

LMG Honduras Quarterly Report: April – June 2013

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QUARTERLY REPORT FOR
APRIL-JUNE 2013

Submitted July 2013

Table of Contents

Abbreviations	3
I. Executive Summary.....	4
II. Program Context and Expected Results.....	4
III. Intermediate Program Results and activities	7
IV. Monitoring and Evaluation	10
V. Outstanding Issues, Constraints, Delays and Actions Taken.....	10
VI. Financial Report.....	11
VII. Lessons Learned	12
VIII. Coordination with Other Actors	12
IX. Gender Component	12
X. Summary of Key Conclusions	12

Abbreviations

AHMF	Asociación Hondureña Mujer y Familia
AOR	Agreement Officer's Representative
ART	Anti-Retroviral Therapy
ASONAPVSI DAH	National Association of People Living with HIV/AIDS
CASM	Comisión de Acción Social Menonita
BSS	Behavior Surveillance Survey
CoAg	Cooperative Agreement
COCSIDA	Centro de Orientación y Capacitación en Sida
CGSSI	Comunidad Gay Sampedrana para la Salud Integral
ECOSALUD	Ecología y Salud
GHI	Global Health Initiative
GOH	Government of Honduras
LDP	Leadership Development Program
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
LMG	Leadership, Management, and Governance (Project)
LMS	Leadership Management and Sustainability (Project)
MOH	Ministry of Health
M&E	Monitoring and Evaluation
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
MSM	Men who have Sex with Men
MSM-T	Men who have sex with men and transgendered individuals
PLHA	People Living with HIV and AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Center
PMP	Performance Monitoring Plan
PRODIM	Programas para el Desarrollo de la Infancia y la Mujer
PY	Project Year
RSD	Regiones Sanitarias Departamentales (Regional Offices of the MOH)
RSM	Región Sanitaria Metropolitana. Just referred to Tegucigalpa and San Pedro Sula.
SOW	Scope of Work
STI	Sexually Transmitted Infections
STTA	Short Term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TOR	Terms of Reference
ULAT II	Unidad Local de Asistencia Técnica (Local Technical Assistance Unit) II (Project)
USAID	United States Agency for International Development

UECF	Unidad de Extension de Cobertura y Financiamiento (Unit for Extension of Coverage and Financing)
UGD	Unidad de Gestión Decentralizada (Unit for Decentralized Administration)
USG	United States Government

I. Executive Summary

This report describes the main achievements for the Leadership, Management & Governance (LMG) program in Honduras for the April-June 2013 period. This report serves to update USAID/Honduras on project accomplishments and inform of any outstanding issues during this period.

The major accomplishments of the LMG/Honduras program from April-June 2013 are:

- Provided technical assistance to the MOH (Extension of Coverage and Financing Unit or UECF in Spanish, the Decentralized Management Unit or UGD in Spanish, and the Regional Offices of the MOH or RSD in Spanish) to contract local NGOs to provide preventive and educative services for key populations
- Provided technical assistance to nine local NGOs to improve the quality of their technical and financial proposals
- Concluded the process of contracting six local NGOs
- Approval received of the LMG/Honduras PY 1 work plan
- Established the LMG/Honduras office in Tegucigalpa
- On-boarded the LMG/Honduras team members

II. Program Context and Expected Results

National 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. 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, it must reach out to key 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.

At 0.7%, Honduras' HIV prevalence rate is similar to other countries in Central America¹. 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 HIV prevalence rates of 5, 9.7 and 5.5 percent, respectively.

According to the National Sexually Transmitted Infections (STI)/HIV/AIDS program report, as of December 2011, a total of 30,026 HIV positive cases were diagnosed in Honduras and 8,159 people are actively receiving antiretroviral (ARV) treatment. HIV voluntary counseling and testing (VCT) facilities are available through both the MOH and some local NGOs. Other prevention services provided by the MOH are Prevention of Mother-to-Child Transmission (PMTCT) services, condom distribution and screening and diagnosis of STIs. However, behavioral change communication (BCC) activities for key populations are generally provided by local NGOs that are actively involved within these communities.

To improve health conditions among key populations, quality, usage, and financing of critical health services must be improved. This includes prevention and HIV testing services that are organized and delivered at the community level. In addition to the responsibility of the GOH in assuring access to a basic package of health services, community participation is a critical factor in improving health status at the community level, especially as it relates to preventing disease and promoting health.

Project Context:

The Government of Honduras' Response to HIV/AIDS

Over the past decade, the GOH has taken various steps to respond to the HIV epidemic. The current HIV/AIDS National Strategic Plan (PENSIDA III), 2008 – 2012, prioritizes scale-up of prevention efforts for 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 PENSIDA III efforts. The GOH has now started the process of drafting PENSIDA IV, anticipated to be finalized in 2013 and written under the umbrella of the National HIV Strategy that was completed in March 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 to manage the decentralization of health services; the aforementioned UECF and UGD.

