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JAPAN INTERNATIONAL COOPERATION AGENCY(JICA)

No. 32

MINISTRY OF PUBLIC HEALTH,
THE REPUBLIC OF HONDURAS

THE STUDY
ON
THE STRATEGIES AND PLANS
FOR
THE UPGRADING OF HEALTH STATUS
IN
THE REPUBLIC OF HONDURAS

FINAL REPORT
VOLUME IV
DATA BOOK

SEPTEMBER 1996

SYSTEM SCIENCE CONSULTANTS INC.

JAPAN INTERNATIONAL COOPERATION AGENCY(JICA)

MINISTRY OF PUBLIC HEALTH,
THE REPUBLIC OF HONDURAS

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FINAL REPORT
VOLUME Ⅳ
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SYSTEM SCIENCE CONSULTANTS INC.

In this report, project cost is estimated at March 1996 price and at an exchange rate of US $ 1.00=11.00 Lempira(Lps.).

THE STUDY
ON
THE STRATEGIES AND PLANS
FOR
THE UPGRADING OF HEALTH ATATUS
IN
THE REPUBLIC OF HONDURAS

FINAL REPORT
(DATA BOOK)

LIST OF VOLUMES

A

MINUTES OF MEETINGS

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AI. Scope of Work and Minutes of Meetings

AI-1. Scope of Work, April 19, 1994

Minutes of Meeting
On
Scope of Work
for
The Study
On
Strategies and Plans for The Upgrading of
Health Status
In
The Republic of Honduras
Agreed Upon between
Ministry of Public Health
and
Japan International Cooperation Agency

The Japanese Preparatory Study Team (the Team), organized by Japan International Cooperation Agency (JICA) visited Honduras from 10th to 23rd April, 1994, during which the Team had a series of meetings with officials of the Ministry of Public Health (Ministry of Health), Ministry of Planning, Coordination and Budget, Ministry of Natural Resources, Ministry of Environment, Ministry of Public Education and of other public organization like National Autonomus Aqueduct and Sewerage Service (SANAA), and of some other International Organizations such as Inter American Development Bank, UNICEF, UNDP. List of the officials of the Ministries is hereto attached in annex 1.

Through the exchange of opinions and discussions, the Team and the Ministry of Health with the Ministry of Planning reached to an agreement on the Scope of Work, which is also attached herewith for reference.

Items discussed in the series of meetings are summarized in the following;

1. Objective of the Study

(1) Ministry of Health and other Ministries emphasized the significance of an integrated master plan and its implications on the concepts, methodology, procedures and practices of the Health and Health related services in the country. The Team agreed upon it since many efforts are being made in trial at various levels for integration of the services.
In this connection, Ministry of Health indicated that the term "sub-sectors" be replaced by "components" to clarify the characteristics of the plan. The Team accepted.

1

2. Scope of the Study

(1) As to the item (3).1.Phase I. IV. "sectors and issues related to health", Ministry of Health stressed that housing for preventing endemic diseases, employment for the impoverished and in connection with labor environment, and communications/transportation for accessing isolated areas/communities be assessed as well as other sectors/issues taken up for assessment. The Team recognized the importance of these sectors for health and accepted it by adding "others" as "h." in (3),1,phase I, item IV.

(2) As to the "social awareness on health", Ministry of Health proposed that Knowledge, attitude and practice (KAP) should be adopted, for the purpose of better understanding, and which also indicate the significance of social participation of the people into planning, implementing and evaluating processes. The Team accepted the proposal, and which be applicable to phase I. 2.(5) and phase II. 4.(2). g.

3. Undertaking of the Government of Honduras

(1) As to (2).1.VII. Ministry of Health pointed out the fact that foreign registration requirement be applied to all those staying more than three months in the country without exception, as legal practice.

(2) As to the provision of the offices to the Japanese Study Team, Ministry of Health notified the Team that two offices (one in the Hospital Division in the Ministry of Health and other in the International Relation Unit) be arranged for the use of the Study Team.

(3) As to the counterpart personnel to the Study, the Team pointed out that personnel in the fields of health; health policy and planning, health administration, health education, economic/financial analysis, Human resources development, etc. be assigned by the Ministry of Public Health and if necessary other personnel from other ministries, for the purposes of smooth and effective implementation of the Study.

(4) As to the provision of vehicles to the Japanese Study Team, Ministry of Health requested that JICA should provide the Study Team with trasnport as the present conditions would not allow the Ministry to do so in terms of the number of the vehicles and funds available.

(5) As to the set up of a committee to coordinate various inter-ministerial participation and cooperation, the both sides agreed that Ministry of Health is to take an initiative

towards Ministries of Planning, Coordination and Budget, Natural Resources, Public Education, Environment, SANAA, etc.

4. Others

(1) As to the timing of initiation of the Study the Team suggested that it would be September 1994, with a duration of nineteen (19) months.

(2) Ministry of Public Health requested the Team that various data be processed by computer to assure the further continuity of conscequent updating in the Ministry even after the completion of the Study. The Team replied that data processing would be computarized owing to its variety and quantity as well.

(3) Ministry of Public Health requested the Team that reports should be prepared not only in English version but also in Spanish version for the circulation to the various ministries concerned. The Team replied that Spanish version would be prepared for Interim Report, Draft Final Report and Final Report, although English version prevail during the course of the Study.

TEGUCIGALPA APRIL 19, 1994

MR. SEIJI KAIHO
LEADER
PREPARATORY STUDY TEAM
JAPAN INTERNATIONAL
COOPERATION AGENCY

DR. JUAN DE DIOS PAREDES
VICE MINISTER OF SERVICE
NETWORK
MINISTRY OF PUBLIC HEALTH
REPUBLIC OF HONDURAS

LIC. REBECA PATRICIA SANTOS
VICE MINISTER
MINISTRY OF PLANNING, COORDINATION
AND BUDGET
REPUBLIC OF HONDURAS

ANNEX I

List of Attendants

Honduras Side

I Ministry of Public Health

(1) Dr. VIRGINIA ESPINOZA
Vice Minister of Population Risk

(2) Dr. JUAN DE DIOS PAREDES
Vice Minister of Service Network

(3) Mr. LUIS ALONSO LOPEZ
Vice Minister of Sectorial Policies and Institutional Development

(4) Dr. DESIREE PASTOR
Chief of International Relation Unit (MOPS)

(5) Ms. GLENDA RUIZ
Planner Direction of Planning

(6) Dr. VICTOR MELENDEZ
Chief of Hospital Division

II Ministry of Planning, Coordination and Budget

(1) Dr. GUILLERMO MOLINA CHOCANO
Minister

(2) Ms. REBECA PATRICIA SANTOS
Vice Minister

(3) Mr. MARIO LIZARDO
Director of Strategies and Politics

(4) Ms. GUADALUPE HUNG PACHECO
Director of International Technical Cooperation

(5) Mr. FRANCISCO ESCOTO
Substitute of Director of Public Investment

(6) Ms. PATRICIA BOURDETH
Adviser International Cooperation

(7) Mr. MANFREDY MONCADA R.
Technical Strategic Planner

III Ministry of Environment

Dr. CARLOS A. MEDINA
Minister of Environment

IV Ministry of Public Education

Ms. ZENOBIA RODAS DE LEON GOMEZ
Minister

V Ministry of Natural Resources

Dr. RAMON VILLEDA BERMUDEZ
Minister

VI National Autonomus Acueduct and Sewerage Service (SANAA)

Mr. MAX VELASQUEZ
Director

Japanese Side :

I Study Team

(1) Mr. SEIJI KAIHO
Leader

(2) Dr. YASUHIDE NAKAMURA
Health Development Plan

(3) Mr. ATSUSHI FUSE
Health System

(4) Mr. MASAO TATEBA
Study Planning

(5) Ms. AKIKO MATSUYAMA
Health and Sanitation

II JICA Honduras Office

Mr. YOSHIKAZU KOIKE
Deputy Director

III JICA Experts

(1) Dr. KUMIKO OHARA
Expert, Ministry of Public Health

(2) Mr. TOSHIHIRO NOZAWA
Expert, Ministry of Planning, Coordination and Budget

ALCANCE DEL TRABAJO

PARA

EL ESTUDIO

SOBRE

LAS ESTRATEGIAS Y PLANES PARA EL MEJORAMIENTO

DE LAS CONDICIONES DE SALUD

EN

LA REPUBLICA DE HONDURAS

ACORDADAS ENTRE

EL MINISTERIO DE SALUD PUBLICA

Y

LA AGENCIA DE COOPERACION INTERNACIONAL DEL JAPON

TEGUCIGALPA, 19 DE ABRIL DE 1994

Sr. Seiki KAIHO
JEFE
EQUIPO DE ESTUDIO
PREPARATORIO
AGENCIA DE COOPERACION
INTERNACIONAL DEL JAPON

Dr. Juan de Dios PAREDES
VICE MINISTRO DE REDES DE
SERVICIO
MINISTERIO DE SALUD PUBLICA
REPUBLICA DE HONDURAS

Lic. Rebeca Patricia Santos
VICE MINISTRO
SECRETARIA DE PLANIFICACION,
COORDINACION Y PRESUPUESTO
REPUBLICA DE HONDURAS

I. INTRODUCCION

En respuesta a la solicitud del Gobierno de la República de Honduras (de aquí en adelante denominado "El Gobierno de Honduras"), el Gobierno de Japón decidió conducir un estudio sobre las Estrategias y Planes para el Mejoramiento de las Condiciones de Salud en la República de Honduras (de aquí en denominado "El Estudio") de acuerdo con las leyes y reglamentos relevantes vigentes en Japón.

En conformidad, la Agencia de Cooperación Internacional del Japón (de aquí en adelante denominada "JICA"), la agencia oficial responsable de la implementación de los programas de cooperación técnica del Gobierno del Japón, emprenderá el Estudio en estrecha cooperación con las autoridades interesadas del Gobierno de Honduras.

El presente documento expresa el alcance de trabajo con respecto al estudio.

II. OBJETIVOS DEL ESTUDIO

El objetivo general del estudio es el de desarrollar estrategias y planes integrados para el mejoramiento de las condiciones de salud en Honduras, con una mira a medio plazo para el año 2000 y una mira a largo plazo para el año 2010.

Los objetivos específicos son:

(1) Desarrollar estrategias inter-sectoriales para el mejoramiento de las condiciones de salud del pueblo.
(2) Formular un plan maestro integral para el mejoramiento de la salud y los servicios relacionados, y
(3) Especificar planes de acción para los componentes/ regiones identificados como esenciales en el plan maestro.

III. AREA DE ESTUDIO

El área de Estudio cubrirá todo el territorio de la República de Honduras.

IV. ALCANCE DEL ESTUDIO

A fin de lograr los objetivos antes mencionados, el Estudio cubrirá los siguientes aspectos.

Fase I : Estudio Estratégico

1. Colección y revisión de los datos y documentos existentes sobre:
   (1) Temas generales
      a. Condiciones socio-económicas
      b. Planes y políticas nacionales de desarrollo social y económico
   (2) Sector Salud
      a. Estudios y planes previos sobre el sector salud y servicios de salud
      b. Estudios actuales y futuros sobre el sector salud y servicios de salud
      c. Proyectos de salud existentes y en ejecución
      d. Condiciones actuales de salud y servicios de salud

e. Administración y aspectos financieros de salud
f. Sistemas e instituciones de servicios de salud
g. Desarrollo de recursos humanos en salud

(3) Sectores y temas relacionados con salud
a. Demografía
b. Condiciones del medio ambiente
c. Abastecimiento de agua y saneamiento básico
d. WID (Mujeres en Desarrollo)
e. Educación
f. Alimentación y nutrición
g. Pobreza
h. Otros

2. Comprobación de las condiciones actuales con respecto a:
(1) Condiciones sociales y económicas
(2) Instituciones y facilidades existentes de servicios de salud
(3) Instituciones de educación existentes para los profesionales de salud
(4) Facilidades existentes para el abastecimiento del agua y saneamiento básico
(5) Conocimiento, actitudes y prácticas de salud (CAPS)
(6) Establecimiento institucional para la coordinación de los servicios relacionados con salud.

3. Evaluación de las condiciones de salud actuales y sectores/temas que influyen sobre las condiciones de salud, y la identificación de los problemas a ser resueltos.
Los sectores/temas a ser evaluados:
(1) Demografía y salud
(2) Medio ambiente y salud
(3) Abastecimiento de agua, saneamiento básico y salud
(4) Mujeres y salud
(5) Educación y salud
(6) Alimentación, nutrición y salud
(7) Pobreza y salud, y
(8) Otros sectores relacionados con salud.

4. Definición de metas para el mejoramiento de las condiciones de salud
(1) Metas a medio plazo, y
(2) Metas a largo plazo.

5. Estrategias inter-sectoriales para el logro de las metas:

(1) Estrategias específicas para el sector salud
(2) Estrategias de los sectores/temas relacionados con salud que contribuyan al mejoramiento de las condiciones de salud del pueblo, y
(3) Integración de las estrategias de salud y sectores relacionados.

Fase II : Estudio del Plan Maestro Integrado sobre Servicios del Sector Salud y sectores relacionados con salud

1. Colección de datos suplementarios
2. Estudios de campo suplementarios
3. Confirmación del marco de planificación:
(1) Marco socio-económico en los años 2000 y 2010
(2) Pronóstico de demanda para servicios de salud en los años 2000 y 2010

(3) Servicios de los sectores/temas relacionados con salud a ser incorporados en el planificación de salud

4. Formulación de un plan maestro integrado para el mejoramiento de los servicios de salud:
   (1) Políticas básicas
      a. Metas en los años 2000 y 2010 y sus prioridades.
      b. Grupos de poblaciones que necesitan atención especial y sus prioridades

   (2) Estrategias para los componentes como:

      a. Administración de salud y marco legal
      b. Aspectos financieros de salud
      c. Sistemas de servicios de salud e instituciones incluyendo sistema de referencia
      d. Programas curativos
      e. Programas de prevención/promoción
      f. Instituciones privadas y voluntarias de servicios de salud
      g. Conocimiento, actitudes, prácticas de salud (CAPS) y educación sobre salud
      h. Desarrollo de recursos humanos en salud
      i. Facilidades y equipos en el sector salud
      j. Sistema de suministro de medicamentos y vacunas
      k. Facilidades de abastecimiento de agua y saneamiento básico
      l. Definición y coordinación institucional
      m. Otros factores relacionados con salud

   (3) Estimación de costos preliminares

   (4) Formación de los planes de acción

   (5) Identificación de los planes de acción esenciales

Fase III : Formación de los planes de acción

1. Colección profunda de datos

2. Estudios profundos de campo

3. Confirmación de la planificación del marco:

   (1) Año meta
   (2) Marco socio-económico específico
   (3) Pronóstico de demanda para servicios específicos de salud

4. Formación de los planes de acción

   (1) Políticas básicas

      a. Metas específicas
      b. Grupos específicos

   (2) Comparación de alternativas en los sistemas e instituciones de servicios de salud
   (3) Selección de la mejor alternativa

(4) Plan de organización y gerencia
(5) Plan de Facilidades
(6) Plan de desarrollo de recursos humanos
(7) Estimación de costo aproximado
(8) Plan financiero
(9) Evaluación

a. Evaluación financiera
b. Evaluación social y económica
c. Evaluación del impacto sobre WID
d. Evaluación del impacto ambiental, si es necesario

(10) Plan de Implementación

V. PROGRAMA DE TRABAJO

El Estudio se llevará a cabo de acuerdo con el programa tentativo de trabajo adjunto.

VI. INFORMES

JICA preparará y presentará los siguientes informes en Inglés al Gobierno de Honduras.

1. Informe Inicial:

Treinta (30) copias al comienzo del trabajo en Honduras.

2. Informe de Progreso (1):

Treinta (30) copias dentro de los cuatro (4) meses después del comienzo del Estudio.

3. Informe de Progreso (2):

Treinta (30) copias dentro de los ocho meses y medio (8.5) después del comienzo del Estudio.

4. Informe Intermedio:

Treinta (30) copias dentro de los diez (10) meses después del comienzo del Estudio.

5. Informe del Borrador Final:

Treinta (30) copias dentro de los diez y ocho (18) meses después del comienzo del Estudio

El Gobierno de Honduras presentará sus comentarios a JICA dentro de un (1) mes después de recibir el Informe del Borrador Final.

6. Informe Final:

Cincuenta (50) copias dentro de un (1) mes después de que JICA reciba dichos comentarios sobre el Informe del Borrador Final.

VII. COMPROMISOS DEL GOBIERNO DE HONDURAS

1. Para facilitar la ejecución armoniosa del Estudio, el Gobierno de Honduras tomará las siguientes medidas necesarias:

(1) Garantizar la seguridad del equipo de estudio Japonés.

(2) Permitir a los miembros del equipo entrar, salir y permanecer en Honduras durante el tiempo asignado a este trabajo, y eximirlos de los requisitos de registro de extranjeros y tarifas consulares.

(3) Eximir de impuestos a los miembros del equipo de estudio, de derechos arancelarios y otros cargos sobre equipo, maquinarias y otros materiales traídos a Honduras para la ejecución del Estudio.

(4) Eximir del impuesto sobre renta y otros gravámenes de cualquier tipo sobre o en conexión con los emolumentos o viáticos pagados a los miembros del equipo de estudio, por servicios relacionados con la ejecución del Estudio.

(5) Facilitar al equipo la remisión y uso de los fondos introducidos en Honduras del Japón en relación con la ejecución del Estudio.

(6) Garantizar el permiso de ingreso a propiedades privadas o áreas restringidas para la ejecución del Estudio.

(7) Garantizar al equipo de estudio el permiso de llevar de Honduras al Japón, datos y documentos (incluyendo fotografías aéreas y mapas) relacionados con el Estudio.

(8) Proporcionar los servicios médicos, cuando sean necesarios, cuyos gastos serán pagados por los miembros del equipo de Estudio.

2. El Gobierno de Honduras se hará cargo de los reclamos, si se presenta alguno, contra los miembros del equipo, que pudieran surgir de, ocurrir en el transcurso de, o durante la ejecución del Estudio, excepto cuando tales reclamos se originen por grave negligencia o mala conducta intencional de los miembros del equipo.

3. El Ministerio de Salud Pública (de aquí en adelante denominado "MSP"), actuará como agencia de contraparte del equipo de estudio y también como coordinador de las relaciones con otras organizaciones gubernamentales y no-gubernamentales para facilitar la ejecución del Estudio.

4. El MSP proporcionará, a su propio costo, en cooperación con las organizaciones pertinentes, lo siguiente:

(1) Datos e información disponibles relacionados con el Estudio,
(2) Personal de contraparte
(3) Oficinas adecuadas con el mobiliario necesario,
(4) Credenciales ó tarjetas de identificación, y
(5) Un número apropiado de vehículos con motoristas.

VIII COMPROMISOS DE JICA

JICA para la ejecución del Estudio, tomará las siguientes medidas:

1. Enviar a Honduras al equipo de estudio, a su propio costo, y

2. Procurar la transferencia de tecnología al personal hondureño de contraparte, durante la ejecución del Estudio.

IX CONSULTAS MUTUAS

JICA y MSP se consultarán mutuamente con respecto a cualquier asunto que pudiere surgir de, ó en conexión con el Estudio.

X IDIOMA DE DOCUMENTO

Este documento está preparado en inglés y español. En caso de ambiguedad o conflicto entre las versiones, prevalecerá la versión en el inglés.

ANNEX I

TENTATIVE WORK SCHEDULE

DESCRIPTION \ MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
WORK IN HONDURAS																			
WORK IN JAPAN																			
REPORTS	Phase 1					Phase 2						Phase 3							
		△ IC/R			△ P/R(1)				△ P/R(2)		△ I/R							△ *DF/R	△ F/R

IC/R : Inception Report

P1/R : Progress Report

I1/R : Interim Report

DF/R : Draft Final Report

F/R : Final Report

AI-3. Minutes of Meeting for IC/R, January 26, 1995

MINUTES OF MEETING

ON

INCEPTION REPORT

FOR

THE STUDY ON

THE STRATEGIES AND PLANS FOR THE UPGRADING

OF HEALTH IN THE REPUBLIC OF HONDURAS

AGREED UPON BETWEEN

THE MINISTRY OF PUBLIC HEALTH

AND

THE STUDY TEAM

OF

JAPAN INTERNATIONAL COOPERATION AGENCY

(JICA)

TEGUCIGALPA, M.D.C.,

JANUARY 26, 1995

Mr. Tateo Kusano
Leader of the Study Team
Japan International
Cooperation Agency

Lic. Luis Alonso López
Vice Minister of Sectorial
Policies and Institutional
Development
Ministry of Public Health

Lic. Rebeca Patricia Santos
Vice Minister
Ministry of Planning, Coordination
and Budget

Japan International Cooperation Agency (hereinafter reffered to as "JICA"), the official agency responsible for the implementation of the technical cooperation programs of the Government of Japan, sent the Study Team to the Republic of Honduras on January 21, 1995 to conduct "the Study on the Strategies and Plans for the Upgrading of Health Status in the Republic of Honduras" (hereinafter referred to as "the Study") in agreement on the Scope of Work for the Study between Ministry of Public Health (MSP) and the Ministry of Plannning, Coordination and Budget (SECPLAN) on behalf of the Government of the Republic of Honduras and JICA on April 19, 1994 in Tegucigalpa.

A series of discussions took place on the Inception Report for the Study between the Study Team and officials concerned including the MSP, SECPLAN, Ministry of Natural Resourses, Ministry of Environment and Ministry of Public Education. The Study Team submitted 30 copies of the Inception Report to the MSP.

The following are the major issues discussed and agreements reached during the meetings. The attendants of the meetings are listed in Annex A.

The Honduras Side accepted in principle the contents of the Inception Report with the following clarifications:

1. Main Points of the Inception Report.

(1) Objetive of the Study

The overall objetive of the Study is to develop integrated strategies and plans for upgrading health status in Honduras, with medium-term target year of 2000 and long-term target year of 2010.

The specific objetives are:

1) To develop inter-sectoral strategies for the upgrading of health status of the populace,
2) To formulate an integrated master plan for the improvement of health and health-related services, and

3) To specify action plans for the components/regions identified to be prioritized in the master plan.

(2) Study Area

The study area covers the whole country of the Republic of Honduras.

(3) Study Viewpoints

1) Comprehensive, integrated and participating approach
Inter-sectoral approach should be applied for the study including the health sector and the health related sectors.

2) Measures for a successful study

a. Participation of counterparts

Involvement of counterparts will be through individual or group discussions, comments on written documents, seminars and workshops.

b. Creation of a Coordination Committee
This committee will supervise, monitor and assess the work of the Study.
The committee will confirm orientations or suggest new ones, help identify needs for involvement of specific counterparts, define parameters for diffusion of the study outcomes.

(4) Scope of Work

The Study Team explained conceptual frame work including three-phase planning process and zoning approach of the Study agreed upon with Honduras Side.

2. Study Output

Honduras side stated that study output would be effectively used for the Government policy in order to upgrade the health status in Honduras.

3. Members of the Coordination Committee

Honduras side established the Coordination Committee for the Study. The Committee will be organized by the following institutions :

(1) MSP (Chairman)
(2) SECPLAN
(3) Ministry of Environment
(4) Ministry of Public Education
(5) Ministry of Natural Resources
(6) IHSS (Honduran Social Security Institute)
(7) SANAA (National Autonomous Service Aqueduct and Sewerage)

Members of the Committee are shown in Annex B.

