



GOBIERNO DE LA
REPÚBLICA DE HONDURAS



SECRETARÍA DE SALUD

The Role of Decentralization with RBF in improving Maternal and Child Health in Honduras

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Vice Minister of Health
October 2015

Coverage Expansion Program / Health Sector Reform



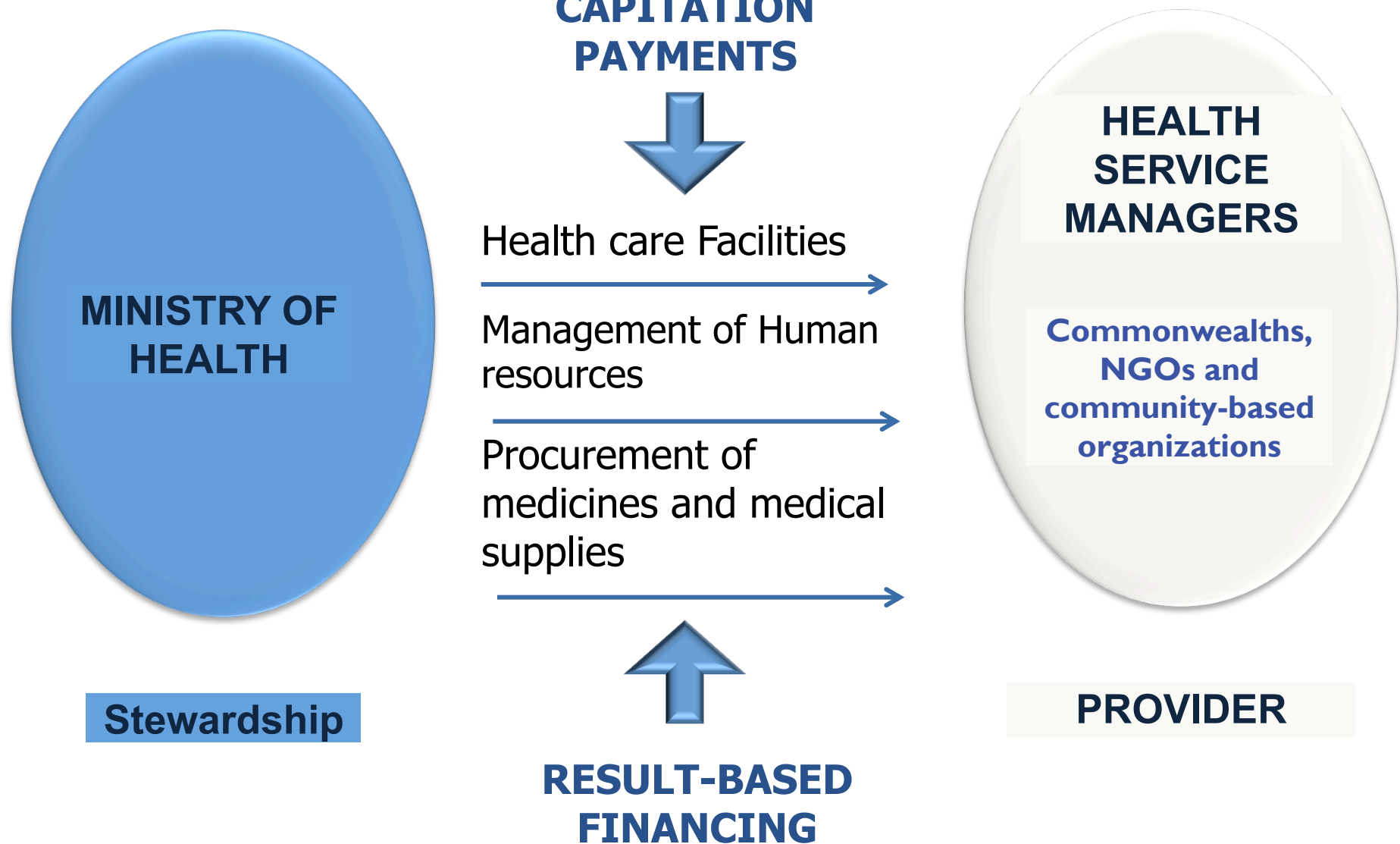
**Poor, neglected
areas**

**Inadequate access to
health services**

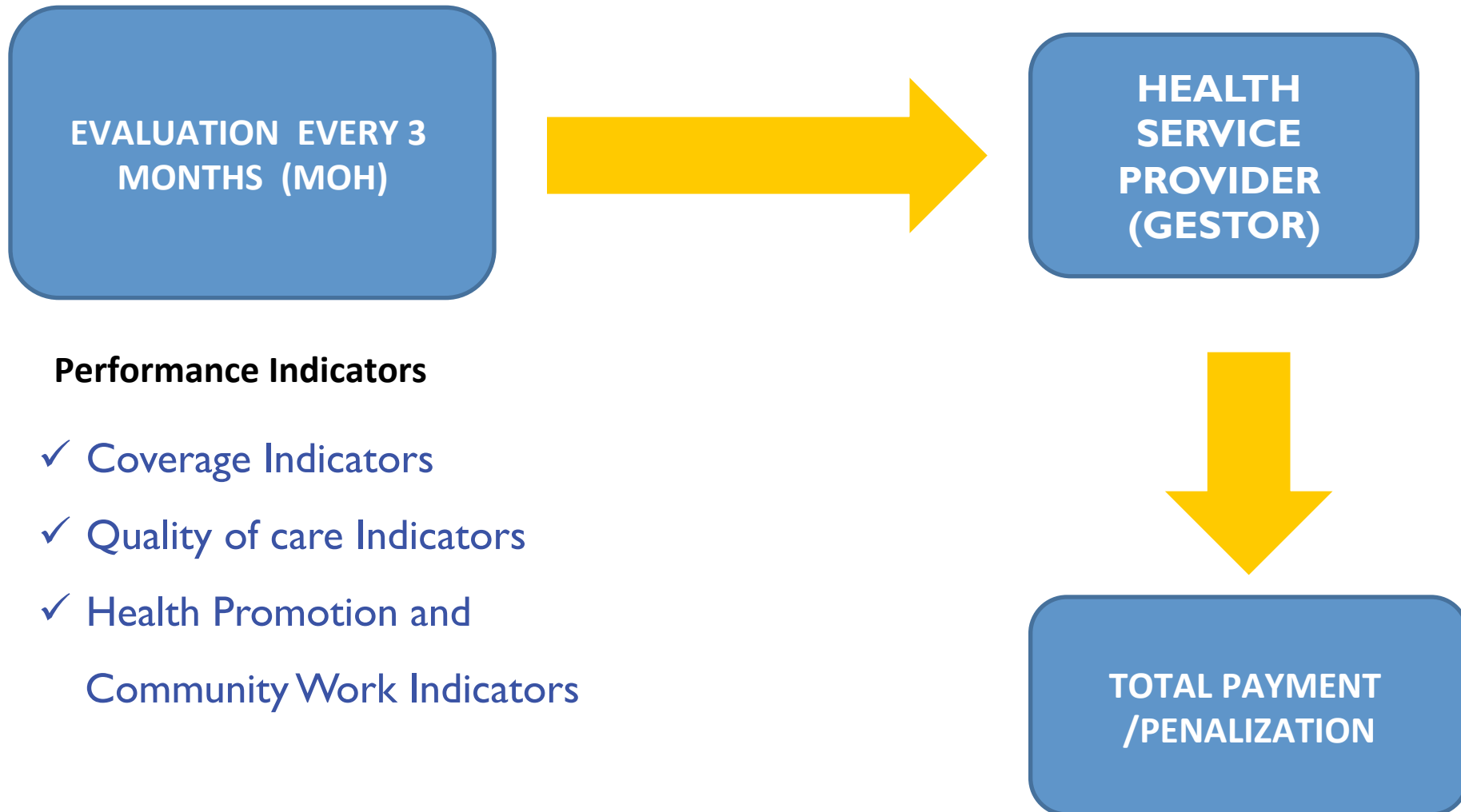
**High Maternal and child
mortality rates**

