

## MATERNAL CHILD HEALTH PROJECT EVALUATION REPORT (SMI)



**Tegucigalpa, Honduras.**

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## Executive Summary

The maternal and child mortality statistics in Honduras show the minimum access of the population to public health services and the conditions of historical inequality that especially affect women of reproductive age and children in rural areas throughout the process from their conception up to the first five years of life.

Under this social context, Vecinos Honduras has focused its efforts on developing the Maternal and Child Health Project (SMI) in three of its programs: 1- Michael Newman, in the Azabache area, Danlí El Paraíso, 2- Integral Development in San Antonio de Las Guarumas, in Nacaome, Valle and 3- Sembrando Esperanzas in Candelaria, Langua Valle; defining its strategic lines in the strengthening of community organizations (health committees, Water Administration Boards, Board of Trustees, health volunteers, guide mothers, monitors and leaders) to promote the practice of Maternal and Child Health from families and within the framework of respect for Human Rights, recognizing and guaranteeing access to health and good physical and mental condition of children, through the strengthening of issues such as nutrition, early stimulation, Healthy home and basic sanitation for the community in general, aimed at improving conditions and promoting quality of life in the population.



Conversation with Monitors and Guide Mothers, about their volunteer experience

## Introduction

Honduras keeps one of the highest infant maternal morbidity and mortality rates in Latin America, therefore, aware of the challenges and limitations that international cooperation faces with the COVID 19 pandemic, for Vecinos Honduras it is urgent the need to continue unifying efforts with diverse social actors, focusing available resources on the most vulnerable groups in society.

Despite the fact that 2020 was a time of greater challenges at the organizational and community level, VH continued to develop the SMI project activities in the geographic regions of intervention, and this evaluation document is a reflection of the actions developed.

The three transversal axes to carry out the SMI Assessment are presented below:

**Targeting:** Social actors (health committees, guide mothers, monitors, and leaders).

**Gender Equity:** Access to training in Maternal and Child health for men and women and provide care for participating boys and girls.

**Leadership:** Actions in conjunction with the different community organizations.



The SMI Evaluation work during the process of taking care children

## I. Objectives of the evaluation

1. Carry out a quantitative assessment of each of the goals set in the project and progress in meeting the indicators according to the baseline.
2. Carry out a qualitative analysis of the AIN-C and Early Stimulation Programs implemented in the current project.
3. Evaluate the role played by the volunteer staff that supports the implementation of the project (Health Monitors and Guide mothers).
4. Identify lessons learned and possible changes in project implementation.
5. Make a list of recommendations to guide actions in future projects.
6. Identify deficiencies, obstacles, limitations in the implementation and planning of the project.
7. Evaluate the women's participation in the different activities of the project and how they impact positively and / or negatively on their lives.
8. Evaluate the project's results.

## II. Context of Intervention

The project is developed in the following areas:

- **Azabache, Danlí, El Paraíso (300 families y 27 communities):** Bonetón, San José, Las Flores, La Mancha, Buena Esperanza, La Libertad, Claveles # 1 and Claveles # 2.
- **Candelaria, Langué, Valle (300 families y 8 communities):** El Sobrón, Los Encuentros, San José, El Trapiche, Llanitos Verdes, El Obraje and Casas Nuevas.
- **San Antonio de Las Guarumas, Nacaome, Valle (300 families y 10 communities)** Las Labranzas, El Brasilar, Guanacastillo, Matasano, Lajas Blancas, Mal Paso, Torrecillas, El Jocotal, El Rincón and El Quebrachal.

Unlike other towns in Honduras, the communities in the southern and eastern zone, families are dedicated to the production of basic grains for consumption and small-scale commercialization, due to the dry climate most of the year especially in the south area.

In the southern area (Nacaome, Valle), the last three years the winters have been copious, causing floods in some sectors and making roads impossible to drive, affecting trade and access to health services. In contrast to the summer season, when water is limited and communities collect it for the supply and domestic use of families.

In the eastern area, Azabache enjoys a cool climate, conducive to the production of basic grains, vegetables and coffee. The communities are at a considerable distance from each other, the winter is abundant and the access to the communities is equally difficult.

The participants: the early childhood group (0 to <5 years) represent 10% of the population in the area (of which 48% are girls and 52% are boys). They are vulnerable to get respiratory and gastrointestinal infections, malnutrition, among others.



## Scopes of Project

<b>Program/ Project</b>	<b># Communities</b>	<b>Girls (0 -18 años)</b>	<b>Boys (0-18 años)</b>	<b>Adult women</b>	<b>Adult men</b>	<b>Total people</b>	<b>Total Families</b>
Sembrando Esperanzas project	8	240	243	451	396	1,330	389
Michael Newman project	8	407	347	566	526	1,846	414
Las Guarumas y El Transito project	10	198	215	327	332	1,072	322
<b>Total</b>	<b>26</b>	<b>845</b>	<b>805</b>	<b>1,344</b>	<b>1,254</b>	<b>4,248</b>	<b>1,125</b>

According to the results table, the project goal has been exceeded by 125%; 1,125 families out of 900 that had been planned were attended, this is a reflection of the motivation and interest of the communities in participating in the project activities, because they consider health a priority and show their interest in acquiring knowledge and experiences that replicate with other families.

## Achievement of goals according to indicators and baseline

No	Indicator	Goals	Base Line																													
1	No. of people (f / m and age classification) using water for drinking and cooking	2100/2100 (100%)	<p>-1998 people consume untreated water</p> <table border="1"> <thead> <tr> <th>Rank</th> <th>Women</th> <th>mens</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>0-6 year</td> <td>120</td> <td>121</td> <td>241</td> </tr> <tr> <td>6-12 years</td> <td>145</td> <td>131</td> <td>276</td> </tr> <tr> <td>12-18 years</td> <td>204</td> <td>180</td> <td>384</td> </tr> <tr> <td>18-30 years</td> <td>225</td> <td>206</td> <td>431</td> </tr> <tr> <td>30 more</td> <td>355</td> <td>311</td> <td>666</td> </tr> <tr> <td><b>Total</b></td> <td><b>1,049</b></td> <td><b>949</b></td> <td><b>1,998</b></td> </tr> </tbody> </table>	Rank	Women	mens	Total	0-6 year	120	121	241	6-12 years	145	131	276	12-18 years	204	180	384	18-30 years	225	206	431	30 more	355	311	666	<b>Total</b>	<b>1,049</b>	<b>949</b>	<b>1,998</b>	Families have adopted methods of treating water for human consumption and domestic use, 1,187 (60%) people are registered who are consuming water suitable for human consumption, reducing gastrointestinal infections.
Rank	Women	mens	Total																													
0-6 year	120	121	241																													
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2	N ° of households that practice at least one measure to improve the home environment - latrine, improved kitchen or home	300 homes (33%)	637 de 900	355 (118%) households that have implemented some basic sanitation practices (construction of latrines, improved stoves, improvement of floors, walls, ceilings, divisions in the house).																												
3	Percentage of children 0-59 months with suspected pneumonia who are taken to an appropriate healthcare provider	40% children with suspected pneumonia	3.4% (24 of 694 children)	According to the medical evaluations carried out in situ, 0% of 90 children under the age of five evaluated did not present suspicions of pneumonia, the mothers mentioned that they pay the necessary attention from the first alarm symptoms that the children present and are taken and cared for. nearest health centers.																												
4	percentage of children 6-23 months of age who received solid, semi-solid, or soft foods the minimum number of times or more	540 homes (60%)	100% (3 times a day) What is within the reach of families	100% of the boys and girls have as eating practices mashed potatoes and bananas, soups, vegetables, mango jelly, beans, boiled potatoes, pigeon peas, squash flower with egg.																												
5	% Of mothers who feel that their food security (defined as enough food every month) has improved	60% of mothers (540)	15% (135 of 900)	371 mothers have been trained to develop their ability to identify the nutritional needs of children, and they are also making progress in the application through the production and use of local foods mainly produced in their home gardens (poultry, agro-ecological).																												
		10/10 water systems (100%)	9 of 25	In coordination with the Water Administration Boards (JAA), five (5) redistribution water systems were built through pipes, the construction																												

