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Annual Results Report

Development Activity Program

PROGRESA (Proyecto de Gestión Rural en Seguridad Alimentaria)

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List of Acronyms

ADRA	Adventist Development and Relief Agency
AIN-C	Integrated Child Attention – Community
ANAFAE	National Ecologic Agriculture Association
ARI	Acute Respiratory Illness
BCS	Behavior Change Strategy
CHW	Community Health Worker
COHDEFOR	Honduran Forest Development Corporation
COSECHA	Asociación Agricultura Sostenible Ecológica y Humana
COSUDE	Swiss Cooperation Agency
CS	Cooperating Sponsor
DAP	Development Activity Proposal
DIP	Detailed Implementation Plan
DCHA	Democracy, Conflict and Humanitarian Assistance
DICTA	Dirección de Ciencia y Tecnología Agropecuaria
ESNACIFOR	Escuela Nacional de Ciencias Forestales
FAO-PESA	Programa Especial p. l. Seguridad Alimentaria (Food and Agriculture Org.)
FANTA	Food And Nutrition Technical Assistance project
FE	Final Evaluation
FFD	Food For Development
FFP	Food For Peace
FFS	Farmer Field School
FHIA	Honduran Foundation for Agricultural Investigation
FINTRAC	US-based agricultural firm
FORCUENCAS	EU Watershed Institutional Strengthening Program
FY	Fiscal Year
GOH	Government of Honduras
HH	Household
IFAD	International Fund for Agricultural Development
INA	National Agrarian Institute
INFOP	National Vocational Training Institute
IPTT	Indicators Performance Tracking Table
MARENA	Ministerio del Ambiente y Recursos Naturales
MEU	Municipal Environmental Unit
MOA	Ministry of Agriculture
MOE	Ministry of agriculture
MOH	Honduras Ministry of Health
M&E	Monitoring and Evaluation
MTE	Mid Term Evaluation
MCHN	Mother Child Health and Nutrition
NICRA	Negotiated Indirect Cost Rate Agreement
PRACC	EU CA Regional Reconstruction Program
PRONADEL	National Local Development Program
PRS	Poverty Reduction Strategy
SAN	Food and Nutritional Security Coalition
SANAA	National Water and Sewage Services
SAP	Sustainable Agricultural Practices
SAPQ	Standardized Annual Performance Questionnaire
SAG	Honduras Ministry of Agriculture
SC	Save the Children
SOPTRAVI	GOH Public Transportation Ministry
TA	Technical Assistance
USAID	United States Agency for International Development
UMA	Municipal Environmental Unit
WMC	Water Management Committees
WFP	World Food Program

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FISCAL YEAR 2009 RESULTS REPORT

1. Introduction: Annual Food Aid Program Results

PROGRESA (Proyecto de Gestión Rural en Seguridad Alimentaria, in Spanish) is a 5-year (FY05-FY09) DAP funded by the USAID Office of Food for Peace with PL 480 Title II resources and implemented by Save the Children in Honduras. This report, prepared according to the FY09 Annual Results Report Guidance provided by FFP in September 2009, summarizes the implementation of PROGRESA's fifth year (FY05) activities and describes achievements toward its program goal and objectives. FFP has approved a four month no-cost extension for SC/PROGRESA (October 2009 – January 2010); therefore, FY10 will be the final year.

PROGRESA target population is located in 117 communities and adjacent hamlets in 12 municipalities in the south-central departments of Francisco Morazán, Valle and Choluteca, experiencing poor health and nutrition, agricultural deficiencies and environmental challenges. PROGRESA plans to achieve significant and sustainable benefits for this population and has served the following participants in FY09; see Summary Request and Beneficiary Tracking Table for additional details, Attachment D.

Technical Sector	Male	Female	Total
Health & Nutrition - Non HIV	17,708	18,428	36.136
Ag. / NRM - Non HIV	19,322	20,300	39,622

The overall goal of PROGRESA is to **Reduce Food Insecurity in Highly Vulnerable Communities in South-Central Honduras**. This will be achieved through activities designed to reach three strategic objectives (SOs) and their related intermediate results (IRs), as outlined in the following framework:

SO1: IMPROVE MATERNAL AND CHILD HEALTH AND NUTRITION	**SO2: IMPROVE FOOD PRODUCTION AND MARKETING**	**SO 3: IMPROVE NATURAL RESOURCE MANAGEMENT**
IR1.1: Increased adoption of key MCHN practices, and utilization of key MCHN service	**IR2.1: Intensified Basic Grain and Diversified Production Systems**	**IR3.1: Improved Natural Resource Management and Recovery**
SUB IR 1.1 Improved Knowledge, Attitudes, and Skills Regarding Key MCHN Practices	**IR2.2: Improved Product Management and Processing Practices**	**IR3.2: Improved Water Management**
SUB IR 1.2: Improved Access to Quality Key MCHN Services at the Community Level	**IR2.3: Improved Market Linkages**	

Key assumptions made in the initial proposal have not significantly changed, except during the last part of the FY09 when socio-political unrest affected activities in Honduras, especially in Tegucigalpa.

Program impact was measured by a reduction in chronic malnutrition rates of children 24-59 months of age, the average number of different types of crops grown among target farmers HHs, the average numbers of food groups consumed and % of families with diversified diet. A Quantitative and Qualitative Final Evaluation (FE) was carried out, based on a Scope of Work developed using FANTA guidelines and was completed for the three Title II CSs in Honduras (Adventist Development and Relief Agency ADRA, Save the Children and World Vision).

During this fifth year, PROGRESA continued implementing its full range of activities in all participating communities (24 communities were phase out by 31st March 2009) and municipalities, a spectrum that created possibilities to generate synergies and improve sustainable food security.

The program contributed to enhance and protect livelihoods capacities and works with a variety of public and civil society partners throughout its area of influence. During FY09, in order to increase the sustainability of food security activities in its impact area, PROGRESA continued to consolidate its partnership with ministerial (Agriculture, Health, Interiors Ministries and international NGOs) and municipal authorities.

By the end of June PROGRESA was able to meet or exceed most of its Y5 targets (see IPTT, Attachment A). In terms of indicators performance, planned results for 27 program indicator targets were met or exceeded and only 10 indicators targets were not reached (most by a small difference). The IPTT reflects the quantitative evaluation data collected for the FE in June 2009, which is comparable with 2005 baseline data. It is estimated that IPTT LOA targets were in general set at the appropriate level and the program is on track and shows good signs of sustainability, as explained in the FE report (attachment G).

Of the 218 actions described in FY09 DIP (see Attachment B), 210 were executed at planned or slightly above planned level and eight were below target. The success in reaching or exceeding DIP targets is due to producers' progressive increased interest and therefore active participation; also to budget management efficiency by prioritizing needs altogether with producers.

Having met or exceeded most DIP and IPTT targets explains the encouraging results for this FY. In general targets were set at an appropriate level or below actual demand, considering that this was the last FY of the project, and careful planning allowed proper implementation.

IPTT results and DIP implementation indicate, in general, that program results were achieved, effects on PROGRESA´s indicators (1) is analyzed below.

The **% of children between 24 and 59 months stunted** is the program's impact indicator and was measured in the BL at 35.1%, while in the FE was at 27.5% (FY09 target 30%). This represents, a 7.5% decrease compared to BL and a 2.5% decrease compare to FY09 target, overall a very encouraging result. This indicator was positively affected by PROGRESA health

[1] Text in bold are **indicators** as listed in the IPTT.

activities and collaboration with the MOH. The indicator was also affected by the implementation of the Integrated Child Attention–Community (AIN-C) strategy with strong CHWs participation at community level. Growth monitoring and promotion results were shared during community assembly meetings and rations distributed by PROGRESA act both as an incentive to participate in AIN-C activities and an improvement of families and children diets.

PROGRESA provides TA to improve local production of basic grains, positively affecting the **average number of months of HH food provisions,** which was at 7.1 month at BL and 8.3 months during the FE; this represents an additional 1.2 month of HH food provisions. In relation to the FY09 target of 9 months, the FE does show a slightly insufficient result (-0.7 month). This final evaluation result deviated from the annual data because the survey included the full impact area population, including non beneficiaries.

The **average numbers of food groups consumed by family a day before survey,** a proxy indicator that does not take into account the amount of food consumed, was measured in Y1 at 8.5 groups (BL), and 8.1 groups at FE. Nonetheless, a TII CSs jointly decided diet related indicator, **% of families with diversified diet (more than 7 groups)** showed that more than half of families maintain the numbers of groups consumed (66.9% families), which is a slight improvement above BL (66%). It is assumed that Y3 results were higher because the survey at the time was not population based and families might have prioritized other expenses above a diet that is already at considerably diversified.

Other PROGRESA strategies such as participatory Farmer Field Schools (FFS) promoted sustainable impact, together with activities that supported potable water availability, better environment, re-vegetation, soil conservation and land protection, contributing to higher levels of resilience for the sustainability of all impact indicators. The adoption of sustainable agricultural practices, alternative crops and the implementation of micro-irrigation systems also continued this FY, including processing and market linkages.

During FY09 PROGRESA collaborated with and received support from the following other entities:

- National Agrarian Institute: Provided training to help processing groups to obtain their bylaws.
- INFOP: Training for technicians and Producer Leaders in methods for technology transference.
- CREON (Regional Centre for Business Collaboration and Opportunities): Contributed to coordinate of farmer fairs oriented to open new market opportunities.
- World Vision: Carried out training for CHW and producers to prepare them to participate in health and agricultural fairs in the municipality of Sabanagrande and Langue.
- CCF (Christian Children Fund): Donated latrines for the Tablones' (Alubaren) wáter and sanitation project.
- Ayuda en Acción: Contributed with different agricultural inputs in the municipality of Orocuina.
- PROMIPAC (Integrated Central America Pest Management Program): Technical assistance to FFS.

- FORCUENCAS: Contributed with funds to build Barreal Limones water and sanitation system, and also technical assistance to strengthen Orocuina's MEU
- SANAA (National Water and Sewage Services): Contributed with training for Barreal Limones WAC's members in water and sanitation system administration.
- Simiente Foundation: Provided training for processing organizations and logistics for agricultural fairs carried out in the Municipality of Langue.
- ADEL Valle: Contributed with technical assistance to coordinate health and agricultural fairs in the municipality of Nacaome.
- ANAFAE: Provided training in eco-agriculture for producers in the municipality of Nacaome.
- Diacona Nacional: Provides technical follow up to strengthen GAIN-C in the San Lorenzo area.
- CEM-H (Women Study Centre-Honduras): Training in women rights and non-violence against women.
- Empacadora San Lorenzo (private sector): Logistics for the San Lorenzo health and agricultural fair.

PROGRESA personnel continued to participate in the activities of the Food and Nutrition Security (SAN) Coalition, a national group composed by major donors, multilateral agencies, INGOs, NGOs and key GoH ministries. The SAN group activities contribute directly to the FFP 2006-2010 Strategic Plan IRs: Intermediate Results of strengthening national and global partnerships (IR 1.2); improving effective policy and program approaches (IR 1.3); and supporting technical excellence and innovation (I.R 1.4). PROGRESA's manager was SAN Focal Point person during part of FY09, as recognition of TII active role in SAN. However, sociopolitical unrest during the last part of the FY limited SAN activities.

PROGRESA's sustainability approach includes the strengthening of Municipal and community organizations. To date, 93.8% of communities have **communitarian organizations participating in decision making at the municipal level,** 21.8% points above target, and 91% of participating communities have **food security projects that have allocated funds in the municipal budget,** 1% above target. PRS implementation has contributed to motivate communities to participate in municipal decision making and to search for funds.

Comments on results achieved for each Strategic Objective and its associated Intermediate Results, activities and actions are provided below. Significant differences between planned and achieved targets are also explained.

1.1. SO1 Improve Maternal and Child Health Nutrition

PROGRESA's health and nutrition objective focused on the promotion and surveillance of children's growth, during two monthly sessions in the first two years of life, with the participation of pregnant women. Activities in health and nutrition are based mainly on the MOH AIN-C strategy focused on the adoption of key MCHN practices, bringing services closer to a population that would otherwise be out of reach. Positive results for children were achieved

through the AIN-C strategy promoted by PROGRESA, as well as food distribution and household level advice counseling to mothers and children's caretakers provided by CHWs.

The **% of children between 6 and 24 months underweight** at FE was 10.9% or 4.6 percentage points below the annual target and 9.5% below BL (20.5%). The chronic malnutrition indicator of **% of children between 6 and 23 months of age stunted** was measured at 15.6% during the FE, or a reduction of 10.4 points more than planned and 15.1% below BL (30.7%). This represents another important achievement.

The monitoring indicator of **% of children less than 24 month of age with adequate growth trend** was at 68% at FE (higher than the 64% FY09 target and 62.4% at BL) and **inadequate growth trend** is 12.7% (11% FY09 target and 37.6% at BL).

Children less than 24 months of age with inadequate growth trends in two consecutive months was measured at 12.7% during FE (11% FY09 target), or -1.7% below target; however in comparison with data established as BL in FY07 (14%) the indicator is 1.3% above BL. This indicator fluctuated over the project life; a possible explanation is the availability of more food at certain times of the year, like holiday season (Dec-Feb) and less at the beginning of the rainy season (May-Jun). PROGRESA reinforced CHWs capacities to pay special attention to the progress of this indicator, through strengthening nutritional counseling with an emphasis on behavior change, and better promotion of family and community involvement in management of children that do not grow according to expectation for more than one month.

Diarrhea is among the main causes of children morbidity. The **% of children under 24 months of age with diarrhea in the past two weeks** was at 23.1%, or 5.5% above year target, and 13.5 above BL (36.6%). This indicator is directly influenced by hand washing practices adoption and potable water and sanitation activities. According to the Statistics National Institute (INE) in 2005 diarrhea was the first causes of death in children less than two years of age, at 19.6%.

IR1.1: Increased Adoption of Key MCHN Practices, and Utilization or MCHN Services

Through implementation of the AIN-C strategy, CHWs played and will continue playing an important role in promotion and adoption of key MCHN practices, which are also reinforced with a Behavioral Change Strategy (BCS) that included audio–visual communication messages, contributing to this year's results.

The **% of children less than 2 years who received exclusive breastfeeding during the first 6 months** reached 51.2%, or 4.4% points above target and 24.4 above BL (26.8%). This important MCHN practice, unfortunately on a negative trend in Honduras, is strongly promoted in the AIN-C strategy and directly influences child development.

The target complementary feeding indicator, **% children 6-9 months receiving appropriate complementary foods at age 6 months,** reached 82.8%, or 22.5 percentage points above the yearly target and 45.5% above BL (37.3%), another important achievement due to BCS efforts.

During FY09 PROGRESA continued to promote hand washing through AIN-C and BCS activities, such as individual counseling and educative sessions. The annual target of **% caregivers with children < 2 using appropriate hand washing practices**, reached 90.7% (or 12.6% points above target) and 32.6% above BL (58.1%). This indicator was also influenced by increased water availability in program communities.

Feeding practices improved for children during diarrhea episodes is another behavior adoption indicator in PROGRESA. The indicator, **% of children <2 with diarrhea in the past two weeks preceding the survey who were continuously fed during illness** achieved 80.8%, against a target of 64.7%. The target was thus exceeded by 16.1% points. This important behavior contributes to the reduction and prevention child morbidity.

The indicator, **% of children < 2 years with ARI during two weeks preceding survey who were seen by a health service provider** achieved 65.6%, 2.2 points below target but 17.8% above BL (47.8%). CHWs promoted referrals to health centers when attention from qualified health staff was required, contributing to increase health coverage for children under two years of age with ARI.

In order to increase the **% children between the ages of 12 and 23 month who received complete immunization** PROGRESA facilitated access to immunization services for all children less than 24 months and 92.8% coverage was reached in FY09, or 7.9% above target and 15.9% above BL (76.9%). The program promoted timely and complete immunization at the monthly AIN-C monitoring meetings, education sessions, and home visits, through monthly revision of beneficiary vaccination cards, and referral to the health centers for missed vaccinations. This indicator is a shared responsibility with MOH health centers, as they are the vaccines providers.

Frequent pregnancies place the mother´s and child's health and life at risk, especially in isolated rural areas. PROGRESA and MOH collaboration contributed to increasing the **% women of reproductive age reporting current use of modern contraceptives;** and FE measures reached 41.5% (12.6% above target) and 24.8% above BL (a 16.9% change), an encouraging and outstanding improvement that demonstrates CHWs commitment to voluntary community activities, and promotion of practices regarding the use of modern contraceptives.

Sub IR 1.1. Improved knowledge, attitude and skills regarding key MCHN practices

The target for **% of mothers with adequate feeding practices recommended for the child** less than two years of age was not reached. From a target of 44.9%, the program achieved only 26.8% uptake (a difference of 18.1% points). Nevertheless, the result was 11.9% above BL (14.9%). The **% of fathers and other key HH decision-makers with appropriate knowledge regarding recommended child feeding practices** was 11.9%, which was below the target of 29.7% (a difference of 17.8 points). The difference between the annual and the final results is likely due to the fact that the FE was population, not beneficiary based.

The **% of pregnant women that recognize at least 3 pregnancy danger signs** is reported at 73.9% or 41.8% points above the target and 66.8% above the BL (7.1%). This outstanding result is the product of monthly sessions and counselling provided by CHWs.

Sub IR 1.2: Improved Access to Quality Key MCHN Services at the Community Level
Activities under this IR provided communities and beneficiary persons with an enabling environment for the adoption and access to improved health practices and services.

The **% of mothers receiving counseling from CHWs during home visits** in FY09 was 27.3%, or 26.7 points above target. A reduction represents a positive change as fewer visits are required from CHWs when mothers and caretakers continue the recommended practices autonomously.

The **% CHWs following appropriate AIN/C+ M protocols for counseling** was 82% in FY09, or 7 points above target. No BL data was available due to nonexistence of AIN-C activities in the impact area at project inception; therefore, the MOH did not have data either. PROGRESA started AIN – C activities in the impact area late into FY06 due to budget delays.

1.2. SO2: Improve Food Production and Marketing

PROGRESA's activities improved local food production systems and prepared producers for entry into the market, through integrated crop management, which include SAP adoption. FFW activities also contributed to the improvement and construction of rural infrastructure, such as roads, fords, stone pavements, paved road tracks and gutters increasing local capacity for transportation of people and agricultural products.

IR 2.1: Intensified Basic Grain and Diversified Production Systems
One of the main indicators under this Intermediate Result, **% of farmers using at least four sustainable agricultural practices promoted by the program** increased to 88.2%, (28.1% above target) and 57.1% above BL (31.1%). The FY target for this indicator was conservative.

The **% of program HHs using intensified or diversified food production systems** was on target at 31%, which is 11.9 points above BL (19.1%). This result is related to the FFS strategy and the promotion of SAPs, which showed quick short term results. Both strategies were particularly well received by local farmers.

The PROGRESA indicator for crop diversification, **% of farmers that plant 2 or more non–traditional new crops promoted by the program** increased to 70.3% or 10.3% points more than planned. Intensive technical assistance was provided in FY09 in order to increase results for this indicator.

The indicator, **% of program HHs using intensified or diversified animal production systems** was on target at 31%, and 11.9 points above the BL (19.1). Technical assistance and coaching provided during animal health campaigns carried out in FY09 were important elements in achieving this result. Trained producer leaders teach other producers how to apply vaccines and de–worm. TA was provided on how to prepare concentrate feedstuff, lowering the possible use of human food to feed animals. And assistance was offered to confine small livestock in order to limit transmission of animal diseases.

IR2.2: Improved Product Management and Processing Practices
This program component was started in FY07 and continued in FY08, with encouraging results to date. The target **# of functioning product transformation groups in program communities** was reached at 32 in the FE. The **% of program HH using improved product transformation processes** increased to 23.5% or 3.1 points above target and 12.1% above BL (11.4%). In collaboration with the National Agrarian Institute, the bylaws of 10 transformation groups were approved.

I.R. 2.3. Improved Market Linkages
The **% of program communities with functioning marketing organizations** reached 9.8% (0.2% below target); there was no data gathered for this indicator at BL. The **% of program communities with access to up to date market information** was on target at 90.3% and 30.3 above BL (60%), The improvement in this indicator was in part due to cell phone technology, which allowed community leaders to access up to date information and to share it with their producer neighbors. These results were also linked to FFW activities for the rehabilitation and improvement of local access roads, with significant in-kind and financial participation of program municipalities and communities. All twelve PROGRESA Municipalities participated in the planning, financing and implementation of FFW activities and the # **kms of road improved** was slightly above target at 9 km, an increase from 180 km to 189 km. Communities also benefit from construction of fords, stone pavement and cement covered gutters, as well as from paved road tracks to improve vehicle traction during winter. Government or other organizations funding for this kind of rural infrastructure is limited, particularly for communities located in remote and highly vulnerable areas.

1.3 SO: 3. Improve natural resource management
Most farmlands in the target area are located on marginal lands with limited soil fertility and steep slopes. In 1998, land and other resources suffered from hurricane Mitch. Every year the zone is affected by recurrent drought and is known as the "drought corridor". This objective aims to address land access constraints and to increase conservation practices.

I.R: 3.1. Improved natural resources management and recovery
Natural resource recovery and improvement are needed in PROGRESA's impact area due to recurrent natural disasters and inadequate natural resources management at municipality, community or household levels. The program helps farmers and communities recover land lost to harmful environmental management practices and mitigate the impact of future disasters. During this FY, the indicator **hectares of re-vegetated lands** reached 313 HA, or 13 HA above target due to the genuine concern of municipalities and communities regarding high deforestation levels, especially in watersheds. Reforestation took place where need was detected, therefore no data was collected at BL for this indicator.

Participants understand that a small but smart investment can produce long term results and the indicator **% program HHs using soil &/or water conservation practices** was met at 78.2%, 4.5 points above target, and 24.5% above BL (53.7%). A well received practice by producers is mulching, which contributes to elimination of erosion, moisture retention, weed control and incorporates organic matter, as well as other sound conservation practices.

I.R: 3.2. Improved Water Management

This IR aimed at preserving vital water resources, through mobilization of stakeholders at community and municipal levels, and was particularly important given the fragile environmental situation of the PROGRESA impact area. In addition, each water project repaired or constructed by PROGRESA's, community and municipal support included a watershed protection plan, which communities greatly value to protect their water source.

Thirty three training events took place in coordination with the Municipal Environmental Units' (MEU) personnel to prepare producer leaders in watershed management plans and sound environmental practices implementation, obtaining from producer leaders the commitment to replicate learned practices with producer families.

The participation of communities, municipalities, and coordination established by PROGRESA with other programs such as COHDEFOR has (together with direct PROGRESA activities) increased the **% of communities implementing comprehensive land use management plans** to 59.2% (target 50%). In FY09, ten out of ten watershed management plans were being implemented, with municipal support.

Commodity Management

In FY09 SC renewed the contract with CARE for warehousing and monetization services and agreements with the twelve new municipal authorities that provide local warehousing. During the FY all twelve local warehouses were well equipped to handle and protect commodities and were regularly monitored through PROGRESA as well as USAID/H personnel visits.

During FY09 PROGRESA distributed a total of 945.9 MT of food (Rice 463.9; Beans 292.8; CSB 128.2 and Veg. Oil 61.0). Of this, 66.42% was invested in FFW and 35.58% was distributed to mothers and children attending AIN-C sessions in 93 distribution points. FFW projects were managed by 93 Food Administration Committees; FY09 year end stock is a total of 0.0MT. At USAID request, PROGRESA distributed to its own beneficiaries 338 cartons (7.436 MTs) of Veg. Oil transferred by ADRA as part of their program closeout.

Through the incentive food distribution strategy of PROGRESA, participants received dry rations during FY09 to encourage participation in educational activities and consequently changing of behaviors to improve nutritional status.

Expenditures

Please see FY09 Expenditures Report, attachment E, the figures indicated in this report are preliminary. Final FY09 final figures will be available during the second part of November 2008 and will be submitted to USAID/H in the Jul-Sept/09 financial report.

Proposed Modifications to the M&E Plan, IPTT and/or Work Plan

No modifications to the IPTT or M&E Plan are proposed for FY09. A joint, external FE for the three Title II CSs in Honduras (ADRA, Save the Children and World Vision) based on a Scope of Work prepared with FANTA assistance, was carried out in the second part of FY09, see FE report attachment G. Save the Children was selected among the TII CSs as the leader for administrative coordination of this FE.

Closeout Plan
PROGRESA's Closeout Plan was approved and will guide implementation of the next and last four months of LOA.

2. Success Stories

Food Security progress in Piedra Parada
Piedra Parada (Standing Stone) is located in the municipality of Curaren, one of the driest areas of Honduras, it´s a small village of 680 people.

Don Gabino Ruiz, a local farmer, was skeptical about the future and usually did not participate in community meetings. However, when PROGRESA's personnel visited Piedra Parada in 2005 to propose the project, since then he became interested in alternative agricultural practices, participated eagerly in training events and eventually volunteered to become a producer leader and offered his land for a Field Farmer School installation.

Don Gabino never had a farming plan before the FFS training, crops were not distributed efficiently on his land, and he slashed and burned regularly, did not use fertilizers efficiently and had no irrigation system. However, since 2005, Don Gabino, with the project's agricultural technical assistance started to obtain positive results.

In 2007, a FFS was established in Piedra Parada. In 2009, the FFS activities were very successful, obtaining among others an abundant crop of 65 boxes of tomatoes (25 lbs each) on 350m2 that were sold at a profit of HNL16,250. Cabbage was also planted as a new crop.

In 2009, Don Gabino´s farm of 1.75Ha now has a micro drip irrigation system fed by a 10,000 gls pond where he also farms tilapia. He produces a variety of crops with increased yield, for example his corn yield increased from 12 to 25 qq per manzana (0.7Ha). This year he gained HNL22,000 from selling 15qq of corn and 10qq of beans, keeping 10qq and 6qq respectively for family consumption (1q=100lbs). He also earned HNL4,000 from selling tomatoes and cultivates zucchini, cassava, sweet potatoes, plantain and potatoes for family use.

