

Quarterly Report: Year V, Quarter I

Author: Proyecto Unidad Local de Apoyo Técnico para Salud

Date of Publication: January 2016

Development objective: IR 4.1 Increased use of Quality Maternal Child and Family Planning Services; R 4.2 Sustainable Maternal Child and Family Planning Services; IR 4.4 Data Use for Decision Making

Keywords:

[Report; Project; Technical Assistance; Family Planning; mother ; Children ; health ; childhood.]

This report was made possible through support provided by the US Agency for International Development and the USAID- Honduras, under the terms of Contract AID-522-C-11-000001 and Dr. David Castellanos. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Proyecto Unidad Local de Apoyo Técnico para Salud
Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
<http://www.msh.org>



USAID
FROM THE AMERICAN PEOPLE

ULAT
Local Technical Assistance Unit
for Health - HONDURAS

Local Technical Assistance Unit for Health (ULAT) Project HONDURAS

Quarterly Report: Year 5, Quarter 1 (Y5,Q1)

October 1, - December 31, 2015

Contract: AID-522-C-11-000001

Submitted to:

Dr. David Castellanos
Contracting Officer's Technical Representative, ULAT II
Project Management Specialist (Health)
Health, Population and Nutrition Office
U.S. Agency for International Development
Tegucigalpa, Honduras

Submitted by:

Dr. Juan de Dios Paredes
Chief of Party
Local Technical Assistance Unit for Health Project
Management Sciences for Health (MSH)
Col. Rubén Darío, Ave. José María Medina C-417
Tegucigalpa, Honduras

The ULAT project is funded by the United States Agency for International Development (USAID) under the Agreement USAID / Honduras AID-522-C-11-000001.



Table of Contents

- ACRONYMS..... 3
- I. Summary of Project Activities 4
- II. Executive Summary 5
- III. Project Context and Objectives..... 8
 - A. Country Context..... 8
 - B. Project Context..... 11
 - C. Coordination with other Counterparts/Actors..... 13
- IV. Integration of the Gender Perspective..... 16
- V. Intermediate Results/Project Achievements 19
- VI. MOH Annual Work Plans 36
- VII. Monitoring and Evaluation..... 38
- VIII. Project Management..... 42
- IX. Main Conclusions 45
- X. List of Annexes 47
- XI. Annexes 48

ACRONYMS

AIN-C	Integrated Care for Children in the Community
AMSTL	Active Management of the Third Stage of Labor
ANMI	National Medications and Supplies Warehouse
CGPS	Group of Guaranteed Health Benefits
CMI	Maternal Child Health Center
COR	Contracting Officer's Representative
CYP	Couple-Years of Protection
DGN	General Directorate of Standardization
DGRISS	General Directorate of the Integrated Health Services Network
DHS	Demographics and Health Survey
DSPNA	Department of First Level of Health Care Services
DSSNA	Department of Second Level of Health Care Services
EMSPF	Family Planning Methodological Strategy
EONC	Essential Obstetric and Newborn Care
FP	Family Planning
HCDL	Logistical Data Consolidating Tool
HIV	Human Immunodeficiency Virus
ICEC	Joint Implementation of Community Strategies
IDB	Inter-American Development Bank
IHSS	Honduran Social Security Institute
IR	Intermediate Result
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
PAHO	Pan American Health Organization
PCM	President of the Council of Ministers
RAMNI	Accelerated Reduction of Maternal and Child Mortality
RH	Reproductive Health
RISS	Integrated Health Services Networks
ROF	Organization and Functions Regulations
SEFIN	Secretariat of Finance
SIAEC	Automated Information Systems for Community Strategies
SNS	National Health System
SSRISS	Sub-secretariat of Health Services Integrated Networks
UAFCE	Unit for the Management of External Cooperation Funds
UGD	Decentralized Management Unit
ULAT	Local Technical Assistance Unit for Health
ULMIE	Medications, Supplies, Infrastructure and Equipment Logistics Unit
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

I. Summary of Project Activities

Project Title: Local Technical Assistance Unit for Health
Project Objective: To provide integrated technical assistance to the Ministry of Health and other strategic counterparts such as the IHSS, ASHONPLAFA and others to: 1) improve the quality, coverage and access to sustainable maternal child health and family planning services for the country's vulnerable and underserved populations, and 2) support the transformation of the current health system to one which is decentralized, plural and integrated and that provides sustainable and equal health services, especially for the most vulnerable and excluded populations.
Implementing Mechanism: Management Sciences for Health
Contract No: AID-522-C-11-000001
Project Period (beginning and ending dates): July 29, 2011- June 28, 2016
Reporting Period (beginning and ending dates): October 1- December 31, 2015
Total contract estimate (cost plus fixed fee): US\$12,422,456 + US\$554,396 Fee = US\$12,976,852
Balance at the beginning of the quarter: US\$1,727,110 (without Fee)
New obligated / assigned funds during the quarter: US\$0
Expenses incurred during the reporting period: US\$604,155 (Data for the month of December 2015 for US\$150,000, is preliminary since accounting has not closed yet). This amount does not include November accruals for US\$109,625
Balance at the end of the quarter: US\$1,122,955 (This amount does not consider US\$554,396 of Fee)
Estimated expenses for the following quarter: US\$450,000 (January 1 to March 31, 2016)
Number of estimated quarter with the expense balance: 2.5 quarters
Report presented by: MSH-ULAT
Report Submission Date: January 8, 2016

II. Executive Summary

This document contains the activity report from October 1 through December 31, 2015 in the framework of implementation of the work plan approved for the extension period of the Local Unit for Technical Assistance for Health Project (ULAT). This document is submitted in compliance with clauses included in contract AID-522-C-11-000001 and its modifications, which is the fundamental reference for the project.

In accordance with the activities included in the work plan, the progress observed in the products defined and achieved to date and the current situation of the processes subject to technical assistance, this report contains: (i) a general description of the health situation in the country and in particular of the Ministry of Health (MOH) as sector steward institution; (ii) project contextualization in the framework of objectives and the circumstances under which it is implemented; (iii) aspects related to coordination with other projects financed by the United States Agency for International Development (USAID) and with other cooperating agencies; (iv) a special chapter containing elements developed from the gender perspective; (v) a description of achievements by each intermediate result (IR) in the framework of project objectives and activities carried out during the period; (vi) the elements linked to the performance plan; and (vii) the corresponding financial information. The general conclusions are also included.

During the quarter, the most notable contextual element was the preparation of a final draft of the law for the National Health System (SNS), so that once discussed with the corresponding entities from the executive office and adjusted in accordance with these deliberations it will be submitted for approval by the National Congress. In the preparation of the referred draft law, the project has taken care that it is duly aligned with the Framework Law of the Social Protection System which entered into force on September 4, 2015. The main contents of the National Health Service law is the definition of competencies and the role of each of the included entities, with an emphasis on the system's stewardship. This responsibility of stewardship is assigned exclusively to the MOH. The discussion of this law by the National Congress is included in the 2016 legislative agenda.

Another important contextual element was the unavailability of bilateral funds placed at the UAFCE which were not implemented. This was due to the difficulties of the MOH in liquidating these funds. ULAT made important efforts in the re-preparation of the annual work plans which had been prepared by adjusting their activities based on funding and implementation time. This was done with the purpose of having the work plans ready by the time funds became available. Support was also provided for training MOH officials on the established guidelines to standardize implementation of these funds.

In addition, in alignment with the decision made by USAID to place additional funds for the Pan-American Health Organization (PAHO) to manage the financing of cooperation activities provided to the MOH, the MOH was supported in the preparation of the corresponding plans for the approved funding. The project ensured that activities included in plans financed with the remaining funds as well as those financed with the additional funding would be aligned with technical cooperation provided by

ULAT. It should be noted that despite the funds have not been available, activities programmed by ULAT were implemented as planned.

Another element that should be emphasized is the progress made in the management decentralization process for the provision of second level services. Technical assistance was provided to the Department of Second Level of Care Services (DSSNA) for the implementation of best practices in the hospital management model. Furthermore, important efforts were focused on the development of technical processes and coordination with the five hospitals and managers who are assuming the responsibility of hospital services with management agreements approved in September through decrees PCM-039-2015, PCM-050-2015 and PCM-052-2015.

In the particular project context, coordination with other projects is considered propitious, with converging areas of work with those developed with ULAT so as to deliver integrated assistance to the MOH. More specifically, the following can be mentioned: (i) with the Local Governance and Transparency Project and Improved Service Delivery (NEXOS), the development of capacities in decentralized managers; (ii) with the Inter-American Development Bank (IDB), were activities associated with monitoring and evaluation of family planning activities, in adjusting the 2016 management agreements and strengthening the decentralized management process; (iii) with PAHO, the review and adjustment of the proposed National Health System law and guidelines established by USAID in the development of work plans with additional plans; (iv) with the United Nations Population Fund (UNFPA), the implementation of the methodological strategy for family planning services (EMSPF); (v) with Canadian cooperation for Chagas and Leishmaniasis, gender related aspects; and (vii) with CARE International, rural family planning in the framework of the Joint Implementation of Community Strategies (ICEC) to support workshops carried out at the Erandique-Lempira network.

In relation to the incorporation of the gender perspective in the project's areas of work, the report states that in the framework of the ICEC, activities continued to promote empowerment and the participation of men and women in personal, family and community self-care in family planning. For this: (i) selection criteria were defined for the region where the training process would be carried out; (ii) the systematization proposal and the gender training plan were prepared in the framework of the ICEC; (iii) the methodological script was prepared for the production of educational materials; and (iv) the work plans were prepared for implementing learning experiences in gender. The MOH national policy for gender in health was also finalized and the proposal for the organization, training and functioning was completed for a gender integration team who will manage the process of mainstreaming the policy at the MOH.

