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PROPONTE MÁS

Quarterly Performance and Financial Report July-September, 2017

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Quarterly Performance and Financial Report

July – September 2017

SUBMITTED BY:



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ABREVIATIONS

ASU	Arizona State University
CAH	Casa Alianza Honduras
CASM	Mennonite Social Action Commission
CDA	Outreach Cente
CDH	Human Development Center
CDI	Comprehensive Development Center
CEAC	Curriculum and Evaluation Advisory Committee
CEPREV	Violence Prevention Center
CEPROSAF	Center for Health Promotion and Family Assistance
CESAL	Center for Studies and Solidarity with Latin America
COP	Chief of Party
COPSIH	Honduras Association of Psychologists
COR	Contracting Officer's Representative
CSO	Civil Society Organization
CTJJ	Juvenile Justice Technical Committee
DAI	Development Alternatives Inc.
DCOP	Deputy Chief of Party Executive Revenue Directorate
DINAF	Children, Adolescent and Family Directorate
FUNADEH	Honduras National Foundation for Development
FUNDAUNAH	National Autonomous University of Honduras Foundation
FSN	Family Support Network
GOH	Government of Honduras
IIS	Social Research Institute
INAMI	Institute for the Care of Child Offenders
JJTC	Juvenile Justice Technical Committee
LCE	La Ceiba
NGO	Non-Governmental Organization
OCs	Outreach Centers
PM	Proponte Más
RETE	Technicians' Association for Solidarity and International Cooperation
SEDIS	Social Development and Inclusion Secretariat
SET	Social Embeddedness Tool
SPS	San Pedro Sula
SVPA	Secondary Violence Prevention Activity
TGU	Tegucigalpa (Distrito Central)
UMA	University of Malaga
UNAH	National Autonomous University of Honduras
UNICAH	Catholic University of Honduras
USAID	United States Agency for International Development
USC	University of Southern California
YSET	Youth Service Eligibility Tool

1 SUMMARY OF ACHIEVEMENTS

This quarter included the culmination of treatment with a total of 536 families across the five target municipalities of Tegucigalpa, San Pedro Sula, Choloma, La Ceiba and Tela. Of these 536 families 446 received a twelve-months intervention cycle, and an additional 90 families received a six-months intervention cycle. The treatment group of 446 that completed twelve-months intervention was comprised of 365 families at a secondary level of risk, and 81 families at a tertiary level of risk.

Based on a one-year cycle of treatment

- The percentage of the 365 families that began at a secondary level of risk and reduced their risks to a primary level is 76.7%.
- The percentage of the 81 families that began at tertiary risk level and reduced their risk level from tertiary to primary level is 53.1%
- The percentage of families that showed improvement in horizontal family function after one year of treatment is 55.6%
- The percentage of families that showed improvement at a vertical level functioning after a one-year cycle of treatment is 60.1%

Based on a six-month cycle of treatment

- The percentage of the 90 families that began treatment at a secondary level of risk and reduced their risk to a primary level is 75.3%
- The percentage of the 90 families that began treatment at a tertiary level and reduced their risk level to primary is 49.3%
- The percentage of families that showed improvement at a horizontal level of family functioning after a six-month cycle of treatment is 64.4%
- The percentage of families that showed improvement at a vertical level after a six-month cycle of treatment is 53.3%

PM concluded the critically important Garifuna Family Pilot in which 39 families that were identified at a secondary and or tertiary level of risk received a one year of family systems treatment. This is a critically important initiative as it is the first time that a family systems intervention guided by an evidence based diagnostic has been applied to Garifuna families in Honduras.

Based on a one- year cycle of treatment

- The percentage of Garifuna families that began treatment at a secondary and or tertiary level of risk and reduced their risk to primary is 82.9%

To date, at a national level, the family counseling teams have conducted 1,331 YSET-I diagnostics, and will continue this process until the teams identify 500 eligible families that will go into a treatment group and 500 families that will go into a control group.

During this quarter all of the counselling teams were brought together for a week-long training to prepare for the second group of families. This training was focused on the development of a more systematic and uniformed approach to all of the components of the family systems intervention model. The training is critically important for two reasons: 1) It will allow PM to systematize the evidence informed family approach in a manner that can then be effectively duplicated by other implementers in a step by step process and; 2) It will allow for an evaluation that can attribute the risk factor reductions across the treatment population to the actual intervention by PM.

As part of the capacity building in the area of family systems theory and practice, PM continued moving forward the agenda defined by Result 3 of the project. This included:

- The Foundation of the National Autonomous University of Honduras and the Institute for Social Research completed the diploma in theory and practice of family systems aimed at family promoters and government and civil society organizations, with the completion of the diploma they graduated 59 promoters at the country level and 53 professionals in the 3 regions where the diploma was developed. As a part of the successful results of this experience, the Institute for Social Research (IIS) and Proponte Más (PM) are in conversations to replicate this program with a second cohort, an effort which would be financed by sources other than PM, but PM would continue to provide technical guidance for the implementation.
- UNICAH began the development of the master's program in Psychology with a diploma in family counseling that includes 10 professionals from the government and civil society with a full scholarship, 50 professionals from the PM project and 20 professionals who joined the result of the promotion carried out by University.
- As part of the strategy to reinforce GOH and OSC entities through the targeting of training efforts to emphasize a focus on family systems for the reduction of violence, training was provided during the month of August for the transfer of the Prevention and Intervention Family Systems Model (PIFSM) which is implemented by Proponte Más for government and civil society entities, implementers, and USAID personnel. A group of more than 30 persons participated in this first methodology, this includes personnel from INAMI, DINAF, the vice-ministry of prevention, the ministries of health and education, civil society organizations, implementers and USAID personnel.
- After completing the intervention process with the first round of families, all the counselling teams were brought together for a week-long training to prepare for the second group of families. This training was focused on the development of a more systematic and uniformed approach by the counselors in each of the five target municipalities. Based on field observations and informed by discussions with Arizona State University.
- During this period, we followed up on the different donations focused on the development of learning, research and knowledge transfer spaces from the PM approach.

During the month of August, ASU provided PM with a set of research validated questions to be added to the current YSET interview. The purpose of adding these validated questions is to gather additional data that can be used to further adapt the diagnostic process to the realities of the Honduras context. PM in collaboration with ASU established the protocols for the second phase of the evaluation's randomized treatment and control groups

As a part of the process of systematization of the secondary prevention experience, PM began its collaboration with Creative HQ, the Minuchin Academy and Senior Faculty member Jorge Colapinto. The result of this collaboration at the culmination of PM will be a secondary prevention manual.

This quarter PM completed the enhancement of the model fidelity data base that will generate more information that is quantifiable, and more useful in informing the ASU evaluation process. The features of the new data base include:

- The use of specific scales from the YSET & FACES to develop and track interventions.
- Increased functionality as a tool for clinical orientation.
- More capacity for quantification of counseling information.

This quarter, 59 family promoters completed a Diplomado in collaboration with PM and UNAH on Family Systems Theory and Practice applied in the context of violence prevention. It is expected that this theoretical orientation will enhance the promoter's ability to step back and assist families through an increasingly more objective lens.

In August, a mid-term review was carried out by PM on the grant implementation by grantee Casa Alianza of Honduras, resulting in recommendations for improving services for adolescents and their families. Technical changes have been made in the intervention process and negotiations are underway to modify the budget.

2 Performance by Result

Performance by Result 1

The last quarter marks the conclusion of the process of intervention with an overall population of 536 families that reside within the five target municipalities of Tegucigalpa, San Pedro Sula, Choloma, La Ceiba and Tela. Of the 536 families, 446 underwent a process of intervention for one year, while 90 families underwent a process of intervention for six months.

The one-year cycle of intervention is the treatment of choice when the family is able to incorporate the significant demands of time, and emotional investment in the therapeutic process. The one-year cycle of intervention is designed in the following manner:

- A YSET-I diagnostic that establishes a baseline of levels of risk based on nine scientifically derived risk factors is conducted with an index youth between 8-17 of age. This diagnostic identifies whether a youth is at a primary, secondary, and or tertiary level of risk based on the accumulation of four or more of the nine risk factors measured by the YSET. If the index youth is determined to be at a secondary, and or tertiary level of risk he/she will receive six months of family systems intervention. At the completion of the six months of intervention a YSET-R is conducted with the same index youth to determine reductions and/or in risk factors, the intervention is adjusted, and another six-month cycle of family systems intervention is applied. At the completion of 12 months of intervention a YSET-R1 is conducted with the same index youth and the intervention is considered to have been completed. The dosage of a one-year cycle of intervention is comprised of 2 family meetings per month for a total of 24 family meetings over the course of 12 months; one group activity per month with the index youth for a total of 12 group activities over the course of 12 months and; one individual meeting per month with the index youth. The 12-month cycle of intervention is designed to include 48 face to face contacts with each family.

The six-month process of intervention has emerged as the treatment of choice under the following conditions: the families are unable to make a longer-term commitment to the treatment because of other basic family commitments and schedules and/or; there are extenuating circumstances that impact the mobilization of a counseling team into a remote community. While the six-month cycle of treatment is shorter, it requires the same dosage of 48 face to face contacts, over a six-month period. This is referred to as a “double dosage” process. The six-month cycle of intervention is designed in the following manner:

- A YSET-I diagnostic that establishes a baseline of levels of risk based on nine scientifically derived risk factors is conducted with an index youth between 8-17 of age. This diagnostic identifies whether a youth is at a primary, secondary, and or tertiary level of risk based on the accumulation of four or more of the nine risk factors measured by the YSET. If the index youth is determined to be at a secondary, and or tertiary level of risk he/she will receive six months of family systems intervention. At the completion of the six months of intervention a YSET-R is conducted with the same index youth to determine reductions and/or in risk factors. At this point the intervention is considered to have been completed.

This section of the report will present the following changes:

- The quantitative evidence that documents the changes in levels of risk documented by the YSET-R & YSET-R1 process. This illustrates the percentage of the 446 families with an index youth at a secondary and/or tertiary level of risk that received intervention for a one-year period and consequently reduced risk factors to less than four.
- The quantitative evidence that documents the changes in levels of risk documented by the YSET-R process. This illustrates the percentage of the 90 families with an index youth at a secondary and/or tertiary level of risk that received intervention for a six-month period and consequently reduced risk factors to less than four.
- The quantitative evidence that documents the changes in level of functioning at the level of the horizontal family structure and the vertical family structure. This will include a comparison between families that received intervention for six months and those that received intervention for a year.
- The qualitative observations of the changes in individual behaviors and family dynamics per the observations of the family counselors.

2.1 Result 1: Increased Number of At-Risk Youth Receiving Secondary Prevention Services in Target Locations

One Year Intervention: At a national level, a total of 446 families received a one-year cycle of intervention. Of these, 365 were categorized at a secondary level of risk, and 81 at a tertiary level of risk. The following table shows the distribution of families that completed a one-year cycle of intervention by city and by levels of risk.

Table 1: Distribution of Target Population During Year 1

DISTRIBUTION OF TARGET POPULATION DURING YEAR 1			
CITY	SECONDARY LEVEL	TERTIARY LEVEL	TOTALS
TEGUCIGALPA	92	24	116
SAN PEDRO SULA	104	22	126
CHOLOMA	74	16	90
TELA	33	7	40
LA CEIBA	62	12	74
TOTAL	365	81	446

The tables below show the changes in risk category for the secondary and tertiary treatment population at a national level as a result of a one year of intervention:

Secondary Population: Based on the YSET-R1 diagnostic, out of the 365 secondary risk level families; 280 (76.7%) moved to the primary level. This means that 76.7% of the overall treatment population reduced risk factors below four, thus making them scientifically not at risk of gang joining. Of the 365 secondary risk level families 64 (17.5%) remained at the secondary level of risk, meaning at four or above risk factors. There were 21 youth (5.8%) that reported delinquent behaviors associated with group identity that changed their risk level from secondary to tertiary.

Tertiary Population: The results from the YSET-R1 demonstrates that out of 81 families at a tertiary level of risk, 43 (53.1%) moved to the primary level, 23 families (28.4%) moved to the secondary level, and 15 families (18.5%) remained at the tertiary level.

Table 2: Country Results of Risk Levels After Yset-R1

COUNTRY RESULTS OF RISK LEVELS AFTER YSET-R1				
INITIAL RISK LEVELS (YSET-I)	Number of Families	Risk Levels Following One Year of Intervention		
		Primary	Secondary	Tertiary
SECONDARY	365	280	64	21
TERTIARY	81	43	23	15

The changes in risk levels among families reported, while impressive and certainly encouraging should be viewed with caution due to the fact that; 1) At this time there is no control group to compare the results, 2) Statistically there may be a Regression To The Mean¹, and 3) the maturation of participants a part of the normal biological process which is not necessarily in line with the intervention carried out.

Impact on Family Systems Functioning: National Level (N=536)

The theory of change of PM posits that by intervening at the level of the family system, individual risk factors are reduced. Historically the impact of the family systems intervention of PM has been measured exclusively by quantitative reductions in risk factors in the individual index youth. Over the last quarter, for the first time since the inception of the project, PM began the process of using additional quantitative data to measure the impact of the intervention on levels of family systems functioning. This is a critical step towards being able to establish more definitely that it is the family systems intervention that is directly causing the reduction in individual risk factors. In other words, PM has the mandate to prove that there are reductions in individual risk factors as well as positive changes at the family systems level.

¹ Regression Toward the Mean is a technical term which designates the phenomenon by which things tend to equal out from the extremes; if the variable (YSET-R) is extreme in the first re-evaluation, it will tend to move closer to the mean in the second re-evaluation (YSET R1).

In order to document changes at the family systems level, the PM technical staff conducted data analysis using YSET-R1 data from the horizontal, and vertical family scales. The horizontal scales are used to track the functional and dysfunctional interaction between those members of the family that live together and/or are in daily contact. The horizontal family functioning includes areas like supervision, family rules, accountability, and communications. The vertical family scales are used to measure activities related to the family's ability to build emotional assets by identifying strengths across generations through family history, myths, rituals, and even recipes. Counselors use the horizontal strategies to strengthen the family's problem-solving capacity with challenges of basic daily organization. The vertical strategies are used by family counselors to develop more cohesion across generations and promote a more positive narrative about the history of the family. The process of strengthening both the horizontal, and vertical dimensions of participant families is equally important to achieving the goals of risk factor reduction and changes in family structure.

The following graph demonstrates the percentage of families that were identified by the YSET-R1 process as reporting positive improvements in the horizontal family level functioning. The graph presents a comparison between the 446 families that received treatment for 12 months and the 90 families that received treatment for 6 months. As the graph indicates 55.6% of the families that received treatment for 12 months improved horizontal family level functioning. At the same time 64.4% of the families that received treatment for 6 months improved horizontal family level functioning. There are two reasons why it is important not to assume, based on these numbers, that the 6-month intervention is inherently more effective; 1) The sample of families (446) that received treatment for 12 months is larger than the sample (90) that received treatment for six months; 2) it is assumed that changes over the first six months of intervention may be less stable. However, one assumption that can be made is that it is possible to create impact in six months in cases in which program conditions or family unavailability is a factor.

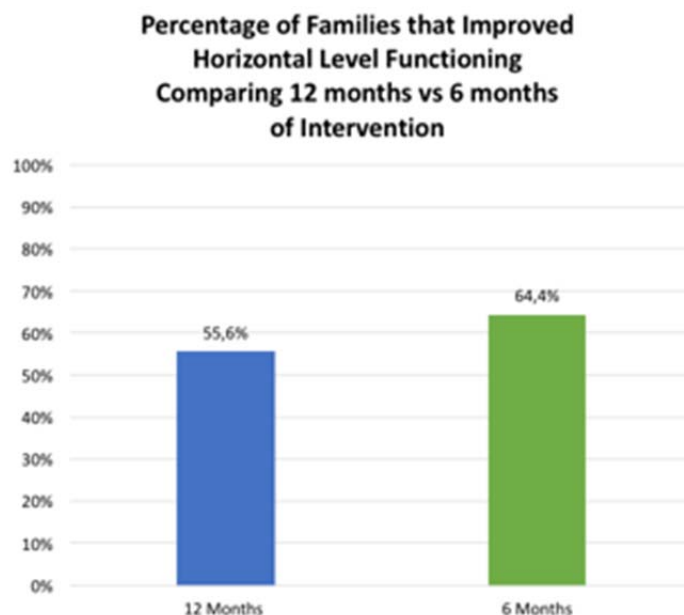


Figure 1: Percentage of Families that improved Horizontal Level Functioning Comparing 12 months vr 6 Months of Intervention

The following graph shows the impact on the vertical level functioning in the treatment group of 446 families that received intervention for 12 months and the 90 families that received intervention for 6 months. As the graph indicates out of the 446 families that received treatment for 12 months 60.1% improved vertical family level function. At the same time out of the 90 families that received treatment for 6 months 53.3% improved the vertical level functioning. This graph affirms the notion that as a rule changes at a vertical family level take longer to achieve that changes at a horizontal level. This becomes a critically important consideration as PM moves towards the adaptation of this intervention to another context in which the program may require an intervention for only six months such as youth with alternative measures.

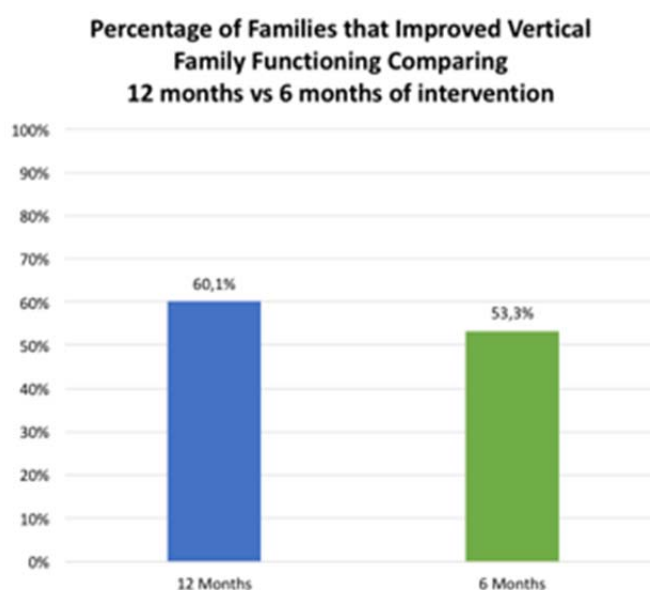


Figure 2: Percentage of Families that improved Vertical Family Functioning Comparing 12 months vr 6 months of intervention

The following graph shows the impact of the intervention on the horizontal dynamic of absence of consequences for breaking rules. This is the most frequently identified horizontal family dynamic by the YSET-I diagnostic among the overall treatment population across all five target municipalities in Honduras. The graph compares the impact on this family dynamic between the treatment group of 446 families that received 12 months of intervention and the 90 families that received 6 months of intervention. The blue line represents the YSET-I (baseline), the orange line represents the reevaluation at either a year or six months of treatment. The green line represents the percentage improvement in this dynamic. As the graph indicates there was a 22.4% improvement among the 446 families that received treatment for 12 months and an 18.2% improvement among those that received treatment for 6 months.

