

USAID Advancing Nutrition Honduras Final Report

Fiscal Years 2022-2024



About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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A special acknowledgment to community leadership, health volunteers, women's groups, agriculture producers, and others who generously contribute their time and effort and participate in learning initiatives that they use to serve their communities. They are the true heroes of our municipalities and country.

Finally, we thank the U.S.- and country-based USAID Advancing Nutrition teams for their dedication, commitment, and passion invested in every small and large effort that produces the results and successes we proudly share in this report.

Acronyms

AIN-C	Atención Integral de la Niñez en la Comunidad (Integrated Child Care at the Community)
ARSA	Agency of Sanitary Regulation (Sanitary Regulatory Agency)
AOPs	Annual operational plans
CDCS	Country Development Cooperation Strategy
CONCOM	Micronutrient Advisory Council
CSO	civil society organization
DDE	departmental directorates of education (Dirección Departamental de Educación)
DHS	Demographic and Health Survey
DO	development objective
ESFAM	Equipos de Salud Familiar (Family Health Teams)
FNS	food and nutrition security
FY	fiscal year
GoH	Government of Honduras
HSP	Health Service Providers (includes decentralized health service providers and centralized health service providers)
INCAP	Instituto de Nutrición de Centro América y Panamá (Institute of Nutrition of Central America and Panama)
IR	intermediate result
LOP	life of project
LSFF	large-scale food fortification
MDE	municipal directorate of education
MIC	municipal inter-sectoral councils
M&E	monitoring and evaluation
PyENSAN	Política y Estrategia Nacional de Seguridad Alimentaria y Nutricional (National Food and Nutrition Security Policy and Strategy of Honduras)
REDI-AN	Registro Digital de Actividades de Nutrición (Digital Register of Nutrition Activities)
DHR	Departmental Health Regions
SBC	social and behavior change
SDG	sustainable development goal
SGJD	Secretariat of Governance, Justice and Decentralization
SESAL	Secretaría de Salud de Honduras
SOW	statement of work
SQ-LNS	small quantity lipid-based nutrient supplement
USAID	United States Agency for International Development
UTSAN	Unidad Técnica de Seguridad Alimentaria y Nutricional (Technical Unit for Food and Nutrition Safety)
ZOI	zone of influence

Executive Summary

Background and Objectives

In May 2021, USAID’s Mission in Honduras provided a scope of work (SOW) to USAID Advancing Nutrition. USAID Honduras asked USAID Advancing Nutrition to conduct a scoping exercise for a multi-sectoral nutrition activity. Based on our findings, we developed our first work plan, which was approved in January 2022. We began implementing activities in April 2022 and were fully staffed in May 2022.

The project was intended to contribute to development objective (DO) 1 (socio-economic opportunities improved to deter irregular migration), intermediate result (IR) 1.3 (vulnerability to key shocks and stresses decreased), and Sub-IR 1.3.1 (access to and use of nutritious food increased), under the USAID/Honduras Country Development Cooperation Strategy (CDCS) for 2020-2025. Our theory of change was that if the Government of Honduras (GoH) strengthens existing systems to deliver high-quality nutrition-specific and nutrition-sensitive interventions and takes steps to increase the availability of safe, nutritious foods, then there will be an improvement in dietary practices and a decrease in malnutrition among targeted households.

Our specific goal was to reach at least 20,000 households in the target municipalities and improve the quality of diets (e.g., consumption of a diverse diet, animal-source foods, foods fortified by national standards, and micronutrient supplements). We did this by focusing on our own two fully multi-sectoral IRs:

- **IR 1:** Nutrition policies, systems, and structures strengthened
- **IR 2:** Nurturing care and healthy dietary practices adopted and sustained

We were expected to work at the national level and in 12 high-migration municipalities in Santa Bárbara, Ocotepeque, and Copán departments. Early on, we realized that 1 of the 12 municipalities (La Iguala) was dropped due to a change in the geographic coverage area of the Lepaera health service provider (HSP).

Major Accomplishments

With a talented and dedicated staff with expertise and experience in various technical areas, we built trust and established mechanisms for collaboration, coordination, and integrated programming at the departmental, municipal, and community levels. We engaged various actors from multiple sectors, including municipal governments, departmental and municipal health and education offices, HSPs, civil society organizations (CSOs), private sector stakeholders, and food systems actors.

Intermediate Result 1

At the national level, we assessed the regulatory framework for large-scale food fortification (LSFF) and the coverage of fortified foods in the market. The results of this exercise raised the awareness of government and private sector actors and the international development community. They led to the reactivation of the Micronutrient Consultative Committee to prevent micronutrient deficiencies in the country.

At the departmental and municipal levels, we assessed the organizational capacity of health and education entities and the competencies of health workers and teachers. We also mapped and assessed food system actors to understand the flow of food from production and processing to consumption and to identify the main actors of municipal food systems, their level of interaction and influence in the communities, and the barriers they face ensuring year-round access to nutritious foods.

Based on the findings from this assessment and food system mapping exercise, we worked with health, education, and municipal entities to co-create plans to strengthen their organization capacities and nutrition-related competencies of health workers, teachers, and food systems actors.

We then assisted 61 health sector organizations in improving their monitoring and evaluation (M&E) capacity for analyzing nutrition data and using those data for follow-up and decision-making. We supported the reactivation and establishment of 11 municipal intersectoral councils (MICs). We encouraged including representatives from the health and education sectors, local government, CSOs, and food system actors in these councils. We helped them develop annual operational plans that included multi-sectoral food and nutrition security (FNS) activities.

Intermediate Result 2

Per the plans developed with department and municipal leaders, we trained 1,085 health workers from the 11 municipalities in delivering nutrition services. We taught 242 elementary school teachers to train others to deliver nutrition education for students and parents. We also trained and provided technical assistance to 4,691 food system actors on best practices in food production, administration, and handling.

In addition, we conducted 11 Field Days, collaborating with an average of eight organizations and at least three community groups and reaching an average of 114 people per event.

We (USAID Advancing Nutrition staff and all our partners at the departmental and municipal levels) developed a virtual army of influential community actors to model, promote, and facilitate sustained adoption of healthy dietary practices, nurturing care practices, food safety practices, hygiene practices, family farming, among others.

As a result of this collaborative effort, over the past 18 months of implementation, together we have reached 24,979 households, 9,225 children aged 0–59 months, and 1,671 pregnant women through project activities in support of services delivered by health, education, local government, and food system stakeholders in 11 municipalities of the project's zone of influence (ZOI).

Key Evidence and Learning

The project conducted several assessments, generating valuable evidence for the project and the region. We assessed to identify organizational capacity needs in the health and education institutions in the project's ZOI and co-develop capacity-strengthening plans. We also assessed the characteristics and competencies of health workers, AIN-C monitors (community health volunteers), and teachers. We found significant gaps in the competencies of health workers, AIN-C monitors (community health volunteers), and teachers.

We also assessed local food systems actors in the project's 11 municipalities. We conducted semi-structured interviews with producers, suppliers, and consumers in 51 communities—in the urban center and 4 communities in each municipality. The findings helped us to understand the flow of food, identify key actors, and understand the barriers faced by food system actors to strengthen the food and nutrition security of the population and improve the population's diet.

As a first step in developing the region's social and behavior change (SBC) strategy, we conducted formative research in 10 communities in five municipalities. We conducted focus group discussions with mothers and grandmothers of children under two, interviews with fathers of children under two, and community transects or walks to observe living conditions. The data collected showed practices must be improved, and others must be reinforced, such as aspects related to exclusive breastfeeding, feeding of mothers, introducing foods from 6 months onward, and withholding food for sick children. Findings also revealed that the food culture is similar throughout the region, and in general terms, the findings do not differ significantly from one municipality to another.

Finally, USAID Advancing Nutrition, through a contract with Instituto de Nutrición de Centro América y Panamá (Institute of Nutrition of Central America and Panama [INCAP]), conducted a landscape analysis of the policy and regulatory framework for LSFF in Honduras, a secondary analysis of food consumption data from the 2004 National Living Conditions Survey (Encuesta Nacional de Condiciones de Vida), an assessment of food fortification in retail sites throughout Honduras, and a household food consumption in four departments of Western Honduras. Findings led to creating a working group focused on LSFF and the reactivation of the Micronutrient Advisory Council (CONCOM).

Challenges

Despite achieving impressive results quickly, we faced several challenges that future work in this area will need to consider for sustained improvements in health and nutrition outcomes. The lack of capacity among local government actors and implementing organizations to deliver extension services and provide technical assistance to food system actors is the greatest challenge encountered by the project. High staff turnover in all public sector institutions at the regional and municipal level is a systemic challenge stemming from the country's governing system. The result is that there is a constant need for capacity strengthening. Another key challenge USAID Advancing Nutrition faced was working with weak management systems.

The Way Forward

Given the strong relationships that have been established with government, non-governmental, and private partners from multiple sectors in the ZOI, we believe that it would be appropriate for the same or a similar team to continue the implementation of selected activities in the same municipalities and to expand implementation to new municipalities. At the same time, we suggest paving the way for localization by assessing, strengthening, and assuring the competencies of local organizations to take responsibility for implementation. We recommend gradually moving from more direct implementation to increasingly indirect implementation through a “lighter touch” approach, working with and through local partners so that they meet USAID eligibility requirements for accessing and managing USAID transition awards and can achieve the results USAID desires and Hondurans deserve.

