

## OVERVIEW OF

# Honduras

## Overview of Honduras



YEAR OF  
**1821**  
INDEPENDENCE



**60%**  
Population  
**BELOW**  
poverty line

### Languages

Spanish (official), Amerindian dialects

**Infant mortality rate:** total: 23 deaths/ 1,000 live births. Honduras ranks 83.

**Children under the age of 5 years underweight:** 7.0% (2012)

**Human Development Index (HDI)** for 2013: 0.617 (ranked 129 out of 187, indicating medium human development).

## Brief History of ChildFund in Honduras

**ChildFund came to Honduras:** 1982

**Number of Departments:** 3

**Number of enrolled children FY14:** 27,641

**Number of participants FY14:** 217,729

ChildFund has been in Honduras for 32 years helping children in need. Between 1987 and 1992, the Early Childhood Development (ECD) and Guide Mothers (Early Stimulation) programs were successfully implemented, enabling ChildFund to be positioned as a leader organization. In 1995, the first steps towards grants were taken with Government funds to equip schools with desks. In 1998 Honduras was affected by Hurricane Mitch, replacing ChildFund plans with emergency and reconstruction during the following five years.

The areas of intervention for the sponsorship program have been focused on the Departments of Santa Bárbara and Francisco Morazán, complemented with funds from international aid agencies, government, and other external sources, adding interventions in more areas. Approximately 48 Grants with an investment of nearly \$15 million have been implemented in child development programs to date.

