

## Quarterly Report: Year IV, Quarter III

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Local Technical Assistance Unit  
for Health - HONDURAS

# Local Technical Assistance Unit for Health (ULAT) Project HONDURAS

## Quarterly Report: Year 4, Quarter 3 (Y4,Q3)

April 1, - June 30, 2015

**Contract: AID-522-C-11-000001**

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## ACRONYMS

ACCESO	Project financed by USAID
AIDS	Acquired Immune Deficiency Syndrome
AIN-C	Integrated Care for Children in the Community
CDC	U.S. Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
CGPS	Group of Guaranteed Health Benefits
CMI	Maternal Child Health Center
CONCOSE	MOH Advisory Council
COR	Contracting Officer's Representative
CSC	Catalonian Services Corporation
DGDRHUS	General Directorate of Human Resources in Health
DGN	General Directorate of Standardization
DGRISS	General Directorate of the Integrated Health Services Network
DHS	Demographics and Health Survey
DMN	National Medical Directorate of the IHSS
DSPNA	Department of First Level of Health Care Services
DSSNA	Department of Second Level of Health Care Services
EGSPF	Family Planning Service Management Strategy
EMSPF	Family Planning Methodological Strategy
EONC	Essential Obstetric and Newborn Care
FP	Family Planning
HCDL	Logistical Data Consolidating Tool
HCPB	Base Perinatal Clinical History
HEU	Escuela Universitario Hospital
HIV	Human Immunodeficiency Virus
ICEC	Joint Implementation of Community Strategies
IDB	Inter-American Development Bank
IHSS	Honduran Social Security Institute
IR	Intermediary Result
JICA	Japan International Cooperation Agency
LMG	Leadership, Management and Governance Project (USAID)
M&E	Monitoring and Evaluation
MAFE	Happy Mother Association
MANCHORTÍ	Mancomunidad Chortí
MCH	Maternal-Child Health
MGH	Hospital Management Model
MM	Maternal Mortality
MMR	Maternal Mortality Ratio
MNS	National Health Model
MOF	Organizations and Functions Manual
MOH	Ministry of Health
MSH	Management Sciences for Health
NEXOS	USAID Project for transparency and improvement of local government services
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PEI	Institutional Strategic Plan (MOH)
PMP	Project Management Plan
POA-P	Annual Operating Plan-Budget
RAMNI	Accelerated Reduction of Maternal and Child Mortality

RCC	Accountability to Citizens
RGH	Restructuring of Hospital Management
RISS	Integrated Health Services Networks
SAICEC	Automated Systems for the Implementation of Community Strategies
SEFIN	Finance Secretariat
SIAFI	Integrated Financial Administration System
SIIS	Integrated Health Information System
SIMEGpR	Monitoring and Evaluation System of Management for Results
SNS	National Health System
SPSS	Social Protection in Health System
SSRISS	Sub-secretariat of Health Services Integrated Networks
TIFC	Work with individuals and families in the community strategy
UAFCE	Unit for the Management of External Cooperation Funds
UFH	Uterine Fundal Height
UGD	Decentralized Management Unit
UGI	Management Information Unit
ULAT	Local Unit for Technical Support for Health
UNAH	National Autonomous University of Honduras
UPEG	Management Planning and Evaluation Unit
USAID	US Agency for International Development
USG	United States Government
UTGP	Project Management Technical Unit
UVS	Health Surveillance Unit

## I. Summary of Project Activities

<b>Project Title:</b> Local Technical Assistance Unit for Health
<b>Project Objective:</b> To provide integrated technical assistance to the Ministry of Health and other strategic counterparts such as the IHSS, ASHONPLAFA and others to: 1) improve the quality, coverage and access to sustainable maternal child health and family planning services for the country's vulnerable and underserved populations, and 2) support the transformation of the current health system to one which is decentralized, plural and integrated and that provides sustainable and equal health services, especially for the most vulnerable and excluded populations.
<b>Implementing Mechanism:</b> Management Sciences for Health
<b>Contract No:</b> AID-522-C-11-000001
<b>Project Period (beginning and ending dates):</b> July 29, 2011- June 28, 2016
<b>Reporting Period (beginning and ending dates):</b> April 1- June 30, 2015
<b>Total contract estimate (cost plus fixed fee):</b> US\$12,422,456
<b>Balance at the beginning of the quarter:</b> US\$1,966,438
<b>New obligated / assigned funds during the quarter:</b> US\$1,028,782 (this amount does not include US\$554,396 in obligated funds for Fee)
<b>Expenses incurred during the reporting period:</b> US\$632,190 (Data for the month of June 2015 for US\$212,070, is preliminary since accounting has not closed yet). This amount does not include May accruals for US\$140,989
<b>Balance at the end of the quarter:</b> US\$2,363,030 (This amount does not consider US\$554,396 of Fee)
<b>Estimated expenses for the following quarter:</b> US\$589,307 (July 1 to September 30, 2015)
<b>Number of estimated quarter with the expense balance:</b> 4 quarters
<b>Report presented by:</b> MSH-ULAT
<b>Report Submission Date:</b> July 10, 2015

## II. Executive Summary

This document contains the report of activities implemented during the period from April 1 through June 30, 2015 in the framework of implementation of the work plan approved for year four of the project for the Local Unit for Technical Assistance (ULAT). This document is submitted in compliance with the contract clauses contained in contract no. AID-522-C-11-000001 which is the fundamental reference for the project.

According to activities defined in the work plan for this period, progress was observed in relation to the defined products achieved to date and the current situation of processes subject to technical assistance this report includes: (i) a general description of the situation of health in the country and in particular of the MOH as the sector steward institution; (ii) the contextualization of the project in the framework of its objectives and the concrete circumstances under which it is implemented; (iii) the aspects related to coordinating with other projects financed by USAID and with other cooperating agencies; (iv) a special chapter containing the elements developed in the project from the gender perspective; (v) a valuation to date of achievements for each intermediate result in the framework of project objectives and a statement of activities carried out during this period; (vi) the elements linked to the performance plan; and (vii) the corresponding specific financial aspects. Also included are the general conclusions and success stories.

The most outstanding contextual element during the period was the discussion on the initiative for the framework law for social protection that although approved by the national congress, it still has not been published in the official journal of La Gaceta and its entry into force is still pending. This law includes the essential elements that profile the structure and functioning of the new health system that only assigns the function of stewardship to the MOH and the functions of financing/assurance and the provision of services to the Honduran Social Security Institute (IHSS), which in essence implies a rethinking of some processes that have been under development.

Important efforts continued to be required in technical assistance for the implementation of organizational development at the central level of the MOH, which acquired greater drive due to decisions adopted by the minister of health during the previous period. Activities were oriented towards the implementation of the organization and functions manual which was completed during the previous quarter and towards the development of the processes and procedures for units which were prioritized by the office of the minister. Nevertheless, the slow rhythm of the development of this process had greater impact on the assignment of counterparts for some of the project areas.

Another element to emphasize is the progress made in the decentralization process for the management of second level services of care, a process which has faced challenges, in aspects related to contracting services from the central entities as well as the development of management capacities in provider managers, its control and accountability and the development of management tools for the process at the level of the health regions.

In the particular context of the project, coordination actions with other projects with areas of work converging with those developed by ULAT have been appropriate for their development for the purpose of delivering integrated assistance to the Ministry of Health (MOH) by maximizing individual efforts. Along this line of thought, the project can specifically highlight: (i) with Pan American Health Organization (PAHO) coordination for the discussion of issues of universal health coverage and the group of guaranteed benefits that are linked to the national health model and for socialization of the results of the evaluation of the Accelerated Reduction of Maternal and Child Mortality (RAMNI) policy; (ii) with the Inter-American Development Bank (IDB), actions related to the implementation of agreements between the MOH and the foundation that manages the San Lorenzo Hospital, as well as preliminary activities to develop the agreements between the MOH and the La Esperanza and Gracias Hospitals; (iii) with the Japan International Coordination Agency (JICA) in aspects related to the configuration of the networks in the framework of the implementation of the national health model and the technical validation of the guides for the operation of primary care teams; and (iv) with AIDSTAR-Plus in providing technical assistance with the leadership teams in the prioritized health regions in aspects related to the formation of the Integrated Health Service Networks (RISS).

Despite all of the above, ULAT has achieved important milestones. In relation to the incorporation of the gender perspective in the project areas of work, the report mentions that: (i) the process was initiated for the readjustment of the gender policy, for adaptation to the established format according to the zero standard and the critical path is being followed to make it official; (ii) a proposal was prepared for the organization and functioning of the gender integration team at the MOH; (iii) the project supported the preparation of the terms of reference for the consultancy to prepare the gender strategy and the implementation plan; (iv) the analysis was carried out of advances made in gender in the Strategy for Managing Family Planning Services (EGSPF in Spanish) of the IHSS; (v) the project prepared the gender bulletin corresponding to this period; (vi) the commemoration was held on May 28 for the “World Action Day for Women’s Health”; (vii) the project verified the incorporation of the gender perspective in the management tools for the Social Protection in Health System (SPSS in Spanish); (viii) follow up was provided for the operationalization of the gender contents in the Joint Implementation of Community Strategies (ICEC in Spanish); and (ix) the project continued to participate in meetings for the review of the MOH sexual and reproductive health policy.

Related to activities developed in result 4.1 “Increased use of quality maternal child and family planning services” the report includes the following: (i) the physical inventory of contraceptives was carried out in May 2015; (ii) support was provided for the adequate functioning of the MOH Logistical Data Consolidating Tool (HCDL in Spanish); (iii) the evaluation of the MOH Methodological Family Planning Strategy (EMSPF in Spanish) was completed; (iv) family planning guidelines were adapted for decentralized providers and these were included in annexes to the agreements; (v) the Family Planning Services Management Strategy (EGSPF in Spanish) was designed and approved by higher level IHSS authorities and trainings were started up; (vi) the evaluation of the RAMNI policy was carried out; (vii) support was provided for the preparation of a plan for the implementation of RAMNI in the health region of El Paraíso; (viii) a proposal was prepared for the implementation guidelines of the strategy for Integrated Care for Children in the Community (AIN-C in Spanish) for decentralized providers, which is expected to be equally effective at a lower cost; (ix) assistance was provided for the application of the Joint Implementation of Community Strategies (ICEC in Spanish) in networks considered in the

expansion plan; (x) an Excel spreadsheet was prepared to obtain the necessary information for the preparation of indicators to measure the results of the ICEC process; (xi) training was provided in Essential Obstetric and Neonatal Care (EONC) in the regions prioritized by the MOH; (xii) discussions were held with officials from the Department of Second Level of Health Care Services (DSSNA in Spanish), who agreed with the process and authorized the continued use of the checklist; (xiii) the clinical history for neonatal hospitalization was adapted and validated and a sufficient amount was printed for implementation in prioritized hospitals; (xiv) the neonatal ambulatory clinical history was redesigned and distributed for use in two prioritized services networks in the region of El Paraíso and a baseline was collected; (xv) the perinatal clinical history with graphics of the uterine fundal height and weight gain incorporated was printed and distributed to two prioritized services networks in El Paraíso and a baseline was set; (xvi) the “clinical guides for operationalizing technical standards of care during preconception, pregnancy, labor, puerperium and neonatal” were prepared; (xvii) the “technical standards for care during preconception, pregnancy, labor, puerperium and neonatal” were prepared; and (xviii) the four summaries of the technical standards were prepared.

As related to intermediate result 4.2: “Sustainable maternal child and family planning services” with reference to the component of reform the report specifies that: (i) systematization was carried out for the tracer products and their links to the Integrated Financial Administration System (SIAFI) and 2014-2018 Institutional Strategic Plan (PEI) products; (ii) the list of tracer and programmable products was prepared, responding to the 2014-2018 PEI and the 2016-2019 Annual Operating Plan Budget (POA-P) with the corresponding units from the central level of care and the first and second levels of care; (iii) the format for analysis was prepared as well as the application that facilitates its understanding to the units; (iv) support was provided to the Management Planning and Evaluation Unit (UPEG) and the administrative management with the analysis of the two proposals made in coordination with the Secretariat of Finance and the United States Treasury Office of Technical Assistance, with the baseline year of 2016 projected to 2019 and with the International Monetary Fund representative for estimating the financial requirements of the MOH to address universal coverage; (v) support continued to be provided to the UPEG in the training and implementation processes for the central level organizational development with strategic units and in support and at the request of the minister, with an emphasis on administrative management; (vi) the proposed organization and functions manual was finalized with the incorporation of adjustments proposed by each of the central level units; (vii) the procedures manual and the central level positions and profiles manual were prepared; (viii) the detailed processes and procedures manuals were developed for four strategic units: the Management Planning and Evaluation Unit (UPEG), the Health Surveillance Unit (UVS), the Technical Unit for Project Management (UTGP) and the Project Management Unit (UGI); (ix) printing and distribution of the Processes and Procedures Manual was finalized as well as the Basic Template of Positions and Profiles for the regional level; (x) continuation of the training process on the understanding of reform and implementation of organizational development was planned and coordinated for officials which were pending from 17 health regions; (xi) meetings were held to monitor and evaluate the progress made in trainings in the health regions; (xii) workshops were developed in eleven health regions (Cortés, Lempira, Francisco Morazán, Comayagua, Metro San Pedro Sula, La Paz, Atlántida, Copán, Olanchito, Metro Tegucigalpa and Colón), with 14 of 20 health regions and a total of 242 officials trained to date; (xiii) follow up was provided for the discussions on the framework law for social protection at the national congress which culminated in its approval; (xiv) discussions were held in relation to aspects contained in the social

protection law which configures the new legal framework for the health system of the country and the project proceeded to identify its implications; (xv) there is a preliminary draft version of a proposal adjusted to the health system law which is ready for formal discussion with the MOH political level; (xvi) advocacy actions continued to be developed to construct the viability of the proposal to be developed along this area of action as well as for the rest of the project processes; (xvii) the SYSLEYES program data base continued to be populated and the proposal was concluded for its migration to a web environment; (xviii) technical approval was received for the guide for the configuration and delimitation of the integrated health services networks; (xix) the health regions were supported with the configuration and delimitation of their integrated health services networks and with mapping 65 networks at national level; (xx) approval was received for the base document which was prepared to define the group of benefits that presupposes that the government will guarantee to the population; (xxi) the project is supporting the MOH with the definition of the group of health benefits; (xxii) the process was initiated for the preparation of the proposed technical guide for the organization and functioning of the referral-response system; (xxiii) the Department of First Level of Health Care Services (DSPNA in Spanish) technical teams responsible for these processes were supported in ensuring that categorization of facilities is appropriate and coherent with the configuration adopted by the regional leadership teams; (xxiv) the proposed basic guide was completed for the design of the logistical system; (xxv) the document that contains the proposed National Model for the Management of Human Resources in Health Based on Competencies was adjusted and technically approved; (xxvi) a basic proposal was prepared for the guiding principles that as a minimum should be taken under consideration for the creation of a national health fund; (xxvii) follow up was given to the the implementation plan for the national health model; (xxviii) the guide for monitoring the training process for decentralized providers was designed; (xxix) a first draft is available of the guide for monitoring and evaluating the implementation of the regional plans for management of the services networks; (xxx) adjustments were made to the guide to management for results for decentralized services networks; (xxxi) the Department of Second Level of Care Services (DSSNA in Spanish) was supported in the startup and follow up of the plans for implementing the processes which were prioritized for hospitals that have not been included in the implementation for the hospital management model; (xxxii) coordination was established and the scope of work was defined for the quality unit at the hospitals; (xxxiii) the project carried out the review, analysis and discussions on the technical proposal for managing these health services as demanded by the population in the Northwestern region of the country; (xxxiv) support was provided for the process of analysis and identification of a viable mechanism that permits decentralizing five other public network hospitals; (xxxv) support was provided for the area of resource management at the Teaching University, specifically for the processes of supply chain (acquisition and warehouses), accounting, cashier and social work; (xxxvi) the project is developing the evaluation process for the degree of implementation of the hospital management model at three hospitals selected by the MOH; (xxxvii) the transition from the Restructuring of Hospital Management Reorganization (RGH in Spanish) to the new Hospital Management Model (MGH in Spanish) was initiated; (xxxviii) training events were carried out directed to technical teams from every health region for the purpose of strengthening and developing capacities of accompaniment in decentralized managers for the preparation of the social audit process to which they are subjected and accountable to the population in compliance with the management agreement they signed with the MOH; (xxxix) the project continued to support discussions with the UPEG team for a deeper understanding of the framework of reference for the assurance system designed during the previous period; (xl) proposal

documents were completed for the SPSS management tools including for the methodological proposal for the identification and incorporation of prioritized human groups, these tools were the basis for training the UPEG team; (xli) a work proposal was designed for advancing with the preparation of a evaluation of the implementation of the policy of quality and the socialization of this proposal; and (xlii) the methodological design and a work plan were prepared and discussed, to carry out the evaluation of the policy and the national system of quality.

Finally, in relation to result 4.4 “IR 4.4 Data Use for Decision Making” the project includes the following: (i) the tools for deeper analysis of maternal and child mortality were approved; (ii) the socialization was carried out of the study on the characterization of child mortality for 2009-2010, through national level distribution of the report and the attached summary; (iii) the elements for health surveillance were reviewed, updated and incorporated in the new agreements with decentralized managers; (iv) the project supported the preparation of the processes and procedures manual for the health surveillance unit; (v) assistance efforts were oriented to the preparation of the processes and procedures manual for the UGI, due to the postponement of the Integrated Health Information System (SIIS in Spanish) project: (vi) the Monitoring and Evaluation System for Management for Results (SIMEGpR in Spanish) was finalized, which includes the dashboard and the technical vouchers for selected indicators: (vii) the project supported the design, validation and adjustment of the data collection tools for the preparation of the indicators: (viii) the project supported the identification of substantive elements for data analysis and for the introduction of measures that will improve the monitoring and evaluation process: (ix) the project supported the preparation of the implementation plan for the SIMEGpR: and (x) support was provided to the MOH on the use of the cost and financing study with a baseline year of 2011 for decision making based on data and evidence.

The project context is undergoing a process of substantial modification due to RFP SOL-522 5-000007 which will result in the extension of the contract implementation period for eleven months with a modified scope of work for this period, during which the project expects to consolidate some of the areas which it has been developing to date, updating the milestone plan and adjusting the project monitoring plan.

Support has also been provided for the development of the MOH work plans to be financed with the obligated but not implemented USAID funds located at the Unit for the Managing of External Cooperation Funds (UAFCE in Spanish) and the additional funds that the project anticipates will be committed so that the programmed activities are in line with the technical assistance provided by ULAT during the extension period.

To summarize, during this project year four quarter all areas of work were implemented in a positive and adequate environment for the achievement of the stated objectives and products and only some suffered delays and are duly identified in this report.

### III. Project Context and Objectives

#### A. Country Context

According to the latest census carried out in Honduras (2001), the total population of the country is around 7.4 million persons, 54% of which are youths under fifteen years of age. Six of every ten Hondurans live under the poverty line and of these, 70% live in extreme poverty, with a ratio of two to one between the rural and urban populations. Statistics show gaps in the performance and effectiveness of the Honduran health system, especially in the approach to determinants for health among rural populations, lack of access to mechanisms for the exclusion of social protection against the risks of illness, and lack of assurance that financial protection is reflected in the high percentage of pocket expense (50% of total spending, according to the latest study health expenditure and financing).

According to the “Update of the Maternal Mortality Ratio, 2010” the maternal mortality ratio (MMR) is 73 for every 100,000 live births. In comparison with the 1990 MMR (182 for every 100,000 live births) this represents a 60% reduction and a reduction of 31.5% for data obtained in 1997 (108 for every 100,000 live births). Hemorrhages during pregnancy, birth and the postnatal period with a rate of 37% (mainly secondary to the retention of placental remains) continue to be the main cause of deaths with hypertensive disorders representing 25% as the second cause. Among these, eclampsia during the postnatal period (44%) was the most frequent cause. The most significant conditions for their occurrence continue to be care during birth provided by unqualified personnel (17% of all births occur in the communities) and in many cases without observing basic standards of care. In addition, there is an insufficiency of micronutrients (iron, folic acid and Vitamin A) by women of reproductive age, which puts them in a condition of vulnerability. ENDESA data 2011-2012 showed 19% prevalence of anemia in pregnant women (less than 11 grams per deciliter).