6	N° of communities with water systems installed / improved and working			of 27 concrete water harvesters with the storage capacity of 12,000 liters of water and the improvement of six (6) water sources, with 97 families benefiting.
7	% water systems with repair and maintenance plan in place	17/17 water systems (100%)	56% (5 of 9)	The communities through the water JAA have drawn up and implemented 11 maintenance and repair plans for the water system, prioritizing reforestation activities, cleaning and repairing the pipes, expanding the coverage of the provision of the water service, fencing, maintenance of water management tanks among etc).
8	N ° of households that have already completed the training and installation of the plan	300 homes (33%)	19 of 900	579 households have applied basic sanitation technologies, mainly the construction and improvement of latrines, water storage basins, roof improvements, storage rooms, improved stoves, house divisions, water treatment.
9	% water and health committees with women trained in leadership	100% of committees	100% (At least one general workshop)	Of the 16 Water Administration Boards, they have a total of 111 executive members of which 52 positions (47%) are held by women and 59 positions (57% by men.
10	N ° of parents (f / m) trained in the topic of pneumonia	250 women & 100 mens capabilities (20% of parents)	25 mothers of 900 14 fathers of 900	334 people (245 women and 89 men), developed skills to describe the main symptoms of Respiratory Infections in children.
11	N ° of parents (f / m) participating in workshops	300 mothers participating (33%)	225 mothers of 900 144 fathers of 900	371 women have received training on good nutrition for boys and girls, the three basic food groups, breastfeeding, feeding children according to their age, taking advantage of local products, applying hygienic measures and ways of cooking food.



### III. Logic Intervención

#### General Objective:

Generate greater capacities in families, organizations and communities to improve family health conditions.

#### Results:

- ✓ Families improving the nutritional situation mainly of children under 5 years of age.
- ✓ Families reduce the incidence of common diseases: (diarrhea, acute respiratory infections and others) through the implementation of prevention and alternative health practices.
- ✓ Community organizations and public authorities working in a coordinated manner.

### IV. Methodology and Procedure

#### a) Principles and action lines

- ❖ **Participation of Local Actors:** Promote the participation of health committees, guide mothers, monitors, and leaders in order to generate incidence and management of their own development for the benefit of the participating families and communities.
- ❖ **Selection and discussion of the intervention strategy:** The methodology contemplated the realization of meetings for discussion and approach of the evaluation process with the technical team of Vecinos Honduras.
- ❖ **Information collection and analysis:** The evaluation was carried out following a systematic process of collecting information from primary sources interviewed in the project area, subsequently, tabulation of the surveys that were carried out.
- ❖ **Information triangulation:** Information provided from different sources was triangulated, such as: documentary review, surveys, and interviews with the community and technical team.

**b) Tools for the collection of information:** different techniques and tools were used with a participatory approach of the main social actors involved in the SMI project, this made possible to document the knowledge and individual experiences of each participant, taking into account the objectives of the Vecinos Honduras project and the characteristics of the focus groups participating in the project.

The use of techniques with a participatory approach allows to give greater validity to the process, an instrument (surveys and interviews) manages to measure the objectives of the project, after the documentary analysis of the existing secondary sources that allowed to establish the work route, which was intended to be defined and how to achieve the information gathering.

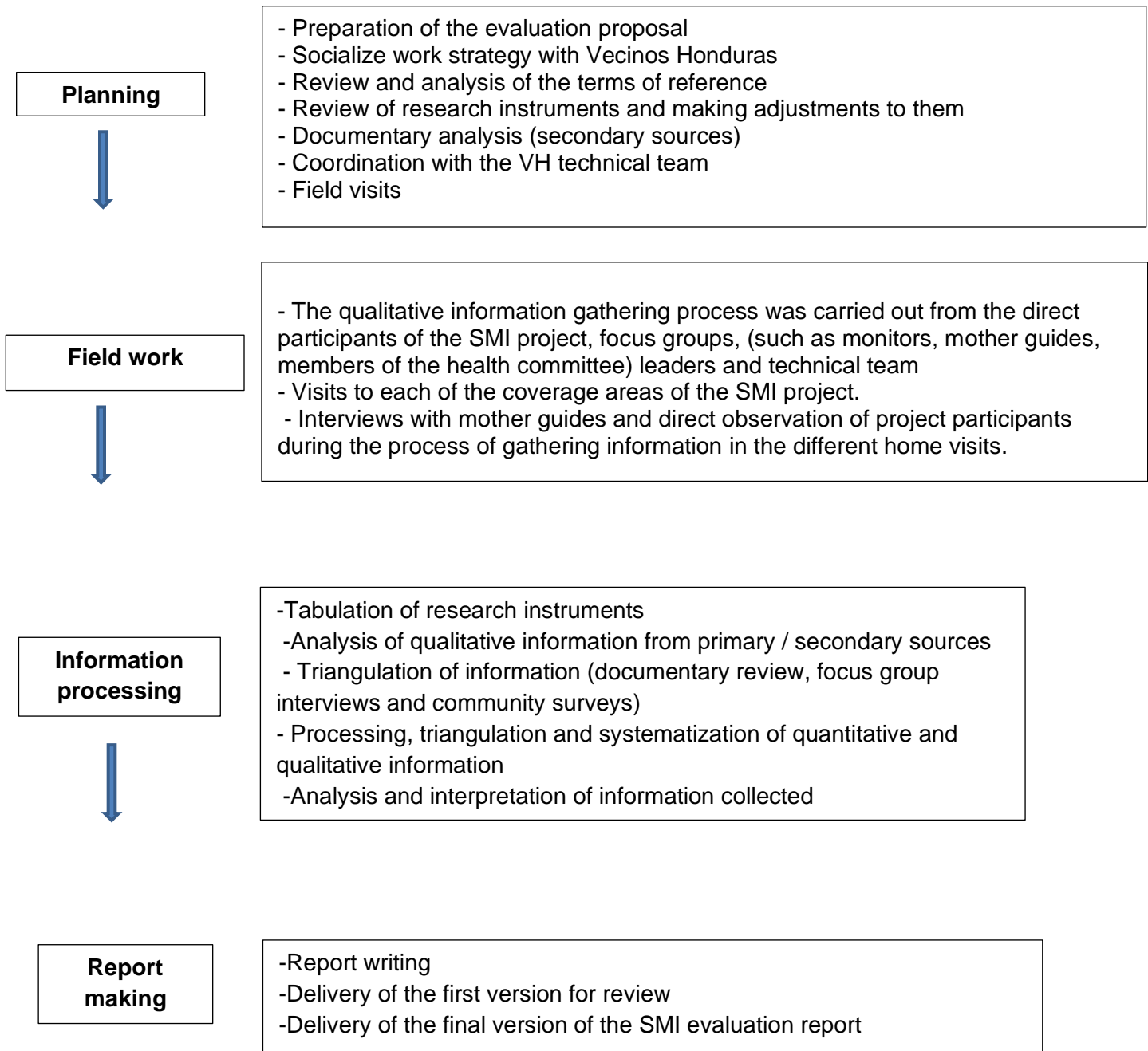
The techniques and tools used to collect the information are the following: (applying a random and stratified sampling, taking a sample of 269 families out of 900, with a margin of error of 5% and a confidence level of 95%).

