



2012 Key Results and Focus for 2013

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Who We Are: Mission, Vision, and Values

Our Vision

People of the frontera in Intibucá live longer, healthier, more productive and fulfilling lives in a strong community.

Our Mission

Work together with our communities to create and operate sustainable health, nutrition, and education services with equitable access for everyone.

Our Values

- We treat patients, students, and visitors with respect.
- We provide prompt and effective treatment as appropriate.
- We provide information to people and communities in need.
- We are honest and transparent with patients, communities, and donors.
- We take proper care of resources.
- We have skills to do the work, and we train and develop people.
- We partner effectively with governments, other NGOs, and citizen groups.
- We strive for excellence.
- We are results-oriented.
- We are a team and show mutual respect within the organization.

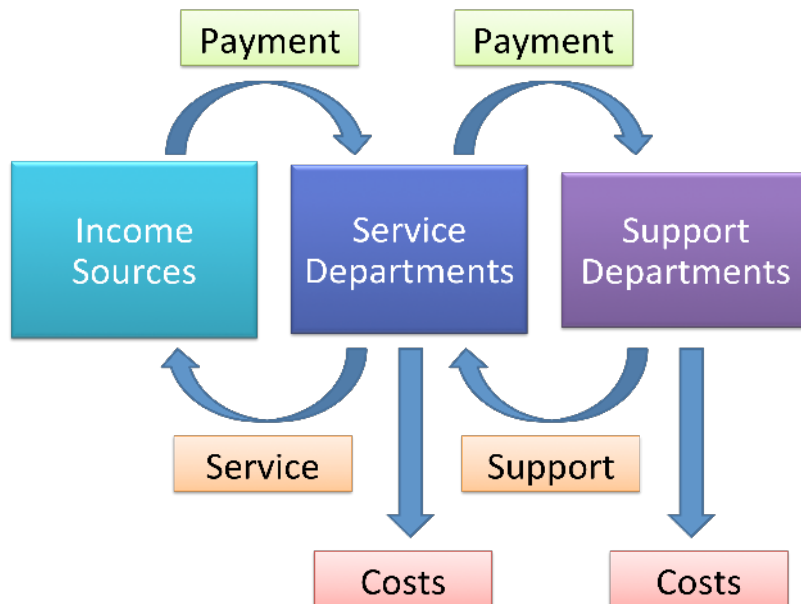
Organizational Changes in 2012

Organizational Structure

To better organize our leadership and accounting, we clarified the organizational structure last September. We now have 5 departments, and the directors of the departments comprise the Executive Team. These departments are:

Department	Director	Scope of Department
Health Network	Lic. Janell McBride	All health and nutrition activities
Operations	Ing. Walter Cardona	Transportation and buildings
Informatics	Sr. Francisco Rios	Data and Systems
Education	Profe. Iris Villanueva	All education projects (non-health)
Brigades and Affiliates	Sr. Marvin Cacho	Brigades, affiliate relations, security

We hope to make each department self-sustainable. For example, the Health Network receives payments (donations, convenio payments, fees) but Operations does not. Walter will charge the Health Network department for transportation and building upkeep costs, and fund the Operations department out of these payments.



To further elaborate how each department will become self-sustaining, this table shows the costs associated with each “business.” Each department is subdivided into one or more businesses based on the services provided, and each business has financial responsibility for its own costs, which are covered by its respective incomes. The exception to this is Information, which does not generate income.

Business	Income	Expenses
Basic Health Care (Convenio) <ul style="list-style-type: none"> • Free Limited Consults • Free Maternity Care • Free Emergency Care • Free Limited Referrals • Free Limited Meds 	Convenio payments	<ul style="list-style-type: none"> • Salaries • Building Rents • Vehicle Rents • Labs
Advanced Medicine <ul style="list-style-type: none"> • Lps 250 Consults • Market Medicine • Market Labs, X-Rays, etc. 	Past <ul style="list-style-type: none"> • Fees, donations, brigades Future <ul style="list-style-type: none"> • Fees and Meds profits 	<ul style="list-style-type: none"> • Salaries • Building Rent • Vehicle Rent
Labs and Pharmacy	<ul style="list-style-type: none"> • Fees 	<ul style="list-style-type: none"> • Salaries • Building Rent • Materials
Dental	<ul style="list-style-type: none"> • Fees • Brigades • Donations 	<ul style="list-style-type: none"> • Salaries • Vehicle Rent • Building Rent (convenio) • Materials
Brigades	<ul style="list-style-type: none"> • Fees 	<ul style="list-style-type: none"> • Salaries • Building Rents • Vehicle Rents • Added Food • Extra Staff
Education	Past <ul style="list-style-type: none"> • Tuition, Donations, Brigades Future <ul style="list-style-type: none"> • Tuition, Donations, Endowment 	<ul style="list-style-type: none"> • Salaries • Scholarships • Payments: Yo Puedo • Materials
Operations	<ul style="list-style-type: none"> • Building Rent • Vehicle Rent • Food Charges 	<ul style="list-style-type: none"> • Salaries • Fuel • Food • Maintenance

