

Visitor / Volunteer Handbook

Edited October 2018

Contents

- Welcome and Introduction [CLICK HERE](#)
- Our Philosophy of Global Development Volunteering [CLICK HERE](#)
- For Visitors: The Checklist [CLICK HERE](#)
- Health Considerations [CLICK HERE](#)
- Safety Information [CLICK HERE](#)
- Packing List [CLICK HERE](#)
- Suggested Reading [CLICK HERE](#)
- Ground Rules [CLICK HERE](#)
- Contact Information & Online Resources [CLICK HERE](#)
- An Introduction to Shoulder to Shoulder [CLICK HERE](#)
- Honduras Ministry of Health Contract [CLICK HERE](#)
- History of STS [CLICK HERE](#)
- Our Clinics [CLICK HERE](#)
- Other STS Programs [CLICK HERE](#)
- A Brief Introduction on Honduras [CLICK HERE](#)
- Health Conditions in Honduras [CLICK HERE](#)
- After Your Visit [CLICK HERE](#)
- Staying Involved After Your Brigade [CLICK HERE](#)

Welcome and Introduction

This handbook recognizes unique challenges and opportunities for those traveling to, or working in, Honduras with Shoulder to Shoulder, Inc. (STS) or any other entity. It will provide you with valuable information on the remarkable partnership between STS (or *Hombro a Hombro* in Spanish) and the Honduran people. This information recognizes the incredible value of your time and talent as you share in ongoing work within STS. We hope you feel invested and able to serve as a future ambassador of STS.

STS is a Non-Governmental Organization (NGO) that connects volunteers with work in rural Honduras. STS began at the University of Cincinnati, Department of Family Medicine from the vision of the then Residency Director, Dr. Jeff Heck.

Currently the organization is contracted by the Honduran government to provide care to over 69,000 residents of Intibucá. Volunteers witness and contribute to Honduras' approach to development, education, and healthcare. To learn more about STS and the government's contract, please refer to the section below under "[Honduras Ministry of Health Contract](#)".

Special thanks to Dr. Andrew Bazemore (currently Director of The American Academy of Family Physicians Robert Graham Center), Dr. Christie O'Dea (Global Health Director at TCH/UC FMP), Kate Clitheroe (MPH, Director of Programs & Research with STS), and Paul and Laura Manship (General Directors of StS) who have all contributed to the publication and subsequent editions of this handbook.

Our Philosophy of Global Development Volunteering

Developing countries typically enjoy a regular stream of energetic and talented health care professionals and committed volunteers willing to serve poor communities. U.S. health centers and other volunteer health groups often bring with them eager medical students, residents, nursing students and allied health students for one to two weeks of medical service.

Despite the talent, good will, and donated resources, short-term efforts rarely result in significant, sustainable improvement in the health status of poor communities. The reasons are complex, but sustainable development requires long-term relationships that short-term visits of small groups cannot achieve.



Long-term, sustainable relationships lay foundations for continuous care, health promotion and education, public health improvement, economic development, agricultural development, education improvement, and generate community involvement. This broader, comprehensive, and generative vision of sustainable, community growth is consistent with Honduran Ministry of Health and Honduran Ministry of Education priorities.

The local presence of STS provides volunteers and service trips with the foundation for these long-term, sustainable relationships. StS creates and sustains effective partnerships between health care professionals, education specialists, community development experts, and committed individuals and

groups from the U.S. and around the world. These partnerships, and the dedicated services they offer, have established successful, sustainable missions in health, education, and development for the people in Honduran communities where StS serves. StS links goodwill, competency, and generosity with the hopes, needs, and will of poor, rural Hondurans toward the improvement of the health and well-being for everyone. These efforts inspire health care professionals, education professionals, and others to live and work in underserved communities, achieving an enhanced level of cultural competency.

Ultimately, our goal is to form dynamic, synergetic, interactive networks among U.S., Honduran, and international organizations, the local and national Honduran government, and the people in order to improve the well-being of residents living in poor, rural communities in Honduras.

For Visitors: The Checklist

As a visitor, you are responsible for completing the following Checklist before departure to Honduras. The Visitor Application and the Waiver of Liability are forms that must be completed before traveling to Honduras with Shoulder to Shoulder.

