
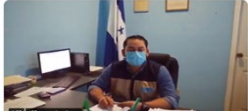



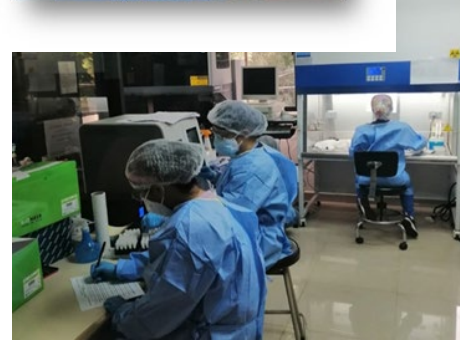
1. Impact Stories from the Field

Please submit one impactful story showing how your work has met critical needs in the context of the pandemic and supporting progress towards the SDGs, especially for vulnerable people. Ideally, this story will feature testimonials from the targeted groups. Please also take a moment to highlight any specific results on gender equality and INOB, as relevant. To share the video as

	<p>Huracán ETA y COVID 19, el drama que tiene rostro de mujer en Honduras https://honduras.unfpa.org/es/news/huracán-eta-y-covid-19-el-drama-que-tiene-rostro-de-mujer-en-honduras</p>
	<p>DAR A LUZ TRAS LA TORMENTA ETA & IOTA en el actual CONTEXTO COVID-19 https://honduras.unfpa.org/es/news/dar-luz-tras-la-tormenta-eta</p>
	<p>Embarazo Adolescente, Covid-19, Eta y Iota, un drama sin igual fb://photo/3452250388204050?set=a.159839904111798</p>
	<p>UN RESCATE EN EL CIELO https://honduras.unfpa.org/es/news/dar-luz-tras-la-tormenta-eta</p>
	<p>Intervención del proyecto https://m.facebook.com/OPS-Honduras-PAHO-Honduras-157522440950103/videos/salvando-vidas</p>
	<p>Sharon: "Me dieron la oportunidad de colaborar con la OPS y no lo dudé porque me apasiona servir." https://www.paho.org/es/historias/s</p>
	<p>Experiencia en el establecimiento de la sala de situación en la región sanitaria de La Paz. https://www.facebook.com/OPS-Honduras-PAHO-Honduras-157522440950103/videos/salvando-vidas-en-tiempos-de-covid-19/2653868314</p>
	<p>a través del proyecto Salvando Vidas en Tiempos de COVID-19. https://twitter.com/i/status/133421827593335553 Experiencia con la región de Colón.</p>



 <p>#NoDejarANadieAtras @saludhn @regionsaludyoro</p> 	<p>Director de Salud de Yoro, agradece el apoyo que ha dado al primer nivel de atención y el equipo para la creación de la Sala de Situación. Esto es posible con fondos Canadá PEF y proyecto Salvando Vidas en Tiempos de COVID19. https://twitter.com/1/status/1332140865939255297</p>
	<p>Experiencia de los Colaboradores Voluntarios:</p> <p>https://drive.google.com/file/d/1P5eAa50EuKCObnDRBf7TqOhZSKF3zcs/view?usp=sharing</p>



2. Upload here: Communications and Visibility (OPTIONAL)

Fund's Communication Guidelines is posted here: <http://mptf.undp.org/document/download/25941>

Please include highlights of communications and visibility efforts supported by the Programme during the project implementation, if relevant. (up to 500 words)

To share the video as well picture material please make sure you include all credits and upload them in high resolution Call 1 countries.

Submit photographs. Please provide with captions and in high resolution, photographs that capture the programme in action. Strong photographs will be considered for inclusion in the COVID-19 MPTF publications and social media.

Please provide links to any videos that have been produced during implementation.

Please produce and share a social media card(s). See an example below and visit our Trello Board.



Proyecto "Salvando Vidas en Tiempos de COVID-19" en Honduras
https://www.paho.org/hon/index.php?option=com_content&view=article&id=1946:proyecto-salvando-vidas-en-tiempos-de-covid-19-se-presento-a-las-autoridades&Itemid=225

Nuevo laboratorio de biología molecular para la región departamental de Cortés
https://www.paho.org/hon/index.php?option=com_content&view=article&id=1943:nuevo-laboratorio-de-biologia-molecular-para-la-region-departamental-de-cortes&Itemid=2266

Equipan el Laboratorio de biología molecular.
<https://www.salud.gov.hn/site/index.php/component/k2/item/1959-equipan-el-laboratorio-de-biologia-molecular>

