

## LMG Honduras Quarterly Report: October – December 2015

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# LEADERSHIP, MANAGEMENT & GOVERNANCE PROJECT

## HONDURAS

QUARTERLY REPORT FOR  
OCTOBER-DECEMBER 2015

*Submitted January 20, 2016*

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## Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIDSTAR Plus	AIDS Support and Technical Assistance Resources Plus Project
AJEM	Youth in Motion Association (Asociación Juventud en Movimiento, in Spanish)
CASM	Mennonite Social Action Committee (Comisión de Acción Social Menonita, in Spanish)
CSW	Commercial Sex Worker
DGD	Department for Decentralized Management (Departamento de Gestión Descentralizada, in Spanish)
ECOSALUD	Ecology and Health (Ecología y Salud, 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)
EDECOPO	Excellence Against Poverty Team (Equipo de Excelencia Contra la Pobreza, in Spanish)
FSW	Female Sex Worker
FY	Fiscal Year
GHI	Global Health Initiative
GOH	Government of Honduras
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HUMAC	Humans in Action (Humanos en Acción, in Spanish)
ISO	International Organization for Standardization
KAP	Knowledge, Attitudes and Practices
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 MOH or Secretaría de Salud, in Spanish)

MSH	Management Sciences for Health
MSM	Men who have Sex with Men
NASA	National AIDS Spending Assessment (Medición del Gasto en SIDA, or MEGAS, in Spanish)
NGO	Non-Governmental Organization
NTC	Colombian Technical Norm (Norma Técnica Colombiana, in Spanish)
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)
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)

## I. Executive Summary

This report describes the main achievements for the Leadership, Management & Governance (LMG) program in Honduras for the October to December 2015 period. This report serves to update the United States Agency for International Development (USAID) Mission in Honduras on project accomplishments and inform of any outstanding issues during this period.

This is the final LMG quarterly report that will be submitted to USAID Honduras, as LMG activities in Honduras will end on January 31, 2016. The activities described in this report correspond to the activities in the transition plan submitted to and approved by USAID in September 2015. This plan described activities to the Honduran Ministry of Health (MOH) and local non-governmental organizations (NGOs) to finalize LMG technical assistance activities aimed at concluding 2015 contracts, and reports to USAID. Final project closure activities will take place in January 2016.

During this quarter, activities have been aimed at strengthening coordination with the MOH's Unit for the Administration of External Cooperation Funds (UAFCE) authorities, providing them with technical assistance on processes related to the implementation of USAID implementation letters, NGO-related processes, and accountability. The Unit for Decentralized Management (UGD) has continued receiving assistance in activities related to technical audits and analysis of indicators from the United States President's Emergency Plan for AIDS Relief (PEPFAR); and health regions have received assistance in the strengthening of their processes for monitoring the management agreements with NGOs.

NGO capacity was developed in this quarter through the training of new counselors and technical staff to perform rapid HIV tests. The skills and abilities of the NGO technical personnel have also been strengthened through diversified strategies for promoting rapid HIV testing services in key and prioritized populations that allow them to expand service coverage, identify new cases, refer cases to the health system, and provide ongoing monitoring.

Major accomplishments of the LMG Honduras program from October to December 2015 include:

- Conducted a workshop with staff from the UAFCE's Internal Control Department on the UAFCE's guidelines for financial field audits.
- Provided training to UAFCE's new Internal Control staff on how to review of funds liquidation by those NGOs contracted by the MOH with USAID funds.
- Conducted a workshop with UAFCE employees on the International Organization for Standardization (ISO) 9001 certification process, which will take place through three modules.
- Facilitated the assessment of gaps at UAFCE to obtaining the ISO 9001 certification, and the development of a plan to implement the certification process at the UAFCE.
- Conducted a workshop on proposal development aimed at coordinators, administrators and educators at the NGOs that currently have contracts with the MOH, and with two coordinators of nationally-funded NGOs.
- Conducted two workshops on the expansion of rapid HIV testing. The first workshop was with technical staff and coordinators of NGOs that provide HIV prevention services to the following key populations: men who have sex with men (MSM), female sex workers (FSW), hard-to-reach women, and transgender people. The second workshop was aimed at NGOs that provide HIV prevention services to the Garífuna population.

