

MULTI-SECTORAL NUTRITION

Global Learning and Evidence Exchange

Washington, DC



Decentralized health care and nutrition: Lessons from Honduras

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Decentralized health care and nutrition: Lessons from Honduras

- Honduras started a health sector reform in 2004
- Phase 1: to separate the function of rectory from service provision
- Phase two: to ensure insurance, financing and universal health access
- The objective was to build a decentralized, integrated and plural health system

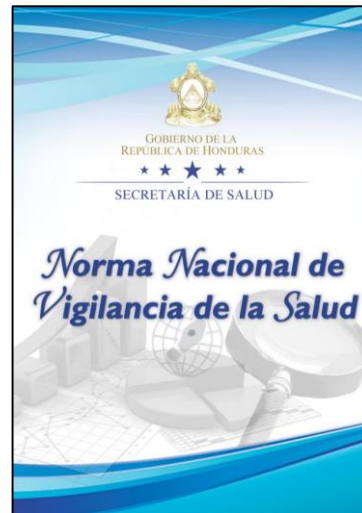
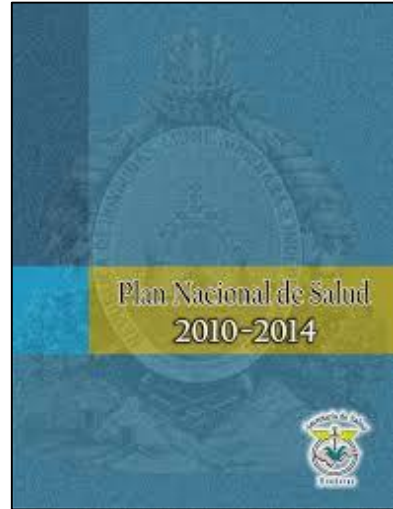
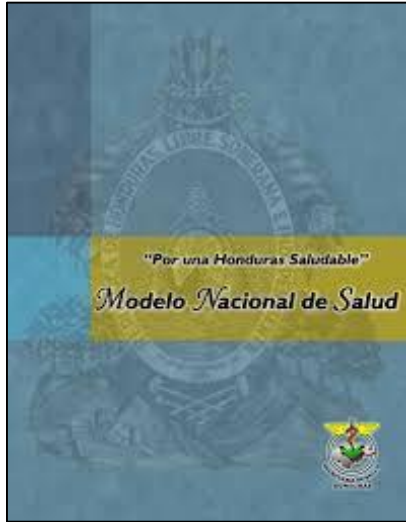
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- Ministry of Health approved the “ National health plan to 2021” and the “Conceptual, Political and Strategic Framework for Health Sector Reform” to ensured sustainability and continuity of reform process.
- USAID/Honduras provided technical assistance to MOH to develop the health reform and decentralization process
- Health reform prioritized to improved access to quality healthcare especially maternal and child health, family planning and health system strengthening

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- Central and regional level units worked with projects shoulder to shoulder during the all process which resulted in sustainable capacity building within the MOH
- Together was developed a new National Health Model and a new organizational structure in central and regional levels





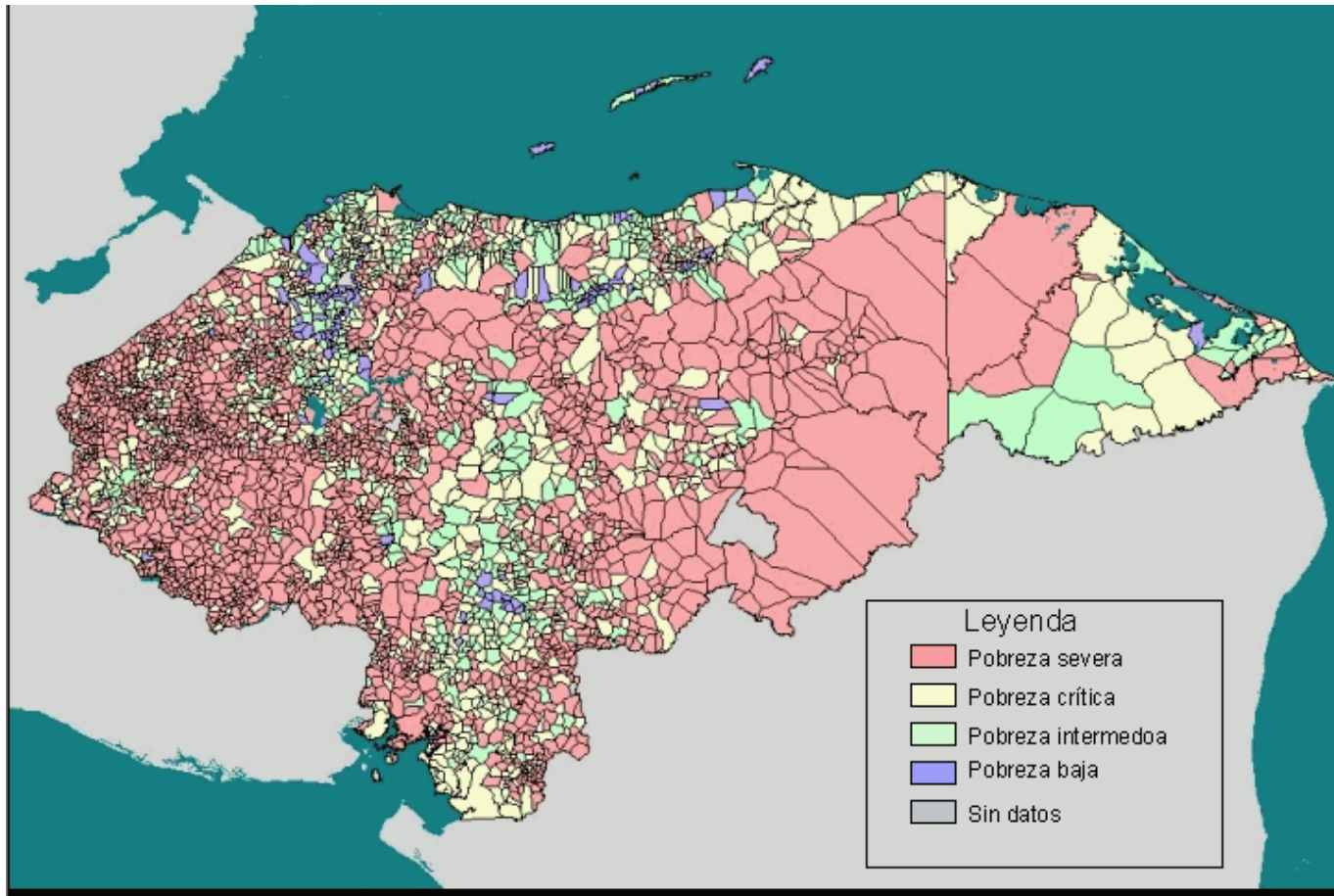
Decentralized health care and nutrition: Lessons from Honduras