In the framework of the Accelerated Reduction of Maternal and Child Mortality (RAMNI in Spanish) policy, the project proposed as a goal that for 2010 none of the Departments would present a MMR above 90. According to the referred study, ten departments achieved this goal: Copán, Cortés, Choluteca, Francisco Morazán, Lempira, Ocotepeque, Santa Bárbara, Valle, Olancho and Yoro. However, the eight departments that did not achieve the goal are: Atlántida, Colon, Comayagua, El Paraíso, Gracias a Dios, Intibucá, Islas de la Bahía, and La Paz. Of these, in the departments of Atlántida and El Paraíso, an increase in the MMR of 36 and 40 points respectively was observed in relation to 1997 (19% and 23% for each).

According the 2011-2012 National Demographics and Health Survey (DHS): (i) the national fertility rate was reduced from 3.3 in the 2005-2006 survey to 2.9 children per woman; (ii) during the same period, the prevalence of modern contraceptives use increased from 62.1% to 66.1%; (iii) the unsatisfied demand for family planning methods is currently 10.7% in women of reproductive age, but it cannot compare with the rate for 2005-2006, due to changes suffered in the definition of the indicators; (iv) the percentage of women between the ages of 15 to 19 years old with one pregnancy increased from 22% to 24%, and; (v) in the rural area the global fertility rate decreased from 4.1 to 3.5 children per woman,

with a prevalence in the use of modern contraceptives increasing from 50% to 60.6% among underserved and vulnerable populations, especially in the rural areas.

Although according to global indicators women have a longer life expectancy than men (75.3 years for women, 68.4 years for men), in the course of their lifetime women register higher mortality rates and depend more on health services due to the reproductive cycle. The main causes of death continue to be associated to preventable factors such as reproductive risks, uterine and breast cancer, gender violence, HIV/AIDS and other causes associated to sexually transmitted illnesses. Men live fewer years and the main causes of death are linked to social violence, traffic accidents and HIV/AIDS.

In relation to childhood, the 2011-2012 DHS demonstrates that the trend in the mortality rate for the group among children under five (5) years of age continues to decrease, estimating 42 for every 1,000 live births for the 1997-2002 period, 32 for every 1,000 live births for 2002-2007 and 29 for every 1,000 live births for 2007-2012. Infant mortality for the same period was 28, 25 and 24 for every 1,000 live births respectively<sup>1</sup> and neonatal mortality, which continues to be the greatest contributor, presented values of 17, 16 and 17 respectively. This means that 64% of deaths in children under one year of age of one during 1997-2002, 65% in 2002-2007 and 75% in 2007-2012 happened during the neonatal period, and in 2007-2012 the main causes were prematurity (22%), asphyxia/trauma at birth (15%), acute respiratory infections (14%), congenital malformations (13%) and diarrheal diseases (11%).

These causes are influenced by the quality of care during pregnancy and birth, mainly during non-institutional births and are due to not meeting defined standards of care, as well as the limited availability of technology and the necessary supplies for institutional births. This structure of infant mortality requires making adjustments in the processes of care and therefore, the reorientation of technical assistance in order to concentrate the approach to these main causes of death.

As to access to permanent health services, ULAT continue to consider that around 70 - 80% of Hondurans have some type of coverage such as the health system response, which includes public sector providers, the Ministry of Health (MOH), the Honduras Social Security Institute (IHSS in Spanish) and private sector providers, whether profit making, civil society organizations, non-government organizations and others, such as training institutions. Of the population attended, the project estimates that 50-60% is covered by the MOH<sup>2</sup>, approximately 16% by the IHSS<sup>3</sup>, and 10-15% by the private sector.

With regard to the health system, its main functions are considered to be: (1) sector stewardship, (2) health financing, (3) assurance to guarantee universal access to basic services, and (4) the provision of individual services and public health. These four functions continue to be exercised in an uncoordinated manner by all actors, whether public or private. ULAT's efforts continue to be oriented towards strengthening the stewardship function, to the development of proposals for assurance and to strengthen the provision of health services to provide them with the desired timeliness and quality. Along this line, the project continues supporting the MOH with the implementation of a new

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<sup>1</sup> According to the 2011-2012 DHS data in six-year periods. Table 8.1

<sup>2</sup> Includes 955,161 persons covered through November 2012 by the Decentralized Care Systems. Source: Table of the Population with Decentralized Providers 2012, Decentralized Management Unit (UGD in Spanish), MOH.

<sup>3</sup> In 2011, the EM Regimen 16.87%, of the General Population; 18.57% of the PEA and 42.46% of the Salaried Population. Source: IHSS in numbers 2003-2011

organizational structure, at central level as well as intermediate level, by organizing the system through a national health model approved by the Ministerial Agreement No. 1000-2013, dated May 20, 2013. This also includes the necessary changes in the planning and budget processes that permit strengthening its stewardship function and achieve consensus on policies, plans or priority actions in health matters, by improving coordination and alignment of the main counterparts.

In this manner, ULAT is contributing with efforts for closer work coordination among sector institutions (mainly the MOH and the IHSS) as well as with other government ministries such as Finance and Planning, in order to develop the mechanisms that ensure access to quality health services for the population, overcoming the inequitable financing of the system. Currently, the inequitable financing of the system is characterized by the majority of the health costs disproportionately affecting those with the least capacity to pay. This requires the MOH to consolidate the changes that are being implemented to strengthen its corresponding stewardship function as the health authority.

In relation to the provision of services, ULAT continues working to address the problems of creating linkages between the different providers and among the public health services network units, to obtain greater social efficiency in resource management. Of particular importance are the acquisition and distribution processes of medications and supplies, making them more adequate and sufficient in health units still managed by the MOH, improving productivity and quality in the services, overcoming the conditions generated by schedules that limit access, long waiting periods and referral systems that do not provide responses. In addition, the project has initiated actions that favor social audit mechanisms in such a manner that communities can provide their opinions and advocate on the health services they receive.

In the general framework the project must emphasize that in order to reduce the gap between persons with and without access to health services, ULAT continues developing the health sector reform process that includes two phases: The first phase is on the operations centered on the separation of the functions of stewardship and the provision of services, and the second phase will be centered on health assurance, financing and universal access. The objective of both phases is the development of a decentralized health system, plural and integrated, in which several services providers operate under a unified sectorial plan, led by the MOH which will a strengthened its stewardship function and will endeavor to achieve efficiency, effectiveness and quality throughout the system. ULAT is contributing in this national purpose to achieve the objectives of increased and sustainable quality health services, mainly for the excluded and underserved populations.

**Illustration 1- Country Context in Numbers**

Indicator	Data	Observations
Life Expectancy at Birth	73.4	According to the 2013 Human Development Report
Childhood Mortality (0-5 years old)	29 for every 1000 live births	Updated 2011-2012 DHS
Neonatal Mortality	18 for every 1000 live births	Updated 2011-2012 DHS
Global Fertility Rate	2.9	Updated 2011-2012 DHS
Maternal Mortality Ratio	73 for every 100,000 live births	Updated 2010 maternal mortality ratio, published in 2013

## B. Project Context

In the framework of the reform process being driven to overcome the underlying causes for the poor performance related to guaranteeing access to sustainable and quality services, ULAT continued to provide technical assistance to the MOH and other key actors such as the IHSS, by providing the necessary boost and the initiatives conducive to expanding coverage and improving access to health services for vulnerable and underserved populations in Honduras. In relation to the methodology of the multi-level work defined for the delivery of assistance, the actions carried out included personnel ranging from institution decision makers and technical leaders to local level services providers. Work was carried out jointly in this effort with counterparts who were responsible for each area of action, with the objective of improving the capacity for response and effectiveness of the sector and empowerment, in a manner that once the project finalizes actions the expected sustainability achieved.

During this period, the most outstanding contextual element was the discussion on the initiative of the framework law for social protection which, although it culminated with approval by the national congress, still has not been published in the official journal of La Gaceta and its entering into force is still pending. The contents of the law include the essential elements that profile the structure and functioning of a new health system which only assigns the function of stewardship to the MOH and assigns the functions of financing/assurance and the provision of services to the IHSS. In essence this implies the restatement of some of the processes which are under development.

Implementation of the organizational development at MOH central level, which was especially driven due to decisions made during the previous period by the Minister of Health, continued to require important efforts in technical assistance for the short and medium term consolidation of the central entities of the institution. The development of activities and tasks associated with these aspects were oriented towards the implementation of the organization and functions manual which was approved during the previous quarter and the development of the processes and procedures manual for units which were prioritized by the office of the minister. Nevertheless, the slow rhythm of this process continued to affect other processes which, in relation to the technical assistance provided by ULAT, had the greatest impact on the assignment of counterparts for some of the project areas of work.

Another element to emphasize is the progress made in management decentralization for the provision of second level services. This is a process which has faced challenges related to contracting services from the central entities, and the development of management capacities in providers, control and accountability for the providers and the development of management tools for the process at the level of the health regions.

Other difficulties the project has faced should also be pointed out. Among these is that in practice, the prioritization of issues defined by presidential leadership for the MOH resulted in postponing other issues such as the implementation of the national system of quality and the startup of a policy and strategy for gender in health. On the other hand, efforts required by epidemiological surveillance and the management of outbreaks of Dengue and Chikungunya have monopolized a large part of the attention and work of MOH officials at the highest level in detriment of other activities associated to the change processes. The delay in initiating implementation of some projects should also be mentioned,

the financing of which depends on other agencies making it impossible to achieve some milestones. Basically, this refers to the information system in health, the development of which is foreseen to be financed by Canadian cooperation.

Coordination continued with other projects with areas of work converging with those developed by ULAT, for the delivery of integrated assistance to the MOH by maximizing individual efforts. Along this line of thought, the project can specifically mention: (i) with PAHO, coordination for the discussion of issues related to universal health coverage and the guaranteed group of benefits associated with the national health model and for the socialization of the policy RAMNI results of the evaluation; (ii) with IDB, related actions for implementation of agreements between the MOH and the foundation managing the San Lorenzo Hospital, and the preliminary actions for developing agreements between the MOH and the La Esperanza and Gracias Hospitals; (iii) with JICA, on aspects related to the configuration of networks in the framework of implementation of the national health model and the technical validation of the guides for operating primary care teams.

All areas of action incorporated in the processes defined in each of the work plans have been structured under three intermediate results in the USAID framework of objectives for the country, in force at the time the contract was signed under which ULAT provides assistance:

- IR 4.1: Increased use of quality maternal child and family planning services, through which the project seeks to strengthen MOH capacities for the development and implementation of fundamental policies and strategies, oriented to making it possible for the most vulnerable population to have effective and permanent access to maternal child health and family planning services in a timely manner and with an acceptable quality.
- IR 4.2: Sustainable maternal child health and family planning services, through which the project intends to ensure that maternal child health and family planning interventions that are designed and implemented include mechanisms that ensure sustainability. The project assumes that sustainability can be guaranteed by strengthening MOH capacities as steward entity by defining political, technical, financial and regulatory frameworks that facilitate the adequate, systematic and permanent provision of maternal child and family planning services.
- IR 4.4: Data use for decision making, through which the project intends to contribute to improving surveillance in health systems with a special emphasis on the surveillance of maternal and childhood mortality, the management monitoring and evaluation process and improvement of the information system.

Under these circumstances and the referential framework previously described, the results of implemented activities for this project year four quarter related to the processes of reform, decentralization, policy development, maternal child health and family planning are described in subsequent chapters. The project reiterates that a particular effort being carried out by ULAT is the incorporation of gender elements in all products obtained through the technical assistance provided and specific areas of work were developed for this, the results of which are described in a special chapter.

Despite what is previously described, the project context is undergoing a substantial modification related to Request for Proposal SOL-522 5-000007, which will result in a period of extension for contract implementation for eleven months, a new scope of work for this period, which the project

expects will consolidate some of the areas of work that been developing to date and an updated milestone plan and monitoring plan for project performance. In addition, support is being provided for the development of MOH work plans to be financed with obligated but not implemented USAID funds, located at the Unit for the Management of External Cooperation Funds (UAFCE in Spanish), and additional funds are anticipated to be committed so that programmed activities are in line with the technical assistance to be provided by ULAT.

### C. Coordination with other Counterparts/Actors

Coordination activities continued with organizations with work is linked to activities implemented by ULAT. These are described below along with the main results:

#### JICA

Coordination activities with JICA have been linked to aspects related to the configuration of the health services networks in the framework of implementation of the national health model and technical validation of the guides for operating primary care teams. In this framework, support was provided for a visit made to the region of El Paraíso by Dr. Gustavo Ávila from USAID to develop an exchange of experiences of activities in this department financed by JICA and by USAID. Two communities were visited where the primary health care model is under implementation, with the participation of Mayra Carbajal who is in charge of external cooperation at JICA and Sarbia Lanza, the health region technician and charged with coordinating Primary Care Programs in health (PROAPS) activities. The communities visited are Alauca and Cuyalí:

- *At the Alauca Health Center*, where the teams are coordinated by Dr. Sonia Hernández, who mentioned the achievements in collecting family vouchers and mapping every community and information on the population (basic needs, distribution of diseases and risk factors). With implementation of this strategy and the EONC strategy, institutional births have increased to 98%. Despite the fact that this community is not included in the implementation of the TIFC strategy, there is community organization with municipal support for activities carried out by volunteers. In addition even though this is not an AIN-C community, the population is pending to take children under two years old to record their weight.
- *In the house of health in Cuyalí*, there is a well-structured community committee with experience and leadership and the desire to acquire additional knowledge regarding prevention and health surveillance. The person in the region responsible for the primary care teams explained to the volunteers the purpose and focus they should have. They were made aware that one of the main weaknesses in the community are problems related to disposal of excrement, the lack of a relocation committee, the prevalence of preventable diseases and family planning in response to the prevalence of adolescent pregnancies.

An event was also developed for the "Exchange of Experiences in Primary Health Care", with personnel studying nursing at the Catholic University in Danlí. The issues addressed were the strategy for primary care, community strategies and the prevention of adolescent pregnancies. During this event, the project had the opportunity of making known the Joint Implementation of Community Strategy (ICEC in Spanish) which is being implemented with ULAT support in different networks in the intervened departments to personnel who were not aware of the interventions and strategies created by the MOH. As a result they were adequately informed in regards to what they will have to put into practice in the future wherever they will carry out their practices.

The project visited the Danlí Hospital to learn about the progress made. The location of the EONC flowcharts was verified in the different areas of maternal and neonatal care. It was explained that the checklists are not being implemented in hospital because it is already utilizing an admissions format and there is JICA financing available for its improvement and implementation. Dr. Dias Cano, a scholarship alumnus who studied in Japan, created the format and is committed to putting the training into practices that he received in that country.

The JICA experts have been interested in products supported by ULAT for the MOH. Therefore, a workshop was developed during which details were provided on the checklists for births and their immediate care which could be implemented at the Maternal Child Clinics (CMI in Spanish). In addition, the project presented the manuals for the new training methodology in EONC along with ICEC activities.

## **ACCESO**

In relation to activities carried out by the ACCESO project, the proposed AIN-C guidelines for decentralized providers were reviewed, which make the strategy more cost effective thereby ensuring that these guidelines would provide a response to the key points found in the evaluation. The proposal was submitted to Dr. David Castellanos from USAID, who considered it a good option to be discussed with the agency's financial office, working with the funds that finance the MOH work programs with the purpose of expanding AIN-C coverage in prioritized departments located in the dry areas of the country. The project requested that a presentation be made to this unit, emphasizing that the financing required represents a 32% reduction, with a reduction in the yearly cost per child from \$120 to \$75, for a total cost of \$1,884.00 per community. The results were generally accepted as well as the proposal making it evident that with the work carried out by some NGOs and/or projects, highlighting that the sustainability of the AIN-C was not supported in the activities being carried out by health promoters instead of by monitors. Subsequently, this resulted in communities being left without the necessary support and without empowerment in community personnel.

The review of the AIN-C methodological proposal continued for decentralized providers with adjustments in the schedules and contents of the agenda for workshops for facilitators. Still pending is the review and adjustment of the methodology for face to face counseling due to the limited time set aside on the agenda.

At the request of Dr. Gustavo Ávila the monitoring and evaluation indicators related to nutrition for the USAID “MERCADO” project were reviewed for the purpose of ensuring that they are measurable and achievable the corresponding observations were made.

## **AIDSTAR PLUS**

The project accompanied the DSPNA and AIDSTAR-Plus project I providing assistance to the health regions leadership teams in the Metropolitan Tegucigalpa area, Metropolitan San Pedro area and the departmental regions of Cortes, Atlántida and the Bay Islands. The purpose of the assistance provided was to train regional facilitators in methodological and operational aspects for the configuration of the RISS in five prioritized health regions. Those obstacles that slowed the process have been identified, such as: (i) the multiple activities in which the regional leadership teams are involved in, who are also responsible for configuring the RISS; (ii) the lack of empowerment in some regional personnel due to the confusion resulting from the process of organic restructuring at regional level and the relocation of the personnel; and (iii) the uncertainty of financial sustainability that would satisfy the needs generated by the process (installed resources, equipment, personnel, etc.), the institutional personnel and the decentralized managers.

## **IDB**

With the IDB, the activities were related to the implementation of the agreements between the MOH and the foundation that is managing the San Lorenzo Hospital, and the activities being implemented to develop agreements between the MOH and the La Esperanza and Gracias Hospitals.

The chief of the Department of Hospitals submitted the manuals prepared by the Catalonian Services Corporation (CSC) firm for the leadership systems to be reviewed and to provide suggestions in its scope and development. The project coordinated a training event on this issue with the international financial management expert from CSC, directed to ten hospitals and a workshop was held with three project hospitals to define the continuity of its processes. Support was provided for carrying out this workshop on financial management. The second part of the workshop was directed to the three project implementation hospitals which finalized the technical assistance provided by CSC.

## **PAHO**

With PAHO, coordination was carried out for discussing issues of universal health coverage and the guaranteed group of benefits linked to the national health model and for socializing the evaluation results of the RAMNI policy.

Relevant aspects based on evidence on the issue of post-partum hemorrhages were addressed during the training workshop for personnel from hospitals that are part of the Zero Maternal Deaths from Hemorrhages project in Honduras. These are activated by the obstetric code red, the use of the anti-shock suit and damage control surgery. It was decided to include these aspects since the San Felipe

Hospital is already a part of this project, along with five other hospitals in the country. The project is supported by PAHO and the Society of Obstetricians-Gynecologists in Honduras. In addition to carrying out workshops, the project reviewed hospitalization and ambulatory neonatal histories and changes were suggested to complete the diagramming process and proceed to print them to initiate implementation.

In related to elements linked to universal coverage, and more specifically to the group of guaranteed health benefits (CGPS in Spanish), a workshop was carried out for training members of the inter-institutional team (MOH, IHSS, UNAH, ULAT, AIDSTAR, JICA and PAHO), responsible for the preparation of a newly funded and feasible proposal for the CGPS based on the original proposal developed with ULAT support. Various meetings have been held with the inter-institutional team under the leadership of the Department of First Level of Health Care Services (DSPNA) to review the group of health benefits (for promotion, prevention, recovery and rehabilitation) in three South American countries and compare them with the one proposed by Honduras for the purpose of taking advantage of any opportunity for improvement.

The project also continued to identify the procedures for some health benefits for life cycle and age groups and for level of care and degree of complexity. The matrix that will be utilized as the base is from Uruguay and the CIE-9 and CEPS-AP lists are from Argentina. The product that will be obtained will be the procedures list from Honduras in the framework of the national health model and reform.

## IV. Integration of the Gender Perspective

The project continued to accompany the MOH in different processes related to established objectives in the framework of results, considering the integration of gender and its incorporation in different project products as an element that contributes to the achievement of gender equality in the country. In this context, the project has been addressing the issue as a platform for the development of capacities in order for ULAT and its counterparts to appropriate the understanding that gender integration should be a constituent element included in the design, implementation, monitoring and evaluation of health services. Under this commitment, the elements in the policy for equality and empowerment of women and girls approved by USAID in 2012 for which there is a concrete expression in the country, have been a referential element.

In the framework of guidelines defined in the focus of the national health model, the main results obtained were related to mainstreaming activities on this issue. As such, the project prepared directives to incorporate the gender perspective in the systematization and expansion of the ICEC, which includes the rural family planning strategy and constitutes an important effort related to the vision for strategic integration. Central, regional, and service networks level MOH personnel was trained on the gender contents defined in these strategies for its operational application and gender inputs were provided in the updated EONC strategy.