Introduction of Decentralized Management Agreements

Decentralized Management Agreements



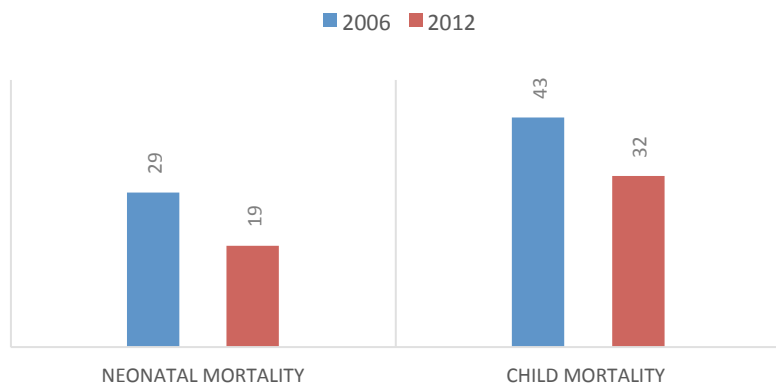
Monitoring Results



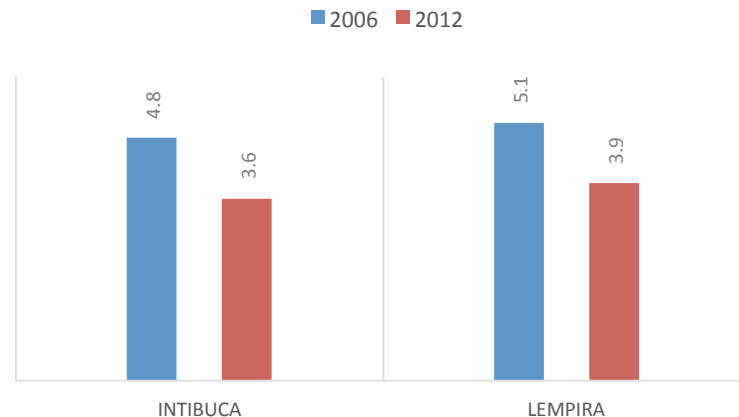
Results Achieved

- ✓ Expansion of **coverage** of health service
- ✓ Improvement of the **quality** of healthcare services
- ✓ Model of Care **focused on prevention** and **promotion**
- ✓ **Local levels making decisions and managing finances**
- ✓ **Social participation & auditing**
- ✓ **IMPROVEMENT OF HEALTH INDICATORS**

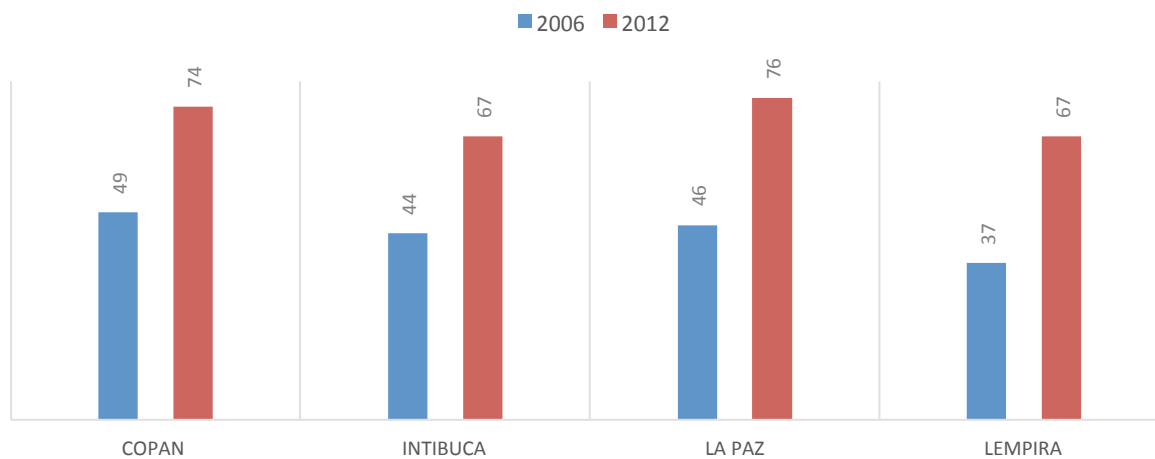
NEONATAL MORTALITY /CHILD MORTALITY RATES DEPARTAMENTO PAZ HONDURAS



GLOBAL FERTILITY RATES INTIBUCA/LEMPIRA HONDURAS



DELIVERY IN A HEALTH FACILITY 4 DEPARTMENTS INTERVENTION, HONDURAS



Salud Mesoamerica Initiative HONDURAS

- ✓ Focus in improving **access, coverage and quality** of health services and mother-child nutrition
- ✓ **Targeting Women and children** under age 5 in the **poorest 20%** of population in 19 municipalities

