Leadership, Management & Governance Project

Honduras

End of Project Report
January 1, 2013 – January 31, 2016

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List of Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AIDSTAR Plus	AIDS Support and Technical Assistance Resources Plus Project
CSW	Commercial Sex Worker
DATIM	Data for Accountability, Transparency & Impact
DGD	Department for Decentralized Management (Departamento de Gestión Descentralizada, in Spanish)
ECVC	Central American Survey on Sexual Behavior Monitoring and Prevalence of HIV and Sexually Transmitted Infections (Encuesta Centroamericana de Vigilancia de Comportamiento Sexual y Prevalencia de VIH e Infecciones de Transmisión Sexual, in Spanish)
FSW	Female Sex Worker
GHI	Global Health Initiative
GOH	Government of Honduras
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
LINKAGES	Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV Project
LMG	Leadership, Management, and Governance Project
MOH	Ministry of Health (also known as SESAL or Secretaría de Salud, in Spanish)
MSH	Management Sciences for Health
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
PRODIM	Developmental Programs for Women and Children (Programas para el Desarrollo de la Infancia y la Mujer, in Spanish)
PY	Project Year
RBF	Results-based Financing
RSD	Regional Health Offices of the MOH (Regiones Sanitarias Departamentales, in Spanish)
STI	Sexually Transmitted Infections
TSC	Tribunal of Accounts (Tribunal Superior de Cuentas, in Spanish)
TW	Transgender Women
UAFCE	Unit for the Administration of External Cooperation Funds (Unidad Administradora de Fondos de Cooperación Externa, in Spanish)
ULAT II	Local Technical Assistance Unit for Health II Project (Unidad Local de Asistencia Técnica, in Spanish)
USAID	United States Agency for International Development
UECF	Unit for Extension of Coverage and Financing (Unidad de Extensión de Cobertura y Financiamiento, in Spanish)
UGD	Unit for Decentralized Management (Unidad de Gestión Descentralizada, in Spanish)

Executive Summary

Since it began in January 2013, the Leadership, Management and Governance (LMG) project in Honduras has provided timely technical assistance to the Honduran Ministry of Health (MOH) to strengthen its capacity to manage contracts to local non-governmental associations (NGOs) to carry out HIV prevention, education, and rapid testing services for key and priority populations, and to the NGOs to effectively carry out services in compliance with their MOH contracts under a new results-based management model.

The funds for the NGO contracts are provided through the United States President's Emergency Plan for AIDS Relief (PEPFAR) via the United States Agency for International Development (USAID) to the MOH. This direct funding mechanism is unusual and precedent-setting—in no other country in the region is the United Stated Government (USG) funding a local government directly for HIV services to key populations.

The expected results of the LMG Honduras project were:

1. Organizational capacity developed within the MOH to establish and carry out effective funding mechanisms, management and stewardship of HIV prevention services provided by local non-governmental organizations (NGOs).
2. Organizational capacity developed within local NGOs to support the implementation of evidence-based, quality HIV prevention services for key and priority populations in compliance with the new MOH funding mechanisms.

LMG worked hand in hand with the MOH and the NGOs, and together their work resulted in 25 total contracts being signed and monitored each year for education and prevention service delivery to key populations over the three years of the project. In order to develop capacity on both sides to effectively manage and carry out this financing mechanism, LMG provided technical assistance during each annual contracting cycle from the request for proposals, to service delivery, to final close out of the activities and contracts.

The PEPFAR targets tracked by the project tracked were consistently surpassed. In addition, through LMG's targeted assistance to NGOs on their reporting, and to the MOH on processing financial requests, financial advance requests and liquidations received from contracted NGOs were reviewed and processed by the MOH on a timely basis.

LMG also provided broader institutional support to the MOH, in particular to the Unit for the Administration of External Cooperation Funds (UAFCE), as they worked to strengthen their systems and processes to provide an enabling environment for the success of the contracts to the NGOs. Towards the end of the project, LMG played a key role in facilitating the start of the UAFCE's certification in the International Organization for Standardization quality management ISO 9001, through hiring a consultant to begin the process with them which will be completed in 2016.

In summary, among the key accomplishments achieved by the MOH and NGOs, with the technical assistance provided by LMG are:

- Twenty-five contracts issued to NGOs through four rounds of government bidding process. These contracts made it possible for key populations, including FSWs, MSM, Garifuna and transgender populations to have access to HIV and AIDS prevention services in four regions over three years.
- The NGOs met or surpassed most of their programmatic targets, reaching close to 40,000 people from key populations with quality HIV prevention and education services.
- NGOs shared knowledge with one another and with regional health staff on successful education methods in reaching key populations. For example, LMG hosted a knowledge exchange fair in June 2014 in which 60 people participated from 5 NGOs, 6 regional health departments, and the MOH central level units UAFCE and Unit for Decentralized Management (UGD) shared their educational tools, such as *Friends Educating Friends* and *Bingomania.*
- The MOH and NGOs are better equipped to recognize and respond to cases of gender-based violence (GBV), especially as it relates to HIV/AIDS. LMG trained 85 people from local NGOs, MOH regional health staff, and health facility counselors, resulting in their development of 14 training plans for use by NGOs with their own beneficiaries on prevention of GBV, 14 referral plans for use by NGOs for cases of GBV, and 6 monitoring tools for regional health staff to monitor the NGOs' activities on prevention of GBV.
- Coordination at the local level between NGOs and Regional Health Offices was established and reported upon as a useful and positive experience for the improvement of service delivery to key populations and in organizational strengthening for both groups.

MSH and LMG are proud to have been invited to play a strategic role in Honduras to promote improved quality and delivery of HIV prevention and education services to key and priority populations. Through LMG's activities, the MOH of Honduras and local NGOs developed greater capacity to work as a team, in particular at the local level, to deliver these services. At the global scale, LMG's experiences and lessons learned in Honduras will provide insight that help inform sustainability planning for HIV/AIDS services in other countries to ensure that the right populations are reached to control the epidemic.

Project Overview

Country Context

Honduras is a lower middle-income country that has seen improvements in certain health and economic indicators, but still suffers from serious social inequalities and low rates of several health indicators. It is estimated that approximately 65% of the population lives under the poverty line, 22.1% in relative poverty and 42.4% in extreme poverty. In addition, Honduras struggles with a disproportionately high HIV prevalence rate, particularly among certain populations. The Government of Honduras (GOH) and international donors have invested funds in capacity building in the health sector in recent years, resulting in improvements in certain health indicators. However, in order for Honduras to improve further its overall health status, the GOH recognizes that it must reach out to key and priority population groups who are currently underserved, and therefore, whose health status is far worse than national averages would suggest. For improvements in health among these hard-to-reach populations to occur, quality, usage, and financing of critical health services—particularly HIV/AIDS services—must be improved.

Over the past decade, the GOH has taken various steps to respond to the HIV epidemic. The HIV/AIDS National Strategic Plan (PENSIDA III), 2008−2012, prioritizes scale-up of prevention efforts for men who have sex with men (MSM), Garífuna, sex workers and pregnant women. The Sula Valley, North Coast, and the Tegucigalpa metropolitan area are identified as important geographical focus areas due to their higher prevalence rates, and special emphasis is given to HIV diagnosis and treatment and to monitoring and evaluation of the PENSIDA III efforts. The GOH has started the process of drafting PENSIDA IV, written under the umbrella of the National HIV Strategy that was completed in 2011. The National HIV Strategy formulates a strategic vision for comprehensive HIV and AIDS promotion, prevention, care and support services within the National Health Sector Reform framework, under which the MOH has separated the stewardship and service delivery functions. Also within this framework, two new units were established at the MOH to manage the decentralization of health services: the UAFCE (formerly the Unit for Extension of Coverage and Financing (UECF in Spanish) and UGD (formerly the Department for Decentralized Management (DGD in Spanish)).