# Brief Program Overview

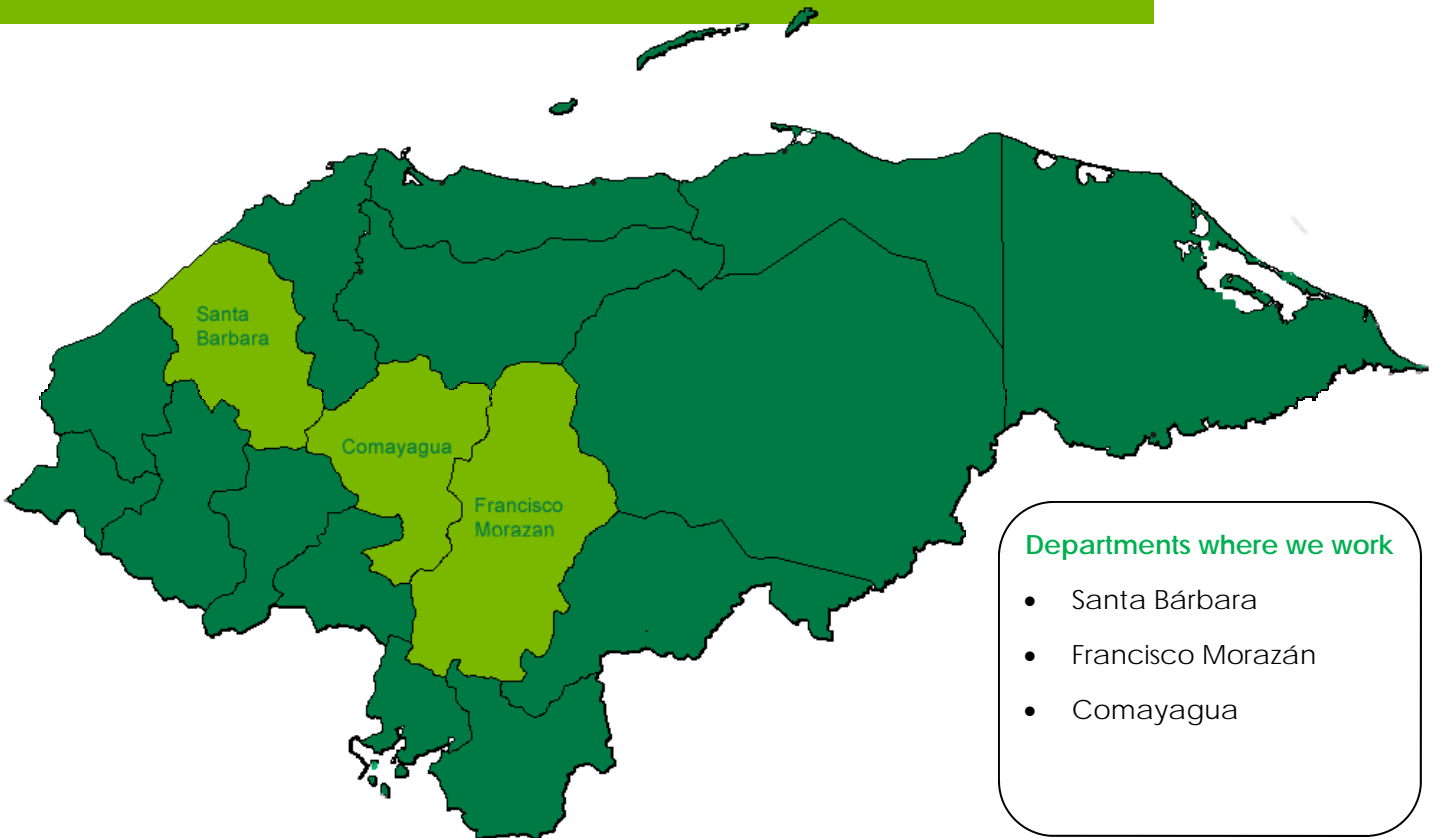


As one of the focus countries for the Early Childhood Development (ECD) Niche Core Program, ChildFund Honduras is developing the strategic framework to strengthen interventions for infants.

The sponsorship program and grants integrate to develop interventions in ECD, Maternal-Infant Health, Community Health Units (UCOs), Nutrition, Early Stimulation, Guide Mothers, Pre-Basic, Basic and Secondary Education, Child Friendly Schools, Social and Financial Education, Leadership Skills for Youth, Vocational training, Safe Water, Food Security and Disaster Risk Reduction.

ChildFund Honduras is currently working with seven local partner organizations supporting children, their families and communities through the development of area strategic plans with community participation, including local governments. ChildFund works closely with local partners to ensure transparency and accountability. Governance is also being strengthened to facilitate local partner's empowerment and ensure sustainability.

## Where We Work



# 2014 Program Achievements

**Infants.** During fiscal year 2014 (FY14), proper weight and growth development of 2,717 children under two (2) was monitored in Community Based Integrated Child Health Care (AIN-C) groups that provide counseling to mothers to diminish malnutrition. Further, with the Early Stimulation program, 2,491 Guide Mothers assisted 7,098 infants under four (4) by monitoring their development through home visits.



For the 2014 school year that began in February, 5,524 children were enrolled in the 240 Pre-basic Education Community Centers. Within the context of the transition process of the 2013 school year, 2,281 children participated. When the close-out process was finalized during the month of April, they had adequately adapted to the first grade of basic education.



After four years of implementation, the Child Survival Grant ended in December 2013. This project's major achievement is improved access to quality health services for 21,424 inhabitants of neglected communities, through the building of 28 Community Health Units (UCOS). In addition, the UCOSs decreased in half the number of maternal deaths in the zone where the project was located. The grant also documented through systematizations, investigations, and manuals, that the model implemented improves the physical access to health services for the population, increases the coverage of maternal and child health indicators, contributes to saving expenses for health situations experienced by families. All this was done in accordance with the quality standards established by the Ministry of Health. An investigation was carried out to determine the impact of UCOS in population with limited access to health services, finding that a total of 75,583 participants are benefited through the support of 52 UCOSs.

Healthcare access for populations in or near their communities has improved, and is demonstrating a positive impact on the family economy/household income (through the provision of accessible health services).

For the seventh consecutive year, through a one-year agreement with the Ministry of Health, ChildFund Honduras and its local partners have provided health services in a decentralized manner to three municipalities. The grant "Health Services Decentralized Provision" was rigorously evaluated by the donor in June 2014; and despite the demanding evaluation, it obtained a 95% score. Moreover, as part of the implementation of the Continuous Quality Improvement Process in the UCOSs by the five Local Partners in the Department of Santa Bárbara, the results of the pilot replication (the Health Model that was developed in the Child Survival Project) were presented to the Health Division. After analyzing the results of this pilot in five 95) UCOSs, the Regional Directorate asked ChildFund Honduras to replicate the model in the rest of the province's UCOSs.





## 2014 Program Achievements (continued)



**Children.** In the 2013 school year, 32,450 boys and girls enrolled from first to ninth grade, finished school in November. A total of 30,119 students passed, which represents 93% of the total number of children enrolled.

