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**INTERNATIONAL EYE FOUNDATION
TEGUCIGALPA, M.D.C., HONDURAS
VITAMIN A FOR CHILD SURVIVAL
FINAL EVALUATION
CHILD SURVIVAL IX
COOPERATIVE AGREEMENT # FAO-500-A-00-3020-00**

**Presented by:
Oscar A. Cordón C., M.D., M.P.H.**

CONTACTS:

International Eye Foundation, Bethesda, MD

John M. Barrows, MPH
Director of Programs

Liliana Riva Clement, MPH
Child Survival Coordinator

International Eye Foundation, Honduras

Raul Gomez, MD
Country Director

August, 1997

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EVALUATION TEAM

Oscar a. Cordón
Liliana Clement
Raúl F. Gómez
Marylena Arita

External Evaluator
Child Survival Coordinator/IEF/Bethesda/USA
National Director/IEF/Honduras
Project Manager/IEF/Honduras

IEF PERSONNEL

Miriam Espinal/A.E.	IEF/CESAMO Las Crucitas and 3 de Mayo
Lesbia N. Galeas/A.E.	IEF/CESAMO 3 de Mayo
Teresa Lanza/A.E.	IEF/CESAMO 3 de Mayo
Laura Molina/T.S.	IEF/CESAMO San Francisco, Las Crucitas
Martha Rodríguez/A.E.	IEF/CESAMO San Francisco
Iris S. Ruiz/A.E.	IEF/CESAMO Las Crucitas
Francisco Hernández/A.E.	IEF/CESAMO San Francisco
Carla Mendoza/A.E.	IEF/CESAMO Las Crucitas
Marlene Durón	IEF/Fruit trees supervisor

MOH and CESAMO Personnel

Rosalinda Vilorio/A.E	CESAMO/ Las Crucitas
Argelia Castillo/A.E.	CESAMO/ Las Crucitas
Florelina Jiménez	CESAMO/ Las Crucitas

IEF Volunteer Personnel

Jackeline Osorto	Colonia 3 de Mayo
Enma Lucrecia Martínez	Colonia Duarte
Daisy Fuentes	Colonia 3 de Mayo
Marlen Hernández	CESAMO Las Crucitas

A.E. = Auxiliary Nurse (Auxiliar de Enfermería)

T.S. = Social Worker (Trabajadora Social)

Note: The following report is a translation from Spanish to English

AUGUST 1997

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Finally I hope that this effort can be useful to the authorities, as well as to the MOH and to the U.S. Agency for International Development (USAID) in the decision making in the designing of similar projects in the future.

Oscar A. Cordon, MD, MHP
Tegucigalpa, M.D.C., Honduras
August 1997

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ACRONYMS

ADRA	Adventist Relief and Development Agency
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Project for Central America and Panama
ARI	Acute Respiratory Infections
ASHONPLAFA	Honduras Family Planning Association
BCG	Bacillus of Calmet and Guerin (Tuberculosis vaccine)
CDD	Control of Diarrheal Diseases
CDC	Community Development Center
CESAMO	Health Centers with a Doctor and Dentist
CHB	Community Health Banks
CHV	Community Health Volunteer
CS	Child Survival
CSP	Child Survival Project
DIP	Detailed Implementation Plan
DPT	Diphtheria, Pertussis, and Tetanus (Vaccine)
ENESEF	Epidemiology and Family Health Survey
EPI	Expanded Program on Immunization
IEF	International Eye Foundation
KAP	Knowledge, Attitudes and Practices
MHR	Metropolitan Health Region
MOH	Ministry of Health
NGO	Non Governmental Organization
NMS	National Micronutrient Survey
OPV	Oral Poliomyelitis Vaccine
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PAHO	Pan- American Health Organization
PVO	Private Voluntary Organization
QA	Quality Assurance
SDC	Sectorial Development Centers
TT	Tetanus Toxoid
UNICEF	United Nations Childrens Education Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZDC	Zonal Development Centers

Table of Contents

EXECUTIVE SUMMARY	1
INTRODUCTION	2
I. PROJECT ACHIEVEMENTS AND LESSONS LEARNED	5
A. Project Achievements	5
A.1 Immunizations (EPI)	5
A.2 Diarrheal Disease Control	8
A.3 Nutritional Improvement	11
A.4 Prevention of Vitamin A Deficiency	13
A.5 Handling of Acute Respiratory Infections (ARI) and Pneumonia. . .	16
A.6 Food Production	18
A.7 Income Generation	20
A.8. HIV/AIDS Prevention	23
A.9. Eye Care Activities	24
B. Project Expenses	26
B.1 Analysis of the Expenses by Accounts	26
General Conclusions	27
General Recommendations	29
C. Lessons Learned	32
II. Project Sustainability	35
A. Community Participation	35
B. Relationship with NGOs	35
C. Willingness and Ability of the Counterpart Institutions to Sustain the Project Activities.	36
D. Sustainability Plan, Objectives, Developed Actions and Obtained Products .	36
III. LIST OF THE PARTICIPANTS IN THE EVALUATION TEAM	42
IV. ANNEXES.	43

EXECUTIVE SUMMARY

The final evaluation of the Child Survival IX Project of the International Eye Foundation (IEF) in Honduras was completed in August 1997, with the objective of assessing the achievements of the four year project. The project was originally scheduled for a three year period but received a sustainability extension for an additional year in order to guarantee an effective phase out and hand-over of the activities to the Ministry of Health (MOH) personnel working in the three Health Centers (CESAMOS) of the peri-urban area of Tegucigalpa, M.D.C., Honduras.

An evaluation team made up of staff from the CESAMOS, a Community Health Volunteer (CHV) and IEF project personnel was formed for the purpose of the evaluation. The team was directed by an external evaluator with experience in child survival projects that traveled from Guatemala.

The evaluation was carried out in the CESAMOS: San Francisco, Las Crucitas and Colonia Tres de Mayo during the last two weeks of August 1997. In total they visited six communities of the project area where they developed focus groups with the institutional personnel of the centers, the mothers and the health volunteers. In addition, they performed several in-depth interviews during home visits and observations of the educational activities and fruit tree gardens.

A Knowledge, Attitudes and Practices (KAP) survey evaluation was conducted by IEF staff prior to the evaluation in the project area during the last days of July and first weeks of August. The results were examined by the evaluation team and taken into consideration in order to make the necessary comparisons in the analysis of project achievements.

A preliminary list of recommendations developed by the evaluation team was presented to the Vice Minister of Health, Dra. Virginia Figeroa and another copy was given to the personnel of the Office of Health and Population of the USAID Mission in Honduras. A meeting was held with all IEF field personnel in order to present them the general results of the evaluation and make the respective analysis that will be used to direct their efforts during the last month of the project, including presentation of KPC and evaluation results at the community level.

INTRODUCTION

Background

The purpose of the final evaluation of the Child Survival IX project of the International Eye Foundation (IEF) is to evaluate the achievements made during the life of the project (3 years) as well as during the extension period (1 year). The results should be used for reflection and analysis by the technical team, office workers and administrators that participated, as well as for decision making at the management level in IEF Honduras, at their Headquarters in Bethesda, Maryland, USA, at the MOH and at the offices of USAID, both at the local Mission in Honduras and in the United States.

The International Eye Foundation has been active in Honduras since 1980, having received their legal status as a Private Voluntary Organization (PVO) in 1989. The IEF was first granted a Child Survival Project from 1990 to 1993. In October of 1993 IEF received the approval of USAID for a three year extension to the first project with a total budget of 816,472 USD. The goal of the second project was to reduce the high infant and maternal mortality and morbidity rates due to a lack of basic services, in 25 communities of the peri-urban area of Tegucigalpa, M.D.C., Honduras.

In 1996 the project received a one year extension with additional funding in the amount of 110,000 USD. The purpose of this extension was to assure an effective hand over of project activities to the MOH, and to train the CESAMO personnel in management, monitoring, supervision and evaluation in order for them to sustain the oversight of activities as currently supported by IEF.

Nine interventions were defined based on the results of the project's baseline survey, adding three more to those implemented in the first project; these were: 1. Nutrition, 2. vitamin A, 3. Diarrhoeal Disease Control (CDD), 4. Immunizations (EPI) 5. Acute Respiratory Infections (ARI), 6. Food production, 7. Preventive eye care, 8. Income Generation, and 9. AIDS prevention.

In August of 1995 a mid term evaluation was conducted by the project, the purpose of that evaluation was to revise the achievement level of the project's objectives, identify their weakness, revise the implementation strategy and identify the possible changes to the project's original design to achieve sustainability of the objectives.

Finally in August of 1997, IEF hired the services of an external evaluator to be part of an evaluation team with the CHWs and the MOH staff, that would assess the achievement of the project's objectives, and the degree of sustainability reached.

Description of the Project.

The project is located in 25 marginal communities of Comayaguela, M.D.C., belonging to the influence area of the three CESAMOS, Las Crucitas, Colonia 3 de Mayo and San Francisco. This project is the extension of a previous project that worked in 75% of the sectors of these 25 communities.

The total population served within the project area is about 21,485 (according to data of the project census, 1994) living in 8,271 homes.

These communities are characterized by a precarious economic situation, poor infrastructure, inadequate public services, and high rates of migration. Potable water is only present in 4 of the 25 communities. The majority of the population purchases water for personal use.

The main causes of morbidity and mortality in the under 5 age group are acute respiratory infections and diarrheal diseases worsened by malnutrition.

The majority of the population of these communities is from the ethnic group mestizo (European and indigenous descent combined) with 63% of the population being Catholic and 22% Protestant (data of the Epidemiology and Family Health Survey of 1991/1992). Most of the population work part-time, mostly without stable employment or any type of labor benefits.

Methodology

The IEF developed a Scope of Work for the external evaluator based on the USAID BHR/ PVC GUIDELINES FOR FINAL EVALUATION OF CHILD SURVIVAL PROJECTS ENDING IN 1996 (CS IX) (See Annex A). Based on these requirements the evaluation team prepared an evaluation program for developing the questionnaires and gathering information. (See Annex B). During the development of the evaluation, several meetings were held with the Headquarters personnel as well as with the National Director and the Project Manager. A list of all the documents reviewed in preparation for this evaluation are named in Annex D.

For the development of the qualitative activities it was necessary to elaborate a series of instruments which the evaluator validated. (See Annex C). Most of these instruments were tested in home visits to the three CESAMOS, the eight communities and the houses of the health volunteers and mothers that participated in the evaluation. These communities were selected randomly by the evaluator, as were the houses where the home visits were made and the observation of the training activities.

A series of interviews and focus groups were developed with the different participants from the IEF project. The Guide No. # 1 identifies the questions asked of the management personnel of the three CESAMOS (See Annex C). Four focus groups were also conducted with the personnel of the same CESAMOS (See Guide # 2).

The IEF Auxiliary Nurses were also evaluated. Individual interviews were made with each one of the six nurses, (See Guide # 7) as well as with the two supervisors that worked with the project.

During the evaluation process, the opportunity was taken to interview CESAMO personnel as well as mothers that participated in the project (See Guide # 3). A total of seven mothers and seven volunteers were interviewed (See Guide # 4).

Three focus groups with groups of three volunteers and mothers each were also performed to provide additional depth to what was learned during the interviews (See Guides #5 and #6). Additionally, several home visits were made in order to confirm the management of the project's information system, and to understand the problems faced by the community personnel collecting the data. An average of three home visits were made in the communities of each CESAMO.

The primary community group utilized for community mobilization by the project are the "Patronatos". Focus groups were arranged with the "Patronatos" in Colonia San Francisco. These meetings were held on a Saturday afternoon because most of their members work until late during the week and interviews during evening hours would not be safe (street gang violence).

Time was also assigned to interview the Coordinator of the Child Survival Project from the Headquarters Office, Ms. Liliana Clement, as well as the National Director, Dr. Raul F. Gómez and the Project Manager, Dr. Marylena Arita. (See Guides # 9, 10 and 11). The authorities of the central level of the MOH were also interviewed (See Guide # 12), Dr. Nerza Paz, Head of the Metropolitan Health Region, as well as Dr. Maria Argentina Castillo, Head of Metropolitan Health Region Area.

Personnel of other Non Governmental Organizations (NGOs) that participated in collaboration with IEF were also interviewed (See Guide # 13). Three staff members of Project Hope were interviewed: Alicia Leiva RN Child Survival Project Coordinator, Licda. Marlen Espinal and Lic. Marcos Suazo, coordinators of Community Health Banks (CHB).

During the observation of project educational activities, a management instrument in use by the project as part of the information system was utilized (See Guide # 14). Three educational activities were observed.

The fruit tree intervention had a separate evaluation, for which several techniques were used: 1-visits to homes that had fruit tree gardens (See Guide # 18), 2-interviews with two teachers that had participated in the activity, 3-interview with a director of a school sponsoring the activity, 4-interviews with two sixth grade students that participated in planting the trees (See Guide # 17), 5-a focus group with young students that participated in planting the trees (See Guide # 16), and 6-an in-depth interview with the supervisor of the fruit tree planting activity (See Guide # 15).

Once the evaluation was completed, a meeting was held with the local USAID Mission in order to present the results of the evaluation. Richard Montieth and David Losk of the Health and Population Office were present. An appointment was also arranged with Dra. Virginia Figueroa, Vice-Minister of Health, in order to present the evaluation recommendations, however the meeting was canceled at the last moment. The recommendations were delivered to her at a later date in a letter from the external evaluator. The objective of the recommendations were to present the most significant findings of the evaluation team for use by the MOH in their sustainability strategy.

A final meeting with the entire field team took place in order to analyze achievements, the unexpected benefits of the project, lessons learned and recommendations for the remaining month of project life and for future projects.

I. PROJECT ACHIEVEMENTS AND LESSONS LEARNED

A. Project Achievements

A.1 Immunizations (EPI)

In relation to this intervention it is important to point out some of the indicators obtained in the National Epidemiology and Family Health Survey (ENESEF) of 1996.

PERCENTAGE OF CHILDREN 12-23 MONTHS COMPLETELY IMMUNIZED

Vaccine	Percentage
BCG	94.7
DPT	92.0
POLIO (OPV)	90.9
MEASLES	84.1

BCG - Bacillus of Calmet and Guerin (Tuberculosis vaccine)

DPT - Diphtheria, Pertussis, and Tetanus (Vaccine)

OPV - Oral Poliomyelitis Vaccine

POPULATION OF WOMEN 15-49 YEARS VACCINATED WITH TETANUS TOXOID

Dose	Percentage
0	10.2
1	10.7
2	19.6

The objectives established in the Detailed Implementation Plan (DIP) were the following:

1. 80% of the children 0-12 months will be completely immunized in the areas of the project during 1993-1996.
2. 70% of women of reproductive age (15-49) will receive two or more doses of tetanus toxoid in the areas of the project during 1993-1996.

Findings:

According to the data gathered during the Knowledge, Attitudes and Practices (KAP) survey of July-August 1997 and previous surveys, the following results are available:

Children 12 - 23 months

Indicator	Base Line 1993	KAP's 1995	KAP's 1997
DPT1	89.0	92.0	90.0
DPT3	86.8	88.0	71.0
OPV1	89.0	92.0	91.1
OPV3	87.6	88.0	71.0
MEASLES	86.0	92.0	42.5
BCG	88.0	90.4	98.0
DPT1-DPT3	2.4	4.3	2.1
COMPLETE	84.6	88.0	88.2

Women of Reproductive (Age 15-49 years)

Indicator	Base Line 1993	KAP's 1995	KAP's 1997
TTV2	66.0	36.0	100%

Discussion of the Results

It is important to point out that for several indicators there was a significant decrease between the KAP data from 1995 and the results obtained in the 1997 KAPs. The lower rates for measles, DPT3 and OPV3 are not, however, as alarming as they seem. This decrease is due to a change in the denominator data from 9 to 12 months.

