

TC ABSTRACT

I. Basic project data

▪ Country/Region:	Honduras
▪ TC Name:	Support Program for vulnerable women and children in poor rural areas in Honduras through health and nutrition interventions
▪ TC Number:	HO-T1197
▪ Team Leader/Members:	Maria Deni Sanchez (SCL/SPH), team leader; Hugo Godoy (SCL/SPH); Martha Guerra (SCL/SPH)
▪ Indicate if: Operational Support, Client Support, or Research & Dissemination.	Client Support
▪ If Operational Support TC	N/A
▪ Reference to Request: (IDB docs #)	N/A
▪ Date of TC Abstract:	August 2013
▪ Beneficiary	Low income communities in the rural areas of Honduras
▪ Executing Agency and contact name (Hope for a Healthier Humanity (Contact: William Sedutto)
▪ IDB Funding Requested:	US\$664,800
▪ Local counterpart funding, if any:	US\$116,400
▪ Disbursement period	3 years
▪ Required start date:	January 2014
▪ Types of consultants):	Individual consultants
▪ Prepared by Unit:	SCL/SPH
▪ Unit of Disbursement Responsibility:	Country office of Honduras
▪ Included in Country Strategy (y/n);	No
▪ TC included in CPD (y/n):	
▪ GCI-9 Sector Priority:	Yes

II. Objective and Justification

2.1 Honduras is one of the poorest and most economically unequal countries in Latin America. According to the most recent data, 67% of households live in poverty, of which 46.3% are in extreme poverty. Poverty levels have not changed significantly in the last decade, relegating the vast majority of the population to live in precarious conditions. Rural families are the most affected, and poverty incidence is greater than in urban areas (58% and 33% respectively). Families in poverty suffer significant gaps in education, health, and nutrition, which limit their ability to generate income and accumulate human capital.

2.2 In the health sector, the situation for rural areas presents great challenges. Child malnutrition remains the main risk factor for disease and death in Honduras. The rate of chronic malnutrition in children under five in the first quintile is 42% versus 8% in the richest quintile. Anemia levels for children 6 to 59 months are also high, 31% in the poorest quintile compared to 22% in the richest quintile. The main barriers to the demand for basic health

services are geographic access and pocket spending required for transportation and medicine. Analysis shows that 52% of women did not have health access due to lack of money, and 37% did not have access due to distance.

- 2.3 The overall objective of this TC is to build the capacity of vulnerable women and children in rural areas to improve their own health conditions in a sustainable way. The specific objectives are: (i) Strengthen and improve access to health services with emphasis on reducing malnutrition; (ii) support healthy child program through diversification of sources of family income to ensure they have nutritious food and healthy habits; and (iii) strengthen community participation through social projects aimed at promoting child development.
- 2.4 This TC is aligned with the GCI-9, specifically in reducing poverty and improving social equity. Also, it contributes to the Social Strategy for Equity and Productivity, which highlights the need for strengthening national health systems with emphasis on primary care. The TC is aligned with the IDB Country Strategy, 2011-2014, specifically in regards to the expansion of health services with an emphasis on maternal and child care.
- 2.5 Since this project supports improved levels of health and nutrition to the most vulnerable population, it is strongly linked to the Bank's portfolio in the sector, specifically to the IM-2015 (HO-G1001) and the program that supports decentralized health management. Both programs promote greater coverage and encourage good practices to improve health and nutrition to poor communities. This TC will provide important lessons on the involvement of the community in implementing innovative ways to promote nutrition and preventive care.

III. Description of activities and outputs

- 3.1 The TC will help analyze and improve the living conditions of poor women and children with an emphasis on the improvement of health indicators. The target population will be pregnant women and children under five years old living in poor areas. The project includes the following components:
- 3.2 Component 1: Promotion of Nutrition and Preventive Care. The objective is to provide health services by means of local community participation. This TC will finance training of health promoters that will have access to the PACHCN network of health clinicians, educators, and community organizers. These health "lideres" will assess the needs of the community and provide support to families, pregnant women, new mothers, and newborns. Complementary health practices, such as adopting healthy lifestyles and good parenting, will reduce the incidence of anemia in children under five years old. They will also promote prenatal care, micronutrients use, vaccine use, child controls, weight monitoring, nutritional counseling, and early stimulation, among others.

- 3.3 Component 2: Healthy Communities. The objective of this component is to promote good eating habits, the importance of good nutrition, and the production of healthy food, so that pregnant mothers and children will more easily obtain adequate nutrition. This TC will finance training materials, dissemination campaigns, and expert advice.
- 3.4 Component 3. Community Projects for Improving Health Conditions. The objective is to strengthen community participation by developing innovative projects that promote better health practices and child development. This TC will finance community projects aimed at improving early child development, ensuring access to health facilities, and promoting reduction in malnutrition.
- 3.5 The TC will also finance monitoring activities as well as a continuous evaluation. This information will help contribute with lessons learned for other projects and will help promote the sustainability of the interventions.

IV. Budget

Indicative Budget

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
1. Promotion of nutrition and preventive care	278,400		278,400
2. Healthy Communities	108,000		108,000
3. Community based projects for improving health conditions	206,400		206,400
Audit, Evaluation and Project Management	72,000	116,400	188,400
Total	664,800	116,400	781,200

V. Executing agency and execution structure

- 5.1 The executing agency for this TC is Hope for a Healthier Humanity (HHH), which has extensive experience in receiving grants and donations and working abroad with poor communities in health care. HHH has experience working in Honduras, having operated in the country since 2001 with the help of local partners. An executing agency will be financed to supervise activities, monitor the project, and serve as a liaison with the health network.

VI. Project Risks and issues

- 6.1 This project requires significant community participation to achieve its objectives. There is a risk of not having the necessary qualified personnel in the areas of intervention to support households. This risk will be mitigated by the help of the PACHCN network of health providers. HHH counts on the support of PACHCN which has been operating continuously in Honduras.

VII. Environmental and Social Classification

- 7.1 The Filter Category Safeguards is "C". This TC does not have environmental or social impacts, as studies and seminars will be financed.