In relation to activities in intermediate result 4.1 "Increased use of quality services in maternal and child health and family planning", the report states that: (i) implementation of the ICEC continued in the 8 services networks which began during the previous quarter. The project also continued the expansion of the process in new networks; (ii) the project encouraged adequately filling out the automated system of information of the community strategies (SIAEC), which was reviewed and adjusted; (iii) assistance was provided to adapt the Family Planning Methodological Strategy (EMSPF) to the new organic situation of the MOH so that family planning will be carried out simultaneously with regional annual operating plans for 2017, to achieve sustainability; (iv) the project supported the review and adaptation of family planning guidelines for decentralized providers; (v) the tools and instructions were prepared and

distributed for the physical inventory, with a cutoff date of November 15; (vi) support was provided for the Medications, Supplies, Infrastructure and Equipment Logistics Unit (ULMIE) to assume the responsibility of the functioning of the logistical data consolidating tool (HCDL); (vii) the results of the RAMNI evaluation were disseminated at the political and technical levels; (viii) the project coordinated with the Health Surveillance Unit (UVS) for the final review of the maternal mortality reports for 2012 and 2013, which are ready to be distributed during the next quarter; (ix) the project continued supporting the El Paraíso health region with the implementation of the plan to strengthen interventions for reducing maternal and child mortality; (x) support was provided for the workshop for the operational validation of standards and protocols for maternal and neonatal care at ambulatory, maternal child clinics and hospital levels; and (xi) Essential Obstetric and Newborn Care (EONC) ambulatory workshops were developed at the decentralized network of Lepaera.

For intermediate result 4.2 “Sustainable maternal and child health and family planning services”, the report states that: (i) the project supported a workshop for the 20 regional chiefs to evaluate the implementation processes for the new regional structure and its functions. Furthermore, a commitment was made by the regional chiefs to invigorate management and monitoring of the implementation of the functions described in the regional organizational development operational manuals; (ii) the project continued to support the guaranteed group of health benefits and the implementation process for the Integrated Health Services Networks (RISS); (iii) support was provided for the presentation and discussion of the final evaluation report of the hospital management model implementation; (iv) support was provided for training on the use of the “Guide for the Development of the Regional Plan for Managing the RISS”; (v) the project supported development of capacities for decentralized managers; and (vi) follow up was provided for accountability in decentralized managers on results achieved and the resources utilized in the framework of the management agreement signed with the MOH.

To summarize, every area of work continued to be implemented in a positive and adequate environment for the achievement of the stated objectives and products. However, some suffered delays for reasons pointed out in the report.

III. Project Context and Objectives

A. Country Context

According to the latest census carried out in Honduras (2001), the total population of the country is around 7.4 million persons, 54% of which are youths under fifteen years of age. Six of every ten Hondurans live under the poverty line and of these, 70% live in extreme poverty, with a ratio of two to one between the rural and urban populations. Statistics show gaps in the performance and effectiveness of the Honduran health system, especially in the approach to determinants for health among rural populations.

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

B. Project Context

As proposed for the extension period, ULAT continues to provide assistance with the defined strategy for project implementation and to support the MOH in the established processes to increase access and availability of effective family planning services with quality for vulnerable and underserved populations. All of this was carried out in function of the contract results framework to improve coverage and access to health services, particularly in family planning, based on analysis of progress made to date by the project and the needs of the country.

According to the applied methodological focus, the project anticipates providing technical assistance at different institutional levels, from decision makers and central level leaders to community level services providers. As such, the project seeks to develop processes to achieve significant access to family planning services for marginalized and vulnerable populations from a perspective of sustainability. Along these lines, activities are mainly focused on departments in Eastern Honduras (Copán, Intibucá, Lempira and La Paz), which are the country's most neglected areas.

The project continued to support the MOH as well as other relevant health sector actors in leading the broadest social and cultural changes that contribute to improved health results in target groups. As a general example, there are a higher number of women making decisions related to their health and of their family. In this area, ULAT is incorporating the gender perspective to address barriers to access health services and to contribute to eliminating them, as well as to develop institutional capacities in this field as an essential element for the sustainability of the supported processes.

Simultaneously, technical assistance continued to focus on essential processes for health system reform, attempting to provide the necessary momentum and utilize initiatives that provide greater viability. The work is carried out jointly with the counterparts who are responsible for each area of action. This includes the transmission of knowledge, skills and abilities in this collective development, and the permanent search for empowerment by those responsible for the work processes with the objective of improving the capacity to respond and sector effectiveness.

A series of emerging circumstances during the period affected the project's context. These required special efforts of adaptation of the technical assistance. The most outstanding element was the approval of the Framework Law of the Social Protection System which entered into force on September 2015. This framework configures the health system by defining the institutions that integrate it and their main roles.

In effect, this law includes the essential elements that profile the structure and functioning of a new system which assigns the stewardship role to the MOH and the functions of financing/assurance and the provision of services to the IHSS. This implied reinstating some processes that were being developed as part of health reform. For this reason, as it entered into force the scenario changed about which some areas of project work were being discussed, specifically those related to the issue of public assurance that, in principle, was foreseen to be assumed by the MOH. In addition, the anticipated proposal was modified for the constitution and functioning of a national health fund.

The framework law also establishes the mandate to promulgate a complementary law for tool development for the fundamental elements of the health system. As such, another issue to emphasize is the short term demand for the preparation of a final proposed National Health System law, adjusted in function of the precepts established in this framework law.

The main contents of the National Health System law are the detailed definitions of the competencies and roles of each of the entities it includes, with an emphasis on the stewardship aspects of the system which correspond exclusively to the MOH. Once this final proposal is discussed with the appropriate executive power entities and is adjusted as a result of these deliberations, it will be submitted for the approval of the National Congress, the discussion of which is included in the legislative agenda for 2016.

Other proposals are in a similar condition and require adjustments according to the mandates in the Framework Law for the Social Protection System, for which ULAT provides assistance to the MOH. This includes the configuration of the Integrated Health Services Network (RISS) and the guaranteed groups of benefits and health services (CGPSS).

In another area of action, progress made in the decentralization process for the management of the provision of second level services implied that important technical assistance efforts would be dedicated for implementation of best practices in the hospital management model and for the development of technical processes. These efforts also include coordination with the five hospitals and the managers who are assuming the responsibility of hospital services through management agreements approved in September with decrees PCM-039-2015, PCM-050-2015 Y PCM-052-2015.

Another element to emphasize was the difficulty facing the MOH to liquidate implemented USAID bilateral funds in time and form. This resulted in not having funds available during most of the quarter and thus, not being able to develop activities programmed in the annual work plans which complement those included in the ULAT work plan. As such, important efforts were dedicated to support the MOH in the preparation of the annual work plans to adjust the financial amounts for the activities as well as the implementation time, so that they would be prepared when there were funds available.

In addition, in relation to the USAID decision to place additional funds with the Pan-American Health Organization (PAHO) to finance cooperation activities with the MOH, the project supported this institution in the preparation of plans corresponding to the approved funds. It is worth noting that during these assistance efforts, the project ensured that activities included in plans financed with remnant funds as well as those in plans financed with additional funds were duly aligned with the technical cooperation provided by ULAT.

It must also be mentioned that within the particular context of the project, coordination continued with other projects with areas of work that converge with those developed by ULAT which provided the appropriate circumstances for the implementation of project actions. Further, the purpose was to provide the most integrated assistance to the MOH.

The results of activities implemented under these circumstances, which constitute the work plan for assistance provided by ULAT to the MOH in family planning, maternal child health, reform, decentralization and the inclusion of gender elements in all activities, are described in the corresponding chapters.

C. Coordination with other Counterparts/Actors

During this period, the project coordinated with organizations and agencies developing activities linked to those implemented by ULAT. They are described below, along with the main results:

Governance and Local Transparency Project and Improved Service Delivery (NEXOS)

Efforts continued to develop capacities in decentralized managers. Two workshops financed by NEXOS/USAID were held along with the Decentralized Management Unit (UGD) and the Department of First Level of Health Care Services (DSPNA) with the participation of forty decentralized managers from Comayagua, Lempira, Intibucá, Copán, Choluteca, Santa Bárbara, La Paz and Olancho. The purpose of these workshops was to strengthen capacities in these Health Regions and the managers on the functioning of the family health teams in the participating networks. Participants approved the guidelines for operating the family health teams and some stated they had already been applying them. They were managers that NEXOS/USAID had previously trained in community work.

IDB

Coordination was related to project activities in the Salud Mesoamerica 2015 (SM2015) Initiative. More specifically, the project participated in events organized by the Deputy Secretary of the Integrated Health Services Network (RISS) and managed by the UGD with the objective of reviewing avoidable maternal and neonatal deaths. The results observed during monitoring showed increased cases of mortality. Two SM2015 senior consultants and technical staff from the DSSNA and ULAT participated in this meeting.

The project identified that avoidable deaths are measured at ambulatory level, even though this indicator and the tools in operation are exclusively for the hospital level. As such, this leads to confusion. Therefore, the project suggested that this indicator should not be included in the format that requires measuring. There was also much discussion related to the concept of “preventability”. In the end it was agreed that there are other indicators that permit measuring.

The use of tools for deeper analysis of mortality was introduced, which could contribute to better identification of causes of death and to prepare better plans for intervention that could lead to preventing deaths from the same causes. The project also suggested the need to unify measurement indicator methods and tools with the selection of tracer criteria to achieve the purpose or finalization of decentralization based on access and quality of care. In this manner, maternal and child morbidity and mortality could be reduced.

The issue of monitoring and evaluation of family planning activities was also discussed. As a result, it was clarified that in decentralized management the results of protected couples should be monitored and not compliance with programming the delivery of methods, which was clearly established.

The project has also been coordinating in relation to activities in the process of adjusting 2015 management agreements.

The project participated in an event at the UGD, along with the RISS Deputy Secretary and Department Chiefs to discuss and receive policy-related technical inputs to strengthen the first and second level decentralized management process, as well as for these to be incorporated in the 2016 management agreements. Some of the most relevant issues addressed were: (i) the identification of the products, processes and those responsible as required by the UGD for managing services through agreements; (ii) the definition of technical responsibilities and the management of health services networks that would decentralize and should be assumed by the health regions and the services networks directorates; (iii) the incorporation by network managers of the implementation of different guidelines and methodological guides for care in the national health model in 2016 agreements; (iv) the organization of the UGD process in terms of contracting and management of agreements, among others.