4. Counterparts

As to the counterpart personnel to the study, Honduras side will provide personnel in the following field.

(1) Chief Counterpart
(2) Institution and organization in Health Sector
(3) Health Financing
(4) Logistics
(5) Socio-Economy / Project Economy
(6) Anthropology
(7) Environment
(8) Architect / Facilities / Equipment
(9) Data Processing

Counterparts will be assigned by the institutions as shown in Annex C.

5. Office

MSP will provide the office for the Study Team.

ANEXO A

LISTA DE PARTICIPANTES

LADO HONDURAS:

MINISTERIO DE SALUD PUBLICA

1. Dr. Juan de Dios Paredes	-	Vice Ministro
2. Dra. Virginia de Espinoza	-	Vice Ministro
3. Lic. Luis A. Lopez Benitez	-	Vice Ministro
4. Dr. Victor Melendez C.	-	Jefe División de Hospitales
5. Dr. Danilo Velasquez	-	Sub-Jefe Unidad de Relaciones Internacionales
6. Sra. Hilda Espinal	-	Unidad de Planificacion
7. Sra. María Sandoval	-	Unidad de Planificacion

SECPLAN

1. Sra. María del C. Ayes	-	Coordinadora de UNIS

MINISTERIO DE RECURSOS NATURALES

1. Sr. Justo D. Torres	-	Secretario Adjunto de UPSA
2. Sr. Marcelo Monçada	-	Jefe Dept. de proyectos de UPSA

SEDA

1. Sra. Miriam Narvaez	-	Asistente Técnico

MINISTERIO DE EDUCACION PUBLICA

1. Sra. Xiomara L. Portillo	-	Planificación

Experto JICA

1. Dra. Yuriko Egami	-	Experto, MSP

Equipo de Estudio

1. Tateo Kusano	-	Director
2. Isumi Atsuta	-	Sub Director
3. Dr. Vincent David	-	Salud Curativa
4. Ileana Fajardo	-	Organización Institucional
5. Dr. Gerald Rosenthal	-	Financiamiento de Salud
6. Shigeru Iwasaki	-	Socio-Economía
7. Chiaki Kido	-	Coordinadora/Enlace

JICA

1. Dra. Kumiko Mano	-	Planificación de Salud
2. Masao Tateba	-	Coordinador

ANEXO B

COMITE DIRECTIVO

1. Sr. Ministro de Salud o su Representante (Presidente)

2. Miriam Narvaez

   Dirección de Política y Planificación Ambiental (SEDA)

3. María del Carmen Ayes

   Unidad de Indicadores Sociales (SECPLAN)

4. Xiomara Leonor Portillo

   Desarrollo Curricular de Planificación Educativa de la Secretaría de Educación Pública

5. Marcelo Moncada

   Unidad de Planificación Sectorial Agraria (UPSA) Secretaría de Recursos naturales, Secretario Adjunto

6. Lic. Gilberto Galvez (Suplente)

   Departamento de Información Agrícola,
   Secretaría de Recursos Naturales

7. Ing. Rodolfo Ochoa

   Departamento de Ingeniería SANAA

8. Ing. Mirian Flores (Suplente)

   Departamento de Ingeniería SANAA

9. Dra. Olga Salgado

   Dirección de Atención Médica I.H.S.S.

ANEXO C

CONTRAPARTE NACIONAL

1. Contraparte Principal

   Dr. Victor M. Melendez
   Jefe División de Hospitales
   Ministerio de Salud Pública

2. Desarrollo Institucional y Organización en el Sector Salud

   Dr. Sergio Carias
   Director Planificación MSP

3. Financiamiento de Salud

   Lic. María Sandoval
   División de Planificación MSP

4. Logística

   Dr. Carlos Pineda Deras
   Asesor del Ministerio de Salud para el Area de Suministros

5. Economía Social/Economía de Proyectos

   SECPLAN/Educación

6. Antropología

   SECPLAN/UNAH

7. Medio Ambiente

   Secretaría del Ambiente (SEDA)

8. Arquitecto/Facilidades/Material

   PRONASSA - MSP
   Dr. Manuel Gamero
   Gerente de Programa Nacional de Servicios de Salud
   (PRONASSA)

9. Procesamiento de Datos

   Unidad de Ciencia y Tecnología MSP.
   Unidad de Cómputo MSP.
   Unidad de Cómputo SECPLAN

MINUTA DE DISCUSIONES

SOBRE

EL INFORME INICIAL

RESPECTO AL ESTUDIO SOBRE

LAS ESTRATEGIAS Y PLANES PARA EL MEJORAMIENTO

DE LAS CONDICIONES DE SALUD EN LA REPUBLICA DE HONDURAS

ACORDADA ENTRE

EL MINISTERIO DE SALUD PUBLICA

Y

EL EQUIPO DE ESTUDIO

DE

LA AGENCIA DE COOPERACION INTERNACIONAL DEL JAPON

(JICA)

TEGUCIGALPA, M.D.C.,

26 DE ENERO DE 1995

Sr. Tateo Kusano
Jefe del Equipo de Estudio
Agencia De Cooperación
Internacional del Japón

Lic. Luis Alonso López Benítez
Vice Ministro de
Desarrollo Institucional y
Política Sectorial
Ministerio de Salud Pública
República de Honduras

Lic. Rebeca Patricia Santos
Vice Ministro de la
Secretaría de Planificación,
Coordinación y Presupuesto
República de Honduras

La Agencia De Cooperación Internacional del Japón (llamada a continuación "JICA"), la agencia oficial responsable para la ejecución de los programas de cooperación técnica del Japón, envió un Equipo de Estudio a la República de Honduras, el 21 de enero de 1995 para llevar a cabo "el Estudio sobre las Estrategias y Planes para el Mejoramiento de las Condiciones de la Salud en la República de Honduras" (llamdado a continuación "el Estudio") conforme al Alcance de Trabajo para el Estudio entre el Ministerio de Salud Pública (MSP) y el Ministerio de Planificación, Coordinación y Presupuesto (SECPLAN) de parte del Gobierno de la República de Honduras y JICA el 19 de abril de 1994 en Tegucigalpa.

Entre el Equipo de Estudio y los funcionarios involucrados del MSP, SECPLAN, el Ministerio de Recursos Naturales, el Ministerio de Medio Ambiente y el Ministerio de Educación Pública se realizaron una serie de discusiones respecto al Informe Inicial para el Estudio.

A continuación se detallan los principales temas discutidos y los acuerdos a los que se ha llegado durante las reuniones. En el ANEXO A aparece la lista con las participaciones en las reuniones.

Del lado de Honduras se aceptaron en principio los contenidos del Informe Inicial con las siguientes aclaraciones:

1. El Equipo de Estudio JICA informó sobre el contenido del Informe Inicial, incluyendo los Puntos Principales siguientes.

(1) Objetivo del Estudio

El objetivo global del estudio es el de desarrollar estrategias y planes integrados para el mejoramiento de las condiciones de salud de la población hondureña, con miras a mediano plazo para el año 2000 y a largo plazo para el año 2010.

Los objetivos específicos son:

1) Desarrollar (identificar y proponer) estrategias intersectoriales para el mejoramiento de las condiciones de salud de la población,

2) Formular un plan maestro integrado para el mejoramiento de la salud y los servicios relacionados, y

3) Especificar planes de acción para los componentes/ regiones identificados como prioritarios en el plan maestro.

(2) Area de Etudio

El área de estudio cubre todo el territorio de la República de Honduras.

(3) Criterios del Estudio

1) Metodología global, integradora y participativa

Para el estudio se aplicaría una metodología intersectorial incluyendo el sector de la salud y los demás sectores relacionados.

2) Medidas generales para el éxito del estudio

a. Participación de contrapartes

Las contrapartes se involucrarán mediante discusiones individuales o de grupo, comentarios sobre documentos escritos, seminarios y talleres.

b. Creación de un Comité Coordinador

Este comité hará la supervisión, monitoría y evaluación del trabajo de estudio. El comité confirmará las orientaciones o sugerirá nuevas orientaciones, ayudará a identificar las necesidades de involucrar contrapartes específicas y definirá los parámetros para la difusión de los resultados del estudio.

(4) Alcances del trabajo para el estudio

El Equipo de Estudio explicó el marco conceptual, incluyendo la metodología del estudio que se realizará en 3 fases y con una distribución en zonas, con lo cual estuvo de acuerdo el lado de Honduras.

2. Resultados del estudio

El lado hondureño mencionó que los resultados del estudio se utilizarán efectivamente para apoyar la política gubernamental de mejorar las condiciones de salud de la población hondureña.

3. Miembros del Comité Coordinador

Del lado de Honduras se estableció el Comité Coordinador para el Estudio. El Comité estará integrado por representantes de las siguientes instituciones:

MINISTERIO DE SALUD PUBLICA
SECPLAN
Ministerio de Medio Ambiente
Ministerio de Educación
Ministerio de Recursos Naturales
IHSS
SANAA

Los miembros del Comité se mencionarán en el ANEXO B.

4. Contrapartes

En cuanto al personal contraparte para el estudio, el MSP asignará personal en los campos siguientes.

(1) Contraparte principal

(2) Institución y organización en el Sector de la Salud

(3) Financiamiento de Salud

(4) Logística

(5) Economía Social/ Economía de Proyectos

(6) Antropología

(7) Medio Ambiente

(8) Arquitecto/ Facilidades/ Material

(9) Procesamiento de Datos

Las contrapartes se asignarán por las instituciones mencionadas en el ANEXO C.

5. Oficina

   MSP proporcionará el espacio de oficina para el equipo de estudio.

6. Este documento está preparado en inglés y español. En caso de ambiguedad o conflicto entre las versiones, prevalecerá la versión en inglés.

ANEXO A

LISTA DE PARTICIPANTES

LADO HONDURAS:

MINISTERIO DE SALUD PUBLICA

1. Dr. Juan de Dios Paredes	-	Vice Ministro
2. Dra. Virginia de Espinoza	-	Vice Ministro
3. Lic. Luis A. Lopez Benitez	-	Vice Ministro
4. Dr. Victor Melendez C.	-	Jefe División de Hospitales
5. Dr. Danilo Velasquez	-	Sub-Jefe Unidad de Relaciones Internacionales
6. Sra. Hilda Espinal	-	Unidad de Planificacion
7. Sra. María Sandoval	-	Unidad de Planificacion

SECPLAN

1. Sra. María del C. Ayes	-	Coordinadora de UNIS

MINISTERIO DE RECURSOS NATURALES

1. Sr. Justo D. Torres	-	Secretario Adjunto de UPSA
2. Sr. Marcelo Moncada	-	Jefe Dept. de proyectos de UPSA

SEDA

1. Sra. Miriam Narvaez	-	Asistente Técnico

MINISTERIO DE EDUCACION PUBLICA

1. Sra. Xiomara L. Portillo	-	Planificación

Experto JICA

1. Dra. Yuriko Egami	-	Experto, MSP

Equipo de Estudio

1. Tateo Kusano	-	Director
2. Isumi Atsuta	-	Sub Director
3. Dr. Vincent David	-	Salud Curativa
4. Ileana Fajardo	-	Organización Institucional
5. Dr. Gerald Rosenthal	-	Financiamiento de Salud
6. Shigeru Iwasaki	-	Socio-Economía
7. Chiaki Kido	-	Coordinadora/Enlace

JICA

1. Dra. Kumiko Mano	-	Planificación de Salud
2. Masao Tateba	-	Coordinador

ANEXO B

COMITE DIRECTIVO

1. Sr. Ministro de Salud o su Representante (Presidente)

2. Miriam Narvaez

   Dirección de Política y Planificación Ambiental (SEDA)

3. María del Carmen Ayes

   Unidad de Indicadores Sociales (SECPLAN)

4. Xiomara Leonor Portillo

   Desarrollo Curricular de Planificación Educativa de la Secretaría de Educación Pública

5. Marcelo Moncada

   Unidad de Planificación Sectorial Agraria (UPSA) Secretaría de Recursos naturales, Secretario Adjunto

6. Lic. Gilberto Galvez (Suplente)

   Departamento de Información Agrícola, Secretaría de Recursos Naturales

7. Ing. Rodolfo Ochoa

   Departamento de Ingeniería SANAA

8. Ing. Mirian Flores (Suplente)

   Departamento de Ingeniería SANAA

9. Dra. Olga Salgado

   Dirección de Atención Médica I.H.S.S.

ANEXO C

CONTRAPARTE NACIONAL

1. Contraparte Principal

   Dr. Victor M. Melendez
   Jefe División de Hospitales
   Ministerio de Salud Pública

2. Desarrollo Institucional y Organización en el Sector Salud

   Dr. Sergio Carias
   Director Planificación MSP

3. Financiamiento de Salud

   Lic. María Sandoval
   División de Planificación MSP

4. Logística

   Dr. Carlos Pineda Deras
   Asesor del Ministerio de Salud para el Area de Suministros

5. Economía Social/Economía de Proyectos

   SECPLAN/Educación

6. Antropología

   SECPLAN/UNAH

7. Medio Ambiente

   Secretaría del Ambiente (SEDA)

8. Arquitecto/Facilidades/Material

   PRONASSA - MSP
   Dr. Manuel Gamero
   Gerente de Programa Nacional de Servicios de Salud
   (PRONASSA)

9. Procesamiento de Datos

   Unidad de Ciencia y Tecnología MSP.
   Unidad de Cómputo MSP.
   Unidad de Cómputo SECPLAN

AI-4. Minutes of Meeting for PR/R1, March 27, 1995

MINUTES OF MEETING
ON
PROGRESS REPORT
FOR
THE STUDY ON
THE STRATEGIES AND PLANS FOR
THE UPGRADING OF HEALTH STATUS
IN THE REPUBLIC OF HONDURAS
AGREED UPON BETWEEN
THE MINISTRY OF PUBLIC HEALTH
AND
THE STUDY TEAM
OF
JAPAN INTERNATIONAL COOPERATION AGENCY
(JICA)

TEGUCIGALPA, M.D.C.,

March 27, 1995

Sr. Izumi Atsuta
Deputy Team Leader
JICA Study Team

Ministry of Public Health
The Republic of Honduras

Japan International Cooperation Agency sent the Study team to the Republic of Honduras on January 22, 1995.

After the study of more than two months, the Study team submitted 30 copies of the Progress Report I to the Ministry of Public Health.

The contents of the meeting are as follows;

1. Explanation of Contents of the Progress Report I
   - Observation from the Survey in Honduras
   - Result of Workshop
   - Problem Identification
   - Basic Strategy for Phase II

2. Submission of Progress Report I
   - 30 sets (in English)

MINUTAS DE LA REUNION
SOBRE EL
REPORTE DE PROGRESOS
PARA
LAS ESTRATEGIAS Y PLINIFICACION
PARA EL MEJORAMIENTO DE LA
SITUACION DE LA SALUD EN LA
REPUBLICA DE HONDUDRAS
CONVENIDO ENTRE EL
MINISTERIO DE SALUD PUBLICA
Y
EL GRUPO DE ESTUDIO DE LA
AGENCIA DE COOPERACION INTERNACIONAL DEL JAPON
(JICA)

TEGUCIGALPA, M.D.C.,

27 de Marzo, 1995

Sr. Izumi Atsuta
Sub-Director del
Equipo de Estudio JICA

Por el Ministerio de Salud
y Asistencia Social de la
Republica de Honduras

La Agencia de Cooperacion Internacional del Japon (de aqui en adelante llamada "JICA") envio el Equipo de Estudio a la Republica de Honduras el 22 de enero de 1995.

Despues de realizar un exaustivo estudio por mas de dos meses, el Equipo de Estudio remitio 30 copias del Reporte de Progresos al Ministerio de Salud Publica y Asistencia Social.

Los contenidos de la reunion se detallan asi:

1. Explicacion de contenidos en el Reporte de Progresos I.

   - Observacion de la encuesta en Honduras
   - Resultado del Taller
   - Identificacion de Problemas
   - Estrategia basica para la segunda fase

2. Envio del Reporte de Progresos I

   - 30 copias (en ingles)

AI-5. Minutes of Meeting for IT/R2, December 8, 1995

MINUTES OF DISCUSSIONS BETWEEN THE JAPANESE STUDY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF HONDURAS ON THE STUDY ON THE STRATEGIES AND PLANS FOR THE UPGRADING OF HEALTH STATUS IN THE REPUBLIC OF HONDURAS

The Japanese Interim Report number 2 Study Team (hereinafter referred to as "The Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") visited the Republic of Honduras on December 3rd, 1995, for the purpose of presentation and discussion on the Master Health Plan which is the final result of the Phase II of the Study on the Strategies and Plans for the Upgrading of Health Status in the Republic of Honduras (hereinafter referred to as "the Study")

During its stay in the Republic of Honduras, the Team exchanged views and had a series of discussions with the concerned Honduran authorities.

As a result of the discussions the Team and Honduran authorities concerned came to the tentative understanding of the matters referred to in the document attached here to.

Tegucigalpa, December 8th, 1995.

Dra. Virginia Figueroa Espinoza
Under-Secretary of Health
For Population Risks

Mr. Tateo Kusano
Leader,
The Study on the Strategies and Plans for the Upgrading of Health Status in the Republic of Honduras

Abogado Arturo Morales Fúnez
Under-Secretary of SECPLAN

Dr. Yasuhide Nakamura
Advisory Committee for the Study on the Strategies and Plans for the Upgrading of Health Status in the Republic of Honduras

THE ATTACHED DOCUMENT

1. REPORT

The Team submitted 30 copies of the Interim Report number 2 (English Version) and 30 copies of the Interim Report number 2 (Spanish Version) to the Ministry of Public Health on 8th of December, 1995. The Ministry of Public Health will distribute the reports to the authorities concerned.

2. MEETING

The Coordinating Committee including National Counterparts from agencies concerned was held on 5th December, 1995. Participants are listed in ANNEX. In addition to that, CONSUMI and the meeting for donor agencies were held on 7th December, 1995.

3. MASTER HEALTH PLAN

The Master Health Plan was acknowledged by the Coordinating Committee meeting along with the line described at the Interim Report number 2. Plus the agregated commets and observations made during the meetings mentioned before

4. MODEL AREA

In order to establish socio-economic condition specific Master Action Plan, but still maintaining common applicability within certain socio-economic surroundings, the Phase III study will focus upon three typical socio-economic zones;

- San Pedro Sula as a modernized urban setting;
- Olancho as a developing rural setting and;
- poverty setting such as marginal area of Tegucigalpa, western mountainous are and southern part of the country.

Through the effort to construct prototypical combination model of the strategies, the Master Action Plan will consist of sets of programmes/projects in an integrated form.

5. EXPERTIES

In the Phase III study, the Team will investigate further details on the strategies identified in selected prototypical settings. In order to make each strategy realistic and operational in the Master Action Plan, the Team will be equiped with certain experties such as AIDS control, voilence prevention and/or occupational health, according the model selected.

LISTA DE PARTICIPANTES

Reunion del Comité de Coordinación con Contraparte Nacional, Diciembre 05 de 1995
Hotel Plaza

NOMBRE	TITULO	ORGANIZACION
Mirta Ponce	Jefe de División Materno Infantil	MSP
Elias Alemán	Subdirector Sección Medico-hospitalaria	IHSS
Olga Salgado	Directora sección Medico-hospitalaria	División medica IHSS
Xiomara Portillo	Miembro Comisión de Reforma Educacional	Secretaria de Educación
Francisco Zepeda	Sub-jefe de Departamento	Secretaría de Recursos Naturales
Henry D. Andrade	Jefe de División de Enfermedades Transmitidas por Vectores	Salud Pública
Laura Salgado	Jefe Programa contra la Malaria	Salud Pública
Jorge Medina	Jefe de División de Recursos Humanos	MSP
Fredesbinda Torres	Salud ocupacional	MSP
Manuel Gamero	Gerente	MSP (PRONASSA)
Ana María Davila	Docente UNAH	Maestría en Salud Pública
Victor Melendez	Jefe de División de Hospitales	Ministerio de Salud Pública
Ximena Ibañez	Embajada de Chile (Cooperadora)	Ministerio de Salud Pública
Sergio A. Carías	Director de planificación	MSP
María Ayes	Coordinadora	UNIS - SECPLAN
Danilo Velasquez	Jefe URI	MSP
Gerardo Pavón	Jefe de informatica	MSP
Carlos Pineda	Jefe Proveeduria Especial	MSP
María Sandoval	Planificación	MSP
Rodolfo Ochoa	Ingeniero Departamento de Aguas Subterraneas	SANAA
Jorge Fernandez	Jefe Division del SIDA	MSP

AI-6. Minutes of Meeting for PR/R3, April 15, 1996

MINUTES OF MEETING
ON
PROGRESS REPORT III
FOR
THE STUDY ON THE STRATEGIES AND PLANS FOR THE UPGRADING OF HEALTH STATUS IN THE REPUBLIC OF HONDURAS
AGREED UPON BETWEEN
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF HONDURAS
AND
THE STUDY TEAM
OF
JAPAN INTERNATIONAL COOPERATION AGENCY
(JICA)

APRIL 15, 1996

The Study Team, arrived in the Republic of Honduras on February 2nd, 1996, for the implementation of Phase III study. During its stay in the Republic of Honduras, the Team exchanged views and had a series of discussions with the authorities concerned in Honduras. As a result of the discussion, the Team and Honduran authorities concerned came to the tentative understanding of the matters refereed on the documents attached here to.

Lic. Luis Alonso López
Under-secretary of Sectorial Policies
and Institutional Development
Secretary of Public Health of the
Republic of Honduras

Mr. Tateo Kusano
Team Leader of the Study on the
Strategies and Plans for the Upgrading
of Health Status in the Republic of
Honduras

Lic. Julio Cesar Quintanilla
Under-Secretary of the Secretary of
Coordination Planing and Budget
(SECPLAN) of the Republic of Honduras

THE ATTACHED DOCUMENT

1. REPORT

The Team submitted 30 copies of the Progress Report III (English Version) to the Ministry of Public Health on 15th of April, 1996. The Ministry of Public Health will distribute the reports to the authorities concerned.

2. MEETING

CONSUMI meeting and the Coordination Committee including National Counterparts from agencies concerned were held on the 12th of April, 1996. Participants are listed in ANNEX.

3. MASTER HEALTH PLAN

The National Master Health Plan and Model Health Programs were acknowledged by the CONSUMI and Coordination Committee.