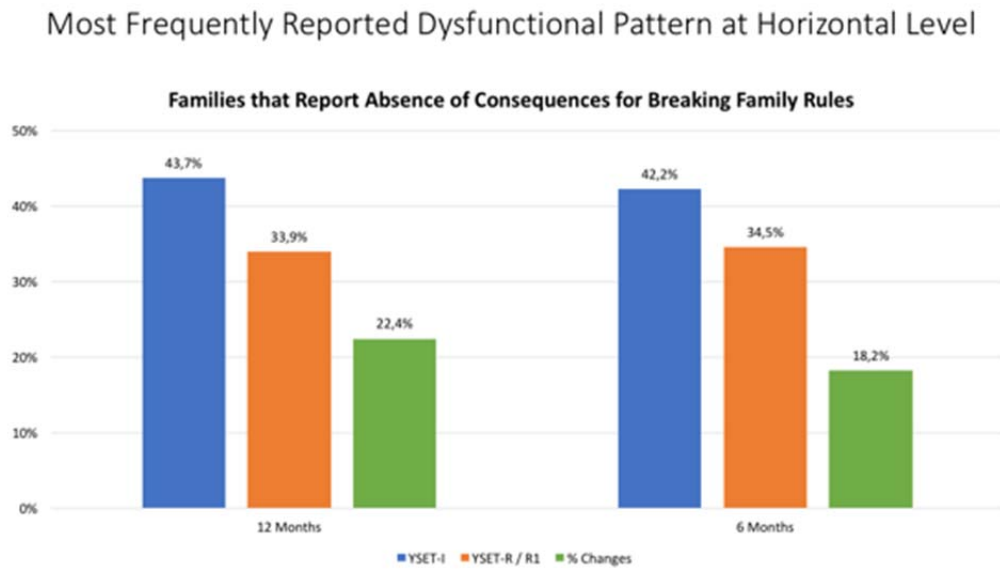


Figure 3: Most Frequently Reported Dysfunctional Pattern at Horizontal Level

The following graph shows the impact of the intervention on the vertical family activity of getting together to look at and discuss pictures or photos of older family members. This is the most frequently identified missing vertical family activity among the treatment population across the five target municipalities of Honduras. This activity is a central component of the intervention used by counselors in which families are asked to collect photographs and set aside time to discuss family history. This activity is a critical step in the process of building emotional assets and cohesion across multiple generations. The graph compares the impact on this family dynamic between the treatment group of 446 families that received 12 months of intervention and the 90 families that received 6 months of intervention. The blue line represents the YSET-I (baseline), the orange line represents the reevaluation at either a year or six months of treatment. The green line represents the percentage improvement in this dynamic. As the graph indicates there was a 20.4% improvement among the 446 families that received treatment for 12 months and a 7.3% improvement among those that received treatment for 6 months.

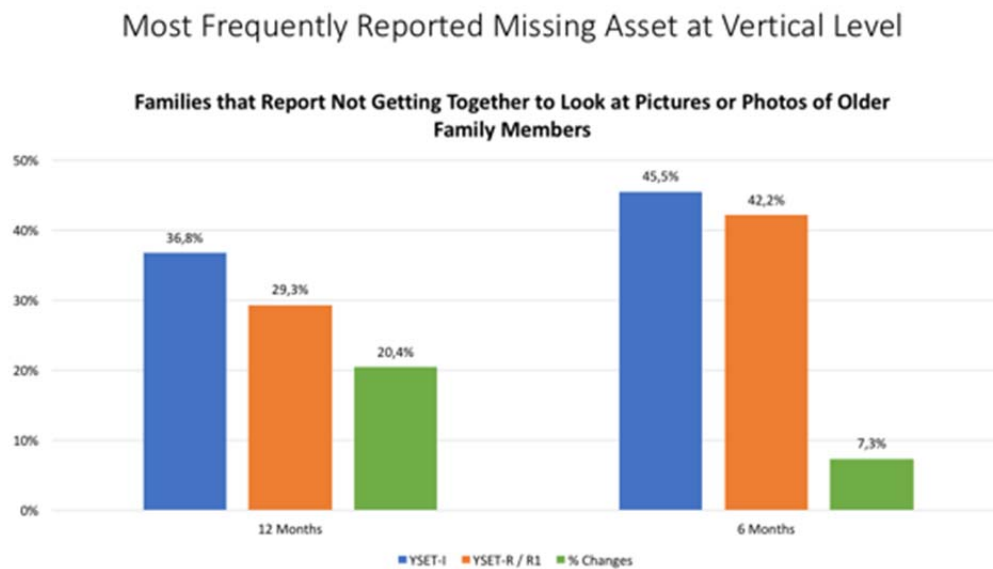


Figure 4: Most Frequently Reported Missing Asset at Vertical Level

Conclusions

The data from the horizontal and vertical family scales confirm that the intervention creates changes in these areas of family functioning. Equally as important, the data also validates the technical adjustment made in the model fidelity data base which will direct counselors to spend almost an entire cycle with a more intentional set of interventions designed to improve these two-family dynamics. In addition, this type of analysis will be useful as PM looks to adapt the model to the strategies other implementers.

Adjustments to the Intervention Informed by the Analysis of Risk Factors

This past quarter the PM technical team conducted data analysis on risk factor reduction, and reviewed lessons learned by the various counselling teams across the five target municipalities. As a result, PM will make programmatic adjustments aimed at improving the effectiveness of the intervention with the next cadre of 500 families. These adjustments are part of the PM commitment to continued review, adaptation, and development of the secondary and tertiary family systems approach in Honduras.

Identified Problem A: Based on 2017 YSET-R1 data analysis, a common challenge in the treatment population across all three offices is that peer based risk factors such as *Negative Peer Influence*, *Peer Delinquency*, and *Delinquency Associated with Substance Abuse* have proven to be the most difficult to reduce.

Proposed Solution: In order to more effectively impact peer based risk factors PM has made a significant technical adjustment to the implementation of group activities. The purpose of group activities for the counselors to be able to observe and impact behaviors in the context of a peer group. The group activities are designed in a manner that require that group participants learn to problem

solve more effectively in the context of activities (games) that create a certain amount of peer pressure to follow or to break rules. The technical adjustments to group activities will include:

- All group activities will be comprised of a maximum of 10 participants, with each activity lasting three hours. Previously the composition of a group did not have a uniformed number of participants, thus making hard to: a) establish a consistent peer group identity, b) establish a consistent therapeutic environment with the same group members each meeting.
- The model calls for one group activity per month, which in the course of a 12-month intervention there are a total of 12 group activities. There will be six activities (games) that will be used by all counselling teams across the country and each activity will be repeated twice.
- The group activity(game) will be conducted a first time and that will serve as a way for the counselor to observe how the groups goes about problem solving using as a frame of reference the scales or behaviors associated with Negative Peer Influence, Impulsive Risk Taking, Neutralization of Guilt, and Code of the Streets. After the first round of the activity is completed the counselor creates a group challenge in which members are asked to arrive at consensus. This process creates a certain amount of peer pressure and the counselor observes how the group responds. Based on that observation of the group's problem-solving dynamics, the counselor will assign the group an alternate way of problem solving (a new solution). Each group member will go home and rehearse mentally that alternate way of problem solving without implementing it. This mental rehearsal is something borrowed from cognitive behavioral approaches.
- The same group activity will be carried out at the next group meeting and the group members will be asked to implement the new solutions that they have been rehearsing mentally since the last meeting.
- The interventions by the counselors during the group activity will be directed at the group as a system rather than at individual members. This aligns the group activity with the overall theory of change of the model which looks at the most effective way of changing behaviors is to do so in the context in which they take place.

This technical adjustment in the group activities across all of the counseling teams at a national level is designed to target in a more intentional way the behaviors associated with the peer based risk factors that have been more difficult to reduce. The challenges to impacting dysfunctional behaviors in the peer context is an inherent challenge not just for PM, but for all prevention programs. When a youth is in a natural peer context on a street corner in a neighborhood characterized by delinquency and the youth is experiencing significant peer pressure to break rules, the program is rarely able to intervene at that exact moment. PM looks to creates a “controlled peer environment” in which participants can test out alternative ways of responding to negative peer pressure.

Identified Problem B: Two of the three regional offices identified challenges in reducing the risk factor Weak Parental Supervision and Family Gang Influence. PM defines parental supervision as a “team approach” that is must effective when it involves primarily members of the horizontal meaning those members that live together. The interventions used by PM to improve parental supervision are usually very concrete behavioral techniques such as marking positive consequences for following rules, or

negative consequences for breaking rules. Family gang influence is a risk factor that is comprised primarily of the perceptions of family members that an index youth will likely become a gang member. These perceptions are often reinforced by experiences embedded in the vertical family structure, meaning the things that are transmitted from one generation of the family to another.

Proposed Solutions: The newly designed model fidelity data base will guide all family counselling teams to spend most of the first cycle of intervention focused intentionally on two sets of family dynamics; a) the strengthening of positive consequences for following family rules, and the establishment of appropriate negative consequences for breaking rules; b) the collection of positive information about family history such as photographs and stories coupled with the discussion about that information between family members. The absence of consequences and the absence of collecting family history and sitting down to discuss it has been identified as the two most often reported family dynamics among the overall treatment population. It is expected that by focusing more intentionally on these two aspects of family functioning the risk factors of parental supervision and family gang influence will be more effectively impacted.

2.1.1. Result 1 / Tegucigalpa: Increased Number of At-Risk Youth Receiving Secondary Prevention Services in Target Locations.

Intervention Process Cycle II - Tegucigalpa

During this reporting period, Tegucigalpa continued to implement the secondary prevention model with 125 families.

- The second cycle of intervention began with 101 families at a secondary level of risk. Of these, 92 received one year of intervention, 2 families received 6 months, 5 families withdrew before the end of the Cycle, and 2 culminated the cycle but did not receive YSET -R1 because the families were not available.
- In relation to families at a tertiary level of risk, cycle two started with 24 families and they all completed a one-year process of intervention.

The tables show the development of the intervention during cycle 2, the first table shows the secondary and tertiary families that completed 12 months of intervention and the second table shows the secondary families that completed 6 months of intervention.

Table 3: Tegucigalpa - DEVELOPMENT of Cycle 2 Families Completed One Year Intervention

	Tegucigalpa - DEVELOPMENT of Cycle 2 Families Completed One Year Intervention											
Risk level	START	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonment after YSET_R1 applied	END
Secondary	99	0	0	0	0	0	0	94	7	92	0	92
Tertiary	24	0	0	0	0	0	0	24	0	24	0	24
Total	123	0	0	0	0	0	0	118	5	116	0	0

Table 4: Tegucigalpa - DEVELOPMENT of Cycle 2 Families 6-month intervention

	Tegucigalpa - DEVELOPMENT of Cycle 2 Families 6-month intervention											
Risk level	START	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonment after YSET_R1 applied	END
Secondary	2	0	0	0	0	0	0	2	0	2	0	2
Tertiary	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	0	0	0	0	0	0	2	0	2	0	0

Cycle II Data Analysis

YSET results for Tegucigalpa (Secondary and Tertiary combined) are as follows:

- As described in the previous section, for this analysis were included only 116 (92 secondary and 24 tertiary) families
- 114 families that started and completed one year of intervention had 4 or more risk factors, of these families the 62.3% (71 families: 59 secondary level and 12 at the tertiary level) reduced level of risk to below 4 risk factors
- Out of the total number of families in intervention at the tertiary level, 2 young people maintained the tertiary level of risk.

The table below shows the changes in risk category in the combined secondary and tertiary treatment population in Tegucigalpa. Of the 114 families in the overall treatment population of Tegucigalpa that completed a 12-month intervention cycle 71 families or 62.3% of the overall treatment population reduced risk factors below 4. This means that scientifically this group of 71 youth are not at this point at the highest risk of gang joining, making the family systems treatment successful with 62.3% of the overall treatment population. At the same time the graph illustrates that 43 youth (37.7%) remained at the threshold level of four or more risk factors.

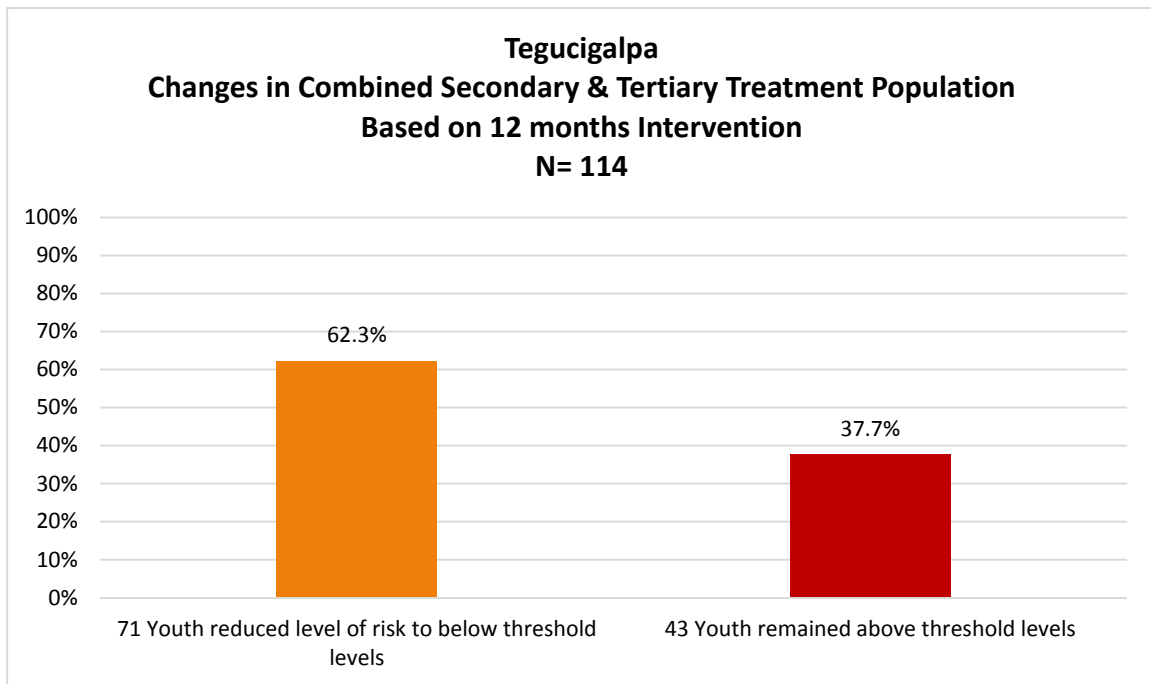
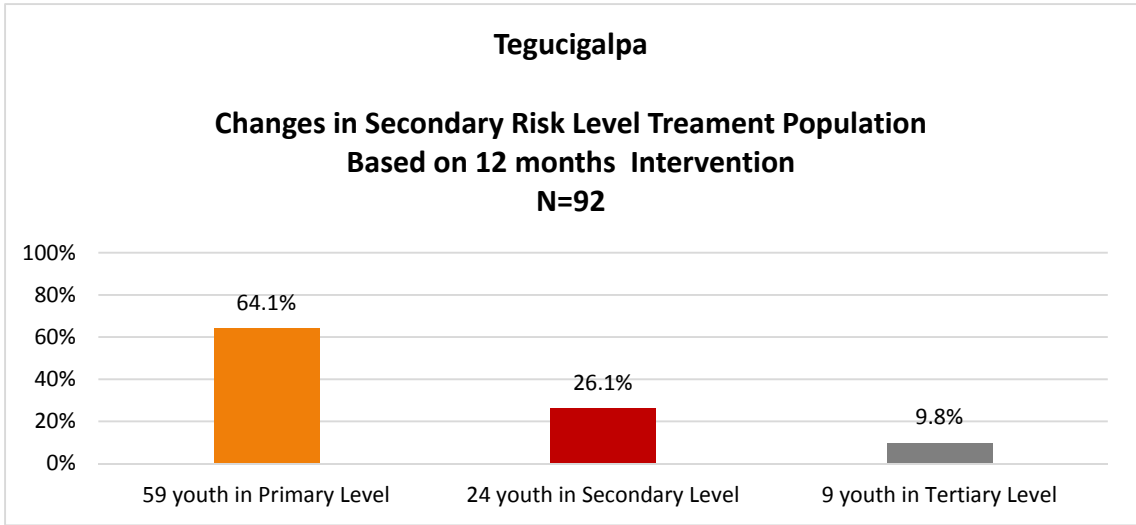


Figure 5: Changes in Combined Secondary & Tertiary Treatment Population

The graph below illustrates the changes in the secondary treatment population in Tegucigalpa in relation to changes in risk category. The table shows that out of the secondary risk level population of 92 families



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64.1% or 59 families reduced their risk level below the cut point of 4 risk factors, meaning treatment was successful with 64.1% of the secondary population. At the same time 24 youth or 26.1% of the secondary treatment population remained at the secondary level of risk. Of this population 9 youth or 9.8% of the overall secondary treatment population showed risk behaviors that pushed them into the category of tertiary level of risk. Figure 6 : Changes in Secondary Risk Level Treatment Population

The graph below shows that out of a total of 24 youth at the tertiary level of risk 12 youth reduced their risk's level to the primary level. This means that treatment was successful with 50% of the families at the tertiary level of risk that completed a one-year intervention cycle. This demonstrates that these participants that started at a tertiary level are now at a manageable primary level of risk. in the one-year family systems intervention. At the same time, out of the 12 youth, 8 reduced their tertiary risk level to secondary. This indicates that 33.3% of the tertiary treatment population reduced their serious criminal behaviors but are still considered at “the highest risk of gang involvement”. Out of the 24 youth that received the one-year family systems intervention 4 remained at the tertiary level of risk, demonstrating that 16.7% of the tertiary treatment population did not improve.

