



INMED Partnerships for Children
"Inspiring Communities, Creating Opportunities"



INMED Partnerships for Children/INMED Brasil

Final Performance Report USAID Global Development Alliance



September 2004 – September 2005



developed in partnership with



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I. Executive Summary

Horta Brasil (Garden Brazil) is a public/private/NGO alliance program that was developed to combat hunger and promote nutritional well being and self-sufficiency for children and families in Brazil, in support of Brazil's *Fome Zero* (Zero Hunger) initiative. Focusing on the North and Northeast of the country, the *Horta Brasil* program is pursuing the following objectives:

- Reduce hunger among approximately 100,000 of Brazil's poorest children by increasing the availability of nutritious produce through school gardens and nutrition education for children, teachers, school cafeteria workers and mothers of school-age children;
- Improve children's health and nutritional status by increasing their access to nutritious foods; treating them for intestinal parasitic infections that rob them of vital nutrients; treating them for micronutrient deficiencies that compromise their physical and cognitive development; educating them on good nutrition practices and preventive health, hygiene and sanitation measures; and increasing their access to clean drinking water; and
- Build the foundation for long-term improvements in the quality of life for families in the program communities by increasing food security and providing a potential source of income generation through the sale of surplus produce.

The partners in the *Horta Brasil* alliance include INMED Partnerships for Children (INMED), an international nonprofit development organization serving as the lead agency for the alliance; INMED Brasil, a registered Brazilian NGO with the highest OSCIP (Organization of Public Interest for Civil Society) designation; USAID Brazil and the Global Development Alliance of USAID; and several corporate and foundation partners. Founding corporate partners include the Monsanto Fund and Monsanto Brasil, partners with INMED for a pilot project upon which the *Horta Brasil* program model is based; El Paso Energy; GE and the GE Foundation; and Johnson & Johnson and its Brazilian subsidiary, Janssen-Cilag do Brasil.

All partners have met their initial obligation to the project, and have since made additional commitments:

- Monsanto Brasil and the Monsanto Fund made a three-year commitment to *Horta Brasil* from the outset of the project.
- GE Brasil and the GE Foundation made a two-year commitment at the outset of the project. This commitment was scheduled to end June 30, 2006. GE has now nearly doubled the amount of the annual commitment and helped to add a basic education component to the partnership, beginning in October 2005, and has made that commitment for three years, until September 30, 2008.
- El Paso Energy made a one-year commitment to the partnership at the outset. It has now extended that commitment for an additional two years, increased the annual funding, and brought in one of its subsidiary companies, TermoNorte.
- Johnson & Johnson/Janssen-Cilag made a commitment of drugs and funding for one year. They have provided all the drugs for the current project year, and doubled the amount of funding committed this year. In addition, they have tripled the amount of treatment drugs to be contributed in 2006. Funding for next year will be decided before the end of 2005.

- A new partner, Rio Polímeros, a Brazilian plastics company, entered the program during the current project year, and has renewed its support for 2006.
- Discussions are currently underway with HSBC Bank, Petrobras and the Ford Motor Company, which have shown keen interest in becoming part of the partnership.

With the support of these alliance partners, *Horta Brasil* has successfully taken root in 15 of Brazil's poorest communities in eight states. Since the initiation of USAID's participation in the *Horta Brasil* program in September 2004, INMED has made significant progress toward its program goals and objectives, and has:

- Reached more than 83,000 children in more than 350 schools with education, treatment and nutrient supplementation;
- Trained 415 teachers as "multiplier" trainers, who in turn trained more than 2,400 of their colleagues in the program's preventive health, hygiene, sanitation, nutrition and gardening topics;
- Trained more than 900 cafeteria workers in nutrition and food safety;
- Incorporated produce from school gardens to improve the nutritional quality of lunches in 75 schools, with 25 other schools currently in the process of planting gardens and more than 200 additional schools preparing to plant their own gardens in the next year;
- Conducted biomedical examinations and anthropomorphic measurements among 2,750 children to determine nutritional status and prevalence of intestinal parasitic infection;
- Administered deworming medication to nearly 74,000 children; and
- Administered iron and multivitamin supplements to 1,500 anemic and borderline anemic children.

In addition, INMED has navigated the changes in the political leadership in the project communities, engaging the support and participation of new government and school officials as key stakeholders in the success of the *Horta Brasil* program.

II. Program Sites

The *Horta Brasil* program focuses on the North and Northeast of the country, with 70% of participants living within these regions. Fifteen sites are currently being reached through the *Horta Brasil* alliance; the chart below indicates the number of children, teachers, cafeteria workers and schools in each site.

Region/Site	Children	Teachers	Cafeteria Workers	Schools
North				
Porto Velho, Rondônia	10,956	264	80	16
Manaus, Amazonas	10,229	319	55	19
Sorriso, Mato Grosso	7,073	171	50	27
Total, North Region	28,258	754	185	62
Northeast				
Camamu, Bahia	7,734	270	179	92
Cairu, Bahia	3,198	136	47	22
Marau, Bahia	3,917	186	79	70
Camaçari, Bahia	10,842	399	55	35
Dias D'ávila, Bahia	4,194	46	15	8
Total, Northeast Region	29,885	1,037	375	227
Central-West				
Morrinhos, Goiás	2,856	70	23	8
Santa Helena, Goiás	2,681	108	49	10
Uberlândia, Minas Gerais	4,388	263	147	6
Paracatu, Minas Gerais	4,358	218	94	18
Total, Central-West Region	14,283	659	313	42
Southeast				
Jacarezinho, Rio de Janeiro	1,000	20	4	1
Duque de Caxias, Rio de Janeiro	5,177	206	40	18
Francisco Morato, São Paulo	5,000	200	20	6
Total, Southeast Region	11,177	426	64	25
GRAND TOTAL	83,603	2,876	937	356

All project sites and schools were chosen with input from project partners because of their extreme poverty levels and lack of basic infrastructure. Hunger and malnutrition are predictably prevalent in the *favelas* (urban slums, such as Jacarézinho in Rio de Janeiro state) and poor rural areas of Brazil (such as the communities of Paracatu, Sorriso, Morrinhos and Santa Helena), where poverty exacerbates the vulnerability of youth to potential health threats. Some preliminary sites chosen with partners before the USAID/GDA grant was awarded were changed (with the agreement of corporate partners) to include more schools in the North and Northeast of the country. During the first year of the *Horta Brasil* program, 81% of the participating schools and 70% of the children were in these two priority regions.

The extremely low income levels of the families served by the program make it difficult to obtain adequate food—in both quantity and nutritional quality. At the same time, as highlighted by information collected through community focus groups, the target population has little or no knowledge of proper nutrition. As a result of both of these factors, children and families in the

project areas have very poor eating habits, and many children have only one meal a day—their school lunch. Teachers who participated in the focus groups made the following observations:

“The major part of the problems come from the lack of food. The child gets weak, and doesn’t have interest in studying. In my class, there are many cases of children like that. They are always tired.” – teacher from Cairu, Bahia

“The family that has six people in the house and not enough resources doesn’t eat properly. We know that the child is always hungry.” – teacher from Paracatu, Minas Gerais

“Some children go to bed hungry and then come to school still hungry.” – teacher from Paracatu, Minas Gerais



Through the *Horta Brasil* program, INMED and its partners are working to dramatically reduce hunger and poor nutrition among 100,000 vulnerable children and their families in communities across Brazil.

III. Program Activities

INMED Partnerships for Children and INMED Brasil have successfully led the *Horta Brasil* alliance and implemented the program since July 2004, when the corporate partners initiated their commitments, which had been included in the original USAID/GDA proposal in March 2004. USAID participation formally began at the end of September 2004. Preliminary site selection and local partnership building was initiated before schools resumed session in August, and local staff were identified and work initiated in some sites during September. The main program activities developed during USAID's participation in the program, each of which are described further in this report, are as follows:

- **Training of teachers as “multiplier” trainers, and training of teachers by multipliers in intensive gardening techniques and nutrition topics.** This “multiplier effect” is key to increasing the long-term impact of the *Horta Brasil* program, since all participants—teachers, students and families—are expected to share what they learn with others.
- **Educating school children about nutrition and gardening.** Using the gardening and nutrition education curriculum developed by INMED, teachers conduct weekly lessons on intensive gardening and basic nutrition topics for the children in their classes. INMED's curriculum is based on a participatory educational approach, through which children are involved actively in the process of learning through games, songs, plays, drawings and other hands-on activities that incorporate key educational messages.