PARTICIPATION LIST TO THE
PRESENTATION
TO THE
NATIONAL COUNTERPART
AND
THE COORDINATION COMMITTEE

Hotel Plaza, April 12, 1996

NAME	POSITION	INSTITUTION
Norma Paguada	Analyst	MSP/URI
Gerardo Pavón	Computing Unit Chief	MSP
Victor Meléndez	Hospital Division Chief	MSP
Myriam Narváez	Environment Analyst	SEDA
Manuel Gamero	Manager of Pronassa	MSP
María Sandoval	Planner	MSP
Carlos A. Pineda	Espec. Proveed Chief	MSP
Olga Salgado	Division Chief	I.H.S.S.
Ricardo Elvir	Public Health Specialist	SECPLAN
Luis Roberto Escoto	Health Officer	UNICEF
Kazumi Korayashi	Sub-Director	JICA/Honduras
Toshihiro Nozawa	Expert	SECPLAN
David Losk	Health Officer	USAID

LISTA DE ASISTENCIA A LA PRESENTACION A LA CONTRAPARTE NACIONAL Y COMITE COORDINADOR

Hotel Plaza, viernes 12 de abril, 1996

NOMBRE	CARGO	INSTITUCION
Norma Paguada	Analista	MSP/URI
Gerardo Pavón	Jefe de Informática	MSP
Victor Meléndez	Jefe División Hospitales	MSP
Myriam Narváez	Analista Ambiental	SEDA
Manuel Gamero	Gerente de Pronassa	MSP
María Sandoval	Planificador	MSP
Carlos A. Pineda	Jefe Proveed Espec.	MSP
Olga Salgado	Jefe División	I.H.S.S.
Ricardo Elvir	Especialista en Salud Pública	SECPLAN
Luís Roberto Escoto	Oficial de Salud	UNICEF
Kazumi Korayashi	Sub-Director	JICA/Honduras
Toshihiro Nozawa	Experto	SECPLAN
David Losk	Oficial de Salud	USAID

MINUTA DE LA REUNION
SOBRE
EL REPORTE DE PROGRESO III
PARA
EL ESTUDIO DE LAS ESTRATEGIAS Y PLANES
PARA EL MEJORAMIENTO DE LA SITUACION DE LA SALUD
EN LA REPUBLICA DE HONDURAS
EN COMUN ACUERDO
ENTRE LAS AUTORIDADES INVOLUCRADAS DEL GOBIERNO
DE LA REPUBLICA DE HONDURAS
Y EL
EQUIPO DE ESTUDIO
DE
LA AGENCIA DE COOPERACION INTERNACIONAL
DEL JAPON
15 DE ABRIL DE 1996

El Equipo de Estudio arribó a la República de Honduras el 2 de febrero de 1996, con el propósito de llevar a cabo la implementación del Estudio de la Fase III . Durante su estadía en la República de Honduras, el Equipo intercambió puntos de vista y mantuvo una serie de discuciones con las autoridades respectivas en Honduras.
Como resultado de las discusiones, el Equipo y las autoridades hondureñas involucradas acordaron tentativamente los términos referidos en el documento adjunto.

Lic. Luis Alonso López
Sub-Secretario de Estado en los Despachos de la Secretaría de Salud Pública de la República de Honduras

Sr. Tateo Kusano
Líder del Equipo de Estudio Sobre las Estratégias y Planes para el Mejoramiento de la Situación de la Salud en la República de Honduras

Lic. Julio Cesar Quintanilla
Sub-Seretario de Estado en los Despachos de la Secretaría de Coordinación, Planificación y Presupuesto de la Republica de de Honduras

DOCUMENTO ADJUNTO

1. REPORTE

El Equipo entregó 30 copias del Reporte de Progreso III (Versión en Inglés) al Ministerio de Salud Pública el 15 de abril de 1996. El Ministerio de Salud Pública distribuirá los reportes a las autoridades involucradas.

2. REUNION

Una reunión con el CONSUMI, asi como con el Comité Coordinador incluyendo a la Contraparte Nacional de las agencias involucradas fue sostenida el 12 de abril de 1996. Los participantes a esta reunión estan listados en el ANEXO.

3. PLAN MAESTRO NACIONAL

El Plan Maestro Nacional y los Programas de Salud Modelo fueron conocidos por el CONSUMI y el Comité Coordinador.

AI-7. Minutes of Meeting for DF/R, July 25, 1996

MINUTES OF THE MEETING ON
THE DRAFT FINAL REPORT OF THE STUDY ON
THE STRATEGIES AND PLANS FOR THE UPGRADING OF HEALTH STATUS
IN THE REPUBLIC OF HONDURAS

AGREED UPON BETWEEN

THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF HONDURAS
AND
THE STUDY TEAM OF
THE JAPAN INTERNATIONAL COOPERATION AGENCY
(JICA)

JULY 25, 1996

In pursuance to the Draft Final Report of the Study on the Strategies and Plans for the Upgrading of Health Status in the Republic of Honduras (herein after referred to as the "Study"), the Japan International Cooperation Agency (herein after referred to as "JICA") dispatched the Study Team headed by Mr. Tateo Kusano to Honduras from the 17th of July to the 28th of July, 1996.

The Study Team submitted the Draft Final Reports to the Honduran side, and the Team exchanged views and had a series of discussions with the Honduran authorities and counterparts. As a result of the discussion, the Study Team and Honduran authorities concerned came to basic understanding of the matters referred on the documents attached here to.

Mr. Tateo Kusano
Team Leader of the Study on the Strategies and Plans for the Upgrading of Health Status in the Republic of Honduras

Lic. Luis Alonso López
Under-Secretary of Sectorial Policies and Institutional Development
Secretariat of Public Health of the Republic of Honduras

Mr. Ryuzo Nishimaki
Deputy Managing Director
Social Development Study Department
Japan International Cooperation Agency

Lic. Julio Cesar Quintanilla
Under-Secretary of the Secretariat of Coordination Planing and Budget (SECPLAN) of the Republic of Honduras

THE ATTACHED DOCUMENT

1. REPORT

The Team submitted the following Draft Final Report to the Ministry of Public Health on the 22nd of July, 1996. The Ministry of Public Health will distribute the reports to the authorities concerned.

(1) The Summary Report:	English version, thirty (30) copies
	Spanish version, thirty (30) copies
(2) The Main Report:	English version, thirty (30) copies
	Spanish version, thirty (30) copies
(3) The Supporting Report:	English version, thirty (30) copies
(4) The Data Book:	English version, thirty (30) copies

2. MEETING

CONSUMI meeting and the Coordination Committee including National Counterparts from agencies concerned were held on the 22nd and the 23rd of July, 1996. Participants of the meetings are listed in ANNEX 1.

3. SEMINAR

Seminar on technical transfer of the Study was held on the 24th of July, 1996 in Tegucigalpa. A workshop with the same contents of the Seminar will be held to explain the Draft Final Report in San Pedro Sula on the 26th of July, 1996.

4. DRAFT FINAL REPORT

Honduran side agreed in principle upon the contents of the Draft Final Reports, and will take long term action in line with the conclusions and recommendations of the Report. Japanese side and Honduran side exchanged their opinions, and agreed on the following points.

(1) The Master Health Plan (herein after referred to as "MHP") will consist of the MHP itself and recommendation of the follow-up actions of MHP.

(2) The Final Report will recommend follow-up actions of MHP and area model health programs for further implementation of MHP.

(3) The policy of emergency care services of the Honduran Government is to provide services through a network of emergency clinics and hospitals in urban cities. Pending a favorable evaluation of the emergency clinic project in Tegucigalpa, this type of emergency clinic will be expanded into other urban areas, including San Pedro Sula. Pre-hospital emergency care services by CESAMO in the urban model health program will be proposed as an alternative program for the emergency clinic system.

(4) In the Final Report, the two options will be proposed for the "Health Promotion and Information Center". In the first option, the "AIDS Prevention and Information

Center" and the "Reinforcement of Municipal Health Promotion and Activities" will be proposed as separate projects. In the second option, the two projects will be combined as the "Health Promotion and Information Center" project.

(5) The methodology and statistical data on household survey, health institution survey and exit-patient interview survey was provided as a supporting report. The other references including outlook and results from ZOPP/PCM workshop, architectural information for urban model health program, and supplemental report on water and sanitation data was provided as a data book.

(6) The electronic database containing the survey data will be provided at the submission of the Final Report.

5. COMMENTS FROM CONSUMI

(1) Decree by the National Congress to implement MHP is the one of the solutions to improve sustainability.
(2) Results and data obtained by the Study should be allowed to be utilized by other donors.

6. REQUEST OF DONATION

Honduran side requested the equipment used by JICA Study Team for the "Study on the Strategies and Plans for the Upgrading of Health Status in the Republic of Honduras " in Annex 2 to be handed over to the Ministry of Public Health at the completion of the Study. In response to the request by Honduran side, JICA confirmed donation of the equipment to the Ministry of Public Health.

7. SUBMISSION OF THE FINAL REPORT

The government of Honduras will convey to the Study Team its comments on the Draft Final Report not later than the 15th of August, 1996. Thirty (30) copies of the Final Report will be submitted to the Government of the Republic of Honduras within one and a half (1.5) months after receiving the comments.

Annex 1

List of Participants

CONSUMI meeting on the 22nd of July, 1996 at the MSP office in Tegucigalpa.
Coordination Committee meeting on the 23rd of July, 1996 at Hotel Plaza in Tegucigalpa.

Honduran side:

Name	Title	Institution
CONSUMI		
Enrique O. Samayoa	Minister	MSP
Florentino Pavon	General Officer Manager	MSP
Luis Alonzo Lopez	Vice-Minister	MSP
Juan de Dios Paredes Paz	Vice-Minister	MSP
Alejandro Melara	Advisor to Minister	MSP
Victor Melendez	Hospital Division	MSP
Virginia Figueroa	Vice-Minister	MSP
Jorge Haddad	PAHO/WHO	OPS/OMS
Fernando Tome Abarca		MSP/IIN
Jose Enrique Zelaya	General Director RRPP	MSP
Coordination Committee		
Gilberto Galvez	Agricultural Information Chief	UPEG/Recursos Naturales
Mirian de Escobar	Chief of Microbiology Department	UNAH
Maria Elena Caceres	Public Health Masters Program	UNAH
Rodolfo Ochoa	Technical Assistance	SANAA
Maritza C. de Garay	Microbiology Teacher	UNAH
Xiomara L. Portillo S.	Educational Reform Commission	SEP
Hector Amilcar Bardales	Educational Reform Commission	SEP
David Losk	Health Officer	USAID
Luis Roberto Escoto	Health /Nutrition Officer	UNICEF
Carlos A. Pineda	Special Procurement	MSP
Mayra Espinoza	Health Analyst	UNIS/SECPLAN
Edna Maribel Diaz	Medical College Guild	
Ana Lourdes Sanchez	Microbiology Department	UNAH
Carlos Escobar	Maintenance Division Chief	MSP
Emilio R. Pinto	Consultant PAHO	OPS
Doris Ruan	Microbiology Teacher	UNAH
Ramon Granados	PAHO/WHO	OPS/OMS
Danilo Velasaquez	Int.Relations Unit Sub-Chief	MSP
Maria Sandoval	Planning	MSP
Desiree Pastor	Technical Assistance	MSP
Rosbinda Nunez Medina	Epidemiology Coord.	UNAH
Priscilla Rivas	Health Sector	Ruta Social (WB)
Susana Mateo	Social Communication	Cooperacion Española

Marel de Jesus Castellanos	President	Honduran Medical College Guild
Olga Salgado	Medical Division	IHSS
Ma. Guadalupe Romero	Mental Health Div.	MSP

Japanese side (all attended the meetings on 22nd and 23rd of July, 1996):

Name	Title	Institution
The Study Team		
Tateo Kusano	Leader, Study Team	SSC
Izumi Atsuta	Sub-leader, Study Team	SSC
Vincent David	Study Team Member	MSH
Yoko Ishida	Study Team Member	SSC
Masako Tanaka	Study Team Member	SSC
JICA		
Ryuzo Nishimaki	Deputy Managing Director Social Development Study Department	JICA, Tokyo Office
Nobuyuki Miyata	Social Development Study Department	JICA, Tokyo Office
Yoshikazu Koike	Sub-Director	JICA, Honduras Office
Yuriko Egami	JICA expert	MSP

Annex 2

List of Equipment

Name of Equipment	Quantity
1. Canon Desktop Personal Computer with CRT	2 sets
2. Canon Lasershot Printer LBP-8 IV (100-115v type)	2 sets
3. Canon Photocopy Machine with a sorting system	1 set
4. Computer Software	
-MS Word	1 set
-MS Excel	1 set
-Word Perfect	1 set
-Lotus1.2.3	1 set
-d-BASE	1 set
-Harvard Graphics	1 set

AII. Weekly Meeting with MSP Vice-Ministers and Counterparts during Phase III study

AII-1. Minutes from the weekly meeting with Vice-Ministers of Health March 1, 1996

Participants:
Dr. Juan de Dios Paredes, Vice-Minister, Services Network
Lic. Luis Alonzo López, Vice-Minister, Institutional Policy
Dr. Ramón Pereira, Coordinator Access Project
Dr. Victor Meléndez, Hospital Division, MSP
Dra. Yuriko Egami, JICA/MSP
Team members: Izumi Atsuta, Vincent David

In this meeting, Mr. Atsuta and Dr. David presented the model which organizes the main strategies of the MHP and the mechanisms through which the elaboration of the model programs would contribute to the MHP.

Dr. Paredes and Lic. López again emphasized the need to increase coordination between team members and national counterpart in order to arrive to a common understanding of the MHP contents before the final presentation of the plan. In their opinion, the Plan should both have sufficient elements to guide the decision-making process with regards to the evolution of health services and be sufficiently discussed in order to reflect a consensus.

In order to facilitate this process of discussion, a schedule of weekly meetings between the team, the two vice-ministers and the appropriate counterpart members was agreed upon (each Friday, from 1 to 3 pm). Tentative agenda for these meetings is as follows:

08/03 Improvement of capacity of existing network and improvement of referral system
15/03 Water and sanitation/environmental health/occupational health
22/03 Extension of service network/ facility and equipment management
29/03 Human resources development/social participation/health education
12/04 Health financing/alternative forms of health care delivery systems

In the technical discussion, it was reminded that the process of improving access constitutes an overall strategy for the MSP and that it is more encompassing than the Access Project (financed by Sweden and USA), thus should be taken into account and built upon in the MHP. Other themes of interest for discussion include a wider concept of referrence system, implying actualized definition of responsibilities and discussion of these with the professional and general community; the need to promote maintenance training, independently of whether the trained persons eventually end up in the MSP or in the private sector; the need to consider emergency transportation from remote areas; the need to discuss the mobile surgery initiative.

AII-2. Minutes from the weekly meeting with Vice-Ministers of Health March 15, 1996

Themes: Occupational Health and Water/Basic Sanitation

In attendance:

Lic. Luis Alonzo Lopez, Vice-Minister
Dr. Juan de Dios Paredes, Vice-Minister
Irma Zacapa de Amendola, IHSS Barrio La Granja
Marco Antonio Calderon, Ministry of Work
Josè Rubèn Gomez, Sanitation Division
Victor Melendez, Hospital Division
Vincent David, MSH/JICA
Eng Tan, SSC/JICA
Yoko Ishida, SSC/JICA
Izumi Atsuta, SSC/JICA
Chiaki Kido, SSC/JICA
Dra. Yuriko Egami, JICA speacialist

After Vice-Minister's opening remarks Dr. Vincent David gave a general overview of the Master Health Plan's investigation and suggestions made towards occupational health in Honduras guided by a Spanish segment of the first draft of the Master Plan.

Discussion began by stating that the 1959 Work Code includes an obligation of the companies to workers and in the 1960 Work Code norms were established towards accidents and illnesses.

The Ministry of Health is conscious of the risks workers face and there are some interesting programs for training for example UNITED BRAND, which had backing from the OET and Spain, did training for several work sites thirty years ago in medicine and hygiene. But all other risks need to be considered such as physical, chemical biological and psychological.

They have discovered that most places have high risks. In most Industrial Parks there is difficult machinery to operate because the machinery was built for larger people to operate it. In this respect, and in their operability safety, the company is responsible in some way to assure safe equipment. The fabrication of some equipment should have standards and an increased search of problems and their improvements. An example of this are special gloves allowing ample movement but protecting the hand from cuts and the use of plastic to avoid cuts from wielding machetes.

The improvement of operational health cannot be done alone it needs technical and state support

Laborers need to be educated on how to use or not use necessary equipment ie. helmets, gloves, goggles, etc.

They are in agreement the need for social participation. Often the responsibility of the employers is related to cost though the work should be approached institutionally by worker and employer.

Irma Zacapa of IHSS commented that there has been work done on risk factors but there is not any technical personnel. Trying to focus on education for the workers. At present there are isolated cases where education of the workers on risk prevention are occurring. There is more done in the northern coast companies.

Marco Antonio Calderon of the Ministry of Work added that they are trying to modify the existing guidelines for protection and prevention.

The work code is old but includes hygiene and security and are supervised by the Ministry of Work.

There are physical and chemical risks but there has not advanced because of lack of support.

There is a lack of disease control information and of a data bank this would work to increase statistics of workers.

The document states what exists but needs strengthening economically and technically.

Dr. Victor Melendez added that the Work Code needs to be updated to include information on Mental Health (especially in psychiatric hospitals) and AIDS.

The Vice-Minister concluded in stating that the state institutions have serious problems with occupational health ie. lack of air or light etc. Every business has risks to correct.

There are jobs in which reactive materials have to be handled but there is not enough prevention nor know how of how to handle the materials.

The National consensus is that there are many risks left to take care of but cannot be due to a lack of money.

Vincent David raised the question of whether or not it had been considered a separate fund for education in handicapping and vocation risks.

Irma Zacapa responded by saying that an Educational Fund is in study and that there is a desire to have an additional fund for occupational health education. This fund will be provided by increasing the quotas paid by the employers and employees.

Jose Gomez from the Sanitation Division added that there is a health code but the guideline processing needs to be sped up.

Whatever suggestion should be done on a decentralized level.

Believes that a group should be formed of all institutions whose activities are related to environment.

Water and Sanitation

Ing. Eng Tan gave brief overview of existing problems and possible solution of the Honduran water and sanitation network.

Representative of environment and Sanitation spoke about the structure of water administration which includes MSP, SANAA, and FHIS.

Water projects:
Comayagua funding from Japan
Dept. El Paraiso and Fransisco Morazan funded by EEC.
The south funded by World Bank.

The MSP has included in their documents strategies and projects to improve water supply, but has not worked in sanitation that much. One of their main concerns is the disposal of wastes from hospitals and factories which could contaminate because they have not been treated properly.

They believe that a water law is not necessary because the health code includes all the necessary regulations and all it needs is to be modified or to add new regulations to update it according to the actual reality. If a new Water Law is made there could be duplicity with the Health Code while the actual water law (1927) doesn't.

They were asked if SANAA was substituted by the Water Institute, what laws will this Institute abide by if it will no longer be regulated by the MSP. Their answer was that nothing has been decided about the creation of the Water Institute and if it happens then they will consider these solutions until then.

Ing. Jose Ruben Gomez stated that the decentralization of water and sanitation on the local level should be discriminatory because not all municipalities have the capability of absorbing the responsibilities which come along with the management of the water resources and waste disposal.

An observation made was that the water boards in the urban areas function better than the water management in the rural areas. It was also stated that it was necessary to give legal status to the water boards.
Food Quality Code and Environment Code are being revised now.

AII-3. Minutes from the weekly meeting with Vice-Ministers of Health April 1, 1996

Participants:
Dr. Enrique Samayoa, Health Minister
Lic. Luis A. López Benítez, Vice-Minister, Institutional Development and Sectoral Policy
Dr. Jorge Medina, Chief, HRD Division
Lic. Liliana Mejía, HRD Division
Dr. Victor Meléndez, Chief, Hospital Division
Lic. Norma Pagoada, International Relations Unit
Dr. Andy Alexis Padilla, Health Education Division
Lic. Marcio Ramos, Health Education Division
Lic. Leah Galindo, Chief, Social Participation Unit
Lic. Adan Barahona, Social Participation Unit
Team members: Tateo Kusano, Izumi Atsuta, Yoko Ishida, Chiaki Kido, Ileana Fajardo, Gerry Rosenthal, Vincent David, Jackie Overton, Heather Robinson

Presentation of the section on Human Resource Development by V. David.

Dr. Samayoa: remarks that there has been contacts between the MSP and the UNAH to make the plenum of teachers more aware of the future conditions of work of nurses and physicians. As a curricular revision has just been approved for the physicians, the suggestion would be to conduct a presentation of the activities and experiences in CESARes, CESAMOs, and area hospitals. The fact that the new Dean of the School of Medicine has a Public Health training should help. Also the model of attention has been revised with the access process.

Dr. Pineda: the presentation is congruent with the three political lines of the HRD Division: to accompany the resource-training institutions, to better prepare the human resources to their functions, and to establish dialogue with the population. Implicit within the MHP is also, he hopes, the concept of family medicine, which has been the subject of several discussions (for instance, for the training of the 200 recently contracted physicians). Also need to consider analysis of staff performance. Concept of healthy municipalities.

Lic. Mejía: it is important to see the development of human resources not only from the institutional point of view, but also as a member of the local community.

Dr. Meléndez: if health staff is not adequately trained in the teaching hospitals, s/he will take the acquired bad habits to the places s/he is working. The concept of total quality must be emphasized in the training for physicians and other health personnel. Inparticular, it would be essential to look especifically at impact of training in the Hospital Escuela, the main practical training establishment.

Lic. López: there should be an understanding that all health establishments with training capacity should be used with this purpose, which requires greater coordination between training and provider institutions. In terms of incentives, the country should do some efforts in recognizing staff's good performance. The preocupation about low salaries, especially those of auxiliary nurses and other technicians, exists in the MSP but depends from other factors. The model of attention promoted by the MSP is that of family care, and the access process has changed this model: it promotes team work of the health staff and work with the community. Changing the human resources is essential to the modification of the system.

Presentation of section on Social Participation by Y. Ishida

Lic. López: social participation is not a new topic in Honduras. The difference between previous models (either national or imported) and the current ones is that we are trying to work with people instead of trying to teach them something. The initial MSP approach to social participation (community health workers) was utilitarian. Now, the access process is working towards strengthening social participation and reducing inequlities between municipalities. An important point of the presentation is the need to strengthen the Social Participation Unit of the MSP as a way to improve the understanding of the concept of social participation and develop a culture of social participation for all concerned (even within MSP, there are some differences). The need for team work implies a need to redefine scopes of work for the health personnel.

Lic. Galindo: points out the need to review the whole document; also to revise the concept of pilot-project vs training experience.

Lic. Barahona: in this respect, it is a policy of the Unit to respect the diversity of the regions: for instance, what happens in La Esperanza is different from that in Santa Bárbara. Also agrees with the current weakness of the UPS and the need to strengthen it.

Dr. Meléndez: there is a need for a specific strategy for hospitals to come into the process of social participation (there have been some experiences, but not yet full success). Also questions the lack of inclusion of the health financing strategy in the proposed matrix. I.Fajardo explains that this maily refers to water & sanitation, where specific financial inputs are more needed than in other areas.

Lic. López: one of the problem with the lack of interinstitutional coordination is that not all institutions have social participation specialists at the head of their social participation unit (for instance, SEP, Gobernación, FHIS, whith which some contacts have already been taken). With regards to hospitals, there is a sub- or mis-utilization of social workers: Hospital Division and UPS need to work jointly on how to recover this resource.

Presentation of the section on Health Education by V.David

Lic. López: questions the statement that the lack of policy and earmarked funds for the Health Education Division are the reasons for lack of efficiency; refers to policy guidelines. The current opinion, in the more general debate, is that the technical normative divisions should not manage projects, that this should be the role of the regions and areas. Also mentions that some problems that appear technical could actually be managerial in nature: for instance, that when the regions need support form the central level, they should manage to pay for the per-diems correspondinig to these visits. The joint DDRRHH/DES/UPS Health Promotion Proposal should be able to solve these problems.

Dr. Padilla: supports the fact that the the central level should support regional and local levels; further discussions between the study team and the DES should allow to define the specific support that the DES can give the regional and local levels in each of the steps involved in the health education process (we should say health promotion, says PAHO).

The presentation of the Health Promotion proposal is postponed to the next meeting, the starting time of which will be advanced to 9.00 am, on April 8th.

