

## Annual Report: Year IV

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# PROJECT LOCAL TECHNICAL ASSISTANCE UNIT FOR HEALTH (ULAT) HONDURAS YEAR 4 REPORT PROJECT OCTOBER 1, 2014 – SEPTEMBER 30, 2015

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

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## I. Acronyms

ACCESO	Project financed by USAID
ACOS	Oral Contraceptives
AIDS	Acquired Immune Deficiency Syndrome
AIN-C	Integrated Care for Children in the Community
AMDA	Association of Medical Doctors of Asia
AQV	Voluntary Surgical Contraception
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CESAR	Rural Health Center
CIDA	Canadian International Development Agency
CGPS	Group of Guaranteed Health Benefits
CMI	Maternal Child Health Center
CONARHUS	National Council of Human Resources in Health
CONCOSE	MOH Advisory Council
COR	Contracting Officer's Representative
CSC	Catalonian Services Corporation
CSW	Commission on the Status of Women
DGN	General Directorate of Standardization
DGDRHUS	General Directorate of Human Resources in Health
DGRISS	General Directorate of the Integrated Health Services Network
DHS	Demographics and Health Survey
DPGPR	Presidential Directorate for Management for Results
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
ESFAM	Local Family Health Teams
FP	Family Planning
HCDL	Logistical Data Consolidating Tool
HCPB	Base Perinatal Clinical History
HEU	University Teaching Hospital
HIV	Human Immunodeficiency Virus
ICEC	Joint Implementation of Community Strategies
IDB	Inter-American Development Bank
IHSS	Honduran Social Security Institute
IMF	International Monetary Fund
IR	Intermediary Result
IUDS	Intrauterine device
JICA	Japan International Cooperation Agency
LGBTI	Lesbian, Gay, Bisexual, Transsexual, and Intersexual
M&E	Monitoring and Evaluation

MAFE	Happy Mother Association
MGH	Hospital Management Model
MM	Maternal Mortality
MMR	Maternal Mortality Ratio
MNS	National Health Model
MOF	Organizations and Functions Manual
MOH	Ministry of Health
NEXOS	USAID Project for transparency and improvement of local government services
NGO	Non-Governmental Organization
NVS	National Health Surveillance Standard
PAHO	Pan American Health Organization
PEI	Institutional Strategic Plan (MOH)
PNCS	National Plan for Quality in Health
POA-P	Annual Operating Plan-Budget
PREDISAN	Preach and Heal Organization
PTA	Annual Work Plan
RAMNI	Accelerated Reduction of Maternal and Child Mortality
RCC	Accountability to Citizens
RGH	Restructuring of Hospital Management
RISS	Integrated Health Services Networks
ROF	Organization and Functions Regulations
SAICEC	Automated Systems for the Implementation of Community Strategies
SEFIN	Finance Secretariat
SIAFI	Integrated Financial Administration System
SIAFI-Ges	integrated Financial Administration System for Management
SIIS	Integrated Health Information System
SIMEGpR	Monitoring and Evaluation System of Management for Results
SNC	National System of Quality
SNS	National Health System
SPSS	Social Protection in Health System
SSRISS	Sub-secretariat of Health Services Integrated Networks
SWOT	Strengths, Weaknesses, Opportunities y Threats
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
UNFPA	United Nations Population Fund
UPEG	Management Planning and Evaluation Unit
USAID	US Agency for International Development
USG	United States Government
UVS	Health Surveillance Unit
WHO	World Health Organization

## II. Executive Summary

This document is the annual report of activities implemented by the Local Technical Assistance Unit for Health (ULAT) Project during the period from October 1, 2014 to September 30, 2015. This period includes: (i) activities in the project's fourth year's work plan, submitted and approved in compliance with clauses included in contract AID-522-C-11-000001, prior to its modification in duration, amount and scope, which constitutes its main frame of reference, and which had an original end date of July 28, 2015, and (ii) activities for the initial implementation phase of the approved work plan for the project extension period which will end on June 28, 2016.

The report describes the project context and objectives, analysis of processes related to the project's technical assistance, achievements and main challenges faced in year four, as well as those of the initial phase of the project extension plan, and main conclusions and recommendations. Also included is the corresponding financial report, the non-expendable property report, deliverables from the last quarter, as well as success stories.

Work plans for the reported period were developed based on the project results framework and the redefined objectives for the extension period, advances made in relation to the products and deliverables defined during the project implementation period to date, and the evaluation of the implementation of the adjusted milestone plan, version IV, approved by USAID.

A series of circumstances during the reported period required special efforts in the adaptation of the project's technical assistance. Some of these are: (i) approval of the Framework Law for Social Protection with the configuration of the health system contents by defining the institutions that integrate it and their main roles and by changing the scenario over which some areas of project work were being discussed; (ii) the decision of the MOH to expand the decentralization process at the second level of care; (iii) the redistribution of human resources resulting from organizational development with the subsequent modifications in relationships with the counterparts; (iv) the galvanization from the government presidential instance for the focus on management for results; (v) problems related to the functioning of the Extension of Coverage Unit (UEC in Spanish) with implications for the availability the resources anticipated for financing activities included in the MOH work plans with USAID funds; (vi) the accelerated expansion of the Joint Implementation of Community Strategies (ICEC in Spanish) and financing activities by decentralized managers (vii) the indefinite postponement of the initiation of implementation of the Integrated Health Information System project (SIIS in Spanish) foreseen with financing from the government of Canada; (viii) the conditions prevailing at the IHSS which continued during project year four; (ix) prioritization of other issues by the presidential leadership for the MOH, such as the provision of medications for the services network and attention given to epidemiological surveillance and the management of the outbreaks of dengue and chikungunya.

In the particular context of the project, coordination was carried out with other projects with areas of work that converged with those of ULAT's in order to provide the most integrated assistance possible, of which the project notes: (i) joint work with USAID/NEXOS on the development of administrative and technical capacities in decentralized managers and on the issue of transparency and social audits; (ii)

with ACCESO on the analysis of the results of the study on anemia and parasitism, on the adjustment of the AIN-C strategy for decentralized providers, and on the review of nutrition related monitoring and evaluation indicators for the USAID MERCADO project; (iii) with AIDSTAR-Plus on the process of configuring the Integrated Health Services Networks (RISS in Spanish), and on the definition and configuration of the group of health benefits specific to key populations; (iv) with the Interamerican Development Bank (IDB) on the revisions of the proposed draft health system law, on assistance for decentralization processes and with the implementation of the new hospital management model; (v) with the Pan-American Health Organization (PAHO), on the discussion of universal coverage in health issues and the guaranteed group of, on socialization of the results of the evaluation of the Policy for the Accelerated Reduction of Maternal and Child Mortality (RAMNI in Spanish), on the presentation of the cost and financing in health study and the issue of post-partum hemorrhages and on the proposal for the health systems law; (vi) with UNFPA on the RAMNI midterm evaluation; and (vii) with Japanese cooperation (JICA) in aspects related to the configuration of the networks, on the technical validation of the guides for operating primary care teams and on the implementation of ambulatory EONC.

Specifically, activities developed for this period include, among others, in the report:

In result 4.1, “Increased use of quality maternal child health and family planning services”: (i) family planning programming was carried out at national level at the MOH and an the evaluation of the strategy was carried out; (ii) a report was prepared on the production of the delivery of family planning methods for decentralized providers, and the adapted family planning guidelines were annexed to the agreements; (iii) two contraceptive physical inventories were carried out; and (iv) support continued to be provided for strengthening and expanding the Joint Implementation of Community Strategies (ICEC) process; (v) programming of family planning activities was prepared and consolidated at the IHSS, and support was provided for the socialization of the clinical guides; (vi) the evaluation of the RAMNI policy was finalized; (vii) a proposal for guidelines of the strategy for AIN-C in decentralized providers was developed; (viii) training was carried out for national, regional and hospital facilitators on the application of maternal and neonatal standards; (ix) hospital, ambulatory, and mixed EONC workshops were developed and carried out; (x) the neonatal hospitalization clinical history was adapted and validated as well as the neonatal ambulatory clinical history; and (xi) the technical standards and protocols were prepared for care during preconception, pregnancy, birth, postpartum and the neonatal period.

In relation to intermediate result 4.2: “Sustainable maternal child health and family planning services”: (i) the proposal was finalized for the central level Organization and Functions Manual (MOF), the procedures manual and the basic positions template for central level human resources, and procedures manuals were developed for four strategic units; (ii) support was provided to programming activities to be incorporated into the annual work plans of the MOH that receive financing from USAID; (iii) 20 implementation plans for OD were developed and approval was obtained on the procedures manual and the basic positions and profiles template at regional level; (iv) a proposal for the project for the national health systems law was developed; (v) migration of SYSLEYES to a web platform was completed; (vi) the proposed guides for the National Health Model were completed; (vii) the training curricula for the decentralized managers was completed and a guide for its monitoring was developed; (viii) support was provided to the implementation of the Hospital Management Model in three pilot hospitals, and its expansion to the rest of the hospitals in the public network was initiated; (ix) technical assistance

continued to be provided to the University Teaching Hospital, especially in the areas of emergency, administration and resource management; (x) the guidelines for social audits and accountability to citizens were finalized and disseminated and capacity was developed on this topic; and (xi) an assessment was done on the implantation of the policy on quality in the MOH.

In relation to intermediate result 4.4 “Data Use for Decision Making”: (i) the tools were approved for deeper analysis of maternal and child mortality by the Health Surveillance Unit (UVS); (ii) the 2009-2010 characterization of child mortality study was socialized (iii) the maternal mortality surveillance report for 2012 was approved and the draft report was reviewed on the sustained surveillance of maternal mortality for 2013; (iv) decentralized management agreements were reviewed and the health surveillance elements were updated; (v) the approved monitoring and evaluation system for management for results (SIMEGpR in Spanish) approved by the UPEG is available, and (vi) support was provided for the dissemination of the cost and financing study.

On gender mainstreaming: (i) To follow up the process to make official, publish and socialize the MOH gender policy, diverse adjustments were made to the preliminary proposal document for the gender policy; (ii) a proposal was prepared for the organization and functioning of an MOH gender integration team; (iii) support continued to be provided for strengthening capacities in the IHSS team on gender with relation to family planning; (iv) gender elements were incorporated in the document of the Guide for the Joint Implementation of Community Strategies (ICEC), and a specific chapter was added on this subject as crosscutting axis of the strategy (viii) a gender elements were incorporated into the Joint Implementation of Community Strategies (ICEC) and in the proposal for its expansion; and (v) the project defined the selection criteria to initiate a pilot experience to develop a training for RISS personnel and from the health region for the purpose of maximizing empowerment and the participation of men and women in personal, family and community self-care in rural family planning.

To summarize, the areas of work were generally implemented in a positive and adequate environment for the achievement of stated objectives and products which suffered delays for reasons noted in this report.

### III. Project Objectives

The project work plan for year four was constructed on the framework of clauses included in the contract and in consideration of the following aspects:

- The current situation of the technical processes subject to technical assistance through the project.
- The evaluation of the implementation of version III of the milestone plan approved by USAID.
- Results achieved during project year three related to defined products and deliverables completed during the first three years of project implementation.
- The expectations of key MOH counterparts related to products and their characteristics that can be achieved during this project year four.
- Specific activities that counterparts could carry out with USAID financing for the 2013-2014 period, so that their implementation would be duly complemented and aligned with this plan.

Under these considerations and in alignment with the USAID framework of results of assistance to the country in objective 4: *“Improved health status of underserved and vulnerable populations”*, the ULAT project proposed as its main objective to continue providing comprehensive and effective technical leadership for USAID support for the MOH and the IHSS in order to: (i) improve the quality and access to sustainable family planning and maternal child services, especially for excluded and vulnerable populations, and (ii) to help transform the current health system into one that is decentralized, plural and integrated and that provides efficient, equitable and sustainable health services for the most vulnerable and excluded groups.

In order to achieve the proposed goals, in this context the ULAT project has defined three areas of intermediate results which in order to operate, activities have been categorized in the components of reform and decentralization, policy development, maternal child health and family planning, aiming to achieving results in function of the framework of objectives established by USAID (Illustration 1) as follows:

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

- With this result the project seeks to strengthen MOH capacities for the development and implementation of fundamental policies and strategies oriented towards making it possible for the most vulnerable population to have effective and permanent access to timely maternal and child health and family planning services with an acceptable quality. Assistance under this area of intervention was focused on strengthening the integrated, synergic and complementary development of the interventions oriented towards reducing maternal and child mortality in the framework of health sector reform, encompassing actions directed towards strengthening family planning services and those destined towards maternal and child health. Along this area of work, efforts were specifically oriented: (i) in family planning, on the one hand, on the consolidation of the logistic and programming components of the strategy and the appropriate use of information provided by the logistical data consolidation tool at the MOH and on the other, on consolidating implementation of the family planning strategy at the IHSS, and (ii) to continue with the development of processes related to maternal child health the project will work on the

integrated, synergic and complementary development of interventions oriented towards reducing maternal child mortality in the framework of reform designated by the new government and on the implementation of the EONC strategy in function of the new national health model.

#### IR 4.2: Sustainable Maternal Child Health and Family Planning Services.

- With this result the project intends to ensure that designed and implemented maternal child health and family planning interventions include planned mechanisms that ensure sustainability. It is assumed that sustainability can be guaranteed by strengthening MOH capacities as steward entity by defining the political, technical, financial and regulatory frameworks that facilitate an adequate provision of maternal child health and family planning services. In order to achieve this, technical assistance efforts continued to be oriented towards the development of the principal health system substantive functions in order to permit making health sector reform viable with the MOH as steward entity through: (i) continuous and systematic implementation of the political advocacy strategy, by refocusing it towards those processes that due to its interest and political dynamics, were prioritized by the MOH; (ii) consolidation of institutional strategic and operational planning; (iii) final approval of the new MOH organic and functional structure and its implementation at the central and regional level; (iv) the development and discussion of a draft law in the area of health; (v) finalization of plans, processes and tools for the new health model incorporating social protection for underserved and vulnerable populations; (vi) strengthening decentralization of health services to increase access and coverage for the most unprotected population; (vii) the contextual development for implementation of accountability and transparency processes in decentralized health services managers and (viii) the development of a proposal for a strategic, technical and operational framework for the Social Protection in Health System (SPSS in Spanish).

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

- With this result, the project intends to contribute to improving health surveillance systems with special emphasis on maternal and child mortality surveillance, the management monitoring and evaluation process and improving the information system. For this, actions were focused on: (i) supporting the construction of the new health surveillance strategy; (ii) providing technical accompaniment to the MOH for the design of the integrated health information system; (iii) supporting the development of the tools for the new system for management monitoring and evaluation, and (iv) developing research on financing and cost in health.

In the development of the gender perspective for this project year four, the project proposed carrying out mainstreaming of this issue in products obtained through ULAT technical assistance, following up approval of the MOH gender policy, the formation of a integration team in the institution so that the vision could be reflected in every activity carried out and the development of the implementation strategy. In addition, activities were incorporated oriented towards strengthening competencies in ULAT technical personal in this area.

For the extension period, the work plan considers two great blocks of activities: (i) those associated with the extension of the family planning strategy in rural areas (rural FP) in response to USAID RFP No. SOL-522-15-000007 and (ii) the continuation of some activities financed with obligated contract

funds and which the project considered required greater time to be consolidated. The final aspect is derived from the fact that although it should be recognized that ULAT continued to comply with the original scope of work and the expected results, financial implementation was slower than estimated resulting in a balance estimated through the end of July 2015. Therefore, the project proposed continuing with these activities during the period of extension.

In this framework, the scope of work for the extension period included the following objectives:

- 1) For rural family planning:
  - Expand rural family planning services at national level, in particular in the focus regions and increase the number of community family planning monitors and MOH personnel trained in reproductive health, family planning advisory services and the provision of services;
  - Strengthen the technical and management capacity of MOH personnel to implement, monitor and evaluate the strategy to guarantee access to family planning services in rural zones with special emphasis on guaranteeing the correct distribution of family planning methods to rural health centers and community family planning monitors;
  - Mobilizing support through community monitors for rural zone patients searching for services at regional hospitals, who voluntarily request surgical family planning methods.
- 2) For those areas of activity selected to continue:
  - Strengthen the MOH capacity to supervise national level implementation of the strategy for the accelerated reduction of maternal and infant mortality.
  - Increase the providers' capacity in essential obstetric and neonatal care (EONC) to provide effective services to the vulnerable and underserved population.
  - Support health system reform to ensure sustainability of maternal and child and family planning services in vulnerable and underserved populations.

During this period the project has continued to incorporate the gender perspective in every activity to strengthen capacity and understanding of the issue in the MOH, so that it can become a mainstream element in the design, implementation, monitoring and evaluation of health services. It was agreed that special emphasis would be placed on reinforcing political processes for incorporating the gender perspective in the MOH.

The following sections present advances made and achievements during the project period covered by this report and correspond to implementation of the year four work plan and the extension period for each of the referred intermediate results and the processes these include. For this, a comprehensive description is prepared of the achievements in addition to the scope, products and challenges addressed.

## IV. 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.

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 institutional deliveries. 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.

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 under served 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 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, approximately 16% by the IHSS, and 10-15% by the private sector.

With regard to the health system, its main functions are considered to be: (i) sector stewardship, (ii) health financing, (iii) assurance to guarantee universal access to basic services, and (iv) 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 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, principally for the excluded and underserved populations.

**Table 1- Country Context in Numbers**

Indicator	Data	Observations
<b>Life Expectancy at Birth</b>	73.4	According to the 2013 Human Development Report
<b>Childhood Mortality (0-5 years old)</b>	29 for every 1,000 live births	Updated 2011-2012 DHS
<b>Neonatal Mortality</b>	18 for every 1,000 live births	Updated 2011-2012 DHS
<b>Global Fertility Rate</b>	2.9	Updated 2011-2012 DHS
<b>Maternal Mortality Ratio</b>	73 for every 100,000 live births	Updated 2010 maternal mortality ratio, published in 2013

## V. Project Context

Technical assistance by the project continued to focus on the essential processes for strengthening the health system, by attempting to provide the necessary drive and to take advantage of initiatives that serve to expand coverage and improve access to health services to vulnerable and underserved populations in Honduras. The project continued to implement within its methodology which includes decision makers and central level leaders, as well as services providers at community level. This is carried out through joint work with counterparts responsible for each area of action, the transmission of knowledge, abilities and skills in this collective development, the permanent search for empowerment by those responsible for work processes, all with the objective of improving the capacity of response and effectiveness of the sector so that once the project finalizes, the expected sustainability can be maintained through the actions carried out.

A series of circumstances occurring during the period demanded special efforts to adapt the technical assistance as a result of implications derived from these circumstances. Some of these are mentioned as follows:

- i. Approval of the Framework Law for Social Protection with the configuration of the health system by defining the institutions that are part of the system and their main roles. This law includes the essential elements that profile the structure and functioning of a new health system which assigns the function of stewardship to the MOH and financing/assurance functions to the IHSS along with the provision of services, which in essence implies a re-statement of some process that have been under development. For this reason, with its entering into force, the scenario changed for some of the project's areas of work which were under discussion, specifically those related to the issue of public assurance, which in principle were anticipated to be assumed by the MOH. However, as one of the pillars, the law assigns this issue to the IHSS as one of the functions seeking to develop universal health assurance. Because the function of financing was also assigned to the IHSS, the proposal anticipated for the constitution and functioning of a national health fund lost viability.  
The framework law also established the mandate of enacting a complementary law for the health system for the tool development for its fundamental elements, and as such another important element to emphasize in the situation described are the adjustments required by the initial proposal for the health system law which had been worked on by ULAT, in order to adequately align it with the precepts established in the framework law.  
Other proposals are in similar conditions and require adjustments, which include the guide for the configuration of the Integrated Health Services Networks (RISS) and the guide for the CGPSS.
- ii. The decision made by the MOH to expand the decentralization process to the second level with the established goal of including other five hospitals in this process added to the three hospitals initiated as pilot projects. This has required unforeseen efforts in technical assistance to adequately accompany this area of work which is considered to have transcendental importance.

- iii. The organizational development implementation process at the central level was longer than expected. The decision to start up the new MOH organic and functional structure generated a complicated situation because, in practice, it represents the redefinition of the institutional processes, a new distribution of functions, reengineering of procedures and the redistribution of human and physical resources. As can be inferred, such a complex process demands the establishment of vigorous conduction and administration in order to achieve the milestones in the specific time established. As such, the development of activities and tasks linked to organizational development aspects required great efforts during the period in which ULAT continues to play an important role.  
As a result to emphasize, during the reported period changes were made in officials who had been acting as counterparts, resulting in an impact on the dynamic with which some areas of action had been developing, with the subsequent requirement of actions to maintain the work agenda active.
- iv. The momentum from the presidential office to the focus of management for results created favorable conditions for the development of actions that were being implemented in relation to institutional strategic planning, operational planning and the System for Monitoring and Evaluation of Management for Results (SIMEGpR).
- v. Problems related to the functioning of the Managing Unit for External Cooperation Funds (UAFCE) has resulted in implications for the availability of the resources anticipated to finance the activities contemplated in the MOH work plans with USAID funds and that complement ULAT technical assistance activities. This has required the project to carry out adaptations in the scope, opportunity and development of those activities considered crucial.
- vi. Broad acceptance by decentralized managers of the provision of health services in the ICEC proposal favored the accelerated expansion of this process to the degree that some managers have decided to finance start up activities. On the one hand, from the operational level, this financing has permitted continuing actions despite difficulties faced by the Unit for the Administration of External Cooperation Funds (UAFCE) in financing programmed annual work plans, and on the other hand, this is evidence of possible future sustainability of the process.
- vii. The indefinite postponement of the initiation of implementation of the SIIS by the project anticipated with financing from the Canadian government led to the total suspension of activities linked to this issue, contemplated in the work plan.
- viii. Prevailing conditions at the IHSS that continued during project year four generated the need to modify the scope and context of family planning activities as well as the expected results.
- ix. It should also be noted that other difficulties have also been confronted. The prioritization of issues that have been defined from the presidential leadership for the MOH, such as the supply of medications to the services network, in practice implied the postponement of some process the project was supporting such as the implementation of the national system of quality and the startup of a policy and strategy for gender in health. In addition, efforts provided by the institution in epidemiological surveillance and for the management of outbreaks of dengue and Chikungunya, have monopolized a large part of the attention and work of MOH officials even at the highest level, in detriment of other activities linked to the processes of change.

In the particular context of the project, coordination carried out with other projects with areas of work that converge with those of the ULAT project provided the appropriate circumstances for

implementation of its actions, for the purpose of providing the most integrated assistance to the MOH, by synergizing individual efforts. As such, the project can mention: (i) joint work with USAID/NEXOS in the development of administrative and technical capacities in decentralized managers and on the issue of transparency and social audits linked to decentralized management of health services; (ii) with ACCESO on the analysis of the results of the study on anemia and parasitism in communities intervened by that project, on the adjustment of the AIN-C strategy for decentralized providers, with the objective of making more cost effective and in the review of the monitoring and evaluation indicators of the USAID MERCADO project related to nutrition in order to ensure that these are measurable and achievable; (iii) with AIDSTAR-Plus in the process of configuring the Integrated Health Services Networks (RISS) by making use of the guides designed by ULAT and in the definition and configuration of the group of guaranteed health benefits including specific packages of benefits for special populations; (iv) with the Interamerican Development Bank (IDB) on revisions of the proposed health system law, in assistance for the management decentralization processes for services at the first level and with implementation of the new management model in three public health services network hospitals; (v) with the Pan American Health Organization in the discussion of issues of universal health coverage and the guaranteed group of benefits linked to the national health model (MNS), in the socialization of the results of the evaluation of the policy for the accelerated reduction of maternal and child mortality (RAMNI), in the presentation of the cost and financing in health study and the issue of post-partum hemorrhages approached during the training workshop for hospital personnel by the Project for Zero Maternal Deaths from Hemorrhages in Honduras, and in the proposal of the health systems law; (vi) with UNFPA on the midterm RAMNI evaluation, and (vii) with Japanese cooperation (JICA) on aspects related to the configuration of the networks in the framework of the implementation of the national health model, on the technical validation of the guides for operating the primary care teams and on implementation of ambulatory EONC in JICA areas of intervention.

The results of activities implemented under the described circumstances and that constitute the work plan for assistance that ULAT provides in processes of maternal child health, family planning, reform, decentralization, and those related to data use for decision making are described in subsequent chapters. A particular effort carried out by the project is the incorporation of gender elements in all products obtained through this technical assistance.

## VI. Integration of the Gender Perspective

During the reported year, there were some noteworthy facts at international level related in some way to the work on gender mainstreaming in health in Honduras. Some of these facts include the participation of Honduras in the 59th session of the Commission on the Status of Women (CSW) held on March 9-20, 2015 in New York, during which reviews were carried out on progress made in the implementation of the Beijing Declaration and Platform for Action, 20 years after its adoption during the 4th World Conference on Women in 1995. The review covered opportunities and challenges related to gender equality and the empowerment of women.