Secretaría de Salud inaugura salas situacionales.
<https://www.salud.gov.hn/site/index.php/component/k2/item/1960-secretaria-de-salud-inaugura-salas-situacionales>

Inducción a epidemiólogos de campo en tiempos de COVID-19.
<https://www.paho.org/es/eventos/induccion-epidemiologos-campo-tiempos-covid-19>

Capacitación a Colaboradores voluntarios ERR Covid19" del municipio La Ceiba.
<https://www.facebook.com/saludhn/posts/1641066206061822>







Seguimos fortaleciendo las salas de situación, en varias regiones del país. Hoy tocó hacer entrada de equipos para la sala de situación de la Región Sanitaria de Santa Bárbara.
https://www.facebook.com/permalink.php?id=157522440950103&story_fbid=3373049452730703

Región de Copán, continúa trabajando en comunicación de riesgo, a través de nuestros colaboradores voluntarios, quienes están llevando mensaje de prevención de COVID19 en albergues y a nivel comunitario.
https://twitter.com/OPSOMS_Honduras/status/1334216742357307393



Carpeta con todo el material comunicacional elaborado por el UNFPA en el marco del proyecto Salvando Vidas componente bajo la implementación del UNFPA:
<https://drive.google.com/drive/u/0/folders/19N6lr3Qnp5-4n1ArzJagtGw95a9bYZ6U>



	<p>#UNFPAenAcción Mediante el Proyecto "Salvando vidas en Tiempos de #covid19" de UNFPA realiza visita a los Establecimientos de Salud de Bajamar y Travesía que fueron afectados por las tormentas Eta e Iota en sus comunidades: https://www.facebook.com/106401596122296/posts/3526405190788569/?sfnsn=mo</p>
	<p>24 colaboradores voluntarios de las redes de mujeres de las Oficinas de la Mujer de diferentes comunidades de San Pedro Sula se han capacitado en consejería y metodología anticonceptiva, esta actividad es parte del Proyecto Salvando Vidas en Tiempos de #COVID19: https://www.facebook.com/UNFPAHONDURAS/photos/a.159839904111798/3539307812831640/</p>
	<p>En respuesta a la pandemia de COVID 19, esta semana el Fondo de Población de las Naciones Unidas (UNFPA), realiza una segunda entrega de Equipo de Protección y Bioseguridad que beneficiarán a 500 prestadores de Servicios de Salud de la Región Metropolitana de San Pedro Sula y Región de Cortés: https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3536803063082115/3536791699749918/</p>
	<p>UNFPA Honduras y la Federación Internacional de la Cruz Roja International Federation of Red Cross and Red Crescent Societies unen esfuerzos para acercar los servicios e información esencial en Salud Sexual y Reproductiva incluida planificación familiar, derechos sexuales y reproductivos y prevención de violencia basada en género de esta forma brindar respuesta oportuna a mujeres, adolescentes y niñas afectada por los huracanes ETA e IOTA de La Lima, Cortés: https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3524418104320611/3524417854320636/</p>
	<p>Capacitando a voluntarios y colaboradores del Proyecto Salvando vidas en tiempos de #COVID19 del municipio de Villanueva en el departamento de Cortés, sobre los temas de planificación familiar con el propósito de llevar los servicios de Salud Sexual y Reproductiva directo a los y las beneficiarias y disminuir el impacto ocasionado por el COVID19, Tormenta ETA y Huracan Iota: https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3506427386119683/3506427206119701/</p>
	<p>Visita a uno de los albergues en Villanueva, Cortés, para impartir una charla sobre violencia basada en género, métodos anticonceptivos y medidas de prevención ante el #COVID19 durante el embarazo, a su vez se realizó la entrega de kits de higiene y bioseguridad a mujeres, adolescentes: https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3487568678005554/3487568391338916/</p>





Grupo focal con adolescentes de la comunidad garífuna de Travesía para hablar sobre Derechos Sexuales y Reproductivos y entrega de un kit de bioseguridad con mascarilla, alcohol gel e información sobre violencia basada en género.
<https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3482237461872009/3482237048538717/>



Entrega de Kits de dignidad a las mujeres afectadas tras el paso de las tormentas ETA e IOTA:
<https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3446959425399813/3446958995399856/>