PAHO

Coordination was carried out with PAHO on several issues. With regards to policies, the project participated in events alongside the MOH to review and adjust the proposed national health system law which had been prepared in response to observations made by different officials and experts. This process was completed and the Minister of Health has prepared a proposal for discussion with other entities before submitting it to the National Congress.

Under guidelines established by USAID, the project also supported the MOH with the development of work plans that will be financed with additional USAID funds and have been assigned to be administered by PAHO.

UNFPA

Coordination with the United Nations Population Fund (UNFPA) was centered on the implementation of the Family Planning Methodological Strategy (EMSPF), resulting in agreements considered to be an important milestone by the project. These agreements are oriented towards achieving sustainability for the strategy by adequately resuming institutionalizing family planning activities in programming, monitoring and evaluation activities in established national processes. This should resolve the situation of ad-hoc processes that have been occurring.

With the participation of representatives of the MOH entities involved in the application of the strategy (General Directorate of Standardization (DGN), General Directorate of Integrated Health Services Networks (DGRISS), Department of Second Level of Health Care Services (DSSNA), the Medications, Supplies, Infrastructure and Equipment Logistics Unit (ULMIE), National Medications and Supplies Warehouse (ANMI) and the Management Planning and Evaluation Unit (UPEG) and with technical advice from UNFPA and ULAT, the proposal was adapted for updating the family planning methodological strategy documents in the networks and hospitals, in light of results achieved during its evaluation. For

this, the National Health Model, the Organization and Functions Regulations (ROF) and the hospital management model were taken into account.

To summarize, the main changes are:

- Programming is integrated in the national process of preparing the annual operating plans. The UPEG will be responsible for preparing the annual national consolidation of programming for family planning activities.
- The logistics process will be conducted by the ULMIE and distribution by the ANMI.
- Monitoring will be carried out indirectly through document review since proposals made during monthly meetings, with specific discussions on family planning, are not feasible without additional funding in the national budget.

COCHALE

At the request of the Canadian Project, COCHALE, coordination was established with the objective of receiving information on the activities this project is negotiating with the DGN, as part of its technical assistance to the MOH. There is special reference made to: (i) training to be carried out on all gender aspects with all MOH personnel. A specific consultancy will be contracted for this purpose; (ii) the placement of Dr. Delmy Aguilar, who is responsible for gender issues at the MOH, in the project offices in the Plaza Morazán building; (iii) the availability of funds to reprint the policy document and its socialization in the health regions in 2016; and (iv) coordination on the preparation of the strategy and implementation plan in order to not duplicate efforts. With regards to this issue, it was explained that the director of standardization has decided to align cooperation based on the gender policy.

CARE INTERNATIONAL

In relation to rural family planning in the framework of the Joint Implementation of Community Strategies (ICEC), the project supported technical facilitation for workshops carried out in the Erandique-Lempira network, partially financed by CARE International with whom the network is coordinating. During these workshops eight network technicians were trained, three of whom were accredited as facilitators. Nine community leaders, proposed as rural family planning monitors by their communities, were also trained.

SECRETARIAT OF FINANCE (SEFIN)

The project, along with a financial management technical staff person from the UGD, participated in discussions with the Secretariat of Finance (SEFIN) Health Analyst with the objective of seeking alternatives for the allocation of funds to decentralized managers, different than the transfers that have been previously used. As a result, it was agreed to: (i) deliver a document to the General Treasury of the Republic signed by the Minister of Health that includes programming of cash flow disbursements by item and attaching the documents from the President of the Council of Ministers (PCM) supporting the agreements. This will ensure timeliness and the amounts of disbursements to decentralized hospitals; (ii) request a meeting with Mr. Carlos Ponce from the Civil Service office to deal with the reorganization of the human resources payrolls; and (iii) request a meeting with the MOH corresponding entity to establish the supply mechanisms for medications for these hospitals, given the ongoing processes through which the managers will directly receive funds so that hospitals under their management are supplied with these critical medications.

IV. Integration of the Gender Perspective

In the area of gender, the project proposed to use the extension period to consolidate the work which had been developed under the rural family planning area, and to manage and promote startup of the gender policy in the MOH.

During the quarter, changes were made in General Directorate of Standardization officials who had been responsible for gender related aspects. Karen Benítez, DGN gender responsible resigned and Dr. Delmy Aguilar was appointed to take her place. Further, Dr. Sandra Lorenzana and Angela Ochoa were appointed to provide technical support. With support provided by ULAT to this team, the proposed National Gender Policy in Health was adjusted and finalized. The policy was made official in December 2015 and it is anticipated that it will be socialized on January 25, 2016 to coincide with National Honduran Women's Day. As part of the agenda for developing this activity, it is possible there will be a swearing in of the gender integration team which the MOH decided to organize as a mechanism to boost the mainstreaming process in all its activities.

In December 2015 and as a result of the information received that USAID bilateral funds were available at the Unit for the Management of External Cooperation Funds (UAFCE) for the MOH, the contracting process was retaken for the consultancy to prepare the gender strategy in the framework of the approved policy as well as the corresponding implementation plan. The project expects the consultancy to begin during January 2016.

In relation to specific activities carried out in the two processes included in the work plan, the results were the following:

- I. In order to increase empowerment and the participation of men and women in personal, family and community self-care in family planning, in the framework of the Joint Implementation of Community Strategies (ICEC) through regional teams, the RISS and communities:
 - The project defined selection criteria for the region where the gender training process will be developed in ICEC. The Lempira Health Region was defined and the La Unión RISS was selected, which includes the municipalities of La Unión, San Rafael and La Iguala.
 - The proposal for systematization was prepared as well as the gender training plan in the framework of ICEC. For this, information was reviewed which was gathered in the zone during a visit made in the second quarter of the year. This was completed with additional information provided by the commonwealth. With this information, specific elements were identified to be included in the training process to strengthen empowerment in men and women. The project reached the conclusion that the main issues to approach during the process would be: (i) sex gender system; (ii) gender in the ICEC; (iii) approaches to the family and community as to adolescent pregnancies; (iv) individual, family and community approaches to single women and the masculinities; (v) approach to obstetric violence as a negative practice by health personnel and options for managing these situations; and (vi) basic knowledge of domestic violence.
 - The methodological script was prepared, upon which the following educational materials were prepared:

- Basic aspects of human rights, gender, empowerment and their relationship with the ICEC.
- When domestic violence and obstetric violence is detected in the ICEC. What can the RISS personnel do?
- Masculinities and their impact on sexual and reproductive health in men and women. What do we observe in the ICEC and what can we do?
- Adolescent pregnancies: What can RISS personnel do with the parents and the community?
- How to work with the person, the family and the community when there is an unwanted pregnancy with or single mothers. What can health personnel do with the parents, the mothers and the community?
- Power point presentations were also prepared and activities were programmed for the team learning experiences in each municipality included in the network.
- Work plans were prepared for implementing gender learning experiences which will be centered on preventing adolescent pregnancies as the main axis and to which other issues adhere approached by the La Union RISS in the municipalities of La Unión, San Rafael and La Iguala.

During this period, the most important challenges are related to: (i) resolving administrative problems with the MOH at the La Union RISS to guarantee compliance with the objectives to improve maternal and child health and in the general population, and (ii) that due to administrative problems emerging between July and November 2015, the La Union RISS could be better organized to improve saturation of activities.

Deliverable:

- Quarterly reports of advances made in the process of the gender integration team in the ICEC framework thru regional teams.
2. In relation to strengthening political processes for mainstreaming gender at the MOH:
- The National Policy for Gender in Health was completed in December. In order to follow up its approval, an expanded work team was organized which took on the policy document again. Working meetings were developed to adjust and finalize this document. As such, the background of the process was explained to the work group which concluded with the proposal. They were made aware of the guide which was made official by the Directorate of Standardization. The guide contains the essential requirements for issuing regulatory documents.
 - The policy document has been made official. It was decided that socialization would be carried out during an event to be held on January 25, 2016, which is National Honduran Women's Day. The event will include MOH officials and representatives from national organisms and from relevant external cooperation agencies working on the issue. With these advances, during the coming months the project will be providing technical assistance on the guidelines for central level strengthening during the application process of the policy and to support the development of capacities in institutional personnel.

The most important challenge during the period was the administrative problems related to the reassignment of officials responsible for drawing attention to the gender issue. This resulted in delays in re-starting and providing continuity to concerted processes.

3. With regards to technical assistance for the preparation of a gender strategy that would permit implementation of the policy, the project prepared and reviewed the terms of reference for a specific consultancy, which were approved by the DGN. USAID bilateral funds are available as of December 2015 and the project expects the contracting process to begin in January 2016. An important challenge in this activity was the unavailability of funds for contracting the consultancy.
4. To follow up on the adjustment of the proposal for the organization, training, and functioning of a gender integration team who will direct the mainstreaming processes of the MOH gender policy, the project reviewed the proposal for the organization of this team. For this, the project obtained the gender mechanisms functions manual from the National Institute of Women and proceeded to review and adjust the prepared proposal. The DGN simultaneously began the selection of persons who will be part of the team. The project expects the team to be completely organized in January 2016 and sworn in during the socialization event for the national gender policy.
5. Among other important activities developed, the following are of note:
 - At the request of the Canadian COCHALE project, a coordination meeting was held during which activities that are being negotiated by this project with the DGN as part of its technical assistance to the MOH were reported upon. Particular reference was made to: (i) training on gender aspects carried out with all MOH staff, for which a specific consultant is being contracted; (ii) the placement of Dr. Delmy Aguilar, responsible for the gender issue at the MOH, at the project offices in the Plaza Morazán building; (iii) the availability of funds to reproduce the policy document and for its socialization in the health regions in 2016; and (iv) coordination for the preparation of the strategy and the implementation plan, to avoid duplication of efforts. Regarding this issue, it was explained that the Director of Standardization decided to align cooperation based on the contents of the gender policy.
 - The project participated in the Public Forum on Social and Reproductive Health Rights: Monitoring and Social Audits at Health Centers and Public Policies in Sexual and Reproductive Health Rights. The audit results were obtained which will be shared with ULAT staff associated with the issue.