> *At 0.7%, Honduras's HIV prevalence rate is similar to other countries in Central America. However, Honduras is considered to have a concentrated epidemic, with key populations showing significantly higher HIV prevalence rates than the general population in specific geographic regions: along the Atlantic coast and the Bay Islands, and north to south along the country's major transportation route from Cortés to Tegucigalpa. According to the 2006 Behavior Surveillance Survey (BSS), the HIV epidemic disproportionately affects the Garífuna population, MSM, and sex workers with a 5, 9.7 and 5.5 percent HIV prevalence rates, respectively.*
>
> PEPFAR Central America Partnership Framework Implementation Plan

Additionally, the second Central American Survey on Sexual Behavior Monitoring and Prevalence of HIV and Sexually Transmitted Infections (ECVC, in Spanish) in key populations in Honduras was completed in 2012. The first survey was conducted in 2006. The objectives were to determine the prevalence of HIV and

sexually transmitted infections (STIs), the risk behaviors in female sex workers (FSWs), men who have sex with men (MSM), and transgender women (TW), the Garífuna, and risk behaviors and STIs in people with HIV, as well as to estimate the size of the population of FSWs and MSM in Tegucigalpa and San Pedro Sula. The results presented in the report have served as an important source of information for the project and collaborating partners.

Project Context and Design

USAID's HIV and AIDS programs in Honduras are implemented as part of the United States President's Emergency Plan for AIDS Relief (PEPFAR) in line with the strategic priorities outlined under the Central American Regional HIV/AIDS Partnership Framework, 2009 – 2013. Activities also directly contribute to the Honduras Global Health Initiative (GHI) Strategy, 2011 – 2015. The overarching GHI country goal in Honduras is to "Improve the health status of underserved and vulnerable populations". In collaboration with the MOH, other United States Government agencies/departments and private sector partners, the HIV-related component of the GHI strategy contributes to the achievement of "Priority Area 1: Increased access to quality essential services for underserved and vulnerable populations", and "Priority Area 2: Improved stewardship and responsiveness of the health system".

As part of its health portfolio, USAID improves the quality of, and access to, HIV/AIDS care and treatment services through both civil society organizations and the MOH. In close collaboration with the GOH since 1993, USAID has supported HIV/AIDS prevention activities for key populations through financial and technical support to local non-governmental organizations (NGOs). Since 2005, this support has included a range of capacity building initiatives with community health workers from promoting healthy behaviors, to rapid testing of HIV for vulnerable populations.

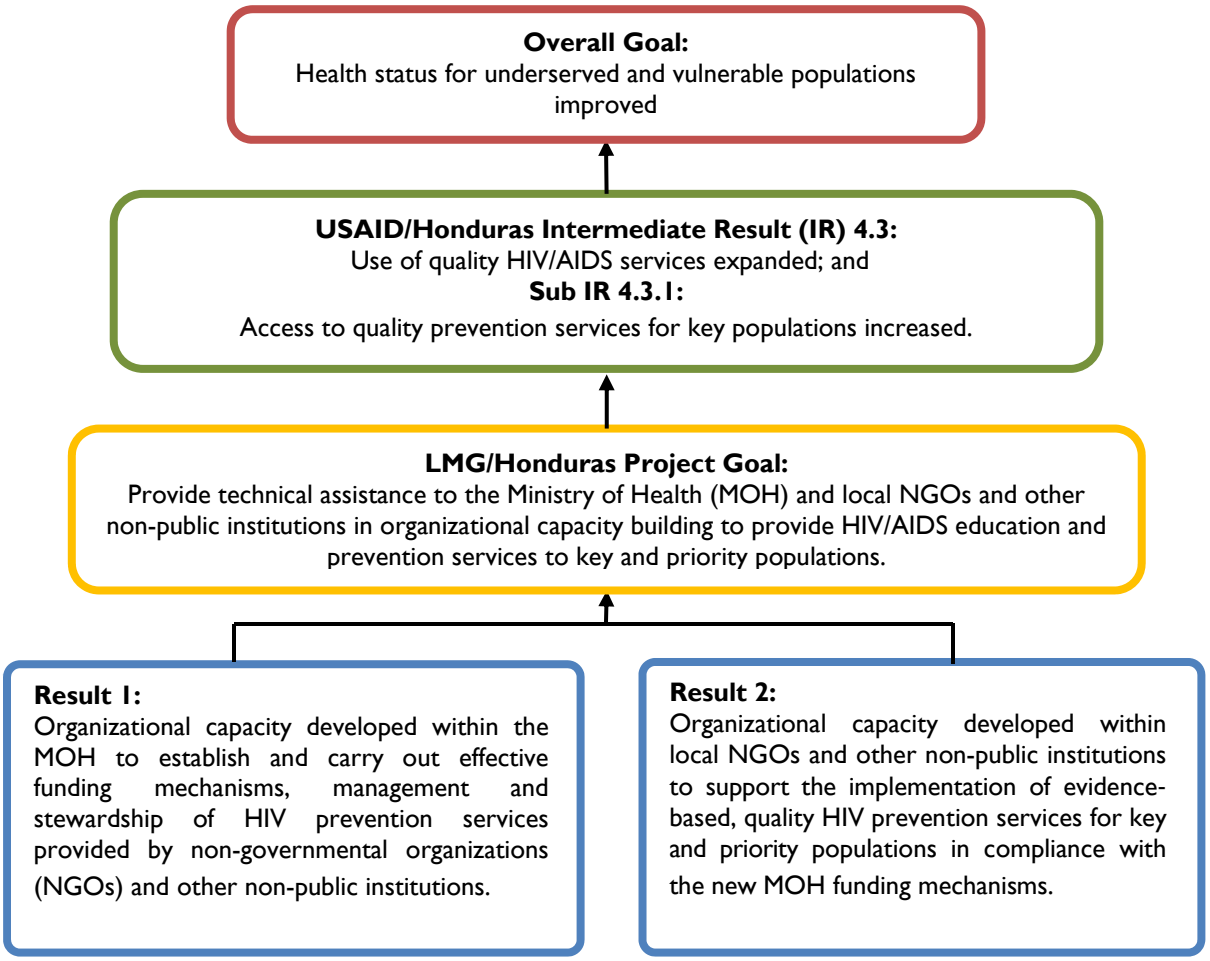
In October 2012, USAID/Honduras invited the Leadership, Management and Governance (LMG) project to present a Program Description for work to help build the capacity of selected units of the Honduran Ministry of Health (MOH) to implement funding received directly from the United States Government (USG). LMG's counterparts at the MOH are the Sub-Secretary of Networks, including: at the start of the project, the Department of Primary Care (DAPS, in Spanish); and continually throughout the project, the Decentralized Management Unit (UGD, in Spanish); Regional Health Departments (RSD, in Spanish), and the Unit for Administration of External Cooperation Funds (UAFCE, in Spanish). USG funds have been provided to the MOH to finance grants to local NGOs to provide HIV and AIDS services for prevention, education, and rapid testing to key populations. This direct funding mechanism is unusual and precedent-setting—in no other country in the region is the USG funding a local government directly for HIV services to key populations.

In alignment with the USAID Intermediate Result 4.3 and sub-IR 4.3.1, under the Assistance Objective #4, the LMG Honduras Project Goal was to: *Provide technical assistance to the Ministry of Health (MOH) and local NGOs and other non-public Institutions in organizational capacity building to provide HIV/AIDS education and prevention services to key and priority populations*.

All project activities contributed to achieving the following two Expected Results:

1. Organizational capacity developed within the MOH to establish and carry out effective funding mechanisms, management and stewardship of HIV prevention services provided by local non-governmental organizations (NGOs) and other non-public institutions; and
2. Organizational capacity developed within local NGOs and other non-public institutions to support the implementation of evidence-based, quality HIV prevention services for key and priority populations in compliance with the new MOH funding mechanisms.