This participatory approach also facilitates the sharing of information with family and community members; for instance, students may teach their younger siblings to sing a song about healthy food choices, or they may lead their parents in developing a home garden plot. Among the participatory activities being implemented are food fairs to showcase the produce harvested from the school gardens, recipe contests, discussion groups, and theater events.

- **Developing school gardens utilizing intensive gardening techniques and recycled materials.** Applying their gardening education lessons, teachers and students develop and maintain intensive raised-bed vegetable garden plots adjacent to each of the participating schools, where they cultivate produce to be used in school lunches. The vegetables and fruits selected for planting are nutritious, easy to grow in both urban and rural settings and in a variety of climatic conditions, and compatible with local tastes and culinary customs, such as lettuce, spinach, cabbage, beets, carrots, cauliflower and tomatoes. The intensive gardening technique is low cost environmentally sensitive, utilizing locally



available recycled materials such as plastic bottles, used tires and scrap wood to build the garden beds. Students and teachers, as well as community volunteers, tend the gardens, observe the germination of seeds and monitor the growth of the produce as part of their participatory weekly lessons in nutrition and gardening.

- **Training of *merendeiras* (school cafeteria workers) in food safety and preparation of nutritious school meals, utilizing vegetables from school gardens.** While all children in Brazil are entitled to receive lunch at school each day, school menus are not standardized for nutritional content or appropriate portion sizes, and the *merendeiras* are typically untrained, unskilled workers. As part of the *Horta Brasil* project, *merendeiras* are trained in basic nutrition; balancing meals to incorporate adequate carbohydrates, protein and fats; nutritious preparation of vegetables and other foods; appropriate portion sizes; and food safety and hygiene. Their training focuses on utilizing the produce harvested from the school gardens, although the *merendeiras* can also apply the same lessons when selecting and preparing food from local markets.
- **Training of mothers in intensive gardening techniques and basic nutrition.** To build on the interest in gardening and nutrition generated by the children among their families, mothers are trained in the same intensive gardening techniques and nutrition topics, so that nutritional improvements can be achieved at home as well as at school. As with the children, mothers are engaged in participatory activities such as food fairs and recipe contests, to supplement the education they receive through training workshops. Mothers who are respected and regarded as influential in the community were selected to participate in the training activities, with the expectation that they will pass on their knowledge and encourage other families to develop home or community gardens.



Children line up to take their semiannual dose of deworming medication.

- **Treating for intestinal helminths (parasitic worms).** Infection with intestinal helminths has particularly devastating consequences for children. These parasites sap vital nutrients from children's bodies, stunting their physical growth and cognitive development and increasing their vulnerability to disease. Within schools in each program community, a sample of first-grade students was tested, through fecal examinations, for infection with intestinal helminths. In communities in which at least 25% of children

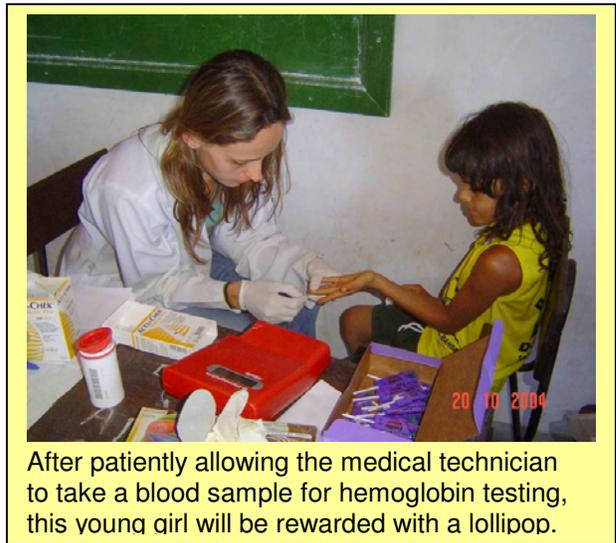
tested positive for the presence of intestinal helminths, children were dewormed on a mass scale, in consultation with local health departments. With permission from each child's parent or guardian, a broad-spectrum deworming medication, Pantelmin (mebendazole), is administered semiannually under supervision by a medical professional.

- **Educating students with participatory preventive health lessons to prevent repeat infection with intestinal helminths.** The cornerstone of INMED's *Healthy*

Children, Healthy Futures program model is preventive health, hygiene and sanitation education to complement deworming treatment, which addresses a critical public health issue not only in Brazil but in many countries worldwide. As part of the *Horta Brasil* program, children take part in participatory educational activities that promote the importance of handwashing, wearing shoes, building and using latrines, drinking and washing with clean water, washing produce before eating it, keeping livestock in corrals, and similar measures to reduce the transmission of intestinal helminths.

- **Determining the nutritional status of children in participating communities.**

Within each project community, a sample of first-grade students was evaluated for height/weight/age ratios, which indicate stunting or wasting as an indicator of malnutrition, and was tested for blood hemoglobin levels. This sample comprises the same students tested for intestinal helminths. Students with low or borderline hemoglobin levels, indicating anemia or the risk thereof, received daily doses of Rarical, an iron and multivitamin supplement, for six weeks. Regardless of hemoglobin levels, all children in the program are educated, as part of the classroom nutrition curriculum, about locally available food sources of iron, and are encouraged to consume those foods as regularly as possible.



- **Implementing low-cost, low-tech water purification technique in schools and homes.** Within the *favelas* (slums) and rural areas where INMED works, few families have access to clean drinking water. As a result of poor sanitation infrastructure, bacterial contamination of drinking water is prevalent. Teachers, students and mothers selected to participate in gardening and nutrition training workshops learn to implement the Solar Water Disinfection (SODIS) technique in their schools and homes in order to increase the number of children and families who have access to clean drinking water.

IV. Baseline Evaluation

Baseline evaluation for the *Horta Brasil* program was conducted through both qualitative methodologies (focus groups) and quantitative methodologies (biomedical examinations and anthropometric measures). These processes and findings are described below.

Focus Groups

Focus group meetings were conducted in seven project communities: Marau, Cairu, Camamu, Camaçari and Dias D'Avila in Bahia state; Paracatu in Minas Gerais state; and Sorriso in Mato Grosso state. These focus groups were conducted to help guide *Horta Brasil* staff and teachers in developing appropriate lessons to incorporate in the program curriculum. The focus groups represented a qualitative baseline evaluation for the program, since they documented the knowledge, attitudes and behaviors of the target population in regard to issues of health, hygiene, sanitation and nutrition before the educational interventions began. The proceedings of each meeting were recorded on cassette tapes and later transcribed and analyzed in detail.

Clean Water, Hygiene and Sanitation

In the *Horta Brasil* project communities, water quality is poor—the majority of the districts lack treated water, so residents obtain their water from wells and cisterns that are often contaminated. Many of the parents interviewed through the focus groups reported not using water filters, which greatly raises the risk for parasitic infection. (In fact, the majority of children in the project

communities are infected with parasites, as shown later in this report.) Focus group participants described their water sources:



Participants in a parents' focus group share their knowledge and beliefs in regard to health and nutrition.