Equipo de Salvando Vidas, brindando atención médica y entrega de kits de higiene y bioseguridad para las mujeres embarazadas y puerperas que se encuentra en albergues improvisados en la ciudad de San Pedro Sula y la Lima en el departamento de Cortés:
<https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3440843079344781/3440842696011486>



Junto a la Secretaria de Salud, la Cruz Roja y el equipo Salvando Vidas de UNFPA, rescata a una mujer y a su bebé de 10 días de nacida, en Flores de Oriente, Lima , Cortés, después de tres días de estar incomunicada.
<https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3435843673178055/3435843359844753/>



Taller de Actualización de Métodos Anticonceptivos un total de 25 prestadores de salud de las Regiones de Cortés y San Pedro Sula se han capacitado.
<https://www.facebook.com/UNFPAHONDURAS/photos/pcb.3395586427203780/3395586367203786/>





#UNFPAenAcción Brigada Médica de Planificación familiar realizada en el marco del proyecto Salvando Vidas en tiempos de #COVID19, #UNFPA y la Región Metropolitana de Salud de San Pedro Sula, más de 50 mujeres y adolescentes del albergue de Lempira en el sector de Chamelecon recibieron charlas informativas/educativas así como la colocación de métodos anticonceptivos como DIU, implantes e inyección.

<https://www.facebook.com/106401596122296/posts/3613544592074628/?sfnsn=mo>

OVERALL INSTRUCTIONS

1 All questions/sections must be responded to before submitting to secretariat. Once the document is uploaded in the relevant folder (as per instruction below) please email the secretariat.

To ensure **high quality narrative and results reports please pay attention to the following details:**

- a) A well written, succinct summary that is very clear about what was done during the reporting period and results achieved, with a priority on concrete activities, beneficiaries reached and achievements beyond processes
- b) Factual, evidence-based reporting against the outcome and output indicators presented in the original project document;
- c) In case certain indicators are not longer relevant, an explanation for why they are not.
- d) Factual, evidence-based reporting against the outcome and output indicators presented in the original project document and **how they align with the overall SERP joint workplan**, and connection to reporting on global-level SERP indicators
- e) Indicate the relevant SERP monitoring framework global indicators that were contributed to as part of this project.
- f) An honest analysis of challenges faced, the responses to these challenges and the extent to which these responses were successful or not
- g) Go beyond generic, standard and well documented features of successful project implementation when reflecting on innovation and focus on what is truly new for you and which could enable replication efforts

2 You **must submit this completed workbook by uploading** it in the relevant Project Folder here (<https://undp.sharepoint.com/:f:/r/sites/covid19mptfcall1/Shared%20Documents/2020-REPORT?csf=1&web=1&e=j3cc3J>). Please note if you are unsure of your project number please refer to <http://mptf.undp.org/factsheet/fund/COV00>

A ANNUAL REPORT

DEADLINE: 31 January 2021

4 ALL projects that received funds in 2020 must complete annual report, HOWEVER if you have your project ending on 31st December 2020 - your FINAL report is your annual report.

5 If you received a no-cost extension on your project please do the annual report and in a few months time you can update the annual report to include activities to complete your end of project report.

6 Please make sure you use the RBM framework you report here on is as per your approved Prodoc.

B END OF PROJECT - FINAL REPORT

DEADLINE: 31 January 2021

7 ALL projects that received funds in 2020 must complete annual report, HOWEVER if you have your project ending on 31st December 2020 - your FINAL report is your annual report.

8 Please make sure you use the RBM framework you report here on is as per your approved Prodoc.

Programme Title & Project Number	
Programme Title: Saving Lives in COVID-19 Times	
Programme Number (if applicable)	
MPTF Office Project Reference Number:[2]	Grant No. 191147
Country	Honduras
Receipient UN Organizations	
Organizations that have received direct funding from the MPTF Office under this programme	UNFPA, PAHO
Report Cleared By	
o Name:	Piedad Huerta/ Jozef Maeriën
o Title:	Representative PAHO / UNFPA
o Email address:	huertapi@paho.org / maerien@unfpa.org

Programme Duration	
Overall Duration (months)	Seven month since May to December 2020
Start Date (dd.mm.yyyy)	5/13/2020
Original End Date (dd.mm.yyyy)	12/31/2020
Current End date(dd.mm.yyyy)	12/31/2020
Implementing Partners	
National counterparts (government, private, NGOs & others) and other International Organizations	Ministry of health

The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page the MPTF Office GATEWAY

The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY

As per approval of the original project document by the Secretary-General's Designate

