

The specific objectives of the *Strategy* are to:

1. Establish general guidelines for strengthening the stewardship of the Ministry of Health in the framework of comprehensive care for STI/HIV/AIDS nationwide,
2. Define strategic lines of health services aimed at improving service delivery in the areas of promotion, prevention, care, and support in STI/HIV/AIDS with high efficiency, effectiveness, timeliness and quality, according to advances in the reform process at national level,
3. Define strategic actions to expand the coverage of services in STI/HIV/AIDS to the most vulnerable populations and the general population, under new management models of provision, and
4. Define operational guidelines for the implementation of strategic reframing.

About the *National Strategy for Comprehensive Care of STI/HIV/AIDS* pilot program. The pilot for the *National Strategy for Comprehensive Care of STI/HIV/AIDS* has two phases: 1) implementation preparation and 2) national implementation. The AIDSTAR Plus project provided technical assistance to the MOH for the pilot implementation only through Phase one, Stage Two, Level Two of the pilot.

<u>Phase One</u>

Stage One: Preparation for the pilot implementation

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

Stage Two: Pilot implementation of the *Strategy*

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

Stage Three: Evaluation and adjustment to the *Strategy*

Phase Two: National Implementation

III. GOALS AND OBJECTIVES OF AIDSTAR PLUS

AIDSTAR Plus was in alignment and part of the response of the USAID/Honduras Country Assistance Strategy 2009, specifically assistance objective four: Health Status for Underserved and Vulnerable Populations Improved. The project will contribute directly to the achievement of intermediate result 4.3: Use of Quality HIV/AIDS Services Expanded and sub-IR 4.3.2: Quality of HIV/AIDS Treatment, Care, and Support Services Improved.

The project objective was "Technical capacity strengthened within the MOH to implement activities under the new National HIV Strategy."

The following three expected results measured progress toward the project objective:

- Expected Result I: Improvement of the quality of STI and HIV/AIDS services,
- Expected Result II: Improvement of the coverage of STI and HIV/AIDS services, and
- Expected Result III: Improvement of the cost-effectiveness of STI and HIV/AIDS services.

IV. PROGRAM RESULTS

Results from the pilot's midterm assessment indicate that the technical assistance provided by AIDSTAR Plus has been both well received and well absorbed. Of course, this would not have been possible without the regional health teams being tirelessly dedicated to increasing the quality of services at the regional and community levels. All project milestone products reside with the MOH for future use, on the USG Development Experience Clearinghouse, and the JSI website (www.jsi.com).

Successes across all Expected Results

- All processes for designing, drafting, and implementing training workshops were in line with the Honduras health strategy, and in close collaboration with the MOH.
- Service providers and managers at national and regional levels have been trained to replicate trainings in their own regions and when the MOH expands the pilot program throughout the country.
- All guidelines, tools, and curricula are endorsed by the MOH and therefore institutionalized for future use at national and regional levels.

- The systematization of all the processes to implement the *Strategy* and the results produced has been completed. The five regions now provide concrete examples and live resources for each other and for new regions.
- Instruments like the dashboard and the health services costing tool have been developed and used extensively for better management and cost efficiency of service provision.

Result I: Improvement of the quality of services

A more effective and sustained HIV response entails gradually strengthening private and public sector STI/HIV/AIDS service standards and quality, while meeting the diverse needs of key populations.[5]

The launching of the Norm in Clinical Care for People with HIV, in August 2015, is one of the key pillars to guarantee quality standards for care. In addition, AIDSTAR Plus provided technical assistance (TA) to develop the following products in each of the five priority regions to improve the quality of services. **Table 1** displays these deliverables as they relate to the project work plan, the key processes for developing the products, how they relate to the project's performance monitoring plan (PMP) indicators, and when they were submitted and approved by USAID.