As a producer leader Don Gabino shared his new knowledge and practices with four other families, each increasing net earning from sales by about Lps5,000 last year. These farming families now apply sustainable agricultural practices like mulching, live and dead barriers, plant spacing, organic agricultural, contour farming and soil conservation.

PROGRESA has also implemented health activities in Piedra Parada and 18 mothers and three pregnant women participate in child health and growth monitoring meetings held by three community volunteers. Children's health improvement was significant. Thanks to project TA and FFW activities, Piedra Parada attracted government funds for improving access roads, and local production is more easily marketed.

The village is very grateful to PROGRESA for its five years presence and for the results achieved, and looks at a brighter future from a variety of perspectives that act synergistically increasing food security and the community resiliency.

All photos of Don Gabino, by Jairo Avila, SC

3. Lessons Learned

FFW

The project's impact area is known as 'Dry Corridor' due to very low rain; precipitation is concentrated on short, intense periods. PROGRESA's provision of commodities during most of LOA has allowed a much more effective implementation of Sustainable Agricultural Practices by providing food to the poorest farmers while their subsistence farming outputs levels increased as a result of SAPs application. The full process of SAP implementation was too long for them to wait for results without having access to alternative food provided by FFW and they would have had to temporarily leave their farms and SAP application to look for work. This experience shows the multiple positive effects of the FFW and synergistic approach of TII.

Marketing

At project inception, an agricultural market study for the entire impact area was elaborated; however, such study resulted too complex for transformation groups' members and was not replicable by producers. From this experience, including participants of product transformation groups in the preparation and application of their own basic market surveys and analysis proved to be more useful than the elaboration of external, costly, complex marketing studies. These way participants acquire direct experience and skills, and an understanding of market requirements. Furthermore, easy access to cell phones has greatly contributed to access updated market information, provided the project initially help the participants make appropriate contacts with market actors.

Agriculture
PROGRESA`s agricultural technicians were used to provide already prepared "technological packages" to producers. However, FFS define the content of experience-based learning according to producers' actual interest and capacity to adopt and adapt best agricultural practices considering their own financial, environmental and market realities; this way the interest of producers and their capacity to apply and transfer knowledge to others is significantly increased. If FFS cannot be established in each community the practice of visits from other communities is very helpful, coupled with elaboration of simple plans to apply new learning to visits' participants land plots.

Land recuperation
The devastating floods caused by hurricane Mitch in 1998 washed out fertile layers of soil in some of the most productive parcels of land in the Municipality of Apacilagua, replacing it with such large quantities of sand and stone that producers considered the productivity of the land a permanent loss. PROGRESA promoted use of these same stones to build strategically located retention walls to direct the raising river waters during the rainy season at the right speed to deposit fertile silt. In a record 2.5 years time, less than expected, large areas of land were recuperated to productive agricultural activities, an experience that may well be worth replicating in other locations.

Water and Sanitation
The cost of a W&S system can be so high that communities sometime see it as an unachievable dream. PROGRESA has helped many communities to look for a variety of funding sources that joined together with local labor and materials, project TA and municipal assistance have made it possible to provide potable water and latrines to hundreds of families. These communities have also acquired a new confidence in their own fund raising capacity that they will apply to other needs.

Health
Community Health Workers were formally trained at the beginning of their service in PROGRESA, according to MOH formal approach. However, during LOA it was found that learning shared among CHWs and directed to specific subjects was even more effective. PROGRESA found that selected CHWs, with some coaching and using local modalities and their own words can transmit knowledge, promote attitudes and transfer skills amongst themselves more effectively that outside trainers. In other words, CHWs learn successfully from each other, in a modality that may well be named "CHW to CHW Learning".

PUBLIC LAW (PL) 480 TITLE II PROGRAM IN HONDURAS

FY2005-2009

FINAL EVALUATION REPORT

July-September 2009

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ACRONYMS

ADRA	Adventist Relief and Development Agency
AIDS	Acquired Immune Deficiency Syndrome
AIN-C	Integrated Child Care
CHU	Community Health Unit
CODEMUSSBA	Council of Municipalities in Southern Santa Barbara
COPECO	Permanent Committee for Contingencies
CS	Cooperating Sponsor
CSA	Agricultural Service Center
CSB	Corn-Soy Blend
DAP	Development Assistance Program
ENDESA	Demographic Health Survey
ERP	National Strategy for the Reduction of Poverty
ETEA	Technical School for Entrepreneurship
EU	European Union
FANTA	Food and Nutrition Technical Assistance Project
FAO	Food and Agriculture Organization
FFW	Food for Work
FY	Fiscal Year
FTDA	Farmers Training and Development Activity
HIV	Human Immune-deficiency Virus
IHCAFE	Honduran Institute of Coffee
IMCI	Integrated Management of Childhood Illness
INFOP	National Institute for Professionals
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
MANCORSARIC	Council of Municipalities for Copan
MTE	Midterm Evaluation
MUNASBAR	Council of Municipalities in Santa Barbara
NCHS	National Center for Health Statistics
NGO	Non Governmental Organization
PAHO	Pan American Health Organization
PRS	Poverty Reduction Strategy
PRACCAGUA	Program for Reconstruction in Central America: Water
PRONADEL	National Program for Local Development
SAG	Secretariat of Agriculture and Cattle
SANAA	National Autonomous Service of Aqueducts and Drainage
SCF	Save the Children Federation
SO	Strategic Objective
SS	Secretariat of Health
USAID	United States Agency for International Development
WV	World Vision

EXECUTIVE SUMMARY

In order to "reduce food insecurity in vulnerable communities", three Cooperating Sponsors (Save the Children Honduras, Adventist Development and Relief Agency and World Vision) implemented a PL480 Title II Development Assistance Program (DAP) in Honduras, funded by the United States Agency for International Development (USAID). The program was implemented for five years, FY2005-2009. This report presents the analysis of (a) a quantitative evaluation carried out by each CS in their area of influence, and (b) a qualitative evaluation including document review, field observation visits, key informant interviews, and participant focus groups.

The direct beneficiary population in this DAP was 183,000 people (including children under two years of age and pregnant or lactating women) and each CS provided assistance to approximately 55,000 to 70,000 people. At least an additional 350,000 people in the municipalities and/or health coverage zones were indirect beneficiaries. The program was implemented in 374 vulnerable communities located in 31 rural municipalities with high levels of poverty and chronic malnutrition in children under five years old. The municipalities were located in 6 geographic Departments of Honduras: Choluteca, Valle and Francisco Morazan in the south-central regions (SC); Santa Barbara in the northwest (ADRA); and Copan and Ocotepeque in the west (WV).

Interventions were focused on (a) increasing food access and availability through activities to increase and diversify agricultural production and improve market access; (b) optimizing the use of available food foods with improved child care and maternal health practices, and; (c) strengthening local institutional capacity to obtain and manage resources targeted for food security. Activities of the three CS were channeled through the formation of Field Schools with demonstration plots maintained by Model Farmers, and community growth monitoring and promotion led by AIN-C Monitors. The three CS included activities to support agricultural product commercialization, with a few variations in the strategies of each CS. All three CS included activities targeting natural resource management. The CS coordinated with local health facilities to improve access to and use of maternal-child health services. These activities were implemented within a cross-cutting strategy to develop capacities and strengthen links between communities and local government.

The framework of the DAP is organized in two Strategic Objectives (SO)[1]. The CSs have minor differences in Intermediate Results corresponding to each Strategic Objective, which can be summarized and generalized as:

Strategic Objective No.1: Increased agricultural incomes of target population

IR 1.1 Increase agricultural production and diversification
IR 1.2 Improve market access
IR 1.3 Improve natural resource management

[1]SC included a third SO, improved natural resource management, while ADRA and WV treated it as an Intermediate Result under SO No. 1. The CS included a cross-cutting objective of collaborating with and strengthening national strategies targeting decentralization, transparency and citizen participation.

Strategic Objective No.2: Improved household health and nutrition status

IR 2.1 Improved nutritional status of women and children.
IR 2.2 Improved access to and use of mother and child health services.
IR 2.3 Increased access to potable water and basic sanitation.

The CS agreed to use three high level indicators to measure program impact[2]:

1. Number of months of sufficient provision of foods (basic grains).
2. Average number of food groups in the household diet.
3. Decrease in the percentage of children 24-59 months with chronic malnutrition.

The number of months of adequate food supply in the target areas of the three CS showed improvement, with increases of from 0.9 to 5.2 months (Table 1). World Vision reached their final target with an increase of 1.3 months. SC, in the southern part of Honduras which is greatly affected by climactic variations from drought to flooding, attained nearly 1 additional month of basic food provision. At the same time ADRA obtained an increase of 5.2 months.

Table No.1[3]

AVERAGE NUMBER OF MONTHS OF ADEQUATE HOUSEHOLD FOOD PROVISION					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	7.4	8.3	9	---	↑ 0.9 months
ADRA	5.3	10.5	12	---	↑ 5.2 months
WV	9.9	11.2	10.6	√	↑ 1.3 months

The gains are due to the successful efforts by CS in convincing small agricultural producers of the benefits of sustainable agriculture practices that contribute to higher yields at harvest. SC and ADRA obtained increases of 29% and 180%, respectively in corn yields; 40% and 77% respectively for beans. In the World Vision target area, producers did not have a good harvest due to intense rains and low temperatures for a prolonged period. In the Midterm Evaluation, WV found increases of 30% and 24% in basic grain yields.

The CS have helped producers to access a variety of key production inputs:

- Silos to store basic grain harvests, through coordination with other actors.

[2] The FANTA II Project provided technical assistance to this Project, at startup and prior to the mid-term evaluation.

[3] The CSs Final Reports of Quantitative Evaluation did not provide confidence intervals for indicators. If these are available, the CSs may wish to include these in their Indicator Performance Tracking Tables (IPTT) and negotiate with USAID to send at a later date. The report from World Vision was the only one to include any testing for statistical significance of the change in value from baseline to final evaluation. Among the IPTT impact indicators that showed improvement, the change was found to be statistically significant at a confidence level of 95% for several (i.e. weight-for-age 6-23 months, introduction of semi/solid food 6-9 months, childbirth attended by skilled personnel) and some which were included in the IPTT as Annual Monitoring Indicators (for example, farmers that use at least 4 sustainable agro-forestry practices). It is recommended that a symbol be included to indicate statistically significant improvements found for indicators in WV's IPTT.

- Appropriate technology (micro-irrigation drip systems, small greenhouses "micro tunnel type) to lessen effects of a key limitation, inadequate rainfall.
- Access to credit

It is worth noting that ADRA was able to partner with the Millennium Challenge Fund which contributed financial support for 147 hectares of irrigation, with the technical assistance in diversified crops provided by FINTRAC. Additionally, ADRA invested other complementary funds in seed capital for credit to community groups they had organized (FODECO's). The qualitative evaluation found that seed capital has been repaid to the FODECO's and they continue to supply credit to local farmers. World Vision supported the creation of community banks, providing seed capital as well as technical training in managing account ledgers. They also promoted the activities and consolidation of rural banks with seed capital and training. SC provided seed capital and training to rural banks.

The indicator of dietary diversity (Table 2) indicates increased food security as the relationship between the diversity of the diet and sufficiency of caloric intake has been demonstrated[4]. It also indicates nutritional security, particularly if consumption includes those food groups high in the vitamins and minerals necessary for good health.

Table No.2

HOUSEHOLD DIETARY DIVERSITY Average Number of Food Groups in Household Diet					
CS	Baseline	Final Evaluation	Goal	Goal √	Change
SC	8.5	8.1	9.0	---	No change.
ADRA	5.6	8.8	9.0	---	↑ 3.2 average food groups
WV	7.8	8.2	8.5	---	↑ 0.4 average food groups

Improvement in the diversity of the diet was found at final evaluation with increases in the average number of food groups in the diet for households in the ADRA and WV area, with an increase in consumption of 3.2 and 0.4 food groups respectively, while SC maintained similarity to the baseline value which was already high at 8.5 groups.

At final evaluation, all three CS found a higher percentage of households with consumption of the food groups which provide complete protein (animal products), probably due to increases in income invested in purchase of foods with high nutritional content. The three CS found a higher percentage of households with consumption of other calorie sources to diversify the basic diet (roots/tubers/plantains) and/or vegetables with high vitamin and mineral content and which can probably be attributed to the diversification of agricultural production.

A strong relationship was not found between improvements in household consumption and strategies for the promotion of small animal production or/or small family gardens.

[4]"Dietary Diversity as a Household Food Security Indicator", John Hoddinott and Yisehac Yohannes for FANTA/AED, May 2002.

Although increases in consumption of the food groups of roots/tubers/plantains or leafy green vegetables were seen, they were not both found in each target area as would be expected from the promotion of family gardens. The increases found in meat or egg consumption were also not found to be directly linked to small animal production activities, except in the case of fish production in the south, with a (limited) increase in consumption of that food group most likely to with the limited number of fisheries promoted.

SC included in the quantitative evaluation analysis of food consumption by children 6 to 23 months of age, by food group, that demonstrates the expected link between a diverse family diet and improved child feeding practices, with increases in 5 food groups since baseline. These include the following food groups: fruits, vegetables rich in Vitamin A, meats, fats and legumes. During final evaluation focus groups, the responses from mothers participating in AIN-C activities demonstrated good knowledge of the key practices recommended for child feeding and a change of attitude in reference to the importance of variety in the infant's diet.

Looking at Table 3, a significant increase is shown in the cultivation of new and diversified, non-traditional crops in the target zones of SC and ADRA. Both surpassed final targets. WV maintained the same level as at BL.

Table No.3

% OF FARMERS PLANTING 2 OR MORE NEW OR NON-TRADITIONAL CROPS					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	19.8%	70.3%[5]	60.0%	√	↑ 50.5 pts.
ADRA	4.0%	47.9%	22.0%	√	↑ 43.9 pts.
WV[6]	13.0%	17.0%	14.0%	---	↑4.0 pts.

World Vision also put sizeable efforts towards diversified family gardens and the use of agro-forestry techniques in coffee plots, a crop that generates income in the target area. The indicator in Table 3 does not reflect these activities, as it would be expected. However, dietary analysis showed an increase of 27.7 percentage points between BL and FE percentages of households that consume roots / tubers / plantains (probably from home gardens) and increases from BL 9.8% to FE 13.7% in households that consume eggs and fats (purchased, perhaps with income obtained from the key cash crop in the target area -- coffee).

For all crops, the CS promoted the use of sustainable agriculture to increase crop yields, improve and protect soils and protect the environment. (Table No.4).

[5]For the Indicator Performance Tracking Table, SC calculates and reports this indicator relative only to direct participants; ADRA and WV calculated it among the entire random survey population in the survey.
[6] The indicator for FE was obtained through monitoring data and it is referred to market production.

Table No.4

% FARMERS USING 4 OR MORE SUSTAINABLE AGRICULTURE PRACTICES					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	31.1%	88.2%	61.0%	√	↑ 57.1 pts.
ADRA	7.0%	32.0%	54.0%	---	↑ 25.0 pts.
WV	17.0%	82.6%	60.0%	√	↑ 65.6 pts.

SC and WV surpassed final targets, with more than 80% at final evaluation. In focus groups, farmers express that land tenancy affected the adoption of sustainable agriculture practices, especially soil conservation works. The lowest level of land ownership among the three CS is found in ADRA's target area (37% vs. 72% WV and 49% SC). In spite of this, ADRA still obtained a substantial positive change.

The CS, had various action plans to improve beneficiary access to markets to ultimately increase household income. One was to support farmers with diversified crops to organize and improve their links with local markets (key strategy of ADRA's program). Another line of action was to form or re-activate small businesses for processing agricultural produce (an emphasis of the SC and WV programs). Another was to support groups that had worked on local road improvement activities to formalize and offer road maintenance services at the municipal level (ADRA and WV).

Given the ADRA focus on agricultural producers, they included evaluation indicators of household income from diversified production and found successful results with four crops (cabbage, cucumber, bell peppers and tomatoes). An example is provided in Table 5 below.

Table No.5

HARVEST AND PRICES BY CROP CROP PRODUCTION				
CROP	UNIT	BL 2005 or 2006	FE 2009	% Change
Cabbage	Qq/mz	128	255	↑ 99%
Cucumber	Lb/mz	19,320	37,970	↑ 97%
Green pepper	Lb/mz	3,200	4,536	↑42%
Tomato	Box/mz	128	156	↑22%
PRICES OF CROPS SOLD				
CROP	UNIT	BL 2006 US$	FE 2009 US$ CPI adjusted	% Change
Cabbage	price/qq	2.80	2.93	↑ 5%
Cucumber	price/lb	0.07	2.22	↑ 3,070%
Green pepper	price/lb	0.08	1.59	↑1,884
Tomato	Box/crate	2.10	2.41	↑15

SC proposed an increase in the number of small businesses transforming products, from BL 22 to FE 32. They formed 10 new small businesses, meeting the final target. A review of the ledgers of several small businesses during the qualitative evaluation showed net earnings between 47% and 85% of initial costs.

World Vision included efforts to help coffee producers obtain certification of small plots (average size 1.04 hectare). Certification requires producers to use environmentally sound improved practices for production and waste management, and the certification process is complex. WV proposed increasing the number of certified producers from 12 to 400 in their target area. Of these, the majority had fulfilled the certification requirements, and 252 had already paid the fee for seals. The review of the ledgers of one coffee micro-enterprise during qualitative evaluation showed a net income equal to 64% of initial costs.

Chronic malnutrition is a key indicator of household poverty, taking into account that young children are among the most vulnerable household members. When a family cannot fulfill their basic needs, the most vulnerable family members reflect this situation. Studies have shown that an intense focus on improving child feeding practices and health during the first two years of life can reduce the chronic malnutrition seen when the children reach 3 to 5 years of age. This is the basis of the AIN-C approach of the Secretariat of Health, and the three CS supported this strategy.

Table 6 shows impressive results in the reduction of chronic malnutrition (percentage of children age 24 to 59 months with height for age z score <-2 standard deviations).

Table No.6

CHRONIC MALNUTRITION (STUNTING) <-2 SD height for age 24 to 59 months					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	35.1%	27.5%	30%	√	↓ 7.6 pts
ADRA	49.5%	45.1%	46%	√	↓ 4.4 pts
WV	46.2%	50.0%	37%	---	No change

SC achieved the greatest impact and, followed by ADRA[7], the final targets set for the reduction of chronic malnutrition in this age group. All three CS showed a substantial decrease in chronic malnutrition in children age 6 to 23 months, (Table 7) and a reduction of between 4.5 to 11.6 percentage points in the percentage of malnutrition as defined by low weight for age (<-2 SD).

Table No.7

CHRONIC MALNUTRITION (STUNTING) <-2 SD height for age 6 to 23 months					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	30.7%	15.6%	n/a	n/a	↓ 15.1 pts.
ADRA	33.0%	25.9%	28.5%	√	↓ 4.5 pts.
WV	46.0%	38.7%	37%	√	↓ 7.3 pts.

The final evaluation did not permit clear identification of the reasons why WV did not achieve a reduction in chronic malnutrition among children age 2 to 5. They did achieve

[7]ADRA reports all anthropometric results by sex; values shown are an average and assume an equal number of boys and girls in the evaluation sample.

a reduction in chronic malnutrition among children age 6 to 23 months. The results in Table 6 may reflect a slower process in convincing families to adopt the most recommended child feeding and health care practices. It is noted that the educational level of mothers is low in the WV target area, with 38% of adults never having attended school, whereas in the other target areas, it is between 28% (SC) and 8% (ADRA).

The reduction in chronic malnutrition can be attributed to an integrated approach to food security. This includes the achievements already mentioned in terms of intensification, diversification and commercialization of agricultural production. Beneficiaries now have greater access to potable water due to efforts by the three CS to obtain other funding sources, linked to a substantial increase in the use of recommended hand-washing practices and general hygiene; and help of a preventive food ration distributed to all children 6 to 23 months and pregnant and lactating mothers for the term of the DAP and is recognized by the participant mothers.

Final evaluation shows positive and substantial achievements in almost all indicators for the evaluation of Strategic Objective 2. In particular, Table 8 shows increases of between 14.0 and 24.5 percentage points were attained for exclusive breastfeeding of children 0 to 5 months of age.

Table No.8

EXCLUSIVE BREASTFEEDING (age 0 to 5 months)					
CS	Baseline	Final Evaluation	Target	Target√	Change
SC	26.7%	51.2%	47%	√	↑ 24.5 pts.
ADRA	37.0%	52.8%	56%	√	↑ 15.8 pts.
WV	23.0%	37.0%	63%	---	↑ 14.0 pts.

A great increase is seen (Table 9) in the recommended practice of introducing solid/semi-solid foods between 6 and 8 months of age:

Table No.9

INTRODUCTION OF COMPLEMENTARY FEEDING (age 6 to 8 months)					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	37.3%	82.8%	60%	√	↑ 45.5 pts.
ADRA	34.0%	62.7%	49%	√	↑ 28.7 pts.
WV	31.0%	85.5%	95%	√	↑ 54.5 pts.

In field interviews with participant mothers, they mentioned the following messages: that soups and purees be “thick and not thin”; that children should be given food “spoonful after spoonful”; and that it is important to give children a variety of foods, including fruits and vegetable with “a lot of vitamin A”. The percentage of mothers using adequate feeding practices for children 0-23 months of age doubled for SC and WV (SC: BL 14.9%, FE 26.8%; WV: BL 15.0%, FE 32.5%) and the result for ADRA rose by 8.3 percentage points (BL 34.0%, FE 42.3%) but no final targets were reached within the

45-48% range. The most common limiting practice is the frequency of daily feeding.[8] Nevertheless, an average of 33% to 42% of mothers feed children over 8 months more than three times daily.

The next most limited practice is continued breastfeeding until 18 to 23 months of age (SC 46%, ADRA 54%, WV 60%). Due to it is common for a mother to stop breastfeeding because of a new pregnancy. SC and ADRA included activities to promote birth spacing. Knowledge of modern family planning methods increased in both target areas, but use only increased in the SC area (16.9% BL to 41.5% FE).

Different elements helped to develop the quality and capacity of AIN-C Monitor counseling observed during the qualitative evaluation. The CS received technical assistance for the design of a behavior change plan[9] and had access to high quality educational materials which were distributed to all the Monitors.

A study of the AIN-C model in Honduras[10] found that the intensity of participation resulted in a greater positive impact. During the observation visits of qualitative evaluation, documentation of participation showed intense participation by the mothers and children registered in AIN-C. In focus groups, mothers stated that they now consider that knowledge of a child's weight and growth status is essential to monitor a child's well-being. They hope that AIN-C activities continue in the community and offer their support to sustain the activity. SC reported an increase from BL 62.4% to EF 68.0% in the percentage of children with adequate growth trends; ADRA found an increase from BL 49.0% to EF 62.0%; and WV maintained the same level as at BL of 59%.

Per quantitative evaluation, SC reported that at baseline 58% of children had been weighed during the previous two months, while at final evaluation over 90% in all age ranges between 0-23 months had been weighed, with nearly 73% weighed by AIN-C Monitors. WV reported 85.2% of children under age two had growth monitoring during the two months prior to quantitative evaluation, and that 60% had been carried out by AIN-C Monitors.

Due to the impossibility of completely preventing diarrhea in young children, one of the Essential Nutrition Activities[11] is to increase or at least continue feeding children during bouts of diarrhea, in addition to providing oral rehydration fluids and/or abundant other liquids. Slightly under half of mothers have adopted this practice in regards to semi/solid foods, while around 80% offer more liquids and/or oral rehydration fluids. In focus groups, some mothers noted that one should "give spoonful after spoonful of Litrosol, because even if the child vomits, something stays inside".

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[8]Multi-actor collaboration in standardizing this indicator occurred after baseline criteria had been developed for evaluation. Using the latest standards, final evaluation results would probably be higher.
[9]FANTA provided technical assistance in use of the BEHAVE model.
[10]Evaluation of the AIN-C Program in Honduras, BASICS II for USAID, 2008.
[11]Technical Reference Materials for Nutrition 2007, by CSTS+ for USAID/GH/HIDN/CSHGP.

The 3 CS coordinated closely with health services in their respective target areas, promoting the use of available services and supporting the extra-mural tasks of local health personnel. Some results that demonstrate the benefits of coordination include:

- Children with signs of pneumonia receiving care:
    - from health personnel SC BL 48%, FE 66%;
    - from health personnel or AIN- C Monitors: WV BL 12%, FE 72% (includes diarrhea)

- Complete immunization of children over 12 months of age:
    - BL 74 / 88%, FE 89 / 95% (SC/ADRA)

- Mothers with post natal care visit within 6 weeks: 79% FE (ADRA)

- Births attended by health care professionals: BL 40%, FE 66% (WV)

The quantitative evaluation did not directly evaluate the use of community health services (CHUs) but in WV final results for child health care, 7% of care was provided by "volunteers". Given that there are 17 active CHUs with adequate supplies of oral rehydration salts and antibiotics for pneumonia. CHU coverage represents almost 5% of the program target area. Data may reflect use of the CHUs. A study previously carried out by World Vision[12] found a sizeable number of children seen each month at CHUs and referrals of mothers for maternal health services. Coordination by WV with the private Maternal and Child Health Clinic in Copan has probably contributed to some of the increase seen for professionally attended childbirth. It was also noted that MANCORSARIC, a council of municipal governments, along with other municipalities in the Department of Copan, had allotted funds for the maintenance of the Community Health Units, a decentralization initiative supported by WV. In the ADRA area, 16 CHUs have been functioned in coordination with the Secretariat of Health. Considering the high level of use of the services available in Health Centers in the target area of SC, the component of first aid kits for AIN-C Monitors does not seem to be a priority, especially because they do not have antibiotics for pneumonia.

In conclusion, the Final Evaluation of the DAP implemented by the three CS shows that nearly all the measured indicators show positive and substantial changes and that the majority of the goals were reached.