“We use water from the stream to wash, drink, cook. When it rains, the water gets muddy. It’s not good, but we use it anyway, since there’s no other source.” – mother

“Here we have artesian water wells. The water is treated, but by the time it gets to the more distant neighborhoods, it is already contaminated.” – community health agent

Sanitation conditions are worst in the rural areas, where the population uses pit latrines, although many families also report going to the “bathroom” in their backyards, in the open air. As explained by two focus group participants:

“The bathroom is in the house, just a hole.” – father

“Many times they don’t have bathrooms at home. In school, there are children who don’t even know to use the toilet because at home they do it in the backyard.” – teacher

Garbage collection rarely reaches rural areas, and when it does, an open truck takes only part of the garbage left in the streets. Families bury their trash in whatever clean ground they can find. They often leave their garbage in the open or throw it in the river, thus compromising the health of many other families. In the urban areas, the sanitation situation is not much better. While many families are not aware of the link between sanitation and parasitic infection, some teachers do recognize the association:

“The children walk barefoot. There are children who come to school and start feeling sick, then after eating the school meal, they throw up, so we think it’s parasite infection.”
– teacher

Food and Nutrition

Many teachers identified the biggest problem in their community as malnutrition and food insecurity. Because the population is so poor, families cannot afford sufficient food. In addition, even though every child is entitled to a midday meal at school, the control and distribution of the food intended for those meals is an issue of great concern, particularly in rural areas. Focus group participants told of abuses and diversions of the food resources, lack of planning, and inadequate storage resources, resulting in irregular availability and often poor quality of the food commodities and the school meals. INMED’s *Horta Brasil* program is intended to help alleviate some of the issues of food availability and meal quality through the construction of school and community vegetable gardens.

As for the nutritional habits of the general population, vegetables are not common in daily meals, even in rural areas. As one mother reported, “Nobody at home likes to eat vegetables.” Some families in rural communities cultivate their own vegetables, but knowledge of gardening is not widespread. The focus groups revealed that the population has a poor knowledge of nutrition—for example, few families regularly consume fruits or vegetables or understand their importance as part of a healthy diet—as well as extremely limited resources to adequately feed their children.

“Food is the major problem. There’s a part of the population that doesn’t have any resources; the parents are fishermen and don’t have an income. I have a 10-year-old student who has the physical development of a 5-year-old, because of malnutrition.”
– teacher

“We know that the families only have rice, beans and pasta sometimes. But the majority of times, only rice and beans.” – teacher

“What they eat here is very precarious. It’s rice, beans, eggs—but only when they have money, because most of the time they can’t even afford that. For many families, that is all they have.” – health agent

“We know that many families don’t have anything to give to these children. The school is, many times, the only place they eat.” – teacher

“Our children are basically malnourished. Children sleep during class, are tired and can’t pay attention, and we know that they don’t have enough to eat.” – teacher

“I thought that there were no kids who were hungry. One student one day couldn’t pay attention in class and when I talked to her she said she was hungry. And then I asked: how does your mother let you come to school without eating? And she answered me, very embarrassed, that she didn’t have anything to eat at home.” – teacher

These findings highlight the critical importance of the *Horta Brasil* program in reducing hunger and improving nutrition among these vulnerable children.

Challenges, Attitudes and Prejudices

An interesting finding from the focus groups is that some teachers demonstrate behavior that could be considered social prejudice toward the poorer population. With the population growth in the North and Northeastern regions of Brazil, a cultural shift has occurred. Those arriving most recently have minimal education and skills, and work in positions that offer low wages and low public regard, highlighting their lower social status. At the same time, migrant families are more commonly segregated, with higher rates of criminality, poverty and poor health, due in part to their socioeconomic and cultural condition.

In the words of some of the focus group participants:

“Those who come are illiterate, they don’t know how to do anything, and how are we to deal with them? It is hard!” – teacher

“We talk about the importance of the water filter, we ask mothers to buy it, but they say they don’t have sufficient means, but when you go to their houses, they have stereos, televisions, it may be a shack, but they own all these things. It isn’t lack of money, but lack of shame, really, it is a cultural thing.” – teacher

“Due to economic conditions, having to sustain the family, we feel that the parents leave their children by themselves, abandoned. It’s hard to bring the parents to the school. We even have to set appointments to deliver the grades, these things. It’s a cultural thing, they don’t have that knowledge, don’t give the school any importance.” – teacher

“There are a lot of children with health problems: children with fever, stomachache, they are not sent to the doctor, they are sent to school, and we have to solve the problem.” – teacher

Nevertheless, other teachers understand that the school represents a fundamental link between children and their families, and that the school can play an important role in promoting positive change among marginalized and underserved families.

“Parents have more difficulty acquiring this know-how and new hygiene habits. Children still come to school, learn these habits, learn to wash their hands, but with the parents it

is hard. We always try to have the children learn it well, so that they can pass on this information to those who didn't have the same opportunities, that is, their parents.” – teacher

Biomedical Examinations

Fecal Examinations

Fecal examinations were conducted among a sample of 250 children in all project communities, with the exception of Manaus, Porto Velho, Jacarezinho and Uberlândia. Because INMED incorporated its existing project sites in Manaus, Porto Velho, Jacarezinho and Uberlândia into the *Horta Brasil* program, baseline and comparison results were already available for these sites. While deworming treatment in Manaus and Porto Velho has been successful, children continue to receive semiannual treatment in an effort to further decrease the level of infection. (Because the baseline prevalence of parasitic infection in Uberlândia and Jacarezinho was below the 25% threshold, children in those communities were not treated.) .