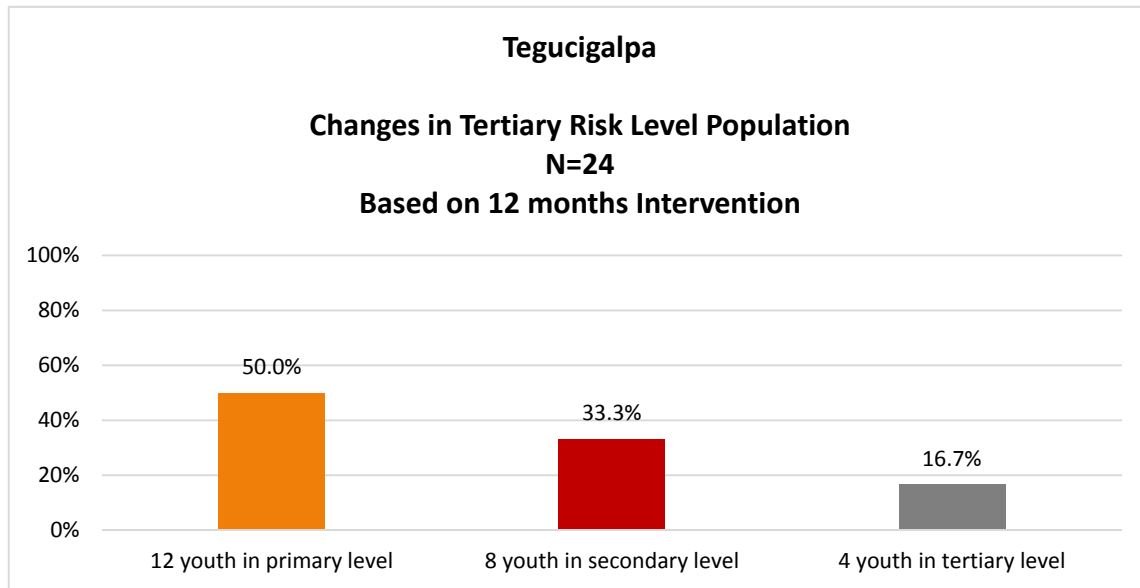


Figure 7: Changes in Tertiary Risk Level Population based on 12 months intervention

Achievements, findings, experiences or individual situations - Intervention Cycle 2

- A common challenge for the counselors on the Tegucigalpa team, especially those that have joined the team most recently, is that each family is facing a complex set of contextual risk factors that can include challenges of a psycho social, financial, security, housing, and underemployment nature. The “help” offered by the counselors often feels like a simple solution to a much more complex problem. This quarter, counselors have learned to be more consistent and stay focused on the simple solutions and trust the process that the family takes in implementing and finding usefulness and strength in the simple solutions.
- Specific interventions directed at strengthening the collaboration between family members can be a vehicle for the family to take action at a community level. During phase 5 families are directed at developing concrete activities that involve engage family members in building something together which leads to a concrete outcome. During phase 5 one of the families opted to create a micro enterprise designed to sell used clothing. In the structure of the microenterprise each family member had a particular role. The activity served to push the family to work together, but it has become a modest income generating venture for the family.
- For new counselors on the team, this quarter was marked by the insight that their role is characterized by having to prioritize a steady set of challenges presented to them by the family, and that families will test their authenticity and commitment to their role.
- This quarter also allowed many of the counselors to see multigenerational theory evolved in the field of practice. By intentionally involving additional family members in the helping process, counselors were able to witness the powerful family cohesion created by such intervention. For many of the counselors, the vertical strategy has become an important tool in solidifying and maintaining the gains made by the family.

Clinical Guidance

During this phase, the Clinical Guidance from the Central District concentrated on:

- The clinical guidance focused on preparing new team members on the theoretical and practical aspects of family systems theory. Counselors that joined in May, 2017 received intensive training sessions, while the more seasoned counselors used that process as reinforcement. Clinical guidance emphasized the process of consistency and intentionality in building interventions.
- Live clinical guidance was offered by accompanying counselors on field visits and providing feedback based on field observations. Emphasis was given to having counselors develop their ability to help families identify alternative solutions to dysfunctional repetitive patterns in which families get stuck “applying the same solution and expecting a different result”.
- Clinical guidance was provided to help counselors develop nodal interventions. This refers to intervention that address both horizontal and vertical problems. A basic example of a nodal intervention is when a family is instructed to meet at a particular time of the night to discuss multi generational information. This time of the night is also a strategically chosen time in which the index youth might habitually disappear with his negative peers. This simple nodal intervention is designed to strengthen supervision at the horizontal level, while building cohesion at a vertical level.

Preparation for the second group of families for intervention.

As part of the process to identify the second group of families, an analysis was developed that included potential solutions to challenges experienced with the first group of families, such as time management. In addition emphasis was given to the need for uniformity in the use of interventions as well and the direct practice implications of a fully experimental evaluation design. Based on these goals the following activities were implemented:

- a. Re distribution of personnel in establishing different strategy teams that were more intentional in matching complimentary skill sets among the counselors. In addition, each strategy team was assigned to a specific geographic location according to the distribution of the different police districts referred to as UMEPs.
- b. Recognition of these areas through identifying neighborhoods assigned to each UMEP in order to concentrate on fewer neighborhoods and more families within each neighborhood.
- c. Awareness building with USAID’s implementing partners for recognition of the work that PM carries out and how these partners and PM can develop actions that allow a greater outreach in order to identify potential families to become beneficiaries of the program.
- d. Identification of formal entities that are working within those same communities and who are known by the counselors either informally or formally, such as colleagues, people they know, relatives, etc., in order to be able to enter spaces that permit the development of referrals.
- e. Use of informal sources such as Family Promoters from the support networks, professionals who have benefited from the seminars imparted by PM, community leaders, and informal organizations that recognize the work of Proponte Más. This activity has facilitated entry into communities, schools, health clinics, etc.

- f. Development of plans for each strategy team that includes specific strategies for each UMEP regarding the entry points for awareness building, linkages, access, recognition for obtaining referrals, and families to offer them the benefit of the family counseling being provided.

In defining the communities that were proposed to USAID within the Central District, we used the geographic delimitation used by the Mission for the municipality, and as a strategy we defined 4 areas/zones as determined by the 4 UMEPs prioritized by the Mission in Tegucigalpa (Annex 1). At the same time, the technical team developed a quantitative analysis at program and fidelity level, first to determine the number of eligible cases per municipality and second, projecting the quantity of survey tools required in each municipality in order to achieve the eligibility goal. To date the team has begun phase I of the second group of families, including the application of the YSET. The month of September will close with a group of referral sources identified in the different zones and listed in the list of referral sources shared with the different referral sources, including the application of the first YSET.

2.1.2.Result 1 / San Pedro Sula and Choloma: Increased Number of At-Risk Youth Receiving Secondary Prevention Services in Target Locations.

Intervention Process Cycle II-San Pedro Sula and Cycle II Phase Progression and Close Out.

During this past quarter, the San Pedro Sula regional office continued to implement its secondary prevention model with 222 families, 129 in San Pedro Sula and 93 in Choloma.

- 127 (98%) of the 129 cases in San Pedro Sula (105 Secondary and 22 Tertiary) completed a one-year cycle of intervention.
- The SPS team closed 2 cases in San Pedro Sula (1 at a secondary level of risk and 1 at a tertiary level of risk). The main reason for closing these cases was that both families were not motivated to remain active in the intervention process (See table below).

Table 5: San Pedro Sula - DEVELOPMENT of Cycle 2

	San Pedro Sula - DEVELOPMENT of Cycle 2											
Risk level	START	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonment after YSET_R1 applied	END
Secondary	106	0	0	0	0	0	0	105	1	105	0	105
Tertiary	23	0	0	0	0	0	0	22	1	22	0	22
Total	129	0	0	0	0	0	0	127	2	127	0	127

Cycle II Data Analysis

YSET results for San Pedro Sula (Secondary and Tertiary combined) are as follows:

- 126 of 127 cases (99%) were re-evaluated after receiving one year of services. The case that was not revalued was because the index youth moved to the United States the day before the scheduled YSET-R1.
- Of these 126 cases 101 (80.2%) reduced risk factors to below threshold levels, exhibiting three or less risk factors. This means that the group of 101 families are not scientifically at the highest risk of gang joining as a result of the 80.2% effectiveness of the one-year intervention.

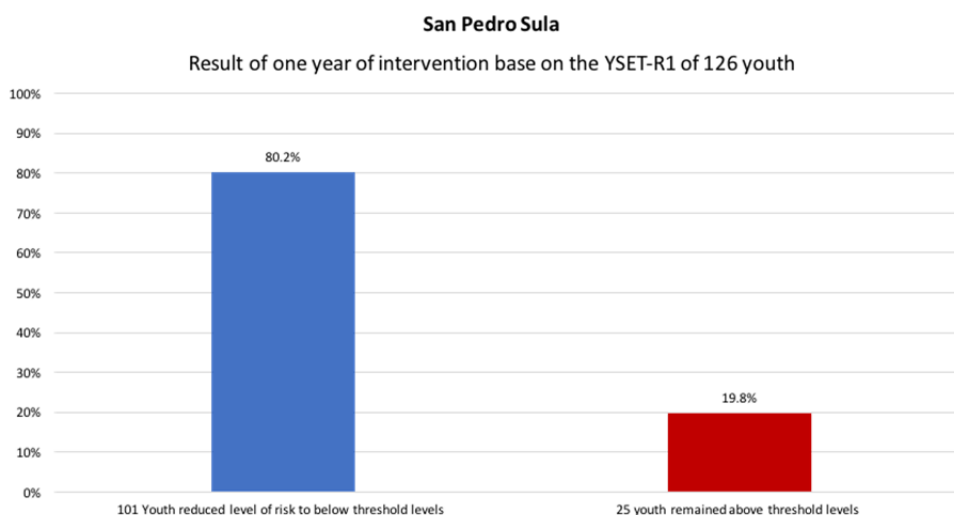


Figure 8: Result of one year of intervention base on the YSET-R1 of 126 youth

Secondary Risk Level Analysis Specific to San Pedro Sula:

- Of the 126 cases that were re-evaluated in San Pedro Sula, 104 cases (81.8%) were categorized at a secondary level of risk based on the YSET-I
- After 12 months of intervention, 86 secondary level cases (82.7%) reduced risk factors to below threshold levels, exhibiting only three or less risk factors (See table below)

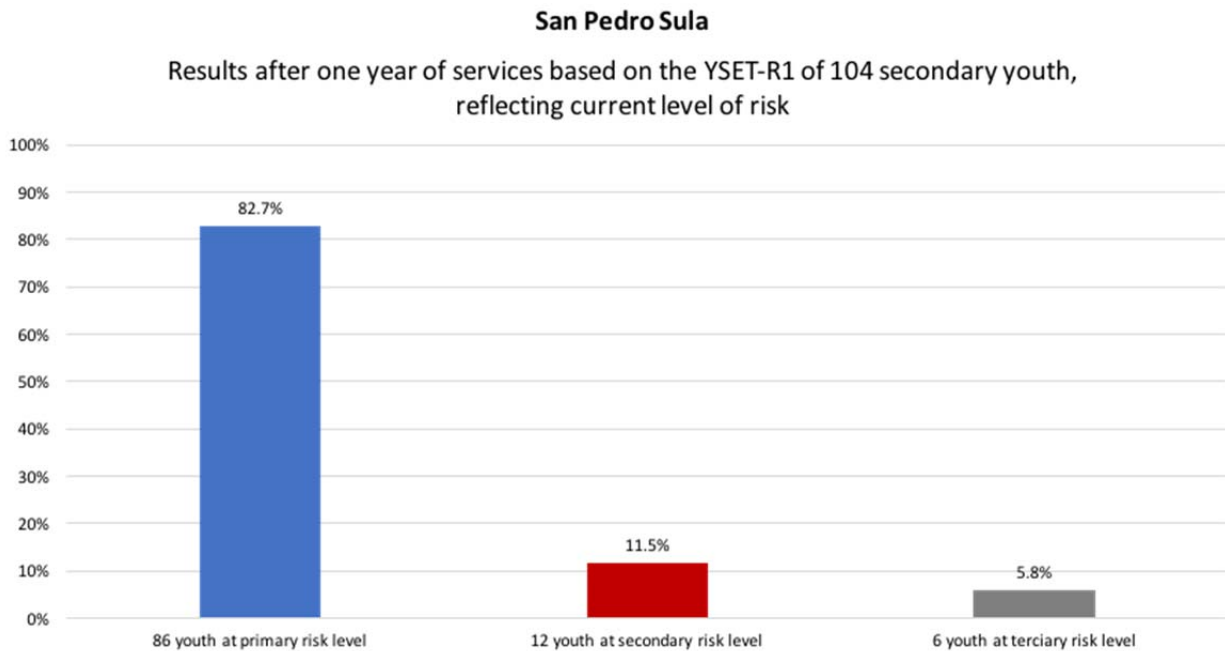


Figure 9: Results after one year of services based on the YSET-R1 of 104 secondary youth, reflecting current level of risk

Tertiary Risk Level Analysis:

- Of the 127 families, 22 families (17.3%) were found to be at a tertiary level of risk at the outset of the intervention.
- After one year of receiving services 10 families (45.5%) reduced risk factors to below threshold levels, exhibiting only three or less risk factors (See table below).

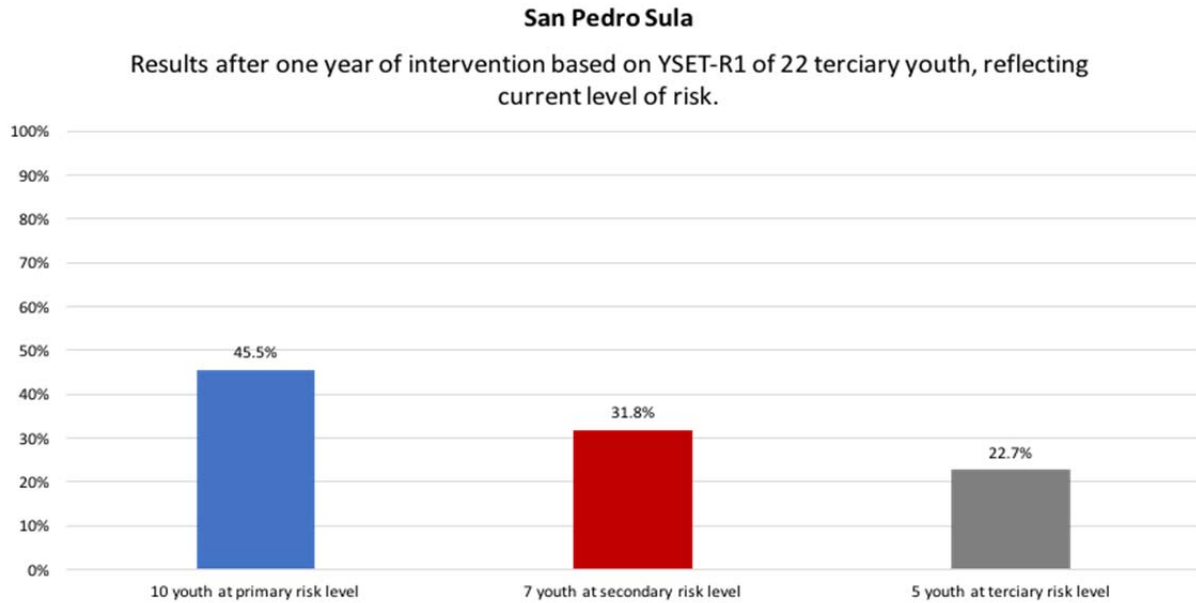


Figure 10: Results after one year of intervention based on YSET-R1 of 22 tertiary youth, reflecting current level of risk

Intervention Process Cycle II-Choloma and Cycle II Phase Progression and Close Out.

During this reporting period, the San Pedro Sula regional office continued to implement its secondary prevention model with 222 families, 129 in San Pedro Sula and 93 in Choloma.

- 89 (95.6%) of our 93 cases in Choloma (73 Secondary and 16 Tertiary) completed one year of intervention in our program.
- During this reporting period we closed 4 cases in Choloma (All 4 were at a secondary level of risk). The main reasons for closing these cases were as follows:
 - o 1 of our youth index passed away in an accident
 - o 1 migrated to the United States
 - o 2 others were not motivated to continue the intervention process.

Table 6: Choloma - DEVELOPMENT of Cycle 2

	Choloma - DEVELOPMENT of Cycle 2											
Risk level	START	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonment after YSET_R1 applied	END
Secondary	77	0	0	0	0	0	0	73	4	73	0	73
Tertiary	16	0	0	0	0	0	0	16	0	16	0	16
Total	93	0	0	3	12	47	28	89	4	89	0	89

Cycle II Data Analysis:

YSET results for Choloma (Secondary and Tertiary combined) are as follows:

- 90 of 93 cases (96.7%) were re-evaluated after receiving one year of services.
- Of these 90 cases, 71 cases (78.8%) reduced risk factors to below threshold levels, exhibiting only three or less risk factors

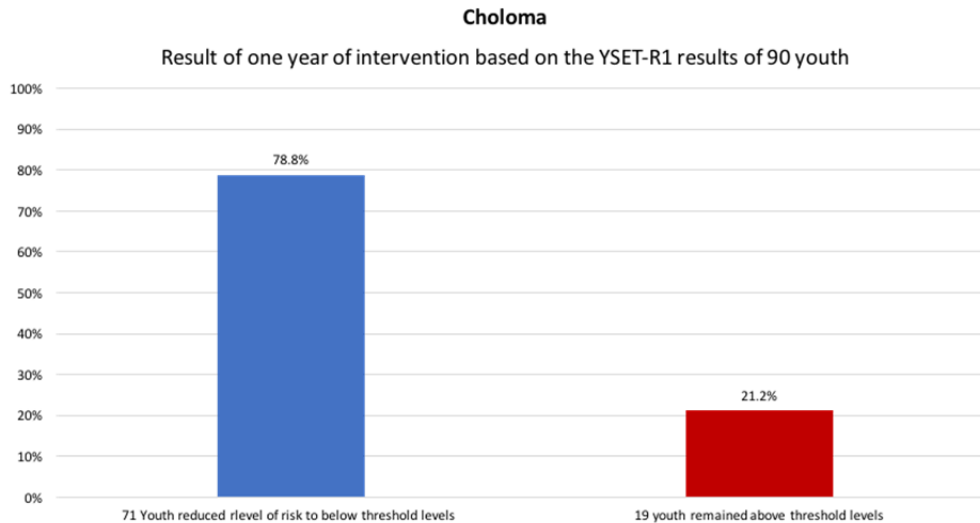


Figure 11: Result of One year of intervention based on the YSET-R1 results of 90 youth

Secondary Risk Level Analysis Specific to Choloma:

- Of the 93 cases in Proponte Mas in Choloma, 77 cases (82.7%) were found to be at a secondary level of risk at the outset of our efforts
- After one year of receiving services, 74 of those secondary level risk cases (96.1%) were re-evaluated and 62 of them (83.8%) reduced risk factors to below threshold levels, exhibiting only three or less risk factors (See table below).

