

**VECINOS HONDURAS**

**(VH)**

**MID TERM EVALUATION (EMT, Spanish Acronym)  
(February 2016 / September 2018)**

1

**Project:**

**Infant-Maternal Health**  
(SMH, Spanish Acronym)

**Geographical Areas:**

**Azabache, Danlí, Depto. El Paraíso**  
**San Antonio de Las Guarumas, Nacaome, Depto. de Valle**  
**San José de Candelaria, Langu Depto. de Valle**

**Financial Entity:**

**Global Affairs from Canada**

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## 1-Abbreviations

AIN-C: Integral Attention of Children in the Community Childhood  
ANAFSAE-National Association for Promoting Ecological Agriculture  
CEO: School Center with Dentistry  
CESAMO: Health Center with Doctor and Dentist  
CESAR: Rural Health Center  
CIS-Integral Health Center  
CLIPER: Pheriferal Emergency Clinic  
ENDESA: National Survey on Demography and Health (2011 -2012)  
ET- Early Stimulation  
FMI: International Monetary Fund  
IHSS: Honduran Social Security Institute  
IRAS: Acute Respiratory Infections  
PC: Pre – Condition  
PIB-Gross Domestic Product  
RRNN-Natural Resources  
SAN-Food Safety and Nutrition  
SEFIN: Ministry of Finances  
SESAL: Ministry of Health  
SMI: Infant-Maternal Health  
USA: United States of America  
VH-Vecinos Honduras  
VM-World Neighbors  
ZPPS-Promotion Zones and Health Prevention  
MG- Guide Mothers

## 2- Appreciation

Vecinos Honduras thanks in a special way, the families, community leadership and health volunteers (Monitors and Guide Mothers) in the 27 communities of the three territorial programs, who with a proactive and collaborative attitude participated in the analysis of the information, which constitutes valuable support to the development of its communities and the country, since their points of view will be taken in consideration by VH to improve the interventions in the areas studied, and in other zones where there are or pretend to carry out future interventions.

Our thanks are also extensive to the staff of public institutions such as: Promotion Zones and Prevention (ZPPS), Integral Health Centers (CIS) and Municipal Corporation, who in an open and sincere manner accepted to express their criteria about the topics examined, with the sole purpose of contributing to the improvement of the development interventions in their areas of influence.

Last, our thanks and recognition are also for the institutional technical staff, who, without losing their quality as employees, acted as real local development actors, in an open and objective

manner with the sole purpose of knowing how their respective projects advance to strengthen the activities or re-orienting the direction, if necessary.

### 3- Executive Summary

**3.1-Characterization:** The present Mid-Term Evaluation (EMT) was made to the project: Infant-Maternal Health (SMI) developed by Vecinos Honduras (VH) since February 2016 to date, it is implemented by three territorial programs in the same amount of zones: two zones in the south: Guarumas in Nacaome and Candelaria in Langué, both in the Department of Valle and one in the eastern part of Honduras. The period covered by the evaluation is from February 2016 thru September 2018.

**3.2-Objective and results:** *“To generate greater capacities in the families, organizations and communities to improve the conditions of family health and have healthy communities.”*

It is expected to have positive **results** in the following aspects: nutrition, incidence of diseases such as IRAs and diarrheas, community organizations and its coordination with public authorities, potable water consumption, domestic environments, use of health services and healthy feeding. Trying deliberately to benefit mainly, boys and girls, under five years.

**3.3-Purpose of the Evaluation:** To carry out an evaluative process of the activities implemented to find good choices and deviations that allow to make timely decisions, whether to deepen the approaches implemented or correct their direction in case that an important deviation exists. From this valuation, a context could also be defined, in case it could be detected that important changes in the geographical areas of the project which could have an impact the expected results.

The evaluation also seeks to value: Each one of the goals proposed in the project and progress in compliance of the indicators, with respect to the baseline; qualitatively analyze the AIN-C Programs and Early Stimulation; value the performance of volunteer staff (Health Monitors and Guide Mothers); identify lessons learned and deviations; make the pertinent recommendations; identify deficiencies, obstacles, limitations; value the participation of women in project activities and analyze from the gender perspective the participation of men and women.

Also, it pretends to analyze the institutional development of VH as responsible of the implementation of the project, the strategies, the methodology and approaches utilized in the development of activities. Right decisions, obstacles, successes and frustrations; - to learn from them, replicating or not, in order not to make the same mistakes.

### 3.4-Methodology of the Evaluation:

For the external examination of the information, a participative methodology was used, mainly in popular education. For this, semi-structured surveys were prepared: One qualitative survey and ten quantitative surveys, to be applied to: Families (women and from the communities), volunteer health staff (Monitors and Guide mothers); community organizations (“Patronatos”, Water Boards, Health Committees and zonal organizations –); civil society institutions (implementing entity and others); public entities (ZPPS, CIS, Municipalities); observation (Community Transept). The quantitative and qualitative survey for: Beneficiaries, health volunteers; Guide Mothers and Monitors; mainly to measure achievements and activities which were applied individually, mainly to mothers, for which several communities were visited in the three areas of influence of the project. The other qualitative surveys were made to local leaders (male and female) - (board members of community organizations); employees of the SESAL (auxiliary nurses, health promoters, professional nurses); employees from the Municipalities (Personnel from: Development Office; Health Office, Women’s Office). In the case of local leadership, it was made through focal groups and in the rest, individually.

### **3.5-Relevant Findings:**

**A.- Pertinence:** It is a generalized criteria among beneficiaries and other actors who were surveyed, that the objectives of the project do respond to the criteria that are circumscribed, including the communities, the families and the local social expressions, as well a human coexistence with many needs, aspirations and expectations.

According to these local actors, the pertinence of the project is coherent with the problems and limitations that the families have in their family and community environment, since it seeks to solve those matters that affect the most in the lives of people such as: health, feeding, income, water and production. This is a process in which they are the real leading actors of the improvement of their quality of life.

**B- Effectiveness:** Vecinos Honduras is a development institution, with a robust institutional framework, arising from a vast work experience in rural areas; that compendium (set) of characteristics includes its vision: *“To build a fair, equitable, solidary and inclusive society, with equal opportunities for the human development in a health environment”*. Its Mission: *“To facilitate, accompany and promote participative and sustainable processes so that the families, organizations and communities develop their capacities, are empowered and manage their integral development making a rational use of the resources.”*

Values such as: Honesty, Sensitivity and Respect and Principles such as: Always acting according to the truth; comply with its being offered and be punctual. Methodological approaches such as: Start small, be with and along the people, sustainability, respect for people, etc. It also has planning systems and follow-up of the activities, which allows detecting on time, gaps in the implementation of the project; another important aspect is to have qualified staff in the different topics and include in the processes the actors involved. All this institutional identity are guarantees for a good implementation of the projects and it is confirmed, with satisfaction from the participants (male and female) and actors involved about the dynamics used to carry out the activities with which they assure to feel comfortable, therefore, it can be said in a general way—that VH is being effective in the implementation of the project.

**C- Efficiency:** Vecinos Honduras has an administrative system with a high level of safety, standard procedures and controls normally used for the administration of resources are utilized. There is a central administrative system with the purpose of having a better control of the resources, without losing the agility and be on time with the disbursements. However, the administration of resources is a process that should be constantly improving. In the SMI Project, it is mentioned that sometimes the disbursements take too much time, which sometimes limits progress of the activities. There are goals that do not have or have little budget, it would be more agile if the administration was made in the programs, and if there was a savings account for each one of the projects. In spite of this, it is concluded that VH is efficient in the allocation and management of the resources of the project.

**D- Sustainability and Coordination:** A development intervention with an integral approach considers two fundamental aspects which constitute the basis of sustainability. The first one is environmental protection, including Natural Resources, eco-systems and biodiversity to guarantee a healthy environment for current and future generations and, the second one is local empowerment of lessons learned, activities and approaches. In this one, the individual and organizational capacities play an important role to continue implementing, with their own capacities, the activities promoted by the project, as well as their articulation with public and private actors with permanent presence in the zone.

Among the key actors to achieve the sustainability of the SMI Project, the following stand out: *“Voluntary Community Health Staff”* (monitors, Guide Mothers), community organizations (Health Committees, Water Boards and *“Patronatos”*); but also in the *public institutions with permanent presence in the zones* with specific responsibility in the topic or development. Here

we can mention: Promotion Zones and Health Prevention (ZPPS), Integral Health Centers (CIS) and the respective *Municipal Corporation*. The above demands the appropriation of processes (knowledge, methodologies and approaches), support structures, synergies in the coordination and resources. Even though the monitors and Guide Mothers have also the technical capacity, the necessary will to continue carrying out the activities, even if they do not have support from the community through its organization and of SESAL and/or municipal corporations; it is going to be difficult to achieve the sustainability of the project.

#### *E- Analysis of the results:*

#### **E, 1- Families have improved their nutritional situation especially children (boys and girls) under 5 years.**

In the three zones in which the project intervenes, the family's nutrition has significantly improved, including that for boys and girls under 5 years. In the research made with mothers and fathers, as well as with public entities which provide health services and community organizations, there is a consensus that this situation has improved. In the process of weighing and measuring made to children under 5, it shows that from 497 children, 89% maintain an adequate growth and 11% is inadequate. The evaluation revealed that children (boys and girls) of up to six months of age are fed mainly with breastfeeding, even though there is a certain small quantity that are also fed with bottles and other types of food. In the age group between 6 and 23 months, the majority are incorporated to the family's diet, except in Guarumas, where the foods they provide are selected. Children (boys and girls) between 2 and 5 years eat all the foods that the family eats. In order for their children to grow healthy, the mothers feed them well and on time, with foods that contain proteins, vitamins, carbohydrates and minerals. They are kept clean, they motivate them to eat, they take good care so that they do not get sick, eliminate parasites, give them vitamins and they take them to healthy child control. The majority of the children (boys and girls) do not have nutrition problems, from time to time, when they get ill, mainly diarrheas, they lose weight but recover quickly and return to normality. In the Community of El Picacho, Candelaria there are three children underweight who cannot recover the adequate weight.