- Complete the [Visitor Application](#)
- Review the Visitor Polices (http://shouldertoshoulder.org/?page_id=1224)
- Sign the [Waiver of Liability](#)
- Pay your [Brigade Fee](#) as specified by your Brigade Leader
- Review the [Packing List](#)
- Contact Laura Manship with any questions you may have:
paulandlaura@shouldertoshoulder.org

These materials can also be accessed at: http://shouldertoshoulder.org/?page_id=1224

Health Considerations

For health related preparations specific to Honduras, please visit www.cdc.gov.

Vaccinations for Travelers to Honduras (Intibucá region):

These are suggestions/recommendations. Additionally, we recommend a visit to a physician.

Hepatitis A is recommended for all travelers.

Typhoid is recommended for all travelers, especially those traveling to rural areas.

Hepatitis B is recommended for health care workers, those on prolonged stays or frequent short stays, and adventure travelers.

Influenza is recommended for all travelers. Flu is transmitted year round in the tropics and all travelers are at increased risk.

Routine Vaccinations (adults only):

- ✓ **Tetanus/Diphtheria/Pertussis:** Adequate primary series plus one dose of TdaP.
- ✓ **Measles:** Indicated for those born in 1957 or later (1970 or later in Canada) without history of disease or of 2 adequate doses of live vaccine at any time during their life. Many countries recommend that adults need to have had only 1 countable dose at any time during their life.
- ✓ **Pneumococcal:** All adults over 65 and those with chronic disease or compromising conditions.

- ✓ **Varicella:** Consider for long-term travelers with no history of the disease.

Other Health Considerations:

- ✓ **Traveler's Diarrhea:** High risk throughout the country even at deluxe accommodations. Tap water is unsuitable for drinking. Drink only bottled or boiled water. Eat only hot food in restaurants. Avoid uncooked vegetables and fruits. All visitors should bring antibiotics for traveler's diarrhea, such as ciprofloxacin, rifaximin, azithromycin, or other floxin. In addition, it is wise to bring an antidiarrheal, such as loperamide, to be taken along with antibiotics.
- ✓ **Insect Precautions:** Although the risk of malaria is very low in Intibucá, there is a small risk of Dengue Fever in the area. Dengue Fever is a viral illness transmitted by the daytime biting *Aedes aegypti*. Mosquito transmitted illnesses also include Zika and Chikungunya. Therefore, insect precautions, including the use of insect repellent with DEET (<30-50%) are necessary.
- ✓ **Malaria:** Risk exists throughout the year in some areas; however there is a very *low risk* of malaria in Intibucá. Prophylaxis medication is not necessary.
- ✓ **Leishmaniasis (cutaneous):** transmitted by sandflies, is widespread in rural areas. Recommend insect precautions.
- ✓ **Chagas' disease:** occurs in rural areas; risk to travelers is unknown but is thought to be negligible. Avoid overnight stays in houses constructed of mud, adobe brick, or palm thatch. Avoid blood transfusions not assuredly screened for Chagas' disease.

Safety Information

While Honduras has been featured in the news as a country with substantial turmoil and violence, it is important to recognize that the majority of issues are associated with drug and gang violence. Foreign visitors are typically not targeted nor at high risk. We work hard to avoid all high risk situations including but not limited to avoiding dangerous locations, public transportation, and spending excess time in the large cities. Additionally, our sites are located in a safer part of the country.

Since our beginnings in 1990 we have never had a violent incident involving a visitor. This is due in large part to the tranquility of Intibucá and to our safety requirements. Still, we remain vigilant with our staff, visitors, and volunteers. Visitors are housed safely in one of our two main clinics, one of our affiliate clinics, or in community sites.

Service teams and visitors, supervised by team leaders and StS staff, stay in secure hotels when traveling to and from their local site. All visitors are registered with the U.S. Department of State during their travel in Honduras. Service teams receive evacuation insurance if necessary. Long-term visitors may purchase insurance.

STS remains committed to fostering individual development in a safe environment. Intibucá provides an excellent volunteer and learning environment with communities that are in great need of quality medical, education, and other volunteers.

Arrival and Departure from Country

- ✓ Our visitors will fly into the airport in either Tegucigalpa or San Pedro Sula.

- ✓ After clearing Honduran Customs, travelers will be met by a StS staff member responsible for in-country travel. Transportation from the airport is provided to all travelers, in an unmarked charter bus.
- ✓ Any issues (e.g. lost luggage) should be directed to your StS staff escort for resolution.
- ✓ Travelers generally receive overnight accommodations while en route to Intibucá.
- ✓ Travel after dark is not recommended.
- ✓ In general, the rural communities of Intibucá are safe for travel. It is recommended that visitors always travel in pairs and do not leave their sites after dark.