- ✓ **The Surveys:** to the active participants of the project, they were effective in obtaining information and allowed to clarify the questions at the precise moment of gathering the information.
- ✓ **Structured Interviews:** allowed to collect qualitative information (perceptions, opinions, evaluations, knowledge, practices and criticisms) about the participants and those responsible for the project.
- ✓ **Focus Groups:** generated knowledge production that allowed the opportunity to deepen the perceptions, feelings and thoughts of the participants involved.
- ✓ **Observation:** allowed to filter those aspects of reality with the quality of generating significant contributions to the evaluation process.
- ✓ **Information Analysis:** The analysis of the information collected was carried out taking as a starting point the comparison and triangulation of the information (documentary review, focus groups and community), which allowed the verification of the information and establish the conclusions.



Work days to collect information on what was learned during the project

## V. Stages of the Evaluation



## VI. Findings of the Michael Newman Program, Azabache Zone Danlí El Paraíso

### Comprehensive Child Care Strategy in the Community (AIN-C)

- 93.33% of the monitors know the functions that they must perform to contribute to the integral development of the boys and girls of the communities participating in the project, while 6.67% are unaware of the activities carried out by the health monitors formed by Vecinos Honduras.
- 50% of the monitors monthly meet children to take the height and weight, 43% expressed that they carry out some activities including home visits, and accompanying counseling support and 7% only take their height measurements and weight.
- 93% of the participants said that if Vecinos Honduras leaves the community, they would continue to carry out activities related to the project, however 7% of the participants said they would not carry out activities.
- 50% of the participants stated that they know how to handle the growth control chart on a regular basis, however, 36% expressed that they know a lot and 14% know how to handle it a little.
- 57% of the population can regularly identify the child's height, 43% identify it poorly.
- According to the opinion of the people consulted and the verification of the growth charts, all the participating children have reached adequate growth, in the medical evaluations of the boys and girls it has been verified that there is approximate coherence in the records of the monitors.
- 142 girls and 141 boys, under 5 years of age, reached the appropriate weight and height according to the growth and development charts in the last two height and weight sessions.

### Health volunteer

- 29% of participants have been participating with Vecinos Honduras for 3 years, 29% have 2 years, 14% 10 years, 14% 6 years and 14% 5 years.
- 86% of the participants have received guidance on how to detect Acute Respiratory Infections quickly, while 14% are not unaware of the signs and symptoms.
- 86% of the health volunteers identify the main warning signs or symptoms of an Acute Respiratory Infection compared to 14% that do not identify the symptoms.
- The total number of participating health volunteers expressed that they would send people with acute respiratory infections with danger signs to the nearest health unit.
- 86% of the participants stated that they do know the signs of dehydration in children under 5 years of age, while 14% say they do not know them.

- 32% of the health volunteers mentioned that one of the signs of dehydration is having sunken eyes, 17% express fever and lack of appetite, 17% diarrhea and vomiting, 17% dry skin, underweight, lack of appetite and another 17% pale and underweight.
- 86% of the health volunteers have received guidance on how to prevent the child from becoming dehydrated with diarrhea, while 14% mention that they have not received guidance.
- 86% of the health volunteers would give the children oral rehydration salts and send them to the nearest health unit as one of the actions to prevent the child in a diarrhea from becoming dehydrated, 14% did not answer the question.
- 86% of the health volunteers know the diseases that vaccines prevent in children under 5 years of age, while 14% say they do not know them.
- 83% of the health volunteers indicated that they would visit the child's mother pending vaccinations and coordinate with the health unit to apply them and 17% would visit and mention the importance of complying with the vaccination schedule
- The total of participating boys and girls are fed exclusive breastfeeding in the first 6 months of age.
- 83% of the guide mothers stated that the food of a child from 6 months to 1 year of age is breast milk and fruit and vegetable puree, while 17% indicated only breast milk.
- 67% of children between 1 and 5 years of age are fed with breast milk, fruits and vegetables, while 33% mentioned that the children rejoin their family and are given powdered milk.
- The adequate and inadequate growth of children are determined in first place by the correct and incorrect way of eating, caring, sanitizing according to the discipline and order of each family at home. The total number of children participating in the project has an adequate growth taking into account the age, height and weight of the child.
- The height and weight of children is a piece of information that parents should know, relate this according to the age of each child, 40% of the participants stated that they carved and weighed their children a month ago, 22% carved and they weighed their children two months ago, 20% six months ago, 13% less than a month ago, 2% one day ago, 1% three months ago and 2% 15 days ago.
- Breast milk is the only food capable of satisfying all nutrients needs during the first six months of life. Approximately 93% of lactating children from 0 to 6 months of age are exclusively breastfed, however, 7% of children are fed with other milks. Breastfeeding reduces the risk of diarrhea and other infections.
- The feeding of the child between 6 and 8 months of age, is still breast milk, it can be supplemented with porridges or purees with foods that are part of the diet of the other members of the family. 91% of the

children participating in the project between six and eight months of age their main food is breast milk, as many times as the child wants, 9% eat fruit and vegetable porridge and 0% expressed that are incorporated into the family diet.

- At this stage, the child's feeding varies more frequently, new flavors and textures are incorporated into the infant's diet, providing food, no longer in porridges, but cut into separate pieces so that the child gets used to the flavors. However, it was found that 57% of children between 9 and 11 months of age feed only with breast milk, 29% with breast milk and all the foods available in the family diet, and 14% with all foods available in the family diet. (egg, rice, beans, chicken, fish etc.)
- In general, the healthy diet of a child will be determined by the availability, access and variety of food of the parents. 60% of children between the ages of 12 and 24 months consume all the foods available in the family diet, 20% are fed breast milk and 20% consume all three meal times, plus two snacks and breast milk.
- The feeding of the child from 0 to 5 years of age is very important since it is here where the young intake all the vitamins, proteins, fats and fibers from fruits, vegetables, meats, fish and other foods that have the general diet of the family, 72% of children consume all the foods available in the family diet, while 24% consume the three meal times plus two snacks and breast milk, 4% only the foods available in the family diet.

