The United States
Global Health Initiative

Honduras Strategy
2011 - 2015

March 21, 2012

The USG Honduras GHI Team

Table of Contents

Guide to Acronyms

<5MR:	Under 5 Mortality Rate
ARV:	Antiretroviral Medication
BSS:	Behavioral Surveillance Survey
CARSI:	Central American Regional Security Initiative
CDC:	Center for Disease Control and Prevention
CIDA:	Canadian International Development Agency
CONE:	Essential Obstetric Neonatal Care (in Spanish)
COMISCA:	Council of Ministers of Health of Central America (in Spanish)
DHS:	Demographic and Health Survey
DOD:	Department of Defense
FETP:	Field Epidemiology Training Program
FtF:	Feed the Future
FY:	Fiscal Year
GHI:	Global Health Initiative
GNI:	Estimated per Capita National Income
GOH:	Government of Honduras
Global Fund:	Global Fund for AIDS, Tuberculosis and Malaria
IDB:	Inter-American Development Bank
JICA:	Japan International Cooperation Agency
IMR:	Infant Mortality Rate
MARPS:	Most-at-Risk Populations
MCH:	Maternal, Neonatal and Child Health
MDG:	Millennium Development Goals
MOH:	Ministry of Health
MMR:	Maternal Mortality Rate
NGO:	Nongovernmental Organization
PAHO:	Pan American Health Organization
PEPFAR:	President's Emergency Plan for AIDS Relief
PPR:	Performance Plan and Report
RAMNI:	Accelerated Reduction of Maternal and Child Mortality (in Spanish
SEPLAN:	Honduran Ministry for Planning and Coordination
TFR:	Total Fertility Rate
UNAIDS:	United Nations AIDS program
UNICEF:	United Nations Children's Fund
UNFPA:	United Nations Population Fund
UNODC:	United Nations Office on Drugs and Crime
USAID:	U.S. Agency for International Development
USG:	U.S. Government
VICITS:	Sentinel Surveillance Centers (in Spanish)

1. Global Health Initiative (GHI) Vision Summary

With health programs grounded in national priorities and strongly integrated into the broader development agenda of the U.S. Government (USG) in Honduras, the four USG agencies comprising the Honduras Global Health Initiative (GHI) Country Team - the U.S. Agency for International Development (USAID), the Department of Defense (DOD), the Centers for Disease Control and Prevention (CDC), and the Peace Corps - are well positioned to take advantage of the opportunities afforded under the new GHI strategy to accelerate and sustain an improved health status in Honduras, especially for the most underserved and vulnerable citizens.

One of the poorest countries in the hemisphere, Honduras has nonetheless made significant progress in many development areas. The USG has been a key partner in much of this progress. GHI presents an opportunity to focus USG assistance to the Government of Honduras (GOH) and ensure a coordinated effort. The presence of four key Presidential Initiatives - Feed the Future, the Global Health Initiative, the President's Emergency Plan for AIDS Relief (PEPFAR), and the Central American Regional Security Initiative (CARSI) - and the inter-connection among the USAID Democracy and Governance, Economic Growth, and Health portfolios create an ideal situation for success in implementing the principles of GHI and providing comprehensive, focused assistance to Honduras's most underserved and vulnerable populations through a whole-of-government approach.

The over-arching GHI country goal in Honduras is to **improve the health status of underserved and vulnerable populations**. Existing USG health programs already embrace key GHI core principles, including an approach centered on women and girls, health systems strengthening, country ownership, monitoring and evaluation, donor coordination, and engaging with civil society and private sector organizations. Under GHI, USG agencies in Honduras will increase their implementation of complementary and collaborative programs, creating linkages outside of the traditional health sphere into other sectors such as food security, democracy and governance, education, and community interaction with local governments. Efforts of other donors such as the Mesoamerican Health Initiative; the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund); and the Inter-American Development Bank (IDB) align with GHI and Ministry of Health (MOH) priorities, adding financing and complementary efforts toward achieving sustainable progress towards country goals.

USG programs have been active in the health sector in Honduras for fifty years. As one of the major health donors in Honduras, the USG will continue to work closely with the MOH and concentrate efforts to support the GOH in improving health systems and quality of health services; reducing maternal, infant and under-five mortality; and preventing HIV and other communicable diseases. Because USAID family planning assistance in Honduras is scheduled to phase out in 2013, according to its USAID Family Planning Graduation Strategy[1] developed in

[1] Phase out and graduation from USAID FP assistance is jointly planned between USAID/Washington, Missions, Host country governments, and other stakeholders. Candidate countries trigger the phase out and graduation process based on demographic data (e.g. Contraceptive Prevalence Rates of >55%, Total Fertility Rate<3.0) and other indicators of family planning program success (e.g. accessibility of methods, quality provision of services). The objective of the FP phase out strategy is to ensure host country resources and capacity to continue to carry out a sustained, quality family planning programs beyond the end of USAID FP assistance.

2007, USAID is working with the MOH to ensure that supply chain management capability is in place and that voluntary family planning services will be sustained after the phase-out is complete. At the current level of funding for health, USG programs focus on strengthening GOH capacity to assume its responsibilities and achieve its goals of improving the health status of the most vulnerable populations in Honduras – women, newborns and children under five, and those most at risk for HIV infection.

2. Country Context and Health Priorities in Honduras

Honduras, with an estimated per capita national income (GNI) of $1,880 in 2010, is one of the poorest countries in the Western Hemisphere with 60% of its population living in poverty[2]. Poverty is more pronounced in rural areas, although continued migration from country to city is creating urban poverty belts. The country has an unequal distribution of income, as well as high underemployment. According to the Gini Index, the degree of inequality in the distribution of family income in Honduras is the highest in Central America and the tenth highest worldwide. In addition, over one-third of the Honduran workforce was considered unemployed or underemployed in 2010. According to the Honduras National Health Plan, half the population resides in small rural communities (caseríos) - 51% of which have fewer than 50 people.

Poverty, social and economic inequalities and high levels of insecurity in the country present significant challenges to improving the health status of Hondurans, particularly the most vulnerable: women, newborns, children under five, and those at most risk of contracting HIV. Fertility, maternal and infant mortality, and malnutrition rates are high by developed country standards, and rural/urban and socioeconomic differentials in these rates mask serious deficiencies. According to the most recent country data from Honduras, the total fertility rate (TFR) is 3.3, maternal mortality (MMR) stands at 108/100,000 live births, infant mortality (IMR) at 23/1000, and under-five mortality (<5MR) at 30/1000 live births[3]. Stunting (height for age) in children under five is 25% nationally, but can reach 50% in some rural areas[4].

Approximately 30% of the Honduran population lacks access to permanent, quality health services[5]. Total health expenditure per capita in Honduras, counting both public and private sources, is one of the lowest in the region. Certain marginalized, difficult to reach populations in Honduras are disproportionately affected by the spread of HIV and other sexually transmitted infections. Improving outreach and services to those most at risk for HIV is essential to saving lives and containing the epidemic and has important implications for maintaining a stable social and economic environment for growth.

A significant challenge to the health system and to the country as a whole is the surge in violence attributed to organized crime and drug trafficking. The 2011 Global Study on Homicide produced by the United Nations Office on Drugs and Crime (UNODC) put Honduras in first

---

[2] National Health Plan 2010-2014
[3] National Health Plan 2010-2014
[4] National Demographic and Health Survey (DHS, 2005)
[5] National Health Plan 2010-2014

place worldwide with a calculated rate of 82.1 homicides per 100,000 people – an average of 20 murders per day. The increase in violence not only places additional strain on the health system, but also constrains the ability of health workers and promoters to provide services, including community outreach. Three of Honduras's main cities - San Pedro Sula, Tegucigalpa, and La Ceiba – are leading this surge in violence. Because of elevated HIV prevalence rates, these cities are also important strategic focus areas of the USG HIV program. However, the security situation in Honduras has a direct impact on the USG and its partners. Because of security concerns, Peace Corps has not been able to place volunteers in geographical areas of elevated HIV prevalence rates for the past few years. With the exception of Peace Corps, which may be facing significant programmatic changes due to the security environment, USG programs continue to implement in hot spots with elevated crime rates.