Overview

1. Project Duration:

2 years, 8 months

2. Starting Date:

May 2021

3. Life of Project (LOP) Funding:

\$4,000,000

4. Geographic Focus:

The project ZOI comprises 11 municipalities in four departments: Cabañas, Copán Ruinas, San Jerónimo, and Santa Rita municipalities in Copan; Gracias, Las Flores, Lepaera, and Talgua municipalities in Lempira; Belén Gualcho and San Marcos municipalities in Ocotepeque; and Macuelizo municipality in Santa Bárbara.

5. Project Objectives

The overarching goal of USAID Advancing Nutrition in Honduras was to reach at least 20,000 households in the target municipalities and improve the quality of diets (e.g., consumption of a diverse diet, animal-source foods, foods fortified by national standards, and micronutrient supplements). We had two fully multi-sectoral IRs:

- **IR 1:** Nutrition policies, systems, and structures strengthened
- **IR 2:** Nurturing care and healthy dietary practices adopted and sustained

Background

Country Context

During the past three decades, the GoH continued its efforts to reduce food insecurity and malnutrition, particularly for children under age five, in areas that are highly vulnerable to disruptions such as droughts, hurricanes, and the COVID-19 pandemic. They have focused on the southern and western “dry corridor” regions. The prevalence of stunting, a key indicator of impaired well-being that includes malnutrition, continues to improve based on the most recent Demographic and Health Survey (DHS), which reported continued reductions in stunting among children under two, from 22.6 percent in 2012 to 18.7 percent in 2019. While government and international donor investments in select regions of the country during the past decade have shown positive results, these outcomes could be lost if attention is not directed to sustaining and improving them in upcoming years.

The update of the 2018–2030 National Food and Nutrition Security Policy and Strategy of Honduras (PyENSAN) documents the government's political commitment to the sustainable development goals (SDGs), especially SDG2, which aims to eradicate hunger and addresses food insecurity and malnutrition while promoting sustainable agriculture (SCGG 2018). PyENSAN 2030 proposes a new framework of cohesive actions that different sectors can use to work together so that all Hondurans can access adequate food and nutrition, using food produced under sustainable agri-food systems and fostering resilient communities to crises and climate change. It proposes consolidating a highly participatory, decentralized management model that promotes innovation and capacity strengthening for improved integration of FNS into the planning of multi-sectoral and multi-dimensional interventions from the local to the national level.

The overarching goal of USAID’s Mission in Honduras, according to the CDCS 2020–2025, is a “more prosperous, democratic, and secure Honduras where citizens, especially youth, are inspired to stay and invest in their future (USAID 2021).” The CDCS outlines three strategic priorities: “1) facilitate a systems change approach—social, economic, justice and security, environmental, education; 2) partner and co-create with the private sector to capitalize on shared values, foster innovation, and facilitate joint investment where interests align; and 3) generate opportunities for citizens—especially youth—to actively engage and invest in their future in Honduras (USAID 2021, 4–5).”

The CDCS includes three DOs; the first is particularly relevant to the SOW provided to USAID Advancing Nutrition: “socio-economic opportunities improved to reduce irregular migration.” According to the CDCS, if “(a) youth become more constructively engaged in society through improved education, skills, and linkages to opportunities created by the public and private sectors; and (b) food security for focus populations is improved through more competitive, inclusive, and resilient market systems; and (c) individuals, households, communities, and systems strengthen their capacity to mitigate and adapt to shocks and stresses; then socio-economic opportunities, especially employment, will be improved for youth and other populations, therefore reducing irregular migration (USAID 2021).” USAID Advancing Nutrition Honduras had all this in mind as we designed and implemented our two annual work plans.

Project Goal and Objectives

We believed (and still do believe) that we could contribute to the goal and DO of the USAID Mission in Honduras by improving the quality of diets (e.g., consumption of a diverse diet, animal-source foods, foods fortified by national standards, and micronutrient supplements). We did this by focusing on two fully multi-sectoral IRs:

- **IR 1:** Nutrition policies, systems, and structures strengthened
- **IR 2:** Nurturing care and healthy dietary practices adopted and sustained

We worked in 11 municipalities in four departments of the country's western region: Copán, Lempira, Ocotepeque, and Santa Bárbara (see table 1 and figure 1). One of the 12 municipalities (La Iguala) included in the project target area in the FY22 Work Plan was removed due to a change in the geographic coverage area of the Lepaera HSP.

These municipalities were identified from the USAID Mission ZOI based on need and past performance and demonstrated willingness of the HSPs to embark on a multi-sectoral approach to address the factors affecting nutrition among their target population. They have a total population of 256,002 individuals and approximately 64,602 households (assuming an average household size of four, based on the most recent DHS).

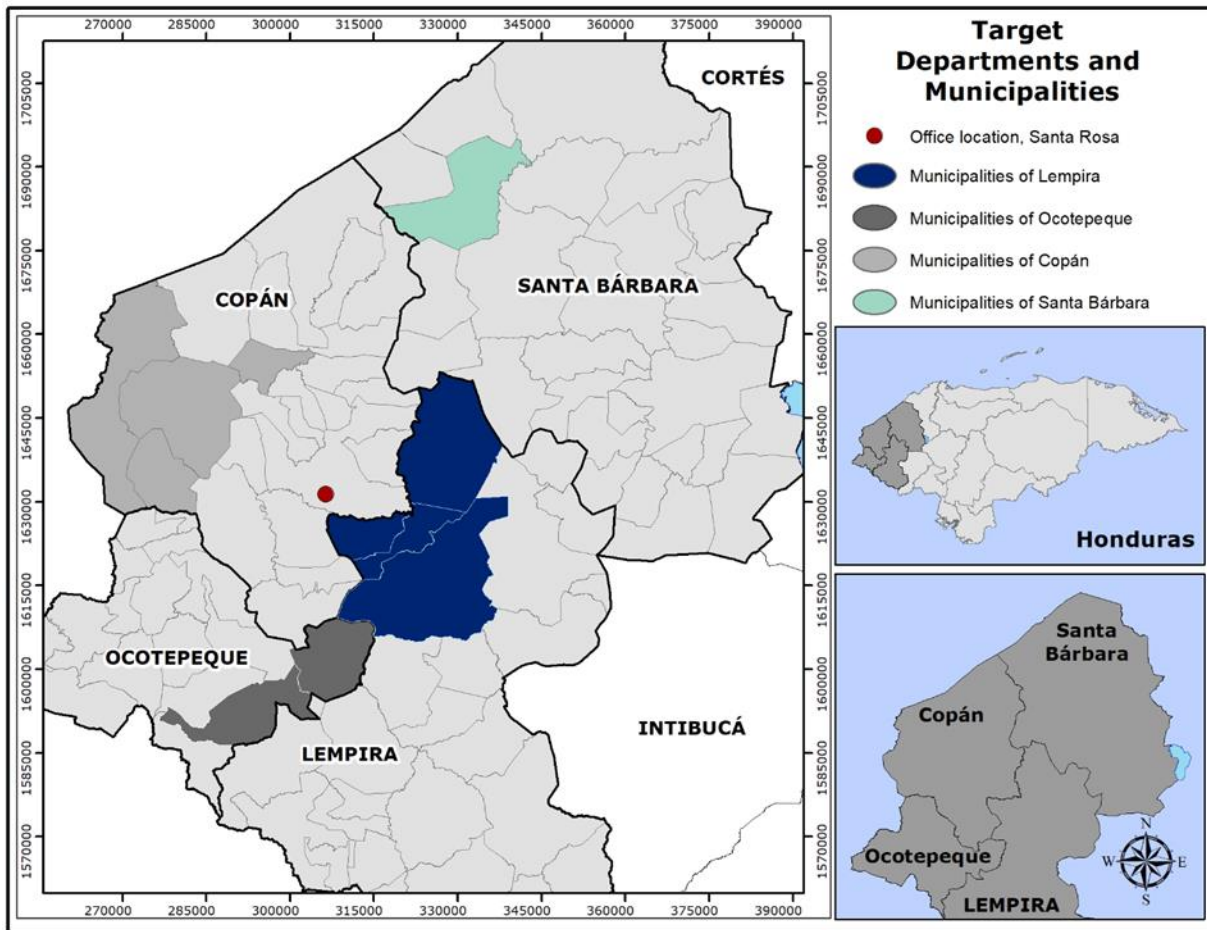
Table 1. Selected Municipalities, by Department

Department	Municipality	Population*	Households
Copán	Cabañas	12,898	3,394
	Copán Ruinas	37,780	9,124
	San Jerónimo	4,713	1,270
	Santa Rita	27,145	7,462
	Subtotal	82,536	21,250
Lempira	Gracias	46,230	11,746
	Las Flores	10,230	2,411
	Lepaera	44,361	9,910
	Talgua	10,462	2,504
	Subtotal	111,283	26,571
Ocotepeque	Belén Gualcho	16,311	4,329
	San Marcos	9,520	2,266
	Subtotal	25,831	6,595
Santa Bárbara	Macuelizo	36,352	10,186
	Subtotal	36,352	10,186
TOTAL		256,002	64,602

*Source: community diagnostics for the 56 health establishments in target municipalities, September 2022.