By the end of 2013, 4,171 boys and girls benefited from the financial social education provided through Aflatoun. Results included: (1) 60% are saving an estimated 5 Lempiras per week; (2) 31 social enterprises were carried out with the participation of 1,380 boys and girls; and (3) 27 financial enterprises were carried out with the participation of 1,327 children. Further, 310 teachers from the seven local partners were trained in how to use a communicative approach, while 248 teachers were trained in problem solving and 132 teachers were trained in the child friendly school methodology. Moreover, 4,866 parents from 192 parents' associations supported the educational process in school to help improve their children's school environment and performance.

For the 2014 school year that began in January, local partners continued directing their efforts so that the children attending the school centers in the basic level (from first to ninth grade) could have effective learning opportunities. These efforts included: (1) providing teaching materials to 199 schools benefiting, 9,174 children; (2) equipping 29 schools with furniture and equipment, benefiting 2,171 children; and (3) completing 24 school center, physical improvement projects, contributing to safe and friendly learning environments for 3,464 students. Leadership training was provided to 50 school center directors, enabling them to provide technical assistance to teachers in the different methodologies, as well leadership for the Tutoring Scholarship Program. This program benefited 50 students with academic excellence (i.e., 91% performance average) and provided tutoring to 150 students in first through third grades, to improve their academic performance in Math and Spanish, to prevent them from dropping out of school. In FY14, the number of school dropouts decreased to 127.

A cooperation agreement was signed with Grupo Terra to give 50 scholarships to boys and girls for their academic excellence and to implement the Tutoring Program in the municipality of Lepaterique. Further, technical assistance was coordinated with the German Cooperation Agency (GIZ) to implement the mentoring program carried out in the Educational Networks. This program pedagogically supports experienced teachers helping other less experienced first grade teachers from within the seven Local Partners, with an aim of improving the quality of teaching in that grade.

In coordination with the Secretariat of Education, a Violence Prevention Project was implemented in the five development areas in Santa Barbara, with participation by teachers, parents and children from the second cycle of basic education (4th to 6th grade). This project focused on behavioral changes that enable a peaceful coexistence.



# 2014 Program Achievements

**Youth.** During the 2014 school year, 4,225 adolescents enrolled in the formal and alternative systems, out of which 3,679 received support with student scholarships (provision of school supplies, transportation and tuition). Further, a total of 3,305 youngsters successfully finished the 2013 school year, which represents 78% of the students enrolled. Likewise, 21 midlevel centers were supported with teaching material. Additionally, 146 new youth were incorporated to the existing social and financial program Aflateen in the alternative system. The results include: (1) 219 youth saving individually and collectively; (2) 140 youth doing financial and social entrepreneurships, or are organized in clubs and rely on an activity plan; and (3) four (4) additional teachers were trained on the program.



In the vocational area, 235 youth developed competencies, while 65 finished vocational workshops in carpentry, building, shoemaking, and sewing, 33 participated in income generating activities, and follow-up and support was provided to 13 organized youth groups, improving the living conditions for all of these youth.

Further, 218 youngsters received training in Sexual Reproductive Health subjects, along with orientation on the prevention of pregnancies and HIV-AIDS, using participative methodologies. Out of 289 minors reported during this period, seven pregnancies were registered in girls under 19 years of age which represents 2.4% of the total. This shows that there is a lot of work to do within this population and with parents, around more integral and sustainable actions.

**Civil Society.** ChildFund is well positioned in Honduras as a child development organization and leading NGO participating in networks and advocacy, especially in ECD, maternal and infant health and educational programs. Through its strategic alliances, ChildFund has played an important role in the approval of public policies to improve quality of life for children.

During this year, there has been an on-going revision process of the Pre-basic Home schooling Curriculum by the Pre-basic Education Division of the Ministry of Education. This division has given its technical opinion so that the official Curricular Division has endorsed and formalized the "Pre Basic Education at Home" curriculum, designed and created by ChildFund as an alternative mode.

The Community Base Health Model, developed within the Child Survival Project, was shared with the Latin America Congress of Medical Sciences Faculty, Quality National Congress, National and International Donors, Local Partners from Santa Barbara, a technical team from the Ministry of Health from that Region, and with the Decentralized Model Advisors of the country. These efforts positioned ChildFund Honduras as a leader organization in the development of community based projects.