V. Intermediate Results/Project Achievements

Table 1- Project Results – during the reported period

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

As stated in the work plan for the project extension period, under this intermediate result the project intends to continue strengthening and consolidating 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. In this area of work efforts are oriented towards the expansion of the implementation of family planning in rural areas, towards the consolidation of activities linked to the Essential Obstetric and Newborn Care (EONC) strategy and adjustment of the policy for the accelerated reduction of maternal and child mortality.

Activities carried out during this period for each of the defined processes are detailed below:

FAMILY PLANNING AT THE MOH

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

Improving access to family planning services is a process that requires joint effort at all levels. Along this line, training community monitors constitutes the final step of a chain that begins at the local level with the socialization of the ICEC with regional teams. The ICEC is already a well-recognized intervention by the MOH, as well as by municipal authorities and community leaders in the scope of its implementation. Several mayors have actively participated in meetings with committees supporting the maternal home in their communities. Further, some municipalities already provide funds for its functioning.

The Santa Bárbara regional director considers that the ICEC is an effective expression of the National Health Model. The effectiveness of this intervention is demonstrated in both of its main indicators. An analysis carried out in May 2015 demonstrated **an increase of 783 couples protected with family planning methods distributed by community monitors, as well as an increase from 82% to 91% in institutional care for births in intervened communities.**

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

1. In relation to activities to expand rural family planning in selected regions by applying the methodological guide prepared for its implementation:
 - Implementation of the ICEC continued in the 8 services networks that had initiated it during the previous quarter, demonstrating different degrees of progress. Around 70 rural family planning community monitors were trained in the networks of Reitoca, Trojes, Erandique, Hombro a Hombro, El Paraíso and Choluteca; however, this activity had not begun implementation in the networks of Nueva Arcadia, San Marcos and Tutule in La Paz. Progress was made in the eight networks with the training in implementing the ICEC to about 215 technical staff at regional and network level.
 - Technical assistance was provided to organize and train the maternal home support committee in the networks of Erandique and El Paraíso. The home in El Paraíso is in the process of preparing the work plan, with the main objective of obtaining funds for the construction of the home. So far they have identified some land that is owned by the Maternal Child Clinic.
 - The Belén Gualcho network was added where 25 resources were trained on implementation of the ICEC. This is a new manager who requested to be incorporated in this process in order to be able to comply with its management agreement.
 - Technical assistance was also provided to the Lepaera network in Lempira where help was provided for them to organize. In addition, the maternal home support committee was trained.

It is important to clarify that having trained a few monitors in rural family planning is due to the fact that this is the final activity in the implementation process of the ICEC, when all the teams are duly trained. Beginning next quarter, these teams will be training monitors at a monthly rate of at least eight workshops, which the project expects will comply with the established goal.

2. In the networks intervened the previous year, emphasis was placed on motivation to adequately provide data for the information system for the purpose of following up. During this period continuity was provided for implementation of the ICEC in the networks of El Paraíso and Trojes.
3. The automated information system for community strategies (SIAEC) was reviewed and the errors identified were corrected. Further, data and formulas were incorporated to directly obtain the indicators. The corrected version was reproduced and is in process of being installed in all the networks by taking advantage of training activities. The project expects that by the end of January, the SIAEC will be functioning in all the regions and networks where ICEC is being implemented.
4. In order to support the process of programming family planning activities:
 - The project provided technical assistance to the DGN, the DGRIS and the ULMIE to review and adapt the methodological family planning strategy to the new situation of the

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

MOH. As a result, in 2016 programming family planning activities will be carried out for 2017 simultaneously with programming regional annual operating plans, in order to make the strategy sustainable. Given that the annual operating plans for 2016 were prepared between April and June 2015, the project decided to program 2016 with the methodology applied to date. The programming tools for this purpose were distributed to all health regions that prepared programming which will be discussed and approved in January 2106.

- Family planning guidelines for decentralized providers were reviewed and adapted with the UGD. The most important change is that now programming will be based on percentages of coverage in women of reproductive age who utilize methods from the population assigned in the agreement. The guidelines were socialized with all managers during a meeting held for this purpose. The project expects the managers to carry out programming based on these guidelines and ensure that the programming reaches the region in order for them to be consolidated.

5. With a cutoff date of November 15, the tools and instructions for the physical inventory were prepared and distributed to all health regions. The inventory was carried out as programmed and almost all the tools sent by the regions have been received. Data will be digitized and results should be available by mid-January.
6. The ULMIE assumed the responsibility of the functioning of the HCDL and is pending to ensure that this mechanism is consolidated.

Expected Result:

- **Milestone 151.** Family planning strategy in the rural areas is expanded at national level through decentralized managers, by applying the ICEC.

REDUCTION OF MATERNAL AND CHILD MORTALITY

As emphasized at the time, an evaluation of the RAMNI policy led to the conclusion that having discontinued monitoring resulted in not achieving all of its stated objectives. However, the areas of work and the strategies to implement them continue being valid and are aligned to national and international health commitments.

As such, efforts are concentrated on revitalizing the policy, strengthening the management entities, and developing the final proposal for implementing a modified Integrated Care for Children in the Community (AIN-C) strategy that implies lower costs but the same effectiveness, linking it to efforts that are being implemented or will be implemented related to nutrition in the country by other related projects.

In this framework, activities carried out during the period were the following:

- I. Results of the RAMNI evaluation were disseminated with the political and technical levels. As a

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

result, the Integrated Health Services Network (RISS) Vice Minister issued instructions assigning specific responsibilities for re-developing the National Policy for the Reduction of Maternal and Child Mortality in the framework of reform and the National Health Model. A request for the required technical assistance was also made to ULAT. The project expects this activity to begin during the first week of January 2016.

2. The project coordinated with the Directorate of Health Surveillance for the final review of the graphic design and contents for the publishing of the maternal mortality reports for 2012 and 2013, which have been printed and are ready for distribution during the next period.
3. In relation to support for implementation of the plan to strengthen interventions oriented towards reducing maternal and child mortality in the El Paraíso health region, the project continued to provide concerted technical assistance with adjustments made to the initial plan. The plan is the result of changes made in the management levels in the region and the hospital which interrupted its development. During the next period, an evaluation will be carried out of the compliance with this plan and will include the pertinent recommendations.
4. Initiating support for the implementation of a pilot test for the application of the proposed AIN-C strategy guidelines for decentralized providers developed by ULAT/USAID is pending for USAID funds availability, with which activities included in the MOH annual work plan are financed. The implication of the delay to date is that it could result in the guidelines not being validated as designed.

Expected Result:

- **Milestone 156** Entities reconfigured to manage the policy that establishes the reduction in maternal and child mortality.

EONC

For the project's extension period it was proposed to conclude the process of updating the standards and protocols manuals for maternal and neonatal care and proceed to its dissemination.

Application of these standards was strengthened with the preparation of support tools for this process, such as flowcharts, check lists and a redesigned training process. However, the current standards were supported with evidence from 2010 and the process to update them was initiated.

Along this line, the following activities were carried out during the period:

1. A workshop was carried out for the operational validation of the standards and protocols for maternal and neonatal care at ambulatory level, maternal child clinics and hospital level, developed based on updated scientific evidence and the dispositions found in the MOH regulatory processes. Pertinent observations provided by the participants were incorporated

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

and a public consultation began, as required by the process. To date, six final documents have been produced: (i) the national technical standard for care during the pre-conception period, pregnancy, birth, post-partum and for newborns; (ii) the protocols for ambulatory care; (iii) protocols for care during birth and for newborns; (iv) protocols for initial care and referrals; (v) protocols for care during obstetric emergencies; and (vi) protocols for care during neonatal complications. The project expects that once the public consultation period finalizes the process will close with the approval of standards and protocols which will lead to initiating the printing process.

2. Ambulatory EONC workshops were developed at the Lepaera decentralized network. Through these workshops, training was provided to personnel from every health facility. However, it is worth mentioning that during their development, existing problems were confirmed during monitoring, resulting from the application of different measuring criteria by the officials carrying them out. For this reason, discussions were retaken with the UGD and a mixed EONC workshop was programmed directed to personnel from the regions carrying out monitoring.

That workshop was carried out with the participation of 20 officials responsible for support and management control in ten health regions with decentralized providers and three UGD technicians who carry out monitoring. During the workshop every issue was broadly discussed in which disagreements had been identified. Test notes reveal that the lack of awareness of the standards is the main cause of the problems occurring during monitoring. The project expects that henceforth the problems will be reduced.

3. Even though there was major progress was not made in this period in the expansion of the use of checklists for the application of maternal neonatal standards, in the framework of the hospital management model, the UGD demonstrated interest in this tool. As such, the project expects that the checklists can be included as sources of information in the agreements.
4. In relation to implementation of the ambulatory neonatal clinical histories, the mixed EONC workshop for region personnel carrying out monitoring made it possible for the ten participating regions to recognize the importance of the use of this tool. This provided the opportunity to distribute them to the regions and to establish the agreement to begin their application immediately.
5. With regards to national level expansion of the use of the perinatal clinical history with incorporated surveillance graphics of the uterine fundal height and weight gain, the project reports that this tool is being utilized in some of the networks implementing the ICEC. Still pending is information gathering to compare the results of their use with the base line, which the project expects to carry out during the next period.

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

Expected Result:

- **Milestone 153.** Implementation initiated of the standards and protocols in maternal and neonatal health.