#### **E, 2- Reduced incidence of common diseases such as diarrheas and IRAs, etc.**

In this aspect, there have been significant achievements, which are the responsibility of the ZPPS (CESAR) of Guarumas and Candelaria, who assure that the improvement is significant. Also, the Municipal SESAL of Candelaria (Langue) has the same criteria, and assures that both, IRAS as well as diarrheas, only present one or two cases per year (2%). However, the mothers assure that children (boys and girls) still continue having these diseases, mainly due to the bad quality of the water, but the case of diarrhea or colds do not get worse, because they are treated, at home, on time and do not need to take them to a health center.

According to the Manual of Procedures for the Integral Attention to Children (AIEPI) of the Ministry of Health of Honduras, it is important to teach the mother how to administer the medicines orally at home, being able to determine which medications and the appropriate dosage for age and weight of boy/girl. The evaluation shows that when the mothers detect an IRA, with signs of danger on average and in concurrent manner, react as follows: Eighty-Three (83%) provide conventional (traditional) medications; 78% give natural medicine; 56% apply vapors and 97% take their children (boys and girls) to the respective health unit.

This way of acting is due to the capacities developed by the population: First, the knowledge that the mothers have about the diseases, which allow them to detect the first symptoms. Almost 50% have received training about handling IRAS and 61% on diarrheas. Second, the use of natural



medicine: 78%; use of conventional/traditional medicine 83%; third: have and be able to manage community first aid kits (26) where they acquire medications at accessible / reasonable prices; and last, have and be able to handle nebulizers (3) for respiratory therapies.

Once the families have more control of the diseases at home they avoid complications - which require taking them to the Health Center or other place outside the zone. During the life of the project, only 5 children, with suspicion of pneumonia have been presented in the three zones (1%); which were transferred, and treated on time in a competent health center.

### **E, 3- Greater use of potable water and healthy domestic environments from women, men, girls and boys**

With respect to healthy domestic environments, there have been significant achievements, influenced by work approaches such as: "Healthy Home Environment", based on the approach of Basic Sanitation.

There are three aspects worth mentioning:

First, this has to do with the improvement of the homes. The offer made by VH includes improved stove ("fogón"), latrines, ceiling, floor, walls, kitchen warehouse, water storage and divisions to reduce family overcrowding, and with other means, the families have made remodellings, and eventually, new constructions.

Second: hygiene, both personal, as well as the home (house, backyard, "pila"-place for storing water-, latrines and stove –"fogón"), and at the community.

Third: the ordering (organizing) of domestic animals is another factor which contributes.

About the treatment of water for consumption, the data obtained shows that: 33% treats it with chlorine. (See ingredients of chlorine in Annexes); 17% treats it with chlorine and 50% does not use any treatment. All the families have water to use at home; some bring it from a well; or from a superficial fountain or through a PVC pipe or a pipeline. However, a great percentage of the families do not consume potable water, which represents an imminent danger for the whole family, but mainly for the most vulnerable groups, which in this case are the children and senior citizens (elderly).

In this situation, this has to be considered: that the great majority of families know how to treat water (with chlorine, boiled and expose it to the rays of the sun – "SODIS") and the importance it has (96%). Therefore, not treating the water is **not** due to a lack of knowledge.

### **E, 4- Better use of the essential health services from the mothers, newborns and babies under 5 years**

Even though it is very well known the deficient health service offered by the state in rural areas, through the ZPPS – before known as CESAR, is the only thing accessible that these families have, since it is located in their areas of influence; as well as for economic reasons by making use of this service. But solving their health problems is something worth discussing, but hope and faith make miracles!

In Candelaria there are three ZPPS, in Guarumas one and in Azabache another one. Considering the above, the families are now aware of the importance of not letting the diseases get worse, and even if they consider –at the first moment—the attention at home, the ZPPS are for them the last option to treat the diseases. Ninety-seven percent of the mothers go to the ZPPS; and in some cases, there are families who take their ill ones outside the zones of influence of the project, but these are a few.

Both cases are a clear example that the families are aware that their ill ones need to receive proper attention (care) for their diseases. All the actors asked about this (Health Committees, Monitors, Guide Mothers, ZPPS, “Patronatos”, Water Boards) coincide that the families are now taking their ill ones, on a more timely way to health centers, mainly public ones and those few ones who have the economic capacity to take their patients to private health centers. This contributes to the possibility of obtaining effective treatment for a better control of the diseases. All this helps the little existence of severe cases of IRAS, diarrheas, and even pneumonia in the communities.

### **E, 5- Increase in the consumption of nutritious foods for mothers, pregnant women, newborns and infants under 5 years**

The feeding options that the families have are basically two: The first one is local production. In the south zone this is something very complicated. Climate change impedes producers to identify a pattern for planting that is safe, trustworthy (reliable) which will allow them to be assertive with their agricultural labor, even during the winter (rainy season) the production of food is complicated.

In the eastern part of the country, the agro-ecological conditions are more predictable and farmers have more possibilities of producing. The second feeding option is buying, obviously, for this one, there has to be income which is more or less stable.

The families make use of the two options, they use the few or lot of food they are able to produce and complement it by buying those they need – to complete, at least partially their feeding needs. It could be said that the feeding of the families has substantially improved. For example, research made found that 100% of the children consume solid and semi-solid foods; even if 11% have deficiencies with respect to quality and quantity.

The foods they consume are: eggs, “tortillas”, potatoes, beans, pumpkin; chicken, dairy products, etc. These are prepared in a special manner for consumption of the children. These include: mash potatoes, soups, shredded. This way they make sure that the children (boys and girls) consume the four basic nutritional groups: Proteins, Vitamins, Carbohydrates and Minerals.

### ***F- Lessons Learned***

**F, 1- Involvement of Community Organizations.** This is fundamental for three reasons: First, by having more support the activities are of a better quality. Second; there is a greater appropriation and commitment from the communities towards themselves and towards the whole process; and third, with these there are more possibilities of sustainability at the moment when VH is no longer present. The community entities could sustain them, or seek for support to carry them out.

**F, 2- Coordination with personnel from the public health centers** It is very important, both to comply with the objectives of the project, as well as to achieve sustainability. The current situation demands to make more emphasis to this area and structure, in a more systematized manner what type of coordination is needed, based on the objectives expected. On the contrary, they could be carrying out repetitive activities that do not generate value added, but do consume the time of institutional staff, volunteers and families. For example, it has no sense that the Monitors and Guide Mothers weigh and measure the children, and concurrently and separately the Auxiliary Nurse of the CESAR does it; or that the children are weighed and measure, but the information is not sent to the CESAR to provide a more institutionalized follow-up.

**F, 3- Incentives for volunteer community staff** In the framework of VH’s development program or specifically in the framework of the SMI Project, it is a good idea to motivate these persons to perform a better job. However, a good strategy has to be defined, on the contrary this practice



could cause adverse effects to those desired (expected). The strategy should avoid the emergence of non-conformity in those involved (female and male). If this is not achieved, it can cause a lot of discomfort, hostility and put at risk the progress made by some components of the intervention.

In the case of the SMI Project, there is a lot of non-conformity about these incentives, and they have become an obstacle for a quick advance of the activities, including in the zone of Guarumas where the activity "weigh and measure" could collapse. This is the reason why it is urgent to make a revision and an adjustment of this strategy. The participants (female and male) wish that Monitors, Guide Mothers and mothers in general, who take their children to weigh and measure, expect that the incentives are given equally to all of them.

**F, 4- Community First Aid Kits and Nebulizers** These are having a positive impact in the health of the families, including health in children (boys and girls) under 5 years; emergency medications and respiratory therapies, at the economic and territorial reach of the families increases their capacity of control over certain diseases, especially when they are initiating, which avoid progress to more dangerous status. Self-medication is not something we recommend, but the medications used are of a general use, almost public. Therefore, mechanisms to strengthen the knowledge of the community staff, responsible for its management have to be found; mainly with what respects to the prescription of medications and the administrative part.

However, due to sustainability aspects, it will always be better to "rescue" the traditional knowledge of the population to manage these diseases through natural medicine practices transmitted from generation to generation until our days, and which currently are in danger of being lost.

### **3,6- Recommendations**

#### **3,6, 1- Nutritional Situation:**

- The voluntary staff (Monitors, Guide Mothers, Health Volunteers, Health Committee, etc.) has to perform coordinated health work in each community, including AIN-C and ET, for which integrated work teams have to be formed, in order to avoid setbacks and have better results.
- In the activity of "weight and measure" it is convenient to improve the records of the data as well as the follow-up to children with problems.
- VH should have a clear and viable protocol to follow-up the recuperation of children (boys and girls) with inadequate growth. It is good to know SESAL's protocol to take advantage of its virtues.
- Review the strategy of "*incentives*", which are causing a lot of non-conformity in the families, probably involving more in the management of the organizations and changing their conception, thinking maybe in social funds of community benefit, etc.

#### **3,6, 2- IRAS and Diarrheas:**

- Rescue and strengthen the traditional knowledge of the population about natural medicine to handle these diseases.
- In the measure that it is possible provide the three zones with more nebulizers,
- Continue strengthening the strategy of first aid kits, mainly with respect to knowledge about the prescription of basic medications, control of expired medications and the administration of first aid kits. Both aspects have a high impact in the prevention of these two diseases.

#### **3,6, 3- Potable water and domestic environments:**

- Motivate "*Patronatos*" to have access through management to public constructions projects and housing improvements.
- Seriously consider the possibility of making emphasis to VH's strategy to treat water for human consumption in the Chlorination of the fountain, SODIS and filters. These practices could have greater acceptance from the population.

#### **3,6, 4- Better use of health services:**

The Health Committees of Guarumas have created a fund to support – through loans – the transfer of ill persons to health centers outside the zone. This experience is worth supporting, know it and replicate it in the other zones.

In the Major's Office of Langua a Municipal Clinic has been created. It has a doctor and medications that will help the population of the municipality to have access to them, likewise, it is important to know this experience to motivate with the population and incentive its creation in other zones.

### **3,6, 5- Improve the consumption of foods in quantity and variety:**

-It is necessary to be continuously studying the agro-climatic conditions of the three zones, mainly in the south, to define appropriate methodologies to improve the production and agricultural diversification: replicate successful practices in the use of boiled waters, are some examples.