- Initially had a main focus in Western Honduras with higher rates of underserved population
- In 2016 decentralization increased access to quality healthcare with coverage of:
 - 1,5 million people in the first level of health care
 - In 15 departments
 - 94 municipalities
 - through 38 decentralized providers
- Second level of healthcare: 8 hospitals are decentralized since 2015

Honduras



Honduras Poverty Map 2014



So what about Nutrition?

- Mission had no nutrition funding and since 2008 a graduation plan was in place for MCH, FP and HSS
- Health and nutrition related services are provided through the Community Comprehensive Childcare (AIN-C in Spanish) to prevent and reduce stunting
- Health project developed a nutrition module to be included into the Community Joint Implementation Strategy
- Advocacy was made to include AIN-C indicators into decentralized contracts and MOH added a \$1 per capita in 2015

Scaling and Sustaining Investments

- The Alliance for Dry Corridor (ACS/USAID in Spanish) activity is scaling up the family health and nutrition activities in targeted departments using proven, field-based outreach through integration with the health service delivery mechanisms of existing MOH Decentralized Health Service Providers (DHSPs).
- Previous FTF activity achieved significant reductions of stunting and underweight prevalence rates for children 0-23 months of age
- These optional services will directly benefit children under five years and women of reproductive age in 60 per cent of the communities.
- Will work with 21 DHSP in municipalities in the departments of La Paz, Intibucá, Lempira (ACS-USAID), and Ocotepeque, Copan and Santa Barbara (ACCESS to Markets).

Scaling and Sustaining Investments

- Task 1: Rapidly increase the registration and coverage of children under the AIN-C program for the reduction of chronic malnutrition.
- Task 2: Improve utilization of the health services for maternal and child nutrition.
- Task 3: Increased access to laboratory services for diagnosing parasitism and anemia in children under 2 and women of reproductive age in rural communities.
- Task 4: Appropriation and institutionalization of the AIN-C.

Scaling and Sustaining Investments

- M&E with each DHSP will be conducted on monthly, quarterly and annual basis to monitor progress towards the achievement of goals.
- Projects will support the MOH Decentralized Management Unit for strengthening contractual mechanisms with the DHSP.
- On the last year of project the DHSP managerial and technical personnel will take full responsibility for leading and directing of implementation of the activities to ensure the sustainability of the intervention.

Targets

- Reduce by 20 percent the prevalence of chronic malnutrition in children from 0 to 23 months of age in the served communities.
- Reduce by 20 percent the prevalence of general malnutrition in children from 0 to 23 months of age in the served communities.
- Maintain 60 percent coverage of the communities served by DHSP
- Maintain 90 percent coverage of children from 0 to 23 months of age attending AIN-C groups in communities assisted.
- Maintain 90 percent coverage of 5-year-olds receiving attention in the area of influence of the DHSP assisted communities.
- Increase by 20 percent the prevalence of exclusive breastfeeding in children from 0 to 6 months of age.
- Increase by 20 percent the number of children 6 to 23 months of age in communities assisted, with a minimum acceptable diet
- Reduce by 10 percent (adjusted for baseline study results) the prevalence of anemia in children from 6 to 59 months of age in the assisted communities.
- Reduce by 20 percent the number of children with persistent inadequate growth, in AIN-C assisted groups.
- 6 mobile laboratories equipped and functioning (one for each of the six departments) in regional laboratories selected on the basis of defined criteria, and MOH regulatory standards for examination of parasitology and anemia.
- At least 60 new Centers of Nutritional Training (CENs) (number to be adjusted based on results of the Situational diagnosis).

Project	Departments	DHS P #	Municipalities Served	Population		
				Total Served	0-23 months attended	0-59 months attended
ACS	La Paz	3	3	37,075	1,446	2,855
	Intibucá	4	9	111,060	4,331	8,552
	Lempira	6	20	238,241	9,291	18,344
Subtotal		13	32	386,376	15,068	29,751
ACCESS to Markets	Santa Bárbara	5	6	103,785	4,048	7,991
	Copán	2	9	162,164	6,324	12,487
	Ocatepeque	1	1	14,401	561	1,109
TOTAL	6	21	48	666,726	26,001	51,338

Lessons Learned

- If something works good keep doing it to improve (e.g. CEN)





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Lessons Learned

- Integration of health and nutrition with agriculture is a slow process
- Sustainability of nutrition approach is only possible through the DHSP
- Need to improve coordination with MOH and DHSP to achieve better results
- Successful interventions are a safe card to leverage Government funding

- Questions?
- Thanks!!