In reference to the Tetanus Toxoid (TT) vaccination rates, personnel postulated that the low rates seen in the 1993 and 1995 surveys were due to the exclusive use of quarterly minicampaigns by the project and the MOH. This strategy tends to maximize missed opportunities and thus leads to low rates.

In response to the low coverage, IEF personnel proceeded to make a qualitative investigation through focus groups and interviews, and found several additional reasons why the mothers were not vaccinated. Reasons given by the mothers for receiving the tetanus vaccine were: "it is very painful", - "made me very nervous," and, " because the hands of the nurses applying them are very HEAVY."

In addition to these qualitative activities, the IEF developed a series of activities to support the MOH to better understand the main problems of low TT2 coverage and to identify possible causes. To this end, the methodology of Quality Assurance (QA) was incorporated and refresher workshops in knowledge of tetanus and tetanus toxoid were given to the personnel of the three CESAMOS. During these trainings a pre-test was passed to them and upon completion of the session, a post-test was also given to confirm retention the of the key messages. From these activities the participants gave several conclusions and recommendations that were incorporated into the daily work of the CESAMOS personnel. (See Annex G). Following these recommendations the IEF assisted the MOH to perform home visits of the mothers to identify women in need of tetanus vaccine and, importantly, to identify women who were vaccinated but not recorded as such.

The IEF was able to improve TT rates to 100% by improving the MOH's ability to evaluate and monitor itself. In addition the MOH's own push to focus greater attention on the vaccination of women, not just children, was also a significant factor in improving the rates of vaccination.

In relation to the measles rates, OPV3 and DPT3 it is important to revise the denominator in the baseline data, revise and tabulate the surveys manually, make a revision of the survey and identification card randomly in at least 15 communities, and meet with the MOH to analyze the results with them and determine what factors could have influenced the decline of these indicators. This is of vital importance to anticipate potential outbreaks, especially of measles.

Recommendations:

- ◆ A maternal vaccination card should be provided to all mothers. This card should be required when the mother makes any clinic visit for any reason. This requirement would give importance to the document, minimizing loss.
- ◆ The monitoring tool used by IEF known as the "sheet of squares" which is used to monitor vaccination coverage, should be shared with the MOH. If the MOH finds the tool useful after field testing, it should be incorporated into the MOH supervision system.

- ◆ IEF personnel found that the strategy of identifying "missed opportunities" and QA was very useful for improving TT vaccination of mothers. It is recommended that a similar strategy be used for the vaccination of children.
- ◆ IEF personnel created a file for the identification of inactive health volunteers. A visit to them by project staff was organized to encourage continuation of their participation in the project. This mechanism was very successful. It is recommended that this same strategy be implemented by the field personnel of the CESAMOS.
- ◆ The Ministry of Health through the Metropolitan Health Region, should continue with the methodology of quality circles for the EPI activities in order to guarantee the optimization of their resources, and to assure that the standards of the program do not decline.

A.2 Diarrheal Disease Control

According to data from the last National Micronutrient Survey, 30% of the children between 12 - 71 months of age had suffered diarrheal episodes in the two weeks prior to the survey. In contrast data from the ENESF (1996) survey indicate a decrease in the prevalence of diarrhea since 1987, from 30% to 18.6% in 1991. The variation in the frequency of diarrhea is likely due to seasonal differences in the timing of the surveys.

The ENESF also reported that 29.9% of the children under 5 years of age received Oral Rehydration Therapy (ORT) during the diarrheal episode, while 13.3% of the children were treated with antibiotics and another 29.9% responded that they had given their children Oral Rehydration Solution (ORS).

In relation to this component the baseline survey revealed the following information:

1. Only 34% of the mothers reported to have given the children more liquid during the diarrhea episodes.
2. Only 27% of the interviewed mothers reported that they breast-fed their children with more frequency during the diarrhea.
3. Of the interviewed mothers 15% reported to have given an equal or greater amount of food to their children during diarrhea episodes.
4. 62% of the mothers responded that the child with diarrhea should be treated with ORS, only 30% gave ORS to their children with diarrhea and a 22% of the mothers gave them another type of solution.
5. Of the interviewed mothers, 60% responded that they gave antibiotics to their children with diarrhea, as well as other drugs.

The objectives defined in the DIP for the intervention of Diarrheal Disease Control were the following:

1. 65% of children under 24 months will receive ORT (ORT and homemade solutions) during the episodes of diarrhea during 1993-96.
2. Decrease the number of children under 24 months that receive antibiotics and other medications during the episodes of diarrhea from 60% to 40%.

Findings:

In the last KAP survey, July 1997, the following results were obtained:

Children 0-23 months

INDICATOR	Base-line 1993	KAP's 1995	KAP's 1997
% of Children receiving ORT in their last episode of Diarrhea	48.3	77.1	84.0
% of Children receiving antibiotics during their last episode of Diarrhea	57.3	40.6	50.9
% of Children that received ORS during their last episode of Diarrhea	37.1	58.3	65.2
% of Children that received same amount or more liquids during their last episode of Diarrhea.	74.6	89.3	91.0
% of Children that receive the same amount or more foods during their last episode of Diarrhea	51.9	79.4	83.0
% of Children that received same amount or more breast-feeding during their last episode of Diarrhea	62.9	65.6	61.0

Discussion of Results

There is a significant increase among children under 24 months receiving ORT at the time of a diarrheal illness, from 52.0% at baseline to 84.8% in 1997. This change is largely due to an intensive campaign initiated jointly by the health personnel of the MOH and IEF. The campaign consisted of community group meetings in the houses of participant mothers. The topics discussed during the community meetings included proper nutrition of the ill and weaning child and was taught through cooking/kitchen demonstrations.

The percentage of children under 24 months receiving antibiotics during diarrhea unfortunately increased from the mid-term evaluation to the 1997 survey. In order to address this issue, the project conducted 19 focus groups in 14 project area communities, investigating the causes of this practice.

From the conclusions obtained of these focus groups several activities were developed with the CESAMOS:

- 18 workshops were developed on the handling of diarrhea, focused on searching for strategies to change mothers' perceptions concerning the indiscriminate use of antibiotics without medical prescription.
- 66 demonstrative mini-campaigns were developed in each community concerning how to feed children during acute diarrheal episodes.
- 289 visits were performed at 125 local stores ("pulperias"), to educate the owners of the dangers of giving medications without medical prescription.
- Approximately 40 meetings were developed with small community groups of mothers to discuss the dangers of the indiscriminate use of antibiotics in cases of diarrhea.

Recommendations:

- ◆ It is necessary that in spite of the deep rooted belief among mothers that the children with the diarrhea are only treated if they give them liquids and medicines, the MOH should continue the qualitative investigation of these activities in order to find messages or activities that will enable them to convince mothers of the danger of this practice.
- ◆ Future projects should focus their attention on information, education and communication campaigns, with the owners of local stores (pulperias).
- ◆ Social marketing research should be completed aimed at convincing store owners that they will always be able to sell ORS (Litrosol) to the community given the high incidence of diarrhea.
- ◆ The personnel of the CESAMOS should look for creative activities that illustrate the positive experiences of mothers that have used only fluids to treat their children with diarrhea successfully.
- ◆ The CESAMO personnel should continue to support the educational activities with field staff in order to maintain constant knowledge levels related to the causes of the diarrhea, the way it should be treated and what/how much food should be given to children with diarrhea.

- ◆ The authorities of the MOH should contact the owners of mass media and take advantage of time allotted to the government for the transmission of educational messages to counter the strong commercial and advertising campaign of the pharmaceutical companies producing anti-diarrheic drugs and antibiotics.

A.3 Nutritional Improvement

As stated in the DIP, malnutrition is a chronic problem among Honduran children. The indicators for the peri-urban and marginal areas of the Metropolitan Health Region according to the National Survey of Epidemiology and Family Health of 1991 reported that 36% of children under 5 years of age had chronic malnutrition (>2 S.D. height for age) and 17.5% of the children suffered acute malnutrition (>1 S.D weight for height). Some improvements have been realized and were reported in the National Micronutrient Survey of 1996. In the area of metropolitan Tegucigalpa there is now 24% chronic malnutrition, with 10% underweight and 0.7% underweight for height.

The same survey indicated that the 38% of the Honduran children between 12 and 71 months of age had low height for their age, 24% were under weight for their age, 1% were under weight for their height. This means that almost two out of five children have problems in height for age and one out of four are underweight for age, this represents around 17 and 11 times, respectively the levels that are expected in a well nourished population. In contrast, the level of acute malnutrition was the same as expected for the area of Tegucigalpa, given that the number of children with low height for age was 24.9%.

Forty-two percent of children under 4 months, according to the last survey of Epidemiology and Health and Family Survey (ENESF-1996), received exclusive breast-feeding.

Baseline survey report:

1. 27% of the mothers breast-fed their children equal to or more often during an episode of diarrhea.
2. 15% of the mothers reported that they fed their children an equal amount or more during a diarrhea episode.

A concern at baseline were the cultural practices associated with breast-feeding and weaning which had a negative impact on the child's nutrition. For instance, some mothers reported that breast-feeding increases diarrhea and many mothers identified greasy foods and colostrum as causes of diarrhea.

The objectives established for this specific intervention were:

1. Increase from 9% to 35% the number of breast-feeding mothers with children under four months of age who give exclusive breast-feeding (increase of 26%).

2. Increase from 34% to 49% the number of children who receive equal amounts or more food during diarrhea (increase of 15%).

Findings:

INDICATOR	Base Line 1993	KAP's 1995	KAP's 1997
% of children 0-3 mo. receiving exclusive breast-milk.	26.0	31.8	17.1
% of children receiving more food during diarrhea.	34.0	n/a	83.9

Discussion of the Results

1. The percentage of children receiving equal or more food during diarrhea is a question that has produced great confusion in several countries when administering the Johns Hopkins KAP. In this evaluation, personnel participating in the survey reported the same problem. They often had to repeat the question several times. Given this caveat, however, it should be noted that the project is able to report a very significant increase in the percentage of mothers giving their children more or the same amount of food during diarrhea.
2. In relation to the exclusive breast-feeding indicator it is acknowledged that there was a decrease from the baseline figures. One hypothesis, provided by the project is that the population of the target area migrates often from rural to urban areas. This would lead to a population with greater resistance to breast-feeding. Although migration may make education and behavior change more difficult, this hypothesis would also lead to a reduction in the other indicators across the board, and is not consistent with what was found. This is clearly an area that needs constant attention given that formula companies are skillful at attracting urban women to the purported convenience of their product.
3. It is important to point out that there is an error in the table of findings from the nutrition and breast-feeding section of the baseline evaluation. The indicator for exclusive breast-feeding, according to the table, states that the value is 23.5%, however the correct number is 26.0%.
4. In reference to the sustainability of this intervention, the project team met with personnel of the breast-feeding component of the Metropolitan Health Region (MHR). As a result of this meeting it was concluded that the IEF personnel would only

collaborate with the continuation of the Maternal Breast-feeding Support Groups already established. The MHR absorbed the financial costs of the training of new consultants for breast-feeding and the technical support for the development of all the activities of training of this component. IEF lent financial support for trainings until the activity was transferred to the CESAMOS. This hand-over activity was successfully completed in February 1997. A total of twenty support groups were established in the communities of the three CESAMOS and the MHR trained 33 new counseling mothers in the communities. However, the goal of training of the pre-existing counseling mothers of the MHR was not achieved.

Recommendations:

- ◆ It is suggested that the Project Manager revise the database and the surveys again in order to guarantee that there is no human error in the data entry, or any incorrect crossing of variables.
- ◆ It is suggested that IEF contact the MHR and communicate to them the results obtained in the KPC so that they also can analyze the indicator with their Maternal-Child Health Department and explore the causes of the decrease, as is currently planned by the project.

A.4 Prevention of Vitamin A Deficiency

According to the data of the National Micronutrient Survey (NMS) of 1996, 13% of Honduran children between 12 and 71 months of age have a subclinical deficiency of vitamin A and 32% are at risk of being deficient (retinol levels between 20 and 30 g/dl). In accordance with the data of the survey, Honduras could characterize the deficiency of vitamin A at this moment as a public health problem of moderate importance. In the area of Tegucigalpa according to this survey, 8.1% of children had serum retinol values below 20 g/dl. Based on this classification the area of Tegucigalpa has a problem of minor public health importance. Post-partum supplementation coverage to mothers was reported lower than 15% by the national survey. The survey also reported that 32% of pregnant women and 26% of non-pregnant women were anemic, which is now becoming a micronutrient deficiency of great concern to urban areas.

In the baseline survey of the project the following indicators were found:

1. 46% of mothers knew that vitamin A helps prevent blindness.
2. 52% of mothers knew that yellow fruits and green vegetables were rich sources of vitamin A.
3. 43% of mothers could identify 2 or more foods which are rich sources of vitamin A.

4. 93% of mothers reported giving eggs or cheese to their children.
5. 62% of mothers reported giving their children yellow vegetables.
6. 6% of mothers reported having fed their children green leafy vegetables.

The objectives proposed for this intervention were:

1. 80% of the children 6-59 months will receive supplements of vitamin A every six months.
2. 60% of women will receive a supplement of vitamin A one month after delivery.

Findings:

Indicators of Vitamin A

INDICATOR	Base Line 1993	KAP's 1995	KAP's 1997
% of children 12 - 23 months that received 1 dose of vitamin A every 6 months	59.9	89.6	85.0
% of post-partum women that received vitamin A within 30 days after giving birth	---	65.7	71.7
% of children 5 months of age that received vitamin A rich foods 2 times per week.	60.4	71.7	---
% of women that could mention two rich food sources of vitamin A	43.0	84.0	87.3

Discussion of the Results

It is important to note that the results for VAC coverage are very good in comparison with the national figures, National Micronutrient Survey (NMS). This is likely due to the focus that the IEF gives to vitamin A supplementation and to the application of quality assurance to this intervention. QA was applied to the VA component in collaboration with the MOH and the communities of the CESAMOS.

In October 1996, IEF began to transfer the project activities to the MOH. The first step was to hand-over the quarterly vaccination mini-campaigns. This activity is solely the responsibility of the MOH. The IEF continued to support the distribution of VACs through volunteers by providing capsules and training to them. A total of 2,887 vitamin A capsules were distributed to Health Volunteers, personnel of the CESAMOS, during this period. The IEF also supported supervision and monitoring of the distribution of the vitamin A capsules to children by the community level workers. This support continued until the community level distribution was also handed over to the CESAMOS in spring of 1997.

A quality assurance assessment was completed of the CESAMO's capabilities to distribute VACs. The results of these activities are summarized as follows:

(A total of 69 observations were made in October 1996 with the personnel of the CESAMOS)

- 98.5% of children were supplemented with the correct dose.
- 60% of the MOH staff handled the capsule in the appropriate way.
- 61.1% of MOH staff used dark containers for the storage of the capsule.
- 55.6% of MOH staff transmitted messages of vitamin A during the supplementation.
- 48.2 % of the MOH staff provided information to the mothers on when to return to supplement their children again(See Annex E).