Financial Changes

In addition to our organizational changes, we instituted an overhaul of our financial system. This was characterized by three main action areas:

- Transition to Outsourced Accounting (Crowe Howarth)
- Move budget control to individual departments
- Institute Needed Controls
 - Checks instead of cash
 - Separate accounts for departments, affiliates
 - Timesheets
 - Budget-driven finances
 - Accounting separation by income stream

These changes are large-scale and ongoing. A selection of the changes follows.

Issues	Actions	Status
<ul style="list-style-type: none"> • Fraud in Fuel Receipts • Fraud in Repair receipts 	<ul style="list-style-type: none"> • Terminate Drivers • Terminated accountant 	<ul style="list-style-type: none"> • Complete
<ul style="list-style-type: none"> • Records imprecise 	<ul style="list-style-type: none"> • New standards 	<ul style="list-style-type: none"> • Complete
<ul style="list-style-type: none"> • No cares about spending 	<ul style="list-style-type: none"> • Everyone now aware • Budgets in place 	<ul style="list-style-type: none"> • Complete • Refining
<ul style="list-style-type: none"> • Affiliate overdrafts 	<ul style="list-style-type: none"> • Cash only 	<ul style="list-style-type: none"> • In place
<ul style="list-style-type: none"> • High brigade transaction costs 	<ul style="list-style-type: none"> • Implement web process, use CRM (resource manager) 	<ul style="list-style-type: none"> • New web in place
<ul style="list-style-type: none"> • Cash management weak • Too much cash in use 	<ul style="list-style-type: none"> • Deposit controls • Pay by check 	<ul style="list-style-type: none"> • In place • In place (except dental)
<ul style="list-style-type: none"> • Medicine spending uncontrolled 	<ul style="list-style-type: none"> • Set meds budget • Install Pharmacy Officers in clinics 	<ul style="list-style-type: none"> • Complete • CESAMOs complete, CESARs pending
<ul style="list-style-type: none"> • Wire transfer uncontrolled 	<ul style="list-style-type: none"> • Change to budget-based push • Get assigned to budgets 	<ul style="list-style-type: none"> • Complete • In progress
<ul style="list-style-type: none"> • Comingled expenses 	<ul style="list-style-type: none"> • Separate company • Monetize everything • Separate affiliate accounts 	<ul style="list-style-type: none"> • Beginning Jan 2013 • Implemented rents • US complete • Honduras in progress

Particularly important is the need to account separately for money that comes from different sources. Money from the convenio is designated for specific basic services, and cannot be diverted for other uses. As a result, the services the convenio pays for (“Basic Healthcare”) is accounted for as a separate business from the additional, advanced services provided through donations and fees (“Advanced Medicine”).