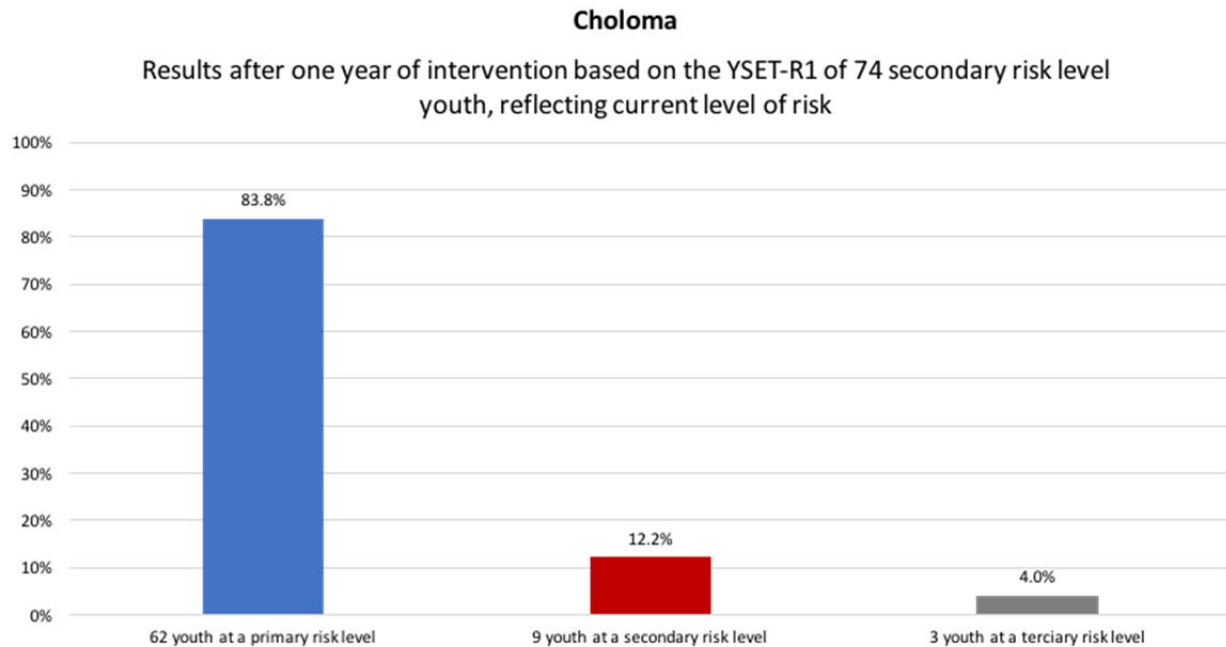


Figure 12: Results after one year of intervention based on the YSET-R1 of 74 secondary risk level youth, reflecting current level of risk

Tertiary Risk Level Analysis:

- Of the 93 cases in Proponte Mas in Choloma, 16 cases (17.2%) were found to be at a tertiary level of risk at the outset of our efforts.
- After one year of receiving services, 16 were re-evaluated and 9 of them (56.2%) reduced risk factors to below threshold levels, exhibiting only three or less risk factors (See table below).

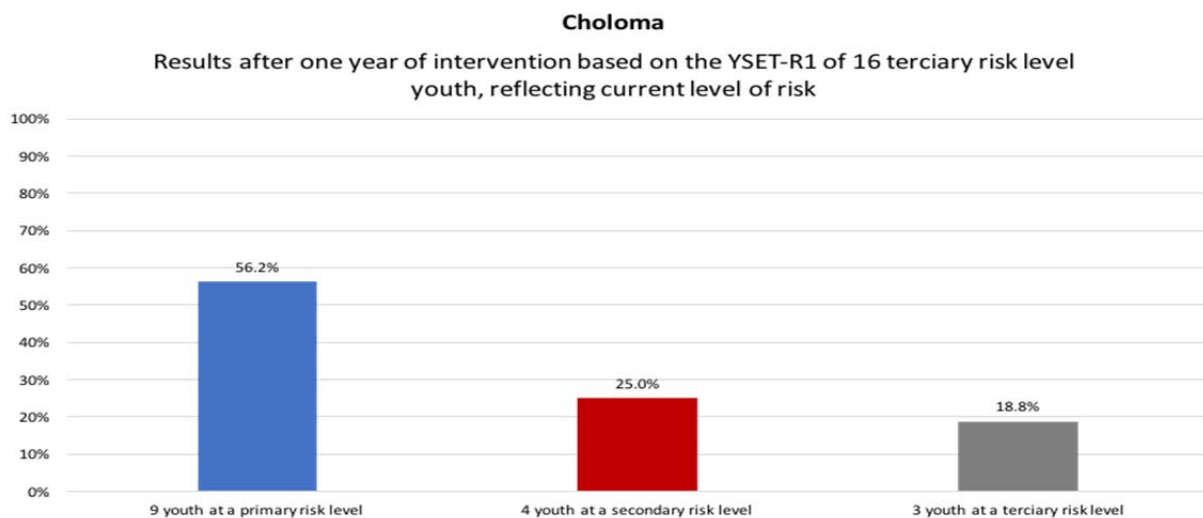


Figure 13: Results after one year of intervention based on the YSET-R1 of 16 terciary risk level youth

An overall review of the San Pedro Sula Regional Office risk factor reduction data from the first year's intervention yielded three interesting observations. Although many observations can be drawn from the data these were of particular interest because it can guide the interventions and the learning during the next cycle of families.

Lessons learned by counselors in the first year of implementation:

One of the biggest lessons learned by the counselors in the first year of implementation is the difference between impacting behaviors within a system versus impacting the accepted way of behaving within that system. This is what Paul Waltzlawick calls "primary level change" versus "secondary level change". When PM began the work with families we knew what it meant to de-individualize the work and to think systemically but the team hadn't shifted toward truly impacting relational interactions and instead mistook a change in the behavior of one or two people for a systemic shift within a family. We are much more intentional in analyzing and strategizing on how to achieve these "secondary level changes" and continually become bolder in our efforts to affect change in the families we serve.

Clinical Guidance:

Observations, findings, and successes from this reporting period:

- The SPS office developed and implemented a weekly training workshop series for staff on the six step intervention process which also connected theoretical concepts and readings to the daily implementation of each step and our service delivery model. The methodology for this fortification process varied from presentations, reading assignments, and discussions to role playing and other practical exercises. As part of this effort it was important to improve planning so that the items being reinforced in weekly training workshops paralleled the work in the field. The secondary prevention model naturally allows for this parallel as does the six-step intervention process so a week to two weeks of training was dedicated to each step of the six step process, making sure that the team connected that training to the service delivery model and coupled it with congruent reading material. This improvement resulted in more fruitful conversation and practical application of topics discussed into the counseling process with families. Furthermore, the team's level of theoretical understanding improved exponentially, as did their everyday work with families.
- The SPS office continued to develop a library of texts that align with the theoretical lens of Proponte Mas. These texts make up the theoretical material that will guide the ongoing development of our team's abilities.
- It will be important to structure clinical supervision processes to improve the abilities of individual counselors. The SPS emphasis in fortifying the use of strategy teams in the first round of interventions was successful but we need to ensure that certain members of the team don't fall behind and those who are stronger than others share their best practices so that the entire counseling team progresses in unison.

Particular situations:

- During the referral-collaboration process we observed that there are particular skills and abilities that can be fortified in order to ensure the success of this phase. The same way that a counselor implements specific techniques in later phases, they can begin to implement these techniques in phase one of the model. Co-participation is an excellent technique in phase one as it is in phase two, three, four and so on. SPS will emphasize this with the team so that interviews with referral sources, informed consent processes, and YSET interviews are strengthened. We want to keep emphasizing that rather than being exclusively administrative protocols, these conversations are integral to the secondary prevention model and lay the groundwork for future success with every family.

Preparation for the second round of intervention

SPS in Choloma is preparing by structuring clinical supervision in a way where time allocation allows for adequately addressing the logistical, practical, and technical needs of each strategy team. This will help ensure the highest level of fidelity to the prescribed dosage of clinical supervision. Of particular importance in this preparation is the development of a planning tool/document for counselors so that they are able to visualize their work by phase and by cycle of services. As part of the process for the identification of the second group of families, the focus on informal sector referrals and the links with the formal sector in the communities were broadened.

Coordination with other USAID Implementers San Pedro Sula:

- During this reporting period Proponte Mas partnered with FUNADEH/GENESIS and Community Leaders in Colonia Asentamientos Humanos in Rivera Hernandez to assist CDA Padre Claret to begin creating a support committee whose purpose would be as follows:
 - Serve as the body that assists the CDA in brainstorming, designing, implementing and publicizing new activities at the CDA.
 - Work beyond the CDA in service of the broader Asentamientos Humanos community by coordinating a community clean-up campaign that includes educational campaigns on Zika prevention.
 - Long term, the committee hopes to coordinate a Safe Passages program where community members and police partner to ensure the safety of children to and from Padre Claret School.

As part of our efforts, Proponte Mas has engaged Children International as an additional partner in the committee and will be inviting Honduras Convive to the table at USAID's suggestion so that we are all supporting this grassroots effort.

During this reporting period, Proponte Mas supported the efforts of the Comité Pro-Social de Rivera Hernandez in their Pongamosle Color Paz y Vida a la Rivera Hernandez event that took place on August

25, 2017. The event was a peace march and festival where schools, community leaders, churches, and other organizations stood together in promoting peace in this sector of San Pedro Sula. Proponte Mas provided food and beverages to event volunteers and used the event to promote our second round of services, calling on everyone involved to refer families to our program. Current recruitment numbers reflect a positive response from the Rivera Hernandez community. 899 families have been referred to Proponte Mas and are following up on next steps for each of them as part of the eligibility process.

Coordination with other USAID Implementers Choloma

During this reporting period Proponte Mas, COMVIDA and FUNADEH/GENESIS coordinated a public awareness workshop focused on informing the public about the 9 scientifically derived risk factors that place youth at highest vulnerability for becoming involved in criminal groups and/or activities. 60 youth leaders and coordinators from all the CDAs in Choloma attended the workshop. As a result of this effort all the CDAs in Choloma have referred 57 youth to Proponte Mas. We will be following up with all these referrals to determine their eligibility to our program.

Proponte Mas participated in the 2017 Construyamos La Paz youth forum whose objective was to analyze issues affecting the young people of Choloma, the risks that they face and providing behavioral alternatives in order to build a culture of peace. 200 people from all over Choloma attended the event. Proponte Mas presented on the 9 scientifically derived risk factors that place youth at highest vulnerability for becoming involved in criminal groups and/or activities. The presentation emphasized the connection of the risk factors to substance abuse in youth and the impact of drug abuse on the family and community contexts. Our hope for this effort was to better educate the community in relation to Proponte Mas' target population. We've seen a positive response in terms of referrals from partners in the formal and informal sector in Choloma and we hope that with the information that we've disseminated, those referrals will be more fruitful and increase our eligibility rates as we identify a second group of families to work with.

2.1.3. Result 1 La Ceiba/Tela: Increased Number of At-Risk Youth Receiving Secondary Prevention Services in Target Locations.

The La Ceiba/Tela Team concluded a one-year cycle of intervention with 114 families across La Ceiba and Tela, and an additional 39 families that were part of the USAID approved Garifuna pilot. This represents a total of 153 families that completed a one-year cycle of intervention. In addition, the La Ceiba/Tela team provided a 6-month cycle of intervention using a double dosage approach to 88 families. This section of the report presents three types of quantitative secondary and tertiary risk level impact data separated by municipalities.

- A. Population completing one-year cycle of intervention
- B. Population of the Garifuna pilot
- C. Population receiving a 6 month cycle of intervention with double dose

Data Analysis - Cycle II La Ceiba

A. Population that received one year of intervention

LA CEIBA: COMBINED SECONDARY AND TERTIARY POPULATION

During this last quarter 74 families completed one year cycle of intervention, of these 74 families, 62 began treatment at a secondary level of risk, and 12 began treatment at a tertiary level of risk.

	La Ceiba – one year of intervention											
Risk level	START	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonment after YSET_R1 applied	END
Secondary	70	0	0	0	0	0	0	62	-	62	0	62
Tertiary	15	0	0	0	0	0	0	12	-	12	0	12
Total	85	0	0	0	0	0	0	74	-	74	0	74

Table 7: La Ceiba – one year of intervention

74 families were re-evaluated with YSET-R1 at the completion of a 12 month cycle of intervention. Of the 74 families that received a one year cycle of treatment, 55 reduced their risk factors to three or less. This means that treatment was effective with 74.3% of the families, and are currently not at the highest risk of gang joining.

LA CEIBA SECONDARY POPULATION

The graph bellows shows the impact of the one-year cycle of intervention on the 62 families that began treatment at the secondary level of risk, meaning four or more risk factors per the YSET-I. Treatment was effective with 77.4% of these families. Of the 62 families that began treatment at the secondary level of risk, 48 reduced their risk factors to less than four meaning they are now at a primary level of risk. This means these 48 families (77.4%) are not at this time scientifically at the highest level of risk for gang joining. 12 families or 19.3% of the overall secondary treatment population of La Ceiba families remained at the secondary level of risk with 4 or more risk factors. Two youth or 3.2% of the overall secondary treatment population exhibited reported delinquent behaviors that shifted their risk category from secondary to tertiary.

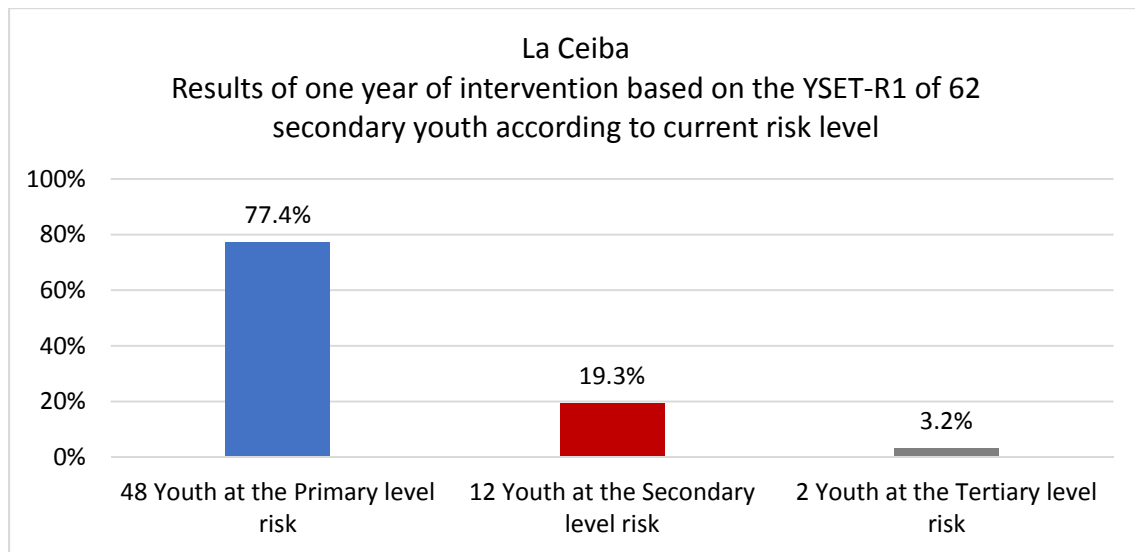


Figure 14: Results of one year of intervention based on the YSET-R1 of 62 secondary youth according to current risk level

LA CEIBA: ONE YEAR INTERVENTION WITH TERTIARY POPULATION

The graph below illustrates that treatment at a tertiary level of risk treatment was effective with 50% of the 12 families that began treatment at a tertiary level of risk in La Ceiba. Of the 12 families, 6 reduced the delinquent behaviors and risk factors that placed them initially at the tertiary level of risk, and they are now at a primary level of risk. Four of the families or 33.3% are now at a secondary level of risk meaning the index youth reduced the delinquent behaviors but is still at the highest risk of gang joining. Two of the families remain at the tertiary level of risk.

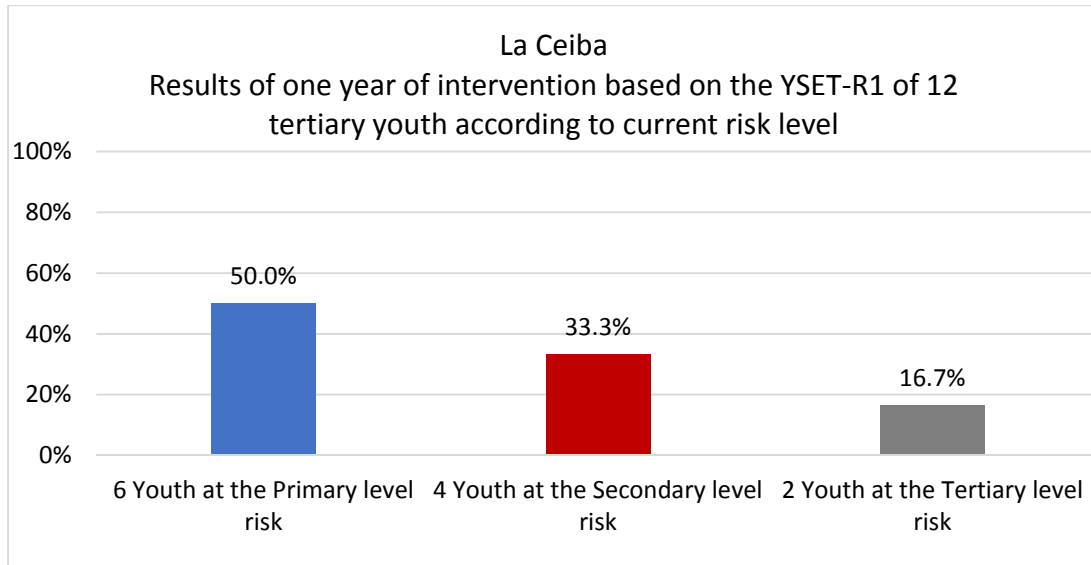


Figure 15: Results of one year of intervention based on the YSET-R1 of 12 tertiary youth according to current risk level

TELA: COMBINED SECONDARY AND TERTIARY TREATMENT POPULATION

During this period in Tela 40 families completed one year of intervention, from which 33 are secondary families and 7 tertiary.

Table 8: Tela – one year of intervention

	Tela – one year of intervention											
Risk level	STAR T	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonment after YSET_R1 applied	END
Secondary	43	0	0	0	0	0	0	33	-	33	0	33
Tertiary	9	0	0	0	0	0	0	7	-	7	0	7
Total	52	0	0	0	0	0	0	40	-	40	0	40

- 40 families were reevaluated after a full year of intervention, all of them had 4 or more risk factors.
- After one year of intervention, 65% (26 families) of these 40 families reduced their risk factors to three or less.

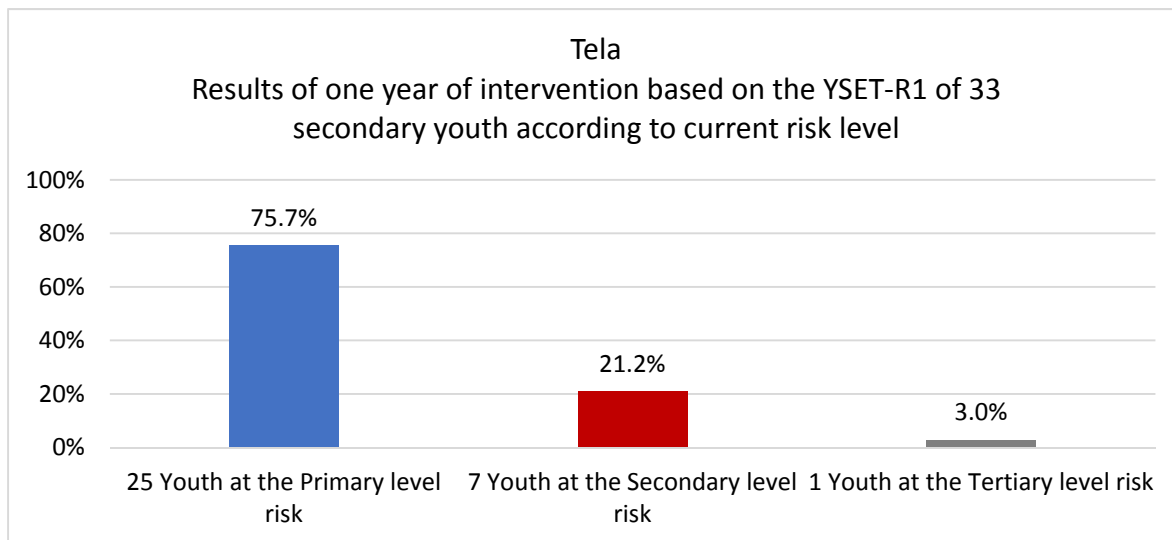


Figure 16: Results of one year of intervention based on the YSET-R1 of 33 secondary youth according to current risk level

After one year of family counseling intervention, the secondary risk level population of Tela, which is made up of 33 youth evaluated with the YSET-R1, is distributed as follows: 75.7% are at the primary risk level, meaning 25 youth are now at the primary level, 21.2% remained at the secondary risk level, meaning 7 youth are at that secondary risk level, and 3.0% moved to the tertiary risk level. 1 youth who was initially diagnosed as secondary risk level is now at the tertiary risk level.