Indicator			Source
Population		7.4 million	*National Health Plan 2010-2014*
	<15 years	54%	*National Health Plan 2010-2014*
	Living in poverty	65%	*National Health Plan 2010-2014*
	Population Economically Active	50.5%	*National Health Plan 2010-2014*
Maternity mortality rate		108x100,000 live births	*National Health Plan 2010-2014*
Infant mortality rate		23x1,00 live births	*National Health Plan 2010-2014*
Under 5 mortality rate		30x1,000 live births	*National Health Plan 2010-2014*
Stunting rate		25%	*National Demographic and Health Survey (DHS, 2005)*
Total Fertility rate		3.3	*National Demographic and Health Survey (DHS, 2005)*
Unmet need for family planning		17%	*National Demographic and Health Survey (DHS, 2005)*
Adolescent mother/pregnancy rate		22%	*National Demographic and Health Survey (DHS, 2005)*
National HIV prevalence rate		0.68%	*National Integrated HIV Strategy (2011)*
	Men who have sex with men	9.9%	*National Integrated HIV Strategy (2011)*
	Female sex workers	4.6%	*National Integrated HIV Strategy (2011)*

	Garifuna (indigenous population)	5%	*National Integrated HIV Strategy (2011)*
Homicide rate		82x100,000 (highest in the world)	*United Nations Office of Crime (October, 2011)*
Modern Contraceptive Prevalence rate		56.4%	*National Demographic and Health Survey (DHS, 2005)*
Population without permanent access to health services		30%	*National Health Plan 2010-2014*

Activities carried out under the GHI Strategy will be a critical part of overall efforts to stabilize communities.

Although Honduras continues to face many challenges, the country has also achieved notable gains in the health sector over the past several years, to which USG support has been a major contributor. One example of this has been the success of the national family planning program. USAID has provided family planning assistance to Honduras since 1965. After more than four decades of cooperation, Honduras has made substantial progress in its family planning program. Between 1996 and 2006, the total fertility rate (TFR) decreased from 4.9 to 3.3 children per woman. Likewise, the 2005-2006 Demographic and Health Survey (DHS)[6] shows that 65.2% of women of reproductive age (ages 15 to 49), married or in union, were using a contraceptive method in 2006; 56.4% of women were using modern methods. These substantial gains triggered the development of a family planning phase-out plan[7] for 2007 – 2013 that supports a process to reinforce the national commitment to and existence of adequate financing, sustainable skills, leadership and attention to underserved populations.

Honduras continues to show solid progress toward reaching the objectives outlined in the family planning phase-out plan. The national "contraceptive security committee", established to ensure adequate family planning coverage for underserved populations, continues to strengthen coordination among its members, including the MOH, the Honduran Family Planning Association (ASHONPLAFA in Spanish), the Honduran Social Security Institute, and other private sector organizations. Based on forecasted needs, the MOH and ASHONPLAFA assumed responsibility for procuring contraceptives with a total budget of $3.0 million in 2011, compared with $1.7 million in 2008. Additionally, the MOH has signed an agreement with UNFPA to procure contraceptives at significantly lower rates, facilitating the MOH's ability to continue successfully covering public sector family planning needs.

---

[6] Secretaria de Salud (Honduras), Instituto Nacional de Estadística (INE) y Macro International. 2006 *Encuesta Nacional de Salud y Demografía 2005-2006.* Tegucigalpa, Honduras: SS, INE, y Macro Internacional.

[7] Phase out and graduation from USAID FP assistance is jointly planned between USAID/Washington, Missions, Host country governments, and other stakeholders. Candidate countries trigger the phase out and graduation process based on demographic data (e.g. Contraceptive Prevalence Rates of >55%, Total Fertility Rate <3.0) and other indicators of family planning program success (e.g. accessibility of methods, quality provision of services). The objective of the FP phase out strategy is to ensure host country resources and capacity to continue to carry out a sustained, quality family planning programs beyond the end of USAID FP assistance.

3. Country Leadership—National Health Plan Priorities and Challenges

Honduras's National Health Plan 2010 – 2014 identifies three areas for urgent and necessary change:

- Accelerated increase in access to quality health services
- Increased well-being and health of the majority of the population through the reduction of maternal and child mortality
- Modification of the structure, functioning and response of the current health system

The National Health Plan establishes goals for reduction in maternal mortality from 108 to 60 per 100,000 live births, under-five mortality from 30 to 19 per 1000, and overall prevalence of HIV from 0.68% to 0.5% by 2014. These goals and priorities align closely with GHI as well as with the Millennium Development Goals (MDG) to be achieved by 2015. The country views the commitment to achieving the MDGs as a means of focusing national and international donor efforts around common goals, and reducing the exclusion and disparity that affects poor and vulnerable populations in Honduras.

Specific factors and conditions that must be addressed in order to progress toward the goals above include an unmet need for family planning of 17% and pregnancies in adolescents that constitute 19.8 % of all births. According to the most recent national health survey, 22% of adolescent girls in Honduras have at least one child or are pregnant for the first time by age 19, with this figure rising to 46% in girls with no education[8]. Neonatal deaths remain a high priority, accounting for more than 50% of all infant mortality. In addition, HIV prevalence rates reach as high as 10% in most-at-risk populations (MARPs)[9]. This problem is exacerbated by the fact that there are a considerable proportion of "hidden" MARPs that are not adequately reached with services.

The National Health Plan identifies the following areas for improvement within the health system: leadership and direction; strengthening relationships and improving communication within and between central, regional, municipal and distributional levels; reaching more equitable national coverage and improved surveillance; enhancing health coverage in zones of severe poverty; improving technical ability and training; clarifying protocol, responsibilities, and duties across all levels; avoiding service duplication; and strengthening integration among services and external organizations to avoid duplication of actions, efforts, and resources. The fiscal year 2011 MOH budget assigns almost 60% of the total to salaries[10], and the National Health Plan acknowledges that an inefficient allocation of resources allows insufficient funding for critical activities.

[8] National Demographic and Health Survey (ENDESA, 2005)
[9] National Integrated HIV Strategy, 2011
[10] MOH Budget, Detailed View and Source of Finance (2011)

While there are many challenges to the health system, significant strengths exist as well. Within the health sector, Honduras has a reasonable consistency in its civil service that sustains local institutional capacity and affords a strong continuity of personnel. The capacity and political will exist to procure antiretroviral medications (ARVs) and contraceptives with national funds. The MOH also formally recognizes and is working more effectively with civil society as a strategic partner in the health system. There are also specific national strategies in place for addressing HIV and improving maternal, neonatal and child health (MCH), such as the national policies for the Accelerated Reduction of Maternal and Child Mortality (RAMNI in Spanish) and Essential Obstetric and Neonatal Care (CONE in Spanish), both of which receive support from multiple donors.

The National Health Plan makes important commitments to health and social investment which include a reform of the health system to improve the stewardship capacity of the Ministry of Health (MOH) and a decentralization plan which aims to increase permanent access to health services for one million people by 2014. According to the National Health Plan, this number represents about 50% of the population that is currently marginalized with respect to access to health services. In order to carry out the plan for health reform and decentralization, the MOH needs to continue to strengthen its capacity in responsible planning and management of resources while ensuring that it has the capability to increase access to health care for underserved populations.

A key feature of the health system modification is a decentralization plan involving contracts with municipal governments, community organizations and non-governmental organizations (NGOs) to provide health services in these marginalized communities. The decentralized model of performance-based contracts to municipalities and NGOs currently covers a population of approximately 750,000 Hondurans, and has demonstrated notable success. Studies carried out by USAID and the World Bank found that, as a result of the model, access to key services increased in some cases by over 100% in rural and underserved communities[11]. These service delivery contracts include voluntary family planning, prenatal care, obstetric and neonatal care, growth monitoring, immunizations, management of childhood illnesses, and home visits. The MOH is currently initiating efforts to decentralize HIV services. In 2011, the MOH launched the National Strategy for Integrated Care of STI/HIV/AIDS in the context of health sector reform. This document lays the strategic foundation for the development of a basic package of HIV services that will increase coverage, quality, and efficiency in the provision of prevention, promotion, treatment, and care and support services at different levels of the health care system (community, primary level, and hospital), with a particular focus on MARPs.