Figure 1: LMG Honduras Results Framework



Key Technical Approaches

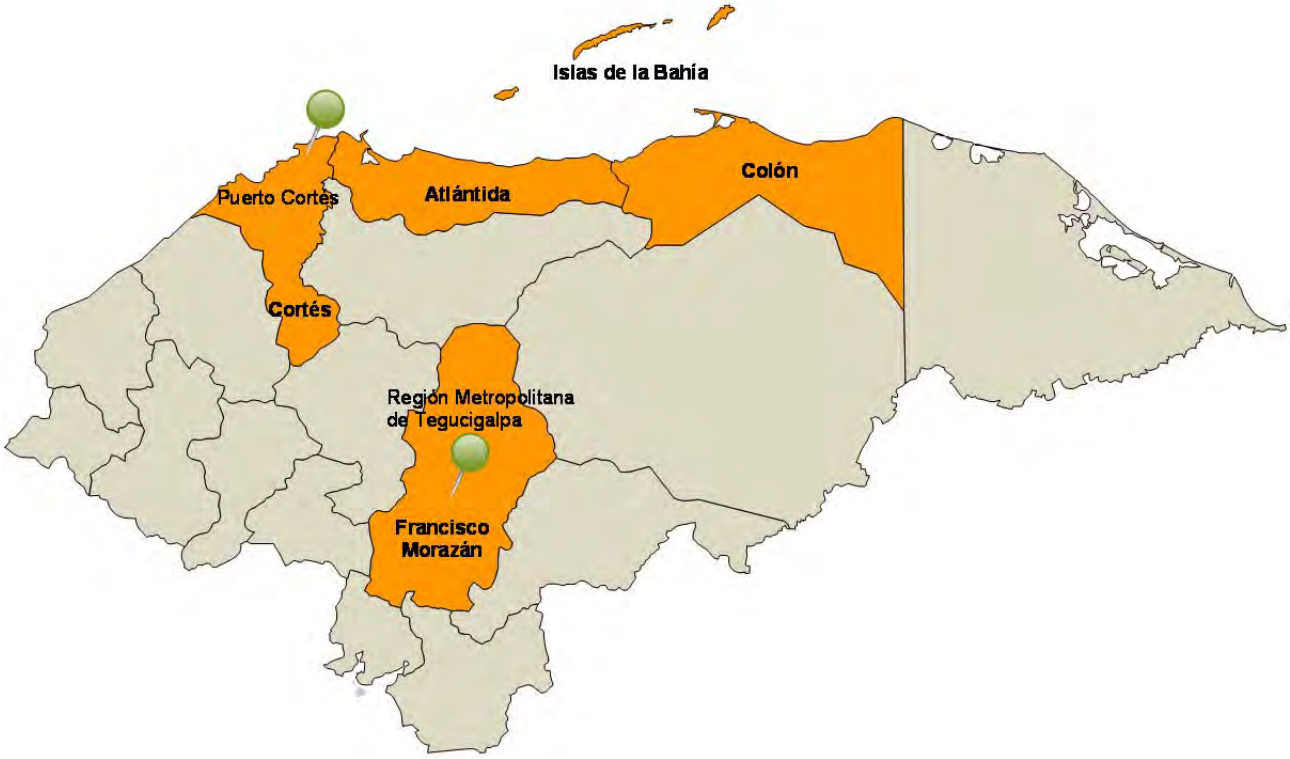
The LMG Project's global technical approach has four main pillars, described below. Examples of how each of these pillars was applied in Honduras are also included in italics.

1. **Leadership and governance**: LMG builds the capacity of leaders to govern at all levels of the health system, through models of personal and team empowerment. *In Honduras, LMG strengthened the capacity of the UAFCE at the Ministry of Health to lead and govern the contracting mechanism with the NGOs with USAID funding.*
2. **Local ownership for local results**: LMG works with training cadres in host countries which have the capacity to monitor and evaluate the impact of leadership, management and governance improvements on health sector performance. Where those cadres do not exist, LMG supports their creation. *In Honduras, LMG strengthened local ownership working through local NGOs to provide HIV prevention and education services to key populations.*
3. **Knowledge exchange and measurement**: LMG identifies, collects, and disseminates proven tools, models and approaches in leadership, management and governance and, through the use of innovative technologies, fosters exchange between people at all levels of the health system. LMG develops and tests new metrics to build the evidence base to link stronger leadership, management and governance to improved health outcomes and impact. *In Honduras, LMG facilitated the exchange of educational and outreach approaches to key populations, increasing knowledge among*

NGOs delivering these services, and among the regional health staff monitoring performance of service delivery under the NGO contracts.

4. **Gender equity**: LMG works with health leaders to develop and direct policies to support women's participation as managers, providers and consumers of health care – and ensure that these policies evolve into impactful activities at all levels of the health system. *In Honduras, LMG strengthened capacity of local NGOs and regional health staff to address gender-based violence (GBV) as it related to HIV and key populations, resulting in each NGO developing a referral plan to use when presented with cases of GBV, as well as a training plan for use with their beneficiary populations; and the regional health offices developing checklists for use when monitoring the NGO activities on prevention of GBV.*

Figure 2: LMG Honduras Project Geographic Areas of Intervention



Project Management

LMG worked closely with the USAID Activity Manager from the USAID Mission in Honduras to provide day-to-day oversight of the project and liaise as needed with the Honduran Ministry of Health.

The project was led by two separate expatriate Project Directors in its first and second year, and by a Honduran national in its third year. As the project entered its transition period at the end of the third year and into the fourth year, the Technical Director, also a Honduran national, assumed the project leadership to the project's conclusion. The remaining staff was composed of an all Honduran team. The project began with a four person team and expanded to a ten person team, comprised of the following:

- Project Director
- Technical Manager
- HIV and Gender Advisor
- Organizational Capacity Advisor
- Monitoring and Evaluation Officer
- Field Monitoring and Evaluation Officer
- Finance and Operations Manager
- Finance Officer
- Field Finance Officer
- Driver/Administrative Assistant

Throughout the life of the project, LMG staff maintained regular coordination with USAID through weekly meetings with the Management Specialist for HIV/AIDS Projects at USAID Honduras who serves as the Activity Manager for the LMG Honduras project. During times of transition in the project leadership, LMG home office staff participated in these meetings via teleconference to provide continuity to the project's technical and operational support.

Partnerships

In addition to the relationships built with the Ministry of Health at national and regional levels and the NGOs that provide services to key populations, LMG Honduras also fostered relationships with other key counterparts, including:

AIDSTAR Plus

The LMG co-housed with the AIDS Support and Technical Assistance Resources Plus (AIDSTAR Plus) project (managed by John Snow, Inc. (JSI)) for the majority of the life of the LMG Project until AIDSTAR Plus closed at the end of August 2015. This co-housing facilitated knowledge exchange and synergies between these two HIV-focused projects, such as participating in one another's technical capacity development activities. For example, in LMG project's third year LMG Honduras participated in a workshop hosted by AIDSTAR Plus on Results-based Financing, and another on the Continuous Quality Improvement process, and shared information with participants related to the process for contracting HIV prevention services.

LINKAGES

The Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project (managed by FHI360) began operations in September 2015 in Honduras, following the close of the AIDSTAR Plus project. LINKAGES will continue to work with the regional health offices as AIDSTAR Plus had. LINKAGES will also be housed in the same office building that JSI had been leasing, and from which LMG

was subleasing for its office space. LMG shared activity plans and participated in regular coordination meetings with LINKAGES and USAID. LMG also invited them to planned capacity development events, such as the workshops on the extension of coverage of rapid testing.

LINKAGES will be taking on management of bridge contracts to the NGOs from early- to mid- 2016, which has facilitated technical handover from LMG to LINKAGES during the transition period. Following the bridge contracts, LINKAGES will take on the management agreements with NGOs via a new request for proposal process that has been coordinated as part of the transition process with the NGOs and MOH. LMG worked with LINKAGES to provide them with background on the NGOs, populations targeted for services, geographic areas, and other characteristics of the work through the NGOs. Additionally, LMG supported LINKAGES with developing their 2015-2016 targets, and with entering these targets into DATIM.

LMG coordinated closely with both JSI and FHI360 in August – September 2015 to facilitate a smooth exchange and handover of the office lease and shared services, including filling the gap between JSI and FHI360 of approximately one month.