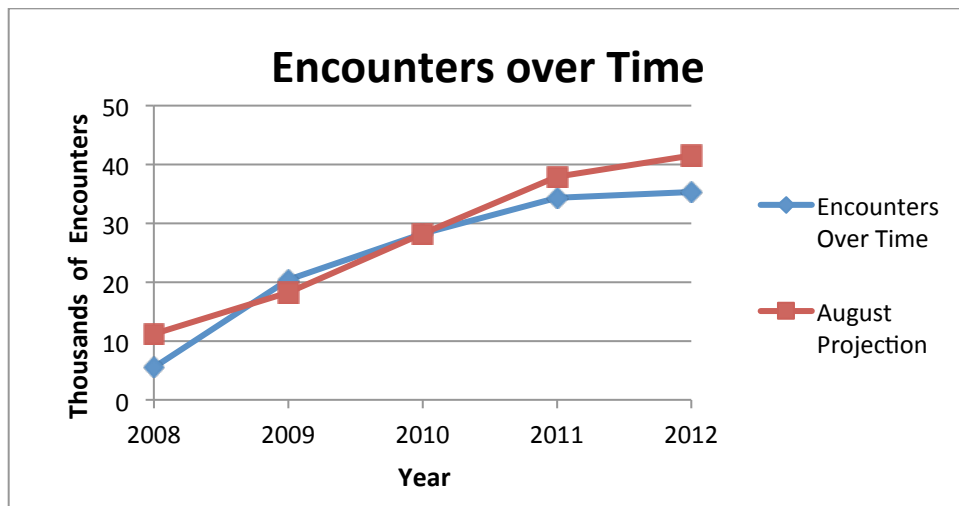
Health Network

Changes to Free Consults in the CMIs

The biggest event to take place in at Hombro a Hombro in 2012 was the cancellation of free consults in the CMIs in August. Prior to August, we had offered free consults and medicines to pregnant women and children less than five years of age, and consults for a fee (5 Lps in Concepción and 100 Lps in Santa Lucia) with free medicines to all other patients in the CMIs. Under this system, we had attended several thousand patients per year. These consults were subsidized by donations and brigade fees, and the medicines were funded by the Ministry of Health. The convenio also paid for primary care consults in the CESARs and CESAMOs (rural government clinics under Hombro a Hombro management).

Unfortunately, the large number of patients attended outpaced our donations, and it was necessary to stop attending the majority of patients in the CMIs. We continued to provide care free of charge in the CMIs to pregnant women and children less than five years of age, and we continued to attend emergencies and births. Our dental and laboratory services also continued to operate unchanged. Other patients were redirected to the primary care clinics for non-threatening issues.

Likely as a result of the changes at the clinics, in addition to sometimes-confusing communication about the changes taking place, our year-end total number of encounters was lower than projected from August data.



Since the crisis in August, we have clarified lines of communication and reorganized our business and financial structures. In addition, we have renegotiated our convenio (contract with the government) for 2013, and we hope to begin seeing patients for a fee soon.

The 2013 Convenio

As always, our contract with the government (the “convenio”) is evolving. We negotiated several changes to our convenio for 2013, highlighting three areas.

1. Financial Separation

Chief among the items we discussed was the financial separation of the activities we have contracted to undertake with the government and the additional projects that we undertake as a non-profit. This is mostly a question of accounting, and has been instituted in our new financial setup as a division between “Basic Healthcare” (paid by the government) and “Advanced Medicine” (paid by patients and subsidized by donations). “Advanced Medicine” will complement and expand the services from the national healthcare system.

	Convenio Services	Hombro a Hombro Services
Business Name	Basic Healthcare	Advanced Medicine
CMIs	<ul style="list-style-type: none"> Part-time staffing for emergencies and births Basic labs 	<ul style="list-style-type: none"> Overtime emergency staffing (nights and weekends) Additional labs
Other Clinics	<ul style="list-style-type: none"> Access to primary care physicians in most communities “Basic Package” of medicines 	<ul style="list-style-type: none"> Additional complement of medicines Affiliate clinics in underserved areas

2. Levels of Care

In addition, the Ministry of Health has clarified the services that it will and will not pay for in each of our locations, and this centered on the Ministry of Health’s decision to not pay for primary care consults in the CMIs of Santa Lucia or Concepción. In effect, this means that the CMIs function as a regional “urgent care” provider. The Honduran Government still defines this as primary care, but in the United States, it would be considered a secondary level of care.

When we reopen consults in the CMIs, they will be available for a fee of 250 Lempira (\$12.50). This will be entirely a nonprofit activity that is not connected to our contract with the Ministry of Health.

3. Expanded Catchment Area

Finally as part of the 2013 Convenio, we added the municipality of San Marcos de Sierra to our catchment area last October. This region includes roughly 9,000 people, and we will have jurisdiction over one additional CESAMO (San Marcos) and one additional CESAR (Las Delicias).

This brings our total catchment to 36,000 people, served by 5 CESAMOs, 6 CESARs, 3 affiliate clinics, and 2 CMIs.