IR 4.2 Sustainable Maternal Child and Family Planning Services

As anticipated for the achievement of this objective, the project is orienting technical assistance efforts towards consolidation of some of the main processes linked to health sector reform: (i) the organic and functional development of the MOH that responds to the separation of functions and strengthening the role as steward; (ii) implementation of the National Health Model with its operating tools; and (iii) the readjustment and development of the proposed health system law, taking as a reference the recently approved framework law for social protection.

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

ORGANIZATIONAL DEVELOPMENT

Based on results obtained with the implementation of the organic and functional development of the MOH at central and regional level, activities were identified that should be developed in the short term to achieve consolidation of key entities within the institutional structure. As previously explained, the general framework of this transformation is constituted by Decree PCM-061-2013 which defines the general MOH structure and the regulation that establishes the organization and specific functions of the different units. Because dissemination had initiated for the manuals for organization and functions, and for processes and procedures and positions and posts, the project proposed concluding these actions during the extension period.

- I. In relation to implementation of organizational development at central level:
 - The activities underwent partial deceleration due to the decision made by the office of the President to create a new sub-secretariat at the MOH. The stated objective to establish this entity was the need to strengthen implementation of projects financed with external cooperation funds. This affected the legal and administrative processes to carry out the changes in the decree issued by the President of the Council of Ministers containing the modification of the regulation for the organization, functioning and competencies of the executive power. Likewise, once this step is taken, adjustments will proceed with the MOH ROF and the Organization and Functions Manual (MOF). The project is awaiting the coming changes in order to continue dissemination of the new structure which was anticipated to be carried out during this period.
 - It was agreed with the strategic unit for health surveillance that printing the processes manual developed for that unit would begin once USAID bilateral funds were available at the Unit for the Management of External Cooperation Funds (UAFCE).
 - Support was provided for programming activities related to central level organizational development included in the MOH annual work plan. These activities will be financed with

IR 4.2 Sustainable Maternal Child and Family Planning Services

funds donated by USAID which will be administrated by PAHO and correspond to the period between December 2015 and September 2016.

- The UPEG was supported in the development and review of activities included in the annual work plan financed with USAID funds placed at the UAFCE for: (i) the reproduction of central level organizational development documents and (ii) contracting the services of an industrial engineer for the preparation of the processes and procedures manual for the general directorates. As explained in the previous paragraph, due to the creation of a new sub-secretariat, the ROF and the MOF, which were ready for printing, will have to be modified. As such, printing these manuals will not be carried out until the required changes are fully defined. Currently a process is being carried out to define the units which will be assigned to the new sub-secretariat and consequently removed from their current location.

2. With regards to technical assistance to consolidate implementation of the regional level organic and functional structure:

- Delays in activities were experienced in part due to delays in the availability of USAID bilateral funds to be placed at the UAFCE to finance these activities, which were not available until the second week of December. Nevertheless, it was agreed with the Department of First Level of Health Care Services (DSSPNA) that the development of the three pending workshops for the regions of Ocotepeque, Colón and the Bay Islands, will be discussed with the regional chiefs for the workshops to be developed as of the second week of January 2016.
- In the development of the workshop with the Northeast regional management team (regional leadership, planning leadership, leadership from the department of the RISS, coordinators from the management support unit), oriented to the analysis of gaps and the prioritization of the offer of services, the opportunity was taken to explain the functions of the different entities in the regional structure that are involved with the development of the aforementioned plan, emphasizing how the networks should be managed from the perspective of the steward, and from the perspective of the manager of the provision of health services.
- The project supported the meeting developed by the RISS sub-secretariat which included the participation of 20 regional chiefs from the DGRISS, the DSPNA and the DSSNA, to evaluate the implementation processes of the new regional structure and its functions. The conclusions reached were: (i) that all health regions should have the structure organized according to the manual of organization and functions; (ii) that the available human resources be distributed according to the new structure; (iii) that 17 regions are in the process of implementing the functions of their units according to the processes and procedures manual, but need to continue strengthening the steward functions; and (iv) that the remaining 3 regions will develop workshops on the operations manuals in February 2016.

The commitment was established that regional chiefs should invigorate the management and monitoring of the implementation of the functions included in the regional organizational development operations manual and that compliance with this aspect will be overseen by the RISS sub-secretariat.

IR 4.2 Sustainable Maternal Child and Family Planning Services

Expected Result:

- **Milestone 70.** New MOH organizational structure fully implemented.

Deliverable:

- Quarterly progress reports on the implementation of organizational development at central and regional levels.

LEGAL FRAMEWORK

As included in the work plan for the extension period, the project proposed reviewing and adjusting the proposed National Health System law. The objective was to ensure it is aligned with mandates contained in the Framework Law of the Social Protection System, approved by the National Congress. This law presupposes a health system law for implementation and assigns to the MOH the function of system steward. Further, it assigns the functions of financing, assurance and the provision of services to the IHSS.

The following activities were developed in the framework established for technical assistance for adaptation of the adjusted proposal for the National Health System law:

- With the MOH team designated by the Minister of Health and PAHO, several working meetings were carried out to continue the review of the proposed National Health System law and to prepare the pertinent adaptations in function of the framework law of the social protection system. During a first phase, with these adaptations the team prepared a preliminary version of the proposed adjusted law to serve as the basis during agreed consultation processes.
- In view of their experience and knowledge of specific areas, a workshop was carried out with MOH officials considered key for this process. The workshop resulted in a bank of opinions, comments, observations and proposals. As such, this led to carrying out work meetings for the specific purpose of evaluating each result and to determine the pertinence of including them in the text of the law. As a result of this process, a second draft was produced.
- The new proposal was submitted for consideration and review by PAHO officials in Washington, selected for their expertise on this issue. Several virtual meetings were held with them during which specific issues were discussed and the corresponding recommendations were received. The work team prepared a detailed analysis of the recommendations and proceeded to incorporate the pertinent elements. As a result of this effort, an almost final version of the proposal was produced.
- To conclude, the Minister of Health agreed to carry out consultations with professionals outside the MOH, considered qualified experts from their experience in the health system. The consultation was carried out electronically and had the objective of receiving observations, comments and specific proposals for the corresponding cases. With inputs received, the team carried out the corresponding evaluation as to pertinence and consequently incorporated the relevant aspects in the text of the law. As such, the team proceeded to prepare the final draft of the proposed national health system law, which was submitted for the consideration of the Minister of Health who provided her written

IR 4.2 Sustainable Maternal Child and Family Planning Services

approval. The project considers that the proposal is ready for the MOH to submit for discussion to other government entities. In the approval document, the Minister of Health requested that ULAT continue technical assistance for this other phase of the process to approve the law.

Expected Result:

- **Milestone 157.** Proposed national health system law developed according to the framework law for the social protection system.

Deliverable:

- Adjusted proposal for the National Health System law according to the Framework Law for Social Protection and its MOH approval document.

NATIONAL HEALTH MODEL

Throughout the project implementation period, important related progress was made with the approval of the National Health Model document along with its incorporation in the endeavors of the MOH and its recognition as the first standard that orients the transformation of the National Health System. Further, implementation was initiated with the operationalization of the developed guides, mainly those corresponding to the care/provision component. Based on this, the project proposed that efforts during the extension period would be directed to finalizing the development of the guides and supporting their implementation process.

In this framework, technical assistance activities were as follows:

- The project continued to offer direct technical support to the DSPNA team, responsible for configuring the guaranteed groups of health benefits, to review the progress made and current status of the draft document containing the proposal. As a result of this exercise, observations, suggestions, and recommendations for adjustments considered pertinent to improve the document, were delivered to the team. With this product, the MOH is close to complying with one of the main requirements of the framework law for the social protection system and the national health plan for the institutional adaptation required by Article 60 of this law.
- The project continued to offer direct technical support to the DSPNA team responsible for the RISS implementation process with the design and organization of workshops held to develop competencies in gap analysis and the prioritization of the services offer contained in the RISS Guide for the Preparation of the Regional Management Plan. The workshops were carried out with the assistance and participation of 76 technicians from the 20 health regions throughout the country.
- Technical support was provided for remote monitoring for every regional management team to complete the gap analysis and prioritization of the services offer and to continue the development of the corresponding management plan.
- Support was provided for the construction of the “National Proposal for the Configuration and Delimitation of the RISS” document, in particular as related to the background,

IR 4.2 Sustainable Maternal Child and Family Planning Services

justification, purpose, objectives and conceptual framework. With this product, the MOH could have available another of the main requirements of the framework law for the social protection system and the National Health Plan for institutional adaptation.

- In addition, the project worked on the preparation of a base reference technical document for the creation of the superintendence of health. The development of this document is carried out in function of the framework law of the social protection system. As such, it will serve as an instrument of reflection of the understanding of the scope of competencies of this entity, to which the referred framework law assigns the responsibility of surveillance, control and supervise operations. The administrating and implementing entities in health services should carry out these operations for awarding benefits derived from the health care insurance scheme.

Expected Result:

- **Milestone 79.** Guides or tools for the National Health Model (phase II) management and financing components are prepared and approved.

Additional Deliverable:

- Progress report on the development of the proposal for the configuration and parameters of the RISS.

DECENTRALIZATION

The decentralization process for the management of the health services provision networks continued to make progress with the incorporation of second level managers. As has been mentioned before, this process has encountered challenges in: improving and strengthening contracting services from the central level; the development of management capacities for managers of service provision; control and accountability of that management; and the development of management tools for the process at the Health Regions level.

Achieving quality implementation of management for results by decentralized providers is a milestone which has progressed as management tools have been adjusted and aligned and personnel at all institutional levels have been trained to adopt the tools in their work. There are still some elements to incorporate to consolidate the process. These elements are related to network management, the development of technical and administrative capacities in decentralized managers and the development of processes of transparency and accountability. Consequently, for the extension period the project proposed providing technical assistance for the expansion of the implementation of the hospital management model and orient efforts towards the diffusion of better practices through facilitation among peers.

As such, progress made during this period is described as follows.