**Under the Decentralized Health Services
Management modality**

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- ✓ **6 of every 10 women delivered at a health facility**
- ✓ **4 of every 10 women received postpartum care within 7 days**
- ✓ **1 of every 10 of neonatal emergencies were managed according to the norms**
- ✓ **35% children aged 6-23 months anemia**

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**Strengthening the
guaranteed
package of primary
health services**



**Strengthening care
for obstetric and
neonatal
complications at the
second level of care**



Essential Obstetric and Neonatal Care Strategy (CONE)

**Permanent availability of Family planning methods and
services**

**Comprehensive
Child Care in the
Community (AIN-C)**

**Voluntary
Surgical
Contraception**

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Demand-side Incentives

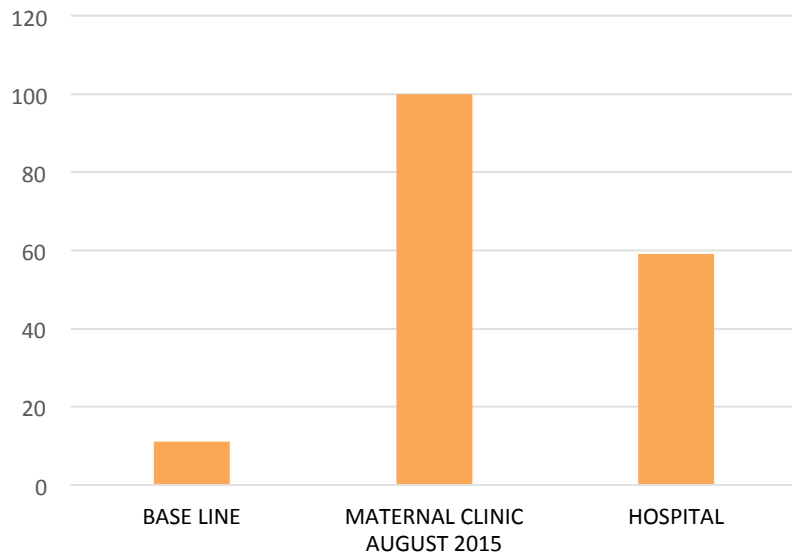
- ✓ **Payment of a stipend for the midwife**
- ✓ **Payment for transportation to pregnant women for institutional birth**

Supply-Side Incentives

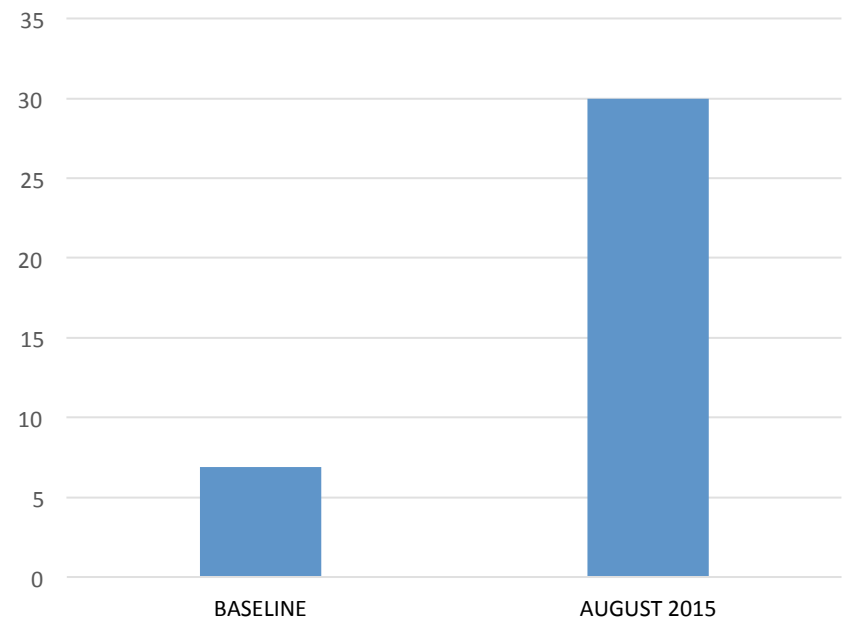
- ✓ **Per-capita and per-service (birth) payments**
- ✓ **For care of obstetric and neonatal complications in accordance with quality standards**
- ✓ **Voluntary Surgical Contraception (VSC)**