If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

#	Questions	Guidance to respondents	Responses
1	Executive Summary	Please succinctly capture the key activities and concrete/tangible results and any important developments that the COVID-19 MPTF-funded Programme in your country achieved during the reporting period. The Executive Summary should serve as an accessible, simply written, standalone summary of the Programme's results for this reporting period. It should show how implementation was carried out in the context of COVID-19. (up to 500 words maximum)	<p>The project achieved its three objectives, by increasing epidemiological surveillance through the strengthening of rapid response teams (RRT); increasing the capacity of the laboratory network for COVID-19 diagnosis; and strengthening capacities for the continuity of maternal-neonatal and sexual-reproductive health services. Through project epidemiologists, the initial diagnosis of the rapid response teams (RRT) was carried out in 11 health regions. Sixty-one RRT were strengthened in terms of organization, definition of roles and functions. Ninety-five volunteer health promoters actively worked in 19 prioritized municipalities nationwide, including, risk communication after hurricanes Eta and Iota.</p> <p>Fourteen Situation Rooms were established and activated through this project; however, seven more were enabled thanks to strategic alliances, to complete 21 Situation Rooms (one per Health Region and one Central). An online platform Health Surveillance System (SVS) was created, with the aim of capturing, analyzing, interpreting and presenting epidemiological information in a timely and accurate manner for decision-making, the Situation Rooms are key component of the SVS.</p> <p>To fulfill the strengthening of laboratory capacities for the diagnosis of COVID-19, PAHO made alliances with USAID and SESAL to establish three additional molecular biology laboratories located in strategic geographic areas in the Departments of Atlántida, Cortés and Copán. USAID build the facilities, PAHO bought all the equipment and supplies with the MPTF, and SESAL was responsible for providing human resources and sustainability. This has been a huge achievement, quadrupling the country's laboratory capacity. The National Virology Laboratory was also strengthened. Another innovative achievement was the development of a barcode diagnostic test registration and traceability system that was tailored for the Laboratory Network, reporting an average of 1,137 samples per day (only in two labs), reducing the time for issuing laboratory results to 24 hours.</p> <p>As part of the Save Lives Project, ensuring personal protective equipment to 1050 health professionals in order to ensure timely care in SSR and maternal health.</p> <p>The training process provided within the framework of the Saving Lives project carried out training in contraceptive methodology, Community support strategies in SRH, management of obstetric complications at the first level of care, prenatal care to a total of 193 care resources of prioritized municipalities, 35 volunteer collaborators in rural family planning, COVID-19 prevention measures and 14 traditional midwives in timely reference for institutional delivery care and general clean birth care measures in communities.</p> <p>At the community level, a mapping of volunteer health partners was carried out in the intervention municipalities of the project; raising awareness-raising days for volunteer collaborators including traditional midwives with the participation of institutional health providers in health facilities at the first level of care and ECOR; to link between the community and the ES; training days were conducted in; a. Rural Family Planning</p> <p>component of the Ministry of Health's Joint Implementation Strategy for Community Strategies (ICEC).</p> <p>b. General Measures of Clean Childbirth Care in the Community by Trained Traditional Midwives; whereas in the context of the emergency in the Cortes department, community births</p> <ul style="list-style-type: none"> • More than 4 million people (51.2% women and 48.8% men) will benefit through the strengthening of the regional molecular biology laboratories of Cortés, Copán and Atlántida. These laboratories go beyond COVID-19, providing diagnosis coverage to the population of these Departments. • More than 100,000 people were benefited through interventions on the prevention of COVID-19, supporting the identification of vulnerable groups and with a focus on gender and ethnic groups, in 11 health regions nationwide.
2	Purpose (and Beneficiaries)	Please include the number of direct and indirect beneficiaries reached. Please disaggregate the data by gender, age and any other groups	<p>Reached beneficiaries through the intervention of the component under the responsibility of UNFPA:</p> <ul style="list-style-type: none"> • Municipality of San Pedro Sula: 168,453 Women of Childbearing Age, 16,000 pregnant women, 210,566 adolescents (105,283 women). • Municipality of Villanueva: 29,968 are Women of Childbearing Age and 37,599 are adolescents (18,623 women) • Municipality of Choloma: 41,579 are Women of Fertile Age and 56,865 are adolescents (28,796 women)
3.1	Results: Outcome Level	Please include outcome level results achieved	<p>1.1 Strengthened the analysis and diagnostic capacity of the health system to reduce the spread of COVID-19 and its impact on the quality of health care for people: With the implementation of the project, the laboratory capacity was quadrupled; A Surveillance System was established including 21 Situation Rooms to do data analysis for decision making; Community approach of the pandemic was strengthened with 61 RRT and 95 community health workers were trained and involved in community prevention approaching, per Regions reports approximately 100,000 people.</p> <p>1.1.1 Epidemiological surveillance in prioritized health regions strengthened: 61 rapid response teams trained and involved in the health regions prioritized by the project. Developed and implemented a strategy for dealing with volunteer collaborators (profiles, responsibilities, recruitment, training, monitoring and remuneration), reaching a population of 100,000 trained people. • 21 situation rooms equipped (computers, printers, digital televisions and UPS) and developed an operational guide for its operation in the context of COVID-19.</p>
3.2	Results: Output Level	Please include output level results achieved	<p>1.2 Increased diagnostic capacity of laboratory networks to generate evidence for action in the fight against COVID-19: • Three molecular biology laboratories with the necessary equipment for the diagnosis of COVID-19, through the PCR-RT technique and beyond.</p> <p>1.3 Strengthened capacity of the health system to respond effectively to maintain maternal and newborn care continuity, to protect health workers, and to limit the spread of COVID-19: 1,137 daily samples to detect COVID-19 cases with delivery time of results in 24 hours.</p>