- Technical assistance efforts with the MOH DSSNA to implement the best practices in the hospital management model, were focused on the development of technical processes and

IR 4.2 Sustainable Maternal Child and Family Planning Services

coordination with five hospitals and managers who are assuming the responsibility of hospital services through management agreements approved in September and decrees PCM-039-2015, PCM-050-2015 and PCM-052-2015.

Startup of decentralized management for hospital services and therefore the gradual and total implementation of the hospital management model is evidence of the need for an accelerated process of facilitation among peers to allow for the development of the required competencies in the participating personnel as well as to increase the recognition of good practices. This would achieve results included in management agreements for 2016. For this reason, during this period facilitation was carried out with technical management teams for the managers from the Juan Manuel Gálvez and Enrique Aguilar Cerrato hospitals, who initiated an assessment of the following aspects, among others: (i) the economic, financial and human resources situation; (ii) the organization of administrative processes to initiate public and private bidding; (iii) the selection, evaluation and contracting personnel; and (iv) patrimonial and budget accountability.

- The decentralization of management of services in hospitals became an opportunity for implementing the complete organic and functional redesign included in the hospital management model. This is because decisions on the use of resources and initiating follow ups and controls are vitally important for achieving objectives and agreed outcomes. The Puerto Lempira, Mario Catarino Rivas, Leonardo Martinez, Enrique Aguilar Cerrato and Juan Manuel Galvez hospitals, which are beginning decentralized management, were defined as having greater priority in the implementation of the hospital management model. The definition of strategies to sustain the process to implement the hospital management model continues pending discussions with the DSSNA.
- With regards to technical assistance in the analysis and use of the results of the evaluation of the hospital management model implementation, the final report was submitted and discussed with the DSSNA technical team and the final document was submitted. The DSSNA made the commitment to carry out a dissemination event with the three pilot implementation hospitals, for the purpose of identifying activities focused on improving important gaps and obstacles as revealed by the evaluation.
- Meetings were held with DSSPNA technical staff to complete their development as workshop facilitators oriented towards the Health Regions on the use of the guide for developing the regional management plan for the RISS. Emphasis was placed on the focus of the presentations, the message contents and links that should be made between the RISS management plan and the regional organizational development, as well as between RISS management from the lens of the steward function and the provision of services. A detailed explanation was provided to the facilitators of the components of “gap analysis” and “prioritizations of the services offer” contained in the guide for preparing the regional management plan. Other aspects that were also discussed were the use of the component tables, the methodology of the questions to be answered by the regional team and described in the guide, as well as the manner in which each of the questions should be answered in each of the section components.

The project also supported work events with the DSPNA chief and the facilitator technicians for them to organize the workshops oriented to the Northeast and Central-

IR 4.2 Sustainable Maternal Child and Family Planning Services

South-East regions on the use of the guide for developing the regional management plan for the RISS. Its development was also supported.

- Monitoring and evaluation of the implementation of regional plans for services networks management will be carried out when regional management plans are prepared for the RISS
- Along with the UGD and the DSPNA, the project developed two workshops financed by NEXOS/USAID oriented towards 40 decentralized managers from the health regions of Comayagua, Lempira, Intibucá, Copán, Choluteca, Santa Bárbara, La Paz and Olancho. The objective was to strengthen the capacities of the health regions and managers in the functioning of family health teams in the participating networks. The issues approached are: (i) the function of the family health teams and community insertion; (ii) mapping communities in the managers' area of influence; (iii) the community health assessment; (iv) the family form and how to fill it out; (v) the form to follow up on individual risks; (vi) programming activities; (vii) technical advisory services and collaboration for the local development plan; and (viii) self-evaluation and supervision. A total of 94 people were trained.

In both workshops, the participants expressed their approval of the guidelines for operating family health teams and some stated that they had already been applying them. These were managers who were previously trained by USAID/NEXOS on the issue of community work.

The participants too were aware that attendance at the workshops by the regional management control unit coordinators was so that they could also be knowledgeable on the guidelines and that whenever quarterly monitoring of compliance with the agreement was carried out, they would have the same understanding as the managers in relation to this issue

- In the framework of the management agreement signed with the MOH, accountability by health services decentralized managers, carried out to inform civil society, organized communities and municipal authorities on the results achieved and the resources utilized demonstrated progress after training the corresponding manager technical teams and teams from the MOH. During the period seven accountability events were held by six managers, as follows:
 - The decentralized health services network managed by the Mixed Cooperative of Producers in the North (COMIPRONIL) was held for the Intibucá municipality and its communities. This event was carried out during the open town meeting on October 17, 2015, in the community of Rio Grande in the municipality of Intibucá.
 - The decentralized health services network in San Marcos, Santa Bárbara, managed by the Unión San Marqueña Pro-Improvement Association provided accountability during the event carried out on November 14, 2015, which included the participation of the municipal mayor's office, the transparency commission, the artistic group, the volunteer network, neighborhood associations and water boards. A total of 133 persons participated.
 - The decentralized network of health services managed by the municipality of Naranjito, Santa Bárbara on November 14, 2015 provided accountability during an open town meeting in the municipality of El Naranjito. The municipal mayor's office

IR 4.2 Sustainable Maternal Child and Family Planning Services

- participated, along with the health committee, the manager's representative, the health committee and the transparency commission, for a total of 125 participants.
- The decentralized health services network managed by the Municipal Health Association of Catacamas (ASAMUC), reported their accountability during an event on October 30, 2015. The municipality mayor's office, the transparency commission, the Peruvian ambassador, representatives from the health region representatives and the water board also participated for a total of 155 persons.
 - The decentralized health services network of MANCHORTI and the municipality of San Antonio Copan La Jigua, reported their accountability during an event held on September 28, 2015. The municipal mayor's office, health center representatives, the health commission and its attorney, as well as representatives from the neighborhood associations, water boards and civil society participated for a total of 134 persons.
 - The decentralized health services network in the municipality of El Paraíso, managed by the CHORTI Commonwealth provided accountability during an even held on October 26, 2015 with the participation of the municipal mayor's office (the mayor, eight aldermen and the secretary) the transparency commission, water boards, health committee presidents, the volunteer network (Colvol and midwives), health facilities chiefs and health region representatives for a total of 127 persons.
 - The decentralized first level of health services network at Belén Gualcho, Ocotepeque, provided accountability during an open town meeting on November 16, 2015.

As a result of this follow up, the project reached the conclusion that it was necessary to improve the process. As such, a proposal for improvement was prepared and submitted to the UGD coordinator to establish the schedule of activities and their implementation.

Expected Results:

- **Milestone 94.** The public hospital network is increased and expanded, the implementation of organization and procedures manuals found in the hospital management model.
- **Milestone 98.** Evaluation of the implementation of the hospital management model.

Deliverables:

- Quarterly progress report on the facilitation among peers for the implementation of the hospital management model.
- Progress reports on the accountability and transparency process, and social audits carried out with the decentralized managers.

Table 2- Program Challenges during the reported period

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

RURAL FP

- Coordination with the DSPNA, which is responsible for implementing the ICEC, presented difficulties due to complicated agendas which did not permit broad accompaniment for the process as anticipated.
- There were some delays in the process and reduction to the work areas that have to date been covered by ULAT funds, due to the unavailability of funds for activities in annual work plans financed through the UAFCE for the development of rural family planning in the ICEC. In order to resolve this situation, some managers interested in implementing the process were incorporated to finance the process for the short term.

REDUCTION IN MATERNAL AND CHILD MORTALITY

- The most important challenge in the last few years was the lack of priorities in management of the policy. Even so, during this period the main problem was the unavailability of funds to finance MOH annual work plans which were foreseen to carry out dissemination of the RAMNI results, based on which the redesign or adaptation of the policy would be carried out. This same issue resulted in delaying the AIN-C pilot test.

EONC

- Adaptation by institutional and technical assistance teams to the new guidelines established by the DGN for the preparation of standards and to satisfy the requirements imposed resulted in delays in the culmination of the process to update the standards.

IR 4.2 Sustainable Maternal Child and Family Planning Services

MOH ORGANIZATIONAL DEVELOPMENT

- The most important challenge was working in a changing scenario at the MOH central level which led to uncertainty in the counterparts with regards to the issue.
- Another challenge was keeping the issue of organizational development on the agenda of the health regions under circumstances where funding for the annual work plans was not available for development of programmed activities to be developed at this level.

LEGAL FRAMEWORK

- There were no difficulties in the development of this process, since approval of the framework law for the social protection system provided the required viability. Nevertheless, the challenge was to find opportunities in the contents of this law to consolidate the proposal prepared by the MOH on the national health system, which is the central issue of the law.

HEALTH MODEL

- The RISS sub-secretariat delayed formal approval of the national proposal for configuration and delimitation of the integrated health services networks finally defined by the management teams from the twenty health regions, with technical support from the DSPNA and technical and financial assistance from ULAT/USAID.
- The project had to control the constant introduction of elements of confusion by other RISS

sub-secretariat entities into the implementation process of networks already configured and delimited by management teams from the twenty health regions and validated by the DSPNA.

DECENTRALIZATION

- Given other multiple activities programmed by the RISS sub-secretariat with the required participation of the DSSPNA it was difficult to find the opportunity to develop the workshops.
- The number of hospitals whose management was delegated at the end of this year required facilitation for them to have an accurate assessment and to be able to prepare their intervention plans. However, the MOH institutional response is limited.