* According to the latest DHS, the average household size in Honduras is four family members.

Figure I: Map of Target Departments and Municipalities



Accomplishments

USAID Advancing Nutrition Honduras began field activities in April 2022 after an extended recruitment period that was necessary to identify a team of multidisciplinary experts with extensive experience in community-based development and capacity-strengthening and a strong sense of responsibility, commitment, and unquestionable work ethic. These qualities of the technical team members gained the respect of individuals in all sectors with which the project interacted. It also resulted in strong working relations with key actors in these sectors and contributed to their support for project activities and willingness to take on their own FNS activities. We credit many of our accomplishments over the following 18 months of implementation to this strong working relationship.

As a result of these strong working relationships, we increased the attention to LSFF and micronutrient supplementation among central government and private sector actors, strengthened systems and structures, and built an understanding of the multi-sectoral approach to improving nutrition. Our partners supported project activities and committed to implementing their own FNS activities. And together, we reached nearly 25,000 households in the 11 target municipalities.

IR 1: Nutrition Policies, Systems, and Structures Strengthened

Strengthened health and education policies, systems, and organizations for the delivery of nutrition services

To inform the design of the project approach and activities, we assessed organizational capacities related to the delivery of nutrition services to stakeholders in the health and education sectors in the project's ZOI. Findings indicated that in the six months before the assessment, the health and education sectors had experienced a high (more than 70 percent) turnover of the leadership, management, and technical staff who had been trained over the past decades, often by previous USAID-funded projects. Another finding was the limited attention given to human resource management (specifically the lack of new staff selection and contracting based on job profiles and information systems). Further evidence of this came from the limited knowledge of national norms, standards, and strategies related to nutrition and their corresponding implementation processes among HSP staff who had been in their positions for less than a year.

Based on these findings, USAID Advancing Nutrition prioritized focusing on (1) building and strengthening organizational capacities to implement nutrition-related programs and strategies of the six HSPs, municipal health technicians, and departmental health regions (DHR), and the school principals, municipal directorates of education (MDE), and departmental directorates of education (DDE) in the project's ZOI, and (2) improving data collection and processing mechanisms at community and health establishments levels to ensure quality and timely nutrition-related information for decision making,

Health Sector

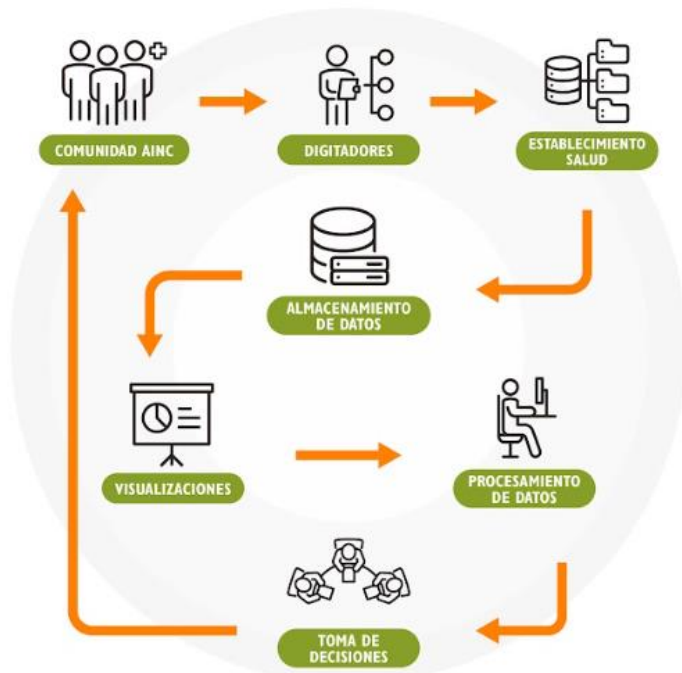
The following are the key accomplishments related to this IR in the health sector:

- Using the open-source software KoboCollect, we developed a user-friendly, easy-to-use digital system, which allows HSPs and DHRs to capture, process, analyze, and report information on AIN-C services and inform decisions at regional, health establishment, and community levels. We named this new system the Digital Registry of Nutrition Activities (REDI-AN). The system uses smartphones and open-access software to minimize cost; providers can use it with or without internet access (see figure 2). Introducing this digital system was a critical component of the project's strategy to strengthen evidence-based decision-making, foster multi-sector collaboration, and promote a shared vision for improving nutrition.

"REDI-AN has helped us enormously because it is a digital platform we can use from our cell phones. At the beginning, we only became aware of the information at the end of the month when we reviewed the physical reports. Now, the promoters from the community can send the information, so we realize how we are with the impact indicators in real time. These are the benefits of the system..." —Marlon Paz, coordinator of health promoters in Macuelizo.

Figure 2. REDI-AN Data Flowchart

Gráfico del proceso de Gestión del REDI-AN



- We trained 361 health workers from the Family Health Team (Equipo de Salud Familiar [ESFAM]) in using the REDI-AN system. A total of 56 health facilities in the 11 municipalities are now using the system and have uploaded more than 3,149 monthly reports of AIN-C services provided to 9,227 children under five.
- The success of the REDI-AN is visible in the results for several project indicators. The use of the tool immediately impacted the availability of reliable data, which triggered regional health leadership's determination to expand its use to all health facilities and communities with AIN-C services. This, in turn, resulted in timely reporting demonstrating reliable results which motivated health leadership and service providers to pursue strategies to increase the coverage of children between two and five years of age in AIN-C groups, as mandated by the Secretariat of Health (SESAL), and reactivate AIN-C groups that closed during the COVID-19 pandemic. All of these effects of implementing the digital tool have contributed to exceeding the FY23 target for the number of children reached by the project.
- In collaboration with HSPs and the health facilities in their coverage area, we digitized the Community Diagnostics tool to determine the total number of households (64,602) in the ZOI. In total, 542 community diagnostics were updated and digitized. This data allows us to accurately count the eligible number of households, pregnant women, and children under five reached by the project and other key populations that the HSPs cover.
- In collaboration with the Technical Unit for Food and Nutrition Security, UTSAN, we trained 21 staff members from four health and education departmental offices and six inter-municipal councils as facilitators of PyENSAN. We then worked with the UTSAN to develop a two-day condensed version of the four-day training, which was used by facilitators from three of the four departments (the department of Lempira is pending replication of training) to replicate training for leaders and technical staff of municipalities and the health and education sectors. A total of 131

leaders and technical staff from health, education, and local government and food systems sectors (37% from health, 36% from education, and 27.5% from local government and food systems) were trained.

- For decades, the National Referral and Response System (Sistema Nacional de Referencia y Respuesta [SINAAR]) has required urgent attention to ensure effective and appropriate responses to the health needs of the population and to build and improve the motivation of health workers and HSPs to continue the delivery of the valuable services they offer their communities and the health system at large. The DHR of Ocotepeque requested our assistance to review the guidelines for implementing this system to identify gaps in the current process. Following the review and based on the findings, we worked with a team of professionals from the Regional Hospital of San Marcos to develop a training plan and materials. We then conducted a two-day training for facilitators (trainers) on SINARR, training 43 facilitators (physicians and nurses from six centralized and one decentralized HSP) who will replicate this training with other HSP and regional health network staff.
- During the initial planning of capacity-strengthening activities with partners, ADASBA, the project's HSP partner in the department of Copan, requested technical support to improve the management of the national Information System for Logistics Management of Medicines and Supplies (Sistema Informático de Administración Logística de Medicamentos e Insumos [SALMI]). The implementation and management of this system required all HSPs in the public sector to be accountable for the request, management, and distribution of all supplies, including medications, vaccines, micronutrients, and others for the maternal and child services at the establishment and community levels. To strengthen the system, we conducted a four-day workshop to train facilitators on using SALMI, training 28 facilitators.
- To build the capacity of HSPs to strengthen staff competencies for nutrition-related services, we trained 88 facilitators in the standards for nutritional surveillance of children under five and 80 facilitators in protocols for childcare for children under five in primary health care services. These norms, standards, and protocols are now available to all staff in the health sector through assistance provided to each DHR for the development of their websites.



On-site technical assistance to AIN-C Monitors during group monthly meetings

Education Sector

The following are the key accomplishments related to this IR in the education sector:

- Using the findings of organizational capacity and competencies assessments, we co-developed plans with DDEs and MDEs to develop plans to strengthen the capacity of their teachers.
- We trained 244 DDE and MDE staff (165 female and 79 male) in the management of the technological platform, Sistema de Administracion de Centros Educativos, SACE (System for the Administration of Education Centers) and other tools used to improve planning projects and activities at education center levels. Upon being trained, participants committed to and began sharing the knowledge gained with others.
- We strengthened the capacity of DDEs to disseminate and/or improve the knowledge of educators in national systems, policies, and regulations by training 41 facilitators (28 female and 13 male) in the School Feeding Laws and Regulations for the Food Sales in Educational Centers and making these documents available to educators at all levels by helping DDEs develop their websites.
- Finally, we trained 242 (162 female and 80 male) municipal and education center directors and teachers from education networks in the project ZOI as facilitators of nutrition education within their education networks.