Table 1: Milestones completed to improve service quality

Work Plan Activity	Key processes	Milestones	PMP Indicator #	Submitted	Approved
Expected Result I: Improvement of the quality of services					
1.1 Provide technical support to the MOH in the elaboration/updating of two norms, two procedures manuals and one guideline required by the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk	1. Development and endorsement of the Technical Health Norm: Comprehensive Care for the Population in Addressing Sexually Transmitted Infections. Requirements	**1. Draft technical norm developed and endorsed:** Comprehensive Care for the Population in Addressing Sexually Transmitted Infections. Requirements	4	February 24, 2015	March 6, 2015
	2. Development and endorsement of the Technical Health Nom: Comprehensive Care for the Population. Promotion, Prevention and Treatment of Infection by the Human Immunodeficiency Virus (HIV). Requirements for Harmonization	**2. Draft technical norm developed and endorsed:** Comprehensive Care for the Population. Promotion, Prevention and Treatment of Infection by the Human Immunodeficiency Virus (HIV).	4	February 10, 2015	March 6, 2015

[5] Strengthen the health services capacity to deliver the following services: Promotion of Prevention of Mother to Child Transmission (PMTCT), HIV Counseling and Testing, Adult ARV Treatment, Child ARV Treatment, STI and HIV Prevention and Promotion of Healthy Behaviors, STIs Detection and Care, and Opportunistic Infections (OIs) Detection, with high quality standards in a timely manner.

Work Plan Activity	Key processes	Milestones	PMP Indicator #	Submitted	Approved
Expected Result I: Improvement of the quality of services					
		Requirements for Harmonization			
	3. Development of a technical guidance document for behavior change strategies in key populations	**11.b Guideline on Health Promotion and STI and HIV Prevention**	4	May 20, 2015	June 5, 2015
	4.Development and endorsement of the Detection of Opportunistic Infections Procedures Manual	**3. Detection of Opportunistic Infections draft procedures manual developed and endorsed**	2,4,8	September 30, 2014	November 17, 2014
1.2: Enhance the capacity of MOH staff for the correct application of the norms, procedures manuals and guidelines in the implementation of the Specific Package of STI and HIV Services for PLHIV and key populations at higher risk	1.TA to the National AIDS Program technical staff for the development of a training curricula for the Detection and Care of STIs TOT	**4. Detection and Care of STIs curriculum developed**	4	November 4, 2014	November 17, 2014
	2.TA to the National AIDS Program technical staff for the development of a curricula for the technical orientations on behavior change communication for STI and HIV prevention in key populations	**5. Curriculum developed:** Technical orientations on behavior change communication for STI and HIV prevention in key populations	4	June 16, 2016	June 25, 2015
	3.TA to the National AIDS Program for the development of a curricula for the Pediatric HIV/AIDS Clinical Care and Treatment	**6. Pediatric HIV/AIDS Clinical Care and Treatment curriculum developed**	2, 7-10	June 2, 2014	July 1, 2014
	4. Technical support to the National AIDS Program for the training of services providers in: Management of Sexually Transmitted Infections (STI) Procedures Manual, Technical Orientations on Behavior Change Communication for STI and HIV Prevention in Key Populations, Laboratory Operating Procedures Manual to Diagnose the Most Common Opportunistic Infections in People with	**7. 15 training workshops conducted for service providers**	1-10	July 31, 3015	August 6, 2015

Work Plan Activity	Key processes	Milestones	PMP Indicator #	Submitted	Approved
Expected Result I: Improvement of the quality of services					
	HIV				
	5. Percentage of health workers trained who correctly apply guidelines for treatment of HIV/AIDS patients	**8. Percentage of health workers trained who correctly apply Guidelines for treatment of HIV/AIDS patients**	1-10	August 20, 2015	August 24, 2015
1.3: Develop technical capacities of the service providers in supportive supervision and quality improvement	1. Draft curricula and support organizing and conducting the supportive supervision TOT	**9. Curriculum in supportive supervision developed**	1-10	June 2, 2014	July 1, 2014
	2. Draft curricula and support organizing and conducting the quality improvement TOT				
	3.Provide ongoing support and supervision for the training of services providers in supportive supervision and quality improvement				
1.4: Operationalization of the Basic Package of Services in STI/HIV/AIDS for PLHA and key populations	1. Facilitate a technical meeting for the discussion and final agreements on the Basic Package of Services contents	**10. Meeting held to revise BPS with report of the meeting submitted**	1-8, 10	June 2, 2014	July 1, 2014
1.5 Revision and update of the Basic Package of Services for STI/HIV/AIDS	1. Workshop conducted for the analysis of BPS implementation and revision of BPS for key populations	**11.a Updated Basic Package of Services for key populations**	1-8, 10	June 30, 2015	July 9, 2015