These indicators were presented to the CESAMO directors. From these presentations a management of the vitamin A capsule protocol was elaborated and added to the existing protocol. A copy was provided to the CESAMOS. (See Annex F). The same indicators were measured again in April, finding a significant positive change in all of them.

During the last year of the project, a total of 24,000 capsules were given in the post partum ward of the Hospital Materno-Infantil. Also 3,000 capsules were donated to the Honduras Family Planning Association (ASHONPLAFA) and 25,000 capsules to Adventist Relief and Development Agency (ADRA).

There are several discrepancies which appear between the midterm and baseline evaluation reports. In the first case, the report of the baseline survey included the value of the indicator of children older than five months that received foods rich in vitamin A twice per week. The same indicator was not included in the 1997 KAP. In the second case the indicator reported that 43% of mothers were able to name at least two foods rich in vitamin A at baseline, and not 21.4%, as it appears in the mid term evaluation report.

Recommendations:

- ◆ The MOH should continue using the quality assurance control methodology introduced by IEF personnel to continue to improve interventions and to take advantage of the training received regarding decision making in order to maintain high standards in the vitamin A intervention.
- ◆ In spite of the fact that limitations exist towards the sustainability of the vitamin A distribution, it is important to emphasize that data from the National Micronutrient Survey (NMS) do not indicate a need for capsules any longer in Tegucigalpa. The IEF should work with the local MOH to adopt a policy which is less intensively aimed at VAC distribution, but continues to emphasize foods rich in VA, including fortified sugar which is a strong contributor to the improvements witnessed.
- ◆ Anecdotal evidence collected by IEF personnel indicates an interest among local shop (pulperías) owners to obtain labeled bags of fortified sugar in small quantities. The MOH should expand on this information through qualitative investigations regarding assisting these shops to obtain this and other healthy products for sale.
- ◆ The IEF should take advantage of every opportunity to emphasize the value of fortified sugar with communities and with the MOH to continue this success story in Honduras.
- ◆ The IEF field personnel also completed an activity exploring the interest of children in schools to having stickers with the fortified sugar emblem on their notebooks. This activity should be continued in order to reinforces the recognition the sugar in their homes and at the same time stimulate the parents to request it in the little shops (pulperías). The MOH could also explore financial support for this activity with the sugar producers.

A.5 Handling of Acute Respiratory Infections (ARI) and Pneumonia.

The National Micronutrient Survey of 1996 reported that 56% of children suffered coughing and 66% nasal secretion, in contrast with the national prevalence reported by the Epidemiology and Family Health surveys that estimated the highest values for Tegucigalpa and San Pedro Sula in the order of a 38.2%.

The DIP declared that pneumonia is the main cause of death among children under five years. The ENESF of 1991/92 reported that 22% of all the deaths among children under five years were due to ARI/Pneumonia.

Baseline survey report:

1. 60% of the mothers recognize rapid breathing frequency as a sign of respiratory infection (ARI) that could cause death. Only a 6% of the mothers mentioned chest induration as a sign severe respiratory infection.

2. Of the total of mothers that looked for help for the problem of ARI of their children, 93% of the them went to a hospital, health center or particular doctor .

The barriers to the attention of these causes were the lack of services that could assist with cases of ARI at the community level, the limited role of volunteer personnel that can only give the diagnosis and make references, the poor availability of the services of the MOH, which are not open at night or on weekends, the big difficulties of transport at all hours, but especially at night and on weekends. Also identified as a constraint was the poor recognition by parents of the danger signs of the cases of ARI.

With these problems the proposed objectives for this intervention were:

1. 80% of the personnel of the CESAMO, Health Volunteers and IEF will manage these cases of ARI according to the protocol of the Ministry of Health.
2. 70% of the mothers with children of 0 - 24 months will correctly identify the signs of pneumonia and refer them when required to the nearest CESAMO.

Findings:

For this intervention the increase obtained according to the expected results is quite significant. As shown in the chart, the projected level for the indicator was surpassed significantly. In several interviews that were developed with the CESAMOS personnel, as well as with IEF staff it could be verified that the majority managed the concepts of risk and danger of ARI appropriately and knew the norms of the MOH for their reference according to the severeness of the ARI.

However, there was some difficulty in mentioning correctly the danger signs in cases of pneumonia among the Community Health Volunteers and the mothers.

Indicators IRA

INDICATOR	Goal	Base Line 1993	KAP 1995	KAP 1997
% of mothers that know the signs of Pneumonia	70.0	62.0	87.7	92.0

Incorporation of the **QA methodology** into the activities with the mothers, health volunteers and the institutional personnel of the CESAMOS had an important influence, allowing the objective of this intervention to be reached and surpassed.

No information could be found on the idea of creating revolving funds in order to make the prescription and purchase of antibiotics available at the community level in cases where a nearby CESAMO exists. However, in the opinion of this evaluator, according to other experiences observed in other countries, it is not wise for the volunteer or community personnel to manage antibiotics, given the problem of over use in this community particularly.

Recommendations:

- ◆ It is recommended to the authorities of the MOH to continue with the QA activities in order to investigate possible difficulties with the mothers on the understanding of the danger signs of ARI.
- ◆ It is recommended that the personnel of the CESAMOS continue to use the QA methodology in order to guarantee the pursuit and execution of the protocol already established for the handling of ARI in the community and institutional level.
- ◆ It is recommended due to the magnitude of deaths caused by ARI among children under five to continue the training of the health volunteer personnel in the correct interpretation of the danger signs.

A.6 Food Production

The baseline survey reported that the yellow foods rich in vitamin A are well accepted by children and adults. However, the green leafy vegetables, rich sources of vitamin A, were consumed in less than the 10% of the population. Also only 12% of the families interviewed had a vegetable garden. Most of interviewed families indicated that they would like to have one but that it would be difficult to maintain due to the lack of space, bad soil quality and shortage of water. In a previous study many families had expressed their interest of having a fruit tree if it was available in the community.

The following objectives of the DIP were defined:

1. Increase the availability of foods rich in vitamin A establishing six vegetable gardens.
2. That 200 families plant and give maintenance to the same number of fruit trees.

Findings:

As part of the of vitamin A intervention the project decided to replace the activity of vegetable gardens with fruit trees. The intervention, however, was faltering due to poor supervision by the Agriculturalist hired. Shortly before the final year of this activities the IEF replaced the Agriculturalist with a teacher that was able to completely revitalize the fruit tree garden intervention.

During the teacher's tenure she had more than 1,200 trees planted and provided education with each planting in: 7 schools, 1 nursery, 1 kindergarten, 1 institute, 3 organized community groups, 1 Boy Scout group, 1 religious boarding school and 1 convent; as well as several plantings organized at a family level.

These activities at the same time provided the communities with knowledge on the planting procedure of these trees, and allowed the teacher to train people from the nutritional point of view, on the use of vitamins of these fruits, especially of vitamin A.

In addition to training and delivery of the trees, the teacher stressed the need to tend to the plants over the long-term, taught the community members to identify damaged trees and to change the soil, taught about the importance of selecting by variety to suit local soil and environmental conditions, and transported them to new locations within the community as needed (originally the trees were planted in a government field away from the communities, to which the community members had to travel for trainings.)

In addition to the training and delivery of the trees, several collections of books on nutrition and vitamins were distributed to schools. (These books were provided by the IMPACT Project of IEF). Several strikes by the schools caused problems but the teacher was able to overcome these for a successful intervention.

Through planning of the activities, and selection of the beneficiaries, in only 6 months, this teacher was able to achieve a great level of sustainability for the intervention, since the groups of students, teachers and families were committed to look after these trees and to continue the activity in the following years.

The youth that participated in these activities, besides knowing how to plant trees in their houses and knowing what vitamins are provided by the trees, also learned the importance of working in groups. The activities also motivated students and teachers to introduce the activities to gangs which are a constant threat in these urban communities. The activity has clearly awakened an unforeseen interest in social participation within the communities.

Some mothers that participated in planting the trees indicated that the species of fruit trees that are more resistant are: mango, orange and guava. They also said that according to their experience the most delicate species is the avocado.

Recommendations:

- ◆ As part of the continuation of the activities already initiated in this intervention it is important to contact the government expert that made the initial analysis of the area and its potential for developing vegetable gardens and fruit tree nurseries. Perhaps this branch (Agriculture) of the government could give continuity to the activities, especially given that they have been so successful. This expert initially warned that planting of these types would not be possible.

- ◆ Given the expert's initial assessment of the locale, it would be especially interesting and useful to know how his recommendations would be affected given that the fruit tree intervention has worked.
- ◆ Some mothers indicated that they would require more training in order to know how to prepare the soil before planting a tree, how to fertilize it and how to maintain it. This should be provided through the government or by having the mothers contact the schools that were trained.
- ◆ Some teachers have expressed their interest in having a tree nursery. If this project can not offer them more technical support, other institutions who can, should be contacted. They have indicated that this activity is so important for them that it will be included in their annual school plans, furthermore, they have planned that during the vacation period, the existing administrative personnel should be in charge of the trees.
- ◆ Some mothers indicated that they knew the fruits that the trees give are good, but they do not know specifically what they are good for. It could be necessary to give more training in this respect. If there is not enough time it could be communicated in this regard with other interested NGO's.
- ◆ It seems that the Boy Scout group could give continuation to this activity in Col. San Francisco, this could also be feasible in the other communities of the other CESAMOS.
- ◆ It is recommended that IEF publish this experience or prepare a video that documents this process as an example of excellence in; community work, a PVO in the public health field, and primary health care.

A.7 Income Generation

The previous project (1990-1993) evaluation noted a great deal of activities in other countries, especially Bangladesh, that allow mothers and volunteers to generate income. Due to this, and taking into consideration the low education rate of feminine population of the area, a great deal of enthusiasm was generated for beginning small businesses like: bakeries, small stores, etc.

With these ideas in mind an objective was created for IGAs as part of the DIP:

1. Increase the income in the communities of the project through the technical assistance to women so that they could create 15 community banks in these areas.

It was decided that the approach would be made through a credit institution that has experience in this type of activity. The FINCA Project, an international organization with headquarters in Arizona, was chosen. As indicated in the DIP this organization already had experience creating similar banks in the project area in recent years. This institution would provide the following: 1) training of the personnel of the project in the creation of community banks and in the administration of small business, 2) provide credit to groups of 25 to 30 women with

low interest rates for periods of four months or more, 3) supervise the community banks once organized, 4) provide materials and training necessary for accounting of funds 5) promote meetings with the personnel in charge of the installation of the community banks, as well as sharing the lessons learned .

IEF committed to give the necessary logistical support, including the organization of the women groups at the community level, and training them in the basic aspects of mathematics and marketing for the operation of the banks. The person in charge of this intervention was a social worker.

The beneficiary group to be chosen would be women 15 - 49 years with a special focus on women with children under 5 years of age. All were chosen by the health volunteers during their home visits or in meetings with the community. Once the interest of the mothers had been established they would be referred to the project to begin training. They would start three banks during the first year, six in the second, and six during the last year.

Findings:

The project personnel had planned that the fruit tree garden component of the food production intervention would be considered part of the income generation activities. However, the problems the women faced with water and transportation prevented an appropriate process of planting, maintenance and sale. For this reason the activity was moved to the nutrition section and the income generation portion of the activity became unimportant in light of the nutritional gains to be achieved.

The second IGA, the creation of community banks, also encountered obstacles at its inception. Apparently the time period the women were given in which to repay the loans was too short. The women had to begin to make partial payments from the first month of the loan. This did not allow for the development of an internal fund and the women defaulted after a short period.

Due to the above mentioned problem the project sought assistance from another organization that has experience in income generation activities. IEF contacted Project HOPE, which was developing experience with a pilot project in the metropolitan area of Tegucigalpa. The institutions signed an agreement, committing that Project HOPE would give training to the identified groups organized by IEF, and in return IEF would offer health education to Project HOPE's members.

From the communities organized by IEF, 11 Health Community Banks (HCB) were created which remain in operation to date. Ten more banks were formed in the remaining IEF communities. At the moment 21 banks are in operation, with approximately 624 participants and loans totaling LPS. 1,028,400.00. According to an interview with the two coordinators of Project HOPE, original expectations have been surpassed to such extent that they are

considering expanding the project to make 300 banks in the whole metropolitan area. In total they have formed 84 working banks at the present time, with a very low percentage of slow payers, drop-outs and bankruptcies. (See Annex H)

As the coordinators of Project HOPE expressed, they have greatly benefitted from the health training given by IEF to the groups of women. Their own trainers were strengthened not only by the contents of the training, but by the methodology used.

Through this successful experience Project HOPE has begun agreements with other PVO's like Plan International, ADRA, World Relief and others to expand their community banking concept. According to what has been reported, this is one of the few experiences in the world that has maintained a high percentage of permanence of organized groups of women as community banks with an emphasis on health. It was explained to us that the principle of receiving health education is the basic requirement on the part of all the community banks.

Discussion of the Results

Unfortunately we could not access information of the work done by the IEF with FINCA and the LUPE Project as we were informed that the information remained with the previous Project Manager. It is truly a shame because it leaves out a part of the history of the intervention that is fundamental to understanding the process and generating lessons learned for future projects.

This intervention is a concrete example of the value of participation, good communication and inter-institutional collaboration that should encourage other PVOs to explore such partnerships. This is especially necessary at times of shrinking funds given the economies of underdeveloped countries like those of Central America.

Recommendations

- ◆ It is recommended that the MOH request a presentation from Project HOPE of the results of this pilot experience in which the municipal authorities will be able to participate, in order to explore possibilities of implementation in other communities of the CESAMOS.
- ◆ It is recommended that IEF publish this experience among the PVOs that receive financial support from USAID so as to share the success that these two institutions have gained from a well thought out partnership.
- ◆ It is recommended that IEF systematize this experience and if possible, publish it through some communication medium available within IEF or other PVOs that work in Honduras. Financial support from the USAID mission should be explored in order to publish this experience.

A.8. HIV/AIDS Prevention

As reported by the MOH for 1993 a total of 60,000 people were, at the time of the report, infected with the HIV virus in Honduras. Seventy-eight percent of those cases were due to heterosexual transmission. According to preliminary reports from the ENESF of 1996, 99.7% of the women in reproductive age could identify the use of the condom as a form of AIDS prevention.

The proposed objective for the DIP in this intervention was:

1. 90% of parents identify the use of condoms as the main form of preventing AIDS.

The KAP survey of 1995 reported that 74.3% of the mothers interviewed identified the condom as method of AIDS prevention. However, in the home visits made to the mothers it was found that in a great majority of cases their husbands did not like to use condoms.

Findings

After the KAP survey of 1995 the project performed a second survey where the indicator dropped to 53.62%. According to the opinion of the coordinator of the project, the decrease may have been due to an intense campaign against the use of condoms by the Honduran Pro-Life Association. The indicator obtained for the KAP survey of July of 1997 was 95%, which surpasses the goal of 90% and is in line with national statistics.

Discussion of the Results

It is significant that in the development of this activity the project personnel conducted qualitative interviews through focus groups of mothers and health volunteers in order to look for information on obstacles that they faced during their trainings. Further, by observing and evaluating the training activities it was observed that a majority of volunteers and mothers not only understood the key messages but could at the same time express their opinions and fears with freedom.

The above demonstrates that in spite of facing a hostile environment to talk about sexual topics found in the heavily religious region of Central America, the people took interest in the aspects related with the transmission and prevention of the HIV/AIDS.