3.3	<p>Results: Challenges/Difficulties Encountered and Measures Taken</p> <p>Please briefly describe, if applicable, any difficulties encountered during the reporting period, concrete measures taken to overcome them and changes introduced (any course corrections that were undertaken or need to be undertaken to achieve the expected results). Further, please draw on the Risk Management Matrix that was included as part of the approved ProDoc (regardless of whether challenges encountered were originally envisioned as risks or not), and highlight which risks materialized and how they were addressed, in very concrete terms. Please reflect on use of the "Do no harm" approach to avoid exacerbating inequalities and vulnerability as a result of the intervention (up to 500 words)</p>	<ul style="list-style-type: none"> • The limited availability of national epidemiologist made the process of hiring consultants for the project difficult, which is why we proceeded to identify other similar specialties such as public health professionals. • The high international demand for laboratory equipment and supplies and the difficulties due to restrictions in air transport, delayed the procurement processes. Likewise, there were delays in the construction of the laboratories in the Atlántida and Copán regions due to the pandemic. However, we were able to put into functioning the Laboratory at Cortes, and to finalize the Atlantida and Copan laboratories by the end of the years. Is expected that they begin functioning at the beginning of the 2021. • In some health regions we found no counterpart because of the limited availability of epidemiologists. In addition, some health workers were older staff and those with comorbidities, were asked to remain at their homes. To cover the personnel deficit, the central government hired temporary support staff from the Ministry of Health who serve as our counterpart requiring some training. • Due to the high demand for laboratory analysis of COVID-19, the equipment suffer deterioration, having to include in the intervention corrective and preventive maintenance. • The simultaneous occurrence of two hurricanes, Eta and Iota, in November 2020, caused national emergencies and delayed the execution of project activities. Two field epidemiologists from the project were directly affected by these natural phenomena. • The epidemiological information that was captured by the health regions before the project, was not harmonize making it very difficult to standardize the variables and indicators to be unified in the Surveillance Health System. <ul style="list-style-type: none"> • Limited follow-up to pregnant women: the Saving Life Project provided inputs and technical assistance and training to the human resource of health facilities of the first level of care in the basic and differentiated component of antenatal and postnatal care. <ul style="list-style-type: none"> • Increased non-institutional births (community births): There are 71 volunteer collaborators trained traditional midwives in the prioritized municipalities who currently continue to operate in unsafe conditions, so the Life Saving Project had a intervention with this segment of health volunteers oriented to training in reference and accompaniment of the participants towards a maternal child service or hospital to ensure the timely care of childbirth. • Increased Maternal Deaths: The Saving Lives Project raised the need to reactivate meetings of maternal mortality surveillance committees in both hospitals and health regions, ensuring analysis of cases of deaths and near maternal deaths leading to timely decision-making to prevent potential future deaths. • Increased the number of no intended pregnancies especially in the adolescent population: the project prioritized risk communication to adequately inform adolescents through • The lack of specialized human resources in the area of epidemiology in the prioritized regions made us contract also public health professionals and include a training process to standardize knowledge and processes; also we had to increase mobility expenses for consultants. • There was a great need and demand of support by the MOH to strengthen laboratory capacity and the epidemiological surveillance system, which has led us to make the project more flexible to meet immediate priorities. • It is necessary to explore how to ensure the sustainability of the SVS online platform. The Ministry of Health does not have a consistent system of indicators in place for the effective surveillance of COVID-19. • There was necessary reoriented the operation of the project due to tropical storms ETA/IOTA to serve directly to the beneficiary population, also visibility and advocacy was generated by establishing strategic and collaborative alliances with other organizations such as the Canadian Red Cross and Doctors of the World; allowing resources to be mobilized in emergency conditions by pandemic or other causes • One of the main objectives of the Saving Life Project was to keep reproductive sexual health services enabled and that this be considered essential even in the context of COVID-19 pandemic emergency; this objective was achieved through collaborative work with the Ministry of Health, health workers, volunteer collaborators, but the development of the training activities had to be re oriented to prioritize the efforts of direct care in maternal health and reproductive health even by our local team in the field. <ul style="list-style-type: none"> • The work carried out within the framework of the saving Lives Project had a positive impact in the department of Cortes, which allowed to expand the intervention of another project led by the UNFPA financed with funds from the government of Canada (DEREJUV) to response to the humanitarian and health emergency in the area. There was acceptance and accompaniment of the health authorities so that a synergy of future work was established. The project was temporary but started the way for future interventions in Cortes.