#### Project participants

- Regarding the technical proposals for drinking water projects, 51% have carried them out, however, 49% have had limited participation, either due to lack of motivation or ignorance of the information.
- 53% have not obtained financing for drinking water projects, however 47% state that financing has been obtained for drinking water projects.
- Water is an essential factor for the development of life on the planet, it is necessary to conserve and protect water sources, so that, water is a basic need for living beings and an essential natural element for humanity, local governments should be committed to citizens for the implementation of strategies and projects for the conservation and protection of water supply sources. 82% of the participants have not received support from the municipality for drinking water projects, 18% have received support for the implementation of these projects.
- 98% have not received support from the Ministry of Health to improve water quality in water systems and sources, 2%, if they have received support, represents a high risk to human health.
- There are different ways to extract water from the earth, however they may contain traces of pollutants, which means a potential risk to people's health, so it is necessary to make it drinkable before using it for human consumption. 55% obtain water from water systems, 25% draw water from an artisanal well, 10% from a drilled well, 8% from rivers and streams, and 2% from springs.
- There are many people who do not have easy access to drinking water, there are those who have to travel a long distance to obtain it directly from rivers or streams, springs, etc. However, 79% do not carry water and 27% do carry it for human consumption and domestic use.



- There are many reasons why water must be made drinkable, one of the most important is to eliminate the pathogenic microorganisms found in it, with this practice viral diseases are reduced, bacteria that can cause health problems in humans once they are made drinkable. It is considered suitable for human consumption. 46% use the home chlorination method, 29% do not use any method, 9% use the well chlorination method, and 7% artisanal filter.
- Methods or treatments to make water drinkable for human consumption are very useful as strategies for the reduction of bacteria and microorganisms that are found in it, the communities know in 90% the importance of good management of the water for human consumption, while 10% do not know the importance of good water management.
- The rational use of water is essential for the conservation and protection of it, promoting its conservation from the communities, through rational use is essential to achieve access to it and guarantee the well-being of families. However, none of the participants does not implement water conservation practices.
- Care and sanitation of utensils for storage and consumption of water is a practice that is frequently carried out in the homes of Honduran families, it varies according to the needs of the people, for which 50% do it daily, 31% every 2 days, 11% every 3 days and 7% every week.
- The house is a space where optimal conditions are sought to generate family well-being and strengthen the capacities of family members in order to achieve healthy attitudes and practices that promote good habits, healthy family and community coexistence and, more than that, the security of living in a clean and adequate place. 61% of the houses have smooth floors, 11% smooth walls, 9% washable toilet, 6% improved stove, 3% use latrines, 3% railings around the house, 3% storage water in washboards and enclose pets.
- Hygiene and housekeeping are essential to maintain good family health. 54% carry out garbage management practices, 24% house ordering, 12% use and management of latrines, 4% use toilets in order to achieve a healthy life.
- Trainings for the direct participants of the project are important because they allow to strengthen the healthy habits of families and the community in general, some of these are oriented to optimize their daily practices, 56% said they had received training on how to maintain food covered, and 9% consume healthy food, 2% consume hot food and 33% expressed not having received training.
- 36% put the training into practice on a regular basis, 33% a lot, 17% nothing, and 14% little.

#### Early stimulation

- Child care during the first years of life is essential for the child to reach development and overcome the risk phase of contracting diseases that interfere with their physical and mental development. However, there are initiatives supported by organizations that ensure the integral well-being of children specifically in areas of early stimulation, for which the training of local actors has been achieved so that they are the ones who work directly with the children participating in the project. 50% are prepared in the fine motor area, 33% state that they have preparation in the language area and 17% in gross motor.

- The attention areas and early stimulation that participants feel less preparation manifested 33% fine and gross motor area, 22% gross motor, 22% only fine motor and 11% cognitive area.
- 82% of the guide mothers hold occasional meetings with the mothers of the children participating in the SMI project to assess development specifically in the areas of fine or gross motor and language, 18% expressed that they do not hold meetings.
- Meetings for evaluation and follow-up of actions aimed at developing skills in children are carried out in 63% to stimulate areas of language, fine and gross motor; 13% work language; 13% language and fine motor, 13% gross motor.
- The frequency of the meetings is carried out taking into account the planning of the guide mothers, taking into account the availability of time and the advancement of the project's objectives, with everyone agreeing to meet once a month.
- All the participants (guide mothers) perform exercises with the children of their community, in order to stimulate learning and the development of fine motor skills.
- The sustainability of the main actions of the project are a priority for the participating population, in case that Vecinos Honduras leaves the community, the support groups (guide mothers, members of the health committee, monitors, and leaders) are in the capacity and availability to continue developing the actions they undertook with the institutional support of Vecinos Honduras to continue ensuring the common welfare and quality of life of the children of the participating communities, concluding 100% that they would continue to carry out these activities.

## **VII. Findings of the Integral Development program, San Antonio de Las Guarumas** Comprehensive Care Strategy for Children Health in the Community (AIN-C)

- 93% of the AIN-C monitors know the activities they should carry out to promote proper development and growth in boys and girls under 5 years of age, while 7% do not know what to do with them.
- The monitors carry out various activities aimed at promoting the integral development of the boys and girls participating in the project, with this they directly involve the children's mothers and have an estimate of their control and nutritional status, 88% hold monthly meetings with the mothers of children under 5 years of age, while 13% take the weight and height of the children.
- The sustainability of the actions carried out by the population for the benefit of their communities not only generate benefits, but also satisfaction in the development promoting institutions, 88% participants would continue to carry out development generation activities in the case that Vecinos Honduras left the community, while 13% said no.
- The growth control charts are very useful when assessing different aspects of the growth of the girls and boys of the participating communities, 74% state that they know how to handle these charts on a regular basis, 13% a little, 13% a lot.

- Taking the height and weight of boys and girls is important, because the growth and development of children is observed, and comparing with the age-standardized reference values that specialists have established in order to better control children's health, the 75% can identify the child's size on a regular basis, 12.50% a little 12.50% a lot.
- Mothers are more dedicated and concerned about the growth and integral development of children, however in medical evaluations it was identified that the health status of mothers is not stable, they show signs and symptoms of diseases that are affecting their health in a progressive way.