Local Government

- We developed a digital tool for municipalities to use for the collection and processing of data on households' socioeconomic characteristics. The tool was tested in Copan, where municipal staff registered 6,399 households. Municipalities can use this data to make informed decisions regarding priority geographic locations and FNS activities for inclusion in their municipal development plans. By working in close collaboration with the Secretariat of Governance, Justice and Decentralization (SGJD), we ensured that the digital version of the tool complies with data requirements for municipalities to use in developing their municipal development plans and receive their yearly allocation of funds. As the USAID Advancing Nutrition Honduras came to a close, we were working with the Honduran Association of Municipalities (Asociación de Municipios de Honduras) for approval to expand the tool country-wide.



Training of Directors of MDEs as facilitators so they can replicate training on nutrition education in their education networks.



Training of directors of MDEs as facilitators so they can replicate training on nutrition education in their education networks.

Strengthened the enabling environment to improve large-scale food fortification (LSFF) and increase year-round availability and affordability of safe, nutritious foods

USAID Advancing Nutrition, through a contract with INCAP, conducted a landscape analysis to understand the policy and regulatory framework for LSFF in Honduras; a secondary analysis of 2004 household consumption and expenditure survey data to estimate micronutrient adequacy of the household food supply and consumption of fortifiable foods; and a market assessment to estimate the coverage of fortified foods and their micronutrient content. Also, through INCAP, we conducted a household food consumption survey to address gaps in dietary data.

We found that the sugar and wheat flour fortification program is functioning well and that most milk brands are fortified with iron, despite the lack of government inspection; however, fortification standards need updating, and inspection of salt iodization needs improvement. Through the household food consumption survey, we found that the prevalence of inadequate apparent household micronutrient intake in urban and rural areas was high—more than 50 percent, for iron, zinc, calcium, and vitamin B12. For foods under mandatory fortification in Honduras, sugar, salt, and wheat flour, coverage is high, with more than 80 percent of households reporting their use in the week before the survey in both urban and rural areas, helping to demonstrate that these foods continue to be good vehicles for large-scale fortification in Honduras. More than 80 percent of the households in the study, in both urban and rural areas, reported the use of maize flour, rice, and consommé powders during the week before the survey, helping to show that the Honduran large-scale fortification program could consider fortification of these foods, especially maize flour produced at large scale. Based on the findings of these surveys, we recommended that the sugar industry use the middle of the range (8 mg/kg) as the fortification target rather than the current lower limit of the range (4 mg/kg) and that the GoH should consider mandatory fortification for maize flour processed in large mills. These studies conclude that Honduras has the necessary regulations for LSFF to serve as a public health strategy but lacks adequate data and systems to achieve its LSFF goals.

USAID Advancing Nutrition shared findings with USAID Mission staff, government, implementing partner representatives, and key stakeholders through a collaborative learning workshop. We recommended that the GoH update standards for salt iodization, introduce standards for using iodized salt in bouillon cubes and consommé powders, and introduce standards for the fortification of industrially produced maize flour. We also recommended taking steps to improve LSFF enforcement.

Finally, we supported the formation of a working group consisting of the government institutions that lead LSFF activities: SESAL, the Agency of Sanitary Regulation (ARSA), and the Food Security Unit

(Unidad Técnica de Seguridad Alimentaria y Nutricional) (UTSAN). In September 2023, the Minister of Health swore in the members of the reactivated CONCOM. We encouraged various government institutions, the private sector, civil society, and donors, such as the United Nations International Children Emergency Fund and the World Food Program, to participate in the CONCOM. The council, led by the SESAL and with the participation of government institutions, donor agencies, food producers, and civil society, will identify and prioritize opportunities to strengthen LSFF programming in Honduras to improve micronutrient status among populations vulnerable to inadequate micronutrient intake.



Reactivation of the Micronutrient Advisory Council by the Minister of Health, Dr. Jose Manuel Matheu, September 2023.

IR 2: Nurturing Care and Healthy Dietary Practices Adopted and Sustained

Promoted a shared vision for improving nutrition in the community

Municipal Inter-sectoral Councils

USAID Advancing Nutrition recognized MICs as critical structures for collaborating and coordinating multi-sectoral actions. However, they were initially focused on health, organized by the health sector as a mechanism to address health emergencies in municipal territories. We decided to build on and strengthen this existing structure to promote and implement multi-sectoral FNS activities. At the start of the project, 9 of the 11 municipalities already had an MIC, but most of them had a sectoral rather than an intersectoral focus:

- We reviewed, revised, and/or developed guidance for defining organizational structures and operating principles and developing vision and mission statements as well as internal regulations and medium-term plans that considered the needs of the population, municipal development plans, and cross-cutting topics (migration, FNS, climate change, youth engagement).
- With this guidance, we provided technical assistance and training to activate and strengthen 11 MICs and built their capacity to plan, implement, and monitor FNS initiatives. Each council is led by the mayor of the municipality as president of the board of directors and integrated by representatives from health, education, civil society, local and international non-governmental organizations working in the area, locally based police officers, implementing projects, and the private sector.
- We continued to provide administrative, financial, and technical assistance and have trained council members in operating regulations, identifying and prioritizing problems, and developing evidence-based work plans. At the project's close, we supported each MICs to form a minimum of four working groups or committees according to their priorities and meet monthly. We conducted 76 events (training and technical assistance visits). Each of them made significant

progress, albeit at different paces and requiring different levels of technical support. They have all established fluid and constructive communication between sectors and are jointly addressing nutrition challenges and the population's well-being. Such collaboration and coordination help to avoid duplication of actions and improve transparency and efficient use of resources.

In Macuelizo, Santa Bárbara, with USAID Advancing Nutrition's guidance and technical assistance, the municipal corporation approved the inter-sectoral council's constitution, and the inter-sectoral council developed a multi-sectoral work plan. Members of the council and key actors in the municipality are now coordinating to carry out actions that improve the nutrition and well-being of their community.

"Thanks to USAID Advancing Nutrition for working with and focusing on us: unity is strength. I love the idea of 'advancing nutrition;' it is an idea we should never abandon." —Municipal Commissioner Rina Cecilia Barahona.

"REDI-AN has helped us enormously because it is a digital platform we can use from our cell phones. At the beginning, we only became aware of the information at the end of the month when we reviewed the physical reports. Now, the promoters from the community can send the information, so we realize how we are with the impact indicators in real time. These are the benefits of the system..." —Marlon Paz, coordinator of health promoters in Macuelizo.

Communities for Good Nutrition and Health

To sustain the multi-sectoral approach to nutrition and address overall food insecurity in the region, USAID Advancing Nutrition introduced the idea of working with communities to create Communities for Good Nutrition and Health (*Comunidades para buena nutrición y salud*, in Spanish). The SPRING project, funded by USAID and implemented by JSI and its partners, conceptualized a strategy for [Building a Shared Vision for Good Nutrition, Growth, and Development in the Community](#). This strategy describes and demonstrates this as a "recipe" for good nutrition and health. Officials from key sectors, CSOs, and other community members can follow the recipe—through co-planning and co-implementation of activities—to facilitate access to and availability of the "ingredients." USAID Advancing Nutrition Honduras adapted this strategy to promote and facilitate the integral development of communities toward good nutrition and health. As part of that process, we revised the ingredients to include the following:

- Health services available
- A strengthened food system
- A clean environment
- Capable municipal authorities and local leaders
- Organized civil society structures
- Strengthened education services
- Priority behaviors practiced by all
- Empowered young women and men
- Secure and consistent income

At the close of USAID Advancing Nutrition in October 2023, in collaboration with the health, education, and local government representatives from each of the 11 municipalities, we had identified 11 communities that met the selection criteria and agreed to do the work necessary to become a model community of good nutrition and health.

Field Days

Simultaneously, we organized multi-sectoral community events called Field Days (Dias de Campo, in Spanish). The approach is based on a methodology commonly used by the agriculture extension sector to train farmers.¹ Through these events, we were able to engage a wide range of actors in promoting nurturing care, healthy dietary practices, and family farming. We promoted many of the prioritized behaviors and best practices during these events.

We collaborated closely with and solicited contributions (in-kind or cash) from local government, food systems actors, and representatives from the health and education sectors to organize the Field Days. They included plenary speeches and “stations” that participants visited throughout the day. Stations included:

- Demonstrations of cooking healthy foods with local produce (and, in some cases, sales to connect vendors to communities)
- Tastings of healthy foods made with local produce by members of the community School Feeding Committee
- Interactive exhibits on food safety and hygienic handling of foods
- Demonstrations related to family farming, backyard poultry rearing, and food production and sale
- Chats on breastfeeding practices
- Games for children
- Performances by peer educators, youth nutrition champions, mothers’ groups, or primary school students

At the close of the project, we had conducted 11 Field Days. At least eight organizations and three community groups were involved in planning each event. An average of 114 people attended each event.