Of particular importance is that the majority of the people interviewed at the end of the educational activities could mention three keys messages on the transmission and/ or prevention of the HIV/AIDS. However, there were some occasions in which, upon finishing the training a participant expressed doubts that she had not dared to ask in the public forum. For example: a community member approached an IEF staff person to ask how a woman could transmit AIDS to another woman.

In relation to condom use, some mothers expressed that some couples do not use them because they do not need them since they are faithful to each other. The MOH is trying to promote condom use for all couples. Other women expressed a variety of reasons their husbands or

companions did not use condoms including: because they are hot, because they “squeeze”, because upon putting them on it makes a “waist” (indentation), because women find them ugly. Some mothers also expressed that they did not use them because their husbands thought that they produced cancer.

Recommendations

- ◆ The MOH should conduct more qualitative investigations concerning the use of field personnel in home visits and community meetings, in order to deepen the knowledge of community perceptions and to draw recommendations for changes to the educational messages.
- ◆ It is clear that in the population of IEF target communities, a lack of health information is no longer the problem, nor is lack of knowledge regarding HIV transmission or the identification of condom use as a way to prevent it. It is recommended now that health personnel investigate creative ways to persuade people to use condoms.
- ◆ It is recommended that during training activities, the trainer always leave time at the end of the activity so that participants can ask questions of the trainer one on one.
- ◆ It is recommended that the authorities of the MOH take advantage of the musical/educational material produced by the AIDS Project for Central America and Panama (AIDSCAP) Project as a means of promotion directed to the juvenile population.

A.9. Eye Care Activities

According to data from the World Health Organization (WHO), the prevalence of blindness in Honduras was 0.4% in 1987. No data exists on ocular signs of xerophthalmia. However, the recent National Micronutrient Survey estimated that the average and the general standard deviation of the level of retinol in plasma was $31,6 \pm 12,1$ ug/dl which places VAD as a problem of moderate public health concern.

The project defined the following as their objective in this intervention:

1. 75% of the children under five years will have a yearly ophthalmic exam. Treatment and referral will be available through the IEF for those who need it.

Findings

During the third year an ophthalmological campaign was conducted in each of the 25 project communities. In July 1996 all of the patients that were identified with vision problems requiring eye glasses were referred to the Eye Clinic of Hospital San Felipe. In total 302 people received eye glasses.

In the CESAMO Las Crucitas, the ophthalmologist hired two trained auxiliary nurses in order to offer primary eye care. The Center of Las Crucitas was equipped with a slit lamp donated by IEF. However, until now the MOH has not been able to get personnel qualified to use it in the CESAMO.

Discussion of the Results

The Director of CESAMO Las Crucitas opposes transferring the slit lamp to another place, as he indicated in an interview, due to the fact that these communities have a high volume of eye related health problems.

Dr. Montalván, Head of the CESAMO Las Crucitas, also indicated that last year he applied for a line item in the budget to hire a specialist half time, but he has not received approval yet. The Head of Area, Dr. María Argentina Castillo, considers that the equipment should at least be used to train the general doctors of the CESAMO so that they can at least conduct minimum examinations of the people that require it.

Recommendations

- ◆ It is recommended that the MOH allow ophthalmic residents to practice with the slit lamp at Las Crucitas, allowing patients to receive consultation in the clinic.
- ◆ It is recommended that if the budget for a half time specialist is not granted, a meeting should be held with the central level MOH and the Metropolitan Health Region before the IEF project ends in order to explain the problem and look for an alternative solution to avoid the deterioration of the ophthalmologic equipment of Las Crucitas from lack of use.

Other Activities

Health Committees

Although the project has supported the establishment of some health committees, these have not been officially established since the Metropolitan Health Region is working with the Municipality to restructure the way it works with community organizations. Since the lines of communication are not well defined, CESAMO personnel have not developed any activities with these groups. It is known that reorganization will begin with the creation of the Community Development Councils (CDC), Sectorial Development Centers (SDC) formed by groups of 11 or more communities, and the Zonal Development Centers (ZDC).

This initiative received the support of other international organizations which will finance a series of activities in order to consolidate the decision-making processes and community self-management (Project ACCESO). Some decentralization of health services is contemplated and more coordinated work with the existing "patronatos" in the metropolitan area is anticipated.

Due to all of these circumstances the project has decided not to undertake any activities to form new health committees, so as not to interfere with the work already begun by the MHR and the municipality. The project offered to function as facilitator for contacts between these institutions and the PVO Regional Committee Support Group which was created to support and increase the impact of the MHR actions.

B. Project Expenses

B.1 Analysis of the Expenses by Accounts

1. Examination of project expenses through June 30, 1997, it could be observed in Part C of the Expenses Chart that 90% of the project funds have been spent.
2. The funds originally budgeted for the personnel line item (wages, benefits, of the central and local offices) were overdrawn by 10%.
3. In the Per Diem Expenses line for the central offices, international trips was overdrawn by 25%. Although it is worth clarifying that the total line item still has 20% of the budgeted funds remaining.
4. In the Consultancies section 65% of the funds originally budgeted are still available.
5. In the equipment, supplies and trainings account there is an overdraft of 10%.
6. Other Direct Costs, not including communications and offices, were overdrawn by 20%.
7. Of the total funds allocated for Indirect Costs, 77% had been spent.

For more information refer to the attached 1997 Pipeline Analysis.

In general the expenses of the different line items have been executed appropriately, given certain changes that were considered important. However, recommendations from the mid-tem evaluation requesting greater financial transparency between the Headquarters and the Honduras National Office have not been met. The National Director expressed in an interview that, to the current month he still did not have clear information from the central office as to how much money was available for the execution of certain accounts.

In the opinion of the Child Survival Coordinator from IEF Headquarters and of the National Director in Honduras, Headquarters should implement a system of financial information that gives feedback to directors on project cash flow. There should also be an administrative manual that clearly identifies what amounts are permitted to be used from each account by the National Director without requesting authorization from headquarters.

The excellent managerial process which has made the technical aspect of the project successful should be accompanied by better financial management and administration, providing all of the necessary information so the people at the local level will know how the expenses in different accounts are being spent. Not addressing this could seriously affect the quality of future projects.

General Findings

Volunteers

- Some mothers indicated in the focus groups that they would like to continue participating in spite of the fact that the IEF is no longer with them. However, others were emphatic in indicating that once the project ends they would not continue assisting or participating. When this was studied in depth, we were able to identify rivalries between the volunteer personnel and the personnel of the MOH, sometimes even among the MOH staff.
- Some mothers indicated that people would not continue attending the trainings organized by the CESAMOS because they either do not respect the MOH personnel or are not interested with the topics and get bored hearing about the same thing.
- Problems exist between the health volunteers that refer mothers and their family members to the CESAMOS and the CESAMO staff. The staff is not always willing to take a referral seriously and this discredits the volunteer with the community. Also, some mothers complain that they are not being chosen by the volunteers to receive government stipends now distributed through the Family Assistance Program (PRAF).
- According to the results of the qualitative investigations conducted by the IEF, dissatisfaction that does exist in the community arises from the mother's perceptions that the volunteers are not "prepared intellectually" to carry out the activity.

Trainings

- Several mothers said that the training they received helped them trust themselves, since they learned how to recognize illnesses that they could not recognize before. This has given them confidence to insist that their family receive attention in the CESAMOS because they recognize clearly the danger signs of diarrhea and ARI. They mentioned that in some cases the doctors have even congratulated them for recognizing the conditions.
- They feel that these activities could be improved by making the people that give the trainings more confident with the mothers. That will allow them to speak more decisively.

General Conclusions

1. The performance of the technical team, office and financial workers of this project has allowed completion of the vast majority of the proposed objectives, based on the analysis of the last KAP's of 1997 results.
2. The Quality Assurance methodology was used very effectively to strengthen several interventions and was performed successfully with the support of the MOH. It has helped IEF to assure the appropriate development and transfer of activities to the MOH.

3. The phase-out plan for the interventions and activities which IEF developed to support the CESAMOS was well designed. This strategy was very useful in allocation of the technical and financial resources for execution of the proposed objectives.
4. The project developed a sustainability work plan which was a good guide for accomplishing all of their commitments and transferring the activities to the CESAMOS personnel.
5. The project's information and monitoring system worked appropriately so that decisions could be made regarding difficulties with interventions. Information from the system allowed project personnel to adapt and change strategies to meet the stated objectives.
6. The National Director of the project coordinated closely with the health authorities as was evidenced in the visits and field interventions developed. This close relationship contributed to the good attitude of the institutional health personnel and facilitated the transfer of activities.
7. In general it can be appreciated that of all the activities proposed for the phase-over to the MOH, more than 90% were conducted according to the proposed plan. It is still important, however, that the health volunteer component be well consolidated in the transfer.
8. The volunteer index file, developed by the IEF auxiliary nurses to keep track of the number of active volunteers, inactive volunteers, and inception of new volunteers, has been of vital importance. Qualitative information gathered regarding inactive or retired volunteers is especially important and should be shared with fellow NGOs in Honduras. It is hoped that the importance of this system will be understood and that it will remain incorporated within the work of the CESAMO field personnel.
9. There are no foreseeable difficulties regarding the transfer of the remaining activities, because they are, for the most part, MOH priorities.
10. It is important to mention that the project benefitted vastly from the re-engineering undertaken by the national Director just following the midterm of the project. Changes to the coordination of the project (assignment of Dr. Marylena Arita as Project Manager) lead to subsequent changes to the field activity supervision and supervision of the fruit tree intervention. All these changes helped to build teamwork. The final product was in fact the achievement of a high percentage of the proposed objectives.
11. It is important to mention that even though the coordination with the CESAMOS was identified by all the staff as the major obstacle in the implementation of this project, this obstacle did not stop the project in reaching the objectives.
12. The Project Manager of the Child Survival Project expressed concern with her workload which she described as excessive. In her role as manager, she has been outside of the country on more than three occasions in the last year for a period totalling almost three months. This situation has caused her frustration in the development of her work, a lack

of concentration in some activities, duplication of efforts, too much attention to administrative tasks and negligence of certain technical tasks. More time should be dedicated to ensuring that Dr. Arita is not overloaded as she is a vital part of the success of the project. Although her workload is not unusual in the PVO/NGO setting, it is in the best interest of IEF to manager her time and workload better.

13. Regarding educational materials, too much time was devoted to the translation of materials. This responsibility fell again to the Project Manager. It is recommended that for future projects outside technical support be obtained for such peripheral activities. Donor organizations and others that produce materials should be encouraged to provide materials in a variety of languages in order to avoid this effort at the field level.
14. The technical team's lack of awareness of budget matters has a potential affect on the activity plan and should be remedied before it causes problems to priority activities.

General Recommendations

For the Headquarters

- ◆ Political matters have been handled especially well by the CS team in Honduras. These practices should be shared throughout IEF's programming to their advantage.
- ◆ It is of vital importance in the planning of this type of project in which political relationships are a large component, to discuss prior to an action, all of the details that guarantee that the commitments will not be left incomplete in case of personnel changes.

For the Child Survival Project

- ◆ The Project Manager expressed that the technical-administrative meetings programmed on a monthly basis, have not included the administrative component. This would allow better optimization of the team work, resources and understanding of the project activities. This component should be included as soon as possible.
- ◆ It is recommended that IEF personnel concentrate all of their efforts and resources during this last month on ensuring solid relations between the volunteers and the CESAMO personnel, helping them accomplish the recommendations that are detailed later on.

For the Information System

- ◆ In order to prevent failure of the system in these last weeks, it is essential to install the computers and train the CESAMO's personnel as planned by the project. The staff should be trained not only in the handling of Epi-Info and Q-Pro, but also in data entry for the health information system.
- ◆ It is recommended for future projects of the institution that their instruments for recording information are all validated in order to verify the quantity and quality of the collected information.

- ◆ If the information system is based on gathering of information from volunteers, it is essential that they understand the entire system, the importance of the information that they produce and register, and most importantly, the significance of the report that they produce. At the end they should receive feedback on the process.
- ◆ Based on the experience of this evaluation it is suggested that in the future IEF use the instruments of the MOH instead of creating new systems which can not be easily transferred. It is further recommended that these instruments be as simple as possible and should provide quick feed-back.
- ◆ It is recommended for future projects that the HIS be provided with constant evaluation, with necessary technical support, either direct support of the technical team from Headquarters or through consultants.

For the Work of the Health Volunteer

- ◆ An activity that should be taken into consideration is the completion of operational research on how to solve the problem of mothers refusing to show volunteers their children's vaccination card.
- ◆ According to the results of the qualitative investigation made during the evaluation of the IEF project it is necessary to revise, in collaboration with the MOH, the role of the health volunteer. They should review how they are selected, and how their work is perceived by the CESAMO personnel, by the doctors, by the mothers and by the community in general.
- ◆ It is recommended that the CESAMO personnel re-establish the following with the health volunteer: the frequency of their meetings, the frequency of their home visits, the work plan, and the feed-back system for volunteer recommendations/observations..
- ◆ In the opinion of the participant mothers, any incentive that could be provided by the project would be appreciated. If an economic incentive is not available one of the following is recommended:
 - take them to visit another CESAMO in order to see how the volunteers work there.
 - give them motivating talks
 - train them in manual activities like: knitting, sewing, embroidery, etc.
 - give them or present them information on small business or other activities that allow them to generate income.
 - visit them periodically to show they are not forgotten.
- ◆ It is recommended, based on the excellent results achieved, that IEF continue periodic meetings with the CESAMOS. All personnel should participate in these meetings including the technical team and the administrative staff such as file clerks, secretaries, accountants, etc.

- ◆ The CESAMO personnel in charge of the field tasks should plan activities jointly with the volunteers and establish the objectives, strategies, actions and prospective results ahead of time to prevent the activities from being set aside as other priorities interfere.
- ◆ CESAMOS need to value referrals made by volunteers, and both parties need to be able to discuss problems with the referral system openly. It should be understood by all parties that having a volunteer force that is well educated to make triage decisions out in the field is of benefit to the community and to the CESAMOS. The system should ensure that the number of visitors to the CESAMOS is composed of the more critically ill and should allow the volunteers to help mothers keep and treat children at home when it is acceptable.
- ◆ It is recommended that the MOH take into consideration in future trainings of volunteers that the greatest problems observed during the evaluation in an educators ability to provide health messages was simple communication problems such as fear of public speaking and fear of credibility with the community. Addressing these problems in addition to increasing the knowledge of the educators will improve the overall quality of the educational sessions.
- ◆ It is recommended to the field personnel, based on the experience of the IEF, that in order to achieve the greatest attendance at the educational meetings it is important to remind the mothers and volunteers two hours before the set meeting time. Also the invitations should be done the same day and a written notice should be given which the mother can put in the kitchen or another visible place to use as a reminder.
- ◆ Trainings with the volunteers should not last more than two hours, so the volunteers do not lose interest. Also, dynamic material or games should be contemplated to maintain interest levels. These meetings are enriched when volunteers are allowed to share their experiences. It has been seen to improve their motivation and encourage them to continue attending.

For the Ministry of Health

- ◆ It is recommended that the MOH analyze the problem of the accessibility to the health centers with the MHR. Various recommendations were made by the CESAMO personnel at the time of this evaluation regarding better scheduling including expanding health center hours either by opening services earlier or closing later. The MOH should also review the hours of the hired doctors to determine if they are convenient for the users.
- ◆ It is recommended that the MOH review the health volunteers' work load. They should request that PVO's send a copy of their work programs in order to coordinate all activities in the community with those of the CESAMO's.

For Trainings

- ◆ CESAMO personnel considered it important to include management of youth groups in the training of health personnel.