#### Health Volunteers

- 54% correspond to children under 5 years of age who have reached the appropriate weight and height according to the growth and development charts observed in the last two height and weight sessions while 46% are girls.
- Acute Respiratory Infections (ARI) are a group of diseases that affect the respiratory system and are considered one of the most frequent causes of morbidity and mortality in children under 5 years of age, 67% of the participants have received guidance on how detect Acute Respiratory Infections, while 33% say they do not.
- Participants identify 80% of the main warning signs and symptoms of Acute Respiratory Infections, while 20% do not identify them.
- At least 25% of the health volunteers identify fatigue, cough, and headache as one of the main signs or warning symptoms of Acute Respiratory Infections, 25% manifest fatigue and nasal congestion, 8.33% fever and sore throat, 8.33% difficulty breathing, 8.33% fever, cough and sore throat, 25% tiredness, cough and shortness of breath.
- At least 80% of health volunteers know what the signs of dehydration are in children under 5 years of age, while 20% still do not know them.
- 16.7% identify weakness and decay, as one of the signs of dehydration, in children under 5 years, 8.3% identify fever and lack of appetite, 8.3% sunken eyes and paleness, 8.3% decay and lack of appetite, 8.3% body weakness, vomit and diarrhea, 33.3% only diarrhea, 33.3% dry skin and loss of appetite, 8.33% dry mouth and sunken eyes, 8.3%, lack of appetite and weakness, 33.3% underweight, 33.3% sunken eyes and low head.
- 87% of health volunteers have received guidance on how to prevent the child from becoming dehydrated in a diarrhea condition, while 13% have not received instruction.
- 58.3% consider it appropriate to give the child oral rehydration salts, 8.3% oral rehydration salts, water and soft foods, 8.3% oral rehydration salts and vitamins, 8.3% oral rehydration salts and boiled water, 8.33% Diacor (pill for diarrhea) and oral rehydration salts, and 8.33% wash their hands and give oral rehydration salts.
- 86% health volunteers agree to drink oral rehydration salts and would send the children to the nearest health unit, while 14% would give them medicines.

- 71% volunteers know the diseases that vaccines prevent, 29% do not know them.
- 86% would review the children's vaccination card to verify whether the vaccination schedule is being adequately complied, 7% would ask the mother if she is complying with the child's vaccination schedule, 7% would combine the two actions, first I would ask the mother of the child if she is complying with the vaccination schedule and then I would review the vaccination card for children under 5 years of age.
- 64% visit the mother of the child pending vaccinations mention the importance of complying with the vaccination schedule, 29% visit the mother of the child pending vaccinations and coordinate with the health unit, 7% mention the importance of complying with the vaccination schedule.
- In the first 6 months of life, the child is 100% exclusively breastfed.
- The food for boys and girls between 6 months and 1 year of age is 100% made up of breast milk and fruit and vegetable purees.
- 85.71% of boys and girls from 1 to 5 years rejoin the family diet and are supplemented with powdered milk. However, 14.29% are fed breast milk and fruits and vegetables.

## Project Participants

- The nutritional status of children is approximately 91% with adequate growth, while 9% inadequate growth.
- 74% of children's food in the first 6 months of age is made up of breast milk alone, 20% breastfeeding plus water, 3% fruit and vegetable porridge, 3% only breastfeeding and fruit and vegetable porridge.
- The foods of children between 6 and 8 months of age are made up of 70% breast milk and fruit and vegetable porridge. 17% breast milk, 13% fruit and vegetable porridge.
- 53% of the food for boys and girls between 9 and 11 months of age is breast milk and all the foods available in the family diet. 41% with all the foods available in the family diet and 6% solely based on breast milk.
- 38% of the foods of boys and girls between 11 and 24 months of age are made up of breastfeeding and all the foods available in the family diet, 31% only the foods available in the family diet, 28% three meal times plus two snacks, and breastmilk. 3% breast milk only
- 51% of the project participants have prepared technical proposals for drinking water projects, while 49% say they have not.
- 57% project participants have not obtained financing for drinking water projects, while 43% have.
- 63% have not received support from the municipality to implement drinking water projects, while 38% have received support and they are the people who have access to water in their homes.
- 70% have received support from the Secretary of Health for drinking water projects, while 30% have not.
- 50% is supplied with drinking water for consumption and domestic use, coming from water sources, 27% from drilled wells and 23% from artisan wells.
- 66% of the project participants carry water for consumption and domestic use, while 32% obtain it at home.
- 41% of the people participating in the project do not apply treatment to make water drinkable for human consumption, 30% apply chlorination at home, 14% chlorination in the well and 1% sodium method and 1% filter. 74% know the importance of good water management for human consumption, 26% do not know it.
- 78% do not carry out practices for the rational use of water, in their homes, 18% use harvesters' water, which is supplied during the winter by the rains and 4% recycle leftover gray water from bathrooms, laundry water, etc.
- 67% of the participants daily sanitize the water storage utensils, 6% every two days, 10% every three days, 18% every 20 days and 2% every 15 days.

## Guide Mothers:

- In relation to the seniority of participation of the Mothers Guides, it is identified that 33% have been participating for three years, 33% 8 years, 17% 6 years and 17% 7 years.
- 60% guide mothers feel more prepared to work with children in the language area, 20% fine motor, 20% gross motor.

- 40% guide mothers feel less prepared in the fine and gross motor area, 40% in the gross motor area and 20% in the language area.
- 60% guide mothers hold meetings with the mothers of the children to evaluate the development of the areas, fine motor, gross motor and language.
- 33.33% guide mothers hold meetings to strengthen and evaluate the language area, 33.33% fine motor skills and play, 33.33% chunky engine and let them know the weight.
- 100% guide mothers meet once a month to carry out sections on height and weight and to follow up on the children participating in the project.
- 100% guide mothers perform exercises for the boys and girls of their community to stimulate their learning and development.
- 100% guide mothers would continue to carry out activities for the benefit of girls and boys in the case that Vecinos Honduras left the community.
- The activities that stimulate language learning, parents should practice them at home with the children, all participate in the stimulation process of the child and the child's language development is promoted as a family.

### **VIII. Finding of the Sembrando Esperanza project, Candelaria Langue, Valle.**

#### **Comprehensive Care Strategy for Children Health in the Community (AIN-C).**

- 33.33% of the monitors have 6 years of participating with Neighbors Honduras, 33.33% have 4 years of participation, 16.67% 3 years and 16.67% 2 years, we see that the communities are adopting a dynamic of generational change.
- 100% of the participants are aware of the activities they must carry out as health monitors.
- 83.33% of the monitors carry out activities such as monthly meetings with the children's mothers, taking weight and height, visiting and talking with the mothers of the girls and boys who do not attend monthly meetings. 16.67% only hold monthly meetings with the mothers of girls and boys under 5 years of age.
- 100% of the monitors would continue to carry out the activities for the benefit of the boys and girls and the families of the community.
- 42.86% of the monitors handle the growth control chart of children under 5 years, 28.56% know how to handle it a lot, 14.29% handle it regularly and 14.29% do not know anything about how to handle the graph of growth control.
- 57% of the monitors can identify the child's height (short, severe, normal) on a regular basis, 29% can identify the height a little and 14% can identify it a lot.
- 29% of the monitors say that 20 children under the age of 5 have reached appropriate weight and height, according to the growth and development charts in the last two height and weight sessions, 29% say that 22 children, a 14% state that 15 children 14% 18 children 14% 11 children.
- 43% of the girls and 57% of the boys have reached the appropriate height and weight, according to the growth and development charts in the last two height and weight sessions.