AII-4. Minutes from the weekly meeting with Vice-Ministers of Health April 8, 1996

Themes: Health Promotion Proposal and Health Financing

Participants
Dr. Juan de Dios Paredes, Vice-Minister, Service Network
Lic. Luis Alonzo López, Vice-Minister, Institutional Development and Sectoral Policy

Health Promotion Proposal
Lic. Liliana Mejía, Human Resources Development Division
Lic. Leah Galindo, Chief, Social Participation Unit
Dra. Fanny Mejía, Chief, Health Education Division

Health financing
Lic. Juan Pablo Ramírez, Chief Administrative Officer
Dr. Sergio Carías, Director, Planning Directorate
Lic. Maria Sandoval, Planning Directorate
Dr. Victor Meléndez, Chief, Hospital Division
Dra. Daysi Lazo Díaz, International Relations Unit
Lic. Norma Pagoada, International Relations Unit
Lic. Carlos Hernández, Coordinator, Income Analysis Dpt., Ministry of Finances and Public Credit

Team Members: Tateo Kusano, Izumi Atsuta, Gerry Rosenthal, Vincent David

1. Health Promotion Proposal

Lic. Mejía presents the joint Proposal for Health Promotion elaborated by the HRD Division, the Health Education Division, the Engineering and Maintenance Division and the Social Participation Unit of the MSP. This proposal aims at organizing the Human Resources aspects of the institutional adaptation for the Access process, by promoting joint and coordinated efforts of the technical divisions to support the local and municipal health plans, through the constitution of working networks at different levels (see Document).

Lic. Galindo: it should be understood that the proposal do not call for the organization of new networks, but rather for the strengthening of existing ones.

Dra. Mejía: the proposal facilitates work of local level by integrating the interventions of the different technical divisions.

Lic. López: the proposal is the institutional response to the HR aspects of the access process.

Mr. Kusano: recalls that the MHP includes strategies under 3 dimensions (context, behaviors, health service delivery) which are consistent with the proposal. The team is now working on

quantitative estimations of needs for human/financial resources, in order to define optimal use of limited resources, and possibility to improve the current disbalance between different types of personnel, under various options of growth.

Lic. Mejía: the HR part of the MHP is more focused on methodology and should emphasize more the changes in the orientation of training and practice of the personnel.

Dr. David: points out that the time frame for the proposal is only one year, whereas some of the actions will take more time to be implemented.

Lic. López: replies that the planning framework for the MSP is one year. In addition, some of the activities contemplated in the proposal have already started. Other objectives of the MSP are not specifically included in this proposal: the improvement of efficiency, efficacy and equity, i.e. the improvement in total quality which does include improvement in human resources. The MSP is aware of the disbalance between salary costs and other costs, between types of personnel; the access process is used to guide the reflexion on this topic. One must worry that the access process may create a lot of expectations which the current health personnel may not be ready to fulfill yet, since not all of them have been trained with the participative philosophy. Even within the three specialized units (HRDD, HED, SPU), there are some problems with respect to that, but it is understood that there will be no transformation of the model without transformation of human resources. The implementation of the new model will help define the actual needs for health personnel.

Lic. López also recalls that the health budget is already the second in size (12% of public expenditures) and that the financial problem is linked with productive capacity. Thus there should be more linkage between health and production, in particular within the Olancho model (links not only to health related sectors, but also to economic sector). There is a need for national development, both economic and social.

In response to a question about the need for polyvalent workers at local level, vs a number of different categories, Lic. López answers that initially there were two categories: auxiliary nurse and polyvalent technician. Then, the last concept was replaced with sanitarian, vector-control technician, promotor, etc.. Two years ago, Costa Rica started again the training of a polyvalent technician, which the MSP is also retaking under the Sub-secretary for Population Risks and the General Directorate for Environmental Care.

2. Health financing

Dr. Rosenthal presents the health financing strategies included in the NMHP.

Dr. Paredes: notices that when the document is referring to the public sector, it includes only MSP's activities, not the IHSS's; asks what are the conditions for increasing private sector coverage, to which Dr. Rosenthal points out the increasing coverage of systems like SANITAS;

also mentions the needs to implement cost-recovery systems in the public sector in order to stimulate the search for alternatives. Dr. Paredes also asks whether the IHSS revenue projections consider the same sources of financing (state/employer/employee). Dr. Rosenthal answers that the projections do not include state contribution (which was actually stopped in 1992) and that some government subsidies could be needed for specific groups towards which coverage will be extended.

Lic. López: the IHSS is increasing its coverage through different modalities in Progreso, Choluteca, Danlí. However, there are some differences in criteria that prevent advances: the employers think the IHSS should only be an insurer and give its facilities to somebody else; the workers see the IHSS more as a service provider. Since 1992, the state only brings its part as employer. The problem in the breaking of the ceilings relies in the fact that the decision of the Board needs to be consensual. Also, the actuarial studies show that the optimal level now should be L.3,000, not 2,500. There is a need to support the increase in coverage; the IHSS people however are in favor of managing the financing aspects only, not so much the services.

Dr. Paredes: agrees with the need to discuss carefully when and where to implement the system (with relation to quality improvement). Asks if the 25% figure comes from an international organization, or from something assessed as feasible. Dr. Rosenthal answers it is the latter; that field tests should be started now and that with 1-2 years of experience, we should be in better position to evaluate possible revenues. Then, we need to increase community-level demand through implementation of subsidized pre-paid systems (see Columbian model).

Lic. López: asks what are the strategies to stimulate demand for private services, when, in the recent years, the economic crisis has shifted some people from the private to the public sector. Dr. Rosenthal answers that, on the supply side, one needs to ensure approriate climate for private services through laws and regulations, and through the establishment of cost recovery systems in the public sector; on the demand side, there has to be a more widely distributed economic risk among the population.

AII-5. Minutes from meeting with CONSMUMI and Coordnation Committee April 12, 1996

1. Meeting with CONSUMI

Participants:

Dr. Juan de Dios Paredes, Vice Minister, Service Network
Lic. Luis Alonzo López, Vice Minister, Institutional Development and Sectoral Policy
Dra. Virginia Figueroa de Espinoza, Vice Minister, Population Risk
Lic. Juan Pablo Ramírez, Chief Administrative Officer
Dr. Fernando Tomé Abarca, Advisor to the Minister
Dr. Victor Meléndez, Chief, Hospital Division

Team members: Tateo Kusano, Izumi Atsuta, Yoko Ishida, Masako Tanaka, Gerry Rosenthal, Vincent David

Mr. Kusano presented the study's activities and output during Phase III, including the revison of NMHP and the four model health programs.

No specific comments were made. Lic. López apologized for the absence of Dr. Samayoa, expressed its agreement with the presentation and thanked the team for its high quality work.

2. Meeting with Coordination Committee, financing agencies and counterparts

Participants:
Dr. Victor Meléndez, Chief, Hospital Division, MSP
Lic. Norma Paguada, Analyst, International Relations Unit, MSP
Lic. Gerardo Pavón, Chief, Computer Unit, MSP
Ing. Myriam Narváez, Environmental Analyst, SEDA
Dr. Manuel Gamero, Manager, PRONASSA, MSP
Lic. María Sandoval, Planning Directorate, MSP
Dr. Carlos A. Pineda, Chief, Special Procurement Unit, MSP
Dra. Olga Salgado, Chief, Medical Division, I.H.S.S.
Lic. Ricardo Elvir, Public Health Specialist, SECPLAN
Dr. Luís Roberto Escoto, Health Official, UNICEF
Mr. Kazumi Korayashi, Sub-Director, JICA/Honduras
Mr. Toshihiro Nozawa, Expert, JICA/SECPLAN
Dr. David Losk, Health & Population Official, USAID

Team members: Tateo Kusano, Izumi Atsuta, Yoko Ishida, Masako Tanaka, Chiaki Kido, Hideto Yasui, Gerry Rosenthal, Vincent David

Dr. Meléndez: gave opening words in name of the Minister of Health and recalled the history and previous phases of the study.

Mr. Kusano: thanked the audience for their presence and participation in the study; explained the output of phase III, including NMHP, model health programs and implementation plan.

Dr. David: explained recent changes and additions to NMHP.
Ms. Tanaka: explained the urban health model.

Discussion #1:

Dr. Losk: congratulates the team and its translaters; ask what are the strategies to afford the recurrent costs of the planned projects. Dr. Rosenthal explains that the planning of the priority projects will include an analysis of their capacity to produce revenues; in addition, the NMHP proposes a global analysis. Dr. David adds that personnel costs are likely to stay a large share of the MSP's budget, that major IHSS coverage will only mean that subsequently freed resources will be used for extension of coverage, and that financing of recurrent costs will have to rely on external funding (in the short run) and cost recovery systems. Mr. Kusano adds that the priority should be on institutional strengthening, that there is a low priority for hospital construction. Dr. Losk agrees that the focus should be on operational costs, not on investment (which can always be found somewhere).

Ms. Tanaka remarks that, in the case of SPS, the municipality and the private sector both have resources that should be used. Finally Mr. Kusano, noting the financing of access projects by USAID, stresses the need for cooperation.

Lic. Pagoada asks what is the link between the AIDS education project presented for financing at the beginning of the year and the priority project on the same topic in the urban model program. Mr. kusano answers that the model program provided additional options to the proposal, including experience from AIDSCAP, definition of alternative plans for better definition of optimal operational size.

Ms. Ishida presented the rural and urban poverty areas model programs.
Mr. Atsuta presented the model program for integrated development area.

Discussion #2:

Dr. Meléndez: says that the models presented in the meeting have been discussed and approved at local level. The focus for poverty area is on social participation and health education. The Social Participation Unit of the MSP will need to be strengthened to ensure a coordination role. Also stresses that the execution of the model programs and project is a responsibility of the Honduran government. Hopes that the project's output will be used to ask for support. For the Olancho model, the DALY method is new, but the development strategies are still missing.

Dr. Escoto: asks about the relationships between the priority projects and the NMHP. Dr. David answers that each constitutes more specific approximation to the problems (see conceptual design) and that the implementation plan presented in July will help precise the relationship and interaction between the different elements. Mr. kusano adds that this will be worked out by the study team in April-May.

Dr. Losk asks why agricultural projects (which imply a whole set of different operations and consequences) were chosen in the poverty model as the prototype of intersectoral interventions. Ms. Ishida replies that poverty alleviation constitutes, with health education, a major development strategy; that the model considers all kind of income-generating activities, not only agriculture; and that it intends to strengthen existing agricultural projects udnertaken with NGO or JICA support, within the concept of healthy village.

Mr. Kusano adds some example of intersectorial coordination, based on agricultural developement, but with a health component:

the Guayape Project includes the proposed coverage of cooperative workers by the IHSS and also considers some activities with NGOs working in nutrition;
the Integrated Rural Agricultural Development Project in Choluteca includes income generating activities + improvement in conditions of livning through health center-based activities.

In Intibuca, the model programs wirk the other way, with an emphasis on the health aspects, but including income generating activities (healthy village model).

Dr. Meléndez closes the meeting.

B

ZOPP/PCM WORKSHOP

CONTENTS

BI. PCM/ZOPP Workshop I

BI-1 Program of the workshop

ESTUDIO SOBRE ESTRATEGIAS Y PLANES PARA EL MEJORAMIENTO
DE LA SITUACION DE SALUD EN HONDURAS
JICA/MSP

TALLER DE ANALISIS DE PROBLEMAS Y ESTRATEGIAS

Lugar: Hotel La Posada del Angel, Valle de Angeles, F.M.

Fecha: 14 al 16 de marzo de 1995

PROGRAMA DE ACTIVIDADES

Día 1: Martes 14 de marzo

9.00 a.m.	Palabras introductorias al acto Dr. Víctor Meléndez, Div. de Hospitales, MSP
9.15 a.m.	Introducción al taller de análisis de problemas y estrategias Introducción a la metodología ZOPP - etapas de análisis - etapas de programación - situación presente del estudio - problemas identificados Técnicas de visualización Presentación de los participantes Sr. Izumi Atsuta, SSC, Sr. Wilfredo Rodezno, GTZ
10.15 a.m.	Presentación del análisis de participación Dr. Vincent David, MSH
10.30 a.m.	Análisis de problemas: instrucciones
10.45 a.m.	Coffee-break
11.00 a.m.	Análisis de problemas: discusión de grupo y subgrupo
12.30 p.m.	Almuerzo
1.30 p.m.	Análisis de problemas: discusión de grupo y subgrupo (continuación)
3.15 p.m.	Coffee-break
3.30 p.m.	Análisis de problemas: discusión de grupo y subgrupo (continuación)
5.00 p.m.	Final del día de trabajo

Día 2: Miercoles 15 de marzo

9.00 a.m.	Análisis de problemas: plenaria
11.00 a.m.	Coffee-break
11.15 a.m.	Análisis de objetivos: instrucciones
11.30 a.m.	Análisis de objetivos: discusión de grupo y subgrupo
12.30 p.m.	Almuerzo
1.30 p.m.	Análisis de objetivos: discusión de grupo y subgrupo (continuación)
3.15 p.m.	Coffee-break
3.30 p.m.	Análisis de objetivos: discusión de grupo y subgrupo (continuación)
5.00 p.m.	Final del día de trabajo

Día 3: Jueves 16 de marzo

9.00 a.m.	Análisis de alternativas: instrucciones
9.30 a.m.	Análisis de alternativas: discusión de grupo y subgrupo
10.30 a.m.	Coffee-break
10.45 a.m.	Análisis de alternativas: discusión de grupo y subgrupo (continuación)
12.30 p.m.	Almuerzo
1.30 p.m.	Presentación de resultados: plenaria
2.45 p.m.	Clausura del taller Dr. Victor Melendez
3.00 p.m.	Final del día de trabajo

BI-2 List of Participants

List of participants for PCM / ZOPP workshop, 14-16 / 3 / 95

1. Dr. Victor Melendez, Chief, Hospital Division, MSP
2. Licda. Maria Sandoval, Planning Division, MSP
3. Dra. Rosario Cabanas, Hospital Division, MSP
4. Dra. Desiree Pastor, Chief, International Relations Unit, MSP
5. Dr. Danilo Velasques, International Relations Unit, MSP
6. Dr. Jaime Segura, Deputy Director, Region No. 3
   (representing Dr. Alfonso Bennaton, Director)
7. Licda. Coralie Beaumont, Nurse Supervisor, Area 1, Region 1
8. Dra. Noemi Paz de Zavala, Chief, Epidemiology Division, MSP
9. Dr. Carlos Villalobos, Chief, Integrated Child Care Program, MCH Division, MSP
   (representing Dr. Alvaro Gonzalez Marmol, Director, MCH Division)
10. Lic. Carlos Peralta, Administrative Directorate, MSP
11. Lic. Luis Alberto Gamboa, Human Resources Development Division
    (representing Dr. Jorge Medina, Chief, HRD Division)
12. Licda. Maria del Carmen Ayes, Chief, Social Indicators Unit (UNIS), SECPLAN
13. Licda. Xiomara Portillo, Educational Planning Division, Ministry of Public Education
14. Ing. Rodolfo Ochoa, Engineering Department, SANAA
15. Ing. Miriam Narvaez, Directorate of Policies and Environmental Planning, Ministry of Environment
16. Dra. Daisi Guardiola, Planning Directorate, MSP
    (representing Dr. Segio Carias, Director)
17. Dr. Manuel Gamero, Director, PRONASSA
18. Dr. Elias Aleman, Medical Director, Central Region, IHSS
    (representing Dra. Olga Salgado)
19. Dra. Florencia Colindrez, Food and Nutrition Division, MSP
    (representing Lic. Moises Sanchez, Director)
20. Dr. Andres Menjivar, AIDS/STD Division, MSP
    (representing Dr. Jorge Fernandez, Chief)
21. Dra. Guadalupe Romero, Mental Health Division, MSP
22. Licda. Olga de Portillo, Mental Health Division, MSP
23. Lic. Douglas Manzanares, Environmental Sanitation Division, MSP
    (representing Dr. Heladio Ucles, Chief)
24. Licda. Rosario Torres, Health Education Division, MSP
    (representing Dra. Fanny Mejia, Chief)
25. Lic. Jose Adolfo Montes, Health Education Division, MSP
26. Dra. Yuriko Egami, Advisor to the MSP Hospital Division, JICA
27. Lic. Wilfredo Rodezno, GTZ
28. Mr. Izumi Atsuta, Deputy Leader, SSC
29. Mr. Shigeru Iwasaki, SSC
30. Dr. Vincent David, MSH

BI-3 Results of Participation Analysis

Organizaciones y entidades del Sector Salud
identificadas en el análisis de participación

Principales proveedores de servicios:

Ministerio de Salud Pública
Instituto Hondureño del Seguro Social
Sector Privado: médicos, farmaceúticos, odontólogos, otros paramedicales, trabajadores tradicionales.
Organizaciones Privadas de Desarrollo, nacionales e internacionales

Otros proveedores:

Sistema de Salud Militar
Municipalidades
Empresas: agropecuario, máquilas
Sistemas de pago anticipado: Sanitas
Companías aseguradoras: PALIC
Companías productoras, importadoras y/o distribuidoras de medicamentos, suministros y equipo

Organizaciones y sectores gubernamentales afines:

Instituto Hondureño para la Prevención del Alcoholismo de la Farmacodependencia
Junta Nacional de Bienestar Social
Patronato Nacional de la Infancia
Fondo Hondureño de Inversión Social
Programa de Asignación Familiar

Servicio Autónomo Nacional de Agua y Alcantarillo
Secretaría de Estado en el Despacho del Ambiente
Secretaría de Recursos Naturales
Secretaría de Educación Pública
Secretaría de Planificación
Secretaría de Hacienda y Credito Público

Asociaciones profesionales:

Colegio Médico
Asociaciones por especialidad
Asociaciones de Enfermeras y otros profesionales

Escuelas formadoras de recursos:

Universidad Nacional Autónoma de Honduras (Facultad de Ciencias Médicas)
Escuelas de formación de auxiliares de enfermería, de otros técnicos de salud

Población beneficiaria y sus formas de organización y representación:

Patronatos, organizaciones de mujeres
Sindicatos de trabajadores de salud (SITRAMEDHYS, SITRAIHSS) y otros
Congreso Nacional (Comisiones de Salud y Nutrición)
Partidos políticos

Organizaciones y entidades financiadoras:

Multilaterales: PNUD, OPS/OMS, UNICEF, FNUAP, Banco Mundial, Banco Interamericano de Desarrollo

Bilaterales: cooperación japonesa, norteamericana, española, inglesa, de la comunidad européa, etc...

Otros donantes: OPDs, clubs Rotary, Lions, donaciones caritativas

Población hondureña: a través de impuestos, cotizaciones, pago directo por servicios, trabajo voluntario.

En la fase de elaboración de estrategias, proyectos y programas críticos, el análisis estratégico deberá establecer las características de cada uno de los actores del sector salud: objetivos, capacidad operativa y cobertura, intereses, factores potenciales de resistencia o de cooperación, etc..

BI-4 Results of Problem Analysis and Objective Analysis

Taller de análisis de problemas y objetivos
Valle de Angeles, 14-16/3/95

A continuación se adjuntan algunos de los productos del taller antes mencionado, como ser:

- listados de grupos y organizaciones identificados en el análisis de participación

- árboles de problemas y árboles de análisis correspondiendo a los nueve problemas prioritarios identificados. Se debe mencionar que se presentan 10 árboles de problema, ya que el tema de enfermedades crónico-degenerativas fue tratado por los dos grupos de trabajo; por otra parte, solamente hay seis árboles de objetivos, debido a restricciones de tiempo y a diferencias en la forma de trabajo entre los dos grupos.

Se recuerda que la metodología ZOPP (Planificación de Proyecto Enfocada en Objetivos), utilizada en este estudio, incluye 4 fases de análisis: participación, problemas, objetivos y alternativas; y una fase de planificación en varias etapas. Las actividades llevadas a cabo durante el taller se relacionaron más que todo con el análisis de problemas y objetivos. Los árboles de objetivos se obtienen poniendo en forma positiva los problemas identificados, incluyendo un cierto grado de modificación de la estructura de los árboles. Las líneas punteadas que rodean algunos de los objetivos corresponden a alternativas de estrategias identificadas de manera preliminar por su importancia, su factibilidad o su pertenencia al dominio del sector salud.

Comentarios específicos a cada problema

Desnutrición: el problema debe plantearse en el marco de la seguridad alimentaria, con los aspectos complementarios de producción, adquisición, consumo y utilización de nutrientes.

Salud ocupacional/salud ambiental: debería plantearse como dos problemas distintos, el primero siendo un caso particular del segundo. Se mencionó el impacto de la crisis socio-económica sobre las condiciones de trabajo, tomándose como ejemplo las fábricas caseras de baterías.

Agua y saneamiento: este problema específico, con un componente importante de infraestructura y una relación conocida con un problema de salud (enfermedades diarreicas) debería verse dentro del contexto más general de la salud ambiental, orientándose hacia la prevención de las enfermedades causadas por contaminación del aire (polvo, humo, ruido), del agua (bacterias, productos químicos) o del suelo (desechos sólidos) y la protección del medio ambiente (ecosistema).

Enfermedades crónico degenerativas: el problema/objetivo principal se modificó para referirse a la mortalidad y morbilidad por ECD. Se hizó énfasis en la prevención y la necesidad de educación de los niños, más que de la población adulta de ahora. Hay que actuar ahora, ya que el costo en 15 años será demasiado alto.

SIDA/ETS: se discutió la modificación del título, en función de la posibilidad de actualmente disminuir la tasa de incidencia de SIDA o nada más disminuir el incremento de esta tasa (nuevos descubrimientos tecnológicos podrían llevar a modificar este objetivo en el futuro; esta posibilidad implica que el plan maestro de salud no estará grabado en la piedra durante su período de aplicación).

Accidentes/violencia: este problema también debería plantearse como dos temas distintos: accidentes (en el hogar y en la calle) y violencia. Se mencionó la importancia del desempleo en la generación de la violencia y, a veces, su uso por las mismas instituciones de control.