An important challenge to sustainable implementation of the GHI strategy in Honduras will be the GOH's ability to fulfill its commitments in the health sector. The USG is providing significant support to the MOH for health sector reform and decentralization, but in the end, the achievement of goals and sustainability of programs will depend on the GOH's ability to continue to increase the efficiency of its health care expenditures. The USG is working with the

[11] Estudio Comparativo de Modelos en Honduras, Secretaria de Salad/USAID, March, 2009; Contracting and Providing Basic Health Care Services in Honduras: A Comparison of Traditional and Alternative Service Delivery Models, June 2010

MOH to accelerate the forward momentum necessary for achieving sustainability and increasing access to quality health services for the underserved and vulnerable.

4. Partners for Health in Honduras

The MOH is making solid progress in forecasting contraceptive requirements and procuring increasing quantities of contraceptives with national funds, implementing a national family planning strategy, and implementing the national maternal and child health policy (RAMNI) in the four poorest departments (La Paz, Intibucá, Copán and Lempira). In close collaboration, the USG and other donors have facilitated the MOH in the development and implementation of national family planning and maternal and child health strategies, chiefly through technical assistance and financial support.

PAHO provides technical support for the development and updating of national standards, protocols, and other technical tools in maternal and child health. PAHO, in collaboration with UNICEF and UNFPA, supports the elaboration of maternal and neonatal care standards, institutionalization of perinatal information systems in public hospitals, and development of strategies for prevention of mother-to-child transmission of HIV and syphilis. Also, PAHO supports maternal mortality surveillance, including providing support for the most recent maternal mortality study currently being finalized. In collaboration with broader USG efforts, PAHO also provides support to the national immunization program.

UNFPA helps strengthen adolescent-friendly reproductive health services and vasectomy services for men. UNFPA has also provided support in the implementation of RAMNI through provision of equipment and training of health care workers.

The Canadian International Development Agency (CIDA) works with the MOH to improve maternal and child health through prevention and treatment of chagas disease, development of national health information systems, and food security and nutrition programs. The Japanese International Cooperation Agency (JICA) provides funding for vehicles, ambulances, trainings, and surgical/medical equipment; JICA is currently expanding work to include support for decentralization. The World Food Program complements these efforts by providing food to malnourished children and pregnant and lactating women, as well as supporting a national school feeding program.

The MOH, USAID, and IDB collaborate on a decentralized maternal and child health program in the aforementioned four departments, and the MOH is utilizing a $20 million IDB loan to finance continuation of this successful decentralization model. The Mesoamerican Health Initiative project in Honduras, funded by the Gates and Carso Foundations and the Spanish Agency of International Cooperation, is scheduled to be signed in early 2012, with implementation starting in June 2012. This project will focus on maternal and child health, family planning, nutrition, dengue, and malaria in the poorest municipalities. USAID and its partners have had initial coordination meetings with IDB, Mesoamerican Health Initiative, and MOH counterparts in order to identify areas of common programming and collaboration. These

meetings are anticipated to continue on a regular basis and will ensure that all donor contributions will be leveraged to achieve the greatest collective impact.

The Global Fund is the largest HIV/AIDS donor in Honduras and the principal donor for treatment programs. Honduras currently has a six-year HIV grant for $37 million that will end in 2014. Honduras also has a new $21 million HIV grant focused on orphans and vulnerable children as well as grants for malaria and tuberculosis. USAID is an active member of the local Global Fund Country Coordinating Mechanism. PAHO supports HIV surveillance activities, monitoring of ARV drug resistance, and training efforts for improved HIV service coverage. UNICEF supports prevention of mother-to-child transmission and HIV prevention among youth. The United Nations AIDS Program (UNAIDS) works on policy development and strengthening of civil society. UNFPA supports HIV prevention activities and capacity development for advocacy of HIV/AIDS issues.

A distinct comparative advantage of the USG is its ability to bring in the targeted technical assistance needed by the MOH and other donors to achieve results. For example, USAID provides technical assistance to improve the quality of HIV prevention and treatment services, which are largely paid for by Global Fund. USAID also provides technical assistance to make decentralization processes work, a program that is largely funded by IDB. Not only are there common program target elements among the USG and other donors, but the technical assistance accessed through the USG program is strongly correlated with the success of the investments and efforts of other donors and the MOH. This aspect of the USG program is highly valued by the GOH and other stakeholders across the health sector.

5. USG Health Activities in Honduras

USAID, CDC, DOD, and Peace Corps comprise the USG GHI country team in Honduras. USG programs support public, private, and civil society activities at the municipal, departmental, and national levels, including an innovative model for health service delivery through MOH contracts with community and NGOs. The range of activities currently supported by the USG includes: health systems and services strengthening; HIV/AIDS prevention; maternal and child health and nutrition; family planning; disease surveillance, prevention, detection and control; and human resource and laboratory capacity building. Among the four agencies, the USG provides support on a national level, with different agencies focused in different geographical areas and/or different levels of the health sector.

USAID's flagship project is in health sector reform and decentralization, which correlates directly to achievement of results in all the USG activities listed above and with the GOH's National Health Plan. USAID works with the MOH and other donors to expand, improve, and decentralize maternal and child health and family planning services, and institutionalize the MOH's capacity to oversee these services. USAID is assisting the MOH to increase access to health services through an innovative model whereby local organizations provide health services for the poor and the MOH finances, regulates, and evaluates performance of these organizations. USAID works to improve the quality of HIV care and treatment services through both civil society organizations and the MOH. USAID also supports HIV/AIDS prevention activities for

MARPs through financial and technical support to local NGOs, including capacity building for community workers to perform HIV rapid testing and outreach to vulnerable populations to promote healthy behavior change.

CDC supports Honduras, through its Regional Office for Central America and Panama, to build country capacity in the areas of surveillance, laboratory testing, disease detection, and emergency response. A primary focus of CDC's program is HIV/AIDS/STI Sentinel Surveillance Centers (VICITS in Spanish) for MARPs that are key to monitoring the spread of the disease in Honduras and throughout the region. The MOH's Field Epidemiology Training Program (FETP), supported by CDC, started in Honduras in 2000; it includes basic, intermediate, and advanced training and plays an important role in strengthening monitoring and evaluation (M&E) staff at the national, departmental, and municipal levels. FETP graduates are an important resource for increasing the ongoing collection of data and improving its quality and analysis, as well as improving the country's response capacity in case of a disease emergency. CDC also works in close collaboration with PAHO to support the national immunization program by assisting local officials to plan neighborhood-level immunization campaigns. In addition, CDC procures equipment, conducts research to improve cold chain, and supports culturally appropriate social mobilization campaigns for immunization.

DOD works with the Honduran Armed Forces in strategic and operational planning and implementation of HIV prevention activities with the military and their families, focusing on drivers of the epidemic specific to the military. DOD also performs periodic community-level direct medical engagements in poor communities, influenza and febrile disease surveillance, biomedical maintenance, pediatric nutritional surveillance, and training for midwives on recognizing obstetric emergencies.

Peace Corps implements a cross-integration approach with regard to its activities, depending on the specific needs of the communities where its approximately 150 volunteers are located. In addition to HIV/AIDS and MCH activities at the community level, Peace Corps concentrates on youth development, food security, nutrition, water sanitation, and hygiene. In January 2012, the Peace Corps temporarily paused its Volunteer operations in Honduras to conduct a full safety and security assessment. This assessment was completed in February 2012, and the Peace Corps will soon determine the extent of future operations. All Volunteers have safely left the country and have completed their service. While no final decision has been made, over the next four to six months, Peace Corps will continue analyzing the feasibility of establishing a smaller program in Honduras.

Each USG Agency will contribute to successfully meeting the objectives of the GHI Strategy. USAID works with the MOH and other key actors in the health sector to improve efficiency and effectiveness of health systems to achieve coverage of underserved populations. USAID has a long history of capacity building with local NGOs to provide family planning and HIV services in priority populations. CDC's work is primarily focused on the development of surveillance systems, training human resources and monitoring and evaluation for better decision-making, thereby improving Honduras's ability to make the most strategic health sector investments. DOD has the ability to support direct medical services and infrastructure development, especially in very difficult to reach communities where there is limited access and few services. Peace

Corps works at the grass roots level and provides ongoing support to communities in building local capacity to improve health outcomes.