### **3,6, 6- Local Organizations:**

-It is necessary to strengthen – in the three geographical areas – the organic operation of: "Patronatos", Water Boards and Health Committees, including aspects such as: coordination, planning and management for development.

-It is important to share with the other two zones the experience of Guarumas in zonal organizations, to consider its replication.

-In the case of Candelaria it is necessary to socialize the "Development Plan of Candelaria" among development actors of the municipality, including SESAL and the Municipal Corporation. The SAN table should be considered for this activity.

### **3,6, 7- Sustainability and coordination:**

-Sustainability is a strategic aspect in the implementation of projects and it is highly complicated to achieve it. It is only possible when it is considered in all the stages (phases) of the project (Technical Proposal, Implementation and Evaluation). In future proposals emphasis has to be given to this variable.

-In the SMI Project coordination in concrete areas and topics has to be strengthened between local Organizations, SESAL, Municipal Corporations and VH.

-In the case of Candelaria, VH should actively be incorporated in the table of Food Safety and Nutrition (SAN), promoted by the Municipality in which relevant development actors participate.

-The possibility of establishing what's left of time as an exit strategy should be analyzed, this to assure the sustainability of actions.

### **3, 7- Conclusions:**

3,7, 1- In a general manner the progress of the project is adequate, there are some phase shifts in some activities that were easily detected with a revision of instruments such as: Chronograms; and Implementation Control of Activities and correct them accelerating their pace in their implementation.

3,7, 2- "Boys and girls with good physical development, motor and cognitive" could be at the end of the project, and one of the main impacts resulting would be the improvement in feeding and the incorporation of AIN-C and ET practices.

3,7, 3- The improvement in community health in general could be another significant aspect where there could be an impact, if emphasis is made to family and community hygiene.

3,7, 4- It is necessary to review the techniques and procedures for the production of food, mainly in Guarumas and Candelaria to be more assertive with planting and harvesting procedures. *(End of the Executive Summary)*

## **4- Introduction**

The Honduran health system is made of three sub-systems. The first one, is the public sector made of the Ministry of Health (SESAL) which regulates the system and provides health attention to all the Hondurans; the second one is the Honduran Social Security Institute (IHSS) which

collects and administers the resources of fees of workers and entrepreneurs; and the third one, is the private sector which generally is for-profit.

It is assumed that the SESAL provides health services to 60% of the population; IHSS covers 12% and the private sector 10%. According to recent estimates, almost 9 of each 10 persons do not have any type of insurance and approximately 2 million persons, mainly in the rural area do not have access to health services (18%).

In research made by the World Health Organization (OMS, acronym in Spanish) to measure the performance, quality and coverage of the health services, Honduras occupies the 131<sup>st</sup> place of 191 countries, which means that it is located in the fourth group with the worst grades. However, health is right guaranteed by State in Article 145 of the Constitution of the Republic. The services network of SESAL is divided in two levels. The first level is constituted mainly by 1,078 Rural Health Centers (CESAR) and 436 Health Centers with Doctor and Dentist (CESAMO). And the second, by 7 government hospitals, 6 regional hospitals, 16 area hospitals, 74 infant-maternal clinics, 3 CLIPER Clinics and 15 Dental School Centers (CEO). The only new center is Hospital María (Pediatrics), but without increasing coverage and the Hospitals of Danlí and Tela which have new installations.

The Honduran health system is deficient in: Doctors, nurses, equipment, supplies, medicines, health centers, beds and budget. It also suffers from corruption and lack of social sensibility from the staff; therefore, it is considered to be in crisis. All of the above is summarized in that the State provides the Hondurans a health service which is of a very bad quality. The greater impact is suffered by the poor, and among these, we find the families who live on hills of the rural areas.

It is for this reason that VH seeks to provide a grain of sand in this dramatic situation of the rural families, with development interventions oriented to reduce the health deficit. For this an inclusive methodology and sustainable approaches that seek to empower the people of the processes that aim to really solve the problem, going beyond paternalist initiatives, provided by the politicians to members of their parties.

To achieve its purpose, VH works the different aspects that affect – directly or indirectly— health. Among them we have: feeding, water for human consumption, agriculture, home and environment improvement; family and community hygiene, basic sanitation, vaccination, income, organizational strengthening and training in preventive health.

The orientation of the action prioritizes children (boys & girls), under five, through strategies of Integral Attention to Children (AIN-C) and Early Stimulation (ET), both lines of action seek to assure an adequate development of children's growth in their five years of age, which are determinants for the rest of their lives. All these mainly with a preventive approach but basic knowledge on how to treat minor illnesses is also taught.

All this work is made in coordination with community actors, public and from civil society. In fact, the SMI Project is an example of the above mentioned. With the present Evaluation it is expected to improve its implementation for the benefit of the target group.

## **5- Purpose and Objectives of the Evaluation**

Carry out an evaluative process of the activities implemented to find right decisions and deviations which allow timely decision making, either to deepen the approaches or correct the path, in case there was an important deviation. From this evaluation, it could also be defined as context if it was detected that an important change has been made in the area of action of the project.

The evaluation seeks to know, through all the involved (female & male) if the activities of the project advance according to what was planned in the technical proposal, and if the direction assigned is contributing to the achievement of the objectives, results and impacts. Since this is an evaluation of the process, more emphasis is placed in the activities, mainly on how they are carried out, the sense of the process to achieve good health of children (boys and girls) under five years.

The specific objectives of the evaluation seek the following:

→ Carry out a quantitative valuation of each one of the goals proposed in the project, and progress made in compliance of the indicators with respect to the baseline.

→ Carry out a qualitative analysis of the AIN-C and Early Stimulation Programs; implemented in this project.

→ Evaluate the role performed by voluntary personnel who supports in the implementation of the project (Health Monitors and Guide Mothers).

→ Identify lessons learned and possible deviations in the implementation of the project.

→ Make recommendations to direct future actions of the project.

→ Identify deficiencies, obstacles, limitations when carrying-out and planning the project.

→ Evaluate the participation of women in the different project activities; and how these impact in a positive or negative way, in their lives.

→ Make recommendations to guide in the duration of the project to achieve greater gender equality, with the participant population.

## **6- Scope of the application of the evaluation, brief statement about the evaluation methods used**

The scope of the evaluation was the area of action of the SMI Project, which includes two zones in the south: Guarumas in Nacaome and Candelaria in Langue, both in the Department of Valle and one in the eastern part of the country: Azabache in Danlí, Department of El Paraíso. The intervention reaches 27 rural communities: 19 in the south and 8 in the eastern part of Honduras.

A qualitative survey was developed and ten quantitative surveys to be applied to: Families (women and men of the communities); volunteer health personnel (Monitors and Guide Mothers); community organizations ("Patronatos", Water Boards, Health Committees); civil society institutions (implementing entity and others); public institutions (ZPPS, CIS, Municipalities); observation (Community Transept).

The quantitative and qualitative surveys for: beneficiaries, health volunteers, Guide Mothers and Monitors, used to measure achievements and activities. They were applied individually, mainly to mothers, for which 15 of 27 communities in the three zones of influence of the project were visited.

The other qualitative surveys were applied to local leaders (male and females) (board members of community organizations); staff (female and male) from SESAL (Auxiliary nurses, health promoters, professional nurses). Employees from the Municipalities: (personnel from the Development, Health, Women's Rights Departments); VH Technicians (Program Coordinators

and responsible for the health component). In the case of local leadership this was made through focal groups, for the rest: individually.

In order to avoid involuntary biases and achieve greater possible objectivity in obtaining information, direct participation from the programs' technical staff was avoided, and had support from persons outside the communities. With the same purpose, the final coordination about which families and communities to visit, it was made at random and at the same time of the visit. The process included: Terms of Reference; Technical Proposal for the Evaluation; Work Plan; Preparation of Instruments; search and preparation of the information; processing; preliminary report, socialization / validation and final report.

## **7-Context of the intervention, including policy and institutional context**

The interventions of Vecinos Honduras (VH) are in rural zones, in poor populations, marginal and excluded, who have to settle in remote hill areas, because they do not have another option to keep their families; who had to build with tenacity and sacrifice a social coexisting system with many limitations: they do not have public services, lack worthy income; high deterioration of the natural resources, low production and productivity; suffer contamination due to agro-chemicals and trash (garbage); bad vial infrastructure. The majority of the families do not have potable water; more or less half of them lack electricity and in the majority of the cases, houses need to be improved.

This scenario of shortages contributes to the precarious life conditions of the population. They basically depend of subsistence agriculture, mainly for consumption; the only factors that contribute to local economy and alleviate a little the crisis of family subsistence, are the remittances in the south and coffee in the eastern part of the country .

A very deficient education service: pre-school and elementary school with many limitations, and a poor public health service oriented to curing illnesses.

The greater potential of development of Honduras is agriculture. However, investing in this sector implicates a very high risk with respect to the return of capital. It is for this reason that neither the private companies, nor the financial system or the government support this sector, which could easily generate one million jobs at the national level (study from ANAFAE).

Support is oriented towards large enterprises and crops for exporting such as: Coffee, Bananas, Cantaloupe, Seafood and Tilapia, among others. What was mentioned above has the families, who live on the hills in a subsistence limbo, in which institutions with a sustainable development approach, such as VH play a very important role in their lives. The problem is that this type of development institutions are a few and those who would assume challenges in this context, are even less.

According to estimates from the government of each ten Hondurans, seven are poor and of these seven almost five live in extreme poverty. This has been this way for at least 100 years; which puts in evidence the erratic public policies applied, which base their dysfunctional neoliberal approaches that had and still have the economy of some developed countries in crisis; the last ones Spain, Greece and currently Argentina.

Neoliberalism does not even work for great powers who have been their promoters; and now USA embraces protectionism, that has generated a commercial war between the USA and the rest of the world, mainly with China and Russia. Moreover, Honduras continues betting to the recipes

of the IMF, when it has been proven that these only seek the mobility of resources to the great powers.