As to the efforts of the CS to assure sustainability of food security, the Food for Work activities focused on projects that provide long-lasting benefits, including improved roads, reforestation, etc., combined with activities for better natural resource management. In addition, the final evaluation found a significantly strengthened link between communities and local governments, with projects executed with other funding and defined future plans.

[12]"Documentation of the CASA experience within the World Vision Honduras Food Security Program", Joan M. Jennings, MPH, consultant for World Vision, January 2009.

Observation and discussion with focus groups of small farmers during the final evaluation support the conception that the strategy of promoting agricultural production through the Field Schools maintained by Model Farmers is an effective strategy. Observation and discussion with AIN-C Monitors and participating mothers shows this approach to also be effective. Human capital of high quality has been installed at the community level, including the volunteer Model Farmers, the AIN-C Monitors, the small micro-enterprise members and other community groups formalized during the program.

It is recommended that the CS disseminate information about their successful strategies and the positive results attained: internally in their organizations, widely throughout Honduras among the actors involved in achieving food and nutrition security, and internationally by such methods as posting on list serves and/or presenting at meetings and events sponsored by the donor.

I. INTRODUCTION

The final evaluation of the PL480 Title II Development Assistance Program in Honduras was carried out from June 29th to September 30th, 2009. A team of external consultants with technical skills in the program component areas carried out the evaluation process.

The objectives of the final evaluation included: (a) evaluating the degree to which the CS met the goals and targets of the program to reduce food insecurity in targeted areas, (b) identifying the implementation strategies that have been effective in reaching program goals, which have not and the reasons why, (c) identifying lessons learned and providing recommendations. It is expected that results will be disseminated widely among CSs, donors and other actors involved in Honduras in efforts to improve food security in the country.

The methodological process included: an analysis of the results of a quantitative evaluation and the implementation of qualitative evaluation. This allowed, on the one hand, to determine the fulfillment of goals and objectives using key indicators of the program, and on the other hand, more completely report the results obtained, based on the opinions, anecdotes and benefits related by the different actors, as well as information found at the local level.

Qualitative evaluation lasted three continuous weeks in a sample of communities in each target area: SC in the central-south ADRA, in Santa Barbara, the northwest and World Vision in the west region. After this field operation a preliminary report on key findings was proved to each CS and USAID Honduras for comments. These comments were taken into consideration and the final report prepared. Key findings were then again presented to CSs with the assistance of the final evaluation team.

All activities were carried out as planned with efficient logistic and technical cooperation from CS personnel at all levels. Local stakeholders were very responsive to and supportive of all evaluation activities. At the same time, it is important to note the favorable and timely response of the various local actors, among them: the beneficiaries, mayors and other municipal personnel, functionaries of regional government offices and other affiliated personnel.

This report includes an executive summary and five Chapters: Introduction, Program Background, Results, Cross Cutting Themes and Lessons Learned, Conclusions and Recommendations. At the end, some annexes and the bibliography are added.

II. PROGRAM BACKGROUND

The DAP program implemented in Honduras, with USAID Food For Peace financial support, was designed to reduce food insecurity among vulnerable populations in extremely poor municipalities in Honduras rural areas through three inter-related strategic objectives:(a) increase availability and access to food, (b) increase appropriate utilization of food, and (c) improve institutional capacity to manage interventions and resources devoted to food security at the departmental, municipal, and community level.

The program was implemented during the period of October 2004 to September 2009 (FY2005-2009) by three Cooperating Sponsors (CS): Adventist Development and Relief Agency (ADRA), Save The Children (SCF) and World Vision (WV). Activities in the following intervention areas included: improving availability and access to food through improved production and use of appropriate technology, natural resources management, income generation through commercialization of agriculture products with micro-enterprise development, rehabilitation of rural roads and improving food utilization through interventions in nutrition and health, along with water and sanitation.

The program was supportive of the goal of the USAID Honduras Country Plan in support of regional strategies for 2003 to 2008, which calls for increased economic growth to reduce poverty, and the USAID Food For Peace single Strategic Objective for reduction of food insecurity in vulnerable populations. This program was also aligned with Government of Honduras strategies for the reduction of poverty.

Improved availability and access to food: The program contributed to improving availability and access to food in poor households in Honduras rural areas through activities that address one of the underlying causes of food insecurity: poverty. Low agricultural productivity and a lack of market access contribute to poor household income and high levels of food insecurity for families in rural Honduras. One of the main objectives of the program was to improve rural income through improved agriculture production, diversification and commercialization. All activities supported the USAID Honduras Strategic Objective to promote open, diversified and expanding economies by competitive growth promotion of the market and improved management of resources.

Technologies for improved agricultural production: A main cause of low agriculture productivity level in Honduras is low utilization of appropriate practices and technology. The program attempted to increase the productivity of small farmers through implementing a set of new and appropriate technologies for sustainable agriculture under low input farms conditions. The CS provided training and technical assistance for use of small-scale drip irrigation systems, small greenhouses, use of improved seeds, fertilizers, integrated pest management and disease control and adequate crop storage.

Management of Natural Resources: Resources management allows sustainable increases in availability and access to food through conserving and rehabilitating the natural resources base, which sustains the agriculture productivity and income generation of Honduras rural communities. While the type of intervention varied

between CS, the most common practices were: (a) promotion of soil conservation practices and adapting irrigation methods to conditions in target areas (b) promotion of water resources and developing appropriate management plans of watersheds, (c) improving forest management and sustainable production of firewood, (d) promotion for recovery of lands affected by natural disasters, such as Hurricane Mitch, (e) temporary food assistance from the Food for Development program to support mitigation of risks and conservation of natural resources at the community level.

Income generation, commercialization and small enterprise: Without improved access to markets and improved commercialization skills, benefits from increased agricultural productivity would only be partly realized. The program sought to improve marketing and commercialization through several methods, such as: (a) production of processed products of high demand, (b) introduction of low cost techniques for management, quality classification and storage of crops to improve the quality of produce and increase market demand, (c) product processing with a higher value added for competing in markets and certifying plots and products as coffee, (d) organization of farmers associations or producers groups to benefit from economies of scale economies, (e) training in business administration and marketing studies, with development of effective linkages between sellers and buyers to increase sales, (f) training on micro irrigation and small greenhouse use to produce crops throughout the year and improve incomes, (g) development of micro enterprises, including food processing, diary processing, non industrial production and local commerce.

Rural road rehabilitation: Many of Honduras' rural poor live in isolated areas with inadequate road infrastructure. As a result, they face enormous obstacles reaching internal markets to sell products or purchase farm inputs or consumer goods. CSs worked with municipal governments to rehabilitate rural roads. The main objective was to improve linkages between producers and market towns and to increase the volume of products farmers are able to sell in the market network. FPP resources were used for paying workers in low income areas with limited access to food markets. Rural roads also bring other benefits to rural families, often improving access to health services or educational opportunities, among others.

Improved Utilization of Food: Child malnutrition persists in Honduras primarily due to poverty, however insufficient knowledge of appropriate feeding practices, high prevalence of childhood illnesses, and inadequate care during episodes of illness also play a role. CS interventions were designed to improve the transition from food assistance and to develop long-term community-level strategies to reduce high rates of child malnutrition, morbidity and mortality. They supported the USAID Honduras Strategic Objective for "healthier, better educated people".

Health and Nutrition: Maternal and Child Health and Nutrition activities are directly linked to the Mission's strategic objective to promote healthier, more educated people by improving key components of family health and education. The main objective of the MCH/N component of the Title II program was to reduce malnutrition and morbidity among children below the age of two years through direct assistance and by targeting

pregnant and lactating mothers. The objective was achieved through a comprehensive program of community-based growth promotion, integrated management of childhood illness, and promotion of use of available health services. The projects also develop behavior change strategies and provide food rations for children less than two years and pregnant and lactating women.

Although there was a slight degree of variation among CSs, the types of MCH/N interventions included: (a) facilitating the implementation of the Secretariat of Health of Honduras strategy for Integrated Child Care (*AIN-C*), (b) promoting maternal reproductive health (c) implementing behavior change strategies for infant and young child feeding, child health and maternal health care practices, (e) implementing a PD/Hearth (known as "Olla Común"), (f) establishing Community Health Units (CHUs) to serve remote communities with basic care services for acute respiratory infections and diarrhea and referral to Health Centers (ADRA and WV). The three CS provided a preventive food ration to all children 6 to 23 months of age and pregnant or lactating mothers.

Water and Sanitation: The various factors that cause food insecurity in Honduras, such as low incomes, stagnant agricultural productivity, limited education and poor health conditions, each interact to influence the food security status of a given individual. For example, lack of access to potable water and poor human waste disposal contributes to diarrhea infections. This in turn affects the body's ability to absorb nutrients and utilize calories, contributing to malnutrition.

The CS recognize these linkages. The principal objective of the water and sanitation component was to increase access to potable water and to improve the sanitary conditions for households in food insecure areas of Honduras. The three CS constructed/rehabilitated water systems and latrines, and trained water boards to manage systems. Ultimately, sustainability depends on the monitoring, maintenance and repair of completed infrastructure by community members. Behavior modification was also a key component. Program beneficiaries were trained in appropriate hand-washing and water storage and handling. The selection and approval of water and sanitation projects was based on community needs and priorities and planned in conjunction with communities and municipalities

Partners: The Title II CSs have signed cooperative agreements with various partners, including the Secretariat of Agriculture, the Secretariat of Health, and the municipalities with which they are working. A detailed list is included in Annex 1.

Geographic Coverage: The program is located in the Departments of Ocotepeque and Copan in the Western Region, Santa Barbara in the Northwest, and Choluteca, Valle and Francisco Morazan in the Central-South and targets 374 vulnerable communities in 31 rural municipalities. Per program reports, a total of approximately 183,000 people benefit from this DAP (~54,000 ADRA, ~59,500 SC and ~57,948 WV) while another 350,000 benefit indirectly through exposure to new practices and program actions to strengthen municipal government and local health personnel. Departments and municipalities are listed in Annex 2.

III. METHODOLOGY

This section describes the methodology of the qualitative evaluation carried out to develop this final evaluation report, and the methodology of the quantitative evaluation carried out prior to qualitative evaluation, to provide input into analysis of results.

METHODOLOGY OF THE QUALITATIVE EVALUATION

The Final Evaluation consisted of five stages: (a) contracting and providing orientation for a technical team, (b) coordinating plans and logistics for the qualitative evaluation with each CSs, (c) conducting the qualitative evaluation in the field, and (d) analyzing findings, preparing reports, and assisting CSs to disseminate findings. The first stage was done in five days, in which the team reviewed the detailed scope of work, midterm methodology and results, analyzed food security concepts and reviewed the situation for DAP coverage areas of Honduras, and reviewed up-to-date impact evaluation techniques. The planning stage consisted of the following sub stages: (a) compilation, review and analysis of documented information from results of the quantitative evaluation, (b) meetings with each CS technical team to define criteria for selection of communities to be visited and arrange logistic details, (c) designing guides for all focus groups and key informant interviews with stakeholders, for each DAP component, (d) pilot testing of field guides and subsequent adjustments, (e) internal logistic details (purchase of materials, renting vehicles and other goods and services needed for the field operation). One of the most important products of this stage was the analysis of impact indicators from the results of the quantitative evaluation report.

Collecting data for the qualitative evaluation was undertaken from July 20 to August 7 of 2009. The length of time spent in each area covered by each OC was five days and the activities developed were the following: (a) interviews with program management staff and technical component coordinators, (b) focus groups with technical field personnel for each program component, (c) focus groups with beneficiaries for each area, (d) interviews with key stakeholders and (d) field visits for specific interventions communities chosen. The number of persons interviewed is seen in Table 10:

Table No.10

Number of Persons Interviewed During Qualitative Evaluation							
	CS Mgmt	Field staff	Municipal Authorities	Other key partners	Focus Groups	Field Visits	Total
SC	11	38	5	31	209	32	326
ADRA	3	26	7	33	174	25	268
WV	3	25	5	44	139	26	242
TOTAL	17	89	17	103	522	83	831

During the stage of final report preparation, all qualitative information was compiled and analyzed in combination with results from the quantitative report, generating the main conclusions, lessons learned and recommendations. A power point presentation on the results was done for each CS and for USAID Honduras personnel at the final week of

August, 2009. A preliminary report was delivered to each CS and USAID Honduras for comments on August 31. The final report results were disseminated on September 28th among DAP management and field staff and then it was delivered on September 30th to the SCs and USAID.

QUANTITATIVE SURVEY METHODOLOGY

Review of the final reports from the quantitative surveys undertaken show that all CSs followed the same methodology for the quantitative survey, taking into account recommendations from FANTA and materials supplied by FANTA (for example, how to calculate sample size). A specialist from ADRA´s international HQ Evaluation Department led program staff in the final evaluation process, with direct supervision of quality and further assistance in quality control by ADRA Honduras supervisory and managerial staff, at a ratio of 1 supervisor to every 2 evaluators. SC contracted a specialist who formed an independent team of experienced consultants, and World Vision, with Counterpart International, contracted a local firm called MYPE Consultants. Logistic plans, survey tools and training processes were developed in close coordination with each CS Monitoring and Evaluation Unit.

Survey sample was chosen from the population participating in the program and was selected from the total number of communities participating: SC 71 (out of 117), ADRA 129 and WV 128. A two stage process of probability sampling for choosing clusters (communities) and households was used[13]. The number of communities in the samples ranged from 35 to 49, and the total households surveyed ranged from 1,054 to 1,200.

The number of questionnaires designed was two or three. A questionnaire on health and nutrition included questions on general data, anthropometrics, diet diversity, food rations, diarrhea and respiratory diseases incidence, health services access and water and sanitation services. A questionnaire for agriculture contained the following sub-themes: general data on farmers, production techniques and yields for agriculture and small-scale commercialization of agricultural products. A questionnaire on community participation and development issues was designed for researching the results of institutional strengthening activities. A pilot was undertaken to test questionnaires, other survey materials and survey activities. SC reported that they also included specific training for evaluators in order to standardize anthropometric measurement skills. The period of data collection was from April 28th to May 5th 2009 for the area covered by ADRA, from March 31 to April 23, 2009 for SC and from March 9 to April 2, 2009 for WV. Data Processing was done using SPSS, EPI-INFO and Excel programs. SC and WV, also used Survey and CSPro programs for data entry.[14]

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[13] "Sampling Guide", Robert Magnani for FANTA/AED, December 1997.

[14]The CSs Final Reports of Quantitative Evaluation did not provide confidence intervals for indicators. If these are available, the CSs may wish to include these in their Indicator Performance Tracking Tables (IPTT) and negotiate with USAID to send at a later date. The report from World Vision was the only one to include any testing for statistical significance of the change in value from baseline to final evaluation. Among the IPTT impact indicators that showed improvement, the change was found to be statistically significant at a confidence level of 95% for several (for example, weight-for-age 6-23 months, introduction of semi/solid food 6-9 months, childbirth attended by skilled personnel) and some which were included in

IV. RESULTS

Strategic Objective No.1:
Improved Agricultural Incomes for Target Families

To assist beneficiary families to attain a sustainable level of food security, the three CSs promoted activities to improve and diversify agricultural production, thus to obtaining availability and access to sufficient foods. There are two expectations: (1) that families would have sufficient agricultural production that would contribute to improvements in the household diet; and (2) that households would produce enough marketable food such that household income would increase and contribute to the purchase of foods that would improve the diet.

Under SO No.2, beneficiary families improved the utilization of available foods. The final evaluation has demonstrated that the combination of efforts to improve access, availability and utilization of food has enabled beneficiary families to achieve a higher level of food security by the end of the program that will probably be sustained, barring major weather related obstacles and/or changes in the cost of basic household food provisions.

KEY STRATEGIES

To facilitate the adoption of recommended agricultural production practices, the CS established 120 Field Schools in which they trained 775 Model Farmers and other farmers in the community developed demonstration plots to test new crops and agricultural practices. The CS also organized exchange visits between Field School participants in different communities. Technical assistance was provided by CS field staff to Volunteer Producers, who then were able to provide technical assistance to other farmers. Both women and men were active in this process. The CS coordinated with municipal government to facilitate the use of the subsidy from the Secretariat of Agriculture and Cattle (*SAG*) provided to small producers, including some supplies of improved seeds (corn and beans) and fertilizer donated by the Secretariat of Agriculture. En 2008 and 2009, this activity was transferred to liaison producers, supported by local municipalities.

It is important to mention that financial support mechanisms were also developed, for example ADRA created the Fund for Community Business Development (FODECO) with seed capital of US$264,550 with which they supported 118 groups (one per community), including 1,124 basic grain producing farmers, of which 217 were women. This fund provides credit for the purchase of improved seeds and fertilizers.

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the IPTT as Annual Monitoring Indicators (for example, farmers that use at least 4 sustainable agro-forestry practices). It is recommended that a symbol be included to indicate statistically significant improvements found for indicators in WV's IPTT.

For their part, World Vision organized 21 Community Banks, and provided them with seed capital from DAP funds and FUNED, helping to strengthen 31 rural banks and identifying other financing alternatives (such as the PRS Fund). At the same time, Save the Children helped to identify and channel financial resources from various sources, such as the PRS Fund, rural banks, community banks and cooperatives.

In order to successfully move the work forward, close coordination was developed with institutions such as he SAG, Zamorano, MCA-Honduras, FTDA, FINTRAC, ICF, SERNA, IHCAFE, FAO, municipal governments, NGO's working in environment and rural development, primary schools, high schools and community organizations.

REACHING GOALS AND TARGETS

The CS made important efforts to improve production systems through the promotion of a technological package as well as through the diversification of crops, with the aim of providing families with more food and higher incomes. To evaluate results through final quantitative survey, the three CS agreed upon five standardized indicators. Additionally, ADRA included an indicator of household income from agricultural production. WV included an indicator of household income taking in account self consumption and SC did not define an income indicator. ADRA achieved a small increase in "income spent on inputs for agricultural production" (US$ 3.83, adjusted to 2005) while WV did not find substantial change. Additional analysis of household food consumption showed increases in the consumption of food groups high in complete protein (animal food products; Table 11) throughout the program coverage area. These increases probably represent the use of increases in household income to purchase foods with a high nutritive value.[15]

Table No.11

CHANGE IN HOUSEHOLD CONSUMPTION OF FOOD GROUPS HIGH IN COMPLETE PROTEIN			
FOOD GROUPS	SC	ADRA	WV*
Eggs	2.8	↑ 57.7 % pts.	↑ 13.7 % pts.
Milk and milk products	-3.8	↑ 49.7 % pts.	↑ 3.6 % pts.
Meats	↑ 8.1 % pts.	↑ 30.2 % pts.	---

*WV reported 26.5% of meats consumption for the EF. There is no data for BL.

SC included and met their target related to Intermediate Result 2.3 (improved management of natural resources), while the other two CS measured progress through annual monitoring and showed substantial increase in the number of hectares reforested. Due to the effects of Tropical Storm #16[16] and other negative weather occurrences, WV did not attain improvement in basic grain production and yields, although positive change had been shown at midterm evaluation in 2007.

[15]Neither a clear nor substantial relation between consumption of animal food products and small animal production activities was found, except for small fisheries and fish consumption in the SC area.
[16] Advisory, October 15, 2008, NOTIMEX, National Hurricane Center.

During qualitative evaluation, the total of persons interviewed (including farmers in focus groups and field visits, along with other key informants) reported that they are now obtaining greater yields in corn and bean harvests through the use of sustainable agriculture practices. Additionally, they state they now have improved fruit and vegetable production which has generated some additional income.

HIGH LEVEL IMPACT INDICATORS

In order to evaluate the high level impact of integrated efforts to improve food security for beneficiary families, all three CS agreed to evaluate two indicators related to food access: 1) the average number of months of adequate food provision in households, and 2) the percent of households with consumption of a diversified diet (more than seven food groups). In Table 12, results of the Final Evaluation show that the three CS attained increases in food security in terms of the number of months of sufficient basic food provision:

Table No.12

AVERAGE NUMBER OF MONTHS OF ADEQUATE PROVISION OF FOOD					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	7.4	8.3	9.0	---	↑0.9 months
ADRA	5.3	10.5	12.0	---	↑5.2 months
WV	9.9	11.2	10.6	√	↑1.3 months

World Vision, even with the highest baseline value, surpassed the target established for this indicator. ADRA attained the greatest increase, showing households with five additional months of adequate food security. SC, in the south of Honduras, which is affected by variations in weather from drought to flooding, attained nearly one additional month of adequate food security.

As previously mentioned, the level of effort invested by ADRA in activities to improve agricultural production was quite high, as evidenced by the results obtained. The high baseline value seen in WV's area can probably be attributed to efforts made during more than a decade by SAG through the PRODERO Project in the Departments of Lempira, Intibuca, Ocotepeque and Copan, with the introduction of improved seed for basic grains and soil conservation practices. It is good to see progress continue in the west, with the support of a community development organization like WV. SC, in support of and coordination with SAG strategies, promoted the planting of a variety of drought resistant yucca as another contribution to the basic family diet or food basket. The FE shows that 16% of small producers, plant yucca, and farmers noted, during qualitative evaluation, that they choose to plant yucca because rainfall is inadequate.

These results show the high level impact of a combination of accomplishments in the expected intermediate results, which include adoption of the technical package promoted and resulting in higher yields of basic grains (Table 16) and diversification of crops (Table 15) with improved agricultural income invested in household consumption (Tables 13 and 14).

In the qualitative evaluation, the majority of farmers also reported that they had increased food provision because they no longer immediately sell their entire harvests, but instead store excess in metal silos. Model Farmers, with support from the CS, have made efforts to obtain silos (through credit or donations) from a variety of excellent sources. SC in particular, supplied 120 silos. These were built by artisans trained and certified by the Secretariat of Agriculture, and this appropriate technology has been further disseminated with the support of various institutions and organizations such as the National Basic Grains Program, National Program for Local Development (PRONADEL), Post-Harvest Project, PLAN in Honduras among others. The CS staff later provided follow-up technical assistance in the correct use of the silos. An example in the quantitative evaluation of WV shows that, among corn producers, 95.9% store the harvest of the first planting cycle and 83.9% store harvests from the second planting cycle, with similar figures for storage of beans. Through the use of silos, post-harvest losses have been reduced while grains maintain their quality and are available for use as necessary or for sale when prices are favorable.

The higher level indicator of a diversified diet (Table 13) indicates greater food security based on the link shown between this indicator and household per capita consumption and household per capita calorie availability[17]. A more diversified diet is also highly correlated with such factors as caloric and protein adequacy.

Table No.13

HOUSEHOLD DIET DIVERSITY Average number of food groups consumed during the last 24 hours					
CS	Baseline	Final Evaluation	Target	Target √*	Change
SC	8.5	8.1	9.0	90%	---
ADRA	5.6	8.8	9.0	98%	↑ 3.2 average # of food groups
WV	7.8	8.2	8.5	91%	↑ 0.4 average # of food groups

* It means the percentage reached of final target.

None of the CS reached their target, although ADRA and World Vision showed improvement in the diversification of the family diet. SC and ADRA also included another measure of dietary diversity, the percentage of families consuming more than seven (out of 12) food groups. ADRA reached this target, increasing from BL 16.0% to FE 79.6%. SC did not attain a substantial change. The SC result is difficult to interpret because the results for crop diversification were very positive at final evaluation, as was the result for the ADRA target area. Possibly, due to the fact that the baseline value averaged more than 8 groups, the families considered that other needs were priorities for investment, for example school costs.

The percentages obtained run in the range of 90%-98%m which is quite good considering that in the three CS, the average number of groups is between 8.1 and 8.8. To increase it above the last number is quite different given the current circumstances in

[17]"Dietary Diversity as a Household Food Security Indicator", John Hoddinott and Yisehac Yohannes for FANTA/AED, May 2002, page 30.

which population in target areas live. To surpass these numbers and reach the ideal of 12 food groups, households must have a good and permanent income (above US$ 238/month, which is currently the minimum wage in rural areas), as well as availability in local markets of the different food groups, year-round. This implies the production by all of money producing crops, having a good market and working year-round.

Further analysis of consumption in each of the food groups shows that families consume a basic diet of four food groups: corn, beans, fats (except in the ADRA target area) and sugars. In the target areas of SC and WV, the percentage of households consuming 3 additional food groups increased between 4 to 28 percentage points, including foods from either meat, fish, eggs or dairy product food groups along with foods from the vegetable or roots / tubers / plantains food groups. Additionally, the consumption of legumes increased in the ADRA target area and fats in the WV area. In the ADRA area, consumption increased in 8 of the 9 food groups that add to the basic diet of three food groups. Only in the "fruits" food group was no change found (See Table 17).

Only SC evaluated food consumption by children age 6 to 23 months (Table 14), finding increased consumption in 5 food groups, including meat and vegetables. This can likely be attributed to improved feeding practices and household food security.

Table No.14

FOOD CONSUMPTION, CHILDREN AGE 6 TO 23 MONTHS, BY FOOD GROUPS			
SAVE THE CHILDREN	BL	FE	Change
Cereals, roots or tubers	94.7%	97.2%	----
Beans	60.8%	69.3%	↑ 8.5 pts
Milk products	30.0%	30.1%	---
Meat	24.8%	34.5%	↑ 9.7 pts
Eggs	67.2%	64.6%	---
Vegetables or fruits high in vit.A	60.8%	75.5%	↑ 14.7 pts
Other vegetables	31.9%	52.2%	↑ 20.3 pts
Fats	67.0%	79.2%	↑ 12.2 pts

During the qualitative evaluation, families expressed their satisfaction with the substantial increases in the provision of adequate food[18] in beneficiary households because this allowed them to eat better as well as to save money.

[18] Satisfaction was expressed for both increases in agricultural production and for short-term assistance through monthly food ration distribution.

Intermediate Result 1.1:
Increased and diversified agricultural production

To intensify production, farmers need access to improved inputs (such as improved seeds or fertilizer), access to credit to purchase inputs, and appropriate practices and technology that can intensify yield. In the section on IR 1.2 (access to markets) there is more specific information as to how the CS supported some of the input needs, including access to credit.