- ◆ Some mothers said that the way to attract more mothers to the trainings is to make dynamic presentations, use distractions such as games and music, use drama, teach mothers to give injections, train mothers in first aid and give them a first aid kit, offer to weigh children and continue using the loud speakers to transmit messages.

For Projects that want to work with “Patronatos”

- ◆ It should be kept in mind that the “Patronatos” are more interested in infrastructure projects, water, roads, etc than with health. Health is important, but not tangible and therefore of lesser interest. The organizations are predominately composed of males and are very political which can affect their effectiveness in health programming. The IEF should continue to hold meetings with the “Patronatos” to the end of the Child Survival Project (CSP). It would be ideal if health commission could be created as part of their organization, but IEF has been trying to do this for some time, unsuccessfully.

For Projects that want to work with Volunteer personnel

- ◆ It is recommended that other PVOs that want to work with volunteer personnel analyze their schedule for availability beforehand. In general, more volunteers are available in the afternoons or weekends. If the personnel is composed entirely of men they can work at night.

C. Lessons Learned

Project Design

- ◆ Based on the overload that the volunteer personnel have had, future interventions sustained by volunteer personnel should be evaluated by the health authorities prior to implementation.
- ◆ Personnel for a project that supports the government health sector should be recruited from the same sector.
- ◆ Most of the IEF workers think that it would be helpful to, at the very beginning, define with the MOH the activities to be developed based on the needs that have been identified with the communities.
- ◆ Some of the IEF workers think that a project that works with volunteers could benefit from creative work schedules. For example, working on Sundays and festival days may help to capture more mothers and people from the community. It has been learned that the best work time for volunteers is at three in the afternoon.

Vaccination

- ◆ In relation to the tetanus vaccine for mothers, coverage information should be carefully reported and should include details about whether the calculation was based on all mothers or only on mothers with a card.

Didactic Material

- ◆ A lesson learned in relation to the didactic materials is that the materials utilized should be available locally so that communities can have access to the materials after the PVO or NGO has left the area.

Inter and Intra-Institutional Communication/Coordination

- ◆ An activity can fail simply for not involving all the people that participate in the process. In the case of the CESAMOS, there are personnel assigned specifically to the patient files and they meet with the patient each time they visit the health center. This is an important person in the health system, they can even disregard a referral, but they are often left out of health activities.
- ◆ In general in the three CESAMOS there is need for better relationships with the field personnel. It was indicated that in the future more communication is needed in order to prevent errors which arise from poor relationships and poor communication.

Trainings

- ◆ The trainings provided to the CESAMO clinical personnel, should be “in-service trainings” due to the high volume of consultations they must handle daily.
- ◆ A majority of mothers indicated that their favorite health topics was diarrhea.
- ◆ Some mothers think that other mothers do not like the educational activities because they are not sufficiently personalized.
- ◆ They also said that in order to improve the educational sessions, health workers should teach what to do when children become very ill. That would make mothers feel that the trainings are more useful than just providing information on prevention.

Volunteer/Community Personnel

- ◆ Some health volunteers expressed that the incentive money which the government provides to most mothers is a constraint to their work. It gives more work to the volunteers because they have to register all eligible mothers, however only a small percentage of those registered actually receive the money. This reflects poorly on the volunteer and discourages the women that do not receive the money.

- ◆ Some mothers mentioned that although they have their identification card to prove their connection to the IEF project they are not always recognized as health workers. Community members sometimes accuse them of having connections to proselytizing or collecting money. The mothers suggested that the Ministry of Health give them something more distinguishing like a shirt with a health logo.
- ◆ Some mothers mentioned that it was difficult to get an appointment at the CESAMO because many times they had to work during the weekends and did not have time to get there. In addition the CESAMO staff made some mothers come back the next day because they arrived late to an appointment.
- ◆ Some mothers mentioned that it was very difficult to complete the papers IEF uses to register the information that the volunteers produce.

Field Work

- ◆ The CESAMO personnel expressed that for them the most difficult thing was to be completely integrated into the field work, since they have scarce personnel and too much to do.
- ◆ a constraint to the field work of the CESAMO is the ratio of available field personnel (2 auxiliary nurses) to families in the area (around 3,000 families).
- ◆ Most of the IEF workers agreed that the most important part of their work was the coordination with the CESAMO personnel, especially due to the following factors:
 - the large workload of the CESAMO personnel
 - because they perceived that most CESAMO personnel do not like field work.
 - because they did not understand the IEF work
 - because the CESAMO personnel wanted them to be involved in all the activities.
 - poor communication between CESAMO personnel, such as between directors and field staff.
- ◆ The technical personnel of the project identified the high turn-over rate of the service personnel as a major constraint for the development of a true quality philosophy because it prevents continuity.

Patronatos

- ◆ Meetings must be scheduled on Sunday afternoons to accommodate the work schedule of the predominately male group. This obligates any project that wishes to work with them to modify their traditional work schedules.
- ◆ Some members of the patronatos expressed that youth under the age of 18 cannot by law be members of the Board of Directors of the patronatos. However, they can form a Youth Club and participate in the meetings. This may be explored in future dealings with the Patronatos.

- ◆ Some Patronatos are reluctant to attend meetings scheduled by outside institutions, because they feel they are a waste of time and nothing concrete is produced. According to the Patronato interviewed, the reason they have had to participate in politics is to be able to produce concrete results for the benefit of their communities.

II. Project Sustainability

a. Community Participation

In relation to this section IEF had contemplated the creation of Health Committees in each community which would work with the approval of the Ministry of Health. In addition, training meetings were planned for the representatives of the patronatos and the health volunteers. The work would consist of support to bi-monthly meetings of these groups supporting transfer of project activities to the CESAMO personnel. However, these activities had to be discontinued due to reorganization of the community work as planned by the MHR and the municipality.

The success of the fruit tree garden initiative is worth highlighting as a community participation success. The activity involved community participation at many levels, including the schools, institutes, nurseries, and families. This activity now has a high level of sustainability. It is hoped that in the next weeks the necessary actions will be taken to guarantee that it will be continued in the new school cycle. Actions should be continued to guarantee that the trees will be cared for during the school vacation period.

B. Relationship with NGOs

IEF developed a solid relationship with Project HOPE in regards to the community health banks. All of the community health banks are functioning, no drop outs exist and the management of their internal capital has been very precise according to HOPE's reports.

Most of these banks are in their eleventh cycle. The cycle is defined by the return of capital, which should be fully recuperated within four months in order to receive a new loan. For this reason Project HOPE plans to expand this pilot experience to form 300 CHBs. They currently have 84 functioning CHBs.

By initiative of the IEF, the Metropolitan Health Region (MHR) and the Metropolitan Municipality have developed an effort to form a support group of organizations and institutions that work with the MHR. This group will assist with overall coordination of activities in the area in order to improve impact in the MHR. There is also an effort at the national level to organize a similar group in each health region of the country. IEF is representing the MHR and has recently been unanimously appointed its president by all NGOs at the national level.

C. Willingness and Ability of the Counterpart Institutions to Sustain the Project Activities.

The MOH through the Metropolitan Health Region has demonstrated its willingness to continue all of the activities previously supported by the IEF CSP. It is anticipated that the majority of the activities will in fact be sustained because, according to the interviews and focus groups, they are priorities for the health sector. However, some of the activities, such as visits to the health volunteers, will not be implemented with the same frequency as they were through IEF. The necessary actions have been taken to guarantee that these interventions will be sustainable.

The vitamin A intervention sustainability strategy, has been focused on the consumption of fortified sugar, due to MOH budget constraints to distributing vitamin A capsules and due to the results of the National Micronutrient Survey which do not indicate that capsule distribution should be a priority in Tegucigalpa. Meetings are planned with the sugar producers to continue the consumption of fortified products. IEF will support these actions in the weeks that are left in the life of the project and will continue to support the activity for the coming year through a grant from OMNI.

D. Sustainability Plan, Objectives, Developed Actions and Obtained Products

The project's Work Plan for the one year extension period aimed to achieve: a) a transfer of project activities to the Ministry of Health and community associations, b) training of MOH personnel in management techniques and c) evaluation of the transfer.

Seven objectives were defined, which are listed in the following summary:

Sustainability Activities

OBJECTIVE	Goals at the end of the Project	Achieved to Date	Product
<p>1. The Ministry of Public Health will maintain the coverage of the interventions.</p>	<ul style="list-style-type: none"> -Reorganization of IEF personnel. -Meetings with the recruited personnel. -Meetings with the MOH to show: <ul style="list-style-type: none"> *Sustainability Plan. *KAP survey . *Presentation of the KAP results to the MOH. *Presentation of the Mid Term Evaluation Report of the MOH. 	<ul style="list-style-type: none"> - IEF personnel was reorganized. - Meetings took place with the MHR and the CESAMOS to coordinate the activities. - Two KAP surveys were conducted. - The results of one of them were presented. - The results of the Mid Term Evaluation were presented. -Several sustainability workshops were held with the MOH 	<ul style="list-style-type: none"> - Personnel trained in the KAP methodology in all of the CESAMOS (100%). - Use of the KAP information in the decision making of the CESAMOS (100%).

OBJECTIVE	Goals at the end of the Project	Achieved to Date	Product
<p>2. Establish a Quality Assurance System to monitor the distribution of vitamin A, ORT and EPI and to evaluate protocols of the training workshops.</p>	<ul style="list-style-type: none"> - Organize Quality Control Groups and train in QA methodology. - Develop activities and new protocols during and after the training workshops. 	<ul style="list-style-type: none"> - Three Quality Control meetings were conducted. - New protocols were designed for the distribution of vitamin A capsules, TT vaccination, and distribution of Litrosol in the local stores. - Quality circles were established for appointments and referrals at the CESAMOS. 	<ul style="list-style-type: none"> - Quality protocols in use in all of the CESAMOS (100%).
<p>3. Train the MOH personnel to conduct KAP surveys.</p>	<ul style="list-style-type: none"> - Organization of the activity. - Implementation of the KAP survey. - Presentation of the results. 	<ul style="list-style-type: none"> - Trained personnel in each CESAMO. - Two KAP surveys conducted. - Results presented. 	<ul style="list-style-type: none"> - Use of the KAP's information in each CESAMO (100%)/ - Trained personnel on KAP methodology in each CESAMO.
<p>4. Train CESAMO personnel to monitor interventions and report results to the communities.</p>	<ul style="list-style-type: none"> - Train 3 representatives from each CESAMO and 1 from the Health Area in Epi-Info and report writing. - Bi-monthly meetings with the communities and the health volunteers. - Supervision of the meetings. 	<ul style="list-style-type: none"> - Epi-Info training is scheduled to take place in the final weeks of the project. - Personnel trained in Q-Pro. - The donation of a Personal Computer to each of the CESAMOS is pending due to customs. 	<p>Still pending</p>

OBJECTIVE	Goals at the end of the Project	Achieved to Date	Product
5. Train the MOH personnel to supervise and evaluate programs.	<ul style="list-style-type: none"> - Train the Administrative Director of each CESAMO and 1 representative of the Health Area in Strategic Planning, Basic Accounting, Project Evaluation, and recovery of the costs of services. 	<ul style="list-style-type: none"> - Trained personnel in each CESAMO in all administrative topics listed. 	<ul style="list-style-type: none"> - All personnel using the Strategic Planning techniques (100%)
6. Document lessons learned and present them to the MOH.	<ul style="list-style-type: none"> - Make a list of the lessons learned with the MOH personnel, community leaders and local NGO personnel. - Conduct workshops on the Lessons Learned. 	<ul style="list-style-type: none"> -List of lessons learned generated. -Workshops conducted during development of KAP. 	<ul style="list-style-type: none"> - Trained personnel in the use of "lessons learned" strategy in each CESAMO (100%)
7. Organize Health Committees to facilitate the dissemination of health messages to the community.	<ul style="list-style-type: none"> - Creation of health committees in each community with approval of the MOH. - Training meetings for the representatives of the patronatos and health volunteers. - Bi-monthly meetings with the CHAS, patronatos and CESAMOS. - Transfer the responsibility of the meetings with the community to the CESAMOS. 	<p>This activity was not completed due to a restructuring of the community outreach mechanisms by the MHR and the municipality.</p>	<p>To be defined with the MHR.</p>

The majority, or about 75% of all of the objectives set by the project at the time of the DIP development have been completed. This should be considered an impressive accomplishment over the 4 years of the project's life. Additionally, many activities in support of improved health were developed and implemented as the project progressed. Amongst these other activities were:

1. Promote the creation of support groups for Maternal Breast-feeding in eight additional communities. In June of 1997, the IEF handed over existing groups and newly counseled mothers to the MHR and trained 33 mothers.
2. Conducted focus groups to determine community perceptions concerning the use of antibiotics. This information should be useful to the MOH in future activities focusing on the overuse of antibiotics.
3. Transfer the Fruit Tree Project to the Community. This activity is being implemented following the recommendations generated during the final evaluation and those generated by the staff and communities.
4. Continue to support Community Health Banks and gradually transfer them to Project HOPE. This activity was completed and the banks remain in good financial condition.

OBSTACLES OR CONSTRAINTS IN THE FUTURE:

In general, the three CESAMOS are concerned that they will be overwhelmed with the constraints that they will face once the IEF project is gone. At this time IEF support is very well targeted to the priority concerns of the MOH such as vaccination to children, ORS distribution, condom distribution, etc.

One of the main constraints to be faced by the CESAMO staff is mobilization. The transportation that IEF has been able to provide has been very valuable. Without IEF, the logistics of the vaccination, education and distribution of vitamin A will be significantly more difficult.

The supervision of health volunteers will continue, however, it can not be done with the same frequency as it was by IEF personnel due to the lack of human resources and overload of activities and responsibilities. CESAMO personnel consider that it will be possible to visit the health volunteers once a month.

According to the CESAMOS' strategic plans, there were a few objectives that had not been met. The problems will be discussed in an upcoming meeting of the multi disciplinary team at the CESAMO to develop appropriate plans of action. The IEF should provide support at these upcoming meetings.

The staff of the CESAMOS stated that although an adequate transfer plan had been developed by the IEF late in the project, that all parties would have benefited from a jointly conceived project at the very start of the project cycle.

Annex A:

**USAID BHR/PVC Guidelines for
Final Evaluation of Child Survival Projects Ending in 1996 (CS-IX)**

**BHR/PVC GUIDELINES FOR FINAL EVALUATION
OF CHILD SURVIVAL PROJECTS ENDING IN 1996 (CS-IX)**

The final evaluation team should address each of the following points. As far as possible, respond to each point in sequence.

I. PROJECT ACCOMPLISHMENTS AND LESSONS LEARNED

A. Project Accomplishments

1. Compare project accomplishments with the objectives outlined in the DIP and explain the differences. Describe any circumstances which may have aided or hindered the project in meeting these objectives.
2. Describe unintended positive and negative effects of project activities.
3. Attach a copy of the project's Final Evaluation Survey with the survey results

B. Project Expenditures

1. Attach a pipeline analysis of project expenditures.
2. Compare the budget contained in the DIP with the actual expenditures of the project. Were some categories of expenditures much higher or lower than originally planned? Please explain.

C. Lessons Learned

Outline the main lessons learned regarding the entire project which are applicable to other PVO CS projects, and/or relevant to USAID's support of these projects. Be sure to address specific interventions, sustainability and expenditures.

II. PROJECT SUSTAINABILITY

A. Community Participation

What resources has the community contributed and will continue to contribute that will encourage continuation of project activities after donor funding ends?