## 2014 Program Achievements (continued)

**Disability Inclusion.** ChildFund Honduras develops actions to improve the health condition of children with a disability. The standardized procedure to support the child and family with a disability is first to identify the case, which may be reported by the caregiver, child's guide mother, or school or health center staff. Next, health center staff evaluate the child to determine a diagnosis and provide the caregiver a reference directed to the upper level (hospital) if necessary. At the hospital level the diagnosis is confirmed, the treatment is determined and whether there is a cure. In some cases, when a specialist isn't available in the state medical network, the child must be taken to a private doctor. Afterwards, a card control is completed, with the purpose of having one file per child, with all the documentation. Finally through the field staff close to the child, monitoring is provided in order to ensure that the child can receive treatment, attend scheduled appointments, follow medical instructions at home, etc.



Currently, 1.3% of ChildFund Honduras' enrolled children (i.e., 355 children) have some form of disability. There is a complete record and a monitoring plan for all of these children. This group has 47 different types of diseases with the five most common being: Convulsive syndrome (45), Down syndrome (32), Cerebral Palsy (24), mental disability (21) and Heart Disease (21).

All activities take place in the health centers operated by the Ministry of Health. There are also other organizations that are specialist such as Teleton, which is a non-profit organization specializing in rehabilitation and management of people with special needs. Last year, ChildFund Honduras received support from Teleton for audio metrical evaluation of 35 children with hearing problems. Also, donations of 25 hearing prosthesis were received, tailored to the needs of the child.



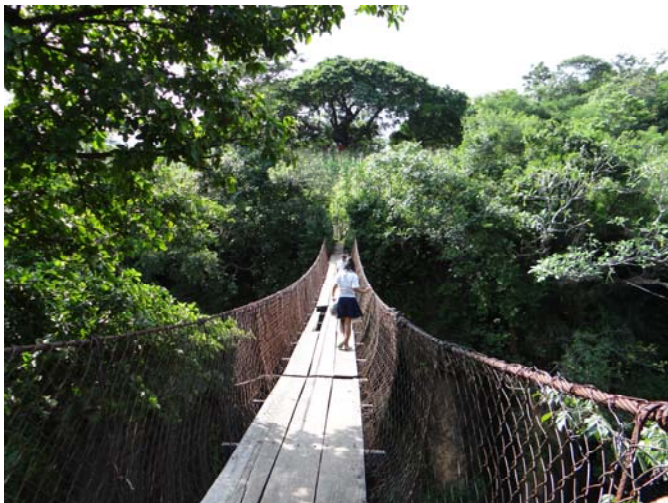
**Agriculture.** ChildFund Honduras has an agreement with Oxfam Quebec to implement Food Security in the Nacaome and Goascoran Watersheds. The project objective is to enhance food security and increase income for 336 rural families in southern Honduras through improved agricultural productivity and sustainable natural resource management. The project includes the following key activities: (a) development of integrated watershed management and land use plans; (b) implementation of the plans through the rehabilitation of water systems and the creation of family gardens; (c) raising awareness at the community level of the importance of protecting natural resources, especially water, through educational social activities; and (d) strengthening local institutions and organizations through workshops and the provision of technical assistance.

**Mobile Technology.** The integration of technology with M&E from end-to-end is essential, i.e., from the point of data collection to the final stage when data is analyzed for decision making. The USAID funded Teacher/Citizen Participation Project (EducAcción) is currently using Iform Builder on a tablet to input information at the field level. Data is collected and stored on the mobile device (i.e., tablet) and transmitted/uploaded to the system when connectivity is available.

The EducAcción project also uses a WhatsApp group to exchange information and coordinate activities between the staff that are in different communities and only meet face-to-face once a month. With the use of smart phones, the Grants manager informs the staff of meetings and they share pictures, activities, and other brief information to make sure that everyone manages the same information.



# Challenges

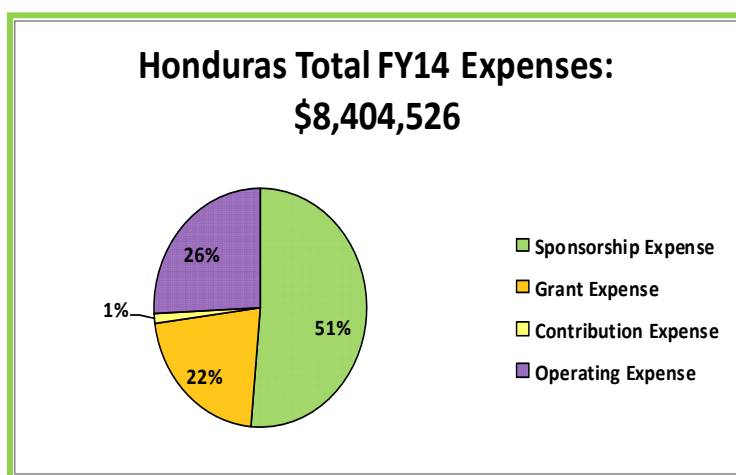


Honduras is the second poorest nation in Central America. High unemployment and economic disparity have triggered rapid rising crime rates causing instability in the country. Organized crime and gangs carry out criminal activities such as assaults, murders, kidnapping and drug trafficking. This scenario has resulted in a massive migration to other countries and to national urban areas, phenomenon which has resulted in the disintegration of families, leaving the children vulnerable to violence and abuse.