In general, a key limitation in the program area is the lack of access to or use of fertilizer for crops. Final evaluation in the WV area showed substantial use of chemical fertilizer. Here, between 63% and 90% (for corn and beans, respectively) of the producers use fertilizers in the first harvest, while in the second harvest 49% and 70% use it (beans and corn). In the SC area in the south, summary data shows 19% of farmers to be using chemical fertilizer. ADRA directly provided access to credit in their target area, for the purchase of fertilizer and improved seeds by about a third of participating farmers. During focus groups, farmers state that with the application of fertilizer as recommended (adequate quantities and appropriate timing) they use less fertilizer per area squared and are saving money and labor. Others noted that with the increased price of fertilizer they are now preparing and using organic fertilizer.

BASIC GRAIN PRODUCTION

In the target areas for the CS the principle crops are corn and beans. In the case of SC in the south, sorghum is also included According to the farmers interviewed during qualitative evaluation, yields with the use of traditional technology are low (387-645 kg/ha for corn and 387-516 kg/ha for beans). The CS, in order to improve planting practices and yields as well as to protect natural resources, promote the use of a technology package that includes a variety of practices for sustainable agriculture, soil conservation and appropriate use of natural resources. Adoption of the different types of practices varied slightly in the target area of each CS. But, in general, those that were more adopted were to no longer slash and burn and use of live barriers, lined/contour planning and the use of improved seeds, among others (see Table 20). Farmers perceived promoted practices to be well accepted and adopted relatively quickly.

SC and ADRA achieved increases of 29% and 180% respectively in yields of corn, according to results shown in Table 15. Increases for beans were 40% y 77% respectively. In the specific case of WV, it is important to mention that when program activities began, yields were already high. According to focus groups with project participants, rainfall was good from the beginning of program activities through the first half of 2008, which allowed them to obtain increases in harvests. In the second half of 2008, problems were caused by excessive and intense rainfall which was prolonged and combined with low temperatures that also affected crop production. It should be noted that in the midterm evaluation, WV found increases in yields of between 30% and 24% for corn and bean, respectively. In key informant interviews with municipal

government during the qualitative evaluation, several mayors of municipalities in the West explained that their activities during the final period of the program had been interrupted to attend short-term emergency needs of the population.

Table No.15

BASIC GRAIN YIELDS: CORN					
CS	Baseline	Final Evaluation	Target	Target√	Change
SC	682 kg/ha	882 kg/ha	1,027 kg/ha	---	↑ 200 kg/ha ↑ 29%
ADRA	449 kg/ha	1255 kg/ha	677 kg/ha ↑ 150%	√	↑ 806 kg/ha ↑ 180%
WV	1341 kg/ha	1325 kg/ha	1609 kg/ha	---	---
BASIC GRAIN YIELDS: BEANS					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	341 kg/ha	477 kg/ha	509 kg/ha	---	↑ 136 kg/ha ↑ 40%
ADRA	710 kg/ha	1259 kg/ha	1065 kg/ha ↑ 100%	√	↑ 549 kg/ha ↑ 77%
WV	696 kg/ha	628 kg/ha	835 kg/ha	---	---

In focus groups, farmers mentioned that greater yields not only brought benefits to households for consumption and/or sale. It also contributed to feeding domestic animals, especially poultry and pigs, and increased small animal production.

DIVERSIFICATION WITH VEGETABLES AND OTHER CROPS

The CS carried out activities to diversify agricultural production with new, non-traditional crops, in order to increase the availability of foods in the home, in both quantity and quality, as well as to increase household income. Table 16 reveals a sizeable increase in the cultivation of vegetable and other crops in the target area of SC, where a higher level of diversification was found at baseline, and in the ADRA area, where diversification was practically non-existent at the start of the program. Both surpassed final targets. World Vision obtained 85% of the established goal (plots with production for the market only). Irrigation was the greatest obstacle to broadening the vegetable sowing area.

Table No.16

% PRODUCERS WITH 2 OR MORE NEW AND NON-TRADITIONAL CROPS					
CS	Baseline	Final Evaluation	Target	Target√	Change
SC	19.8%	70.3%	60.0%	√	↑ 50.5 pts.
ADRA	4.0%	47.9%	22.0%	√	↑ 43.9 pts.
WV	13.0%	17.0%	20.0%	---	↓ 10.0 pts.

In interviews during qualitative evaluation, the Model Farmers stated that they had obtained very good results with the new crops, despite of the fact that they still plant in small crops (0.25-0.5 hectares) by individuals and/or by groups. This was also confirmed during observation visits.

The qualitative evaluation confirmed that farmers learned about crop diversification in the Field Schools, where the CS field staff and Model Farmers provided demonstration

of new crops with the expectation of replication by other farmers in the community. Some farmers now consider themselves to be specializing in the new crops. In each Field School, vegetables were cultivated collectively in an area of up to 0.5 hectares and averaged 5-8 crops. Usually there is access to irrigation and, in the case of ADRA, there are also 1-2 small greenhouses ("micro tunnels") in which seedlings are cultivated. In support of the first experience in the Field Schools, the CS supplied seeds and vegetative material that were obtained from other institutions, including *FHIA, FINTRAC* and *EDA*. For subsequent cycles, farmers buy seeds and obtain vegetative material from other farmers. Recently, the CS signed an agreement with Panamerican School of Agriculture Zamorano for training Model Farmers and other producers, with provision of a certificate.

To motivate the planting of new crops and to respond to one of the greatest obstacles to production (water in times of drought), the CS have supported small-scale micro irrigation systems, using their own funding, with a coverage of 50 hectares in the SC zone, while World Vision installed irrigation in 36 hectares, as well as 15 greenhouses. It is important to highlight that producers that have irrigation plant throughout the year, while those that do not plant only during the rainy season.

In the case of ADRA, the benefits from crop diversification are largely due to the efforts of ADRA to secure additional funding for drip micro irrigation systems and the use of small greenhouses ("micro-tunnels") Micro irrigation systems were installed in 147 hectares, and constructed 643 micro-tunnels (each approximately 50m^2) and 72 greenhouses (each approximately 40m^2). Some were built with personal funds and, in a strategic alliance, 15 systems were built in 7 municipalities, with funding from the Honduras Millennium Challenge Account. Some of the producers received technical assistance from Farmers Training and Development Activity (FTDA), also financed by MCA-Honduras.

New crops (new to many farmers) being planted include: cabbage, tomato, green pepper, radish, lettuce, broccoli, cucumber, onion, carrot, beets and various squashes and tubers, including yucca, potato and sweet potato. Fruits include papaya, banana, sweet plantain and pineapple. Only the SC report of quantitative evaluation provided a breakdown on the percentage of farmers sowing new crops: Sesame, 1%, cucumbers,, 4%, papaya, 6%, and squash, 37%, among others.

In focus groups, participants state that a good part of the diversified production is consumed in the home, and the results of the quantitative evaluation (Table No. 17) support this perception.

Table No.17

CHANGE IN HOUSEHOLD CONSUMPTION			
FOOD GROUPS	SC	ADRA	WV
Roots, tubers and plantains	↑5.2%	↑ 55.0 % pts.	↑ 27.7 % pts.
Vegetables and leafy greens	↑ 10.4 % pts.	↑ 65.1 % pts.	No change

As to fruit consumption, the families interviewed confirm that during the harvest season, they consumed mangos, avocados, lemon, plums and watermelon; with the activities of the program they began small scale production of pineapple, plantains, bananas, papaya, passion fruit, oranges, high altitude avocados and others; of which the first five are already producing and being consumed in the homes.

The families interviewed expressed a high degree of satisfaction because they now have more foods to eat, save money since they do not have to buy some vegetables and fruits, and sell to their neighbors, earning money which is spent on other kinds of foods.

Those that work in associated groups (informal groups or micro-businesses) have greater production capacity due to continual and rotational planting and the greater part of their production is for marketing. Collaboration as farmer groups occurs in all three target areas, while more formal structures of associations are found in the SC and ADRA target areas. (More information under I.R.2.2, access to markets). With increases in vegetable production, farmers are selling to their neighbors, in local municipal markets and are breaking into regional markets.

FAMILY GARDENS

The establishment and maintenance of family gardens was an activity intended to promote diversification for fresh household consumption. The CS worked to improve existing gardens by applying sustainable agriculture techniques and planting new fruit and vegetable crops; in addition, gardens were established where previously there had been none. According to monitoring data from ADRA and WV, they had provided assistance to 2,893 and 1,895 home gardens respectively. SC reports that 677 (25% of 2,710 households) in their zones have home gardens.

During observation visits and Focus Groups, families stated that, among the new practices are: use of organic fertilizers, organic insecticides, incorporating organic green material, planting in beds and elevated banks and applying lime and ashes.

Among the diversified crops are bananas, plantains, pineapple, lemons, oranges, yucca, sweet potatoes, tomatoes, peppers, chayote, radishes, and medicinal plants. In observation visits to home gardens, 5-10 crops per garden were seen. Mothers stated that they provide foods from the garden to use during food demonstrations during educational sessions.

DIVERSIFICATION OF SMALL ANIMAL PRODUCTION

Families in rural areas make efforts to raise poultry (hens) or pigs, and in some cases cows in the program target areas. In support of small animal diversification, SC developed activities to strengthen animal production systems, as well as to promote small scale fish production in ponds. SC offered training and technical assistance through the Model Farmers and, to those interested, they provided some materials for

construction of pens (wire, roofing, cement), vaccinations and de-worming medicines. In the case of fish, they provided fingerlings (tilapia species). With this level of effort, SC included an indicator for evaluation and found an increase from BL 19.1% to FE 31.0% in the percentage of households using three or more of the promoted techniques. Quantitative evaluation revealed that the techniques most often used are: shelter construction (60% hens, 56% pigs), periodic vaccination (34% hens, 43% pigs), de-worming (26% hens, 12% pigs). They have also introduced improved species.

As per quantitative evaluation data regarding household consumption in the SC area, the amount of families consuming meats the previous day increased from BL 36.3% to FE 44.4%, an increase of 8.1 percentage points. On the other hand the proportion of families that consume eggs remains high with a tendency to increase, which is a reflection good management of these species. Fish consumption increased from 20.9% BL to 30.8% FE, a difference of 9.9 percentage points, although only 3.3% of families, were assisted in fish production linked with the micro-irrigation systems promoted.

World Vision had an activity for poultry re-population and donated a rooster and six hens to nearly all the household in their target area, according to producers interviewed in focus groups, the activity had little follow-up nor the desired success, nevertheless, the monitoring reports do not reflect the same perception Although the data of household consumption showed an increase from 67.0% to 80.7% in the number of homes consuming eggs, only 3% of these households still had producing chickens from the donation. ADRA decided not to include a small animal production component because they wished to conserve efforts towards providing the highest level of technical assistance possible for crop diversification. Also, ADRA international programs have experimented with fish production and found it requires significant and specialized technical capacity in order to succeed. It is worth mentioning that in the ADRA area some families were starting to farm fish on their own initiative, associated with the micro-irrigation systems.

USE OF SUSTAINABLE AGRICULTURE PRACTICES

To improved agricultural production systems and aid in the protection and recuperation of natural resources, the CS promoted the use of a combination of sustainable agriculture practices. In focus groups, farmers stated that the practices were well accepted. Farmers received orientation, technical assistance and follow up from Model Farmers. Quantitative evaluation (Table 18) shows that the use of four or more sustainable agricultural practices has increased in the three target areas, with the greatest change in the WV target area of the West, followed by SC in the South.

Table No.18

% PRODUCERS USING 4 OR MORE SUSTAINABLE AGRICULTURE PRACTICES					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	31.1%	88.2%	61.0%	√	↑ 57.1 pts.
ADRA	7.0%	32.0%	54.0%	---	↑ 25.0 pts.
WV	17.0%	82.6%	60.0%	√	↑ 65.6 pts.

SC and WV surpassed targets by 80%. The results show that the majority of farmers have adopted an important behavioral change reflected in the improvement of their plots. ADRA, although not meeting the goal, obtained substantial change.

In focus groups, farmers stated that land tenancy affects the adoption of sustainable agricultural practices, especially soil conservation practices. It is worth noting the ADRA (Table 19) target area has the smallest proportion of small farmers planting their own land, while in the WV area, exactly where the largest percentage of producers using sustainable agricultural practices is located.

Table No.19

AGRICULTURAL LAND OWNERSHIP			
Indicator	SC*	ADRA	WV*
Ownership	48.7%	37.5%	71.5%
Borrowed / Rented	28.2% / 39.1%	62.5%	57.9%

*multiple answers for different plots.

In terms of the adoption of each of the different practices, in Table 20, a well-detailed presentation is offered for each CS, where those with the highest percentage are highlighted. In the case of SC, those of greatest adoption have been no slash and burn, tracks, and physical works; World Vision, seed selection, crop distancing, track maintenance, and ADRA, physical works and live barriers. In addition to those above, the CS promoted planting in rows, incorporation of organic green material in the soil, planting on level curves, use of botanic insecticides and other biological pest control and incorporation of lime and ash. For more information on agro-forestry practices and practices used in coffee plots, see section IR 1.2.

Table No.20

MOST USED SUSTAINABLE AGRICULTURE PRACTICES*			
TYPE OF SUSTAINABLE AGRICULTURE PRACTICE	% OF FARMERS USING		
	SC	WV	ADRA
No slash and burn	38.0	26.6	
Seed selection	---	82.9	
Crop distances	23.0	79.1	
Use of organic or green fertilizers	16.0	15.2	
Use of mulch	33.0	60.0	
SUB-CATEGORIES OF SOIL CONSERVATION OR AGRO-FORESTRY PRACTICES			
Minimum tillage	17.0	---	---
Physical soil conservation structures	27.0	30.9	82.9 (walls)
Live barriers or fences	21.0	45.7	69.2
Shaded crops (agro-forestry)	17.0	49.3	---

*Multiple answers

With adoption of these practices, the farmers interviewed stated that they had improved their plots, soil and harvests. An important benefit is the recovery and use of abandoned land. Most of the farmers assisted by the program have marginally productive soils, which has forced them to practice migratory agriculture in the past with use of slash and burn techniques. Farmers state that many now produce from the same plots year after year. With more intense use of the plot, they plant every cycle and those that have

irrigation also plant during the dry season. The environmental benefits are noticeable to farmers and they affirm that eliminating slash and burn and planting trees is reviving small forest vegetation, water sources have improved and they observe an increased wildlife population.

Intermediate Result 1.2: Improved Market Access

The availability of fresh and transformed products has permitted the producers market access, improving sales prices and has increased household incomes. The marketing of fresh or processed produce has assisted households to obtain better sale prices resulting in increases in household income. This improves access to foods that are not produced by households, helps to fill other household needs and permits for re-inversion in production.

KEY STRATEGIES

The CS had various strategies for improving beneficiary access to markets. (1) was to assist the producers of diversified crops to organize themselves and improve their links with local markets. (2) formalize associations of some producers so they could function more as small businesses. (3) to create or reactivate some small businesses for processing local agricultural products. (4) support groups that had worked on road maintenance activities to organize themselves with the objective of offering road maintenance services at the municipal level. The CS implemented different strategies to support beneficiaries and overcome existing barriers. Table No. 21.

Table No.21

WAYS FOR ORGANIZING SUPPORT FOR BENEFICIARIES, BY CS			
Strategies	**SC**	**ADRA**	**WV**
Groups of associated producers	Community Groups organized as networks at the municipal level	Associated Community Groups in the process of legalization.	Groups of Associated producers in the Community
Small Businesses	Small businesses for processing agricultural products	Production and commercialization	Processing of agricultural products Small credit services
Non-agriculture small businesses	Not applicable	Small businesses for road maintenance	Small businesses for road maintenance
Marketing Studies	Small business members investigate the market on their own	Market studies focused on fresh produce	Market studied through the creation of Business Plans for three years
Commercialization	Participation in Agri-business Fairs organized by INFOP	Organized municipal level Agricultural Fairs	Contracts with Hortifruti® and individual assistance for sale in already established local markets, and others established by them.

REACHING GOALS AND TARGETS

For associated producers, ADRA included list of indicators for improving production and sales prices for selected vegetables (Table 22).

Table No.22

INDICATORS OF RESULTS OBTAINED OF SELECTED CROPS CROP PRODUCTION				
Crop	UNIT	BL 2005 or 2006	FE 2009	% change
Cabbage	Qq/mz	128	255	↑ 99%
Cucumber	Lb/mz	19,320	37,970	↑ 97%
Tomato	Box/mz	128	156	↑ 22%
Green pepper	Lb/mz	3,200	4,536	↑ 42%
PRODUCE PRICES				
Crop	UNIT	BL 2006 US$	FE 2009 US$ CPI adjusted	% change
Cabbage	Price/qq	2.80	2.93	↑ 5
Cucumber	Price/lb	0.07	2.22	↑ 3,070
Tomato	Price/box	2.10	2.41	↑ 15
Green pepper	Price/lb	0.08	1.59	↑ 1,884

SC established the goal of the formation and/or reactivation of some small businesses in their target area. They proposed increases from BL 22 to FE 32, forming 10 new small businesses for processing agricultural products and reaching their target. SC also measured the percentage of communities with organized groups commercializing produce or processed products and found an increase from BL 11.4% to FE 23.5%, surpassing the target of 20%. WV evaluated the number of small coffee producers en route to obtaining official certification of their farms, increasing from 12 at baseline to 92 at FE, according to data from the quantitative survey, which was based on sample data.

ORGANIZING ASSOCIATIONS

To provide sustainability to the production and commercialization structure in their target areas, the CS organized producers with the aim of maintaining direct contact with the products and services market. They urged small producers of Field Schools to organize in associations in order to take advantage of the benefits of selling in greater volume together, especially the new crops promoted by diversification. .

Among the most unified or motivated groups and associations, SC and ADRA provided support for them to rise to even higher levels. (a) SC promoted the organization of community groups of producers in 12 municipal networks, (1 in each municipality in their area) assisted by a liaison from the municipal government, b) ADRA, supported and planned to organize at community level 110 Community Development Funds (FODECO), until reaching the association of 60 of them with legal representation, (c) WV, supported small coffee producers, of which there are many in the region, helping them to obtain official certification from entities such as Hondura's International Company of Grains(CIGRAH), the exporter, The Rain Forest Alliance and the San

Antonio Agricultural Cooperative, LTD. (COAGRICSAL). They also gave managerial technical assistance to 2,116 small coffee producers through training on the cultivation and benefits of coffees, to obtain a higher quality product which could compete in the market and obtain better prices. They also worked in the organization of 21 Community Agricultural Banks (BACs) and supported 31 Rural Boxes (banks), Cooperatives, producer associations and already established local coffee boards, and three road building/maintenance micro-enterprises.

LEGALIZATION OF SMALL BUSINESSES

To support product commercialization, the three CS proposed internal benchmarks for organizing 195 micro and small businesses (SC 10, ADRA 110, WV 75). All OCs reached the targets:

Table No.23

LEGALIZED AND ORGANIZED MICRO-BUSINESSES			
CS	Number formed	# with legal status	% Organized
SC	10	10	100
ADRA	110 (benchmark 60)	60	100
WV	75 (benchmark 15)	59	100

It is worth mentioning that all three CS carried out outstanding efforts so that the majority of the businesses obtained legal status. Legal status is a very important achievement, as is an element of sustainability for small businesses, allowing them, in this way, access to the formal market, obtaining health certification, to brand, etc.

The micro-enterprises that obtained legal status, have the legal backing to remain in the goods and services market. The majority of the transformation businesses process using artisan techniques, the quality of the processed product is very good as their volume of production, and they still have an important demand in the local and regional markets. Some businesses already have their health certification, while others still have not begun the respective process (in the Secretariat of Public Health), since they have to meet a series of sanitation requirements, to fulfill food hygiene requirements.

In the qualitative evaluation, it was verified that the small businesses throughout the program target area have acquired fundamental skills for technical processing of products and basic accounting/marketing. Advantage was taken of existing municipal agricultural fairs to market products. In some cases, depending on organizational levels, links with larger markets were opened, including two supermarkets in two large cities as well as a contract with Hortifruti® which supplies the Despensa Familiar and The Supermarket chain (*PAIZ*) in Honduras.

Training and technical assistance for micro-enterprises in organizational, accounting and transformational aspects, and has resulted in the management of technologies, norms and standards of quality which has allowed them to advance toward obtaining

the respective health certification. To this end the 3 CS have established alliances with strategic institutions such as INFOP, CIPE-Consultants, IHCAFE, FUN-ETEA and Zamorano.

FINANCIAL SUPPORT

In order to consolidate production, transformation and commercialization, the associations and small businesses obtained access to credit or support from different financial sources. At first, they received subsidies and credit from the CS for production, including equipment, materials, input and vegetative propagation materials. Later, in following cycles, the groups and businesses covered their costs with income from sales. They also received support from other institutions and organizations in their areas, such as rural banks, community banks and FODECO.

The amount of outstanding debt among the ADRA FODECOs visited during qualitative evaluation is nil, perhaps because the CS implemented a strong system of regular and supportive supervision visits. The members keep books up-to-date, regularly present balance status to larger community assemblies and use group lending methods of repayment. In general, producers pay their debts through crop sold or incomes coming from another sources.

As the small businesses have evolved, they have obtained resources from other sources from other sources (PRS, PRONADEL, EDA) and this has allowed them to broaden their activities. In the specific case of ADRA, complementary funds were used to set up Community Development Funds (FODECO) in 110 communities with seed capital of approximately US$2,150 each. VM supported 75 small businesses with training costs, materials, inputs, equipment, machinery (irrigation systems and dryers for coffee production), greenhouses, group legalization among others. The BACs were financed with a seed capital of US$ 31, 746. SC also gave support to micro enterprises through inputs, equipment and training.

MARKETING

Fruit and vegetable producers had a dynamic participation in the market, whether as associations or individuals. Sales were made in the community, municipal market and/or agricultural fairs. The three CS, in coordination with municipal governments, organized the “agricultural fairs” that are open to the public every Saturday in many municipalities. The agricultural fairs are regulated by a Fair Committee that has the responsibility of: a) promoting products and prices to consumers and b) promoting the fair through radio and local television spots one day prior to and on the day of the fair. Fair Committees assume the promotional costs in conjunction with the municipal government. Participating farmers expressed that they generally sold all of their produce, and obtained improved income. In addition, producers, on their own, have entered the local market in other municipalities, in department capitals, and in markets in Tegucigalpa, San Pedro Sula and El Salvador.

Initially, the CS staff regularly provided updated information on market prices to the producers and small businesses. As part of formalized exit strategy plans, this activity is being taken over by local municipal farmer associations and the Agriculture Service Centers supported by ADRA.

As part of their wider market contact, farmers are improving their skills in techniques of crop management, planting varieties with greater demand and in post-harvest techniques. In the case of ADRA, it is important to stress the support given to producers to quality improvement before taking products to market. Among the most outstanding are efforts achieved in the construction and equipping of three Agriculture Service Centers (*CSA*) that function in three municipal centers, and have support of the respective municipal authorities. The *CSA*'s have the objective of serving as supply centers for the agricultural fairs, and each received baskets, scales, a computer, tarps and other furnishings. They also offer assistance in the classification and selection of fresh produce. For post-harvest management, the three CS are promoting and supporting producers in acquiring and using 18 qq. (one ton) metal silos, for basic grain storage for their own consumption or the sale of what remains.

MARKET STUDIES

In order to orient production, processing and commercialization, different kinds of marketing studies have been carried out. WV assisted small businesses to develop 75 marketing plans. SC elaborated a Market Study oriented toward fresh produce., but did not investigate processed products. The investigation of processed products was coordinated with INFOP who trained 10 small businesses to conduct on their own a market investigation using surveys of the 4P's of commercialization: price, product, place and production. INFOP, also provided training on topics such as processing, canning and commercialization.

ADRA put together a market study of fresh produce that was used as the basis to orient CS support for agricultural diversification. Diversified producers are market oriented and have irrigation systems, the largest of which are on individually owned plots. Many have been officially "graduated" and now receive follow-up support from FTDA, a Millennium Challenge Account´s activity. The three year business plans which WV assisted small businesses to develop include investigation of local markets, identification of possible buyers, signed letters of intention for purchase and sale and rudimentary feasibility studies.

INCOME GENERATION

Fruit and vegetable producers stated that through production and marketing they have increased their incomes to acceptable levels. Those that plant during more than one cycle have more frequent earnings, according to the number of harvests they obtain during the year and according to the kind of crops. In the case of ADRA, production and income increases are shown in Table 24 at the beginning of this section.

The small businesses dedicated to transformation and commercialization reported that they have achieved substantial earnings, with good levels of profit. Examples taken from small business bookkeeping reviewed during qualitative evaluation field visits are shown below. The small businesses were able to obtain a profit margin of from 47% to 85% in relation to the basic cost of production.

Table No. 24

ADRA: Agricultural Production Small Businesses							
Crop	**Unit**	**Quantity Produced**	**Unit Price Lps.**	**Total Sale Lps.**	**Unit Cost Lps.**	**Total Costs Lps.**	**Net income Lps. & US$**
Cabbage	Kgs.	591	6.6	3,900	1.06	600	3,300 Lps. 175 US$ (85%)

Source: Los Horconcitos, Santa Barbara. (ADRA) 2008

Table No. 25

SC: Food Transformation Small Businesses							
Product	Unit	Quantity Produced	Unit Price Lps.	Total Sale Lps.	Unit Cost Lps.	Total Costs Lps.	Net income Lps. & US$
Sauces	16 ounce Bottles	15,600	22.67	353,600	12.01	187,408	166,192 Lps. 8,840 US$ (47%)

Source: EAC Nuevo Amanecer El Barrial, Orocuina, Choluteca

Table No. 26

VM :Coffee Processing Small Businesses							
Product	Unit	Quantity Produced	Unit Price Lps.	Total Sale Lps.	Unit Cost Lps.	Total Costs Lps.	Net Income Lps. & US$
Processed Coffee	Kgs.	240	110	26,400	38.64	38.64	17,126.40 Lps. 911 US$ (64%)

Source: Cabanas, Copan (WV) 2008

Opinions expressed during qualitative evaluation suggest that the income generated has been partly used for the purchase of complementary foods not produced and has also been reinvested in production and transformation.