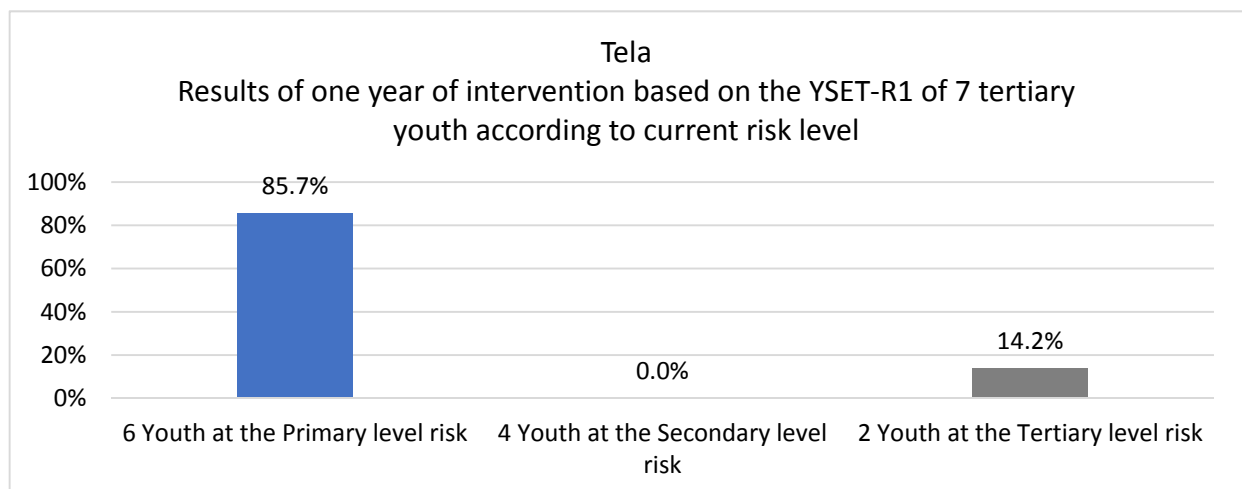


Figure 17: Results of one year of intervention based on the YSET-R1 of 7 tertiary youth according to current risk level

Tela's tertiary risk level population has 7 youth who report different risk levels. 85.7% of these youths have reduced their risk levels to the Primary Risk Level, and 0%, remain at the secondary risk level. However, 14.2% of the tertiary risk level population remains at that same level of risk, that is, 1 of these

youths remained at the tertiary risk level. Among the behaviors that stand out the most in this group of families: fighting among siblings, failing to complete their chores at home, and disrespecting their parents or other adults.

THE GARIFUNA PILOT: BACKGROUND

In August of 2016 the LCE/Tela PM team conducted a diagnostic YSET-I process with 356 youth living in Garifuna communities in order to determine their levels of risk per the YSET process. This is the first quantitative assessment conducted in Honduras to determine the levels of risks for gang joining among Garifuna youth. Historically the level of risk among Garifuna youth are determined by community level risk assessments including levels of homicides, crime indexes, and presence of gangs. Based on community level risk assessments the traditional narrative has been that Garifuna youth may experience other types of risk such as health and education but have been excluded from the category of at risk for violence associated with gang activity.

The 356 youth represented 36% of the overall Garifuna population between the ages 8-17 residing in the Atlantida Region. The Garifuna communities included Corozal, Sambo Creek in the municipality of La Ceiba and Triunfo de La Cruz, La Escenada, San Juan, and Tornabe in the municipality of Tela. The diagnostic revealed that Garifuna youth between ages 8-17 were at a higher level of secondary, and tertiary level risk than the same age population living in non Garifuna communities. This higher level of risk was present among Garifuna youth between the ages 8 and 17 despite the fact that the Garifuna communities they reside in have low homicide rates, and criminality.

In La Ceiba, 35% of the Garifuna population between ages 8 and 17 were documented at a secondary level of risk per the YSET-I in comparison to 24% for the same age group living in the rest of the city. In addition, 13% of Garifuna youth were documented at the tertiary level of risk as compared to 6% for the rest of the population. In Tela, 33% of youth ages 8-17 living in Garifuna communities were at secondary level of risk, in comparison to 27% for the same age group living in the rest of the city. Among Garifuna youth in Tela, 17% were found at a tertiary level of risk in comparison to 7% for the rest of the population. In La Ceiba, PM identified a total 97 Garifuna families eligible for PM intervention, of these, 64 were at a secondary level of risk and 23 at a tertiary level of risk. In Tela, PM found 87 Garifuna families eligible for PM intervention, of these 58 were at a secondary level of risk, and 29 at a tertiary level. Out of a sample of 356 Garifuna families in the Atlantida region, PM found 184 eligible for secondary and or tertiary family systems intervention. This data was presented to USAID and after careful review PM team received approval for a pilot that would intervene for a one-year cycle with 50 Garifuna families.

The stated goal of the agreement between USAID and PM was that the pilot would demonstrate if there could be significant reduction in risk factors despite the fact that in the Garifuna communities there were no other USAID programs in operation. This section of the report provides data on the impact of a 12-month cycle of family systems treatment with Garifuna families with index youth at a higher level of secondary and tertiary risk living in communities that are not considered “hot zones”.

LA CEIBA: GARIFUNA TREATMENT GROUP

During the last quarter 21 Garifuna families completed their participation in the pilot. Of these families 16 began treatment at a secondary level of risk, and 5 began at a tertiary level. The table below shows the movement of the Garifuna families through the 12 month cycle of intervention

Table 9: Ceiba – population Garifuna

	Ceiba – population Garifuna											
Risk level	STAR T	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonme nt after YSET_R1 applied	END
Secondary	19	0	0	0	0	0	0	16	-	16	0	16
Tertiary	5	0	0	0	0	0	0	5	-	5	0	5
Total	24	0	0	0	0	0	0	21	-	21	0	21

LA CEIBA: INTERVENTION WITH COMBINED SECONDARY & TERTIARY GARIFUNA POPULATION

The 21 Garifuna families that participated in the pilot in La Ceiba were reevaluated using YSET-R1 after 1 year of intervention, which demonstrated that the one year cycle of intervention was effective in reducing risk factors below four with 71.4% (15 families) of the treatment group of 21 Garifuna families in La Ceiba.

LA CEIBA: INTERVENTION WITH SECONDARY GARIFUNA POPULATION

The table below illustrates the 12 month cycle of family systems intervention was effective in reducing risk factors below the threshold of 4 in 75% of the secondary risk level treatment population of La Ceiba. This means that 12 of the 16 index youth at this time are not at the highest level of risk for joining gangs. Three youth which comprises 18.8% of the secondary Garifuna treatment population remained at the secondary level of risk, and one youth reported delinquent behaviors that changed his/her risk level to tertiary.

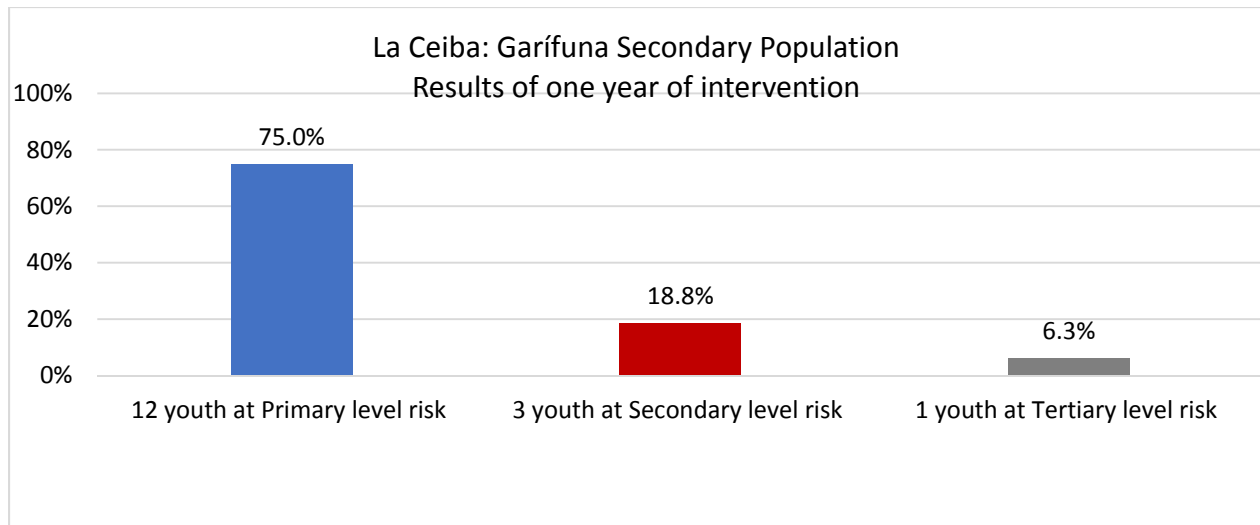


Figure 18: La Ceiba: Garífuna Secondary Population

LA CEIBA: ONE YEAR INTERVENTION WITH TERTIARY GARIFUNA POPULATION

The table below illustrates that out of the treatment sample of 5 Garifuna families at a tertiary level of risk, the family systems treatment was effective in reducing risk factors and associated behaviors in 40% (2) of the tertiary Garifuna population of La Ceiba. This means that 40% reduced their risk category from tertiary to primary and are no longer considered high risk. In La Ceiba there was one youth that reduced their risk category from tertiary to secondary indicating less risky behaviors, but is still at a high risk for joining. Two of the youth in the tertiary level Garifuna population remained at a tertiary level of risk.

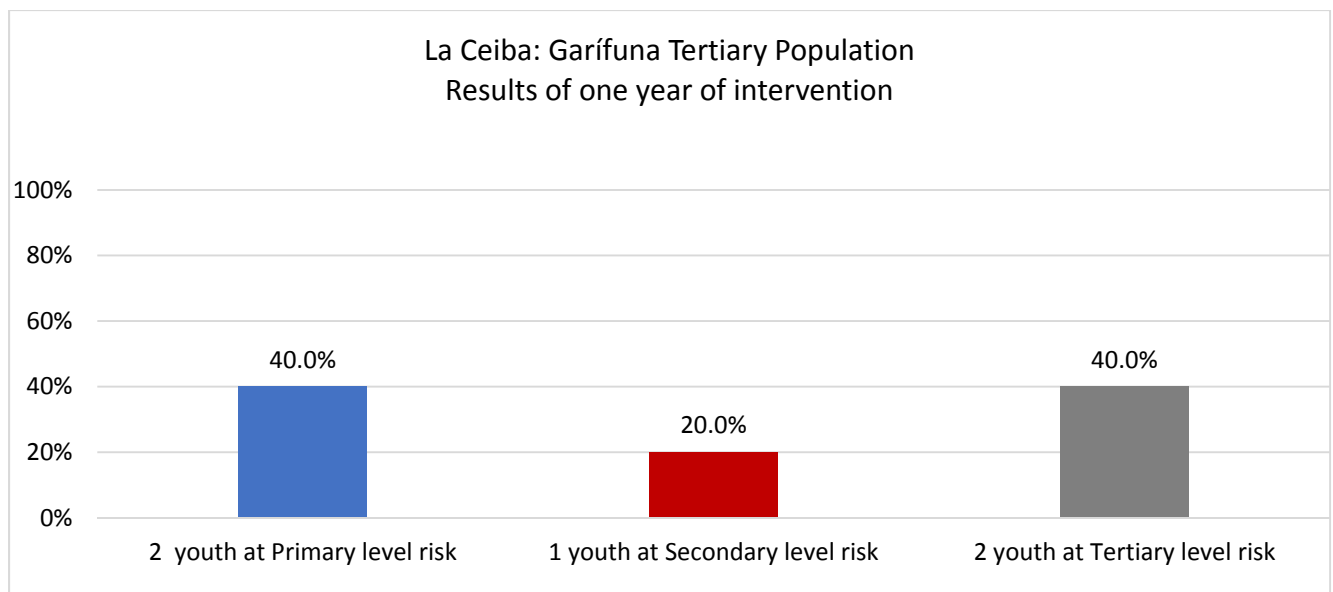


Figure 19: La Ceiba: Garífuna Tertiary Population

TELA: ONE YEAR INTERVENTION WITH COMBINED SECONDARY & TERTIARY GARIFUNA POPULATION

Over the last quarter 18 Garifuna families completed a 12-month cycle of family systems intervention in Tela. Of these 18 families, 14 began treatment at a secondary level of risk, and four began treatment at a tertiary level of risk. The table below illustrates the movement of the families through the phases of the intervention.

Table 10: Tela – population Garifuna

	Tela – population Garifuna											
Risk level	STAR T	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonme nt after YSET_R1 applied	END
Secondary	16	0	0	0	0	0	0	14	-	14	0	14
Tertiary	4	0	0	0	0	0	0	4	-	4	0	4
Total	20	0	0	0	0	0	0	18	-	18	0	18

IMPACT:

- 18 families of the Garífuna pilot were reevaluated after one year of intervention.
- After a one year cycle the treatment was effective in 94.4% (17 families) of the 18 families as they reduced risk factors to less than four meaning they are currently not at the highest risk of gang joining.

TELA:ONE YEAR INTERVENTION WITH SECONDARY GARIFUNA POPULATION

The table below illustrates that out of 14 Garifuna families at a secondary level of risk in the pilot the 12-month cycle of intervention was effective in reducing risk factors below 4 in 85.7% or 12 of the 14 families. One youth remained at the secondary level of risk and one youth increased his risk category by reporting delinquent behaviors associated with group belonging.

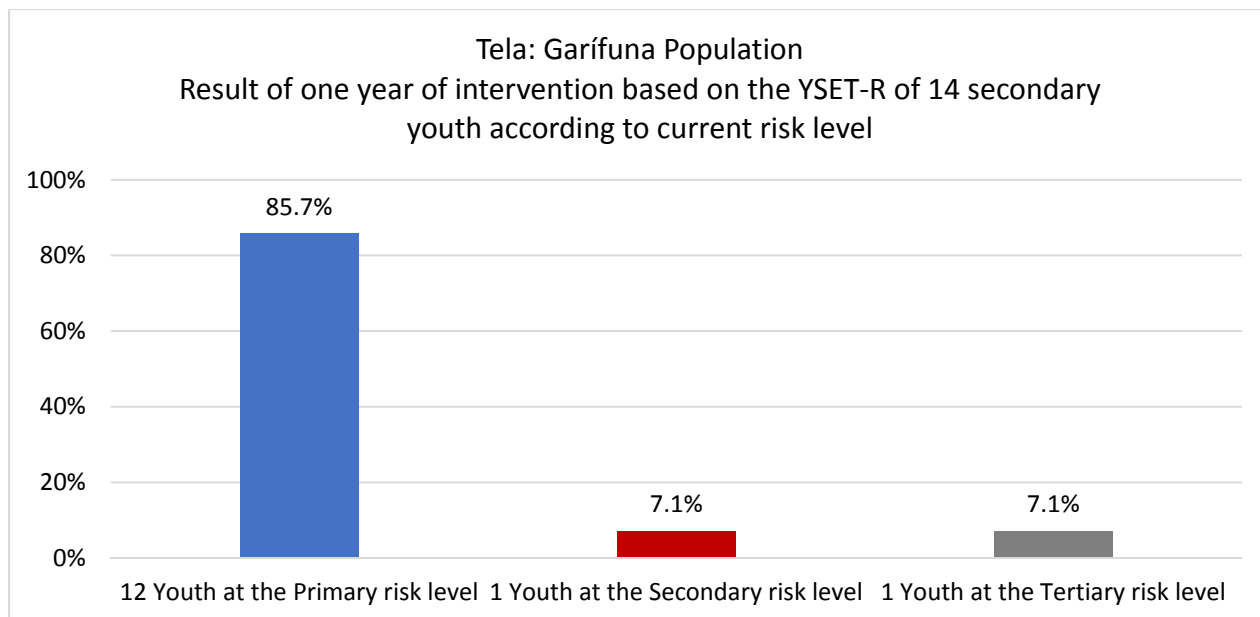


Figure 20: Result of one year of intervention based on the YSET-R of 14 secondary youth according to current risk level

TELA: INTERVENTION WITH TERTIARY GARIFUNA POPULATION

The table below illustrates that out of tertiary treatment population of four families that participated in the Garifuna pilot in Tela the 12-month cycle of treatment was effective with 100% of the families, indicating that the 4 youth lower their levels of risk from tertiary to primary, meaning they are currently not at the highest risk of gang joining.

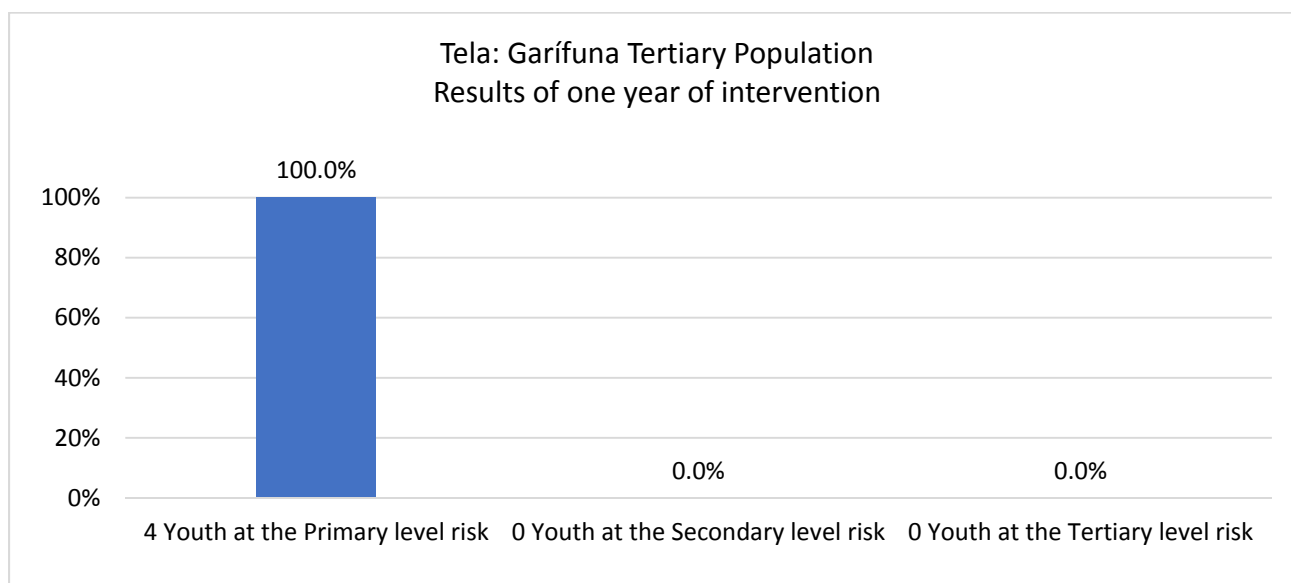


Figure 21: Tela Garifuna Tertiary Population Results of one year of intervention

Population that received a 6 month cycle of intervention with double dosage

There are two factors that have impacted the choice of six month cycle of treatment for 45 families in the Atlantida area: a) the process development of the Garifuna pilot, and to a lesser degree b) the logistical difficulties in scheduling and travel time for the counseling teams between La Ceiba and Tela. In the process of establishing the Garifuna pilot, the PM team identified 184 families in need of secondary and or tertiary level family systems intervention. Of these, 50 families qualified for a one-year cycle of intervention, meaning that a balance of 134 families in small tight knit Garifuna communities were not eligible for treatment. In order to respond to the need that had been identified, but could not be met with the current staffing resources, the PM developed a professionally acceptable strategy of disengagement from the families that could not receive services. The strategy was time consuming, but successful in assuring that Garifuna communities remained collaborative with PM and other USAID programming and that potential community resentments were minimized. This created challenges for the La Ceiba team as they had to “manage” a larger number of families than other regional offices.

