Document up-dated in May 2009

Country: Honduras

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget App. by Board USD	Approval Track	Total Amt Disb-ed up to last date	Last Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
HND	4	2009-2011	2005-2021[a)]	2,534,500	**First Submitted**: **App. W conditions**: June 2007 **Not approved**: n.a. **Resubmitted**: 05.10.07 **First Approval**: 28.11.07	607,000	30.04.08

a) National Health Policy 2006-2010

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

To facilitate equal & affordable services to a range of promotional, protection & rehabilitation services with effectiveness and efficiency. This will be done along the full life cycle, and will use new models to help to achieve:

- Acceptable levels of health system performance with better health management & greater cost effectiveness;
- Increased capacity for prompt responses to population needs: – special focus on gender equity & the most vulnerable groups;
- Reduced infant and maternal mortality & % zero cases of illnesses preventable by vaccination.

Proposal Goals

To strengthen primary health care with an emphasis on integrated maternal and infant health promotion and prevention services by focusing on strategies such as:

- Integrated Care for Children in the Community (ICCEC); and
- The delivery of a basic package of health services.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• To develop health management capacity at the local level to strengthen maternal and infant [MI]care; • To guarantee the delivery of the MI basic package of health services (BPHS-MI); • To extend and to complete the strategy of Integrated Care for Children in the Community (ICCEC); • To provide the necessary basic equipment for the provision of MI services; • To strengthen the monitoring, supervision and evaluation process of the MI health services at the different levels of the services network.	----------

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Limited managerial capacity in health at the local levels for the development of co-ordinated and integrated actions. • Non-implementation of the IEC plan & incorporation of local govts & civil society in the mobilisation and use of local resources.	• Provide financial and technical support to the formulation of the Maternal and Infant Health [MIH] Plans at the local level; • Support the incorporation of the MIH plans in the municipal development plans; • Review the baseline of the maternal and infant health situation in the priority HU and consolidate the information at the departmental and municipal level. • Prioritise, plan and identify the towns per HU at the municipal level for the delivery of the BPHS; Delivery of the BPHS; • Organise annual M&I care events at the dept. level to identify vulnerable groups • Identify priority towns for implementation of the strategy of [ICCEC]	499,000	19.7
HRD/Performance Management. • Restricted hours/days of service availability → limited delivery of immunisation services &/or the BPHS.	• Provide training to health teams at the departmental and municipal level on technical and managerial issues; • Recruit personnel for the HU; • Recruit, select & train leaders for ICCEC implementation	403,000	15.9
Drugs, Equipment, Supplies, Facilities • Lack of logistical support (vehicles, per diems, etc.) →Weak supervision capacity; • Insufficient equipment for the provision of maternal and infant health services. • Lack of refrigerated cars for the distribution of biological materials at the national level.	• Acquisition of hardware and software for the M&I information subsystem network, equipment inventory, and surveillance and control of medicines and supplies; • Acquisition, distribution, and installation of basic equipment for M&I PHC in selected HUs. • Acquisition and transfer of 14 vehicles and 20 motorcycles to support monitoring and maintenance of the basic health equipment at the deptal level; • Acquisition of 2 refrigerated vehicles for vaccine distribution; • Implement a maintenance plan for maternal and infant basic care equipment.	1,045639	41.3
Monitoring and Evaluation • Insufficient quality control of information for MIH programs. • Weak monitoring and evaluation → Non compliance with the maternal and infant health norms .	• Strengthen information subsystems in MIH; provide training for the management, analysis, and use of the data; • Resume the use of the Integrated Surveillance Children List (LINVI), Pregnant Women List (LISEM) and Women of Fertile Age List (LISMEF) as local instruments for surveillance of maternal and infant care; • Revise, adapt and apply instruments and standardized methodologies for monitoring, supervising and evaluating MIH services. • Formulate dept. & municipal annual plans for monitoring, supervising and evaluating institutional and community MIH services; • Supervision and monitoring visits to the HU and the community. • Evaluate the MIH plans in the priority municipalities	347,000	13.6
Overheads	Management of HSS	240,000	9.5

TOTALS		**2,534,639 100.00**

***** These figures are based on the Budgets provided by the country.***

Health financing Gap: Not stated.

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2006	Final Targets 2011	Expected Source of Data/Information
Outcomes/Outputs:			
• National DTP3 coverage (%);	87%	94%	
• % of municipalities achieving ≥80% DTP3 coverage	32%	80%	
• Coverage of MMR imm'n children 12-23 mths;	91%	95%	Departmental, Municipal, and Training reports will provide the data.
• Infant Mortality Rate (per 1000 LB);	23	19	
• Maternal Mortality Rate (per 100,000 LB);	108 (1997)	82	
• % of municipalities with maternal and infant health [MIH] plans in the municipal development plan;	n.a.	80%	
• % of human resources at local level trained in manage't;	n.a.	90%	
• % of human resources trained in HIS & the use of forms for MIH care;	n.a.	90%	
• % of prioritised municipalities receiving at least 4 BPHS/yr;	0% (2007)	100%	
• Proportion of pregnant women receiving at least 4 prenatal control visits;	81%	90%	
• % of communities implementing ICCEC;	0 (2007)	2/ HU	
• % of children with growth and development monitoring.	n.a.	80%	
• % of HU providing services continuously for the year;	75% (2008)	80%	
• % of HU supervised at least 6 times per year;	??	??	
• % of municipalities doing at least 4 evaluations per year;	??	??	
• Proportion of HU at municipal level with the basic equipment necessary for delivering MI care	??	??	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: Administration Planning and Evaluation Unit [UPEG] – reporting finally to National Health Council [CONSALUD].

Channelling/Management of funds: Through PAHO to UPEG. Funds disbursed in advance (every trimester) on basis of work plans. Previous advances must be accounted for before subsequent transfers. Existing auditing procedures will be applied.

Strategies proposed for sustainability of activities: Govt to contribute 10% of total donor funds; The Secretariats of Finance & Health agreed to sign an "Institutional Cooperation" agreement to ensure sustainability of the actions implemented by the HSS project.

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: PAHO Regional Consultation, Evangelical Confraternity of Honduras, Central Worker Unit of Honduras [CUTH], Honduran Institute of Social Security, WHO, Secretariat of Finance, Union of Medical Workers, Honduran Council for Private Enterprise

ii) *Proposal Management*: CONSALUD – several govt. agencies & NGOs are represented.

iii) *Proposal Implementation:* PAHO; UNICEF (Technical co-operation)

Other Financial Support for HSS: For 2008-2011 US$980,000 received from UNICEF, UNDP & ASDI.

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