Honduras is known in the world as the country of extreme: the most violent, the most corrupt, the poorest, the most inequitable and more recently, the one with more massive immigrations to the USA. Complete unemployment and sub-employment has a direct relation with poverty, is because the people do not have access to economic income and that are poor. The development plans of the public sector are subject to national and foreign investment, which never arrives. How long do we have to wait? The problem is that the families have to eat today, they cannot continue waiting until investment arrives, and in the meantime, how do they feed their families?

On the contrary, because of the political instability characterized by disrespect to the judicial (legal) framework, disrespect to popular will, election frauds, corruption and impunity; as well as fiscal insecurity, consisting in changing the rules of the games as it is appropriate to the politician in turn. Investors don't know what to expect and prefer to invest their capitals in other countries. The abovementioned requires of public policies clearly oriented to benefit directly 70% of the poor, if we kept on waiting for the investment, the majority would die in misery.

The debt of Honduras reaches 12 thousand million Dollars (SEFIM), one of the highest of the region, if we consider that it goes beyond 50% of the Gross Domestic Product (PIB), which is approximately 22 thousand million Dollars. The general budget of the republic is of 11 thousand million Dollars for the year 2018 (less than the debt), of this budget, each year 40 thousand million Lempiras are used to pay the debt (capital plus interests). In the last 6 years, for this concept 169 thousand 126 million Lempiras had been paid; and the worst part is that Hondurans do not know why we have this debt; how it is used; if there is evidence of it reaching the country.

However, what we do see is that because of its payment, investment is reduced in social aspects such as: health, education, housing, community rural infrastructure, etc. Contrary to what is logic to expect, instead of increasing the health and education budgets, increases go to the police and the army for weapons, equipment and war practices, in a country in which we previously saw that one third of the population is considered homeless. If the previous waste of money negatively impacts the living conditions of the urban populations, where there is more employment and more is invested in infrastructure; it affects more the rural populations where there is no employment and investment is minimum. In here homeless (indigence) are more. It is in this context and with these families that VH works.

## 8-Description of the intervention, logic of the intervention / theory of change and implementation mechanisms

In its general objective, the *intervention* seeks: "Generate greater capacities in the families, organizations and communities so that they improve the family health conditions and have healthy communities".

It is expected to have positive results in the following aspects: Nutrition, incidence of diseases such as IRAS and diarrheas; community organizations and coordination with public authorities; consumption of potable water; domestic environments; use of health services and feeding. Prioritizing to benefit mainly boys and girls under five years.

The *logic of the intervention* utilizes an integral development approach, seeks to solve the most felt needs of the population; it is based on strengthening the individual, family and collective



capacities. "It teaches fishing and not giving fishes". It values the synergies of local actors with external ones, giving more importance to expressions with permanent permanence in the zones of influence. It values local knowledge, which means a learning process starting from the successful experiences in the radio of action of the project, and also involvement of local human resource in the strengthening of knowledge activities for the development of the zones.

The SMI Project is complementary to a more ample development work that VH has been carrying out previously in the three zones; another scenario in its insertion is that some of the phases (stages) had already been surpassed; for example: the productive part and basic sanitation, as we previously saw, there are aspects that haven't been consolidated and constitute important limitations to be surpassed, especially at the productive, organizational and institutional coordination levels; without minimizing more punctual aspects in the process of improvement of specific conditions of children (boys and girls) under 5.

The institutional strategy seeks to create development poles through the expansion of project areas to neighbor zones with similar problems, in a way that progress already achieved will serve as learning spaces for the new actors involved. Another fundamental aspect is sustainability of the actions. This condition allows the intervention not only contributes to improve a current condition, but that it goes beyond the period of implementation, which avoids returning to initial stadiums or previous ones, when it ends.

This approach demands that institutional capacities that have to do with participative methodologies of popular education and work approaches seek sustainability. From the perspective of the approach of the "**THEORY OF CHANGE**", the Macro Change (General Objective) would be "*To have Healthy Communities*, all the rest, including the specific objectives and results become in pre-conditions; this is to say stages (phases) that we must surpass to reach this great purpose.

In the SMI Project, in order to pass the initial condition "Bad Community Health" to the expected macro change "Good Community Health", we have to overcome the following phases (stages): Trained Health Voluntary Personnel / Good functioning of the Organizations / Trained Mothers and Fathers / Local Organizations coordinate among them and with external institutions / Good Family Feeding / Good Family Health with emphasis in children under 5.

If the SMI Project is analyzed at a macro level, from the logic of "Theory of Change" it could be said that the greater challenges are in the phases (stages): "Good Functioning of the Organizations"; "Local Organizations Coordinate Among them and with External Entities" and "Good Family Feeding". This last phase (stage) could also be: "Good Community Production". However, a good intake of food also depends of other factors, such as income.

The other phases (stages) of the process progress according to what was stipulated and the aspects that still need to be consolidated, could be said that are among normal ranges; another weak (fragile) link in this chain is at the level of "assumed"; which supposes that the whole process is going to have timely and adequate follow-up to assure that the activities are complied with a minimum of quality. The problems perceived in activity of "weighing and measuring", such as deficient records, bad coordination with health auxiliaries, including in the recovery (recuperation) of children has to do with this aspect.

Another problem, such as incentives, equally fit in this category. However, with respect to this situation it is mentioned that there are many responsibilities for just one person; sometimes hired part-time and obviously are unable of managing the workload.

**Implementation Mechanisms:** As we previously saw in the characterization (first item of this section), the implementation of the SMI Project is carried out in three zones where there are territorial programs of VH, these development expressions have adequate facilities which operate as administrative offices, equipped with the necessary equipment and materials for the organization and planning of activities. They also have communication systems and internet, and spaces for cooking and supplies for the preparation of food. In some cases they also have bedrooms to be used whenever external employees have to stay overnight.

Each office has permanent technical, normally consisting of: One Coordinator (female or male)/ Program(s) Administrator (male or female), an Accountant, Three technicians responsible for the components: Food Safety, Health and Citizen Participation. They also have mobilization equipment consisting of one (1) vehicle and three (3) motorcycles. Added to the above, they also have planning, monitoring and evaluation tools of the project, that go from: Assessment, Project Proposal, Baseline, POAS, Work Plans, Reports, Databases, Progress Measuring; System for the Implementation Control, etc.

In the central office in Tegucigalpa, with a staff of technicians with the knowledge and abilities necessary to carry out the monitoring work, as well as the strengthening of capacities to the local teams in the field. All the institutional staff is familiar with the strategies utilized for the implementation of the projects, in what related to the topics of intervention of their interest. However, there are spaces of team meetings or bi-lateral to clarify, or define appropriate routes whenever an “impasse” arises.

For the SMI Project, for being a complementary intervention, there is no doubt, that all these logistic, administrative and technical structures have been an important factor of support for the development of the activities and for the progress obtained to date.

## 9-Findings versus base line

Nº	Indicator	Project Goal	Pre Existing Situation According to Baseline	Situation found in the Mid Term Evaluation
	Persons who now are not using plain water to drink and cook	100% (1,998 persons out of 3,334)	Total persons: 3,334 Drink safe water: 1,336 Drink w/o treating it: 1,998	Total persons: 3,334 Drink safe water: 1,767 Drink w/o treating it: 1,567 1767 – 1336 = 431 Achievement 431 out of 1998 (22%)
2	Home that make at least one practice of basic sanitation	33% (300 families out of 900)	Total families: 900 Families with 1 BS: 637 Families w/o BS: 263	Total families: 900 Families with 1 BS: 942 Families w/o BS: -42 942 – 637 = 305 Achievement: 305 out of 300 (102%) (walls)
3	Children under 5 with suspicion of pneumonia taken to an appropriate health provider .	40% (10 children of 24)	Children w/suspicion: 24 Children Treated: 24	Children w/suspicion: 5 Children treated: 5 Achievement: 5 out of 5 (250%) A-3;C-1;G-1
4	Children under 2 who received solid foods, semi-solid foods or soft ones 3 times or more per day	60% (164 children (boys/girls) < 2 years 273)	Children (boys/girls) < 5 years: 694 Children (boys/girls) < 2 years: 293 Well fed: 20 Badly fed: 273	Total children under 5years: 497 Total childrenni under 2 years: 210 Well fed: 187 Badly fed: 23 (100% children (boys/girls) between 4 and 24 months received solid, semi-solid or soft foods)

			(100% of children (boys/girls) between 4 & 24 months received solid food, semi-solid food or soft)	Achievement: 187 of 164 (114%)
5	Mothers who fed well their children during the whole year.	60% (459 (mothers of 765)	Total mothers = 900 Well-fed = 135 Badly fed = 765	Total mothers = 900 Well-fed = 630 Badly fed = 270 630-135 = 495 Achievement: 495 of 459 (108%)
6	<b>Communities with water systems insyalled/improved and functioning.</b>	<b>10 systems (Of 75)</b>	<b>Total systems = 118</b> <b>Good systems = 43</b> <b>Systems / Improve = 75</b>	<b>Total systems = 118</b> <b>Good systems = 46</b> <b>Improved Systems = 3</b> <b>Systems / improve = 72</b> <b>Achievement: 3 of 10 (30%) (2A y 1G)</b>
7	<b>Water systems with maintenance plan</b>	<b>17 systems (Of 113)</b>	<b>Total systems = 118</b> <b>W/Maintenance = 5</b> <b>W/O maintenance = 113</b>	<b>Total Systems = 118</b> <b>W/Maintenance = 7</b> <b>New maintenance plan = 2</b> <b>Achievement: 2 of 17 (12%) (G 1, A1)</b>
8	<b>Homes that have completed their basic sanitation plan</b>	<b>300 families (Of 900)</b>	<b>Total families = 900</b> <b>Families w/package: 19</b> <b>Families w/o package: 881</b>	<b>Total families: 900</b> <b>Families w/package = 119</b> <b>Families w/o package = 781</b> <b>New families w/package : 100</b> <b>Achievement: 100 of 300 (33%) (A-9;C-82;G-10)</b>
9	Water and Health Committees with women trained in leadership.	100% (95 women)	Total committees: 35 Total women: 95 Trained in Leadership: 95	Total committees: 35 Total women: 95 Trained in Leadership: 95 Achievement: 95 of 95 (100%)
10	<b>Fathers and mothers trained in pneumonia.</b>	<b>250 mothers</b> <b>100 fathers</b>	<b>Trained mothers: 25</b> <b>Trained Fathers: 14</b>	<b>Trained mothers: 160</b> <b>Trained Fathers: 19</b> <b>160 – 25 = 135 (New mothers)</b> <b>19 – 14 = 5 (New fathers)</b> <b>Achievement mothers: 135 of 250 (54%)</b> <b>Achievement fathers: 5 of 100 (5%)</b> <b>General Achievement: 140 of 350 (40%)</b>
11	<b>Fathers and mothers participating in workshops on Nutrition.</b>	<b>300 Mothers and Fathers</b>	<b>369 Mother and Fathers trained in Nutrition.</b>	<b>495 mothers and fathers trained</b> <b>495 – 369 = 126 new (female/male)</b> <b>)</b> <b>Achievement: 126 of 300 (42%)</b>

Note: **BLACK** is all right. **RED**: Pace must be accelerated.