Field Days promote best practices in family farming, food preparation, and healthy diets.

Increased the quality and coverage of nutrition services

AIN-C is the GoH’s key strategy to address nutrition issues at the community level. The organizational capacity and competencies assessments indicated that more than 70 percent of health staff members of the ESFAMs had never been trained in the strategy and lacked the competencies for anthropometric

¹ See for example, the Sustainable Agriculture Research and Education [Farmer Field Day Toolkit](#).

measurements. Findings of the assessment also indicated that—though a number of AIN-C monitors were active—only 7 percent were aware of the existence of counseling cards and used them in the delivery of services. To increase coverage and improve the quality of services, we worked closely with HSPs and the ESFAMs to jointly develop plans to build the capacity of the HSPs and improve the competencies of members of ESFAMs and AIN-C monitors to provide quality services. In summary, [USAID Advancing Nutrition strengthened the implementation of the AIN-C strategy](#) in 274 communities and expanded services to an additional 44 for a total of 318 AIN-C groups. Specifically, we accomplished the following:

Following government guidelines, USAID Advancing Nutrition trained 38 AIN-C facilitators. We also trained 76 health workers in community organization, growth monitoring, counseling, breastfeeding, and infant feeding. We also trained 248 new AIN-C monitors (community health volunteers) and provided equipment and basic supplies for the AIN-C groups.

"It is through the [training] workshop that I learned how to educate mothers about the importance of good nutrition for their children." —María Bertila Mejía, health volunteer in Santa Rita, Copán

We also identified nutrition-related resources for municipal technical units, health workers, and teachers. These will be included on the department health and education websites we are finalizing.

Finally, we established relationships with the academy, the National University, and the Western Regional University Center for the project to serve as an area of practice for student interns to improve cost-effectiveness and allow us to catch up from the late delay in project startup. Throughout implementation, we worked with a total of 18 interns. Through our work with these interns and project staff, we identified opportunities for improving nutrition curricula, agro-industrial engineering, local development, and international commerce careers. FNS and agribusiness classes were incorporated into the academic curriculum of the agro-industrial engineering degree for 2023, and recommendations for improvements to the nutrition career are in process. In the long term, this will contribute to improved competencies for FNS among university graduates and enhanced regional capacity to plan and implement sustainable FNS initiatives.



Anthropometric measurement, data recording to child card, promoter submitting AIN-C meeting report, and HSP analyzing data for decision making



On-site technical assistance was given to AIN-C Monitors during group monthly meetings.

Strengthened local food market environments

We began work in this area by mapping and assessing food system actors to understand the flow of food from production and processing to consumption, and identified the main actors of municipal food systems, their level of interaction and influence in the communities, and the barriers they face in the performance of functions to promote a competitive, inclusive and healthy food environment in each

municipality. We used the findings from this exercise to co-develop plans for strengthening the capacity of municipal technical units to promote sustainable practices for increasing the year-round availability and affordability of safe and nutritious foods. Key accomplishments in this area include the following:

- We trained or provided technical assistance to 4,691 people on best practices in family farming, backyard poultry management, crop management, soil conservation, and organic fertilizers and pesticide production at the community level.
- We provided technical assistance to 45 technicians from the 11 municipal technical units and 12 local implementing organizations (mancomunidades, Comision de Accion Social Menonita CASM, Organización Cristina para el Desarrollo de Honduras OCDIH, World Vision, Proyecto Aldea Global, Centro de Estudios y Solidaridad con América Latina CESAL, Plan Trifinio) so that they can conduct training for and provide technical assistance to community members, larger-scale agriculture producers, food processors, and food suppliers in practices mentioned previously as well as best practices in food production, administration, and handling.
- Producers were trained in the organization and effective administration of existing capacity (irrigation systems, access to suppliers of local vegetative materials, local investment opportunities) for their productive activities year-round. Processors and suppliers were trained in business management and food safety best practices.
- As a result of our support, all 11 municipalities integrated FNS activities into their annual work plans. We have done this through direct training and assistance to (a) municipality leadership and technical staff during the development of annual operational plans and (b) MICs to ensure multisectoral involvement in planning, implementing, and monitoring development processes in the municipal territory.



Forum on Food Systems and Challenges for the Western Region of Honduras



Training of good business management practices for food system actors in Belen Gualcho and San Marco.

Assessed nutrition and nurturing care practices to expand, adapt, and harmonize multi-sectoral nutrition SBC approaches

SBC is essential for improving the nutritional status of a population. It is the thread that ties nutrition sectors and strategies together. Individual behaviors are at the heart of the solution, whether an activity aims to improve the nutritional status of women and children, foster more resilient communities, or increase the availability of safe, affordable, and nutritious food. Nutritional SBC is especially challenging because of the nature of the behaviors, which are small and need to be practiced frequently and often need to be practiced in addition to current behaviors.

As our first step in promoting SBC related to nutrition practices, we conducted formative research to identify facilitators and barriers to the sustained adoption of priority practices. We collected qualitative data through focus group discussions with mothers of children aged 6 to 24 months and grandmothers in a sample of communities and municipalities in Copán, Ocotepeque, Lempira, and Santa Bárbara departments. Then, we collaborated with municipalities to prioritize behaviors (see box) to focus SBC resources for impact and sustainability and develop a comprehensive strategy for SBC. Our collective goal of this strategy is to improve dietary practices. Our specific objectives include the following:

- Strengthen capacities in institutional staff in health, education, agriculture, municipalities, and national decision-makers to improve nutrition in children under two.

Behaviors prioritized in the SBC strategy:

- Exclusive breastfeeding from birth to 6 months of age
- Breastfeeding mothers consume eggs, dairy and leafy greens in the first few days postpartum
- Introduction of food to children from 6 months of age onwards
- Feeding the child even when sick or in recovery period

- Strengthen the capacities of counterparts to work with mothers and their families in adopting new feeding behaviors that improve the nutritional status of mothers and their young children.
- Promote, among mothers and family members, the practice of exclusive breastfeeding and the adequate introduction of food in children from six months of age.
- Promote educational actions with pregnant and breastfeeding mothers to improve their diet with the foods available at home, without suppressing some of them according to their traditions.
- Encourage the adoption of appropriate feeding practices by mothers during the stages of illness and recovery of children.



Mother and child participated in counseling and demonstration on proper food introduction from six months of age in the El Barbasco, Copán Ruinas community.

USAID has approved the SBC strategy and is ready for launching in future USAID Honduras nutrition work. This project will socialize with stakeholders, gain commitments with an operationalization plan for the strategy, and initiate implementation of activities focused on prioritized practices.

Core-Funded Activity Accomplishments

Market-based food environment assessment package pilot in Honduras

In FY22, USAID Advancing Nutrition completed a pilot of the Food Environment Assessment Package in Honduras. The package contains seven distinct assessments intended for use at the activity level to collect information on food availability, food prices, vendor and product properties, marketing and regulation, accessibility, affordability, and desirability. The Washington-based team worked with the USAID Advancing Nutrition Honduras team to identify municipalities and specific markets for inclusion in the pilot study. A research firm was hired by the Washington-based team and trained to implement the full assessment package in 12 markets within 6 municipalities and 3 departments. The USAID Advancing Nutrition Washington team reviewed and compared the findings with the USAID Advancing Nutrition Honduras team to the food systems mapping exercise findings. The two studies were complementary, and the Honduras team expressed the value of the food environment assessments in the context of program design. The pilot helped the Washington team refine and finalize the assessment package, which will be publicly available in November 2023.

Small-quantity lipid-based nutrient supplements (SQ-LNS) partner experience on product use and scalability.

In FY21 and FY22, USAID Advancing Nutrition undertook a learning activity with USAID's International Food Relief Partnership implementing partners programming SQ-LNS for children and women in Honduras, Niger, and Somalia. The activity found that information on SQ-LNS and how to use them is not standardized, which may impact the quality and effectiveness of the program. To fill this gap, in FY23, we developed an SQ-LNS communication brief to help implementing partners develop communication materials to accompany the distribution of SQ-LNS. The brief also includes sample job aids, counseling cards, and frequently asked questions for program staff to use with participants. We presented the learning activity findings at the IUNS-ICN conference in 2022 and will submit a manuscript to a peer-reviewed journal in November 2023.



Promotion of small-quantity lipid-based nutrient supplements (SQ-LNS) for children and women in Honduras.

Key Evidence and Other Learning

Organizational Capacity Assessment

USAID Advancing Nutrition assessed organizational capacity needs in the health and education institutions in the project's ZOI and co-developed capacity-strengthening plans. We assessed the organizational capacity of four DHRs, four DDEs, six HSPs, and 11 MDEs. Key findings regarding the four DHRs and six HSPs included the following:

- All of the leadership/management staff had been in their current position for less than six months before the assessment; 75 percent of them worked at an operational level in health facilities before assuming the current leadership/management position; 25 percent had not worked in the public health system until assuming the current position.
- All four DHRs had annual work plans, but only one was carrying out planned activities due to budget and additional assignments of other priorities.
- DHRs are responsible for reviewing, approving, and overseeing HSPs' compliance with annual work plans. Only two of the four DHRs indicated they could fulfill this role.
- Although one DHR had an organizational manual defining roles related to nutrition services, none of the four DHRs have positions related to nutrition services included in their organigram, nor are nutrition professionals under contract for nutrition services.
- Only two of the four DHRs indicated they had protocols for managing children with malnutrition.
- All DHRs receive nutrition data from AIN-C services and compile it in a Microsoft Excel spreadsheet. However, none of the four DHRs had evaluated the results of nutrition services against nutrition indicators over the past year, nor had they submitted reports to the central level of the SESAL.