3.4	<p>Results: Qualitative Assessment and Learning</p> <p>Please include any specific policy, programmatic and/or operational lessons or findings from the programme that could inform similar responses at country or global levels. Please focus on knowledge generated by the project that is truly new and likely to inform other interventions (in country or beyond) Please include reflections on the implementation of gender markers and any impacts they have had on programming quality and results. (up to 500 words)</p>	<ul style="list-style-type: none"> • Please explain how the programme has worked with partners and developed new partnerships and if any catalytic financial or programmatic outcomes have been achieved in this regard. Please focus on new, innovative and/or very practical ways in which these partnerships delivered impact/results and how the financial support from the fund helped, if applicable, to foster these partnerships. And explain if and how the intervention complemented activities funded by other global instruments such as the GHRP, WHO SPRP, and any national level • To strengthen epidemiological surveillance, coordination was carried out with the CERF and Dipecho-Dengue projects, of PAHO / WHO, for the equipment and training in the operation of the situation rooms, managing to cover 100% of the needs at the national level. • Around the strengthening of the diagnostic capacities of the laboratory networks to generate evidence for action in the fight against COVID-19, a strategic alliance has been made between USAID, the Secretariat for Community Development, Water and Sanitation (SEDECOAS) and the Ministry of Health, for the construction and habilitation of three new molecular biology laboratories nationwide, located in the departments of Copán, Atlántida and Cortés. In this sense, USAID supported the construction of the physical structures of the molecular biology laboratories together with SEDECOAS; The Minister of Health to provide the necessary trained personnel for the operation of these and PAHO / WHO through this project will provide the equipment and laboratory supplies for the development of COVID-19 tests. <ul style="list-style-type: none"> • Coordinations were established with other cooperation agencies from the health cluster; the UNFPA mobilized technical but also financial resources of the humanitarian office located in Geneva and asked to the Canadian Government to reoriented some resources from the DEREJUV project to continue emergency action. This shows that UNFPA will continue to carry out interventions in the Cortes department ensuring compliance with its mandate: that every pregnancy is desired, each delivery is taken care of safely and that young people develop properly. <ul style="list-style-type: none"> • Linkage with local authorities of the Ministry of Health is a key element in strengthening the provision of services in SRH and maternal health considering as strategic active
3.5	<p>Results: Partnerships</p>	<ul style="list-style-type: none"> • Through the experience of former consultants, especially those located in the areas with the greatest impact of hurricanes Eta and Iota, it was possible to mobilize external resources to attend the health emergency and support epidemiological surveillance efforts in highly affected areas. <ul style="list-style-type: none"> • During the development of the last month of Saving Lives in Times of COVID-19 Project, a training session in Family Planning Methodology was developed to health workers in the municipalities of Villanueva and Puerto Cortés, which were suspended in order to prioritize to attend pregnant women, adolescents and women of reproductive age affected by the tropical storm emergency ETA / IOTA in temporary accommodation and affected communities.
3.6	<p>Other</p>	<p>None</p>
3.7	<p>Programmatic targets or key outcomes and outputs that took</p>	<p>None</p>
5	<p>Resources (Optional)</p> <p>• Provide any information on financial management, procurement and human resources. • Indicate if the Programme mobilized any additional resources or interventions from other partners.</p>	<ul style="list-style-type: none"> • UNFPA's own resources and from the DEREJUV project were redirected to assist women in vulnerable conditions due to the health emergency in the Sula Valley. • A coordination relationship was established with the Canadian Red Cross present in the municipality of La Lima, one of the most affected by the emergency, the Canadian Red Cross