CERTIFIED COFFEE FARMS

This indicator was only used by WV, with coffee producers in Copan and Ocotepeque, given that it is a crop friendly to that environment and tied to the mountainous areas of the west and it is an employment generator and energizes rural and urban economies during several months of the year.

BL identified a total of 571 coffee producers with a cultivated area of 549.4 hectares; they are primarily small-scale producers with an average of 1.04 hectares. World Vision's approach was to support the certification process of farms already started by other specialized institutions, with the aim of improving, in a coordinated form, the technical and environmental conditions of the farm. Certification includes adopting a number of quality control practices, norms and standards which take into account multiple purpose lumber species, pulp recycling, treatment of run-off waters, and reduction in the use of agro-chemicals. All of this improves the quality of the coffee bean and gets access to more selective coffee markets and better prices. WV helps to coordinate and facilitate the process which is executed by cooperatives and private businesses. At baseline there were only 12 certified farms (2.1%) and 1.2% in the process of obtaining certification. Presently, there are 92 certified or 23% of the project benchmark. This is a good result considering that certification involves a long process which requires costs that are financed directly by each coffee producer. Despite the results obtained in the evaluation, in the internal monitoring data of WV, there is data regarding those coffee growers that still have not achieved certification, but they are close to completing the process for certification and to obtain their respective seal, once they have paid the corresponding fee.

ROAD CONSTRUCTION AND REHABILITATION

The organization and training for construction and/or rehabilitation of roads is a good example of how the CS imparted technical and organizational skills in the communities. The CS facilitated close coordination between community committees, who contributed manpower in exchange for food for development, and local governments, who contributed warehouses and security, along with technical support and materials. To start, the CS relied on professional civil engineers to train CS field staff. Field staff, in turn, trained the community committees.

It is worth mentioning ADRA's "Friendly Manual of Road Rehabilitation" which was an instructional source for basic techniques related to the topic of road rehabilitation. This training was given to the leaders that formed the community groups and skills were then transmitted to other beneficiaries as they carried out the road maintenance tasks. World Vision requested and benefited from a workshop facilitated by CARE Honduras and based on previous Title II road construction and rehabilitation experience. SC involved civil engineers as periodic supervisors at opportune moments throughout the length of program activities.

Community committees were organized and monitored work groups in infrastructure projects previously prioritized by the community. The leaders sought to ensure equitable equal participation by women and men. The distribution of Food for Work was well managed and transparent to all participants. The road rehabilitation activity provided employment, motivated community participation and supplied needed foods periodically. In field visits during the qualitative evaluation, observation was made of the quality of construction of road works such as drains, stone paving, drainage ditch improvements,

contention walls and other appropriate structures. Good technical construction quality was seen, as well as the intensive and appropriate use of unskilled labor.

In the ADRA target area, visits were carried out to some communities where physical works were constructed such as box bridges, large drains and paving. ADRA surpassed benchmarks and rehabilitated 114 kilometers of local roads. The paving, drainages and retention walls constructed in the SC area were built with low budget techniques in terms of materials, but that required the use of intensive local manpower, such as rock placement and road building with compacted select material; in addition other more complex works were visited, that used techniques such as vehicle tracks and ditches. The roads had an average width of 3.5 meters with adequate drainage, and facilitate passage by vehicles. A total of 189 kilometers of local roads were rehabilitated. In the WV area, the focus was on maintaining existing roads, therefore 23.6 kilometers of new road were constructed while 306 kilometers were maintained.

The majority of the road works seen during the qualitative evaluation were built two or three years prior, and are still in good condition, especially the retention walls. As to maintenance of the completed projects, the beneficiaries who were consulted stated that they made necessary repairs during the summer, so that the roads were in good condition for the rainy season. .

As per the opinions of the beneficiaries consulted during the qualitative evaluation, the road construction has resulted in more development in their communities, as they obtained greater two way access to health services and other government services (for example, the education sector). In coordination with municipal governments with access to PRS funds, new projects have been implemented through improved access, such as electrification projects. They also emphasized that with the increase and rehabilitation of roadways, vehicles arrive that allow them to transport their precuts to local markets, and in that way increase family income

Intermediate Result No.1.3:
Use of soil conservation practices and natural resource management

The three CS dedicated efforts to this component, but each reflected these efforts in different ways in their strategic framework and Indicator Performance Tracking Table (IPTT). SC defined it as a third Strategic Objective and included two indicators in the IPTT, whereas World Vision included annual monitoring outcomes (with midterm and final evaluation) as part of Intermediate Result 1.1 “Increasing and diversifying food availability in the IPTT. The three CS evaluated the use of soil conservation practices in conjunction with evaluation of the indicator referring to the use of sustainable agricultural practices (Table 18).

USE OF SOIL CONSERVATION PRACTICES

The three CS promoted the use of soil conservation practices as part of the technology package they promoted, along with other practices of sustainable agriculture. (SAP, or

sustainable agricultural practices, see Table No. 18 such as the use of organic fertilizers or seed selection. The soil conservation practices referred to physical works that detain or slow down soil loss. These include: minimum tillage (SC 17.0%), live barriers or fences (SC 21.0%, WV 45.7%, ADRA 69.2%) and/or larger works (ADRA 82.9%, SC 27.0%, WV 30.9%) such as: contour planning, ditches, stone walls, bench terraces and/or wide base terracing. Observation visits made during the qualitative evaluation noted examples of physical works in small plots. According to farmer focus groups, terraces are used in small vegetable production plots while the rest of the techniques are used in the farmer's basic grain production plots.

World Vision also included the promotion of the use of agro forestry techniques, such as planting shade trees in coffee plots, with 49.3% reporting use of this practice. SC promoted tree planting in plots to increase/intensify production, with17% reporting use of this practice.

Table No.27

% OF HOUSEHOLDS USING 4 OR MORE SOIL CONSERVATION PRACTICES and/or AGROFORESTRY TECHNIQUES					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	53.7%	78.2%	74.0%	√	↑ 24.5 pts.
ADRA	7.0%	45.5%	n/a	n/a	↑ 38.5 pts.
WV	17.0%	82.6%	60.0%	√	↑ 65.6 pts.

According to farmers during qualitative evaluation focus groups, soil conservation practices which produce a permanent physical change to plots (such as structural Works, live barriers or agro-forestry) are adopted only by those who are also owners of the land. Those who are only renting or borrowing land will not incorporate these recommended techniques for controlling soil erosion.

Farmers in focus groups recognized the advantages of these techniques in both protecting and improving the soil, decreasing erosion, and increasing soil moisture. Based on this, it can be stated that a good percentage of farmers acquired new knowledge through the different activities of the Volunteer Model Farmers, changing their attitudes regarding soil resource management, and are now taking measures to reverse conditions that caused degradation.

Farmers in focus groups also expressed the belief that with these techniques their soil has increased productivity and requires less manual labor. As they are now cultivating the same plot each year, there is a minimum of brush to be cleared before planting, the soil is looser and planting can follow the contours established. With the use of these techniques and the application of organic fertilizer, farmers have been able to return to production plots previously abandoned. Generally, participating families perceive that these techniques are contributing to improvements in natural resources, with less soil erosion, recovery of arboreal vegetation, increases in water availability and a greater population of wild fauna.

MANAGEMENT OF MICRO-WATERSHEDS

To contribute to improved management of micro watersheds, the OCs coordinated intensively with institutions such as the Forestry Conservation Institute (formerly COHDEFOR), the Secretariat of the Environment and Natural Resources, IHCAFE, municipal governments, NGOs with environmental or integrated rural development activities, schools and local community organizations.

In the case of SC, with a Strategic Objective referring to natural resource management, this CS provided the design for 10 micro watershed management plans, for the same number of municipalities. The change in this indicator ("municipalities with plans for land management") was from BL 21% to FE 59.2%, surpassing the target. ADRA facilitated the development of 35 micro-watershed management profiles, to ensure water sources sufficient for 35 communities and a few micro irrigation projects within those communities. In WV's zone, the project Copan North implemented micro watershed management plans in coordination with FOCUENCAS-CATIE. The council of municipal governments in Copan, MANCORSARIC, holds inter-sectoral meetings in which the CS staff participated regularly. In the south, the project for Integrated Management of Natural Resources (*MIRA*, with USAID funding) and the project FORCUENCAS (with EU funding) coordinate activities for the management of micro watersheds and related environmental matters.

All three CS carried out impressive efforts in the protection and management of micro watersheds and community water sources. The activities implemented include the establishment of nurseries, reforestation, security, fire barriers, educational campaigns and the organization of local committees. A large part of these activities received direct support as FFW activities. The important work of Model Farmers should be stressed, as they were actively involved with the different organizations in efforts aimed at community water source protection and management.

The amount of rehabilitated and protected hectares was notable. In the qualitative evaluation, it was observed that communities in this program worked on construction of stone fences and walls, as a technique for recovering and rehabilitating damaged soil on the banks of running water sources, as well as in efforts designed to stabilize land and mud slides. The activities were coordinated with the Forestry Conservation Institute, municipal governments, water boards, environmental committees, projects of the Secretariat of Agriculture and other institutions.

Specifically, SC was able to rehabilitate and protect 313 hectares, surpassing the goal of 300 hectares. WV, starting with a BL of 60 hectares, at the end reached 1,369 hectares, surpassing the goal of 400 hectares. ADRA was able to rehabilitate and protect 9,368 hectares. This was all carried out in a participative form with community organizations, with active participation of men and women. All was made possible due to the training activities, awareness campaigns, and work in coordination with other institutions and support from Food for Development.

In one specific example, as can be seen in the quantitative evaluation, SC rehabilitated and protected the quantity of 313 hectares, surpassing the target of 300 hectares. WV, beginning with a baseline value of 60 hectares, at the end reached 1369 hectares, surpassing the target of 400 hectares. ADRA accomplished the rehabilitation and protection of 9,368 hectares. All of this was made possible due to training activities, promotional campaigns, work coordinated with other institutions and support from FFW.

In the geographical areas of influence of the program, through interviews with local officials, it was observed that the municipalities have Strategic Municipal Development Plans (*PEDM*) which were developed and put into action with community participation. The *PEDM* include a list of environmental improvement projects to develop. The *PEDM* are used by officials for soliciting resources from Central Government institutions, as well as other donors.

STRATEGIC OBJECTIVE No. 2:
IMPROVED HOUSEHOLD HEALTH AND NUTRITION STATUS

To achieve household food security it is also necessary to ensure the best utilization of available foods. It is important that mothers know and use the recommended practices for optimal feeding of children 0 to 23 months of age. In addition, the prevention and/or timely management of common childhood illnesses, with adequate feeding practices during and after illness, is another important aspect regarding the biological utilization of food. Mother's health is also important in itself, as mothers take care of all the family members. Mother's health also affects fetal growth during pregnancy. All three OCs included activities to address all of these key elements of food utilization.

KEY STRATEGIES

A) Implementation of the Integrated Child Health Care approach (*AIN-C*) for community-based growth monitoring and promotion for children 0 to 23 months of age:

- AIN-C Module No.1: Recommended feeding practices for children age 0 to 23 months
- AIN-C Module No.2: Prevention and management of common childhood illnesses
- AIN-C Module No.3: Care of the newborn

B) *Olla Comun*/PD Hearth for recuperation of malnourished (weight for age) children; only in a limited number of communities in the World Vision target area

C) Collaboration with health services to promote priority messages of the Secretariat of health and with promotion of the use of available health services for children and women, with referral from community Monitors AIN-C

D) Community Health Units (CHU): Establishment of a limited number of community health units in remote areas. These are staffed by community volunteer Monitors AIN-C

and provide treatment for diarrhea and/or for pneumonia. Medicines are supplied through the regional health units of the Secretariat and/or complementary funds.

REACHING GOALS AND TARGETS

The three CS showed positive changes in high level indicators and intermediate results of the DAP. They reached a high percentage of the established goals, especially as per the introduction of complementary foods from 6 to 8 months and hand washing. The three CS found substantial positive changes in the use of the minimum practices recommended for adequate complementary feeding, and the recommended practices during bouts of diarrhea.

SC and ADRA reached targets for the practice of exclusive breastfeeding 0 to 5 months of age, while WV showed substantial positive change in this indicator. Each of the CSs evaluated different indicators of improvements in the access to and use of health services. All selected indicators of recommended behaviors revealed impressive improvements (for example, obtaining health care for signs of pneumonia, childbirth attended by health professionals, post partum care visit and the use of modern methods of family planning).

HIGH LEVEL IMPACT INDICATORS

An intense focus on the first two years of life can prevent growth faltering that contributes to the chronic malnutrition found to affect children in the three target areas where the CSs operate. Table 28 shows notable achievements in reducing chronic malnutrition (stunting), as measured by inadequate height for age. Save the Children Honduras attained the greatest impact, with a decrease of 7.6 percentage points for children 2 to 5 years old, the age group in which the accumulation of positive effects from practices during the early years of life is seen. Both SC and ADRA reached the targets set for decreasing chronic malnutrition in this age group.

Table No.28

CHRONIC MALNUTRITION OR STUNTING Height for age <-2 SD (NCHS) ages 24 to 59 months					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	35.1%	27.5%	30%	√	↓ 7.6 pts.
ADRA[19]	49.5%	45.1%	46%	√	↓ 4.4 pts.
WV	46.2%	50.0%	37%	---	No change

The Three SCs found a substantial reduction in malnutrition for children aged from 6 a 23 months. (Table No.29).

[19]ADRA reports anthropometric values separately by sex. Values in the tables are an average of reported values and assume a sample with the same number of boys and girls; The number or percentage of boys/girls in the survey sample was not provided in the final evaluation report.

Table No.29

CHRONIC MALNUTRITION (STUNTING) <-2 SD height for age 6 to 23 months					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	30.7%	15.6%	n/a	n/a	↓ 15.1 pts.
ADRA	33.0%	25.9%	28.5%	√	↓ 4.5 pts.
WV	46.0%	38.7%	37%	√	↓ 7.3 pts.

All three CSs found a decrease in malnutrition as defined by low weight for age (<-2 SD NCHS), with reductions from BL 20.5% to FE 10.9% for SC; BL 30.1% to FE 21.2%, World Vision; and LB 32.0% to FE 27.2% ADRA (in order of greatest to least reduction)[20]

Final evaluation activities were insufficient to clearly identify the reasons why World Vision did not achieve a reduction in chronic malnutrition among children age 2 to 5 years, but did achieve a reduction among the 6 to 23 month age group (Table 29) – those children that have been participating in AIN-C activities in the final years of the program. Perhaps these results reveal a slower process of behavior change in a coverage area in which mothers have a low level of formal education and where 37.6% of adults have never attended school (28% in SC's area and 8% in ADRA's).

The reductions in chronic malnutrition are most likely attributable to the use of an integrated approach to food security promotion. The achievements previously mentioned for the Strategic Objective No.1 activities, in the intensification, diversification and commercialization of agricultural production, may have contributed to improvements in food consumption by children. Importantly, the integrated program also has shown positive and substantial changes in child feeding practices, child health care practices and maternal health care, along with increased access to potable water and improved sanitation. These improvements are very likely to have had a direct effect on the reduction of chronic malnutrition.

PARTICIPATION IN AIN-C

The improvements seen in nutrition and health indicators may be directly related to the operational structures of the CS in which technical specialists and field personnel work closely with AIN-C Monitors, local health centers and municipal government. Cascade training followed by supportive supervision has resulted in measurable benefits for participating women and children.

In the quantitative evaluation, all three CS included an indicator of the status of weight monitoring of children under age two. SC found at baseline that 58% of children had

[20] The results on malnutrition (stunting and/or low weight for age) are based on NCHS standards. The OCs were trained on the WHO standards by PAHO/INCAP and reported results based on WHO standards which are higher related to stunting and lower related to weight for age.

been weighed in the two months prior while at FE this rose to more than 90% for children in all age ranges between 0 to 23 months, with nearly ¾ weighed by AIN-C Monitors. World Vision found 85.2% of children under 2 had been weighed in the two months prior, of which 59.5% had been conducted by AIN-C Monitors.

With the data from their monitoring systems, SC reported an increase from BL 62.4% to FE 68.0% of children under age two with adequate growth trends; ADRA found an increase from BL 49.0% to FE 62.0% and WV found 59% almost the same as at baseline. In focus groups with mothers all three geographic areas of influence, mothers expressed their satisfaction with their participation in the AIN-C activities and for the acquisition of news knowledge and improved practices.

Through observation visits during qualitative evaluation, the capacity of the AIN-C Monitors was seen to be good, and in most cases, notably superior to that observed during the midterm evaluation, adequately applying the protocols established par AIN-C by the Secretariat of Health. Monitors follow all the correct steps for weighing and recording data. They have all necessary materials and tend to have a good division of tasks among the Monitors so that when mothers arrive the process is fluid and allows for individual counseling.

A review of the AIN-C registries during observation visits showed a high level of participation by all children each month, this result is superior to that found at the midterm evaluation. A study of the AIN-C model in Honduras[21] showed that the "intensity" of participation (regular and continuous participation) resulted in a greater positive impact. As stated in focus groups, mothers now consider it to be essential to know their child's weight and growth status in order to monitor their child's well-being. Mothers expressed the wish that AIN-C continues in their communities and are willing to offer their assistance in keeping the activity sustainable.

It is important that children begin to participate in AIN-C activities immediately, at birth, to obtain optimal growth during the entire 0-23 month period. It was noted that many children were registered at birth, but some were registered at a later date. In the three target areas of the program, pregnant women were eligible to receive food rations, and at the same time receive home visits and participate in AIN-C educational activities. As a result, AIN-C Monitors are in contact with pregnant mothers and make appropriate referrals to maternal health services and are prepared for their baby's birth.

When asked why some children are not registered at birth, the reasons given were generally traditional ones (such as mothers do not want to take newborns out of the home). In very specific cases, it seems that there was a poor understanding of the link between AIN-C registry and receipt of food rations.

Also, in some communities the perception exists that the mother must have the birth certificate for the child to participate in AIN-C, something that could be taken into

[21] Evaluation of the AIN-C Program in Honduras, BASICS II for USAID, 2008.

account on the part of the health personnel that supervise the groups to promote greater participation.

The success that the Monitors have attained in their role of providing counseling on recommended feeding practices is obvious in the results of the quantitative evaluation. Through observation visits during the qualitative evaluation, competent counseling skills were seen and followed the steps of using the laminated AIN-C support materials. In addition, Monitors have internalized key messages and show an ease of communication with mothers. The counseling sessions conclude with the mother repeating advice and stating commitment to the actions agreed upon. In all target areas covered by the program, AIN-C Monitors are actively conducting home visits to provide additional support to mother of children with inadequate growth and/or illness.

In interviews with collaborating Secretariat of Health personnel, they mention that the focus of the DAP for improving child feeding practices has contributed greatly to reducing malnutrition. Additionally, they attribute the positive results to increased use of maternal and child health services due to the referrals made by Monitors. They also mention the contribution to reaching the goals of the Secretariat of Health, as to the timely and opportune use of maternal health services, and collaboration with the CS in extra-mural work of the Health Centers.

All health personnel interviewed during qualitative evaluation agree that the nutritional status of children has improved in their coverage area. Due to data regularly reported to the Secretariat of Health on the number of children with severe malnutrition (weight for age below the third percentile), they report that severe malnutrition cases are rarely seen and, when seen, are usually related to a severe medical or family/social problem.

Intermediate Result 2.1:
Improved nutritional status of women and children

The four indicators of recommended feeding practices have shown a positive change relative to the baseline data in the target areas of SC, ADRA and WV. The relative increases in key indicators are:

- Exclusive breastfeeding 0 to 5 months increased by 14.0 to 24.5 percentage points.
- Introduction of complementary feeding at 6 to 8 months increased by 15.0 to 54.5 percentage points.
- Mothers using appropriate feeding practices for children 0 a 23 months increased by 8.3 to 17.5 percentage points.

SC y ADRA met the final target for exclusive breastfeeding, whereas WV achieved positive change without meeting the very ambitious target they had proposed. Similar results were found for introduction of complementary feeding. The three CS did not meet proposed targets for the composite indicator of adequate complementary feeding: exclusive breastfeeding from 0-5 months; continued breastfeeding from 6 to 23 months

and the appropriate frequency of feeding from 6 to 23 months.[22] The limiting factor was generally frequency, followed by continued breastfeeding until 23 months. All three CS found improvement in the indicator of recommended feeding practices during episodes of diarrhea especially the goals related to breastfeeding and abundant liquids and improvement in the practice of continuous or increased feeding for children between 6 to 23 months.

With technical assistance from the FANTA project, CS staff participated in a workshop on the use of the BEHAVE methodology to develop a plan for behavior change communication for nutrition and health practices. Then staff from each CS separately organized a formative investigation to put into practice new techniques. They then used these results to develop a behavior change communication plan. SC staff studied breastfeeding and complementary feeding practices. They documented the experience and have shared this documentation with the Maternal and Child Health Unit of the central Secretariat of Health who are reviewing it to consider using it as part of their strategy for behavior change. ADRA staff looked into the differences in health and nutrition practices between two geographically different zones in their coverage area. WV personnel combined the methodology with additional techniques from the PD/Hearth method for investigating positive deviance and then used the information in the design of activities for both the AIN-C and adapted Hearth *activities.*

BREASTFEEDING

In the qualitative evaluation, focus group mothers demonstrated good knowledge about the benefits of breastfeeding, highlighting its exceptional nutritive value along with providing protecting from illness.

Table No.30

EXCLUSIVE BRESTFEEDING (0 to 5 months)					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	26.7%	51.2%	47%	√	↑ 24.5 pts.
ADRA	37.0%	52.8%	56%	√*	↑ 15.8 pts.
WV	23.0%	37.0%	63%	---	↑ 14.0 pts.

SC achieved the greatest amount of positive change, perhaps partly due to the fact that the majority of their field staff for the nutrition and health intervention are female. Monitor to mother counseling strategies are based on the concept that gender has an important role in relation to changes in attitudes and practices. The Secretariat of Health has conducted national campaigns to promote recommended breastfeeding practices and these are also likely to have contributed to the positive results seen.

[22]Collaborative activities for international standardization of this composite indicator occurred after baseline had been conducted. The presently accepted criteria suggest minimum appropriate frequency of feeding is 2x/day for children age 6 to 8 months, with snacks, and 3x/day for children 9 to 23 months of age. This indicator was measured using the criteria of 3x/day for children age 6 to 8 months, 4x/day for ages 9 to 11 months and 5x/day for ages 12 to 23 months.

SC has been one of the NGOs collaborating with the COMSAIN project (with funding from USAID, WHO/PAHO and UNICEF) in the development of additional educational materials for AIN-C activities and other health and nutrition promotion. SC has reproduced a significant amount of these materials and distributed them to communities. The high quality of these materials has probably contributed to the positive results in breastfeeding and other nutrition and health practices found at final evaluation.

The opinions expressed were uniform in all focus groups, noting the importance of breastfeeding at birth and not providing any other liquids. Mothers were cognizant of the special properties of colostrum and used the term in referring to the first milk. The quantitative evaluation confirmed that immediate breastfeeding is widespread. SC reports a change: BL 68.7%, to FE 76.8%; World Vision reports a value close to 90% at BL, and FE; ADRA reports an average of 0.7 hours for the initiation of breast feeding.

Mothers also recognize that breastfeeding during the first six months should be frequent, mentioning either “each time the baby wants to” or “at least 12 times a day”. They also emphasize that the mother should be well fed and should observe proper breast and hand-washing hygiene. A few mothers specifically mentioned that greater access to foods is best invested in the diet of nursing mothers rather than giving it to children under 6 months.

All the mothers participating in focus groups stated that they practice exclusive breastfeeding. Upon further investigation, FE results show that even though this practice has improved since baseline, only half of mothers are exclusively breastfeeding children from age 0 to 5 months. In focus groups, the greatest obstacle was said to be the need to leave home to work. They are aware of the option of pumping breast milk and leaving it for infants, but they believe that refrigeration is necessary. An additional factor is that many mothers migrate to nearby cities for extended periods to work as domestic help.

All three CS found that the practice of continued breastfeeding up to 24 months is not at the levels desired. SC reports that 45.9% of mothers with children from 18 to 23 months continue breastfeeding, with 53.6% in the ADRA area and 60.5% in the target area of World Vision. In focus groups, all mothers mentioned the importance of continued breastfeeding but only a few suggested it should be “up to or past 24 months”. In the past, it was common for mothers to stop breastfeeding because they were again pregnant. SC and ADRA included activities to promote birth spacing. Knowledge of modern birth control methods increased notably in both areas of influence, but their use increased only in the SC target area (16.9% BL, 41.5% FE).

COMPLEMENTARY FEEDING

In terms of the recommended practice of introducing semi/solid foods at 6 months, focus group mothers described this practice as now being traditional, although looking

at the low values found at baseline (Table 31) it is clear that an important change has taken place in the three target areas.

Table No.31

INTRODUCTION OF COMPLEMENTARY FEEDING (6 to 8 MONTHS)					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	37.3%	82.8%	60%	√	↑ 45.5 pts.
ADRA	34.0%	62.7%	49%	√	↑ 15.0 pts.
WV	31.0%	85.5%	95%	---	↑ 54.5 pts.

Mothers mentioned, although not always explicitly, that complementary foods should have the appropriate characteristics of consistency, frequency, quality and quantity. The importance of purees or soups being “thick” not thin (consistency) was highlighted in all focus groups. Mothers noted that a watery puree does not contain enough of the necessary nutrients. The importance of giving a variety of foods (quality) to the children was also mentioned, so that they “become accustomed to eating all foods” or so that they “receive the necessary vitamins and minerals”. Some mothers commented that the child can eat any food in puree form, while some mothers stressed that the introduction of such a wide variety of foods should be gradual. Several mothers said that a mother should begin by giving the child a few spoonfuls of semi-solid food and then continuously increase the quantity as they grow. Upon questioning about the recommended frequency of feeding frequency, the most frequent answers were 4 to 5 times a day, or 3 meals and 2 snacks.