Nutrition

In July 2012, we began the MANI 3 Nutrition Project, which will run until July 2013. At that time, we have been selected to begin the Mesoamerica Nutrition Pilot Project. The Mesoamerica pilot will run for 18 months, after which we hope to expand the project (an additional 36 months).

Project	MANI 3	Mesoamerica
Funding Source	Mathile Institute	Government partnership with the Gates Foundation, IDB, Carlos Slim Institute for Health, and the Spanish Development agency (AECID)
Supplement	Chispuditos: a soy-based drink that contains 21 vitamins and minerals including zinc and Vitamin A. It is a separate meal.	Chispitas: a colorless, tasteless, odorless powder in a small packet and includes 15 micronutrients. The powder can be mixed in with food. Zinc is not included but will be distributed separately as part of the new protocol to treat kids under 5 for diarrhea.
Target Population	Underweight and anemic children between 6 months and 5 years of age	All children under 2
Communities	More than 70 communities	9 communities
Population reached	2400+ children	250+ children
Method	Anyone with a weight-for-age z-score less than -2 and a hemoglobin level <11 received supplement (from WHO standards) receives supplement. All children are weight and tested monthly.	To be determined

Our Mesoamerica Pilot Nutrition Project is part of the much larger, multinational Mesoamerica Project. Mesoamerica is working in 10 countries with a focus on nutrition, maternal and child health, and better integration of levels of care. The Nutrition arm of the Project is beginning in Honduras with six nutrition research pilots; should at least four demonstrate positive results, the Mesoamerica Project will scale up: it has pledged \$20 million to the Government of Honduras to be paid in the next four years.



Informatics

The Informatics department supports the other branches of Hombro a Hombro by tracking what we do and reporting the progress we make on our broader organizational goals. In order to do so, we will put together a series of periodical production reports that track the progress we make toward our organizational goals. An example of one such report is on the facing page.

In order to create reliable reports, we need to build sustainable protocols to continually improve the capture and quality of our patient, pharmacy, and dental data and the reliability and function of the overall database. This is a team effort, and requires input and improvement from everyone. We are putting in place both technical and personnel solutions that will take effect over the coming year:

	Technological Solution	Personnel Solution
Data Capture	<ul style="list-style-type: none"> • Distribute systems to CESARs and CESAMOs 	<ul style="list-style-type: none"> • Distribute code sheets to all doctors, nurses, brigades • Train Pharmacy Officers • Track record completeness • Track follow-up on referrals
Data Quality	<ul style="list-style-type: none"> • Automated error reports on abnormal values • Add database capability to flag records for later review 	<ul style="list-style-type: none"> • Chart reviews • Recommendations from data staff to improve medical records • New census in Santa Lucia • Protocols to update records
Database Reliability	<ul style="list-style-type: none"> • Transition to SQL server 	<ul style="list-style-type: none"> • Use Incident Report Sheet • Track errors
<i>SQL server is a more reliable and quicker way to access and manipulate the database, and is necessary due to the growing size of the database (which is currently in Access). The "code sheets" are alphanumerical codes for symptoms, diagnoses and treatments standardized by the WHO; we use ICPC-2, which was designed for primary care.</i>		

The biggest of these changes is the Pharmacy Officer system, which we learned from visiting the GESTOR at Taulabe in September 2012. In order to better track pharmaceutical inventories and capture data, there is a trained data person called a Pharmacy Officer stationed at each point of care. We are in the process of replicating their system, and have placed Pharmacy Officers in all five CESAMOs in our coverage area.

In order to implement the proposed changes, there are four main areas for improvement in the department:

