

LMG Honduras Quarterly Report: January – March 2013

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QUARTERLY REPORT FOR
JANUARY-MARCH 2013

Submitted April 2013

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Abbreviations

AHMF	Asociación Hondureña Mujer y Familia
AOR	Agreement Officer's Representative
ART	Anti-Retroviral Therapy
ASONAPVSIDAH	National Association of People Living with HIV/AIDS
CASM	Comisión de Acción Social Menonita
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
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
SOW	Scope of Work
STTA	Short Term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TOR	Terms of Reference
ULAT II	Unidad Local de Asistencia Tecnica (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 Gestion Decentralizado (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 January-March 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 January-March 2013 are:

- LMG AOR approval of the Program Description
- First obligation of funds received
- Recruitment and on-boarding of two technical staff (Monitoring and Evaluation Advisor and Institutional Capacity Building Advisor)
- Progress toward recruitment of Project Director
- Establishment of the LMG Honduras office in Tegucigalpa

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 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's 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 a 5, 9.7 and 5.5 percent HIV prevalence rates, respectively.

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)

According to the National 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 Government of Honduras (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 for 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 (see Attachment 2). 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 Extension of Coverage and Financing Unit (UECF – Unidad de Estension de Cobertura y Financiamiento) and the Decentralized Management Unit (UGD – Unidad de Gestion Decentralizada).

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 and 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 and 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 test 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 first 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 January to March 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 draft

Workplan. As of the writing of this report, the Workplan has been verbally approved by USAID/Honduras, but is awaiting approval by the LMG Project AOR in Washington.

Project Management

Activity 1: Establish LMG Honduras office space

LMG Honduras decided to sub-lease the space that was vacated by the AIDSTAR-Two program, within the house occupied by John Snow, Inc. for the AIDSTAR-One project. The decision to co-locate with JSI/AIDSTAR-One was made primarily to take advantage of synergies between the two programs and facilitate USAID and SESAL coordination with the two projects. The office space is adequate for the size of the team, and includes good meeting space for meetings with the UECF, UGD and USAID, which are expected to be scheduled regularly and often.

On March 20, USAID/Honduras requested the LMG Honduras take over the full cost of the office space during the month of April, since this month was expected to be a month of transition, when JSI would not have an active project in Honduras. LMG agreed to take on these expenses for the month of April, with the understanding that the arrangement would be for just the month of April. If the arrangement is to extend beyond April, there will be an impact on the technical activities that would be able to be carried out, given the tight budget of the project.

Activity 2: Recruit LMG Honduras team members

There are to be a total of five full-time staff on the LMG Honduras program, three technical staff and two administrative staff:

- Project Director
- Monitoring and Evaluation Technical Advisor
- Institutional Capacity Building Advisor
- Senior Finance and Operations Officer
- Administrative Assistant/Driver

During the reporting period, recruitment for all five positions began. An organization chart was developed, job descriptions were written, and interviews were conducted for the two Technical Advisors. Both Advisors were selected the week of March 25 and started with LMG on April 1. The Administrative Assistant/Driver was selected during the week of April 12, and started on April 17.

Identifying a Project Director with the necessary profile has taken longer than expected. The position was advertised on the MSH website and in local newspapers, and LMG received a total of 31 applications for the position; however, none of the applicants sufficiently met the requirements. LMG revised the job description and re-posted the position. As of the writing of this report, recruitment for this crucial position is still ongoing.

Meanwhile, LMG hired a technical consultant to move ahead with the technical assistance to the UECF and UGD. This consultant came on board and immediately began providing technical assistance (TA) to the UECF and UGD. Some initial technical activities were started in March, but were really begun in earnest in April, and will be reported on in the next Quarterly Report.

Expected Results

The first technical activity conducted under LMG Honduras was the preparation of the first year Workplan. On January 16-18, an LMG Officer traveled to Honduras to work with the UECF and UGD to develop the first draft of the Workplan. During a one-day working session, the project was introduced to the UECF and UGD teams, and a draft Workplan was developed by reviewing in detail each objective and identifying activities that would be implemented by the LMG Project to support each one.

The draft Workplan was then developed further, translated into English, transferred to the USAID format and submitted to USAID on February 28. On April 2, USAID/Honduras approved the Workplan, and it was submitted to Washington for review and approval by the LMG AOR.