It is also important to emphasize that the Universal Periodic Review was carried out for Honduras in early May 2015 at United Nations headquarters in Geneva, Switzerland, during which the human rights situation was exposed as well as the rights of women and children. Honduras has emphasized that of the 129 recommendations made by the Universal Periodic Review in 2010, the country complied with 106 (82%), and the remainder are in process. During this second review Honduras received about 190 recommendations. Some of the major issues noted by the United Nations of Honduras are discrimination against indigenous communities, afro-Hondurans, the LGBTI (Lesbian, Gay, Bisexual, Transsexual, and Intersex) community, the disabled, domestic violence, migrant children, the ratification of the Economic, Social and Cultural Rights Protocol as well as the ratification of the Convention Against all Forms of Discrimination against Women.

September 2015 was the deadline for achieving the Millennium Development Goals with the conclusion reached that, even if in advances were made, efforts need to be redoubled during the next few years until 2030. As such, a new global agenda has been defined, approved and made official by the United Nations member countries, including seventeen sustainable development goals, of which the fifth goal is to achieve gender quality and empower all women and girls. Honduras participated and ratified all issued documents.

Important advances have been made at the national level on the approach to gender. Discussions at the national congress have been renewed in relation to the approval of laws oriented towards the protection of women's rights, led by the commission on gender. In March, a decree was approved ensuring that women would receive equal pay for equal work as men, which established the conditions so that any discrimination due to gender in this regard would not exist in the country.. In addition, the family code was reformed essentially by defining the egalitarian distribution of material property in the case of the dissolution of marriage.

During the period from April to September 2015, through the Gender Commission, the National Congress followed up the development of gender sensitive budgets. For this, in coordination with the Ministry of Finance, the Congress requested that every government entity present a report on the implementation of labeled spending (emphasizing the rate of investment on gender equity).

With the reorganization process experienced at different levels by the MOH according to dispositions in the Organization and Functions Regulation (ROF in Spanish), which implied the redistribution of

personnel and the re-conceptualization of programmatic activities, the issue of gender was assigned to the General Directorate of Standardization (DGN in Spanish). This resulted in delays, generated by the natural delay in re-assumption of functions based on the new processes, and it wasn't until April 2015 that agreements were established to continue pending processes which were part of ULAT technical assistance, the principal objective of which became the finalization of the National Policy on Gender in Health, its approval and strategy development as well as the implementation plan.

During this period, the following were the main results:

- A range of adjustments were made to the preliminary proposal of the MOH gender policy. This was done during follow up on the process to make official, publish and socialize the policy, within the framework of the dispositions in the General Directorate of Standardization, in order to comply with guidelines established in the development of standards. A validation process for this policy was also developed. At this time, the document is in the final approval phase. For this reason, preparation of the strategy for implementing the policy and its operating plan has been postponed. Nevertheless, a scope of work was developed for the consultancy that will formulate the strategy which is foreseen to be financed with USAID bilateral funds. The terms of reference were submitted to the National Directorate of Standardization for review, approval and the contracting process will continue thereafter.



Figure 1: Multisector meeting for the review of the National Policy on Gender at the MOH. July 28, 2015.

- A proposal was prepared in relation to the organization and function of an MOH gender integration team. To date, it is pending for discussion and final approval at the MOH political and strategic level. The National Directorate of Standardization has stated its interest in the organization of this team and the project expects this to be achieved during the next quarter.

- Support continued to be provided to strengthening the IHSS team capacities on gender to make its inclusion in the evaluation of the family planning strategy viable, in updating this strategy and in its implementation plan. As such, an analysis was carried out of advances made on the Strategy for Managing Family Planning Services as well as advances made in the gender aspects included in the strategy. The main conclusions refer to: (i) the need to continue making efforts for empowerment in family planning by IHSS authorities that includes gender equity; (ii) greater institutional support is required from higher authorities for implementation of the Strategy for Managing Family Planning Services; (iii) the IHSS technical team and local levels are empowered with the Strategy for Managing Family Planning Services, which constitutes an important basis to achieve greater advances and (iv) improved communications processes from the institution central level with those involved in the health units and other key actors, for permanent support on gender equity. Finally, the project concluded that the described context is determined because the main agenda of the institution prioritizes other needs in relation to the problem it is facing.
- During the RAMNI evaluation process, a proposal was prepared for including pertinent gender elements. The tools included defined gender variables and the final evaluation report presented the results of the analysis of this issue carried out during the evaluation.

➤ In relation to strengthening ULAT capacities:

- Four gender bulletins were prepared which approached issues related to the right to health from a gender perspective, to the gender mainstreaming process and advances made in the project, to international commitments ratified by Honduras on issues of sexual and reproductive health. The bulletin also reiterated in relation to the diverse gender processes carried out by ULAT.



Figure 2: Gender workshop, ULAT administrative staff. January 2015.

- Programmed commemorative activities were carried out including, November 19, 2014 International Men's Day; November 25, 2014 International Day for the Elimination of Violence against Women; January 25, 2015 Honduran Women's Day and March 8, 2015 International Women's Day. These activities provided deeper understanding of the conceptual aspects for gender, by sensitizing much more on this issue, by emphasizing some health problems that have largely remained invisible in the approach to health. As a consequence, this contributed to strengthening the delivery of technical cooperation by the project, from a gender perspective.

- Support was provided for the inclusion of gender elements in the Social Protection in Health System management tools in the new national health model. It was envisioned that the management tools would respond to the health sector reform principles, to the national

health model crosscutting axes and the principles in its three components, especially the management principle, which is the framework of application for these tools. Specifically, gender was incorporated in the following tools: (i) system for the contractual control of assurance; (ii) system of financial control for the social protection in health system and (iii) decentralized management type modalities. It is worth emphasizing that approval of the framework social protection law generated a scenario resulting in that the development of this system is defined by this legal instrument that redefined the dimensions, actors and target populations initially proposed, which surpassed the assumptions on which the referred proposal was developed.

- With regards to incorporating gender in the expansion process of the Joint Implementation of Community Strategies (ICEC in Spanish):



**Figure 3: Community monitors in Concepción de María – Choluteca, May 2015. Gender aspects in the Joint Implementation of Community Strategies (ICEC).**

- Gender elements were incorporated in the “Guide for the Joint Implementation of Community Strategies” document and a specific chapter was added on the issue as the mainstreaming axis of the strategy. The project also provided inputs for the methodological process for training institutional and community personnel.

- A proposal for following up the incorporation of gender in the expansion process of the Joint Implementation of Community Strategies. Further, four tools were designed to be applied to

central level health personnel in the regions, in selected integrated networks and with community personnel (monitors).

- Follow up was carried out of the operational application of gender related aspects in the Joint Implementation of Community Strategies, with the results that (i) empowerment has been achieved in regional level personnel, by providing importance to gender contents in order to approach different barriers that limit access to maternal child health services (ii) at the level of integrated health networks, the project observes that there is also empowerment, transcending to different actors such as local governments who have assumed the issue with responsibility and political willingness, by holding open town meetings for the purpose of establishing municipal agreements oriented towards maternal child care with the participation of men and the community and (iii) in the community, the project observed that there is a high degree of motivation in the monitors who have a clear vision of the approach to gender.

- In order to maximize empowerment and the participation of men and women in personal, family and community self-care in family planning, through regional teams, RIIS and community teams the selection criteria were defined in the framework of the Joint Implementation of Community Strategies, in order to initiate an experience in the municipality of San Rafael which was selected to develop training for RIIS personnel as well as staff from the Lempira health region. Pertinent contacts were made with local and regional authorities, the contents were defined to be developed between October and December 2015 and the systematization plan was prepared.



Figure 4: Integrated Health Team of San Rafael, Lempira. April 2015. Evaluating gender aspects in their work with ICEC.

#### **Deliverable Quarter IV:**

- Quarterly progress report on gender empowerment in rural family planning.

## VII. Project Achievements and Programmatic Challenges

Below is a detailed description, by intermediate sub-result of the development of activities, advances made and what is still pending to be carried out along with an appraisal of the current situation in relation to its development, products delivered during the period including those not initially considered and the main challenges the project had to address in the development of activities.

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

With this intermediate result, the project has sought to strengthen MOH capacities in the development and implementation of fundamental policies and strategies oriented towards (i) increased access and availability of effective family planning services in the public and private sectors for vulnerable and underserved populations and (ii) increased capacity in public and private providers to improve access and the availability of maternal child services, especially obstetric and neonatal services.

#### **SUB IR 4.1.1**

#### ***Increased access and availability of effective family planning services in the public and private sectors for vulnerable and underserved populations***

Under this intermediate sub result, efforts continued to increase MOH and IHSS institutional capacity to improve access and availability of effective family planning services.

For the project extension period, the project defined that along this area of work efforts will continue fundamentally oriented towards increasing access to family planning services in rural areas. For this reason, actions will be implemented through which the project expects to achieve: (i) consolidation of the MOH family planning strategy in the rural area, (ii) increased coverage of family planning services in rural areas at national level, focusing on the departments in Eastern Honduras (La Paz, Copán, Intibucá and Lempira), and (iii) a reduction in unsatisfied needs and increased demand for family planning services.

*4.1.1.1: MOH and IHSS institutional capacity to improve access to and availability of effective family planning services increased.*

### **FAMILY PLANNING**

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

During the first project years, the MOH Methodological Family Planning Strategy was evaluated and updated at national level based on coverage, quality and gender equity and support has been provided for its implementation with an emphasis on the processes of programming, logistics, and evaluation through training national and regional facilitators who replicated the processes at the level of health

networks and units. Annual family planning programming is prepared and consolidated based on strategy guidelines. Physical inventories of contraceptives are carried out every six months and support was provided for the redesign and application of the logistical data consolidating data (HCDL in Spanish) at national level. Finally, an evaluation was carried out of the implementation of the strategy the results of which can be utilized for adapting it to the new MOH structure generated through organizational development and to strengthen those components that still demonstrate weaknesses. Support was provided for the adaptation and application of family planning guidelines for decentralized providers, which are now part of the agreements signed between these providers and the MOH.

With these achievements, actions implemented in function of the work plan for project year four were oriented towards supporting the consolidation of: (i) programming family planning activities in the health regions services networks, (ii) the development of competencies in those responsible for regional warehouses and the networks for the appropriate storage of contraceptives, (iii) implementation of the distribution mechanisms identified during project year three, (iv) carrying out two physical inventories of contraceptives (November 2014 and May 2015), and (v) the functioning of the HCDL.

For the project extension period, actions are oriented towards expansion and strengthening of rural family planning activities, which in this report will be described in the process of “Rural Area Family Planning”.

During implementation of work plans for each phase, the main activities were implemented as follows:

- In relation to support for programming family planning activities in the health regions services networks, this programming was carried out at national level during two workshops with the participation of those responsible from each of the twenty health regions. It can be noted that, in December for the first time, national consolidated programming was achieved which included the decentralized management services networks. Programming and consolidation for contraceptive methods was carried out for the units of the MOH in November and December 2014. However, in the decentralized management networks, this was carried out in January and February because the review and adjustment of the guidelines was carried out and approved in December. Consolidation was carried out in March.
- Evaluation of the MOH Methodological Family Planning Strategy was carried out by applying a methodology based on gathering statistical data of strategy indicators in all regions and hospitals and with the formation of five focus groups. Regional team and services network teams from each network participated in this process as well as staff from almost every hospital in the country. The results were evidence that the majority of the strategy components are consolidated. However, administrative changes generated in the processes of acquisition, storage and distribution of medications affected the correct functioning of the logistical component for contraceptives, which had already shown important advances. The results of this evaluation provided valid information for the strategy to be adapted to the new MOH structure, which is programmed to be carried out in October 12 to 15, 2015 with the objective of applying it during the programming processes for 2016.
- Coordination was carried out with UGD technicians during which the report was prepared on the results of the delivery of family planning methods during the period from January through June 2014, finding information on 23 managers among which there was 69% compliance with what was programmed for IUDs, 97% for condoms, 54% for oral contraceptives and 84% for quarterly

injectable. The project also found that 93% of the health units were supplied with methods at the time they were monitored.

The analysis carried out for the period between January and March demonstrates 96% programming compliance for oral contraceptives, 70% for quarterly injectable, 77% for IUDs and 88% for condoms. However, only 7,903 protected couples were registered and at this rate only a little more than 31,000 couples will be protected, which is 43% less than in 2014. This obligates the project to make changes in programming.

- Family planning guidelines for decentralized providers were adapted in December and are part of the annexes in agreements signed with the MOH. These are being utilized to prepare programming and monitoring of family planning activities as well as logistical aspects to have contraceptive methods available. The most important changes were made in the programming component in which it was decided to modify the programming criteria by making them more practical and simplified and in addition with the assurance that the number of protected couples will increase annually in relation to the number protected during the previous year. The criteria are: (i) the number of protected couples during the previous year, less the AQV and the DIs and (ii) 8% of women of reproductive age recorded in the census is added to this number. The low number of protected couples observed in the first quarter in 2015 could mean that the managers did not apply the programming guidelines correctly since the base is the number of protected couples from the previous year and for this reason the number of protected couples for the following year could not be less. This could also be related to a conceptual error in the programming guidelines which has been discussed with the Directorate of Networks and Services, the Directorate of Standardization and the UGD to change the programming paradigm and a new process has been designed which will be validated in October with a manager from La Paz.

During the adaptation of the guidelines there was much discussion in relation to the logistics component, with doubts still pending regarding the obligation of the managers to purchase methods during shortages, since their financing is not included in the per capita; although there was evidence that the majority of managers purchase methods.

- Given that it wasn't until September that an adequate relationship was established with the MOH logistics unit, responsible for the functioning of the warehouses, compliance was postponed with activities related to the development of competencies in the correct storage of contraceptives for those responsible for regional warehouses and networks. The project expects to carry this activity out during the next quarters.
- Work was carried out on the review and adaptation of the document for systematizing the logistics process for contraceptive supplies at the MOH. With the evaluation of the Methodological Family Planning Strategy (EMSPF in Spanish), obstacles to the distribution of contraceptive methods were identified as well as the mechanisms applied to address them.

Coordination initiated in September with the logistics units, the central warehouse and the Directorate of Health Services Networks (DGRSS in Spanish), permitted establishing an agreement to improve contraceptive distribution, in function of which as of December it will be included in the deliveries of medications to all regions, guaranteeing that the central warehouse will provide the necessary deliveries according to what is programmed. With this, the project expects improvements in the distribution from the central level to the regionals and these changes will be included in the chapter on logistics in the strategy which will be updated in October 2015.

It is also worth mentioning that in September meetings were held with 18 of the 20 health regions to discuss new mechanisms for supplies and distribution which were agreed with the Central Medication Warehouse, the MOH Logistics Unit and the General Directorate of Integrated Health Services Networks, a fact that marks a milestone in the history of the family planning methodological strategy, which will include its adaptation in these new agreements.

- The project is supporting the Decentralized Management Unit and the IDB (Salud Mesoamerica 2015 Initiative) on the design of a management strategy for the contraceptive logistics process in decentralized models, associated with the guidelines contents, in order to prevent shortages by participating in the acquisitions process to the degree that it is considered that one manager could carry out a consolidated acquisition of methods for all of them. An analysis of the proposal indicates that elements are being introduced that would make the information recording process more complex when care is provided. The corresponding observations were made and the project is expecting a response from the consultant contracted by IDB.
- A physical inventory of the contraceptives was carried out with a cutoff date of December 2014, with more than 90% coverage of health facilities. The most important result was that it was demonstrated that 84% of health units are experiencing shortages of at least one of five methods provided by the MOH. A physical inventory was also carried out with a cutoff date of May 2015 and these results demonstrated that 82% of the health units had shortages of at least one method with 93% coverage of health units reporting. The tool for carrying out the physical inventory corresponding to this quarter has been distributed at national level. Given this situation, the project considers it necessary that authorities higher than the MOH carry out actions to improve supplies at all levels in order for the methods to be available to the users in a timely manner as they require them, which has already initiated with the agreements signed with the logistics unit.
- In relation to the functioning of the Logistical Data Consolidating Tool (HCDL in Spanish), the project supported all health regions having difficulties while using it. Adjustments have also been made to the program and as a result there is a new version of the tool. The HCDL is functioning at national level and currently there are only two regions with difficulties, which the project expects to resolve in October.

### **Programming Challenges:**

- The organizational development process that continues to be implemented at the central level, particularly in relation to the redistribution of human resources with officials who had been functioning as counterparts assigned to other functions continues to create delays in some of the programmed activities. As an example, not having an officially designated counterpart to develop the evaluation of the application of the Methodological Family Planning Strategy (EMSPF in Spanish) resulted in a longer period of time for the evaluation than what was initially programmed, and therefore, the project did not have the opportunity to adapt it during this period. Nevertheless, efforts are made to maintain attention and implementation of the processes being developed with the regions and hospitals.
- The lack of financing with USAID funds at the Managing Unit for External Cooperation Funds (UAFCE in Spanish) limited implementation of some prioritized activities.

- The acquisition process for contraceptive methods and their consequent distribution from the central level to the health regions continues to be an important problem. Changes implemented by the government for the distribution of products from the central warehouse, made it impossible to implement the contraceptive distribution mechanisms which were identified during the previous year.

Re-structuring the mechanisms for the acquisition of all supplies and medications (including contraceptives) has required advocacy actions to maintain the criteria considered in the methodological strategy for family planning services, for which preliminary agreements have been established.

#### **Deliverables IV Quarter:**

- Physical inventory from May 15, 2015

#### **RURAL AREA FAMILY PLANNING (JOINT IMPLEMENTATION OF COMMUNITY STRATEGIES) (ICEC IN SPANISH)**

During the project, technical assistance in this area was oriented towards a specific strategy for the rural area including the corresponding operating tools containing the gender perspective, for its approval and implementation. The strategy was approved in the framework of interventions being carried out through RAMNI, identifying it as a priority activity to provide sustainability to actions oriented towards contributing to the reduction in maternal and child mortality. Some of the technical tools for its implementation include the facilitator's manual, the table for applying medical criteria for eligibility, the census of women and men of reproductive age, the format for the monthly activity report, the format for referrals and responses and an automated information system which were prepared for management of production data from community monitors. The tools were validated and approved and the need to prepare a specific manual for family planning monitors in the community was identified during the review and adjustment process of the document. The project also decided to develop a pilot in a selected area of the country to provide evidence of its functioning and to analyze its feasibility and applicability to improve access to family planning methods.

All of this permitted its national expansion, considering that results demonstrated that the activity was feasible and produced important motivation in the communities, the health personnel and municipal authorities. Expansion of the process was carried out through the "Joint Implementation of Community Strategies" (ICEC), which includes the strategy of work with individuals and families in the community (TIFC) and maternal homes associated with community, ambulatory and hospital EONC. It also includes gender aspects fundamentally expressed in the contents of the training plan for rural family planning community monitors, for the sex-gender and sexuality system, and in the strategy of work with individuals and families in the community (TIFC) the plan for the participation of men in sexual and reproductive health.

Considering the achievements reached to date in the fourth project year proposed supporting: (i) expansion of the Joint Implementation of Community Strategies process in the intervened networks, (ii) expansion of the Joint Implementation of Community Strategies in selected regions, by utilizing the

prepared methodological guide, and (iii) the implementation and functioning of the automated information system for the community strategies.

For the extension period, and for the purpose of increasing sustainable utilization and access to quality family planning services in marginalized rural zones in Honduras, the project proposed to continue to provide technical assistance for: (i) expansion of rural family planning in selected regions by utilizing the methodological guide prepared for implementation, (ii) following up rural family planning in the intervened networks during project year four, (iii) the implementation and functioning of the automated information system for community strategies that includes family planning in the rural areas, (iv) the programming process for family planning activities at national level in order to guarantee that activities are included that are carried out by services networks implementing rural family planning, (v) carrying out a national level physical inventory of contraceptives. and (vi) functioning of the HCDL.

The most important achievements during this period and that include activities defined for the project year four work plan as well as those consigned in the extension plan, are described as follows:

- Efforts continued directed to strengthening the ICEC process in the intervened networks.
- The ICEC initiated in new networks contemplated in the project extension process.
- Coordination with the Department of First Level of Health Care Services (DSSPNA in Spanish) who, because of the new organizational development is responsible for its implementation. The project has programmed working with this unit in 12 departments and has already begun in seven of them. The regional teams express satisfaction by being included in this process and even the regional chiefs are participating in the training processes.
- An exchange of experiences was carried out between the maternal homes committees in San Marcos de Colón and San Marcos de Ocotepeque with successful results.
- The issue was approached with the UGD of how to utilize the Automated Information System for Joint Implementation of Community Strategies (SAICEC) to generate information on those decentralized models that are implementing the ICEC. The commitment was made to include this aspect in a second information module that is being worked on to include results obtained from current agreements.
- Under the framework of the ICEC, capacities were developed in both institutional staff and community staff. During the fourth quarter of last year, and since the strategy is spreading to new service networks, the main efforts were initially directed at training teams of facilitators so that they can train volunteers from the community, so the largest number of qualified institutional staff corresponds to the institutional staff. Of the 108 people trained in the quarter discussed, 17 are community leaders and 91 are institutional staff. It is expected that in the coming periods, the relation of institutional vs. community staff will be reversed.

### **Programming Challenges:**

- The great demand for technical and financial support generated by the interest that the intervention generated among management levels, as well as operational levels, at one point exceeded existing ULAT capacities.
- One obstacle to overcome was the poor functioning of the Automated Information System for Joint Implementation of Community Strategies (SAICEC) which resulted in difficulties in obtaining the

necessary information for the development of indicators related to this strategy and requiring a visit to all the networks in order to fill out an electronic page designed for this purpose.

### Deliverables IV quarter:

- Reports on the trainings to the technical teams of the RISS and priority RSD.
- Reports of the trainings on the use of the tool.



Illustration 3- Municipality of Santiago de Puringla, Graduation 27 Monitors rural FP. (October 10, 2014)

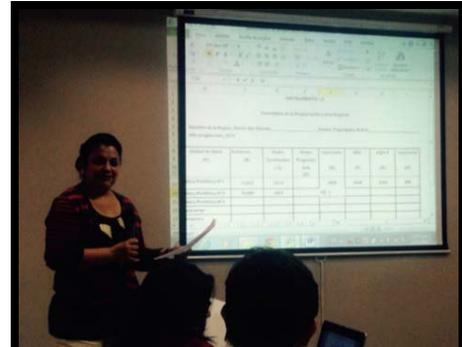


Illustration 3- Programming of activities or FP in the IHSS (November, 2014)



Illustration 3- Rural FP workshop, COLOSUCA Commonwealth, Gracias-Lempira (November, 2014)



Illustration 4- Rural FP workshop in MANCORSARIC, (February, 2015)

## FAMILY PLANNING AT THE IHSS

The Family Planning Services Management Strategy (EGSPF in Spanish) at the IHSS was designed and approved by the higher levels of the institution. Implementation initiated expressed in the training processes for officials involved in the application of the strategy, especially in programming aspects. The Logistical Data Consolidating Tool was developed and personnel were trained on its use and in gender aspects for the preparation of non-sexist material for family planning. Nevertheless, the crisis that the institution continues to face has generates elements that obstruct the total application of the strategy and has been limited principally by the lack of some family planning methods contemplated in its “mix” or list of available methods. This created the need to continue with technical assistance.

In this framework, for this project period the main efforts carried out at IHSS were oriented, on the one hand, towards consolidation of the logistic process for services networks and to carry out an analysis of the degree of implementation of the Family Planning Services Management Strategy (EGSPF), for which the project designed a methodology to gather information on the ground with a significant sample the results of which could be utilized by the IHSS to adapt its strategy by incorporating lessons learned during the years it was applied. On the other hand, efforts were also oriented for the IHSS family planning strategy to be broadly applied and evaluated in order for it to be adjusted. The evaluation report was delivered to the National Medical Directorate (DMN in Spanish) in order for decisions to be made on following up this strategy.

More precisely, activities were oriented to support (i) programming family planning activities in the three modalities for the provision of services at the IHSS; (ii) monitoring and evaluation processes of family planning activities; (iii) training processes for operating the Family Planning Services Management Strategy; (iv) the functioning of the Logistical Data Consolidating Tool (HCDL); (v) the process of the National Medical Directorate for the acquisition of contraceptives (vi) the evaluation of the functioning of the components of the Family Planning Services Management Strategy (EGSPF) and (vii) the adaptation of the Family Planning Services Management Strategy based on the results of the evaluation.

The advances made are described as follows:

- Programming was prepared and consolidated for family planning activities for the modalities of institution services as well as for company medical systems. Contracted services did not affect programming because inclusion of this commitment was unclear in the corresponding contracts.