ULAT

Both the LMG and the Local Technical Assistance Unit for Health II (ULAT II) projects are managed by Management Sciences for Health (MSH), and the Project Directors held periodic coordination meetings. During LMG's third project year, LMG was invited by USAID to a meeting with ULAT to identify opportunities to coordinate technical assistance for UAFCE to develop an organizational functions manual, and it was agreed that USAID would lead the process to obtain the political commitment at the highest level and from the UAFCE. LMG and ULAT had several joint meetings with UAFCE in the effort to work jointly on strengthening UAFCE's management capacity through organizational development.

Monitoring and Evaluation

The Performance Monitoring Plan (PMP) was approved by USAID in the second project year (PY). LMG Honduras has been following the PMP to track project progress and targets. The project activities were implemented as planned and the majority of relevant indicators and targets were met or surpassed. A detailed report of the PMP is included as Annex 2 of this report.

Key Results

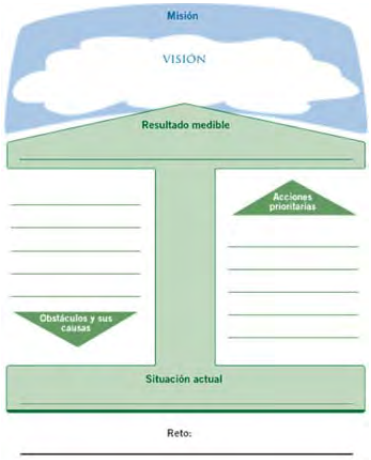
The LMG Honduras PY1, 2, and 3 annual reports detail the accomplishments of each project year. This report highlights the following key results throughout the life of the project.

Expected Result 1: Organizational capacity developed within the MOH to establish and carry out effective funding mechanisms, management and stewardship of HIV prevention services provided by local non-governmental organizations (NGOs) and other non-public institutions.

- **Capacity Developed in Leadership, Management and Governance.** In PY1 and into early PY2, LMG concluded capacity needs assessments with the following MOH units: 5 departmental and metropolitan health regions, UAFCE, and UGD, as well as with selected NGOs. After reviewing and discussing the results, and prioritizing needs, LMG worked with these groups to develop capacity development action plans and followed up with them through the completion of these plans, providing targeted technical assistance as needed.

  Later in PY2, LMG invited one of its global technical experts in management to work closely with leaders at UAFCE and UGD through a management competencies workshop in which these leaders, working through the Challenge Model developed by MSH, focused identified the bottlenecks they were facing in managing the NGO contracts and created plans to address and resolve these bottlenecks. The workshop was followed by individual coaching routine sessions with three UAFCE leaders to provide one-on-one follow up and encouragement to them as they addressed their most pressing challenges. In the evaluation, participants expressed the topics they found most interesting and planned to apply to their work were the leadership and management practices, the challenge model as a practical tool to analyze challenges and obtain results, and the tools to improve communication and coordination.

  Figure 3: Challenge Model

  During PY3 and into early PY4, LMG facilitated the start of the UAFCE's process to become certified in the International Organization for Standardization (ISO) 9001 certification, which develops a system for quality management. An orientation to ISO 9001 was held with UAFCE's leadership and ICONTEC, a company that conducts the certifications in Honduras. Later, a training for UAFCE's quality team was conducted over three 16-hour modules, addressing topics such as: Fundamentals of the Colombian Technical Norm (NTC) ISO 9001:2015 quality management systems, overall planning of the quality management system, and context of the quality management system. Twenty-five UAFCE staff attended these modules. An assessment was done with UAFCE which consisted of a comparative analysis of the organization's current operational structure in relation to the requirements of a quality management system according to the ISO 9001 international standard. Interviews were conducted with selected UAFCE partners working in key areas in order to collect information on the current way of working (methodology, resources, records, staff qualifications, operational risks, etc.). Following the close of LMG in Honduras, the LINKAGES project will continue to support UAFCE through the ISO 9001 certification process.

- **MOH Issued and Managed 25 Contracts over 3 years to Local NGOs for HIV Prevention and Education Services to Key Populations.** LMG worked hand in hand with the MOH over three years (2013, 2014, 2015) to develop their capacity to lead the contracting cycles for contracts to NGOs for HIV preventive and education services. Together their work resulted in 25 contracts being signed between the MOH and local NGOs through USAID funding for projects that provide HIV prevention and education services to key and priority populations in Honduras. In order to develop capacity on both sides to effectively manage and carry out this financing mechanism, LMG accompanied the MOH at each stage of the annual contracting cycle from the planning stage for the request for proposals, selection of proposals, technical and financial monitoring, to final close out of the activities and contracts.

  "Working with LMG was a gratifying process, we developed relationships. Even the NGOs have expressed to me the positive relationship with LMG. We made such a great team, in which the NGOs worked in an open and trusting way with LMG staff and LMG gave them responses."
  – Comment from a central level MOH official

  Technical assistance needs on the contracting cycle at MOH was less intense during 2013 because LMG was working with many of the same MOH counterparts that had worked with LMG's predecessor project, AIDSTAR-Two, and thus they had experience with moving to this contracting mechanism which began at the end of AIDSTAR-Two. The MOH's need for technical assistance from LMG rose following the national election in November 2013, which brought new people to the MOH that needed to be trained in the contracting mechanism and processes. Specific areas of technical assistance to the MOH in the contracting cycle included the following:

  Request for Proposals:
  LMG worked to build an understanding of the results-based financing model among MOH counterparts, and an understanding of what implications that will bring to managing the NGO contracts. They did this through a series of meetings, as well as sharing published guidance on results-based financing that was developed under the predecessor AIDSTAR-Two project in Honduras. LMG worked closely with the MOH to review and provide feedback on their timeline for the request for proposal process, and in developing formats such as the bid specifications, terms of reference, and proposal templates. LMG advised the MOH on the composition of the proposal review committees, and supported the MOH with carrying out the formal contract signing ceremonies and dissemination events. Importantly, LMG documented the steps in the process for future bidding processes (see Table 1).

  Project Implementation:
  LMG assisted with identifying and addressing management challenges with implementation of the contract mechanism (see above section on Capacity Developed in Leadership, Management and Governance). LMG trained and accompanied regional health offices staff in routine technical and financial monitoring and monthly closures. LMG assisted with revising MOH operational plans to be aligned with USAID expectations, and strengthened the capacity of regional health offices to improve their educational and prevention activities, address gender based violence, and extend coverage of rapid testing. Prior to any PEPFAR report being due, LMG met with MOH counterparts to assist them with preparing the reports, including the documentation of quarterly progress on PEPFAR indicators, as well as with the development of FY2016 targets based on new donor requirements and disaggregation of data in the PEPFAR Data for Accountability, Transparency & Impact (DATIM) information system.

Contract closings:
At the end of 2013 and 2014, LMG supported the MOH with final liquidations and final programmatic reporting on the contracts to USAID. The 2015 contracts will be extended through April 2016, with management of the contracts shifting from the MOH to the LINKAGES project from January to April 2016.

- **Capacity Developed at the MOH Regional Health Offices in Understanding how to Reach Key Populations.** For many MOH staff, the new contractual mechanism of MOH funding NGOs was the first time they had worked with NGOs and key populations for HIV/AIDS. This presented challenges, an open mind-set, and opportunities. The major opportunity was to take advantage of the growing recognition at the MOH that in order to stem the epidemic, the health systems and those that provide services needed new ways of working in order to reach key populations.

  "We cannot wait for the patients to come to us, but we must go to them instead."
  – MOH Central level official

  In the new MOH decentralization and organizational development process, the regional health offices are taking a greater role in the management of health services. It was in this context, that the regional health offices played a major role in the monitoring of the contracts at local level, including monthly visits to the NGOs for technical and financial closures and reporting. In this way, relationships began to be formed between these two groups.

  "We contributed to national statistics. We felt that, as an organization, we were an important part of building the data available to improve services."
  – NGO Leader

  Regional health staff working in the areas in which the contracted NGOs operated were offered nearly all the same trainings offered by LMG to the NGOs. In that way, they began to develop a rhythm and collaborative way of working. The health regions were empowered with their role as steward of the health system at local level, and learned greatly about the services carried out by the NGOs and the methodologies they used to reach key populations. They also shared their strengths with the NGOs and made observations during their visits to strengthen NGO reporting, or delivery of services.