As an initiative of the National Congress Woman's Commission and the National Women's Institute, during this period the project has been following up the development of gender sensitive budgets. For this, these entities have requested that each of the government institutions submit a report on the implementation of labeled spending (emphasizing the rate of investment on gender equity), which will be submitted bi-annually to the commission. The reports will be shared with the country's women's organizations for them to carry out the corresponding social monitoring and to propose solutions to problems detected, with the intention of ensuring expenses and/or investments oriented towards women even when budgets are modified. The project expects the first report to be submitted on July 2015.

As previously mentioned, the MOH reorganization process represented an important challenge with implications for the assistance provided by the project. In the specific case of gender, some of the expected results for this period had to be postponed including the organization of the integration team and the preparation of the gender strategy and implementation plan. The Sub-secretariat of Regulations officially delegated the gender issue to the General Directorate of Standardization (DGN in Spanish) and the project expects that the issue will be given the required priority for the approval of the specific policy, the proposal of which has already been developed.

In this general context, advances made in the activities carried out are as follows:

- Follow up was given to the DGN to report on pending activities and the readjustment process for the gender policy initiated for adapting it to the established format according to the zero standard for this type of document. A defined critical path is also being followed until the policy is official which the project anticipates its completion during July 2015.

- A proposal was prepared for the organization and functioning of the gender integration team at the MOH, which is ready to be discussed with the DGN. A process was initiated to define the officials who are best suited to be integrated to this team. The project expects that team will be organized during July 2015.
- The MOH has USAID bilateral funds for contracting a consultancy to prepare the gender strategy and the implementation plan. Support was provided for the preparation of the terms of reference for the consultancy which is expected to last 60 days beginning in July 2015.
- An analysis was carried out on the progress made on gender in the Strategy for Managing Family Planning Services (EGSPF in Spanish) at the IHSS. The main conclusions refer to the poor knowledge and support by IHSS authorities. Nevertheless, there is empowerment at the technical team and local levels. This team has carried out some follow up actions; however, greater communication is required with those involved at the health unit level and other key actors in order to keep the issue of gender equity current. Finally, the project concluded that the institution is not prioritizing the EGSPF because interest is focused on other institutional needs and problems. Consequently, being linked to the strategy gender equity this has also been excluded. The project anticipates that updating the strategy will be carried out beginning in August 2015.
- The gender bulletin corresponding to this period was prepared. The content refers to elements related to the latest activities in gender incorporation carried out in the project's components.
- The commemoration for the "International World Action Day for Women's Health" was held on May 28. For this activity, the central issue revolved around the legal framework for gender at the national and international level subscribed by Honduras. As such, information was included on the situation of cervical uterine cancer in Honduran women.
- Incorporation of the gender perspective was verified in the following Social Protection in Health System (SPSS in Spanish) management tools: (i) the system for contractual control for assurance; (ii) the financial control system for social protection in health; and (iii) the modality types for decentralized management. With this, the project concludes that these respond to tenets in health sector reform and the national health model crosscutting axes. A report containing inputs was prepared, oriented towards the approach to statistics differentiated by sex, gender analysis, equity in health financing and non-discrimination in the different types of contractual control of assurance.
- Follow up was provided for the operationalization of the gender contents in the ICEC. As a result, there was evidence of empowerment of personnel at the regional and at the Integrated Health Services Networks (RISS in Spanish) levels in regards to the approach of the gender perspective in overcoming different barriers limiting access to maternal and child health services. This process has transcended to local governments who responsibly took on the issue and demonstrated its political will through open town meetings during which municipal agreements were established with the participation of men and the community oriented to improving maternal child care. Finally a high degree of motivation was observed in the community rural family planning monitors, who demonstrated clarity in the gender approach gender by adequately applying it.
- The project continued to participate in meetings to review the MOH policy for sexual and reproductive health.

**Deliverables:**

- *Document containing the proposal for the establishment of the integration team.*
- *Yearly report on the gender contents approved for incorporation in the evaluation and updating of the IHSS EGSPF strategy.*
- *Quarterly bulletin.*
- *Report on activities carried out for each commemorative date and the result.*
- *Quarterly reports on follow up activities of the Joint Implementation of Community Strategies with regards to gender aspects.*

**Additional Deliverables:**

- *Report of the gender elements incorporated into the management tools of SPSS in the new national health model.*

## V. Intermediate Results/Project Achievements

Table 1- Project Results – during the reported period

### IR 4.1 Increased Use of Quality Maternal and Child Health and Family Planning Services

With this intermediate result the project seeks to strengthen MOH capacities for the development and implementation of fundamental policies and strategies oriented to making it possible for the most vulnerable population to have effective and permanent access to timely maternal child health and family planning services with an acceptable quality. These interventions include the policy known as RAMNI, the strategy for Essential Obstetric and Neonatal Care (EONC), the Methodological Strategy for Family Planning (EMPF in Spanish) and the respective standards for clinical care. The project also sought to strengthen IHSS capacities to expand coverage and improve family planning services for populations accessing this institution. For this, based on the progress made at the MOH and the IHSS, for project year four the project considered providing technical assistance tending towards the broad consolidation of the processes under development. Included in these processes, the implementation of the ICEC is a promising intervention which visualizes the harmonious and complementary functioning of different community and institutional strategies that help to save the lives of mothers and children especially those living in the most depressed conditions. On the other hand, the project focused on the maternal and neonatal standards of care that need to be updated in function of new knowledge generated and the changing characteristics of scientific evidence.

Actions carried out during this period for each of the defined processes are detailed as follows:

#### **FAMILY PLANNING AT THE MOH**

The Methodological Family Planning Services Strategy (EMSPF in Spanish) at the MOH has been applied for several years and was last updated in 2012. ULAT accompanied the socialization of the updated strategy and has been providing technical assistance for its implementation with an emphasis on the processes of programming, logistics and evaluation. Yearly programming of family planning activities has been prepared and consolidated based on strategy guidelines. Physical inventories of contraceptives have been carried out every six months and support was provided for the redesign and application of the Logistical Data Consolidating Tool (HCDL in Spanish) at the national level. Finally, an evaluation was carried out of the implementation of the strategy, the results of which can be utilized to adapt the strategy to the new MOH structure resulting from organizational development and to strengthen those components still demonstrating weaknesses. The next immediate challenge is to carry out the adaptation of the new MOH situation. Support was also provided for the adaptation and application of family planning guidelines for decentralized providers which are now part of agreements signed between them and the MOH.

A summary of achievements during this period are shown below:

- A physical inventory of contraceptives was carried out in May 2015, whose report is being prepared. The preliminary results showed a high percentage of health unit stock outs. For

#### IR 4.1 Increased Use of Quality Maternal and Child Health and Family Planning Services

December the rate was 84% and in May it was 82%.

- Support was provided for the adequate functioning of the MOH Logistical Data Consolidating Tool (HCDL in Spanish) at all health regions having difficulties in its use.
- Evaluation of the MOH Methodological Family Planning Strategy (EMSPF in Spanish) was carried out through the application of a methodology based on the collection of statistical data on the strategy indicators in all regions and hospitals in the country and for five focus groups. Personnel from regional teams and two services networks and the majority of hospital in the country participated in this process. The results verified that the strategy is being consolidated in most of its components. However, administrative changes generated by problems in the acquisition, storage, distribution and dispensation of medications are affecting the appropriate functioning of the logistical component which was demonstrating important advances. The results of this evaluation provide valid information for the strategy to be adapted to the new MOH structure.
- Family planning guidelines were adapted for decentralized providers and are part of the annexes of agreements signed between the MOH and the corresponding managers. These guidelines are being utilized to prepare programming and monitoring for family planning activities and in the logistical aspects for the timely availability of contraceptive methods. Nevertheless, the comparison between the percentage of compliance with the programming and the number of protected couples demonstrates that in 2015 programming was less than in 2014 because compliance with programming increased for two methods (from 57% to 96% in oral contraceptives and from 63% to 77% for intrauterine devices) with a slight reduction for the other two (from 83% to 70% for quarterly injections and from 91% to 88% for condoms). Consequently, the number of protected couples will be reduced significantly if the trend for the first quarter remains constant for the rest of the year (from 54,987 to an estimated 31,612 couples). This could mean that managers have not correctly applied the programming guidelines, since the baseline is the number of protected couples during the previous year and therefore, the number of protected couples for the following year cannot be less than the previous year. A thorough analysis is being carried out to present the necessary corrections in the guidelines.

##### **Deliverables:**

- *Reports of the functioning of the Logistical Data Consolidating Tool.*
- *Report on the broad implementation of the family planning strategy.*
- *Report on the increase in coverage of family planning services by decentralized providers.*

##### **FAMILY PLANNING AT THE IHSS**

- The Strategy for Managing Family Planning Services at the IHSS (EGSPF in Spanish) was designed, and approved by the MOH higher authorities, and trainings have begun. Due to the structural and financial problems that the IHSS continues to experience, implementation of the strategy was limited mainly due to the lack of some family planning methods included in the “mix” or list of available methods. The monitoring and evaluation processes for family planning activities, for training in operating the strategy and in support of the functioning of the HCDL

#### IR 4.1 Increased Use of Quality Maternal and Child Health and Family Planning Services

were not carried out during this period due to the decision made by the National Medical Directorate to instead carry out the analysis to determine the degree of implementation of the Strategy for Managing Family Planning Services (EGSPF in Spanish). For this, a methodology was designed through which information was collected in the field with a significant sample size, the results of which can be utilized by the IHSS to adapt its strategy.

##### **Deliverable:**

- *Report on the evaluation of the Strategy for Managing Family Planning Services (EGSPF).*

##### **RAMNI**

During the past few years, application of the policy to reduce maternal and child mortality in an accelerated manner has been very limited due to different changes in authorities and the lack of prioritization in the political agenda. Nevertheless, in general its most important interventions have been applied. Progress made in this area of work is described as follows:

- The evaluation of the policy was carried out and the final report was submitted to the authorities. The mechanisms for its socializing are currently being identified. From the General Directorate of Standardization (DGN in Spanish) the project is coordinating with PAHO, who has made the commitment to support this process. It still has not been possible to adapt the policy because the results of the evaluation still have not been approved or socialized by the MOH level. It is necessary for the authorities to renew efforts to lead a policy that integrates interventions oriented to reducing maternal and child mortality in the framework of the reform process.
- Support was provided for the preparation of a plan for the implementation of RAMNI in the El Paraíso health region. This plan has been implemented throughout the year and the main activities have consisted of training on ambulatory and hospital EONC as well as starting up the Joint Implementation of Community Strategies (ICEC in Spanish). Work was carried out in two prioritized networks based on criteria for maternal and child mortality. One being a decentralized network (Trojes) and the other with centralized management (El Paraíso). The project attempted to apply the checklists in the hospital, but because they are already utilizing a similar instrument, they didn't consider it necessary to implement this other process. At both prioritized networks, the use of the basic perinatal clinical history was initiated with weight gain and fundal height graphics included along with the ambulatory neonatal clinical history.
- Taking into account the results of the evaluation of the implementation of the AIN-C, a proposal for guidelines for decentralized providers was prepared in which adjustments were proposed for the duration of the workshops, with an agenda that includes all issues developed with more effective methodologies that are also more participative. Another important adaptation is the counseling sheets that by reducing the amount of duplicative the contents its quantity was reduced. With these main changes the estimated saving per year are of about US\$1,000.00 for each intervened community. The proposal should be validated, for which the cost has been programmed in work plans in the USAID/MOH bilateral cooperation.

## IR 4.1 Increased Use of Quality Maternal and Child Health and Family Planning Services

### **Deliverables:**

- *Report on the mid-term evaluation of the RAMNI policy.*
- *RAMNI 2014 work plans for selected regions (El Paraíso).*
- *Methodological proposal document for AIN-C for decentralized providers.*

### **INTEGRATION OF COMMUNITY STRATEGIES**

The Joint Implementation of Community Strategies (ICEC) has been strengthened through the plans for expansion. It has been accepted by the health authorities as well as the municipal corporations, which has facilitated compliance with the plan, addition it has led to the incorporation of services networks not originally considered. Thirteen Integrated Health Services Networks (RISS in Spanish) in five neglected departments have been intervened, in which 178 health committees and fourteen committees were organized to support maternal homes. Facilitator teams from five health regions and thirteen services network were trained. In addition, 65 officials including physicians, nurses and auxiliary nurses were also trained on the application of the ICEC from health units in these networks. Furthermore, 580 rural level family planning community monitors were also trained.

In response to a maternal death occurring in Reitoca and at the request of the Decentralized Management Unit (UGD in Spanish), the Joint Implementation of Community Strategies process was initiated with resources provided by the decentralized manager from this network.

Due to the application of the new organizational development, at the central level the responsibility of leading the Joint Implementation of Community Strategies (ICEC) fell on the Department of First Level of Health Care Services (DSPNA in Spanish). Six officials from this unit had to be trained as facilitators. In these instances, the ICEC is in the process of application and consolidation and the project has programmed continuing to expand it to at least ten new services networks.

The achievements for this period are described as follows:

- Assistance was provided for application of the ICEC in the networks considered in the expansion plan through training on the use of: (i) the ICEC methodological guide; (ii) the maternal homes guidelines; (iii) the implementation of the manual for operationalization of the work strategy with individuals, families and communities, and (iv) the manuals for training community family planning monitors. Support was also provided for the organization of committees to support maternal homes and the exchange of experiences between these groups in order for them to strengthen each other. As a complementary activity, support was provided for the definition of complex profiles of the health facilities in the networks and regions for the purpose of having clarity regarding the responsibilities of each entity in the provision of health care services.
- The Automated Information System for Community Activities (SAIEC in Spanish) was designed and installed in all the networks where the ICEC is being applied. Because some difficulties were found in its functioning, an EXCEL spread sheet was prepared in order to obtain the

#### IR 4.1 Increased Use of Quality Maternal and Child Health and Family Planning Services

necessary information for the preparation of the indicators that measure the results of the process. This tool was populated with data provided by each of the networks.

##### **Deliverables:**

- *Reports on training monitor and institutional personnel at rural family planning.*
- *Report on monitoring the ICEC process.*

##### **EONC**

There are two large areas in the application of obstetric and neonatal care: One is related to the organization of the services and the other is linked to the quality of care provided to mothers and children. In relation to the organization of services, the project completed the draft for the EONC strategy adapted to the national health model; however, it still has not been possible for the authorities to approve the technical and operational validations with which the document will be finalized in order to proceed to make it official. In relation to quality, the project formed a critical mass of facilitators for training in hospital and ambulatory EONC with an emphasis on the methodology which was selected for developing the process. The project also began updating the standards and guides for care in the framework by utilizing the guidelines that establish the zero standard adopted by the MOH for the preparation of standards and protocols. The achievements for this period are described as follows:

- Due to decisions made by the MOH, training on EONC was only carried out in prioritized regions, with direct training for candidates for facilitators at the regions, services networks, and hospitals. As a result: (i) at twelve hospitals, 272 persons were trained on hospital EONC, of which 165 were accredited as facilitators and 107 as participants; (ii) 75 persons from five health regions were trained on ambulatory EONC, of which 64 were accredited as facilitators and eleven as participants; and (iii) eleven persons were trained on mixed EONC (hospital-ambulatory). These persons were from the UGD and the General Directorate of Regulation.
- The implementation of checklists was discussed with DSSNA officials, who approved the process and authorized its use to continue to be expanded as well as to seek a mechanism in order for the political level to make it official. In the meantime, the checklists are being utilized in seven hospitals (Tela, San Lorenzo, Choluteca, Comayagua, La Esperanza, Gracias and San Marcos de Ocotepeque). Systematization is in process for the use of the electronic tool to provide detailed information on the application of the standards.
- Clinical histories for neonatal hospitalization were adapted, validated and printed in the quantity required to initiate implementation in prioritized hospitals.
- The ambulatory neonatal clinical history was redesigned, printed and distributed to be used in the two prioritized services networks in the El Paraíso region. The baseline was prepared for data that is expected to be collected. However, it is necessary to utilize the date during a prudent period of time in order to then proceed to carry out the comparative evaluation with the baseline. The results will be utilized to promote implementation of this tool at national level.
- The perinatal clinical history with surveillance graphics of the uterine fundal height and weight

#### IR 4.1 Increased Use of Quality Maternal and Child Health and Family Planning Services

gain incorporated was printed and distributed to the prioritized services networks in El Paraíso. The base line was also prepared for data that is expected to be collected with this history. In this case it is equally necessary to wait for a period of time in order to proceed to carry out the comparative evaluation with the base line. The results will also be used to promote implementation of this instrument at national level.

- The clinical guides to make the technical standards operational for care during preconception, pregnancy, birth, puerperium and neonatal period for which a review was carried out of the updated scientific evidence.
- The technical standards for care during the preconception, pregnancy, birth, puerperium and neonatal period were prepared and are currently under discussion for approval. Four summaries were also prepared for the clinical guides for making technical standards operational for care during preconception, pregnancy, birth, puerperium and neonatal period: (i) ambulatory; (ii) obstetric and neonatal care, (iii) initial management and referrals for complications and (iv) management of obstetric and neonatal complications, which are in draft format to be discussed and validated by experts and the operational level.

##### **Deliverables:**

- *Reports on training on the application of the maternal and neonatal standards utilizing the methodology and designed instruments.*
- *Report on the implementation of check lists.*
- *Updated clinical history for neonatal hospitalization*
- *Redesigned neonatal ambulatory clinical history.*
- *Report on following up implementation of the Base Perinatal Clinical History (HCPB in Spanish) with graphics incorporated.*

#### IR 4.2 Sustainable Maternal Child and Family Planning Services

With this intermediate result the project has attempted to ensure that designed and implemented interventions in maternal child health and family planning include mechanisms that ensure sustainability. The assumption is that sustainability can be guaranteed with strengthening MOH capacities as the health system steward entity by defining political, technical, financial and regulatory frameworks that facilitate the provision of adequate, systematic and permanent maternal child and family planning services.

In order to achieve this objective, the work plan for year 4 was defined as continuing to orient technical assistance efforts to the development of the main substantive functions and processes of the health system framed in health reform with the MOH as steward conducting the process. With this understanding, and based on prior developments, the project continued to strengthen institutional capacities in relation to strategic and operational planning linked to the budget, framed in the dispositions issued by the Ministry of Finance and the Sectorial Secretariat of Development and Social Inclusion. Given their importance and dynamism, political advocacy activities were re-focused towards those processes which were prioritized by the MOH, such as the implementation of the new organic

#### **IR 4.2 Sustainable Maternal Child and Family Planning Services**

and functional structure, the configuration of the new health system legal framework and the decentralization of the management of health services at primary and secondary levels of care. In addition, some activities were carried out related to the policy for the national system of quality in health and with the referential elements of the system of assurance.

The actions carried out during this period for each of the processes defined under this result are detailed as follows:

##### **MOH INSTITUTIONAL PLANNING**

- Systematization was carried out for tracer products and their link to products from SIAFI and the 2014-2018 PEI and understandings were established for the construction of programmable products for the purpose of standardizing and improving the quality of the measurement of the results and physical goals.
- A list of tracer and programmable products was prepared along with the corresponding units at the central level and the first and second level of care, which respond to the 2014-2018 PEI and the 2015-2019 POA-P. This list was utilized during the process for the preparation of the draft 2015 POA-P. The products for the projects and the institutions will be analyzed during the preparation of their POA-Ps which will be finalized by July 15. Based on the list of these products, the format was prepared for analysis and application that facilitate understanding of their programming for the units, which the project expects to finalize in July 2015.
- Budgeting oriented towards results in the framework of the 2014-2018 Country Plan and the 2014-2018 PEI is one of the priorities of the current government and responds to a model of management for results, along with the institutional strategic planning and management monitoring and evaluation. This is one of the least developed components of the MOH and required greater institutional effort for implementation, especially by the UPEG and the administrative management. Decree 140/2014 introduced new elements related to the procedure for the preparation, approval and management of the budget, which were introduced into the programming and budgeting process by all institutions, units and projects receiving national public funds. Work was carried out with a double focus: (i) analysis with a base line year of 2016 and projected to 2019 and (ii) the estimates of financial requirements by the MOH to address universal coverage. Support was provided to the UPEG and the administrative management with the analysis of two proposals carried out in coordination with the Secretariat of Finance and the United States technical assistance treasury office for the base line and with the International Monetary Fund representative for the second focus. The preparation of both proposals required identifying the information, analyzing it to verify that it was complete and its suitability, seeking and/or requesting the necessary information and constructing the matrixes and accompanying technical notes. Several workshops were held with MOH technical units and with the participation of the Secretariat of Finance, in order to construct the model and to analyze their inputs for inclusion in the base line proposal. The General Directorate of the Integrated Health Services Network (DGRIS in Spanish) at two levels as well as the Decentralized Management Unit (UGD in Spanish) for which presentations and discussion material was prepared for the development of the proposal and for strengthening institutional capacities. The Secretariat of Finance is currently reviewing both

## IR 4.2 Sustainable Maternal Child and Family Planning Services

proposals that were submitted by the MOH.