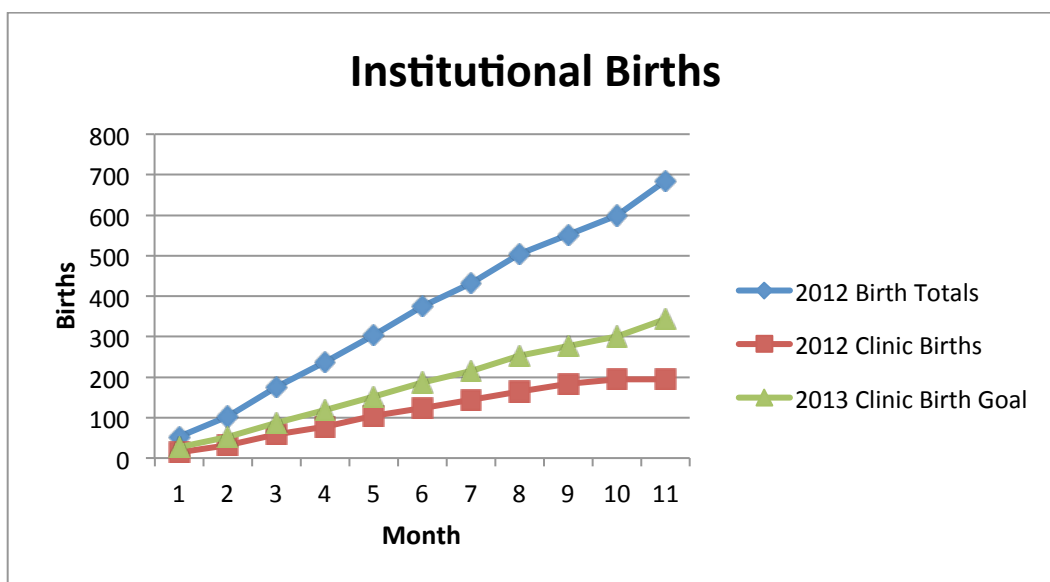
1. Focus on specific goals
2. Set clear expectations
3. Continue training staff
4. Track progress using data

Improvement in these four areas will help us become a more effective and efficient department.

Case Study: Measuring Institutional Birth Rates

One of the most important pieces of data we can track is the number of births that take place in our CMIs. The WHO places a priority on this measure (“institutional births”) because mothers who give birth in a clinical setting and their children are more likely to survive possible complications. This is a particular focus of the WHO, the UN, and the Government of Honduras because it contributes to the fourth and fifth Millennium Development Goals (MDGs) of reducing maternal and infant mortality.

To see how we are doing, we can put a request to the database, called a “query,” to return any records of a birth taking place in either CMI in 2012. We can run a second query to return records of any patients with birth dates in 2012 at any of our clinics. We can then plot the data in a graph that describes how we are doing.

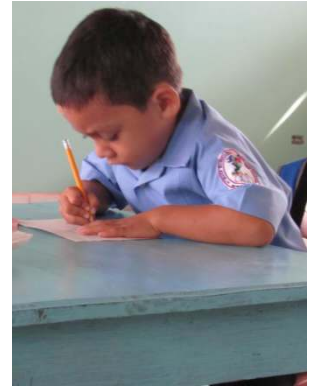


This percentage is not as high as we would like it to be. As a result, we have identified the Institutional Birth Rate as one of the periodical progress reports that we would like to produce. We have worked with the Health Network department to set a goal of 50% of for institutional births in 2013, and we will track our progress toward this goal. The Health Network department will develop new strategies for how to increase the rate, and our feedback will show how they are doing.

This focus on institutional births has an additional incentive. The Honduran Government would also like to increase the institutional birth rate, and pays us an incentive for every birth that takes place in the clinic. Our focus on tracking effectiveness of our strategies will therefore contribute both to the health of the community and to the financial health of our clinic.

Education

Intibucá Bilingual School of the Frontier



This past August, we broke ground on our new Bilingual School in Camasca and started classes for the first group of students. We now teach two classes (one kindergarten and one preschool), and will be accepting students to these existing groups as we carry on with kindergarten and first grade next year.

Libraries



In 2012, we built a new bilingual resource center and filled it with donations of English and Spanish books. Currently, a volunteer also teaches popular English classes there to more than 30 students. We also have a library in Santa Lucia, but classes there are sporadic. Previously, Hombro a Hombro offered tutoring in the public schools, but this will no longer take place due to personnel shortages.

Becas

Our scholarship program supports students to receive education through high school, and two students are receiving aid to attend university. In 2012, we provided support to 155 students to who otherwise would not have been able to attend school.