  "Coordination with the regions was very good. They were always responsive, and attended the patients we referred to them."
  – NGO Leader

Expected Result 2: Organizational capacity developed within local NGOs and other non-public institutions to support the implementation of evidence-based, quality HIV prevention services for key and priority populations in compliance with the new MOH funding mechanisms.

- **Capacity Developed in Leadership, Management and Governance.** As it did with the MOH, LMG concluded capacity needs assessments with the NGOs contracted by the MOH in PY1 and into early PY2. After reviewing and discussing the results, and prioritizing needs, LMG worked with the NGO staff to develop 8 individualized capacity development action plans and followed up with them through the completion of these plans, providing targeted technical assistance as needed.

  In PY2, LMG collaborated with the AIDSTAR Plus project, and invited NGOs that had contracts with the MOH to the Continuous Quality Improvements workshop that AIDSTAR-Plus was organizing. They developed plans that were complementary to the plans developed earlier, and were aligned with the continuous quality improvement methodology being used by the MOH.

- **Local NGOs Implemented 25 Projects over 3 years to Deliver HIV Prevention and Education Services to Key Populations under Contracts with the MOH.** In parallel to the work that LMG was conducting with the MOH on the contracting mechanism, LMG was also providing technical assistance to local NGOs at each stage of the annual contracting cycle.

  Request for Proposals:
  Like the MOH, the selected NGOs also needed support in understanding the results-based financing model and the implications on their work, as it different from the way they had been working before from earlier funding through USAID. As it did with the MOH, LMG oriented the NGOs by conducting a series of working meetings, as well as sharing published guidance on results-based financing. During the bidding stage, LMG held open workshops for any NGOs interested in developing a proposal for funding from the MOH, where LMG reviewed the terms of reference for the projects and also provided guidance on how to develop technical and cost proposals, including providing the budget formats (see Table 1). Once NGOs had applied and a short-list had been created, at the request of the MOH, LMG helped some short-listed NGOs to refine their technical or cost proposal to be in line with the MOH's expectations.

  "LMG provided a real and effective accompaniment to strengthen our organization's capacity. Thanks to that strength, our organization can now, for example, respond to requests for proposals for new projects."

  – NGO Leader

  Project Implementation:
  LMG assisted with identifying and addressing management challenges with implementation of the contract mechanism (see above section on Capacity Developed in Leadership, Management and Governance). During PY2, LMG recognized the need to have staff based closer to the NGOs and regional health offices along the northern coast. LMG hired two full-time employees based in La Ceiba, which facilitated closer and more frequent accompaniment to these entities in the north. LMG assisted NGO staff with how to prepare and respond to routine technical and financial monitoring and monthly closures by the regional health offices staff. LMG also assisted the NGOs with how to complete programmatic and financial reports to the MOH including providing the M&E templates (see Table 1), and guidance on the new PEPFAR indicators. LMG strengthened the capacity of contracted NGOs and

regional health offices to improve their educational and prevention activities, address gender based violence, gain and refine skills related to rapid testing of HIV and extension of coverage.

May 2014, La Ceiba, Honduras. Participants in the Prevention of Gender-Based Violence workshop for NGOs working with Garífuna Populations.

Contract closings:
At the end of 2013 and 2014, LMG supported the NGOs with final liquidations and final programmatic reporting on the contracts to the MOH. As noted earlier, the 2015 contracts will be extended through April 2016, with management of the contracts shifting from the MOH to the LINKAGES project from January to April 2016. LINKAGES is also preparing the request for proposals process for a new contracting cycle after April.

- **Relationship Strengthened between Local NGOs and MOH Regional Health Offices.** As noted above, this was the first time for many of the NGO and MOH staff working together, and the regional health offices played a key role in monitoring the work of the NGOs at local level.

"Working with the regional health offices has been a positive experience for us. Relationships were developed. One of the regional health staff even sent me a WhatsApp the other day about the importance of including key populations in health services. I see the interest from them in continuing this work."

– NGO Leader

NGO staff have commented that they felt they taught the MOH and regional health staff a lot about the work they've been doing with key populations, especially initially. However, as time went on, NGO staff members also acknowledged that their capacity has been strengthened through the routine visits from the regional health staff in monitoring the quality of services and reporting. They also noted that the regional health staff was open to working with them and key populations.

"The health regions became empowered in the process and I observed that they enjoyed learning about the work that the NGOs have been doing."

- MOH Central Level Official

NGOs also commented that an important benefit to them has been becoming certified in the delivery of HIV rapid testing, and that that has boosted the credibility of their organization and staff.

"They saw us as part of the health system and would include us in their activities. They trusted our work."

– NGO Leader

Table 1: Products developed with Technical Assistance from LMG Honduras	
Product	**Description of Product / Role of LMG**
Proposal for Decentralized Management of the Delivery of Services in Health Promotion and Prevention of STI/HIV/AIDS to Key Populations through Non-public Providers (*Propuesta para la Gestión Descentralizada de la Provisión de Servicios de Promoción y Prevención de ITS/VIH/Sida a Poblaciones Claves a Través de Gestores No Públicos*).	LMG provided technical assistance to the UGD in the updating of this proposal.
Manual to Select and Contract Public and Non-Public Institutions with USAID funds (*Manual de Lineamientos para Seleccionar y Contratar IPNP con Fondos de USAID*)	LMG provided technical assistance to the UAFCE and the UGD for the development of the guidelines in the manual.
Budget format for the Financial Proposals Submitted by NGOs for results-based contracts *(Plantilla para la Elaboración de Presupuesto Basado en Resultados)*	LMG developed the budget format for use by NGOs applying for funding from the MOH for results-based contracts.
Manual of Technical Guidelines for Managers of STI/HIV Prevention and Promotion Services (*Manual de Lineamientos Técnicos para Gestores de Servicios de Promoción y Prevención en ITS/VIH*)	LMG worked with MOH counterparts to develop guidelines for the UGD and the regional health offices for technical management of the contracts financed by USAID.
Administrative and Financial Manual for Managing Contracts/Agreements with NGOs *(Manual para la Gestión Administrativa y Financiera de Acuerdos / Contratos con ONG)*	LMG provided technical assistance to the UAFCE to update the manual.
Internal Control Guidelines for the Management of USAID Funds (*Lineamientos de Control Interno para el Manejo de Fondos de la USAID*)	LMG provided technical assistance to the review and updating of the existing guidelines at the UAFCE.
Technical Audits Manual (*Manual de Auditorías Técnicas*)	LMG provided technical assistance to the UGD for the development of the field audits guidelines for use by UGD to audit the technical aspects of the work carried out by the contracted NGOs.
Guidelines to Conduct Financial Field Audits of NGOs (*Lineamientos para Realizar Auditorías Financieras de Campo a las ONG*)	LMG provided technical assistance to the UAFCE for the development of these guidelines.
Monitoring and Evaluation templates for NGOs *(Formatos de M&E de las ONG)*	LMG provided technical assistance for the NGOs for the development and use of the M&E templates based on the terms of reference in their contracts.

Financial templates for liquidation of NGO expenses *(Formatos para las liquidaciones financieras de los gastos de las ONG)*	LMG provided technical assistance and coordination with the UAFCE to update the tables for use by the NGOs to present their financial liquidations to the MOH.
Updated Friends Educating Friends Manual (*Revisión del Manual Educando Amigos*)	LMG facilitated the review and updating of the Friends Educating Friends peer education manual that had been in use with some of the NGOs to ensure that it was aligned with the latest technical terms and guidance.
Updated Educational Video Forums Manual (*Revisión del manual de video foros educativos*)	LMG facilitated the review and updating of the Friends Educating Friends peer education manual that had been in use with some of the NGOs to ensure that it was aligned with the latest technical terms and guidance.
Methodological Guide for NGOs on the Implementation of the Diagnosis and Care Continuum (*Guía para Alcanzar el Continuo Diagnóstico Atención*)	LMG brought in external technical assistance for the development of the guide and a series of two workshops to develop capacity among NGOs and counselors on strategies to expand service coverage, with emphasis on rapid testing of HIV.