- Because the strategy is not being implemented as it was designed, it has not been possible to systematize monitoring and evaluation activities.
- Evaluation of the Family Planning Services Management Strategy was carried out through a process of analysis of the degree of implementation of the strategy, for which the protocol and tools were designed to gather information. Subsequently, the corresponding report was prepared. The conclusions identified that (i) actions carried out during the development of the strategy have generated some positive results but have not been sufficiently effective for the different health units with their own services and the company medical services to adapt the process; (ii) the programming mechanism for family planning supplies requires adjustment since the project considers that facilities visited have very high quantities of these supplies and therefore difficult to comply with and (iii) the IHSS has not carried out acquisition of supplies, specifically for condoms and IUDs and therefore application of the Family Planning Services Management Strategy is limited in relation to the portfolio of services offered.
- The project supported socialization of the family planning clinical guides directed to 100 medical specialists and general physicians in Tegucigalpa and 90 in San Pedro Sula, for their own services and company medical services, which strengthened institutional capacity for the effective delivery of methods to users requiring these services.
- Between October and December 2014 the capacity of persons using the HCDL was strengthened and the project was able to confirm that the tool works. Reports were obtained of family planning activities that had been carried out at the health units, however, when the technical assistance finalized, the HCDL is functioning and its users are prepared to apply it although there is little production of services due to the described situations.

### **Programming Challenge:**

- Coordination with the IHSS National Medical Directorate continued to be complicated, due to issued directives and management decisions made by the intervening commission because there are activities that require approval at a higher level and the spaces have not been available to make known the programmed activities defined in the work plan. Especially important is the fact that the scenario of the financial crisis impedes providing preferential attention to the acquisition of all contraceptive methods required by the strategy in view of other problems categorized as having greater institutional importance.

### **SUB IR 4.1.2**

#### ***Increased capacity in public and private providers to improve access and availability of maternal child health services, especially obstetric and neonatal***

Under this sub result, the main efforts were centered on improving access to maternal child health services through the EONC strategy. The project identified that standard based care for women and newborns was not achieving the expected results at service provider level, nor at the level of ambulatory EONC training facilitators. For this reason, adjustments were made in the design of the training processes, by adapting the guidelines and manuals at hospital as well as ambulatory level, as well as the other tools that aid in the process.

Because management of the RAMNI policy continued to not be sufficiently prioritized by authorities during the period, official approval of the EONC strategy is still pending, even though its adaptation to the new national health model was finalized at the beginning of year four. On the other hand, application of a new national policy to reduce maternal and child mortality in the framework of health reform continues to be absolutely necessary as well as the process to update maternal and neonatal standards which five years into its being in force requires adjustments based on accumulated scientific evidence. This explains the reasons why during project year four implementation period efforts were oriented towards supporting these areas of action.

#### *4.1.2.1 Strengthened MOH capacity to supervise RAMNI implementation at national level.*

### **RAMNI**

The midterm RAMNI policy evaluation was not carried out during project year three because, due to the complex process of selecting a consultancy, it was not possible to complete the process until the end of the period. For this same reason, a proposal for an adjustment was not prepared or a new national policy to reduce maternal and child mortality in the framework of health reform because during year four efforts were oriented to carrying out the referred evaluation.

The project decided to implement a joint work plan with the Teaching University to prepare the methodology that would permit characterizing the situation of maternal and neonatal mortality and grave morbidity in regions and hospitals. As a result, plans for improvement would be implemented. Internal changes in the structure and functioning of this hospital obstructed the process to the extent that it had to be discontinued. In response to this situation, the project selected the Tela and San Lorenzo Hospitals as areas to reinstate the work on this issue. On the other hand, in order to prepare regional plans that would also contribute to characterize the situation of the maternal and neonatal mortality and grave morbidity, a joint work plan with the El Paraiso health region was prepared and its implementation was initiated.

In view of this, technical assistance activities proposed for year four were: (i) to support the conclusion of the midterm evaluation of the RAMNI policy; (ii) support the design or adaptation of the national policy for reducing maternal and child mortality based on the results of the evaluation; (iii) support the development of work plans for simultaneously implementing interventions oriented towards reducing maternal and child mortality in prioritized health regions; and (iv) support finalization of the design and implementation of a methodological proposal for the most cost effective implementation of the strategy for the Integrated Care for Children in the Community (AIN-C in Spanish) for decentralized providers.

As a result of the activities developed during the period, the report on the results of the RAMNI evaluation was delivered to the MOH. The deputy minister of the health services networks made the decision to utilize the evaluation results and requested that funds be programmed in the USAID work plans for bilateral cooperation with the MOH for this purpose. As a result of the evaluation, it was concluded that having discontinued the plan for implementing RAMNI monitoring contributed to not achieving all objectives even though the areas of work and the strategy for implementing them are aligned with national and international commitments linked to health in the country. In view of this, the

project considered for the extension period that in this area of action, ULAT should concentrate efforts on continuing to support: (i) the design or adaptation of the national policy for reducing maternal and child mortality in an accelerated manner based on the results of the evaluation, (ii) sustained surveillance activities of maternal and child mortality, (iii) implementation of the technical assistance plan to strengthen interventions oriented towards reducing maternal and child mortality in the El Paraiso health region, (iv) implementation and follow up of activities defined in the agreed work plan that includes follow up and analysis of RAMNI activities in the two prioritized services networks, and (v) implementation of a pilot test for the application of the ULAT/USAID proposal for the guidelines for the AIN-C strategy for decentralized providers.

The description of the corresponding activities for each of the plans that form project actions during the period which is the subject of this report was as follows:

- Activities were developed included in the work plan for the midterm evaluation process of the RAMNI policy. The technical team conducting this effort coordinated actions which led to the approval of the tools and processes for information gathering. Evaluation of the policy was finalized and the report was delivered to MOH authorities who have already made some decisions for their socialization.

It was not possible to adapt the policy because the results of the evaluation are not completely appropriated or socialized by the MOH political level. The deputy minister of the health services networks decided to assume the responsibility of utilizing the evaluation results and requested that funds be programmed for this purpose in the work plans included in the USAID bilateral cooperation, the implementation of which still has not initiated.

- In relation to support for the work plans to simultaneously implement interventions oriented towards reducing maternal and child mortality in prioritized health regions, the El Paraiso region was selected as well as the Danlí Hospital, with whom plans for the implementation of RAMNI were prepared and implemented. The main programmed activities were training in ambulatory and hospital EONC and the initiation of implementation of the ICEC. The first result was training in ambulatory EONC, with the participation of the network coordinator supported with financing provided by AMDA, who anticipated implementing this activity in December and was made possible by this coordination.

At the level of the regional network, the project worked in two prioritized networks based on the criteria of maternal and child mortality. One of the networks is the decentralized network in Trojes and the other is in El Paraíso with centralized management. The use of the HCPB was initiated in both networks with the weight gain charts and uterine height included as well as the ambulatory neonatal clinical history. The development of this plan was interrupted by activities related to the preparation of the process of expansion and the special situation in the conduction of the health region which resulted in lost communications which had been established and should be retaken.

Along this area of work, coordination was also done with PAHO and with representatives from the Federation of Latin American Societies of Obstetrics and Gynecology on development of the project called “Zero Maternal Deaths from Hemorrhages”, which will include the new intervention of the anti-shock suit which will be utilized at the maternal child clinics and the hospitals.

- The project participated in the presentation of the results of the study on anemia and parasitism in communities intervened by the ACCESO project. The project agreed that based on this study, the presence of parasites should be documented in order to initiate the de-worming process in the age

group under two years old, with an integrated approach that includes the elimination of predisposing factors for these infections (disposal of excrement, soil, water treatment, hygienic practices, etc.). The project found that, despite following the suggested meal plans, there was anemia present due to a lack of iron. With support from the National University, parasitological studies were carried out in the intervened population under two years old, which demonstrated that there were intestinal parasites but that the prevalence of anemia is not directly associated. For this reason, the project decided to reorient the interventions and a technical note was prepared for the approach to the anemia in this population which included interventions with medical treatment, whether through iron supplements or nutritional supplements, deworming children under two years of age with documented parasitism and continuing measures to promote health and the prevention of anemia in the intervened population.

The project concluded that socialization should be carried out with MOH authorities to define the interventions that could resolve this problem. With regards to the subsequent actions of the referred project, no communication was established with ULAT.

- The diagnostic of the AIN-C situation finalized in decentralized providers and in function of the results proposed guidelines were prepared. These guidelines propose adjustments mainly in: (i) the duration of the workshops with an agenda that includes all the issues but that are developed with more participative methodologies so that they are more effective and (ii) the adaptation to counseling materials and attempting to avoid repetition which will reduce the required quantity. With these main changes the estimated cost results in a savings of approximately US\$1,000.00 yearly for each intervened community. The cost of validating the proposal was programmed in the work plans included in the USAID/MOH bilateral cooperation. Because these funds are still not available, the pilot experience still has not initiated in the Erandique network, which was selected by the UGD.

### **Programmatic Challenges:**

- A challenge to overcome during the period is the issue of the RAMNI evaluation and the subsequent proposals for adjusting the policy is the time set aside for this activity by the counterparts which resulted in a slower process, which did not permit advancing as expected in the time established for the consultancy.
- The greatest obstacle faced was the difficulty in identifying the responsibility for the management of the strategy.

#### *4.1.2.2 Increased capacity of providers in EONC to reach vulnerable and underserved populations with effective services.*

### **EONC**

At the beginning of year four, the project had a proposal document for the EONC strategy adjusted to the new national health model and only pending for review and final discussion with actors involved from the central and regional levels and the networks. Even when the strategy still had not been

approved, there were important advances made in the redesign of the training process in hospital and ambulatory EONC, having adapted the tools and trained the facilitators of both processes with the adjusted methodology. For this reason, the project proposed requesting approval of the strategy since it was identified as a need for the interventions to function in an aligned manner and to be able to develop the training process as a continuous activity tending to improve the quality of obstetric and neonatal care.

It was also considered that national level expansion of the use of check lists would contribute to care for these population groups to be carried out by correctly applying the standards. Concretely, as technical assistance actions the project identified: (i) support for training national and regional facilitators and the hospitals on the application of maternal neonatal standards by utilizing the designed methodology and tools; (ii) support for national level expansion of checklists for the application of maternal neonatal standards; (iii) following up the impact of EONC training at hospital and ambulatory level utilizing the new methodology; (iv) support for the implementation of clinical histories for neonatal hospitalizations; (v) support for the redesign and implementation of the neonatal ambulatory clinical history; (vi) support for the national level expansion of the use of the perinatal clinical history with incorporated surveillance charts of the uterine fundal height (AFU in Spanish) and weight gain; (vii) technical assistance to strengthen the continuous improvement of quality process in maternal neonatal care and (viii) support for the implementation of a pilot experience for the development of EONC skills for one decentralized provider.

Considering advances made with implementation of activities for project year four, the application of technical standards for maternal and neonatal care was strengthened with the preparation of tools that support this process such as flowcharts, check lists and the redesigned training process. Because current standards are supported with evidence from 2010, updating of the standards initiated.

For the extension period, the project proposed to conclude regulatory updating and socialization of the new contents, by continuing with technical assistance for: (i) updating the standards and protocols manuals for maternal neonatal care at ambulatory levels, CMI, and hospitals based on updated scientific evidence and dispositions included in the MOH regulatory processes; (ii) the development of capacities in the application of the maternal and neonatal standards by institutional personnel at the services networks where the ICEC is implemented; (iii) expansion of the use of the check lists for application of maternal neonatal standards in the framework of the hospital management model; (iv) implementation of the clinical history for neonatal hospitalization in prioritized hospitals (v) implementation of the neonatal ambulatory clinical history and (vi) expansion at national level of the use of the perinatal clinical history with uterine fundal height surveillance charts and weight gain included.

Advances made in this area of action for activities defined in each of the ULAT work plans were as follows:

- Training was carried out for national and regional facilitators and hospitals on the application of maternal and neonatal standards utilizing the new methodology and designed tools. Due to the high cost of training facilitators at all regions and hospitals, the decision was made to focus this activity on networks and hospitals that are prioritized by the Joint Implementation of Community Strategies or due to previous commitments in the framework of plans to reduce maternal and perinatal mortality in the regions and hospitals. As such, this process was developed by training the facilitators on ambulatory and hospital EONC from hospitals and maternal child clinics linked to the Joint

Implementation of Community Strategies as a strategy to strengthen the capacity of response with quality to the demand generated by works in the community.

- During the year, efforts were aimed at building national capacity for the provision of training on EONC, mainly on methodological aspects and prioritized hospitals, regions and networks that are implementing the ICEC.

In the fourth quarter, EONC Hospital workshops were developed in hospitals in La Ceiba, Comayagua, San Marcos de Ocotepeque, Santa Barbara and San Felipe Danlí, training a total of 89 of the 64 human resources which were finally accredited as facilitators and the rest were considered participants. As for outpatient EONC, workshops were held in Danlí and La Paz, training 33 human resources, of which only 13 were accredited as facilitators.

In total during the year, 22 training workshops on hospital EONC were conducted, training 315 people of which 231 were also accredited as facilitators. In outpatient EONC, 13 training workshops were conducted, training 199 people of which 129 were accredited as facilitators. Additionally, a workshop aimed at mixed EONC technical staff of the UGD was developed with the participation of 11 people in order to seek the unification of criteria when making the monitoring was developed.

- Implementation of the check lists was discussed with the Department of Second Level of Health Care Services (DSSNA) who agreed with the process and authorized continuing to expand its use as well as to seek a mechanism for it to be made official by the higher political level. Utilization initiated at the hospitals at Tela, San Lorenzo, Choluteca, Comayagua, La Esperanza, Gracias and San Marcos de Ocotepeque. The systematization process also initiated on the use of the electronic application to receive detailed information on application of the standards.
- Following up EONC training has not been implemented due to limited economic resources necessary for the trained facilitators to develop training for operating personnel. The project considered that the training supervision process in service should function for the transfer of knowledge and the availability of resources will be analyzed to carry out this activity during the following quarters.
- The neonatal hospitalization clinical history was adapted, validated and a sufficient quantity was printed to initiate implementation at prioritized hospitals.
- The neonatal ambulatory clinical history was redesigned, distributed and its use initiated in the health regions of the Bay Islands, Lempira, Reitoca, Arizona, Copán, Intibucá and El Paraíso.
- The perinatal clinical history with surveillance charts for uterine fundal height and weight gain included was printed and distributed to two prioritized services networks in El Paraíso. The base line was also prepared for data the project expects to gather along with this history. The results of the comparative evaluation with the base line will be utilized to promote implementation of this tool at national level. This evaluation has not been carried out due to management changes at regional level that resulted in slowing down the processes.
- In relation to technical assistance to strengthen the continuous improvement of quality process in maternal neonatal care, initially coordination was carried out with the UGD and with the department of hospitals to carry out training workshops on EONC for personnel from these units charged with carrying out monitoring and evaluation in compliance with the standards. The project intended to achieve approval of the criteria for application of the evaluation of the management of obstetric and neonatal complications. This activity is pending because implementation of organizational development at the central level has hindered the designation of the counterparts by the MOH for each of the processes.

- Implementation of one pilot experience for the development of EONC skills for one decentralized provider was substituted by the formation of facilitators at hospitals and prioritized regions.
- The corresponding scientific evidence was collected and the technical standards and protocols were prepared for care during preconception, pregnancy, birth, postpartum and the neonatal: (i) ambulatory; (ii) obstetric and neonatal care, initial management and referral in case of complications and (iii) management of obstetric complications and management of neonatal complications which have been discussed and reviewed by the group of experts. These will be validated during a workshop by the operational level in October.

### **Programmatic Challenges:**

- Some of the important limiting factors have been the availability of funds in the amount required for training as initially considered and the difficulty, due to the lack of MOH human resources that could be dedicated to this task, made it impossible to carry out simultaneous workshops with which there could be much faster advances in the available time for this process.
- It has been important for the project work team to be flexible to be able to attend multiple requests for technical assistance for the regions and hospital on this issue.

### **Deliverables IV quarter:**

- Reports on training on the application of maternal and neonatal norms, using the designed methodology and tools.



Figure 5: Training workshop on Hospital EONC, Santa Rosa de Copán. February, 2015



Figure 6: Training workshop on Ambulatory EONC in the Atlántida region. March, 2015



Figure 7: Facilitators training workshop on Hospital EONC to staff of the San Felipe General Hospital



Figure 8: Training workshop to Ambulatory EONC facilitators, with Salud Mesoamerica 2015 funds to the decentralized networks in the region of Olancho and Intibucá and UGD staff. July, 2015

## **IR 4.2 Sustainable maternal child and family planning services.**

This IR, including its results and areas of action, seeks to ensure that all maternal child health and family planning interventions supported by USAID include mechanisms that assure sustainability in the developed processes which the project expects to achieve through the consolidation of the reform process and tool development with adequate methods and techniques.

### ***SUB IR 4.2.1***

#### ***Health system reformed to provide quality maternal child and family planning services***

Technical assistance efforts continued to be oriented towards implementation of the main substantive functions of the health system and the derived processes, to make viable strengthening the MOH as steward entity, in accordance with the reform proposal. As such, the project continued to support: (i) strengthening MOH institutional capacity as steward for the political, technical, financial and regulatory frameworks that support the provision of maternal child and family planning services; (ii) strengthening the legal framework to improve the capacities of maternal child and family planning services; (iii) development of a tool for the new health model that incorporates social protection for underserved and vulnerable populations; (iv) strengthening decentralization of health services to increase access and coverage; (v) strengthening and expansion of social protection with the inclusion of maternal child and family planning services; and (vi) strengthening the capacity of the national system of quality in health.

For the extension period the project it was also proposed to continue with assistance actions for items (i), (ii), (iii), and (iv) mentioned in the previous paragraph which are linked to the MOH organizational development processes, the legal framework, the national health model and decentralization with the intention of achieving the greatest consolidation possible with complementary activities that to date had been under implementation. The circumstances under which the area of work was being developed related to social protection was drastically modified with the enactment of the Framework Law for Social Protection which included subsidies as part of the pillars for health assurance and broadly authorized this function to the IHSS. In the initial proposal that the project had been developing, the supposition was that the subsidized regime would be assumed by the MOH leaving this area of work without the viability to support it.

In relation to the National System of Quality (SNC in Spanish), for different reasons the MOH corresponding entities did not give the priority it required to be able to develop the programmed areas of work and in this context they progressively lost technical vigor which resulted in considering carrying out an evaluation of the situation to date as an appropriate measure and the delivery of the corresponding report.

#### *4.2.1.1 Strengthened MOH capacity as steward for political, technical, financial and regulatory frameworks that support the provision of maternal child and family planning services.*

During the period and based on what was developed during project year three, MOH institutional capacities continued to be strengthened to provide sustainability to the strategic and operational planning process and to complement it with its association to the budget in order create the bases for sectorial planning in the framework of the new organizational structure of the government and the creation of sectorial cabinets. In addition, the project continued implementing the strategy of policy advocacy, refocusing it towards consolidation of the implementation of the new organic and functional structure of the MOH and advances made in the configuration of the new legal framework of the health system that, among other elements, were defined as high priority for the ministry's upper management.

### **MOH INSTITUTIONAL PLANNING**

The project has considered strategic planning along with budgeting for results as two of the fundamental pillars in management for results. In these developments, linking the budget to planning and programming has become important.

In this framework, advances were made on the construction of a model for budgetary allocation by product, by introducing strategic elements in the 2014-2018 Institutional Strategic Plan which served as the basis for this model's allocations and to generate information on the degree of effectiveness and efficiency of health expenses. For following up and evaluating the Institutional Strategic Plan for 2014-2018 and the Annual Operating Plan – Budget (POA-P in Spanish), and in order to provide periodical information to the Secretariat of Finance and the Secretariat of Planning, for year four the project anticipated the development of a tool that will facilitate the required data integration in time and in due form, based on guidelines and developments established by the Secretariat of Planning. This application is completely consistent with milestones I37 and I38 in project IR 4.4 which specifies that the capacity of the MOH will be improved to monitor and evaluate the performance of the sector health system. In particular, the project proposed providing technical assistance for (i) the systematization of the link between Institutional Strategic Plan (PEI in Spanish) and the Annual Operating Plan (POA in Spanish) by identifying programmable products that respond to each defined tracer product and (ii) the strengthening of institutional capacities in planning and budgeting oriented towards results.

For this reason, under this area the project supported the MOH process of strategic and operational planning, the advances of which are described as follows:

- The proposed dashboard and the indicators and goals for the adjusted institutional strategic plan were prepared, and to follow up to the planning process oriented towards results, which was approved by the Presidential Directorate of Management for Results, the multiannual programming and budgeting process was initiated for 2016.
- The Management Planning and Evaluation Unit (UPEG in Spanish) formed a team that with ULAT support constructed the budget allocation method and the work material for its application. The methodology proposed by the MOH to the Secretariat of Finance was approved and was recognized as being the best proposal among the executive power institutions, given the technical rigor with which it was prepared. Essentially, this method introduced a substantial change in the financing by moving from historic budgets to prospective budgets.

- Budgeting oriented towards results in the framework of the 2014-2018 Country Plan and the 2014-2018 Institutional Strategic Plan was defined as a priority for the current government which responds to its model of management oriented towards results. This was one of the least developed components in the MOH which required greater effort for implementation, especially by the Management Planning and Evaluation Unit (UPEG in Spanish) and the administrative management. Decree 140/2014 introduced new elements related to the procedure for the preparation, approval and management of the budget for all institutions, units and projects receiving national public funds. For this, the project worked with a double focus: (i) analysis of the 2016 baseline and its projection to 2019 and (ii) the estimation of financial requirements by the MOH to approach universal coverage.

For this task, the project supported the UPEG and the administrative management on the analysis of proposals made in coordination with the Secretariat of Finance and the United States Treasury Office of Technical Assistance for the baseline with the IMF representative for the second focus. Preparation of both required identifying the information, analyzing as to its structure and adequacy, seeking and collecting the necessary information and constructing the matrixes and accompanying technical notes. Various workshops were developed with MOH units and with the participation of the Secretariat of Finance, to construct the model and analyze the inputs for the proposed baseline. For this, the project prepared the presentations and material for discussion. The 2014-2018 Institutional Strategic Plan was the basis for the new Integrated Financial Administration System for Management (SIAFI-Ges in Spanish) developed by the Secretariat of Finance and the methodological development for strategic planning prepared by the MOH was taken as a reference for its validation.

- The project also prepared a list of tracer products and programmable products with representatives of the central level units and the first and second level of care, in accordance with the 2014-2018 Institutional Strategic Plan and the 2016-2019 Annual Operating Plan – Budget (POA-P in Spanish). This list of products was effectively utilized for the projects and institutions during the process of the preparation of their Annual Operating Plans - Budgets which were completed on July 15 during the process of preparing the draft 2016 POA-P. Based on the list, the project prepared the format for analysis and the application which facilitated understanding their programming to the units.
- The project carried out systematization of the tracer products and understandings were established for the construction of programmable products for the purpose of standardizing and improving the quality of the measurement of results and physical goals. This was in response to the Secretariat of Finance decision in the sense that certain public institutions, which included the MOH, would estimate the baseline and budget required for 2016 to cover institutional needs and to which criteria of expenditure should be applied taking into account things such as inflation, demand, and priorities.

With the achievements made in this activity area, including the formation of a critical mass of trained personal to maintain the process, the objectives defined in this respect are considered achieved, process was not considered for the extension period.

## Programmatic Challenges

- The bases for the development of institutional capacities were defined for the programming and multiannual budgeting process and for 2016, constituted a significant challenge during this period.
- Work in the harmonization and coordination, which had to be established with administrative management and the MOH Integrated Health Services Networks deputy secretary with the Secretariat of Finance, was also an obstacle that had to be surpassed.
- It should be emphasized that an element that required substantial efforts was the intensity of activities dedicated to consolidating this process and especially to improve data quality and the information provided for the strategic plans.
- The large number of units to coordination and obtaining information from, the conciliation of the 2013-2016 Institutional Strategic Plan with the institutional planning guidelines of the new government and the areas of work included in the 2014-2018 health plan and the support efforts in accompanying the MOH in these three different key processes (the preparation of the 2014-2018 National Health Plan, the review of the 2014-2018 Institutional Strategic Plan and the methodological development of the 2016 Annual Operating Plan and Budget), demanded greater attention than what was anticipated.

## **SECTORIAL PLANNING**

Sectorial planning was considered as the phase following the institutional planning process. A new government organizational structure was created as of January 2014, which implied the creation of the sectorial cabinets and the MOH moved to form part of the Sectorial Cabinet of Development and Social Inclusion. In this context, the project initiated the exchanges of information between institutions that are part of the sector with the objective of jointly constructing the dashboard proposal for the sector which its performance will be evaluated on in the framework of management for results and the creation of public value.