The following are key findings regarding the four DDEs and 11 MDEs:

- All leadership/management staff in the four DDEs have been in their current position for less than 12 months before the assessment.
- Only one of the four DDEs reported implementing the school feeding law in educational centers through the MDEs.
- Two of the four DDEs reported taking steps to strengthen the capacity of the School Feeding Committees.
- Two of the four DDEs reported promoting the preparation of nutritious recipes with products provided by the National School Feeding Program (Programa Nacional de Alimentacion Escolar).
- Three DDEs indicated that they complied with regulations for food sales in education centers.

Service Provider Competency Assessment

To identify and prioritize the need for strengthening the service providers' competencies from the health and education sectors, USAID Advancing Nutrition assessed characteristics and competencies. We assessed 45 randomly selected communities in the Lempira, Copán, Ocotepeque, and Santa Bárbara departments. We interviewed 132 service providers from the health sector (doctors, nurses, promoters, and AIN-C monitors) and 48 from the education sector (primary school teachers).

The following results stand out for health personnel at the institutional level (physicians, nurses, health promoters):

- 27 percent of health personnel had never heard of the AIN-C strategy
- 64 percent of health personnel had not been trained in any of the AIN-C modules
- 78 percent of health personnel had not been trained in taking anthropometric measurements
- 73 percent of ESFAM staff had never been trained in providing face-to-face counseling (and only 35 percent of those trained understand the objectives of face-to-face counseling)
- Only 40 percent of health personnel were familiar with techniques for good communication
- 47 percent of doctors and nurses interviewed had never heard of nutritional surveillance standards
- Only 28 percent had been trained in nutritional surveillance standards (and only 44 percent of those trained knew the usefulness of growth charts, only 6 percent understood growth monitoring, and 13 percent knew the signs of severe malnutrition)
- 63 percent of physicians and nurses were trained in IMCI, only 39 percent of whom received training in the five years before being interviewed
- Only 50 percent of doctors, nurses, and promoters knew how long children should be exclusively breastfed
- 56 percent of the physicians and nurses were aware of the national guidelines for micronutrient supplementation
- Only 4 percent of health promoters were aware of the Food-Based Dietary Guidelines for Honduras

Findings were similar for AIN-C monitors (community health volunteers) and teachers.

We concluded that the institutions in the health and education sector must have a continuous training plan ensuring that the personnel who provide nutrition services acquire the knowledge, skills, and practices necessary for the delivery of quality services and compliance with the norms, protocols, strategies, and guidelines of the Government of Honduras and Ministry of Education. Health and education staff need training and continuous capacity strengthening.

Assessment of Local Food Systems Actors

In 2022, USAID Advancing Nutrition Honduras assessed local food systems actors in the project's 11 municipalities. The purpose was to understand the flow of food, identify key actors, and understand the barriers faced by food system actors to strengthen the FNS of the population and improve the population's diet.

We conducted semi-structured interviews with producers, suppliers, and consumers in 51 communities—in the urban center and 4 communities in each municipality that we selected based on their productive capacity, access roads, commercial relationship with urban centers, and presence of the health and education sectors. With consumers, we identified food suppliers, the factors and people influencing where they buy their food, the most important local food problems in their communities, and possible solutions. With producers and food suppliers, we defined the factors and people who influence what they produce, what they sell, and the prices of their products; what are the constraints to local production and marketing of nutritious food; what are their leading suppliers of raw materials

and products, the providers of financial services and technical assistance to which they have access and those available in each municipality.

Among the most relevant findings, we identified that income generation revolves around receiving remittances and agricultural production. Hence, the current situation of local agriculture determines the behavior of local economies. Currently, agriculture has low productivity levels associated with climate change, lack of access to land and water, high costs of production inputs, lack of technical assistance and credit, and low access to fair markets for producers, which negatively impacts the development of family agriculture.

We identified 3,700 food producers and suppliers and 232 actors in the food environment. The pulperías or corner stores are the main food supply point in the municipalities, as they bring foodstuffs in high demand in the communities, reduce the mobilization of consumers to urban centers for basic food supplies, influence the brands and the final price of the product, and are also a key ally for large distributors of consumer products that influence consumer habits. They have no connection with family agriculture for selling vegetables and fruits and lack knowledge and processes to ensure food safety and quality in food handling.

The foods with the greatest price variability are fruits, vegetables, and basic grains due to speculation by large intermediaries depending on the producer's supply level during the year. Intermediaries determine purchase prices for both producers and consumers.

The main problems reported by the food suppliers participating in the study are the need to expand their knowledge and the lack of equipment and infrastructure to maintain and transport food in adequate sanitary conditions. Access roads to the communities are in poor condition, which makes it difficult to transport food during the rainy season; the low income of the population in the communities limits the commercialization of certain foods such as red meat, fruits, and vegetables; and low access to financing and technical assistance. In addition to the problem of suppliers, consumers do not have food education to increase the consumption of nutritious foods, so food suppliers, such as grocery stores, vending carts, and wholesale warehouses, do not expand and increase their supply of healthy and nutritious products.

The foods with the lowest consumption are vegetables, fruits, and red meat due to their high cost and lower availability. Grains, such as corn, beans, and rice, and foods, such as flour, bread, and sugar, are the most consumed due to their low cost and availability in the community throughout the year.

We also found that public institutions do not have processes for monitoring and regulating prices for businesses that sell food, such as grocery stores and wholesale warehouses of food, such as basic grains and fruits. As a result, there are abuses in price setting. Eight of the 11 municipalities where we work have public food security policies to strengthen food systems but lack support for their implementation. This prevents local governments from prioritizing them in their municipal plans.

SBC Formative Research

As a step in developing an SBC strategy, we conducted this formative research in 10 communities in 5 municipalities in the project's ZOI to understand the families' food-related behaviors. Each community was selected based on specific characteristics to ensure the representation of various population groups (e.g., ethnicities, urbanization). We conducted focus group discussions with mothers and grandmothers of children under two, interviews with fathers of children under two, and community transects or walks to observe living conditions.

The data collected showed practices that must be improved and others that must be reinforced, such as aspects related to exclusive breastfeeding, feeding of mothers, introducing foods from six months onward, withholding food for sick children, and more. Findings also revealed that the food culture is

similar throughout the region, and in general terms, the findings do not differ significantly from one municipality to another.

Discussions with mothers and grandmothers showed that there are practices to be improved and behaviors that should be reinforced because they are already practiced in one way or another. New behaviors are to be adopted to reduce the high rates of underweight and chronic malnutrition in children after two years of age.

Most mothers and grandmothers knew the importance of colostrum and providing breast milk to nourish newborns and help them grow. They said that they exclusively breastfeed for six months, but some mothers and grandmothers openly stated that they gave them drinks and food before six months of age so that they would be full or so that they would not cry.

We found that nearly all children are breastfed soon after birth. We also found that almost all mothers were breastfeeding during data collection. We did identify practices among breastfeeding mothers that were worrisome, such as the increase in the intake of liquids such as coffee and artificial drinks, homemade liquids, and certain special soups without vegetables, decreased intake of certain foods, especially caloric and protein foods, which is detrimental to their nutritional status. Other myths, such as those about hot and cold foods, prevent them from eating properly.

A key factor in nutrition is the proper process of food introduction after six months of age, and it was found that some children are always offered drinks and certain foods from two, three, four, and five months of age. This was most evident in the focus groups with grandmothers and the interviews with fathers.

We also found that mothers and grandmothers believe some foods are “cold” and should not be consumed during certain diseases, especially respiratory diseases. They reported that children with diarrhea are offered little and less nutritious food, such as boiled potato or bean soup with rice. When children have a cough, flu, or other respiratory disease, they cut out nutritious foods considered “cold,” such as fruits, dairy products, and eggs.

Regarding the importance of handwashing, mothers, grandmothers, and fathers are aware of the importance of this practice and stated that they wash with soap and water at home. They also reported making sure that the children keep their hands washed, as they know that germs are spread through their hands. However, we observed considerable trash in houses and streets during the community transects.

LSFF Analysis

Food fortification is one of the most cost-effective strategies to address inadequate micronutrient intake when correctly implemented and under the appropriate conditions. Honduras has had programs promoting food fortification since the 1960s. However, there was no updated information about the current situation of these programs. To start a process of analysis of the LSFF situation in the country, USAID Advancing Nutrition, through a contract with INCAP, conducted a landscape analysis of the policy and regulatory framework for LSFF in Honduras, a secondary analysis of food consumption data from the 2004 National Living Conditions Survey (Encuesta Nacional de Condiciones de Vida), an assessment of food fortification in retail sites throughout Honduras, and a household food consumption in four departments of Western Honduras.