Scholarship Area	Method	Students
Concepción and Santa Lucia	\$300 in cash transfers. Students receive \$75 in February to cover school fees and \$25 in other months to cover the ongoing cost of materials.	100 (50 in each municipality)
Camasca	We buy uniforms, shoes, notebooks, and other materials in February, and supplement it throughout the year. We receive \$4000 annually from one donor.	53
University	Monthly deposit in their personal checking accounts, but it is subject to academic performance. This money comes from private donors.	2
	Total	155

Next year, we have three changes taking effect:

- The University students are graduating
- We will redistribute some scholarships from Santa Lucia and Concepción to San Antonio
- We are putting in place a contract for students and parents to sign stating that their participation in the program is subject to academic performance

Yo Puedo

The Yo Puedo program is designed to impart skills to girls in 5th and 6th grade, and to improve their self-esteem. We hope that by encouraging the formation of girls groups, we can raise the age at which these girls have their first children to 18. This year, we taught classes to 155 girls in 13 schools. Next year, we are looking for 6 tutors to work in 4 municipalities to support the supervisor and coordinator of the program. Ideally, these tutors will be retired teachers.

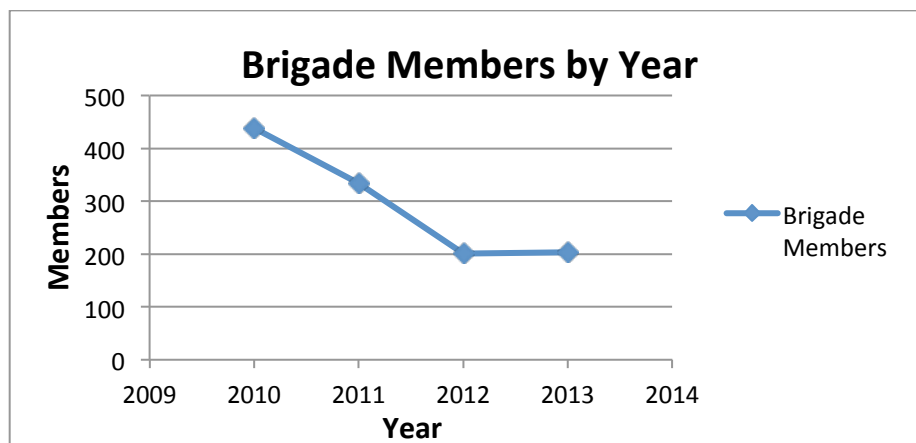
Brigades and Affiliate Projects

Brigades



Our largest program with external organizations, and the program that Hombro a Hombro was founded on, is brigades. Each year, we host volunteers from all over the United States as they work in Honduras. This year, we worked with 201 brigade members from 13 organizations for 2347 brigade days. Their programs ranged from holding field clinics to giving charlas to conducting research.

Unfortunately, the number of brigade members has been falling in recent years. This is one reason, along with the increasing size of the organization, that we are transitioning program funding away from brigades.



Brigade Safety Precautions

Hombro a Hombro is known for having one of the most robust safety policies in Honduras. Following the Peace Corps withdrawal in 2011, we suspended brigade operations and rewrote the Safety policy. We are committed to the safety of our employees, patients, and volunteers. We have never had a violent incident.

Owing to safety concerns that are rising once again in Honduras, we are redoubling our safety precautions. We are re-examining the safety policy, and have also begun to coordinate with municipal police forces to produce monthly reports about security. We hope that these reports will serve to separate fact from rumor, to improve communication about the situation on the ground, and to reassure brigades that their safety is our priority.

Changes to Brigades for 2013

As our brigade program grows, some changes will be instituted. These changes are as follows:

- Brigades will pay for their own medicines to combat over-prescription and financial drain
- Affiliate clinics will be financially separated from Hombro a Hombro, and funded by the affiliates that built them
- Brigade efforts will be directed to support overall clinic strategy. Our new focus areas will be:
 - Blood pressure screenings and charlas
 - Cervical cancer screenings and charlas
 - Home visits
 - Field clinics and charlas
 - Seeing patients in clinics

We would like to thank the following Affiliates for their participation in 2012:

- Brown University
- Cleveland University
- John Hopkins University
- MAHEC
- Ohio State Dental School
- University of Cincinnati
- University of Cincinnati Nursing School
- University of Minnesota Nursing School
- University of Pennsylvania Nursing School
- University of Rochester
- University of South Carolina (Greensboro)
- University of Wyoming
- Virginia Commonwealth University