LA CEIBA: SIX MONTH INTERVENTION CYCLE

During the last quarter 45 families were provided a six month cycle of intervention in La Ceiba and of these, 38 began the treatment at a secondary level of risk and 7 began at a tertiary level of risk. The six-month cycle of intervention was implemented using the double dosage approach. The graph below illustrates the movement of the families through the phases

Table 11: Ceiba – 6 months of intervention

	Ceiba – 6 months of intervention											
Risk level	STAR T	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonme nt after YSET_R1 applied	END
Secondary	38	0	0	0	0	0	0	14	-	38	0	38
Tertiary	7	0	0	0	0	0	0	4	-	7	0	7
Total	45	0	0	0	0	0	0	18	-	45	0	45

IMPACT:

- 45 families were re-evaluated after 6 months of intervention
- The six-month cycle of intervention was effective with 73.3% (33 families) of the 45 families that participated in treatment.

LA CEIBA: SIX MONTH INTERVENTION WITH SECONDARY POPULATION

The table below illustrates the results of the six-month cycle of treatment with a population of 31 families at a secondary level of risk. The intervention was effective in reducing risk factors to less than 4 in 74.1% of the overall population of 31 families, and that 23 index youth are now at a primary level.. Seven index youth or 22.5% of the secondary treatment population remained at the secondary level of risk, and one index youth shifted from secondary to tertiary as a result of reporting behaviors associated with group belonging.

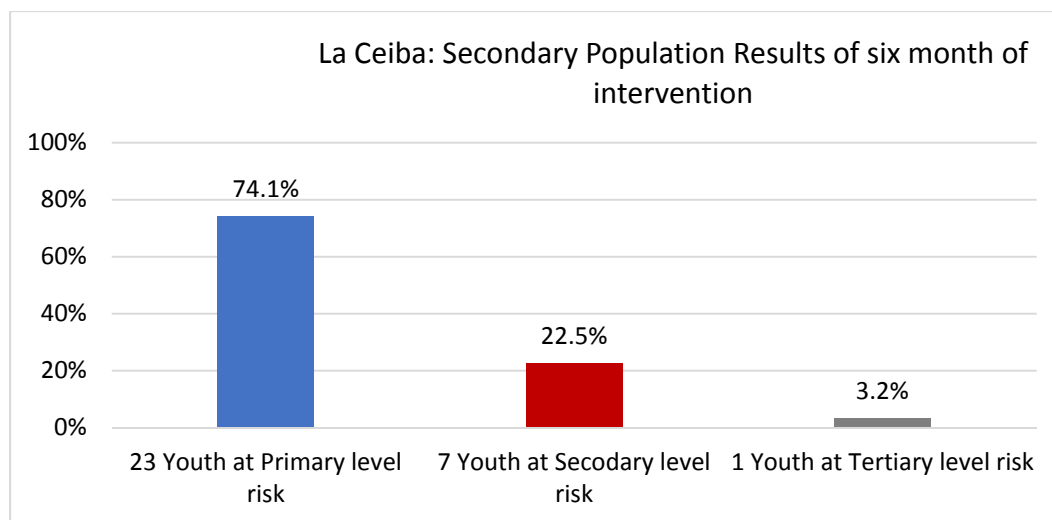


Figure 22: La Ceiba: Secondary Population Results of six month of intervention

LA CEIBA: SIX MONTH INTERVENTION WITH TERTIARY POPULATION: The graph below illustrates that the six-month cycle of intervention was successful in reducing risk factors below 4 in 71.4% of the seven families in the tertiary treatment population of La Ceiba. This means that 5 out of the seven young people that began at a tertiary level are now at a primary level of risk and not at this time at the highest risk of gang joining. One participant reduced the criminal behaviors associated with group identity but remains at the secondary level of risk for gang joining, and one participant remained at a tertiary level.

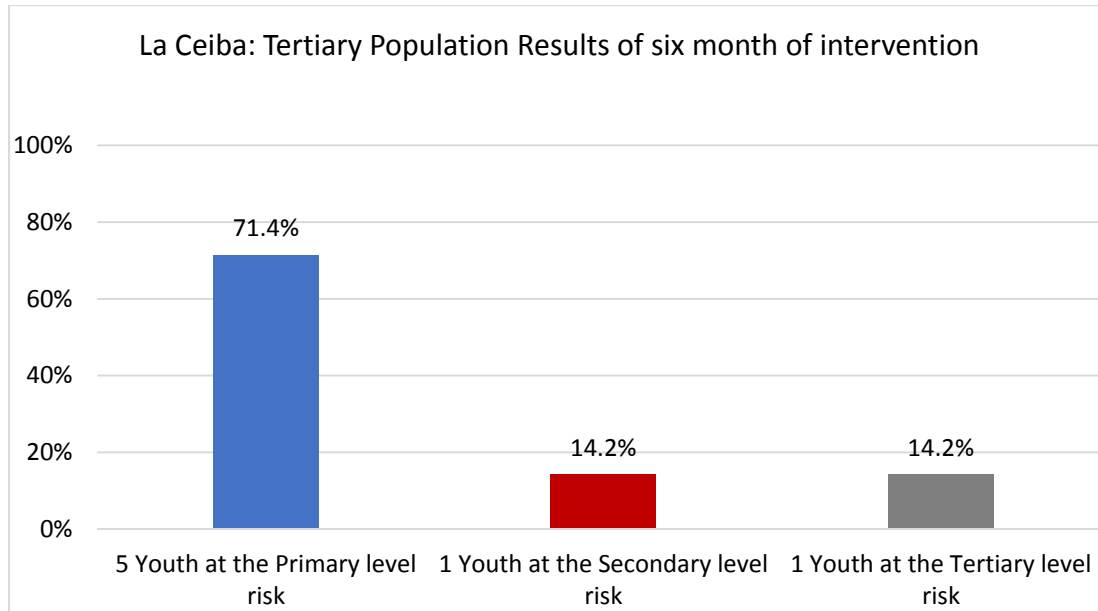


Figure 23: La Ceiba: Tertiary Population Results of six month of intervention

TELA: SIX MONTH INTERVENTION WITH COMBINED SECONDARY AND TERTIARY POPULATION

Over the last quarter, 43 families received a six-month cycle of intervention in Tela. Of these 43 families 32 began treatment at a secondary level of risk, and 11 at a tertiary level. The graph below illustrates the movement of the families through the phases of intervention.

Table 12: Tela – 6 months of intervention

	Tela – 6 months of intervention											
Risk level	STAR T	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Abandonment before Cycle 2 completed	YSET-R1 Applied	Abandonment after YSET_R1 applied	END
Secondary	32	0	0	0	0	0	0		-	32	0	32
Tertiary	11	0	0	0	0	0	0		-	11	0	11
Total	43	0	0	0	0	0	0		-	43	0	43

- 43 families were re-evaluated after 6 months of intervention
- The six-month cycle of intervention was successful in reducing risk factors below 4 in 65.1% of the 43 families. This means that 28 index youth are now at a primary level of risk, meaning not at the highest risk of gang joining.

TELA: SIX MONTH INTERVENTION WITH SECONDARY POPULATION

The graph below illustrates that the six-month cycle of treatment was successful in reducing risk factors below 4 in 76.6% of the treatment population of 30 families at a secondary level of risk in Tela. This means that 23 index youth are now at a primary level and therefore not currently at risk of gang joining. Five youth remained at a secondary level of risk and two youth raised their risk levels to tertiary by reporting delinquent behaviors associated with group identity.

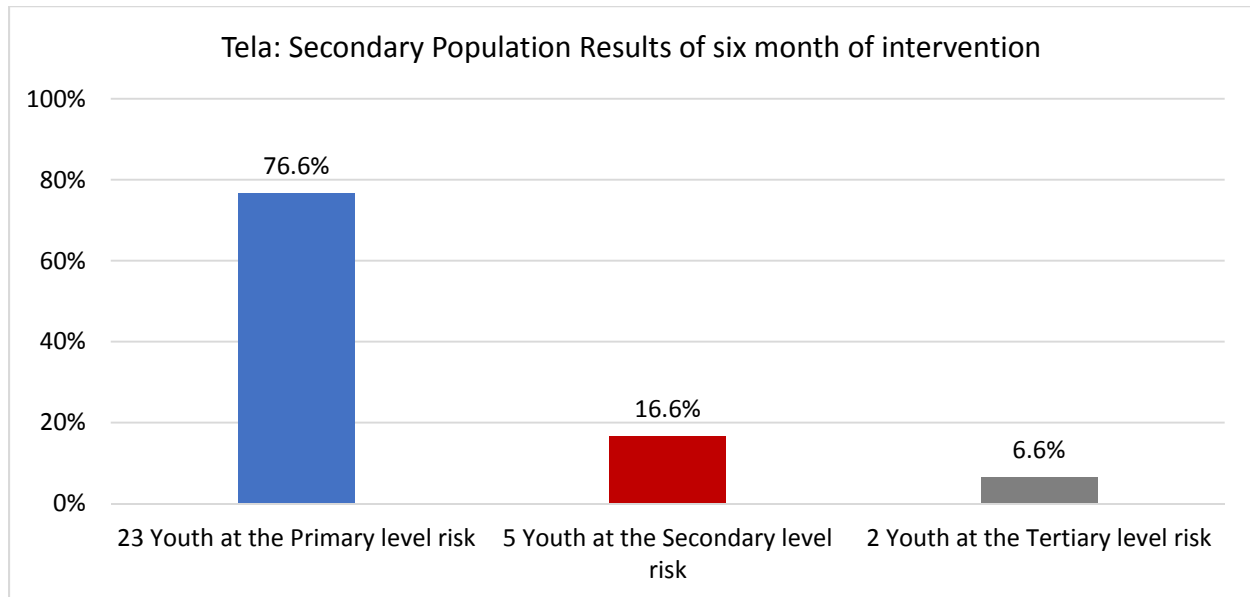


Figure 24: Tela: Secondary Population Results of six month of intervention

TELA: SIX MONTH INTERVENTION WITH TERTIARY POPULATION

The graph below illustrates that out of the 11 families that began treatment at a tertiary level of risk, 100% reduced their risk category from tertiary to primary or secondary. The six-month cycle of treatment was effective in reducing the risk category from tertiary to secondary in 72.7% of the treatment population population. 8 youth reduced their delinquent behaviors associated with group identity, however are still at the highest level of risk for gang joining. Three of the 11 index youth reduced their level of risk from tertiary to primary.

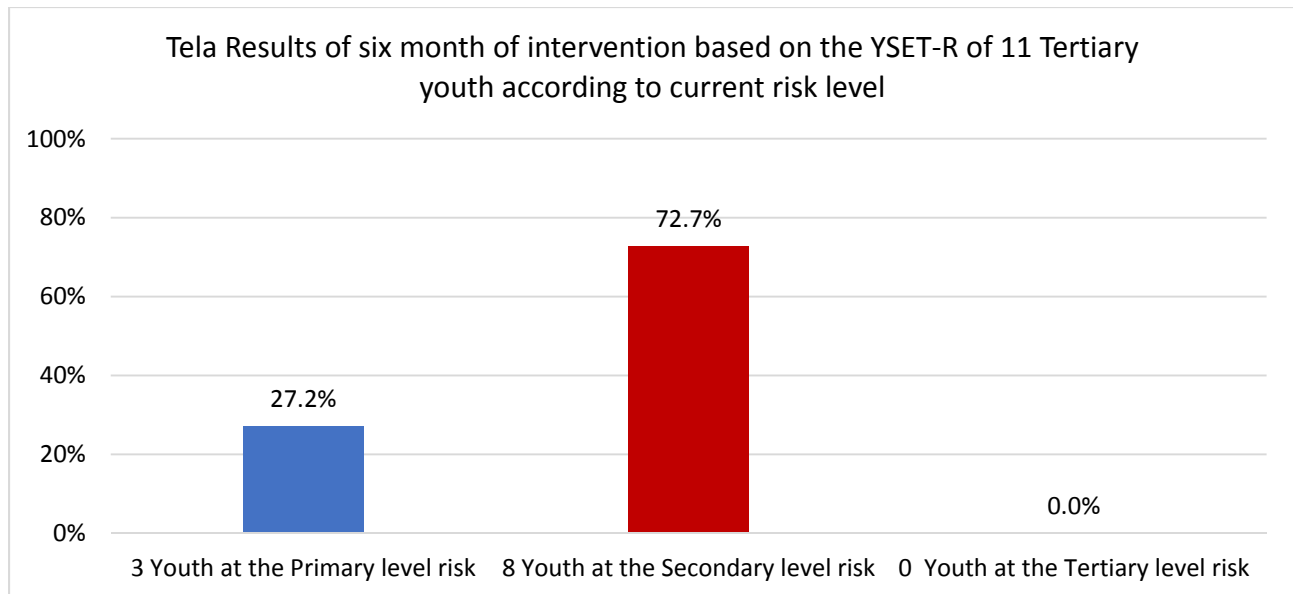


Figure 25: Tela Results of six month of intervention based on the YSET-R of 11 Tertiary youth according to current risk level

POTENTIAL DIFFERENCES BETWEEN SIX AND TWELVE MONTH CYCLES OF TREATMENT

The comparison of the effectiveness between a six-month cycle of family systems intervention and a 12-month cycle is a critically important to inform potential adaptations of the model. This section of the report will present that preliminary findings on the differences between a six-month cycle and a twelve-month cycle based on internal analysis by our model fidelity staff. The analysis conducted by the PM team includes: a) comparison of the progress documented by the YSET-R diagnostic in the six month, and the twelve- month treatment group and; b) changes in the risk category in the six month and the twelve- month treatment group.

Horizontal Family: The functions of the horizontal family include all of the daily tasks that a family must carry out in order to maintain a functional level of organization and personal safety of its members including but not limited to: parental supervision; communications; accountability; family rules; chores; and logistics. Out of a data sample of 446 families that received a 12-month cycle of treatment 55.6% showed improvement in the YSET-R1 diagnostic in the horizontal family functioning scales. By contrast, the same analysis of the 90 families that received the six-month cycle of intervention reveal that 64.4% showed improvement in the horizontal family functioning YSET-R diagnostic. Based on this preliminary analysis it would appear that the six-month cycle of intervention is more effective at impacting horizontal family functioning. However, two factors must be taken into consideration: a) there has been a tendency for a larger percentage of reduction during the first six months of treatment that later stabilizes into a more sustainable level and; b) the phenomena of “regression to the means” which explained in simple terms is what takes place when we are trying to incorporate changes into our daily routine. If we use our attempts to incorporate an exercise routine into our daily lives, we are likely to be extremely disciplined initially, and at some point revert back to a more balanced approach. Regression to the means is when a family system makes significant changes, and after a period of time maintains the changes but at a less dramatic level.

Vertical Family: The functions of the vertical family include all of the interactions across multiple generations that build historical cohesion, and sense of belonging to a larger concept of family that those that live together. Vertical family functions include but are not limited to activities such as: discussion of the history of the elders of the family; collecting photographs of multiple generations; building family trees and: the mutigenerational transmission of recipes, music, rituals, and cultural norms. Out of the data sample of 446 families that received a 12-month cycle of treatment 60.1% showed improvement in vertical family functioning scales during the YSET-R1 diagnostic. By contrast out of the data sample of 90 families that received a 6-month cycle of treatment 53.3% showed improvement in the YSET-R vertical family functioning scales. This suggests that the process of change at the multi generational level is slower, and requires more time to evolve.

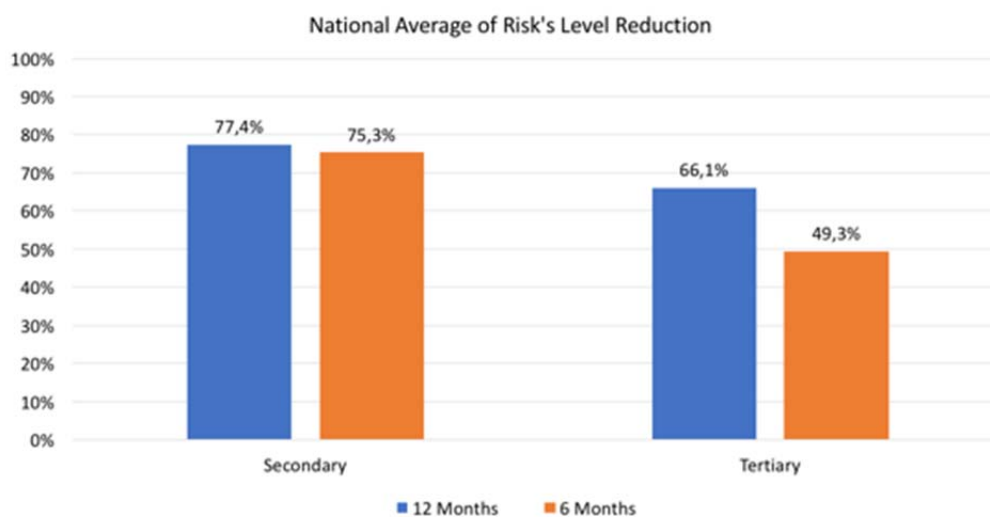


Figure 26: National Average of Risk's Level Reduction

Secondary Risk Level: The above graph illustrates the percentage of secondary and tertiary families at a national level that reduced risk factors sufficiently to move from either secondary or tertiary to primary level risk. The blue line on the left shows that 77.4% of secondary families at that received a 12- moth cycle of intervention shifted their level of risk to primary. By contrast 75.3% of the secondary risk level families, represented by the orange line on the on the left, that received a six-month cycle of intervention shifted from secondary to primary.