### **Deliverables:**

- *List of programmable products by tracer product linked to the 2014-2018 PEI*
- *Model for budget assignment based on efficiency and effectiveness.*
- *Report on the skills developed in strategic planning.*

### **Additional Deliverables:**

- *2014-2018 Institutional Strategic Plan (PEI in Spanish)*

### **SECTORIAL PLANNING**

To provide technical assistance in this area, the project considered developing two studies: (i) the prioritization and focusing of population groups differentiated by gender and health problems and (ii) the need for financial resources for the construction of the financing system in health, the public assurance system and sectorial planning for the medium and long term, along with the other institutions that are part of the sector. The need to contract specialized professionals was determined for both studies. However, even when advances were made in both contracting processes, the decision was made to declare them as failed due to the lack of available professionals and in general the lack of qualified human resources in addition to the short period of time available for the project.

### **ORGANIZATIONAL DEVELOPMENT**

#### **CENTRAL LEVEL**

- Support continued for the Management Planning and Evaluation Unit (UPEG) in training and implementation processes for the organizational development at the central level. For this, methodologies were identified that would permit permeating the resistance to change. Activities were focused on analyzing the critical processes in the strategic and support units and for the development of exercises related to the flows of these processes related to specific results in the 2014-2018 PNS. Meetings were held with the CONCOSE, the strategic and support units, and at the request of the minister, particular emphasis was placed on administrative management.
- The proposal was completed for the organization and functions manual with the incorporation of adjustments proposed by each of the central level units.
- The procedures manual was prepared which includes general processes by competence and functions of the stewardship.
- The proposal for the positions and profiles manual was completed, which was developed in alignment with the organization and functions manual as well as with the processes and procedures manual.
- In addition and more specifically, the processes and procedures manuals were prepared for four strategic units: the Management Planning and Evaluation Unit (UPEG), the Health Surveillance Unit (UVS), the Technical Project Management Unit (UTGP) and the Information Management Unit (UGI).

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### **Deliverables:**

- Document containing the manual Job description (MDP in Spanish).
- Document containing the processes and procedures manual.

### **Additional Deliverables:**

- UVS processes and procedures manual.
- Unit Technical Management Projects processes and procedures manual.
- UPEG processes and procedures manual.
- UGI processes and procedures manual.

### **REGIONAL LEVEL**

- Printing and distribution were completed of the Processes and Procedures Manuals and the Basic Positions and Profiles Template, which are basic items for the development of the training workshops for teams from every health region.
- Planning and coordination were carried out with the general director of Integrated Health Services Networks and its technical team for continuing the training process on the understanding and implementation of reform and implementation of the organizational development for officials from 17 health regions which were still pending. Technical assistance was provided to the MOH in this regard, for the design of the methodology, the preparation of materials, agendas, presentations and the facilitators were supported for the development of the workshops.
- Meetings were held with the workshop facilitators and the general director of Integrated Health Services Networks to monitor and evaluate advances in with the trainings. The analysis was also carried out of the methodology and the results and concerns stated by the participants for the purpose of feedback and adjustment of the process as required.
- Workshops were developed in eleven health regions (Cortés, Lempira, Francisco Morazán, Comayagua, Metro San Pedro Sula, La Paz, Atlántida, Copán, Olancho, Metropolitan Tegucigalpa and Colón) and to date fourteen of twenty health regions have been trained. Originally the training was directed only to officials from three production centers (planning unit, health surveillance unit, the department of integrated health services networks), however as an added value all the chiefs and coordinators from the production centers at the regional organizational structure were also trained for a total of 242 persons trained. Still pending for this process is finalizing training in six health regions (the Bay Islands, Gracias a Dios, Choluteca, Valle, Colón, Ocotepeque) as well as following up the flows of the processes assigned to each production center.

### **Deliverables:**

- Document containing the basic template for regional level positions and functions approved.
- Document containing the implementation plan for the approved manuals.
- Report on regional organizational development training.
- Annual report on the degree of implementation for the new organic and functional structure in the health regions.

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### **LEGAL FRAMEWORK**

- Even when the project has the institutional approval for a proposed national health system law and for that matter achievement of the associated milestone, for this period the project continued developing actions in this area framed in reading the national scenario generated by discussions regarding a social protection legal framework in the country.  
For this reason, follow up was provided to discussions in the national congress on the social protection framework law which culminated with its approval. Still pending is its official publication for it to enter into force. In this context, discussions were held in relation to the aspects contained in the law which configures the new legal framework for the country's health system and the project identified its implications. This law defines the MOH as the steward entity for the system and assigns the functions of financing and assurance to the IHSS as well as the provision of health services. The analysis and review carried out were mainly oriented to aspects related to the MOH role as steward, the differentiated assurance regimes for the population, the administration of financing and assurance and the decentralized management of the provision of health services with financing linked to results. There is a preliminary draft version of an adjusted proposal for the health system law, which is ready for formal discussions with the MOH political level.
- For year four of the project had considered developing proposals for the regulations for the national health system law which will be prioritized and a plan for the implementation of the law. It was not possible to develop this activity because the contents of the law were not available, due to the reorientation of their prioritization in function of the dispositions of the approved framework law for social protection.
- The project continued to develop advocacy activities to develop the viability of the proposals that would be developed along this area of action as well as the rest of the project processes. As such, permanent actions are maintained in communication and coordination with the highest MOH political level.
- The Sysleyes program data base continued to be populated and the proposal for its migration to a web environment was finalized which will make it possible to access it from the MOH web page. The tool is ready and coordination has initiated for transferring it in the short term.

### **NATIONAL HEALTH MODEL**

- The guide for the configuration and delimitation of the integrated health services networks was technically approved by the chief of the Department of First Level of Health Care Services (DSPNA) and by authorities at the Sub-secretariat of Integrated Health Services Networks. This was the culmination of an intense training process for the 20 regional conduction teams which began in October 2014, with the objective of standardizing, implementing, applying, adjusting and validating the guide on the ground. During this validation process coherence and consistency were ensured with the guide for the preparation of the regional plan for management of the integrated health services networks, for which the process of validation and technical approval continues.
- The Health Regions were supported with the configuration and delimitation of their Integrated Health Services Networks and with mapping 65 networks at national level that met the

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- technical criteria indicated in the guide and the political criteria established by the Sub-Secretariat of Integrated Health Services Networks (SSRISS in Spanish).
- Approval was received from the SSRISS for the base policy document that was prepared to define the group of health benefits that presupposes that the government will guarantee for the population. This document was utilized as a framework by the AIDSTAR-Plus project and central and regional level MOH technical staff for the definition of the specific package of benefits for the key STI/HIV/AIDS population.
  - In the framework of the base document, the project is supporting the MOH to define the group of health benefits that the government of Honduras, in the spirit of the framework law for social protection, will guarantee for the national population. This process is accompanied by technical training for key personnel from various MOH, IHSS and UNAH units. Once the group of benefits is defined, and the political decision is made to guarantee them, the analysis and cost estimate process should be initiated.
  - The process of preparing the proposal for the technical guide for the organization and functioning of the reference-response system as an articulating element of the integrated networks in order to ensure the complementarity and continuity of care. There is a proposed guide available which was submitted for validation by regional teams from five health regions. Once it is technically approved it should be passed onto the SSRISS to make it official.
  - Given the close link between the process for configuration and delimitation of the Integrated Health Services Networks (RISS) and the process for categorizing health facilities (which are part of the organization for the provision of health services), support was provided to the Department of First Level of Health Care Services (DSPNA in Spanish) technical teams responsible for these processes to ensure that the categorization of the facilities is approved and coherent with the configuration adopted by the regional conduction teams. The team responsible for this process is simultaneously working with General Directorate of Standardization (DGN) technical staff so that the normative tools that will regulate the organization and operation of the RISS and the facilities that integrate them are the correct tools.
  - The proposal was completed for the basic guide for the design of the logistical system (management of the supply chain and acquisitions). However, the destination, applicability and use this guide will have are in doubt given the recent decisions made by the office of the President regarding this issue.
  - Adjustments were made to the draft proposed National Model for the Management of Human Resources in Health based on Competencies, in function of observations made by the technical team from the General Directorate of Human Resources in Health (DGDRHUS in Spanish) and technical approval was received from its director.
  - In view of the impossibility of contracting a selected consultant for technical assistance for the preparation of a proposal for a National Health Fund (FNS in Spanish), the project proposed the preparation of a basic proposal for guiding principles which, as a minimum, should be considered by political level instances for the creation of this fund. This document will be prepared once the framework law for social protection is published in order to determine its pertinence.
  - Follow up was provided to the implementation plan for the national health model which

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continues in implementation through the entities responsible for the tools designed for this purpose. At the central level, this is carried out through the General Directorate of Integrated Health Services Networks (DGRISS), the Decentralized Management Unit (UGD), the General Directorate of Human Resources in Health (DGDRHUS), and the Management Planning and Evaluation Unit (UPEG) and at regional level by the regional management teams.

##### **Deliverable:**

- *Guides for implementation of the national health model designed and validated.*

##### **DECENTRALIZATION**

The decentralization process for management of health services that the MOH has been supporting during the past several years has continued to be systematically developed. Beginning in 2014 this process expanded by incorporating the second level of care (hospitals) for the purpose of achieving greater coverage under this scheme. Therefore, technical assistance continued oriented towards efforts in the consolidation of the processes to strengthen management for results with quality, the creation of technical tools and the development of competencies in professionals at different levels of management at the MOH as well as the decentralized managers.

On the other hand, the three pilot hospitals that are implementing the hospital management model continue to improve understandings and tools based on knowledge generated with the application in practice and they are making efforts to continuously improve those processes pending for implementation. Actions to exchange experiences have also been carried out between them and with other hospitals for the purpose of contributing to the sustainability of the processes. In order to generate sustainability in the changes made, the professionals who have taken on key management positions within the organic structure in each hospital are implementing communication plans with permanent follow up. The evaluation of the degree of implementation of the hospital management model will reveal the level of effort carried out to date and the lessons learned during the process, which will be very useful for expansion at national level.

With the approval of the framework law for social protection and the subsequent issuance of its specific laws, it will be imperative to determine the adjustments that will be required by the decentralization process in the framework of a system of health assurance and the relationships with health services manager providers.

ULAT has supported the Decentralized Management Unit (UGD in Spanish) for the creation of basic understandings of social audits and accountability in the health region technical teams and for coordinating with managers through trainings and the delivery of the “Guidelines for Social Audits and Accountability in the Framework of Transparency in Managing Decentralized Health Services”. After having trained several managers, they began by complying with accountability to the population (MAFE in each municipality in their area of influence, San Lorenzo Foundation, as well as socializing the MANCHORTÍ social audit report, among others). The project considers it necessary for the MOH to continue strengthening these processes, considering social audits as a process that reviews compliance with responsibilities by the MOH as well as by the managers, as established in the agreement.

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Advances made during this period for the first and second level of care are described as follows:

### FIRST LEVEL

- The project designed the guide for monitoring the training process for decentralized providers, but its validation is pending due to delays in the training process. Consequently the UGD has not planned to carry out the validation.
- There is a first draft available of the monitoring and evaluation guide for implementation of the regional management plans for the services network. This guide should be adjusted in function of the process of development and implementation of these plans.
- Monitoring currently being carried out by the health regions of decentralized managers, refers to agreed outcomes in the management agreements and are determined by factors such as the level of development of competencies of the professionals working at different levels, institutionally as well as for the manager. However, the health regions still need to strengthen supervision and monitoring by focusing more on a training process than on surveillance. The trainings for the health regions technical teams were not prioritized by the UGD.
- The low level of implementation of the curriculum designed for the development of competencies for professionals from decentralized networks also prevented the development of its monitoring and evaluation process. To date, the thematic contents developed with managers based on the curriculum are limited and oriented to a group of managers with specific support.
- Adjustments were made to the management for results guide for decentralized services networks. Still pending is a socialization process with the UGD and the training process for health region technicians. The guide for management for results for the Integrated Health Services Network (RISS) with decentralized management orients the reorganization of the processes in this area, the production of health services to obtain results included in the agreements, and the request for accountability in the use of the assigned resources.

### **Deliverables:**

- *Technical document for the preparation of the monitoring and evaluation plan for implementation of the regional plan for management of the RISS.*
- *Evaluation report on the capacities of decentralized managers.*

### SECOND LEVEL

- The project supported the Department of Second Level of Health Care Services (DSSNA in Spanish) in startup of the plans for implementing the processes prioritized for the hospitals not included in the implementation of the hospital management model. The project is following up the plans developed by the hospitals through technical review visits. The project also developed exchange events for highly relevant specific processes such as management of surgical programming, with the participation of surgeons for them to learn about the experiences of their colleagues in other hospitals.
- The system of quality as part of the systemic structure of the hospitals was presented to the

#### IR 4.2 Sustainable Maternal Child and Family Planning Services

unit of quality at the MOH central level by the pilot hospitals and the Department of Second Level of Health Care Services (DSSNA) team. With this, coordination was established and the scope of work was defined for the unit of quality. Given the culmination of technical assistance of the firm of CSC for the pilot hospitals, the DSSNA is under the phase of review and adjustment of manuals for delivery to technical teams and the pilot hospitals have a plan for sustainability which is under implementation.

- The project carried out the review, analysis, and discussion with the technical proposal for managing these health services for the population that demands them in the North Western zone of the country, jointly with the DSSNA, the UGD and the technical team from the San Juan de Dios Psychiatric Hospital.
- Support was provided for the process of analysis and identification of a viable mechanism that permits decentralization at five other public network hospitals. This will represent an incursion in a new modality in which financial management of the hospital moves through SIAFI with the delegation of some aspects of resource management. This process still has not concluded since the MOH needs to continue analyzing this initiative.
- The project supported the area of resource management at the Teaching University, specifically in the supply chain processes (acquisitions and warehouses), accounting, cashier and social work. The technical processes in these areas were redesigned and approved by the management units and subsequently started up. HEU authorities need to make an effort to prepare a conducting plan that will lead to the development and implementation of the systemic focus and management for processes globally in order to approach the high degree of complexity that a hospital such as this represents.
- The process for the evaluation of the degree of implementation of the hospital management model is in process in the three hospitals selected by the MOH, as well as the generation of a critical mass of resources with the competencies developed on its application. With this, the project intends to generate sustainability and facilitate the extension of its implementation to the rest of the hospital network. To date, information was collected and according to the defined methodology, its tabulation was initiated for analysis and to prepare the respective report. It has been satisfactory to observe advances made and the degree of commitment by the teams in the implementation work they are carrying out as well as to determine the pending challenges to overcome in order to complete this phase and for the changes made to be sustainable.
- With the decision made by MOH authorities to expand implementation of the hospital management model during a first phase, at the level of the entire public hospital network the project initiated the transition of the hospital management reorganization to the new hospital management model. In order to facilitate this, training workshops were developed on the model and a document was prepared called “Moving from the RGH to the MGH”. Many of the processes contained in the RGH processes were renewed in the MGH and in some cases they have been positioned with a more strategic vision. Some examples of this are: (i) the migration of the information system to an environment with greater responsibility when it moved from an information management unit to a sub-directorate of information management and (ii) the continuous quality improvement that is positioned with a focus on quality management through new procedures such as internal audits carried out by auditing teams, document management

## IR 4.2 Sustainable Maternal Child and Family Planning Services

of all standards and manuals and the quality commissions, among others.

The RGH was a transitional phase in this process of organization of the management of hospital services which created the culture of measuring and reporting and facilitated the adoption by the NC in 2014, of relationship tools such as management commitments with their own providers of health services.

### **Deliverables:**

- *Quarterly report on advances made in implementation of the hospital management model.*
- *Quarterly report on advances made in the redesign of process and functional organization of the Hospital Escuela Universitario emergency service.*
- *Document of the evaluation of the process and results from implementation of the hospital management model in three hospitals.*

### **ACCOUNTABILITY AND SOCIAL AUDIT**

- Training events were carried out oriented towards the technical teams from every MOH health region for the purpose of strengthening and developing capacities of accompaniment in decentralized managers for the preparation of social audit processes they are subject to and for accountability to the population compliance with the management agreement they sign with the MOH. These mechanisms have been established to ensure achievement of the results with transparency, equity, efficiency and quality. The UGD and the health regions should continue monitoring and know the development of these processes that contribute to transparency in the management of the provision of health services, so that improvements are implemented as evidenced by these processes.

### **Deliverable:**

- *Quarterly report on the process and results from accountability and transparency as well as the social audits carried out with the managers.*

### **PUBLIC ASSURANCE**

- The project continued to support discussions with the UPEG team for deeper understanding of the reference framework for the assurance system designed during the previous period. The UPEG developed the document called "Plural System for Assurance in Health for Persons, Subsidized Regime ", which was submitted to the entire team, the concepts were approved and inputs from the discussion were incorporated.

The proposals for the SPSS management tools were completed including the methodological proposal for the identification and incorporation of prioritized groups. These tools were the basis for training the UPEG team.

Because of the approval of the Framework Law for Social Protection, these processes are subject to an analysis of the implications of this law once it is published.

### **Deliverables:**

#### **IR 4.2 Sustainable Maternal Child and Family Planning Services**

- *Adjusted proposal for the implementation plan for management tools from the system for social health protection within the National Ministry of Health.*
- *Report on advances made on the application of the Social Protection in Health System (SPSS in Spanish).*

#### **NATIONAL SYSTEM OF QUALITY IN HEALTH**

- The processes to contract consultancies to facilitate implementation of the policy on quality and the plan for the national system of quality in health were declared as failed. There was also a prolonged definition of a counterpart responsible for the process by the MOH, which was subsequently resolved with the designation of Dr. Rosario Cabañas. Therefore, the project designed a scope of work that permitted advancing in the preparation of an assessment of the implementation process for the policy on quality and the socialization of this policy. With the appointment of Dr. Cabañas, a team was formed which included MOH officials and discussions on this issue began.
- The project prepared and discussed the methodological design as well as a work plan to carry out the assessment. The methodology included document review and qualitative data collection through semi-structured surveys for the purpose of obtaining information on progress made in the implementation of the national policy/system on quality in health. With the implementation of the work plan, 30 central level officials participated in the survey. Surveys were completed via email in order to obtain information at regional level, at services networks level, at the IHSS and from private sector representatives.  
The assessment is being processed and data analysis has slowed because those involved had to attend other activities. The project expects to conclude this process in the immediate future.

#### **IR 4.4 Data Use for Decision Making**

Under this result the project intends to contribute to improving health surveillance systems (with an emphasis on surveillance of maternal and child mortality), management monitoring and evaluation and the information system. For project year four, the project decided to continue programming interventions to improve MOH capacity in epidemiological and health surveillance and to utilize evidence in decision making, so that the perspective of greater sustainability is generated.

Actions carried out during this period for each of the processes defined under this result are detailed as follows:

#### **HEALTH SURVEILLANCE**

Actions in this area depend on the Health Surveillance Unit (UVS in Spanish), which has been obligated to prioritize actions due to with having to confront vector borne diseases, resulting in less time available for the development of the surveillance process for maternal and child mortality. However, socialization finalized for the study on “2009-2010 Characterization of Child Mortality”, through passive distribution to approximately 200 officials associated with the issue at national level. On the other hand,

#### **IR 4.4 Data Use for Decision Making**

the draft report on sustained surveillance of maternal mortality for 2013 was reviewed and support has been requested for its publication as well as for the 2012 report. The project can inform that:

- The tools for deeper analysis of maternal and child mortality were approved by the UVS although their use has not been extended to other regions due to prioritization of this unit of the problems of the epidemics mentioned above.
- Socialization was carried out for the study on the characterization of child mortality in 2009-2010 through national level distribution of the report and the attached summary.
- New agreements with decentralized managers were reviewed and as a result, the elements of health surveillance were updated, which the project considers should be incorporated.
- The organizational development process was retaken, initiated by the Health Surveillance Unit (UVS in Spanish) with support from the CDC. Several workshops were developed with the participation of all UVS technicians. An explanation was provided on why with the new organizational development, the unit moved from being a general directorate to a strategic unit dependent on the office of the minister. An analysis was also carried out of the legal frameworks approved for this action. The flowcharts and diagrams were developed for the macro processes for the workshops which are part of this unit, permitting all the technicians to be involved and understand the interactions within their own areas and the rest of the MOH units. This process concluded with the preparation of the respective processes and procedures manual.

