

## Ending malnutrition for every last child in Honduras

### What's the problem?

**The following groups are most left behind or at risk of being left behind in relation to nutrition progress in Honduras:**

Children under the age of five with stunted<sup>i</sup> growth whose sole carer is a teenage mother, especially those in the indigenous communities of the municipality of Yamarangüila. Yamarangüila is a municipality of about 21,000 residents in the Honduran department of Intibucá.<sup>i</sup> 48% of under-fives in the department of Intibucá have chronic malnutrition (compared to 41% nationally), with 6% of cases classed as severe, and 15% are underweight.<sup>ii</sup>

In the rural areas of Intibucá:

- 14% of babies have low birth weight
- 20% of babies with low birth weight have teenage mothers
- 21% of newborn babies are not exclusively breastfed
- 72% of people live on less than \$1 a day
- Their basic diet is corn and beans
- Only 50% have piped water
- Prevalence of diseases: acute respiratory infections 58%; diarrhoea 23%<sup>iii</sup>

**The reasons why these children and communities are the furthest behind, and at risk of being further excluded, include:**

Yamarangüila municipality's health services do not have the capacity to cope with the existing health problems and recovery and rehabilitation cannot be guaranteed. Severely malnourished children are, therefore, referred to the capital, Tegucigalpa, which is 200km away by road.

Families have very little money, and the costs of travelling to specialist treatment centres are relatively high. The local cultural practice is to seek out health services only when an illness is well advanced.

Religion holds great sway and is a factor in the lack of use of family planning, with families having an average of five children.

Further education is beyond reach. Only 27% of children the rural areas of Intibucá finish primary school and 44% do not finish sixth grade. For those who do, their ages vary from 13 and 18 years. Most children go no further than the end of sixth grade, although a small percentage (4.5%) makes it to ninth grade.<sup>iv</sup> There is an institutional vacuum regarding the inclusion and care of 12 to 15-year-olds who are not studying or in work.

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<sup>i</sup> Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition. The effects of stunting often last a lifetime.

## Government response

The government implements early childhood healthcare policies and teenage pregnancy prevention programmes.<sup>v</sup>

*Atención Integral a la Niñez en la Comunidad (AIN-C)*, or Integrated Community Child Health Programme, is a national-scale, community-based growth promotion programme aimed at preventing under-nutrition in children below two years of age. AIN-C strategy is implemented and monitored via the Ministry of Health but resources are limited and cannot provide for early and specific interventions for these rural communities of Intibucá.<sup>vi</sup>

Child malnutrition has multiple underlying causes, and even when health programmes are directly targeted at these groups, complementary programmes are necessary, for example, in food security, addressing economic inequalities, access to land, safe drinking water, better jobs and public policy implementation. There needs to be an integrated approach that respects the rights of these groups.

Attempts to modify other policies, such as those that focus on poor or excluded groups, are weak, since investment in health is constantly decreasing.

The decentralisation of services is an attempt to reach these groups and to go where regular programmes do not, but service providers still need to guarantee access to services that are made available outside of health centres.

## Our response

Save the Children implements the Ministry of Health's AIN-C strategy ("Atención integral a la niñez en la comunidad") with a particular focus on growth monitoring and early intervention in children under the age of two.

The different strands of the strategy are:

1. Foetal health monitoring
2. Growth and development monitoring, from birth to the age of two
3. Communication and negotiation skills training and advice sessions aimed at producing changes in childrearing practices that have a positive impact on child growth
4. Other components, including vaccination, vitamin and mineral (micronutrient) supplementation, promotion of exclusive breastfeeding, weaning/complementary feeding and medical attention
5. Community-based discussions, involving the authorities and other organisations, to analyse problems and find solutions
6. An information, education and communication component, based on behaviour change communication

Complementary food and food security programmes exist, but their reach is limited because most of the families have scant resources and limited access to land.

### **Save the Children's nutrition-related programming promotes an inclusive approach by:**

- Coordinating with the Ministry of Health at departmental, municipal and community levels, and with community leaders' organisations.
- Community participation in the design and implementation of programmes and in decision making.

### The impacts of programming in this area include:

- Communities' participation in programmes is facilitated by trained health volunteers, in the framework of the AIN-C strategy.
- Infant morbidity and mortality rates have gone down, thanks to growth monitoring and early treatment of the most prevalent diseases.
- Trained volunteers have made home visits to families who appeared uninterested in the issues, and have encouraged them to adopt healthy practices.
- Complementary activities have been carried out with the community leaders who make up the health committees.

### Lessons learned

By participating in, and being empowered through, child health and care programmes, families' awareness of early childhood malnutrition has increased, and growth trends have improved as better self-care practices have been adopted.

The participation of organisations, and the involvement of communities, has had an impact on living standards. Changes of direction in national policies every time there is a change of government mean that action that has already been taken cannot be consolidated.

<sup>i</sup> National Institute of Statistics of Honduras (2013) XVII Census of Population and Housing 2013 VI

<sup>ii</sup> ENDESA (2011). National Demographic and Health Survey 2011-2012

<sup>iii</sup> ENDESA (2011). National Demographic and Health Survey 2011-2012

<sup>iv</sup> ENDESA (2011). National Demographic and Health Survey 2011-2012

<sup>v</sup> Government of Honduras (2012). National Strategy for Adolescent Pregnancy Prevention of Honduras (ENAPREAH)

<sup>vi</sup> Government of Honduras (2010). National Strategy for Food Security and Nutrition Honduras 2010-2022