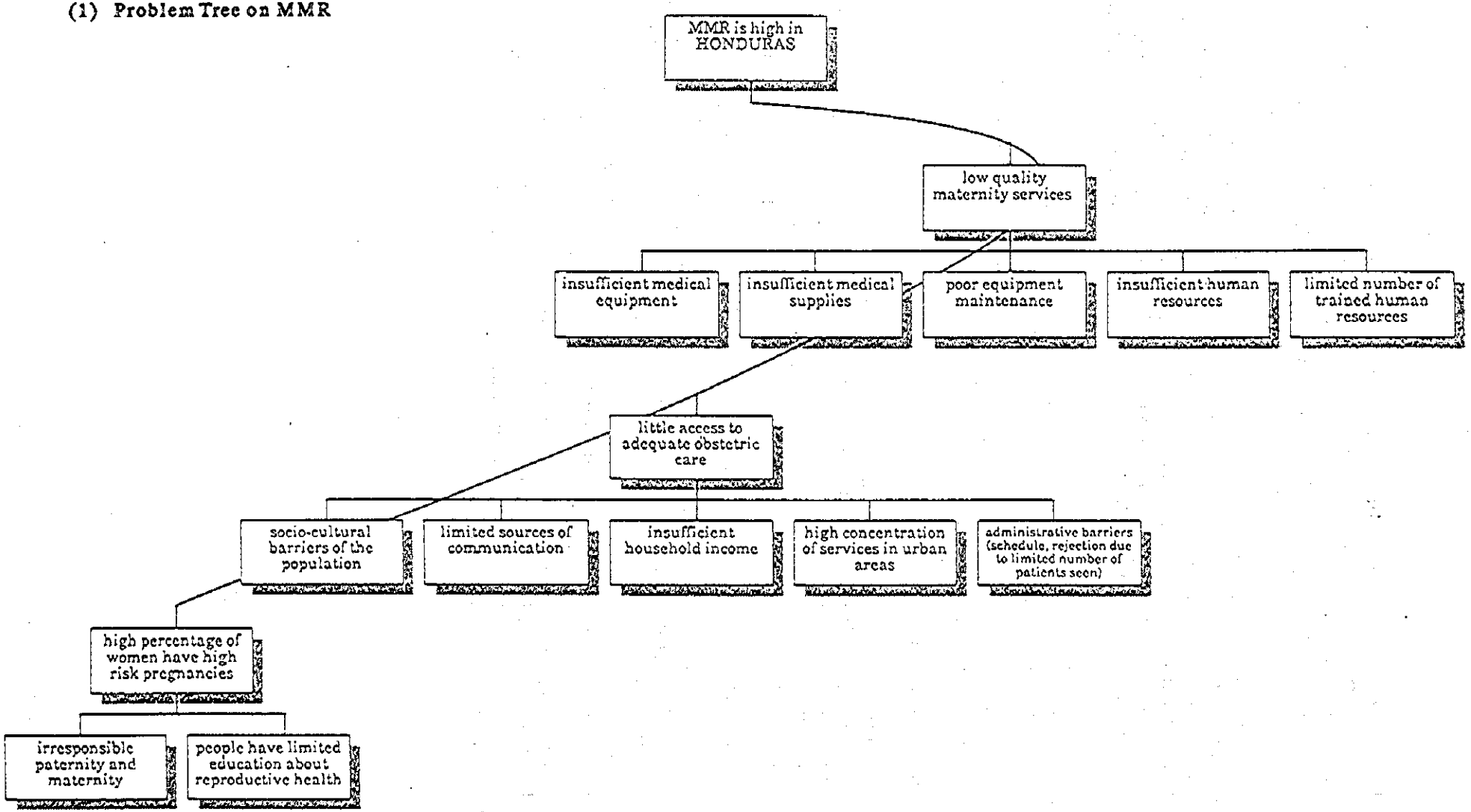
Comentarios finales:

La ausencia de algunas instituciones o entidades invitadas fue mencionada por los participantes como una limitante en el éxito de taller. Por lo tanto, se acordó mandar este documento a todos los participantes e invitados no participantes para generar una discusión adicional dentro del ámbito de trabajo de cada uno.

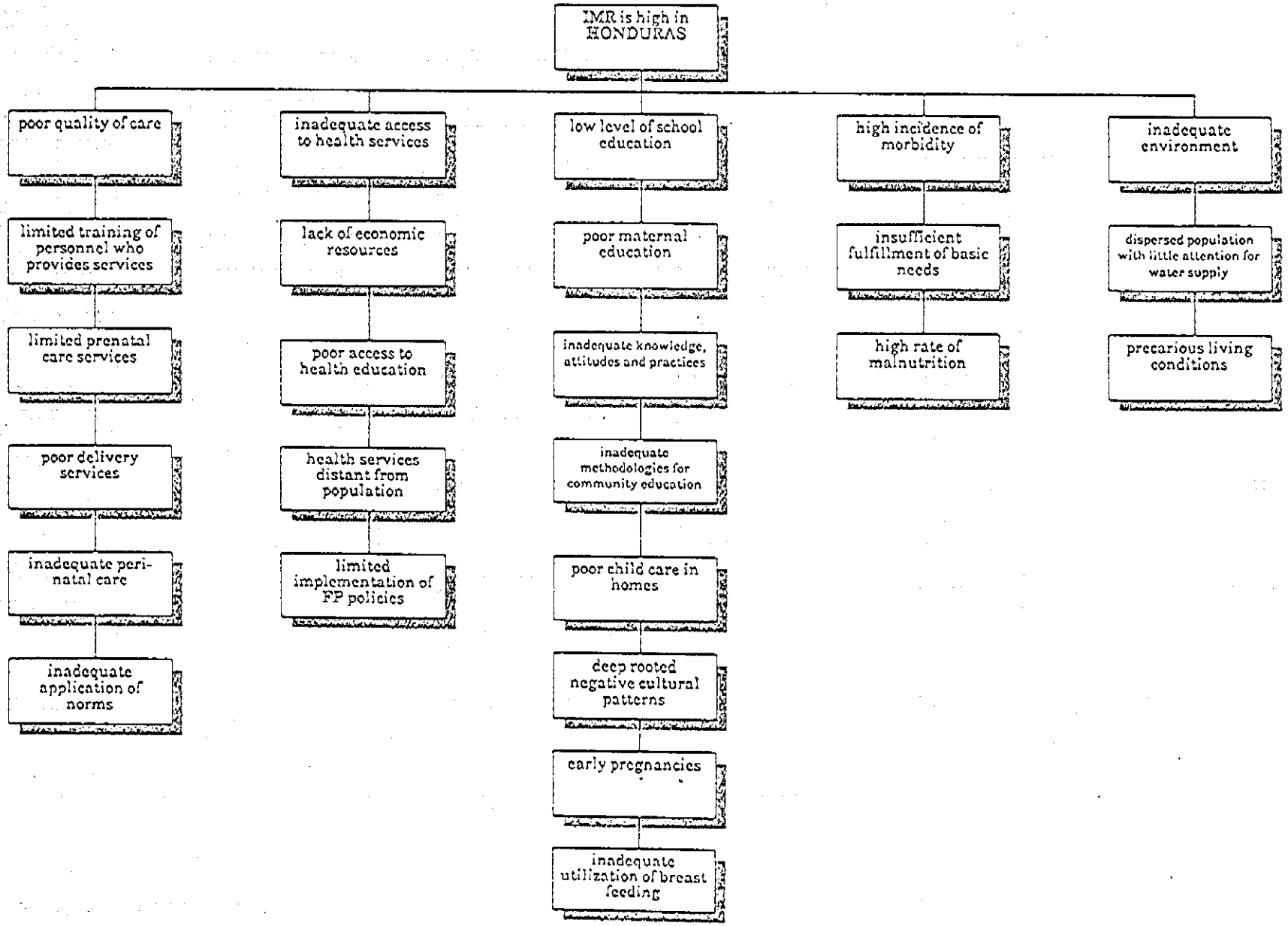
Se reconoció los limitantes de la metodología y su caracter bastante linear, que podría impedir la aplicación del concepto de multicausalidad. Se recordó que el taller no es la única actividad de análisis prevista en este proceso (se han realizado visitas de campo y recolección de datos de tipo cuantitativo), que la metodología ZOPP implica un proceso iterativo, por ciclos succesivos, donde se afina cada vez más el análisis. En particular, esta previsto para el mes de julio un segundo taller con participantes de nivel más operativo para profundizar los hallazgos del último evento. Finalmente el equipo de estudio les ruega proponer de manera documentada sus sugerencias en términos de alternativas metodológicas.

BI-5 Problem Trees (Results of Problem Analysis)

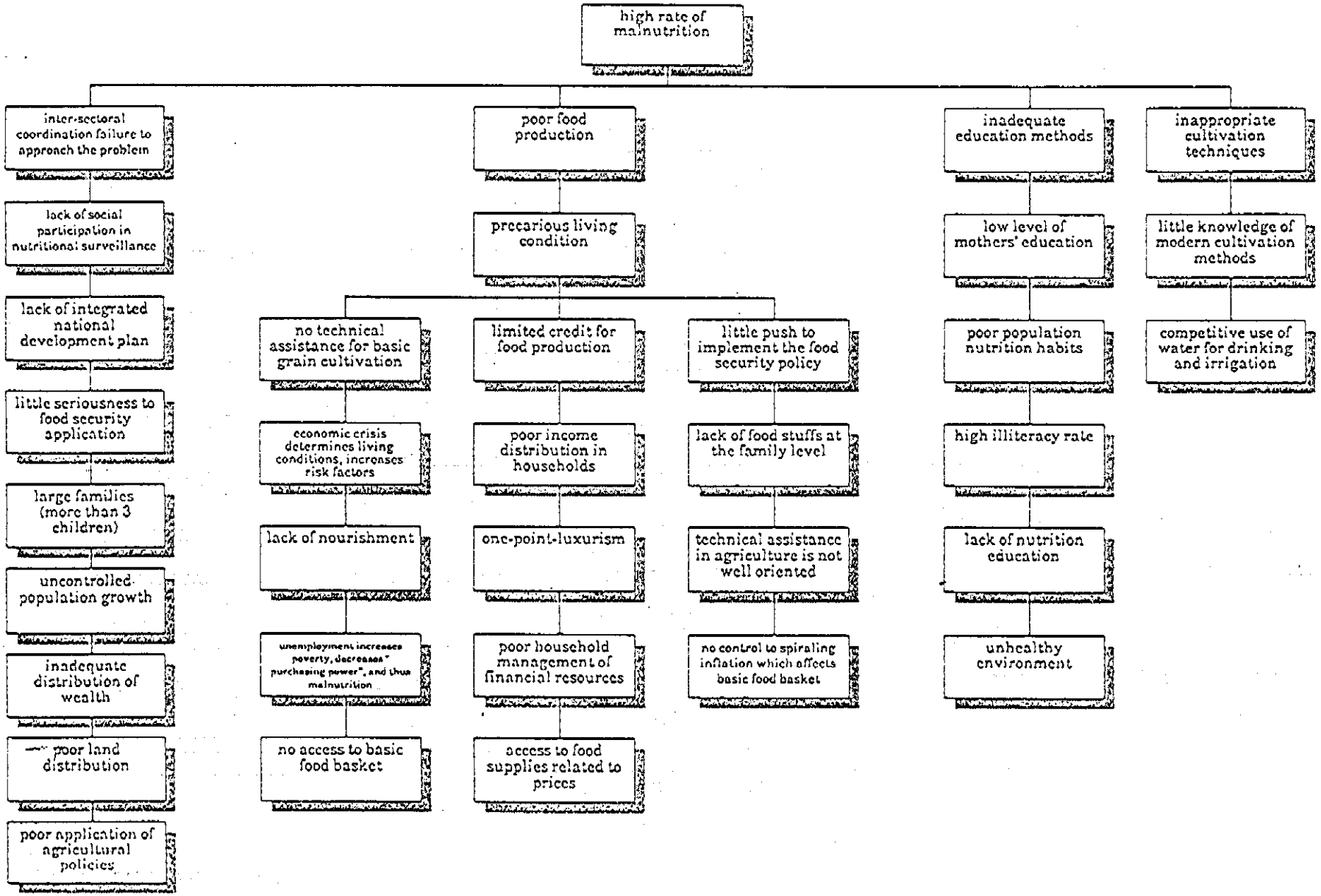
(1) Problem Tree on MMR



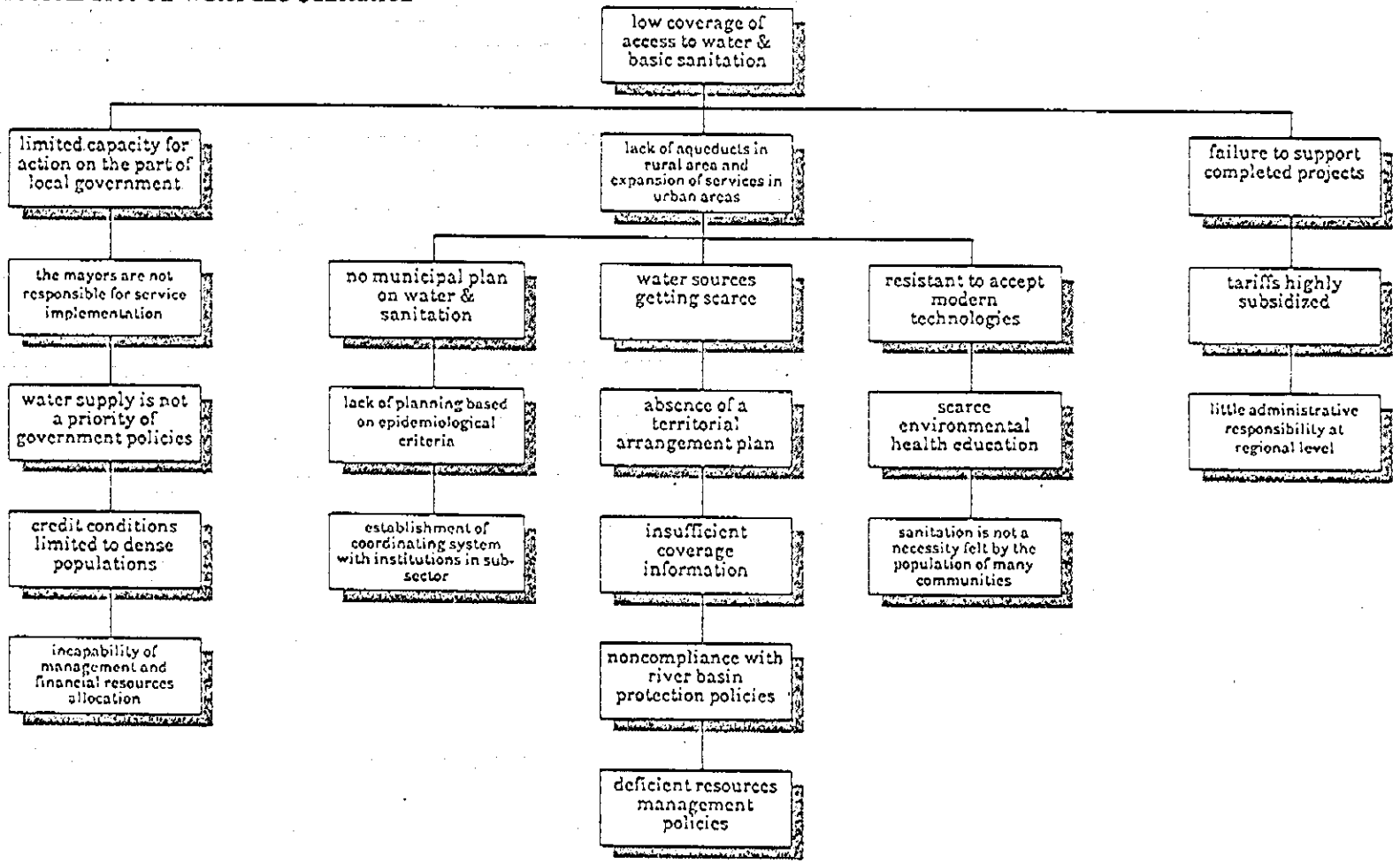
(2) Problem Tree on IMR



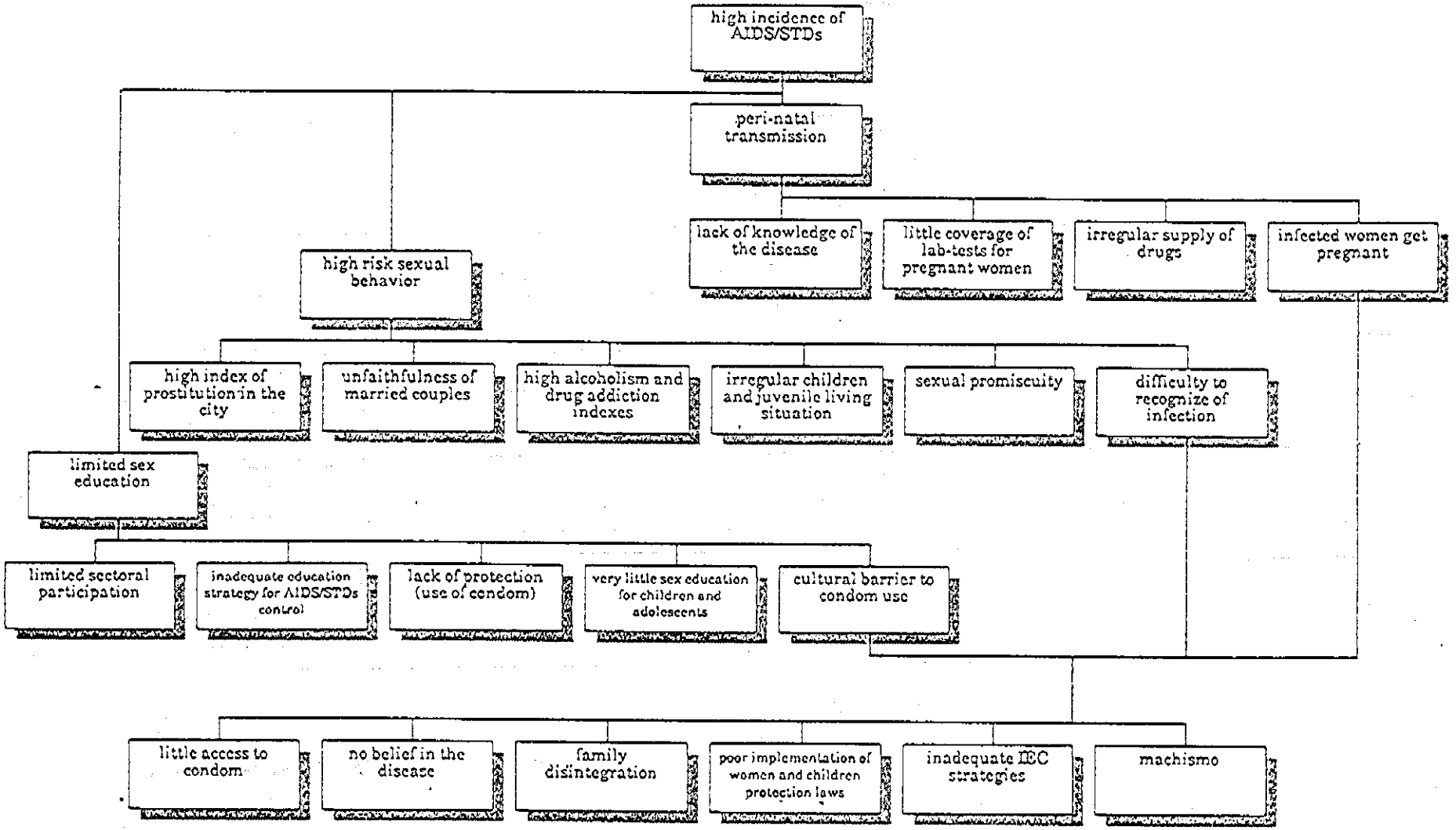
(3) Problem Tree on Malnutrition



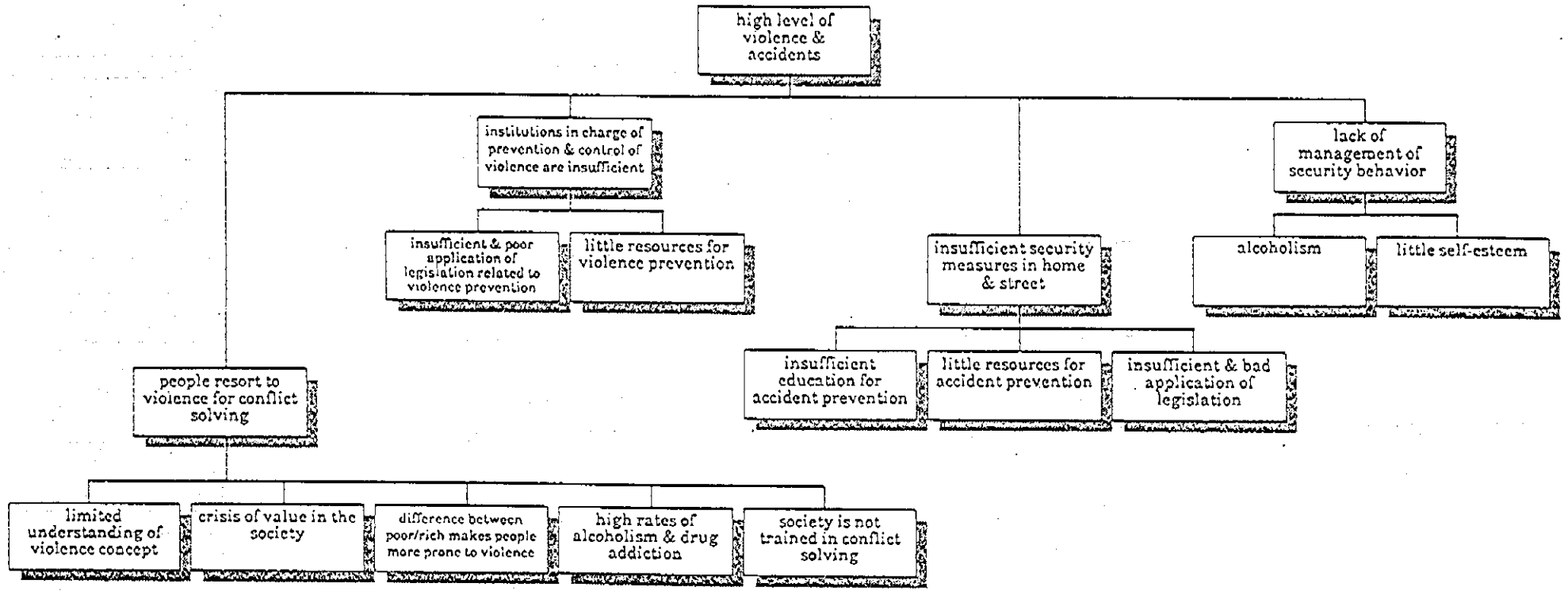
(4) Problem Tree on Water and Sanitation