Police Cooperation

STS works closely with the police force throughout Intibucá and would be informed of specific risks to our visitors. The police work with local town committees, schools, community leaders, and NGOs to communicate the latest local issues and how they are addressing criminal activity. Police report that the overwhelming percentage of violence is due to alcohol, longstanding family feuds, and domestic violence. Police have intensified their efforts to reduce these acts, with particular attention paid to domestic violence and alcohol-related events.

Consular Information & State Department Updates

U.S. Department of State Website:

travel.state.gov/content/passports/english/country/honduras.html

Smart Traveler Enrollment Program:

travel.state.gov/content/passports/english/go/step.html

Every visitor is registered with the United States Department of State.

Tegucigalpa U.S. Embassy Information:

Avenida La Paz in Tegucigalpa, Honduras
 Telephone: 011-504-2236-9320 or 011-504-2238-5114
 For information on services for U.S. citizens, please ask for ext. 4400
 Emergency/After Hours: 011-504-2236-8497, ext. 4100
 Fax: 011-504-2238-4357, honduras.usembassy.gov

San Pedro Sula Consulate Information:

Banco Atlántida Building (across from Central Park), 11th Floor
 Telephone: 011-504-2238-5114, ext. 4400
 Limited Hours: Monday, Wednesday, Friday 12:00 to 4:00 p.m.

Packing List

The following is a suggested list. Packing light and packing items you are willing to leave in Honduras will reduce some of the onus of travel.

| | |
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| For those carrying materials through Customs, a Customs Letter can be accessed from our Registration page. Download it and print a copy. | |
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| For Medical supplies: http://shouldertoshoulder.org/wp-content/uploads/2019/04/letter-to-aduana-medica-y-de-nutricion.pdf | |
| For Educational supplies: http://shouldertoshoulder.org/wp-content/uploads/2019/04/letter-to-aduana-educacion.pdf | |
| Passport, airline tickets, money -- always on your person - a waist pack is a good means of carrying these items. Keep a copy of your passport in each suitcase. | |
| Very little cash is needed during the trip. For service trips, all meals and hotel expenses are covered by the brigade fee. Usually not more than \$50 is needed for snacks and drinks. Dollars can be exchanged for Lempiras at the airport. | |
| Canteen/Water bottle (drinkable water will be provided to fill these) | |
| Flashlight or Head lamp with batteries (power may go out from time to time) | |
| Personal medications, including Cipro or other antibiotic for traveler's diarrhea | |
| Personal journal, pocket translation guide/dictionary, reading materials (if desired) | |
| Plastic zip lock bags to keep valuables/electronics dry | |
| Toilet tissue/Kleenex (toilet paper is often not available in public bathrooms) | |
| Comfortable, casual clothes are best (days near 85-95 degrees, nights 60-70). Many medical brigades wear scrubs while working. Shorts are not acceptable during work days. Inexpensive laundry services are typically available (store in a plastic bag). | |
| Hat for rain and for sun | |
| Good walking shoes (tennis shoes/Chacos/heavy-duty sandals) | |
| Flip-flops for the shower | |
| Rain gear (only during May - November) | |
| Bath towel, washcloth, soap (towel may be provided but an extra is nice) | |
| Towelettes | |
| Sheet(s) (always provided, but you may want to bring your own) | |
| Inflatable pillow or pillow case which can be stuffed with towels or clothes (not provided) | |
| Insect repellent (30-50% DEET) or alternatively soak/spray your clothes with permethrin before arrival, mosquito net (optional) | |

| | |
|--|--|
| Lightweight sweater | |
| Bathing suit (or running shorts/t-shirt), sunscreen, sunglasses | |
| Blood pressure cuff, Stethoscope, & Oto-ophthalmoscope (if medical) | |
| Use older luggage (it will be covered in dust, transported on top of busses and in back of pickup trucks; water resistant is good and secure valuables in plastic) | |

Since the majority of your checked baggage will likely contain medicines and supplies, you may want to carry personal items in your carry-on luggage. Lost luggage is infrequent, but the distance between the airport and where you are is between six to ten hours.