Tertiary Risk level: The tertiary population that received the 6- month cycle of treatment is represented by the blue line on the right of the graph above. Here we can see that he 66.1% of the families that received a one-year cycle of treatment shifted their risk level to primary vs 49.3% of those that received

Conclusions:

Based on the data analysis conducted by PM, there are areas in which it appears that the 12-month cycle of intervention is more statistically effective. However, the are extenuating circumstances including availability of family members, inability to access remote communities, and programmatic constraints that make a six-month cycle more practical. This may be the case as PM's explores a more

systematic application of the model to the population with alternative six months of alternative measures.

Preparation for the second group of families under intervention

Socialization meetings have been held with the main stakeholders in the new communities (parents, presidents of “patronage” (neighborhood councils), schools, extension centers and churches). The meetings were used as an opportunity to explain the process that would take place in the community and to request their participation as a referral source. As is the case in other regional offices strategy teams in La Ceiba/Tela have been re assigned by geographic location. This will enhance the participation of teams in placed based collaboration with other USAID implementers and will improve the overall logistics associated with transportation of counselling teams.

Coordination with implementers

During this period, we continued coordinating with other USAID implementers or other organizations working on issues similar to the interventions being implemented by Proponte Más. Among the results obtained through these actions, the following stand out:

- Facilitation of the **Outreach Centers** as a space to carry out individual meetings and apply survey instruments.
- Verbal agreement of collaboration in the sharing of space schools and development for joint activities with the **School-Based Violence Prevention Program**.
- We made an agreement with the technical staff of **Empleando Futuros** so that once we resume the interventions in the field, the referral process of possible beneficiaries will begin, taking into account the parameters of the agreement signed by the Country Director’s Office of Proponte Más.
- We participate in the monthly meeting of implementers led by USAID. We have taken on the responsibility of supporting activities to facilitate and link intra-family violence prevention services and rehabilitation for people with drug addiction and alcoholism problems, specifically in the municipality of Tela, and in coordination with **Genesis/FUNADEH**.
- We continue to participate in the monthly meetings of the Municipal Prevention Committee **“La Ceiba Para Todos”**, an opportunity where we were able to communicate the execution of the program, and we identified potential referral sources and opportunities to coordinate actions at the municipal level.
- We participated in the Opportunity Fair in coordination with the **Unidos por la Justicia and the Community Police** project.
- There was also a breakfast organized with USAID implementing partners and other institutional actors to present the current activities of Proponte Mas, emphasizing the structured process of intervention and the identification of opportunities to collaborate between the Project and each of the institutions present at the event. In this activity, the following institutions participated: INAMI, Ministry of Educación, Proyecto Prevención de Violencia en las Escuelas, Proyecto Unidos por la Justicia, and Empleando Futuros.

2.2 Result 2: Increased Support Services Provided for Eligible Youth and their Families

During the last quarter PM continued the development of the Family Supports Network (FSN) model of practice that is implemented by trained community members contracted through local NGOs. The three NGO contracted by PM to deliver the FSN services CDH in Tegucigalpa, CASM which covers SPS and Choloma, and CEPROSAF which covers La Ceiba and Tela. The target population of the FSN at this time are those families that have been categorized by the YSET-I as at the primary level of risk. The FSN is designed to provide services to the families at the primary level of risk that includes

- Referrals and linkages to needed health, education, and employment services provide by the GoH.
- Crisis intervention and assistance in instances in which a member of a family has died as a result of community, or group violence.
- Build multi-generational family cohesion through the construction of asset based genograms.

This quarter the FSN promoters completed a Diplomado in collaboration with PM and UNAH on Family Systems Theory and Practice applied in the context of violence prevention. This content of the Diplomado included communications theory; the helping relationship; structural theory and; multigenerational family systems theory. It is expected that this theoretical orientation will enhance the promoter's ability to step back and assist families through an increasingly more objective lens.

In addition, FSN promoters have continued to develop their ability to identify the scarce services that are available in the communities they serve, and motivate families to access those services. This becomes particularly challenging when the needed services are available only in geographic areas that extend beyond the immediate communities of the families, however these linkages are being made consistently in four of the five target municipalities

Background

The 5 municipalities have begun a training process for the use of a new platform which will be useful for the Promoters to make referrals. This platform will provide the Promoters with information regarding services that are located near the requester and will also identify the exact geographic location. This helps to increase and strengthen the ability of the Promoter to make referrals.

Established and strengthened Family Support Networks in targeted communities

The FSN continues to provide primarily level support to 439 families out of 809 referred by PM. These are families that were identified at a primary level of risk by the YSET-I process.

During this period, the Promoters have been able to make significant progress in the development of the Genogram with the families. (a strategy of possible sustainability has been started, which will be socialized with PM in the month of November; of the 439 families in follow-up have been able to refer 321 families to support services) It is worth mentioning that for some families it has been very difficult since there are family members who do not want to be involved, and there are some heads of

household who will allow the Promoter to visit with the family, but they refuse to take part in the activities (There are 5 cases in two municipalities: La Ceiba and Tela). This is an inherent challenge in program strategies that rely on having members of the same community gain access to relational information of their neighbors. The value of the promoters is that they are well known by their community, and this can also be a source of conflict.

Coordination and oversight visits by PM have also taken place with the NGOs who coordinate the Family Support Network in the 5 municipalities, with the goal of reviewing the day to day activities of the family Promoters. This activity is detailed in the follow-up activities of the Family Support Network. These visits are part of the PM monitoring and evaluation plan with respect to the implementation of FNP.

CDH

- CDH, Follow-up has been provided to the Family Promoters
- Participation in round tables of coordination with partners with the aim of strengthening the links with other actors in the community.
- At the institutional level, new projects or institutions were identified which provide services to youth with the goal of expanding the map of opportunities to other locations outside of the geographic area covered by the project².

CEPROSAF

- In La Ceiba, one of the strengthening activities for the FSN is the inter-institutional coordination with other key players.
- Creation of a group of volunteer Promoters (community leaders, who collaborate with the FNP, they will be given the training that the promoters have received to accompany the families), which will begin with a pilot project in the Corozal community.

CASM

- CASM recently signed an agreement with the Christian University of Honduras (UCRISH) which has resulted in a number of benefits for the families covered by the FSN and for the community in general.
- A volunteer program for the FSN was advertised through the Promoters and community coordinators and volunteers have been identified in their communities.

2.2.1 Primary Intervention Process

Families Identified by Proponte Más

CDH

Initiation of guidance activities with new families: 5 new families were added to the intervention. In addition, there are 12 other families have shown an interest in participation, but it has not been possible to begin activities with them due to situations related to: availability of time of the family members, they were only recently contacted, family problems, or they are away traveling.

² Some of the institutions identified include the following: INFOP, the Madrid Hotel School, FUHRIL (Fundación Hondureña de rehabilitación e integración del limitado), the Children's Village, the Diamond Home, and the San Juan Bosco Center.

Follow up with families who have received guidance in previous quarters: The Project continued to provide guidance and intervention by providing follow-up for families who had participated in the previous quarter, with the goal of collecting information from the family such as: socioeconomic data, surveys (used in the research project being done in the framework of the diploma program), and the Genogram.

CEPROSAF

During the quarter, there were some changes in the primary level families. In La Ceiba, out of the 75 original families there are only 71 receiving follow-ups, while in Tela, out of an original 56 there are now 54. Of the families receiving follow-up in La Ceiba and in Tela, each Promoter has an average of 4 families assigned, who are visited twice every month. During the months of July, August, and September, the work was focused on developing the Genograms with the families, drawing outlines to show relationships, and sharing the most important myths, customs, traditions, and histories of the family system.

CASM

In the barrios and neighborhoods covered by the FSN program, there have been several **referrals for the primary families** covered by the FSN, and there are 30 families who are currently receiving program interventions and guidance who have been referred to primary prevention services.

2.2.2 Critical Events Covered

CDH: During the quarter, the Family Promoters did not report any critical events affecting families which met the established requirements.

CEPROSAF: During this quarter, 3 critical events are reported; the reported cases occurred in the Las Mercedes neighborhood (La Ceiba) in a massacre; the promoters provided moral support for the family of the victims, and at the same time helped by providing a basic food basket with a value of L. 201.60 to 2 of the families. Another critical event occurred on July 18, when a 26-year-old young man, Ronnie Arancivia, who was a resident of the Irías Navas neighborhood in the El Confite sector of La Ceiba, was gunned down by gangs.

CASM: During this quarter, 2 critical events are reported; The family for a young woman referred to the program has been provided with moral support and a basic basket of goods following the killing of her father; Support was also provided to the family of Ms. Claudia Yadira Interiano, the mother of 2 primary level boys, who were orphaned along with their other 2 brothers (not referred to the program).

2.2.3 Families requesting other types of services

CDH: The FNP has linked some families that have been identified by levels of risk with additional services such as health, education and employment.

CEPROSAF: For families who request other types of support services from the promoters, they are also given a response. It was established that the promoter would respond to requests which have to do with health, education, employment, spiritual support, and recreation. In Tela, 28 families were referred to a

number of different services, of which one woman was referred to family planning services. Another 18 adolescents and young people were referred to a variety of educational services, 6 were referred to beauty school classes, 4 were referred to computer skills classes, 7 were referred to tutoring classes for Spanish and Mathematics, and one was referred to English classes.

CASM: In San Pedro Sula and Choloma Currently 304 families have been supported with references to additional services (education, health, employment only in San Pedro Sula and recreational activities.

CASM has a larger number of referrals due to the agreements they have established with other organizations outside the radius of the target communities which increased the number of potential services. In the next period the other organizations will broaden their scope of service identification so that the number of referrals reflects a greater reach.

The partial scholarships provided by UCRISH are available for persons in all the communities where the CASM project is working. This strategy is managed by CASM and beneficiaries are identified through FSNs.

2.2.4 Analysis Of The Primary Intervention Process

The table below shows a summary of the second quarter, and will serve as a reference to analyze the changes which have occurred during the third quarter.

Table 13: Analysis of the Primary Intervention Process

FAMILIES			CDH		CEPROSAF			CASM					
PRIMARY FAMILIES CONTACTED	Targeted Families	Primary	TGU	LCE	Tela	SPS	Choloma	Totals					
			175	112	68	267	187	809					
IN FOLLOW-UP			88	71	54	47	60	320					
REJECTED PRIMARY FAMILIES	Declined to Participate		15	8	2	8	7	40					
	Family Counseling		2	8	1	2	2	15					
	Over 18 Years Old		0	4	0	0	1	5					
	Tied to Gangs/Maras		1	0	0	5	4	10					
	Relocated		10	14	7	12	5	52					
	*Deceased		1	0	0	0	0	1					
TOTALS NOT CONTACTED			117	105	64	74	79	439					
	Did Not Answer or Phone Is Not Theirs		53	7	4	7	1	72					
	Pending Contact		1	0	0	96	49	146					
	No Data (address, telephone).		4	0	0	3	6	13					
	*Outside of Project Coverage Area		0	0	0	87	52	150					
	TOTALS		59	7	4	193	108	371					
FAMILIES AND VICTIMS OF CRITICAL EVENTS	*Deaths		1	5	0	2	1	9					
	Injuries		0	0	1	0	0	2					
			FP ³	OF ⁴	FP	OF	FP	OF	FP	OF			
FAMILIES REFERRED TO OTHER SERVICES	Health		4	6	4	4	0	1	6	0	1	0	26
	Education		8	3	2	0	4	18	15	0	57	0	107
	Spiritual support		0	0	0	0	0	0	0	0	0	0	0
	Recreation		3	0	0	0	0	4	0	0	0	0	7
	Employment		3	4	0	0	0	1	3	16	6	1	34
	Other		4	27	1	1	0	5	85	0	115	0	238
TOTAL			22	40	7	5	4	29	109	16	179	1	*412

³ PF: Primary Families

⁴ OF: Other Families

*This new element is included because in the Central District there was a report of a primary risk level youth who was killed (Quarter 2). References of families to transportation companies are mentioned for transfers from these families to a hospital center. The collection of money has been managed to cover some special needs. Food baskets for families (other than critical event assistance) were managed.

- * The number of families living outside of the geographical coverage area of the Proponte Más Project has gone down because an understanding was reached with CASM where they agreed to review the list of communities and take on responsibility for some families that had been rejected.
- * The number of deaths reported is concentrated in La Ceiba with 3 violent deaths reported. Of these, 2 families were provided with spiritual and economic support and the other family was not able to receive any support as a result of threats from those who had committed the crime.
- * The number of referrals to support services grew from 115 (QTR 2) to 412.

It is important to note that what the total represents is the number of referrals made by the promoters, since a single family may receive different referrals for a number of services.

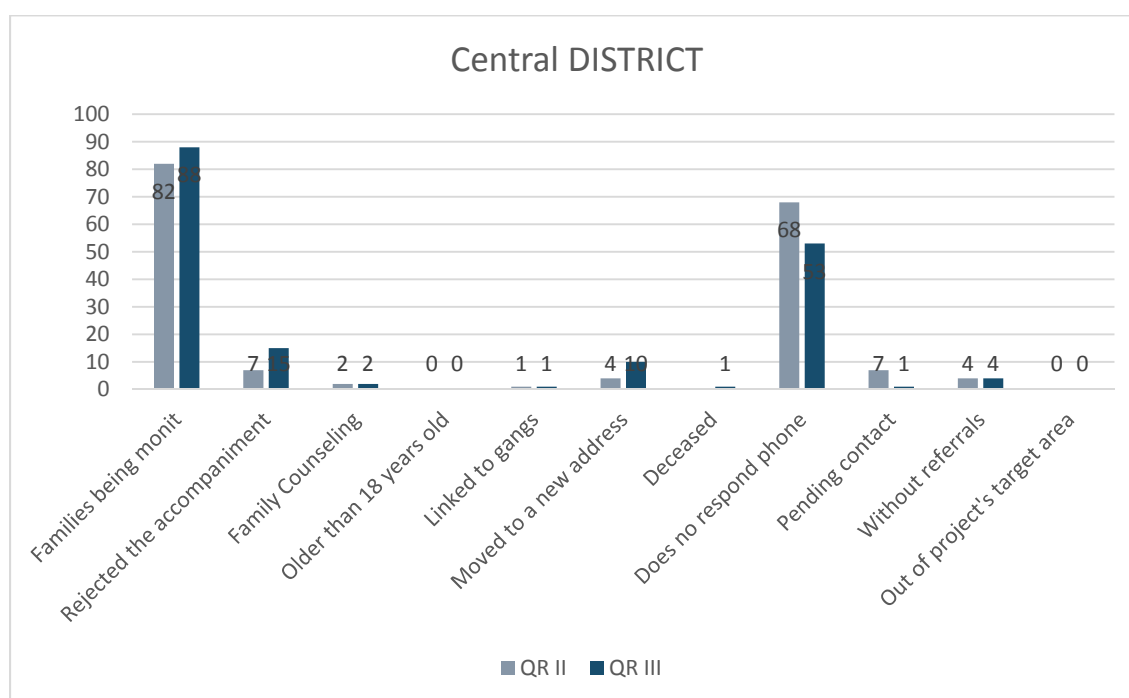


Figure 27: Comparative Data for QTR 2 and QTR 3 Metropolitan Central District

It is important to note the relationship between the families who are in the follow-up in the families who did not answer the telephone. In QTR 3 it can be seen that the number of families and follow-up increased and the number of families who did not answer the telephone decreased. This is a result of the different strategies which were applied by the Promoters to contact these families. Because the promoters did not have an exact address of these families, they arrived at the schools to ask about the

young people. In other occasions they arrived at the CDA, where the YSET was applied to them. Getting to contact many of these families.

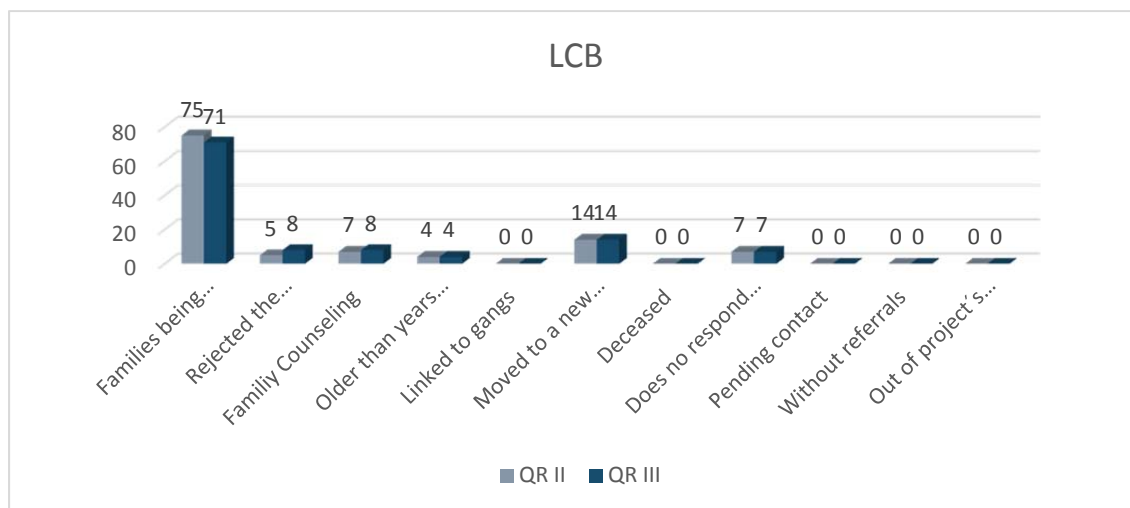


Figure 28: Comparative Data for QTR 2 and QTR 3 La Ceiba

In this municipality the changes which have occurred between QTR 2 and QTR 3 regarding families in follow-up has been the result of withdrawal from the program by a number of families, and this is reflected in the fact that the number of families who decline to participate has increased. Most of these families have refused visits because they do not receive material help from the promoters.

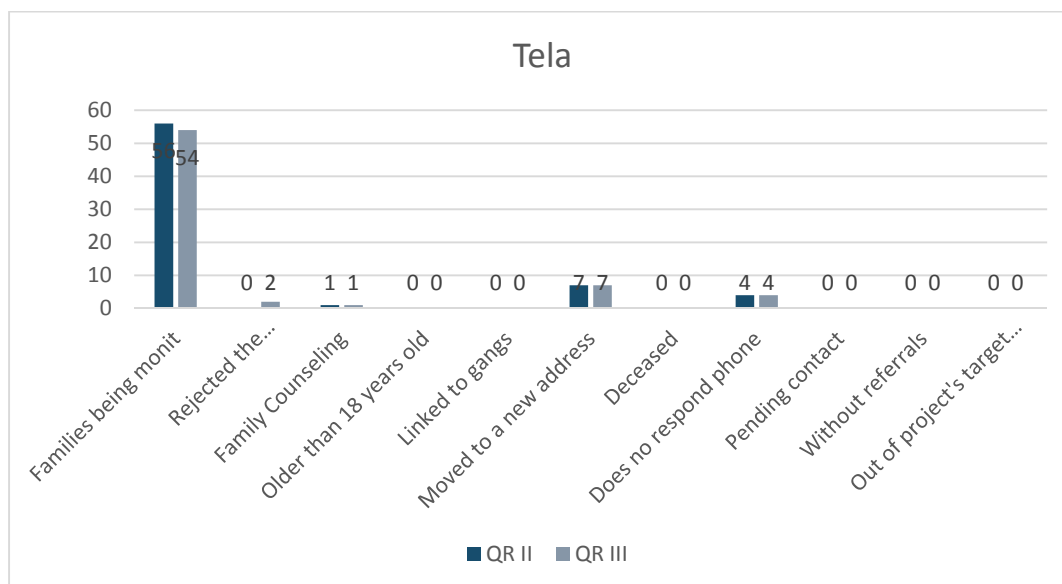


Figure 29: Comparative Data for QTR 2 and QTR 3 Tela

This is similar to behavior in the Municipality of La Ceiba, in that the number of families in follow-up has decreased while there has been an increase in the number of families who declined to participate in the project.