Table No.32

USE OF APPROPRIATE FEEDING PRACTICES (age 0 to 23 months)					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	14.9%	26.8%	45.0%	---	↑ 11.9 pts.
ADRA	34.0%	42.3%	48.0%	---	↑ 8.3 pts.
WV	15.0%	32.5%	45.0%	---	↑ 17.5 pts.

Regarding children older than 12 months, the mothers stated that the child should eat what the rest of the family eats, considering key aspects to be that they have their own plate and that good hygiene is maintained. All three CS dedicated efforts to promoting the principles of active feeding and that meals should be a time of sharing between mother and child. SC included in the quantitative evaluation analysis of food consumption by children 6-23 months, showing an important increase (Table 33) in most of the food groups:

Table No.33

FOOD CONSUMPTION BY CHILDREN AGE 6 TO 23 MONTHS, BY FOOD GROUP (24 hour recall)			
SAVE THE CHILDREN	BL	FE	CHANGE
Cereals, roots or tubers	94.7%	97.2%	----
Beans	60.8%	69.3%	↑ 8.5 % pts.
Dairy Products	30.0%	30.1%	---
Meats	24.8%	34.5%	↑ 9.7 % pts.
Eggs	67.2%	64.6%	---
Vitamin A rich vegetables and/or fruits	60.8%	75.5%	↑ 14.7 % pts.
Other vegetables	31.9%	52.2%	↑ 20.3 % pts.
Fats	67.0%	79.2%	↑ 12.2 % pts.

All three CS developed and promoted recipes for use of foods from the distributed ration, especially CSB. They printed pamphlets and widely distributed these at the community level. Cooking demonstrations were used as an opportunity to provide orientation on recommended feeding practices.

FEEDING PRACTICES DURING COMMON CHILDHOOD ILLNESS

The three CS promoted the recommended practices for feeding during episodes of child illness and evaluated the practices used during diarrhea:

Table No.34

APPROPRIATE FEEDING DURING DIARRHEA AGE 0 TO 23 MONTHS					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	44.7%	80.8%*	65%	*	↑ 44.1 pts.
ADRA	19.0%	43.4%	80%	---	↑ 24.4 pts.
WV	31.4%**	41.8%	56%	---	↑ 10.4 pts.

*FE results reflect improvements in continued breastfeeding and use of abundant liquids for children 6 to 23 months; continued feeding with solids foods was not included. ADRA also found a large increase in the use of abundant liquids: BL 59% FE 74.9%.

**Baseline value taken from results for rural areas, ENDESA 2005/2006.

Positive change is seen in improving the knowledge and practices of mothers for appropriate feeding during episodes of child diarrhea. Additional information can be found under Intermediate Result 2.2.

PD/HEARTH

World Vision staff dedicated their nutrition and health efforts to three activities: AIN-C, establishing Community Health Units in remote areas, and use of an adapted PD/Hearth approach for the recuperation of malnourished children in a limited number of communities. The steps taken to develop the PD/Hearth activities also contributed to the design of recipes and messages that were useful for the AIN-C activities conducted

in a much larger number of communities. But the PD/Hearth activity required an additional level of effort by field staff which should be considered when designing food security programs. World Vision's international office is in the process of conducting a study (including Honduras) of the use of the PD/Hearth approach and/or adapted approaches in different regions of their world programming. It would be useful if the number of children graduating from these activities and/or re-entering could be included in this study, to provide information to contribute to a better understanding of how nutritional recuperation can be sustained. World Vision Honduras has also documented the strategies and approaches used in this Title II program, including the PD/Hearth activity, and have also separately estimated costs per beneficiary of the PD/Hearth approach. With these efforts, World Vision should be able to define how to include the useful elements of the PD/Hearth methodology in the appropriate situations within food security programs.

Intermediate Result 2.2:
Improved Access to and Use of Health Services

As shown by quantitative survey results, access to and use of health services has increased substantially, in terms of preventive care and management of common childhood illness, along with maternal health care.

JOINT COMMUNITY SUPERVISION

All three CS provided transportation and accompanied Health Center personnel when they carried out AIN-C supervision visits. These visits were also combined with other activities related to extra-mural tasks, such as health consultations, inscription of pregnant women and newborns, etc. Health personnel interviewed during the qualitative evaluation stated that they perceived the community activities of the AIN-C Monitors to be of high quality, including the abilities of Monitors to measure weight, provide counseling and make appropriate referrals in the case of illness.

They also stated that program activities were in line with Secretariat of Health goals and that the activities had contributed much to meeting these goals, especially in terms of early inscription of pregnant mother and complete immunization of children. In relation to the close collaboration between AIN-C activities and health services, review of child health cards during qualitative evaluation showed that the majority of children had their weights recorded from the first month of life, growth curves were well graphed, and immunizations and vitamin A doses were up to date. At midterm evaluation, measles vaccinations had not always been administered and it is noteworthy to see at final evaluation that all child health cards seen showed children to have received measles vaccination before 12 months of age.

All three CS collaborated in the promotion of complete and timely child immunization SC and ADRA evaluated results and found a high percentage of children with the complete minimum set of immunizations by 12 months of age, a result that was already acceptable at midterm evaluation, but even better at final evaluation (SC: BL 73.5% FE

88.5%; ADRA: BL 88% FE 94.5%). In addition the CS included health promotion activities during Municipal Integrated Fairs and provided support to any health campaign activities conducted by local health personnel.

USE OF CHILD HEALTH SERVICES

Results of the quantitative evaluation demonstrate that use of child health Services has increased substantially since baseline:

Table No.35

USE OF HEALTH SERVICES FOR CHILDREN					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC (1)	47.8%	65.6%	68.0%		↑ 17.8 pts.
WV (2)	12.0%	65.2% H.C. (72.2% +Vol)	85.0%	---	↑ 53.2 pts.

(1) % of children with ARI seen by health providers

(2) % Acute diarrhea illness and/or ARI seen by Health Center personnel or community volunteers.

As part of AIN-C Module 2, Monitors were trained to recognize and train mothers on the danger signs of common childhood illnesses, specifically for diarrhea and pneumonia. Results show that mothers now better recognize these danger signs and seek medical attention. In qualitative evaluation focus groups, mothers demonstrated knowledge of all correct key signs (for diarrhea, they mentioned sunken eyes, vomiting, tenting of skin fold, excessive thirst, dry mouth, fever and lack of energy; for pneumonia respiratory fatigue, chest in-drawing, rapid breathing, very high fever and other general symptoms of serious illness). In many cases, mothers with sick children were referred by Monitors to Health Centers. In other instances, they go directly to Health Centers.

The role of the AIN-C Monitor is to provide counseling, make referrals and conduct follow-up after patients return to the community. Health Centers provide Monitors with analgesics and oral rehydration salts, but as AIN-C Monitors they are not provided with antibiotics (while as community health volunteers assisting CHUs, they are). The quantitative evaluation showed a continued tendency to directly seek assistance at Health Centers. (See the section on IR 2.2 for information on Community Health Units promoted by ADRA and World Vision.) The majority of mothers in focus groups stated that they received good and timely treatment in Health Centers.

In all three target areas, focus group mothers demonstrated a good grasp of recommendations for home management of diarrhea without signs of dehydration. They stated that even when a child vomits it is necessary to give more Litrosol, “spoonful after spoonful because something will remain inside.” In terms of preventative measures, proper personal and household hygiene in relation to safe water and food preparation was stressed. (See Table 37, hand washing practices). For mild respiratory illness, mothers identified several methods to alleviate symptoms, such as providing chamomile tea or analgesics and applying cool compresses to reduce fever, also noting the importance of motivating the sick child to eat.

USE OF MATERNAL HEALTH SERVICES

The three CS included maternal health promotion activities in support of this priority of the Secretariat of Health. The collective impact of the activities on maternal health has been highly positive. The three CS included different indicators of maternal health, based on their key promotional activities. ADRA evaluated the percentage of mothers receiving post-partum care within six weeks of giving birth. A baseline value was not available but result at final evaluation is 78.7%. ENDESA 2005/2006 reported 60.8% of mothers in rural areas to have received a post-partum consult within 40 days.

World Vision collaborated closely with health personnel to promote childbirth at existing health services and attended by healthcare professionals, especially in the Department of Copan, where a Maternal Child Clinic is managed by a technical group within the council of municipal governments MANCORSARIC and supervised by the Regional Secretariat of Health[23]. Results show a substantial increase (26.2 percentage points) in professionally attended births (LB 40% BL to 66.2% FE), meeting the target of 60%.

Throughout the target areas, there was agreement among key informants and focus group participants that the use of maternal health services throughout the prenatal to post-partum period has increased with support from the program, including an earlier initiation of prenatal care during pregnancy. Quantitative evaluation by WV found an average of 6.3 prenatal care visits while SC found more than half of mothers to have taken iron folate tablets during the last pregnancy. Focus groups and interviews with health personnel confirmed

Through the AIN-C meetings, home visits and promotional activities of the Secretariat of Health, mothers have learned to recognize the danger signs during pregnancy and the actions to take for healthy childbirth. Among the pregnancy danger signs mentioned were: intense headaches, high blood pressure, vomiting, heavy bleeding, fever, emission of abnormal and/or malodorous fluids, lack of fetal movement after five months and bloating of the face and/or feet. They also mentioned other risk factors, such as closely spaced pregnancies and becoming pregnant at a very early age or advanced age. In relation to care during pregnancy, they mentioned getting enough rest, not lifting heavy items, eating well, getting “the vaccination”, taking vitamins, eating fruits and vegetables, and not smoking or drinking alcoholic beverages.

All three CS promoted birth-spacing, and SC y ADRA dedicated additional efforts and evaluated results. ADRA surpassed their proposed goal regarding knowledge of three modern family planning methods (33.0% BL, 94.3% FE) but still found a very low level of use (FE 3.0%). SC surpassed the final goal (29%) for using modern methods, with an excellent increase of 25.6 percentage points (BL 16.9%, FE 41.5%). Among focus group mothers, the answers regarding optimal birth spacing varied but were always more than two years and up to as many as five.

[23] The maternal clinic received support previously from USAID through Project REDES.

COMMUNITY HEALTH UNITS

World Vision and ADRA supported Community Health Units in coordination and in line with norms of the Secretariat of Health. The objective was to facilitate access to health services for target communities that were distant from existing health services areas. Primary health care services for children were provided daily and on call and followed protocols for the Integrated Management of Childhood Illness (IMCI). The CHUs occupied previously built structures in the community. The CS assisted basic repair and provided the minimum equipment necessary.

AIN-C Monitors were responsible for CHU services, in addition to their AIN-C activities. In the CHUs in the World Vision target area, the Monitors have developed a rotating schedule to ensure that no single volunteer is over-burdened. The Monitors received training additional to that provided through Module 2 of the AIN-C training package for management and treatment of common childhood illnesses (primarily pneumonia and diarrhea in the target areas.) Local health personnel, with technical assistance from CS staff and local specialists contracted by the CS, facilitated the training. ADRA also used a CORE Group document as input to training and supervision.[24] CHUs are supplied with analgesics, oral rehydration salts and the appropriate antibiotic for pneumonia. The CS in both target areas found that not all of the CHUs originally supported remained active by final evaluation, primarily due to irregularity in the supply of medicines provided by the Secretariat of Health. At times, municipal government provided assistance for the purchase of essential medicines.

The CHUs developed by ADRA were fully functional shortly after midterm evaluation of the program, while those that remain active in the target area of WV now have been sustained for about four years. There are about 13 to 14 CHUs in the ADRA area and 6 to 8 in the World Vision area. In both the ADRA and WV areas, the Secretariat of Health has official responsibility for oversight of the CHUs. ADRA has a long range strategy to continue to provide support to the same communities and region in a variety of development activities, with other funding. Municipal governments have also signed letters of support for continued CHU activities after the end of this program. The MANCORSARIC council of municipal governments for the Department of Copan has demonstrated their commitment to maintaining the CHUs in their coverage area; at present they have managed a private Maternal and Child Clinic for several years

Intermediate Result 2.3:
Increasing access to potable water and basic sanitation

All three CS considered access to potable water to be an important factor in efforts to attain a reduction in chronic malnutrition in young children and they sought and obtained complementary funding to put in new systems and/or rehabilitate existing systems, along with associated latrine construction. The quantity of works achieved are: SC 4 new and a large quantity (35) which required from minor to moderate rehabilitation;

[24] C-IMCI Handbook, prepared by Alfonso Rosales, MD, MPH; Catholic Relief Services, 2003.

ADRA 4 new and 10 rehabilitated; World Vision 4 new systems. ADRA reduced their original benchmark of 35 systems because cost calculations had been insufficient. The quantitative evaluation shows the results of these projects in increasing household access to safe water and basic sanitation:

Table No.36

% HOUSEHOLDS WITH ACCESS TO SAFE WATER / LATRINES					
CS	Baseline	Final Evaluation	Target	Target √	Change
ADRA	71 / 48 %	75 / 80 %	77 / 68 %	-- / √	↑ 4 / 32 pts.
WV	77 / 11 %	89 / 50 %	87 / 45 %	√ / √	↑ 12 / 39 pts.

All three CS coordinated with SANAA and the Secretariat of Health. In addition, SC coordinated with other programs active in the south, including the national program PRACCAGUA (with funding from the EU and USAID) and FORCUENCA (EU funds). ADRA developed designs with support from SANAA, FHIS, MARENA and the Peace Corps. World Vision also coordinated access to water sources with the Forestry Conservation Institute. Municipal governments provided assistance with materials and labor which required a higher level of technical skill. In general, the communities supplied 20% of unskilled manpower and local building materials.

There was uniformity in the methods used for organizing and training communities in the implementation of the water and sanitation projects. Each CS held community assemblies to elect or reactivate Water Boards, and then to coordinator execution of the works. At the same time, Water Board members received training in the administrative management, operation and maintenance of the projects, based on SANAA guidelines. In addition, SC and ADRA supported the development of internal Water Board regulations at the community level. The emphasis of SC and ADRA on maintenance is impressive. The communities now have activity plans for project maintenance and the Water Boards meet every week or two to resolve problems and needs. In the coverage area of SC, Water Boards have hired a water technician and pay this person US$150 monthly to oversee the maintenance of the system. In the case of ADRA, the Water Boards are aware of the benefits of having a full-time water technician but for economic reasons most have decided to pay for necessary work as it is needed.

During observation visits conducted during qualitative evaluation, it was seen that the Water Boards have a good skill level for administration, operation and maintenance of water systems. The projects were built with designs based on the technical norms and specifications of engineering. This applies to gravity systems as well as pump systems, ensuring that systems supply water to directly to homes from the highest to the lowest elevations. In all cases, the Water Boards have established monthly usage rates which are periodically updated; in some cases there are even savings for maintenance. Nevertheless, rates are low in terms of long term maintenance needs. During observation visits, it was seem that all systems are presently well maintained and are functioning adequately. Multiple information sources confirmed that many of the Water Boards are chlorinating water catchment tanks. Water Boards in the south obtain chlorine from through municipal supplies obtained from seed money donated by

PRACCAGUA. In the ADRA target zone, Water Boards know how to obtain chlorine, whether through the Secretariat of health or SANAA. In the West, there was a lack of clarity regarding chlorination.

Improved access to water has led to an increase in mothers using appropriate hand washing techniques (before child-feeding, etc. with use of soap). Table 37 shows that targets were surpassed by the two CS that set targets for this indicator. CS field personnel report improved hygiene practices in houses and communities in general.

Table No.37

% MOTHERS USING APPROPRIATE HAND WASHING PRACTICES					
CS	Baseline	Final Evaluation	Target	Target √	Change
SC	58.1%	90.7%	78.0%	√	↑ 32.6 pts.
ADRA	1.0%	99.5%	30.0%	√	↑ 98.5 pts.
WV	n/a	n/a	n/a	n/a	n/a

An additional benefit is more free time, for women in particular, now that water directly reaches the home. An additional benefit is an increase in community leader capacities. Water Board members possess greater knowledge of how to obtain new projects and identify sources of support. They participate actively in municipal town hall meetings.

Latrine construction should go hand in hand with potable water projects. Qualitative evaluation showed that beneficiaries had received a thorough training in the construction, maintenance and use of latrines, using the Secretariat of Health manual. There are differences in construction quality and quantity. In the SC target area, the shed part of the latrines were not always built according to SANAA norms as some of the collaborating institutions did not come through with expected donations of materials. In spite of this, the pour/flush latrines are functioning, with septic tanks placed at the acceptable minimum distance. ADRA supported the construction of hydraulic sealed latrines with movable sheds on concrete bases; this design is used by the Secretariat of Health and was provided by PAHO. Shed dimensions are adequate and spacious.

The construction of hydraulic seal latrines cover only a portion of the households in the WV target area, and could be considered as a project for the future to complement the water projects. Among other works done by WV with the aim of improving environmental sanitation are improved floors in 304 homes and improved walls (33 homes) and roofs (34 homes) as models for the communities.

SC organized environmental sanitation committees that received support of monitors AIN-C y/o community health volunteers. These, gave training to water boards and beneficiaries for adequate use of water and latrines.

V. CROSS CUTTING THEMES

SUSTAINABILITY

All three CS included plans for promoting future sustainability in the design and implementation of all components and activities. First, they coordinated closely with local government and technical partners, local Health Center staff and other organizations in their target areas. These key players were invited to become directly involved in community activities at all times. Regarding AIN-C training, they co-facilitated events with staff of nearby Health centers and local government technical staff collaborated in agriculture, environment, potable water and road improvement activities.

The CS included technology appropriate to the level of management of the participating communities. This included drip micro-irrigation, small greenhouses (micro-tunnels), and techniques used in infrastructure projects, such as potable water projects, hydraulic seal latrines and road rehabilitation with boxed bridges.

CS staff facilitated training events using techniques that transfer capacities to participants and included opportunities for immediately practicing each newly acquired skill. In community volunteer (Volunteer Producers, AIN-C Monitors) training events they included specific techniques and discussions for transferring new messages and changing the behavior of other community members.

The CS have left equipment in the communities. For example, AIN-C monitors received Salter scales and all the educational materials necessary for offering counseling. Groups that choose to do road maintenance as a small business activity have the equipment needed for such work.

At the household level, final evaluation results show that agricultural producers and mothers with young children have changed their behavior in positive ways in terms of the advice promoted. The behavioral change is lasting because the individual has passed through the initial steps of acquiring new knowledge and then reflecting on the advantages to putting it into practice.

At the community level, community volunteers that have received training through the activities of this program have high quality technical skills and serve as models for promoting continuous changes within the community

Volunteer Model Farmers stated their intention to continuing to plant the new crops and use sustainable agriculture techniques. They serve as a source of information for whoever wishes to continue to change their behavior as producers.

Most of the Water Boards have demonstrated their ability to maintain the projects and they state that they feel capable of soliciting new resources and other funding sources.

AIN-C Monitors expressed their intentions to continue with their monthly activities. They have the necessary equipment and materials for weighing and providing counseling in each community. Both the Monitors and participant mothers say that they are motivated by their desire to know each month how the child's growth is progressing. Some Monitors already have had the experience of training new Monitors in their communities; however, after a few years the training of new monitors will be a need that an institution, such as the Secretariat of Health or municipal governments, will need to address.

The small businesses are still in their first years of operation, but with the motivation to generate income, newly acquired skills in maintaining basic accounting ledgers, new market contacts and legal status they should be able to advance. Municipal governments already support and coordinate the Agricultural Fairs with groups of agricultural producers.

The new community health units in the ADRA and WV target areas have been established with Secretariat of Health approval as part of their strategy. Nevertheless, supplying the units with needed medicines has not always been possible to maintain in a regular and timely manner. The council of municipal governments in Copan, MANCORSARIC, has experience managing a maternal-child clinic as part of decentralized health strategies. They are committed to maintaining the 4 CHUs in their target area and providing all possible support. In some municipalities in Ocotepeque and Santa Barbara, some mayors have shown their interest in supporting the CHUs and have contributed funding from their budget in recent years.

At the institutional level, the qualitative evaluation showed that collaborating members already feel that the program activities are "theirs". The strategic and annual plans of municipal governments include activities to promote and protect food security. Mayors and government technicians have coordinated directly with the Model Farmer volunteers and members of community groups or small businesses in road maintenance during the life of the program. Thus, the governments are familiar with the strengthened local skills and capacities that they can rely on in future activities.

The model for AIN-C activities is a strategy which was adopted by the Secretariat of Health before this program began. In interviews with key informants at the regional, area or municipal level during the qualitative evaluation, interest was shown in maintaining the previously established AIN-Cs and those strengthened during this program.

Municipal governments, and in the cases where there are councils of municipal governments (MANCORSARIC in Copan, CODEMUSSBA and MANUSBAR in Santa Barbara) agreements have been signed with Cooperating Sponsors in almost all the communities that have been involved. In these agreements they have agreed to support existing activities.

The development of exit strategies are a requirement of the Title II program guidelines. The donor, USAID made it possible for an expert to support the three CS in the development of exit strategies during the second to last year of the program. This was done for the purpose of contributing to planning that allowed the exit from the target areas to be organized and implemented early on, for the well-being of the beneficiaries. Since the time of that workshop, USAID through its cooperative agreement with FANTA-2, has decided to study the different elements of sustainability based on the strategies developed with their respective sustainability indicators for a period of time after the end of the program. The information acquired through this study will be very informative for all NGO's that promote community level food security.

CAPACITY BUILDING

The CS recognized the need to include cross-cutting activities to strengthen community decision making capacities regarding food security. At the same time, the CS collaborated with municipal governments to analyze the lack of food security and include proposals for projects in their strategic and operational plans. At the end, through civil participation processes (such as town meetings) the link between communities and local governments was strengthened. As indicators of annual monitoring and final evaluation, the three CS agreed on an indicator that reflects the effect of this strengthened linkage. They proposed achieving that the communities in the target areas would have municipal funding assigned to food security projects:

Table No.38

COMMUNITIES WITH LOCAL GOVERNMENT FUNDS ASSIGNED TO FOOD SECURITY PROJECTS		
CS	Final Evaluation	Target
SC	94%	72%
ADRA	78%	100%
WV	100%	100%

The data in the table above shows that the three CS obtained high levels of achievement in their proposals to obtain municipal funding for food and nutritional security; this was confirmed in field visits during the qualitative evaluation through the review of Municipal Development Strategic Plans.

The qualitative evaluation found a variety of community organization structures, including health, agricultural production, environmental, small business and commercialization committees. In the opinion of the mayors who were consulted, the three CS have contributed significantly for these organizations to participate in putting together the Municipal Development Strategic Plans, Municipal investment Plans and the town hall meetings. The result of this participation has been that these plans include specific activities targeting food and nutrition security. Additionally, the mayors believe that the focus of program activities has "achieved an awakening of people to the idea that nothing comes for free and that everything requires personal effort and active participation in decision making."

Another strategy that contributed in an important way to coordinating with municipalities was that the technical input of the programs responded to community needs and coincided with local government priorities. Those interviewed feel that they have acquired the ability to continue on their own, using the process for securing *ERP* Funds and other sources for food security projects. Some examples of the projects implemented in some municipalities (with ERP Funds), as per their strategic plans are:

Table No.39

EXAMPLES OF PROJECTS FUNDED BY LOCAL GOVERNMENTS ASSIGNED TO FOOD SECURITY PROJECTS			
CS	Municipality and Department	Number of food security projects	Cost of programs in US$
SC	Sabana Grande, Francisco Morazan	24 productive projects	In 2007: US$ 133,960 In 2008: US$ 88,300
WV	Belen Gualcho, Ocotepeque	6 productive projects	In 2007: US$ 4,800 In 2008: Attention to short emergency periods

In the target area of ADRA, in the Municipal Development Strategic Plans reviewed during the qualitative evaluation, there were various projects that benefited food security that had been proposed by the municipal governments. According to interviews with key informants, in the community Town Hall Meetings there was an emphasis on rural electrification projects, home improvement, and road rehabilitation projects related to roads damaged by a tropical storm. In productive projects promoted by ADRA, communities had access to the technology stipend from SAG. In coordination with the Child Fund International(formerly known as Christian Children's' Fund) and funding from FAO, seed capital in the amount of approximately 40,000 *Lempiras* (US$2,150) was given to 110 FODECOs to serve as a rural bank that offered credit to producers.

In the municipality of Copan Ruins in the WV target area, a preference was seen for rural electrification projects. In the Municipal Development Strategic Plans in the south, where SC collaborates with local governments, it was noted that more than half of the PRS funds are assigned to production programs that have a direct influence on food security. Each project has a contribution split between municipal funds and community contributions. In addition, they coordinate with other technical and financial sources such as the Christian Development Fund, Millennium Challenge Account, and support from INFOP and others.

It is noteworthy that in all instances, the mayors interviews recognized the important role played by the CS staff in obtaining access to PRS Funds; this involved a complex process at the beginning; in addition to complicated requirements, the city governments did not have experience in project formulation in the productive area. They considered the technical assistance to have been practical and useful in terms of basic accounting and project formulation, using as a starting point the guidelines and manuals created by National Commission of the PRS Fund.

All municipal governments received training and technical assistance from the council of municipal governments with which they are affiliated (MANUSBAR and CODEMUSSBA in the ADRA target area; and MANCORSARIC in the World Vision target area) and field personnel of the CS participated in all of the coordinating, meetings, etc. Health Committees, Water Boards, AIN-C networks, farmer organizations, local financial organizations, transformation micro-business structures together represent an active Human Capital. This network of organizations is a factor for sustainability.