## 10-Presentation and Interpretation of the Findings in Relation to the Questions of the Evaluation

**10, 1- Pertinence:** The Honduran Health System is deficient in: Doctors, Nurses, Equipment, Supplies, Medicines, Assistance Centers, Beds and Budgets; and also suffers corruption and lack of social sensibility from the staff, and that is why it is considered to be in crisis. All of the above is summarized that the State provides Honduran a health service of a very bad quality; even though the Constitutional mandate; the greater impact is suffered by the most poor ones and, among these, the most affected are the families that live in the hills of the rural zones.

It is just for this reason that VH seeks to provide a grain of sand in this dramatic situation of the rural families, with development interventions oriented to reduce the health deficit. For this, it utilizes the inclusive methodology and sustainable approaches that seek to empower the persons of the processes, for which it aims to really solve the problem beyond the “paternalist” initiatives provided by the politicians to their clientele (members of their parties).

It is a general criteria that among the beneficiaries and the actors surveyed, that the objectives of the project do respond to the context they circumscribe, including the communities, the families

and local social expressions, as well as a human coexistence with many needs, aspirations and expectations.

According to these local actors, the pertinence of the project is coherent with the problems and limitations that the families have in their family environment, since it seeks to solve those issues that most affect the lives of the persons, such as: health, feeding, income, water and production; process where they are the real actors; for the improvement of the quality of their lives.

**10, 2- Effectiveness:** Vecinos Honduras is a development institution with a robust institutional framework that comes from a vast work experience in rural areas. This compendium of characteristics includes its **Vision:** “To build a fair, equitable, solidary and inclusive society, with equal opportunities for human development in a healthy environment”. Its **Mission:** “To facilitate, accompany and promote participative and sustainable processes so that the families, organizations and communities develop their capacities, are empowered and manage their integral development making rational use of the resources.” Values such as: Honesty, Sensibility and Respect, and Principles such as: “Always act according to the truth”, “Comply with what is being offered” and be “Punctual, Respectful”, and methodological approaches such as: Start little, be with and along the people, sustainability, respect for other persons, etc.

It also has planning and follow-up systems of the activities, which allows detecting on time any discrepancies in the implementation of the project. Another important aspect is to have qualified personnel for the different topics (areas) and include in the processes the actors involved. All this institutional identity is a guarantee for a good implementation of the projects, and it is confirmed with the satisfaction expressed by the participants (male and females) and actors involved towards the dynamics used to carry-out the activities with which they assure to feel very comfortable, therefore, it is also confirmed, in a general way that VH is being effective in the implementation of the project.

**10, 3- Efficiency:** Vecinos Honduras has an administrative system with a high level of security (safety). Standard procedures and controls, normally used for the administration of resources are utilized. There is a centralized administrative system, with the purpose of obtaining a better control of the resources, without meaning a loss of agility and opportunity in the disbursements.

For this, budgets, requests for advances and liquidations are used. For the management of funds, two bank accounts are utilized: one is a checking account where the resources requested come from; and one is a savings account used only to feed the checking account. Accounting is made in an electronic accounting program, and periodically the projects are being audited.

For the administration of the resources, VH has qualified personnel and complementary to this, there are the possibilities of strengthening knowledge and abilities for better (improved) performance. Also, VH has qualified staff with respect to the preparation and design of technical proposals for projects. It is an institutional norm to carry-out Participative Rural Assessments (DRP, acronym in Spanish), to identify along with the beneficiaries the objectives and activities of the projects; which allows to prepare budgets according to realistic costs; both, for materials and equipment, as well as for the salaries of the technical staff.

However, the administration of resources is a process that must be in constant improvement. In the SMI Project it is mentioned, that sometimes the reimbursements take too long, which at times limits progress of the activities; there are goals/objectives that do not have, or have little budget; it would be more agile if the administration was carried out in the programs, and if there was a savings account for each project. For all of the above, it can be concluded that VH is efficient in the allocation and management of the resources of the project.

**10, 4- Sustainability and Coordination:** One development intervention with an integral approach, considers two fundamental aspects that constitute the basis for sustainability. The first one is the environment protection, including the NR; ecosystems and biodiversity to guarantee a healthy environment for current and future generations; and the second one is the empowerment of local learnings, activities and approaches. In this one, an important role is played by the individual and organizational capacity to continue implementing – with their own capacities – the activities promoted by the project; as well as, their articulation with public and private actors, with permanent presence in the zone.

In the SMI Project this responsibility falls under the *“community voluntary health personnel”*, including monitors, guide mothers, as well as the Health Committee, Water Boards and *“Patronatos”* (Associations); but also in the public institutions with permanent presence in the zones with specific responsibilities in the topic of development. Here we can mention: Health Promotion and Prevention Zones (ZPPS), Integral Health Centers (CIS) and the respective Municipal Corporation.

In relation to the municipalities, it is known that it is complicated. However, due to the learnings of the population, for the political effervescence and progress of communications, some Mayors, are interested in participative development approaches, which could take advantage by the communities; such is the case of the Municipality of Langué, where after twenty years, a new Mayor wants the communities to be involved in his public management. For this reasons, he has established the *“Table of Food Safety and Nutrition (SAN)”*, to talk about topics of: health, agriculture, drought and education, among others; where development actors such as: NGOs, public institutions and communities, which is the adequate space so that institutions such as Vecinos Honduras in Candelaria play an important role, because of its development vision and community interest.

Staying at the margin is equal to losing the opportunity of letting them know what is being done and waste the added value which is obtained in these spaces.

In these aspects, there are weaknesses that could negatively affect, so that the sustainability of the project is not achieved or at least not achieved totally. For example; The organizational level, both in *“Patronatos”* (Associations), Water Boards and Health Committees is very fragile; does not have work plans, and if they do, they do not provide the adequate follow-up; they don't meet periodically in a mandatory way; and the management level is very incipient; but maybe the most important feature is that each organization is an island in the community. There is almost no coordination among them – this for different factors, but we can highlight the traditional sectarian politics.

In Guarumas, you can see positive signs; the Health Committees have an interesting dynamic, which could easily allow other levels of participation and progress in community health.

There is also the Permanent Association of *“Patronatos”* of Guarumas (ASOPAGUA, acronym in Spanish) and the Association of Experimenter Producers of San Antonio de las Guarumas (APROESAG, Spanish acronym). In the case of ASOPAGUA, it could become good support, not only for the *“Patronatos”*, but also for the Health Committees, meanwhile another zonal organization of this type does not exist.

In Candelaria there is not a zonal development organization, even though that the organizations have a Zonal Development Plan, which could be an important tool for orientating management in the zone, and to interest another external development actors. Local leadership does not have a plan, in fact, they don't even know about it.

The other element is coordination of the local development expressions with the public institutions responsible for the health and development of the zones of influence. In the area of



health, there is some level of coordination which needs to be improved, but with the municipalities it is also non-existent. There are many fears which make impossible to establish links that are so important for the development of the communities.

Even though the Monitors and Guide Mothers express their willingness (disposition) to continue with the activities of the project, it is little realistic, because they do not have the community platform for supporting them. In this respect, the community organizations condition the activities of SMI to an external economic support which will allow them to progress with the dynamics established by VH. Sustainability demands to put emphasis in three aspects: In the first place, strengthening of organic capacities, after this, coordination in the community and after, coordination with public and private external development actors. Work needs to be made on these three aspects.

## 11-Valuation of the Evaluators of Results of the Intervention Compared to Expected Results (identified in the planning phase or rebuilt by the Evaluators).

### 11, 1- Families have improved their Nutritional Situation, mainly for children (boys and girls) under 5 years.

In the three zones in which the project intervenes, the families' nutrition has significantly improved, including for children (boys & girls) under 5. In research made with mothers and fathers, as well as with public entities providers of health services, and community organizations there is a consensus that this situation has improved. In the process of weighing and measuring which is made to children under 5 years, it shows that 89% maintain an adequate growth, and 11% inadequate.

The evaluation also revealed that children (boys & girls) of up to six months of age are fed mainly with breastfeeding; but there is a small amount: (27%)- that are also fed with bottles and other types of foods. In the group of children between 6 months thru 23 months, the majority are incorporated to the family's diet, except in Guarumas where foods provided are deliberately chosen. Children over this age range eat all that the family eats. In order to have children (boys and girls) grow healthy, the mothers feed them well and on time; they clean them and motivate them to eat; they take good care of them so that they do not get sick, give them medicines to eliminate parasites, vitamins and take them to Healthy Child Control.

Most of the children do not have nutrition problems, one or another when they get sick, mainly diarrhea, lose weight but recover and get back to normal. In the community of El Picacho, Candelaria there are three children who are underweight, and cannot recover their adequate weight.

