

Honduras — BASICS II Country Program

Honduras suffered severe devastation from Hurricane Mitch in 1998. Prior to the natural disaster, the country was making significant progress in addressing the multiple challenges presented by poverty and inadequate education and health care systems. In the wake of that Hurricane Mitch, the massive reconstruction effort took priority for resources. Honduras faces serious challenges in health, with high rates of malnutrition and maternal mortality, significant child mortality (particularly in the neonatal period), dengue, diarrhea, respiratory infections, and a growing HIV/AIDS problem, compounded by rapid population growth.

Child Survival Program Overview

The BASICS II program in Honduras builds on the work begun under BASICS I. In 1995, BASICS I was called upon to provide technical assistance to USAID’s strategic mission objective of “Sustainable Improvements in Family Health,” which support the Health Secretariat’s efforts in public health. BASICS II provides technical assistance to the government for the implementation of its national integrated management of childhood illnesses program, called *Atención Integral a la Niñez* or AIN. The Project’s involvement is expected to continue through the end of BASICS II in June 2004.

Technical Approach

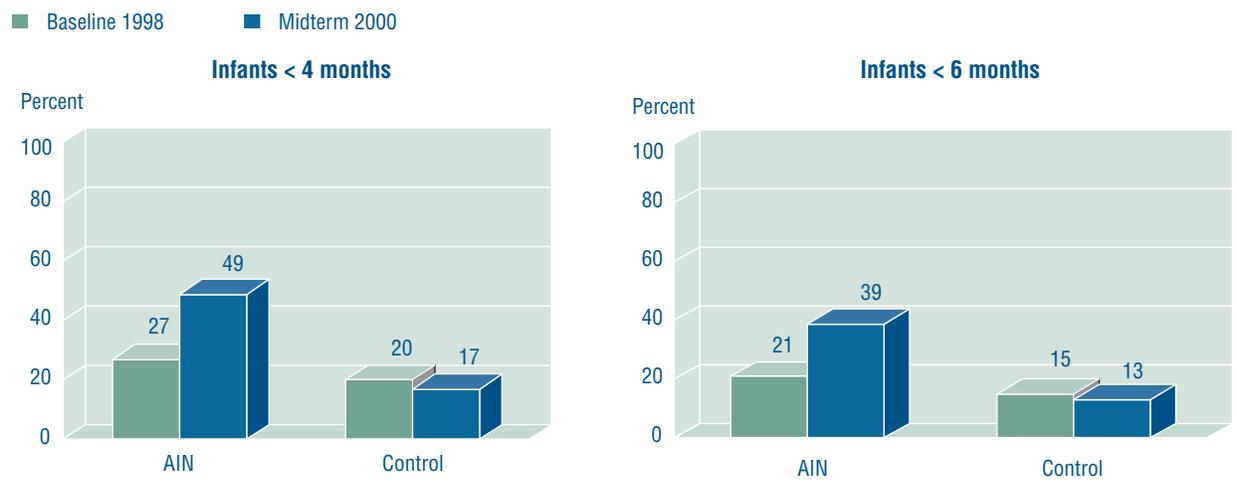
BASICS II has demonstrated the benefits of providing technical assistance that brings global leadership to the design of an existing government program. AIN,

with BASICS II support, has become a model program, with community-based growth promotion being used as the integrated factor. Through the efforts of the Ministry of Health and non-governmental organizations, the program, which was redefined and operationalized by BASICS II, has been expanded to over one-half of the country.

The AIN approach provides support to mothers of children under the age of two years for growth promotion and sick child care; for mothers of children ages



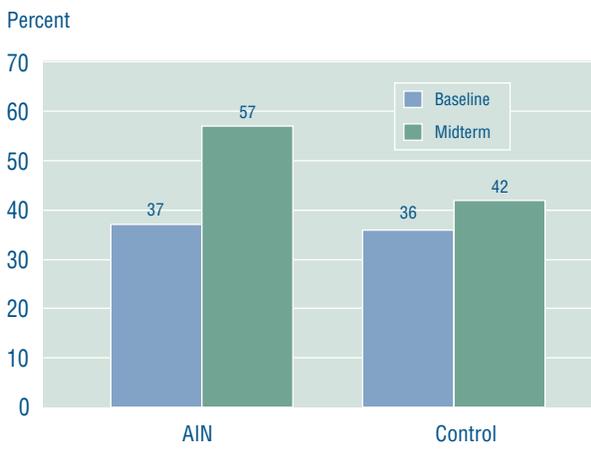
Honduras—Increase in Exclusive Breastfeeding (9 Health Areas)



three to five years, the approach provides support in sick child care. BASICS II works with the integrated management of childhood illness strategy (called AIEPI in Spanish) to ensure that health centers are able to meet demand when caregivers are taught to seek treatment for sick children. Tools and methodologies are developed to aid with the expansion of the strategy while ensuring its quality. BASICS II support through

the AIN program reaches approximately 60% of children under two years of age in Honduras. COMSAIN 2000, the Communication in Child Health program designed by BASICS II and its partners, promotes key household practices supported by AIN/AIEPI.