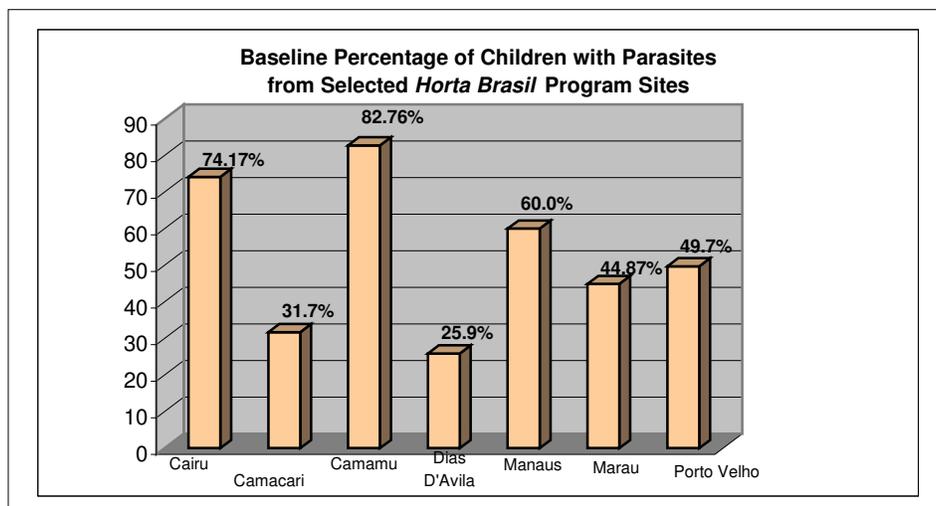
Hemoglobin Testing

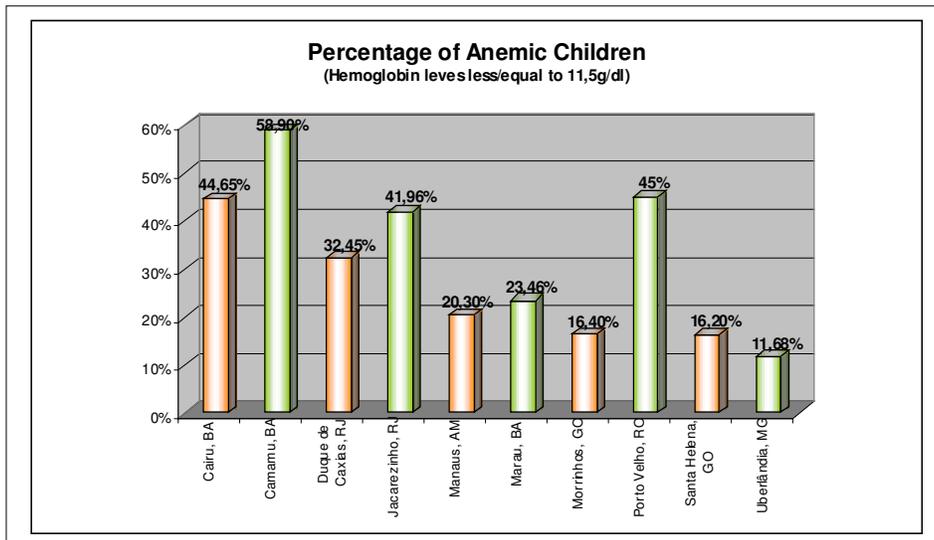
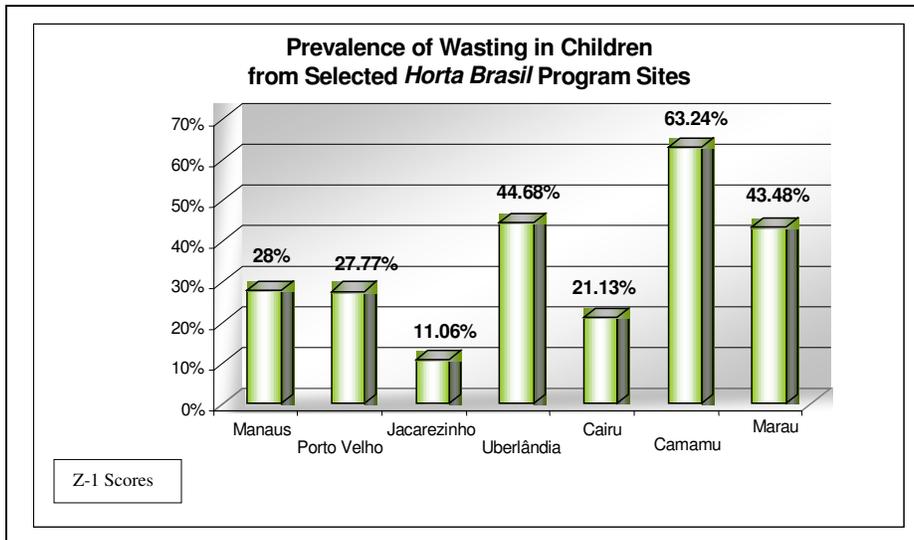
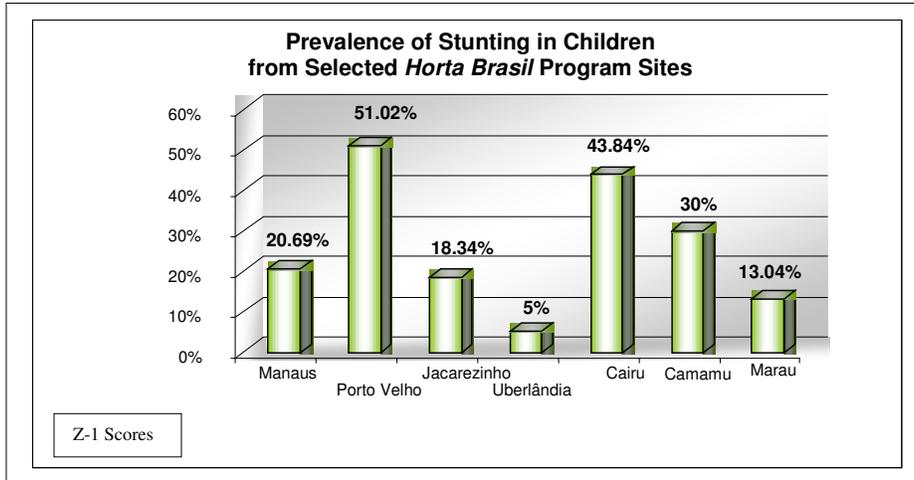
Testing of blood hemoglobin levels was conducted among the same sample of children who took part in the fecal examinations. Children who were found to have low or borderline low hemoglobin levels—indicating anemia or the risk thereof—received a daily dose of Rarical, an iron and multivitamin supplement, for six weeks. Treating low hemoglobin levels is critical, since anemia compromises children’s energy levels, attention span and capacity to learn.

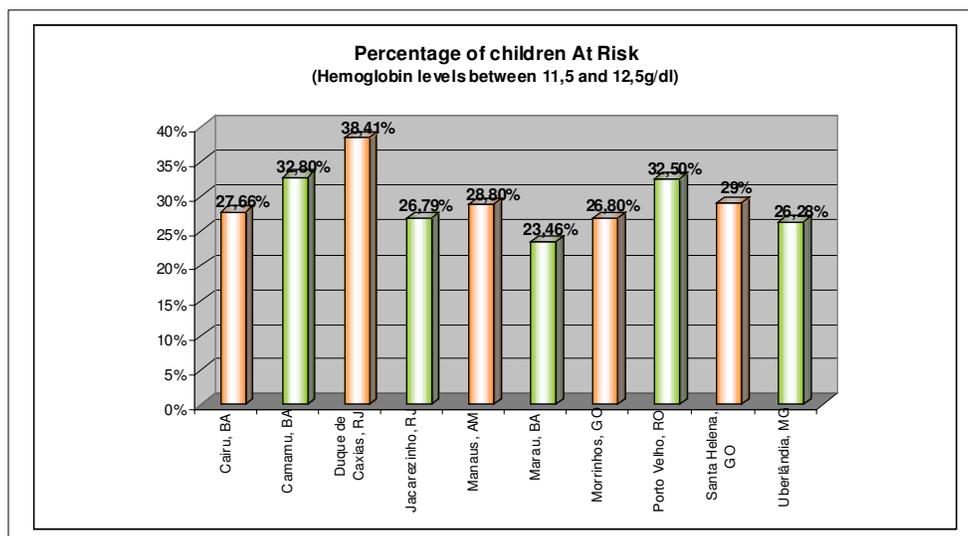
Anthropometric Measurements

The children who took part in fecal and hemoglobin testing were also evaluated for height/weight/age ratios, which indicate stunting (height for age) or wasting (weight for height) as an indicator of malnutrition.

Graphs showing the prevalence of intestinal parasitic infection, wasting/stunting, and hemoglobin levels among children in each project site, with comparison measures when available, are shown on the following pages.







V. Educational Activities

INMED developed a specialized curriculum for the *Horta Brasil* program that addresses issues such as preventive health, nutrition, balanced diet, vitamins and minerals, and gardening. Trainings in the curriculum topics have been conducted among teachers and cafeteria workers, who implement what they have learned in their work with the children, through daily classroom activities and preparation of school lunches.

Training

INMED's trainings are based on a participatory educational approach that combines theory and practice through classroom instruction and hands-on activities. Three training sessions (I, II and III) were developed and implemented according to each community's stage of involvement in the project. Sites that had been involved in INMED's *Healthy Children*, *Healthy Futures* projects prior to the launch of *Horta Brasil*, for example, did not take part in Training I. Each training's content is described below.

Training I: *For educators, cafeteria workers and other school staff*

This basic training includes introductory topics about sanitation, hygiene and preventive health. This training also includes an important module on participatory education techniques for teachers, which emphasizes the importance of creativity and active learning to effectively engage children and family members in the project.

Training II: *For educators, cafeteria workers and other school staff*

This two-day training introduces general concepts on nutrition and gardening. The first day of training is delivered in the classroom, with lessons on a healthy and balanced diet, vitamins and minerals in various types of food, diseases related to poor nutrition, food safety and hygiene, and healthy recipes incorporating fresh produce. The second day of training provides hands-on

instruction in building, cultivating and maintaining a vegetable garden, using a plot of land at each school or in the community.

Training III: *For educators, cafeteria workers and community members (especially mothers)*

This training includes a more in-depth exploration of nutrition topics, an introduction to the Solar Water Disinfection (SODIS) technique, and basic concepts of community development. The training for mothers also includes simple, but complete, gardening training, that explains the importance of and techniques for developing their own home vegetable gardens. This training will help families improve their nutritional status, increase their own food security, and potentially provide an income source by selling any excess produce.



Gardens are a community benefit and responsibility. Here, local volunteers prepare planting beds as part of their training in gardening and nutrition.