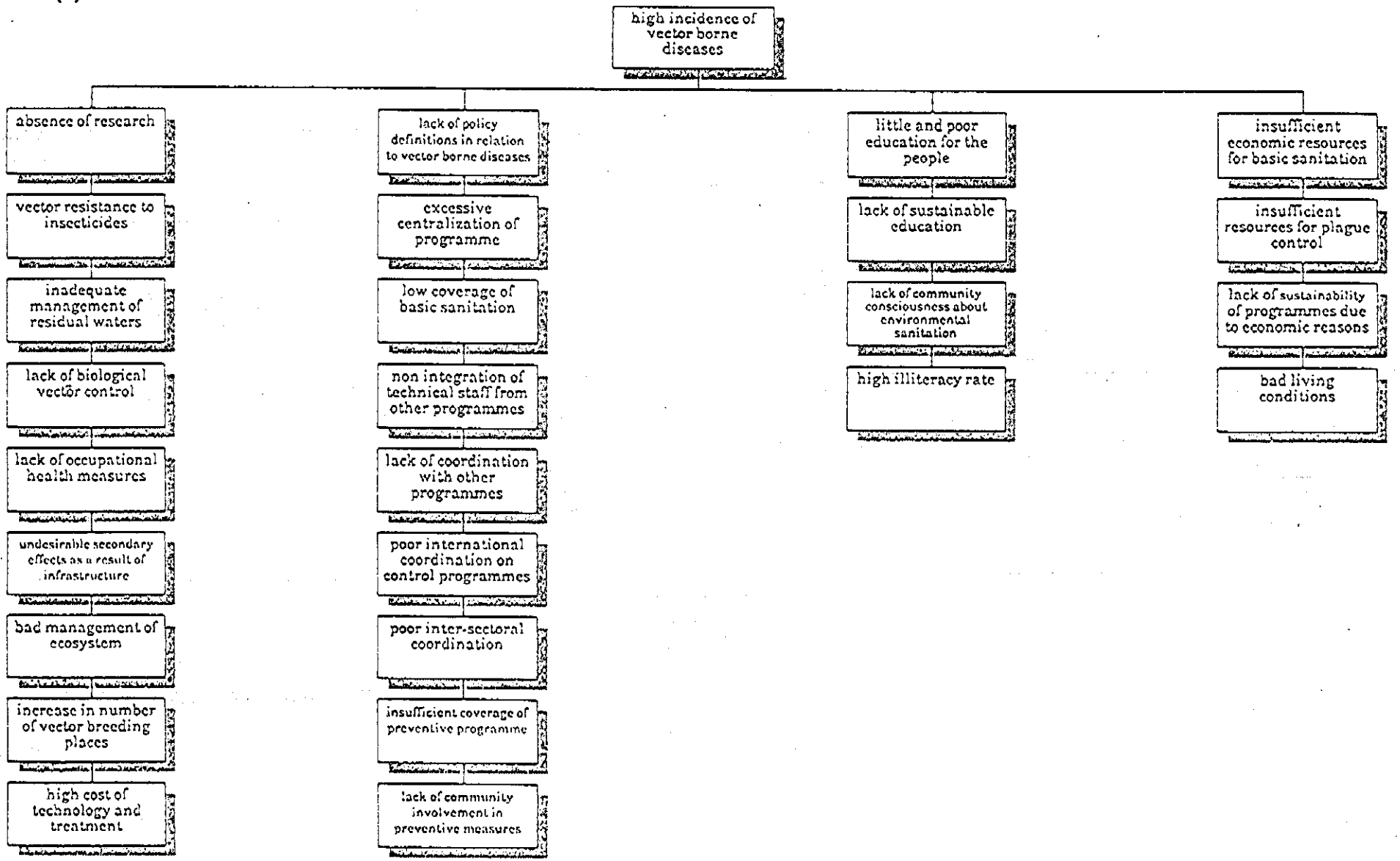
(5) Problem Tree on AIDS



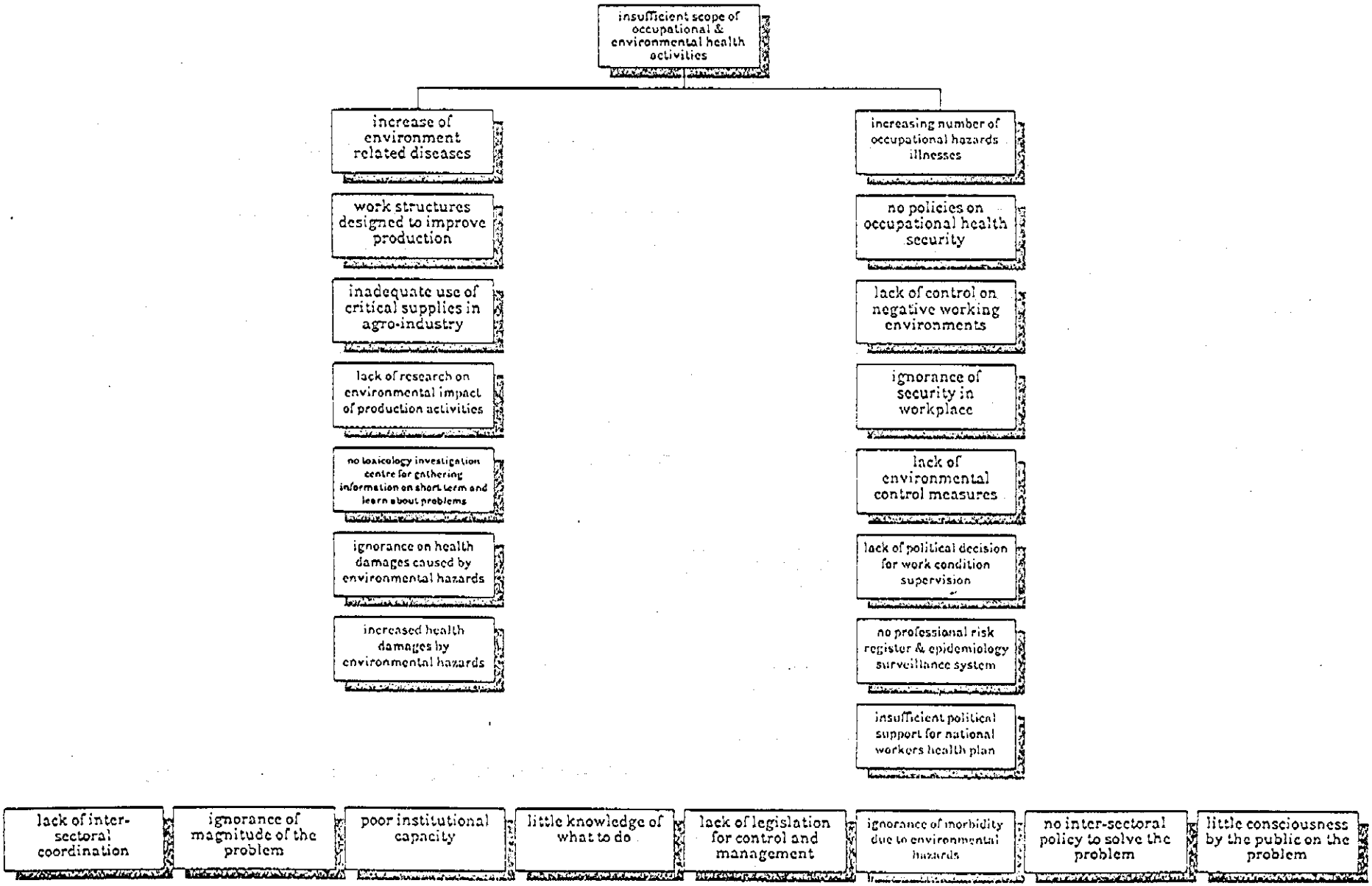
(6) Problem Tree on Violence and Accident



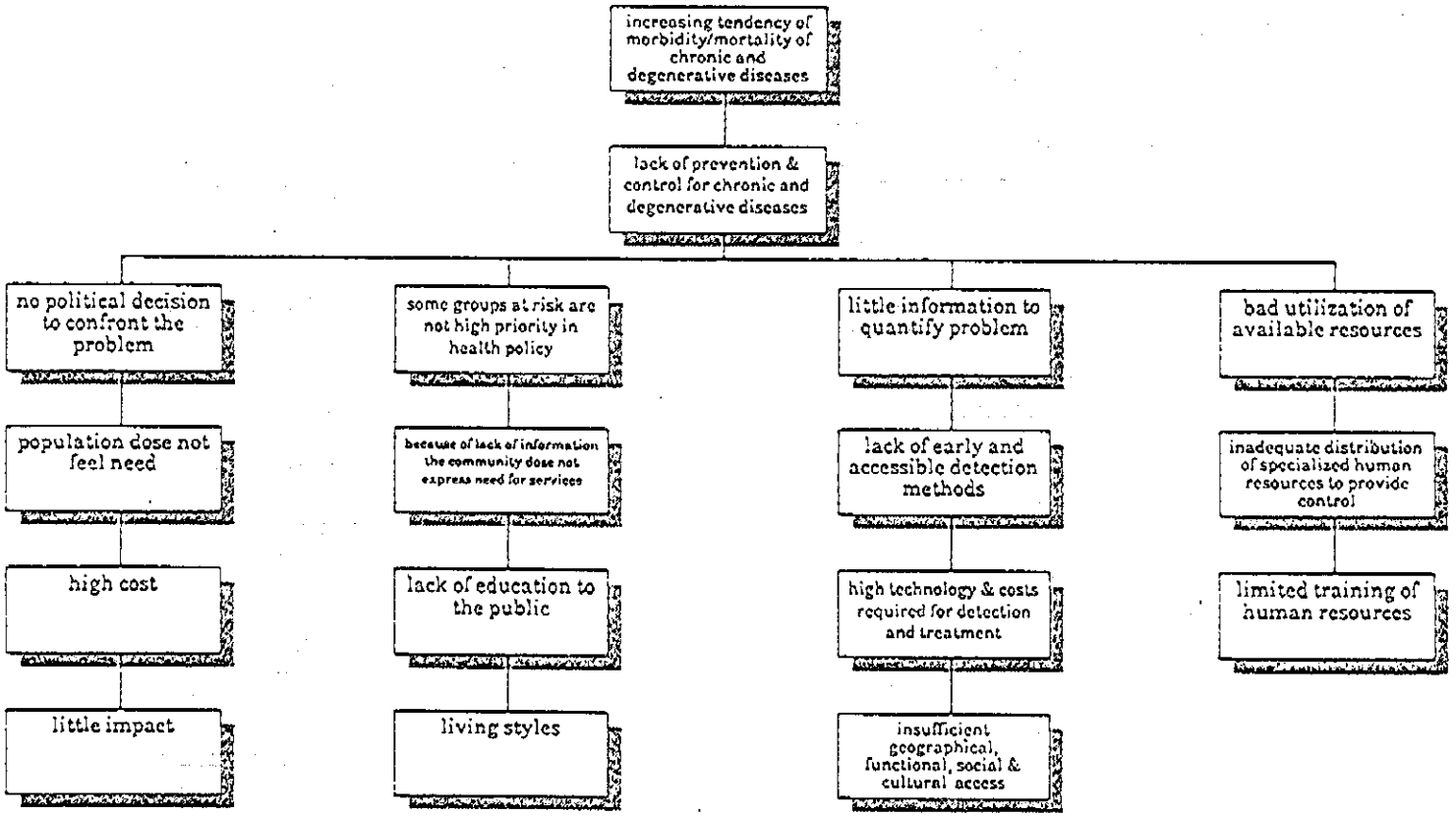
(7) Problem Tree on Vector Borne Diseases



(8) Problem Tree on Occupational Health

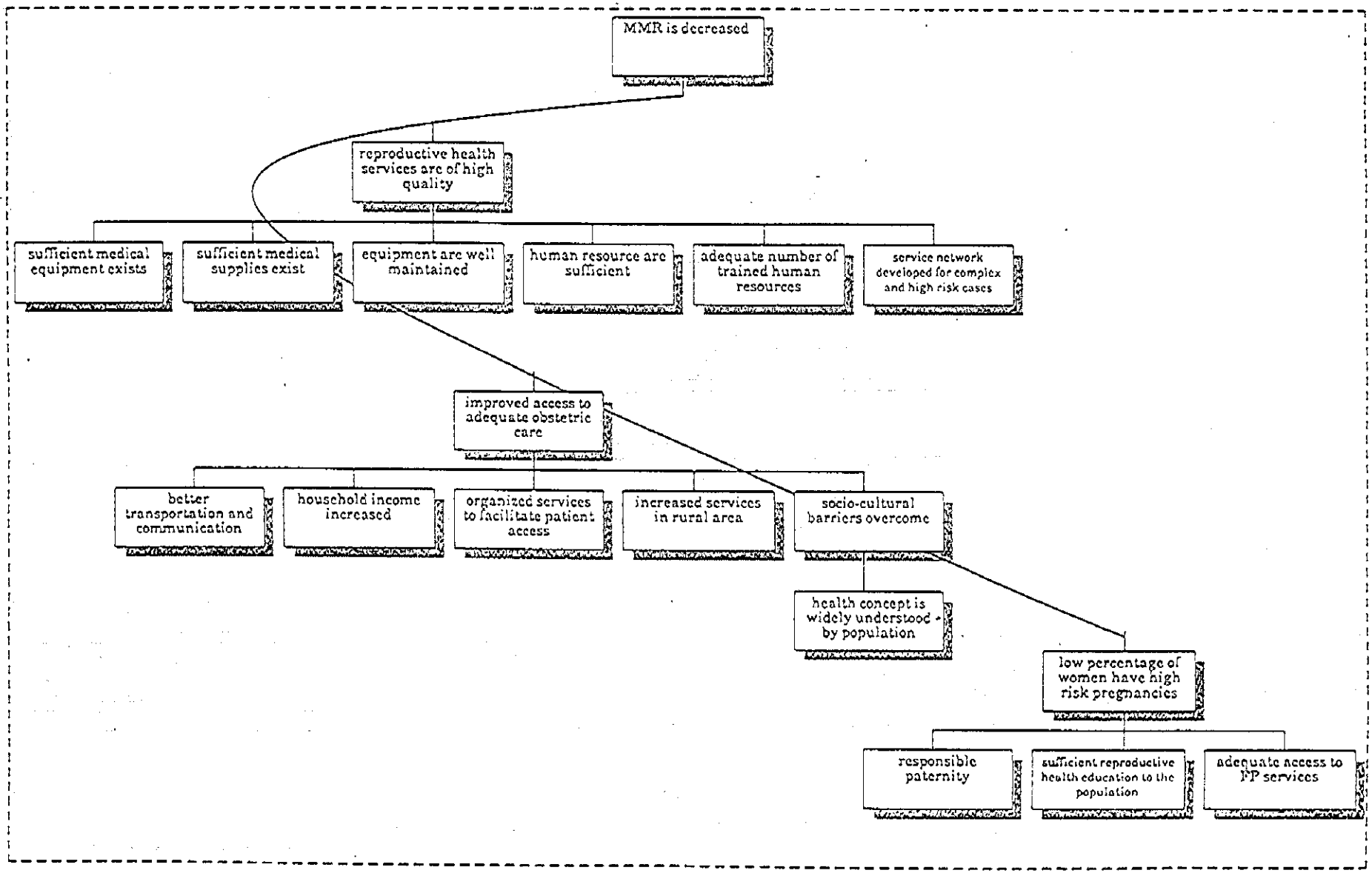


(9) Problem Tree on Chronic Degenerative Diseases

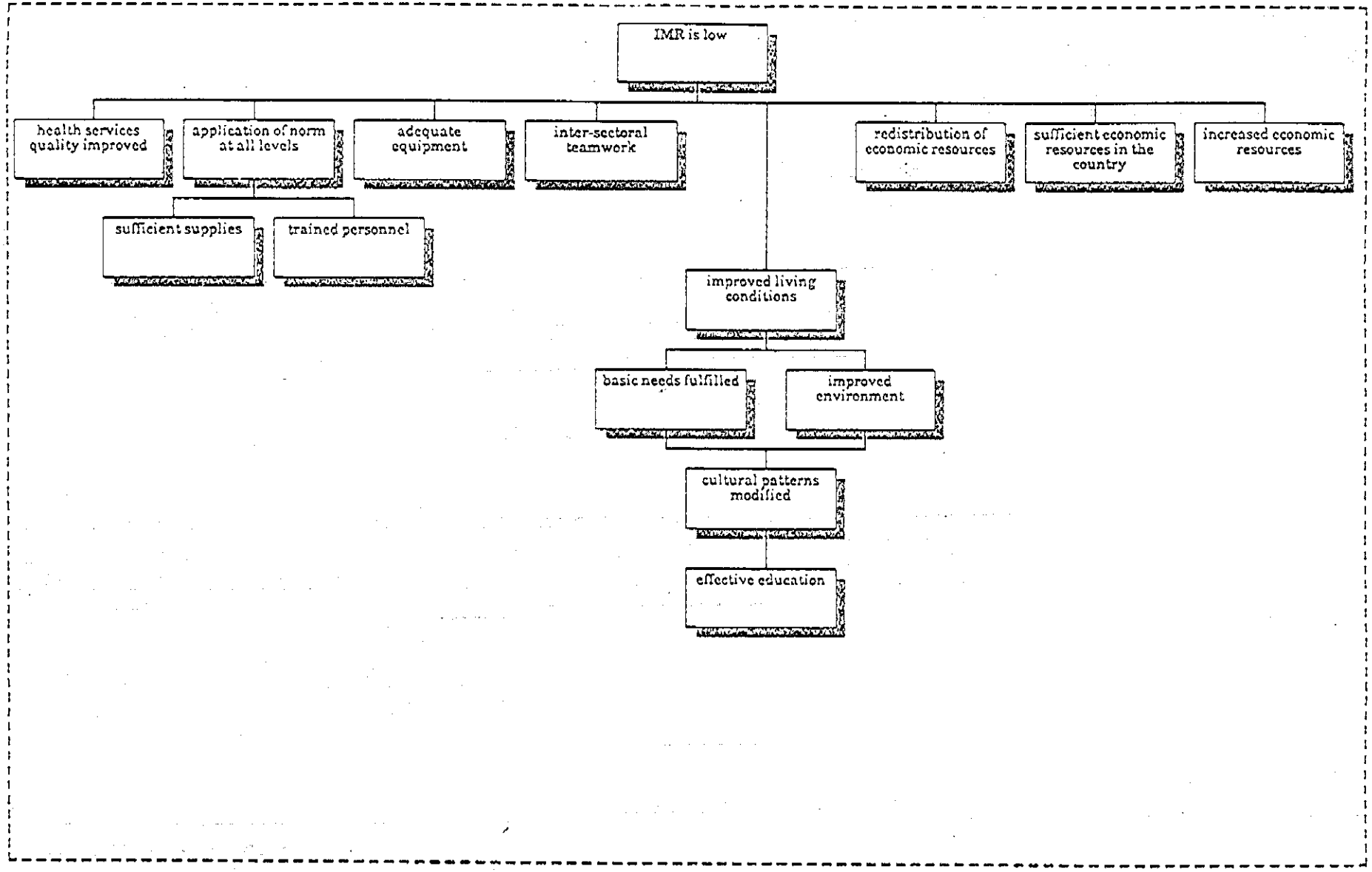


BI-6 Objective Trees (Results of Objective Analysis)