In this area, among other goals, the 2014-2018 National Health Plan and the 2014-2018 Institutional Strategic Plan indicate the prioritization of the interventions in the most neglected municipalities in the country and the identification of the zones in extreme poverty in the most populated cities, for the purpose of identifying the most efficient actions to take and to achieve the equitable use of scarce resources, thereby generating the greatest impact possible measured in terms of improvements in the health of the population.

During the period, terms of reference were prepared to carry out two research studies in the scope of sectorial planning. The project considered this a priority and actions were developed to ensure results from these studies: (i) prioritization and focusing of population groups differentiated by gender and health problems for inclusion in financing and public assurance systems in health and (ii) the financial resources needed to continue constructing the health financing system, 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 advances made in this area of work were:

- A first draft was prepared for the sectorial plan having as a reference the Country Plan, the Plan for a Better Life and the Strategic Government Plan with the objective of rescuing those elements that should be developed jointly in order to achieve the sectorial objectives included. The proposed plan incorporates a chart of sectorial impact indicators that are part of the System of Monitoring and Evaluation of Management for Results (SIMEGpR in Spanish).
- For development of the referred studies, the project considered the need to contract professional specialists with broad experience in the respective fields. Even though the project developed proposals for the terms of reference and has advanced in the recruitment and selection process, the lack of qualified human resources participating consumed a large period of time that seriously limited the available time to develop the studies and led to the decision to consider these processes as failed.

With the achievements made and given the move to reform the system according to the Framework Law for Social Protection and because of the contents that this law imposes on the complementary National Health System Law, this area of action is considered finalized and the objectives included in the project are considered achieved.

### **Programmatic Challenges**

Throughout the period the project had to address and surpass the following challenges:

- Harmonization of the Institutional Strategic Plan (PEI in Spanish) with the sectorial plan of the Sectorial Cabinet for Development and Social Inclusion required additional accompaniment efforts with the Management Planning and Evaluation Unit (UPEG in Spanish) for the review of proposals and the preparation of data sheets of indicators were included as part of the plan.
- The failed process to contract certain consultancies which led to not carrying out the programmed studies.

### **MOH ORGANIZATIONAL DEVELOPMENT**

Reorganization at the central level and the health regions are critically important for the MOH to assume its mission functions and to prepare it for the process of separating the provision of health services and health financing functions. During its development the project has proposed successive adjustments of the organic structures in order to form increasingly specialized administrative units, which in their opportunity could be transferred at the time of separation of these functions. This focus is complemented with the strengthening of administrative units that should assume the mission functions corresponding to its stewardship role.

The general framework of this transformation is established by PCM-061-2013 and in conjunction with the new approved general structure; the project finalized the internal Organization and Functions Regulations (ROF in Spanish) of the institution which was made official. In it the essential functions are described that should be assumed by political, strategic and technical entities. In this framework, for the central level as well as for the health regions, the development of activities was proposed that would lead to making the operational tools (organization and functions manuals, processes and procedures

manuals and human resources positions and profiles) official and implement them for which varying degrees of advances were made.

Due to the above, the project year four plan established that technical assistance would be oriented towards: (i) support for the implementation of the new MOH organic and functional structure at the central level and (ii) support for the Sub-Secretariat of Integrated Health Services Networks (SRISS in Spanish) for the consolidation of the implementation of the regional level organic and functional structure.

For the extension period, activities were identified that were required to obtain the consolidation of key entities in the short term and to form increasingly specialized administrative units. More specifically, the proposed actions were: (i) to provide technical assistance to continue supporting implementation of the new central level MOH organic and functional structure and (ii) to provide technical assistance for consolidating implementation of the regional level organic and functional structure.

The achievements and advances made are described as follows:

## **CENTRAL LEVEL**

- Facilitators were trained from different entities in the new central level structure, contemplated in the Organization and Functions Regulations and the Organization and Functions Manual (MOF in Spanish). Methodologies were identified for this that permitted permeating any resistance to change. Activities were carried out on the analysis of critical processes of the strategic units as well as in support and development of exercises with the flows from these processes related to specific results in the 2014-2018 National Health Plan.  
Meetings were held with the MOH Consultative Council (CONCOSE in Spanish) and the strategic and support units, and at the request of the Minister, particular emphasis was placed on administrative management. The project also supported the General Directorate of Human Resource Development with the strategic management of the change process for the human resources.
- The project designed the tool for the preparation of the implementation plan of the new organic structure of each of the central level entities and facilitators were trained on its use.
- The proposal for the Organization and Functions Manual was completed based on the Organization and Functions Regulations which was approved through ministry agreement No. 406. This document included the adjustments considered pertinent in line with the observations made by each of the central level units. This situation led to strengthening the work linked by the MOH political level through the formation of integrated groups that respond to the functions defined for each of the entities.  
Support was also provided for the preparation of the proposal for the agreement with which the project expects the manual will be approved. Issuance of the agreement is still pending because highly politically important emerging activities have displaced interest on this issue in the ministry agenda.
- The project prepared the procedures manual that includes general processes by competence as well as the stewardship functions. In addition and more specifically, the processes and procedures manuals were developed for four strategic units: the Management Planning and

Evaluation Unit, the Health Surveillance Unit (UVS in Spanish), the Technical Project Management Unit (UTGP in Spanish) and the Information Management Unit (UGI in Spanish) which were prioritized by the minister's office.

- The project developed a proposed basic template for positions for central level human resources, which was developed in alignment with the Organization and Functions Manual and the processes and procedures manual. It is currently pending discussion for adjustments and approval.
- In order to continue organizational development implementation during the extension period, the project supported programming activities to be incorporated in the MOH Annual Work Plan (PTA in Spanish), financed with funds remaining in the USAID bilateral cooperation letter 17 to the MOH, that would permit implementation during the period from November 2015 until June 2016 (implementation letter #22). These plans included financing for: (i) printing the Organization and Functions Manual; (ii) contracting a consultant to support the preparation of the processes and procedures manuals for the four general directorates and the strategic unit for social communication; (iii) printing the processes and procedures manuals for the general directorates; and (iv) development of meetings for the preparation of processes and procedures manuals. Still pending is the formation of a team composed by consultants under the coordination of an MOH official, decided by the institution leadership to continue the process. With this, the project expects for the organizational development to advance further in its implementation in the near future. Once USAID provides the first disbursement of funds included in the Annual Work Plan, support from ULAT for the MOH will reinstate.

### **Programmatic Challenges**

A challenge during the period was retaking the leadership of the organizational development process by the MOH political level, given the number of problems of different natures faced, and organizing the technical assistance agenda in order to provide immediate responses to the requests received.

### **REGIONAL LEVEL**

- The project obtained the implementation plans for the new organic structure for the regions of Cortés, Santa Bárbara, Colón and Yoro, thereby completing the 20 regional implementation plans.
- Approval was received and the printing, reception, and distribution was concluded for the processes and procedures manuals and the manual for the basic positions and profiles template, which are essential items for the development of the training workshops with teams from all regional level instances.
- Support was provided for the adjustment the annual work plans of the 20 health regions and of the MOH central level implementing units to be financed with USAID funds, resulting in the reprogramming of activities oriented towards implementation of the new health regions organic and functional structure as one of the products in order to achieve consolidation.
- For the development of capacities:

- Human resources were trained from the planning unit and the integrated health services networks from the 20 health regions on the planning functions stated in the new organizational development.
- Capacities were developed in human resources from 17 health regions on the use and understanding of the functions described in the three manuals for the organizational development of the regions (organization and functions manual, processes and procedures manual and the basic positions and profiles template). The project described the activities that should be carried out to consolidate implementation of the new regional structure, alignment with the 2014-2018 health plan and the presidential platform management for results evaluation indicators.  
To date 317 MOH officials have been trained. Still pending for training are the health regions of Gracias a Dios, Colón, Ocotepeque, as well as follow-up of the implementation flows of the processes assigned to each production center, which will be accomplished once the MOH has access to annual work plan disbursements for the period of 2015-2016.
- The team of national facilitators was formed and the timetable was prepared for the development of trainings oriented towards (i) socialization and understanding of the organic and functional structure of the health regions with the new regional chiefs and (ii) training nine central level facilitators, for training members of the production centers of each health region on the use of the three regional organizational development manuals.
- The project held meetings with the workshop facilitators and the general director of the integrated services networks to monitor and evaluate advances made on the trainings, by reviewing the methodology, the results and concerns stated by the participants in order to provide feedback for the process.

It is important to mention that the training workshops were originally planned for human resources from three production centers (planning unit, health surveillance unit, and the department of health services integrated networks), but at the time of their development, training was provided to all chiefs and coordinators from the production centers in the organizational structure.



Figure 9: Regional OD Training, Islas de la Bahía. August, 2015

### Programmatic Challenges

- Maintain the issue of organizational development on the agendas of the Department of Primary Health Care (DAPS in Spanish) and the participating health regions, in a scenario of marked uncertainty, at a certain level of destabilization and constant interference with the agendas.
- The lack of available resources for carrying out activities which were considered to be financed through the MOH annual work plans with funds from USAID.

### Deliverables IV quarter

- Quarterly progress reports on the implementation of the OD of the central and regional levels.

#### *4.2.1.2 Strengthened legal and regulatory frameworks to improve the capacities of the maternal child and family planning services for underserved populations and vulnerable groups.*

During the first project years, activities included in this sub-sub intermediate result have intended for interventions in maternal child health and family planning which have been designed and under implementation, have the mechanisms available to ensure sustainability. Among other actions, this sustainability is anticipated with the definition of a legal framework for the functioning of the sectors that makes it possible for the activities to be carried out systematically, adequately, and permanently. Although during the first phases of the project the issue was not part of the agenda of MOH higher authorities, with the country's decisions on this area, as such, the issue became especially important. Initially the discussion revolved around the proposal for a specific draft law in the subject of decentralized management of the health services and subsequently on the government's interest on the approval of a law for social protection, a proposed law for the national health system, under a scheme of universal assurance.

## **LEGAL FRAMEWORK**

Based on the proposed draft law for the national health service developed during project year three and had the approval of the MOH, during a first scenario the project proposed providing following up and consolidating the processes to achieve approval of the draft law, under the assumption that the political conditions would continue unchanged that would make it possible to galvanize its discussion. As such, the project also decided to arrive at the development of proposals for the regulations which will be prioritized in the framework of the national health system law.

In relation to collecting legal tool linked to the health area, the project expected to develop the MOH capacities for the maintenance of the electronic platform designed for this purpose. Further, actions would be carried out for the migration of the SYSLEYES platform to a web based environment in order for it to convert into a tool for internal and external consultations.

The project also anticipated continuing political advocacy actions that could influence the position or opinion of the relevant actors associated to the reform process, to generate favorable conditions for changes or institutional transformations by taking advantage of spaces as they presented themselves.

More specifically, the planned activities were: (i) to provide follow up and technical support for the advocacy process for the approval of the proposed draft law for the national health system; (ii) to support the development of proposed regulations to be prioritized; (iii) to provide technical assistance for the development and startup of a proposal for the implementation plan for legal/structural reforms; and (iv) to update the legal inventory.

The corresponding advances made are described as follows:

- Regarding the Framework Law for Social Protection which was approved by the national congress through Decree No. 56-2015, the project supported the development of discussions held with the MOH, PAHO and the IDB to carry out the corresponding observations in alignment with the preliminary proposal for the health system that MOH had been developing. At the time, all actors who were presented the law for social protection concurred on the need for the law and on its global objectives. There was also consensus that the contents and coherence of the law required adjustments. At the invitation of USAID, the project also participated in a meeting of the Rural Health Center (CESAR in Spanish) board to discuss observations made by the technical group and to deliver them through the appropriate channels to the corresponding entities.
- A proposal was developed for a draft law for the National Health System (SNS in Spanish), which has the approval of the MOH and therefore, achieving the associated milestone. Nevertheless, the project has continued to develop actions in this area in order to adjust this proposal in accordance with the contents established in the approved framework law for social protection. For this, discussions were held in relation to aspects under which the new legal framework for the health system is configured and the project proceeded to identify its implications.

In the referred framework law, the MOH is defined as the steward entity of the system and assigns the functions of financing and assurance as well as the provision of health services to the IHSS. The analysis and review carried out were mainly oriented to aspects related to the role of steward, the differentiated assurance regimes for the population, administration of the financing

and management of the provision of the decentralized health services with financing linked to results.

There is a preliminary draft version of a proposal adjusted to the national health system law, which was presented in the MOH to a consultation process during a workshop developed for this effect, with support from ULAT and PAHO. Currently the proposal is in the process of systematizing the feedback received, in order to proceed with those considered pertinent for adjusting the proposal and initiating formal discussions with the MOH political level.



Figure 10: Consultation workshop on the SNS Law. September 2015

- The project initiated activities to collect legal tools pertaining to the issues that the project assumes will be included in the draft system law. These legal instruments which have been developed in other countries will serve as the basis for the analysis and construction of the proposed specific regulations that the project supposes will be able to put the legal mandates into operation. Given the time left for project implementation and because these processes are highly dependent on political decisions, the development of these processes is highly complex, it is not possible to develop this activity as long as the project does not have the final version of the national health system law. This is also due to the reorientation that should be assigned to their prioritization. For the extension period, ULAT expects to complete the identification of the main regulations that should be prioritized by the MOH.
- The project continued to update SISLEYES which currently includes 1,053 varied legal instruments. Migration of SISLEYES to a web environment was also concluded, which is available on the MOH web page (<http://www.salud.gob.hn/>). As such, this tool has become a reference for internal and external consultations.



Figure 11: MOH webpage image. SYSLEYES

## Programmatic Challenges

During this period, the challenges to overcome were:

- During the first phases an important challenge was to prioritize the issue of the general health law on the MOH political agenda in order to advance on its development and approval. However, in accordance with the advocacy actions carried out and by virtue of the current political scenario, this issue acquired great relevance.
- Another challenge faced by the project was to conclude a draft national health system law in a relatively short period of time regarding the political decisions made by the MOH.

## POLITICAL ADVOCACY

- The project supported actions to evaluate the performance of the Consultative Council of the Secretariat of State conducted by the minister, by assisting with the conceptualization of the contents, the preparation of agendas, and the construction of the presentations and the preparation of the materials for working as a team. The purpose was to harmonize efforts through the exercise of established functions, setting the following as objectives: (i) strengthen conduction and governance in the MOH through the systematization of the functions and organization of the Consultative Council and (ii) review achievements in 2014 and agree on the challenges and goals for 2015 in the framework of the national health plan and the 2014-2018 Institutional Strategic Plan.
- The project participated in discussions between USAID and the MOH with the objective of establishing agreements for implementation of funds that finance the work plans of the different implementation units.
- The project participated in a meeting with the group who was consulted on the event programmed by the MOH and PAHO in the framework of its initiative to achieve access and

universal coverage in Honduras and on the occasion of activities developed by a team of consultants who came from Washington to develop a roadmap.

- The project has participated in meetings convened by the minister of health and the strategic team, in order to provide follow up to the implementation and adjustment of the agenda for the conduction during the current year, specifically in the ULAT technical assistance areas of work.

#### *4.2.1.3 Completed plans, processes and tools for the new health model incorporating social protection for underserved and vulnerable populations.*

Based on important achievements made during project year three related to the national health model, efforts during the period were oriented towards continuing with tool development and to strengthen its validity in terms of political, technical and strategic level positioning, in order to achieve incorporating it in all MOH endeavors and its recognition as the first standard that will orient transformation of the national health service.

### **NATIONAL HEALTH MODEL**

In order to overcome institutional weaknesses, MOH administration proposed the following for the 2014-2018 health plan (i) establish an entity to manage financing and assurance and to manage the decentralized provision of health services; (ii) the implementation of the three components of the new national health model; (iii) the creation of a human resource management model based on competencies; (iv) the formation of the Integrated Health Services Network (RISS); and (v) boosting primary health care. All of these areas of work are linked to implementation of the national health model and as a result has created a favorable environment and political support.

For year four, the project proposed: (i) support implementation of the national health model and of the guides available at the health regions; (ii) prepare and technically validate the basic guides selected from the national health model management and financing components; (iii) provide technical assistance for the preparation of the creation of the national health fund and support for the design of the national health model implementation plan.

For the extension period, efforts are oriented only to finalizing the development of the guides and to support the implementation process.

Activities developed for the implementation of the annual work plan for the extension period were as follows:

- The project finalized the proposal document for the guide for the configuration and delimitation of the Integrated Health Services Network (RISS), with official approval pending. This guide will serve as input for the process of preparing the management plans for each of the regional networks, for the formal constitution of local networks in each region. This construction process meant the development of capacities in the 20 regional management teams and becoming the driving force in other ongoing processes for the implementation of some political tools already available at the MOH central level, such as: (i) the definition of public policies and institutional mechanisms for constructing the Integrated Health Services Network (RISS); (ii) the

definition of the group of health benefits to be guaranteed and the specific packages for special populations; (iii) the categorization of health facilities; and (iv) the linkages of facilities for first level of care with the community (proposed guidelines and tools for operating the primary care teams at the Integrated Health Services Network (RISS), PROAPS/JICA).

- The project completed a proposal for a technical guide for the organization and functioning of the referral-response system as a linkage element for the integrated networks and to ensure complementarity and continued care. The guide was presented for validation by the regional teams from five health regions and the project is waiting for official approval.
- Given the close connection between the configuration and delimitation process of the RISS and categorization of health facilities (which are part of the organization of the provision of health services), support was provided to the Department of First Level of Health Care Services (DSPNA in Spanish) responsible for these processes to ensure that the categorization is appropriate and coherent with the configuration adopted by the regional conduction teams. Simultaneously, the team responsible for this process is working, with General Directorate of Standardization (DGN in Spanish) technicians, on the standardization tools to be adequate that will regulate the organization and operation of the RISS and the included facilities.
- Approval was received from the Integrated Health Services Network deputy secretary for the document containing the proposal for the guide to define the group of guaranteed health benefits. The process is being developed according to the road map agreed with the partners and is the responsibility of the interinstitutional nucleus team (MOH, IHSS and UNAH), with support from medical specialists from the Teaching University Hospital and San Felipe General Hospital and direct technical assistance from PAHO and ULAT. This document was utilized as the framework for the AIDSTAR-Plus Project and by MOH central and regional level technicians for the definition of the specific package of benefits for the key STIs/HIV/AIDS population. Advances have been made on the configuration of the Guaranteed Group of Health Benefits (CGPS in Spanish) for the marketing of health and disease prevention and damage and the project is working on benefits for the recovery of health. Simultaneously, the responsible team has advanced on the design of the terms of reference for the national consultancy in support of the international PAHO consultant who will be carrying out the cost study for the Guaranteed Group of Health Benefits.
- The proposed basic guide for the design of the logistics system was finalized for managing the supply chain and acquisitions.
- Approval was received for the proposal document for the “National Model for Health Human Resources based on Competencies”. Based on this a plan was proposed for its socialization in two phases: (i) within the MOH and (ii) with sector institutions that are part of the National Council of Human Resources in Health (CONARUHS) and others. This plan could not be implemented due to the change in the human resources director. Even so, contact has been established with the new official in charge and the project expects to coordinate the date for a work meeting during which ULAT support will be described along this action area. Reactivating activities in this process is importance because the framework law for the social protection system points out that the national health system should include at least six components and two of them are closely related to the human resources management process.
- Follow up was provided for the national health model implementation plan, which continues under 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 the Integrated Health Services Network (DGRIS in Spanish), the Decentralized Management Unit, the General Directorate of Human Resources in Health (DGDRHUS in Spanish) and the Management Planning and Evaluation Unit (UPEG in Spanish) and at regional level by the regional conduction teams.

- The development of the National Health Plan was initiated, contemplated in Article 50 of the Framework Law for Social Protection and the purpose of which, among others, is to optimize the quality and efficiency of the public health services integrated network. This plan should be completed by the end of May 2016.

## Programmatic Challenges

There are several challenges faced throughout the period in order to obtain the advances made:

- On several occasions, the multiplicity of activities and tasks in which official counterparts are immersed created difficulties in organizing and harmonizing timely compliance of acquired commitments, to the detriment of the continuity and speed needed for the construction of proposals.
- Preparation of the pending guides in the established term, given their complexity and the current conditions of the functioning of the MOH.
- The delay by the MOH political level in decision making for approval of the guides.
- The socialization and validation process of the guides with newly appointed officials in the system having limited knowledge of the system and the reform process, with undefined work assignments and during a phase of administrative transition.

### *4.2.1.4 Strengthened decentralization of health services to increase access and coverage.*

With the incorporation of second level providers, the decentralization of the management of health services provision networks has continued to advance. This is presenting significant challenges for service improvement at all MOH institutional levels and with the health services managers themselves. Some of these challenges include strengthening the contracting of services from the central entity, the development of management capacities managers of provision of services, the control and accountability of that management and the development of management tools for the process at the regional level.

Technical assistance in this area has been developed with active participation of the MOH counterparts, achieving the gradual development of the capacity of the institution's technical resources and improvement in institutional performance.

During the final phase of this period, support was concentrated on the Decentralized Management Unit (UGD in Spanish) and the Department of Second Level of Health Care Services (DSSNA in Spanish), due to the process of delegating the management of five hospitals through a decree issued by the president in the council of ministers. These hospitals are the Mario Catarino Rivas, Leonardo Martínez, Juan Manuel Gálvez, Enrique Aguilar Cerrato and the Puerto Lempira Hospital. The assistance requirements for the different levels of management and for the managers themselves are high and the project is preparing a plan to address these issues.

## **DECENTRALIZATION**

The adoption of relationship tools for all managers and providers and the implementation of a results-based management model established by the MOH for decentralized hospitals, are examples of advances made in the decentralization process during this period. Additionally, the Teaching University requested that the MOH develop coordination mechanisms to improve access and care for the users of hospital emergency services in order to organize and strengthen integration within the public services network.

In its fourth year, the project proposed to continue to provide technical assistance in the decentralization processes for the two levels of care, through the following action areas: (i) socialization and training for regional health teams on the “Guide for the Development of the Regional Management Plan for Integrated Health Services Networks”; (ii) the preparation of regional management plans for the networks; (iii) the design and validation of the proposed guide for monitoring the training process for decentralized providers; (iv) the monitoring and evaluation of the implementation of the regional management plans for the network; (v) the development of the competencies at the health regions in monitoring the training processes for decentralized providers; (vi) carrying out the evaluation of the training curriculum for the development of technical and administrative capacities in the providers; (vii) the implementation of the guide for management for results for the decentralized services networks through the adjustment of the operational tools for management for results; (viii) the extension to other hospitals of the implementation of the hospital management model and the development of mechanisms for sustainability of the process; (ix) the development of management agreements and the monitoring tools for decentralized second level of care units; (x) the process to strengthen the emergency area and the Peripheral Clinics, through implementation of management for results with quality at the Teaching University Hospital; (xi) evaluation of the process and the results of the implementation of the hospital management model in three MOH hospitals; (xii) the monitoring and continuous improvement of the Reorganization of Hospital Management (RGH in Spanish) processes under implementation in the public hospital network; and (xiii) strengthening the accountability and transparency process in decentralized managers.

Expansion of the health services management decentralization process has continued towards achieving greater coverage under this type of financial arrangement. The project has been consolidating various technical processes oriented towards strengthening management for results with quality. Technical tools have been generated, and competencies have been developed in professionals at different MOH management levels as well as with the decentralized managers themselves. However, as new management entities are integrated in the process, this training effort should be continued for the managers in order to achieve the stated objectives.

In view of this and to achieve greater consolidation in this process, for the extension period ULAT proposed continuing to assist the expansion of the implementation of the hospital management model and to orient efforts towards the diffusion of the best practices through facilitation among peers, which requires identifying the best resources to share their experiences with other hospitals. The project also expects to complete documenting the processes with the preparation of the pending procedures manuals. The project considers as an essential element, strengthening the hospital support committees and the consultative councils on their knowledge of the hospital management model and its role in

managing hospitals. More specifically, programmed assistance activities consist of continuing with: (i) the implementation of the best hospital management model practices through facilitation among peers; (ii) the work with hospitals in prioritizing implementation of the hospital management model and the development of the mechanisms for sustainability of the processes; (iii) the analysis and use of the evaluation results of the implementation of the hospital management model in three MOH hospitals; (iv) the preparation of regional management plans for the integrated health services networks; (v) the monitoring and evaluation of the implementation of the regional management plan for the services network; (vi) the monitoring of the training process for decentralized providers; and (vii) the monitoring of the accountability process and transparency in decentralized health services managers.