Developed technical capacity of service providers in quality improvement

AIDSTAR Plus coordinated with the Quality Management Unit and the five prioritized regions to train national and regional level trainers from the public and non-public sectors in continuous quality improvement. Project staff contributed to reviewing all workshop agendas, materials preparation, training manual drafting, review and editing, and logistical support during the workshops. With the help of a JSI clinical consultant, project staff implemented the following workshops (**Table 2**). National and regional level trainers are now equipped to replicate trainings at scale nationwide.

Table 2: Number of people trained in quality improvement

		Providers		*Trainers*			
		Public	**Private**	**TOT**	**Total**	**Men**	**Women**
ERI	STI Management	124	13	39	176	22%	78%
	STI SBCC	100	15	37	152	19%	81%
	OI Lab operations	21	12	23	56	9%	91%
	Supportive Supervision	122	12	35	169	25%	75%
	SS guide implementation	88	10	0	98	19%	81%
	Quality Improvement	446	0	95	541	20%	80%
TOTAL		**901**	**62**	**229**	**1192**	**20%**	**80%**

Successes in Quality Improvement

1. Enhanced regulatory capacity of the MOH, with service providers within networks following quality standards and protocols to be MOH-certified.

1. Leadership of MOH throughout this process demonstrated commitment to increasing access to and quality of health care, which in turn is raising demand for quality services.

2. The culture of supportive supervision has expanded at the service delivery level, where managers and providers expect oversight and action planning to improve quality based upon the standardized tools.

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

Supported the reorganization of STI and HIV/AIDS service provision

AIDSTAR Plus provided TA to define the responsibility for the provision of STIs and HIV/AIDS services for public and private sectors to identify and organize service provision as integrated, functional networks that link all public and private health service providers in a transparent manner to ensure continuum of care within a defined geographical area.

In order to develop the Referral and Response System for the Integrated Health Service Networks for HIV and STI, the project also supported the development of a conceptual document describing the referral and response system, based on the experience of the definition of the integrated health service networks and a technical review and discussion of documents regarding the Referral and Response System in the framework of the National Health Model. These networks strengthen communication among providers and clarify the referral system from lowest to highest service provision levels to ease navigation for clients and feedback loops among providers.

Table 3 summarizes the milestones that lay the foundation for sustained expanded service coverage now and into the future.

Table 3: Milestones completed to improve coverage of services

Work Plan Activity	Key processes	Milestones	PMP Indicator #	Submit Date	Approval Date
Expected Result II: Improvement of the coverage of services					
2.1: Reorganization of STI/HIV/AIDS Service Provision	1. Provide TA for the establishment and implementation of functional HIV/AIDS service networks through which public and private service providers can deliver the Basic Package of Services in STI/HIV/AIDS for PLHA and key populations. The assistance will be comprised of the following activities: define Terms of Reference, coordination of framework, establishment of referral systems, coverage determination, updating of network providers	**12. Development of a Conceptual Framework for the implementation of health services networks, including referral sub-system developed**	All	June 9, 2015	June 16, 2015
	2. TA in M&E (such as identifying indicators and data collection mechanisms) of health services network´s functionality	**13. Document describing the mechanism to monitor and evaluate the network functionality**		June 30, 2015	July 9, 2015
2.2 Reorganization of a comprehensive care and treatment public regional network to expand access to ARV therapy at the primary health care level	1. Document describing the reorganization of Comprehensive Care and ART services in the Health Sector Reform Framework	**18. Document describing the Reorganization of Comprehensive Care and ART services in the context of Health Sector Reform in Honduras**	All	May 11, 2015	May 19, 2015
	1. TA in M&E (such as identifying indicators and data collection mechanisms) of ARV therapy sub-network´s functionality	**14. National meeting held on Monitoring and Evaluation and report meeting submitted**	All	April 15, 2015	June 11, 2015
2.3: TA to revise and adjust the Specific Implementation Plans in the five health regions (one per region) and to update the National Master Strategy Implementation Plan	1. TA (such as advising and drafting documents) to update the National Master Strategy Implementation Plan	**15. National Master Strategy Implementation Plan updated**	All	June 2, 2014	July 1, 2014
2.3: TA to revise and adjust the Specific Implementation Plans in the five health regions (one per region) and to update	2. TA to the Regional Authorities, for the adjustment of regional implementation plans (such as drafting updates)	**16. Five regional implementation plans adjusted**	All	June 2, 2014	July 1, 2014