#### **Deliverables:**

- *Reports on socialization workshops on surveillance of maternal and child mortality*
- *Proposal for a modification of the contract which includes aspects agreed with the MOH.*
- *Report on advances made on implementation of the new internal organizational structure of the National Health Surveillance Unit*

#### **INTEGRATED HEALTH INFORMATION SYSTEM (SIIS IN SPANISH)**

The horizon for initiating the project for the development of the SIIS with Canadian cooperation funds (ACDI) continued to be delayed beyond what was anticipated. However, some attempts were made to reactivate processes to contribute to initiate this project. During the last meeting held with Government of Canada representatives (Isabelle Roy from the Ministry of International Matters and Commerce) and from the Canadian embassy in Honduras (Elisa Rafuse, First Secretary), it was reported that the project will probably initiate in 2016 and that to date the accompanying agency still had not been selected. This is the first requisite to initiate the project. Accordingly, assistance efforts were oriented towards the preparation of the processes and procedures manual for the UGI, as a way to strengthen it and create the adequate conditions for when this project initiates.

#### **MANAGEMENT MONITORING AND EVALUATION**

- The monitoring and evaluation system for management for results (SIMEGpR in Spanish) was concluded, which includes de dashboard and the technical vouchers of selected indicators. The preparation of two separate documents was initially considered, but the UPEG technical team decided that the technical fiches should be included in the same document.

#### **IR 4.4 Data Use for Decision Making**

- Support was provided to the Management Planning and Evaluation Unit (UPEG in Spanish) for the design, validation and adjustment of the data collection tools for the preparation of the indicators. The project agreed with the UGI to include some data captured through formats that are already being utilized to reduce costs associated with time and resources.
- Support was provided for the UPEG and other units participating in meetings and training workshops, for the identification of the substantive elements for data analysis and for the introduction of measures that would improve the monitoring and evaluation process.
- Support was provided for the preparation of the implementation plan for the SIMEGpR, as a guide that provides coordination of the activities that should be carried out during startup and maintenance. This plan states the main elements and phases for its implementation.
- From the first activities that took place at the end of 2013, the project has been directly, permanently and constantly supporting the Management Planning and Evaluation Unit (UPEG in Spanish) with the development and implementation of the SIMEGpR. The strategy of team work utilized facilitated appropriation of the system and is an element that ensures maintaining it for the future.

#### **Deliverables:**

- *Document containing the management monitoring and evaluation system.*
- *Tools for the SIMEGpR.*
- *Document containing the implementation plan for the launch of the SIMEGpR.*
- *Quarterly reports on progress in implementing the SIMEGpR.*

#### **EQUITY IN HEALTH FINANCING**

- This process considered the development of the investigation of equity in health financing. The stated objective for the study was to analyze financing data for health care, the criteria and the mechanisms for assignation with the integration of variables such as gender, age groups, and income quintiles in each of the health regions and based on results, present a proposal for an efficient and equitable system for assigning resources. Carrying out the study is still pending because the lack of quality available human resources during the bidding process is delaying implementation.
- To support the MOH in decision making based on data and evidence provided by studies, the project focused on the use of the cost and financing study which took 2011 as the base year. The development of this type of study in the country is extremely limited and those that are carried out are not sufficiently socialized. In the majority of cases these are the results of isolated consultancies and the data is not necessarily available for making decisions. One of the objectives with the studies supported by the project, is strongly oriented towards the creation of capacities in the institutional technical teams in order to facilitate carrying out subsequent studies in order to know the entire process of investigation, information gathering, data base management and analysis, to internalize the result as a product of the institution thereby assisting the institution in decision making.

#### **Deliverable:**

- *Descriptive report of evidence that supports data use for decision making.*

**Table 2- Programming Challenges during the reported period**

**IR 4.1 Increased Use of Quality Maternal Child Health and Family Planning Services**

**MOH Family Planning**

The most important challenges during this period were (i) the establishment of an official designated counterpart to develop the evaluation of the application of the Methodological Family Planning Strategy (EMSPF in Spanish). The evaluation was completed in the time initially programmed, however, adaptation of the strategy could not be carried out during this period due to the delay; (ii) special conditions at the MOH logistical unit have not permitted implementation of activities for the development of competencies in those responsible for regional warehouses and the appropriate storage of contraceptives in the networks (iii) changes made by the government for the distribution of products from the central warehouse made it impossible to implement the distribution mechanisms for contraceptives identified during the previous year and (iv) the complexity of the agendas made it difficult to coordinate with the UGD to provide follow up to the application of family planning guidelines for decentralized providers.

**IHSS Family Planning**

The structural difficulties resulting from the crisis that the institution continues to face still represent a challenge and have not permitted the work team at the DMN to dedicate more time to actions linked to making the strategy operational.

**ICEC**

An obstacle to overcome was the poor functioning of the SAICEC which resulted in difficulties in obtaining the necessary information for the development of the related indicators which required visits to all the networks for them to fill out an electronic sheet designed for this purpose.

**RAMNI**

The most important challenge during this period continued to be the lack of a definition of a specific counterpart to carry out the processes which are the objective of the technical assistance.

**IR 4.2**

**Institutional Planning**

This has required important efforts: (i) reconcile the strategic planning process for the annual operating plan as well as with the SIAFI-Ges platform in aspects related to the defined products (ii) reconcile the construction of the base line for the budget and its projections in aspects required on the one hand by IMF consultants and on the other by U.S. Treasury consultants and (iii) generate a culture of responsibility with programming and budgeting, in light of the requirements and the role of the Cabinet for Development and Social Inclusion and guidelines in Decree 140/2014 for every institution that manages public funds.

**Sectorial Planning**

The challenge faced in this area was the difficulty in having qualified human resources available to carry out the planned consultancies.

### ***Central Level Organizational Development***

Keeping the issue on the agenda and overcoming the climate of skepticism and uncertainty resulting from the mobilization of technical resources at different instances and institutional units.

### ***Regional Level Organizational Development***

The most important obstacle faced during the period was the space available on the agenda of the Department of First Level of Health Care Services (DSPNA) and the health regions for the time needed to develop training workshops. This was due to multiple activities programmed during the period including the national vaccination event.

### ***Legal Framework***

The uncertainty generated in the process for the approval of the framework law for the social protection system and the lack of knowledge of the implications from not being officially published, were the main obstacles to the final proposal for a health system law.

### ***Health Model***

Satisfy multiple and varied demands made by the Department of First Level of Health Care Services (DSPNA) and the General Directorate of Human Resources in Health (DGDRHUS) not initially included in the project work plan.

### ***First Level Decentralization***

The most important challenge faced during this period was the lack of prioritization by political authorities for the development of some processes. For this reason, socialization and training of some health region teams on the guide for the development of the regional management plan for integrated health services networks, the preparation of regional management plans for integrated health services networks and monitoring and evaluation of the services networks had to be postponed.

On the other hand, because the training process for decentralized managers was not fully developed as foreseen by the NEXOS project, activities linked to its monitoring could not be initiated.

### ***Hospital Decentralization***

Technical support for the Department of Second Level of Health Care Services (DSSNA) during this period required major efforts especially due to the completion of the activity of the consulting firm of CSC and the beginning of the process for the implementation of the hospital management model in the entire hospital network.

### ***Accountability and Social Audits***

The lack of inclusion of the issue of accountability for decentralized managers in agendas for the open town meetings carried out by some municipalities.

### ***Public Assurance***

The uncertainty resulting from the approval of the Framework Law for Social Protection and the postponement of the issue until it is approved has slowed the process for the development of human

resources.

### ***National System of Quality in Health***

The lack of prioritization on the MOH agenda to drive the issue continues to be an important challenge, which is closely linked to the multiple activities assigned to the counterparts resulting in the lack of focus on this process.

## ***IR 4.4 Data Use for Decision Making***

### ***Health Surveillance***

The most important challenge during this period was the lack of prioritization of the activities by the Health Surveillance Unit, due to the situation generated by epidemics of vector transmission diseases

### ***Integrated Health Information System (SIIS in Spanish)***

Having available an Information Management Unit (UGI) with new resources without managing the background of the SIIS and the uncertainty as to the availability of the Canadian Cooperation has caused some delays and a lack of motivation among staff.

### ***Management Monitoring and Evaluation***

An important challenge has been the need to integrate and harmonize the understandings related to data generation and the use of information from government, sectorial and institutional platforms with quality data and in a timely manner in the framework of particular competencies.

### ***Equity in health financing***

The lack of available, qualified human resources for the development of the specific consultancy.

**Table 3- Activities for the next reporting period**

<b>Integration of the gender perspective</b>	
<b>ACTIVITIES</b>	
▪	Maximize empowerment and the participation of women and men in personal, family and community care in family planning, in the framework of the implementation of the joint implementation of community strategies through regional teams, the integrated health services networks and community networks.
▪	Strengthening political processes for gender mainstreaming at the MOH.
▪	Provide technical assistance in the preparation of a gender strategy that permits implementation of the policy.
▪	Follow up on the adjustment of the proposal for the organization, training and functioning of a

gender integration team to lead the mainstreaming of the policy at the MOH.

#### **IR 4.1 increased use and access to quality maternal child and family planning services**

##### **RURAL FAMILY PLANNING**

- Provide technical assistance to carry out the expansion of rural family planning in selected regions by utilizing the methodological guide prepared for implementation.
- Provide support for following up on the rural family planning process with networks which received interventions during project year four.
- Support the implementation and functioning of the automated information system for community strategies that include rural family planning.
- Provide technical assistance for the programming process for family planning activities at the national level in order to guarantee that activities are included at services networks where rural family planning is being implemented.
- Support carrying out a physical inventory of contraceptives at the national level.
- Support the functioning of the Logistical Data Consolidating Tool (HCDL in Spanish).

##### **REDUCTION OF MATERNAL AND CHILD MORTALITY**

- Support the design or adaptation of the national policy for the accelerated reduction of maternal and child mortality based on the results of the evaluation.
- Support activities of sustained surveillance of maternal and child mortality.
- Support implementation of the technical assistance plan to strengthen interventions directed to reducing maternal and child mortality in the health region of El Paraíso.
- Support implementation of the pilot test for the application of the ULAT/USAID proposal for the AIN-C strategy guidelines for decentralized providers.

##### **EONC**

- Support updating the standards and protocols manuals for maternal and neonatal care at ambulatory, maternal-child clinics and hospital levels based on updated scientific evidence and the dispositions included in the MOH regulatory processes.
- Support the development of capacities on the application of maternal neonatal standards among services networks institutional personnel where the joint implementation of community strategies (ICEC) is being implemented.
- Support expansion of the use of checklists for application of maternal neonatal standards in the framework of the hospital management model.
- Support implementation of clinical histories for neonatal hospitalization in prioritized hospitals.
- Support implementation of the ambulatory neonatal clinical history.
- Support national level expansion of the use of perinatal clinical history with surveillance graphics of the uterine fundal height (AFU in Spanish) and weight gain included.

#### **IR 4.2 Sustained Maternal Child and Family Planning Services for Vulnerable and Under Served Populations**

##### **ORGANIZATIONAL DEVELOPMENT OF THE MOH**

- To provide technical assistance to continue supporting implementation of the new organic

and functional structure of the central level at the MOH.
<ul style="list-style-type: none"> <li>▪ Provide technical assistance for consolidating implementation of the regional level organic and functional structure.</li> </ul>
<b>LEGAL FRAMEWORK</b>
<ul style="list-style-type: none"> <li>▪ Provide technical assistance to the advocacy process for adapting the adjusted proposal for a law for the National Health Service in accordance with the tenets established in the Framework Law for Social Protection.</li> </ul>
<b>NATIONAL HEALTH MODEL</b>
<ul style="list-style-type: none"> <li>▪ Provide technical assistance to continue implementation of the national health model and the guides for its operationalization.</li> </ul>
<b>DECENTRALIZATION OF HEALTH SERVICES</b>
<ul style="list-style-type: none"> <li>▪ Provide technical assistance to the MOH DSSNA with the implementation of best practices in the hospital management model through facilitation among peers.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Technically support the MOH DSSNA to work with prioritized hospitals on the implementation of the hospital management model and for the development of mechanisms for the sustainability of the process.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Provide technical assistance to the MOH DSSNA for the analysis and use of the results of the evaluation of implementation of the hospital management model in three MOH hospitals.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Continue technical support for the DSSPNA with the preparation of regional plans for management of the integrated health services networks.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Provide technical assistance to the DSSPNA with monitoring and evaluation of the implementation of regional management plans for the services networks.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Provide technical assistance for monitoring the training process for decentralized providers.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Provide technical assistance for monitoring the accountability and transparency processes for decentralized health services managers.</li> </ul>

## VI. Monitoring and Evaluation

Performance Monitoring Dashboard								
Indicator I	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Couple-Years of Protection (CYP)</b>	The estimate of protection provided by contraceptive methods over the period of one year, based on the volume of all the contraceptives sold or distributed at no cost to clients during this period. Unit: CYP	<b>418,383</b> <i>PMP has no goal, this data was adjusted to remaining period of the project in the PY-4</i>	Quarterly Cumulative	449,609	575,326	140,166 of 139,461 expected	88970 of 139,461 <i>(Quarterly performance of 64%)</i> 229136 of 278922 <i>(Compliance Cumulative 82%)</i>	135,722 of 139,461 <i>(Quarterly performance of 97%)</i> 364,858 of 418,383 <i>(Compliance Cumulative 87%)</i>
<b>Y4Q3 comment:</b> - The increase in Y4Q3 is related, in part to the inclusion of sub-dermal implants as part of the public Family Planning Services of the MOH, which they received as a donation; on the other hand, it is due to directly collecting female VSC (voluntary surgery contraception) information accomplished by ULAT staff visiting every hospital in the country. Another reason is a significant out of pocket expense by users who purchased their own family planning methods.								

**Figure I- PMP Indicator I: Couple Year Projection – Y4Q3**

### Relationship and Tendency between Targets and Results Achieved

**PMP Indicator I: Couple Year of Protection.**

**ULAT/USAID/MSH - Apr - Jun 2015. Y4Q3**

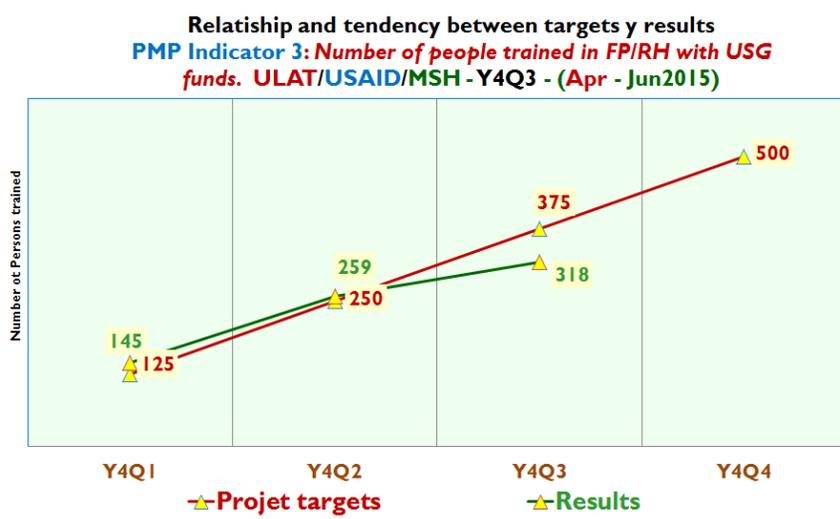


The graph shows a significant change in the result line, which gets closer to the target line. This quarter's result improves the compliance of the cumulative target, reaching 87.2%. In this quarter, a 97% of the expected target was achieved.

Performance Monitoring Dashboard								
Indicator 2	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Percentage of health regions that conduct annual programming using the methodology described in the FP strategy</b>	Health regions that perform their annual programming for the FP activities using the strategic methodological guidelines for family planning services. (Instruments 1.1 & 1.3 of the document). <i>Unit of Measurement:</i> Health region planning its activities according to the FP methodological strategy guidelines	100 %	Annual	100%	100 %	100%	NA	NA
Y4Q3 Comments:								

Performance Monitoring Dashboard								
Indicator 3	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds</b>	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained with USG project funds in FPI/RH topics. <i>Unit of Measurement:</i> Person trained in FPI/RH with USG funding	375 <i>In the PMP there is NO goal, this goal is in the work plan for Y4</i>	Quarterly Cumulative	0	429	145 <i>(Women: 107; Men: 38)</i>	114 <i>(Women: 69 Men: 45)</i> cumulatively reached 259 of 250 expected, this represents <b>104%</b> of Cumulative Compliance	59 44 Women 15 Men
Y4Q3 comment:								
<ul style="list-style-type: none"> <li>Fifty-nine participants were trained during this quarter on the topic Rural Family Planning. They are residents of Trojes, El Paraíso; Erandique and Gracias, Lempira.</li> </ul>								

**Figure 2-** PMP Indicator 3: Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds – Y4Q3



The graph shows the result line has fallen below the line of the planned targets, with a tendency towards separation. The proportional cumulated compliance is 85%. This percentage is due to meeting only 34% of the programmed target.

Performance Monitoring Dashboard								
Indicator 4	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Number of policies or guidelines developed or changed supported by the USG to improve the access to and use of FP/RH services and for which evidence of initial implementation has been gathered</b>	Number of policies or guidelines that have been designed or modified in order to improve access to quality FP/RH services. These designs and/or modifications are done with the political approval of the MOH and with support from the USG. <i>Unit of Measurement:</i> Number of new or changed policies/guidelines related to FP/RH issues during the project year	I <i>In the PMP there is NO goal, this goal is in the work plan for Y4</i>	Biannual	I	0	N/A	N/A	N/A
<b>Y4Q3 Comment:</b> The target for this indicator was fulfilled in year 2, four documents: (i) FP component to be included in contracts with decentralized providers (ii) methodological strategy the modified SESAL of PF (iii) Monitoring Manual (a) FP community (Strategy to ensure access to family planning services in rural areas). (iv) FP Strategy for IHSS.								

Performance Monitoring Dashboard								
Indicator 6	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Percentage of births attended by a skilled doctor, nurse or midwife in USG-assisted programs</b>	<i>Deliveries attended at a MOH maternal-child health clinic or hospital or at a decentralized management health unit. To be considered care by qualified personnel, qualified doctors and nurses are included. Unit of Measurement: number of attended deliveries at CMI, Hospitals or Desc.</i>	52.5% <i>this data was adjusted to remaining period of the project</i>	Quarterly Cumulative	52%	63.5%	<b>16.70 %</b> of <b>17.50 %</b> expected (R=37,896 de E=39,694 PMP) <b>95%</b>	<b>34.21%</b> Of <b>35%</b> cumulative expected for this quarter <b>40,335</b> of E=39,694 PMP) for <b>102%</b> of quarterly performance. Cumulatively we have: <b>78,231</b> of <b>79,388</b> expected for <b>98.5%</b> Of global compliance	<b>49.91%</b> Of <b>52.2%</b> cumulative expected For t this quarter. <b>35,622</b> of E=39,694 PMP) for <b>90%</b> of quarterly performance. Cumulatively we have: <b>113,853</b> of <b>119,082</b> expected for <b>95.6%</b> Of global compliance
Y4Q3 comment:								

Figure 3- PMP Indicator 6. Percentage of births attended by a skilled doctor, nurse or midwife in USG-assisted programs.

**Relationship and Tendency between Targets and Results**  
**PMP Indicator 6: Percentage of births attended by skilled doctor, nurse or midwife in USG-assisted programs.- Y4Q3**  
**ULAT/USAID/MSH - Apr- Jun 2015**

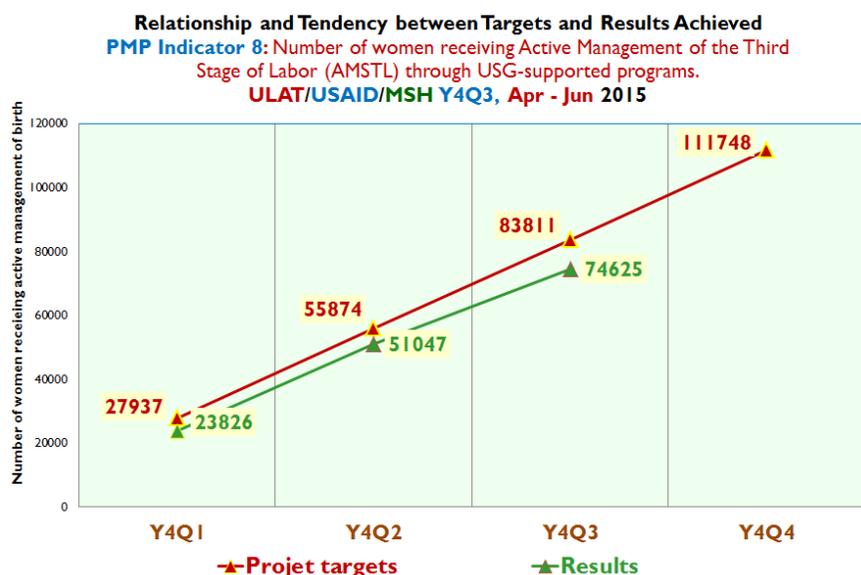


For this quarter the result was 15.70% of the 17.5% expected. In absolute numbers in this quarter 35,622 of 39.694 expected deliveries were attended by trained personnel, corresponding to 90% of the expected target for the quarter. A cumulative 95.6% has been achieved, the numbers are 113,883 deliveries attended from 119,082 expected.