The USG Agencies in Honduras are currently collaborating in Honduras in order to maximize the overall USG investment in the health sector. In the area of HIV, USAID-supported NGOs work closely with CDC-supported VICITS centers through established referral/counter-referral systems that provide continuous support to MARPs. In addition, USAID and CDC have an important collaboration on the development of surveillance systems within the reformed health system, as well as an ongoing collaboration in the implementation of behavioral surveillance surveys. DOD and USAID coordinate in the selection of communities to receive direct medical engagements in order to enhance overall USG efforts to bring services to priority communities.

Under the GHI Strategy, application of GHI approaches and principles will further enhance the already established USG interagency collaboration in the health sector in Honduras. USG team meetings and communications during GHI strategy development identified possibilities for new synergies and joint collaboration such as information sharing between DOD and CDC in the areas of surveillance and data for decision making, as well as opportunities to work more closely in communities where each agency currently carries out activities. For example, sites chosen for USAID's new Feed the Future (FtF) Initiative food security program in Honduras coincide with locations where Peace Corps is also working in nutrition and concrete opportunities for collaboration are being explored.

6. GHI Objectives, Program Structure and Implementation

The GHI strategy builds on existing GOH plans and agreements, as well as current USG mechanisms and activities, to design a framework for common investment that will increase efficiencies and ultimately lead to improvements in the health status of Honduras, particularly for the poor and marginalized. At a high level planning meeting held in September 2011, convoked by President Lobo's office, organized by the Honduran Ministry for Planning and External Cooperation (SEPLAN), and attended by the U.S. Ambassador and USAID Health Office staff, the Honduran Health Minister re-affirmed the country's commitment to the goals and priorities set forth in the National Health Plan, incorporated into the recent Assistance Agreement signed between the USAID and the GOH, and aligned with GHI target areas and principles.

The over-arching GHI country goal in Honduras is to **improve the health status of underserved and vulnerable populations**. This impact will be achieved through an increased utilization of quality health services and adoption of healthy behaviors. These underserved and vulnerable populations include rural poor, especially women and children under 5, whose communities are not adequately served by MOH facilities; people who encounter barriers to access because of poverty, stigma, gender, age, or ethnicity; and people whose behavior puts them at increased risk of HIV. In Honduras, the latter consists mainly of commercial sex workers, transgender people, men who have sex with men, and the Garifuna, an Afro-Caribbean population concentrated on the North Coast. Country experiences suggest that based on increased risk behaviors, uniformed personnel are also a vulnerable population for HIV.

For improvements in health among these hard-to-reach populations to occur, quality, usage, and financing of critical health services – particularly maternal and child health, voluntary family planning and HIV services – must be improved. The GHI country goal is national in scope as it addresses system-wide policy and technical issues, but it is directed towards poor and underserved rural areas, particularly in the western part of Honduras where maternal and infant mortality rates; stunting rates, and fertility rates tend to be the highest. HIV efforts are concentrated on MARPs in geographical areas where HIV prevalence rates are highest, namely Tegucigalpa, San Pedro Sula and the surrounding area, and the North Coast.

The two focus areas leading to the achievement of the goal and outcome above are:

1. – **Increased access to quality essential services for underserved and vulnerable populations**

2. – **Improved stewardship and responsiveness of the health system**

Focus Area 1: ***Increased access to quality essential services for underserved and vulnerable populations***

Honduras's fertility and maternal and infant mortality rates remain high, especially in rural areas. MARPs for HIV are frequently marginalized due to stigma and discrimination. USG programs will continue to target women and children under five as well as MARPs, as these are the groups most affected by inequity, exclusion, and cultural barriers that result in poor health outcomes. The USG will use its significant experience in MCH/FP/RH to build on existing activities while increasing interagency collaboration across health programs, while focusing on accelerated implementation and sustainability.

The following three outputs will contribute to achievements under Focus Area 1:

a. Increase quality and availability of comprehensive HIV/AIDS Services for MARPs

HIV services will encompass prevention services as well as treatment, care and support for those already infected with HIV. For MARPs, there are important barriers to access and quality which hinder increased use; these are strongly linked to the stigma of HIV/AIDS but also to the stigma and discrimination related to increased risk behaviors. For people who are already HIV positive, an important access barrier is the lack of quality facility and community-based services that respond to their full range of clinical and psychosocial needs.

With USG support under the GHI Strategy, HIV prevention services will be provided both by local NGOs with demonstrated capacity to reach MARPs, and also by the MOH through specialized HIV/AIDS/STI sentinel surveillance centers. Strategies for HIV prevention activities with MARPs will incorporate a range of culturally-appropriate tools including HIV counseling and testing, behavior change communication activities, management of sexually transmitted infections, and prevention of alcohol and substance abuse.

Antiretroviral therapy is becoming increasingly available to people living with HIV; currently Honduras has 70 percent treatment coverage, and the MOH procures 91 percent of first line

ARVs with national funds. Despite these advances, issues related to quality and efficiency of services continue to be priority areas for improvement. In collaboration with the Global Fund, the MOH, and local NGOs, the USG will improve quality of care and treatment for people living with HIV through support for implementation of an integrated care model, as outlined in the National Strategy for Integrated Care of STI/HIV/AIDS launched with strong USG support in 2011.

Illustrative activities include: Building capacity of local NGOs and the MOH for delivery of HIV prevention services for MARPs; supporting development and implementation of a standardized community-level care and support curriculum for people living with HIV; improving infrastructure of specialized HIV service delivery centers; supporting the MOH in the definition and operationalization of a basic package of comprehensive HIV services (promotion, prevention, treatment, care and support); providing sensitivity training for MOH providers serving MARPs; and expanding HIV counseling and testing for MARPs.

b. Improve quality and availability of MCH/FP/RH services to reduce inequitable health outcomes

Family planning and obstetric and neonatal care services need to become more readily available at hospital and clinic levels in order to address the causes of maternal and neonatal death. Research-based evidence and country experiences have demonstrated that the key to reducing maternal and newborn mortality lies in effectively managing pregnancy-related complications, improving birth spacing, increasing access to skilled care at birth, and increasing awareness of the danger signs of obstetrical and newborn complications among families and communities. As such, the USG will support delivery of essential obstetric and newborn care services, including active management of the third stage of labor; immediate postpartum and newborn care at clinics and hospitals; neonatal services to manage and treat complications; family planning, including postpartum and post abortion family planning; and community birth preparedness.

As previously mentioned, USG support in the area of family planning is scheduled to phase-out in 2013. Under the GHI Strategy, USAID will work closely with the MOH, ASHONPLAFA, the Honduran Social Security Institute and others to ensure the sustainability of family planning services after graduation from USG assistance. In the remaining period of the phase-out plan, USAID will ensure MOH capacity to monitor and evaluate the national family planning strategy; the standardization of quality voluntary family planning services in decentralized service delivery contracts; and a fully functioning contraceptive supply chain system.

Illustrative activities include: Building capacity in standards and norms to improve maternal, neonatal, and child health and provide essential obstetric and newborn care (RAMNI, CONE) at all levels; facilitating the development and use of maternal houses[12]; supporting infrastructure development in remote areas, including plans to build regional centers for MCH services; utilizing military transport to take health workers to remote underserved locations where they provide services such as routine vaccination or cervical cancer screening[13] ; training midwives to recognize obstetric emergencies for early referral; training community agents in family planning

[12]The establishment of maternal houses is included within the MOH's RAMNI and CONE strategies. Maternal houses are locations intended for pregnant access to health services. These women temporarily reside in maternal houses towards the end of their pregnancy to allow increased access to skilled birth attendants.

[13] This activity is implemented through DOD's Medical Readiness Training Exercise (MEDRETE) approach.

service provision and referral; and developing competencies in central and regional staff and decentralized providers in family planning.

c. Increase promotion of health seeking behaviors, disease prevention, and good nutrition

Education and behavior change communication activities at the community level will be an essential component of meeting GHI objectives. The USG will support training of community health workers and education of families and communities to support better nutrition, prevention and management of childhood illnesses, and hygiene and sanitation practices. Information about healthy timing and spacing of pregnancy and referral for family planning will be more fully integrated into community health efforts. The USG will support efforts to train families and communities to recognize obstetric emergencies and to develop birth plans.

Illustrative activities include: Training community health workers in growth monitoring and nutrition counseling; increasing the number of assisted deliveries with skilled birth attendants; training community agents to deliver and/or refer for family planning methods; promoting hand washing and household hygiene; supporting community participation in social auditing of health services; and training communities in household gardens for improved diet.