Affiliates



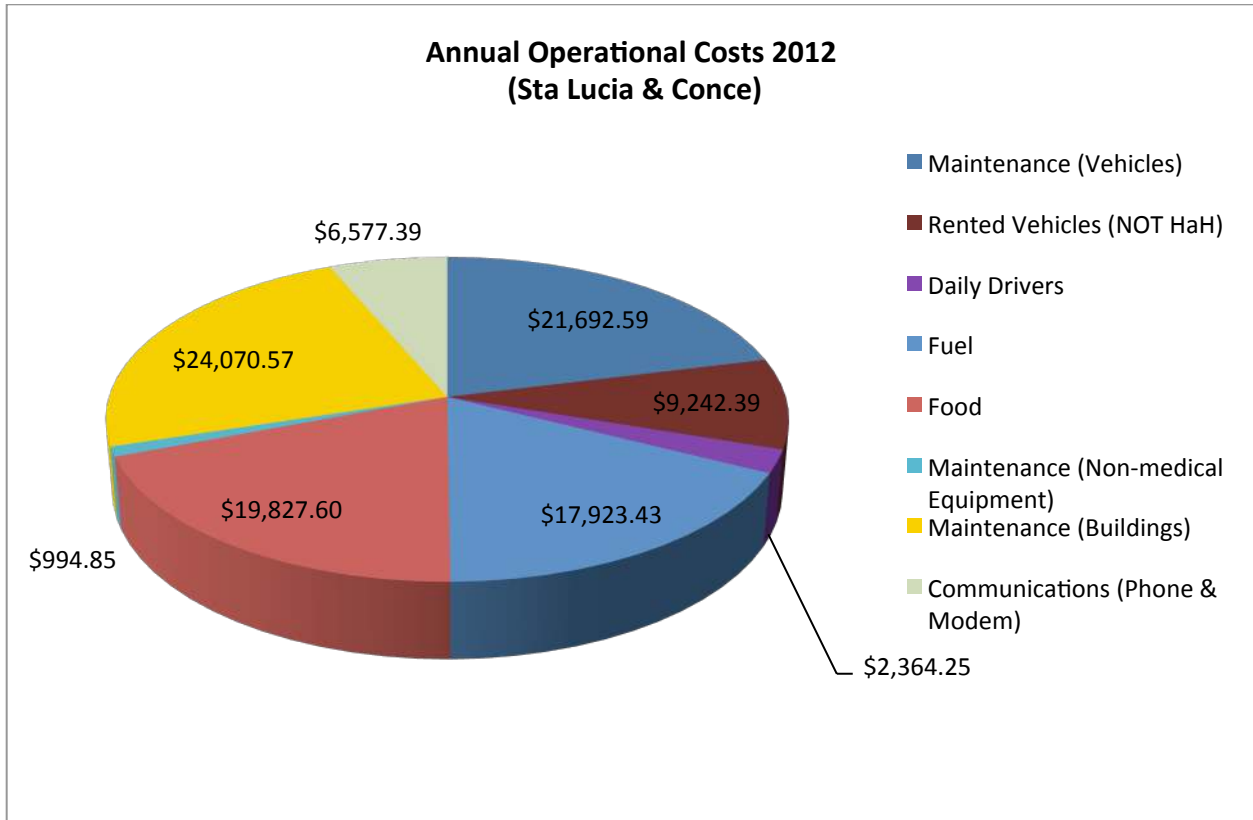
The other aspect of working with external organizations is to partner with them as they build new clinics. We have three such clinics:

- Guachipilhincito: this clinic was constructed by Brown University and opened in 2011. It is staffed daily by a nurse and acts as a brigade site.
- Pinares: this clinic was constructed by Virginia Commonwealth University and opened in 2007. It is staffed daily by a nurse.
- Agua Salada (pictured): this clinic was constructed by the University of Wyoming and includes a community center. It just opened in June 2012, and will serve as a brigade site.

Operations

Our overarching goal as a support department is to run efficiently as a business by leveraging hard data. In this way, we can identify our biggest costs and take control of them, and help us in our goal to become a sustainable department.