Performance Monitoring Dashboard								
Indicator 7	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Percentage of maternal deaths ascribed to the first delay (seeking emergency help)</b>	<i>First delay: Time elapsed between the moment the woman identifies that she has a serious health problem and the moment a decision to seek help from a health unit is made.</i> <i>Unit of Measurement: Number of maternal deaths ascribed to the first delay</i>	<b>20</b> <i>In the PMP there is NO goal, this goal is in the work plan for PY4</i>	Annual	19%	22%	NA	NA	6% alone 31% 1 and 2 8% 1 and 3 15% 1, 2 and 3
<b>Y4Q3 Comments:</b> <ul style="list-style-type: none"> <li>- These results come from the official report of the sustained monitoring of maternal mortality for the year 2013, a significant decline in the participation of the first delay alone is observed, indicating an improvement in the decision to seek help; although problems of access, opportunity and quality of institutional care persist.</li> </ul>								

Performance Monitoring Dashboard								
Indicator 8	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased</b>								
<b>Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs</b>	<i>Number of women who receive active management of the third stage of labor (AMSTL) according to the national norm in MOH's health facilities.</i> <i>Unit of Measurement: Number of women that receive AMSTL</i>	<b>83,811</b> <i>this data was adjusted to the remaining period of the project</i>	Quarterly Cumulative	99,287	91,867	<b>23,826</b> of <b>27,937</b> expected <b>(85.28%)</b>	Cumulatively <b>51,047</b> of <b>58,874.</b> In this quarter <b>27,221</b> of <b>27,937</b> expected. % QP: 97% % CA: 87%	Cumulatively <b>74,675</b> of <b>83,811</b> expected In this quarter. Produced <b>23,628</b> of <b>27,937</b> expected. % QP: 85% % CA: 89%
<b>Y4Q3 comments:</b> <ul style="list-style-type: none"> <li>- This data belongs to 21 hospitals undergoing reorganization management and reporting the indicators in the management dashboard (Hospitals that did not delivered information were: El Progreso, San Lorenzo, Escuela Universitario and Occidente)</li> </ul>								

**Figure 4- PMP Indicator 8.** Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs

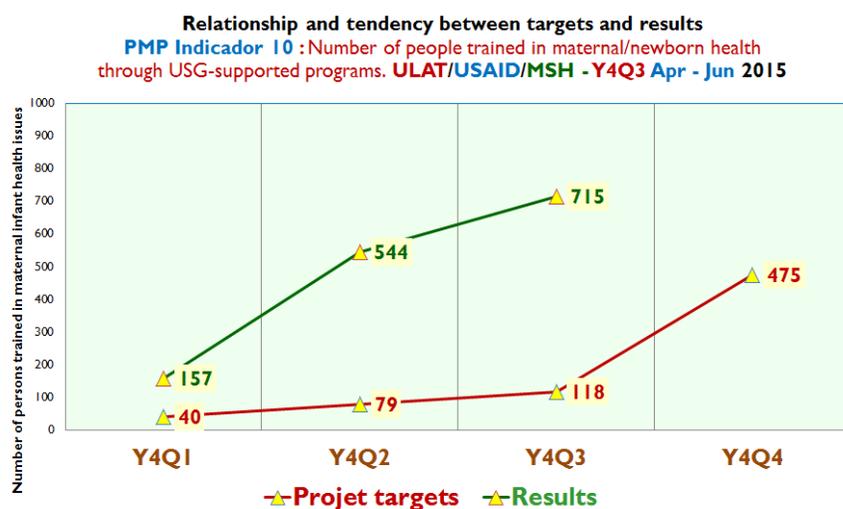


The quantity reached in this quarter was 23,628 women who received the active management of third stage of labor, compared to 27,937 expected, which correspond to 85% of the target set in this quarter. The cumulative at the end of the third quarter is 74,675, which decreases from 91% to 89% as a total accumulated in this period. With these results, the graph shows a line separating from the target line.

Performance Monitoring Dashboard								
Indicator 9	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of policies adopted with USG support</b>	National policies in reform/ decentralization of the health sector and financed with USG funding and incorporated into ULAT's work plan, which are written in draft form and put under disposition of the MOH's high-level authorities, and for which we will be able to collect evidence that demonstrates that these policies have been adopted. <i>Unit of Measurement:</i> Number of adopted Policies	2	Annual	3	6	NA	NA	
Y4Q3 Comments:								

Performance Monitoring Dashboard								
Indicator I0	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of people trained in maternal/newborn health through USG-supported programs</b>	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in maternal and/or newborn health and nutrition care through USG-supported programs. <i>Unit of Measurement: Number of MOH staff trained</i>	<b>118</b> (PMP)	Quarterly Cumulative	0	<b>543</b>	<b>157</b> (women: 115 and 42 men)	<b>387</b> Women: 296 Men: 91  cumulatively <b>544</b> Women: 411 Men: 133	<b>171</b> Women: 131 Men: 40  cumulatively <b>715</b> Women: 542 Men: 173
<p><b>Y4Q3 comments:</b> Disaggregation by components, sex and topics is as follows:</p> <p><b>1. FP – MCH component:</b> 83 Participants. (65 women and 18 men). Topics 1. Hospital ONEC: Total 64 participants; (48W and 16M). 2. Ambulatory ONEC: Total 19 participants; (17W and 2M).</p> <p><b>2. Decentralization component:</b> 56 Participants. (43 women and 13men). Topic: Guidelines for accountability and transparency for health services decentralized managers. Total 56 participants; 43W and 13M.</p> <p><b>3. Reform component:</b> 32 Participants. 23 women and 9men. Theme 1- Strengthening institutional capacities in planning and budgeting - 2016. Total participants: 13; Women: 10 and Men: 3 Theme 2- Plural Health Insurance system. Special Regime for Health Protection. Total participants: 19; 13women’s and 6men’s health teams. Total: 15; 12W and 3M.</p>								

**Figure 5-** PMP Indicator 10. Number of people trained in maternal/newborn health through USG-supported programs. Y4Q3



The graph shows the performance at 150% of the target set for the year 4. This is partly due to training conducted directly by ULAT about ONE to hospitals and health regions, even though they had already met the targets scheduled. Moreover, the additional demand in the topics of accountability and transparency, along with strengthening institutional capacities in planning and budgeting.

Performance Monitoring Dashboard								
Indicator I 1	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of management plans for organizational restructuring of the health regions for which initial implementation has begun</b>	This indicator measures the number of Sanitary Health Regions that are prepared to begin rolling-out the new organizational development model for the MOH's intermediate level. <i>Unit of Measurement:</i> Number of Management Plans	<b>0</b>	Biannual	0	8	NA	NA	NA
<b>Y4Q3 Comments:</b> - The target of this Indicator was reached in year 3.								

Performance Monitoring Dashboard								
Indicator I 2	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of gender-related obstacles addressed in new health care model</b>	The amount of gender-related obstacles identified during the gender-related gap analysis elaborated by ULAT, which are found to adversely affect the access and coverage to a defined portfolio of services for the most vulnerable and underserved population, especially women, and which have been selected as appropriate to be modified through a feasible approach that would be included in the new health model. <i>Unit of Measurement:</i> Number of barriers	<b>2</b> <i>In the PMP there is NO goal, this goal is in the work plan for Y4</i>	Annual	0	4	NA	NA	NA
<b>Y4Q3 Comments:</b>								

Performance Monitoring Dashboard								
Indicator I3	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Percentage of decentralized providers with a social auditing clause included in their contracts</b>	Defines the number of decentralized providers in regards to the total number of providers as targeted per year, who have signed their contracts with a social auditing clause included in it. The social auditing clause in general terms requires that each decentralized provider submits to social auditing and transparency processes. <i>Unit of Measurement:</i> Percentage of contracts signed which include the social auditing clause within it	100%	Quarterly Cumulative	0	100%	100%	100%	100%
<b>Y4Q3 Comments:</b> <ul style="list-style-type: none"> <li>The 2015 agreements of primary level of care, establish regulations for the transparency of management, clauses 18 and 19 of the management contracts and the manager's accountability clause 7, subsection B, paragraph 42. The Management Contract for HSL, clause 23 and the manager's accountability, 4th clause in subsection B, paragraph 16.</li> </ul>								

Performance Monitoring Dashboard								
Indicator I4	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of underserved people covered with health financing arrangements</b>	Number of people covered by USG-supported health insurance or subsidies (to avoid double counting, individuals receiving both insurance and subsidies are to be counted only once). <i>Unit of Measurement:</i> Number of people	1,800,000 (PMP)	Biannual Cumulative	770,613	1,338,939	NA	1,374,435	NA
<b>Y4Q3 comments:</b> <ul style="list-style-type: none"> <li>The sources of information are the 2015 agreements signed between MOH and suppliers / managers.</li> </ul>								

Performance Monitoring Dashboard								
Indicator 15	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of coverage extension projects formulated by the sanitary health regions using the designed methodological guidelines</b>	Number of new projects for coverage extension through decentralized providers that are formulated by the Sanitary Health Region. <i>Unit of Measurement:</i> Number of projects	2/14 (PMP)	Biannual Cumulative	0	38	NA	0	1
<b>Y4Q3 Comments:</b> <ul style="list-style-type: none"> <li>- The Psychiatric Hospital San Juan de Dios in San Pedro Sula, presented a technical proposal using the guidelines developed for this purpose.</li> </ul>								

Performance Monitoring Dashboard								
Indicator 16	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Number of hospitals prepared to initiate implementation of the new hospital management model proposal</b>	Number of hospitals in which the preparatory phase has been completed (this refers to the basic previous conditions listed in the definition of a prepared hospital), and for which the SSRS determined that the hospital management team is ready to initiate the implementation phase of the new hospital management model proposal. <i>Unit of Measurement:</i> Number of hospitals	2 (PMP)	Biannual	0	0	NA	0	NA
<b>Y4Q3 Comments:</b>								

Performance Monitoring Dashboard								
Indicator 17	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.2 Sustainable Maternal-Child and Family Planning Services</b>								
<b>Percentage of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (FP) (contraceptives)</b>	Refers to the percentage (health units) of delivery points in which the physical inventory reports shortages of at least one contraceptive method. <i>Unit of Measurement:</i> Health unit or delivery point reporting stock-out of at least one contraceptive method.	43%	Biannual	53%	78%	NA	84%	82%
<b>Y4Q3 Comments:</b>								
<ul style="list-style-type: none"> <li>- A physical inventory of contraceptives was carried out in May 2015, whose report is being prepared. The preliminary results showed a high percentage of health unit stock outs. For December the rate was 84% and in May it was 82%.</li> </ul>								

Performance Monitoring Dashboard								
Indicator 18	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.4 Use of Data for Decision Making</b>								
<b>Number of management decisions taken based on MOH's monitoring and evaluation reports</b>	Management decisions (can be administrative, technical or financial) are those made by MOH authorities which are based on the analysis of the Monitoring and Evaluation reports collected through the UPEG, SSRS and SSRP, and which have been documented through aide memoires or meeting reports. <i>Unit of Measurement:</i> Number of management decisions	4 (PMP)	Quarterly Cumulative	0	N/A	NA	NA	5
<b>Y4Q3 Comments:</b>								
<ul style="list-style-type: none"> <li>- Management Monitoring and Evaluation System is in the final stage of design.</li> </ul>								

Performance Monitoring Dashboard								
Indicator 19	Indicator definition	Goal Year 4	Frequency	Results				
				Base line	Year 3	Year 4		
						Q 1	Q 2	Q 3
<b>IR 4.4 Use of Data for Decision Making</b>								
<b>Number of laws, policies or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level</b>	<i>Any law, policy or procedure designed to promote or strengthen gender equality at the regional, national or local level, which was developed or implemented with USG assistance. <b>Unit of Measurement:</b> Number of relevant items (laws, strategies, procedures) that meet the criteria described in the definition</i>	<b>3</b>	Biannual	0	<b>5</b>	NA	0	NA
Y4Q3 Comment:								

## VII. Project Management

Table 4- Management Priorities Addressed during this Reporting Period

Management Priorities	Status	Comments
Developing the technical and financial proposal for an 11 month period that included the corresponding detailed work plan. It also incorporated as annexes, a modified version of the milestone plan and the adjusted PMP.	Completed	The proposal was developed in response to USAID RFP SOL-522-15-000007 and includes the implication of the readjustment of the project areas of work and the provision of the human resources to implement it.
Participate in the weekly meeting with the project COR to monitor development of the activities in each project component.	Continuously and systematically implemented	This is a very important strategic aspect that contributes to project success
Complete the contracting processes for: (i) the consultancy for the implementation of the National Policy of Quality and the implementation plan (ii) the consultancy for focusing and prioritizing population groups and (iii) the consultancy for the hospital management model development process.	Completed	The contracting processes for the development of these consultancies were not completed due to the lack of qualified available personnel to carry them out as well as unavailability of the professionals selected due to diverse reasons. Consequently, the project considered these processes as failed.
Complete the contracting process for the international consultancy for the preparation of a proposal for a national health fund.	Completed	The contracting process for the international consultancy for the proposal of a health fund was declared as failed during the negotiation phase because the selected professional was not available to carry it out in the country as it was required.
Submission of the report on the second quarter of project year four for USAID approval.	Completed	The reported was submitted to USAID on April 10, 2015.
Complete the exoneration process for various taxes and for the population security tax.	Completed	This process was completed when the Secretariat of Finance issued a resolution which authorizes exoneration of taxes for the periods between 2013 and 2015.

Continue coordination with the IDB for actions related to implementation of agreements between the MOH and the foundation managing San Lorenzo Hospital, as well as preliminary actions to develop agreements between the MOH and the La Esperanza and Gracias Hospitals.	Continuously and systematically implemented	The MOH decided to extend the process to 5 new hospitals.
Continue coordination actions with PAHO to discuss universal health coverage issues and the guaranteed group of benefits linked to the national health model and for socialization of the results of the evaluation of the RAMNI policy.	Continuously and systematically implemented	This is carried out according to an established work plan.
Coordination with JICA in aspects related to the configuration of the networks in the framework of implementation of the national health model and the technical validation of the guides for operating primary care teams.	Continuously and systematically implemented	According to the level of implementation of project processes.
Coordination with LMG on organizational development at the UAFCE.	Initiated	Contracting for a specific consultancy pending on the part of LMG.
Continue participating in follow-up meetings for the PMP with USAID implementing mechanisms.	Continuously and systematically implemented	The meetings are held at the request of USAID.
Systematic analysis of political, social and economic scenarios that influence Project development.	Continuously and systematically implemented	The facilitating aspects and obstacles to project development require identification.

**Table 5- Management Priorities for the Next Period**

Management Priorities for the next Reporting Period	Comments
<p>Along with the work team, develop preparatory activities to prepare the project for implementation of the work plan approved by USAID along with the technical and financial proposal for the project extension period.</p>	<p>The referential framework is formed by the approved work plan.</p>
<p>Development of management activities associated with the adaptation of the human resources structure available to the project according to the technical proposal and work plan approved by USAID.</p>	<p>The progressive closing of the project during the extension period will imply recognizing labor rights for the personnel who will complete their contracts and the verification of compliance with all elements related to completed technical processes.</p>
<p>Participate in the weekly meeting with the project COR to monitor the development of activities in every project component.</p>	<p>This is a very important strategic aspect that contributes to project success.</p>
<p>Implement the contracting process for six national consultancies included in the work plan approved for the project extension period related to the MOH family planning strategy in the rural areas.</p>	<p>The terms of reference were prepared and will be included in the established contracting process in order to have the resources available as required.</p>
<p>Preparation and submission of the project annual report for USAID approval and to adjust it according to observations made by USAID.</p>	<p>The report will be submitted on October 30, 2015.</p>
<p>Initiate actions to request the exoneration of various taxes and the population security tax for the 2016 period.</p>	<p>Due to the delay in the procedure resulting from government activities, these processes will initiate as soon as the established administrative processes permit.</p>
<p>Continue coordination with IDB in relation to: (i) the 2015 Mesoamerica Health Initiative (SM2015) in the scope of influence of that project and (ii) approach to issues related to hospital autonomy, decentralization and strengthening the MOH role as rector and organizational development.</p>	<p>According to implementation of project processes and agreements to be established in a timely manner.</p>
<p>Coordinate with PAHO for the technical definition</p>	<p>According to implementation of the project</p>

of focuses and approaches: (i) to strengthen the instances conducting the strategy for the accelerated reduction of maternal mortality (ii) to hospital decentralization and (iii) to issues related to tool development for the national health model and on the strategy for universal health coverage.	processes and agreements to be established in a timely manner.
Coordination with JICA on aspects related to implementation of the components of care in the new national health model.	According to implementation of the project processes and agreements to be established in a timely manner.
Coordinate with LMG in technical assistance aspects to the Managing Unit for External Cooperation Funds (UAFCE) and the Decentralized Management Unit (UGD) oriented towards implementation of organizational development for these units.	According to implementation of the project processes and agreements are to be established in a timely manner.
Continue participating in follow-up meetings for the PMP with USAID implementing mechanisms.	Meetings are held at the request of USAID.
Systematic analysis of the political, social and economic scenarios that influence project development in the framework of the new administration.	Identification is required of aspects that facilitate or impede project development.

**Table 6- Anticipated expenditures for the next reporting period**

Line Item	Anticipated Expenditures
<b>Use and Access to Quality Maternal and Child Health and Family Planning Services Increased</b>	\$247,509
<b>Maternal and Child Health and Family Planning Services Sustained</b>	\$300,547
<b>Epidemiological/Health Surveillance and M&amp;E Systems Improved and Updated</b>	\$ 41,251

## VIII. Main Conclusions

In consideration of a general evaluation, implementation of the project work plan leads to the following conclusions:

- i. The MOH central level organizational development process continued to be highly prioritized on the political agenda of the minister of health making it an important action during the quarter. This decision resulted in speedier implementation of activities linked to the corresponding project areas such as completing the proposal for the Organization and Functions Manual (MOF) the approach to the Processes and Procedures Manual for strategic and support units which depend on the office of the minister. The project also made progress in the implementation of the organization and functions manual, the processes and procedures manual and the position and functions profiles. These actions tend towards the consolidation of the new MOH structure.
- ii. Little by little the project has been overcoming the circumstances resulting from the processes in the distribution of human resources at the central level resulting from the definition of different instances and units in the new organic and functional structure. With the assumption of new responsibilities by officials, specific counterparts have been defined to act in different areas of project actions, although this has obviously required re-training in issues affected by the natural slowdown.
- iii. The project participated in discussions for the development of a proposed health system law which is part of a group of legal instruments to configure the framework of social protection from the perspective of universal coverage which has continued to require important efforts. Although advances have been made in this objective, the fundamental limitation to arriving at a final proposal has been the fact that although the social protection law on which it is based was approved by the national congress it still has not been published in the official journal of La Gaceta to verify the final version, define its entry and put it into force.
- iv. ULAT/USAID assistance has been important in the process of adaptation to institutional planning in relation to platforms configured by the central government that the UPEG has had to develop. These are oriented to management for results as well as to zero base budgeting.
- v. In general, the project is able to adapt to situations that at times create uncertainty due to the credibility that ULAT has with MOH authorities which permits the project to place issues linked to the project on the political agenda.
- vi. Despite the particular circumstances that the IHSS continues to experience, advances have continued with the implementation of the family planning institutional strategy in the scope of responsibility of the conduct of the DMN.