Targeted assistance to both the MOH and the NGOs in specific technical areas

"LMG was constantly developing our capacity as an organization. Gender-based violence was new to us, as was how to develop a proposal, and new strategies like 90-90-90."

- NGO Leader

- **Knowledge Exchange.**
  LMG facilitated knowledge exchange among NGOs and with regional health staff in best practices for HIV education. During the project's second year, LMG organized a knowledge exchange fair for NGOs and regional health staff. NGOs were invited to set up exhibit booths to share what was working for them in HIV education. Some NGOs also presented dramas and music and dance shows about HIV prevention. The MOH regional health staff especially appreciated this opportunity to see first-hand

June 3, 2014, Tegucigalpa, Honduras. NGO staff demonstrate the educational game, Bingomania.

some of the tools and methods employed by the NGOs implementing contracts with the MOH. LMG also periodically invited regional health staff to attend educational and health promotion events carried out by the NGOs so that they could see them in action.

- **Prevention of Gender-Based Violence.** During LMG's second and third year of implementation in Honduras, the project held a series of workshops for contracted NGOs and regional MOH staff to heighten their sensitivity and awareness of gender-based violence (GBV) in the context of HIV/AIDS, and worked with NGOs that serve these key populations to develop training plans that they used with their own beneficiaries, as well as helped them strengthen or develop referral plans when presented with cases or potential cases of GBV. Regional health offices developed checklists to support their monitoring of the GBV activities carried out by the NGOs as stipulated in their contracts with the MOH.

  The workshops in the third project year added clinic counselors to support with awareness and identification of cases of GBV. During the training workshops in PY3, a review was carried out of the referral plans prepared by the NGOs and regional health offices. During these discussions, it was found that some institutions and health workers faced numerous challenges with implementing their plans including lack of personnel, lack of confidence, and in some cases the lack of technical will and sensitivity towards cases of GBV. This discussion underscored the importance of the referral plan, and provided some of the NGOs with an opportunity to reflect and recover some activities that had been partially forgotten. For others it was a new experience that required important efforts to finally recognize the importance of satisfactorily complying with what is requested. The project followed up with the NGOs throughout the year to see how they implemented their own trainings and referral plans and to provide continued support.

Table 2: Capacity Development in Prevention of Gender-Based Violence

Year	Number of Teams Trained	Number of Staff Trained by LMG	Profile	Total Outputs
2014	20	43	Local NGO and MOH regional health staff	• 14 Training plans developed by NGOs for use with their own beneficiaries on prevention of GBV. • 14 Referral plans developed by NGOs for cases of GBV. • 6 Monitoring Tools Developed by Regional Health Staff
2015	7	42	Local NGOs, MOH regional health staff, and health facility counselors	
Total	27	85		

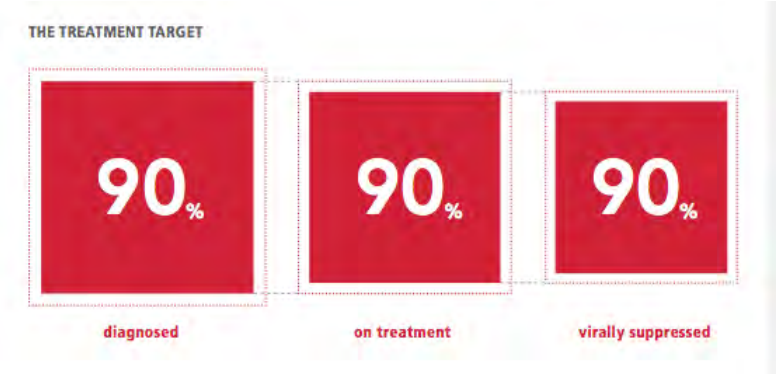
- **Hidden Populations.** In addition to the key populations already identified at the start of the Project, including MSM, FSW, Garífuna populations, and transgender people, there is a growing recognition of "hidden populations." Populations at increased risk, or most-at-risk, for HIV are often referred to as "hidden" or "hard-to-reach." These populations are composed of individuals who engage in behaviors that are stigmatizing or perhaps illegal, and thus tend to avoid disclosure[1]. In Honduras, the term "hidden population" (or in Spanish, *poblaciones ocultas*) can refer to women that offer sexual services other than in the street or brothels, or other groups that are difficult to identify.

[1] Guidelines on Estimating the Size of Populations Most at Risk to HIV, WHO-UNAIDS, 2010.

During PY2, LMG Honduras supported the MOH and NGOs in reaching these populations through two avenues: (i) technical assistance to the UGD in finalizing the terms of reference for a group to provide training to the MOH and NGOs on identification of hidden populations and provision of services to hidden populations; and (ii) accompaniment to the MOH on a pilot contracting cycle, including development of terms of reference, to award a contract to an NGO specifically focused on reaching this population, resulting in a contract being awarded to the NGO, PRODIM in PY3.

- **HIV Continuum of Care.** During PY3, LMG helped introduce the new UNAIDS 90-90-90 targets to its partners, launched in 2014. The new targets state that by 2020:
  - 90% of all people living with HIV will know their HIV status
  - 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy
  - 90% of all people receiving antiretroviral therapy will have viral suppression

Figure 4: UNAIDS 90-90-90 targets. Source: www.unaids.org



In November 2015, LMG held two workshops for NGOs, MOH staff, and clinic counselors to develop capacity in expansion of coverage of HIV services to equip these service providers with strategies to minimize patient loss across the HIV continuum of care or treatment cascade. During these workshops, participants learned about the new UNAIDS targets, and together developed strategies for expansion of service coverage to key populations, in particular of the rapid testing and counseling service.

A product of the workshop is a guide oriented towards reinforcing capacities and abilities in public and non-public institutions technical personnel, with diversified strategies for the promotion and expansion of HIV rapid test services for key populations. Each workshop was evaluated via a pre- and a post-test. The first workshop's average score for initial knowledge was 54.6%, while the average score for the post-test was significantly improved at 92.1%. For the second workshop, the average score for initial knowledge was 60.5%, while the average score for the post-test again improved at 88.6%.

- **Knowledge, Attitudes and Practices (KAP).** Two workshops were held with the NGOs and MOH regional health staff in November 2015 to provide NGO staff with the knowledge and tools necessary to apply KAP surveys to the project's targeted population, thus ensuring adequate and correct data collection; and to become familiar with the surveys that would be applied to key and prioritized populations.

Challenges and Actions Taken

LMG faced several challenges during project implementation, and took steps to address them. At the start of the project, LMG experienced a change management challenge on two fronts: one was of new groups working together—the MOH and the NGOs, and another was shifting to a results-based financing model (RBF).

> *"We were nervous about working with the MOH. We had heard that there was bureaucracy involved in working with the government."*
>
> *- NGO Leader*

LMG fostered relationship building through joint trainings with the MOH and NGOs, and coordination at the local level with the regional health offices. Through a series of presentations on RBF and individual discussions with the MOH units and the NGOs, LMG helped these groups understand what results-based financing is, how it would work under the NGO contracts with the MOH, and what kind of impact they could expect on their work from this new model.

A significant challenge throughout the project was staff turnover at the MOH. The 2013 election was a key moment in the life of the project, followed by a period of uncertainty and interim staffing at the MOH, and then a nearly complete change in MOH counterparts at both central and regional levels. The MOH was able to navigate the transition between governments by working closely with the LMG Advisors who served as a critical link to bridge the past and current government teams, and to ensure that there were no gaps in knowledge transfer. Nevertheless, frequent turnover at the MOH continued after the new team was installed at the MOH. This made it difficult to sustain capacity development at the MOH since the newly trained staff were not retained. This situation was outside of LMG's control, but LMG addressed it by working to document and institutionalize processes and procedures, and roles and responsibilities so that new staff would not need to go searching for guidance on how to manage the NGO contracts.