- Conducted a refresher workshop on HIV testing for testing counselors, involving technical personnel and coordinators of NGO projects that provide HIV prevention services to key and prioritized populations.
- Conducted two workshops on how to carry out and report on the knowledge, attitudes and practices (KAP) surveys.

## **II. Program Context and Expected Results**

### National Context:

Honduras is located in Central America and is divided into 18 administrative departments. The population of Honduras is 8,045,990 people (2010), of which 3,965,430 (49.28%) are men and 4,080,560 are women (50.71%). The population under 18 years of age represents 48.7% of the country's population.

The country continues to experience a difficult structural economic crisis that affects the national health system, particularly the Ministry of Health (MOH).

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.

According to the United Nations Development's Human Development Report 2008/2009, published on December 18, 2008, Honduras ranks fifth among the countries with the lowest Human Development Index (HDI) in the Americas. In 2007, the HDI was calculated to be 0.7, ranking 117 out of 179 globally.

Honduras' urban population is 4,128,652 (51.31%) and rural population is 3,917,338 (48.68%). Life expectancy is 73.6 years, with 77.2 years for women and 70.1 years for men.

Honduras has one of the highest population growth rates in Latin America, calculated to be 2.3% between 2005 and 2010. The department with the highest population is Cortés with 1,529,826 inhabitants or 19% of the national population, followed by Francisco Morazán with 1,406,769 or 18% of the national population. 37% of Honduras populated in is concentrated in the two most important cities in these two departments, San Pedro Sula and Tegucigalpa. The household survey held in May 2009 captured an illiteracy rate of 16.2%. The lowest illiteracy rate is for the 15 to 18 year old population with 5.1%, the national average of schooling is 7.2 years.

## Project Context:

### **The Government of Honduras' Response to HIV/AIDS**

Over the past decade, the Government of Honduras (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 men who have sex with men (MSM), Garifuna, 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 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 UAFCE (formerly the Unit for Extension of Coverage and Financing (UECF in Spanish) and UGD (formerly the Department for Decentralized Management (DGD in Spanish)).

The National HIV Strategy outlines 14 key activities designed to provide greater access to a basic package of HIV services at the individual, family, and community levels. The strategy includes the definition and operationalization of a basic package of services according to the life cycle and type of services (promotion, prevention, treatment, care and support); reorganization of Sexually Transmitted Infections (STI) / Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS) (STI/HIV/AIDS) service provision structure; and the definition of a new management model for results-based service provision.

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 STIs, the risk behaviors in female sex workers (FSWs), MSM, and transgender women (TW), the Garifuna, 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 will serve as an important source of information for the project and collaborating partners.

### **US Government Assistance in Honduras**

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 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.

### **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 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.

## **III. Intermediate Program Results and Activities**

This section of the quarterly report serves to inform USAID/Honduras of the results achieved from October – December 2015, and to report on specific activities. Results are presented in relation to activities listed according to the work plan for the Transition Plan period.

**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 NGOs and other non-public institutions.**

**Activity 1.1:** Strengthen the processes and capacities of the MOH (UAFCE, UGD and RSD) to bid and contract NGOs and other non-public institutions in accordance with the approved Guidelines to Contract Public and Non-Public Institutions.

This activity will no longer be conducted since beginning in January 2016, LINKAGES will manage the agreements.

**Activity 1.2:** Strengthen the processes and capacities of the MOH (UAFCE) on accountability and transparency in the management of the agreements signed by the MOH and the NGOs and other non-public institutions.