## Health volunteers

- 42.86% of the volunteers have been participating in the Vecinos Honduras project for 6 years, 28.57% are 4 years, 14.29% are 5 years, and 14.29% are 2 years.
- 85.71% have received training on how to detect Acute Respiratory Infections quickly, while 14.29% have not.
- 100% of health volunteers identify which are the warning signs or symptoms of Acute Respiratory Infections.
- 16.67% identify as a sign or symptom of alarm of acute respiratory infections, fatigue, shortness of breath and loss of appetite; 16.67% Tiredness, fever and cough; 16.67% purple color, rapid breathing 16.67% cough and fatigue; 16.67% tiredness, fever and drowsiness, tiredness, fever and vomiting.
- 66.67% would send the children to the nearest health unit as an action to detect an acute respiratory infections (ARI) with danger signs in children under 5 years of age. 33.33% would give them medicines, send them to the nearest health unit and give them natural medicines and nebulize them.
- 100% of the health volunteers identify the main warning signs and symptoms of acute respiratory infections.
- 16.67% identify low weight and loss of appetite as one of the warning signs and symptoms of Acute Respiratory Infections, 16.67% cannot walk, lack of appetite, 16.67% restless, fatigue and cough, 16.67% diarrhea and vomiting, sunken eyes, dry mouth, crying without tears, 16.67% a lot of diarrhea, vomit and fever.
- 100% of the volunteers have received guidance on how to prevent the child from becoming dehydrated in case of diarrhea.
- Health volunteers, if they have received guidance on how to prevent the child from becoming dehydrated as a result of diarrhea, 16.67% agree on giving the child oral rehydration salts and water to avoid dehydration, 16.67 % give oral rehydration salts and medications, 16.67% give oral rehydration salts, 16.67%, wash their hands, 16.67% give fluids, healthy foods and maintain hygiene, 16.67% give fluids and maintain hygiene.
- 60% of the volunteers would give children oral rehydration salts and send them to the nearest health unit in case the boy or girl presents a picture of dehydration due to diarrhea. while 40% of the monitors would give them natural medicines, oral rehydration salts and take them to the nearest health unit.
- 60% of the health volunteers know the diseases that vaccines prevent in children under 5 years of age, while 40% do not know them.
- 25% stated that some of the diseases prevented by vaccines in children under 5 years of age are polio, pertussis and measles, 25% measles, chickenpox, pneumococcus, 25% measles tuberculosis, 25% tuberculosis and measles.
- 87% of health volunteers review the vaccination card for children under 5 years of age as a means of verifying whether the child is complying with the vaccination schedule.

- 40% of health volunteers visit the mother of the child pending vaccines and coordinate with the health unit to apply them, in case the card does not record doses of vaccination. 40% visit the mother of the child pending vaccinations and mention the importance of complying with the vaccination schedule, 20% mention the importance of complying with the vaccination schedule.
- 83.33% of children in the first 6 months of age, are fed with exclusive breastfeeding, while 16.67% are fed with breastfeeding, atol (warm corn flour drink), purees and soups.
- Children between 6 months and 1 year of age, 80% are fed breast milk, pureed fruits and vegetables, 20% breast milk and porridge.
- 100% of boys and girls between 1 and 5 years of age feed it by reincorporating it to the family diet plus powdered milk, when necessary.

### Project Participants

- 12.50% of boys and girls have as eating practices mashed potatoes and plantains, 12.50% soups, vegetables and mango jelly, 12.50% soups and beans, 12.50%, pigeon pea milk, 12.50%, boiled potatoes, pigeon peas and pigeon pea milk, 12.50% squash flower with egg and soups, 12.50%, give healthy food, balanced diet, 12.50% squash flower with egg and soups.
- 100% of the children participating in the project show adequate growth.
- 28.57% carved and weighed the child a month ago, 66.67% weighed and carved the child more than 6 months ago and 4.76% 3 months.
- 75% feed the children in the first six months of age only with breastfeeding, 25% feed them with fruit and vegetable porridge.
- 50% of children are fed with fruits and vegetable porridge, 33.33% with breast milk and fruit and vegetable porridge, 16.67% with only breast milk as many times as the child wants.
- 75% of children are fed, with all the foods available in the family diet, 12.50% are only fed with breast milk, 12.50% breast milk and all the foods available in the family diet.
- 45% of children between 12 and 24 months of age eat all the foods available in the family diet, 18% only breast milk, 18% breast milk and all the foods available in the family diet, 10% of all the foods in the family diet, three meals, plus two snacks and breast milk, 9% Three meal plus two snacks.
- 84% of children between 24 months and 5 years of age consume all the foods available in the family diet, 11% are fed breast milk, 5% eat the three meal times of the family diet, plus two snacks and breast milk.
- 51% of the participants have not developed technical proposals for the management of drinking water projects. 49% have prepared technical proposals for drinking water projects.
- 25% of the participants have obtained financing to carry out drinking water projects, while 75% have not obtained financing.

- 80% of the participants have not received support to finance drinking water projects in their communities, while 20% have been able to obtain support for their implementation.
- 90% of the participants have not received support from the health secretary for drinking water projects, 10% of the population have received support from the health secretary.
- 65% of the population obtains water for human and domestic consumption from artisanal wells, 19% from springs, 13% from drilled wells, 2% from streams and rivers, and 1% buys purified water.
- 88% carry water from certain distances for human consumption and domestic use, while 12% do not.
- 36% of the population apply chlorination at home to water, as a treatment method for human consumption, 30% do not apply any treatment method, 27% use the well chlorination method, 3% use an artisanal filter, a 2% sodium method, 1% boil the water and 1% drink purified water.
- 84% of the participants know the importance of good water management for human consumption, while 16% do not.
- 90.20% do not carry out practices for the rational use of water, while 9.80% apply gray water recycling.
- 65% daily sanitize utensils to store water for domestic use, 20% do it every two days, 11% do it every week, and 4% do it every three days.
- Hygiene and the physical conditions of the house are a fundamental part to maintain a good state of health for families, 20% of the population reside in houses where the walls are smoothed, enclose domestic animals, and use improved stoves, 12% have smoothed wall, smoothed floor, washable toilet and enclose domestic animals, 9% smoothed floor, smoothed wall, washable toilet, improved stove and a washboard , 9% have smoothed floor and enclose domestic animals; 6% smoothed floor, use and management of latrine and improved stove; 4% none, 4% smoothed floor, smoothed wall, washable toilet and use of improved stove 4% smoothed floor, smoothed wall, use and management of latrine and a washboard; 4% smoothed floor, washable service and improved stove. 4% smoothed floor, smoothed wall smoothed floor, smoothed wall and improved stove. 3% smoothed wall, use and management of latrine and improved stove, 3% latrine; 3% smoothed wall, use and management of latrine and enclose of domestic animals, and washborad; 3% smoothed floor, latrine management, railing around the house and improved stove; 3% washable toilet enclosure of domestic animals, improved stove and washbord, 2% smoothed floor and improved stove, 0.9% smoothed floor smoothed wall; 0.9% improved stove, 0.9% improved stove and washboard, 0.9% smoothed floor, smoothed wall and washboard, 0.9% washable toilet and improved stove; 0.9% use improved latrine and stove management, 0.9% improved stove; 0.9% smoothed floor, smoothed wall and washable toilet.

#### Guide Mothers

- 50% of the guide mothers have 6 years of receiving support and training with Vecinos Honduras. 33.33% have 3 years and 16.67% 8 years of participation and institutional support.