Suggested Reading

Reading can enhance your experience. The following are a few suggested readings on Global Health, Volunteering Abroad, and Honduras:

Global Health:

- ✓ Farmer, P. *Reimagining Global Health: An Introduction*. 2013
- ✓ Jacobsen, K. *Introduction to Global Health*. 2013
- ✓ Markle, W., Fisher, M., Smego, R. *Understanding Global Health*. 2013
- ✓ Skolnik, R. *Global Health 101 (Essential Public Health)*. 2011
- ✓ Jong, E., Sanford, C. *The Travel and Tropical Medicine Manual, 4e*. 2008

Volunteering Abroad:

- ✓ Krasnoff, M., *Building Partnerships in the Americas: A Guide for Global Health Workers*.
- ✓ Lupton, R., *Toxic Charity: How Churches and Charities Hurt those they Help, and how to Reverse it*.
- ✓ Goldsmith, M., *Physician Service Opportunities Abroad*. JAMA 1993; 270(5)
- ✓ Werner, D., *Where There is No Doctor*. 2013
- ✓ Werner, D., Bower, B., *Helping Health Workers Learn: A Book of Methods, Aids, and Ideas for Instructors at the Village Level*.

Honduras:

- ✓ Benjamin, M., *Don't Be Afraid, Gringo*. The history of a Honduran woman in the 1980s who organized campesinos to advocate for national land reform in Honduras.
- ✓ Danner, M., *The Massacre at El Mozote*. The story of a massacre during the Salvadoran war in El Mozote, a small village less within StS's service area.
- ✓ Pine, A., *Working Hard, Drinking Hard: On Violence and Survival in Honduras*.

Ground Rules (for Teams or Individual Volunteers):

1. **Water Conservation** is extremely important. Water is a finite, precious resource, and overuse may mean that others go without water. Therefore the following techniques are important:
 - a. “When its yellow let it mellow, when its brown flush it down”
 - b. Army showers / Bucket showers: Someone will explain when you get here.
 - c. Finally, do not put toilet paper in the toilets!
2. **Water and Food Safety** The cooks who work for StS are specially trained to prepare food safely so anything that they put on the table is safe. The water that comes out of the tap is not safe. You may drink bottled water or water from a designated water jug. Local restaurants in town should be avoided, unless StS personnel indicate otherwise.
3. **Internet** is crucial to the functioning of our clinics. It is, however, limited, and overuse will cause a shutdown of the system. You may, or may not, have access to the internet. Please limit your use to checking mail. Do NOT stream photographs or videos, use social media, or check websites that use many pictures or stream video. Some towns also have Internet Cafes.
4. **Quiet Time** If you are staying in either the Concepción or Santa Lucia clinic, you will be guests of our Honduran Shoulder to Shoulder staff who live on the premises. We should be respectful of this. Please respect their privacy and maintain quiet time after 10 pm.
5. **Alcohol & Drugs** No alcohol or non-prescription, illegal drugs are allowed on service trips. Long-term volunteers are expected to behave sensibly and sensitively to cultural norms.
6. **Laundry** There is often opportunity to have your laundry done for a small cost. Ask a leader/supervisor about the specifics.
7. **Working with Translators** It is important to recognize the power and importance of the translators. Make sure to ask them to translate word for word in both directions. Try to speak at least a few words of greeting in Spanish to start the encounter as a way of creating rapport. Remember to speak with the person for whom the conversation is intended, not the translator; using short sentences and simple words.

Contact Information and Online Resources

Please feel free to email us with any questions or to arrange a phone call.

- Laura Manship, Executive Director (paulandlaura@shouldertoshoulder.org; 413.275.4587 OR +504-9605-0174)
- Gustavo Meza, Brigade Coordinator (meza.gustavo@yahoo.com; +504-9901-7649)
- Mariela Rodriguez, Assistant Director (Mariela@shouldertoshoulder.org; 504.9780.6712 OR 708.949.2231)

Visit our main website to learn more about the organization at www.shouldertoshoulder.org

- Main Brigade page at http://shouldertoshoulder.org/?page_id=1269
- Registration Page at http://shouldertoshoulder.org/?page_id=1224
- Long-term volunteering at http://shouldertoshoulder.org/?page_id=976

- World Health Organization: www.who.int/countries/hnd/en/
- CDC: www.cdc.gov/globalhealth/countries/honduras/
- Honduras Health: hondurashealth.wikidot.com/
- PAHO: www.paho.org/PAHO-USAID/dmdocuments/Health_System_Profile-Honduras_2009.pdf

An Introduction to Shoulder to Shoulder

Shoulder to Shoulder (STS) is a private, non-profit 501(c)(3), non-governmental organization formed in Cincinnati, Ohio in 1996. It began providing the first health care services in southwestern Intibucá in 1991, five years prior to its official incorporation. Hombro a Hombro, a Honduran, grassroots community-based, non-profit NGO was founded in 1996. STS and Hombro a Hombro work in tandem to achieve a single mission: To work together with our communities to create, implement, and operate equitably accessible, sustainable health, nutrition, and education services. We seek to address the health, education, economic, and social needs of isolated communities in the Southwestern Intibucá region.