Trainings that took place in each project site between September 2004 and September 2005 were as follows:

Project Site	2004			2005								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Bahia												
Camaçari						I+II						III
Dias D'avila						I+II						III
Camamu	I					II						III
Cairu	I					II						III
Marau	I					II						III
Amazonas												
Manaus								II				III
Rondônia												
Porto Velho								II				III
Mato Grosso												
Sorriso						I+II						III
Minas Gerais												
Uberlândia								II				III
Paracatu					I+II							III
Goiás												
Santa Helena								II				III
Morrinhos								II				III
Rio de Janeiro												
Jacarezinho									I			
Duque de Caxias									III			
São Paulo												
Francisco Morato												I+II-Oct

School Activities

After the trainings take place and the information is “multiplied” among other teachers, educational activities are introduced to children in the classroom. Every school day, children learned about topics including preventive health, hygiene and sanitation, nutrition and a balanced diet, and gardening. INMED’s curriculum is based on a participatory educational approach, through which children are involved actively in the process of learning through games, songs, plays, drawings and other hands-on activities that incorporate key educational messages. This participatory approach also facilitates the sharing of information with family and community members. Some of the creative, participatory activities implemented in the *Horta Brasil* project sites are described below.

- The Paulo Lopes school in Santa Helena organized a workshop for parents, school staff and students



Students harvest greens that are ready to eat, while others cultivate new planting beds.



Children work together to assemble a poster that displays what they have learned about good nutrition.

about gardening and nutrition. A local cafeteria manager spoke about the importance of a healthy and balanced diet, showcasing the school garden as an excellent means to promote good nutrition. This school maintained 17 garden beds, growing produce such as lettuce, cabbage, carrots, beets, radishes, pumpkin, peppers, parsley and manioc.

- At the Custódio P. Vêncio school in Santa Helena, topics such as vegetables, nutrition and gardening were addressed through various strategies, according to grade level. The preschool presented these themes through drawings and songs about eating healthy foods. First graders produced essays and drawings on the different types of food and their nutritional properties. Second graders wrote essays and produced a booklet about vegetables and fruits. Third graders developed individual projects on the types of foods and proper food hygiene. Fourth graders worked with more detailed subjects, such as digestion, disease prevention and hygiene habits, and how they relate to a healthy, balanced diet.
- The Gente Miúda preschool in Santa Helena implemented fundamental nutrition education with its young students, such as walking through the gardens to observe the vegetables as they grew and learning what makes them healthy. The preschool maintained 15 planting

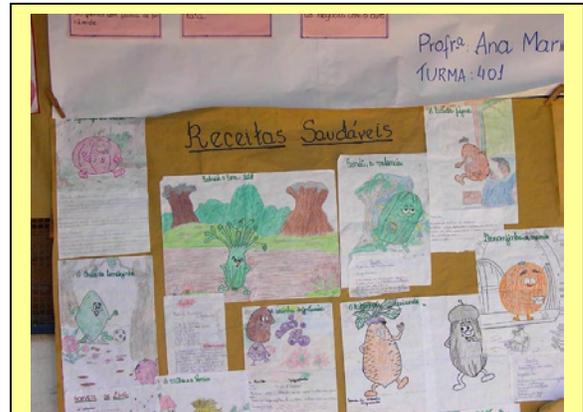
beds, 14 of which have already produced enough to harvest. Surplus produce from the school garden is also shared with other preschools in the area.

- In the Luiz Humberto Menezes school in Santa Helena (an agriculture school), the students enlarged the existing school garden, building new beds and planting the seeds. More than 80 families of these students now receive vegetables harvested from the school garden. The school also provides a weekly vegetable delivery to a smaller school, Casinha Feliz, which lacks enough space to build its own garden. The students from Casinha Feliz are participating in the *Healthy Children, Healthy Futures* and *Horta Brasil* programs, and visit the agriculture school for their weekly lessons on preventive health, nutrition and gardening.



Preschool students work together as they begin cultivating their own class garden.

- The Duque de Caxias school in Manaus created posters and drawings on the key project themes, and organized workshops for the community to explain the importance of healthy habits. The children also researched medicinal plants.
- The Manuel A. de Souza school in Manaus hosted a meeting for more than 200 parents and children about hygiene and preventive health. The school also organized a field trip to the local landfill to learn how regular garbage collection helps protect public health, and conducted a workshop about hygiene and environmental sanitation.



Students' projects on healthy recipes for a balanced diet are on display in a school hallway.

- Students in the Maria Carmosina school in Manaus led an interactive parade through their neighborhood, during which they educated and interviewed community members about disease prevention and healthy habits.

- The Mariana school in Manaus implemented educational workshops about parasites and parasitic infection, which led to a series of school science fairs. Each classroom conducted research on a preventive health topic and developed posters communicating what they learned.



Learning good hygiene habits, such as regular and proper handwashing, is an important part of the *Horta Brasil* curriculum.

- The Santa Clara de Assis school in Porto Velho developed a campaign against parasites, including educational videos, community education, and a wide variety of classroom activities, in partnership with the local health post, which contributed the time and expertise of its professional staff. In addition, at an oral health workshop with local dentists, 162 children received fluoride treatment.
- The Filinto Muller school in Duque de Caxias developed the theme of nutrition and a balanced diet through drawings. The children learned about the importance of eating fruits and vegetables, as well as the health consequences of a poor diet.
- At the Santo Izidro school in Duque de Caxias, students researched and listed the fruit trees close to their homes and drew them, listing the nutritional properties of each fruit.

- The Presidente Vargas school in Duque de Caxias organized a field trip with the children to learn about gardening and the environment. The Aila Saldanha school also organized “ecological tours” and developed an environmental game that involved the whole community.
- In the Sargento João Délio school in Duque de Caxias, the teachers developed an activity through which their students researched the vegetables and fruits native to their region and identified regional recipes. In doing so, the students not only learned about the nutritional properties of various foods and how they can contribute to a balanced diet, but also learned more about their local geography and culture.



Children proudly show off the bountiful harvest of nutritious greens that they have cultivated in their school garden.

VI. Evaluation

The objectives of the *Horta Brasil* program in its first year were as follows:

1. 75% of teachers trained score 75% or better comprehension on a post-training test of gardening and nutrition topics.
2. 75% of participating children score 75% or better comprehension on a year-end test of gardening and nutrition topics.
3. 90% of participating schools increase by 30% the amount of fresh produce available for school lunches.
4. 90% of participating schools provide at least two vegetables daily in school lunches.
5. 50% of mothers trained establish home vegetable gardens.
6. Reduce by 50% the number of children who test positive for intestinal helminths.
7. Determine the nutritional status of children in participating communities.
8. 90% of participating children have access to clean drinking water at their schools, and 75% of mothers trained in SODIS (Solar Water Disinfection) produce clean drinking water at their homes.

INMED's progress toward achieving the program objectives is detailed in the matrix beginning on the following page:

Horta Brasil Program Objectives – Achievements in Year 1

Objectives	Indicators	Measurement Methods	Major Planned Activities
<p>Objective 1: 75% of teachers trained score 75% or better comprehension on post-training test of gardening and nutrition topics.</p> <p>Actual achievement: Post-tests are being conducted during August through October 2005, and outcomes will be available shortly thereafter.</p>	<p>25 train-the-trainers workshops for 800 teachers (“multipliers”)</p> <p>Actual achievement: A total of 415 “multiplier” teachers participated in 66 train-the-trainer workshops on gardening and nutrition education topics. While we trained fewer “multiplier” teachers than anticipated due to the actual staffing levels in the project schools, we did conduct more trainings than originally projected.</p> <p>3,200 teachers trained by multipliers</p> <p>Actual achievement: All 2,876 teachers in the project sites were trained on gardening and nutrition education topics by their “multiplier” colleagues. The fact that we trained approximately 10% fewer teachers than originally projected was due to actual staffing levels in the project schools.</p>	<p>Training schedule, attendance records</p> <p>Actual achievement: Schedules and attendance records were maintained for each training.</p> <p>Pre- and post-training tests of knowledge administered to 25% of multiplier teachers (200 individuals).</p> <p>Actual achievement: Pre- and post-training tests were administered to all 415 multiplier teachers (100%) in the project sites. The number of tests exceeded the projection because it was most feasible to administer the tests to all participants rather than identify a sample.</p> <p>Baseline and year-end tests of knowledge administered to 10% of teachers trained (3,200 individuals).</p> <p>Actual achievement: Knowledge tests were administered to approximately 280 teachers (10%) in all project sites.</p>	<p>Train-the-trainer workshops for teachers in basic gardening and nutrition topics.</p> <p>Actual achievement: A total of 66 workshops on basic gardening, nutrition and health-related topics were conducted for teachers, cafeteria workers and mothers in the project sites.</p> <p>Training of local teachers by multipliers.</p> <p>Actual achievement: All multiplier teachers who were trained then trained other colleagues in the 356 schools of the <i>Horta Brasil</i> project sites.</p>