The workshop on UAFCE Guidelines for Financial Field Audits of USAID-Funded, NGO-Implemented Projects was held at UAFCE. Participants were introduced to the guidelines, and received training on

auditing techniques and procedures for the field inspections they will be conducting, as well as on analyzing risks and creating control activities to mitigate them. Five members of the Internal Control Department staff participated, including staff that were new to the department, hired just this past November. In addition, a field audit was performed at PRODIM with UAFCE Internal Control staff regarding the practical application of UAFCE's Field Financial Audits Manual

The new Internal Control staff was trained on the review of liquidation of funds of the contracted NGOs. Five people participated: four from Internal Control and, at the request of the Financial Coordinator, one Accounting Officer from GAVI, The Vaccine Alliance so that at some point this person could provide support to USAID project accounting staff in reviewing liquidations.

At UAFCE's request, support was provided for a special review of the liquidation of AJEM funds due to inconsistencies in the financial information submitted. A special report was prepared as a result of this investigation.

Support was also provided to the financial team at UAFCE managing USAID funds to review the liquidation of NGOs contracted through MOH USAID funds to October 2015

**Activity 1.3:** Strengthen the processes and capacities of the MOH (Sub-secretariat of Networks including the RSD), to monitor the agreements with the NGOs and other non-public institutions. During this period, LMG provided guidance on at least four technical closures by the Tegucigalpa Metropolitan Health Region and the Atlántida Health Region, continuing to support their capacity development in this process.

**Activity 1.4:** Strengthen the financial and administrative processes of the MOH to manage the USAID HIV implementation letters.

Several meetings were held with UAFCE's Internal Control team to advise on and strengthen follow-up on recommendations and the correction of findings in the 2014 Tribunal of Accounts (TSC) report on UAFCE-managed USAID funds.

LMG continued to train and support the new financial officer hired by UAFCE for USAID HIV funding on guidelines for requesting funds, liquidations, and quarterly expenditure reports. The new staff person is also receiving training on all other matters related to the management of the USAID implementation letters.

LMG provided technical assistance to the MOH on the preparation of the National AIDS Spending Assessment (NASA, or MEGAS in Spanish) report that collects information regarding expenditure on HIV projects in Honduras during the 2013 and 2014 calendar years, a report that USAID requested from MOH.

In addition, work was done with the UAFCE financial officer to prepare the expenditure analysis information that was to be entered into PROMIS.

**Activity 1.5:** Support the certification process of UAFCE on the Quality Management System under ISO 9001 standards.

An orientation to ISO 9001 was held with ICONTEC that was attended by UAFCE's General Coordinator and her closest staff, the Financial Coordinator, his assistant, and the M&E coordinator. The session explained what the ISO 9001 certification process is, and its advantages. The dates for the training courses on ISO 9001 were also decided at this meeting.

The training for UAFCE's quality team was conducted through ICONTEC. This training was developed 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.

A consultant was hired to conduct an assessment of UAFCE and work with them to develop an implementation plan. The assessment 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.). This information was complemented with observations made by the consultant over the course of the activity.

**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**

**Activity 2.1:** Strengthen NGOs and other non-public institutions technical capacity to develop technical proposals

The proposal development workshop was held, and attended by a total of 23 people (12 women and 11 men), including coordinators, administrators, and educators in the eight projects under agreement with the MOH. Two additional NGOs were invited: Save Honduras and EDECOPO (Excellence against Poverty Team), which were expected to implement projects with key populations in the Bay Islands. This workshop aimed to build the capacity of NGO technical and financial staff to prepare project proposals for promoting and preventing STIs/HIV in key and prioritized populations.

The workshop focused on the proposal development process, using as a basis the experience of many of the same NGOs during prior bidding processes. The various NGOs each had their own style of working, and upon self-analysis, only two of the participating NGOs (PRODIM and the Breastfeeding League) had processes that involved several team members. It was emphasized that the proposal development process does not start when the proposal is drafted, but rather includes all the previous planning involved, and is carried out by a team in which each member's role is defined and based on his or her abilities. Participants carried out an analysis to identify gaps in their NGO's proposal development process and then identified ways to fill those gaps. All NGOs expressed having gaps, some more than others, especially those with few technical resources. Emphasis was placed on the importance of developing a plan for developing and submitting project proposals in order to meet bidding deadlines. A pre-test was applied at the beginning of the workshop where the average initial knowledge score was 77%, and the post-test score showed an improvement with the average closing score at 95%.