Services and Achievements of StS / HaH:

1. Ongoing medical and dental care to 69,000 residents
2. Ongoing international service opportunities
3. Nutrition and Public Health Services
4. Scholarships for young people to attend High School / College
5. Youth and Community Development Programs
6. The only public, bilingual school in Honduras
7. A developing primary / secondary education mission
8. Volunteer / Internship opportunities



StS / HaH depends on its philosophy of working shoulder to shoulder, having developed a robust network of donors and partners who are committed to the health and well-being of people threatened by cyclical poverty. Our partnerships are not limited to the United States. We work shoulder to shoulder with the Honduran Ministry of Health and Ministry of Education, municipal governments, local civic and religious organizations, and Hondurans of goodwill and commitment. Over 2000 persons from the US and other foreign countries have visited us to share in our mission. Our total budget grew from \$150,000 in 2004 to \$1.7 million in 2008 to several million today.

Honduras Ministry of Health Contract

More information about our clinics can be found at shouldertoshoulder.org under "Healthcare"

In 2008, Shoulder to Shoulder, Inc. (STS) signed a contract with the Honduras Ministry of Health to provide basic health services to 36,000 people in Intibucá. In April of 2015, the contract was extended to cover 2 additional municipalities (7 in total), a total coverage area of over 69,000 people.

Under the current contract (“convenio”), STS/Hombro a Hombro operates 6 primary care clinics staffed with a doctor (CESAMOs), 9 primary care health clinics staffed with a nurse (CESARs), and 3 Child and Maternal Health clinics and birthing centers. This contract finances doctors, health professionals, and administrative staff. It provides for medication and supplies, health education and promotion into remote areas, and continuing education of personnel. The “convenio” agreement, supported and supplemented by medical service trips and capital investment in infrastructure, has established a sustainable system of health care delivery where no health care had existed twenty-five years ago.

Medical service teams enjoy a unique opportunity to participate in the health system of the area. There are opportunities to participate in health fairs, community clean up days, provision of care at STS-managed health centers, participation in census taking activities, and evaluation of programs. We highly value collaboration, but partnering is never easy. It requires commitment, understanding, and flexibility. Medical service teams work within an existing health network. Patience is a necessity.

The blog article, [Culture and Convenio](#), published on our website gives a fuller appreciation of how our Convenio agreement works (http://shouldertoshoulder.org/?page_id=31). The following is an excerpt:

“The inauguration ceremony of Shoulder to Shoulder’s new Convenio agreement with the Honduran Ministry of Health [took place] on Tuesday, April 28th in Camasca. This was an amazing occurrence. Overnight, Shoulder to Shoulder has literally doubled its responsibility in providing health care. Camasca and Colomoncagua are now included in our system, stretching our coverage south of Yamaranguila to the El Salvador border, from 37,000 persons to 69,000 persons. Two major clinics, one in Camasca and one in Colomoncagua, a birthing center in Camasca, and three satellite clinics in Colomoncagua have been assumed in Shoulder to Shoulder’s health system... This is a phenomenal expansion. Shoulder to Shoulder is now essentially the exclusive provider of health care in the Frontera of Intibucá...

Convenio, not easily translated into English, is derived from Latin and means to come together. The word Covenant is a derivation. Covenant is much more than a contract. A covenant implies not only the commitment of a task or property, but the willingness to give oneself over. This means challenge and personal transformation. It involves risk, it is difficult, and most of us will avoid this level of commitment. When divergent cultures are involved, it is wrenching. Why would anyone enter into a covenant relationship? Because it is the only way to effect substantive and meaningful change. New convenios found in honest cultural exchange await as we journey shoulder to shoulder.”