403

B. NGO's

What is the current ability of the NGO partners to provide the necessary financial, human and natural resources to sustain effective project activities once Child Survival funding ends?

C. Ability and Willingness of Counterpart Institutions to Sustain Activities

What is the current ability of the MOH or other relevant local institutions to provide the necessary financial, human, and material resources to sustain effective project activities once CS funding ends?

C. Sustainability Plan, Objectives, Steps Taken, and Outcomes

What are the steps the project has undertaken to promote sustainability of child survival activities once project funds end? Please fill in a table (example below) with sustainability objectives and outcomes.

Goal	End-of-project objectives	Steps taken to date	Outcomes
1) MOH will take on health promotive activities of CS project	1) MOH will supervise and provide refresher training for 50 CHVs 2) Health officer will meet monthly with community health committees	1) 2 MOH nurses trained in CHV supervisory methods 2) Health officer attended 3 health committee meetings	1) 10 CHVs being supervised by MOH nurses (20% of objective) 2) Health officer attended 3/10 meetings (30%)
B)			

III. EVALUATION TEAM

A. Identify by names, titles and institutional affiliations all members of the final evaluation team.

YAC

The personnel of the three CESAMOS requested that in their last month of work, IEF personnel support their efforts to ensure that the health volunteers continue with their work after the end of the project and that they remain in communication with the CESAMO for other possible trainings.

Health Information System

In relation to this component, sustainability will depend on the decisions of the CESAMO personnel. It was found that in many cases the volunteers manage their information system papers correctly, however, they do not always register said information on the mother's health card. Upgrading the volunteer's skill will require a higher level of supervision and training than the MOH staff is generally accustomed to.

CESAMO personnel have not been trained in Epi-Info due to delays in the delivery of the computer equipment (retained in customs). This will affect the transfer process of the system to the centers. This activity should be considered of highest importance for the end of the project.

KAP Application

The KAP survey was successfully executed by the MOH staff on two occasions and they were satisfied with the results. It seems that the MOH is using the survey to orient activities and to relate priority concerns to the communities. This activity is likely to be sustained.

Lessons Learned:

The personnel of the three CESAMOS have been trained to use the "lessons learned". They feel this is valuable because it gives them feedback and allows them to correct problems.

UNEXPECTED BENEFITS

Support Group for NGOs Working in the MHR Created.

By the initiative of the IEF, the MOH and the MHR in collaboration with the Metropolitan Municipality have started to form a support group of the organizations and institutions that work with the MHR. The purpose of this group is to increase the impact of activities in the MHR. There are efforts to organize a similar group at the national level in each of the health regions of the country. IEF, representing the MHR, has recently been unanimously appointed its president by the NGOs at the national level.

The municipality is giving this organization their "vision" of community organization, which will be established shortly and which includes: the Community Development Councils (CDC), the Sectoral Development Councils (SDC) formed by an average of 11 or more communities and the Zonal Development Councils (ZDC). This effort will provide better organization of the municipality's activities with the communities, as well as with the NGOs and other government institutions.

It is planned that the participation of the "Patronatos" will be much more concrete and effective, reducing the isolation that has caused weakness in the existing community organizations.

It is expected that this strategy will improve the self-management and sustainability of the community activities. In addition, the identification of needs and commitment in the search for solutions will come from the community.

III. LIST OF THE PARTICIPANTS IN THE EVALUATION TEAM

Oscar a. Córdon	External Evaluator
Liliana Clement	Child Survival Coordinator/IEF/Bethesda/USA
Raúl F. Gómez	National Director/IEF/Honduras
Marylena Arita	Project Manager/IEF/Honduras

IEF PERSONNEL

Miriam Espinal/A.E.	IEF/CESAMO Las Crucitas and 3 de Mayo
Lesbia N. Galeas/A.E.	IEF/CESAMO 3 de Mayo
Teresa Lanza/A.E.	IEF/CESAMO 3 de Mayo
Laura Molina/T.S.	IEF/CESAMO San Francisco, Las Crucitas
Martha Rodríguez/A.E.	IEF/CESAMO San Francisco
Iris S. Ruiz/A.E.	IEF/CESAMO Las Crucitas
Francisco Hernández/A.E.	IEF/CESAMO San Francisco
Carla Mendoza/A.E.	IEF/CESAMO Las Crucitas
Marlene Durón	IEF/Fruit trees supervisor

MOH and CESAMO Personnel

Rosalinda Vilorio/A.E	CESAMO/ Las Crucitas
Argelia Castillo/A.E.	CESAMO/ Las Crucitas
Florelina Jiménez	CESAMO/ Las Crucitas

IEF Volunteer Personnel

Jackeline Osorto	Colonia 3 de Mayo
Enma Lucrecia Martínez	Colonia Duarte
Daisy Fuentes	Colonia 3 de Mayo
Marlen Hernández	CESAMO Las Crucitas

A.E. = Auxiliary Nurse (Auxiliar de Enfermería)

T.S. = Social Worker (Trabajadora Social)

ANNEXES

- Annex A: USAID BHR/PVC Guidelines for Final Evaluation of Child Survival Projects Ending in 1996 (CS-IX)**
- Annex B: Schedule of Activities**
- Annex C: Interview Guides**
- Annex D: List of Reference Documents**
- Annex E: Quality Control Observation Guide for the Handling of Vitamin A Capsules**
- Annex F: Protocol for the Handling of Vitamin A Capsules**
- Annex G: Quality Assurance Monitoring Pre-Test of Knowledge of Tetanus Vaccine**
- Annex H: Report of Community Banks**

Annex B:
Schedule of Activities

ANEXO B

Cronograma de Actividades

Día	Actividad
18-08-97	Arribo a Honduras. Reunión preliminar con Mrs. Liliana Clement, Dr. Gómez y Dra. Arita. Discusión de esquema general de trabajo.
19-08-97	Revisión de Informes: de CAP. Revisión de documentos de Informe de Frutales. Cita con Proyecto HOPE. Revisión de Guías de Calidad. Revisión del sistema de información, monitoreos, informes, material educativo, agendas, planificaciones y otros
20-08-97	Elaboración de instrumentos. Para entrevistas a profundidad. Grupos Focales.
21-08-97	Validación y discusión de instrumentos con el equipo evaluador
22-08-97	Visita a CESAMO 3 de Mayo. Entrevistas con personal del centro. Entrevistas con personal de ONG's que participan en el proyecto. Grupos focales con: madres, voluntarios, personal del CESAMO. Observación de actividades educativas. Visita Domiciliaria con personal del centro a una vivienda.
23-08-97	Visita domiciliarias a casas con árboles frutales. Entrevistas con personal que participa con el proyecto.
24-08-97	Inicio de preparación de informe.
25-08-97	Visita a CESAMO Las Crucitas. Desarrollo de actividades de igual manera que en el CESAMO anterior.
26-08-97	Entrevista con personal del nivel central (Región Metropolitana). Visita otras ONG's que colaboran con el proyecto. Lecciones aprendidas según la perspectiva de estas instituciones.
27-08-97	Visita al CESAMO de San Francisco. Desarrollo de actividades antes descritas.
28-08-97	Depuración de la información recopilada. Seguimiento a la preparación del informe. Resumen de las guías de Grupos Focales y de Entrevistas a Profundidad. Inicia elaboración de informe.
29-08-97	Continua elaboración de informe
30-08-97	Continua elaboración de informe
31-08-97	Continua Elaboración de informe
01-09-97	Entrega de Informe Final

2/2

**Programacion de Actividades de la Evaluacion Final del Proyecto de
Supervivencia Infantil IX de Honduras
Tegucigalpa, Honduras, Agosto-1997**

FECHA	HORA	CESAMO /Colonia	ACTIVIDAD	RESPONSABLE
22-08-97	08:30-09:00	Tres de Mayo	Entrevistas con Personal del centro	Dr. Cordon/Dra. Riva
	08:30-10:00		Grupo Focal con Personal del CESAMO	Mod: Miriam Espinal/Anot: Iris Ruiz
	10:00-12:00		Entrevistas con Madres asistentes/Entrevista	Dr. Cordon/Dra. Riva
	12:00-13:00		Voluntarias	
	13:00-16:00		ALMUERZO	Mod: Laura Molina/Anot: Dr. Torres
25-08-97	08:30-09:00	Ayestas Campo de Cielo Azar Azar Crucitas	Grupo Focal a Voluntarias	Mod: Dra. Arita/Anot: Enf. Carrasco
	08:30-10:00		Grupo Focal a Madres	Dr. Cordon/Dra. Riva
	10:00-12:00		Observacion de Capacitacion	Dr. Cordon/Dra. Riva
	12:00-13:00		Visita Domiciliaria/escuela	Dr. Cordon/Dra. Riva
	13:00-16:00		Entrevistas con Personal del CESAMO	Mod: Dr. Gomez/Anot: Dr. Torres
27-08-97	08:30-10:00	Nueva Danli Duarte Azar Azar Sn. Fco.	Grupo Focal con Personal del CESAMO	Dr. Cordon/Dra. Riva/Dra. Arita/Dr. Gomez
	08:30-10:00		Entrevistas con madres	
	10:00-12:00		ALMUERZO	Mod: Fco. Hdez/Anot: Marlene Duron
	12:00-13:00		Grupo Focal a Voluntarias	Mod: Teresa Lanza/Anot: Argelia Castillo
	13:00-16:00		Grupo Focal Madres	Dr. Cordon/Dra. Riva/Dr. Gomez/Dra. Arita
27-08-97	08:30-10:00	Altos d lo Laurel Altos de Sn.Fco Azar Azar	Observacion Capacitacion	Dr. Cordon/Dra. Riva/Dr. Gomez/Dra. Arita
	08:30-10:00		Visita Domiciliaria/escuela	Dr. Cordon/Dra. Riva
	10:00-12:00		Entrevistas con Personal del CESAMO	Mod: Dr. Gomez/Anot: Dra. Arita
	12:00-13:00		Grupo Focal con Personal del CESAMO	Dr. Cordon/Dra. Arita
	13:00-16:00		Entrevista con madres asistentes/Entrevista	
27-08-97	08:30-10:00	Voluntarias	Voluntarias	Mod: M. Espinal/Anot: Celina Carrasco
	08:30-10:00		ALMUERZO	Mod: Carla Mendoza/Anot: Lesbia Galeas
	10:00-12:00		Grupo Focal a Voluntarias	Dr. Cordon/Dra. Riva/Dr. Gomez/Dra. Arita
	12:00-13:00		Grupo Focal a Madres	Dr. Cordon/Dra. Riva/Dr. Gomez/Dra. Arita
	13:00-16:00		Observacion Capacitacion	
27-08-97	08:30-10:00	Azar	Visita Domiciliaria/escuela	
	08:30-10:00			

Annex C:
Interview Guides

Guía No.1

GUÍA DE ENTREVISTAS A
PERSONAL DEL CESAMO

Fecha: _____
Entrevista

CESAMO: _____

Efectuada por: _____

1. ¿Cómo considera que fue la labor desarrollada por la FIO en su CESAMO durante estos ?
2. ¿Después de haber conocido los resultados de la última encuesta de CAP's realizada en marzo de 1997 por la FIO, en qué creen que les ha ayudado en su trabajo?
3. ¿Qué errores considera que cometió el personal de la FIO en su CESAMO?
4. ¿Qué podrían hacer proyectos futuros para evitar los errores que ha cometido la FIO?
5. ¿Cómo ve ud. la factibilidad de darle seguimiento a las actividades que la FIO ha tratado de trasladar al CESAMO durante este año?
 - 5.1 De distribución de cápsulas de vitamina A
 - 5.2 De distribución de litrosol
 - 5.3 De condones
 - 5.4 En el PAI:

La promoción:
La logística del PAI:
6. ¿Qué obstáculos o dificultades se vislumbran para el futuro?
7. ¿Qué acciones que desarrollaba en apoyo la FIO para el CESAMO serán más fáciles de desarrollar y por qué?
8. ¿Cuáles serán las más difíciles y porqué?
9. ¿Conoce sobre la nueva reestructuración que la municipalidad está desarrollando en la organización comunitaria con la Región Metropolitana de Salud (RSM)?
10. ¿Recibió su persona o alguien de su personal alguna capacitación sobre Garantía de

Calidad (QA)?

11. ¿Pudo aplicar estos conocimientos en su trabajo? Si, No, Por qué?

12. ¿Qué comentarios le merece?

13. Me podría mencionar cuál o cuáles de los siguientes protocolos en los que FIO ha colaborado conoce:

Educación en Control de Enfermedades

Diarreicas para dueños de pulperías

Manejo de Cápsulas de Vitamina "A"

—
—

¿Qué opinión le merecen?

14. ¿Ha recibido ud. o alguien de su CESAMO alguna capacitación sobre encuestas de Conocimientos, Actitudes y Prácticas (CAP's)?

15. ¿De qué forma le ha ayudado esto en su trabajo?

16. ¿Ha recibido su persona o alguien del CESAMO capacitación sobre el manejo del Programa de computación: Epi-Info?

17. ¿Qué aplicaciones le ha dado a estos conocimientos en su trabajo?

18. Durante el año 1996-97 ha recibido su persona o alguien del CESAMO capacitación de la FIO sobre alguno de los siguientes aspectos:

Sostenibilidad

Taller Administrativo

Cuales fueron los temas que recibieron?

Planificación Estratégicagica

Principios de Contabilidad

Evaluación de Proyectos

Recuperación de Costos

—

—

—

—

—

Qué comentarios le merecen estas capacitaciones?

19. ¿Ha recibido ud. o alguien del CESAMO capacitación de la FIO sobre:

Supervisión capacitante

Participación comunitaria

¿Podría comentar al respecto?

—

—

20. ¿El personal de la FIO ha compartido con ud. o con alguien del CESAMO "lecciones aprendidas" del proyecto?
21. ¿Qué comentarios le merece esta actividad?
22. ¿De qué manera le ha servido esto a su CESAMO?
23. ¿En su CESAMO han tenido reuniones con Voluntarios de Salud que trabajaban con FIO, con patronatos y su personal? Si, No, ¿Por qué?

Guía No.2

**GUÍA DE GRUPO FOCAL CON
PERSONAL DE CESAMO**

Fecha: _____

Moderador: _____

CESAMO: _____

Anotador: _____

1. Ustedes trabajan con actividades del Proyecto de la FIO ¿Qué piensan que ha sido lo más beneficioso de su trabajo con el proyecto de la FIO?
2. ¿Qué piensan que ha sido lo más difícil del trabajo con el proyecto de la FIO?
3. ¿Qué contenidos de trabajo compartidos con la FIO valoran más? y por qué?
4. ¿Qué otros aspectos les hubiera gustado que la FIO incorporara en el trabajo del CESAMO y por qué?
5. Hay alguna experiencia que uds. identificaran como negativa en el desarrollo del proyecto en el CESAMO? podrían profundizar al respecto?
6. ¿Cómo les pareció la metodología utilizada por la FIO en sus actividades de capacitación? podría profundizar al respecto?
7. ¿Cómo les pareció el Plan de Tránsito de actividades utilizado por la FIO? ¿lo recomendarían para otros proyectos que quisieran trabajar en el Ministerio?
8. ¿Qué recomendaciones harían a este posible proyecto para que fuera exitoso?
9. ¿Cómo les pareció la coordinación con el personal de la FIO?
10. ¿Qué recomendaciones harían a futuros proyectos para que ésta fuera mejor?
11. ¿Qué aspectos de trabajo desarrollados por personal de la FIO serán más factibles de sostener? y por qué?
12. ¿Qué aspectos de trabajo serán más difíciles de sostener y por qué?
13. ¿Qué estrategias han sido planificadas por el CESAMO para enfrentar este problema?
14. ¿Cómo calificarían el trabajo comunitario desarrollado por la FIO? y por qué?