Some factors that have contributed to this situation: education of the families about the importance of feeding the children well; the way of how to prepare foods, in some cases, the provision of cereals and purees made from *Másica* (Brosimun Allicastrum) have played an important role. Another important aspect that has significantly contributed to the development of the child (boy/girl) is the work of *Early Stimulation*, which is made by 31 Guide Mothers with collaboration of 186 mothers and 10 fathers, who through games and exercises with: Geometrical



Figures, Educational Charts with the Letters of the Alphabet, Object Classification, Images, Puzzles, Numbered Cubes, etc., help develop memory and attention activities 158 children (boys & girls) under five years of age,

Even though this activity is oriented, mainly to: Motor Area, language, socio-emotional and cognitive; it also has an impact in the physical human development, good functioning of their body. According to versions from the Guide Mothers, as a result of this activity, children (boys & girls) are now more: outgoing, agile, social, collaborative, and function better in Kindergarten and definitely will be better students in elementary school. The ET activity is very well accepted and contributes to greater involvement of the families in other AIN-C, productive, hygiene and community development activities.

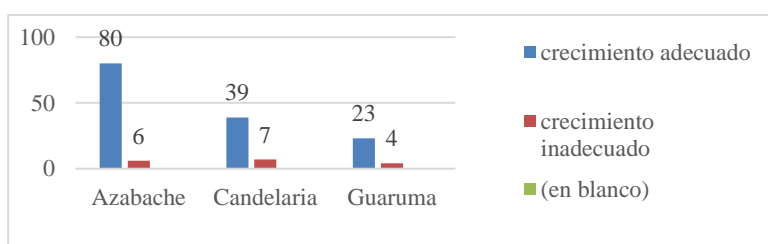
Even though the nutritional situation for the majority of children in good, it is necessary to continue, since there are always children (boys/girls) with inadequate growth and the work that is carried out by the Monitors and Guide Mothers and Health Committees needs to be consolidated; in coordination with Health Volunteers, ZPPS (CESAR), Municipality and SESAL (Municipal) of Lange to inject sustainability to the process.

**Table: Capacity of the Guide Mothers to demonstrate ET exercises to other mothers**

Zone	No	Yes	General Total
Azabache	1 (17%)	5 (83%)	6 (100%)
Candelaria		6 (100%)	6 (100%)
Guaruma		5 (100%)	5 (100%)
<b>General Total</b>	<b>1 (6%)</b>	<b>16 (94%)</b>	<b>17 (100%)</b>

Please note that from the mothers asked only one MG in the Project in Azabache (17%) did not have the capacity to transmit practical knowledge on ET to mothers and fathers.

**Graphic: Nutritional Status of Boy/Girl**



The periodic monitoring of growth and the nutritional status of boys and girls for detecting some nutritional problem and offer timely and opportune management is very important in the contribution for reducing infant mortality in children. In Azabache, 93% of children (boys/girls) had an adequate growth and 15% inadequate growth; and in Guarumas 85% adequate growth and 15% inadequate growth. The general average shows 89% adequate growth and 11% inadequate growth.

### 11, 2- Reduced Incidence of Common Diseases such as Diarrheas, IRAS, etc.

In this aspect there have also been significant achievements. Persons responsible for the ZPPS (CESAR) of Guarumas and Candelaria assure that the improvement is significant, also, the Municipal SESAL in Candelaria (Lange) has the same opinion, and now assure that both IRAS as well as Diarrheas, only present one or two cases per year. However, when consulting the

mothers of the children (boys & girls), they expressed that they continue getting sick, but not as often to have complications on a case of diarrhea or cold.

According to the Manual of Procedures for the Integral Attention to Childhood (AIEPI) of the Ministry of Health of Honduras, the mother has to be taught how to administer the medications orally at home; being able to determine that the medications and dosage are the appropriate for the age and weight of the boy/girl. The evaluation shows that when the mothers detect an IRA with signs of danger, in average 83% of them use chemical medicine; 78% give natural medicine; 56% apply vapors and 97% take their children (boys & girls) to the respective Health Unit.

The mothers detect when the children are having complications, because they look tired, sad, with no appetite and rapid breathing. In Picacho and Llanitos Verdes (Candelaria), according to them, they have not received training on this topic. They mainly use medications such: **Trimethoprin**, **Acetaminofén** (fever and pain reliever) and natural medicines such as: Chamomille, Eucalyptus and they take them to the Health Center.

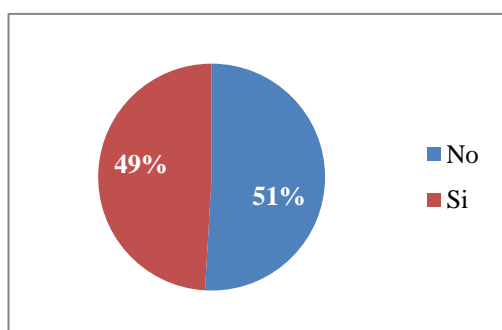
According to Dr. Margaret Chan, General Director of the World Health Organization (WHO), in 2016 expressed that a healthy environment is the basis for the health of the population. Moreover, the prevention measures and control, Plan A for treating diarrhea at home is to teach the mother the 4 rules of the treatment at home; this according to the Manual of Procedures for the Integral Attention to Childhood, the Ministry of Health of Honduras.

Sixty-five percent (65%) received orientation (training); 33% did not; and 2% do not know about the project. In the case of diarrhea, the child gets complicated when he/she evacuates a lot 2 or 3 times; he/she gets dehydrated; the eyes get sunken, thin y with no appetite. Trapiche and Casas Nuevas (Candelaria) mentioned that they were not oriented (trained) in this topic. The most commonly used treatments at home are: Diacor (Pill), Bismuth, Enteroguanil (pill), Trimethoprin and Peptobismol. Natural medicine: Serum (to hydrate – saline solution); Seeds of "De Hurraco" (for parasites), and if they do not get better, most of them go to the Health Center.

In these situations we can highlight four aspects: First, the knowledge that the mothers have about the diseases, which allow them to detect the first symptom; almost 50% has received training about handling IRAS and 61% know about diarrheas; second: 78% of the families use alternative medicine and 83% use conventional basic medications; third: there are 26 community first aid kits, where they can acquire medications at accessible (reasonable) prices, and fourth; they have three (3) nebulizers for respiratory therapies.

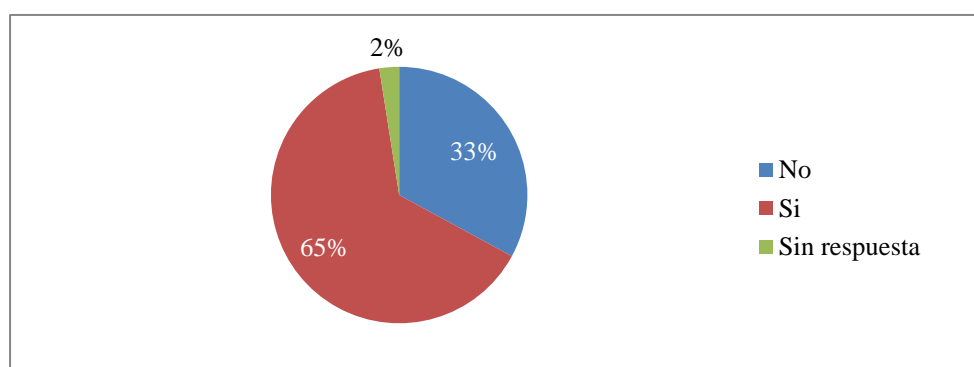
When the families have more control of the diseases at home, they avoid complications which require that they take their children to the Health Center or other center outside the zone. This also applies for vaccines. Most of the children (boys & girls) have their vaccination charts complete, except 3% who are missing at least one vaccine. During the life of the project, only 5 children with suspicion of pneumonia have been presented in the three zones, who were taken and treated on time in the competent Health Center.

### Graphic: Orientation Received about IRA



Fifty-one percent (51%) of the beneficiaries have received orientation (training) about acute respiratory infections and 49% haven't; having an impact in the handling of untimely treatment of respiratory infections. This situation is what is having deaths in children under 5 years, due to pneumonia, which continues being one of the main causes of death for children under 5 years in Honduras.

**Graphic: Orientation Received about Rehydration in Cases of Diarrhea**



According to Dr. Margaret Chan, General Director of the World Health Organization (OMS, acronym in Spanish) 2016, expressed that a healthy environment is the basis of health of the population; also the prevention and control measures, Plan A for treating diarrhea at home is to teach the mother the 4 rules of the treatment at home, this according to the Manual of Procedures and Integral Attention to Childhood of the Ministry of Health, Honduras. Sixty-five percent (65%) received orientation (training), 33% did not and 2% do not know about the project.

**Table: Children Vaccinated and Not Vaccinated**

Zone	No	Yes	No Answer	General Total
Azabache	0	86	1	87
Candelaria	4	42	1	47
Guaruma	1	26	0	27
<b>General Total</b>	<b>5 (3%)</b>	<b>154 (96%)</b>	<b>2 (1%)</b>	<b>161 (100%)</b>

In Azabache 99% boys/girls had all their vaccines complete; in Candelaria 89% and in Guarumas 96%.

### 11, 3- Better use of potable water and domestic healthy environments from women, men, girls and boys

With respect to healthy domestic environment, significant achievements have been made, influenced by work approaches such as: "Healthy Home Environment", and "Basic Sanitation".

We can mention three aspects that are very important: First, it has to do with the improvement of the house, the offer made by VH includes: “fogón” (improved stove), latrines, floors, ceilings, walls, pantries, “pilas” (place for storing water) and divisions to reduce family overcrowding, and with other means, the families have made remodelings, and eventually, new constructions; second: hygiene, both in the family, home (house, backyard, “pila”, latrine and “fogón”) as well as in the community; third: order (organization) of the domestic animals is another that contributes.

About the treatment of water for consumption, the data obtained show that: Thirty-three percent (33%) uses chlorine for the water; 17% boils it and 50% does not make any kind of treatment. All the families have access to water to use at home, since they obtain it from a well or a small river, or receive it through a PVC Pipe or a pipeline. However, a good percentage of the families do not consume potable water, which makes an imminent danger for all the family, but mainly for the most vulnerable groups: children and senior citizens (elderly).

In this situation the following has to be considered: the great majority of the families know how to treat the water (Chlorine, boil it and expose it to the sun – SODIS), and the importance of doing it (96%), therefore, the reasons for this behavior is not due to the lack of knowledge.