We found that the General Law on Food Fortification, Decree 234-2010, enacted in 2010, establishes the main framework that governs food fortification, both mandatory and voluntary. The GoH has mandatory salt fortification with iodine, sugar with vitamin A, wheat flour with iron, folic acid, and other B complex vitamins, and voluntary fortification of some foods, such as nixtamalized corn flour and milk. However, the current regulations on salt iodization, Agreement No. 531 of 1961, contain outdated information about the iodine content and organization of the salt industry.

We found that powdered and cubed bouillon were good sources of iodized salt, confirming that if there is a salt iodization regulation that indicates that the salt used in food processing must be iodized, the industry will follow the requirements to ensure compliance with the country's regulations.

We also learned that the wheat flour fortification program is working adequately and that sugar continues to be a stable fortification vehicle and a source of supply of vitamin A. We found that 100 percent of the samples were fortified with iron for wheat flour.

Households are shifting from using maize from one's production to make tortillas to large-scale industrial maize flour. Between 70 to 75 percent of the maize flour in Honduras is being industrially processed, higher than other countries in the region. This positions maize flour as an important potential vehicle for fortification in Honduras. However, this would require the regulation of fortification of maize flour. We found that 27.8 percent of the nixtamalized maize flour samples were fortified, demonstrating that although maize flour fortification is voluntary, it is being applied in the country.

Regarding the milk samples, in general, most of the brand producers in Honduras apply the practice of fortifying milk.

Our study on household food consumption in Western Honduras found that the prevalence of inadequate micronutrient intake in urban and rural areas was high—greater than 50 percent, for iron, zinc, calcium, and vitamin B12. One-third of the rural population has inadequate intake of riboflavin. The prevalence of inadequate micronutrient intake was relatively low—less than 20 percent—for vitamin A, thiamine, niacin, and folate. A high percentage, greater than 80 percent, of households in the study area consumed the foods under mandatory fortification in Honduras—sugar, salt, and wheat flour. We also found that more than 80 percent of households used maize flour, rice, and powdered consommé.

Through our landscape analysis, we found barriers that effectively prevent the implementation of large-scale fortification in Honduras. Our findings highlight key recommendations so that the GoH can support large-scale fortification to improve nutrition outcomes among vulnerable groups. This process should involve all interested parties and evaluate whether it should be a mandatory compliance program or regulated voluntary fortification. The SESAL must ensure compliance with food fortification and its regulations; therefore, it must coordinate actions with ARSA to monitor large-scale fortification programs and make the necessary decisions based on the generated information. The studies concluded that since a significant percentage of the Honduran population lives in poverty and faces food insecurity, it should be a priority to strengthen fortified food programs to ensure that they provide the needed micronutrients to this target population both in quantity and quality. With the information obtained, it will be possible to evaluate existing policies and programs and determine the need to modify, expand, or improve fortified food programs to improve the nutritional status of the Honduran population.

As a result of our work, a special recommendation was presented regarding the reactivation of CONCOM, in compliance with the provisions of the General Law on Food Fortification, so key actors: SESAL, ARSA, UTSAN, international cooperation, private sector, program implementers and civil society can work and address LSFF activities. It was recommended that ARSA resume the monitoring activities of the mandatory fortification programs, prioritizing factory monitoring to cover all the products from the origin, where it is easier to take corrective actions if deficiencies are found in the fortification process.

It is important to recognize that the Honduran wheat flour and sugar industry has complied with the fortification regulations that apply to them despite the regulatory body's lack of incentives and supervision. We recommended that the authorities recognize this effort as a way of motivating the industries that comply with the fortification law and their contribution to the nutrition of the Honduran population through fortification.

Challenges

Despite our outstanding results in a short time, we have only begun to address a few of our partners' needs that are fundamental in strengthening their capacity to improve performance and produce valued and sustainable development outcomes to improve FNS in the region. We highlight below some of the challenges we faced in the hopes that future work in this area can anticipate these potential roadblocks and mitigate these factors when planning their work:

- The lack of capacity among local government actors and implementing organizations to deliver extension services and provide technical assistance to food system actors is the greatest challenge encountered by the project to implement strategies and activities to address FNS during LOP. To address this challenge, we designed and implemented a comprehensive plan and corresponding materials for strengthening the capacity of municipal technical units and interested local implementing organizations to address productivity issues and the lack of availability and access to food for families in their territories.
- High staff turnover in all public sector institutions at the regional and municipal level is a systemic challenge stemming from the country's governing system. Every four years, a significant percentage of leadership and technical staff (specifically those under contracts instead of permanent employment mechanisms) at all levels rotate due to changes in government and continue to rotate yearly at local levels. This results in the loss of investments in capacity-strengthening initiatives to build staff competencies and improve the quality of services. We have tried to address this through training facilitators capable of sustaining competencies among new and existing staff as they rotate in different positions in response to staff turnover.
- Another key challenge that USAID Advancing Nutrition faced was working with weak management systems. This, in part, is due to a lack of direct involvement of the corresponding central government sectors and sufficient time and financial resources required to strengthen systems, policies, and structures at the national level. To address this we developed a user-friendly, easy-to-use digital system, which allows HSPs and DHRs to capture, process, analyze, and report information on AIN-C services and inform decisions at regional, health establishment, and community levels. We also developed a digital tool for municipalities to use for the collection and processing of data on households' socioeconomic characteristics that allows for evidence based development of municipal development plans.

The Way Forward

Given the strong relationships established with government, non-governmental, and private partners from multiple sectors in the ZOI, we believe that it would be appropriate for the same or a similar team to continue implementing selected activities in the same municipalities and expand implementation to new municipalities. At the same time, we suggest paving the way for localization by assessing, strengthening, and assuring the competencies of local organizations to take responsibility for implementation. We suggest gradually moving from more direct implementation to increasingly indirect implementation through a “lighter touch” approach, working with and through local partners so that they meet USAID eligibility requirements for accessing and managing USAID transition awards and can achieve the results USAID desires and Hondurans deserve.

Lessons Learned

- Implementation of the multisectoral approach to nutrition is accepted and embraced by development professionals eager to explore and create mechanisms for lasting sustained outcomes that will result in FNS in communities, municipalities, and regions of the country. Every

resource (financial and human) must be maximized to sustain its implementation and promotion to reap its impact on food and nutrition insecurity in the region.

- When processes for mapping sectoral actors, assessing organizational capacities, and designing and planning for addressing the results are jointly conducted with stakeholder leadership and technical staff expertise, the implementation of project activities can easily be adjusted to overcome constraints and challenges and produce outstanding results that exceed both project and partner expectations. Investing in strengthening stakeholders' capacity to plan and implement based on evidence will generate motivation and creativity among young professionals and improve overall outcomes, specifically in FNS-related services.
- An active, dynamic, and visionary municipal intersectoral council is the ideal structure for ensuring the development, implementation, and monitoring of plans that incorporate all sectors' roles in the local development process to address the root determinants of food and nutrition insecurity in the municipality territory. All efforts invested in strengthening its capacity to assess, plan, and evaluate is an excellent and promising use of resources.

Best Practices and Recommendations

Based on the lessons learned and key knowledge generated by the project, we recommend the following guidance for continued work in this field:

- Socializing national food and nutrition-related laws, policies, strategies, regulations, and norms improves leadership, management, and technical staff understanding of the implementation processes involved, increases dedication and commitment to carrying out their roles, and contributes to the success of competencies strengthening interventions. We recommend that this work be replicated among all actors in each sector and make this information easily accessible.
- Continue to build the organizational capacity of local government, health, and education institutions in the region to improve and expand planning, implementation, and monitoring of nutrition-specific and nutrition-sensitive services consistent with national laws, policies, strategies, regulations, and norms.
- Continue to promote the multi-sectoral approach to nutrition at municipal and departmental levels by supporting and strengthening local government and its inter-sectoral structures, specifically the MICs, to ensure multi-sectoral involvement in planning, implementing, and monitoring FNS initiatives and other development processes in the municipality territory.
- Continue strengthening the capacity of municipalities' technical units and local development organizations to collaborate on establishing a system of delivering technical assistance to food producers and suppliers. This will help to improve their production practices, increase access to nutritious food for communities, and improve business management skills to increase income and stimulate the local economy.
- Continue strengthening and expanding family farming throughout communities in each of the municipalities, promoting poultry production and integrated farm production of organic compost to reduce production costs. This will increase year-round family access to nutritious food.
- Strengthen the capacity of mancomunidades to lead and support the formation and capacity strengthening of intersectoral councils in their member municipalities by following guidelines developed by the project.

- Continue to work with academia, providing opportunities for areas of practice that will lead to identifying areas of the nutrition career that need reviewing and revising to improve the competencies of professionals completing the nutrition career.

Sustainability

Our implementation approach is our most valuable strategy for sustaining activities and accomplishments. Strengthening local capacity to deliver quality FNS services, establishing and strengthening structures to ensure a multi-sectoral approach to nutrition, and demonstrating the use of low-cost options for obtaining evidence to improve planning are all a good start for becoming the preference of individuals and organizations for addressing nutrition issues in the region. Much remains to be done to fully adopt these practices by all regional FNS stakeholders.