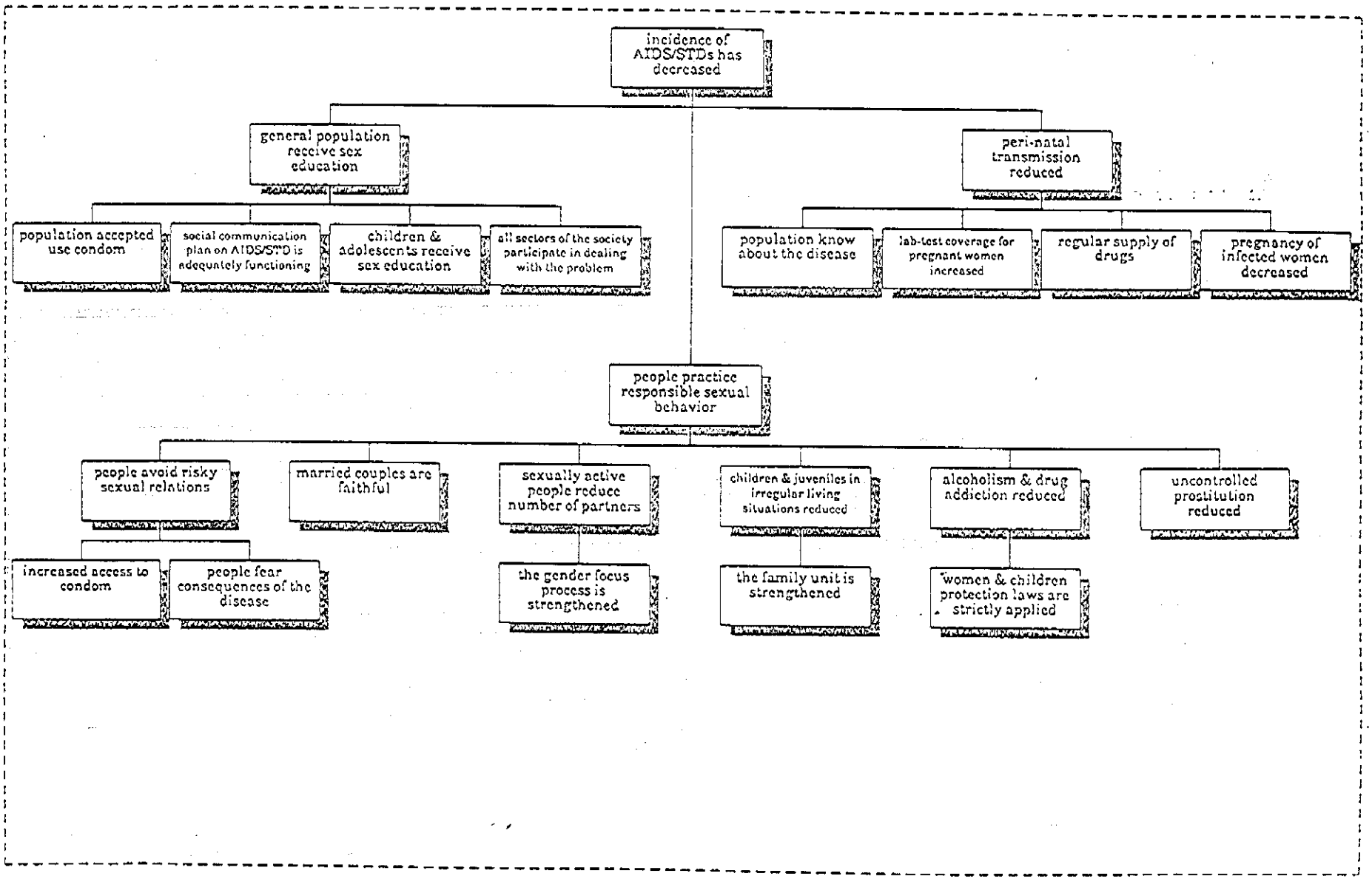
(1) Objective Tree on MMR



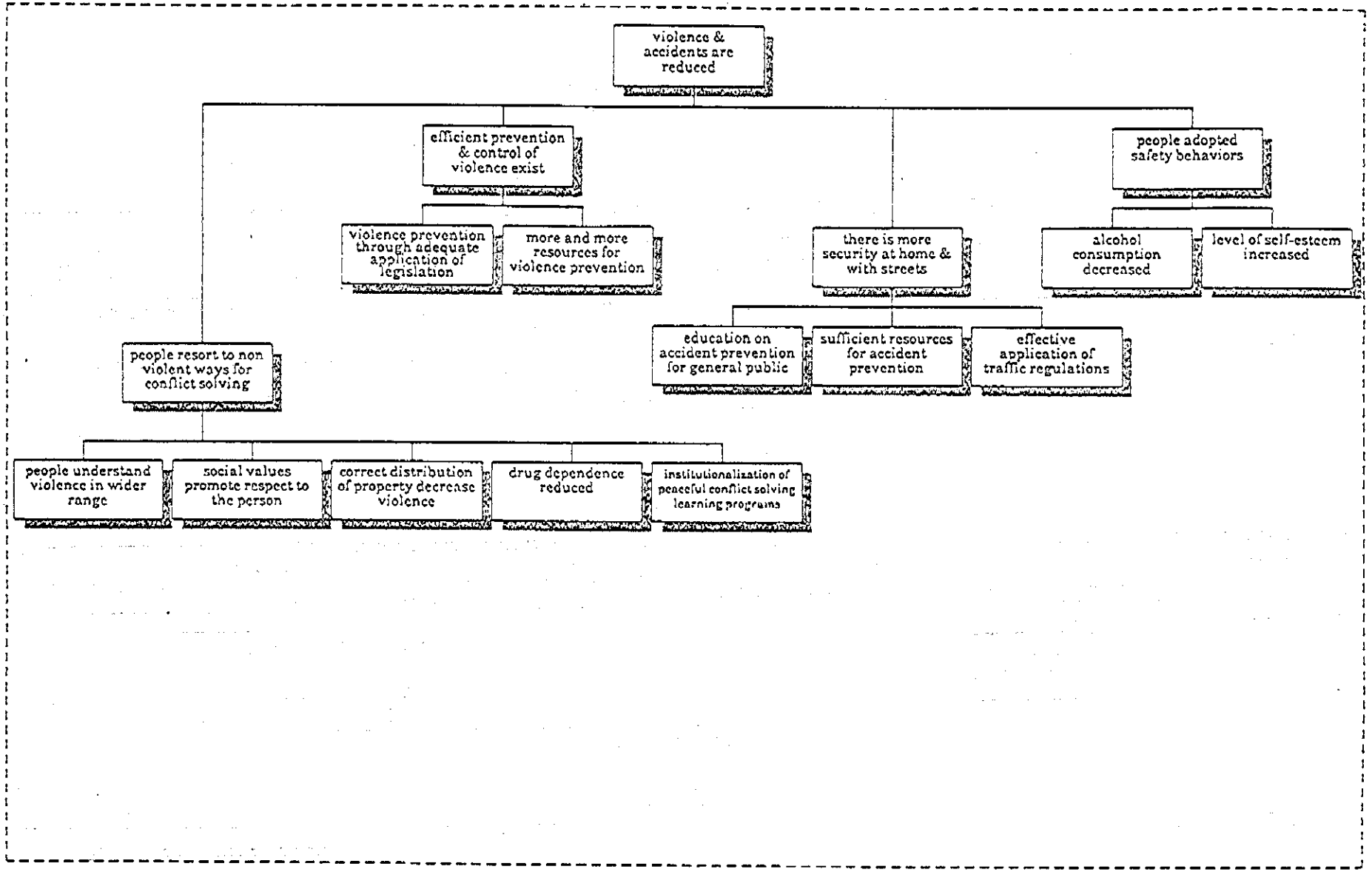
(2) Objective Tree on IMR



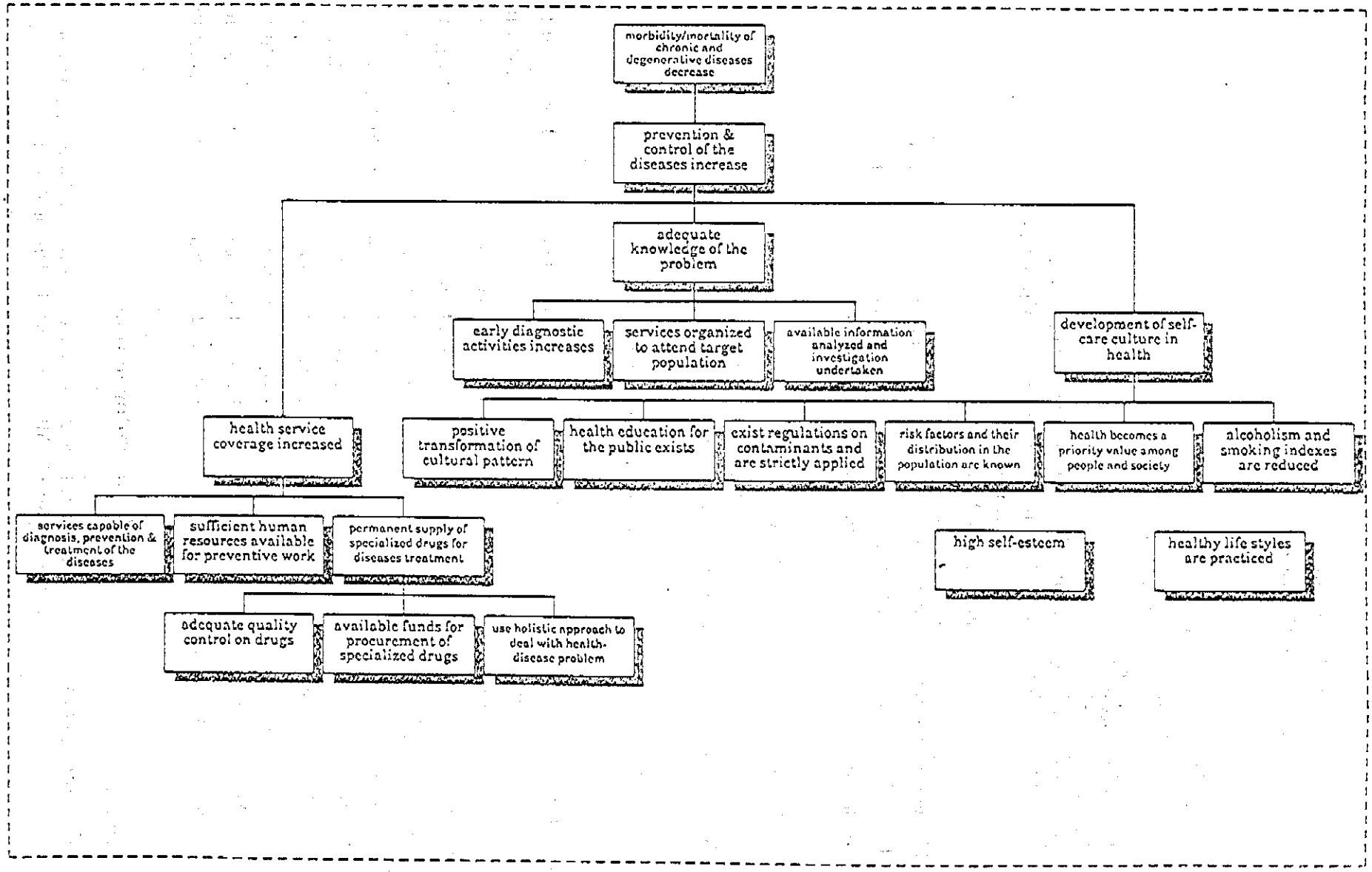
(3) Objective Tree on AIDS



(4) Objective Tree on Violence and Accident



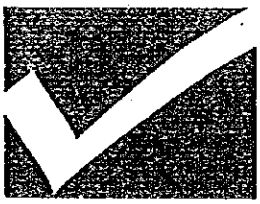
(5) Objective Tree on Chronic Degenerative Diseases



BII. PCM/ZOPP Workshop II

BII-1 Program of the workshop

AGENDA English



Taller #2

from July 17 (Lunes) to 20 (Jueves)
9:00 AM to 5:00 PM Lunes - Miercoles
9:00 AM to 1:00 PM Jueves
at Lago de Yojoa

Meeting called by:	MSP, study team	**Note taker:**	Francis
Type of meeting:	PCM/ZOPP workshop	**Timekeeper:**	Francis
Facilitator:	V.David, I.Fajardo, G.Rosenthal		
Attendees:	40-45 to be nominated		
Please read:	resumen ejectivo, problem trees, objective trees, ZOPP introduction		
Please bring:	open mind and happy soul		

----- Agenda Topics -----

1. orientation	I. Atsuta, J. Overton	Lunes 9:00-10:00
2. review of the taller #I	V. David	10:00-10:30
3. participation analysis	I. Atsuta, J. Overton	11:00-15:00
4. problem analysis	I. Atsuta, J. Overton	15:30- Martes 10:30
5. objective analysis	I. Atsuta, J. Overton	11:00-15:00
6. alternative analysis	I. Atsuta, J. Overton	15:30- Miercoles 10:30
7. PPM objectives	I. Atsuta, J. Overton	11:00-12:00
8. PPM assumptions	I. Atsuta, J. Overton	13:30-15:00
9. PPM indicators	I. Atsuta, J. Overton	15:30-17:00
10.PPM means of verification	I. Atsuta, J. Overton	Jueves 9:00-10:30
11.summary of the sessions	I. Atsuta, J. Overton	11:00-12:00

Other information

Observers:

Resource persons: national counterparts, donor's representatives, local planners, nurses/doctors from CESAR/CESAMO, community leaders, mothers, etc.

B11-2 Results of the workshop

(1) PDM (Project Design Matrix) for MMR Reduction

Sammary of the Project	Indicators	Data Source	Important Assumption
Overall Goal Disminucion de la mortalidad materna en Honduras	Mortalidad materna en Honduras de 110 x 100,000 n. v entre 1996 2,010	Registros de mortalidad Historias clinicas	
Project Purpose Mejoramiento de las practicas de las P.T.C.	50% parteras con practicas adecuadas. 50% usuarios refieran practicas adecuadas en la atencion ultimo parto	Encuesta CAP	Que las tendencias demograficas (nat. y mort) continuen igual en años 2,000-2010
Expected Outputs Reduccion de practicas nacivas Referencia de alto riesgo Parteras capacitadas adecuadamente Sustitucion de parteras en edad avanzada Mejoramiento de el seguimiento de parteras Comunidad organizada para abordaje prob. mat.	40% del total de parteras en Honduras sean jovenes 80% pacientes de alto riesgo son referidas 80% reduccion de practicas inadecuadas # reuniones entre parteras para intercambio de experiencias c/2 meses	Informe de las supervisiones Informe de Reuniones	Que se controlen enfermedades asociadas al embarazo parto y puerperio Que otras instancias retomen su rol Que se incremente el acceso a los servicio de salud
Activities Concientizacion de la comunidad en aceptar parteras jovenes Deteccion y reclutamiento de parteras jovenes (parientes de parteras edad avanzada) Capacitacion de parteras Adecuacion de metodologias de capacitacion Disminucion de las barreras de lenguaje Supervision y seguimiento a parteras Capacitacion de lideres comunitarios sobre riesgo R. y obstetrico Coordinacion con otras instituciones a fines	Papeleria Cartulina Viaticos x RRNN Marcadores Lapices tinta Lapices grafito Medio transporte Combustible Maquina escribir Auxiliares enf. Emfermeras profesionales Contratacion de personal que hable otro dialecto idioma	Costo para CAP Costo de asesoria CAP	Que la comunidad acepte parteras jovenes Las personas jovenes acepten ser parteras Que las parteras acepten cambiar voluntariamente Encontrar personal calificado para disminuir barreras de lenguaje Que exista disponibilidad de recurso para hacer el seguimiento Que se tengan los resultados esperados en lideres capacitados

(2) PDM for IMR Reduction

Sammary of the Project	Indicators	Data Source	Important Assumption
Overall Goal Disminuir la mortalidad infantil	Tasa de mortalidad infantil	Investigacion registro civil registros s.c.s.	Decision politica
Project Purpose Mejorar la calidad de atencion en los servicios	Tasa de letalidad indicadores de rendimiento % supervisiones realizadas segun plan	Supervision Informes Investigacion	
Expected Outputs Aplicacion de normas Ejecucion de las estrategias de ataque Programas elaborados Mejor utilizacion de los recursos	% casos con aplicacion de normas % de UPS con estrategias implementadas % programas elaborados segun plan % casos con aplicacion de normas % de pacientes atendidos segun norma Proporcion de estrategias de ataque en ejecucion	Supervision directa Encuestas Informes Planes de trabajo Supervision Investigacion Informes	Actitud positiva del personal
Activities Capacitación en estrategias de ataque (ira, diarrea, salud reproductiva) Sistema de vigilancia (monitoria, supervision, evaluacion) Implementar las estrategias de ataque a todos los niveles	% recurso capacitado % plan desarrollado % Sistema vigilancia funcionando adecuadamente % de UPS con estrategias implementadas	Informes Investigacion Supervision Observacion Informes de supervision Encuestas	Existencia adecuada de recursos financieros Apoyo logistico adecuado Uso adecuado de recurso disponible

(3) PDM for Improvement of Occupational Health

Sammary of the Project	Indicators	Data Source	Important Assumption
Overall Goal Ampliar las coberturas de las actividades de salud ocupacional	Altas coberturas en salud ocupacional	Encuestas de cobertura actual y final	Decision politica
Project Purpose Identificar el perfil epidemiologico de la problematica de salud ocupacional	Perfil epidemiologico en salud ocupacional identificado	informes epidemiologicos	toma de decisiones oportunas aceptacion de un sistema unico por las entidades involucrada altas coberturas de vigilancia epidemiologa empresa privada y trabajadores participando actitud positiva del personal acceso a asesoria tecnica aperturas de las entidades formadoras de recurso
Expected Outputs Tener un sistema de vigilancia epidemiologica implementado	No. de establecimientos que informan en tiempo meta No. de eventos identificados No. de establecimientos superv. con inf. veraz No. indicadores progresivo No. capacitaciones realizadas No. personal programadas a capacitar Contenido Curricular	estadistica de salida institucional supervision y monitoria sistema de registro implementado registro de institucion con sistema unico registro de personas capacitadas Documento Elaborado	
Activities Incorporacion al sistema de v.e. global Implementar un sistema de registro de salud ocupacional Capacitar al personal de salud en salud ocupacional Elaborar una curricular en salud ocuapcional para personal de salud	**Input** Asesoria tecnica Equipo Material de oficina Transporte Pago a personal Viaticos		

(4) PDM for Violence Alleviation

Sammary of the Project	Indicators	Data Source	Important Assumption
Overall Goal Disminucion de indices de violencia en Honduras	Disminuir en 50% la tasa de mortalidad por actos violentos Disminuir a 5% el total de atenciones en salud por actos violentos	Registros del sistema nacional de salud Registro civil Estadisticas de FUSEP Cruz roja hondureña Ministerio Publica	Cuenta con apoyo politico
Project Purpose Organizacion municipal contra la violencia	Crear 293 comites municipales contra la violencia	Alcaldia municipal	Cuenta con apoyo legal
Expected Outputs Organizacion de comites municipales Mejoramiento en la red y precision de informacion sobre violencia Planes de trabajo funcionando	Operacionalizacion de 293 planes de trabajo	Monitoria de implementacion de planes	
Activities Reglamentar el funcionamiento de los comites Analizar localmente la situacion de violencia Coordinar con las instituciones involucradas Establecer un sistema local y nacional de informacion Capacitar a los miembros de comite	**Input** Papel, Lapiz, marcadores, cartulina Viaticos (p)		Cuenta con apoyo financiero Cuenta con apoyo tecnico

BII-3 Feedback from the Participants

1. Goal for the year 2000-2010
   -What can be done to improve the health situation in Honduras?

   -What can your organization do to improve the health situation in Honduras?

2. What is your impression of this workshop?

3. Suggestions.

4. Would you be willing to work with the ZOPP Method in your work place?

5. Would you be interested in knowing more about the PCM/ZOPP Method?

6. Name, Organization, Telephone.

Participant 1

1.1 Integrate in the elaboration of a Health plan for a long term and implement it.

1.2 -Adequate management of resources
-2010 plan implementation
-A guarding system implementation

2. Food: **Too much food... more variety and with tortilla**

   Lodging: O.K.

   Logistics: For us that tie in far away places it must be considered lodging and viaticum for the drivers

   Method: Better clarity of what is being moderated

   Program: Not to be so extended

3. **To be in other place**

4. **Yes**

5. **Yes**

6. **Omar Fuentes Mejia**
   Hospital de Area San Marcos de Colón, Ocotepeque Tel: 63-4117

Participant 2

Carmen Martinez de Paz
Region #4
Choluteca
House number 82-2886
Work number 82-2304
I am a nurse

Participant 3

1.1 **Promote the socio-institutional organization of the local level especially the administrative politics organization in Honduras.**

1.2 **Incorporate elements of local development ecology sustainability and nutritional food security as basic aspects of health context with the community participation.**

2. Food: **Too much, not balanced**

Rooms: Must be improved

Logistics: Lack of adequate and pertinent method

Program: Adequate scheduled can be improved with later actions at night and giving more time at noon

3. **Negotiate the menu with the hotel, specially include fruits in the breaks breakfast (Creoles fruits and from the season more healthy**

4. **Yes...specially in my disciplinary thematic**

5. **Surely it is a competition method and interesting**

6. **Moises Sánchez Hernández**
Food and Nutritional Director
Tel: 37-3709
Fax: 22-7594
MSP

Participant 4

1.1 Work harder develop strategies and implement them at all levels. Incorporate discipline and the working method to my co-workers.

1.2 Develop a more efficiency in my work, are involved, with the rest of the personal from the institution, reaching goals in reachable objectives with the finality to improve the health situation in the country.

2. It is a very intense journal of work gives, food acceptable (lot of food, the food was repeated) humidity in the rooms, lack of out door communication) very good working methods, logistics very good.

3. More time to discuss to obtain better results.

4. In the sanitary environmental division we use this method, in the majority of our projects.

5. When we believe we need to, we will communicate with you.

6. Lic. Daisy Mejia de Erazo
Sanitary Environmental Division
37-8783
MSP

Participant 5

1.1 Work in hones and effective form

1.2 Work in a coordinated way and plan objectives and plans for a long term

2. Food: Regular

Logistics: Excellent

Methods: Excellent

3. Amplify the program

4. Yes

5. Yes, I need help to reproduce it

6. Ada Rivera
IHSS North Regional Division
Preventive Medicine Department
P.O. Box 1717

Participant 6

1. **To improve the health situation in Honduras we must fulfill the functions which have been recommended to us, and as a particular persons contribute in the development of the programs of our communities without any kind of interest.**

   Our institution has in all times to procure capable human and material resources.

2. Food: **Sometimes good and sometimes regular**

   Lodging: Comfortable although the place where we were ubicated was inappropriate (hot)

   Logistics: According to the workshop (good)

   Method: I think productive, the program was very tight there was a lack of time to relax example: go to the lake by boat

3. **I suggest to take in account the social aspect for the next workshop**

4. **I would like to introduce the ZOPP Method in my working place**

5. **Yes I wish to know more about the Method**

6. **Jaime Segura Gomez**
   Sanitary Region #3
   M.S.P

Participant 7

1.1 Get more interested to detect and solve problems

1.2 Implement the preventing aspect and realize more super vicious

2. Food: Good

Lodging: Excellent

Logistics: Excellent

Methods: Excellent

Programs: Good

3. Send information documents to the guests, two or three days before beginning the workshop to be more or less informed of what we are coming to do.

4. Yes

5. I think so, I do not really know who much I know of PCM/ZOPP, it would be a good idea an evaluation to determine this

6. Jose Roberto Carrillo
Hospital del Sur
82-0221

Participant 8

1.1 That the mortality in Honduras improve

1.2 That every Honduran give the best we can for this situation improve, specially the ones we work for her

2. Prepare the food in a better way, too spicy, lodging good, methodology excellent, the program must be develop in a longer period of time

3. Improve the food, develop in a longer time

4. I need to know more about it, I like it very much. I need to be more capacitated to dominate it.

5. To introduce this method in my work, I need to dominate it more.

6. (...)

Participant 9

1.1 That the ministry function in a more coordinated way in its interior, so you have to feel the involvement of all CONSUMI in this.

1.2 This methodology should be incorporated to work with the routinely problems, too. (everything)

2. In general the food attention, lodging, logistics was very good. Maybe there was a small lack of examples in the matrix

3. For next workshop: make sure that the responsible of the programs, normative and operative get more involved

4. Yes

5. Yes, Yes, Yes

6. Lilia Uribe Lopez
Mental Health
MSP

Participant 10

1.1 **-Work in a responsible way**
-Capacitate us in the situation proper to health, improve the health conditions of our community

1.2 **-Share the problems with all the employees of the institution**
-Involve all the employees in the looking of solutions

2. **No variety of food**
adequate lodging
adequate logistics
adequate methods
Program: to little time

3. **More time to develop the desire objectives**

4. **I will introduce it as soon as possible, so I ask you for more information the following address:**
Lic. Argelia Gallo
San Francisco Hospital
Juticalpa, Olancho

5. **I need to know more details. Yes, I really need them**

Participant 11

1. To improve the health situation in Honduras there must be a fulfillment of a series of situation and technical and economical aid; that the studies made can be put in execution and give them continuity that the activities be taken to all levels, that there exist a positive mentality and the desire to do the things well. That each day we, the health workers of the Honduran people make it in the best possible way, thinking not in us, but in those who need attention.

The institution to continue the same as know and improving each day giving the same priority to the problems.

2. The food was all right but the participants should be asked what we like. Lodging good, the logistics very good, the program excellent.

3. What I said before, give the drivers aid for viaticum's to us that live very far away.

4. I would like very much to be given help in our work.

5. Yes I wish more material to enrich our knowledge

6. Dr. Arturo Escobar Molina
Epidemiologist of the Region #5
Santa Rosa de Copán, Honduras

Participant 12

1.1 Continually participating in the evaluation of the water resource, in quantity as well as in quality as in the subsector planning from a health preventive focus.

1.2 Restructure and reassure its structure and its actions in the function to increment the water coverage a sanitation to a natural level, retaking the responsibility in the aspect of quality and in the quantity of it.

2. It is necessary these types of exercises because it permits us the inter institutional gathering, that in a sort term can accelerate the process of shortening the deficiencies in the coverage and the attention.

-Food: was good and sufficient

-Lodging: comfortable

-Logistics: weak in transportation and some extra expenses as taxis...

-Methods: adequate, the inconvenience is when it is identify as a capacitation in a methodology, some partners do not give the adequate product in function of the health strategies, but as an exercise

3. The relation with transportation

4. This methodology is used in a management level

5. Particularly it would help me to program and conduct the office activities better

6. Rodolfo Ochoa Alvarez
Develop Division Specialist
SANAA

Participant 13

1.1 To be in better conditions than those of now in the areas of population, family and myself

1.2 Work with much more diligence, work more responsibly, work with a greater obligation towards the population

1.3 Create better working conditions, work in a manner more obligatory towards the population

2. The methodology was very good, interesting, and tangible. The food was average and the lodging very good

3. -There should not be one meal plan, remember that we all have different eating habits and perhaps it could be a way of returning money to the participant that could be used to cover traveling expenses

-Not to assume that the counterpart is assuring his/her responsibility in covering expenses
-Analyze the reason why the other 40% of persons invited did not attend in order to achieve greater participation

4. I would like the region #3 team to be trained it this method in order to implement and adjust it to its existing plans and projects

5. Yes, there are some aspects that I do not have quite clear

6. Rosario Peña Quintana
Asistente Depto. Enfermeria
Region #3
Tel: 52-3024 Telfax: 52-1882

Participant 14

1.1 To support and strengthen futuristic health projects, to participate locally in community problem solution projects, to determine politically the following health workers for support

1.2 Inform about health, to participate and organize projects about community health with local response, to integrate into the health national reality, to plan for future, on local health problems

2. Food convenient in quantity, but unsuitable in quality (lack of taste, short menu), lodging suitable but there were thumbtacks without point or boards too hard, methods excellent, program bad time allocation, not enough, lack of information about the operation plans

3. More method explanation, better time keeping, more integration and social events, to include effects not just causes in the methodology

4. Yes

5. Yes particularly concerning the operational planning, this was not discussed during the workshop

6. Oscar Acosta Valladares
General Practitioner
Assistant to the Area Director
Area 4, Region 6
Tocoa, Colon

Participant 15

1. I can form part of the process that will lead to improving the situation

2. My organization (private clinic and hospital) can contribute by means of information, incorporating ourselves in analysis, improving the quality of attention

3. Be demanding with those participating in the workshop as far as respecting the scheduled times of commencement, secure that all organizations receive their invitations in plenty of time and that the persons selected to participate are the same ones that come

4. We will begin to use this method in our work environment it is less expensive, comparing it with the result

5. Yes, I will communicate in the future

6. Dignora Lizano
   Hospital de Tocoa

Participant 16

1.1 Encourage the integration of work between the various divisions in MSP. The MSP should join together their job with other ministries of the country and organizations with this aim

1.2 My institution carries out efforts developing the different levels of attention first of all the human resources in order to achieve the transformation of Health Services. It promotes the participation of others sectors in local development

2. It was innovate and I felt I learned a lot, it made me reflect once more in the importance of working together as a team. The methodology permits a lot of mental activity and that is important, lodging very good, logistics well planned and with all of the facilities, food should not consider offering dinner, it is better to give the money to the individual so that she/he can select their own meal, breakfast and lunch is O.K. to consider, but should improve lunch to make it tastier

3. Everything was fine besides not recognizing a per diem for dinner for each participant

4. The ZOPP method is important and its is necessary to apply it in all Health institutions

5. Yes, I would like to know more about the ZOPP Method

6. Rubenia Banegas Velasquez
Enfermera Regional
Region#1
Tel: 36-7157 Fax: 36-7157

Participant 17

1.1 Would enter into a process of integral development and integrator of human development in the society of my area cordoning with all actions taking as a base that the local levels (communities) identify their problems as well as alternatives for solution, particularly putting emphasis on community participation

1.2 We have insisted on a process of community participation nevertheless it needs re-enforcing on all levels

2. Food, lodging, logistics, program good, method very interesting but I still have questions

3. Better communication on the part of the facilitators with the group in order to detect opportunistically aspects that are not clear and (identify until the moment of working in the group)

4. I consider the ZOPP method will strengthen the planning and would be ideal to introduce in my hospital and for that matter if it were possible their support, out institution would be grateful

5. As I mentioned before I need to go more in-depth with the method, especially the part of MMP

6. Domingo Amador
Hospital Dr. Enrique Aguilar
La Esperanza

Participant 18

1.1 Truthfully speaking there are many things that need to be done, but particularly I believe that it is necessary to follow the direction where our Ministry of Health's support and greatest effort is being put so that initiatives such as these can come to a happy ending in combination with the rest

1.2 Continue carrying out studies and projects of investigation oriented to the identification and evaluation of main environmental problems in favor of improving the population's health

2. With respect to the food it was good though abundant, although it was good I would have preferred more variation, with respect to lodging I have no complaint what so ever, logistics very good logistic support, method I enjoyed the methodology very much especially since I had never been introduced to it, program I believe there was not enough time and it would have been very enjoyable to have taken time for an outlying

3. -It would be very nice that for future workshops to achieve greater participation by the other involved institutions especially from the national counterpart of the project
   -That one will be able to rely on all necessary transportation being covered
   -That a sound system be available

4. Yes, I would like to

5. Yes I would like to know more about PCM/ZOPP

6. Lic. Guillermo E. Padilla
   Centro de Estudios y Control de Contaminantes
   CESCCO

Participant 19

I consider the workshop to have been very important. I find it difficult to establish precise objectives and goals in a medium time span such as the year 2000 to 2010; however, it has been analyzed in the lapse of time simulated, (the unit which I have the pleasure of representing will distribute human resources within its possibilities). Health in Honduras is a sector of global development so important that all possible attention should be given to it and all the resources and efforts that are within reach dedicated to it without scrimping.