According to the families, the main reasons for which they do not treat water are: It is not necessary because we don’t get sick, water is clean; chlorine causes diseases; “makes people want to throw up, dizziness and even diarrheas”, “the smell and taste changes”, “there is no money to buy chlorine”; “a lot of wood has to be used to boil the water”; “a lot of effort, and little time”; “laziness, lack of interest”, and “we don’t know how to treat water”.

There are two methods for treating the water with which the families show interest: the first one is placing the water, so it receives the sun; mainly in the south where it is a very powerful and abundant resource; however, this method has the inconvenience that lastly it has been mentioned that plastic, when getting heat, leaves some particles that could be dangerous to people’s health, the truth about this should be investigated, in order to determine the real possibilities of using this method.

**Table: Water Treatment for Consumption**

Zone	Chlorinate	Boil it	Other System(s)	General Total	The second option is using chlorine, but in the fountain
Azabache	28 (33%)	15 (17%)	43 (50%)	86 (100%)	
Candelaria	23 (49%)	6 (13%)	18 (38%)	47 (100%)	
Guaruma	11 (41%)	2 (7%)	14 (52%)	27 (100%)	
<b>General Total</b>	<b>62 (39%)</b>	<b>23 (14%)</b>	<b>75 (47%)</b>	<b>160 (100%)</b>	

of distributing to the families with hypochlorators or chlorine in pills, but this way, the water goes treated to the houses. This has the inconvenience that the systems using PVC or pipeline are a few and coverage to the families would be little. Combining both methods would be the best option.

According to the ZPPS (CESAR) and community organizations, the situation of non-consumption of potable wáter is much more severe of what is reflected by the evaluation. They

assure that in reality it is a practice that is currently not being used in the families; the above even though the awareness work that has been made by VH and the State.

In Azabache: 33% use chlorine in the water, 17% boil it and 50% do not treat it.

In Candelaria: 49% chlorinate water, 13% boil it and 38% do not treat it.

In Guarumas 41% chlorinate water, 7% boil it, 52% do not treat it.

### **11, 4- Better use of the essential health services by the mothers, newborns, and babies under 5 years of age**

Even though it is very well known the deficient health service offered by the State in the rural areas through the ZPPS, before known as CESAR, it is the only thing accessible that the families have, because they are located in their areas of influence, as well as for economic reasons of making use of this service. That they solve their health problems is something to discuss, but faith and hope make miracles! In Candelaria there are three ZPPS, in Guarumas one and one more in Azabache.

Therefore the above, the families now are more aware of the importance of not letting diseases get worse, and at the first moment they consider the attention at home; the ZPPSA are for them the last option to contain the diseases. In an average, 94% of the mothers go to the ZPPS, and in some cases, there are families who take their ill ones outside the zones of influence of the project, but these are a few. Both cases are clear evidence that the families are aware that their ill ones receive appropriate (adequate) attention for their pains, and this also applies for vaccines.

All the actors consulted about this (Health Committees, Monitors, Guide Mothers, ZPPS, "Patronatos" and Water Boards) agree that the families are taking in a more timely manner their patients to the assistance centers, being these public or private, which contributes to the possibility of having an effective treatment for a better control of the diseases. All these helps the little existence of severe cases of IRA, diarrheas and even pneumonia in the communities.

**Table: Attendance of mothers to ZPPS (CESAR)**

#	Disease	Azabache	Candelaria	Guarumas
1	IRA	90%	100%	100%
2	Diarrhea	94%	100%	81%
3	Average	92%	100%	91%

### **11, 5- Increase in the Consumption of Nutritious Foods from Mothers, Pregnant Women, Newborns and Babies under 5 years**

The feeding options that the families have are basically two: The first one is local production. In the south, this is something very complicated; climate change impedes producers to identify a pattern for planting, which is trustworthy, which will allow them to be more assertive with their agricultural work. Even in winter production of food gets complicated. In the eastern part of the country, the agro-ecological conditions are more predictable and farmers (producers) have more possibilities of producing. The second option for feeding is obviously, buying them; but for this they need to a more or less stable income.

The families make use of the two options: they use the few or lot of food they are able to produce and complement it, by buying those they need to complete – even if partially – their needs. It could be mentioned that the feeding of the families has substantially improved. For example,

Research encountered that 100% of the children consume solid and semi-solid foods, even though 11% of these have deficiencies. The foods they consume go from: eggs, tortilla, potatoes, beans, pumpkin (squash), chicken meat, dairy products, etc. These are prepared in a special way for the consumption of children, and are prepared as; puree, soups, in small pieces and shredded.

The famous periods of lack of food known as “the Julies” (month of July), now are not felt very much due to the improvement of the capacity of procurement that the families have. The situation is more complicated in Candelaria, where they practically depend on local production. It was found that the remittances in Guarumas and coffee in Azabache, are elements that contribute in an important manner, to the feeding of the families, both in quantity as well as in variety. (Proteins, carbohydrates, vitamins and minerals), that has positively contributed to changing the physical appearance, nutrition, but above all, the health of the families.

**Table: Foods consumed by boys and girls**

#	Food *	Age				
		6 months	8 months	11 months	2 years	5 years
1	Rice		√	√	√	√
2	Pumpkin		√	√		
3	Chicken					√
4	Beef				√	√
5	Spaghetti				√	√
6	Beans		√	√		√
7	Fruits				√	
8	Bananas		√	√		
9	Egg		√	√	√	√
10	Juices	√ 27%				
11	Dairy products				√	√
12	Milk (cow)	√				
13	Milk (powdered) (can)	√		√	√	
14	Milk (maternal)	√	√	√	√	
15	Fried potatoes			√	√	
16	Boiled potatoes	√ 27%			√	√
17	Fish			√		
18	Boiled plantain		√		√	
19	Fried plantain			√		√
20	Bean Soup	√ 27%			√	√
21	Other soups			√	√	
22	Tortilla		√	√		
23	Vegetables				√	√

- All the foods mentioned are included, without importance of consumption frequency. Please note that these foods are included in the four nutritional groups.  
 -Twenty seven percent of the mothers of children, until 6 months, incorporate besides maternal milk and powdered milk (can), bean soup, mashed potatoes and fruit juices.  
 -From eight thru eleven months, the mothers incorporate in the diet of the boy/girl, solid food such as: Rice, beans and tortilla and the egg-yolk (hen) in a semi-liquid state.  
 -When they are two years old, the boys and girls consume all the foods eaten by the rest of the family (mashed, small bites, soups, soft foods, etc.)



## 12-Identify the main learnings and how these could be implemented in future stages (phases) of the project in communities or other institutional interventions in similar contexts

12, 1- The strategy of articulating the project, both to VH programs, as well as in public health policies – both local and national, give added value to the intervention since other actors are interested in their development.

12, 2- The importance (prominence) of the project gives voluntary community health personnel is a very good strategy. However, in order for them to satisfactory comply with the responsibilities assigned is an imperative more structured follow-up, before, during and after the activities. For example: weighing and measuring. Also, voluntary community personnel must be articulated with leadership of other organizational structures of community development.

12, 3- The more community organizations get involved, it is better, mainly due to three reasons: First, by having more support to the activities, these are of a better quality. Second: there is a better appropriation and commitment from the community towards them and towards the whole process; and third, with this it is able to have more possibilities of sustainability during time, when VH is no longer there, and the community entities could sustain them by themselves or look for support to carry them out.

12. 4- The coordination with the personnel from the public health centers is important, both to comply with the objectives of the projects, as well as for achieving sustainability. The current situation demands to make more emphasis in this part, and structure the type it in a more systematized manner and the type of coordination needed in function of the objectives expected.

On the contrary repetitive actions could be being made, which do not generate added value, but do consume time of the institutional, voluntary personnel and of the families. For example, it does not make sense that the Monitors and Guide Mothers weigh and measure the children concurrently by separate, and it is also done by the Auxiliary Nurse of the CESAR, or that the children are weighed and measured but the information doesn't go to the CESAR to provide a more institutionalized follow-up. Coordination must be in aspects where there is coincidence of the results expected, this is to say it is a "Win-Win" relation where synergies which facilitate and make possible positive results for the actors.

12, 5- The incentives for voluntary community personnel in the development framework of VH or specifically in the framework of the SMI Project, it is a good idea to motivate these persons to perform a better job; however, a very good strategy has to be defined, or in the contrary, this practice could cause adverse effects to the expected ones. The strategy must avoid the rising of non-conformity in those involved (female & male). If this is not achieved, it could cause discomfort, antagonism, and with these, risk in the progress of some components of the intervention.

In the case of the SMI Project there is a lot of non-conformity because of these incentives, and has become an obstacle for fluid progress of the activities, even in the zone of Las Guarumas, the

activity of "weighing and measuring" could "collapse"; and for this reason it is urgent to make a revision and adjustment of this strategy.

12, 6- The community first aid kits and nebulizers are having a positive impact in the health of the families, including the health of children (boys & girls) under 5, medications and emergency respiratory therapies at the economic and territorial reach of the families, increases their capacity of control over some diseases, especially when they are beginning, which avoids their progress to more dangerous stadiums.

Self-medication is not advisable, but the medications used are of general use, almost public. Therefore, mechanisms to strengthen the knowledge and create "paramedics" in the communities, which can handle in a better way, both the use and the prescription of medications, as well the administrative part.

12, 7-Early stimulation (ET) is a good strategy for developing motor abilities and cognitive abilities of the children. The mothers and father positively value this practice starting from the positive changes they see in their children, and also because is something innovator, not very common in rural projects; it is graded in the same way by community organizations and also, by the staff of SESAL.

12, 8- To have present the culture (customs and traditions of the people); in order to maximize the resources, it is always important to have this in mind. There are things that the families, for some reasons, do not accept in their way of living. One example of this is what related to the consumption of safe drinking water; they prefer to take risks to consume contaminated water, than to make practices they consider are inadequate. Therefore, it is necessary to consider other options that help achieve this goal (objective).

### 13-Recommendations of the strategies to improve the intervention aimed at Vecinos Honduras.

**13, 1- Pertinence:** It is a good practice to consider the acceptance of the Municipal Corporations to enter to work in a zone, this has not just continue, but try to make it more formal and obtain, in writing this authorization, in order to avoid adverse situations and demand support for the communities.