In this area of action, achievements throughout this reported period are:

#### **FIRST LEVEL**

- Given that the USAID-NEXOS project provides technical assistance to a number of decentralized health services managers, activities were developed jointly with the Decentralized Management Unit and ULAT for the definition of the training curriculum based on the needs assessment for improving performance, which was carried out through the application of a survey. As such, a guide was designed for monitoring the training process which is pending for validation.  
On the other hand, advances were made on the preparation of a monitoring plan by utilizing the methodology proposed in the guide to follow up the training, which began with managers in the municipalities of Protección and Macuelizo, and the Chortí commonwealth. The objective of the specific training was to strengthen the competencies for preparing the community family census and the Analysis of the Health Situation (ASIS in Spanish).
- The project has a first draft for the monitoring and evaluation guide for implementation of the regional plans for managing the services network. This guide should be adjusted in accordance with the development and implementation process of these plans.  
Teams from the twenty health regions were also trained on the application of the tools (matrices) for both initial components of the guide and on the guidelines for configuring the Integrated Health Services Networks (RISS in Spanish).  
The monitoring of the decentralized managers by the health regions that is currently being carried out refers in alignment with the agreed results in the management agreements and are determined by factors such as the level of developed competencies of professionals working in institutional as well as manager levels. However, the health regions also need to strengthen supervision and monitoring in order to focus more on a training process than on surveillance.  
The MOH organizational system proposes that the health regions should carry out the function of harmonizing the provision of services as well as monitoring their management. Socialization events were developed during this period with technical teams from the health regions implied in the decentralization of the five hospitals, with an emphasis on hospital management model processes. Initially the manager will be evaluated on organizational aspects included in the model.
- The level of implementation of the curriculum designed for the development of competencies of professionals in decentralized networks has delayed the development of the monitoring and evaluation process. To date, the thematic contents developed with managers based on the curriculum are few and oriented towards a group of managers receiving support for specific projects.

- The project carried out the adjustment of the guide for management for results for the decentralized services networks. Still pending is a socialization event with the Decentralized Management Unit and the subsequent training process for health region technicians. The guide for management for results for the Integrated Health Services Networks with decentralized management orients reorganization of the processes in this area, the production of health services in obtaining the results included in the agreements and accountability in the use of assigned resources.
- Jointly with UGD technicians, the project identified and prioritized fundamental issues in a plan to be developed with second level services managers for them to assume implementation of the management agreement, beginning with strategic and operational planning, continuing with the functions of leading the strategic organism and the clarification of their relationship with the hospital leadership team and with the health regions as the implementing entity, and its accountability.
- The processes and procedures that should be assumed by the Decentralized Management Unit in its new role as the authority for health services acquisition link, were approached in a proposed implementation plan, by identifying the needs for contracting specialized resources in key areas and for leading technical developments and competencies in UGD plant personnel.

### **Programmatic Challenges**

The complexity of this process, added to the diversity of support available to the MOH, are conditioning elements for the effective development of the technical assistance on this issue. The most important challenges during this period were:

- The dynamics and priority of the MOH decision makers to provide greater sustainability and credibility to the management decentralization process in the provision of services have not always been aligned with the opportunities and needs for the development of a technical processes. As an example, there is the lack of prioritization for the implementation of socialization and training activities for health region teams on the Guide for the Development of the Regional Management Plan for the Integrated Health Services Networks in technical support for the preparation of regional management plans for the RISS and the development of monitoring and evaluation of the implementation of regional management plans for the services networks.
- The sustainability of the results achieved and the galvanization of the improvement processes in different areas of management, when there is non-compliance by the MOH in the responsibilities established in the management agreement, especially in relation to the timeliness of the disbursements.
- Concrete coordination efforts with other projects providing technical assistance on this issue and with which the project has to align the proposals. As such, the project can mention that the training process for decentralized managers has been partially carried out and was not developed in the agreed time period and as such, its monitoring will also have to be partially carried out. Further, its evaluation had to be restated as to form and content.
- Advances made in the design of the proposals with counterpart teams, the majority of which are new to the process.

## SECOND LEVEL

- Organization of the hospitals under a systematic focus and management for results in order to generate favorable internal conditions as to work processes, has been implemented in three pilot hospitals, by strengthening the understandings and tools, as well as continuous improvement and the exchange of experiences with each other and with other hospitals for the purpose of contributing to the sustainability of the involved processes. Beginning in January of this year, the process was expanded to the rest of the public network hospitals.  
The evaluation of the degree of implementation of the hospital management model has demonstrated the need to: (i) develop a follow up and training process which is systematic and permanent on issues of leadership, management and human relations for personnel occupying leadership positions; (ii) carry out a technical study on the performance of the human resources, the identification of the need for additional personnel to cover the new functions and a system of incentives for committed and motivated personnel; (iii) prepare a technical and economic proposal supported by the project with the MOH political level, the subsequent step in implementation of the hospital management model for making official new management positions, their profiles and salary levels as well as the reclassification of civil service positions as required; and (iv) prioritize the review of the hospital information system or at least of the hospitals implementing the hospital management model with decentralized management for the purpose of guaranteeing standardized, quality information for making timely decisions, which permit measuring the effectiveness and efficiency of the provision of services under the new management, in the short term.
- Management agreements were reviewed for the 2015 fiscal period for the purpose of adjusting the objectives into concrete and measurable results as well as for the substitution of the monitoring and performance indicators focused on processes, with indicators of product results and the results of impacts wherever it is possible to measure them. In this framework the project proposed to focus on at least three kinds of activities: (i) analysis of the statistics received monthly; (ii) audits of some processes; and (iii) verification in the field of noncompliance with continued improvement by managers and the result of the analysis of statistics for the production of services.
- The project supported following up the implementation of the hospital management model in the three hospitals (San Lorenzo, Juan Manuel Galvez and Enrique Aguilar Cerrato). Discussions held with technicians from the Department of Second Level of Health Care Services (DSSNA in Spanish) on the conceptual and methodological understanding of the hospital management model and exchanges of good practices between hospitals, resulted in favorable conditions for the DSSNA to assume the challenge of extending the application of this model to other public health services network hospitals.
- MOH authorities approved implementation in the rest of the network hospitals of some of main hospital management model processes, with the objective of generating better conditions of care and response to the users as well as improved leadership of these services. As such, officials from all public network hospitals were trained on the conceptual technical understandings in the hospital management model and on operational understandings of prioritized processes. This implementation is favored by experiences and capacities generated in the three hospitals where the process was initially implemented two years ago.
- With the decision of the MOH to expand implementation of the hospital management model during a first phase, with prioritized processes at the level of the public hospital network, the transition

initiated from the so called Reorganization of Hospital Management (RGH in Spanish) to the new hospital management model. In order to facilitate this, training workshops were developed and the executive document “Moving from the RGH to the MGH” was prepared.

Many of the processes contained in the reorganization of hospital management guidelines were renewed in the hospital management model and in some cases have been positioned with a strategic vision. In essence, the RGH was a transitional phase in this process of organizing management of hospital services that generated a culture of measuring and reporting, and facilitated the adoption of relationship tools such as management commitments with their own health services provider units beginning in 2014.

- The project facilitated the development of visits to hospitals implementing the hospital management model by officials from hospitals that will initiate implementation. The objective has been to comply with the startup, which is being monitored and supervised by the DSSNA technical team: (i) an exchange of the hospital management model good practices was developed between the three hospitals (Juan Manuel Galvez, Enrique Aguilar Cerrato and San Lorenzo), during which evidence was provided of the advances made in the reduction in waiting time for surgeries and consultations, the reduction in hospital costs which is a result of the efficient use of the installed capacity of the operating rooms and also from the control of the stock of supplies through the stock pact, as well as a greater degree of motivation, commitment and participation by the hospital directing and technical teams and (ii) an exchange visit was facilitated for general services personnel from the Teaching University (maintenance, warehouse, laundry, security, morgue, machine room) and their peers at the Juan Manuel Galvez in Gracias Lempira, for the purpose of learning and adapting the new procedures introduced through the hospital management model in these hospital areas.

The project also supported the Department of Second Level of Health Care Services on the startup of the implementation plans for the processes that were prioritized for hospitals not included in the implementation of the hospital management model and the project is following up plans developed for hospitals through visits to carry out technical reviews. In addition, exchanges of specific, highly relevant processes such as management of surgical programming were developed with the participation of surgeons for them to learn about the experience of their colleagues in other hospitals.

- Support was provided for the process of analyzing and identifying a viable mechanism to permit decentralization of five other public network hospitals and approval was received for these hospitals to modify their management mechanism, with the utilization of the guide for estimating goals based on demand-supply and by delegating this process to the managing instance.
- The quality system section of the systematic structure of hospitals was presented to the MOH central level unit of quality by the pilot hospitals and the Department of Second Level of Health Care Services team. With this, coordination was established and the scope of work was defined for the unit of quality. Given the culmination of the technical assistance provided by the firm of CSC to pilot hospitals, the DSSNA is reviewing and adjusting the manuals to be delivered to the technical teams. The pilot hospitals have a plan for sustainability which is under implementation.
- Along with the DSSNA, the UGD and the San Juan de Dios Psychiatric Hospital technical team, the project carried out the review, analysis, and discussion of the technical proposal for managing these health services for the population requiring them in the Northeast area of the country.
- Monitoring the plan for the sustainability of the implementation of the hospital management model in the three pilot hospitals demonstrated to be sustained work, although with dissimilar advances

made because the prioritized areas of intervention and the realities of the context each is confronting were different. Some processes cannot be assumed due to the limited available resources and the unavailability of certain professional profiles, the lack of information technology and the limited support they receive from central entities to continue with strengthening the management of their services.

- In the framework of the hospital management model and the integration of the hospital services network, the project continued to provide technical assistance to the University Teaching Hospital. More specifically, support was provided to emergency area and administrative teams by generating proposals for improvement to resolve problems found in the following areas: (i) in regards to triage, the project proposed the organization of the room for identifying already classified patients, the standards manual for interns and physicians that operate the rooms and the emergency registration sheet; (ii) the process of evaluation support for laboratories with a proposal for taking and holding samples and for carrying out tests at emergency terminals; (iii) the information system with a proposal for a dropbox for final disposal of emergency records; and (iv) the availability of supplies and administrative support with a proposal for the redesign of the acquisition process and the redesign of the organizational structure for the directorate of finance and administration. The project also supported the area of resources management, specifically in the supply chain processes (acquisitions and storage), accounting, cashier and social work. The technical processes in these areas were redesigned and approved by the leadership entities of and the processes were subsequently started up. Teaching University authorities are required to make an effort to prepare a management plan that will lead to the development and implementation of the systematic focus and management by processes, in a global manner, in order to approach the high degree of complexity found at this hospital.

### **Programmatic Challenges**

There were many varied challenges that the project had to address during the period:

- Delays in the decisions to socialize and communicate approval of the hospital management model, as well as to continue decentralization in the other two hospitals already approved through a loan agreement with the IDB.
- The Department of Second Level of Health Care Services technical personnel were reduced during the process of implementing the MOH organizational development.
- The slow implement process of the hospital management model by the consulting firm of CSC at the level of the hospitals and the technical support required by DSSNA which was greater than anticipated due to finalization of the CSC activity were also challenges. In addition to the initiation of the hospital management model implementation process throughout the hospital network.
- The crisis created by the lack of available resources at hospital services level to address the high demand for care due to the prevalence of some diseases.

### **Deliverables IV quarter**

- Quarterly progress report on peer facilitation for the implementation of the hospital management model, including the report on improvements implemented.

## Additional Deliverable

- Final consulting report from Ms. Vanessa Juarez on strengthening the university teaching hospital in the emergency system and on quality management with emergency services. Date: December 2014 - June 2015.

## SOCIAL AUDIT

- The project finalized and socialized the Guidelines for Social Audits and Accountability to the Population in the Framework of Transparent Management of Decentralized Health Services, and basic understandings were generated through training the health regions technical teams and the technical coordinating managers.
- Support was provided for the preparation of the document Transparency in Public Management in Decentralized Health Services, developed with the objective of providing information to managers in relation to existing regulations in the country on social control processes, which permit active and informed participation, when accountability is carried out to the population or when the institutions submit to social audits. Training was provided to technical teams from 33 managers for them to implement these processes.
- Jointly with the Decentralized Management Unit the project trained the coordinating team managing the Lepaera on the document referred above. Because the Lepaera manager is the municipality, accountability to the population was carried out jointly with the general accountability for the municipality. Item number 10 of the minutes of the first open town meeting on February 19, 2015 indicates that the report on decentralized health services was made known, including the different activities. A printed copy was left at the municipal offices.
- The leadership team from the Happy Mother Association (MAFE in Spanish) was trained on the critical path for the document, Transparency in Public Management of Decentralized Health Services. Technical support was provided for the preparation of the report and its presentation was carried out during an open town meeting which was held on February 27. Based on the analysis and recommendations resulting from Accountability to the Population (RCC in Spanish), the project initiated follow-up of the plan for continuous improvement of quality in the manager. Accountability was carried out with assistance from the Mayor and his councilmen, central level health authorities and the community in general. Some of the general aspects of the process that can be mentioned include: (i) the participation of around 500 persons from the community; (ii) the space provided by the mayor's office during the open town meeting; (iii) the questions and answers with good participation by the citizens and the recognition of the Happy Mother Foundation for their clear and organized presentation; (iv) the expression of satisfaction for the opportunity provided to know the income and expenses of this manager; and (v) the recognition that the Happy Mother Foundation has good management and maintains a considerable supply of medications, to provide good treatment.
- The San Lorenzo Hospital was subject to a social audit in October. For this, the Preaching and Healing Organization (PREDISAN in Spanish) which is the manager that carried out the accountability process. A social audit was carried out for a health services network manager in Santa Barbara.

These processes continue to be considered as emerging with many opportunities for improvement and development in the majority of health services managers.

- Training events were carried out oriented towards technical teams from all health regions with the objective of strengthening and developing capacities of accompaniment for the managers, in their preparation for social audit processes and for accountability to the population (RCC) in compliance with the management agreement subscribed with the MOH. These mechanisms have been established to ensure achievement of the agreed results with transparency, equity, efficiency and quality. The UGD and the health regions should continue monitoring and learning the development of these processes that contribute to transparent management, in order for improvements to be implemented.

### **Deliverables IV quarter**

- Semiannual reports on the progress of the process of accountability and transparency.

### **Programmatic Challenges**

- The lack of experience in this issue and ignorance of the existing legal framework in the country by MOH counterparts as well as the political component surrounding this issue turns it into a complex process.
- The lack of prioritization of this issue by the MOH leadership groups. Because this is a two way process, in which the manager and the MOH are evaluated, this adds concerns to the galvanizing of the issue from the institution.
- Not including accountability and social audits on municipal agendas for carrying out open town meetings prevents managers from carrying out the audits, requiring additional efforts to find the appropriate opportunity to carry them out.

#### ***4.2.1.5 Strengthened and expanded social protection, including maternal child and family planning services for underserved and vulnerable populations.***

For the achievement of this sub-sub result based on definitions established in the proposal prepared by ULAT on the strategic, technical, and operational framework for the social protection in health system (SPSS in Spanish), the project expects to continue with the design and approval of the group of tools for the system, and proposed supporting their incorporation in agreements with decentralized providers at the first and second level of care.

### **PUBLIC ASSURANCE**

In line with the advances made to date for year four, the project considered that there were favorable conditions for the issue of assurance to be galvanized. As such, the project was led to continuing to support this issue at the MOH due to ratification of agreement C-103 of the ILO, the approval of the social protection policy, the demands of the population for a change in the national health system, the political statements made at the highest levels regarding the issue of universal assurance in health and the expression of the political statements in the 2014-2018 National Health Plan, which establishes the

issue of assurance as a priority. Support was continued by the project through: (i) the validation and socialization of the framework of reference for the construction of a Identification of Beneficiaries System (SIB in Spanish) of the SPSS component in the national health model and (ii) the definition of the technical proposals for the management tools for the social protection in health system in the national health model.

Approval of the Framework Law for Social Protection configured a different scenario and defined new institutional and essential roles for the system of public assurance in health through which the proposal developed is definitely invalidated and as such the project considers that objectives initially stated are achieved.

Nevertheless, what the project carried out corresponding to this issue is described as follows:

- The proposed framework of reference for the construction of the system for the identification of beneficiaries (SIB in Spanish) of the SPSS component in the national health model, was submitted for review, re-structuring and validation, in light of the conceptual and strategic elements which were incorporated in the proposal for the framework law of social protection under discussion at the time. With the draft proposal the project supported discussions with the UPEG team, for deeper understanding of this issue and in view of this process, the UPEG developed the Plural System of Assurance in Health for the Persons, Subsidized Regime document, which was submitted to the team, which standardized the concepts and incorporated the inputs received.
- The project participated in work events with the MOH and PAHO for the purpose of establishing the road map and to discuss organizational aspects for the activities associated with universal health coverage which is an area of work for this organization.
- The proposals were completed for the management tools: (i) the methodology for the identification and incorporation of prioritized human groups in the cost structure of subsidized public assurance, incorporating gender and age variables in order to decide who should be subsidized; (ii) the control system for implementation of contracts, and agreements in the SPSS to be implemented with operating managers independent from decentralized services, in the current parameters of MOH actions; (iii) the methodology for the SPSS financial control system, defining the processes over which it is feasible to apply regulations and who the actors are having the authority to carry it out; (iv) the modalities of the type of decentralized management for health services, the public-public modality; and (v) the establishment of a regime of public assurance in health.

The MOH established and officially assigned the counterpart technical team for socialization of these proposals and a note was received acknowledging official reception of the documents which included the reference that the documents provided technical assistance for their internal processes on this issue.

The project reiterates that with approval of the framework law for social protection, achievements under this area were no longer valid because their premise differs from those developed here.

### **Programmatic Challenges**

- The uncertainty generated by the approval of the framework law for social protection and the postponement of the issue until the law was approved, slowed the process and implied that it would lose validity.

#### *4.2.1.6 Strengthening capacity of the national system of quality in health to improve maternal child and family planning services for underserved and vulnerable groups.*

At the beginning of the project, the MOH initiated actions to define a system for quality in health and a national policy, with the understanding that these would define and orient activities related to quality of the supplies, services and the management of processes in the health system, for which the project established strengthening the MOH capacity as a line of action for this issue.

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

The policy of quality and the national System of Quality in Health (SNC in Spanish) approved in February 2011, was validated in the 2014-2018 National Health Plan, which established as a goal the development and application of a plan for the implementation of the system of quality in health. The regulatory component of this plan presents a specific area of action related to strengthening quality as a policy and a crosscutting axis throughout the health system. As such, for year four, the project proposed providing technical assistance in: (i) the review and redesign of the implementation plan for the national system of quality in health (SNC in Spanish); (ii) the startup of the implementation plan for the SNC; (iii) the identification for the preparation and/or adjustment of technical proposals for selected standards; and (iv) the development of capacities for standardization and verification of compliance.

Advances obtained along this area of action are described as follows:

- Because the processes to contract consultancies foreseen to facilitate implementation of the policy of quality and the plan for the national system of quality in health were declared as failed, and the difficulty due to the prolonged period of time for the definition of a counterpart responsible for the process by the MOH, a work proposal was designed to permit advancing on the preparation of the evaluation of the implementation of the quality policy. The project formed a work team with MOH officials and discussions of this issue initiated.
- The methodological design and work plan were prepared and discussed to carry out the evaluation. The main techniques incorporated in the methodology were the document review and the collection of qualitative information through semi structured surveys, for the purpose of obtaining information from the perspective of the different scopes of the management of quality. A workshop was developed during the implementation of the work plan with the participation of 30 central level officials during which the surveys were completed. For obtaining information at the regional level, at the services networks level, the IHSS and private sector representatives, the surveys were completed via email.
- The results of the evaluation are contained in a document which was submitted to the MOH unit of quality for its application and follow up. Analysis of the results demonstrated that (i) the current national policy for quality in health does not comply with the structure currently established by the Directorate of Regulation; (ii) the Strengths, Weaknesses, Opportunities and Threats evaluation carried out by central level officials



Figure 12: SNCs Assessment. May 2015

contains more weaknesses and threats than strengths, which should be taken into account for implementation of a reformulated National Plan for Quality in Health (PNCS in Spanish); and (iii) central level officials who were surveyed admit they know nothing or very little about the policy and suggest that they should be trained on the contents, on continuous improvement of quality, and on management, leadership and management control issues in order to be able to collaborate.

In line with this, the project recommended preparing an implementation plan for the policy that as part of its actions, includes updating it and the incorporation of substantial elements through which solutions will be provided to problems found during the diagnostic.

#### **Additional Deliverable:**

- Report of the assessment on the advances of implementation of the SNCs.

### **IR 4.4 Data use for decision making**

Under this intermediate result the project sought to build the MOH capacities to interpret data and use it as the basis for developing policies and making decisions in the framework of an expanded and strengthened management follow up and evaluation process, with updated and improved monitoring and evaluation systems, epidemiological surveillance and health through (i) the use of surveillance systems; (ii) the design and implementation of the MOH Integrated Health Information System (SIIS in Spanish); (iii) monitoring and evaluation of the performance of the health system and (iv) the strengthening of the MOH capacity to generate and use evidence to improve the health sector response.

#### **Sub IR 4.4.1**

#### ***Updated and improved monitoring and evaluation and epidemiological surveillance in health***

Under this result, the project sought to provide technical assistance on the characterization of child mortality, sustained surveillance of maternal mortality and deeper analysis of maternal and child mortality in hospitals and regions, to improve decision making. Support was also provided for the development of a management monitoring and evaluation system linked to the institutional planning process.

*4.4.1.1 Improved the MOH capacity on the use of epidemiological and health surveillance systems and its capacity to generate and utilize evidence to respond to underserved and vulnerable groups.* This sub-sub intermediate result has been combined with the previous sub-sub intermediate result 4.4.1.4, in view of the fact that both will be worked jointly.

#### **HEALTH SURVEILLANCE**

At the end of project year three the review of the National Health Surveillance Standard (NVS in Spanish) was newly galvanized which at the time achieved the official launch and socialization and the project considered that implementing it would require the development of competencies and tools for

its operation and to carry out actions in congruence with the objectives in the 2014-2018 National Health Plan. As such, the project proposed supporting: (i) the expansion of the process for a deeper analysis of maternal and child mortality in hospitals and regions for better decision making; (ii) the implementation of the use of the data base of the surveillance sub-system of child mortality in hospitals; (iii) the sustained surveillance of maternal and child mortality; (iv) the socialization process of the results of the 2009-2010 study report on the characterization of child mortality; (v) the establishment of the national health surveillance standard elements that should be incorporated in contracts with decentralized managers; and (vi) the consolidation of the new health surveillance unit structure.

For the extension period, the project proposes continuing with this intervention under the area of work linked to the accelerated reduction of maternal and child mortality corresponding to intermediate result 4.2. The project specifically established: (i) supporting sustained surveillance activities in maternal and child mortality, through participation in surveillance committee meetings, by following up the analysis of maternal and neonatal deaths in hospitals and health regions, on socialization of the results of the surveillance and the expansion of the implementation of the guides for deeper analysis and (ii) supporting the implementation of the technical assistance plan to strengthen interventions oriented towards reducing maternal and infant mortality in the El Paraíso health region.

The advances made were:

- The tools were approved for deeper analysis of maternal and child health by the Health Surveillance Unit (UVS in Spanish), although their use has not been extended to other regions because the unit prioritized activities to address problems in epidemics.
- The project socialized the study of the Characterization of Child Mortality for 2009-2010 through distribution at national level via email to approximately 200 officials interested in the issue.
- Approval was received of the report on surveillance of maternal mortality for 2012 and the draft report on sustained surveillance was reviewed for 2013. At the request of the MOH, both reports are in the printing process and the project expects to socialize them before the end of the year.
- Meetings were held with UVS personnel for discussing elements related to the National Surveillance Standard (NVS in Spanish) that should be incorporated in first level decentralized management agreements. For this, the project reviewed the reference documents: the management agreements in force, the National Surveillance Standard, the Organization and Functions Regulation (ROF in Spanish) and the Organization and Functions Manual (MOF in Spanish) at the central as well as regional level. As a result, a proposal was prepared that establishes the requirement of including a specific objective for this issue in the agreements, and to specify the roles of the MOH and the managers as well as the tools that should be annexed to the agreement. The agreements were finally reviewed and the surveillance elements the project considered should be included were updated.
- The project prepared the processes and procedures manual for the Health Surveillance Unit. Several workshops were developed for this with the participation of all UVS technicians. The explanation was provided for why the new organizational development process was moved from one general directorate to a strategic unit under the authority of the minister's office. An analysis was also carried out of the legal frameworks approved in this regard. The flows and diagrams for the macro processes were developed for the workshops, which are in the scope of this unit, permitting all technicians to become involved and understand the interactions between the areas themselves and with the rest of the MOH units.

## **Programmatic Challenges**

The challenges faced during the period were dictated by:

- The lack of decisions made at the political level to culminate the socialization process for the child mortality study and all issues related to sustained surveillance of maternal and child mortality.
- The lack of time on the UVS agenda resulting from the situation that the few resources available for national and international epidemiological emergencies such as chikungunya, dengue and ebola require immediate responses.

