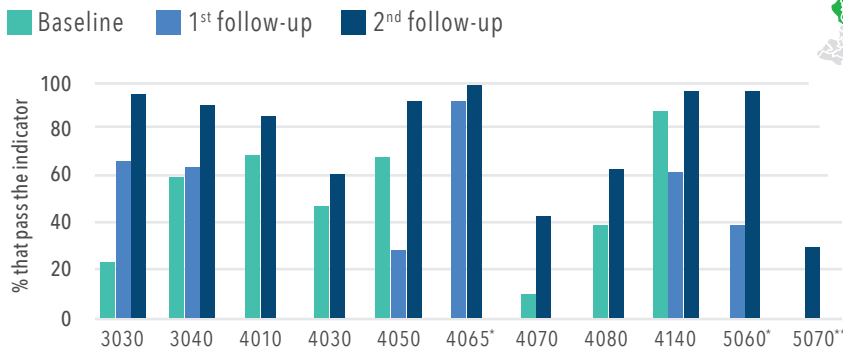


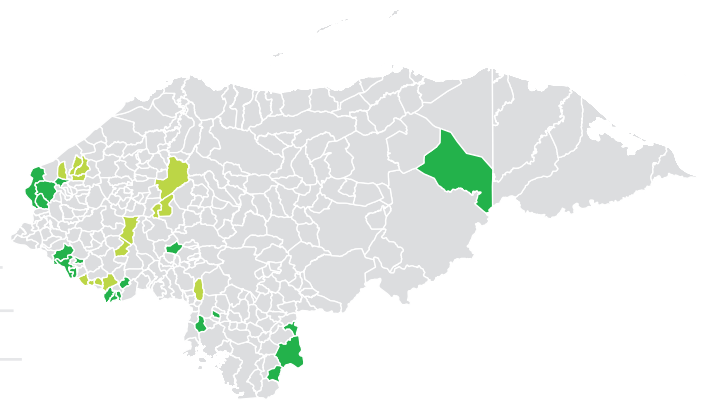
# HONDURAS

## Honduras performance indicators



3030 Antenatal care with quality, 3040 Antenatal care <=12 weeks, 4010 Skilled birth attendance, 4030 postpartum checkup for women <=7 days, 4050 immediate postpartum care for women, 4065 Partograph filled according to norm, 4070 Management of neonatal complications, 4080 Management of maternal complications, 4140 Pneumonia checkups <=2 days, 5060 Management of diarrhea, 5070 Micronutrient consumption

\*new intervention, not evaluated at baseline \*\*Baseline value =0.1%

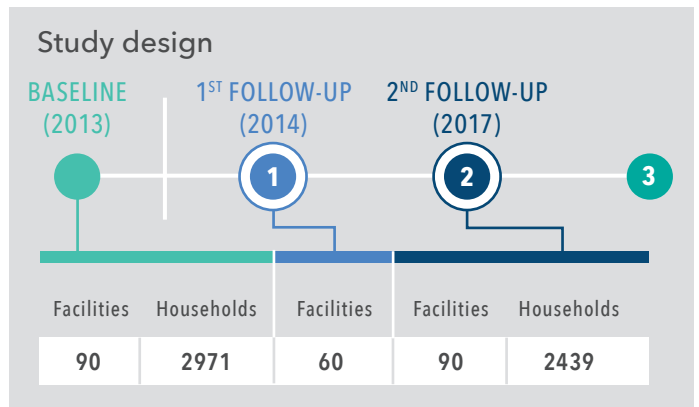
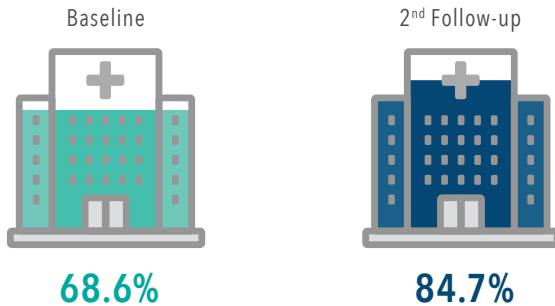