Local governments have assigned at least three municipal liaisons in the role of permanent intermediaries with community organizations and have a focus relevant to food security (production, health, environment) to oversee and promote the sustainability of the activities. All the actors know the exit strategy for the program, which has taken into account, among other activities, holding community assemblies in which there is participation by local governments and others to report on the achievements and remaining challenges at the close of the program. There are signed agreements for providing follow-up. The agreement with MANCORSARIC in Copan identifies specific activities related to support for AIN-C and the USC. ADRA obtained cooperation agreements with 11 municipalities and with ICF, SAG and COPECO, who will provide follow up, training and technical assistance to the organized groups.

MONITORING AND EVALUATION

The monitoring and evaluation procedures undertaken by each CS played a key role not only in maintaining an effective process with timely implementation of activities and processes on time and with good quality, but also in generating the positive results in product and impact indicators. The continued assistance of FANTA at the beginning of the program period and at timely moments for evaluation processes was very worthwhile. The technical input assisted the CSs in standardizing indicators, developing detailed criteria for the measurement of indicators, and provided input for the training of personnel in up-to-date evaluation techniques.

A key feature of the monitoring and evaluation process for all CS was the amount of participatory processes involved, with all levels of CS personnel regularly reviewing and discussing results. This motivated staff and encouraged productivity. This increased capacity in monitoring and evaluation that has been developed among a good number of technical and professional personnel in this program represents a valuable contribution to monitoring and evaluation for any development program.

FINANCIAL EXECUTION

According to Table No. 40, The SCs expended a high percentage of the programmed funds coming from Food for Peace (monetization, ITSH, and 202e). As it has been explained before, SCs found key partners and made important alliances with other institutions to obtain additional funds and resources in kind that allowed them to fulfill goals and targets.

Table No. 40

Total Expenditures 2005-2009			
CS	Budgeted	Expended	% Expended
SC	7,309,999	6,970,945	95
ADRA	7,401,757.00	5,547,903.85	75
VM	12,525,616.00	10,147,584	81

GENDER

Gender is a central cross-cutting element of all components of this program, with the goal of ensuring equitable participation of men and women. The CS did not include a specific or detailed plan for addressing gender; rather staff perceive the topic as an important aspect of community development. The CS only included evaluation indicators related to gender in the analysis of chronic malnutrition, separating results by sex. In addition, analysis of monitoring system information sometimes included analysis of participation by sex in the different activities.

In the nutrition and health component, women participated much more than men; the majority of the AIN-C Monitors are female. Although a balance of gender is generally desirable in community development activities, the AIN-C protocols recommend that the promoters be women (and women with children), because one of their important roles is to serve as examples and counselors to other mothers so that they change their feeding practices for children under two. The Monitors received training which allowed them to offer a new service to the community, and be linked to new institutional spaces with municipal governments and health establishments. With this, they earned prestige, recognition and greater self-empowerment with their technical capacity and leadership.

Through health activities, women also benefited from increases in use of modern family planning methods, access to prenatal, delivery and post partum check-ups, and new knowledge for the prevention of HIV/AIDS. It is also important to note the value to women of having water piped into homes.

In the commercialization and micro-business component, the participation of men and women can be seen with the following example:

Table No.41

CS	ACTIVITY	PARTICIPATION OF MEN	PARTICIPATION OF WOMEN	TOTAL
SC	Micro-businesses for transforming agricultural products	50%	50%	100%
ADRA	Community groups for the commercialization of agricultural production (FODECOS)	76%	24%	100%
WV	Micro-businesses for processing agricultural products	70%	30%	100%

Source: Data from the monitoring systems of each CS

Women participate on the Boards of Directors of all small businesses, creating opportunities for them to participate in decision making.

Considering the power derived from improving the economic income of women, in addition to recognizing that women invest increased income in activities for the well-being of children, it would be recommended that future programs fully develop a strategy to promote gender equity in the participation in all activities. There are many constraints to woman's participation such as children caring, domestic duties, machismo, high fertility, etc. For addressing constraints, development programs must include since designing stage, specific strategies, targets and indicators on gender.

In other activities within the component of agriculture and resource management, there is no information on participation by sex. From qualitative evaluation activities it was seen that the participation of women was primarily in family gardens, small animal production, cultivation of forestry nurseries and care of micro-watersheds. The three CS ensured that, at a minimum, one woman participated in each community as a volunteer Model Farmer. Women also participated in planting new vegetables for marketing.

In infrastructure activities, such as the construction or rehabilitation of water systems and highway improvement, it is difficult to evaluate the participation of women, due to the non-formal criteria used by the communities to achieve a balance in the family, but not the sexes. In general, as seen in focus group participation and field observation visits in the communities during the qualitative evaluation, greater participation by men was perceived.

Results of the quantitative evaluation showed no bias against girls based on chronic malnutrition data; on the contrary, there was a slightly higher level of chronic malnutrition in boys. One of the key social determinants of child malnutrition is mothers' education level. Programs included complementary funds for another factor related to malnutrition—access to potable water—but funding for activities to improve women's education levels was not sought (or perhaps not found).

RISK MITIGATION

In all of the geographic areas where the program is implemented there are Permanent Committees for Contingency planning (*COPECO*). There oversee activities to mitigate risks and organize and train department and municipal level committees. Since 1999, after the occurrence of Hurricane Mitch, COPECO has received assistance from a variety of donors in order to strengthen activities at the department and municipal level.

All three CS have participated actively and regularly in COPECO organizing and planning activities. When brief periods of emergency have occurred due to flooding, drought, earthquake tremors or landslides, the CS have collaborated and provided logistic and communications support, along with donated materials. ADRA in particular signed an agreement with COPECO for training of ADRA personnel. This training was then replicated at the community level and 6 community Contingency Committees were organized. Organization and training for 123 communities are pending as well as

providing them with communication equipment for emergencies. In addition, municipal committees will receive follow up. WV trained 128 emergency committees, one for each community covered.

REGULATION 216

With the promotion of sustainable agriculture practices a process has been initiated to improve environmental conditions and natural resource management. The training of farmers centered around the development of Field Schools which only used appropriate practices and techniques. To support agricultural production and commercialization, small scale drip irrigation systems were promoted and provided through complementary funding in many instances. These systems are very efficient in use of water and do not have negative impacts on soil quality. Also, those farmers benefiting from micro irrigation systems have also participated in activities to protect and manage micro watersheds. Reforestation activities have been included in the program, with community participants maintaining seedling nurseries with tree species appropriate to the agro-ecologic zone. Reforestation plans have been developed in coordination with the Secretariat of Environment and Natural Resources, the Institute of Forest Conservation and the municipal government Environmental Management Units.

In coffee growing zones, support was provided by the program for a process which was been in place before the program began. This process includes certification of small coffee plots that have improved practices of production and waste management.

Small animal production activities were only done on a small scale, primarily in relation to hens and pigs. Program activities promoted raising small animals in penned areas with use of appropriate practices for their production for the avoidance of any danger to human health. Waste materials are used for the production of organic fertilizer and residual waters are deposited in oxidation lakes.

The small businesses processing agricultural products are using appropriate technology for artisan processing, with use of low impact techniques. They received training in all low impact techniques and in use of appropriate materials and waste management.

Road improvement activities were targeted at local dirt roads and were small scale activities of limited dimension of length or width and did not require any type of larger scale earth movement. Activities were done using hand tools, such as shovels and picks. The community members have been trained in correct procedures and have received continuous supervision from CS field staff, in coordination with municipal government supervision.

The Integrated Child Care (AIN-C) activities are centered around education and training and do not have any negative environmental impacts. ADRA and World Vision supported the construction or rehabilitation of community health units (CHU) in a limited number of communities (approximately 30). In these, only oral medications are

provided and any waste is burned according to standards of the Secretariat of Health. Any painting done of any CHU used only lead-free paint.

Precautions taken during the construction or repair of potable water systems avoided damage to flora or fauna. If damage occurred in any small area, the area was reforested. The construction of latrines jointly with water systems contributed to the reduction of environmental contamination and health risks. Mitigation measures included strengthening Water Board maintenance and management skills and assisting Water Boards to develop micro watershed protection plans. Community education activities included promotion of behavior change to ensure appropriate use of water and basic sanitation works and to eliminate the proliferation of vectors.

VI. LESSONS LEARNED, CONCLUSIONS AND RECOMMENDATIONS

LESSONS LEARNED

Overall, the CS followed their original plans and made no major changes in their strategies during the five years of the project. At final evaluation, the usefulness of having standardized some high level indicators and the criteria for measuring them, with technical assistance from FANTA, was recognized by the CS and the evaluation team as having been quite useful and allowed for clarity in the analysis of results.

One lesson learned by SC was to abandon plans for a market study by a technical consultant, although a slightly different study had contributed to another aspect of the commercialization of agricultural products. Instead they substituted a simple and participatory activity designed by INFOP, where the members of the small businesses investigated the market themselves. This change gave immediate and good results, identifying possibilities within reach of the participants, and at the same time strengthening their capacities in market analysis in a sustainable way.

The importance of strategic alliances was obvious in the results obtained. The fact that ADRA accessed funds from the Millennium Challenge Account and in that way was able to include a greater amount of appropriate technology (micro-irrigation systems and "micro-tunnel" greenhouses) to participant families. SC and World Vision saw the benefit of supporting municipal governments in access national government funds for the poverty reduction to respond to other basic needs of the families and included agricultural inputs, seed funds for community credit activities, and storage silos among other benefits.

The SCs made an alliance with INA and SIC that allowed a legal status for a large part of small business. This also has helped to group consolidation and sustainable incomes.

ADRA made a market study of new crops and based on that made the decision to invest their efforts in a limited number of crops. This was done so that they could offer a high level of technical assistance to crop diversification (with the implied need to learn to control a variety of pests and diseases). There is a high level of risk for small producers in investing in planting unknown crops, and specialized technical assistance is needed during the first steps. The strategy obviously provided good results in terms of increasing income from diversified production.

World Vision carried out an activity to document the principal strategies, processes and activities of the program. One finding was the importance of providing more education to people related to the rational use of medications to support successful outcomes through the opportunities that exist for decentralization and involvement of local governments in health services. At present, local authorities still feel compelled to attempt to respond to citizens unnecessary requests for non-essential medications,

based on a lack of knowledge regarding the rational use of medicine on both the part of local authorities (with non-technical expertise) and citizens..

The CS found that the strategy of promoting new techniques of sustainable agricultural and crop diversification though the Field Schools and groups of Model Farmers functioned to disseminate new knowledge with an opportunity to put new knowledge and skills into practice in demonstration plots.

Based upon the reduction in chronic malnutrition achieved, it seems that the strategy of channeling efforts to improve nutritional status and child health through the AIN-C Monitors was an appropriate strategy, particularly in relation to the preventive feeding practices stressed in Module One. In addition, the AIN-C Monitors had the capacity to learn and promote key actions included in a third module on newborn care developed by the Secretariat of Health and BASICS II.

For a limited number of AIN-C Monitors that live in outlying communities where two CS (ADRA, WV) installed community health units (CHU), the CS found it useful to include additional training on the treatment of common illnesses, in addition to the training provided in Module 2 of the AIN-C protocol. As the use of antibiotics was permitted by the Secretariat of Health in these CHUs, it was important to assure correct use.

The international office of World Vision is in the process of carrying out a study of the different activities that some of their Title II projects have incorporated using the PD/Hearth model (which was adapted in Honduras in combination with principles of the Central American methodology known as “The Common Pot” (“La Olla Comun”). This study will provide excellent inputs to projects in how and when to best include essential elements of the PD/Hearth methodology.

The three CS had identified the importance of seeking complementary funding to improve access to potable water and were successful in this aspect. .During DAP´s activities for strengthen community capacities, a need for increasing educational level was not covered. The CS had experience in working at the community level with people with low level of education and did organize their activities to include all community members. However the advantage of formal education for woman’s participation in development programs is very important.

CONCLUSIONS

The conclusion of the FE, taking into account the quantitative results and the quality of the activities seen in the qualitative evaluation, is that the three CS successfully fulfilled their original proposals in the neediest areas of Honduras. Overall, positive change was found in almost all program indicators, with a high percentage of targets reached.

There was good participation in all activities and the quality of capacity installed is strong. The close collaboration of the CS with local governments and the supervisory institutions of the different components (the Secretariat of Health, *SAG*, *IHCAFE* and

others) from the beginning of the program, and the inclusion of local and regional staff in each step of all the activities obviously contributed to the goals reached, and this factor is among the most important for sustainability of achievements.

RECOMMENDATIONS

It would be highly useful to have more quantitative analysis of the results of the household surveys, to further identify the factors that influenced the results attained on the part of each program. A few cross-tabulations were included by each CS but did not provide much additional information. If possible, regression analysis might provide input to future programming. Each CS has databases with surveys of more than 1,000 households each. Analysis to identify the contribution of the different elements of food security to the reduction of chronic malnutrition would contribute to the state of the art (SOTA) in this field and provide useful information for other development programs and actors involved in addressing food insecurity.

World Vision has invested in documenting the strategies used in the activities carried out in the program and has disseminated these documents to their field offices throughout the world. Considering the success seen with the results of this program, it would be useful if each CS could document effective elements of their strategies and disseminate them, especially to field staff and all of the actors involved in food security at the international level, and in Honduras specifically. Access to documentation by putting it on the Internet should be taken advantage of, with use of list serves and other medium supported by USAID.

There are plans for the three CS to collaborate with a technical specialist in evaluating the sustainability of activities, based on the exit strategies developed 18 months prior to the end of the program. It is recommended that these plans are followed, as there are good signs of potential sustainability seen during final evaluation and it is important to document and learn from this experience.

It would be useful for the CS to obtain funding to further advance the activities that they have done to establish small business groups. The level of development of these groups is still in early stages. There are many challenges to small business faced by families in poor communities and a program limited to only five years and with multiple components cannot be sufficient to bring small businesses to a sustainable stage.

Community volunteers (for example, Model Farmers and the AIN-C Monitors) and the small business groups have acquired excellent capacities and should be a top consideration of municipal governments and national institutions or other organizations active in the components of agricultural production, environmental protection, health and nutrition promotion for mothers and children, road maintenance and infrastructure, and the improvement of commercialization in local markets

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Annex 1: PARTNERS

The Title II CSs have signed cooperative agreements with various partners, including the Secretariat of Agriculture, the Secretariat of Health, and the municipalities with which they are working. Other partners vary by CS. ADRA is partnering with the Honduran Forest Development Corporation, the Permanent Emergency Management Committee, the National Water and Sanitation Service, the Ministry of Public Works, Transport and Housing, the National Agrarian Institute, the Honduran Coffee Institute (IHCAFE), the Panamerican Agricultural School, ASHONPLAFA, PAHO, WFP, CODESMUSSBA, MUNASBAR and Marie Stopes International.

Partners for Save the Children include INFOP, the Secretary of Governance, AHMON, ANAFAE, SAG-DICTA, FAO-PESA, the Panamerican Agricultural School, MARENA and CCF. They are also cooperating with various USAID-funded programs in Honduras, such as MIRA, GTAG, and RED, as well as WFP.

The World Vision DAP is being implemented under a consortium with CounterPart International. World Vision is partnering with the Ministry of Justice and Governance, the National Waste and Sanitation Corporation, INFOP, SAG-DICTA, the Secretary of Governance, AHMON, FAO, the Panamerican Agricultural School (El Zamorano), Foundation ETEA, the GOH North Project funded by the Government of Finland, IHCAFE, FUNED (micro-finance project), and 4 local groupings of municipalities (mancomunidades) in their program area. In addition, they work with various projects financed by the USAID Mission in Honduras such as RED and the Model Learning Project in HIV and AIDS.

Annex 2: Departments and Municipalities Covered by The DAP-USAID

Departments	Municipalities	OC
Choluteca	Apacilagua	SCF
	Orocuina	
Francisco Morazan	Alubaren	
	Curaren	
	La Libertad	
	Reitoca	
	Sabanagrande	
	San Miguelito	
Valle	Langue	
	Nacaome	
	San Francisco de Coray	
	San Lorenzo	
Santa Barbara	San Francisco de Ojuera	ADRA
	San Pedro Zacapa	
	Ceguaca	
	Concepción del Sur	
	Santa Rita	
	El Níspero	
	Atima	
	La Arada	
	San Nicolas	
	San Vicente Centenario	
	Nuevo Celilac	
Copan	Cabañas	WV
	Santa Rita	
	Cucuyagua	
	Copan Ruinas	
	San Jerónimo	
	La Unión	
Ocotepeque	Belén Gualcho	
	Sensenti	

Annex 3: IPTT SC

PROGRESA INDICATORS PERFORMANCE TRACKING TABLE (Y5 = FY09)

No.	Code	INDICATOR	BASE LINE	Year 1 Target	Year 1 Achieve	Year 2 Target	Year 2 Achieved	Year 2 Achieved vrs. Target	Year 3 Target	Year 3 Achieved June/07	Year 3 Achieved Vrs. Target	Year 4 Target	Year 4 Achieved June/08	Year 4 Achieved Vrs. Target	Year 5 Target	Year 5 Achived	Year 5 Achieved vrs. Target	% LOA Target Approved Proposal	% LOA Target Proposal in FY1	Revised Cumulative LOA Target
1	Impact Indicator	% children between 24 and 59 months stunted (disaggregated by gender, -2 SD)	Total 35.1% Boys 35.6% Girls 34.5%												30%	Total 27.5% Boys 28.8% Girls 26.2%	+ 2.5%	12%	-5%	30%
2	SO 1(a)	% of children between 6 – 24 months underweight (disaggregated by gender, =< -2SD weight/age)	Total 20.5% Boys 23.2% Girls 17.5%	0%	0	18.5%	Total 18% Boys 19.3% Girls 16.7%	+ 0.5%	16.5%	Total 16.1 % Boys 16.9 % Girls 16.1 %	+0.4%	15.5%	Total 15.4% Boys 15% Girls 15.7%	- 0.1%	15.5%	Total 10.9% Boys 11.9% Girls 9.7%	+ 4.6%	10%	-5%	16%
3	SO 1(b)	% children under the age of 24 months with diarrhea in past two weeks	36. 6%	34.6%	0	34.6%	36.2%	-2.2%	32.6%	29.4%	+3.2%	30.6%	26.4%	+ 4.2%	28.6%	23.1%	+ 5.5%	12%	-8%	29%
4	IR 1.1 (a)	% of children less than 2 years who received exclusive breastfeeding during the first 6 months	26.8%	29.8%	0	31.8%	35.6%	+3.8%	36.8%	40.6%	+3.8%	41.8%	44.5%	+ 2.7%	46.8%	51.2%	+ 4.4%	30%	20%	47%
5	IR 1.1 (b)	% children 6-9 months receiving appropriate complementary foods at age 6 months	37.3%	38.3%	0	42.3%	45.1%	+2.8%	47.3%	51%	+3.7%	54.3%	55.6%	+1.3%	60.3%	82.8%	+ 22.5%	21%	23%	60%
6	IR 1.1 (c)	% caregivers with children <2 using appropriate hand washing practices	58 .1%	61.1%	0	61.1%	62.3%	+1.2%	63.1%	64.8%	+1.7%	68.1%	70.4%	+2.3%	78.1%	90.7%	+ 12.6%	30%	20%	78%
7	IR 1.1 (d)	% children <2 with diarrhea in two weeks preceding the survey who were continuously fed during illness	44. 7%	46.7%	0	46.7%	49.4%	+2.7%	48.7%	48.7%	0%	54.7%	55%	+0.3%	64.7%	80.8%	+ 16.1%	25%	20%	65%
8	IR 1.1 (e)	% children <2 years with ARI during two weeks preceding survey who were seen by a health service provider	47. 8%	49.8%	0	49.8%	53.2%	+3.4%	51.8%	51.8%	0%	57.8%	63.6%	+5.8%	67.8%	65.6%	- 2.2%	25%	20%	68%
9	IR 1.1 (f)	% children between the ages of 12 and 23 months who received complete immunization	76. 9%	0%	0	77.9%	80.6%	+2.7%	80.9%	91%	+10.1%	82.9%	93.5%	+ 10.6%	84.9%	92.8%	+ 7,9%	8%	8%	85%
10	IR 1.1 (g)	% Women of reproductive age reporting current use of modern contraceptives	16. 9%	19.9%	0	21.9%	23.8%	+1.9%	24.9%	26.5%	+1.6%	26.9%	29.6%	+2.7%	28.9%	41.5%	+ 12.6%	18%	12%	29%
11	Sub IR 1.1.1 (a)	% mothers with adequate feeding practices recommended for the child	14. 9%	17.9%	0	30.9%	30.9%	0%	34.9%	41.1%	+6.2%	40.9%	44.1%	+ 3.2%	44.9%	26.8%	- 18.1%	30%	30%	45%
12	Sub IR 1.1.1 (b)	% fathers and other key HH decision-makers with appropriate knowledge regarding recommended child feeding practices	9. 7%	11.7%	0	14.7%	17.4%	+2.7%	19.7%	19.7%	0%	24.7%	27.2%	+ 2.5%	29.7%	11.9%	- 17.8%	20%	20%	30%
13	Sub IR 1.1.1 (c)	% pregnant women that recognize at least 3 pregnancy danger signs	7.1%	12.1%	0	22.1%	22.1%	0%	25.1%	45.4%	+20.3%	30.1%	32%	+ 1.9 %	32.1%	73.9%	+ 41.8%	25%	25%	32%
14	Sub IR 1.1.1 (d)	% mothers receiving counseling from CHWs during home visits	14. 1%	34.1%	0	44.1%	49.7%	+5.6%	74.1%	57.6%	-16.5%	56%	55.7%	-0.3 %	54%	27.3%	- 26.7%	80%	54%	54%
17	Sub IR 1.1.2 (c)	% CHWs following appropriate AIN/C+ M protocols for counseling	0%	20%	0	50%	51%	+1%	60%	60%	0%	70%	73%	+3%	75%	82%	+ 7%	85%	75%	75%
18	SO2 (a) Impact Indicator	Average number of months of hh food provisions	7.4 Months		0				8	8.4	+ 0.4				9	8.3	- 0.7	11	9	9
19	IR 2.1 (a)	Average number of different types of food crops grown among target farmer HH's	3 Crops		0				4	4	0				5	5.3	+ 0.3	5	5	5
20	IR 2.1 (b)	% of farmers using at least four sustainable agro forestry practices promoted by the program	31. 1%	0%	0	36.1%	36.1%	0%	46.1%	50.3%	+4.2%	55.1%	55.5%	+ 0.4%	60.1%	88.2%	+ 28.1%	30%	30%	61%
21	IR 2.1 (c)	% of program HHs using intensified or diversified animal production systems	19.1%	0%	0	25.1%	26.6%	+1.5%	29.1%	35%	+5.9%	29.1%	36.4%	+ 7.3%	31.1%	31%	- 0.1%	12%	12%	31%
22	IR 2.1 (d)	% increase in yield of selected crops	Corn 15.1 Q/HA Sorghum 14.8 Q/HA Beans 7.5 Q/HA	0%	0	-	-	-	-	-	-	-			Corn 22.6 Q/Ha Sorghum 22.2 Q/Ha Beans 11.2 Q/Ha	Corn 19.4 Q/Ha Sorghum 15.1 Q/Ha Beans 10.5 Q/Ha	- 3.2 - 7.1 - 0.7	TBD	Corn 22.6Q/Ha Sorghum 22.2Q/Ha Beans 11.2Q/Ha	50%

No.	Code	INDICATOR	BASE LINE	Year 1 Target	Year 1 Achieve	Year 2 Target	Year 2 Achieved	Year 2 Achieved vrs. Target	Year 3 Target	Year 3 Achieved June/07	Year 3 Achieved Vrs. Target	Year 4 Target	Year 4 Achieved June/08	Year 4 Achieved Vrs. Target	Year 5 Target	Year 5 Achived	Year 5 Achieved vrs. Target	% LOA Target Approved Proposal	% LOA Target Proposal in FY1	Re/sed Cumulative LOA Target
23	IR 2.2 (a)	# of functioning product transformation groups in program communities	22 groups	0	-	-	-	-	27	27	0	32	32	0	32	32	0	10	10	32
24	IR 2.2 (b)	% program HHs using improved product transformation processes	11.4%	0%	0	13.4%	0	-2.4%	15.4%	15.4%	0%	17.4%	17.6%	+0.2%	20.4%	23.5	+ 3.1%	3%	9%	20%
25	IR 2.3 (a)	% program communities with functioning marketing organizations	0%	0%	0	0%	-	-	4%	4.2%	+0.2%	8%	8.5%	+0.5%	10%	9.8%	- 0.2%	10%	10%	10%
26	IR 2.3 (b)	% program communities with access to up to date market information	60%	60%	0	60%	-	-	80%	82.4%	+2.4%	85%	85%	0%	90%	90.3%	+ 0.3%	40%	30%	90%
27	IR 2.3 (c)	# Kms of road improved	0	0	0	45	125	+80	90	140	+50	135	137	+2	180	189	+ 9	220	180	180
28	SO 3 (a)	% program communities implementing comprehensive land use management plans	21%	0%	0	26%	30%	+4%	41%	38.5%	-2.5%	50%	49.6%	-0.4%	50%	59.2%	+ 9.2%	29%	29%	50%
29	IR 3.1 (a)	# hectares of re-vegetated lands	0	0	0	75	212	+137	150	282	+132	225	298	+73	300	313	+ 13	300	300	300
30	IR 3.1 (b)	% program HHs using soil &/or water conservation practices	53.7%	58.7%	0	62.7%	66%	+3.3%	66.7%	66.7%	0%	70.7%	69.01%	-1.69%	73.7%	78.2%	+ 4.5	30%	20%	74%
31	Impact Indicator	% of families with diversified diet (more than seven groups)	66%	-	-	-	-	-	70%	74.5%	+4.5%	-			80%	66.9%	- 13.1%			80%
31.a.		Average numbers of food groups consumed by families a day before survey	8.5	-	-	-	-	-	-	-	-	9	8.73	-0.27%		8.1	- 0.4		9	9
32	**SO 1 (c)**	% children between 6 and 23 month stunted (disaggregated by gender, - 2SD height/age)	30.7%				Total 28.9% Boys 32.8% Girls 25.0%		28%	Total 27.5% Boys 27.6% Girls 27.5%	+0.5%	27%	26.3% Boys 27.2% Girls 25.3%	+0.7%	26%	15.6% Boys 16.4% Girls 14.8%	+ 10.4%			26%
33	**SO 1 (d)**	% children less than 24 month of age with adequate growth trends	*62.4%				62.4%		63%	63%	0%	64%	64.3%	+0.3%	65%	68%	+ 3%			65%
34	SO 1 (e)	% children less than 24 month of age with inadequate growth trends	*37.6%				37.6%		37%	37%	0%	36%	35.7%	- 0.3%	35%	32%	+ 3%			35
35	**SO 1 (f)**	% children less than 24 month of age with inadequate growth trends in two consecutive months	*14%				14%		13%	13.8%	-0.8%	12%	13.2%	-1.2%	11%	12.7%	- 1.7%			11%
36	IR 2.1 (e)	% of farmers that plant 2 or more non – traditional new crops promoted by the program	*19.8%				19.8%		30%	28%	-2%	45%	43.4%	-1.6%	60%	70.3%	+ 10.3%			60%
37		% of communities with community organizations participating in decision making at the municipal level	N/A				60%		63%	63.2	+0.2	67%	71%	+4%	72%	93.8%	+ 21.8%			72%
38		% of communities with food security projects that have allocated funds in the municipal budget	N/A				87%		88%	88%	0%	89%	89%	0%	90%	91%	+ 1%			90%

Notes	
#14	Y4 and LOA targets for this indicator were modified, as explained in FY07 Annual Report, Section 2, page 10
# 1, 18 and 31	Common impact indicators decided jointly by Honduras Title II CSs and USAID/H (#31 was added, to complement 31.a)
#4,11, 20, 32, 33, 34, 35, 36, 37, 38	Common monitoring indicators decided jointly by Honduras Title II CSs and USAID/H
#15 and #16	Indicators deleted as indicated in FY05 Results Report, being a direct responsibility of MOH
#11,13,20,26 and 30	Annual targets were adjusted because inconsistent with LOA target in FY05 IPTT. LOA target remains unchanged
#21, 11,20,32,33,34, 35,36,37	The text description of these indicators was slightly changed in joint agreement by Honduras Title CSs and USAID/H to be uniform for all CSs, however, the construction remains unchanged

Columns of Achieved vs. target show a ' + ' when result achieved is beyond target and ' - ' when it fell short of target.