Below are the activities from this Workplan 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

Activity 1.2: Together with the UGD, UECF and RSD (regional offices of SESAL), carry out assessments of the three units in governance using the LMG four governance practices as a basis for the assessment (see the LMG Honduras Program Description for details).²

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

In relation to Activities 1.2 and 1.3, the LMG Technical Advisor for Governance provided the LMG Honduras management team with an introduction to the theme of governance. A strategy session was held to develop a plan for designing or adapting an existing tool and methodology to assess governance capacity of the UECF, UGD and RSD, as well as the NGOs. The team decided to conduct the governance assessments in two stages. The first stage would be to facilitate an interactive one-day workshop with the

² The approved LMG Honduras Program Description includes a detailed description of governance in the context of the challenges faced by this project and the SESAL. Governance will be addressed based on the Leadership + Management + Governance framework, which identifies four governance practices: cultivate accountability, engage stakeholders, set shared direction and steward resources.

three units of the SESAL (UECF, UGD, RSD). During this session, the counterparts at the SESAL would also be trained in the assessment tool to participate in the facilitation of the NGOs in the second stage of assessments. The first stage of assessment with the SESAL is tentatively scheduled for May 2013. This activity is linked to Activities 2.1 and 2.2 in the draft Workplan.

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.

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.

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.

In support of these three activities (1.5, 1.6 and 1.11) and at the request of USAID and UECF, LMG began to work closely with both the UECF and the UGD to monitor the bidding process, starting with the receipt of proposals. Specifically, LMG was asked to assure that the process is followed on time and transparently, and to systematize the process so that lessons are learned and best practices can be implemented for the next round, expected to be at the end of 2013. This work began during this reporting period, but increased in intensity in April 2013. Details of these initial activities will be included in the Q3 report.

Activity 1.16: Build the capacity of project staff to identify and document cost share.

In order to prepare for activity 1.16, LMG began to prepare orientation materials for new LMG Honduras staff on the subject of cost share. These materials will be further refined and rolled out when the full LMG Honduras team is on board.

<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 focused attention during the reporting period on Project Management (start-up) and some initial technical activities with the SESAL. Support to the NGOs will begin in Q3 and will be reported in the next Quarterly Report.

Early progress was made on the following activities under Expected Result 2:

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

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. Capacity building topics may include: integrity, ethics/morality, conflicts of interest, seeking efficiency, sustainability, performance assessment, effective supervision, use of information, evidence-based decision-making, use of appropriate technology.

The initial progress achieved in these two activities 2.1 and 2.2 is closely tied to the actions taken and described earlier in the report under Activities 1.2 and 1.3 regarding governance assessments of NGOs.

IV. Monitoring and Evaluation

Describe any monitoring and evaluation activities that occurred during the quarter. INCLUDING INDICATORS (PEPFAR IN HIV FOR EXAMPLE):

No specific monitoring and evaluation activities were conducted during the reporting period, other than the activities described above.

INDICATOR	TARGET	PROGRESS TOWARD ACHIEVEMENT	EXPLANATION

V. Outstanding Issues, Constraints, Delays and Actions Taken

Constraint 1: Demand for technical assistance was present from the onset of the project, but time was needed to recruit and hire project staff.

Actions Taken:

- 1) MSH hired a technical consultant to progress on technical activities. This consultant is hired through April 2013.
- 2) MSH conducted an intensive recruitment of technical staff. The M&E Technical Advisor and Institutional Capacity Building Advisor were selected and started on April 1. Recruitment for the Project Director is ongoing.

Constraint 2: Lack of LMG Honduras office space and equipment.

Actions taken:

- 1) Negotiation of space with John Snow, Inc. Agreement to occupy a part of the building was signed in late March.

- 2) Review of inventories to identify equipment (furniture, computer needs, etc) needed for LMG team and office space.
- 3) The MSH/ULAT II program provided temporary workspace for the consultant to work.

VI. Financial Report

Quarter January-March 2013

Pipeline at the beginning of period *	\$ (3,313.83)
New funds Obligation	\$ 618,820.00
Expenses during the reported period + Accruals	\$ 57,614.73
Pipeline at the end of the period	\$ 557,891.43
Estimated expense burn rate for next period	\$ 220,104.95
Estimated quarters of pipeline	2.53

* Funds had been committed when we expended last quarter.

VII. Lessons Learned

The project start-up phase has demanded focused attention on recruitment of new staff and preparation of the project workplan. Lessons learned from programmatic implementation will be included in subsequent reports.

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 (also implemented by MSH). The consultant began to work closely and provide technical assistance to the UECF and the UGD to better understand the roles and responsibilities of each of the units.

LMG coordinated administrative matters with the MSH-implemented ULAT II project, in order to maximize resources.

Finally, LMG also began to coordinate with John Snow, Inc., particularly on the use of shared office space.

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 approach/strategies to identify populations of 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

Activities during the first reporting period of the LMG Honduras program were primarily related to technical and administrative startup. These startup activities were made easier by an existing presence of MSH in Honduras for the ULAT II project. With office space now secured and part of the technical and administrative staff on board, MSH looks forward to a very productive second quarter of activities, with continued collaboration with the SESAL and USAID.