The Honduran national elections in November of 2013 was a critical juncture in the life of the LMG project, as well as for other implementing partners in the country. An environment of uncertainty characterized the months leading up to and following the election with the project's counterparts at the Ministry of Health as to whether they would be keeping their jobs and what would happen to the processes and initiatives already underway. The appointment of a new Minister of Health was followed by changes in key MOH staff in early 2014. LMG met with new staff in the units/departments of UAFCE and UGD to orient them to the technical assistance provided by LMG and review the capacity building plans that had been previously developed. Nonetheless, staff turnover at the MOH continued at a rapid pace, and LMG found itself repeating the same process multiple times with new staff. LMG addressed this challenge by documenting and pushing for institutionalization of processes and roles and responsibilities, yet this remained a major challenge for the remainder of the project.

LMG Honduras also experienced challenges in its own staffing; in particular the role of Project Director was filled three times. Despite retention difficulties with this position, the rest of the team remained constant and provided continuity to the technical assistance activities with the NGOs and MOH.

The project also addressed some delays in activities, in particular with the signing of the NGO contracts in 2014 and 2015, and with some delays in funding disbursements to the NGOs especially in 2015. These delays were in part related to staff turnover at the MOH and the time needed to train new staff. LMG worked with the MOH to start the bidding process earlier to allow more time in the process to reduce delays such as these.

> *"They did not have permanent staff during the process especially in the financial area. If we as an NGO sent them liquidation, the person that had already been trained left and then the new person needed to be trained, and sometimes documents were even lost. And perhaps these people did not understand what work needed to be done. So, sincerely it took a lot of time to explain over and over again."*
>
> *- NGO Leader*

Throughout the project, LMG played a role with the MOH to strengthen their capacity in management of their funding from USAID. This included frequent visits to the UAFCE since the start of the project to accompany staff in the review and understanding of the terms of the USAID implementation letters to the MOH, the mechanism in which USAID funds were distributed to the MOH. LMG also conducted working meetings with UAFCE staff to review USAID rules and regulations, and LMG staff routinely reviewed MOH program and financial reports, liquidations and funding request prior to their submission to USAID. Unfortunately in 2015, the UAFCE fell into delinquency status with USAID due to its failure to liquidate past advances from USAID. This event, coupled findings from the 2014 audit carried out by the Tribunal of Accounts (TSC), an entity financed by USAID to conduct internal audits at the MOH, put UAFCE in a precarious situation with their USAID funding. LMG worked diligently with UAFCE staff to understand the root causes of the audit findings and to develop plans to address these, including updating and strengthening the internal control guidelines related to USAID funds at the UAFCE to prevent similar situations from occurring in the future. In response to the heightened need for technical assistance to the MOH in their management of USAID funding, LMG hired and placed a full time finance staff person at UAFCE in April 2015 to provide one-on-one assistance to strengthen the financial and administrative areas that led to the delinquency status and audit findings. Despite LMG's close work with UAFCE, continued delays in resolving the findings and another change in the UAFCE team working with USAID funds delayed the work even further. Ultimately, USAID made the determination to discontinue financing the contracts through the MOH for 2016, and instead use the LINKAGES project as a mechanism. This was an unfortunate outcome of the work that had culminated over three years between USAID and the MOH with LMG's technical assistance.

Lessons Learned and Recommendations

Key lessons learned and recommendations from the three years of the LMG Project's implementation in Honduras include:

- **The early stages of the project required change management.** For many MOH staff and the NGOs, this was the first time working with one another, and required cultural shifts and an open mind to working differently. To foster coordination and relationship building between the NGOs and the MOH at central and regional levels, LMG often provided technical trainings to both at the same time, so that they would both have the same guidelines and develop a shared understanding of them, and also have the opportunity to interact with one another at these events. This also provided an opportunity for the NGOs to meet and coordinate with their point of contact at the regional health office. In addition, shifting to an RBF model also required change management. LMG provided stakeholders with resources on RBF developed under the prior USAID-funded AIDSTAR-Two project. LMG also collaborated with AIDSTAR Plus' workshop on RBF to MOH and NGO personnel.

- **Systematic documentation of processes and procedures, and roles and responsibilities is a crucial step towards sustainability.** The first year of the experience of the MOH contracting NGOs directly with USG funds drove home the lesson that it is crucial to systematize and institutionalize every process and procedure, and roles and responsibilities to ensure sustainability after the technical and financial assistance from USAID ends. LMG supported with developing tools and manuals, as described in Table 1 to leave the processes well documented, and assisted the MOH with the first step of each contracting cycle to appoint a task force with clear roles and responsibilities for the contracting process, as well as encouraged an early start to the process, beginning at the end of the summer of the year prior to the contracts starting. In relation to the capacity needs identified with the MOH, these presented an opportunity to update and strengthen the internal control guidelines related to USAID funds at the UAFCE.

- **Close and continuous accompaniment to MOH and NGO staff was important for their capacity development and growth.** LMG's technical assistance to the MOH and the NGOs took the form of close (at times daily) accompaniment in person, or virtual, to ensure that resources reached the NGOs that had been contracted in a timely way, and that the NGOs provided quality HIV prevention and education services to key and priority populations in the country. The staff of the LMG Honduras team worked diligently to respond to the needs of the government and NGO clients to avoid any gaps in service. This demand-driven/responsive technical assistance position of the team led to successful contracting and payment of NGOs in most cases, despite some delays that affected planned activities. During the project's second year, the team expanded to include two regional staff that provided continuous accompaniment to regional health staff and NGOs based in the northern part of the country, and two additional staff were hired in Tegucigalpa, one of which was based in the UAFCE office to provide them with daily technical assistance. Three UAFCE leaders (General Coordinator, Administration and Finance Coordinator and Technical Administrative Officer) began individual executive coaching sessions organized by LMG during the project's second year. However, they later left the unit. Future coaching efforts with high level leaders should take into account the possibility of staff turnover and establish a

plan for bridging the transfer of responsibility and authority, and ensure continuation of the coaching services for the incoming leaders so that the local organization still benefits if there is turnover in leadership.

- **Continuity of LMG technical staff was a vital factor contributing to MOHs effective management of ongoing relationships with NGOs through period of transitions**. Despite staff turnover at the MOH, and even within LMG project leadership, the LMG Honduras team continued to fulfil their role as providers of technical assistance. MOH staff working with the NGO contracts were able to navigate the transition between governments by working closely with the LMG technical staff who served as a critical link to bridge the past and current government teams, and ensure that there were no gaps in knowledge transfer. Despite difficult circumstances, with commitment, relationship building and maintenance, and close accompaniment, LMG continued to work with partners to develop capacity that enabled them to self-manage and deliver effective services to key populations in Honduras without interruption.

- **NGOs demonstrated their commitment to key populations and organizational resiliency by avoiding gaps in service coverage despite some delays in funds disbursements.** LMG observed the great commitment that the contracted NGOs and their technical staff have towards their beneficiary populations. Despite, at times, not having the MOH funds available in time to implement the activities in their contracts, the NGOs sought other means—such as obtaining loans and credit with suppliers, and even delaying salaries to their staff—to implement the activities and provide rapid testing services to key populations. These NGOs have a limited number of projects or even just this one MOH project serving as their source of revenue, and though they may not yet be self-sustaining, this was not an insurmountable barrier to them fulfilling their activities within their capabilities.

  "There was a moment where we were so discouraged. We did not have our disbursements, and we had to find the way to deliver the services. We had the advantage that we live in these communities, and everyone knows one another. In this way, we were able get loans from the people that cater the tea breaks at trainings, and so on. If we had waited for those disbursements, we would not have completed the activities on time. It's true that we need the funds, but that's not why we are there. It is a moral commitment to our populations, and if we needed to get loans, we would so that services would continue."

  - NGO Leader

- **Project activities must be aligned within ongoing national and regional initiatives and processes.** It was clear that it was important for the project to work within already ongoing national and regional initiatives. For example, when working with the MOH units to define roles and responsibilities of those units and positions involved in the contracting process with NGOs, it was important to ensure that the roles of each unit are defined in accordance with the Organizational Development process that is taking place within the MOH, and that documents produced through technical assistance by the project are aligned with national guidelines and manuals such as the MOH Manual for Organizations and Functions and the Internal Control Manual.