Here is our division of costs for 2012:



In response, we are instituting new processes to take control of costs. These include:

- Charging rent on all spaces (both personal and business areas)
- Charging real costs for food
- Instituting logs to track vehicle mileage and charge these values to departments

Using the data has also allowed us to identify and work to reduce our biggest costs. For vehicles, we have realized that our maintenance costs are too high and plan to invest in new trucks. In communications, we have been paying too much for phone plans because we lacked an overall policy; these costs will now be overseen and managed by each department's director.

Challenges and Strategies

Department	Goal	Strategies
Health Network	Have a steady year, meeting the goals set by our partners	<ul style="list-style-type: none"> • Continual communication between the frontera, Tegucigalpa, and maintaining our relationship with Dr Giron's office in La Esperanza • Working with communities, hopefully getting the Concepcion committee more involved • Delegating responsibilities to new team members
Informatics	Regularly report progress made on broad organizational goals	<ul style="list-style-type: none"> • Improve data capture and quality using a combination of technological and personnel process changes • Develop a set of production reports that are in support of what we want and then commit to delivering them
Operations	Become a sustainable department	<ul style="list-style-type: none"> • Track finances using hard data • Institute new processes • Work on a timeline to make the changes
Education	Administer programs efficiently to extend educational opportunities to as many people as possible	<ul style="list-style-type: none"> • Work within budgets • Contract part-time support staff for small incentives • Modify programs to function more effectively • Maintain relationship with the States
Brigades	Keep brigades coming, and for our clients, members and funders happy with the job we do for Hombro a Hombro	<ul style="list-style-type: none"> • Re-examine safety policy • Coordinate with municipal police forces to produce monthly reports on the security situation

Glossary

Access (Microsoft): a program in the Microsoft Office suite used to manage databases

Affiliate: an organization that partners with us on a specific project

Beca: scholarship

Brigade: short-term groups that visit the area, usually from medical schools

CESAMO: primary care health office staffed by a doctor, part of the Honduran National Health Service. Hombro a Hombro operates 5 CESAMOs, one in each Concepción, Magdalena, San Antonio, San Marcos, and Santa Lucia.

CESAR: primary care health office staffed by a nurse, part of the Honduran National Health Service. Hombro a Hombro operates 6 CESARs, one in each Guajiniquil, Jiquinlaca, Las Delicias, San José, Santa Teresa, and Santa Rita.

Charla: educational talk

Chart review: a peer-review system to check medical records for accuracy and completeness

Chispitas: nutritional supplement provided by the Mesoamerica Nutrition Pilot Project

Chispuditos: nutritional supplement provides by the MANI 3 nutrition research project

CMI: Centro de Maternidad y Infantil, a clinic that attends to emergencies and births. Hombro a Hombro operates two CMIs, one in Santa Lucia and one in Concepción.

Codes: alphanumeric identifiers for symptoms, diagnoses, and treatments that are standardized by the WHO. We use the ICPC-2 list, which was designed for primary care.

Convenio: A contract between a GESTOR (such as Hombro a Hombro) and the Ministry of Health of Honduras to manage the provision of healthcare; a result of the decentralized healthcare model

Decentralized healthcare model: a system of healthcare in which provision is managed by organizations that partner with the government of Honduras (called GESTORs) through contracts that are renewed yearly (convenios).

Field Clinic: a medical clinic that takes place outside of the CESAMO or CESAR offices

GESTOR: a healthcare management entity (such as Hombro a Hombro) that contracts with the Ministry of Health of Honduras to manage the provision of healthcare. These entities were created from existing organizations in Honduras when the country decentralized their healthcare model in 2008.

MANI 3: a nutrition research project funded by the Mathile Institute

Mathile Institute: founded in 2006 to create innovative, effective, and sustainable solutions to alleviate nutritional inadequacies in children. Hombro a Hombro partnered with Mathile for the MANI 3 project and its predecessor, MANI 2.

Mesoamerica Nutrition Pilot Project: Mesoamerica is a multinational development project working in infrastructure and social development. Hombro a Hombro is one of their six pilot nutrition project partners in Honduras, and we are also participating in their national maternal and child health initiative through the Ministry of Health.

Pharmacy Officers: data entry staff located at the CESAMOs and CESARs; their job is to capture data and to keep track of pharmacy inventories

SQL server: a system to manage large databases

Taulabe: a town and GESTOR in central Honduras

Yo Puedo: a girls' empowerment program designed to impart skills and improve self-esteem.