**Activity 2.2:** Strengthen NGOs and other non-public institutions capacity to improve the quality of HIV prevention services they provide to key and priority populations.

Arrangements were made with the Cortés Health Region to refresh the knowledge of a rapid testing technical staff person from CASM Cortés so he could update his certification.

External consultants were hired to conduct the coverage expansion workshops, including developing the training plan and the support materials for the workshops. LMG staff coordinated with the consultants prior to the workshops in order to meet expectations. The objective of these workshops was to improve HIV response through a capacity development process for continuous detection and care focused on key populations.

The workshops were held on November 17-19 and 20-22. Participants to the first workshop included technical staff and coordinators of NGO projects providing HIV prevention services to the following key populations: MSM, FSW, hard-to-reach women, and transgender people, among others, and also included HIV service providers from Tegucigalpa and La Ceiba. A total of 22 people participated (16 NGO representatives, 2 LMG representatives, and 4 representatives from comprehensive care services).

Participants to the second workshop included technical staff and coordinators of NGO projects providing HIV prevention services to Garífuna populations, and also included HIV health service providers in Garífuna communities and in the city of San Pedro Sula. A total of 22 people participated (14 people from NGO technical teams, 3 health center representatives, 1 representative from the Atlántida Health Region, 1 representative from the UGD, and 2 LMG project representatives; and one day of participation by a representative from USAID).

The topics addressed during the workshops were oriented toward increasing knowledge related to the combined prevention approach and continuous detection, and strengthening technical staff so they are able to characterize the key populations with which they work and identify the challenges in accessing them. Group discussions were held to jointly identify:

- Situations or aspects that hinder the key populations' access to early diagnosis and care services.
- The importance of mapping key populations in order to better identify the places where they can meet them
- Preparing communities for early diagnosis, to be able to identify the priority aspects for promoting the benefits of getting tested.

Some strategies were analyzed for implementation, such as Spread the Word, MSM via the Internet, Friends Educating Friends, and Face to Face with a motivational approach. Advantages of using peer strategies to ensure linkages with and access to services for people who have tested positive were also assessed.

Participants were made aware of the conceptual elements of retention in health services, discussed challenges to health services in terms of retention to ensure the long-term permanence of people with HIV in health services, and the consequences of a lack of retention strategies. They were also introduced to the health, dignity and positive prevention approach, as well as the pillars of this approach that reinforce the efficient retention in health services.

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%.

A methodological guide for NGOs on the implementation of the diagnosis and care continuum is under development and will be completed in January.

A refresher workshop on HIV rapid testing was also held for HIV counselors, and technical staff and coordinators of NGO projects providing HIV prevention services to key and prioritized populations. The workshop was developed based on the results from evaluations conducted in September of the monitoring of HIV counseling and testing services provided by 14 NGO technical staff. A total of 19 people participated in the workshop, including counselors and coordinators of the 8 projects that have undertaken an agreement with MOH.

The workshop had two objectives:

- Updating and strengthening the knowledge, skills and abilities of NGO staff providing HIV counseling and testing services to key and prioritized populations regarding the implementation of protocols and standards established in the Risk-based HIV Counseling Guide.
- Updating project coordinators on the regulatory requirements for the organizing and operation of HIV counseling and testing service provision: Response and Referral System, information subsystem, service promotion and supportive supervision.

The following topics were addressed:

- Terms, concepts and definitions related to service provision according to the National Health Model
- Strengthening the implementation of the pre-testing counseling stages
- Strengthening the stages of counseling for negative test results
- Reinforcing the requirements for the provision of promotion and prevention services according to the Honduran Health Sector's Technical Standard: Comprehensive Care for the Population
- Reinforcing prevention, promotion and integrated care to the population
- Epidemiological surveillance related to HIV
- Reinforcing how to use the tool, Completing the Book: Monthly Report on People Seeking Rapid HIV Testing, and Completion of the Form to Request an HIV Test
- Reviewing the concept of response and referral, and creation of the directory (directory format)
- Review of the Response and Referral Registry (referral registration book format)

A pre-test was applied at the beginning of the workshop, where the average score for initial knowledge was 77%, while the average score for the post-test was 99%.