*4.4.1.2 Improved capacity of the MOH Integrated Health Information System (SIIS in Spanish) to support the surveillance system and monitoring and evaluation focused on vulnerable and underserved groups.*

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

In this area of work, activities included in different project annual plans were progressively delayed because financing foreseen from the government Canada to implement the integrated health information system has not been available and the project cannot continue to create expectations with aspects that are not under the dominion of the project, although it is very clear that the process continues to be essential for surveillance, monitoring and evaluating. To date, the horizon for initiating the project to develop the SIIS with Canadian cooperation funds are undetermined.

During the period, assistance efforts were oriented towards:

- Maintaining permanent contact with the Management Planning and Evaluation Unit (UPEG in Spanish) on the issue of the definition of strategies and the methodology for the development of the SIIS in the framework of reform.
- Preparation of the Information Management Unit (UGI), as a way to strengthen it and place it in the adequate conditions for the moment the referred project initiates.
- Support the meetings for the UGI to carry out the analysis and updating of the SIIS strategic plan in light of changes and organizational and functional development that have occurred at the MOH since the signing of the memorandum of understanding.

*4.4.1.3 Improved capacity of the MOH to monitor and evaluate the performance of the health system sector.*

### **MANAGEMENT MONITORING AND EVALUATION**

Between 2013 and 2014, the Management Planning and Evaluation Unit prioritized the institutional planning process and in this context advances were made on the conceptual design, the development of the dashboards and the identification and preparation of indicators, linked to the 2014-2018 National Health Plan and to the 2014-2018 Institutional Strategic Plan. The guidelines issued by the Presidential Directorate for Management for Results (DPGPR in Spanish) and the Sectorial Cabinet for Development and Social Inclusion, introduced elements that required incorporation and consolidation in the System for Monitoring and Evaluation of Management for Results (SIMEGpR in Spanish). These guidelines included some indicators that should be conceptualized and included in the strategic profiles of the programs and the institutional performance dashboards. In order to provide support for the MOH in

this area of action the project proposed to provide technical assistance for the preparation and startup of the SIMEGpR implementation plan.

The activities are described as follows:

- The SIMEGpR approved by the UPEG is available, which includes the monitoring and evaluation tools.
- The project supported the preparation of the SIMEGpR implementation plan that articulates the main elements and phases for its startup and development.

The development and preparation of the SIMEGpR was a complex process due to: (i) the structure and characteristics of the 2014-2018 Institutional Strategic Plan, revolving around the nine strategic objectives, management results, final products and intermediate products, which should be followed up and evaluated; (ii) the requirements of the different platforms that have emerged from the new government structure in sectors; (iii) the development of the data collection tools and the determination of the responsibilities of the units in relation to data collection, flow, storage and maintenance, with the scenario of the responsibilities and functions it assigns to organizational development; and (iv) the link of the indicators of each of the platforms in the framework of the SIMEGpR and harmonization and coherence of the goals.

- The SIMEGpR was constructed at the upper management levels, providing great areas of policies and strategies that should be monitored and evaluated and from the operational levels, generating and collecting data that are required for the construction and follow-up of the indicators. This two-way effect during construction permitted implementing the tools in the different platforms and coordinating the design and preparation of the tools and the operationalization of both platforms with the Presidential Directorate for Management for Results and with the Sectorial Cabinet.
- Central level unit capacities were developed, led by the Management Planning and Evaluation Unit, the Information Management Unit and the General Directorate of Integrated Health Services Networks, which were first to design the platform contents with the implementing units which have been trained to introduce data directly in the Presidential Directorate for Management for Results platform.

### **Programmatic Challenges**

The following constituted important challenges:

- The involvement of the technical team and its raising awareness of the need to make the SIMEGpR available as well as the tools for the preparation of indicators.
- The changes in counterpart technicians halfway through the process generated new scenarios which required successive changes in focus in the document and tools, resulting at some point in slowing down the activities.
- Harmonization of understandings on the structure and content of the SIMEGpR and the tools for measuring results.
- The integration and harmonization of the understandings related to data generation and the use of the information from government sectorial and institutions platforms, with quality data in a timely manner in the framework of particular competencies.

#### *4.4.1.4 Strengthened MOH capacity to generate and utilize evidence for improving sector responses to vulnerable and underserved populations.*

The project anticipated the need to carry out studies that provide the necessary elements for the analysis of the health situation and to know the existing inequities in greater detail, in order to reorient strategies and policies that will lead to overcoming them. With the results from the studies, the project considered that support could be provided for the planning to be focused on specific groups, on situations of exclusion and to strengthen criteria for budgetary assignation.

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

During a previous implementation period, the project completed the cost and financing in health study and as such, for year four, the project proposed providing assistance to carrying out a study on equity in health financing. The degree of advances made in this area is described as follows:

- With support for the MOH for decision making based on data and evidence provided by the studies carried out, the project focused on the use of the cost and financing study with a base year of 2011. The development of this type of study in the country is highly limited and those that are carried out are not sufficiently socialized. In the majority of cases these are products of isolated consultations and the data is not necessarily available for decision making. As such, one of the objectives of studies supported by the project have included a strong emphasis towards building capacities in institutional technical teams in order to facilitate subsequent studies, to have sufficient knowledge of the entire research process, information collection, data base management and analysis, in order to internalize the result as a product of the institution that would serve for decision making.

With this study, the following activities were carried out: (i) its dissemination was supported by different communications media in the country for the purpose of ensuring that the publications were in concordance with study results; (ii) the presentation of results was supported during a meeting held with USAID officials, which generated an interesting debate on the scope of the results; (iii) the project supported the review of the estimates for health costs (1995-2013), sent by the WHO (Geneva), and in light of information from studies prepared in the country the numbers were corrected; (iv) the review of the data matrix requested by the WHO was finalized for its inclusion in the 2015 report on worldwide health statistics, which was submitted by the MOH to PAHO; and (v) a copy of the results of the study was provided to the president of the IHSS intervening commission.

Given the results obtained, interest has been expressed in supporting a new study with 2014 as the reference year and taking advantage of the capacities developed in UPEG technicians.

- This line of action also considered the development of an investigation on health financing equity. The stated objective for the study was to analyze financing data for health care, the criteria and mechanisms for assignation with the integration of variables such as gender, age groups and income quintiles in each of the health regions. Based on the results, the project would propose an efficient and equitable system for the assignation of resources. Although carrying out this study continues to be valid, its implementation was deterred by not locating available qualified human resources during the competition processes carried out.

### **Programmatic Challenges**

- An important difficulty was finding the qualified available human resource for the implementation of the consultancies estimated for this process. Conceptualization for the cost and financing study had to be adapted and was carried out with national consultants with support from experts during specific moments. For the study on equity in financing this was such a significant obstacle that the study could not be carried out.

## VIII. Deliverables: October 2014-September 2015

### *Products Delivered during year four, Quarter I*

<b>Documents Delivered</b>	
1.	Quarterly Gender Bulletin Y4Q1
2.	Report on gender activities carried out on commemorative with the ULAT team, #1
3.	Quarterly report on follow up of gender aspect activities at the ICEC
4.	Report on compliance of FP scheduling of decentralized suppliers.
5.	Monitoring and evaluation reports on implementation of the EGSPF.
6.	Reports of trainings carried out.
7.	Logistics reports obtained from the HCDL tool (January to October 2014)
8.	Reports on advances made in the ICEC training process
9.	Reports on training in the application of maternal and neonatal standards, utilizing the designed methodology and tools.
10.	MOH's approval note of the manual on operating processes and procedures of the health regions
11.	Document of the proposal of the implementation plan for the 2014-2018 national health model
12.	Quarterly report on implementation of the hospital management model
13.	Quarterly report on advances made in the re-design of the processes and functional organization of the Teaching University emergency service
14.	Quarterly reports of the process and the results of accountability and transparency as well as of the social audits carries out with on the managers
15.	Report on advances made in application of the SPSS
16.	Quarterly reports of advances made in implementation of the SIMEGpR.
17.	Report on the Study report on cost and financing study
<b>Contract Documents</b>	
1.	Quarterly Report, year 4, quarter I.

### **Additional Deliverables**

1. Final Consultancy Report from Mr. Rosa Carcamo. Strengthening the process of Reorganization of Hospital Management  
Date: May 19 to November 18, 2014
2. Final report from Dr. Kenya Videa: Designing a methodology for implementing the AIN-C strategy feasible for decentralized suppliers
3. Final consultancy report from Ms. Maria Sandoval. Design of the expenditure and financing study

### *Products Delivered during year four, Quarter II*

### **Documents Delivered**

1. Proposal document of the gender elements to be incorporated in the RAMNI evaluation.
2. Quarterly Gender Bulletin Y4Q2
3. Report on activities carried out for each commemorative date and the results
4. Quarterly reports of ICEC follow up activities in gender aspects.
5. Report on the gender elements incorporated in the SPSS management tools for the new national health model.
6. National consolidation approved of programming family planning activities.
7. Updated family planning guidelines document.
8. Document systematization of logistics of contraceptives.
9. Consolidated programming of family planning methods at the IHSS.
10. Monitoring and evaluation reports on implementation of the EGSPF.
11. Reports of training carried out.
12. Reports of advances made in the maternal homes training process.
13. Reports of the events to exchange experiences.
14. Report on training rural family planning monitors.
15. Report on monitoring the ICEC process.
16. Reports of training in the application of maternal and neonatal standards by utilizing the designed methodology and tools.

17.	Document containing the plan for monitoring and evaluation of the Institutional Strategic Plan (PEI in Spanish) adjusted.
18.	Report on competencies developed in strategic planning.
19.	Report on training human resources from the Planning Unit and Department of Health Services Networks of the Health Regions on the processes and procedures manual at regional level and the basic positions and profiles template of the health regions' human resources
20.	Report on the process to prepare and implement the plan.
21.	Document containing the guide for monitoring the training process for decentralized providers (phase II).
22.	Report of advances made in the training process for first level of care networks managers and providers.
23.	Report on the follow-up the implementation of the guide to management for results for the RISS with decentralized management and its tools.
24.	Quarterly report on advances made on implementation of the hospital management model.
25.	Quarterly report on advances made on the re-design of processes and functional organization of the emergency service of the University Teaching Hospital.
26.	Report on the results of the implementation process of the RGH guidelines.
27.	Quarterly reports on the process and results from the accountability and transparency and social audits carried out with the managers.
28.	Reference framework document for the development of a system for the identification of beneficiaries of the component of the social protection system in health in the national health model.
29.	Document containing the technical proposals for the management tools.
30.	Document containing the methodology for identifying and incorporating human groups prioritized to cost structure of insurance.
31.	Document containing the control proposal for the implementation of contracts and agreements of SPSS.
32.	Document containing the proposed system of financial control of SPSS.
33.	Document modalities proposed type of decentralized management of health services, public-public mode.
34.	Progress report on the implementation of SPSS.
35.	Reports on activities carried out on maternal and child mortality surveillance.
36.	Quarterly reports of advances made in implementation of the SIMEGpR
<b>Contract Documents</b>	
I.	Quarterly Report, year 4, quarter II.

### Additional Deliverables

1. 38 management agreements signed with decentralized providers.

### *Products Delivered during year four, Quarter III*

#### Documents Delivered

1. Document containing the proposal for the establishment of the integration team.
2. Yearly report on the gender contents approved for incorporation in the evaluation and updating of the EGSPF strategy.
3. Quarterly Gender Bulletin Y4Q3
4. Report on activities carried out for each commemorative date and the result.
5. Quarterly reports on follow up activities of the Joint Implementation of Community Strategies (ICEC) with regards to gender aspects.
6. Reports on the functioning of the Logistical Data Consolidating Tool (HCDL).
7. Report on the broad implementation of the family planning strategy.
8. Report on the increase in coverage of family planning services by decentralized providers
9. Report on the evaluation of the Strategy for Managing Family Planning Services (EGSPF in Spanish).
10. Report on the mid-term evaluation of the RAMNI policy.
11. RAMNI 2014 work plans for selected regions. (El Paraíso).
12. Methodological proposal document for AIN-C for decentralized providers.
13. Reports on training monitor and institutional personnel on rural family planning.
14. Report on monitoring the ICEC process.
15. Reports on training on the application of the maternal and neonatal standards utilizing the methodology and instruments designed.
16. Report on the implementation of check lists.
17. Updated clinical history for neonatal hospitalization
18. Redesigned neonatal ambulatory clinical history.
19. Report on following up implementation of the Base Perinatal Clinical History (HCPB in Spanish) with graphics incorporated.

20.	List of programmable products by tracer product linked to the 2014-2018 PEI
21.	Model for budget assignment based on efficiency and effectiveness.
22.	Report on skills developed in Strategic Planning
23.	Document containing the job descriptions manual (MDP ins Spanish).
24.	Document containing the processes and procedures manual.
25.	Document containing the basic template for regional level positions and functions approved.
26.	Document containing the implementation plan for the approved manuals.
27.	Report on regional organizational development training.
28.	Annual report on the degree of implementation for the new organic and functional structure in the health regions.
29.	Guides for implementation of the national health model designed and validated.
30.	Technical document for the preparation of the monitoring and evaluation plan for implementation of the regional plan for management of the RISS.
31.	Evaluation report on the capacities of decentralized managers.
32.	Quarterly report on advances made in implementation of the hospital management model (MGH in Spanish)
33.	Quarterly report on advances made in the redesign of process and functional organization of the Teaching University Hospital emergency service
34.	Document of the evaluation of the process and results from implementation of the hospital management model in three hospitals.
35.	Quarterly reports on the process and results from accountability and transparency as well as the social audits carried out with the managers.
36.	Adjusted proposal for the implementation plan for management tools from the system for social health protection within the National Ministry of Health.
37.	Report on advances made on the application of the Social Protection in Health System (SPSS in Spanish).
38.	Reports on socialization workshops on surveillance of maternal and child mortality.
39.	Proposal for a modification of the contract which includes surveillance aspects agreed with the MOH.
40.	Report on advances made on implementation of the new internal organizational structure of the National Health Surveillance Unit.
41.	Document containing the management monitoring and evaluation system
42.	Tools for the SIMEGpR.

43. Document containing the implementation plan for the launch of the SIMEGpR

44. Quarterly reports on progress in implementing the SIMEGpR.

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

#### **Contract Documents**

1. Quarterly Report, year 4, quarter III.

2. Work plan extension period. June 2015

#### **Additional Deliverables**

1. Informe de los elementos de género incorporados en las herramientas gerenciales del SPSS en el nuevo modelo nacional de salud.

2. UVS processes and procedures manual

3. Unit Technical Management Projects processes and procedures manual

4. UPEG processes and procedures manual

5. UGI processes and procedures manual

6. 2014-2018 PEI

### *Products Delivered during year four, Quarter IV*

#### **Documents Delivered**

1. Reports on physical inventories May 15, 2015

2. Reports on training the leadership technical teams from the prioritized RISSs and RSDs.

3. Reports on trainings on the use of the tool.

4. Reports on training on the application of maternal and neonatal standards utilizing the methodology and designed tools.

5. Quarterly reports on advances made on implementation of central and regional organizational development.

6. Quarterly report on advances made in the facilitation between peers for implementation of the hospital management model.

7. Biannual reports on advances made in the accountability and transparency process.

8. Quarterly reports on advances made in the process. Maximize empowerment and the participation of women and men in family planning, in the framework of the

ICEC. Gender Component.

**Contract Documents**

- I. Quarterly Report, year 4, quarter IV.

**Additional Deliverables**

- I. Final consultancy report from Ms. Vanessa Juarez on Strengthening the University Teaching Hospital in the emergency system and quality management in emergency services.  
Date: December 2014 - June 2015
2. Report on the diagnosis on progress of implementation of SNCs.

## Results of the Project in Numbers

Indicator/ Item	Results	Observations
<b>Total Year 4 Deliverables</b> <ul style="list-style-type: none"> <li>Programmed for Year 4</li> <li>Delivered as scheduled</li> <li>Pending</li> <li>Additional, not programmed</li> <li>Deliverables concluded this year</li> </ul>	<b>89</b> 87 72 15 10 7	<ul style="list-style-type: none"> <li>Includes those programmed, additional and pending from others years sent this year</li> <li>Submitted to USAID in respective quarter</li> <li>Justifications in corresponding reports.</li> <li>Attached to reports in respective quarters.</li> </ul>
<b>Total key persons trained in family planning and reproductive health</b>	<b>366</b> Women: 249 Men: 117	Main Issues: <ul style="list-style-type: none"> <li>Family planning in rural areas (Community Family Planning (FP - ICEC)</li> <li>Tool logistics data consolidator.</li> </ul>
<b>Total key persons trained in maternal-child health topics, including management and leadership, gender, reform, and decentralization.</b>	<b>848</b> Women: 644 Men: 204	Main Issues : <ul style="list-style-type: none"> <li>Outpatient and hospital ONEC.</li> <li>Survey and analysis of hospital production processes (Organizational development)</li> <li>Social auditing and accountability.</li> </ul>
<b>Number of policies / guides developed/changed in maternal infant issues, with project support</b>	2	<ul style="list-style-type: none"> <li>Implementation of the national health model and the guides for its operationalization</li> </ul>
<b>Total USAID funded agencies with which we have coordination/work plans</b>	4	<ul style="list-style-type: none"> <li>Guides for the implementation of the National Health Model               <ul style="list-style-type: none"> <li>Basic guide for design of the logistics management system and supply and procurements.</li> <li>National model for human resources management based on competencies.</li> </ul> </li> </ul>
<b>Total cooperative agencies without USAID funding with which we coordinate joint assistance actions</b>	4	<ul style="list-style-type: none"> <li>BID- MESOAMERICA 2015</li> <li>JICA</li> <li>PAHO/WHO</li> <li>UNFPA</li> </ul>

## IX. Monitoring and Evaluation

### PMP Indicators - IR 4.1

Strategic goal: <i>Improve the health of vulnerable and underserved populations</i>								
Intermediate Result 4.1.- <i>Use of and access to quality maternal and child health and family planning services increased</i>								
Indicator	Base line	Year 1	Year 2	Year 3	Year 4 <sup>1</sup>		Final Project Targets	Observations
					Target	Achieved		
<b>Indicator 1. (F)</b> <b>Couple Years of protection (CYP)</b>	449,609	539,470	526,920	575,326	575,326	475,434	527,382	<i>The goals established in the PMP for the first three project years were met. For year 4, a similar goal was established to one achieved during year 3, which the project considers should be maintained given the level of shortages demonstrated by the MOH due to difficulties in the acquisition of contraceptives and verified by physical inventories carried out twice a year at the health units. The tendency towards the reduction in the 2015 results is explained as follows: (i) due to underreporting by some hospitals of the AQVs carried out and the lack of information from others (Tela, La Paz, Comayagua, Puerto Lempira and the Teaching University) the total result was affected, (ii) The shortage problems referred to in the previous paragraph. It has not been possible to establish how each of these items contributes to the behavior of the indicator.</i>
<b>Indicator 2.</b> <b>Percentage of health regions that conduct annual programming using the methodology described in the FP strategy</b>	100%	100%	100%	100%	100%	100%	100%	<i>The accomplishment of the goal for this indicator was achieved up to the health networks level, from the beginning of the project and use of the programming methodology is maintained for contraceptive supplies</i>
<b>Indicator 3. (F)</b> <b>Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds</b>	0	0	330	429	375	426	740	<i>The surpassing of the goal for this indicator is due to increased demand for deployment on ICEC, as well as cascade training for logistics processes and FP in the IHSS MOH not initially contemplated.</i>
<b>Indicator 4. (F)</b> <b>Number of policies or guidelines developed or changed supported by the USG to improve access to and use of FPIRH services for which evidence of initial implementation has been gathered</b>	1	2	2	1	-	-	4	<i>The overall target set in the project for this indicator was 4 policies, which have already been fulfilled. (i) FP component to be included in contracts with decentralized suppliers, (ii) methodological strategy of the MOH modified with relation to FP, (iii) Manual of the Community FP Monitor (Strategy to ensure access to family planning services in rural areas), (iv) FP Strategy for IHSS.</i>

<sup>1</sup> Goals updated , PMP june 2015

<b>Indicator 5.</b> <b>Number of new standards included in the organizational and human resources development at ASHONPLAFA</b>	0	4	3	-	-	-	7	The goal was achieved in year two of the project, as planned, which coincided with the completion of the technical assistance agreement between USAID and ASHONPLAFA.
<b>Indicator 6.</b> <b>Percentage of births attended by skilled doctor, nurse or midwife in USG-assisted programs</b>	52%	67%	68%	64%	70%	66%	70%	According to the current PMP, goals for project years 4 and 5 are established at 70% considering the possibility of improving the opportunity and quality of birth data. There are still some hospitals that do not report on what they are doing, which can be seen in that the achievement of the goal is less than expected.
<b>Indicator 7.</b> <b>Percentage of maternal deaths related to the first delay (seeking emergency help)</b>	SD <sup>2</sup>	27%	22%	6%	6%	-	6%	The latest official numbers for this indicator refer to 2013. Still pending are the analyses for the subsequent years. A consistent decrease is observed in the first delay in maternal deaths. It is proposed to keep the achieved situation to the end of the Project.
<b>Indicator 8.</b> <b>Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs</b>	99,287	101,439	91,671	91,867	101,439	99,513	82,996	The procedure that measures this indicator has been systematized. Its compliance for this year was at 99% at the level of the entire country, determined by statistical inference from the sample used. The challenge of information management persists due to consistent under recording.