- 50% of guide mothers feel more prepared in the gross motor area, 16.67% fine and gross motor, 16.67% in the language area and 16.67% gross, fine motor and language.
- 50% of mother guides feel less prepared in the language area, 16.67% fine motor and language, 16.67% gross motor, 16.67% fine motor.
- 100% of guide mothers hold meetings with the mothers of the children to evaluate their development specifically in the areas of fine motor, gross motor and language.
- The guide mothers hold meetings with the mothers of the children to assess their development and strengthen weight, stimulation and height by 20%, the early stimulation area by 20%, the gross motor area by 20%, a 20% size and early stimulation exercises, 20% gross motor and fine motor.
- The frequency in which the guide mothers hold the meetings with the mothers of the children participating in the project agree 100% that they do them once a month.
- 100% of the mother guides carry out early stimulation exercises to the children of their community.
- Guide mothers show satisfaction with the support that Vecinos Honduras has provided, 100% would continue to carry out the activities for the benefit of the children of the community.

## IX. Global Findings by SMI Indicators

### Indicator 12.

**Health care for acute respiratory infections: Percentage of children from 0 to 59 months with suspected pneumonia, bronchitis, otitis, who are taken to an appropriate health officer.**

- ✓ According to the medical evaluations carried out in the place 0% of 90 children under five years of age evaluated presented suspicions of pneumonia, the mothers mentioned that they pay the necessary attention from the first alarm symptoms that the children present and are taken and treated at centers nearest health center.
- ✓ Reduction of common diseases (diarrhea, gastrointestinal infections, Acute Respiratory Infections) as a consequence of the implementation of hygiene practices and healthy habits of families.
- ✓ Improved nutritional health in the participating families, expressed mainly in children under 5 years of age. 85% correspond to children under 5 years of age who have reached the appropriate weight and height according to the growth and development tables observed in the last two height and weight sessions, while 15% lack growth to reach height and the ideal weight according to age.
- ✓ From the 1,200 families that belong to the project, the death of a mother is registered, which is equivalent to 0.11%.
- ✓ Reduction of infant maternal mortality. Reflected, 309 children (99.03%), 158 are girls and 151 are boys. The death of three children is registered, which is equivalent to 0.97%.

- ✓ A total of 408 children under 5 years of age have been attended at the AIN-C and ET meetings, carried out by community monitors and guide mothers.
- ✓ Currently (year 2020) there are 171 boys and girls under two years of age, of which 161 (94%) are nourished and 10 (6%) have malnutrition.
- ✓ 95% of the monitors know the functions they must carry out to contribute to the integral development of the boys and girls of the communities participating in the project, while 5% are unaware of some activities such as managing the growth chart.
- ✓ 73% of the monitors meet monthly to carry out activities to measure the height and weight of the children, in addition to counseling with the mothers, in order to contribute to the integral development of the children of the participating communities in the project.
- ✓ 46% of the monitors know how to handle the growth control chart on a regular basis, while 54% handle the growth control charts.
- ✓ 79.57% of the health volunteers have received guidance on how to detect Acute Respiratory Infections. In order to avoid further complications to the health of children and thus contribute to reduce the levels of morbidity and mortality in children under five years of age.
- ✓ 88.66% of the health volunteers identify which are the main warning signs or symptoms of an Acute Respiratory Infection.
- ✓ 334 people (245 women and 89 men), developed skills to describe the main symptoms of Watery Respiratory Infections in children.
- ✓ 72.33% of the health volunteers are aware of the diseases that vaccines prevent in children under five years of age.
- ✓ The performance of volunteers, guide mothers, leaders and monitors who support the implementation of the projects financed by Vecinos Honduras, have played a fundamental role in achieving the institutional objectives, since the participants themselves are promoters of their own development and create the conditions for its sustainability.

### **Indicator 13.**

#### **Use of improved drinking water sources: Percentage of the population that uses improved drinking water sources (piped or other improved drinking water sources).**

- ✓ 80% of the participants have not received support from the municipality to finance drinking water projects in their communities, while 20% of the participants have.
- ✓ 89% of the project participants do not carry out practices for the rational use of water. 11% reuse domestic water to irrigate plants and therefore it is urgent to strengthen that knowledge.
- ✓ 60.33% of the participants sanitize the water storage utensils for human consumption on a daily basis, in order to maintain a good state of health of the families.

- ✓ Families have adopted methods of treating water for human consumption and domestic use, from 1, 187 people who are registered (60%) consume water suitable for human consumption, reducing gastrointestinal infections.
- ✓ In coordination with the Juntas Administradoras de Agua (JAA), five (5) redistribution water systems were built through pipes, the construction of 27 concrete water harvesters with the storage capacity of 7,000 liters of water and the improvement of six (6) water sources, 97 families were benefited.
- ✓ In total 6,293 people improved access to drinking water, of which 3,192 are women and 3,101 are men, all family members benefiting.

#### **Indicator 14.**

#### **Utilization of improved sanitation facilities: percentage of the population using improved sanitation services.**

- ✓ 90% of the families maintain hygienic and healthy conditions in their homes, which is a fundamental part of maintaining good health in the families participating in the project. While 10% do not meet the healthy conditions.
- ✓ 579 families have applied basic sanitation technologies, mainly the construction and improvement of latrines, washboards, improvement of roofs, storage rooms, improved stoves, housing divisions, and water treatment.
- ✓ 355 (118%) are the houses that have implemented some basic sanitation practices (construction of latrines, improved stoves, improvement of floors, walls, ceilings, divisions in the house).
- ✓ In total 5,950 people (3,150 women and 2,800 men) are representatives of 1,190 houses, applying health sanitation to prevent diseases.
- ✓ From the 16 Juntas Administradoras de Agua, they have a total of 111 executive members of which 52 positions (47%) are held by women and 59 positions (57%) by men.
- ✓ 371 women have received training on good nutrition for children, the three basic food groups, breastfeeding, feeding children according to their age, taking advantage of local products, applying hygienic measures and ways of cooking food.
- ✓ 37% of the guide mothers feel prepared to work with children in the gross motor area, 34% of the mother guides are prepared to work in the fine motor area and 29% in the language area.
- ✓ 100% of the guide mothers hold meetings with the mothers of the children to assess the development specifically of the fine motor and gross motor language areas.
- ✓ 100% of the mother guides carry out early stimulation exercises to the children of their community in order to stimulate learning and the development of fine motor skills.
- ✓ Communities, through the Juntas Administradoras de agua, have drawn up and implemented 11 maintenance and repair plans for the water system, prioritizing reforestation activities, cleaning and repairing the pipes, expanding the coverage of the provision of the water service, fencing, maintenance of the water administration tanks among others.