The process for designing the educational materials concluded during this period, and the materials were delivered to each project for reproduction as per the projects' scopes of work. To prepare the materials, LMG hired a graphic designer, reviewed the contents of the materials, and obtained USAID approval on the designs. The materials include an HIV brochure, an STI brochure, a brochure on proper condom use, an HIV testing brochure, invitations to get tested for HIV, a brochure on adherence, a banner for promoting the HIV testing service, and cards with messaging on proper condom use and also

promoting the HIV testing service, which were meant to be shared over social networks. All materials were designed for FSW, MSM and Garífuna populations.

**Activity 2.3:** Strengthen NGOs and other non-public institutions in their technical capacity to implement the agreements in compliance with MOH requirements.

Two workshops were held on KAP surveys on November 5 and 6. One workshop included the 10 participants from the technical teams working with the MSM population (8 representatives from the HUMAC and AJEM NGOs, and 2 representatives from the Atlántida Health Region). The other workshop was attended by 18 people and involved the technical teams working with Garífuna populations (17 representatives from the NGOs ECOSALUD, Breastfeeding League, CASM Cortés and CASM Colón, and 1 representative from the Atlántida Health Region).

The objectives the workshops were to:

- Provide NGO staff with the knowledge and tools necessary to apply surveys to the project's targeted population, thus ensuring adequate and correct data collection.
- Become familiar with the surveys that would be applied to key and prioritized populations.

Topics addressed during the workshop included:

- An overview of the KAP, the role of the coordinator, the role of the educator as a supervisor, and the role of the surveyor
- The profile of the surveyor
- Conditions necessary for applying the survey
- Steps to be taken by the surveyor when applying the survey
- The importance of obtaining informed consent

Each survey was discussed, and adjusted so that they are relevant to the result indicators. Participants engaged in practical exercises to ensure the surveys were understood.

The LMG project hired temporary assistance to digitize the data survey from the eight projects, and generate a database for each project. Databases were delivered to project coordinators, programmed so that reports could be easily drawn. The analysis and reporting workshop was not held during this quarter because NGOs were late in conducting the surveys due to UAFCE's delay in disbursing the funds, which slowed the data entry process. The data will be sent to the NGOs, and virtual assistance will be provided on the reporting.

**Activity 2.4:** Strengthen NGOs and other non-public institutions on their financial management capacity to comply with MOH standards.

LMG visited NGOs in Tegucigalpa to assist them in meeting their monthly financial reporting requirements according to UAFCE's administrative guidelines for public and non-public institutions, and to make the corrections requested by UAFCE to the liquidations already submitted.

**Activity 2.5:** Strengthen NGOs and other non-public institutions capacity on prevention of gender-based violence related to HIV.

During this period, the NGOs working with the MSM population finalized the training on prevention of gender-based violence with their beneficiary population, fulfilling their plan of at least 10 hours of training on this subject.

#### **IV. Monitoring and Evaluation**

The Performance Monitoring Plan (PMP) for this fiscal year presents a series of indicators for the project objective and expected results 1 and 2; see Annex I for an updated PMP report.

During this period, LMG provided technical assistance to the MOH to enter their targets for fiscal year (FY) 2016 into DATIM, as well as the achievements of the prior quarter.

#### **V. Outstanding Issues, Constraints, Delays and Actions Taken**

This quarter we continued working together with UAFCE to address and clear the findings of the 2014 TSC audit. The documentation collected by UAFCE supporting this audit was sent to USAID for review, and some recommendations remain open until USAID reviews and approves their resolution.