15. ¿Qué solicitarían en especial a la FIO durante su último mes de apoyo al CESAMO?

Guía No.3

GUÍA PARA ENTREVISTA CON
MADRES

Fecha: _____

Nombre Entrevistador: _____

CESAMO: _____

1. ¿Ud. ha participado en las actividades del proyecto de la FIO?
2. ¿Qué es lo que más le ha gustado del proyecto? ¿por qué?
3. ¿Escuchó ud. algo negativo sobre el proyecto? ¿algo que haya hecho mal? podría mencionar algo más sobre eso?
4. ¿Ha recibido alguna capacitación por parte de las voluntarias de la FIO? me podría mencionar sobre que tema fue?
5. ¿Qué fue lo que más le gusto de la actividad? y por qué?
6. ¿Hubo algo que no le gustara de la actividad o que no estuvo bien? me podría contar más sobre eso?

Si la madre contesta alguna actividad sobre alguno o varias de las siguientes intervenciones efectuar las siguientes preguntas:

- 6.1 IRA: Me puede mencionar un signo de gravedad en sus niños cuando les da catarro que haría que ud. buscara ayuda de emergencia:
- 6.2 EDA: ¿Qué haría con los alimentos de su niño si le da diarrea fuerte?
- 6.3 PAI. ¿Cuántas dosis de la vacuna de tétanos necesita una mujer para estar protegida?
- 6.4 Nutrición: Me puede mencionar 2 alimentos que son ricos en vitamina A.
- 6.5 SIDA: Me puede qué formas conoce ud. para evitar que se infecte con el SIDA?

7. ¿Hay algunas mamás que no les gustaron las pláticas que dieron las voluntarias durante la visita domiciliaria, por qué cree que no les gustaron?
8. ¿Cómo cree que podrían mejorarse para que a las mamás les gustaran?

9. ¿Ud. sabe que el proyecto de la FIO se va a terminar? ¿Le gustaría continuar participando en las charlas que organice la voluntaria?

10. ¿Cree ud. que la gente continuará asistiendo a las charlas que organice el Ministerio o alguna otra organización? Si, no, porqué?

GUÍA PARA ENTREVISTA CON
VOLUNTARIAS

Fecha: _____

Nombre del entrevistador: _____

CESAMO: _____

1. ¿Ha participado en alguna actividad desarrollada por la FIO? me podría explicar más sobre eso?
2. ¿Cómo le han parecido las actividades donde ha participado?
3. ¿Cuál ha sido su experiencia más grande participando en el proyecto?
4. Tengo entendido que ud. realiza actividades educativas con madres? sobre qué son esas reuniones?
5. Tengo entendido que ud. hace visitas domiciliarias a las madres? De qué habla con las madres en sus visitas?

Si contesta sobre los siguientes temas hacer las respectivas preguntas que aparecen al lado

- | | | |
|-----|-----------|---|
| 5.1 | Diarrea | ¿me puede explicar cómo les dice a las madres que se prepara el litrosol? |
| 5.2 | IRA | me puede decir qué señales en el niño hacen pensar a la madre que el tiene neumonía? |
| 5.3 | Nutrición | ¿Cómo se administra la vitamina "A" a un niño? qué dosis les toca según la edad? cada cuánto hay que darle vitamina A? |
| 5.4 | Vacunas | ¿Cuántas vacunas necesita un niño para estar completamente vacunado?
¿me puede decir para qué sirve la vacuna del tétanos? en qué le ayuda a la mujer? cuántas dosis debe recibir? |
| 5.5 | Embarazo | ¿me puede explicar cuando una embarazada se encuentra en riesgo? |
| 5.6 | SIDA | Ud. habla con las madres sobre los condones? qué piensan las madres sobre eso? ud. distribuye condones? ha tenido algún problema sobre eso? me puede hablar más sobre eso? |
-
6. Cuántas visitas puede efectuar diariamente en promedio?
 7. ¿Qué problemas ha encontrado en su trabajo? me puede hablar más sobre esto.
 8. ¿Entrega ud. información a FIO? qué clase de información entrega? qué problemas tiene en entregar esta información?

55

9. ¿Qué problemas ha encontrado en su trabajo?
10. ¿Sabe ud. que el proyecto de la FIO se va a terminar? qué piensa que pasará con las actividades que ud. venia haciendo?

Guía No.5

GUÍA PARA GRUPOS FOCALES CON
VOLUNTARIAS

Fecha: _____

Moderador: _____

CESAMO: _____

Anotador: _____

1. ¿Qué les han parecido las actividades que desarrolló el proyecto de la FIO?
2. ¿Qué actividades fueron las que más les gustaron? me pueden hablar más sobre eso.
3. ¿Qué beneficios ha traído para su vida el haber participado con FIO?
4. ¿Qué problemas se presentaron en su trabajo con las madres? me pueden dar algunos ejemplos?
5. ¿La capacitación que recibieron de la FIO les ayudó en su trabajo, o creen que les hizo falta algo más? me pueden hablar más sobre eso.
6. Su trabajo como voluntarias es reconocido en su familia? Si, No, porqué?
7. ¿Cuando la FIO ya no esté más en las comunidades creen que su trabajo podrá continuar igual? si responden que no, profundizar al respecto.
8. Ha existido un problema con las referencias y contra referencias al los CESAMOs, cómo piensan que se puede mejorar eso?
9. En las charlas con las madres hay muchas mamás que NO creen en la información que se les da, por qué piensan que pasa eso?
10. ¿Cómo podría hacerse para que las mamás cambiaran de idea?
11. ¿Cómo podría hacerse para que las visitas domiciliarias con las mamás continúen?
12. ¿Qué problemas de salud piensan que todavía son graves en sus comunidades? podrían explicar más eso?

57

13. Si un proyecto viniera con uds. en el futuro que cosas les recomendarían para que su trabajo fuera lo mejor?
14. Quisieran recomendar algo a la FIO o al personal del CESAMO que les ayude a mejorar su trabajo?

Guía No.6

**GUÍA PARA GRUPO FOCAL CON
MADRES PARTICIPANTES**

Fecha: _____

Moderador: _____

CESAMO: _____

Anotador: _____

1. ¿Han participado en algunas actividades del proyecto de la FIO?
2. ¿Qué les han parecido?
3. ¿Qué piensan que ha sido lo mejor que han aprendido en estas actividades? me podrían hablar mas sobre esto.
4. ¿Cuál ha sido la experiencia más grande que han tenido en su relación con la FIO. ¿Qué ha sido lo más importante que les ha dejado para su vida?
5. En algunos lugares algunas mamás no practican lo que les enseñan en las capacitaciones, por qué piensan que pasa eso?
6. De los temas que recibieron de las voluntarias, cuál o cuáles piensan que son los más difíciles. Profundizar al respecto.
7. Me pueden decir para qué sirve a la madre la vacuna del tétano?
8. ¿Cuántas dosis debe recibir para estar protegida?
9. Por qué piensan uds. que muchas madres no tienen la vacuna del tétano?
10. ¿Qué piensan uds. de la enfermedad del SIDA?
11. ¿Qué piensan uds. del uso del condón para prevenir el SIDA?
12. Por qué piensan que hay muchas parejas que NO lo usan?
13. ¿Cómo piensan que podría cambiarse ese pensamiento?

14. Me pueden decir para que sirve la vitamina A?
15. Desde qué edad debe recibir vitamina A un niño?
16. ¿Qué cantidad de vitamina A se le debe dar a un niño menor de un año?
17. ¿Cómo piensan que puede mejorar la voluntaria sus charlas?
18. ¿Ustedes piensan que en sus comunidades se pueden seguir haciendo estas actividades? si responden que no profundizar más

Guía No. 7

**GUÍA DE ENTREVISTAS CON
PERSONAL AUXILIAR DE ENFERMERÍA DE LA FIO**

Fecha: _____

CESAMO donde trabaja: _____

1. ¿Cuáles son sus funciones en el proyecto de la FIO?
2. ¿Cuál ha sido la tarea más fácil de realizar y por qué?
3. ¿Cuál ha sido la más difícil y por qué?
4. ¿Qué opinión tiene sobre el plan de traspaso de actividades que la FIO realizó para apoyar las actividades del CESAMO?
5. En relación a las actividades educativas con madres y voluntarias, ¿por qué considera ud. que hay conocimientos que no se reflejan en las prácticas de las madres?
6. ¿Cómo piensa que podrían mejorarse esas prácticas en proyectos futuros?
7. ¿Si ud. tuviera la oportunidad de trabajar en el futuro con un proyecto que tenga relación con el Secretaría de Salud, qué acciones serían las más prioritarias y por qué?
8. Entregaba ud. información sobre las actividades a la FIO? cuánto tiempo le tomaba hacer eso? considera que el sistema funcionaba adecuadamente? qué sugerencias haría para mejorar el mismo?
9. ¿Qué recomendaciones haría sobre el proyecto en que ud. trabajó para otras instituciones que quisieran hacer trabajos similares?

Guía No.8

GUÍA de GRUPO FOCAL PARA
PATRONATOS

1. ¿Ha participado ud. en actividades de la FIO?
2. ¿Qué opinión tienen del trabajo desarrollado por la FIO en su comunidad?
3. ¿La FIO ha tratado de coordinar actividades con uds. me pueden hablar sobre eso?
4. ¿Están uds. enterados de la nueva reestructuración que la municipalidad está tratando de efectuar en conjunto con la Región Metropolitana de Salud?

Si respondió que sí:

5. ¿Qué opinión les merece ese cambio?

Si respondió que no:

6. ¿Les interesaría conocer más sobre ese cambio?
7. ¿Qué problemas de salud son los más serios en sus comunidades?
8. ¿Me podrían indicar en qué considera ayudó el trabajo de la FIO a mejorar esos problemas de salud?
9. ¿Han conocido el trabajo de las voluntarias de salud en su comunidad?
10. ¿Qué les ha parecido ese trabajo?
11. Algunas personas dicen que la política está afectando a los patronatos, que piensan sobre eso?
12. ¿Creen que es adecuado que los patronatos trabajen con ONG's? me pueden hablar más sobre eso.

Guía No. 9

**GUÍA DE ENTREVISTA CON
DIRECTOR NACIONAL**

1. ¿Cuál considera ha sido el mayor éxito de la FIO trabajando estos años en salud en Honduras?
2. ¿Cuál considera ha sido el mayor fracaso de la FIO en su trabajo en salud en Honduras?
3. ¿Cómo considera que fue su relación de trabajo con el Secretaria de Estado en el Despacho de Salud Pública?
4. ¿Cuál considera que su mayor obstáculo en aquellos objetivos que no se pudieron alcanzar?
5. ¿Cuál considera que fue la mayor "lección aprendida" que le dejó como director este proyecto?
6. ¿Cómo calificaría el respaldo recibido por su sede central?
7. ¿Qué sugerencias haría a otras organizaciones que desearan trabajar con proyectos parecidos al de la FIO?

Guía No. 10

**GUÍA DE ENTREVISTA CON
COORDINADORA DE SUPERVIVENCIA INFANTIL DE
OFICINAS CENTRALES**

1. ¿Cómo calificaría los logros alcanzados por este proyecto?
2. ¿Cuál considera que ha sido la mayor contribución que este proyecto ha dado al Secretaria de Estado en el Despacho de Salud Pública de Honduras?
3. ¿Cuál considera que ha sido la mayor dificultad que ha tenido este proyecto durante su desarrollo?
4. ¿Qué cambios sugeriría en el diseño de un proyecto similar a este en el futuro para que sea exitoso?
5. ¿Qué recomendaciones haría a otra organización que deseara trabajar con el Secretaria de Estado en el Despacho de Salud Publica de Salud, según las "lecciones aprendidas" de este proyecto?
6. ¿Qué recomendaciones haría a sus oficinas centrales para el diseño de proyectos futuros según estas lecciones aprendidas?

BY

Guía No. 11

**GUIA DE ENTREVISTA PARA
GERENTE DE PROYECTO**

1. ¿Qué ha sido a su criterio lo más positivo que ha tenido el proyecto?
2. ¿Cuáles considera que han sido los aspectos que no se han logrado corregir en el proyecto?
3. Si tuviera la oportunidad de poder recibir más financiamiento que acciones tomaría en el proyecto?
4. ¿Cómo describiría su relación de trabajo con el Secretaria de Estado en el Despacho de Salud Publica de Salud a través de los CESAMO?
5. ¿Cuáles considera han sido las lecciones aprendidas del último año del proyecto (año de extensión de sostenibilidad)?
6. ¿Cuáles definiría como las estrategias a seguir con el voluntariado?
7. ¿Cómo se podrían superar los obstáculos encontrados con el personal de los CESAMOs y el personal voluntario?
8. ¿Cómo podría lograrse la integración del trabajo entre una ONG y el CESAMO?
9. ¿Qué opinión le merece la metodología de los "círculos de calidad"?
10. ¿Qué aspectos son los que más frustración le han producido en su trabajo?
11. ¿Cuáles han sido sus mayores satisfacciones dentro del proyecto?
12. ¿Cuál considera es el reto más grande en este tipo de proyectos?

65

Guía No. 12

**GUIA DE ENTREVISTA CON AUTORIDADES DE LA
Secretaria de Estado en el Despacho de Salud Publica de Salud Pública**

1. ¿Qué ha sido lo más positivo de su relación de trabajo con el proyecto de la FIO?
2. ¿Qué ha sido lo más negativo?
3. ¿Qué opinión tiene de las actividades que desarrolló el proyecto?
4. ¿Qué opinión le merece las actividades que la FIO organizó como un Plan de Traspaso para la Secretaria de Estado en el Despacho de Salud Publica de Salud?
5. ¿Qué obstáculos considera serán los más importantes a vencer una vez el personal del proyecto y la FIO se hayan retirado?
6. ¿Qué apoyo concreto necesitaría de la FIO en estos días que quedan del proyecto?
7. ¿Cómo considera la coordinación que la FIO estableció con los patronatos?

Guía No. 13

GUIA DE ENTREVISTA CON PERSONAL DE
ONG's

1. ¿Cómo ha sido su relación con la FIO?
2. ¿Desde su perspectiva qué aciertos ha tenido el proyecto?
3. Asimismo me gustaría que me indicara que fracasos ha observado en el proyecto
4. ¿Qué recomendaciones haría a la institución en el diseño e implementación de proyectos futuros?
5. ¿Qué posibilidades existen en su organización para que den seguimiento a las actividades que desarrollaba la FIO?