History of STS

Arriving in the small, isolated, rural village of Santa Lucia in 1990, Dr. Jeff Heck of the University of Cincinnati was jarred to confront the overwhelming consequences of sustained, systemic poverty. Practically impassable dirt roads brought him to a place where there was no electricity, no running or potable water, and no health care. Meeting the immediate needs was the first, triage response. The sustained response, by way of the creation of a federation of medical professionals, associations, and universities, became Shoulder to Shoulder. Other sites of care were established in the rural, isolated area. Because of Shoulder to Shoulder’s enduring commitment, and the commitment of others who have joined their shoulder to ours, much has improved over twenty-five years. But even in the midst of

great progress, the health care, dental care, public health, development, education, and other needs in this area remain high.

Today, a sustainable system of health care delivery is firmly established in Southern Intibucá. Shoulder to Shoulder is committed to the support and supplement the system of health care delivery. But our success has afforded us opportunity for further discernment of StS's ongoing mission. Shoulder to Shoulder has always recognized and responded to the lack of quality education and its negative impact on sustainable development. We have supported programs and projects to enable young people the opportunities that a quality education can create. Still, until recent years, our efforts in education have not been clearly defined or systematically organized. Education and development is the new frontier for Shoulder to Shoulder.

In 2012, Shoulder to Shoulder founded the Good Shepherd Bilingual School in Camasca, Intibucá. In 2014, under a historic agreement, the school became the only public, bilingual school in Honduras by way of a unique partnership between the Honduran Ministry of Education, the local Mayors' Association, and Shoulder to Shoulder. This model, and StS's experience in establishing a system of sustainable health care, provides the framework for a viable mission in education that will transform the education system of Southern Intibucá and provide further opportunity for individuals and families to move out of oppressive, systematic poverty and enjoy developmental justice.

We are already employing the same proven methods that enabled the development of a sustainable system of health care delivery to the mission of education. It is a model of partnerships with the Ministry of Education, local government and associations, and the individuals and families that seek the establishment of just systems of development. It is a model of partnerships with donors who express their belief in StS's vision with generosity. Finally, it is a model of partnership that will include the commitment of professionals and volunteers who will offer their time and talent on the ground in service and relationship.

Shoulder to Shoulder has accomplished much, and much more is yet to be accomplished. All of our success is based upon a simple principal: the building of just relationships of mutual dignity generates systems of sustainable care and well-being. As you are reading this, you are already a part of this Shoulder to Shoulder experience. We thank you for the generous response of your heart.

Our Clinics

Santa Lucia and Concepción clinics provide primary medical care, labor and delivery care, health education and community resources to the most needy. The clinics have modern exam rooms, emergency rooms, and laboratory and radiology services. Honduran physicians and nurses provide care to thousands of patients each year in the various sites at which Hombro a Hombro provides care.

STS supports two private, dental clinics in Concepción and Santa Lucia. The clinics provide emergency, preventative, and restorative dentistry. A school based prevention



program provides ongoing care to ten elementary schools in nearby communities.

Santa Lucia clinic has a large attached dormitory for visiting service teams with capacity to house up to 40 individuals. Apartments provide living space for the Honduran based staff. Concepcion clinic features space for up to 20 visitors. Staff in Concepción has living quarters adjacent to the main clinic building.

STS and academic affiliates operate clinics in the towns of Pinares, Guachipilincito, Camasca, Agua Salada and San Marcos de la Sierra (the poorest municipality in Honduras). The affiliate residency programs send medical teams one to three times per year. Hombro a Hombro provides medical and ancillary personnel throughout the year.

Those who travel to Intibucá to offer their expertise are important to the ongoing work of STS. Of equal importance are the dedicated personnel who live and work in this rural area, providing continuous medical, dental, nursing and public health care 24/7.

Other Shoulder to Shoulder Programs



The **Scholarship Project** allows 160+ young people finish high school. Schooling is compulsory only to the sixth grade, and beyond this, parents must pay for subsequent school fees, uniforms, books and materials. Many children are needed to work on the farm or in the home. Scholastically qualified students remain in school, which ultimately can mean a better job/future for them and their families. In recent years some students have received additional scholarships for college studies.

Yo Puedo is an outreach program for fifth and sixth grade girls functioning in 15 schools. The program is based on the vast body of research supporting how children's health is greatly influenced by increased maternal education. Girls are to encourage girls to stay in school, increase self-esteem, and develop micro-business skills. Currently, the program is managed by a Honduran director and the many teachers who serve as mentors to these young girls.



Nutrition Program Honduras suffers an immense burden of malnutrition. With U.S. funding support, parents of students built cooking centers at schools in 13 villages. Daily, local foods are purchased and prepared by parents to ensure that each student receives at least one nutritionally balanced meal per day.