An area that required improvement was related to past errors made in the fund requests sent by the UAFCE to USAID, despite the training provided to UAFCE staff in the prior quarter. An agreement had been reached that requests would first be reviewed by LMG, but they were instead sent directly to USAID. This resulted in repeated delays in disbursements from the UAFCE to the NGOs, which prevented some NGOs from fulfilling their activities within the allotted time frame. For example, LMG had hired a graphic designer to develop the visuals for the educational material that was to be printed by the NGOs, and some NGOs were unable to do so in the time agreed due to the delays in disbursements. Only PRODIM will be able to have the material printed in time because they received their disbursement on time. ECOSALUD managed to do the work themselves, but not within the time set because they were not able to submit the designs in time for UGD's technical approval.

The workshop for analysis and preparation of the KAP report was not carried out in this quarter because the NGOs did not submit the surveys in time to LMG. These reports will be prepared with the NGO coordinators through virtual technical assistance by LMG. The global KAP report will be finalized in mid-January.

LMG's disposition plan was approved by USAID Honduras and submitted to USAID Washington. The only asset pending approval from USAID Washington is the vehicle since it is valued at more than US\$5,000. The furniture will be delivered to NGOs and to LINKAGES in January.

## VI. Financial Report

Period October'15-December'15	
Pipeline at the beginning of period	\$558,573.54
New funds Obligation	-
Expenses during the reported period + Accruals	\$299,101.33
Pipeline at the end of the period	\$259,472.20
Estimated expense burn rate for next period (Oct'15-Dec'15)	\$94,896.47
Estimated quarters of pipeline	2.73

\* Note that this report is a projection of the quarterly balance, as MSH has not yet closed the quarter that ends December 31, 2015.

## VII. Lessons Learned

LMG observed the great commitment that the contracted NGOs and their technical staff have towards their beneficiary populations. Despite 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 are still not self-sustainable; however this was not an insurmountable barrier to them fulfilling their activities within their capabilities.

Despite the great efforts and the corrective measures made by the new UAFCE team, and the ongoing technical assistance provided by LMG, prior management challenges, high staff turnover, lack of openness, and the non-fulfillment of commitments assumed with USAID by former UAFCE authorities led to HIV funding from USAID to UAFCE to be discontinued. This has been an unfortunate step backward for the MOH as the steward and governing agency for health services, and a lesson in the importance of the continuity of staff, political commitment and timeliness to maintain funding.

## VIII. Coordination with Other Actors

LMG coordinated with LINKAGES to transition the contracting process to them, sharing with them the background on the timeline and tools developed for prior bidding and contracting cycles, their administrative and financial implementation, and PEPFAR indicators and FY2016 targets. LMG also supported with communications to NGOS stating that, as of 2016, NGO contracts will be executed through LINKAGES. During this quarter, LMG also coordinated with LINKAGES on the management of shared office costs.

## **IX. Gender Component**

NGOs continued work on the prevention of gender-based violence with their beneficiary populations, fulfilling the capacity development activities specified in their contracts that key populations receive at least 10 hours of training on this subject.

A challenge faced was reluctance from those that had suffered some type of violence to share this information with NGO educators, or by those that were referred to the relevant institution to file a complaint, either because they were afraid that nothing would be done about their cases, or for fear of retaliation or losing their partners.

## **X. Summary of Key Conclusions**

In this last quarter of implementation, LMG coordinated with LINKAGES on all aspects regarding the assistance provided to the NGOs over the years, including information about each NGO's characteristics, strengths, and weaknesses. LMG supported the UAFCE in its efforts to correct recent errors made by past administrations. Despite the efforts made by the new administration, UAFCE will not continue to manage USAID funds. However, UAFCE continues to demonstrate commitment in strengthening its capacity by taking on the challenge of ISO 9001 certification, a process which began through LMG support, and will now be monitored by the LINKAGES project.