Honduras—Increase in ORT Use

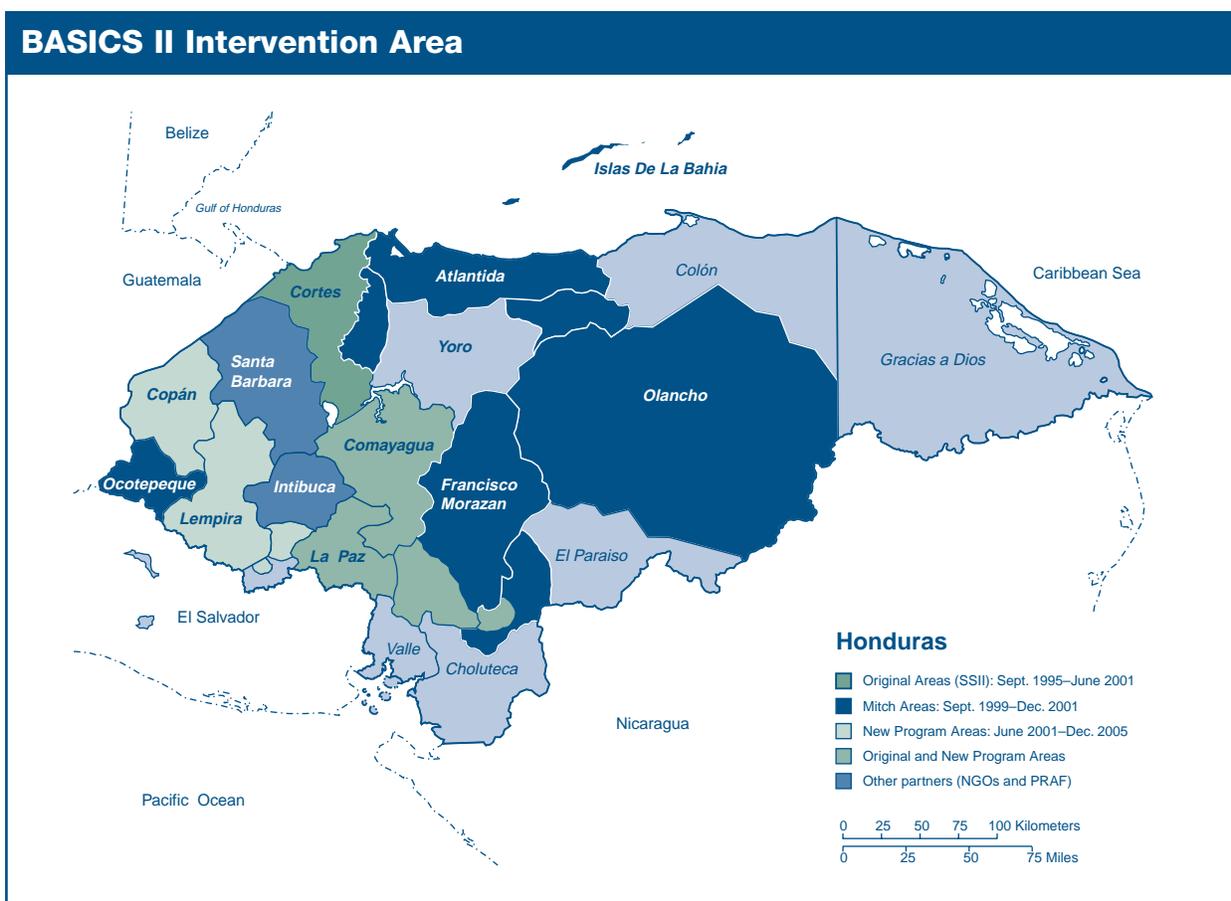


Interventions

IMCI at the Community Level

Atención Integral a la Niñez—AIN. The midterm evaluation indicates that AIN is helping families and communities to improve child growth through improved immunization and micronutrient coverage, much improved exclusive breastfeeding rates, better child feeding, and better care for children.

Results of the AIN midterm survey in 2000 demonstrate important advances in practices surrounding the home management of diarrhea. For example, the use of oral rehydration therapy increased significantly in Project-supported AIN communities, from 37% in 1998 to 57% in 2000, but remained fairly flat in control communities. The proportion of children 6 months of age or older who received fluids and the same or more



food during diarrhea illness increased from 21% to 33%, while control areas showed no change at 16%.

Based on the Honduran experience, the model has been adopted as the IMCI approach for a growing number of countries in Latin America (Nicaragua, Guatemala, and El Salvador), and several African countries have also implemented this approach.

Nutrition

Exclusive Breastfeeding. Honduras demonstrated impressive results in significantly increasing rates of exclusive breastfeeding (EBF). According to the AIN midterm survey in 2000, prevalence of EBF among infants less than four months of age in AIN communities increased from 27% to 49%

between 1998 and 2000, while in control communities the prevalence dropped slightly. Results for infants ages 0 to 6 months of age were similar: smaller but nonetheless significant differences were noted with regard to child feeding practices.



Health Status Overview

Total population of Honduras	6.4 million ^a
Under 5 mortality (CMR)	44.2/1000 live births ^a
Infant mortality (<1 year) (IMR)	30/1000 ^a
Neonatal mortality (<1 month)	19/1000 ^a
Low height for age < 3 years (<2 SD)	16.6% ^b
DPT3 coverage (among children 12–23 months)	95% ^c

a. PHNIP Country Health Statistical Report: Honduras, March 2002 Reference Document.

b. Encuesta Nacional de Epidemiología y Salud Familiar, 2001.

c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001.

Key Partners

Government of Honduras, Secretariat of Health (SOH):
all levels and municipal government entities

International Organizations: *key coordinating partners*

- **USAID** (all Honduran CAs)
- **UNICEF**
- **PAHO**
- **American & Honduran Red Cross**
- **Interamerican Development Bank**
- **The World Bank**

International Non-governmental Organizations/Private Voluntary Organizations:

- **PRAF:** Family Assistance Program, Office of the President
- **CARE**
- **MERCY Corps/Aldea Global**
- **Save the Children**
- **Catholic Relief Services**
- **World Vision**

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