	Achieved Indicator Targets	Reasons for Variance with	Source of Verification
fn1 Indicator: Number of positive cases compared to the mathematical projections for the Baseline: Mathematical projections Planned Target: Behavior of the propagation less than the mathematical model.	Mathematical projections were made with the SIR (Susceptible, Infected and Recovered) methodology and basic reproductive number (R0) to compare the positive and projected cases at the national and departmental levels. The national R0 from March 10 to September 29, 2020, was 2,979, which is equivalent to 2,800,000 projected cases. As of December 13, the R0 was 1,452. In general, the behavior in the spread of the pandemic was lower than the mathematical model.		Narrative and graphic reports of the mathematical projections made.
Output 1.1.1 Strengthening of epidemiological surveillance in prioritized health regions. Indicator 1.1.1: Number of rapid response teams operating	61 rapid response teams trained and involved in the health regions prioritized by the project. Developed and implemented a strategy for dealing with volunteer collaborators (profiles, responsibilities, recruitment, training, monitoring and remuneration), reaching a population of 100,000 trained people.		Document identifying the available resources (human and technological) in the prioritized health regions. Strategy document for approaching volunteer collaborators. Letter of Agree with priority health regions. Attendance lists, agenda and minutes of meetings and trainings and image record of field activities.
Baseline: 10 Planned Target: 29			
Indicator 1.1.2: Number of situational rooms established and in operation.	• Equipped 14 situation rooms with technological equipment (computers, printers, digital televisions and UPS) and developed an operational guide for its operation in the context of COVID-19. • Officials of the central and regional health surveillance units trained in the management of the online platform of the Health Surveillance System (SVS) for the analysis of COVID-19 indicators and in the preparation of epidemiological bulletins that serve as a complementary tool for decision-making related to the pandemic.	Coordination with the other PAHO projects for the fitting out of seven additional situation rooms, adding 21 rooms in total, thus exceeding the goal set in the logical framework of the 16 rooms project.	Epidemiological bulletin at the national level. Certificates of delivery of technological equipment to equip situation rooms. Agendas, attendance lists, images and technical reports of the meetings and trainings carried out. Document of the operational guide for the operation of the situation rooms.
Baseline: 2 Planned Target: 16			
Output 1.2 Greater diagnostic capacity of laboratory networks to generate evidence for action in the fight against COVID-19.	• Three molecular biology laboratories have the necessary equipment for the diagnosis of COVID-19, through the PCR-RT technique.		Certificates of delivery of laboratory equipment.
Indicator 1.2.1: Number of laboratories enabled for molecular diagnosis of COVID-19.	• Support in the maintenance of PCR equipment at the National Virology Laboratory.		
Baseline: 1 Planned Target: 4	• Purchase of supplies to carry out PCR laboratory tests. • Laboratory personnel trained in the use of the PCR-RT equipment.		Application notes from the health authority.
Indicator 1.2.2: Average number of daily tests conducted across the country.	• Design of an electronic registration system for diagnostic tests linked to an information system and to the situation rooms. • Purchase of equipment for labeling samples through barcode. • Installation of intranet for connectivity between laboratories nationwide. • As of December 13, 2020, the Ministry of Health was conducting an average of 1,137 daily samples to detect COVID-19 cases.		Purchase orders. Daily epidemiological report by SINAGER
Baseline: 63 Planned Target: 1000			
Indicator 1.2.3: Maximum delivery time of test results to suspected cases.	• Reduced the response time of laboratory results to 24 hours.		Automated online system.
Baseline: 4-14 days Planned Target: 1-3 days			
Outcome 1[1] Indicator: Strengthened the capacity of the health system to respond effectively to maintain the continuity of maternal and newborn health care and sexual and reproductive health information and services; to protect health workers and to limit the spread of COVID-19 Baseline: Planned Target:	% of deliveries attended by qualified health personnel in selected health regions; % of services that did not report shortages of contraceptives and life-saving drugs in the last six months; # of trained healthcare providers using up-to-date protocols; % of units and SSR that operate at the primary and secondary levels, with respect to the total in selected municipalities		Information provided by the official source of the Ministry of Health, reports from the epidemiological surveillance unit of maternal mortality, attendance lists,
Output 1.3 Indicator 1.3.1: % of births attended by qualified health personnel in selected health Baseline: 10,534/10,673*100 = 98.8% Planned Target: 100%	99%	ETA/IOTA tropical storm emergency situation and COVID-19 pandemic has limited access for institutional health care	Book of Institutional Births, Pregnant Health Establishment Tracking Birth and Death Report of Health Ministry
Indicator 1.3.2: % of services that have not reported desupply of life-saving contraceptives Baseline: 25/44*100= 57% Planned Target: 0%	11/44*100=25%	The responsibility for ensuring the supply of family planning methods is the Secretary of Health however UNFPA accompanies the process	Instrument 3.1, 3.2, karex
Output 1.3 Indicator 1.3.3: trained health care providers using up-to-date protocols; using online platforms (Zoom and Webex): Baseline: 0 Planned Target: 2000 health resources from Cortes department			-List of participants and recordings of webinars.
Indicator 1.3.4: Baseline: (36/44*100) = 81% Planned Target: 100%		It has been identified that 0 of the 42 health facilities are not providing reproductive sexual health and maternal health care for lack of human resource or loss of infrastructure; hospitals continue to provide care; however, under the Life Saving Project, technical assistance will be provided to ensure better quality in the provision	Ministry of health