Table 3- Activities for the next reporting period

Integration of the gender perspective
ACTIVITIES
<ul style="list-style-type: none"> ▪ Maximize empowerment and the participation of women and men in personal, family and community care in family planning, in the framework of the implementation of the ICEC through regional teams, the regional and community integrated health services networks.
<ul style="list-style-type: none"> ▪ Strengthening political processes for gender mainstreaming at the MOH.
<ul style="list-style-type: none"> ▪ Provide technical assistance for the preparation of a gender strategy that permits implementation of the policy.
<ul style="list-style-type: none"> ▪ Follow up on the adjustment of the proposal for the organization, training and functioning of a gender integration team to manage mainstreaming of the policy at the MOH.
IR 4.1 Increased use and access to quality maternal child and family planning services
RURAL FAMILY PLANNING
<ul style="list-style-type: none"> ▪ Provide technical assistance to carry out the expansion of rural family planning in selected regions by utilizing the methodological guide prepared for implementation.
<ul style="list-style-type: none"> ▪ Provide support to follow up on the rural family planning process with those networks that received the intervention during project year 4.
<ul style="list-style-type: none"> ▪ Support the implementation and functioning of the automated information system for community strategies that include rural family planning.
<ul style="list-style-type: none"> ▪ Provide technical assistance to the programming process for family planning activities at national level in order to guarantee that activities are included at services networks in which rural family planning is being implemented.
<ul style="list-style-type: none"> ▪ Support carrying out a physical inventory of contraceptives at national level.
<ul style="list-style-type: none"> ▪ Support the functioning of the HCDL.
REDUCTION OF MATERNAL AND CHILD MORTALITY
<ul style="list-style-type: none"> ▪ Support the design or adaptation of the national policy for the accelerated reduction of maternal and child mortality based on the results of the evaluation.
<ul style="list-style-type: none"> ▪ Support activities of sustained surveillance of maternal and child mortality.
<ul style="list-style-type: none"> ▪ Support implementation of the technical assistance plan to strengthen interventions directed to

reducing maternal and child mortality in the health region of El Paraíso.
<ul style="list-style-type: none"> ▪ Support implementation of the pilot test for the application of the ULAT/USAID proposal for the AIN-C strategy guidelines for decentralized providers.
EONC
<ul style="list-style-type: none"> ▪ Support updating the standards and protocols manuals for maternal neonatal care at ambulatory, maternal child clinics and hospital levels based on updated scientific evidence and the dispositions included in the MOH regulatory processes.
<ul style="list-style-type: none"> ▪ Support the development of capacities on the application of maternal neonatal standards in services networks institutional personnel where ICEC is implemented.
<ul style="list-style-type: none"> ▪ Support expansion of the use of checklists for application of maternal neonatal standards in the framework of the hospital management model.
<ul style="list-style-type: none"> ▪ Support implementation of clinical histories for neonatal hospitalization in prioritized hospitals.
<ul style="list-style-type: none"> ▪ Support implementation of the ambulatory neonatal clinical history.
<ul style="list-style-type: none"> ▪ Support national level expansion of the use of perinatal clinical history with surveillance graphics of the uterine fundal height (AFU) and weight gain included.

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

ORGANIZATIONAL DEVELOPMENT OF THE MOH

- Provide technical assistance to continue supporting implementation of the new organic and functional structure of the central level at the MOH.
- Provide technical assistance for consolidating implementation of the regional level organic and functional structure.

LEGAL FRAMEWORK

- Provide technical assistance to the advocacy process for adapting the adjusted proposal for a law for the National Health Service in accordance with the tenets established in the Framework Law for Social Protection.

NATIONAL HEALTH MODEL

- Provide technical assistance to continue implementation of the National Health Model and the guides for its operationalization.

DECENTRALIZATION OF HEALTH SERVICES

- Provide technical assistance to the MOH DSSNA with the implementation of best practices in the hospital management model through facilitation among peers.
- Provide technical assistance to the MOH Department of First Level of Health Care Services (DSSPNA) in working with prioritized hospitals on the implementation of the hospital management model and for the development of mechanisms for sustainability of the process.
- Provide technical assistance to the DSSPNA in the analysis and use of the results of the evaluation of the implementation of the hospital management model in three MOH hospitals.
- Continue technical support to the DSSPNA on the preparation of regional plans for management of the integrated health services networks.
- Provide technical assistance to the DSSPNA for monitoring and evaluation of the implementation of regional management plans for the services networks.

- Provide technical assistance on monitoring the training process for decentralized providers.
- Provide technical assistance on monitoring the accountability and transparency processes for decentralized health services managers.

VI. MOH Annual Work Plans

An important assumption included in the activities defined in the work plan for the extension period was that the development of some specific tasks would be financed with USAID bilateral funds placed at the UAFCE that were committed but not implemented. This issue of the unavailability of funds for most of the quarter was an important contextual element for the project.

The unavailability of funds was a result of difficulties faced by the MOH in liquidating implemented funds. This resulted in quite a prolonged delay in the programmed activities.

In order to minimize the impact of this delay, ULAT supported the MOH during several working meetings to: (i) learn the status of administrative and financial processes related to pending liquidations; (ii) develop activities in preparation for reinitiating implementation of activities to be carried out as soon as possible once funds were available; and (iii) establish agreements to accelerate the re-adaptation of the annual work plan in function of funds available and the period of time during which activities could be developed.

As part of the process, ULAT developed a guide for decision-making that would permit accelerated implementation of activities included in the annual work plan assigned to the RISS sub-secretariat. For this same purpose, it was agreed that the first disbursement would be in the amount of 6 million Lempiras for which the UAFCE should prepare a new request for this amount. Given that the date the funds would be available was set for December, the project proceeded to adjust the annual operating plans in consideration of the implementation time needed for activities. It was also agreed that even if funds were not available at the UAFCE, activities programmed in the annual work plans with remaining funds could be implemented and expenses paid via a request for reimbursement.

It was agreed: (i) to establish a follow up mechanism with on-site visits to each implementing unit requiring that liquidations be carried out on a monthly basis as a condition for the next disbursement; (ii) that disbursements would no longer be made with checks but with transfers; (iii) the Islas de la Bahía Health Region would not be included due to problems in their liquidations; and (iv) to strengthen the internal audit process with the incorporation of new resources in this area.

ULAT was requested to support the UAFCE in technical monitoring of implementation of the annual work plan in coordination with the assigned MOH technical staff. Support was also provided for the organization and development of the workshop with the Health Regions to disseminate technical and administrative guidelines that standardize the use of funds. More specifically, objectives of the workshop were: (i) to learn the administrative guidelines for implementation of USAID funds administered by the UAFCE; (ii) learn the guidelines for the new billing system authorized by the Executive Directorate of Income (DEI); (iii) learn the technical guidelines for implementation of the respective annual work plans; and (iv) adjust the dates to carry out activities in the annual work plan with remnant funds.

The results of the workshop are: (i) the regional chiefs, the chiefs from the planning unit and those administrators responsible for managing external cooperation funds learned and are preparing to appropriately implement annual work plan funds financed by USAID; (ii) the participants learned about the tool and the importance of the obligatory monthly report on technical and financial implementation

of annual work plan activities; and (iii) the implementation dates for annual work plan activities were re-programmed.

In addition, with regard to the USAID decision to place additional funds with PAHO to finance activities with the MOH, support was provided in the preparation of the corresponding plans for the approved funds.

The project reiterates that for activities included in plans financed with remaining funds, as well those financed with additional funds, the project ensured that these were duly aligned with the technical cooperation provided by ULAT.

VII. Monitoring and Evaluation

Performance Monitoring Dashboard								
Indicator I	Indicator definition	Goal Year 5	Frequency	Results				
				Base line	Year 4	Year 5		
						Q 1	Q 2	Q 3
IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased								
Couple-Years of Protection (CYP)	The estimation of protection provided by contraceptive methods over the period of one year, based on the volume of all the contraceptives sold or distributed at no cost to clients during this period. Unit: CYP	431,495 (nine months)	Quarterly Cumulative	449,609	475,434	151,327		
Y5Q1 comment: The results obtained satisfy the expectation, as its represents 105% of the established goal.								

Performance Monitoring Dashboard								
Indicator 3	Indicator definition	Goal Year 5	Frequency	Results				
				Base line	Year 4	Year 5		
						Q 1	Q 2	Q 3
IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased								
Number of people trained in FP and Reproductive Health (RH) with United States Government (USG) funds	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained with USG project funds in FPIRH topics. <i>Unit of Measurement:</i> Person trained in FPIRH with USG funding	740	Quarterly Cumulative	0	426	397 239 women 158 men		
Y5Q1 comment: 54% of the total estimated for the full period has been obtained. FP-MCH Component Total: Workshops to implement ICEC and Rural FP (228 women and 147 men) Gender Component Total: Workshop on understandings of gender in the framework of ICEC (11 women and 11 men)								

Performance Monitoring Dashboard

Indicator 6	Indicator definition	Goal Year 5	Frequency	Results				
				Base line	Year 4	Year 5		
						Q 1	Q 2	Q 3
IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased								
Percentage of births attended by skilled doctor, nurse or midwife in USG-assisted programs	Deliveries attended at a MOH maternal-child health clinic or hospital or at a decentralized management health unit. To be considered care by qualified personnel, qualified doctors and nurses are included. <i>Unit of Measurement:</i> Percentage of deliveries	70%	Quarterly Cumulative	52%	66%	80%		
Y5Q1 comment: Results have exceeded the goals established for this indicator. This is attributed to the information on attended births has notably improved in the last period in a way that data is collected from all involved health units.								