¹ HIV prevalence rates in Central America: El Salvador 0.8%, Guatemala 0.8%, Nicaragua 0.7% (source: Central America Partnership Framework Implementation Plan 2010)

The National HIV Strategy outlines 14 key activities that provide greater access to a basic package of HIV services at the individual, family, and community levels, including the definition and operationalization of a basic package of services according to life cycle and type of services (promotion, prevention, treatment, care and support); reorganization of STI/HIV/AIDS service provision structure; and the definition of a new management model for results-based service provision.

US Government Assistance in Honduras

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 NGOs. Since 2005, this support has included capacity building for community health workers to perform HIV rapid testing for vulnerable populations to promote healthy behavior change. USAID continues to work with the MOH to: a) develop and prepare the implementation of the National HIV Strategy; and b) improve supplies and logistics systems for HIV commodities (ARV drugs, HIV rapid tests and condoms).

USAID HIV and AIDS programs in Honduras are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in line with the strategic priorities outlined under the Central American Regional HIV/AIDS Partnership Framework (PF), 2009 - 2013. Activities also directly contribute to the Honduras Global Health Initiative Strategy, 2011 – 2015. The over-arching Global Health Initiative (GHI) country goal in Honduras is to “Improve the health status of underserved and vulnerable populations”. In collaboration with the MOH, other USG 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”.

Expected Results

All project activities from this quarter contribute to achieve the following two Expected Results of the LMG/Honduras program:

- (1) Organizational capacity developed within the MOH to establish and carry out effective funding mechanisms, management and stewardship of local non-governmental organizations (NGOs) to provide HIV prevention services; and
- (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.

Because the reporting period is the second full quarter of project implementation, most activities are related to start-up.

III. Intermediate Program Results and activities

This section of the quarterly report serves to inform USAID/Honduras of the results achieved from April to June 2013, and to report on specific activities. The activities and results are presented in two categories: Project Management and Expected Results. Results by Expected Result and Activity are listed according to the approved Work plan.

Project Management

Activity 1: Establish LMG/Honduras office space

During this reporting period LMG/Honduras used office space in a house shared with USAID Implementing Partner John Snow, Inc. (JSI). At the request of USAID, LMG/Honduras covered the full cost of the office rent for a period of 3 months (April-June) while USAID was in the process of finalizing the negotiation of a new project with JSI, which would be co-housed in the same office with LMG/Honduras. LMG/Honduras negotiated the space and transfer of inventory with JSI so that the LMG/Honduras team had access to furniture, equipment, supplies, etc. At the start of Q3 of the USAID fiscal year, LMG/Honduras began to remodel the space where the LMG/Honduras team will permanently work within this same office.

Activity 2: On-Board LMG/Honduras team members

Recruitment of all five members of the LMG Honduras team was finalized during this reporting period. Four of these staff members had worked on the AIDSTAR-II Program in Honduras working with the MOH and NGOs, making for a smooth transition and a short orientation period. These staff members had already established good working relationships with the MOH and the NGOs, having worked with all these local partners in the predecessor project.

In addition, the LMG/Honduras Program Director came on board full time in July 2013, after serving a short period as Interim Director (May – June). The Program Director has a long history of work with MSH in other countries, as well as experience working with the MOH in Honduras.

Expected Results

Below are the activities from the program work plan that were conducted (wholly or partially) during the reporting period.

Expected Result 1: Organizational capacity developed within the MOH to establish and carry out effective funding mechanisms, management and stewardship of local non-governmental organizations (NGOs) to provide HIV prevention services
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Activity 1.1: Together with the UGD, UECF and RSD (regional offices of the MOH), carry out assessments of the three units in the themes of leadership and management (assessments will be coordinated to streamlined processes and efficiency of staff time).

Results expected of this activity (leadership and management assessment reports, including results, analysis, and next steps) were not achieved due to delays in the finalization of the methodological process. The assessment and a report of its findings are expected to be completed in PY1 Q4.

Activity 1.2: Together with the UGD, UECF and RSD (regional offices of the MOH), carry out assessments of the three units in governance using the LMG four governance practices as a basis for the assessment.

Results expected of this activity (governance assessment reports, including results, analysis report, capacity building plan, monitoring plan, etc.) were not achieved due to delays in the finalization of the methodological process. The assessment and a report of its findings is expected to be completed in PY1 Q4.

Activity 1.3: Together with the UECF, UGD and RSD, facilitate participative assessments of governance of the NGOs.

Results expected of this activity (design of the assessment tool and governance capacity building plan, etc.) were not achieved due to delays in the finalization of the methodological process. The assessment and a report of its findings are expected to be completed in PY1 Q4.

Activity 1.4: Address management weaknesses identified during the organizational management assessment.