**13, 2- Efficiency:** It is necessary to strengthen the values, principles and historic approach that VH inherited from VM more than just good statements, it should be reflected in the behavior of the staff in each one of the institutional activities they perform.

-Value the relation "contracted time / versus activities to carry out", if there are many activities, the technician (female or male) could not develop her/his labor with efficiency.

**13, 3- Efficiency:**

-Periodically submit to consideration of the staff the administrative procedures, including the flow of resources for a better understanding of them and improve them, if necessary.

**13, 4- Implementation Mechanisms:**

-The success of development work that VH carries out depends on the capacities of its personnel. It is important to retake the procedures utilized for the contracting and induction of personnel to avoid their mobility.

**13, 5- Sustainability and Coordination:**

-Sustainability is an strategic aspect in the implementation of projects and it is highly complicated achieve it. It is only possible when all the stages (phases) of the project are considered (Technical Proposal, Implementation and Evaluation). In future technical proposals emphasis should be placed in this variable.

-In the SMI Project coordination should be strengthened in concrete things, among them: Local Organizations, SESAL, Municipal Corporations and VH.

-In the case of Candelaria, VH should actively incorporate in the Table of Food Safety and Nutrition (SAN), promoted by the Municipality, and in which relevant development actors participate.

-The possibility of establishing what's left of time as an exit strategy should be analyzed, to assure the sustainability of actions.

### **13, 6- Nutritional Situation:**

-It would be very positive for all the actors that the persons involved in health activities in the community, establish along with a representative of the Health Committee, work teams to avoid stumbling over and obtain better results.

-In the activity of "weighing and measuring" it is convenient to improvement the information records and follow-up to children with problems.

-VH must have a clear and viable to follow for the recovery of children (boys and girls) with inadequate growth, it is good to know SESAL's protocol in the zones to make good use of its advantages.

-Review the strategy of "*incentives*" since they are causing non-conformity in the families, maybe involve more the organizations in their management and changing their approach, thinking maybe in social funds of community benefit, or simply making them transparent with the communities, etc.

### **13, 7- IRAS and Diarrheas:**

-In the possible measure of equip the three zones with more nebulizers and trainings in their use.

-Continue strengthening the strategy of the first aid kits, especially with respect to knowledge about prescription of basic medicines, control of expired medications and the administration (management) of the first aid kits; both aspects have a high impact in the prevention of these two diseases.

### **13, 8- Potable Water and Domestic Environments:**

-Motivate "*Patronatos*" to have access via management to the public construction projects and housing improvement.

-Seriously consider the possibility of making emphasis to VH's strategy for treating water for human consumption in: Putting chlorine in the fountain and putting the water under the sun: here it could have greater acceptance from the population.

### **13, 9- Better use of Health Services:**

-The Health Committees of Guarumas have created a fund to support via loan the transfer of ill persons to Assistance Centers outside the zone. This experience is worth supporting, knowing it and replicating in the other zones.

-In the Mayor's Office in Langua a Municipal Clinic has been created, with a doctor and medications to serve the population of the municipality. Also, it is important to know about this experience to motivate its use with the population and motivate its creation in the other zones.

### **13, 10- Better consumption of foods in quantity and variety:**

-It is necessary to constantly be studying the agro-climatic conditions of the three zones, mainly in the south, to define appropriate methodologies and improve the production and agricultural diversification; replicating success stories and the use of wastewaters are an example.

### **13, 11- Local Organizations:**

-It is necessary to strengthen the organic functioning of the "Patronatos", Water Boards and Health Committees, including the aspects of: coordination, planning and management for development.

-The experience of Guarumas in zonal organizations is important to share it with the other zones, to consider its replication.

-In the case of Candelaria, and because of the importance that the "Development Plan of Candelaria" has for the zone, its socialization among community organizations and other actors from the municipality is opportune; including SESAL and the Municipal Corporation, maybe the Table SAN would be the appropriate space.

### **13, 12- Women's Participation**

-It is necessary to study and analyze the participation of men in reproductive activities, since the participation of women is increased in social development and economic activities could represent a workload for them, having negative effects in their health.

### **13,13-Early Stimulation:**

Economic limitations, the need of efficiency in the work, start little to gain experience in the process, would be opportune in the beginning to focalize the attention in children (boys & girls) of up to 2 years of age; and according to the institutional conditions, expand the coverage in order to cover all the children (boys & girls) between 1 thru 6 years of age.

### **13,14-The institutionalization of AIN-C and ET**

-Both practices must be part of the health component.

-Implement these practices according to: The procedures, approaches and strategies of the SESAL, considering the documents: Public Policy for the the Integral Development of the First Childhood (PPDI) and Procedures Manual for the Integral Attention of Childhood (AIEPI).

-Must be based in: "Approach of Children's Right and Approach focused in the Child and the Family.

-VH, must review its institutional framework to make it adequate as it convenes (Legal Status, Strategic Plan, principles (ideology); Vision, Mission, etc.)

-Submit it to the pertinent spaces for their approval.

-Create institutional capacities for a successful effectiveness.

-The experience and the institutional commitment of VH in development processes would be important elements to create synergies with public and private actors, and guarantee the success in these topics.

## **14-Conclusions**

14, 1- In a general manner, progress of the project is adequate; there are some biases in some activities that could easily be detected with a revision of instruments such as: Chronograms, and Implementation Control of Activities and be corrected accelerating the pace in their implementation.

14, 2- Good physical, motor and cognitive development of boys and girls due to the improvement in their feeding and the incorporation of AIN-C and ET techniques could be one of the main impacts at the end of the project.

14, 3- The improvement in community health in general could be another significant aspect which could have an impact, if emphasis is made to feeding practices and family and community hygiene.

14,4- Each time more women a better positioned in social activities of the communities, mainly those that have to do with children's health and education, activities which generate income; but also, even in lesser degree, in those that seek to satisfy the basic needs and community infrastructure.

14, 5- Feeding as a result of local production and the consumption of potable water are aspects that have to be worked on consciously to make possible some positive impact at the end of the project. .

14, 6- One of the greater achievements of VH, as well as from the SMI Project, is the capacity of communication and relations developed by leaders (male and female), aspect recognized by public development actors and civil society.

14, 7- Staff from the SMI Project is insufficient to cover the activities of the project, this situation becomes a load to the rest of the personnel who have other responsibilities.

14, 8- If an exit strategy of the SMI Project is not prepared, it would become difficult to achieve its sustainability.

## 15-Annexes:

### 15,1-Table: Children (boys & girls) participating in the project

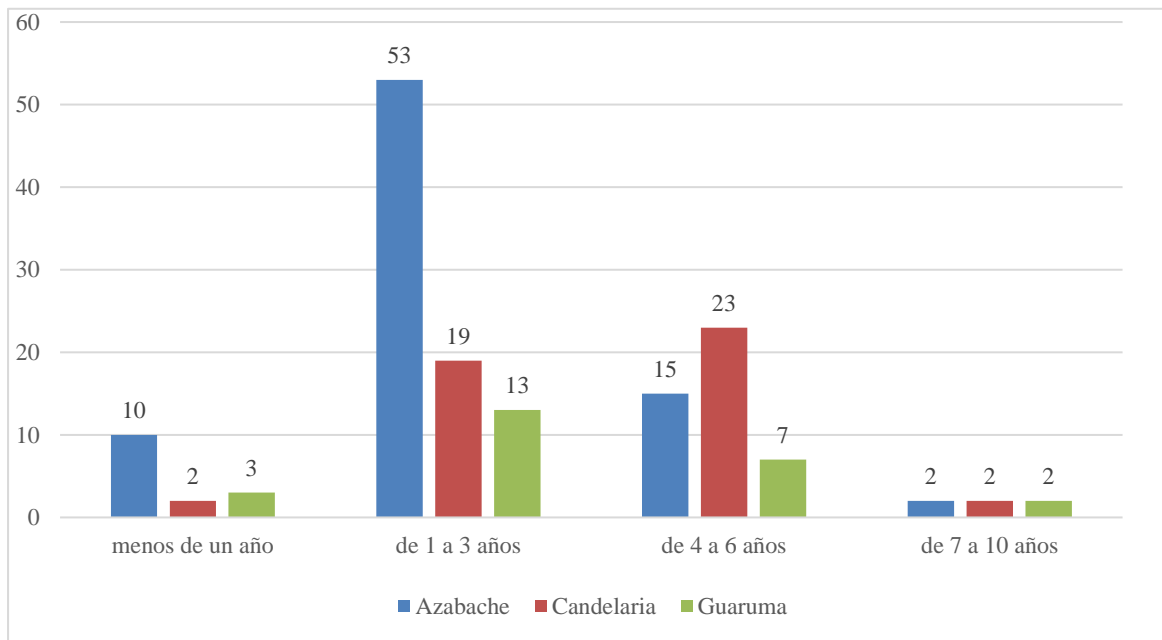
#	Programs	Total
1	Azabache	276
2	Candelaria	135
3	Las Guarumas	86
	<b>T o t a l</b>	<b>497</b>

### 15,2-Table: Communities included and beneficiaries interviewed

Community	Azabache Zone	Candelaria Zone	San Antonio de Guaruma Zone	Percentage
Buena Esperanza	27			31%
Claveles #1	28			32%
La Libertad	18			21%
San José	14			16%
sub total	<b>87</b>			100%
Casas Nuevas		13		28%
El Sobrón		7		15%
Llanitos Verdes		12		26%
Picacho		9		19%
Trapiche		6		13%
sub total		<b>47</b>		100%
Guanacastillo			5	19%
Jocotal			7	26%
Laja Blanca			1	4%
Malpaso			5	19%
Rincón			5	19%

Torrecillas sub total			4 27	15% 100%
General Total	87	47	27	161

### 15,3-Graphic: Time of Participation of Beneficiaries Interviewed in Sample



### 15.4-Ingredients of Chlorine

- Sodium Hypochlorite
- Sodium Hydroxide
- Sodium Carbonate
- Sodium Salts
- Water

----- THE END -----