Objectives	Indicators	Measurement Methods	Major Planned Activities
<p><u>Objective 2:</u> 75% of participating children score 75% or better comprehension on year-end test of gardening and nutrition topics.</p> <p>Actual achievement: Post-tests are being conducted during August through October 2005, and outcomes will be available shortly thereafter.</p>	<p>100,000 children participate in weekly gardening and nutrition lessons and associated participatory activities</p> <p>Actual achievement: Across all project sites, 83,603 children took part in weekly educational activities on gardening and nutrition. These activities include classroom actions (music, theater production, drawings, etc.) and practical lessons (working in the gardens and conducting research in their neighborhoods). Counting siblings of the children participating in the project who were engaged in special project activities, however, <i>Horta Brasil</i> actually reached approximately 95,000 children.</p>	<p>Documentation of weekly classroom lessons and activities, attendance records</p> <p>Actual achievement: In all project sites, classroom activities were collected monthly, with detailed documentation of subject, strategies and participants.</p> <p>Baseline and year-end tests of knowledge administered to 10% of fourth-grade students.</p> <p>Actual achievement: Baseline knowledge tests were administered to 10% of the participating children (4th graders) in all project sites. Year-end tests will be administered in September and October 2005.</p>	<p>Teachers implement gardening and nutrition curriculum for children in primary grades.</p> <p>Actual achievement: Teachers in all 356 project schools implemented the gardening and nutrition curriculum.</p> <p>Conduct participatory gardening and nutrition activities</p> <p>Actual achievement: Children in all 356 project schools worked on building and maintaining their school gardens, and took part in other participatory activities including creating posters, writing essays, and conducting discussion groups.</p>

Objectives	Indicators	Measurement Methods	Major Planned Activities
<p><u>Objective 3:</u> 90% of participating schools increase by 30% the amount of fresh produce available for school lunches.</p> <p>Actual achievement: 90% of schools with productive gardens increased the amount of fresh produce available for school lunches by 50%, exceeding the original objective.</p>	<p>% of teachers and students trained who are involved in establishing school gardens</p> <p>Actual achievement: 100% of teachers and students in <i>Horta Brasil</i> sites have participated in nutrition training. In schools with gardens, 100% of teachers and students have been involved in establishing and/or maintaining a school garden. Gardens were established in at least five schools per project site.</p> <p>% of school gardens planted and producing vegetables at 180 schools</p> <p>Actual achievement: 100% of the 75 schools with gardens successfully planted and produced vegetables. An additional 25 schools established gardens later in the year, but they were not ready to harvest vegetables as of the end of the first project year. Fewer gardens than projected were established during the first year because of funding availability for gardening supplies.</p> <p>% of school cafeterias using vegetables produced in gardens at 180 schools</p> <p>Actual achievement: Of the 75 schools whose gardens produced vegetables, 100% have utilized the produce in the school's midday meals.</p>	<p>Training schedule, attendance records</p> <p>Actual achievement: Schedules and attendance records were maintained for each training.</p> <p>Observation of plantings, documentation of harvested produce</p> <p>Actual achievement: Monthly recordings of all harvested produce were made in schools with established gardens.</p> <p>Baseline and year-end documentation of amount of fresh produce used in school lunches</p> <p>Actual achievement: Utilization of fresh produce in school lunches was documented at baseline and then monthly in each school with an established garden.</p>	<p>Train teachers and students in intensive gardening techniques.</p> <p>Actual achievement: More than 400 teachers and 80,000 students were trained in intensive gardening techniques.</p> <p>Establish school gardens, provide harvested produce to school cafeterias for use in lunches.</p> <p>Actual achievement: A total of 75 schools established gardens and provided their produce to the school cafeterias. 25 other schools began building their gardens in August 2005. These schools were brought into <i>Horta Brasil</i> project later in the project year.</p> <p>Observe sample weekly lunch menu in schools for amount of fresh produce used at baseline and year-end.</p> <p>Actual achievement: Baseline observations were conducted in schools of all sites beginning in October 2004. Year-end menu observations will be conducted in November 2005.</p>

Objectives	Indicators	Measurement Methods	Major Planned Activities
<p>Objective 4: 90% of participating schools provide at least two vegetables daily in school lunches.</p> <p>Actual achievement: 100% of schools with gardens provide at least two vegetables daily in school lunches, exceeding the original objective.</p>	<p>900 cafeteria workers in 180 schools trained in nutrition and food safety</p> <p>Actual achievement: 937 cafeteria workers in 150 schools were trained in nutrition and food safety. The number trained was lower than originally projected due to actual staffing levels at the project schools.</p> <p>% of lunches including at least two vegetables daily</p> <p>Actual achievement: 100% of schools with gardens already producing vegetables incorporate vegetables in the daily meals. Of these schools, all (100%) have incorporated at least two vegetables into each meal.</p> <p>% of lunches prepared in hygienic conditions</p> <p>Actual achievement: In 100% of schools, lunches were documented to be prepared in improved hygienic conditions. Improvements from baseline to year-end will be documented in Fall 2005.</p>	<p>Training schedule, attendance records</p> <p>Actual achievement: Schedules and attendance records were maintained for each training.</p> <p>Dietary recall surveys among cafeteria workers identifying composition of lunches in the previous week</p> <p>Baseline and post-training observation of school lunch menus, evaluation of number of vegetables included, menu balance, caloric adequacy</p> <p>Actual achievement: All project sites documented weekly lunch menus and the use of vegetables in the meals in monthly reports.</p> <p>Documentation of use of nutritional supplement in school lunches</p> <p>Actual achievement: A nutritional supplement was utilized in school lunches in one pilot site, Morrinhos. Results will be analyzed at the end of 2005.</p> <p>Baseline and post-training observation of school kitchen hygiene practices</p> <p>Actual achievement: Baseline hygiene practices implemented by cafeteria workers were observed monthly in all project sites. Post-training observations will continue to be conducted through November 2005.</p>	<p>Train cafeteria workers in preparing nutritious school lunches using vegetables from the gardens, nutritious preparation of vegetables, balanced menus, and appropriate portion sizes.</p> <p>Actual achievement: A total of 937 cafeteria workers completed training in preparing nutritious school lunches.</p> <p>Analyze sample weekly lunch menu in schools for nutritional quality at baseline and year-end.</p> <p>Actual achievement: Baseline observations of weekly lunches were conducted in all sites, and menus for each school are recorded in reports collected monthly.</p> <p>Train cafeteria workers in safe food preparation techniques and food hygiene.</p> <p>Actual achievement: A total of 937 cafeteria workers completed training in food safety and hygiene.</p>

Objectives	Indicators	Measurement Methods	Major Planned Activities
<p><u>Objective 5:</u> 50% of mothers trained establish home vegetable gardens.</p> <p>Actual achievement: Because gardening training began in September 2005 and will continue through October, this objective cannot yet be addressed. However, approximately 400 families have already established their own home vegetable gardens as a result of the <i>Horta Brasil</i> project.</p>	<p>10 gardening and nutrition training workshops for 5 mothers in each of 180 schools (900 mothers total)</p> <p>Actual achievement: 12 gardening and nutrition trainings were conducted for a total of 500 mothers.</p> <p>% of home gardens established</p> <p>Actual achievement: Although the formal gardening and nutrition trainings for mothers were conducted in September 2005, approximately 400 families in Uberlândia had already established their own home gardens. The number of other families who establish home gardens will be documented in Fall 2005.</p>	<p>Training schedule, attendance records</p> <p>Actual achievement: Schedules and attendance records were maintained for each training.</p> <p>Baseline and post-training focus groups discussing gains in knowledge</p> <p>Actual achievement: Pre-training focus groups with mothers were conducted in all sites. Follow-up focus groups will be conducted when the project comes to an end in each site.</p> <p>Direct observation of home gardens</p> <p>Actual achievement: Direct observation of home gardens will begin in Fall 2005.</p>	<p>Select mothers influential in their communities to participate in training.</p> <p>Actual achievement: Participants were selected in August 2005.</p> <p>Train mothers in gardening techniques and basic nutrition topics through the trainings conducted with school teachers and cafeteria workers.</p> <p>Actual achievement: A total of 500 mothers were trained in gardening and basic nutrition.</p> <p>Promote the sharing of knowledge about how to establish a home garden with other families in the community.</p> <p>Actual achievement: The mothers who took part in the gardening training were encouraged to share their knowledge with other families in their community.</p>