The educational system is exclusive, has insufficient coverage, and operates mainly with one-teacher schools. Health services management is deficient, characterized by low capacity of response in care-giving health units and scarce availability of medications.

At the same time, the near constant threats of natural disasters such as hurricanes, storms, floods, landslides and droughts make life hard for Hondurans. These situations become worse due to global warming, which increases the already high level of vulnerability, particularly in poorer populations which are located in higher risk areas. The country's geographic terrain and inequities makes it difficult to build roads. The lack of proper roads is one of the country's main challenges to provide access to basic quality services and promote economic, socio-political, cultural and educational unity.

## Financial Report



### Honduras FY14

Sponsorship Expense	4,321,367	51%
Grant Expense	1,804,590	21%
Contribution Expense	33,905	1%
Operating Expense	2,166,468	26%
<b>Total Expense</b>	<b>8,404,526</b>	<b>100%</b>

### ChildFund Alliance

**Sponsorship:** At the end of FY14, ChildFund Honduras had 19,441 active sponsorships from the following Alliance members: (1) ChildFund International—14,198; (2) Child-

Fund Australia – 2,682; (3) Taiwan Fund for Children & Families – 1,403; (4) ChildFund Deutschland – 469; (5) ChildFund New Zealand – 214; (6) BORNEfonden – 222; (7) Un Enfant par la Main – 188; and (8) Barnfonden - 65.

**Contributions:** During FY14, ChildFund Honduras received \$1,412 in contributions from ChildFund Australia.

# Why Sponsorship Is Important



A 31-year-old single mother of three children ages 12, 6 and 4, earning \$100 a month can have many struggles. This is the case for Reyna. Reyna lives in the mountains of Lepaterique with limited access to health services and her older daughter Anita has been diagnosed with Lennox-Gastaut syndrome. Anita was seven when she started having seizures and was diagnosed with this severe form of epilepsy that has affected her learning capacity and development.

Anita has been a sponsored child for the past 8 years, since she was 4 and there has always been constant communication with her sponsor. Due to Anita's condition, she was only able to pass first grade and now spends her days confined to the bed. The correspondence with her sponsor has been taken over by Reyna who reads the letters to Anita. "I don't know if Anita hears me, but I always read the letters," says Reyna. This situation is bearable for Reyna, through the support received from Anita's sponsor. As

Reyna states, "It is a difficult feeling to explain, I even feel like crying from joy when I get a letter and know that someone from so far away, that doesn't even know us, worries about us and is concerned about Anita's health."

Furthermore, ChildFund through its local partner ADAL has supported Reyna with the treatment and transportation costs to the health center in Tegucigalpa, 45 minutes away from Lepaterique. "I feel supported and I know that I am not struggling through this alone, not only because of my daughter's sponsor but also the people that work for ADAL," says Reyna.

**Moises** is a 9 year old boy from Francisco Morazan, Honduras and has just finished third grade. He is the youngest boy of Erlan and Iris, who have two more boys Carlos (20) and Erlan Jr. (13). The family lives off of only Erlan's salary as a bus driver.

Moises is a very good student and has received diplomas for being an honor student. He is very active in his school and after school activities like painting. "I would like to be a painter when I grow up," says Moises. However, his parents can barely afford to buy him the school materials, shoes and uniform. The community where they live is very poor and the school also lacked safe drinking water, utensils for the children to eat their snacks and computers for the children to learn.



His sponsor is in constant communication with him and always demonstrates interest in Moises' studies. So, when his sponsor learned about the conditions of the school, he coordinated with ChildFund and its local partner ADACAR to help Moises boy with school materials, equip the school with safe drinking water, computers and utensils for the children to eat their snacks. For Moises, the relationship with his sponsor is more than just receiving the help, it is about what his sponsor says to him. "I am very grateful for my sponsor because he encourages me to study," says Moises.