Shoulder to Shoulder partners with the Mathile Institute for the Advancement of Human Nutrition. Five phases of the program MANI (Mejorando La Alimentación de los Niños de Intibucá) have been introduced. As of 2018, 2,800 children between the ages of six months to five years are receiving the nutritional supplement *Chispuditos*. Basic data on height, weight, and age is being collected and analyzed to demonstrate the effectiveness of the intervention. StS and Mathile hope to continue and expand the program to eliminate the negative impact of undernutrition and malnutrition. Read more about this program and other nutrition programs at http://shouldertoshoulder.org/?page_id=820.

A Brief Introduction on HONDURAS

History Part of Spain's vast empire in the New World, Honduras became an independent nation in 1821. With that independence came a series of military regimes. Honduras did not see a freely elected civilian government until 1982. During the 1980s, Honduras proved a haven for anti-Sandinista contras fighting the Marxist Nicaraguan Government and an ally to Salvadoran Government forces fighting against leftist guerrillas. The area of southern Intibucá, along the El Salvador border, was the site of two UN refugee camps (one in Colomoncagua and another smaller camp in San Antonio.) The country was devastated by Hurricane Mitch in 1998, which killed about 5,600 people and caused approximately \$2 billion in damage.

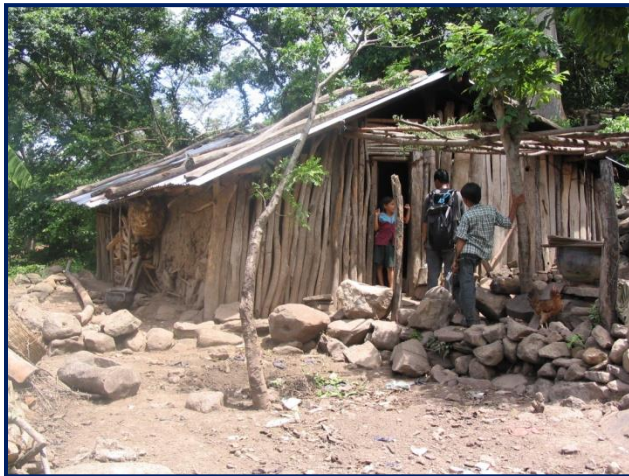


Demographic Profile Honduras is one of the poorest countries in Latin America, often considered the second poorest Latin American country after Haiti. It has ranked high in terms of violence and murder rates. It is important to note, however, that the majority of violence and murders take place in the major

cities and are directly related to drug and gang violence. Tourists are rarely, if ever, targeted and STS has many measures in place to avoid all high risk situations (see page 4).

Honduras' population growth rate has slowed since the 1990s, but it remains high at nearly 2% annually. The birth rate averages approximately three children per woman and more among rural, indigenous, and poor women. Consequently, Honduras' young adult population - ages 15 to 29 - is projected to continue growing rapidly for the next three decades and then stabilize or slowly shrink. Population growth and limited job prospects outside of agriculture will continue to drive emigration.

Economy The economy has continued to grow slowly, but the distribution of wealth remains very polarized with average wages remaining low. Economic growth in the last few years has averaged 7% a



year, one of the highest rates in Latin America, but 50% of the population, approximately 3.7 million people, still remain below the poverty line and the per capita income is one of the lowest in the region. It is estimated that there are more than 1.2 million people who are unemployed, the rate of unemployment standing at 27.9%. Remittances mainly from the United States represent about a fifth of GDP.

Poverty rates are higher among rural and indigenous people and in the south, west, and along the eastern border than in the north and

central areas where most of Honduras' industries and infrastructure are concentrated. The increased productivity needed to break Honduras' persistent high poverty rate depends, in part, on further improvements in educational attainment. Although primary-school enrollment is near 100%, educational quality is poor, the drop-out rate and grade repetition remain high, and teacher and school accountability is low.