Work Plan Activity	Key processes	Milestones	PMP Indicator #	Submit Date	Approval Date
the National Master Strategy Implementation Plan					
2.4: TA for monitoring and evaluation of the National Strategy Implementation Master Plan including the implementation of the specific plans in the five health regions	1. TA to the process related to the execution of the regional implementation plans for 2015	**17. Updated implementation plans for 2015**	All	June 10, 2015	May 19, 2015

In preparation for the training of human resources in health service networks, AIDSTAR Plus coordinated with the Primary Health Care Department to develop curricula for training trainers and providers in integrated health service networks in STI and HIV. The Project provided technical and logistical support in coordination with ULAT for the following trainings (**Table 3**). TA included the review of the Conceptual Framework for the Implementation of Health Service Networks in STI and HIV, adjustments to the workshop agenda and training curricula, printing of materials, materials preparation, team forming to facilitate the workshop, as well as logistical support for carrying out the event.

Table 3: Number of people trained in HIV and STI service provision

		Providers		***Trainers***			
		Public	**Private**	**TOT**	**Total**	**Men**	**Women**
ER II	STI / HIV integrated networks	100	44	39	183	28%	72%
	Comprehensive HIV care	11	0	0	11	27%	73%
	HIV respectful care awareness	198	0	0	198	27%	73%
	HIV risk-based counseling	18	0	0	18	6%	94%
	HIV risk-based testing	10	0	0	10	10%	90%
	Clinical M&E	31	0	0	31	19%	81%
TOTAL		**368**	**44**	**39**	**420**	**26%**	**74%**

Successes in HIV and STI service provision

1. Twenty geographically-planned health networks established and prioritized based on incidence and prevalence of HIV according to the MOH notification system. The process of developing these networks built planning capacity for creating more networks in the future.
2. Networks now ensure expanded access to ARV therapy to ten new health service delivery points at the primary health care level.
3. New monitoring and evaluation protocols developed to track network functionality and provide routine data for decision-making.
4. Operational Framework and Master Implementation Plan endorsed by government and presented to regions to ensure pilot continues and is completed in December 2015 after the life of the project, and as a model to other regions in the future.

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

Once the services and activities in the Specific Package of STI and HIV Services in the areas of prevention, promotion, care, and support were defined, AIDSTAR Plus provided technical support to the MOH to improve planning based on the cost-effectiveness of services. The project drafted an automated costing tool aligned with the Package of Services and designed to be user-friendly for service providers at the service delivery level. **Table 4** articulates the milestones completed to roll out the costing tool and ensure its future use.

Table 4: Milestones completed to improve the cost-effectiveness of services

Expected Result III: Improvement of the cost-effectiveness of services					
3.1: Adjustment and national validation of an automated tool in Excel for the costing of the package	1. Technical and administrative support to carry out a National Meeting to validate and adjust the automated tool	**19. Automated costing tool adjusted and validated**	All	October 6, 2014	December 2, 2014
3.2: Training of human resources for the Improvement of the cost-effectiveness of STI and HIV/AIDS services	1. TA to develop the curricula for costing of services and TOT, according to the procedures in national standards.	**20. Curriculum for costing of services developed**	All	October 6, 2014	December 2, 2014
	2. TA to develop the curricula for results-based management and TOT, according to the procedures in national standards.	**21. Curriculum for results-based management developed**		April 7, 2015	June 11, 2015
	3. TA for the training of services providers in costing of services and results-based management	**22. Fifty (50) service providers trained**		April 23, 2015	June 11, 2015
3.3: Provision of TA for the costing of STI and HIV/AIDS services	1. TA to the field implementation of the automated costing tool for STI/HIV/AIDS services	**23. Twenty six (26) STI and HIV/AIDS services costed out in each health region**	All	July 31, 3015	August 6, 2015
3.4: Provision of TA for the development of five plans to finance the basic package of services (harmonizing	1. Technical and administrative support to a work meeting to harmonize and align the cooperation organizations at central level	**24. One (1) working meeting to harmonize and align the cooperation organizations at central level**	All	January 23, 2015	March 6, 2015