## Salud Mesoamérica regions

- Intervention
- Comparison

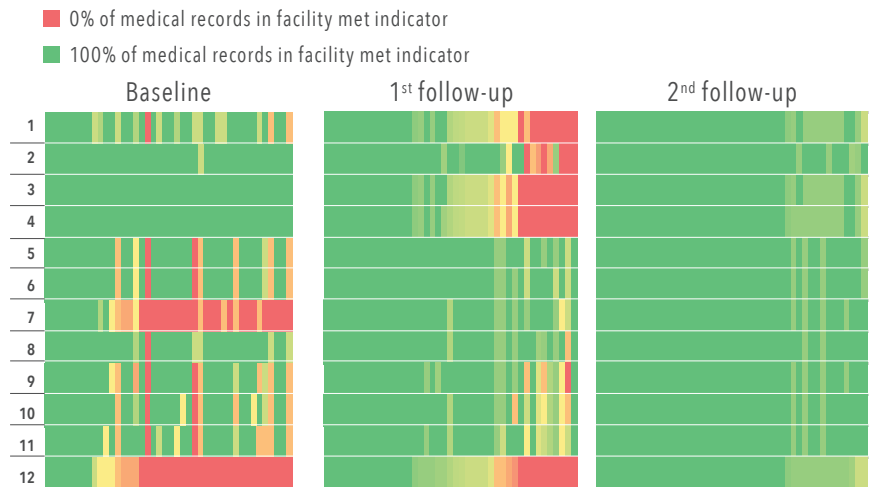
## Success stories

### 4010 Women who had an institutional delivery with skilled personnel



### 3030 Four antenatal care visits with quality

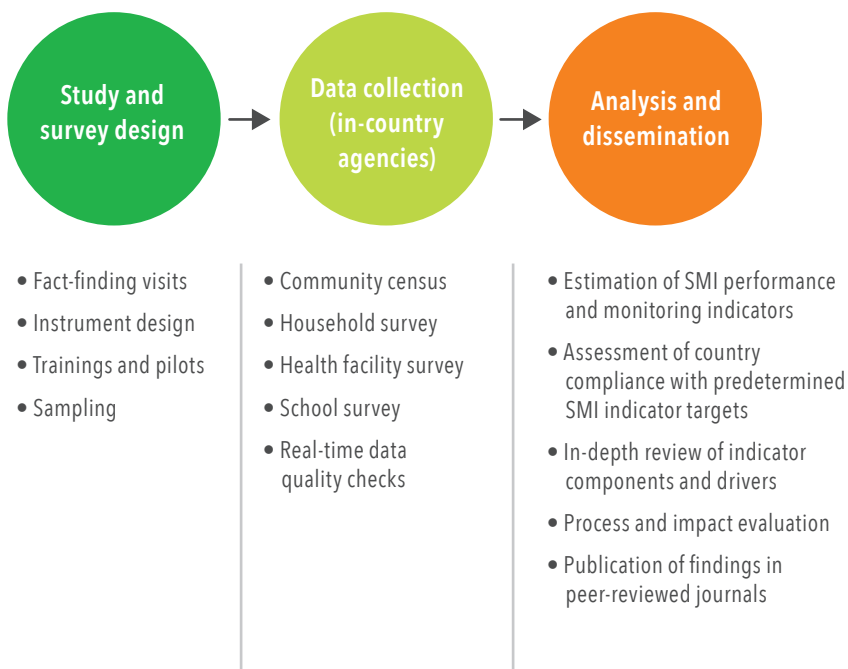
- 1 At least 4 ANC visits
- 2 Weight + blood pressure checked at all visits up to 4
- 3 Fundal height checked at first visit (if gestational age >=22 weeks at visit)
- 4 Fetal movement + fetal heart rate checked at first visit (if gestational age >20 weeks at visit)
- 5 Blood group lab test at least once
- 6 RH factor lab test at least once
- 7 Blood glucose lab test at least once
- 8 HIV lab test at least once
- 9 Hemoglobin lab test at least once
- 10 VDRL lab test test at least once
- 11 Urinalysis lab test test at least once
- 12 Indicator total



Source: SMI Household Survey and Medical Record Review

[www.healthdata.org/salud-mesoamerica-initiative](http://www.healthdata.org/salud-mesoamerica-initiative)

## Activity flowchart



## Total data collected

### Household and school surveys

	Baseline	2 <sup>nd</sup> follow-up*
Censuses	90,533	74,200
Households	20,225	12,709
Women	24,614	16,715
Children	23,005	14,080
Students	924	1,500

### Health facility surveys

	Baseline	1 <sup>st</sup> follow-up	2 <sup>nd</sup> follow-up*
Health facilities	479	379	481
Medical records	9,929	12,662	14,146

\*2<sup>nd</sup> follow-up data collection completed in 4 of 8 countries; sample sizes are estimates

In Mesoamerica, the region consisting of southern Mexico and Central America, the results-based aid project known as the Salud Mesoamérica Initiative (SMI) was designed to reduce disparities in maternal and child health, focusing on the poorest 20% of the population across the region.

The Inter-American Development Bank (IDB) provides extensive technical support to countries to implement transformative solutions by expanding coverage as well as increasing the quality and use of basic public health services in the areas of reproductive, maternal, neonatal and child health care. IHME works closely with IDB to collect and analyze data to verify results and assess the impact of SMI. The performance indicators and targets were set with governments, in line with country-specific priorities in maternal and child health. Key indicators include coverage of contraceptives, antenatal and postnatal care for women and newborns, in-facility delivery and skilled birth attendance, management of obstetric and neonatal complications, complete vaccination coverage for age, prevalence of anemia in children, and quality of care for health facility visits.

Baseline and first follow-up measurements in SMI's eight participating countries are now complete. At the first follow-up measurement, all countries showed progress in performance indicators, with areas for improvement. El Salvador, Honduras, Nicaragua, Panama, and Costa Rica reached their first follow-up targets, while the State of Chiapas in Mexico, Guatemala, and Belize did not. A performance improvement plan measurement in Chiapas and Guatemala showed continued progress, as previously-missed targets were achieved nine to 12 months later.

The second follow-up evaluation is under way, with data collection already complete in four countries. Honduras, El Salvador, Nicaragua, and Belize reached their second follow-up targets. Indicators for timely antenatal care, antenatal care with quality, in-facility delivery, management of neonatal and obstetric complications, diarrhea management, and micronutrient consumption showed promising results, while indicators for postpartum care, anemia reduction, and deworming treatment still need more work. Data collection activities in 2018 are planned for Chiapas, Panama, Guatemala, and Costa Rica.

### SMI evaluation timeline of key activities