Focus Area 1: Illustrative indicators tracked
• Couple years protection
• Number of MARPs reached with individual and/or small group level HIV preventative interventions
• Number of women receiving active management of third stage labor
• Percentage of children 2-23 months that receive a minimum acceptable diet • Number of individuals who received Testing and Counseling (T&C) services for HIV and received their results • Number of people living with HIV (PLHIV) reached with a minimum package of prevention with PLHIV interventions

Focus Area 2: ***Improved stewardship and responsiveness of the health system***

An essential tenet of the Honduras National Health Plan is continued health reform and decentralization, with the MOH assuming a stewardship role and service delivery outsourced to NGOs, networks of municipal governments and other community organizations, as the basis for accelerating access to quality and cost efficient services for the poorest and hardest to reach populations. Health system strengthening and country ownership are core principles under GHI. All four USG agencies currently support activities that contribute to a stronger health sector, better prepared to meet the needs of underserved populations. Under GHI, the USG will increase interagency collaboration and take advantage of synergies among USG activities in order to provide support to the GOH for sustainable health reform, decentralization, and institutional capacity to deliver quality services.

The following outputs will contribute to the achievement of Focus Area 2:

a. Improve surveillance and use of strategic information for evidence-based decision making

In order to implement health reform effectively and use scarce funds efficiently to finance the highest priority health care needs, the MOH needs to base its policy, administrative and budgetary decisions on reliable data and analysis of regular, up-to-date epidemiological information and monitoring and evaluation. To facilitate the use of data for decision-making, the USG will support strategies such as the development of platforms for surveillance data handling, human resources training, and laboratory systems to be implemented under the reformed health sector. In addition, sentinel surveillance efforts for MARPs through specialized centers will allow the MOH and civil society to better track HIV/STI prevalence rates and provide adequate services for populations at highest risk of acquiring a sexually transmitted infection.

Illustrative activities include: Strengthening disease surveillance at the national, departmental, and local levels; building capacity for the use of data in decision-making; expanding laboratory diagnostic capacity; updating mortality surveillance instruments to incorporate gender-related obstacles that affect service access and coverage; and supporting the design of a new health surveillance model to be implemented within the reformed health system.

b. Strengthen capacity for procurement and supply chain management

The USG will provide direct support to the MOH to improve supply chain management for contraceptives, including condoms, as well as antiretroviral medications (ARVs) and HIV rapid test kits. This will include strengthening forecasting, procurement, storage, management, distribution, and inventory systems in MOH central, regional, and hospital warehouses and service delivery points.

Illustrative activities include: Systematizing contraceptive procurement mechanisms; operationalizing control and registry systems in all contraceptive security committee institutions; designing and implementing a manual for warehouse management systems; developing a national condom strategy for more efficient procurement, distribution, and market segmentation; and conducting national ARV quantification exercises to update forecasting assumptions and calculate ARV drug requirements.

c. Strengthen capacity for financial planning and management of decentralized health services at regional and central levels

The health sector reform program is based on separating the *stewardship function* of the MOH from the *service provision function*, where the state performs its responsibilities as financer, regulator and quality control body; and, third parties deliver services according to quality standards and national norms. Health sector reform will guarantee that the state financing is used to cover the most vulnerable and poorest populations. Decentralization will allow access to a quality package of health services delivered and managed through local organizations while containing costs and improving accountability.

Although the MOH has demonstrated commitment to improve the quality, efficiency and coverage of services, health reform and decentralization processes are not fully institutionalized and implemented in a sustainable manner throughout the country. In spite of the national health reform and decentralization policy statement that the "separation of functions" is the key to transforming the system, decentralization processes still have to be systematized. In addition, given the shortage of government financing for provision of basic health services, means must be found to ensure that the expansion to underserved areas now being implemented by the MOH is financially sustainable. To achieve these objectives, the USG will support the MOH at the central and regional levels to strengthen its own organizational development processes and structures to allow it to perform financing, regulation, quality control and health assurance responsibilities.

Illustrative activities include: Developing a legal framework to implement health sector reform; supporting continued roll-out of the decentralized primary care management model to health regions; designing and implementing a results-based management strategy for decentralized service contracts; completing a new hospital management model; strengthening MOH capacity to provide technical and management support to decentralized providers; strengthening capacity in the MOH to develop more effective and efficient financing mechanisms; supporting creation and implementation of a fund pooling system; defining sources and criteria to assign financing; designing and implementing accountability and transparency systems for decentralized management; and developing and supporting implementation of a social audit/citizen participation model with the MOH.

In addition to the illustrative activities listed under the GHI Results Framework, USG agencies contribute other support that is integrally related to improving health outcomes in Honduras. DOD provides 20-30 Medical Readiness Training Exercises each year in Honduras, bringing medical aid to needy rural areas and remote locations. CDC provides assistance to all seven countries of the region in responding to disease outbreaks and overall emergency preparedness and response. CDC's influenza and pandemic preparedness activities have led to the establishment of a national influenza center (NIC) to respond to influenza pandemics and epidemics. The Honduras NIC has the capability to detect and characterize influenza strains in near real-time and report this information to national and international health authorities to enable evidence-based decision-making and responses to public health emergencies. CDC will continue to provide technical and logistical support to the Honduras NIC and plans to extend the capabilities within the NIC to detect other pathogens of public health concern as defined by the International Health Regulations and Honduran authorities. Finally, DOD, USAID, and CDC provide humanitarian aid and emergency response in case of natural/man-made disasters.

Focus Area 2: Illustrative indicators tracked
• Number of underserved people covered with health financing arrangements
• Number of Ministry of Health strategic approaches based on reliable epidemiologic surveillance and monitoring and evaluation data
• Percentage of USG assisted service delivery points that experience stock-outs at any time during the defined reporting period of any contraceptive method that the SDP is expected to provide
• Percentage of health facilities providing ART that experienced stock-outs of ARV in the

last 12 months

7. Multisectoral Programming and Integration with Health

The USAID Health program is collaborating closely with non-health sectors such Democracy and Governance, Economic Growth, and the Central American Regional Security Initiative (CARSI) on innovative, integrated activities. For example, the USAID Democracy and Governance program has strong linkages to health decentralization efforts: while the USAID health program supports the MOH in expanding the decentralization model, the democracy and governance program is working directly with local governments and citizens to ensure transparency and accountability for resources and community participation. Continuation of these efforts in health has a very direct effect on the USG's ability to meets its democracy and governance objectives. It also offers opportunities to leverage the successful decentralization efforts in health to expand to other priority sectors, such as education.

USAID's Feed the Future (FtF) program, managed out of USAID's Economic Growth office, works to improve child survival and nutrition through community-based growth promotion, including infant and young child feeding and promotion of exclusive breastfeeding, prevention and treatment of preventable childhood disease, and improvements in pre-natal care, under the MOH's RAMNI strategy.

USAID's maternal and child health program is integrally linked with the FtF program. Nutrition services are directly supported through the FTF program; however, the long-term sustainability of nutrition services depends on the MOH's reform and decentralization efforts, which are supported with MCH funds. Strengthening the health system and ensuring integration of essential nutrition services in decentralized contracts is critical to ensuring the GOH's ability to carry forth the efforts supported through FtF. This will require support to the MOH to determine nutrition services to be included in decentralized contracts; per capita costs of these services; and performance indicators for monitoring and payment purposes. These sustainability efforts are an integral part of USAID/Honduras's long-term food security strategy.

USG health programming in Honduras ties directly into efforts to improve Honduran citizen security and support CARSI efforts. For example, USAID's health program and democracy and governance program link closely to build stable and resilient communities that are more able to resist the incursion of organized crime. While the USAID health program supports the MOH in expanding the decentralization model for access to health services in underserved communities, the democracy and governance program is working directly with local governments and citizens to ensure transparency and accountability for resources and community participation.

8. Improving Effectiveness and Efficiency through GHI Principles

Application of GHI approaches and principles will further enhance the already established USG interagency collaboration in the health sector in Honduras, and will serve to accelerate and sustain the impact of current activities.