Programme Title & Project Number
Programme Title:
Programme Number (if applicable)
MPTF Office
Project Reference Number:
Country

Programme Duration
Overall Duration (months)
Start Date (dd.mm.yyyy)
Original End Date (dd.mm.yyyy)
Current End date(dd.mm.yyyy)

Recepient UN Organizations
Organizations that have received direct funding from the MPTF Office under this programme

Implementing Partners
National counterparts (government, private, NGOs & others) and other International Organizations

Report Cleared By
o Name:
o Title:
o Email address:

The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page the MPTF Office GATEWAY

The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY

As per approval of the original project document by the relevant decision-making body/Steering Committee.

If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

#	Questions	Guidance to respondents	Responses
1	Executive	concrete/tangible results and any important	
2	Purpose (and	indirect beneficiaries reached. Please	
3.1	Results:	Please include outcome level results achieved	
3.2	Results:	Please include output level results achieved	
3.3	Results:	difficulties encountered during the reporting	
3.4	Results:	programmatic and/or operational lessons or	
3.5	Results:	with partners and developed new partnerships	
3.6	Other		
4	Programmatic	targets or key outcomes and outputs that took	
5	Resources	management, procurement and human	

	Achieved Indicator Targets	Reasons for Variance with	Source of Verification
fn1 Indicator: Baseline: Planned Target:			
Output 1.1 Indicator 1.1.1: Baseline: Planned Target: Indicator 1.1.2: Baseline: Planned Target:			
Output 1.2 Indicator 1.2.1: Baseline: Planned Target: Indicator 1.2.2: Baseline: Planned Target:			

Please include all three: Baseline, Planned Target and Achieved Targets

[fnref1](#)

1. Impact Stories from the Field

Please submit one impactful story showing how your work has met critical needs in the context of the pandemic and supporting progress towards the SDGs, especially for vulnerable people. Ideally, this story will feature testimonials from the targeted groups. Please also take a moment to highlight any specific results on gender equality and LNOB, as relevant. To share the video as well picture material please make sure you include all credits and upload them in high resolution for Call1 Countries:

<https://undp.sharepoint.com/sites/covid19mptfcall1/Shared Documents/Forms/AllItems.aspx>

2. Upload here: Communications and Visibility (OPTIONAL)

Please include highlights of communications and visibility efforts supported by the Programme during the project implementation, if relevant. (up to 500 words)

[To share the video as well picture material please make sure you include all credits and upload them in high resolution Call1 countries.](#)

Submit photographs. Please provide with captions and in high resolution, photographs that capture the programme in action. Strong photographs will be considered for inclusion in the COVID-19 MPTF publications and social media.

Please provide links to any videos that have been produced during implementation.

Please produce and share a social media card(s). See an example below and visit our Trello Board.

[See - Fund's Trello Board](#)