The next workshop should be more organized in regard's time, more time should be given.

The ZOPP method is excellent. We will do all that is possible in order to establish it in our work center.

It is necessary that we are given more information and details about the PCM/ZOPP

Jose Antonio Amaya
URI
Secretaria de Salud Publica

Participant 20

1.1 To improve the health situation in Honduras we should involve ourselves in our work with responsibility and solicitude for our job and not just its salary, to work honestly use resources rationally to abolish corruption's and to obtain maximum community participation

1.2 The institution should redeem itself as a well organized system taking in account the interest and needs of the population, setting aside the interests of the power groups within the system and to preferring the needs of the population services where it is a active participant and not an object

2. It is a workshop of goal magnitude, very interesting and constitutes a great challenge for all of us who participated. Hopefully it accomplishes and maintains effectiveness as a project

Food good, lodging very good, logistics very good, method very good, program very good with exception to the time being too short

3. To improve workshop lengthen the time

4. Yes, we wish to have the ZOPP method in our workplace

5. Hopefully we could have a copy of the material used in this workshop in addition to more information

6. Jorge Flores Diaz
Jefe de Area de Salud #3
Region #4
Choluteca Tel: 82-2673

Participant 21

1. I believe one of the ways to improve the situation in Honduras is to work with love and a positive attitude, with regards to the institution where I work, I believe that we can do a lot to improve the situation in Honduras since we are an important area and within our range we cover almost all of the population at given moments

2. This workshop has been of much benefit because it is something practical that offers to solve some of our problems in more effective manner

The location was nice, the food was average, the method used was more practical and allowed for a greater opportunity to learn in a hands on situation

3. That the same people be invited and that the same methodology be used

4. Yes

5. Yes, clearer material in the copy

6. Lic. Neiby Funes
Division de Salud Mental

Participant 22

I believe that one the problems are identified projects should be created. In addition to being viable they need to have a political backing from an influential level and include and be put into writing the involvement of a their institutions and sectors of the society concerning the role they play in the project. This would be done so that working together we will be able to achieve the projects and not leave them only on the table for discussion

I believe that we should optimize all of our human resources and finances also enforce changes in the attitudes of the personal of our institution given that this is an obstacle in the execution and quality of jobs. We need to work on developing a social conscience which will lead us to improving Health in Honduras

Food abundant but very repetitive, lodging the workshop should be organized in such a way that everything is pre-planned so as to prevent set backs. In this workshop I believe the transportation was a limitation especially since the Friday before no one knew how people were going to be mobilized, method it seems to me to be adequate, program a little pressed for time in the allotted schedule

Better coordination with the regions as well as the available information, assigning the time the workshop deserves

The ZOPP method is an excellent one, without a doubt, that will be put into effect in the work place

I would like to know more details about the PCM/ZOPP method

Oscar Reyes Garcia
Region Metropolitana

LISTA DE PARTICIPANTES AL SEGUNDO TALLER DE PLANIFICACION

HOTEL BRISAS DEL LAGO, LAGO DE YOJOA DEL 16 AL 20 DE JULIO 1995

NOMBRE	INSTITUCION	POSICION	TELEFONO/FAX	DEPENDENCIA
Norma Ondina Bejarano	Hospital de Tela	Directora	48-2073	M.S.P
Marco Antonio Alvarenga	Región Sanitaria #6	Director Regional	41-1695 fax:41-1697	M.S.P
Alcides Martínez	Región Sanitaria #2	Asistente Epidemiología	72-0137	M.S.P
Rosario Peña Q.	Región Sanitaria #3	Asistente Enfermera Regional	52-1882 telefax	M.S.P
Rubenia Banegas de Velásquez	Región Sanitaria #1	Enfermera Regional	36-7157	M.S.P
Carmen de Paz	Región Sanitaria #4	Enfermera Regional	82-2304	M.S.P
Moises Sánchez	Dirección de Nutrición	Director Dirección Nutricional	37-3709 fax:22-7594	M.S.P
Argelia Gallo Navarro	Hospital San Franciso Juticalpa	Jefe Departamen. de Enfermeria	85-2647	M.S.P
Neiby Funez de Marrero	Salud Mental	Psicóloga	22-0466	M.S.P
Oscar Enrique Acosta Valladares	Area #4 , Región #6	Asistente del Area	44-3600	M.S.P
Rita Dinora Lizano	Hospital de Tocoa	Directora	44-3603	M.S.P
Lilia Uribe	Ministerio de Salud	Jefe Salud Mental	22-0466	M.S.P
Sergio Alberto Carias	Ministerio de Salud	Director Planificación Sectorial	22-1656	M.S.P
Gilberto Padilla	CESCCO	Coord. de Area Microbiología	31-1006	M.S.P
Jose Antonio Amaya	URI	Asistente Legal	37-0315	M.S.P
Oscar Reyes Garcia	Jefe Area #2, Región Metropolitana	Jefe del Area	34-2458	M.S.P
Ada Rivera	IHSS/SPS	Jefe Dpto. Medicina Preventiva	53-4163 - 53-4013	I.H.S.S
Jorge Flores Díaz	Región Sanitaria #4	Jefe Area #3	82-0241	M.S.P
Jaime Segura Gomez	Región Sanitaria #3	Sub-Director	52-1882	M.S.P
Arturo Escobar Molina	Región Salud #5	Epidemiólogo	62-0017	M.S.P
Domingo Amador	Hospital de la Esperanza	Director	98-2184	M.S.P
Omar Fuentes Mejía	Hospital San Marcos	Director	63-4117	M.S.P

Daisy Mejía de Erazo	Saneamiento Ambiental	Analista y Planificador	37-8783	M.S.P
María del Carmen Ayes	UNIS-SECPLAN	Coordinadora	37-5481	SECPLAN
Rodolfo Ochoa	SANAA	Especialista División Desarrollo	32-8903	SANAA
Jose Roberto Carrillo	Hospital de Sur	Director	82-0221	M.S.P

C

ARCHITECTURAL INFORMATION

CONTENTS

CI. PROJECT COST ESTIMATION ASSUMPTIONS

1. Underlying Principles

1) Facilities
- Facilities have been designed considering low maintenance and operation cost
- Use of local material as much as possible has been considered
- Only basic principal functions have been incorporated into the design

2) Equipment
- Priority of equipment with low maintenance and operation cost
- Selection of equipment based on appropriate technology level
- Priority given to local procurement if equipment locally available
- Commonly available off the shelf equipment considered

2. Building Cost

1) Unit Cost of Building Construction

Type of Construction	Complexity / Grade	Type of Procurement	
		Local	Foreign
Renovation works	Simple	US$150/m^2	US$450/m^2
- ditto -	Complex	US$250/m^2	US$750/m^2
New Construction	Standard grade	US$200/m^2	US$600/m^2
- ditto -	Medium grade	-	US$1,000/m^2
- ditto -	High grade	-	US$1,500/m^2

Note On Cost Estimation:
- The above unit costs of construction were derived from existing projects information and adjusted to suit project characteristics. The unit cost includes mechanical and electrical works.
- Constant price as of March 1996. (1995/1996: Price escalation is about 30% / year)
- No price escalation or contingency included.
- Equipment cost based on typical specifications of particular facilities.
- Land preparation cost not included.
- Infrastructure and services connection to site not included.
- Import tax, custom duties, etc. are not included.
- Construction permits, legal fees, stamp duties, etc. are not included.

2) Other Construction Cost

- Site associated work, External work and Infrastructure work on the site (external and street lighting, parking, landscaping, etc) :
  - Building cost x 20% (Standard grade)
  - Building cost x 30% (Medium & High grade)

- Contingency : 10% of construction cost

- Consultancy Fee : 10%

CII. PROJECT COST ESTIMATION OF MODEL PROJECTS

CII-1 Model Project 1 for Urban Area : Health Promotion and Infrmation Center (AIDS Prevention and Information Center)

(All Cost in US$)

	Qty/Spees	Unit	Cost	Sub-Total	Total
Building					
Floor Area	High grade	2200 sq.m			2,425,000
Ground Floor					
Ist Floor					
Rooms	2,200	sq.m			
Coordination/Conference Room	200	sq.m	1,000	200,000	
Training Room	250	sq.m	1,000	250,000	
Counseling Room	100	sq.m	1,000	100,000	
Reception	75	sq.m	1,000	75,000	
Documentation/Library Room	450	sq.m	1,500	675,000	
Audio-Visual editing Room					
Printing Room					
Offices	250	sq.m	1,000	250,000	
Ent.hall	75	sq.m	1,000	75,000	
Exhibition	150	sq.m	1,000	150,000	
Refreshment + corridor	115	sq.m	1,000	115,000	
Service+machine	285	sq.m	1,000	285,000	
Garage	250	sq.m	1,000	250,000	
Site Related Works*					727,500
Fencing & gate					
Landscaping					
Site infrastructure (road, str.lighting, drainage,etc.)					
Facilities	----- inclusive in building cost -----				
M & E					
Contingency (10%)					315,250
Consultancy Fee (10%)					346,775
Total Construction + Consultant Fee					**3,814,525**
Equipment (incl. of consulting fee, etc)					**2,400,000**
Audio-Visual					
Audiovisual Equipment					
Audiovisual Editing Equipment					
Printing					
Printing Machines					
Office Automation					
Computers					
Office Equipment					
Vehicles					
Cars For Training Activities					
Communication					
Telephone					
Operation Cost					**200,000**
Salary					
Operation & Maintenance					
Total	**Renovation + Consultant Fee + Equipment**				**6,214,525**
Total	**Initial operation cost**				**200,000/year**

** 30% of estimated cost construction based on the floor area*

CII-2 Model Project 2 for Urban Area: Reinforcemnet of SPS CESAMOs Function

(All Cost in US$)

(name of area and CESAMO)	C. M.Pzz	C.Cofradia	C.Chamel	C.Calpules	C.6 de Mayo	Total
Building						
Floor Area						
New construction area (sq m)	200	160	200	175	175	
Renovation area (sq m)	75	50	50	55	55	
New construction cost (medium grade)	200,000	160,000	200,000	175,000	175,000	910,000
Renovation cost (Standard grade)	45,000	30,000	30,000	33,000	33,000	171,000
Rooms						
Labor Room						
Recovery Room						
Observation Room						
Minor Surgery Room						
Dental Clinic Room						
Laundry,Etc.						
Site Related Works*	49,000	38,000	46,000	41,600	41,600	216,200
Fencing & gate						
Landscaping						
Site infrastructure (road, str.lighting, drainage,etc.)						
Facilities	----- *inclusive in construction / renovation cost* -----					
M & E						
Contingency (10%)	29,400	22,800	27,600	24,960	24,960	129,720
Consultancy Fee (10%)	32,340	25,080	30,360	27,456	27,456	142,692
Total Construction + Consultant Fee	355,740	275,880	333,960	302,016	302,016	**1,569,612**
Equipment						**1,711,500**
Medical Equipment						
observation beds	200,000	200,000	200,000	200,000	200,000	1,000,000
delivery beds						
medical equipment for delivery						
sterilizers						
nebulizers						
oxygen tank						
laundry machines						
Lab. Equipment	45,000	45,000	45,000	45,000	45,000	225,000
basic laboratory equipment						
Dental Equipment	50,000	50,000	50,000	50,000	50,000	250,000
dental clinic equipment						
Vehicles	--- *ambulances attached to Hospitals (2) & Red Cross (1)* -----					139,500
3 ambulances with first aid kit						
Communication						97,000
telephone and /or radio communication						
Operation Cost	117,400	117,400	117,400	117,400	117,400	**587,000**
Salary						
Operation & Maintenance						

Total	**Construction + Consultant Fee + Equipment**	**3,281,112**
Total	**Initial operation cost**	**587,000** /year

** 20% of estimated cost of construction based on floor area*

CII-3 Model Project 3 for Urban Area: Maintenance/ Information Center for Medical Facilities and Equipment

(All Cost in US$)

	Qty/Specs	Unit	Cost	Sub-Total	Total
Maintenance/ Information Main Center - Tegucigalpa					
Main building, Tegucigalpa					500,000
Total Area:	500	Expansion/ renovation-Workshops, Training room, etc.			
Electronics Lab.	100	m^2	1,000	100,000	
Training room	100	m^2	1,000	100,000	
DTP & Printing room	50	m^2	1,000	50,000	
CAD, Communication room	50	m^2	1,000	50,000	
Library	50	m^2	1,000	50,000	
Storage room	50	m^2	1,000	50,000	
Office	100	m^2	1,000	100,000	
Equipment, Tegucigalpa					1,000,000
Equipment for repair and maintenance:					300,000
Equipment calibration					200,000
Machining tools					150,000
Equipment for training & office					50,000
Equipment for documentation:					50,000
Equipment for inf.. & com.					50,000
Vehicles for mobile activity					200,000
Annual operational cost, Tegucigalpa					
- Expenditure					100,000
Travel & Allowance					10,000
Outside order, etc.					10,000
Consumable, ME					16,000
Spare parts & Repair					20,000
Tire, Oil, Lubricant, etc.					6,000
Fuel					5,500
Communication					5,000
Materials, Documentation					5,000
Utilities					10,000
Labor cost, Additional persons hired or transferred additionally					12,500
- Revenue					20,000
Rental of training equipment					5,000
Training &Maintenance for private Institutions					15,000

Total	**Construction + Consultant Fee + Equipment**	**1,500,000**
Total	**Initial operation cost**	**100,000 /year**

Maintenance/ Information Sub-Center - San Pedro Sula					
Main building, SPS					500,000
Total Area:	500	Expansion/ renovation-Workshops, Training room, etc.			
Electronis Lab.	100	m^2	1,000	100,000	
Workshop	100	m^2	1,000	100,000	
Training room	100	m^2	1,000	100,000	
DTP & Printing, Com. room	50	m^2	1,000	50,000	
Library	50	m^2	1,000	50,000	
Storage room	50	m^2	1,000	50,000	
Office	50	m^2	1,000	50,000	
Equipment, SPS					1,000,000
Equipment for repair and maintenance:					300,000
Equipment calibration					200,000
Machining tools					150,000
Equipment for training & office					50,000
Equipment for documentation:					50,000
Equipment for inf.. & com.					50,000
Vehicles for mobile activity					200,000
Equipment, for hospitals					500,000
Annual operational cost, S.P.S					
- Expenditure					80,000

Travel & Allowance		5,000
Outside order, etc.		5,000
Consumable, ME		13,000
Spare parts & Repair		17,000
Tire, Oil, Lubricant, etc.		4,000
Fuel		3,500
Communication		5,000
Materials, Documentation		5,000
Utilities		10,000
Labor cost	5 persons hired or transferred additionally	12,500
- Revenue		23,000
Rental of training equipment		5,000
Training &Maintenence for private Institutions		13,000
Training maintenance for public Institutions in neighboring municipalities		5,000

Total	**Construction + Consultant Fee + Equipment**	**2,000,000**
Total	**Initial operation cost**	**80,000 /year**

CII-4 (1) Project 1 for Rural Poverty Area: Establishment of "Healthy Village Training and Extension Center"

Option 1: Construction of a new Center building

(All Cost in US$)

	Qty/Specs	Unit	Cost	Sub-Total	Total
Building					850,000
1 large training room (100m2)	100	sq m	1,000	100,000	
1 small training room (50 m2)	50	sq m	1,000	50,000	
1 director's room (30 m2)	30	sq m	1,000	30,000	
1 staff room (70 m2)	70	sq m	1,000	70,000	
1 equipment storage and workshop	400	sq m	1,000	400,000	
Facilities for practical training of food processing (100m2)	100	sq m	1,000	100,000	
demonstration farm (500 m2)	500	sq m	200	100,000	
Site Related Works*				170,000	
Contingency (10%)				110,000	
Consultancy Fee (10%)				120,000	
Total Construction + Consultant Fee					**1,250,000**
Equipment for the Center					**250,000**
(vehicle, copying machine, desks, chairs, facsimile, cabinet, AV equipment, generator, drills for sinking wells, equipment for food processing (canning etc.))					
Initial operational cost for the center					**36,400 /year**
Technical/clerical staff				20,000 /year	
Instructors				8,400 /year	
Other operational cost				8,000 /year	
Renovation of the existing CODEPI and CODEM offices/training centers					**70,000**
in La Esperanza (25 m x 6 m)	150	sq m			
in Yamaranguila (14 m x 6.5 m)	91	sq m			
Equipment for CODEPI & CODEM centers					**80,000**
in La Esperanza				40,000	
in Yamaranguila				40,000	
(copying machine, AV equipment, desks, chairs, generator, cabinet, etc.)					
Initial operational cost for CODEPI and CODEM offices					**6,000 /year**
Clerical staff (volunteers from the communities)				0 /year	
Other operational cost				6,000 /year	

Total	**Construction/renovation + Equipment Supply**	**1,650,000**
Total	**Initial operation cost**	**42,400 /year**

** 20% of estimated cost of construction based on floor area*

CII-4 (2) Project 1 for Rural Poverty Area: Establishment of "Healthy Village Training and Extension Center"

Option 2: Renovation of RRNN Training Center in Santa Catarina

(All Cost in US$)

	Qty/Specs	Unit	Cost	Sub-Total	Total
Renovation of RRNN Training Center in Santa Catarina					
Renovation Cost					
Renovation of 3 training bldg.	400	sq m	150	60,000	
New constr. for workshop & eq. storage	320	sq m	600	192,000	
Site Related Works				0	
Contingency (10%)				25,200	
Consultancy Fee (10%)				27,720	
Total Construction + Consultant Fee				304,920	310,000
Equipment for the Center					250,000
(vehicle, copying machine, desks, chairs, facsimile, cabinet, AV equipment, generator, drills for sinking wells, equipment for food processing (canning etc.))					
Initial operational cost for the center					54,000 /year
Technical/clerical staff				36,000 /year	
Instructors				8,400 /year	
Other operational cost				9,600 /year	
Renovation of the existing CODEPI and CODEM offices/training centers in La Esperanza and Yamaranguila					70,000
Equipment for CODEPI & CODEM centers in L.Esperanza & Yamaranguila (copying machine, AV equipment, desks, chairs, generator, cabinet, etc.)					80,000
Initial operational cost for CODEPI and CODEM offices					6,000 /year
Clerical staff (volunteers from the communities)				0	
Other operational cost				6,000 /year	
Total	**Renovation of facilities + Equipment Supply**				**710,000**
Total	**Initial operation cost/year**				**60,000 /year**

CII-5 Model Project 2 for Rural Poverty Area: Renovation of the facilities of Health Area #2 Office

(All Cost in US$)

	Qty/Specs	Unit	Cost	Sub-Total	Total
Renovation of the facilities of Health Area #2 Office					6,000
	40	sq m			
Equipment provision to:					100,000
Health Area #2 Office				60,000	
(vehicles, radio system, copy machine, equipment)					
La Esperanza 1 CESAMO				20,000	
Yamaranguila 1 CESAR				20,000	
Initial operational cost					12,000 /year
Instructors				6,000 /year	
Other operational cost				6,000 /year	

Total	**Renovation of facilites + Equipment Supply**	**106,000**
Total	**Initial operation cost/year**	**12,000 /year**

CII-6 Model Project 1 for Urban Poverty Area : Improved actions to promote social participation activities

(All Cost in US$)

	Qty/Specs	Unit	Cost	Sub-Total	Total
Renovation of the facilities in the Metropolitan HRO to add functions of the Resource Center					
Improvement of the facilities					30,000
Renovation of the Metropolitan Health Region Office				20,000	
Renovation - Alemania and San Benito CESAMOs				10,000	
Provision of equipment					120,000
Center facilities				85,000	
(computers, copy machine, AV equipment, generator binding machines, tables, chairs, cabinet,etc.)					
Alemania and San Benito CESAMOs				35,000	
Initial operational cost					29,400 /year
Staff of the Center				15,600 /year	
New staff for two CESAMOs				6,000 /year	
Other operational cost					
Center				4,800 /year	
Two CESAMOs				3,000 /year	

Total	**Renovation of facilites + Equipment Supply**	**150,000**
Total	**Initial operation cost/year**	**29,400 /year**

Initial operational cost

CII-7 Model Project 2 for Urban Poverty Area: Improvement of awareness and utilization of the health service network in the primary level

(All Cost in US$)

	Qty/Specs	Unit	Cost	Sub-Total	Total
Improvement of the facilities					**22,000**
Renovation of the Metropolitan Health Region Office				10,000	
Renovation of two CESAMOs				12,000	
Provision of equipment					**137,000**
Metropolitan Health Region Office				67,000	
Alemania and San Benio CESAMOs				70,000	
Initial operational cost					**12,000 /year**
New staff for two CESAMOs				6,000 /year	
Other operational cost					
Region M.				3,600 /year	
Two CESAMOs				2,400 /year	
Total	**Renovation of facilites + Equipment Supply**				**159,000**
Total	**Initial operation cost/year**				**29,400 /year**