8.1 A focus on women, girls, and gender equality is a key principle addressed by the MOH's maternal and child health and reproductive health efforts, and indeed, a central focus of the Honduras GHI Strategy which actively works to support improved access to essential services for women and children. For GHI in Honduras, the concept of **gender equality** will be interpreted more broadly to encompass HIV prevention work aimed at reducing the social exclusion of populations who do not subscribe to traditional gender roles, such as transgender persons and men who have sex with men, and increasing their access to quality health services free of stigma and discrimination.

The most recent in-depth gender assessment conducted in Honduras[14] found that traditional gender roles in Honduras continue to place women in a subordinate position to men. This power dynamic can clearly be seen in recent DHS data from 2005 which showed that 19 percent of women nationally and 23 percent in rural areas report that they do not seek health services because they must first request permission.

Based on these dynamics, the GHI Strategy will continue to work with the MOH, NGOs and communities to improve and expand health coverage for women and girls. In particular, strategies focused on prenatal and obstetric care will be implemented to prevent and mitigate pregnancy-related complications; community-level birth preparedness; maternity waiting homes; counseling with couples for family planning decision-making and voluntary access to family planning methods will be strengthened in rural communities; medical missions to remote areas that include pap smears for early detection of cervical cancer and referral for additional care if needed; and surveillance efforts will seek to capture gender-related factors that put women at greater risk for morbidity and mortality. In coordination with the GHI Strategy, the FtF strategy in Honduras will focus efforts on increased economic opportunity and income generation for women as a means to improve the nutrition and health status of women and children in poor, rural households.

8.2 Country ownership is essential to the success of GHI in Honduras. GHI activities will primarily support government programs and priorities and depend on the continuation of the MOH's commitment and involvement in implementation of the strategy. Under decentralization, community-based contracts for the provision of health services will increase community and local NGO involvement. GHI will focus on key investments in MCH and health system strengthening that will be sustained by the GOH. Given that the National Health Program acknowledges that an inefficient allocation of resources results in funding deficiencies for critical activities, USAID will continue its ongoing efforts with the MOH to improve the effective and efficient use of available financing. Country ownership will be enhanced by utilizing host country systems and local organizations to implement the GHI Strategy, in accordance with the USAID Forward procurement reform effort.

[14] "A Gender and Assessment and Plan of Action for USAID/Honduras"—DevTech Systems, Inc. 2002

8.3 Increasing impact through strategic coordination and integration is a principle strongly embedded in the GHI Strategy. Coordination among USG agencies is already established under the PEPFAR Central America Partnership Framework for HIV/AIDS and the Feed the Future Initiative. For GHI, there are several areas, such as health systems strengthening, where multiple USG agencies play a role and contribute complementary expertise to the development and implementation of GHI strategies. Maternal health is integrated into neonatal and child health and family planning programs. Country approaches such as RAMNI and CONE and a recent national strategy for Integrated HIV/AIDS Services, provide a basis for joint collaboration and programming among USG agencies and other donors (bilateral, multilateral and foundations). The participation of the private sector in the delivery of services under the decentralization plan of the MOH provides opportunities to further leverage public/private partnerships.

8.4 Strengthening and leveraging other efforts will be essential to the success of GHI. Continued coordination with donors such as PAHO, IDB, Global Fund, and the Mesoamerican Health Initiative will be an important element of the GHI approach. Multiple donors including UNICEF, PAHO, UNFPA, CIDA and JICA collaborate toward realization of the goals and objectives under RAMNI. Honduras is a priority country for CIDA which concentrates efforts in HIV prevention, improving health information systems, and food security. Global Fund is the largest contributor to HIV/AIDS efforts in Honduras, with activities dealing with care and support, supply chain management, HIV prevention for MARPS, and capacity building. A donor round table for health meets monthly, often with the MOH to discuss activities and coordinate efforts in support of the National Health Plan. As previously mentioned, the technical expertise and assistance that the USG brings to bear directly contributes to the successful results of investments across the health sector.

8.5 Sustainability through health system strengthening is a high priority for the MOH, a focus area for the Honduras GHI Strategy, and is supported by all USG health agencies, as well as a number of other donors. The National Health Plan emphasizes the importance of: strengthening the MOH with regard to stewardship, management, and oversight; building capacity related to surveillance, community participation, and human resource development; assuring the quality of health services; and developing an effective national response system in case of a disaster or health emergency. All USG agencies of the GHI country team are currently collaborating in health systems strengthening efforts which support this principle.

8.6 Learning and accountability through monitoring and evaluation (M&E) is an important component of using data for decision making and is a priority for the GHI strategy in Honduras as well as the National Health Plan. Monitoring and evaluation of health services is expected to lead to improved quality and continued improvement of services, decision making, formulation of health policies, and more efficient and effective use of resources. The performance of organizations contracted by the MOH under its decentralization plan to provide health services are socially audited by the communities they serve and feedback from the community is used to improve services. Additionally, proper payment of these contracts relies on the institutional capacity of the MOH to monitor and evaluate service delivery indicators, including those related to quality. CDC's Field Epidemiology Training Program (FETP) includes basic, intermediate, and advanced training and plays an important role in strengthening M&E staff at the national, departmental and municipality levels. FETP graduates are an important resource for increasing

the ongoing collection of data and improving its quality and analysis, as well as improving the country's response capacity in case of a disease emergency.

8.7 Accelerating results through research and innovation is incorporated into the GHI strategy in various ways. The participation of civil society and communities in the delivery of health services under contract with the MOH, as well as the requirements for transparency and accountability, enforced through social auditing, are innovative and effective ways to increase service access and quality, as demonstrated through recent studies by the World Bank and USAID. The Feed the Future program is employing an innovative approach whereby agricultural technicians deliver nutrition messages in the community and healthy timing and spacing of pregnancy messages are integrated into child growth monitoring strategies. **Research** will be required to help answer the many questions that may arise around the most effective ways to address health problems that do not demonstrate accelerated improvement despite concerted efforts under GHI. The National Health Plan recognizes that the country currently lacks national policies, programs, or institutions dedicated to the formation of researchers and research capability. Health authorities have indicated their interest in developing health research capacity in Honduras, particularly to improve the capacity for monitoring and evaluation and evidence-based decision making.

9. Monitoring and Evaluation and Learning

Baseline information for most of the Honduras GHI targets is available from the National Health Plan 2010-2014, the 2005 National Demographic and Health Survey (DHS), and the 2006 HIV/STI Behavioral Surveillance Survey (BSS). A follow-up DHS and BSS will be conducted during the GHI strategy period. The USG and the MOH will work to ensure that reliable information is available in 2015 at the end of the GHI strategy. The GHI targets are congruent with the GOH's MDG targets and the indicators developed by the MOH. Information necessary for continuous program monitoring and evaluation, including at the municipal level, will be improved as part of Focus Area #2. The annual Performance Plan and Report (PPR) will be used to report on progress toward achievement of GHI goals. Indicators for monitoring progress for GHI are already in place for the PPR (see Annex 2 for detailed Honduras GHI Strategy indicators). Disaggregation of these indicators (e.g. male/female, wealth quintiles, etc.) is already stipulated in the reporting requirements of the PPR indicators. Targets are cumulative across USG agencies for each indicator, where indicators are applicable to that agency's programs. In order for complete results to be reported through the PPR, USAID will collect results for each agency's respective indicators and aggregate these results to be entered into the FACTS Info database. For HIV indicators, results will be reported through the Regional Annual Program Report via regional mechanisms.

Various studies are planned during the GHI strategy period that will inform the learning process:

- A pilot of the new national HIV/AIDS strategy in five priority geographical areas with results used to modify the provision of services
- A knowledge, attitude and practices survey with MARPs
- Nutrition and anemia studies in children under five
- A behavioral surveillance study for HIV in the military

- An assessment of the effectiveness of agricultural technicians in delivering nutrition-related messages at the community level
- An assessment of the logistics and supply chain management needs of the MOH

Depending on availability of funds during the implementation of the GHI Strategy, other evaluations and/or studies may be considered.

10. Communication and Management Plan

A plan for communication and management of GHI will be developed in collaboration with the GHI country team and in coordination with the MOH. The USG working group composed of the four USG agencies working in health in Honduras is already formed and will hold periodic joint meetings with the MOH to discuss ways forward with the strategy and ensure continued alignment of priorities. Coordination between USG and MOH seeks to ensure the sustainability of activities.