Annex I. Performance Indicators

As presented in the Table of Performance Indicators, all targets for the program indicators were achieved for FY23 and the LOP (except the target for the custom indicator number of households reached and HL. 9.1 (IR 1.3 SL. 9.1) number of children under 5 (0–59 months) reached with nutrition-specific interventions through USAID Advancing Nutrition activities). In FY22, we exceeded the number of households reached due to changes in project programming, and though the FY23 target was not met, the LOP target was slightly exceeded to 24,979 households.

Regarding the number of children 0 to 59 months of age reached, the FY23 target was met, while the LOP target was accomplished by 79 percent. The target for the number of children 0 to 23 months of age was almost doubled (6,850 children, 180 percent of LOP target), and 1,671 (a 214% achievement of LOP target) pregnant women were reached through the 1,000-day window interventions. The over-accomplishment of these indicators is due primarily to the fact that the data source for reporting against these indicators is the REDI-AN, which was implemented in the first quarter of FY23 to collect and report on AIN-C data only. According to the norms, AIN-C services target children under two years of age, while the health establishment serves children 24 to 59 months. Before the COVID pandemic, HSPs worked with AIN-C groups under the operational agreement that children 24 to 59 months would receive quarterly growth monitoring services. Now that AIN-C groups are being reactivated, this agreement will be reconsidered and addressed through the corresponding mechanism for compliance and reporting.

The over-accomplishment of project targets overall is due to changes in the project's implementation mechanisms and yearly programming adjustments, focusing on expanding coverage of services and the impact of stakeholders' response to the project's multisectoral approach and activities. Health, education, and local government sector's acceptance of and interest in the multisectoral approach resulted in operational decisions in FY22 and FY23 project programming, which impacted the project's overall accomplishments. On the other hand, except for targets for households and number of children reached (which were adjusted in year one based on data from HSPs), all other targets remained as defined as they were at the beginning of implementation.

It is important to highlight that indicators tracking nutrition-related training were exceeded not only on targets of individuals who received training but also on score changes, which reflect an increase in knowledge and skills developed during training (average percentage point change between pre- and post-training test scores was 27 percent for FY23 and 30 percent for LOP).

During FY23, 4,342 individuals participated in project FNS activities, making up an LOP accomplishment of 4,691 individuals, including staff of the 11 municipal technical units and food system actors in seven communities of each of the 11 municipalities. These technical assistance and training events are promoted at the community level and, therefore, allow the participation of all interested individuals. Over the LOP, we reached 654 (14%) institutional technical staff and 4,037 (86%) community members, including producers, consumers, and vendors.

LOP Performance Indicators

Indicator	FY22 (April - September)			FY23			Length of Project		
	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
IR. 2.5.35 Performance Monitoring Planglobal USAID-AN Number of organizations supported in planning, assessment, or design of nutrition programs or strategies	14	38	271%	36	58	161%	36	60	167%
IR. 3.3.44 Number of documents developed/ revised with support from USAID-AN, by IRs and sub-IRs and type	19	19	100%	7	30	429%	26	49	188%
IR. 3.3.45 Number of evidence-sharing events hosted by USAID-AN, by type (webinar, workshop, expert consultations, etc.)	75	215	287%	75	261	348%	150	476	317%
IR. 3.3.56 Number of participants at evidence-sharing events hosted or supported by USAID-AN, by type (webinar, workshop, expert consultation, etc.)	350	832	238%	2,825	4,870	172%	3,175	5,702	180%
HL.9-4 (IR 2.1.25) Number of individuals receiving nutrition-related professional	100	356	356%	233	729	313%	333	1,085	326%

Indicator	FY22 (April - September)			FY23			Length of Project		
	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
training through U.S.G-supported programs, disaggregated by sex									
IR 2.1.59 Average percentage point change in score between pre-tests and post-tests of participants of training	20%	37%	185%	20%	27%	135%	20%	30%	150%
Custom (IR 2.1.60) Average percentage post-test score compared with 80% benchmark score	80%	87%	109%	80%	93%	116%	80%	91%	114%
Custom (IR 2.1.61) Number and proportion of training participants who improved from pre-test to post-test results (new)	75%	89%	119%	75%	94%	125%	75%	92%	123%
Custom (IR 2.1.62) Number and proportion of training participants >=80% on the post-test result (new)	25%*	76%	304%	25%*	95%	380%	25%*	88%	352%
Custom (IR. 2.4.55) Number of organizations supported by USAID-AN to improve the M&E of nutrition programs	14	34	243%	14	60	429%	14	60	429%

Indicator	FY22 (April - September)			FY23			Length of Project		
	Target	Achievement	% Achievement	Target	Achievement	% Achievement	Target	Achievement	% Achievement
EG.3-2 (IR 1.16) Number of individuals participating in USG food security programs [IM-level]	305	349	114%	2,000	4,342	217%	2,305	4,691	204%
Custom (IR xx) Number of households reached through USAID-AN activities.	12,838	17,307	135%	11,602	7,672	66%	24,440	24,979	102%
HL. 9.1 (IR 1.3 SL. 9.1) Number of children under 5 (0–59 months) reached with nutrition-specific interventions through USAID-AN activities	6,162	1,684	27%	5,569	7,543	135%	11,731	9,227	79%
Custom (IR 1.9 SL 9-2) Number of children under 2 (0–23 months) reached with community-level interventions through USAID-AN	2,003	764	38%	1,810	6,086	336%	3,813	6,850	180%
Custom (IR 1.8 SL. 9-3) Number of pregnant women reached with nutrition-specific interventions through USAID-AN activities	411	503	122%	371	1,168	315%	782	1,671	214%

*The initial suggested target for this indicator was set at 80%, but the Honduras team decided to reduce it to 25%, which is the result for the overall achievements.

Annex 2: Environmental Mitigation and Monitoring Report for FY23

In FY23, USAID Advancing Nutrition implemented a total of 22 activities that support the mandate of this 2.5-year activity in Honduras. The FY23 work plan includes multiple input modalities: technical assistance, research, capacity strengthening, collaborating, learning and adapting, monitoring and evaluation, and knowledge management.

During the reporting period, all activities described in this report are included in the table below as Education, Technical Assistance, and Training. Activities 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.2.1, 1.2.2, 1.2.3, 2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 2.4.1, 2.4.2, 2.4.3, 2.4.4 required in-person gathering and exchanges. Paper and non-paper goods (e.g., individual-serving water bottles or bags, cups, and food residue and containers) are used during training, meetings, workshops, interviews, or other in-person gatherings.

To ensure the safety of staff, consultants, clients, and partners and the continuity of our activities, we applied COVID-19 precautions in our planning and implementation. This included limiting the number of attendees at in-person meetings and events, conducting meetings and training virtually whenever possible, ensuring appropriate social distancing and mask-wearing at in-person gatherings, and providing food and drinks in single-use containers.

USAID Advancing Nutrition staff, local firms, and consultants did not only plan and budget for the procurement of facemasks, hand sanitizers, and other goods related to COVID-19 protocols but also ensured that these materials were disposed of properly to mitigate situations that presented a potential hazard to personal and environmental health.

For any in-person events organized by USAID Advancing Nutrition staff or local consultants/firms that required the application of COVID-19 safety measures and the country's standard operating procedures.

The minimal amount of waste generated through the implementation of project-funded activities was properly managed and discarded to mitigate any potential negative environmental impact while adhering to local regulations and customs in Honduras. The USAID Advancing Nutrition environmental compliance guidance, including best waste management practices, was applied.

Mitigation Measure Categories	Mitigation Measures	Outstanding Issues Relating to Required Conditions	Remarks
<p>1. Education, Technical Assistance, Training Activities 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.2.1, 1.2.2, 1.2.3, 2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 2.4.1, 2.4.2, 2.4.3, 2.4.4.</p>	<p>Given the Honduras Activity's design, most activities use capacity-strengthening strategies, including training, mentorship, coaching, peer learning, exchange visits, facilitative/supportive supervision, and advocacy with local/municipal/department leaders, among other approaches. A number of in-person training, meetings, and workshop sessions were undertaken. These activities are key to improving the competencies and capacities of various multi-sectoral nutrition stakeholders, from mayors and national policymakers to health service providers, their staff, and other CSOs to private-sector businesses. COVID-19 mitigation measures were strictly applied for all in-person meetings and workshops, including adherence to and observance of COVID-19 protocols and directives. COVID-19 prevention inputs that were made available include masks, hand sanitizers, and venues with functional hand washing stations. Further, each venue had clear, visible waste bins to dispose of all paper and non-paper waste. Community meetings also adhered to COVID-19 measures.</p>		
<p>2. Research and Development</p>	<p>N/A</p>		
<p>3. Public Health Commodities</p>	<p>No public health-related commodities were procured.</p>		
<p>4. Small-Scale Construction</p>	<p>N/A</p>		
<p>5. Small-Scale Water and Sanitation</p>	<p>N/A</p>		
<p>6. Nutrition</p>	<p>No nutrition commodities were procured.</p>		
<p>7. Vector Control</p>	<p>N/A</p>		
<p>8. Emergency Response</p>	<p>N/A</p>		



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