- vii. Given the style and work focus of the project, it continues to facilitate coordination actions with other projects and agencies with areas of work that converge with ULAT's which promote the delivery of a more integrated assistance to the MOH.
- viii. The continually effective support received from the USAID health office team contributes to the project's good performance. This has significantly facilitated relationships with different project counterparts and with cooperating agencies and others contracted by USAID, and permitted the project's technical team to count on the minimum adequate conditions for advances made to date to be as expected.
- ix. The most relevant actions during the period were the efforts made towards the development of a technical proposal in response to RFP SOL-522-5-000007. In addition, this work required the evaluation of all areas of work, the selection of those areas requiring additional efforts for their consolidation, the evaluation and adjustment of the milestone plan and updating the performance monitoring plan of the project which were submitted to and approved by USAID. In practical terms, the transition process has started towards expansion including the technical, administrative and financial implications it imposes.
- x. In the framework of the situation described, all project areas of work are under implementation at a very acceptable level.

## IX. News and Success Stories



### SUCCESS STORY “Implementation of the Hospital Management Model: an experience in Leadership and Management”



Photograph: Mrs. María Elvir Méndez, 82 years old, living in Gracias, Lempira, states her opinion on the improved quality of care at the Juan Manuel Gálvez Hospital beginning with the implementation of the Hospital Management Model.



Photograph: Managers at the Juan Manuel Gálvez Hospital who supported implementation of the Hospital Management Model as members of the leader group during the transition phase.



Photograph: Leader and work group at the Enrique Aguilar Cerrato Hospital implementing the new Hospital Management Model



Photograph: Work team at the San Lorenzo Hospital Implementing the new Hospital Management Model

The Ministry of Health is supporting changes in the health system to benefit the most vulnerable people with the least resources who are considered to be living in conditions of extreme poverty. The project emphasizes the implementation of the *Hospital Management Model*, which is understood as a new way of administrating hospitals and is reinforced by the technical assistance from the USAID/ULAT project. The Hospital management Model is an approach to overcome the reality these services units are experiencing including lack of medications and basic medical supplies, poor quality of care provided and the lack of organization in all areas of hospital management from surveillance and hospitalization to the operating rooms. “The lack of order has been such that the accumulation of surgeries has obligated those persons with scarce resources to wait up to a year to be operated on”, stated officials who work in the three “pilot hospitals” where the model is being implemented. The demonstrative experience is being carried out at the Enrique Aguilar Cerrato Hospital and the Juan Manuel Gálvez Hospital in Western Honduras, and the San Lorenzo Hospital in the South. All three hospitals attend to populations in extreme poverty and integrate services networks with the most deficient health indicators in the country.

“Even though the attitude and participation of the personnel has changed as to implementation of the model, things have not been easy” pointed out Dr. Pérez from the Gracias Hospital in the Department of Lempira. The “leader teams” at those three hospitals, “have faced confrontational reactions from the medical professionals, from union groups and persons who saw the model as a strategy to privatize public hospital services”, stated Dr. Pérez.

The prepared plan for implementing the model considers that during the initial phase, a **leader team** integrated by outstanding professionals from the hospital should galvanize actions to prevent and address the resistance to change. In this regard, Santos Urrutia, professional nurse at the Lempira Hospital said that success requires a committed leader team. In her comments she pointed out that: “the leader team had to have patience, creativity and commitment to involve the rest of the personnel and change the attitude of resistance to change, which was logically expressed by those resources working for many years in an unchanging environment which is why they, through the model would only create more work for themselves. Now they see the opposite is true, that by organizing the processes the work is easier and with better results”

“The work carried out is major, implementation has been carried out little by little, but we see the difference, now they attend patients faster and medications are almost always available”, affirmed Mrs. María Elvir Méndez living in the community of Gracias, Lempira. “The impact requires much reflection by the personnel, to accept that we can have better results by reviewing the processes, even though we have many years of experience. That is the task for the managers, to be leaders that are permanently seeking quality to achieve the expected changes” stated Suyapa Cruz, from the Enrique Aguilar Cerrato Hospital in the department of Intibucá.

“The (leader) team is key for driving this model, but this requires knowing how to select the leaders, for example in their attitude and the time they have available to dedicate to the process”, Dr. Domingo Amador, Enrique Aguilar Cerrato Hospital, pointed out “The achievements in our hospital are evident, we have reduced surgical delays to zero, the basic supplies at the hospital are (stocked at) more than 90%. It hasn’t been easy, requiring a high level of commitment and effective communication aiming to benefit the population” stated Alba Consuelo Flores, Director of the San Lorenzo Hospital, in the department of Valle.



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## SUCCESS STORY **“Social audits of decentralized health services: citizen participation in control and transparency in public assets”**



Photograph: “Social audits seek to know if people are satisfied with the services, this is what agreements say about improving health, this is where we want to go” states María Hernández, secretary of the transparency network.



Photograph: “Social audits should include an element for making changes and we should be actors in that change and (it should) not come from external agents”, as pointed out by the president of the Transparency Network, José Chinchilla.

Photograph: Maynor Mejía, supervisor of the manager, points out “We see the result of social audits, because they tell us our reality, our strengths and our weaknesses. The objective is to retake this and see how we can improve”



María del Carmen, living in the municipality of San Nicolás, in the department of Copán, recently received care at decentralized health care services managed by the Chortú Commonwealth (MANCHORTI). She noted that: *“they write down the patient’s name – referring to the consultation – in order of arrival but us older patients are seen first. The doctor attends the patients very well and did not take long in seeing me and this is good because I can’t sit for very long. They also gave me medicine so I feel well taken care of”.*

The MANCHORTI was subjected to a social audit (AS in Spanish) by the Regional Network of Citizen Commissions for Transparency in Western Honduras (RRCCTOH in Spanish) with the objective of contributing to the improvement of health services through the analysis of compliance with the agreement for management of services they signed with the Ministry of Health.

María Luisa Hernández, housewife, who is the secretary of the network of transparency (RRCCTOH), regarding her participation comments that *“it’s important to get involved in social audits since this is how we learn what each of us has to do and for them – the managers – to know there are things they can’t do without consulting. This process is important because as civil society we acquire the knowledge of what they receive and what we have the right to receive. When we ask the patients about the care they receive, they say they feel satisfied because before they didn’t have a doctor and now they do and they also have a dentist. The commonwealth was also very open with us, they were willing to talk and gave us the information we needed and we were able to verify it by reviewing the documents.”*

*“Personally, - continues María Luisa - “I am satisfied with what I learned, being aware of the social audit processes and being able to put them into practice. Now we can also carry it out in the municipalities where we live. I tell the manager’s representatives “look! These are the processes we should carry out” and the mayor as manager replies, “it is our pleasure, I’m at your service”.*

For his part, Mr. Maynor Mejía, the MANCHORTI manager, considered that *the training was very valuable and interesting and has given us a better vision of what the purpose of the social audit is and right away we wanted to carry one out because it really guarantees knowing the point of view of people in the community. The process for us as a commonwealth was excellent. I really felt well, didn’t feel pressured; the instruction given to the health units was for them to be open with transparency when they spoke and provide the information because we are known for being organized and well documented with our work”.*

Dr. Eduardo Retes from the MOH Decentralized Management Unit (UGD) states that *“this social audit is very valuable at the country level”.* This is the first process where both parties are trained on the issue of social audits and their responsibilities to guarantee transparency in local managers providing health services. This is thanks to work coordinated with the USAID/NEXOS projects, training civil society on the methodology for social audits and ULAT/USAID, providing training for health managers to undergo social audits in compliance with the management agreement signed with the Ministry of Health. This contributes to a joint effort, to generating a culture of transparency oriented to improving health services for the population.



## SUCCESS STORY *“The participation of men in the care of their partners contributes to their own health care”*



Photograph: Community agents during an exchange of experiences discuss their strategies for men to accompany women during their appointments at the health units for follow up of their pregnancy and care during labor.



Photograph: Young community agents participate in training on referrals for prenatal care, in hospital births and family planning, and now with the incorporation of the gender issue in trainings, this contributes to the participation of men and improved self-care.



Photograph: A patient pictured during prenatal follow up with his wife, waiting for the consultation for his own care and prostate checkup.

With support from the USAID/ULAT project for the Ministry of Health, follow-up has been provided for trained community agents in the framework of the joint implementation of community strategies (ICEC in Spanish) oriented towards improving care during pregnancy and labor for women living in the most remote rural areas. It has been interesting to observe how issues related to the gender perspective in these trainings and approaches to support the active and conscious participation of men in the support of their families are demonstrating results beyond what was expected.

*“We are grateful to the USAID/ULAT project for supporting us with training for the community agents. There are obvious changes in the men’s attitude and we can see their concern in accompanying their partners which is a situation we are taking advantage of to offer the men services that are beneficial for their own health”* pointed out Dr. José Ernesto Maradiaga, an enthusiastic facilitator of gender issues at one of the integrated health networks in the remote community of Choluteca in Honduras. He added, *“during the past few months, the detection of prostate problems has increased in men referred by community agents whom we have trained on gender issues”*.

*“Before, the men did not know what a vasectomy was (an operation for men to limit fertility), never mind asking about where they could have it done, now they do, maybe just a few but they are asking and we explain everything to them and we make sure their questions are answered so that in the future more men come in”* commented Sonia Rivera, a nurse in remote areas in Choluteca, in Southern Honduras.

*“We are seeing the greatest success with a strategy we are implementing for prenatal control. We are promoting the application of obstetric ultrasounds during the last trimester of pregnancy for women in remote areas at a symbolic cost or sometimes free of charge. We invite the men to see the baby in the maternal womb which impresses them very much so that most women who used to come by themselves now come in accompanied. We take advantage of the opportunity to attend the men by providing counseling and ensure that they become aware of prostate problems, sexually transmitted diseases and regarding family planning ...”* Dr. Maradiaga pointed out.

Some of the opinions of trained community agents regarding the participation of men and how to achieve greater male use of available health services. Arsenio, a community agent **has the** opinion that *“our minds are blocked during birth which is why we need training to become aware and not get frightened, the health personnel support us in this and since we know the men of our communities we can convince them to support their women ...”*

Paulino, another community agent stated: *“we men are like that with our partners, because perhaps we never had the opportunity to participate; now with more knowledge we can lead by example”*. We could sense the enthusiasm in every health services network we visited and there were comments on the achievements in the participation of men in caring for their partners and the excellent results in their motivation when they learn about the rights of women and equal opportunity in health care.

## X. List of Annexes

<i>Milestone</i>	<i>Name of Milestone</i>	<i>Deliverable document</i>	<i>Status</i>	<i>Fee</i>
	Mainstreaming gender	Document containing the proposal for the establishment of the integration team.	Submitted	NO
		Yearly report on the gender contents approved for incorporation in the evaluation and updating of the EGSPF strategy.	Submitted	NO
		Quarterly bulletin.	Submitted	NO
		Report on activities carried out for each commemorative date and the result.	Submitted	NO
		Quarterly reports on follow up activities of the Joint Implementation of Community Strategies (ICEC) with regards to gender aspects.	Submitted	NO
<b>14</b>	Contraceptive logistics system (forecasting, acquisition, storage and distribution of contraceptives) completely implemented (Phase II).	Reports on the functioning of the Logistical Data Consolidating Tool (HCDL).	Submitted	NO
<b>22</b>	MOH FP strategy consolidated.	Report on the broad implementation of the family planning strategy.	Submitted	NO
<b>23</b>	Decentralized providers increase FP service coverage in target groups (Phase II)	Report on the increase in coverage of family planning services by decentralized providers	Submitted	NO
<b>152</b>	IHSS FP strategy consolidated.	Report on the evaluation of the Strategy for Managing Family Planning Services (EGSPF in Spanish).	Submitted	NO
<b>41</b>	2014 RAMNI annual work plans completed and implemented at	Report on the mid-term evaluation of the RAMNI policy.	Submitted	NO

<i>Milestone</i>	<i>Name of Milestone</i>	<i>Deliverable document</i>	<i>Status</i>	<i>Fee</i>
	national and regional levels	RAMNI 2014 work plans for selected regions.	Submitted	NO
		Methodological proposal document for AIN-C for decentralized providers.	Submitted	NO
<b>151</b>	FP strategy expanded in rural areas nationwide through decentralized managers using the joint implementation of community strategies (ICEC).	Reports on training monitor and institutional personnel on rural family planning.	Submitted	NO
		Report on monitoring the ICEC process.	Submitted	NO
<b>53</b>	Maternal and neonatal standards and protocols monitored for compliance in MOH health units	Reports on training on the application of the maternal and neonatal standards utilizing the methodology and instruments designed.	Submitted	NO
		Report on the implementation of check lists.	Submitted	YES
		Updated clinical history for neonatal hospitalization	Submitted	NO
		Redesigned neonatal ambulatory clinical history.	Submitted	NO
		Report on following up implementation of the Base Perinatal Clinical History (HCPB in Spanish) with graphics incorporated.	Submitted	NO
<b>71</b>	Competencies in institutional planning and organization developed	List of programmable products by tracer product linked to the 2014-2018 PEI	Submitted	NO
		Model for budget assignment based on efficiency and effectiveness.	Submitted	NO
		Report on skills developed in Strategic Planning	Submitted	NO
<b>67</b>	Procedures and job description manuals prepared for the MOH	Document containing the Job descriptions manual (MDP ins	Submitted	NO

<b>Milestone</b>	<b>Name of Milestone</b>	<b>Deliverable document</b>	<b>Status</b>	<b>Fee</b>
	central and regional levels (Phase II).	Spanish).		
<b>71</b>	Competencies in institutional planning and organization developed	Document containing the processes and procedures manual	Submitted	NO
		Document containing the basic template for regional level positions and functions approved.	Submitted	NO
		Document containing the implementation plan for the approved manuals.	Submitted	NO
		Report on regional organizational development training.	Submitted	NO
		Annual report on the degree of implementation for the new organic and functional structure in the health regions.	Submitted	NO
<b>79</b>	Guidelines and Instruments for the management and finance components of the National Health Model, formulated and approved (Phase I)	Guides for implementation of the national health model designed and validated.	Submitted	NO
<b>97</b>	Monitoring and evaluation of the implementation guide proposal realized	Technical document for the preparation of the monitoring and evaluation plan for implementation of the regional plan for management of the RISS.	Submitted	NO
<b>101</b>	Training curriculum to develop technical and administrative capacities in providers evaluated	Evaluation report on the capacities of decentralized managers.	Submitted	SI
<b>94</b>	Increased implementation of organization and procedures manuals for hospital self-	Quarterly report on advances made in implementation of the hospital management model (MGH in Spanish)	Submitted	NO

<i>Milestone</i>	<i>Name of Milestone</i>	<i>Deliverable document</i>	<i>Status</i>	<i>Fee</i>
	management (Phase II)	Quarterly report on advances made in the redesign of process and functional organization of the Hospital Escuela Universitario emergency service	Submitted	NO
<b>98</b>	New model on hospital self-management evaluated	Document of the evaluation of the process and results from implementation of the hospital management model in three hospitals.	Submitted	NO
<b>99</b>	Decentralized providers hold public meetings for accountability and transparency.	Quarterly reports on the process and results from accountability and transparency as well as the social audits carried out with the managers.	Submitted	NO
<b>114</b>	Proposal designed for the implementation plan of management tools (SPSS) for the assurance component of the national health model.	Adjusted proposal for the implementation plan for management tools from the system for social health protection within the National Ministry of Health.	Submitted	YES
<b>117</b>	Ongoing monitoring of the implementation of SPSS to ensure that the program is running smoothly.	Report on advances made on the application of the Social Protection in Health System (SPSS in Spanish).	Submitted	NO
<b>49</b>	Mortality surveillance instruments incorporating gender-related obstacles identified that affect service access and coverage (first delay).	Reports on socialization workshops on surveillance of maternal and child mortality.	Submitted	NO
<b>127</b>	Model contract for decentralized service management reflecting the new health surveillance system completed	Proposal for a modification of the contract which includes surveillance aspects agreed with the MOH.	Submitted	NO
<b>130</b>	Central-level DGVS restructured to support new surveillance system	Report on advances made on implementation of the new internal organizational structure of the	Submitted	NO

<i>Milestone</i>	<i>Name of Milestone</i>	<i>Deliverable document</i>	<i>Status</i>	<i>Fee</i>
		National Health Surveillance Unit.		
<b>I36</b>	M&E of institutional management system designed and approved	Document containing the management monitoring and evaluation system	Submitted	NO
<b>I37</b>	Tools and Instruments for the new M&E system completed	Tools for the SIMEGpR.	Submitted	YES
<b>I38</b>	M&E system initiating implementation	Document containing the implementation plan for the launch of the SIMEGpR	Submitted	YES
<b>I39</b>	M&E System implemented at steering body (central and regional level)	Quarterly reports on progress in implementing the SIMEGpR.	Submitted	NO
<b>I42</b>	MOH using data from special studies to make decisions, especially regarding services to lowest wealth quintiles	Descriptive report of evidence that supports data use for decision making.	Submitted	YES
<b>Documentos Adicionales</b>				
<b>Gender</b>		Informe de los elementos de género incorporados en las herramientas gerenciales del SPSS en el nuevo modelo nacional de salud.	Submitted	NO
<b>Reform</b>		UVS processes and procedures manual	Submitted	NO
		Unit Technical Management Projects processes and procedures manual	Submitted	NO
		UPEG processes and procedures manual	Submitted	NO
		UGI processes and procedures manual	Submitted	NO
		2014-2018 Institutional Strategic Plan (PEI in Spanish)	Submitted	NO

## XI. Annexes

### 1. Gender





PROPUESTA DE LOS ELEMENTOS DE GÉNERO A SER INCORPORADOS EN LA EVALUACIÓN DE PF EN EL IHSS: ANALISIS DE LOS AVANCES DE LOS CONTENIDOS DE GÉNERO EN LA EGSPF EN EL IHSS



TEGUCIGALPA, JUNIO 2015





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## INFORME

### CONMEMORACION DEL 28 DE MAYO DÍA INTERNACIONAL DE ACCION POR LA SALUD DE LA MUJER

*28 Mayo 2015*



## **Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS**

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

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Management Sciences for Health, Proyecto ULAT

**INFORME TRIMESTRAL DE LAS ACTIVIDADES DE  
SEGUIMIENTO A LA ICEC, EN LOS ASPECTOS DE GÉNERO**

**Periodo: Abril - Junio 2015**

## 2. Intermediate Results 4.1



### **Proyecto- Unidad Local de Apoyo Técnico en Salud (ULAT) HONDURAS**

#### **Informe del Funcionamiento de la Herramienta Consolidadora de Datos Logísticos (HCDL)**

*i. Reporte General, ii. Reporte Año 2014, iii. Reporte enero-marzo 2015.*

**Fecha: Junio 2015**

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

Management Sciences for Health, Proyecto ULAT

**PLANIFICACION FAMILIAR.**

2015



GOBIERNO DE LA  
REPÚBLICA DE HONDURAS



SECRETARÍA DE SALUD

## Evaluación de la Estrategia de los Servicios de Planificación Familiar de la Secretaría de Salud de Honduras 2015

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**USAID**  
DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA

**ULAT**  
Unidad Local de Apoyo Técnico  
para Salud - HONDURAS



INFORME DE ACTIVIDADES DE PLANIFICACION  
FAMILIAR POR PROVEEDORES  
DESCENTRALIZADOS  
AÑO 2014 – I TRIMESTRE 2015

2015

2015

# Informe de resultados del grado de avance de la implementación de Estrategia para la gestión de los servicios de Planificación Familiar en el IHSS





## **Evaluación: Política “Reducción Acelerada de la Mortalidad Materna y de la Niñez” (RAMNI)**

Tegucigalpa M.D.C. Marzo 2015



## **Plan de Trabajo para la implementación de RAMNI en la Región de Salud de El Paraíso.**

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**Octubre 2014**

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Lineamientos para la  
implementación de la estrategia  
de Atención Integral a la Niñez en  
el Comunidad (AIN-C) a través de  
gestores descentralizados



Honduras, mayo 2015



INFORME DE MONITORAS/ES  
DE PF RURAL Y PERSONAL  
INSTITUCIONAL CAPACITADOS EN LOS  
MESES DE ABRIL A JUNIO 2015 EN EL  
MARCO DE LA ICEC

TEGUCIGALPA MDC

JUNIO 2015



INFORME DE MONITORIA  
PROCESO DE IMPLEMENTACIÓN  
CONJUNTA DE LAS ESTRATEGIAS  
COMUNITARIAS (ICEC)

TEGUCIGALPA MDC

JUNIO 2015



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Unidad Local de Apoyo Técnico  
para Salud - HONDURAS