There will be quarterly meetings between members of the USG team, the MOH, and implementing partners to communicate on progress of activities, identify further points of collaboration, and discuss ways to accelerate implementation of the GHI strategy and ensure sustainability of all activities. The mapping exercise carried out in preparation for the strategy, which shows agency participation down to the municipal level, is an important basis for integrating USG efforts based on geographical location to accelerate impact. Although coordination currently exists, it will be amplified under GHI.

All four USG agencies comprising the GHI country team currently receive funding from PEPFAR, and have been collaborating for the past four years on a periodic basis in meetings to discuss overall implementation of HIV/AIDS activities in-country. This well-established model for interagency collaboration will be increased and expanded beyond PEPFAR to include GHI activities.

Other potential areas for communication and increasing synergies among the USG agencies include:

- Inviting GHI country team colleagues to participate in meetings with key partners
- A communication plan for providing information to all agencies that keeps them apprised of the outcomes of such meetings in order to ensure a consistent USG voice
- Sharing of relevant data and information from studies, reports and partner activities
- Conducting joint site visits

11. Linkage of High Level Goals to Programs

Under the GHI strategy, the Country Team in Honduras will coordinate a USG effort that will provide support to the GOH health reform and decentralization process, including the goal of increased access to services for underserved and vulnerable populations. CDC proposes to work

with the GOH on improving surveillance at the national, departmental and municipal level, particularly HIV, TB and STI surveillance, and increasing capacity for improved surveillance through fortifying laboratories and training Honduran epidemiologists through the FETP. Peace Corps proposes to continue integrated community programs that encompass life skills development with youth, promotion of good nutrition and healthy behavior, water and sanitation, HIV prevention, and maternal child health activities at the community level. DOD will support HIV programs, particularly with the Honduran military, provide training to midwives on recognizing obstetric emergencies, carry out medical training missions in remote areas, conduct pediatric nutritional surveillance and research, and work with the MOH on increasing access to services for the large underserved population. USAID proposes to support the MOH in reform and decentralization efforts, ensuring access to essential quality services, and the use of data for decision making, as well as with targeted technical assistance designed to improve the results of efforts by other donors and the MOH. USAID will work with the MOH to ensure that supply chain management capability is in place and that voluntary family planning services will be sustained after USAID family planning assistance phases down in 2013, according to current plans. USAID also plans to continue support for HIV prevention for MARPs and improved quality of HIV services at both the community and clinic levels.

Illustrative high level milestones that will be used to track accelerated implementation of the GHI Strategy in Honduras include the following:

- By 2012, the GHI Country Team will coordinate the USG effort to support the GOH to pilot the national strategy for integrated HIV services in five priority geographical areas. This strategy seeks to improve quality and access to HIV prevention, treatment, care and support services from the community to health facility levels. This will be done within the context of the PEPFAR Central America Regional Partnership Framework.

- By 2012, the GHI Country Team will support the GOH to have a consolidated surveillance strategy within the context of the reformed health system. By 2012, CDC, USAID, and other partners like PAHO and COMISCA will coordinate the USG effort to support the GOH to for the design and implementation of the health surveillance model, in the framework of health reform. This strategy seeks to incorporate the main elements raised by the health reform process, which is currently being implemented. Strategies, such as the development of platforms for surveillance data handling, human resources training and laboratory systems, among others, will have to be restated in order to achieve effective decision making in the different levels of the health system under the health reform model.

- By 2013, with GHI Country Team support, the GOH will have achieved a fully effective supply chain system that will ensure sustainability of the national family planning program subsequent to USG phase-out of family planning support. This will ensure sustained access to contraceptives but will also ensure sustained access to ARVs in preparation for the end of the current Global Fund grant.

- By 2014, GHI Country Team support will lead to accelerated implementation of RAMNI. The USG will focus on ensuring quality and sustainability. In this effort, USAID/MCH

proposes to support the MOH to provide the basic package of MCH services through a decentralized model that will reach 1,545,000 vulnerable and underserved individuals; USAID/FtF proposes to support delivery of growth monitoring and nutrition services in 216 communities; CDC proposes to support the development and training of 635 MOH personnel required to implement an effective MCH surveillance system; and DOD proposes to provide direct services in 198 priority communities while training local providers to increase capacity.

Illustrative high level milestones that will be used to track application of GHI principles include the following:

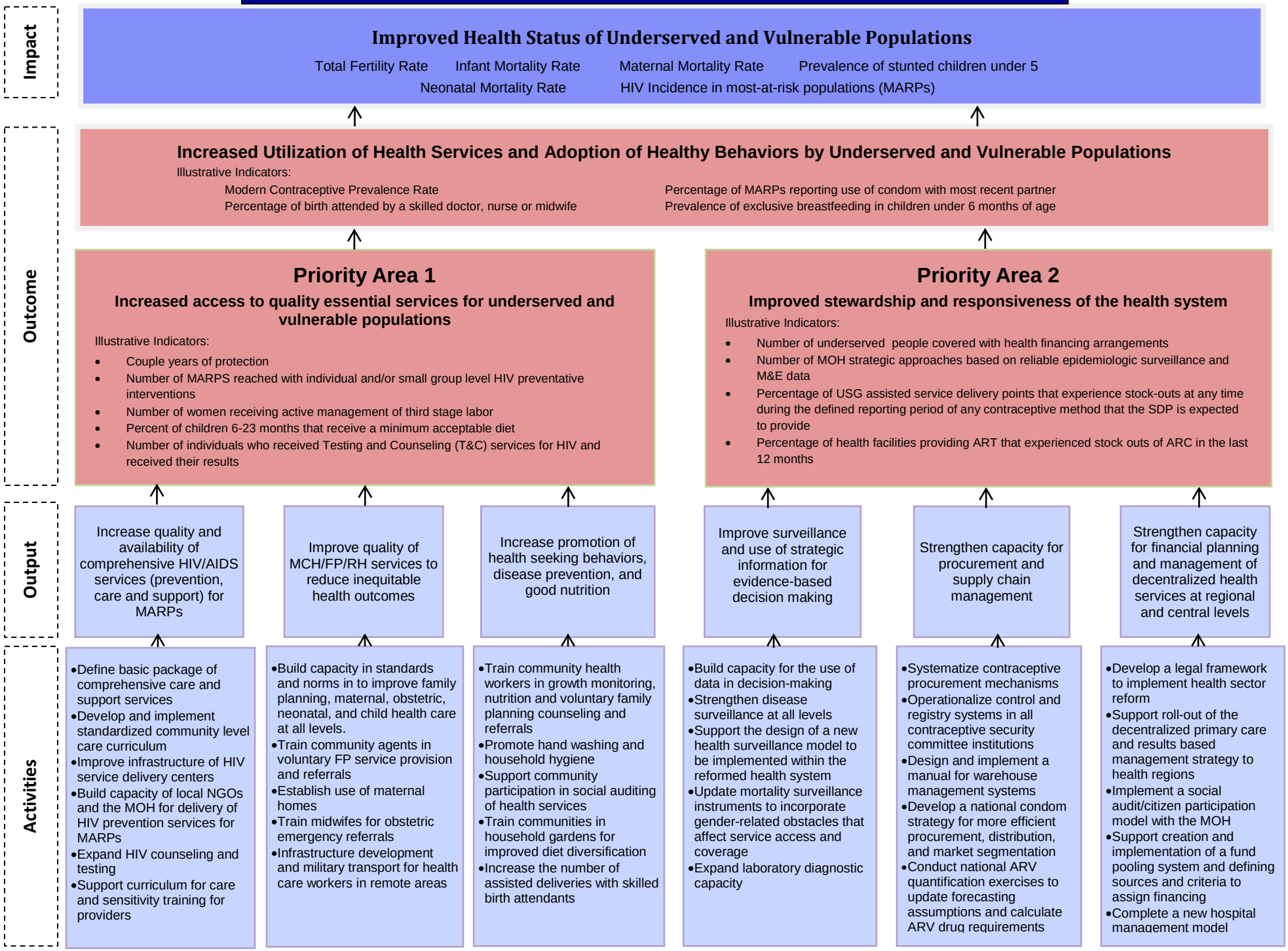
- By the end of 2012, the GHI Country Team, together with the MOH, the Global Fund Country Coordinating Mechanism, the Global Fund Principal Recipient and other partners, will have developed an integrated sustainability plan for the HIV services currently supported by Global Fund and the USG. This sustainability plan will be consistent with the strategic priorities identified in the National Integrated HIV strategy.