- **Partnerships are a key ingredient for success.** Related to the above, it was key for LMG Honduras to work with other USAID implementing partners and other development actors working with the MOH so that efforts could be aligned.

  "In addition to the MOH, we partnered with other government ministries, for example—education—to coordinate with universities to reach key populations."

  - *NGO Leader*

June 3, 2014, Tegucigalpa, Honduras. NGO staff demonstrate video-based tools for reaching key populations.

- **Transition Planning is an important step for sustainability.** Following internal discussion and subsequent discussion with USAID, LMG determined that it will conclude activities in January 2016, and prepared a transition plan for the remaining four project months (October 2015 – January 2016), which was submitted to USAID on September 24, 2015. During the transition period, LMG worked closely with the new LINKAGES Project to transfer the knowledge, skills and resources develop during the LMG Project of working with the MOH and NGOs. LINKAGES will manage the NGO contracts and provide technical assistance in 2016.

Looking Ahead

MSH and LMG are proud to have been invited to play a strategic role in Honduras to promote improved quality and delivery of HIV prevention and education services to key and priority populations. Through LMG's activities, the MOH of Honduras and local NGOs developed greater capacity to work as a team, in particular at the local level, to deliver these services.

> *"We hope that this new partnership between the NGOs and the MOH is not lost. We need that link to strengthen services and for the regions to continue to be the technical link."*
>
> *– MOH Central Level Official*

At the close of LMG Honduras, the project transitioned activities to the LINKAGES project to continue providing support to these partners in the role as service providers. LMG has developed a technical fact sheet describing the strengthened relationship between the regional health offices and the NGOs achieved with support from project.

> *"A good foundation has been set for coordination with the health services. This will permit that future processes are successful."*
>
> *- NGO Leader*

At the global scale, LMG's experiences and lessons learned in Honduras will provide insight that help inform sustainability planning for HIV/AIDS services in other countries to ensure that the right populations are reached to control the epidemic.

Annex 1: End of Project Preliminary Financial Report

Management Sciences for Health

End of Project Financial Report Preliminary *

Honduras

Leadership, Management and Governance (LMG) Project

AID-OAA-A-11-00015

Total Estimated Cost:	
Obligated Funds:	$ 2,658,820.00
Future Funding:	0
Project Ceiling:	$ 2,658,820.00

Date Prepared: 26-Jan-16

	Total LMG Honduras
A. Obligated Funds to Date:	$ 2,658,820.00
B. Cumulative Expenditures and Accruals (as of 12/31/16)	$ 2,399,347.79
C. Estimated expense burn rate (January 2016)	$ 94,896.47
D. Remaining Balance (Pipeline*)	$ 164,575.74

* Please note this is not a final financial balance projection; MSH Accounting has not yet closed the final quarter ending: June 30, 2015 and January 2016 as of the time of this report submission.

Annex 2: Final Report of the LMG Honduras Performance Monitoring Plan (PMP)

LMG Honduras Project Goal:
Provide technical assistance to the Ministry of Health (MOH) and local NGOs and other non-public institutions in organizational capacity building to provide HIV/AIDS education and prevention services to key and priority populations.

No.	Indicators		Targets				Achievements				
			PY1[2]	PY2	PY3	Cumulative LOP[3] Total	PY1[4]	PY2	PY3	Cumulative LOP	Percentage Achievement LOP[5]
P.11.1.D	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results.	Male:					5,192	7,043	6,336	18,571	
		Female:					4,188	8,183	8,288	20,659	
		(<15 years):					2	30	8	40	
		(15 + years):		14,141	15,555	29,696	9,378	15,196	14,616	39,190	100.39%
		Positive:					17	31		48	
		Negative:						15,195		15,195	
		MSM:		2,789	3,067	5,856	683	1,673	2,049	4,405	63.56%
		CSW:		5,024	5,526	10,550	3,169	3,756	3,123	10,048	65.20%
		Garífunas:		6,328	6,962	13,290	2,722	6,802	7,876	17,400	110.44%
		Other indirect groups:					2,806	2,995	1,576	7,377	
		Individuals:			15,555	15,555	9,380		14,624	24,004	94.01%
		Couples:									
		TOTAL	**N/A**	**14,141**	**15,555**	**29,696**	**9,380**	**15,226**	**14,624**	**39,230**	**100.52%**

[2] The PMP approved at the start of PY2, and thus targets were not developed for PY1.

[3] Life of Project (LOP)

[4] Achievements for PY1 have been included when available.

[5] Percent achievements compared to against targets considers PY2&3, since targets were not developed for PY1.

P.8.3.D	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Male:										
		Female:										
		MSM:				1,592	802	1,631	1,508	3,941		
		CSW:				2,712	383	2,785	4,513	7,681		
		TOTAL	**N/A**	**3,913**	**4,304**	**8,217**	**1,185**	**4,416**	**6,021**	**11,622**		**127%**
P.8.1.D	Number and percentage of each priority population who completed a standardized HIV prevention intervention including the specified minimum components during the reporting period	Male :			1,860			2,080	4,093	6173		
		Female			3,031			2,996	5,425	8421		
		(‹15 years):						1654		1654		
		(15 + years):						3422		3422		
		Garífunas :					938	5006		5944		
		Other indirect groups:						70		70		
		TOTAL	**N/A**	**4,447**	**4,891**	**9,338**	**938**	**5,076**	**9,518**	**15,532**		**156%**

Result 1: Organizational capacity developed within the MOH to establish and carry out effective funding mechanisms, management and stewardship of HIV prevention services provided by local non-governmental organizations (NGOs) and other non-public institutions.

No.	Indicators	Targets				Achievements				
		PY1	PY2	PY3	Cumulative LOP Total	PY1	PY2	PY3	Cumulative LOP	Percentage Achievement LOP
1	Proportion of NGOs and other non-public institutions contracts managed in compliance with MOH policies, protocols, and guidance for contracting, as measured through the following areas in the past 12 months:		100%	100%	100%		75%	61%	68%	68%
	o Bidding process based on results undergone timely		100%	100%	100%	100%	100%	100%	100%	100%
	o Monthly financial reviews based on results		100%	100%	100%	100%	100%	84%	92%	92%
	o Semi-annual results-focused technical audits		100%	100%	100%		100%	100%	100%	100%
1.1.	Proportion of technical and financial proposals based on results that have been reviewed and negotiated by the MOH in the past 6 months as part of the competitive bidding process.		14	10	24	10	14	8	32	92%
1.2.	Percent of NGOs and other non-public institutions with approved contracts that have undergone monthly financial reviews by the MOH within the past 3 months.		9	8	17		9	6	15	88%

1.3.	Percent of NGOs and other non-public institutions with approved contracts that have undergone semi-annual results-focused technical audits by the MOH within the past 6 months.		8	8	16	8	7	15	94%
1.4.	Percent of financial advance requests and liquidations received from contracted NGOs and other non-public institutions in the past three months that have been reviewed and processed by the MOH.		64	8	72	64	8	72	100%
	TOTAL	**N/A**							

Result 2: Organizational capacity developed within local NGOs to support the implementation of evidence-based, quality HIV prevention services for key populations in compliance with the new MOH funding mechanisms.

No.	Indicators	Targets				Achievements				
		PY1	PY2	PY3	Cumulative LOP Total	PY1	PY2	PY3	Cumulative LOP	Percentage Achievement LOP
2	Proportion of NGOs and other non-public institutions that comply with financial and technical regulations, measured by:		100%	100%	100%		100%	64%	82%	82%
	o Percentage of funds executed quarterly by the NGOs and other non-public institutions (financial regulation)		100%	100%	100%		100%	50%	75%	75%
	o Percentage of the NGOs and other non-public institutions project targets achieved quarterly (technical regulation)		100%	100%	100%		100%	74%	87%	87%
2.1.	Percentage of funds executed quarterly by contracted NGOs and other non-public institutions		100%	100%	100%		100%	50%	75%	75%
2.2.	Percentage of the NGOs and other non-public institutions project targets achieved in the past 3 months.		100%	100%	100%		100%	74%	87%	87%
	TOTAL	**N/A**								

www.LMGforHealth.org