Promising advances

Obstetric complications managed according to the norms

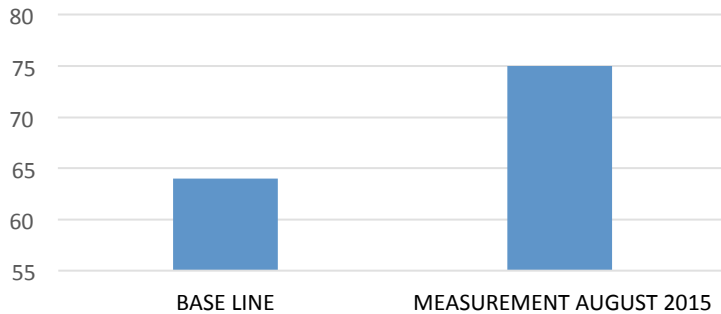


Newborn Complications managed according to the norms

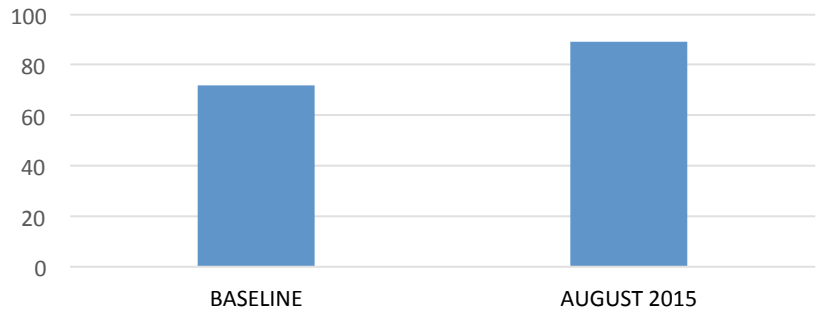


Promising advances

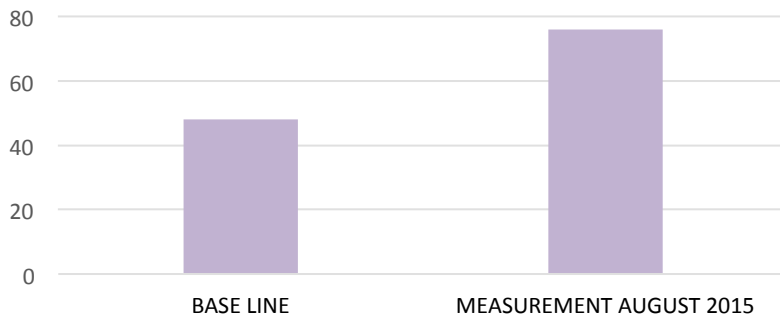
Women (15-49) who delivered in a health facility during last pregnancy



Children (0-59 months) with Pneumonia diagnosis that assisted to their follow-up within 2 days



Women who received postpartum care within 7 days of her delivery



Key Results

RBF has been a **catalyst** that has challenged different actors to work towards the same goal.

- ✓ Coverage for primary care services increased **24%**
- ✓ Improved application of the Standards in CONE and Referral System for obstetric and neonatal complications
- ✓ Quick and transparent procedures for the purchase of drugs and inputs
- ✓ Strengthened the Commitment of **health workers**
- ✓ Strengthened **governance** and **stewardship role** of sub-national and national levels

Challenges

- Overcome the resistance of the health workers to the incorporation of other actors in the delivery of services
- Strengthen the Role of the **Sub-National Levels** (Departmental Health Regions)
- Strengthen the **Primary Healthcare** Focus
- Improve the operation of the **Primary Care Teams**
- Improve the **Design of the Agreements** to further link payment to **Quality Indicators**
- Strengthen the **results-based management focus** at the second level of care
- Ensure the sustainability of demand-side incentives

Muchas Gracias