- By mid-2012, the GHI Country Team will have a clear coordination plan established with the GOH, and the newest IDB Mesoamerican Initiative projects for the implementation of RAMNI in the poorest municipalities in Honduras.

- By mid-2012, MOH will revise and approve the implementation plan for the organizational reform of the health regions, streamlining resources and strengthening the provision of health services in the regions.

- By 2013, the MOH's Rural Access Strategy will be officially implemented, strengthening the provision of family planning service coverage at the community level.

Annex 1: Honduras Global Health Initiative Results Framework



Annex 2: Honduras Global Health Initiative Strategy Matrix

GHI Goals Outcome: "Improved Health Status of underserved and vulnerable populations"	Key Indicators		
	Indicator	**Baseline**	**National Target (2014)**
Maternal Health: Reduce maternal mortality by 30 per cent across assisted countries	Maternal mortality rate	108 x 100,000 live births	60 x 100,000 live births
Child Health: Reduce under-five mortality rates by 35% across assisted countries	Neonatal mortality rate	14 x 1,000 live births	N/A
HIV/AIDS: Support the prevention of more than 12 million new infections; provide direct support for more than 4 million people on treatment, including 5 million orphans and vulnerable children	Infant mortality rate	23 x 1,000 live births	15 x 1,000 live births
Family Planning and Reproductive Health: Prevent 54 million unintended pregnancies by reaching a modern contraceptive prevalence rate of 35 per cent across assisted countries, and reducing from 24 to 20 percent the proportion of women aged 18-24 who have their first birth before age 18	HIV prevalence in most-at-risk populations (MARPs)	12%	8%
	Total fertility rate	3.3	N/A
Nutrition: Reduce child under nutrition by 30 percent across assisted food insecure countries, in conjunction with the President's Feed the Future Initiative (FTF)	Prevalence of stunted children under 5	25%	N/A

Intermediate Result: Increased Utilization of Health Services and Adoption of Health Behaviors by Underserved and Vulnerable Populations			
Key Indicators			
Indicator		**Baseline**	**GHI Country Specific GHI Target (2015)**
Modern Contraceptive Prevalence Rate		56.4% (2005)	59% (FY 2013 figure due to end of family planning program)
Percentage of births attended by a skilled doctor, nurse or midwife		52.2% (2011)	60.1%
Percentage of MARPS reporting use of condom with most recent partner	Garifuna (indigenous population)	52% (2006)	60%
	Commercial sex workers	88% (2006)	92%
	Men who have sex with men	68% (2011)	75%
Prevalence of exclusive breastfeeding in children under 6 months of age		60%	80%

Priority Area 1: Increased access to quality essential services for underserved and vulnerable populations

Key Outputs	Illustrative Activities	USG Agencies	Key Indicators Under Priority Area 1			Key partners	GHI Principles
			Indicator	Baseline (FY 2011)	Country Specific GHI Target (2015)		
Increase quality and availability of comprehensive HIV/AIDS services (prevention, care and support) for MARPs	Define basic package of comprehensive care and support services	Peace Corps DOD USAID	No. of MARPs reached with individual and/or small group level HIV preventative interventions	3,342	11,000	MOH PAHO Meso-American Health Initiative UNFPA IDB World Bank World Food Program Global Fund	**Woman/girl centered approach** Woman centered and gender equality approach for MARPS to reduce barriers that negatively affect their health. **Strategic coordination and integration** Proactive coordination between USG agencies to strengthen delivery of services for HIV/AIDS, Nutrition, Health Systems Strengthening, MCH and FP.
	Develop and implement standardized community level care curriculum						
	Improve infrastructure of HIV service delivery centers		Number of People Living with HIV (PLHIV) reached with a minimum package of PLHIV interventions	2,724	3500		
	Build capacity of local NGOs and the MOH for delivery of HIV prevention services for MARPs						
	Expand HIV counseling and testing						
	Support curriculum for care and sensitivity training for providers		Number of individuals who received Testing and Counseling (T&C) services for HIV and received their results	12,633	27,811		
Improve quality of MCH/FP/RH services to reduce inequitable health outcomes	Build capacity in standards and norms to improve family planning, maternal, obstetric, neonatal, and child health care at all levels	Peace Corps DOD USAID	Number of women receiving active management of third stage labor	90,417	104,150		

	Train community agents in voluntary FP service provision and referrals						**Strengthen/ leverage partner engagement** Intensify bilateral and multilateral donor engagement; collaborate through RAMNI and CONE
	Establish use of maternal homes						
	Train midwifes for obstetric emergency referrals						
	Infrastructure development and military transport for health care workers in remote areas		Couple years protection	642,051	707,862 (FY2013 figure due to end of family planning program)		
Increase promotion of health seeking behaviors, disease prevention, and good nutrition	Train community health workers in growth monitoring, nutrition and voluntary family planning counseling and referrals	Peace Corps DOD USAID	Percent of children 6-23 months that receive a minimum acceptable diet	N/A – will be collected in 2012.	N/A – will be determined based on baseline figure		
	Promote hand washing and household hygiene						
	Support community participation in social auditing of health services						
	Train communities in household gardens for improved diet diversification						
	Increase the number of assisted deliveries with skilled birth attendants						

Priority Area 2: Improved stewardship and responsiveness of the health system

Key Outputs	Illustrative Activities	USG Agencies	Key Indicators Under Priority Area 2			Key partners	GHI Principles
			Indicator	Baseline (FY 2011)	Country Specific GHI Target (2015)		
Improve surveillance and use of strategic information for evidence-based decision making	Build capacity for the use of data in decision making Strengthen disease surveillance at all levels Support the design of a new health surveillance model to be implemented within the reformed health system Update mortality surveillance instruments to incorporate gender-related obstacles that affect service access and coverage Expand laboratory diagnostic capacity	CDC USAID	No. of MOH strategic approaches based on reliable epidemiologic surveillance and monitoring and evaluation data	N/A	5	MOH PAHO Meso-American Health Initiative UNFPA IDB World Bank World Food Program Global Fund	**Country ownership** National Health Plan prioritizes Health Systems Strengthening, MCH and HIV; Alignment of Mesoamerican Initiative and GF support **Health systems strengthening** Strengthen MOH in regard to stewardship, management, and oversight;
Strengthen capacity for procurement and	Systematize contraceptive procurement	CDC USAID	Percentage of USG assisted service delivery points that experience	63%	33% (FY2013 figure due to end of		

supply chain management	mechanisms		stock-outs at any time		family planning program)		contracting out
management	Train community agents in voluntary FP service provision and referrals		during the defined reporting period of any contraceptive method that the SDP is expected to provide				service delivery and improved logistic capacity **M&E** Prioritized in GHI strategy and National Health Plan. Monitoring and evaluation of health services will lead to continued improvement of services, decision making, formulation of health policies, and more efficient and effective use of
	Operationalize control and registry systems in all contraceptive security committee institutions						
	Design and implement a manual for warehouse management systems						
	Develop a national condom strategy for more efficient procurement, distribution, and market-segmentation						
	Conduct national ARV quantification exercises to update the forecasting assumptions and calculate ARV drug requirements		Percentage of health facilities providing ART that experienced stock-outs of ARV in the last 12 months	21%	8%		
Strengthen capacity for financial planning and management	Develop a legal framework to implement health sector reform	USAID	Number of underserved people covered with health financing arrangements	743,927	1,545,000		

of decentralized health services at regional and central levels	Support continued roll-out of the decentralized primary care management model and results-based management strategy to all regions						resources. Nutrition baseline studies will improve monitoring and evaluation of activities.
	Develop and support implementation of a social audit/citizen participation model with the MOH						**Research and innovation** VICITS program in place for sentinel surveillance in MARPS. Community participation and social auditing in decentralized service delivery. Healthy timing and spacing of pregnancy messages integrated into child growth monitoring strategies.
	Build MOH capacity to provide technical and financial support to decentralized providers						
	Support creation and implementation of a fund pooling system and define sources and criteria to assign financing						
	Develop accountability and transparency systems for decentralized management						
	Complete a new hospital management model						