<sup>2</sup> SD: Without data

## Relationship and trend between the targets and results.

Figure No. 1

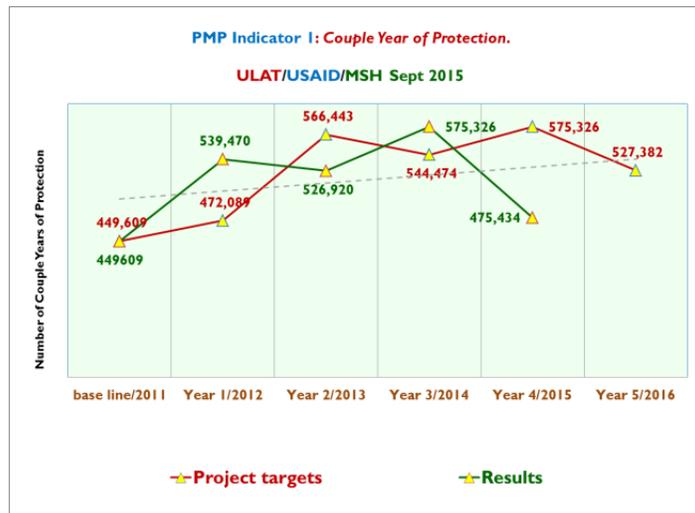


Figure No. 2

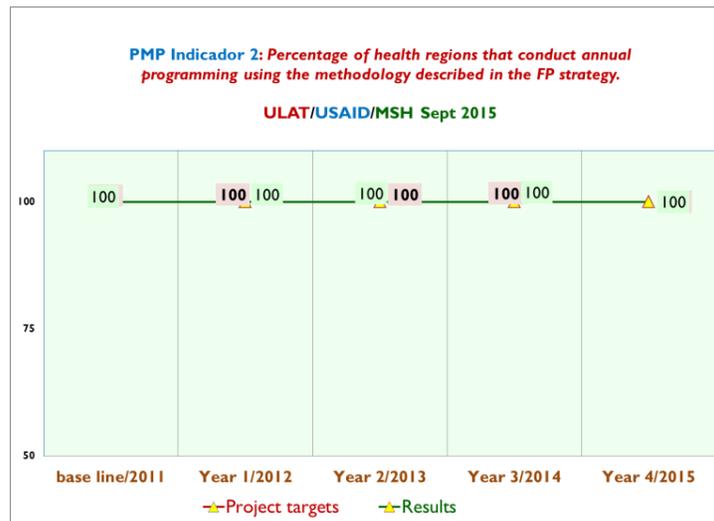


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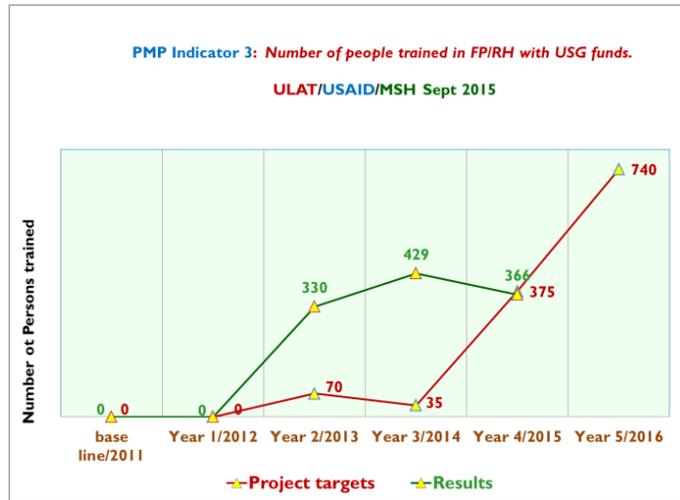


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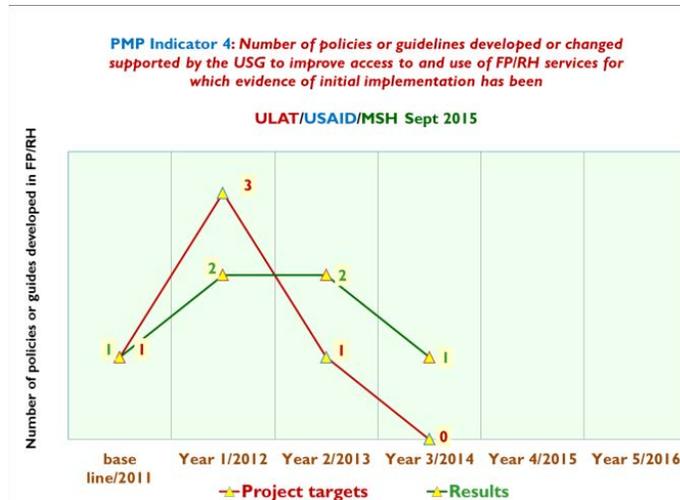


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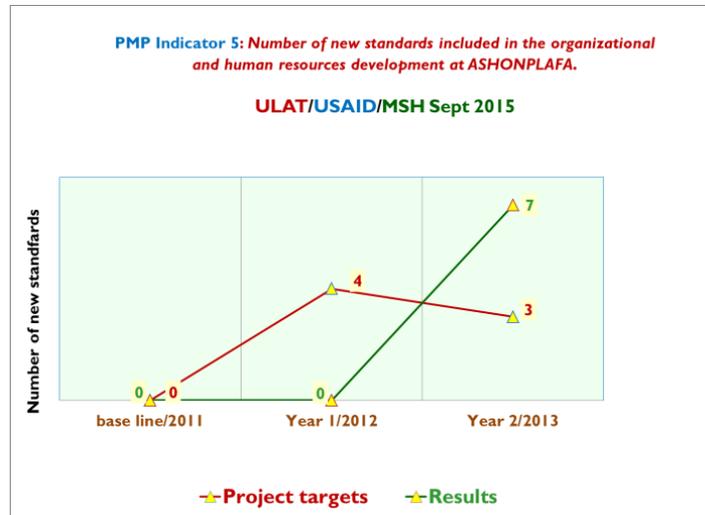


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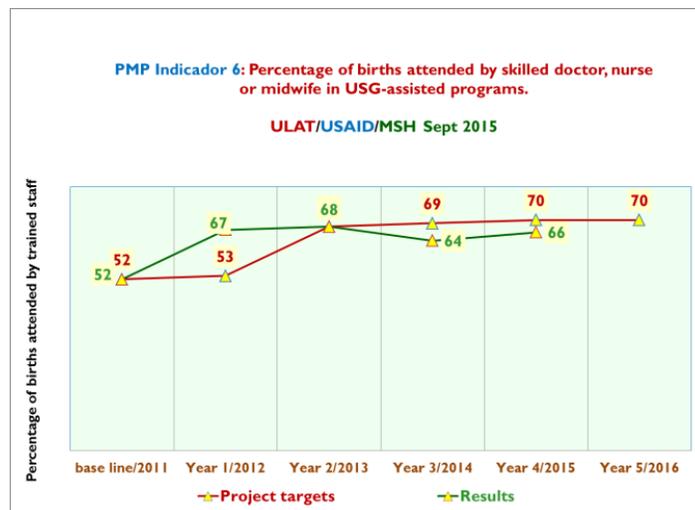


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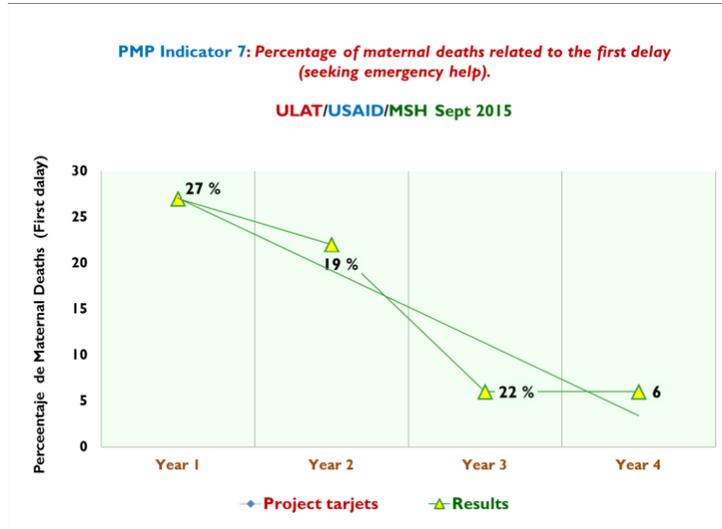
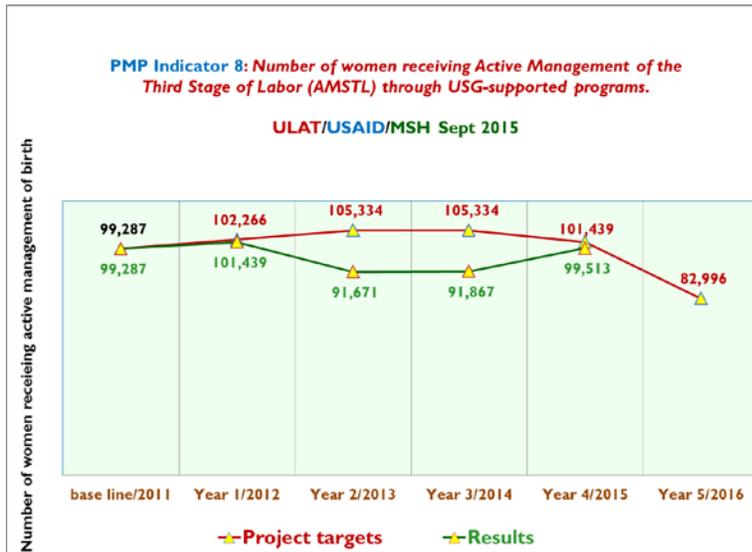


Figure No. 8



## PMP Indicators- IR 4.2 and 4.4

Strategic Objective: Health status for underserved and vulnerable populations improved								
Intermediate Result 4.2.- Maternal and child health and family planning services sustained								
Indicator	Base Line	Year 1	Year 2	Year 3	Year 4		Final project target	Observations
					Target	Achieved		
<b>Indicator 9. (F)</b> Number of policies adopted with USG support	6	2	4	6	1	1	12	The final goal of the project was met during year three. For year 4, the project had proposed to advance on a proposal for a National Health System Law, which was achieved. For the extension period, the project proposes to adjust it in function of the framework law for social protection.
<b>Indicator 10.</b> Number of people trained in maternal/newborn health through USG-supported programs	0	256	420	543	118	848	887	The project's accomplishments in this indicator exceed the target set for all the years, especially for year four. These results are related to the favorable conditions in the project that generated training needs greater than originally anticipated.
<b>Indicator 11.</b> Number of management plans for organizational re-structuring of the health regions for which initial implementation has begun	0	5	7	8	-	-	20	In this indicator, the project has complied fully with the programmed target. 20 management plans have been completed.
<b>Indicator 12.</b> Number of gender-related obstacles addressed in the new health model	0	NA	4	4	4	4	9	Of the ten barriers identified in the diagnostic, nine have been addressed throughout the project and are still in force for future sustainability. The one referring to the incorporation of gender variables in the SIIS has not been possible to address because the SIIS project has been indefinitely postponed.
<b>Indicator 13.</b> Percentage of decentralized providers with a social auditing clause included in their contracts	0	100%	100%	100%	100%	100%	100%	Target achieved with the inclusion of the social clause in the standard contract audit, monitoring and updated annually. The clause is incorporated whenever a new agreement is negotiated.
<b>Indicator 14. (F)</b> Number of underserved people covered with health financing arrangements	770,613	959,865	1,105,670	1,338,939	1,800,000	1,388,836	1,800,000	Despite the financial difficulties experienced by the MOH as a result of the crisis in the country, management agreements have been maintained to provide coverage to the population each year. An increase is

								anticipated in comparison to 2014. The population that should be assigned to the agreements associated with hospital management autonomy is not included in the total result, and as such the criteria for estimating the total amount have not been developed.
<b>Indicator 15.</b> <b>Number of coverage extension projects formulated by the sanitary health regions using the designed methodological guideline</b>	0	6	37	39	2	38	14	The final target of the project established in the PMP for this indicator was surpassed since year two. Each signed agreements corresponds to a specific project to extend coverage for processing the elements contained in the methodological guide used. In that sense MOH has obviated the step "to formulate a project document", constituting the agreement on "the project itself." Thus 100% of agreements have followed the methodology process established.
<b>Indicator 16.</b> <b>Number of hospitals prepared to begin initiate implementation of the new hospital management model proposal</b>	0	0	3	0	2	0	9	Implementation of the hospital management model has been extended to the entire network of public hospitals in the country. The political decision was made to modify the strategy beginning with a partial implementation, focused on establishing the organic structure for its management, the patient management system and some processes for managing resources.
<b>Indicator 17. (F)</b> <b>Percentage of USG-assisted delivery points experiencing stock-outs of specific tracer drugs (FP) (contraceptives)</b>	63%	60%	58%	78%	50%	83%	43%	The decreased percentage of units experiencing shortages of some contraceptive methods is the expected result for this indicator. This is due to the lack of acquisition, mainly for oral contraceptives. This shortage also due to problems experienced in distribution and has contributed for the indicator to be at 83% for 2015. The project has been addressing this problem by incorporating the provision of oral contraceptives in the general logistics process for

								medications at the MOH.
<b>Indicator 18.</b> <b>Number of management decisions taken based on MOH's monitoring and evaluation reports</b>	0	NA	NA	NA	4	5	4	<i>The Management for Results Monitoring and Evaluation System, which has already been designed, is still pending to be implemented due to a decision made by the MOH. Even so, during project year 4, the MOH utilized data from the cost and financing study to make management decisions, including: the development of the 2014-2018 Institutional Strategic Plan and the 2016 Annual Operating Plan, organization of CONCOSE. Priorities, evaluation and adopted decisions: Decentralization of hospitals and starting up polyclinics. Management commitments with health regions: Provide information to national and sectorial institutions.</i>
<b>Indicator 19.</b> <b>Number of laws, policies or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level</b>	0	0	5	5	3	0	8	<i>This indicator was fully completed. For 2015 the following documents were designed which include the respective reports (deliverables) as evidence: 1. Proposal for the MOH gender integration team 2. Proposal Document for the Gender Elements to be included in the RAMNI evaluation 3. SPSS Tool 01- Methodological proposal for the identification and incorporation of prioritized human groups in the subsidized public assurance cost structure. 4. SPSS Tool 02: Proposal for a control system for the implementation of SPSS contracts and agreements 5. Proposal for the gender elements to be incorporated in the IHSS family planning evaluation: Analyses for advances made of the gender contents in the EGSPF.</i>

**Relationship and trend between the targets and results.**

Figure No. 9

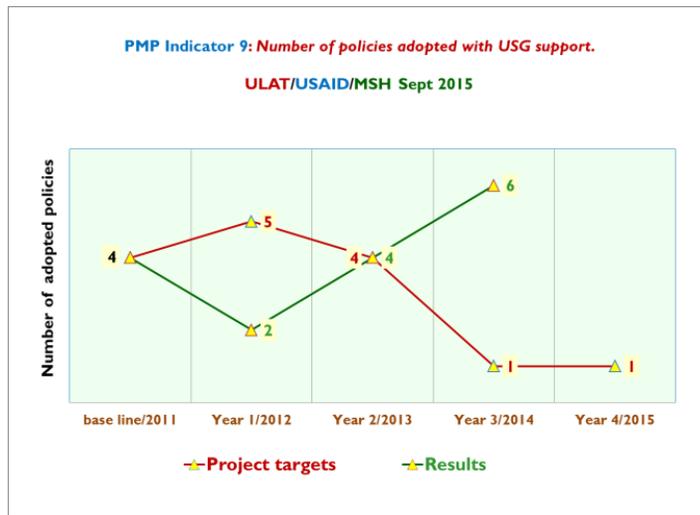


Figure No. 10

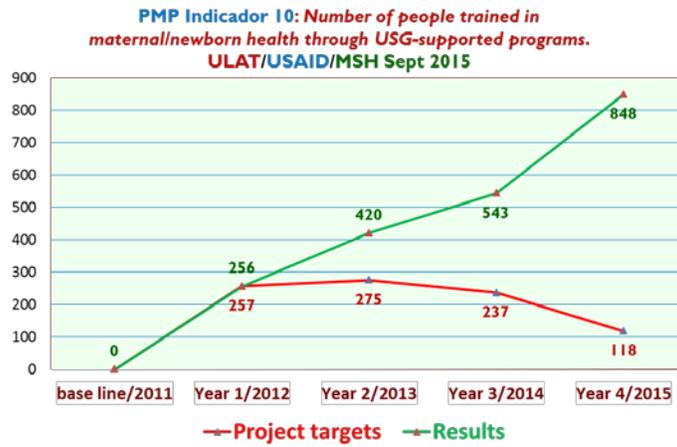


Figure No. 11

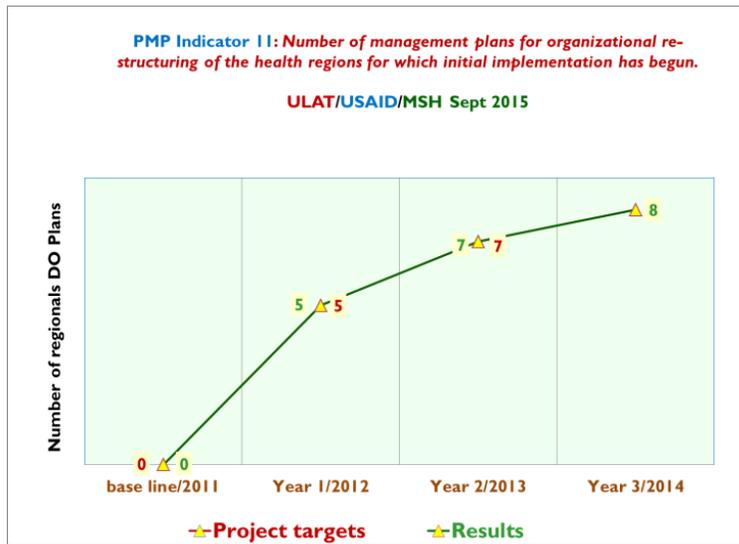


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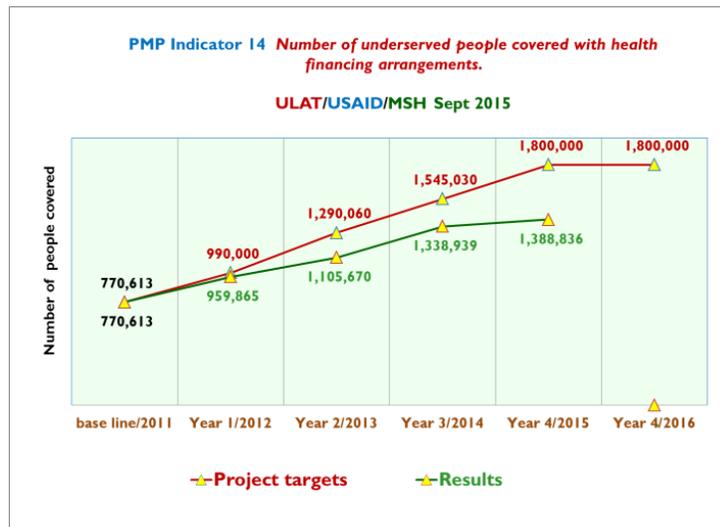


Figure No. 13

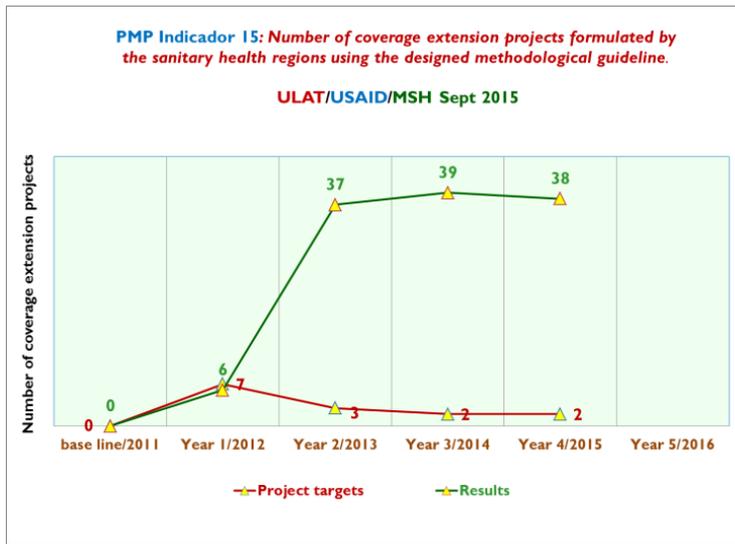


Figure No. 14

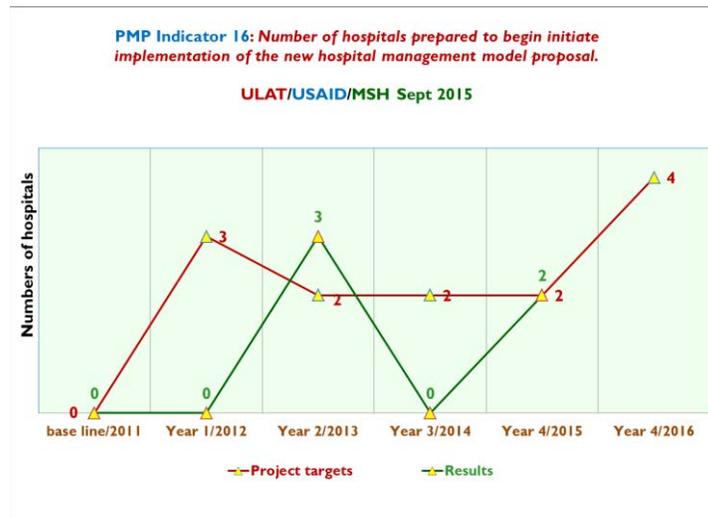


Figure No. 15

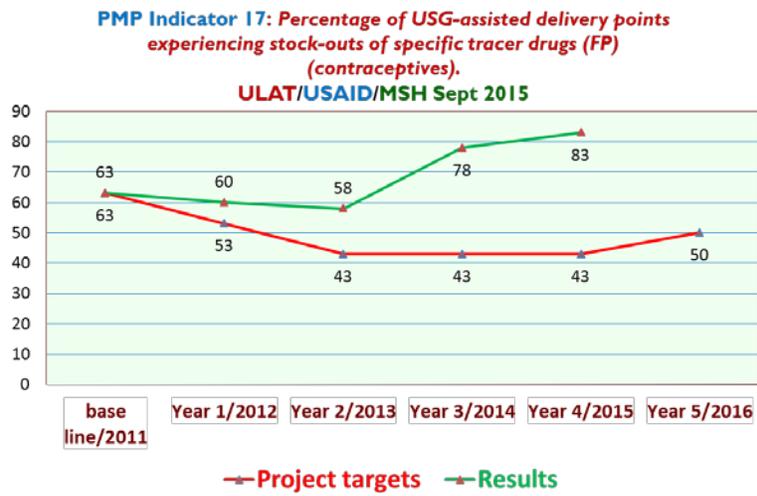
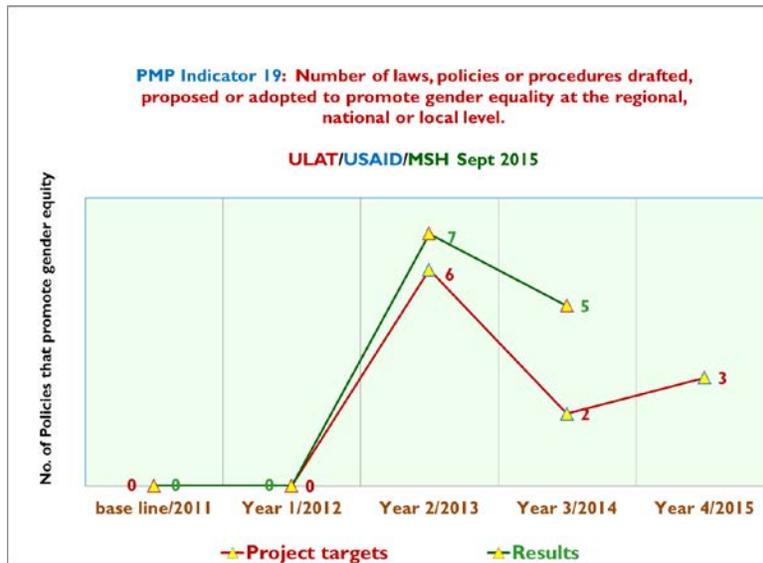


Figure No. 16



## **X. Coordination with Other Counterparts and Actors**

During this period, the project continued coordination with organizations and agencies that develop activities related to those implemented by ULAT. These are described below along with the main results:

### **Project for Governance and Local Transparency and Improved Service Delivery (NEXOS)**

The Decentralized Management Unit (UGD) organized working meetings with the USAID/NEXOS project coordinated by the to approach the development of administrative and technical capacities in decentralized managers and to identify the areas of joint work in which efforts that are carried out individually could be maximized. The project designed the training curriculum based on the diagnostic of needs to improve performance identified through a survey designed for this purpose. In this framework, the project carried out planning, management, facilitation and evaluation of workshops on the role of the decentralized managers in function of the national health model. The workshops were carried out with the participation of technical staff from the UGD and the Department of First Level of Health Care Services (DSPNA), officials from 14 MOH health regions with decentralized management of health services, officials from 37 decentralized managers and technical staff from the USAID/NEXOS project. The issue of social audits and management transparency and monitoring and evaluation of agreements subscribed for decentralized management were approached in the same manner, by adequately characterizing the process and the role of each instance in the process.

These activities of training by concentration have been complemented by other training activities in situ on specific issues, developed by each of the projects. In order to provide follow up to the entire training process a guide was proposed for monitoring and evaluation of the results obtained from the managers' performance.

Regarding the issue of transparency and social audits, the project established a joint plan that included the review and adjustment of the methodological proposal developed by ULAT to carry out the audits. The training process on the issue of transparency in public management of decentralized health services for managers was followed up and as a result, the project supported citizens in an accountability process, carried out by the manager of the Happy Mother Foundation (MAFE) in the municipality of San José de Comayagua.

### **ACCESO**

The project participated in events to discuss the results of the study on anemia and parasitism carried out in communities intervened by the ACCESO project. During these events, which were carried out with participation by officials from the UGD, DGN, ACCESO and USAID, provided evidence that despite results obtained in weight gain or recovery in the children, the rates of anemia increased. For

this reason, USAID considered it necessary for actions to be carried out to correct the problem before the project finalizes, with approval by the MOH.

In view of this, ULAT provided technical assistance on the issue of the causes of iron-deficiency anemia, the necessary actions to supply the iron needs during the development phase of children between 6 and 24 months old, the mechanisms of absorption of iron, the conditions for non-absorption (intestinal parasites and drinking coffee, milk and soft drinks) and interventions based on scientific evidence. Further, the commitment was made to document the presence of parasites in order to begin a de-worming process in the age group of children under two years old, with an integrated approach that would include the elimination of predisposing factors (the disposal of excrement, soils, water sanitation, hygienic practices, etc.). In function of identified strategic areas, it was agreed to carry out the necessary interventions for the recovery of children with anemia, by ensuring that each of the health units intervened with decentralized management would have the necessary micronutrients available by providing follow up to activities carried out by ACCESO project technical staff.

On the other hand, the proposed AIN-C guidelines for decentralized providers were reviewed, which make the strategy more cost effective by ensuring that the key points found in the diagnostic have a response action in those guidelines. The proposal was submitted to USAID, considering it as a good option to be discussed with the agency's finance area, in function of the funds that finance MOH programs and for the purpose of expanding AIN-C coverage in prioritized departments in the drought areas. The project emphasized that the necessary financing represents a reduction of about 32% from an annual approximate cost of \$120 per child to \$75 per child. In general, there was acceptance of the results and the proposal leaving evidence that with the work carried out by some non-government organizations (NGOs) and/or projects, AIN-C sustainability has not been supported due to activities carried out by health promoters and not by community monitors. As a result, communities were left without the necessary support and without the needed empowerment.

At the request of USAID, the "MERCADO" project monitoring and evaluation indicators related to nutrition were reviewed for the purpose of ensuring that they were measurable and achievable and the corresponding observations were made.

## **AIDSTAR PLUS**

Coordination with this USAID implementing mechanism was related to the process to configure the Integrated Health Services Networks (RISS) by utilizing the guides designed by ULAT for this purpose and with the process of defining and configuring the group of guaranteed health benefits and specific benefits for special populations.