the contributions of international cooperation and national funds to provide sustainability and coherence to the new organization of the provision of STI and HIV/AIDS services)	2. Technical and administrative support to a work meetings to harmonize and align the cooperation organizations at the central level	**25. Five (5) working meetings to harmonize and align the cooperation organizations at the central level and reports meetings submitted**		August 20, 2015	August 24, 2015
3.6 National Strategy Pilot Final Evaluation	1. Development of a Proposal that includes the systematization of lessons learned and best practices	**26. Proposal for the Systematization of experiences in the Pilot Implementation**	All	May 4, 2015	May 19, 2015
	2. Development of a document that provides an overview of what has been accomplished in the five prioritized health regions and identification of what is still pending completion, including recommendations regarding the TA needed to complete the pending actions	**27. Assessment of Pilot Implementation in the Five Prioritized Health Regions**	All	August 20, 2015	August 24, 2015

Provided TA for the training of human resources for the improvement of cost-effectiveness of STI and HIV/AIDS services

AIDSTAR Plus supported the MOH in developing curricula for the training of human resources in the costing of services, which includes a Training of Trainers Manual and a Training of Providers Manual. The curricula developed establishes the general framework for the training process defining the topics to give in the training, the methodologies and tools to be used, the timeframe for the TOT and the evaluation mechanisms (**Table 5**).

Table 5: Number of people trained in costing and managing services

		Providers		***Trainers***			
		Public	**Private**	**TOT**	**Total**	**Men**	**Women**
ER III	Services costing	77	26	22	125	19%	81%
	Managing for Results	72	12	23	107	29%	71%
TOTAL		**149**	**38**	**45**	**232**	**24%**	**76%**

Successes in improving cost-effectiveness of services

- Provided technical support to the Health Secretariat political authorities to strengthen technical coordination among international and national cooperation partners
- The automated costing tool was developed, validated, and applied in planning settings by people who understand how to use it.
- A conceptual framework for results-based management was developed, finalized and published.
- A mid-term assessment documented lessons learned and best practices from the different experiences in the five regions to inform drafting the guide to support the process of systematization of the pilot of the strategy and provide the conceptual framework of the methodology and tools.

V. LESSONS LEARNED

The following are key lessons learned from implementing AIDSTAR Plus:

- **Political will is key to success when attempting to operationalize a government-led strategy.** In the face of a change in government, projects should set goals and expectations accordingly because implementation can be slowed down greatly in such circumstances.
- **When planning technical assistance to help implement a pilot program, it is best to provide that TA for the entire length of the pilot.** Anything shorter in length risks achieving the expected results. It was not ideal for AIDSTAR Plus to provide technical assistance for only a portion of the *Strategy* pilot.
- **The process established by the Technical Norm for Health Sector Norm Development and enforced by the Regulation Department of the MOH ensures a thorough review of the draft norm and consensus by all stakeholders.** The Project originally programmed the timeline for the development of the Health Sector Norms prior to the implementation of the Technical Norm for Health Sector Norm Development. This resulted in an expectation of an expedited process. However, the strict regulations established by the MOH as to the established timeline for development, meeting quorums, number of pages reviewed per meeting, etc. have proven to contribute to a more comprehensive development process to create a norm validated by all stakeholders to guide the requirements for the years to come.
- **Adapt training methodologies to target audiences and expand beyond simple lecturing according to the information or skill being taught.** AIDSTAR Plus held many discussions with partners at the national and political levels to improve this aspect and all are in agreement with the necessity to change the methodologies from the classic model to a more comprehensive training to encompass an adult learning perspectives and certification of service provision.