Basic Statistics

(CIA World Factbook; 2013 estimates unless otherwise noted)

| | |
|----------------------|--|
| Population | 8,448,465 |
| Age Structure | 0-14 years: 35.5% (male 1,530,385/female 1,466,136) 15-24 years: 21.2% (male 913,818/female 878,340) 25-54 years: 34.8% (male 1,482,548/female 1,459,341) 55-64 years: 4.6% (male 178,514/female 208,243) 65+ years: 3.9% (male 145,626/female 185,514) |

| | |
|---|--|
| Median Ages | Total: 21.6 years Male: 21.3 years Female: 22 years |
| Population Growth Rate | 1.79% |
| Birth Rate | 24.16 births/1,000 population |
| Death Rate | 5.09 deaths/1,000 population |
| Net Migration Rate | -1.2 migrant(s)/1,000 population |
| Urbanization (2010-2015 est.) | Urban population: 52% of total population (2010) Rate of urbanization: 3.1% annual rate of change |
| Capital | Tegucigalpa (population of 1,126,534 in 2010) |
| Sex Ratio | At birth: 1.05 male(s)/female 0-14 years: 1.04 male(s)/female 15-24 years: 1.04 male(s)/female 25-54 years: 1.01 male(s)/female 55-64 years: 0.85 male(s)/female 65+ years: 0.79 male(s)/female Total population: 1.01 male(s)/female |
| Literacy (2011 est.) | Definition: age 15 and over can read and write Total population: 85.1% |
| Child Labor (2002 est.) | Definition: children ages 5-14 working Total number: 280,809 Percentage: 16% |

Health Conditions in Honduras

Health statistics are not completely reliable for Honduras; nonetheless, the following information illustrates the health and socioeconomic challenges in Honduras. Country-level statistics often hide the poor conditions of regions like Intibucá.

Basic Health Statistics

(2011/2012 Demographic and Health Survey; dhsprogram.com)

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|--|--|
| Health Insurance | Male: 84% uninsured Female: 90% uninsured |
| Health Expenditures* (2009) | 9.1% of gross domestic product |
| Physician Density* (2005) | 0.372 physicians/1,000 population |
| Hospital Bed Density* (2011) | 0.7 beds/1,000 population |
| Life Expectancy at Birth* (2013 est.) | Total population: 70.81 years Male: 69.14 years Female: 72.56 years |
| Major Infectious Diseases* (2013) | Degree of risk: high Food or waterborne diseases: bacterial diarrhea, hepatitis A, and typhoid fever Vector borne diseases: dengue fever, malaria |
| Average Number of Children per Woman | Urban: 2.5 Rural: 3.3 Intibucá: 3.6** |
| Adolescents (age 15-19) with Children or Pregnant | Total: 24% Intibucá: 25%** With no education: 46% With secondary education: 16% |
| Married Women Using Family Planning | Total: 64% Intibucá: 57% Unmet need for family planning: 11% |
| Births Attended by Professionals | Total: 83% Intibucá: 67% |
| Neonatal Mortality (<1 month) | Total: 18 deaths/ 1000 births Intibucá: 21 deaths/ 1000 births |

| | |
|---|---|
| Infant Mortality (<1 year) | Total: 24 deaths/ 1000 births Intibucá: 30 deaths/ 1000 births |
| Child Mortality (<5yrs) | Total: 29 deaths/ 1000 births Intibucá: 39 deaths/ 1000 births |
| Maternal Mortality (2010) | Total: 100 deaths/100,000 live births |
| Chronic Undernutrition (height for age) | Total: 23% Intibucá: 48%** |
| Anemia (children under 5 yrs) | Total: 29% Intibucá: 37% |
| Overweight & Obesity (women 15-49) | 51% (of which 22% are obese) |

*CIA World Factbook **Rates comparable to or significantly worse than Haiti (DHS 2012)

After Your Visit

We sincerely hope that your experience with STS in Honduras has been as fulfilling for you as it undoubtedly was for the people you served in our communities. We appreciate your generous commitment of service.

You are encouraged to send us any photographs taken during your time in Honduras as well as stories of good experiences. With your permission these will be used for communications with our supporters via our monthly newsletter and website.

Send all reports, stories and photos to Laura Manship: paulandlaura@shouldertoshoulder.org

Staying Involved

We also encourage you to stay involved with Shoulder to Shoulder:

- ✓ Visit our website for regular updates and information at: www.shouldertoshoulder.org
- ✓ Subscribe to our newsletter at [StS Newsletter](#)
- ✓ "Like" us on [Facebook](#)
- ✓ Submit stories and photos about your experience at paulandlaura@shouldertoshoulder.org
- ✓ Share your experience with your friends and family and encourage them to learn more about the organization.
- ✓ Make a small donation to support the organization:
http://shouldertoshoulder.org/?page_id=833
- ✓ Commit to a long term volunteer opportunity (http://shouldertoshoulder.org/?page_id=976)
- ✓ For more long-term involvement, inquire about joining the advisory board.