Performance Monitoring Dashboard

Indicator 8	Indicator definition	Goal Year 5	Frequency	Results				
				Base line	Year 4	Year 5		
						Q 1	Q 2	Q 3
IR 4.1 Use and Access of Quality Maternal-Child Health and Family Planning increased								
Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	Number of women who receive active management of the third stage of labor (AMSTL) according to the national norm in MOH's health facilities. <i>Unit of Measurement:</i> Women that receive AMSTL	76,080 (nine months)	Quarterly Cumulative	99,287	99,513	31,262		
Y5Q1 comments:								

Performance Monitoring Dashboard

Indicator 10	Indicator definition	Goal Year 5	Frequency	Results				
				Base line	Year 4	Year 5		
						Q 1	Q 2	Q 3
IR 4.2 Sustainable Maternal-Child and Family Planning Services								
Number of people trained in maternal / newborn health through USG-supported programs	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in maternal and/or newborn health and nutrition care through USG-supported programs. <i>Unit of Measurement: Number of MOH staff trained</i>	-	Quarterly Cumulative	0	848	36 32 Mujeres 4 Hombres		
<i>Y5Q1: comments:</i> FP-MCH Component Total: Mixed EONC 36 people (32 women and 4 men)								

Indicator 13	Indicator definition	Goal Year 5	Frequency	Results				
				Base line	Year 4	Year 5		
						Q 1	Q 2	Q 3
IR 4.2 Sustainable Maternal-Child and Family Planning Services								
Percentage of decentralized providers with a social auditing clause included in their contracts	Defines the number of decentralized providers in regards to the total number of providers as targeted per year, who have signed their contracts with a social auditing clause included in it. The social auditing clause in general terms requires that each decentralized provider submits to social auditing and transparency processes. <i>Unit of Measurement: Percentage of contracts signed which include the social auditing clause within it</i>	100%	Quarterly Cumulative	0	100%	100%		
<i>Y5Q1 Comments:</i>								

Performance Monitoring Dashboard

Indicator 16	Indicator definition	Goal Year 5	Frequency	Results				
				Base line	Year 4	Year 5		
						Q 1	Q 2	Q 3
IR 4.2 Sustainable Maternal-Child and Family Planning Services								
Number of hospitals prepared to initiate implementation of the new hospital management model proposal	Number of hospitals in which the preparatory phase has been completed (this refers to the basic previous conditions listed in the definition of a prepared hospital), and for which the SSRS determined that the hospital management team is ready to initiate the implementation phase of the new hospital management model proposal. <i>Unit of Measurement:</i> Number of hospitals	4	Biannual	0	2	4		
Y5Q1 Comments:								

VIII. Project Management

Table 4- Management Priorities Addressed during this Reporting Period

Management Priorities	Status	Comments
Development and startup of the path towards project closure in June 2016.	In implementation	The proposal was developed and implementation has initiated.
Review and update the demobilization plan including the equipment disposal plan.	In process	The plan was reviewed and is in the process of adjustment for final details that should be included in the equipment disposal plan. Although this plan must be submitted to USAID 90 days before project finalization, the project has decided to submit it in January 2016.
Verify and implement the legal and administrative activities corresponding to the progressive finalization of project personnel contracts.	In implementation	Advance notices have been sent to personnel who will soon conclude their contract, in accordance with the time periods established by law.
Participate in the weekly meeting with the Project COR to monitor the development of activities in each project component.	Continuous and systematic implementation	This is a very important strategic aspect that contributes to project success.
Conclude the contracting process for the professional who will occupy the position of accounting and administrative coordinator.	Finalized	The person selected was contracted as of December 4, 2015.
Develop and submit the annual report (project year four) for USAID approval.	Finalized	The report was submitted to USAID on October 30, 2015 in compliance with clauses in contract no. AID-522-C-11-000001 and addenda. The project is awaiting observations.
Support and provide follow up for the MOH annual work plans with USAID funds.	In implementation	The plans were developed and approved by USAID. Implementation initiated and ULAT is providing assistance on this issue.
Provide assistance for the MOH to develop plans to be financed with additional USAID funds managed by PAHO.	Finalized	The plans were developed, approved by the MOH and submitted to PAHO. Still pending is the information on funds available.
Continue coordination with PAHO for discussions on issues of universal health coverage and the guaranteed group of benefits that are linked to the national health model and on the development of the proposed of law for the National Health System adjusted to the framework social protection system law.	In process	Carried out according to an established work plan. The draft proposed law of the national health service was completed, submitted to the MOH and approved by the Minister of Health.

Continue participating in meetings to follow up the project monitoring plan with USAID implementing mechanisms.	Continuous and systematic implementation	Meetings are held at the request of USAID.
Systematic analysis of the political, social and economic scenarios affecting project development.	Continuous and systematic implementation	Identification of aspects that facilitate or obstruct project development.

Table 5- Management Priorities for the Next Period

Management Priorities for the next reporting period	Comments
Continue activities to close the project.	Activities will finalize in June 2016.
Presentation of the demobilization plan and the plan for equipment disposal to USAID for approval.	This plan will be submitted to USAID in January 2016.
Realignment of the project organic structure in function of the progressive finalization of project personnel contracts.	The progressive closure of the project during the extension period will imply recognizing labor rights for personnel finalizing their contracts and verification of compliance with all elements related to the technical processes that are completed.
Participate in the weekly meeting with the project COR to monitor activity development in each project component.	This is a very important strategic aspect that contributes to project success.
Preparation and presentation of project year 5 quarter I report for USAID approval and prepare adjustments according to observations made.	The report will be submitted on January 8, 2016.
Follow up on the request for tax exoneration for the 2016 period.	Activities will continue according to established administrative procedures.
Continue coordination with the IDB related to: (i) the SM2015 Initiative in the scope of influence of this project and (ii) strengthening the MOH role as steward and organizational development.	According to the implementation of project processes and agreements that are established in a timely manner.
Coordinate with PAHO to technically define focus and approaches for: (i) strengthening the entities for the management of the accelerated reduction in maternal mortality strategy, (ii) hospital decentralization; (iii) issues related to tool development for the national health model and on the strategy for universal health coverage; and (iv) support for the MOH in discussions of the proposed national health system law with the respective entities.	According to implementation of project processes and agreements that are established in a timely manner.
Support the UAFCE in aspects related to annual work plans financed by USAID.	Permanent monitoring of the implementation of the plans. The project will participate in coordination meetings between USAID and the MOH.
Support the MOH in following up on the annual work plans with USAID funds managed by USAID.	Permanent monitoring of the implementation of the plans. The project will participate in coordination meetings between USAID and the

Management Priorities for the next reporting period	Comments
	MOH.
Continue participating in meetings to follow up the project monitoring plan with USAID implementing mechanisms.	Meetings are held at the request of USAID.
Systematic analysis of the political, social and economic scenarios that affect project development in the framework of the new administration.	Identification of aspects that facilitate or obstruct project development

Table 6- Anticipated expenditures for the next reporting period

Line Item	Anticipated Expenditures
Use and Access to Quality Maternal and Child Health and Family Planning Services Increased	\$135,000
Maternal and Child Health and Family Planning Services Sustained	\$270,000
Epidemiological/Health Surveillance and M&E Systems Improved and Updated	\$ 45,000

IX. Main Conclusions

The general evaluation of the implementation of the work plan for this period provided the following conclusions:

- i. Certain elements in the national political and social scenario affected the defined course of project development. Some of the most important are the development of the proposed National Health System (SNS) law as the complementary legal instrument for the Framework Law of the Social Protection System which entered into force on September 4, 2015. The SNS law configures the institutions that comprise it along with their main roles. It also modifies some areas of work developed by the project, especially those related to the issue of public assurance and the National Health Fund. The discussion and approval of the National Health System law will be included in the 2016 legislative agenda.
- ii. La unavailability of bilateral funds during the greater part of the quarter, due to difficulties in liquidation, slowed down some complementary programmed activities for the extension period financed with these funds. However, some strategies were identified to reduce the impact of this situation such as the search for alternative financing for developing anticipated training for the managers.
- iii. ULAT dedicated important efforts in support of the MOH in reworking the annual work plans, by adjusting the financial amounts for the activities and the time for their implementation so that the plans would be ready when bilateral funds became available. In addition, support was also provided for training MOH officials in technical and administrative guidelines established to standardize implementation of these funds in order to expedite their use.
- iv. ULAT was required to provide due care in identifying opportunities to make progress in the group of project activities and to minimize the impact on these activities in obtaining the anticipated results. This was due to the nature of the project and the circumstances in which MOH develops its actions. In effect, adapting to these situations is possible thanks to the good positioning the project has with the MOH which permits placing those issues considered most relevant on the political agenda of ministry leadership.
- v. The MOH decision to expand decentralization to the second level of care by providing momentum to this very important process, required technical assistance efforts to adequately accompany this area of work.
- vi. The appropriate conditions continued to be generated in activities linked to rural family planning. The decentralized health services managers continue to express interest in the implementation of the ICEC, to the degree that they were to finance activities to start up the process.
- vii. Coordination actions continued with other projects with converging areas of work with the project, by supporting the delivery of integrated assistance to the MOH and maximizing individual efforts.

- viii. Support received from the USAID Health Office continues to be effective and contributes to good project performance. Further, this has significantly facilitated relationships with different project counterparts and with cooperating agencies and others contracted by USAID as well as permitting that the project technical team work under adequate conditions in order for the progress made to date to be as expected.
- ix. In the framework of this situation, in general all areas of work are under implementation at a very acceptable level.

X. List of Annexes

<i>Milestone</i>	<i>Name of Milestone</i>	<i>Deliverable document</i>	<i>Status</i>	<i>Fee</i>
	Mainstreaming gender	Quarterly reports of advances made in the process of the gender integration team in the ICEC framework thru regional teams.	Submitted	NO
70	The new MOH organizational structure fully implemented.	Quarterly progress reports on the implementation of organizational development at central and regional levels.	Submitted	SI*
157	Proposal for the national health system law in accordance with the framework law for the developed social protection law.	Adjusted proposal for the National Health System law according to the Framework Law for Social Protection and its MOH approval document.	Submitted	NO
79	Guidelines and Instruments for the management and finance components of the National Health Model, formulated and approved (Phase I).	Progress report on the development of the proposal for the configuration and parameters of the RISS.	Submitted	NO
94	Increased implementation of organization and procedures manuals for hospital self-management (Phase II).	Quarterly progress report on the facilitation among peers for the implementation of the hospital management model.	Submitted	NO
98	Evaluation of the implementation of the hospital management model.	Progress reports on the accountability and transparency process, and social audits carried out with the decentralized managers.	Submitted	NO

* This milestone has already been achieved in previous periods. For the extension period it was proposed to continue performing some of the activities to reach greater consolidation and sustainability of the process.

XI. Annexes