* New indicators adopted in agreement with USAID/H in Y2

Annex 4: IPTT ADRA

Indicator Performance Tracking Table (IPTT) DAP Santa Barbara.

Indicator	Baseline	FY 05 Target	FY0 Achieved	FY 05% Achieved vs. Target	FY 06 Target	FY 06 Achieved	FY 06% Achieved vs. Target	FY 07 Target	FY 07 Achieved	FY 07 Achieved vs. Target	FY 08 Target	FY 08 Achieved	FY 08 Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09 Achieved vs. Target	LOA Target	LOA Achieved
SO.1/I.R.1.1.and I.R.1.2: Impact #1.- Indicators *Months of household food provision***	5.3	0	-	-	7	7	100%	9	9.48	105%	NA	NA	NA	12	10.5	87	12	
#2.- % increase in household agriculture-related income	US$ 106.7 (L.2,028.56)[25]	0	-	-	--	--	--	20% (2,434.27)	35% (2,742)	113%	NA	NA	NA	35% (2,738.56)	48%	137%	35%	
Para este indicador las metas para cada año de medición se establecieron con base al dato de LB. En FY07 se logro L. 2,742 que en realidad equivale al 35% (con respecto a LB) y 113% en relación a la meta del año.																		
SO1/I.R.1.1 and I.R.1.2 Monitoring indicators *#1.- % change in value of food crop and promoted nontraditional crop marketed by target farmers*:*																		
- corn (US$/qq)	7.58	0	-	-	20% (9.10)	20% (9.10)	100%	30% (9.85)	85% (14.05)	143%	40% (10.61)	20% (16.82)	50%	40%	44% (10.91)	110%	40%	
- beans (US$/qq)	5.79	0	-	-	20% (6.95)	227% (18.95)	273%	30% (7.53)	900% (57.89)	769%	40% (8.11)	33% (76.76)	82%	40%	59% (9.23)	148%	40%	
- broccoli (US$/lb)	NA	0	-	-	NA	NA (0.05)	NA	20% (0.06)	440% (0.27)	450%	30% (0.07)	19% (0.32)	63%	40%	13600% (6.85)	34,000%	40%	
- green pepper (US$lb)	NA	0	-	-	NA	NA (0.08)	NA	20% (0.10)	187% (0.23)	130%	30% (0.10)	26% (0.29)	86%	40%	2,350% (1.96)	5,875%	40%	

[25] US$ 1.00= Lps 19.08

Indicator	Baseline	FY 05 Target	FY0 Achieved	FY 05% Achieved vs. Target	FY 06 Target	FY 06 Achieved	FY 06% Achieved vs. Target	FY 07 Target	FY 07 Achieved	FY 07 Achieved vs. Target	FY 08 Target	FY 08 Achieved	FY 08 Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09 Achieved vs. Target	LOA Target	LOA Achieved
- onions (US$/lb)	NA	0			NA	NA (0.10)	NA	20% (0.12)	120% (0.22)	183%	30% (0.13)	27% (0.28)	90%	40%	3,750% (3.85)	9,375%	40%	
- tomatoes (US$/box)	1.71	0		-	20% (2.05)	22% (2.10)	102%	30% (2.22)	215% (5.38)	242%	40% (2.39)	29% (6.94)	72%	50%	74% (2.98)	148%	50%	
- potatoes (US$/lb)	NA	0	-	-	NA	NA (0.13)	NA	20% (0.16)	100% (0.26)	163%	30% (0.17)	31% (0.34)	103%	40%	2,392% (3.24%)		40%	
- cucumbers (US$/lb)	NA	0	-	-	NA	NA (0.07)	NA	20% (0.08)	86% (0.13)	163%	30% (0.10)	15% (0.15)	50%	40%	3,814% (2.74)		40%	
- cabbages (US$/qq)	2.3	0	-	-	20% (2.76)	21% (2.8)	101%	20% (2.76)	191% (6.70)	243%	30% (3)	33% (8.93)	110%	40%	57% (3.62)		40%	
#.2.- % Increase in crop yield per Manzana[26]																		
- corn (qq/.Mz)	3.66 – 10.26 (6.96)	0	-	-	20% (8.35)	311% (28.6 qt/mz)	343%	150% (17.4)	137% (16.5)	95%	150% (17.4)	110% (34.7)	73%	150%	297% (27.6)		150%	
- bean (qq/Mz)	11	0	-	-	20% (13.2)	41% (15.5)	117%	60% (17.6)	57% (17.3)	98%	80% (19.8)	66% (28.7)	82%	100%	77% (19.5)		100%	
- broccoli (lb/Mz)	NA	0	-	-	NA	28,800	NA	20% (34,560)	-36% (18,384)	53%	30% (37,440)	32% (24,320)	106%	40%	-43% (16.355)		40%	
- green pepper (lb/Mz)	3,200	0	-	-	20% (3,840)	788% (28,418)	740%	900% (32,000)	63% (5,211)	16.28%	30% (4,160)	101% (10,500)	336	40%	42% (4,536)		40%	
- onions (lb/Mz)	NA	0	-	-	NA	18,000	NA	20%	60% (28,822)	133%	30%	29%	99%	40%	-8% (16,491)		40%	

[26] The local measurement of area, manzana = 0.70 hectares

Indicator	Baseline	FY 05 Target	FY0 Achieved	FY 05% Achieved vs. Target	FY 06 Target	FY 06 Achieved	FY 06% Achieved vs. Target	FY 07 Target	FY 07 Achieved	FY 07 Achieved vs. Target	FY 08 Target	FY 08 Achieved	FY 08 Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09 Achieved vs. Target	LOA Target	LOA Achieved
								(21,600)			(23,400)	(37,468)						
- tomatoes (box/Mz)	128	0	-	-	20% (154)	305% (519)	337%	414% (658)	583% (875)	133%	30% (166)	25% (1,093)	83%	40%	22% (156)		40%	
- potatoes (lb/Mz)	NA	0	-	-	NA	25,962	NA	20% (31,154)	-46% (13,943)	45%	30% (33,751)	26% (17,550)	86%	40%	-95% (1,090)		40%	
- cucumbers (lb/Mz)	NA	0	-	-	NA	19,320	NA	10% (21,252)	-18% (15,846)	75%	20% (23,184)	24% (19,807)	120%	30%	97% (37,970)		30%	
- cabbages (qq/Mz)	128	0	-	-	20% (154)	64% (210)	136%	165% (339)	-36% (81.6)	24%	30% (166)	233% (272)	776%	40%	99% (255)		40%	
#3.- Number of Km of road rehabilitated	N/A	0	-	-	38	20	53%	37	35	94.6%	37	48	130%	16	11		114	
SO1 / I.R.1.3 Monitoring Indicators *#1.- # of farmers using at least 4 sustainable agroforestry practices promoted by the program***	7	0	-	-	200	530	265%	1000	552	55%	2000	2,275	113%	4,125	4,152		4,125	
#2.-% of farmers that plant 2 or more non-traditional new crops promoted by the programs**	4%	0	-	-	17%	15%	86%	19%	59%	311%	21%	68%	323%	22%	48%		22%	
SO1/I.R.1.4 Monitoring Indicators *#1.-# of communities with operational risks/shocks mitigation plan*	0	0			50	0	0%	80	0	0	125	0	0	129[27]	7		129	
SO2/I.R.2.1 Impact Indicators *#1. % girls 24-59 months stunted** (-2SD for*	46%[28]	0	_	_	----			45%	N/a[29]	----	NA	NA	NA	43%	41.2%		43%	

[27] Proposed change

Indicator	Baseline	FY 05 Target	FY0 Achieved	FY 05% Achieved vs. Target	FY 06 Target	FY 06 Achieved	FY 06% Achieved vs. Target	FY 07 Target	FY 07 Achieved	FY 07 Achieved vs. Target	FY 08 Target	FY 08 Achieved	FY 08 Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09 Achieved vs. Target	LOA Target	LOA Achieved
height/age)																		
*#2.- % boys 24-59 months stunted ** (-2SD for height/age)*	53%	0	_	_	---			51%	N/a[4]		NA	NA	NA	49%	49%		49%	
*#3.- % of girls less than 24 months with -2SD for weight-age**(global malnutrition)* [30]	33%	0	_	_	N/A			30%	17%	176%	N/A	NA	NA	NA	NA		NA	
*#4.- % of boys less than 24 months with -2SD for weight-age**(global malnutrition)* [7]	31%	0	_	_	N/A			28%	12%	233%	N/A	NA	NA	NA	NA		NA	
<u>Dietary Diversity</u> #5.- % of families with diversified diet (eating 8 or more food groups) **	16%	0	_	_	31%	29%	94%	51%	39%	76%	NA	NA	NA	73%	79.6%		73%	
#6.- Average number of food groups consumed by households	5.2							8	5.2	65%	NA	NA	NA	9	8.83		9	

[28] In IPTT included in Results Report FY06 percentage appears 43%, there was a calculation error then, the range 34 – 60 months was omitted from the average.

[29] It was agreed by the 4PVOs and the Mission, not to measure this indicator until final evaluation.

[30] It is proposed to eliminate this indicator, and only use the common monitoring indicator set by all Tittle II PVOs in coordination with Mission (see SO2.2: monitoring indicators # 11 and #12)

Indicator	Baseline	FY 05 Target	FY0 Achieved	FY 05% Achieved vs. Target	FY 06 Target	FY 06 Achieved	FY 06% Achieved vs. Target	FY 07 Target	FY 07 Achieved	FY 07 Achieved vs. Target	FY 08 Target	FY 08 Achieved	FY 08 Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09 Achieved vs. Target	LOA Target	LOA Achieved
SO2 /I.R.2.2: Monitoring Indicators *#1.- % of children less than 2 years who received exclusive breastfeeding during the first 6 months***	37%	0			38%	37%	98%	46%	47%	102%	52%	54.56%	102.6%	56%	53%		56%	
#2.- % of children from 6 to 10 months who received complementary food	63%	0			70%	34%	49%	75%	39%	52%	44%	52.43%	119%	49%	63%		49%	
#3.- % of mothers with adequate feeding practices, recommended for the child. **	Not measured	0	-	_	No target	34%		41%	30%	73%	45%	50.19%	111.5%	48%	42.3%		48%	
#4.- % of children under 5 years who received abundant liquids and complementary food during diarrhea	Complementary food =19% Abundant liquids = 59%	0 0			30% 65%	20 % 55%	67% 83%	50% 70%	Complementary food =92% Abundant liquids = 72% Food & liquids =66%	184% 103%	65% 75%	85.18% 72.98% 62.29%	131% 97.3%	80%	44% 74.9% 41.10%		80%	

Indicator	Baseline	FY 05 Target	FY0 Achieved	FY 05% Achieved vs. Target	FY 06 Target	FY 06 Achieved	FY 06% Achieved vs. Target	FY 07 Target	FY 07 Achieved	FY 07 Achieved vs. Target	FY 08 Target	FY 08 Achieved	FY 08 Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09 Achieved vs. Target	LOA Target	LOA Achieved
#5.- % of children less than five years with their vaccination scheme completed	88%	0			89%	83%	93%	90%	76%	84%	91%	89.68%	98.54%	91%	95%		91%	
#6.- % of girls between 6-24 months stunted (<= -2SD for height/age)**	31%	0	_	_	30%	29 %	104%	29%	26%	112%	28%	25.6%	109.4%	27%	25.7%		26.63%	
#7.- % of boys between 6-24 months stunted (<= -2SD height/age)**	35%	0	_	_	34%	33%	102%	32%	27%	119%	31%	30.00%	103.3%	30%	26.1%		29.99%	
*#8.- % of children less than 24 months of age with adequate growth trends **	49%	0			59%	59%	99%	60%	54.31%	90.52%	62%	56.55%	91.2%	64%	74.10%		64%	
*#9.-% of children less than 24 months of age with inadequate growth trends**	51%	0			38%	41%	93%	40%	39.55%	101.14%	38%	33.44%	113.6%	36%	25.9%		36%	
*#10.- % of children less than 24 months of age with inadequate growth trends in two consecutive months **	26%	0			20%	18%	115%	17%	13.49%	126%	14%	11.82%	118.4%	12%	8.84%		12%	
#11.- % of girls between 6-24 months underweight (<= -2SD for weight/age)**	N/A				N/A	15%		13%	19%	68%	11%	13.8%	79.71%	10%	12%		10%	
#12.- % of boys between 6-24 months underweight (<= -2SD for weight/age)**	N/A				N/A	19%		17%	13%	131%	15%	15.6%	96.15%	14%	15.5%		14%	

Indicator	Baseline	FY 05 Target	FY0 Achieved	FY 05% Achieved vs. Target	FY 06 Target	FY 06 Achieved	FY 06% Achieved vs. Target	FY 07 Target	FY 07 Achieved	FY 07 Achieved vs. Target	FY 08 Target	FY 08 Achieved	FY 08 Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09 Achieved vs. Target	LOA Target	LOA Achieved
*#13.- % of communities with community organizations participating in decision making at municipal level***	Not measured	0	–	–	72%	72%	100%	80%	100%	125%	90%	75%	83.3%	100%	78%		100%	
*#14.- % of communities with food security projects that have allocated funds in the municipal budget***	Not measured	0	–	–	55%	55%	100%	80%	0%	0%	90%	60.94%	67.7%	100%	78%		100%	
SO2/ I.R.2.3: Impact Indicator *#1.- % of mothers/ caregivers who know of three methods of family planning*	33%	0			42%	39%	93%	50%	93%	186%	NA	NA	NA	67%	94%		67%	
#2.- % of farmers who know of three methods of family planning	26%	0			34%	31%	92%	42%	68%	162%	NA	NA	NA	59	97.15%		59	
SO2/ I.R.2.3: Monitoring Indicators *#1.- % of caregivers who know of three methods of HIV-STDs prevention and where to go for treatment*	8%	0			30%	27%	91%	45%	70%	155%	55%	98.87%	179.76%	70%	96%		70%	

Indicator	Baseline	FY 05 Target	FY0 Achieved	FY 05% Achieved vs. Target	FY 06 Target	FY 06 Achieved	FY 06% Achieved vs. Target	FY 07 Target	FY 07 Achieved	FY 07 Achieved vs. Target	FY 08 Target	FY 08 Achieved	FY 08 Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09 Achieved vs. Target	LOA Target	LOA Achieved
#2.- % of farmers who know of three methods of HIV-STDs prevention and where to go for treatment	12%	0			30%	29%	96%	45%	64%	142%	55%	97.38%	177.05%	70%	80.38%		70%	
SO2 / I.R.2.4: Monitoring Indicator *#1.- % caregivers and food preparers practicing washing hands*	1%	0			15%	14%	94%	30%	15%	50%	20%	59.29%	296%	30%	90.85%		30%	
#2.- % of households with access to latrine or flush toilet	48%	0			55%	55%	100%	62%	61%	98%	68%	68%	100%	74%	73%		74%	
#3.- % of households with access to potable water	71%	0			73%	` 0	0	74%	77%	104%	75%	0%	0%	77%	75%		77%	

** Common Impact/monitoring indicator for ADRA, Save The Children and World Vision Title II Program

Annex 5: IPTT WV

Indicator	Baseline	Fy 05 Target	Fy 05 Achieved	FY05 % Achieved Vs. Target	Fy 06 Target	Fy 06 Achieved	FY06 % Achieved Vs. Target	Fy 07 Target	Fy 07 Achieved	FY07 % Achieved Vs. Target	Fy 08 Target	Revised Fy 08 Target	Fy 08 Achieved	FY08% Achieved Vs. Target	Fy 09 Target	Revised FY 09 Target	Fy 09 Achieved	FY09 % Achieved Vs. Target	LOA Target	LOA Achieved
SO-1: Increase household health and nutrition																				
IR-1: Improved nutritional status of targeted women and children																				
Impact Indicators																				
% children 24-60 months (stunted)	46.2%							43%	-						37%		50.0%	74%	37%	50.0%
% underweight children (6-36 mos.)	30.1%							24.1%	-						18.1%		23.3%	78%	18.1%	23.3%
% underweight children (37-60 mos.)	23.6%							18.9%	-						14.2%		23.8%	59%	14.2%	23.8%
% infants < 24 mos breastfed within 8 hrs of birth	93%							95%	86%	91%					98%		91%	93%	98%	90.7%
% infants 6-10 mos fed complementary foods in addition to breastmilk	31%							39%	92%	237%					54%	95%	86%	90%	95%	85.5%
% infants < 24 mos continuously fed during diarrhea	89%							91%	46%	51%					93%	56%	42%	75%	56%	41.8%
% infants fed extra food for 2 wks after diarrhea	86%							88%	33%	38%					90%	43%	41%	94%	43%	40.5%
Annual Monitoring Indicators																				
% of children between 6 - 24 months stunted (disaggregated by gender, =< -2 SD Height/Age)**	46%				46%	48%	96%	43%	42%	104%	40%		38.6%	104%	37%		38.7%	96%	37%	38.7%
% of boys between 6 - 24 months stunted									37%				40.2%				42.6%			42.6%
% of girls between 6 - 24 months stunted									45%				36.8%				34.7%			34.7%
% of children between 6 - 24 months underweight (disaggregated by gender, =< -2 SD Weight/Age)**	30.1%				27%	24%	113%	24%	26%	91%	21%		24.4%	86%	18%	21.0%	21.2%	99%	21%	21.2%
% of boys between 6 - 24 months underweight									27%				25%				23.5%			23.5%
% of girls between 6 - 24 months underweight									25%				23.7%				18.9%			18.9%
% of children less than 2 years who received exclusive breastfeeding during the first 6 months	23%				23%	23%	100%	31%	53%	172%	35%	58%	58.9%	102%	39%	63.0%	37.0%	59%	63%	37.0%
% of children less than 24 months of age with adequate growth trends	60%				60%	58%	97%	67%	60%	90%	73%	63%	59%	94%	80%	65.0%	59.0%	91%	65%	59.0%
% of children less than 24 months of age with inadequate growth trends	40%				40%	42%	95%	33%	39%	86%	27%	37%	41%	90%	20%	35.0%	41.0%	85%	25%	41.0%
% of children less than 24 months of age with inadequate growth trends in two consecutive months	18%				18%	18%	100%	15%	14%	108%	13%		15%	84%	10%		16.0%	63%	10%	16.0%
% of mothers with adequate feeding practices recommended for the child	15%				15%	15%	100%	25%	24%	97%	35%		36%	103%	50%	45.0%	32.5%	72%	45%	32.5%
IR-2: Increased access to mother-child health services																				
***Impact* Indicator**																				
% births attended by trained TBA or other personnel (includes institutional births)	40%							48.0%	53%	110%					60%		66.2%	110%	60%	66.2%
Annual Monitoring Indicator																				
% of diarrhea & ARI cases attended by CHWs or professional personnel	12%				55%	26%	47%	65%	57%	88%	75%		71%	94%	85%		72.2%	85%	85%	72.2%
% communities with community health organization (AIN-C+)	44%				50%	50%	100%	70%	83%	119%	85%		66%	78%	95%	66%	66.0%	100%	66%	66.0%

Indicator	Base ine	Fy 05 Target	Fy 05 Achieved	FY05 % Achieved Vs. Target	Fy 06 Target	Fy 06 Achieved	FY06 % Achieved Vs. Target	Fy 07 Target	Fy 07 Achieved	FY07 % Achieved Vs. Target	Fy 08 Target	Revised Fy 08 Target	Fy 08 Achieved	FY08% Achieved Vs. Target	Fy 09 Target	Revised FY 09 Target	Fy 09 Achieved	FY09 % Achieved Vs. Target	LOA Target	LOA Achieved
% of communities with community organizations participating in decision making at municipal level***	0%							75%	73%	98%	100%		100%	100%	100%		100%	100%	100%	100%
% of communities with food security projects that have allocated funds in the municipal budget.***	0%							20%	80%	400%	30%	90%	90%	100%	40%	90%	100%	111%	0.9	100%
R-3: Improved sustainable access to water and sanitation services																				
mpact Indicators																				
% houses with access to adequate sanitation	11%							14.3%	37%	258%					18%	45%	50.3%	112%	45%	50.3%
Annual Monitoring Indicators																				
% households with year-round access to safe water	77%				77%	77%	100%	78.5%	70%	89%	82%		70%	86%	87%		88.9%	102%	87%	88.9%
% water/sanitation facilities maintained by community	69%				69%	69%	100%	70.4%	90%	128%	73%	90%	90%	100%	79%	90%	94.0%	104%	90%	94.0%
SO-2: Protect and enhance household access to food																				
R-1: Increased and diversified household food availability																				
mpact Indicators																				
**Months of household food provisions*	9.9							10.1	10.6	105%					10.3	10.6	11.2	106%	10.6	11.2
** Dietary Diversity (Average number of food groups consumed by a family)*	7.8							8.5	7.3	86%					9.1	8.5	8.2	96%	8.5	8.2
**Dietary Divers ty (% of families with diversified diet)*	57%							62%	47%	76%					67%	62%	65.2%	105%	62%	65.2%
ncrease yields of basic grains (Corn, Kg/Ha)	1,341							1,475	1,743	118%					1,609		1,325	82%	1,609	1,325
ncrease yields of basic grains (Beans, Kg/Ha)	696							766	866	113%					835		628	75%	835.2	628
Annual Monitoring Indicators																				
Number of HHs participating in FFW activities	0				2650	2401	91%	2650	1992	75%	2,750		2,319	84%	2,650		2,233	84%	2,650	2,233
Number of hectares of land rehabilitated/protected	60				200	213	107%	400	759	190%	400	800	1,238	155%	400		1,369	342%	400	1,369
% of farmers that plant 2 or more non-traditional new crops promoted by the program	13%				18%	13%	76%	27%	3%	10%	30%	16%	15%	97%	30%	20%	17%	85%	20%	17%
% of farmers using at least four sustainable agro-forestry practices promoted by he program	17%				20%	25%	124%	42%	31%	72%	60%		90%	150%	60%		82.6%	138%	0.6	82.6%
R-2: Enhance on-farm commercial production																				
mpact Indicator																				
Value of agricu tural production per vu nerable HH	20,337.87							22,371.66	21,805.37	97%					25,422.34		20,742.90	82%	25,422.34	20,742.90
Annual Monitoring Indicators																				
No. of farmers cultivating /marketing promoted crops	0				50	55	110%	200	271	136%	480		559	116%	600		607	101%	600	607
No. of hectares under promoted crop production	0				2	13.16	6.58	22	66	298%	67	73	166	227%	84		580	690%	84	580
R-3: Increased economic return																				
mpact Indicator																				
**Value of key household assets*	NM †							>30%/BL							>50%/BL				>50%/BL	
Annual Monitoring Indicators																				
No. of producer associations with direct market linkages	0				4	7	175%	8	10	125%	12		27	225%	15		27	180%	15	27
No. of certified producers	76				87	76	87%	97	175	181%	106		417	392%	400		400	100%	121	400

Targets subject to funding ava lability

** Common Impact Indicators with Honduran DAPs.*

*** Although the construction of the common indicator requires a sampled once a year data recollection, from FY 2007 onwards this nd cator will be constructed by WVH through the year end AIN-C measurements. Baseline date is based on ages 24 - 59 months.*

**** Indicator not measured in FY 2006, as t needs community based data recollection, wh ch was not included n the yearly plan & budget. Will be measured in the FY 2007 m d-term evaluation and subsequent years.*

† The methodology for this common indicator did not exist at the time of the baseline.

Annual common indicator ntroduced in FY 2006, numbers in Baseline are references only.(numbers in red)