## Annex I. LMG Honduras Project Performance Monitoring Plan (PMP)

<b>LMG Honduras Project Goal:</b>								
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	Goal October 1, 2015 – September 30, 2016		Goal reached October 1, 2015 – December 31, 2015		Average reached	Source (s)	Frequency
P.11.1.D	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results.	Male:		Male:		33%	NGO reports	Annual
		Female:		Female:				
		(<15 years):		(<15 years):	2			
		(15 + years):	12,742	(15 + years):	4,252			
		Positive:	17	Positive:	9			
		Negative:		Negative:				
		MSM:	4,709	MSM:	1,215			
		CSW:	5,329	CSW:	849			
		Garifunas:	2,704	Garifunas:	1,840			
		Other indirect groups:		Other indirect groups:	350			
		Individuals:	12,742	Individuals:	4,254			
		Couples:		Couples:				
<b>TOTAL:</b>	<b>12,742</b>	<b>TOTAL:</b>						
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:		Male:		13%	NGO reports	Annual
		Female:		Female:				
		MSM:	9,219	MSM:	1,194			
		CSW:	9,987	CSW:	828			
		<b>TOTAL:</b>	<b>19,206</b>	<b>TOTAL:</b>	<b>1,194</b>			

**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	Goal October 1, 2015 – September 30, 2016		Goal reached October 1, 2015 – December 31, 2015		Average reached	Source (s)	Frequency
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 :	7,531	Male :	455	12%	NGO reports	Annual
		Female	5,019	Female	998			
		(<15 years):		(<15 years):				
		(15 + years):		(15 + years):				
		Garifunas :	<b>12,550</b>	Garifunas :	1,453			
		Other indirect groups:		Other indirect groups:				
		<b>TOTAL</b>	<b>12,550</b>	<b>TOTAL</b>	<b>1,453</b>			

**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.

**Result I:** 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	Baseline		Source (s)	Goal Oct 1, 2015 – Sept 30, 2016	Frequency	Goal reached October 1 – December 31, 2015
		Value	Year				
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:		2015	UAFCE reports	100%	Annual	N/A <sup>1</sup>
	○ Bidding process based on results undergone timely	100%			100%		N/A
	○ Monthly financial reviews based on results	100%			100%		N/A
	○ Semi-annual results-focused technical audits	100%			100%		N/A
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.			UAFCE reports	10	Annual	N/A
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.			UAFCE reports	8	Monthly	88% <sup>2</sup>

<sup>1</sup> This indicator is not applicable in this quarter as in December 2015, USAID made the decision that the NGOs contracts with USAID funds would not be through the MOH in FY2016.

<sup>2</sup> Of the 8 NGO projects, 7 liquidated on time.

**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.

**Result I:** 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	Baseline		Source (s)	Goal Oct 1, 2015 - Sept 30, 2016	Frequency	Goal reached October 1 - December 31, 2015
		Value	Year				
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.			UGD reports	8	Annual	N/A
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.			UAFCE Report	8	Monthly	63% <sup>3</sup>

<sup>3</sup> Of the 8 projects, 3 did not receive their disbursements on time.

**LMG Honduras Project Goal:**

Provide technical assistance to the Ministry of Health (MOH) and local NGOs in organizational capacity building to provide HIV/AIDS education and prevention services to key populations.

**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	Baseline		Sources (s)	Goal Oct 1, 2015 – Sept 30, 2016	Frequencies	Goal reached October 1 – December 31, 2015
		Value	Year				
2.	Proportion of NGOs and other non-public institutions that comply with financial and technical regulations, measured by:		2015	NGOs' and other non-public institutions Management projects reports		Annual	N/A
	○ Percentage of funds executed quarterly by the NGOs and other non-public institutions (financial regulation)				100%		N/A
	○ Percentage of the NGOs and other non-public institutions project targets achieved quarterly (technical regulation)				100%		N/A
2.1.	Percentage of funds executed quarterly by contracted NGOs and other non-public institutions			UAFCE Report		Monthly	73%
2.2.	Percentage of the NGOs and other non-public institutions project targets achieved in the past 3 months.			UGD Report		Monthly	89%