**Indicator 17.**

**Young child feeding practices (following indicators are currently under technical review by experts worldwide but presented for illustrative purposes) infant appropriateness and minimal dietary diversity - percentage of children 6-23 months age who received foods from four or more food groups.**

- ✓ 94% of children in the first months of age are exclusively breastfed.
- ✓ 87% of children between six months and one year of age, their food consists mainly of breast milk and pureed fruits and vegetables.
- ✓ 97% of the children participating in the project have adequate growth, taking into account the child's medical evaluation, age, height and weight.
- ✓ 47% of children between 12 and 24 months of age are fed by parents by reincorporating available foods in the family diet.
- ✓ 84% of children between 1 and 5 years of age are fed by parents, reincorporating it into the family diet and their diet is supplemented with powdered milk.
- ✓ More sociable children were observed, familiar with the project, they allow to carry out the medical evaluation.
- ✓ Children with good development of fine and gross motor areas, properly manipulating toys and accessories to develop skills and abilities.

**X. Conclusions**

- ✓ Adopting a family and community health strategy implies implementing personal and family hygiene initiatives specifically in the physical environment of the home, to guarantee good health in children under 5 years of age.
- ✓ The capacities in the families are strengthened through the actions and commitments assumed by the monitors, guide mothers, volunteers and health volunteers, and leaders in order to maintain good physical and mental health of the boys and girls of the communities.
- ✓ Monitors and guide mothers in the management of the growth graph, of the child and knowledge about the risks of lifting the fontanelle (sunken nerves) present weaknesses, it is necessary to reinforce knowledge, so that they continue to ensure the integral well-being of the boys and girls of the communities.
- ✓ The reduction of preventable diseases in children under 5 years of age is achieved only by increasing vaccination coverage, which is the direct responsibility of the children's parents, the monitors and guide mothers promote compliance with the vaccination scheme and publicize the importance of vaccines in children under 5 years of age.

- ✓ The strategy to increase the level of participation and appropriation of knowledge of community organizations (guide mothers, monitors, volunteers and health volunteers, and leaders) should be strengthened in order to promote development from the internal structure of each organization and the welfare of the community.
- ✓ The use of healthy technologies is promoted from home and it is defined, with personal hygiene, with the treatment to make potable water for human consumption with the conservation and protection of the sources of water supply for consumption and domestic use, with the proper use of the waste produced in each family, with the consumption of healthy and nutritious food to maintain good family health, with maintaining a clean environment, and the proper handling of domestic animals among other family practices, it is necessary to involve the population that still is willing to become aware of their importance to maintain a balance in the health of children and in general to maintain the well-being of families and communities and therefore carry out practices in harmony with the environment.
- ✓ Health is a fundamental right that is defined as a complete state of physical, mental and social well-being, not only due to the absence of disease, but also from a perspective on the quality of life, considering the house conditions and habits of life sanitation of families, as an important and decisive aspect for human health.
- ✓ The active participation of the population is essential, so that they know their rights and responsibilities, fundamental for the achievement of a better community life, the members of the community must be clear that individual bad health habits can compromise the health of children, of the entire population in general and discourage the efforts that the mothers, guides, monitors, health volunteers, and leaders have been promoting for the benefit of improving the quality of life of the families of the participants.
- ✓ Healthy technology initiatives are very important in the development and consolidation of families and community organizations, therefore it is pertinent that the technical team of Vecinos Honduras take into consideration how such initiatives can be promoted with all families with the purpose that these achieve the management of their own development and therefore the common welfare of the population.
- ✓ A house that meets the requirements of a healthy home can contribute to the reduction of diseases and pathologies such as the reduction of Acute Respiratory Infections, the reduction of diseases transmitted by vectors, reduction of child malnutrition, reduction of preventable diseases in the first 5 years by compliance with the vaccination schedule, as well as reduction of gastrointestinal diseases.
- ✓ Activities and games that stimulate fine motor development should be done frequently at home and in the next monthly session show what the child has learned. These exercises and games vary according to age and have been learned in early stimulation sessions for fathers and mothers.

## **XI. Recomendations**

- ✓ For the measurement of the nutritional status "height and weight" in children aged 0-5 years. Incorporate Brachial Perimeter measurement, which will obtain results with greater accuracy. Using the instruments authorized by the Secretary of Health.

- ✓ Train communities to care about fontanelles (molleras) and the pathologies that imply their alteration, train on the complications of unusual practices that traditionally apply.
- ✓ Define a motivation and training strategy aimed at caring for the mother's physical and mental health since it is just as important as children's health.
- ✓ Strengthen local capacities learned by guide mothers on the use of the children's growth chart, since it contains the vital data of the child, in order to reduce nutrition and malnutrition
- ✓ Carry out monthly medical evaluations to children from 0 to 5 years old for a timely diagnosis of acute and chronic pathologies.
- ✓ Make mothers and fathers aware of the effects of self-medication (resistance to antibiotics).
- ✓ Promote continuous training for guide mothers, monitors and health volunteers on Acute Respiratory Infections and diarrhea.
- ✓ The implementation of projects must cover the improvement of the health of both children and their mothers, a "sick" mother cannot generate the best health conditions for her children.
- ✓ Encourage the creation of projects on the care and proper use of water, specifically its treatment so that they carry out the practices at homes and the population have access to adequate water consumption
- ✓ Promote development from families by making rational use of water, ensuring its protection and conservation of natural sources that families supply for consumption and domestic use.
- ✓ Activities that stimulate language learning are the responsibility of mothers and fathers to practice them at home with the children, in order to participate in the stimulation process and promote the child's language development as a family.

## **XII. Learned Lessons**

- ✓ The medical evaluations carried out on children and their mothers generated complementary information which has been decisive in verifying their physical health status
- ✓ The lack of health and nutrition in children is determined by social, economic and cultural factors, which can act in a favorable or unfavorable way, to the lives of children, when the balance of these factors is disturbed, growth is interrupted and development of children, leading to maternal and child health problems.
- ✓ The most vulnerable population (boys and girls under five years of age) do not have access to basic health care services, therefore, emphasis must be placed on the consumption of healthy food, especially girls and boys under five years of age.

- ✓ The direct participation of the children's mothers in the Maternal and Child Health project increased the knowledge of mothers on topics such as "Acute Respiratory Infections, Development and Adequate Growth of the child and Early Stimulation", decreasing in the population, the exacerbation and proliferation of these diseases.
- ✓ The strengthening of voluntary community health organizations, guide mothers, and leaders who promote breastfeeding, height and weight practices, early stimulation, a healthy home and community health in general were very effective, since during the observation In the field, the attendance and participation of community organizations was verified, as well as the appropriation of activities for the benefit of the community population.
- ✓ The participation of the Vecinos Honduras technical team also proved to be complement to the actions carried out by the strengthened community groups, to achieve a better performance in terms of outreach in boys, girls, women and men evaluated medically.
- ✓ The role of women in participation processes not only generates changes, at the personal and family level, but also promotes development and well-being at the community and society in general level considered as a key element for the implementation of development initiatives.
- ✓ Traditional practices that limit innovation and positive change in families must be addressed through the formation of habits and appropriate practices that significantly stimulate the quality of life of the 1,200 families participating in the project.
- ✓ The creation of strategic alliances with different community-based organizations and local institutions (Secretaria de salud, AHJASA (Asociación Hondureña de Juntas Administradoras de Sistemas de Agua) are essential as a community development strategy to promote development of the coverage communities of the project.