Objectives	Indicators	Measurement Methods	Major Planned Activities
<p><u>Objective 6:</u> Reduce by 50% the number of children who test positive for intestinal helminths.</p> <p>Actual achievement: Because post-treatment testing is scheduled for December 2005, this objective cannot yet be addressed..</p>	<p>Semiannual deworming treatments administered to 100,000 children</p> <p>Actual achievement: 73,857 children in the project sites received semiannual deworming treatment. (Because the prevalence of parasitic infection in Uberlândia, Jacarezinho and Paracatu was below the 25% threshold, children in those communities were not treated.) The most recent treatment was administered in May 2005, and the next treatment is scheduled for November 2005.</p>	<p>Baseline and post-deworming treatment fecal examinations to determine presence or absence of intestinal helminths.</p> <p>Actual achievement: Baseline fecal examinations were conducted among children in all project sites. (Refer to report narrative for examination results.) Post-treatment examinations will be conducted in December 2005.</p> <p>Documentation of deworming medication administered</p> <p>Actual achievement: Each dose of deworming medication administered to children was documented at the time of treatment.</p>	<p>Sample of 250 first-grade students per community tested for intestinal helminths (same sample also tested for hemoglobin levels)</p> <p>Actual achievement: Samples of 250 students in all but four project sites were tested for intestinal helminths in 2005. Students in Manaus, Porto Velho, Jacarezinho and Uberlândia had been tested in 2003 and have not yet been retested so that future biomedical examinations among all project sites can be conducted at once.</p> <p>Administer deworming treatments to children in communities in which at least 25% of children in sample test positive for intestinal helminths</p> <p>Actual achievement: With the exception of Uberlândia, Jacarezinho and Paracatu, where the prevalence of parasitic infection was last measured below the 25% threshold, children in all project sites received deworming treatment.</p> <p>Teach children basic preventive health and hygiene practices to reduce opportunities for reinfection.</p> <p>Actual achievement: Each of the 356 project schools conducted lessons and participatory activities on preventive health, hygiene and sanitation, which taught them a variety of ways to prevent and reduce reinfection. School and community events also engaged family and community members in making positive changes in hygiene and sanitation measures.</p>

Objectives	Indicators	Measurement Methods	Major Planned Activities
<p><u>Objective 7:</u> Determine the nutritional status of children in participating communities.</p> <p>Actual achievement: Because post-treatment testing is scheduled for December 2005, this objective cannot yet be addressed.</p>	<p>Blood hemoglobin levels defined as <i>low</i> (less than 11.5mg/dl), <i>borderline</i> (between 11.6 and 12.5 mg/dl hemoglobin) or <i>adequate</i> (12.6 mg/dl and above)</p> <p>Actual achievement: Students in all but four project sites participated in hemoglobin testing in 2005. (Refer to report narrative for examination results.) Students in Manaus, Porto Velho, Jacarezinho and Uberlândia had been tested in 2003 and have not yet been retested so that future biomedical examinations among all project sites can be conducted at the same time.</p> <p>Height/weight/age ratios measured to categorize nutritional status</p> <p>Actual achievement: Height, weight and age were documented for each child whose hemoglobin levels were tested.</p>	<p>Baseline and year-end testing of blood hemoglobin levels to identify children in sample with low or borderline hemoglobin levels</p> <p>Actual achievement: Baseline examinations were conducted in 2005 among children in all but the four previously tested sites. Year-end testing is scheduled for November and December 2005.</p> <p>Documentation of daily administration of iron supplement/multivitamin at school to children with low or borderline hemoglobin levels</p> <p>Actual achievement: Each dose of the iron/multivitamin supplement was documented at the time of administration.</p> <p>Baseline measurement of height/weight/age ratios</p> <p>Actual achievement: Baseline height, weight and age were documented for each child whose hemoglobin levels were tested.</p>	<p>Sample of 250 first-grade students in each program community tested for blood hemoglobin levels (same sample also tested for intestinal helminths)</p> <p>Actual achievement: Samples of 250 students in all but four project sites participated in hemoglobin testing. Students in the other project sites had been tested in 2003.</p> <p>Administer daily iron supplements (contained within a multivitamin) to children with low or borderline hemoglobin levels.</p> <p>Actual achievement: All children who were identified to have low or borderline hemoglobin levels received daily doses of Rarical, an iron and multivitamin supplement.</p> <p>Educate all children about locally available food sources of iron and encourage regular consumption of those foods.</p> <p>Actual achievement: The <i>Horta Brasil</i> nutrition education curriculum, implemented among all children, includes lessons and activities that help children identify foods high in iron and encourages their consumption as part of a healthy diet.</p> <p>Evaluate height/weight/age ratios among same sample of 250 first-graders</p> <p>Actual achievement: Height, weight and age were documented for each child in the sample.</p>

Objectives	Indicators	Measurement Methods	Major Planned Activities
<p>Objective 8: 90% of participating children have access to clean drinking water at their schools, and 75% of mothers trained in SODIS (Solar Water Disinfection) produce clean drinking water at their homes.</p> <p>Actual achievement: Because training in the SODIS technique did not begin until September 2005, this objective cannot yet be addressed. Baseline testing of school and home water supplies will begin in November 2005, and follow-up outcomes will be available in 2006.</p>	<p>4,900 teachers and cafeteria workers, 100,000 children and 900 mothers instructed in SODIS technique</p> <p>Actual achievement: A total of 2,500 teachers and cafeteria workers, 95,000 children and 500 mothers will have been trained in the SODIS technique by the end of October 2005.</p> <p>% of schools correctly implementing SODIS technique to obtain clean drinking water</p> <p>Actual achievement: Implementation and observation of the SODIS technique in schools will begin in Fall 2005.</p> <p>% of mothers correctly implementing SODIS technique to obtain clean drinking water</p> <p>Actual achievement: Implementation and observation of the SODIS technique in households will begin in Fall 2005.</p>	<p>Direct observation of correct implementation of water purification technique in schools and homes</p> <p>Actual achievement: Implementation and observation of the SODIS technique in schools and households will begin in Fall 2005.</p> <p>Baseline and post-implementation testing of school and home drinking water supplies for coliform bacterial contamination</p> <p>Actual achievement: Baseline testing of school and home water supplies will begin in November 2005. Follow-up testing will be conducted in 2006.</p>	<p>Train teachers, cafeteria workers, and students to use SODIS water purification technique.</p> <p>Actual achievement: A total of 36 trainings in the SODIS technique were conducted in September 2005. Participants in these trainings will train their colleagues and students beginning in Fall 2005.</p> <p>Train mothers to use SODIS water purification technique as part of gardening and nutrition training workshops.</p> <p>Actual achievement: 12 trainings for 500 mothers were conducted in September 2005.</p> <p>Provide schools and families with necessary materials to implement SODIS technique.</p> <p>Actual achievement: INMED will provide the materials needed to implement the SODIS technique in homes and schools, beginning in October 2005.</p> <p>Create clean water storage facilities at each school.</p> <p>Actual achievement: Schools will begin developing safe water storage facilities in October 2005.</p>

VII. Challenges Encountered

Project Continuity Despite Shifts in School Staffing

One significant challenge INMED worked hard to overcome was the upheaval in school administration and staff in every project site following local elections in October and November 2004. Existing school personnel are traditionally replaced by each city's incoming mayor—unfortunately, not always with regard to the new teachers' and principals' qualifications. In order to keep the *Horta Brasil* program running smoothly and without interruption, INMED Brasil director Dr. Joyce Capelli paid a personal visit to the new government leaders in each project site to introduce them to the program and engage their support.