In preparation for the L+M+G assessments expected to be carried out in early PY1 Q4, LMG/Honduras has developed a draft methodology and data collection instruments, and has also translated and adapted a LMG assessment tool. Results of this assessment will serve as input for the LMG/Honduras work plan, and also as a baseline against which to compare results achieved. LMG/Honduras will roll out these tools with the UECF and UGD, to both assess their capacities as well as train them to use these tools with the NGOs. Due to shifting priorities in order to provide technical assistance in contracting to the MOH, the diagnosis was delayed, and the results of the evaluation will be available in September 2013.

Activity 1.5: Support the capacity building of the UECF, UGD and RSD in the review, analysis and operationalization of new HIV/AIDS prevention projects with defined deliverables to be included in new contracts.

Supporting UECF, UGD and RSD, LMG/Honduras provided technical assistance and training to review tender document, terms of reference, technical bids and budgets, draft of contracts to hire local NGOs. All this support enabled the completion of the selection processes to contract six local NGOs in June.

Activity 1.6: Capacity building of the UECF in the development, procurement, implementation and monitoring of the NGO contracts, with an emphasis on accountability and results.

At the time of the start of the LMG/Honduras program, the UECF had developed a timeline of activities for the procurement process, starting with the call for proposals on through to the awarding and signing of contracts. LMG/Honduras provided several types of support to the UECF during the reporting period as part of this process: provided technical assistance to UGD and UECF to prepare Scopes of Work in order to contract NGOs; support to the Internal Committee (UGD, UECF, HIV/STI Office) to develop and use tools for the evaluation of proposals from local NGOs; provided technical assistance to six local NGOs to improve the quality of their technical bids and budgets; designed an M&E form that will be used by NGOs; designed the data collection tool to monitor PEPFAR indicators.

Activity 1.7: Work together with the UECF to assess the finance and administrative systems of any new NGOs that are selected for the first time to implement contracts with the MOH.

The LMG/Honduras team provided technical assistance in the following areas: trained the UECF team in the Quickstart financial management tool for the assessment of financial management skills in local NGOs; transfer of facilitation/training skills in Quickstart to the UECF teams so that they can carry out the skills assessment with seven local NGOs of which six NGOs were contracted by the MOH.

Activity 1.11: Support the definition of roles and responsibilities for the UECF, UGD and RSD so that the NGO procurement and monitoring processes are implemented efficiently and effectively.

LMG/Honduras continued working closely with both the UECF and the UGD to monitor the bidding process. Specifically, LMG/Honduras was asked to assure that the process is followed on time and transparently, so LMG/Honduras has provided technical assistance to the UGD and UECF in order to complete the bidding process, complying with established standards and requirements.

<p>Expected 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.</p>
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As noted earlier, LMG/Honduras focused attention during the reporting period on project start-up and initial technical activities with the MOH. Initial support to the NGOs also began in Q3.

Activity 2.1: Together with the UGD, UECF and RSD, assess NGO management and governance systems that are in place to manage their grants/contracts and reach agreed-upon targets from their contracts.

Results expected of this activity (NGO assessments results) were not achieved due to delays in the finalization of the methodological process. The assessment and a report of its findings is expected to be completed in PY1 Q4.

Activity 2.2: Strengthen the governance capacity of the NGOs, focused on accountability, stakeholder coordination and engagement, setting a shared direction and stewardship of resources.

Results expected of this activity (technical assistance, capacity building, effective board governance) were not achieved due to delays in the finalization of the methodological process. Capacity building and technical assistance is expected after carry out the L+M+G capabilities assessment.

Activity 2.3: Facilitate management capacity assessments of NGOs, including the assessment of leadership capacity.

The initial progress achieved in activities 2.1 through 2.3 is closely tied to the actions taken and described earlier in this report under Activities 1.1 and 1.2. The assessment and a report of its findings is expected to be completed in PY1 Q4.

IV. Monitoring and Evaluation

A draft PMP was submitted to USAID on April 12, and following feedback from USAID a revision was submitted on June 3. Final approval of the PMP is pending at the time of this report. No specific monitoring and evaluation activities were conducted during the reporting period, other than the activities described above.

<i>INDICATOR</i>	<i>TARGET</i>	<i>PROGRESS TOWARD ACHIEVEMENT</i>	<i>EXPLANATION</i>

V. Outstanding Issues, Constraints, Delays and Actions Taken

Constraint 1: Delays in recruitment of project staff.

Actions Taken:

- 1) MSH hired two short-term technical consultants through June 2013 to implement specific technical activities.

- 2) MSH conducted an intensive recruitment of technical staff. LMG/Honduras initially focused the recruitment search on Honduran nationals, but were not able to find the right person for the Program Director position, therefore it was agreed with the mission that third country nationals would also be considered for this important position. Following this decision, LMG/Honduras quickly identified a qualified Program Director, USAID Honduras provided their agreement to the proposed candidate and he started his full time role on July 1, 2013.