Guía No. 14

**Monitoreo Mensual de las
Sesiones Educativas del
Personal de Campo**

Monitoreo Mensual de las
Sesiones Educativas del
Personal de Campo

MINISTERIO DE SALUD PUBLICA
FUNDACION INTERNACIONAL DE OJOS

MONITOREO MENSUAL DE LAS SESIONES EDUCATIVAS
QUE REALIZA EL PERSONAL DE CAMPO FIO/CESAMO

NOMBRE DEL EDUCADOR: (ES) _____

CESAMO _____

NOMBRE DEL OBSERVADOR (SUPERVISOR) _____

FECHA: _____ / _____ / _____

LUGAR: _____

CAPACITACION DIRIGIDA A _____

EVALUACION:

1. Hizo el educador algunas preguntas a la madre para evaluar conocimientos previos sobre el tema..... SI NO

DISCUSION DEL TEMA:

2. Explicó a los participantes el propósito de la actividad..... SI NO

USO DE TECNICAS APROPIADAS:

3. Se expresa en forma clara?..... SI NO
4. Usó demostraciones de tipo visual como dibujos, dramatizaciones, modelos, cuadros, etc para explicar el tema..... SI NO
5. Promueve la discusión de grupo y participación de las madres durante la actividad..... SI NO
6. Proporciona a grupo ejemplos sobre el tema..... SI NO
7. Repetió o resumió los seis mensajes clave respecto al tema..... SI NO
8. Pidió a los participantes repetir los mensajes clave o hacer alguna actividad demostrativa..... SI NO

- 9. Preguntó a los participantes si ellos tenían alguna duda o pregunta respecto al tema..... SI VO
- 10. Verificó la comprensión de los conocimientos adquiridos por medio de preguntas (a madres, voluntarias líderes, consejeras ,etc)SI NO

PREGUNTAS DE VERIFICACION:

Enumere al menos dos técnicas de tipo participativo, utilizadas por el educador durante la actividad.

1. _____

2. _____

Pregunta para verificar la comprensión del tema (audiencia)

(El Supervisor deberá entrevistar al menos a tres persona)

- 1. Pudo enumerar al menos tres mensajes clave sobre el tema:

Primera Persona	(SI)	NO
Segunda Persona	(SI)	NO
Tercera Persona	(SI)	NO

Guía No. 15

Guía de Entrevista
Supervisora de Huertos

1. Me podría indicar en su opinión que fue ha sido lo más positivo de esta intervención
2. Me podría indicar los obstáculos o limitantes que encontró en su trabajo?
3. Me podría explicar en qué consistía su trabajo.
4. ¿Cómo efectuaba su planificación en base a qué necesidades u objetivos?
5. ¿Qué estrategias utilizó en su trabajo y por qué?
6. ¿Qué metodología utilizaba en sus actividades educativas?
7. ¿Qué actividades adicionales realizó y con qué grupos?
8. ¿Qué beneficios trajo esta actividad a la población con que trabajó?
9. ¿Qué posibilidades de sostenibilidad tiene esta actividad?
10. ¿Qué lecciones aprendidas le dejó este proyecto?
11. ¿Qué recomendaciones haría para proyectos que desearan trabajar con este componente en el futuro?

Guía No. 16

Guía para Grupo Focal con Jóvenes
que participaron en la Actividad de
Siembra de Árboles Frutales

1. ¿Qué significó para uds. la experiencia de sembrar árboles frutales?
2. En su opinión que fue lo más positivo?
3. ¿Qué dificultades encontraron en la actividad?
4. Me podrían decir para que les pueden servir estos árboles?
5. Me pueden decir para qué les sirve la vitamina "A"?
6. ¿Qué recomendaciones harían para actividades futuras?

Guía No. 17

Guía para entrevista con **Maestros**
que participaron en la Actividad
de **Siembra de Arboles Frutales**

1. ¿ En su opinión que fue lo más positivo de esta actividad?
2. ¿ Cuáles fueron los obstáculos que encontraron al realizar esta actividad?
3. ¿ Qué beneficios trajo a sus alumnos la realización de esta actividad?
4. ¿ Qué posibilidades de seguimiento tiene este proyecto en su escuela?
5. ¿ Cree ud. que la comunidad o su instituto se comprometerían en darle seguimiento a esta actividad?

Guía No. 18

Guía para entrevista a
Madres que participaron
en Actividad de
Siembra de Arboles Frutales

1. ¿Qué le ha parecido esta actividad?
2. ¿Qué considera que ha sido lo más positivo para su persona de esta actividad?
3. ¿Qué dificultades ha tenido con la siembra de sus árboles frutales?
4. Me podría indicar para qué sirven los frutos de este árbol?
5. ¿En su opinión qué necesita la madre para poder seguir con esta actividad?
6. Ud. quisiera hacer alguna recomendación sobre esta actividad a otras instituciones que desearan hacerlo? me podría explicar más sobre eso.
7. Ud. piensa que en la comunidad habría más personas que les gustaría participar en esta actividad? me podría decir quiénes?

Annex D:
List of Reference Documents

ANEXO D

Lista de Documentos Revisados

1. The Honduras Child Survival for Vitamin A Project Tegucigalpa: The Peri-urban Communities USAID Child Survival IX. **Original Pruposal.**
2. The Honduras Child Survival for Vitamin A Project Tegucigalpa: The Peri-urban Communities USAID Child Survival IX. **Detailed Implementation Plan.** Sept. 1993 - Sept. 1996
3. The Honduras Child Survival for Vitamin A Project Tegucigalpa: The Peri-urban Communities USAID Child Survival IX. **Baseline Survey.** April 1994.
4. The Honduras Child Survival for Vitamin A Project Tegucigalpa: The Peri-urban Communities USAID Child Survival IX. **Annual Report- Year 1.** November 1994.
5. The Honduras Child Survival for Vitamin A Project Tegucigalpa: The Peri-urban Communities USAID Child Survival IX. **Mid-Term Evaluation.** October 1995.
6. The Honduras Child Survival for Vitamin A Project Tegucigalpa: The Peri-urban Communities USAID Child Survival IX. **One Year Sustainability Extension.** December 1995.
7. The Honduras Child Survival for Vitamin A Project Tegucigalpa: The Peri-urban Communities USAID Child Survival IX. **Annual Report- Year 3.** October 1996.
8. Secretaria de Salud. **Encuesta Nacional sobre Micronutrientes Honduras 1996.** Informe Ejecutivo. Tegucigalpa Honduras, C.A. Agosto 1997.
9. Honduras: **Situación de Salud y Prioridades 1994-1997.** Lineamientos estratégicos para hacer realidad el Plan de Salud del Gobierno de la Revolución Moral.
10. Región Metropolitana de Salud. Ministerio de Salud Pública. **Taller de Sostenibilidad: Traspaso de Actividades Proyecto de Supervivencia Infantil.** Gloriales, El Hatillo. Febrero 1997.
11. **Sistema de Información y Monitoreo del Proyecto de Supervivencia Infantil IX** de la Fundación Internacional de Ojos de Honduras. Múltiples Informes de Hojas de Monitoreo, Control de Calidad, Protocolos de manejo de distribución de litrosol, vitamina "A", Informes de Evaluación de desempeño.

12. **One Year Extension for International Eye Foundation Child Survival Project Honduras.
Plan de Trabajo para Sostenibilidad November 1996.**

Annex E:

**Quality Control Observation Guide
for the Handling of Vitamin A Capsules**

FUNDACION INTERNACIONAL DE OJOS
MINISTERIO DE SALUD PUBLICA

1

GUIA DE OBSERVACION
CONTROL DE CALIDAD EN EL MANEJO DE CAPSULAS DE VITAMINA "A"

FECHA _____

1. Nombre de la persona que suplementa _____
2. CESAMO _____
3. Comunidad donde se realiza suplementación _____
4. Tipo de Actividad _____
5. PROPORCIONO EDUCACION A LA MADRE DURANTE LA ACTIVIDAD DE SUPLEMENTACION SI NO
6. PREGUNTO A LA MADRE O VERIFICO LA EDAD DEL NIÑO SI NO
7. REVISO EL CARNET DEL NIÑO SI NO
8. MANIPULO LA CAPSULA EN FORMA ADECUADA DURANTE SU APLICACION SI NO
9. APLICO LA DOSIS ADECUADA AL NIÑO SI NO
10. REGISTRO LA INFORMACION EN EL CARNET DEL NIÑO SI NO
11. ACTUALIZAO SU REGISTRO O SISTEMA DE INFORMACION DE INMEDIATO (VACI) SI NO
12. UTILIZA UN FRASCO U OTRO IMPLEMENTO QUE NO PENETRE LA LUZ PARA GUARDAR LAS CAPSULAS DE VITAMINA "A" SI NO
13. DICE A LA MADRE CUANDO DEBE SUPLEMENTAR AL NIÑO Y DONDE SI NO

Annex F:

Protocol for the Handling of Vitamin A Capsules

PROCOLO DE MANEJO DE CAPSULAS DE VITAMINA "A"

A. Almacenamiento y Manejo

1. Conserve el frasco cerrado en un lugar seco, fresco, a temperatura ambiente.
2. Protégala las cápsulas de la luz.
3. Cuando administre la mitad de la cápsula (100,000 unidades internacionales) nunca utilice la boca, tenga siempre una tijerita pequeña para cortar y permitir la salida del líquido.
4. Conocer el protocolo de suplementación de cápsulas del Ministerio de Salud. (Ver hoja anexa).
5. Verificar en el carnet del niño su edad y fecha de la última dosis.
6. No olvidar colocar en el carnet del niño suplementado la dosis, fecha de la suplementación y cuando regresar.

B. Control

1. Llevar un control de inventario del uso de las cápsulas
2. Revisar las fechas de expiración de los frascos
3. Llevar un registro escrito de las existencias de vitamina "A" en el CESAMO
4. Verificar que las cápsulas se almacenen y manejen en forma correcta.
5. Llevar un registro de los pacientes suplementados.



DIRECCION GENERAL DE SALUD

DIRECCION CABLEGRAFICA
"DIGRALSA"

TELEFONOS NUMEROS
22-3770 y 22-3772

Condición	Edad	1ª Dosis	Otras Dosis	Otras Dosis
Crecimiento y Desarrollo	6-11 meses	100,000 UI		
Crecimiento y Desarrollo	Mayor de 1 año	200,000 UI	200,000 UI c/6 meses	
Sarampión	6-11 meses	100,000 UI	100,000 UI 24 horas después. (2º día)	
Sarampión	mayor de 1 año	200,000 UI	200,000 UI 24 horas después. (2º día)	
Niño desnutrido severo	6-11 meses	100,000 UI	100,000 UI 24 horas después. (2º día)	100,000 UI 15-22 días después - (al alta)
Niño desnutrido severo	> 1 año	200,000 UI	200,000 UI 24 horas después. (2º día)	200,000 UI 15-22 días después - (al alta)
Puerperio inmediato (primeros 30 días, en madre lactante).	Cualquier edad	200,000 UI		

82

Annex G:

**Quality Assurance Monitoring
Pre-Test of Knowledge of Tetanus Vaccine**

FUNDACION INTERNACIONAL DE OJOS/ MINISTERIO DE SALUD
MONITOREO DE GARANTIA DE CALIDAD EN LOS SERVICIOS DE PAI

PRE - TEST DE CONOCIMIENTOS SOBRE TETANO

1. Nombre _____ (optativo)
2. CESAMO _____
3. CARGO que ocupa _____
4. Fecha _____

Nota. A continuación encontrará una serie de preguntas, por favor responda unicamente lo que recuerde (sin consultar a otros), esto es importante porque el objetivo que perseguimos es detectar puntos débiles en el conocimiento del tema y en base a ello, planificar mejores sesiones de reforzamiento. Denos y dese la oportunidad de ampliar y mejorar la calidad de conocimientos a fin de brindar un mejor servicio a nuestra comunidad.

A. Preguntas de Verdadero y Falso

- | | | |
|---|---|---|
| 1. El tétano es mas grave cuando menor es su periodo de incubación. | V | F |
| 2. El tétano es mas grave en el Recién nacido. | V | F |
| 3. En tétano es mas frecuente en las niñas recién nacidas | V | F |
| 4. La vía de administración de Toxoide es intramuscular. | V | F |
| 5. La dosis de toxoide que debe aplicarse es de 0.5 ml. | V | F |

B. Preguntas de completación

6. Complete en el cuadro que se le dá a continuación el esquema de vacunación sobre Toxoide Tetánico.

84

Esquema de Vacunación

Dosis	Cada cuanto se aplica (tiempo)	% de Protección	Duración de la Protección
Primera Dosis	Al ser referido (en el embarazo)	0 %	Ninguna
Segunda Dosis	Por lo menos _____ semanas después	____ %	____ años
Tercera Dosis		____ %	____ años
Cuarta Dosis		____ %	____ años
Quinta Dosis		____ %	____ años

7. Vía de aplicación de la vacuna Toxoide Tetánico es _____

8. La dosis que se aplica es _____ ml.

C. Preguntas de Respuesta Breve

9. Cómo se puede transmitir el tétano en niños mayores y adultos ?

10. Cómo se transmite el tétano al Recién nacido ?

11. Son signos característicos de de que un recién nacido puede estar infectada con tétano ?

1. _____
2. _____

12. Por cuánto tiempo después del nacimiento puede permanecer inmune al tétano un bebé recién nacido cuya madre ha sido inmunizada previamente durante el embarazo ?

13. De acuerdo a los criterios de la Organización Mundial de la Salud (OMS), cuántas dosis de toxoide necesita una madre para tener inmunidad permanente y estar protegida ella y su niño contra el tétano en caso de embarazo?

14. Que reacciones locales o adversas puede ocasionar la vacuna de Toxoide Tetánico después de su aplicación ?

Gracias.

Si usted colocó su nombre recibirá una copia de la pauta con las respuestas y el resultado de su TEST.

Annex H:

Report of Community Banks

87

**REPORTE DE BANCOS COMUNALES
UBICADOS EN EL AREA DE INFLUENCIA
DE LA FIO**

MES DE NOVIEMBRE 1997

No.	NOMBRE DEL BANCO	UBICACION	# DE SOCIAS	CICLO	MONTO DE PRESTAM
1	PUERTA AL PROGRESO	RAFAEL LENARDO CALLEJAS	30	9	81,40
2	FE Y ESPERANZA	ARNULFO CANTARERO LOPEZ	24	9	83,00
3	DIOS PROVEERA	RAFAEL LEONARDO CALLEJAS	26	8	48,20
4	LUZ Y VIDA	COL. 21 DE FEBRERO	28	8	44,10
5	AMOR VIVIENTE	COL. FATIMA	28	8	55,00
6	JUNTAS TRIUNFAREMOS	IBERIA	33	8	79,15
7	UNIDAS LUCHAREMOS	ARNULFO CANTARERO LOPEZ	30	7	38,00
8	SAN BUENA VENTURA	SAN BUENA VENTURA	37	6	47,40
9	LA AMISTAD NUEVA DANLI	COL. NUEVA DANLI	29	6	39,50
10	UNIDAS TRIUNFAREMOS	COL. 21 DE FEBRERO	33	8	79,15
11	LA ESPERANZA	ALTOS DEL PARAISO	39	5	54,00
12	EL NUEVO SENDERO DE DIOS	10 DE DICIEMBRE	32	5	52,400
13	ESFUERZO Y DESARROLLO	CAMPO CIELO	20	5	42,70
14	PERLAS DEL ORIENTE	COL. INDEPENDENCIA	29	4	35,450
15	ESFUERZO Y DEMOCRACIA	21 DE FEBRERO	26	4	31,40
16	LAZOS DE UNIDAD	COL. ALTOS DE LOS LAURELES	23	4	36,950
17	EL BUEN ENCUENTRO	COL. SAN BUENA VENTURA	34	4	43,10
18	FAMILIAS UNIDAS	COL. 19 DE SEPTIEMBRE	28	2	31,600
19	LUZ A MI CAMINO	JOSE ANGEL ULLOA	26	2	29,45
20	UNION FEMENINA	FUERZAS UNIDAS	24	2	27,400
21	LUCHA FEMENINA	COL. 3 DE MAYO	45	2	48,50
	TOTAL		624		1,028,400

98