- **Provide time at the end of training of trainers workshops to plan the implementation of subsequent workshops at the regional levels**. Following the training of trainers workshops, AIDSTAR Plus coordinated with the trainers from the five prioritized health regions to plan and implement the replica workshops. However, there was a loss of trained personnel due to periods of vacation, rotations, etc. By providing a space for planning the regional workshops at the end of each training of trainers workshop, projects can ensure maximum involvement of trainers trained.

- **Improve the quality of workshops through internal feedback sessions to share experiences and improve processes.** Using this approach, AIDSTAR Plus identified reoccurring weaknesses in internal management of workshops including conflicts in facilitation, timing, logistics, etc. The project used this information to learn from its own experiences and continually improve the quality of the workshops.

- **More time should be allocated to configure the networks at regional level when planning eventual extension to other regions.** The methodology chosen by the MOH for the configuration of integrated health service networks is very comprehensive and requires a detailed analysis of the situation in each region prior to the establishment of networks. This process took more time than expected by national authorities and project management.

VI. Monitoring and Evaluation

No.	Type	Indicator	FY14 Target	FY14 Result To Date	% Achievement	Comments
			N #	N #		
			D #	D #		
Project Goal: Provide technical assistance to develop and enhance the technical capacity of the MOH to enable it to lead the implementation of the National Strategy for Integrated Care for STI/HIV/AIDS in the five priority health regions: Metropolitan Tegucigalpa, Metropolitan San Pedro Sula, Atlántida, Cortés, and the Bay Islands						
1	PEPFAR	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce their risk of mother to child transmission (MTCT) during pregnancy and delivery (PMTCT-ARV)	220	201	91.4%	Data represents pregnant women receiving ART for the period of January 1, 2014 – December 31, 2014. • Newly initiated on treatment during the current pregnancy: *Result pending* • Already on treatment at the beginning of the current pregnancy: *Result pending*
			TBD	TBD		
2	PEPFAR	Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy (TX-RET)	>85%	1,035	97.4%	The national reporting cycle of this indicator is aligned with the calendar year and reported 5 months after the year has ended. The target for FY14 corresponds to the period January 1, 2014- December 31, 2014.
				1,063		

No.	Type	Indicator	FY14 Target	FY14 Result To Date	% Achievement	Comments
			N #	N #		
			D #	D #		
						Sexo: 81.9% = Hombre 83.7% = Mujer **Edad:** 94.4% = <15 82.4% = 15+ Pregnancy Status & Breastfeeding Status: *National Information System does not provide this information*
Expected Result I. Improvement of the quality of services						
3	PEPFAR	Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results (HTC-TST)	90000	115,639	128.4%	Data represents clients receiving ART from January 1, 2014 – December 31, 2014. **Sexo:** *El Sistema Nacional de Información no proporciona este dato* **Edad:** *El Sistema Nacional de Información no proporciona este dato* Test Result: Positive: *554* Negative: *115,085* *Pregnant Women: 51,185* *General Population: 64,454*
Expected Result II. Improvement of the coverage of STI/HIV/AIDS services						
7	PEPFAR	Number of adults and children with advanced HIV receiving antiretroviral therapy (ART) (TX-CURR)	7000	7,254	103.6%	Data represents clients receiving ART from January 1, 2014 – December 31, 2014. **Sexo:** Hombre: *Resultado Pendiente* Mujer: *Resultado Pendiente* **Edad:** <1: *Resultado Pendiente* <15: *Resultado Pendiente* 15+: *Resultado Pendiente*
8	PEPFAR	Number of HIV Positive adults and children receiving a minimum of one clinical service (C2.1.D)	7000	7,254	103.6%	Data represents clients receiving ART from January 1, 2014 – December 31, 2014. **Sexo:** Hombre: *Resultado Pendiente* Mujer: *Resultado Pendiente* **Edad:** <1: *Resultado Pendiente* <15: *Resultado Pendiente* 15+: *Resultado Pendiente*
10	PEPFAR	Number of service outlets providing ARV therapy	34	29	85.2%	Type of Site: 24 Public 0 Private

No.	Type	Indicator	FY14 Target	FY14 Result To Date	% Achievement	Comments
			N #	N #		
			D #	D #		
		services in accordance with national and international standards				2 NGO