Site Accessibility and Infrastructure

Other challenges encountered during the project year were the accessibility of many of *Horta Brasil's* small rural schools as well as the extreme lack of infrastructure in many of the participating schools and communities. The lack of accessibility and communications infrastructure of some schools made it difficult to collect information on monthly activities and to reach the sites for project monitoring visits. In addition, the communities' lack of sanitation infrastructure such as clean water distribution systems, toilet facilities, etc. made it difficult to properly implement the hygiene and sanitation component of the *Horta Brasil* project.

Target Population Projections

While INMED actively involved more than 83,000 children in the *Horta Brasil* project in the first year—a substantial accomplishment—we did not reach the projected target of 100,000 children, in part due to the focus on the priority regions of the North and Northeast of the country, which encompassed 70% of participating children and 81% of the project schools. Schools in these largely rural regions are more remote, widely distributed and generally smaller than schools in other regions, which limited the number of children we were able to reach. It is important to note, however, that by engaging the younger siblings of participating children in many of *Horta Brasil's* community educational activities, we did reach at least 95,000 children through the project. In any case, building on the success of *Horta Brasil* in its first year, we expect to continue bringing additional schools and children into the program with the support of our alliance partners, both in the North and Northeast of the country as well as across much of the rest of Brazil.

Consolidated Financial Reporting

Consolidated financial reporting for the project is very difficult due to the range of terms among the various partners. Literally no two partners had the same start date for support of the project – and depending on the partner, commitments were one, two or three years. In the case of one partner, their two-year commitment was increased and expanded for an additional three years – but their new commitment not only started on a different date than the first, it overlapped their first commitment by nine months. Partners also did not agree on the definition of line items for the project. Corporate funders do not have the detailed guidelines as does USAID, but they do each have budget formats with which they are comfortable – and these do not agree across companies. Therefore, similar line items may have different names across budgets. The partners also do not agree on how to list, and how much to charge for, indirect. Most companies,

however, allow direct line items for expenses that would be ordinarily be incorporated into indirect for USAID. All partners, however, are consistent in looking at the project results vs. projections, and value realized for their support. All partners thus far have been satisfied with the programmatic and financial accounting, which has been general for the project overall and more specific for their individual participation.

VIII. Particularly Successful Activities

Celebration of Success

On August 31, 2005, INMED Partnerships for Children, INMED Brasil and the *Horta Brasil* alliance partners celebrated the first year of the *Horta Brasil* program with a luncheon and multimedia presentation at the American Chamber of Commerce in São Paulo.

INMED President Dr. Linda Pfeiffer introduced USAID Brasil Mission Director Richard Goughnour, who spoke about the importance of the INMED-USAID partnership and the *Horta Brasil* alliance, and the promising results both the program and the alliance have achieved in the first year.

São Paulo's education secretary, Aristodemo Pinotti, also spoke at the event, and praised *Horta Brasil* for creating important partnerships among nonprofits, local governments and private corporations that are making a real, meaningful difference in disadvantaged communities. Mr. Pinotti emphasized that he considers the *Horta Brasil* program an example to be followed, and encouraged its expansion with the support of new corporate partners.

Representatives from two of the original *Horta Brasil* corporate partners, GE Brasil President Alexandre Silva and Monsanto Communications Director Lucio Mocsányi, also spoke at the event and pledged ongoing support.



São Paulo's education secretary, Aristodemo Pinotti, highlights the importance of partnerships at the *Horta Brasil* celebration event.

Other current INMED project stakeholders and supporters and potential *Horta Brasil* partners in attendance were Ford Brasil, Visteon, HSBC, Instituto Alcoa, the British Consulate, and the Swiss Business Hub.

INMED made a presentation to the Global Development Alliance on October 11, 2005, including a CD copy of the video presentation that showcased the achievements of the *Horta Brasil* program in its first year.



This banner, marking "one year of success" of the *Horta Brasil* project, also displays the logos of each of the *Horta Brasil* alliance partners.

During President Bush's visit to Brasilia after the Summit of the Americas in early November 2005, INMED Brasil's Jeane Pen had the opportunity to meet the President and Mrs. Bush to discuss our work with USAID through the HORTA Brasil program.



Cultivating Partnerships

Partnership building for sustainability has been one of the most successful aspects of this program. All current partner companies—Monsanto, GE, El Paso and Johnson & Johnson—have made multi-year commitments to the program (the first three are confirmed in grant agreements; the Johnson & Johnson commitment for the next two years is currently being finalized). In addition, Rio Polimeros has joined the partnership, and INMED is actively recruiting additional Brazilian and international corporations and foundations to join the *Horta Brasil* alliance, including PetroBras, HSBC Bank, Ford Motor Company and Visteon.

Monsanto and the Monsanto Fund committed \$684,000 over three years to the *Horta Brasil* project. Johnson & Johnson renews its commitment on an annual basis, and we are currently in the process of finalizing their contribution for 2006. In addition, other new or expanded partnership commitments include:

- **El Paso Energy:** Expanding its existing partnership with INMED, El Paso Energy asked INMED to collaborate on its AgroVila program, which provides employment, housing and educational opportunities on a collective community farm for families who would otherwise be living in poverty. *Horta Brasil* is a natural fit with this farming program, through which INMED will train the farm residents to build and maintain a cooperative, so that they can commercialize their harvests and generate profit for themselves. In addition to vegetable gardens, AgroVila has plans to launch a quail egg production facility. This new partnership was formalized in the summer of 2005, and project activities will begin in October 2005.
- **GE Brasil/GE Foundation:** Building on the successes achieved during its current partnership project with INMED and INMED Brasil, the GE Foundation requested a proposal for an expanded project to improve school excellence and school readiness in Francisco Morato, a *favela* in the São Paulo area, while also incorporating elements of the *Horta Brasil* project. The new three-year grant was approved in September 2005, and project activities will begin in October 2005.

- **Merck:** In mid-2005, INMED began a new HIV/AIDS and reproductive health education project in Francisco Morato with a grant from Merck. While this project does not directly incorporate the *Horta Brasil* activities, it is implemented in several of the schools that are participating in *Horta Brasil*. This leveraged funding therefore strengthens the overall support available for this *Horta Brasil* project site.
- **Rio Polímeros:** This Brazilian plastics company had already supported INMED's *Healthy Children, Healthy Futures* program in Brazil, and agreed to consider joining the *Horta Brasil* alliance. After observing the positive results achieved through the project in its first year, Rio Polímeros committed its support for a new *Horta Brasil* project site near one of its corporate facilities in Duque de Caxias, which was launched in July 2005.

Financial Support

Table 1 (attached) shows the revenue budget and actuals for Year 1 of the project, as well as the revenue projected vs. confirmed to date for future years. Total cash revenue for Year 1 was projected to be \$1,038,000. The actual revenue for year one was \$1,063,000 despite the fact that the contribution from El Paso Energy, which came entirely from within Brazil, was devalued due to changes in the exchange rate. Their original commitment was converted to US dollars using the rate at the time of 3/1. The actual figures are calculated at the current rate of 2/1. The in-kind projection of \$541,500, which came entirely from within Brazil, was actually valued at \$287,525 due to the changes in the exchange rate. It should also be noted that in the revenue table (Table 1), the terms 'Year One', 'Year Two', etc. are considered very broadly. The revenue projections and actuals for each partner reflect their first year in the project, regardless of the start date. These categories therefore reflect a 12-month period for each partner, although they may not be precisely the same 12 months for all partners.

The differing start dates by the various partners complicate the expense accounting. The attached expense accounting (Table 2) is designed to give an accurate accounting for USAID funds for the period October 1, 2004 – September 30, 2005. Match is also included, but expenses are lower than the revenue listed in Table 1 for three reasons: the differing start dates of the various partners; the fact that corporate partners give funds in advance of expenses rather than after expenses are incurred as USAID does; and the slower spending rate at the outset of the project as it was ramping up. Because this is a multi-year project with on-going support from the corporate partners, much of the expense side of the budget will take place after the September 30 end date for USAID funding.