# INFORME DE CAPACITACIÓN EN CUIDADOS OBSTETRICOS Y NEONATALES ESENCIALES (CONE)

Componente Salud Materno Infantil y Planificación Familiar  
(SMI/PF)

ULAT/USAID  
2015-06-09



INFORME DE SEGUIMIENTO A LA IMPLEMENTACION DE LISTAS DE CHEQUEO COMO HERRAMIENTA PARA MONITOREAR LA APLICACIÓN DE LAS NORMAS MATERNO NEONATALES EN HOSPITALES



Junio 2015



**Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT)**  
**HONDURAS**

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**Historia clínica de Hospitalización Neonatal Actualizada**

**Fecha: Junio 2015**

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**Contrato: AID-522-C-11-000001**

Sometido a:  
Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
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Tegucigalpa, Honduras

Sometido por:  
Management Sciences for Health, Proyecto ULAT





## **Proyecto- Unidad Local de Apoyo Técnico en Salud (ULAT) HONDURAS**

### **Historia Clínica Neonatal Ambulatoria Rediseñada**

**Fecha: Junio 2015**

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

Management Sciences for Health, Proyecto ULAT

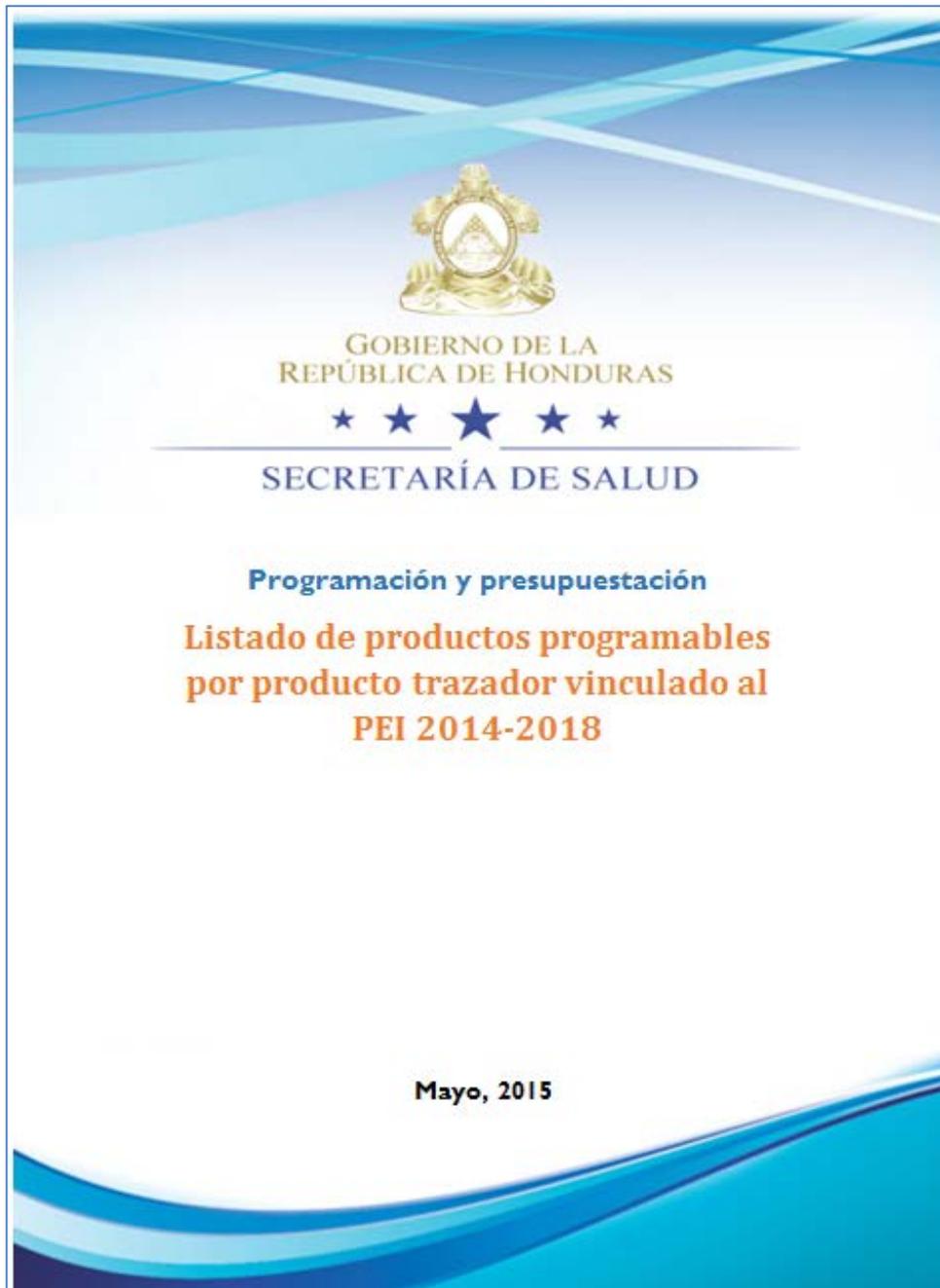


**INFORME DE SEGUIMIENTO DE LA IMPLEMENTACION DE LA HCPB CON LAS GRAFICAS INCORPORADAS (LEVANTAMIENTO DE LA LINEA BASE PARA LA VALIDACION DE LA HISTORIA CLINICA PERINATAL BASE (HCPB), HISTORIA DE HOSPITALIZACION NEONATAL Y LA HISTORIA CLINICA NEONATAL AMBULATORIA)**

Junio 2015



### 3. Intermediate Results 4.2





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SECRETARÍA DE SALUD

Modelo de asignación de presupuesto  
basado en la eficiencia y eficacia

Junio, 2015

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**Proyecto- Unidad Local de Apoyo Técnico en Salud (ULAT II)  
HONDURAS**

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**Contrato: AID-522-C-11-000001**

**Informe de Consultoría:**

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Sometido por  
Dr. Juan de Dios Paredes  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Informe sobre las competencias  
desarrolladas en planificación estratégica**

**Fecha: 1 Abril a 30 de Junio, 2015**

# Plantilla Básica de Puestos y Perfiles

DE RECURSOS HUMANOS Nivel Central

Junio 2015



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SECRETARÍA DE SALUD

Documento Propuesta



Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

# MANUAL DE PROCESOS Y PROCEDIMIENTOS

Nivel Central  
Secretaría de Salud

*Junio 2015*



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SECRETARÍA DE SALUD

# ***Plantilla Básica de Puestos y Perfiles de Recursos Humanos de las Regiones Sanitarias***





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para Salud - HONDURAS



## Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

**Contrato: AID-522-C-11-000001**

Sometido por  
Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras



### INFORME: CAPACITACIONES (MANUALES DEL DESARROLLO ORGANIZACIONAL REGIONAL)

**FECHA: 01 OCTUBRE 2014 AL 31 DE JULIO 2015 (Informe Y4)**



## Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

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**Contrato: AID-522-C-11-000001**

Sometido a:

Dr. Juan de Dios Paredes Pez  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT

### Informe Anual de la Situación de transformación de cada una de la Regiones Sanitarias

Fecha: Octubre 2014- julio 2015

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## Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

**Contrato: AID-522-C-11-000001**

Sometido a:

Dr. Juan de Dios Paredes Paz  
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Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

Sometido por:

Management Sciences for Health, Proyecto ULAT

*Guías para la implementación del MNS diseñadas y validadas.*





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SECRETARÍA DE SALUD

# GUIA para la ELABORACIÓN del PLAN de M&E de la IMPLEMENTACIÓN del PLAN REGIONAL de GESTIÓN de la RISS (Red Integrada de Servicios de Salud)



Junio 2015



## Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

Management Sciences for Health, Proyecto ULAT

INFORME TRIMESTRAL DE AVANCE DEL PROCESO DE  
IMPLEMENTACION DEL MODELO DE GESTION  
HOSPITALARIA

Periodo: Abril - Junio 2015



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para Salud - HONDURAS

## Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

Management Sciences for Health, Proyecto ULAT

INFORME TRIMESTRAL DE AVANCE DEL REDISEÑO DE  
PROCESOS Y ORGANIZACIÓN FUNCIONAL DEL  
DEPARTAMENTO DE EMERGENCIA DEL HOSPITAL ESCUELA  
UNIVERSITARIO

Fecha: Abril - Junio 2015

**Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT)  
HONDURAS**

**INFORME DE EVALUACION DE LOS  
AVANCES EN LA IMPLEMENTACIÓN DEL  
MODELO DE GESTIÓN HOSPITALARIA**

**Junio 2015**

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Kuban Llano, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

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## Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Peredes Pez  
Management Sciences for Health (MSH)  
Proyecto: Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

Management Sciences for Health, Proyecto ULAT.

### INFORME DE EVALUACION DE LAS CAPACIDADES DE LOS GESTORES DESCENTRALIZADOS

FECHA: Junio 2015



**USAID**  
DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA

**ULAT**  
Unidad Local de Apoyo Técnico  
para Salud - HONDURAS

## **Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS**

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**Contrato: AID-522-C-11-000001**

**Sometido a:**

Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

**Sometido por:**

Management Sciences for Health, Proyecto ULAT

**INFORME TRIMESTRAL DEL PROCESO Y RESULTADOS DE LA  
PRESENTACION DE RENDICION DE CUENTAS Y  
TRANSPARENCIA, Y AUDITORIA SOCIAL REALIZADAS A LOS  
GESTORES DESCENTRALIZADOS**

**Periodo: ABRIL-JUNIO 2015**



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Unidad Local de Apoyo Técnico  
para Salud - HONDURAS

**2015**

PROPUESTA DE PLAN DE  
IMPLEMENTACIÓN DE LAS  
HERRAMIENTA DEL SISTEMA DE  
PROTECCIÓN SOCIAL EN SALUD  
DENTRO DEL MODELO  
NACIONAL DE SALUD



## Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

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Sometido por:  
Dr. Juan de Dios Paredes Paz  
Management Sciences for Health (MSH)  
Proyecto: Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras



# INFORME DE AVANCES EN LA APLICACIÓN DEL SISTEMA DE PROTECCIÓN SOCIAL EN SALUD

**Fecha: 01 Abril al 30 junio del 2015 (Informe Y4Q3)**

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#### 4. Intermediate Results 4.4



## Socialización del informe: Honduras Caracterización de la mortalidad en la Niñez. (0 – 5 años)

COMPONENTE SALUD MATERNO NEONATAL Y PF

TEGUCIGALPA  
2015-06-27



## Proyecto- Unidad Local de Apoyo Técnico para Salud (ULAT) HONDURAS

Contrato: AID-522-C-11-000001

Sometido por:

Dr. Juan de Dios Paredes Paz

Management Sciences for Health (MSH)

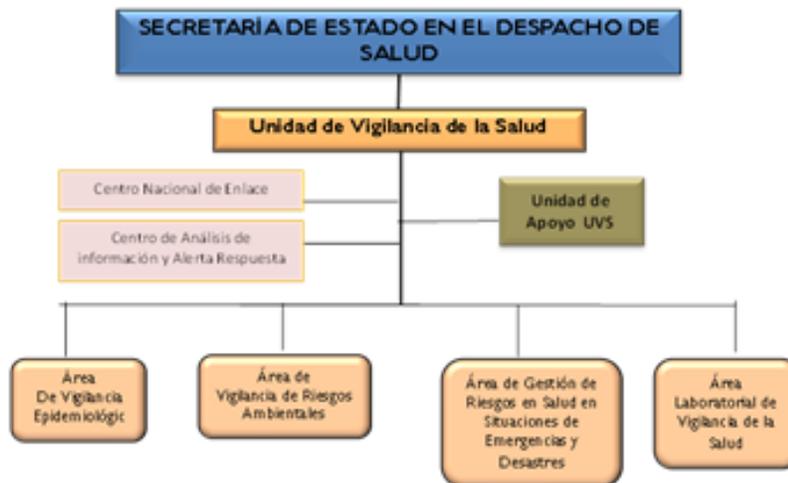
Proyecto Unidad Local de Apoyo Técnico para la Salud

Col. Rubén Darío, Ave. José María Medina C-417

Tegucigalpa, Honduras

### Informe de avance de la implementación de la nueva estructura organizacional interna de la Unidad Nacional de Vigilancia de la Salud

Junio 2015





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UNIDOS DE AMÉRICA

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Unidad Local de Apoyo Técnico  
para Salud - HONDURAS

**Propuesta de modificación de contrato  
para Servicios Descentralizados, que  
incluyan los aspectos de la Norma  
Nacional de Vigilancia de la Salud  
acordados con la SESAL**

Contrato: AID-522-C-11-000001

Sometido por:

Dr. Juan de Dios Paredes Paz

Management Sciences for Health (MSH)

Proyecto Unidad Local de Apoyo Técnico para la Salud

Col. Rubén Darío, Ave. José María Medina C-417

Tegucigalpa, Honduras

Junio 2015



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REPUBLICA DE HONDURAS



SECRETARÍA DE SALUD

# **Sistema de Monitoreo y Evaluación de la Gestión para Resultados**

# SIMEG<sub>pr</sub>



**2015**



GOBIERNO DE LA  
REPUBLICA DE HONDURAS



SECRETARÍA DE SALUD

# Herramientas del Sistema de Monitoreo y Evaluación de la Gestión para Resultados

# SIMEG<sub>pr</sub>



**2015**



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SECRETARÍA DE SALUD

# **Plan de Implementación del Sistema de Monitoreo y Evaluación de la Gestión para Resultados**

# SIMEG<sub>pR</sub>



**2015**



**USAID** | **ULAT**  
DEL PUEBLO DE LOS ESTADOS UNIDOS DE AMÉRICA  
Unidad Local de Apoyo Técnico para Salud - HONDURAS

INFORME DE CONSULTORIA

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**Proyecto- Unidad Local de Apoyo Técnico en Salud (ULAT II)  
HONDURAS**

**Informe de Consultoría: Avance en la implementación del  
Sistema de Monitoreo y Evaluación de la Gestión**

**Fecha: 1 Abril a 30 de Junio, 2015**

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**Contrato: AID-522-C-11-000001**

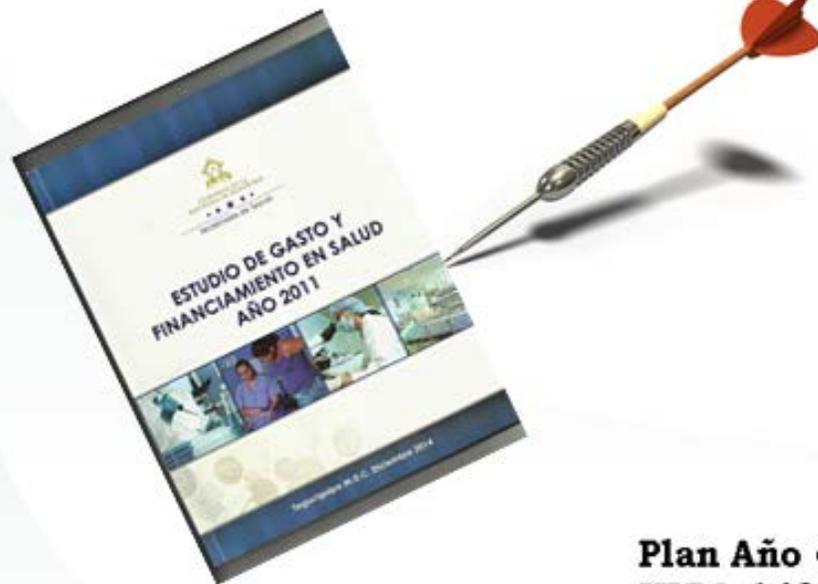
Sometido por:  
Dr. Juan de Dios Paredes  
Management Sciences for Health (MSH)  
Proyecto Unidad Local de Apoyo Técnico para la Salud  
Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras



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para Salud - HONDURAS

*Informe descriptivo de las evidencias que respaldan el uso de datos en la toma de decisiones*



**Plan Año 4  
HITO 142**

## 5. Additional Documents





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SECRETARÍA DE SALUD

# MANUAL DE PROCESOS Y PROCEDIMIENTOS

Unidad de Vigilancia de la  
Salud

*Junio 2015*



Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

# MANUAL DE PROCESOS Y PROCEDIMIENTOS

## Unidad Técnica de Gestión de Proyectos

*Junio 2015*



Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

# MANUAL DE PROCESOS Y PROCEDIMIENTOS

## Unidad de Planeamiento y Evaluación de la Gestión

 Upeg  
SECRETARÍA DE SALUD

Junio 2015



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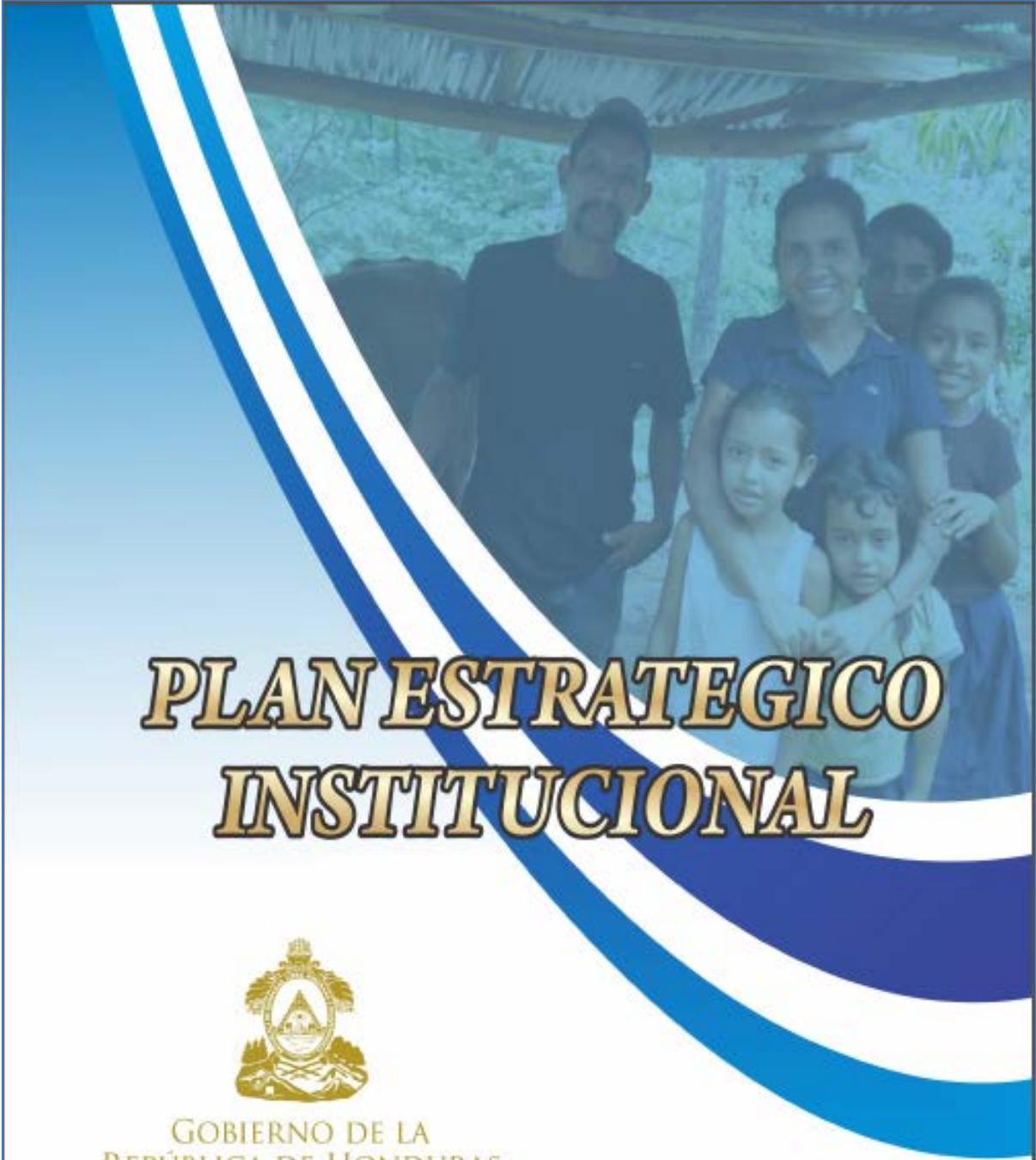


SECRETARÍA DE SALUD

# MANUAL DE PROCESOS Y PROCEDIMIENTOS

## Unidad de Gestión de la Información

*Junio 2015*



# PLAN ESTRATEGICO INSTITUCIONAL



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SECRETARÍA DE SALUD

2014-2018