With regards to the first issue, five regions from the AIDSTAR PLUS scope of influence were selected as a starting point for starting up the general process of configuring the MOH networks. The project accompanied the Department of First Level of Health Care Services (DSPNA) and AIDSTAR-Plus in assistance to the health regions management teams in the Central District and San Pedro Sula, as well as the departmental regions of Cortés, Atlántida and the Bay Islands. The objective of the assistance was to train regional facilitators in methodological and operational aspects for configuring the Integrated Health

Services Networks (RISS) in these health regions which were prioritized. During this assistance process, the project identified the following as obstacles of the process: the multiple activities in which members of the regional management teams are involved, who are also responsible for conducting the RISS configuration process, the lack of empowerment by some regional personnel resulting from the confusion generated during the organic restructuring process at regional level and the relocation of the personnel, in addition to the uncertainty of the financial sustainability that would meet the needs generated by the process (installed resources, equipment, personnel, etc.) in the institutional personnel as well as decentralized managers.

The project also developed joint actions for the definition and configuration of the specific package for the population exposed to or living with HIV, AIDS and sexually transmitted infections in the framework of the integrated strategy for STIs/HIV/AIDS.

## **IDB**

The project coincided with IDB on the preliminary revisions of the proposal for the draft law for the health system in function of the process initiated by the executive power with the introduction of the framework law for social protection for approval by the national congress.

Even so, the activities that required greater efforts were related to the decentralization of services management at the first level and to implementation of the hospital management model at three public network health services hospitals, supported by the institution and the design of which was carried out by ULAT. Support was provided to the Department of Second Level of Health Care Services (DSSNA) during work carried out with the consulting firm of CSC, contracted by the IDB to provide technical assistance to selected hospitals. Actions were also carried out related to implementation of agreements between the MOH and the foundation managing the San Lorenzo Hospital, as well as developing agreements between the MOH and the entities managing the La Esperanza and Gracias Hospitals.

The project also supported the review on the scope and development of the manuals for the management systems which were prepared by the firm of CSC. In this framework, the project coordinated with the international expert on financial management, for the development of a training event on this issue, directed to 10 hospitals. Finally, a work event was carried out with the three project hospitals to define the continuity of their processes. Support was provided to carry out a workshop on financial management and for the second part of the workshop which was oriented towards the three project implementation hospitals. With these activities the technical assistance provided by the firm of CSC was considered closed and finalized.

## **PAHO**

Coordination actions were carried out with PAHO on various issues. In the area of policies, the project participated in working meetings held by the MOH to review the proposed health system law with it being developed and has required successive adjustments. This process has still not concluded due to

the approval of the framework social protection law by the national congress and the proposed law should be adjusted in relation to its precepts.

Other issues were universal health coverage and the guaranteed group of benefits (CGPS) associated with the national health model. A workshop was carried out to train members of the interinstitutional team organized with the participation of the MOH, IHSS, UNAH, ULAT, AIDSTAR, JICA and PAHO, which was given the responsibility of preparing a new financed and feasible proposal for the guaranteed group of benefits (CGPS) based on the original proposal developed with ULAT support. Various meetings were held with the team under the management of the Department of First Level of Health Care Services (DSPNA), to review the health benefits (for promotion, prevention, recovery and rehabilitation) from three South American countries and compare them with the one proposed by Honduras, for the purpose of taking advantage of any opportunity of improvement these plans may offer. The project also identified the procedures for some health benefits by life time and age group and by level of care and the scale of complexity of the health services.

Coordination actions were also carried out for finalizing and submitting the cost and financing in health study. This study was developed in harmony with the methodology and nomenclature utilized by the Central Bank for the national accounts. There was participation by Claudia Pescetto, an expert from Washington, advisor in economics and health financing (PAHO/WHO), PAHO Honduras and the team from the Management Planning and Evaluation Unit (UPEG) and ULAT to know the health sector reform process and the studies carried out in the country as well as the methodologies used in each study.

PAHO, along with the United Nations Population Fund (UNFPA), participated in the RAMNI midterm evaluation process designed and implemented by ULAT.

Regarding the issue of post-partum hemorrhages, relevant aspects have been included based on evidence, which were approached during workshop to train hospital personnel in the “Project for Zero Maternal Deaths from Hemorrhages in Honduras” and what are the activation for the obstetric code red, the use of the anti-shock suit and surgery to control damages. The project decided to include these aspects since the San Felipe Hospital is participating along with other five hospitals in the country in the referred project which is being supported by PAHO and the society of obstetrician-gynecologists in Honduras. In addition to the workshops, neonatal hospitalization and neonatal ambulatory histories were reviewed and the final changes were requested to complete this process of diagramming and to proceed to print them and implement the process.

## **UNFPA**

UNFPA participated in the RAMNI mid-term evaluation. Coordination meetings were also held to identify common activities in the framework of implementation of the Joint Implementation of Community Strategies (ICEC). The fundamental agreement was that work would be carried out on the incorporation of the issue of prevention of adolescent pregnancies in the strategy of work with the individual, families and the community (TIFC) in a network yet to be selected. The guide for the development of this issue will be prepared in the framework of the strategy.

On the other hand, the project is coordinating the participation of the UNFPA in updating the neonatal maternal standards and the methodological strategy for family planning services at the MOH.

## JICA

Coordination with JICA was focused on activities related to the process for the socialization of the guides that will be utilized by the health regions to establish the configuration of the Integrated Health Services Networks (RISS) and the development of its management plan. In this framework the project supported a visit by USAID to the El Paraíso region to develop an exchange of experiences of the activities financed by JICA and USAID in that department. Two communities were visited where the primary health care model is being implemented. The person charged with external cooperation in JICA, Mayra Carbajal and Sarbia Lanza, the health region technical staff person participated in addition to the person charged with coordinating PROAPS activities. The communities of Alauca and Cuyalí were visited:

- *At the Alauca Health Center*, the teams are coordinated by la Dr. Sonia Hernández and the achievements made in collecting the family forms and mapping of all the communities were mentioned, as well as information on the population (basic needs, distribution of diseases and risk factors). With this strategy and the EONC strategy, the percentage of institutional births has increased to 98%. Despite the fact that this community was not included in the implementation of the TIFC strategy, there is a community organization and municipal support for activities carried out by volunteer personnel. Also, despite not being an AIN-C community, the population is taking children under two years old to be weighed at weighing sessions.
- *At the Cuyalí house of health*, the project found a well-structured community committee, with experience and community leadership, and with the desire to learn more about issues of prevention and health surveillance. The person in charge of the region of the primary care groups explained to the volunteers at the meeting the purpose and focus they should have and they were made aware that one of the main weaknesses in the communities are problems related to the disposal of excrement, the lack of a removal committee, the prevalence of preventable diseases and family planning for the prevalence of adolescent pregnancies.

An event for the exchange of experiences in primary health care was also developed with personnel in training for a career in nursing from the Catholic University in Danlí. The issues approached were the strategy for primary care, community strategies and the prevention of adolescent pregnancies. During this event, the project had the opportunity of making the Joint Implementation of Community Strategies (ICEC) process known which is being implemented with ULAT support in different networks in the intervened departments. The participants were unaware of the interventions and strategies created by the MOH, but in the end they were adequately informed on what they will have to put into practice in the future in the health facilities where they will have to carry out their work.

On the issue of implementation of ambulatory EONC, coordination was done through participation in a workshop in the city of Copan Ruinas, directed by personnel from the MANCORSARIC Commonwealth and the Association of Asian Physicians (AMDA) who are working in one of the

networks in the department of El Paraíso. In addition the project visited the Danli Hospital to learn about advances made, verifying the location of the EONC flowcharts in the different areas of maternal and neonatal care. The explanation was provided that the checklists are not being implemented by this hospital because there is a format for incoming patients and that they have JICA financing for their improvement and implementation. Even so, the JICA experts were interested in the products supported by ULAT for the MOH and for this reason a work event was developed during which details were provided related to the check lists for births and that they could be implemented in the maternal child clinics (CMI) where these experts are working. In addition, the manuals with the new EONC training methodology were made known as well as activities for the Implementation of Community Strategies (ICEC).

The project also developed actions related to the validation technique for the proposed guidelines for the functioning and performance of local family health teams (ESFAM) prepared by PROAPS/JICA. Simultaneously, Department of First Level of Health Care Services (DSPNA) technical staff was trained as facilitators for them to train the team members from the health regions.

## **CENTRAL BANK**

Coordination actions were carried out with the Central Bank to formalize its technical support for the completion and presentation of the results of the cost and financing in health study that was presented on December 9, 2014. This study was developed in harmony with the methodology and nomenclature utilized by the Central Bank for national accounts.

## XI. General Conclusions

The following are conclusions drawn based on implementation of the project's fourth year work plan:

- i. The project scope, total award amount, and implementation period were modified. For this reason, this report included activities from year four work plan submitted and approved in the framework of compliance with the clauses in contract AID-522-C-11-000001, prior to the modification, as well as activities for the initial phase of implementation of the work plan approved for the project extension period through June 28, 2016. For the first activities and those that are not continuing during this final project phase, the reasons are provided along with the status of their finalization.
- ii. The development of some activities has faced difficulties related to the prioritization of issues in the MOH political agenda, which in practice implied the postponement of some processes the project had been supporting. In effect, the presidential leadership was highly interested in provision of medications to the services network, which prompted a great deal of institutional efforts oriented towards this objective in the reported period. In addition, during a great part of the year, efforts had to be deployed to epidemiological surveillance and to the management of outbreaks of diseases such as dengue, chikungunya and Ebola, which monopolized a large part of the attention and work of MOH officials up to the highest levels, to the detriment of other activities associated with the change processes. As examples the project can mention delays generated in the implementation of the national quality system and the startup of a gender in health policy and strategy.
- iii. The project also confronted difficulties generated by implementation of organizational development at the central level and the time for its development was longer than anticipated, resulting in changes in officials who had been acting as counterpart for different areas of work, with a direct impact on the dynamic with which actions were being developed and the subsequent demand for processes in order to keep them current on the work agendas of different institutional units.  
The decision to startup the new MOH organic and functional structure generated a complex situation, since in practice this represented the redefinition of institutional processes and a new distribution of human and physical resources available to the MOH. As it can be inferred, such a complex process requires the establishment of vigorous management and administration in order to achieve the defined milestones in the established time. For this reason, development of the activities and tasks linked to aspects of organizational development required important efforts during the period in which ULAT continues to play an important role.
- iv. The circumstances of the previous context required specific attention by the project on the identification of the appropriate opportunities to advance in the group of project activities and to minimize the impact of those circumstances on obtaining anticipated results. In effect, the adaptation to these situations, which move with great uncertainty, was possible thanks to the good positioning of the project with MOH authorities which permitted placing issues related to health sector reform and strategies directed to the improvement of maternal and child health and family planning, on the political agenda of ministry leadership, reconciled with the agenda related to the approach to daily problems.

- v. In the national political and social scenario, elements emerged that affected the course defined for project development. Included are the approval of the Framework Law for Social Protection with the configuration of the health system and the definition of institutions that integrate it and their main roles. Its entry required the modification of some areas of work of the project, specifically those related to the issue of public assurance which was anticipated to be assumed by the MOH but the law assigns it to the functions of the IHSS. Given that the financing function was also assigned to the IHSS, the proposal for the constitution and functioning of a national health fund lost viability. The mandate of the framework law for the enactment of a complementary law on the health system for tool development for its fundamental elements required adjustments in the initial proposal for the health system law which had been worked at ULAT in order to adequately align it with precepts established in the framework law. Other proposals are in a similar condition requiring adjustments including the guide for configuration of the RISS and the CGPSS guide.
- vi. Another element which affected the project environment was the decision of the MOH to expand the decentralization process to the second level of care. This set the goal of incorporating five other hospitals in this process, adding them to the three which initiated as pilot projects. This required unforeseen technical assistance efforts to adequately accompany this area of work considered to be extremely important.
- vii. The appropriate conditions have continued for accelerating advances in the activities during project expansion linked to rural family planning. Interest expressed by decentralized managers in the provision of health services for implementation of the Joint Implementation of Community Strategies (ICEC) is such that some have decided to finance activities that permit starting these activities, which supported acceleration of the process. On the one hand, from the operational level this financing has permitted continuing actions despite difficulties faced by the UAFCE in financing annual programmed work plans and on the other hand, is considered evidence of possible future sustainability of the process.
- viii. During project year four, prevailing conditions continued at the IHSS generated by the intervention of a special commission, resulting in that some decisions were not made which were required to implement technical assistance provided by the project. There was also the need to modify family planning activities, in their scope and area, and in anticipated results.
- ix. Coordination actions continued with other projects having converging areas of work favoring the delivery of integrated assistance to the MOH and to maximize individual efforts.
- x. Support received from the USAID health office team contributes to the good performance of the project and continues to be effective. This also significantly facilitates relationships with different project counterparts and with cooperation agencies contracted by USAID and permitted the project technical team to have the minimum adequate conditions for advances made to date to be in accordance with what was expected.
- xi. In the framework of the described environment, in general, all areas of project work are under implementation at a very acceptable level.

## XII. Financial Report

### I. State of accounting

Cumulative Revenue (funding obligations received)	\$12,976,852
Interests earned (1)	0
Costs incurred (Expenses through 9/30/15)	\$10,708,266 + \$474,209 fee = \$11,182,475
Available funds as of 9/30/2015	\$1,794,377
Payables ( accruals)	\$103,670
Net available funds	\$1,690,707
Estimated expense burn rate for next quarter	\$450,000
Estimated quarters of pipeline	3.8

**Note:**

(1) As this is a cost reimbursable contract, there is no interest accrued.

## 2. State of budget implementation

Management Sciences for Health  
 ULAT  
 Contract 522-C-11-000001  
 Year 4 Budget Implementation Statement  
 As of September 30, 2015  
 (US\$)

Description	Budget 1/	Actuals	Accruals	Actuals+Accruals	%	Balance
<b>Expenditures:</b>						
Salaries and Wages	1849,551	1445,197	61,483	1506,680	81%	342,870
Consultants	157,086	42,503	-	42,503	27%	114,583
Overhead	651,961	544,003	22,426	566,429	87%	85,531
Allowances	59,256	29,197	-	29,197	49%	30,059
Travel and Transportation	176,177	125,215	1,262	126,477	72%	49,700
Training	612,153	424,042	10,325	434,367	71%	177,787
Subcontracts and Grants	-	-	-	-	0%	-
Other Direct Costs	480,744	330,527	8,175	338,701	70%	142,042
Equipment	4,911	-	-	-	0%	4,911
<b>Total</b>	<b>3991,839</b>	<b>2940,684</b>	<b>103,670</b>	<b>3044,355</b>	<b>76%</b>	<b>947,484</b>
Fee	246,589	214,975	-	214,975	87%	31,614
<b>Total</b>	<b>4238,427</b>	<b>3155,659</b>	<b>103,670</b>	<b>3259,329</b>	<b>77%</b>	<b>979,098</b>

1/ The budget is based on PY4 Budget until July 2015 plus the monthly average expenses of PY5 for the months of August and September 2015

2/ Budget included severance payments that with the contract extension will be paid at the end of Year 5

3/ It was not possible to find suitable or available candidates for some of the consultancies causing the work to be assumed by Project staff

4/ Some of the allowances provisioned were not used by the consultant

5/ Deliverables are being achieved with fewer resources than expected due to the efficient way the activities have been programmed

6/ Due to the contract extension, some of the publications programmed for Year 4 will be completed during Year 5

7/ The purchase of laptops programmed was not made due to the donation of equipment to ULAT Project by another MSH Project in November 2014

8/ This balance does not include the liability of the cumulative severance for US\$244,550 as of September 2015

### 3. Matrix of the major challenges faces

Management Sciences for Health  
 ULAT  
 Contract 522-C-11-000001  
 Matrix of Financial Problems/Actions Taken/to be Taken  
 As of September 30, 2015

Subject	Problem	Action Taken/to be Taken
Sales Tax Exoneration	The online purchase order exoneration process was implemented through July 2015 when the date of the exoneration document expired.	A request to renew the exoneration document was submitted to USAID in July. The resolution is still pending.
Income Tax, Net Assets and Temporary Solidarity Contribution	The process to obtain the exoneration document for the Income Tax, Net Assets and the Temporary Solidarity Contribution (Security Charge), related to Year 2013, took a long time to be completed delaying the request of the reimbursement for the security charges made to the Project as of October 2013. When the resolution was issued was not sufficiently clear leading to ambiguous interpretations.	A clarifying note was requested by the Project to the Secretariat of Finance of the Government of Honduras. A report detailing the security charges made to the Project as of October 2013 was prepared and is ready to be submitted to the Directorate of Revenue when the corrected exoneration document is received. As of the date of the report, the local bank reimbursed the Project only 27% of the charges.
New Billing Regime of the Directorate of Revenue	The new Billing Regime of the Directorate of Revenue requires to request bills in a very specific format to consultants and vendors. The process to obtain these formats may take some time. Since many of the consultants/vendors had not been registered and some of the workshops performed by the Project are in rural areas, it has become difficult to obtain the documents timely.	The vendors/consultants are inquired about the status of their registration before contracting/paying them and instructions have been given to the technical teams to try to perform the workshops in the main cities while the registration process is implemented in rural areas.

#### 4. Implementation of activities

Management Sciences for Health  
 ULAT  
 Contract 522-C-11-000001  
 Award Budget vs. Actuals by IR  
 As of September 30, 2015  
 (US\$)

Description	Use and Access to Quality Maternal and Child Health and Family Planning Services Increased	Maternal and Child Health and Family Planning Services Sustained	Epidemiological/Health Surveillance and M&E Systems Improved and Updated	Total
Planned	4388,717	6894,372	1139,367	<b>12422,456</b>
Fee				554,396
<b>Total Planned</b>				<b>12976,852</b>
Expenditures	3740,615	5943,973	1023,678	<b>10708,266</b>
Fee				474,209
<b>Total Expended</b>				<b>11182,475</b>
Amount Remaining (Planned - Expenditures)	<b>648,102</b>	<b>950,399</b>	<b>115,689</b>	<b>1714,190</b>
Amount Fee Remaining (Planned - Expenditures)				<b>80,187</b>
<b>Contract Amount Remaining (Total Planned - Total expensed)</b>				<b>1794,377</b>

### XIII. Annexes

#### I. Durable goods report

ANNUAL REPORT OF GOVERNMENT PROPERTY IN CONTRACTOR`S CUSTODY				
LOCAL TECHNICAL ASSISTANCE UNIT FOR HEALTH (ULAT) AID-522-C-11-000001				
As of September 30, 2015				
	Motor Vehicles	Furniture and furnishings		Other non-expendable property
		Office	Living Quartes	
<b>A. Value of property as of last report.</b>	\$26,685.63	\$84,880.38		
<b>B. Transactions during this reporting period.</b>				
1. Acquisitions (Add):				
a. Purchased by contractor 1/				
b. Transferred from USAID 2/				
c. Transferred from others- Without reimbursement 3/		\$5,720.93		
2. Disposals (deduct):				
a. Returned to USAID				
b. Transferred from USAID- Contractor Purchased				
c. Transferred to other Government Agencies 3/				
d. Other disposal 3/		-\$1,616.00		
<b>C. Value of property as of reporting date.</b>	\$26,685.63	\$88,985.31		
<b>D. Estimated average age of contractor held property</b>	Years 1	Years 1	Years	Years

**Notas: On November 2014, the Mesoamerica Project, managed by MSH in Honduras, made a donation of computer equipment to the ULAT Project, with a market value of US\$5,720.93. Additionally, on May 15, 2015 one of the ULAT Project employees, Dr. Hector Escoto, was assaulted in front of the Project office, taking from him the computer with a value of US\$1,616.00 he had been assigned, reimbursement request made to the insurance company.**

ANNUAL REPORT OF GOVERNMENT PROPERTY IN CONTRACTOR`S CUSTODY				
LOCAL TECHNICAL ASSISTANCE UNIT FOR HEALTH (ULAT) AID-522-C-11-000001				
As of September 30, 2015				
	Motor Vehicles	Furniture and furnishings		Other non-expendable property
		Office	Living Quartes	
<b>A. Value of property as of last report.</b>	L. 529,974.25	L. 1693,265.56		
<b>B. Transactions during this reporting period.</b>				
1. Acquisitions (Add):				
a. Purchased by contractor 1/				
b. Transferred from USAID 2/				
c. Transferred from others- Without reimbursement 3/		L. 123,000.00		
2. Disposals (deduct):				
a. Returned to USAID				
b. Transferred from USAID- Contractor Purchased				
c. Transferred to other Government Agencies 3/				
d. Other disposal 3/		-L. 32,093.76		
<b>C. Value of property as of reporting date.</b>	L. 529,974.25	L. 1784,171.80		
<b>D. Estimated average age of contractor held property</b>	Years 1	Years 1	Years	Years

**Notas: On November 2014, the Mesoamerica Project, managed by MSH in Honduras, made a donation of computer equipment to the ULAT Project, with a market value of L123,000.00. Additionally, on May 15, 2015 one of the ULAT Project employees, Dr. Hector Escoto, was assaulted in front of the Project office, taking from him the computer with a value of L32,093.76 he had been assigned. Reimbursement request made to the insurance company.**

## 2. Success Story



### SUCCESS STORY

## Honduras: Strategic alliances strengthen efforts to reduce maternal and child mortality



*Community leaders and institutional personnel have participated in strengthening their technical capacities to contribute to the reduction of maternal and child mortality in the poorest and most neglected municipalities in Honduras.*

Inter-institutional strategic alliances led by the Ministry of Health in Honduras are mobilizing resources to strengthen the joint implementation of community strategies (ICEC) process. ICEC, with assistance provided by the ULAT/MSH project funded by USAID, has been operating in the country since the end of 2013, when the first experience was developed for the integrated health services network in Marcala in the department of La Paz, and has since been expanded to other departments in the country.

The ICEC process, framed in the policy for the Accelerated Reduction of Maternal and Child Mortality (RAMNI), consists of implementing the strategies of Working with Individuals, their Families and Communities (TIC), Maternal Homes (HM) and rural Family Planning under an integrated focus, to synergistically contribute to the reduction of maternal and child mortality in the poorest and most neglected communities in Honduras.

Results in community participation in self-health care, improved family planning coverage through services provided by rural monitors, and increased institutional births, have motivated other institutions to join this effort. Such is the case of ChildFund, a global development organization working in Honduras by providing support especially for girls and boys living in the worst conditions of poverty.

Currently ChildFund International is providing financial resources, so that with ULAT/MSH technical assistance, the ICEC process can be developed in the Integrated Health Services Network (RISS) formed by the municipalities of Reitoca, Alubarén and Curarén in southern Francisco Morazán department. With this alliance, technical capacities are being reinforced in leaders facilitating shoulder-to-shoulder work within the communities.

In addition, this process has permitted strengthening the offer of health services through training staff that attend patients at the level of the health facilities that form this network, which includes a maternal-child and emergency clinic located in the municipality of Reitoca.

*This project is funded by the United States Agency for International Development (USAID) through USAID/Honduras Contract AID-522-C-11-000001.*

### 3. Deliverables

#### Intermediate Result 4.1





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

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

## INFORMES DE CAPACITACIONES SOBRE EL USO DE LA HERRAMIENTA SAIEC

TEGUCIGALPA MDC

SEPTIEMBRE 2015



## INFORME DE AVANCE EN EL PROCESO DE CAPACITACION ICEC

Dirigido a Personal Comunitario y Equipos  
técnicos Conductores de las RISS y RDS  
Priorizadas.

JULIO- SEPTIEMBRE 2015

TEGUCIGALPA MDC



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

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

Septiembre de 2015

## Intermediate Result 4.2



**USAID** | **ULAT**  
DEL PUERLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA 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 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 trimestral avance en la  
implementación del DO del nivel central y  
regional**

**Fecha: Julio - Septiembre 2015 (Y4Q4)**

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**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 DE AVANCE DEL PROCESO DE  
IMPLEMENTACION DEL MODELO DE GESTION  
HOSPITALARIA**

**Periodo: Julio-Septiembre 2015**



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

## **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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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: JULIO-SEPTIEMBRE 2015**



## Additional Documents

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

**Informe Final de Consultoría:  
Fortalecimiento al HEU en el sistema de emergencia y de  
Gestión con Calidad de los servicios de emergencia.**

**Fecha: Diciembre 2014 - Junio 2015**

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

Sometido a:  
Dr. Juan de Dios Paredes  
Management Sciences for Health (MSH)  
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Col. Rubén Darío, Ave. José María Medina C-417  
Tegucigalpa, Honduras

Sometido por:  
Nombre del Consultor: Ing. Vanesse Sarahí Juárez Bustillo



Gobierno de la  
República de Honduras



SECRETARÍA DE SALUD

# ***Diagnóstico de la Implementación de la Política Nacional de Calidad en Salud***

SNC'S