Constraint 2: Lack of permanent LMG/Honduras office space and transfer of equipment from JSI to LMG/Honduras.

Actions taken:

- 1) Review of inventories to identify equipment (furniture, computer, etc.) needed for LMG/Honduras team and office space.
- 2) A plan for remodeling of the offices where the LMG/Honduras project will be established.

Constraint 3: Matching USAID and MOH expectations.

Actions taken:

- 1) The LMG/Honduras team determined jointly with USAID and the MOH to focus technical assistance support to the procurement process in the first months of the program in response to the MOH requests for support on specific aspects of the procurement process. This diverted attention and staff time away from the LMG/Honduras workplan goals, however the contracting process of the NGOs was determined to be the top priority.

Constraint 4: Suspension of the Minister of Health delayed the signing of contracts with NGOs.

Actions taken:

- 1) Support to USAID UECF and UGD to find mechanisms to ensure the signing of agreements between the MOH and NGOs.

VI. Financial Report

Quarter April-June 2013

Pipeline at the beginning of period *	\$ 561,766.75
New funds Obligation	\$ -
Expenses during the reported period + Accruals	\$ 174,334.24
Pipeline at the end of the period	\$ 387,432.51
Estimated expense burn rate for next period	\$ 220,104.95
Estimated quarters of pipeline	1.76

* Funds had been committed when we expended last quarter.

VII. Lessons Learned

The process of contracting NGOs directly with USG funds by the MOH has been a major challenge for the corresponding authorities and technicians. All stakeholders have learned quickly how to manage the process, with one important lesson learned: it is crucial to systematize every process and procedure, then institutionalize them, to ensure sustainability after the technical and financial assistance from USAID ends.

VIII. Coordination with Other Actors

During the reporting period, LMG/Honduras coordinated planned activities and methodologies with the UECF, UGD, USAID and the ULAT project. In addition, the new John Snow International (JSI) Project implementation starting in July 2013 will provide new opportunities for LMG/Honduras regarding coordination of activities and shared resources.

IX. Gender Component

The review of the bidding process for the new NGO contracts has shown that gender is an important and cross-cutting issue that must be carefully considered and included in the USAID/UECF approach. The approved LMG/Honduras Program Description clearly defines the key populations for this program (i.e. MSM and partners, CSW and partners, and Garifuna population). By definition, working with these groups requires careful attention to gender issues and a strategy to be sure that gender is addressed. The Program Description also mentions that the NGOs will develop specific approaches/strategies to identify populations with difficult access in order to expand their reach. LMG/Honduras will work more intensely on the issue of gender as technical activities commence, in particular encouraging and promoting the UGD and the Regions to ensure that the implementing NGOs include a gender approach in their strategies, specifically with hard-to-reach populations.

X. Summary of Key Conclusions

The process of contracting NGOs to provide preventive and educational services to key populations demanded much time and technical assistance from LMG/Honduras team during the reporting period, and therefore technical assistance in other areas has been shifted. In the upcoming quarter, LMG/Honduras will begin important leadership, management and governance assessment activities which will inform upcoming capacity building plans and activities.

Supporting RSD – MOH, LMG/Honduras provided the following technical assistance:

- Training and technical support for monthly technical reporting in the following regions: San Pedro Sula, Tegucigalpa Metropolitan Region, and Cortés.
- Provided technical assistance to five local NGOs (PRODIM, CGSSI, AHMF, CASM, ECOSALUD) and regional offices of the MOH (Cortés, San Pedro Sula) to prepare for a supervisory visit from high-level officials from the PEPFAR Central America office and the USAID regional representative.
- Technical assistance to the RSD of San Pedro Sula and Cortés during the transition phase of shifting the contracting process of NGOs to the MOH.
- Due to staff changes in the Tegucigalpa RSM, two technicians were trained on how to develop the monthly technical reports (performance review meetings). Later there were two supportive supervision visits to NGO PRODIM to assist with monthly technical review meetings.

Supporting UGD and UECF – MOH, LMG/Honduras provided the following technical assistance:

- Reviewed the tender document and the terms of reference for contracting NGOs.
- Equipped/trained the internal evaluation committee (comprised of technicians from UGD, UECF and HIV/AIDS department) to review proposals, adapt evaluation tools, and evaluate proposals for the NGO bidding process.
- Trained the UECF team in budget proposal assessment, design of budget forms, and financial negotiation with NGOs;
- Reviewed and provided recommendations for the draft contracts with NGOs.

Supporting local NGOs, LMG/Honduras provided technical assistance in the following areas:

- Technical support to 6 NGOs selected by the MOH, resulting in to 9 technical proposals in order to improve the quality of technical and financial proposals in order to fulfill all the requirements requested in the bidding process.