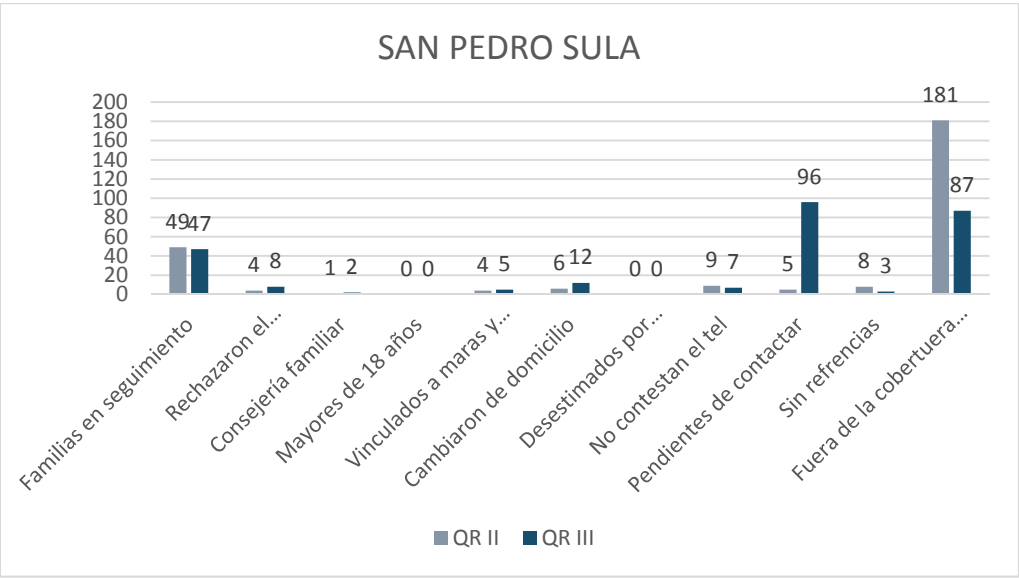


Figure 30: Comparative Data for QTR 2 and QTR 3 - San Pedro Sula

These data reflect the agreement made with CASM to assume responsibility for the cases of those families who, according to them, live outside of the coverage area of Proponte Más. The same thing is true for the graph for Choloma where the number of families rejected by CASM decreased because they live outside of the coverage area of the Proponte Más. CASM had rejected some 181 families for SPS and about 91 families for Choloma, since in the original SOW communities were mentioned specifically and according to the organization were out of the scope of work, this scope was adjusted by determining that the promoters gave attention to the families that are found in communities where family counselors are present.

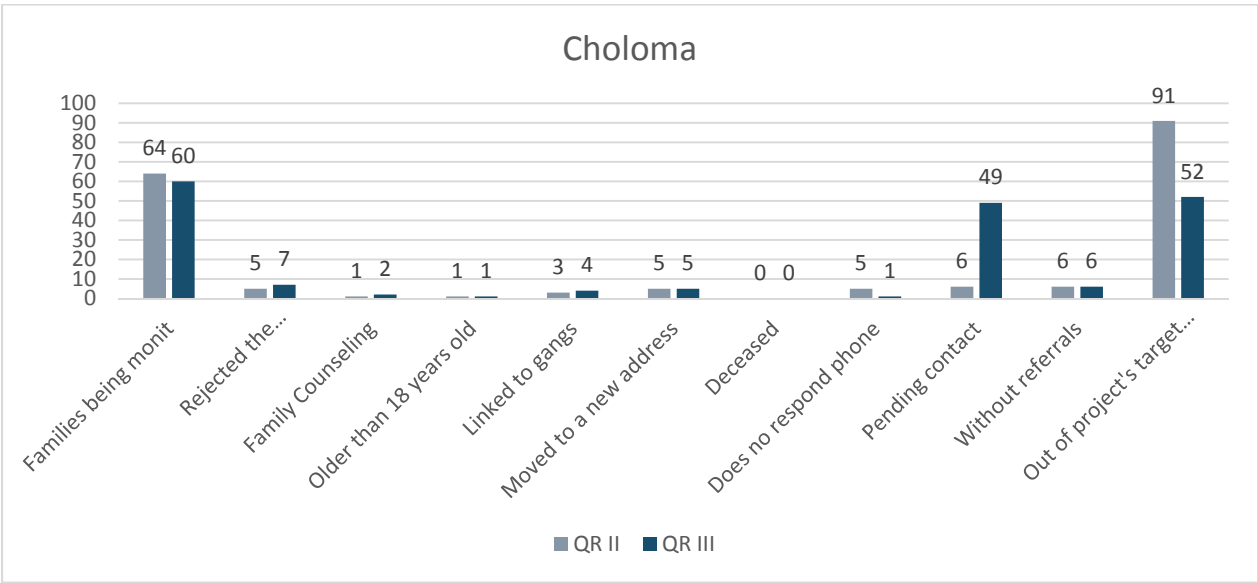


Figure 31: Comparative Data for QTR 2 and QTR 3 – Choloma

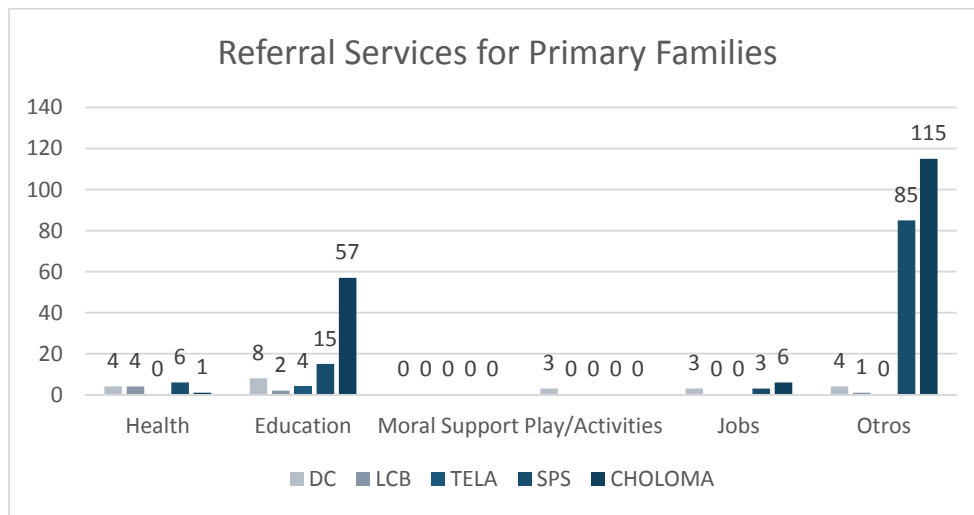


Figure 32: Comparative Analysis of the Referral Service

The referral for services which is most frequently made is that for spiritual support, while others include (often along with psychological support services), education and health.

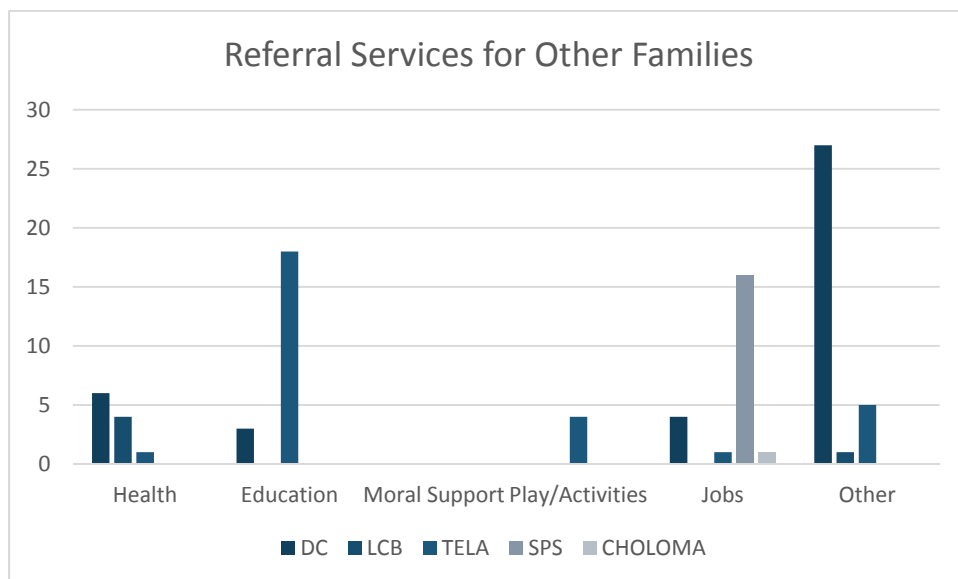


Figure 33: Referral Services for Other Families

In the case of other families who have requested referrals from the Promoters, they have been referred to services in the areas of education, health, employment (San Pedro Sula) and recreational activities.

2.3 Result 3: Cadre of Family Counselors Established

2.3.1 Background

Key achievements during this period are:

- The CEAC met for the seventh time and the meeting focused on the evaluation and recognition of progress in the training and certification programs to date.
- The IIS/FUNDAUNAH developed the remaining 3 modules for the graduation of the participants in the Degree Program in Theory and Practice of Family Systems at Different Risk Levels with 1 module targeted at the promoters and another at professionals from the Government of Honduras and Civil Society Organizations in the 3 cities.
- The professional Association of psychologists has delivered a proposal for supervision for the 4 levels of certification, but there have been some problems in the implementation due to some points requiring further analysis. By the end of October, the supervision process will commence.
- The UNICAH grant for the development of Masters in Psychology with a Diploma in Family Counseling is underway in the 3 cities and the first period of classes has been completed while the second academic period is now underway.

2.3.2 Accomplishments in increasing evidence-based certification programs/curricula for family counseling

The Proponte Más goal of increasing the training and certification programs in the Theory and Practice of Family Systems, has developed an Advisory Committee for Curriculum and Evaluation which is made up of different academic institutions, associations, professionals, civil society organizations, and institutions from the government of Honduras⁵.

The CEAC began operations in the first quarter of 2017, and met for the seventh time in the current quarter. That meeting took place during the month of July and focused on the results obtained by the different training and certification programs, and included a presentation of the research targets for the students in the diploma programs who must present a research project as a graduation requirement.

The agreements reached at the meeting were the following:

1. Suggest the introduction with-in the methodological formation of the diploma program for those who have not yet graduated, techniques oriented to both individual and group learning, to improve the skills of the promoters so that they will each individually feel that their abilities have been enhanced.
2. Try to provide family counseling techniques so that they will be ready when the current strategy for family intervention does not work at a given moment during a meeting, and they will know how to first listen to the family and subsequently choose the best technique to apply.

⁵ Casa Alianza of Honduras, the Institute for Social Research – UNAH, the Honduran Association of Psychologists, the Catholic University of Honduras, the National Office on Children, Adolescents, and Family – DINAF and, the Ministry of Development and Social Inclusion – SEDIS, the Ministry of Health, members of the Family Counseling Team of Proponte Más.

3. Supervisors will be trained to support the process of certification at the different levels in order to provide better advice or orientation to those who will be certified.
4. The certification process by the Association of Psychologists, for those persons enrolled in the Master's degree program should occur simultaneously, and in that way upon completion of their specialized studies, the participants will have their Master's degree and their certification.

The committee will meet again between October and November 2017 with the goal of evaluating the implementation of the diploma programs which will finalize in October and which are currently being managed by FUNDAUNAH/IIS. They will also identify the next steps for CEAC for the third year of the Project.

FUNDAUNAH/IIS

The Foundation of the National Autonomous University of Honduras and the Institute for Social Research are designing and implementing study plans at the University Degree level accredited by the National Autonomous University of Honduras and oriented towards family counseling, directed to the promoters who make up the network of family support professionals from programs within the government of Honduras and Civil Society Organizations in Honduras.

The Institute has developed the first 3 modules for training in the previous quarter and during the months of July through September they implemented modules 4 through 6 which are:

MODULE	TARGETED TO PROMOTERS	NOTES
IV	Field research in the prevention of violence through family counseling.	Two visits were made, 1 to understand the knowledge regarding research and the other to review the research where the teacher provided advice and orientation so that the participants could carry out their specific research investigations.
V	Human communication and family structure and the use of group management techniques.	The primary goal of this module is: promote changes in the current family communication patterns through an assertive model as a tool for the resolution of family conflict helping the family members to improve their communication style.
VI	Relationship between assistance and ethics in family counseling.	The instructor responsible for this module chose to carry out a series of exercises where the family promoters were able to exercise their abilities in relation to community interventions with families by increasing their skills in reflexive listening, observing non-verbal communications, and enhancing their capacity for empathy.

MODULE	TARGETED TO PROFESSIONALS	NOTES
IV	Scientific investigation applied to the prevention of violence through family counseling.	The focus was on a more extensive social research with a focus on the family systems, where the primary goal was the construction of realistic investigations which would produce replicable results.
V	Theory and practice of family systems from the viewpoint of public policy.	A module which took a closer systematic look at the construction of public policies from a viewpoint which went from a micro focus to a macro focus.
VI	The role of assistance in family counseling.	The focus of this module allowed it to become a very rich space to understand how the theories developed in previous modules can be applied in practice, while at the same time showing the linkage between strategic interventions in the vertical and horizontal dimensions with a determined goal framed by the relationship of assistance.

Table 14: Breakdown Of Diploma Degree Participants By Module

PARTICIPANTS	PARTICIPANTS COMPLETING MODULE III			PARTICIPANTS BY MODULE AND BY CITY								
				Module IV			Modulo V			Modulo VI		
	TGU	SPS	LCE	TGU	SPS	LCE	TGU	SPS	LCE	TGU	SPS	LCE
PROMOTORS	16	20	26	16	19	24	16	19	24	16	19	24
MID-LEVEL TECHNICAL STAFF FROM SEDIS AND OSC	6	2	0	5	2	0	5	2	0	5	2	0
TOTAL, PROMOTERS AND MID-LEVEL STAFF	22	22	26	21	21	24	21	21	24	21	21	24
PROFESSIONALS FROM GOH AND OSC	27	12	10	24	12	10	24	12	10	24	12	10

The chart shows the breakdown of participants in the diploma program based on their education levels for modules IV to VI and also shows that in comparison to the number of people who completed up to the third module how many have remained for the following three modules. In Tegucigalpa, there is a decrease because one of the staff members from SEDIS left the Program after resigning from his employment which made it difficult to continue with the diploma program. In the case of the professional participants, 2 members of the UNAH staff withdrew due to problems with health and scheduling conflicts which made it impossible to complete the course.

In San Pedro Sula, there was a reduction when 1 of the promoters left his job and relocated from the zone while in the professional group there was no change in the number during the final 3 modules. For

the La Ceiba campus, there were 2 people who left in the promoters group so that the number was reduced from 26 to 24 and this was due to the resignation from their positions, while for the professional group, the number remained unchanged with no participants leaving in the final three modules.

For the implementation of the final three modules, observations arose from the different cities and different participant groups.

Table 15: For the implementation of the final three modules, observations arose from the different cities and different participant groups

CAMPUS	PROFESSIONALS	PROMOTERS
TEGUCIGALPA	Maintaining the level of participation in the modules is a challenge as participants are carrying out research.	After the instructor made the necessary adjustments from an individual to a systematic approach, the participants were successful in acquiring the necessary knowledge.
SAN PEDRO SULA	Knowledge acquisition on the part of the participants is more effective when the instructor utilizes methodologies focused on developing the personal skills and abilities of the students.	Maintaining a teaching methodology based on the systematic approach to the family and avoiding a return to individual attention increases the understanding of the basic topics.
LA CEIBA	The systematic reorganization of the topics gave way to a more effective and complementary structure for the participants.	Using practical techniques to understand the relationship of assistance helps the student to better understand the application of this approach.

As a part of the requirements for graduation, the promoters carried out research designs which were focused on learning from the courses and tied to their relationships with the community and work with families. The teams had the support of an advisor in research design. Throughout the implementation process to fulfill the academic requirements, the efforts of the different groups to complete this task were evident, and the research designs were presented to the technical team of the Institute for Social Research who evaluated the results of this academic exercise on the part of the group of promoters. (Annex 9.5.1).

The professional participants designed research projects focused on theory and practice of family systems applied to the family context within the communities where they work or, in the absence of those, tied to areas of interest for the institutions where they work. The professional group created work teams for each city, and with the help of a research assistant, designed, presented, and defended their results to the technical team of the Institute for Social Research of the UNAH. The list of research topics is shown in the annexes to this report (Annex 9.5.2).

Many of the professionals trained by FUNDAUNAH are already working in the PM target communities, specifically the professionals from the health and education sector, and civil society. It is expected that

the learning will be implemented in their particular fields. As part of the supervisory role of the College of Psychologists, will be an action/intervention plan that each participant has to do in the communities in order to receive their certification.

FUNDAUNAH/IIS completed the training process for the different groups in the 3 cities where this strategy was implemented during the month of September and held closing ceremonies in each city where they granted diplomas. The total number of people trained is shown below:

Table 16: The total number of people trained

PARTICIPANTS	PERSONS REGISTERED BY CITY		
	TGU	SPS	LCE
PROMOTERS	16	19	24
MID-LEVEL TECHNICAL STAFF FROM SEDIS AND OSC	5	2	0
TOTAL PROMOTERS AND MID-LEVEL STAFF	21	21	24
PROFESSIONALS FROM GOH AND OSC	24	12	10
TOTAL NUMBER OF PERSONS COMPLETING THE TRAINING PROCESS AT BOTH LEVELS BY MUNICIPALITY.	45	33	34
TOTAL NUMBER OF PROFESSIONALS GRADUATED	112		

The chart shows the number of persons who have completed the diploma course by participant group and by municipality, separating out the group of promoters who come from the family support network and those who work with programs of the Government of Honduras or from Civil Society Organizations. With these initial results, FUNDAUNAH/IIS has reached the goal for the number of persons graduated from the diploma courses which established minimum of 100 participants. (for a complete participant list, see Annex 9.5.3).

FUNDAUNAH/IIS is working on the systematization of the diploma courses, which have been developed over the course of the process of implementation of the training programs. it will be presented in October 2017. Currently, Proponte Más is preparing the evaluation for the grant which will take place between October and November of 2017.

As a part of the successful results of this experience, the Institute for Social Research (IIS) and Proponte Más (PM) are in conversations to replicate this program with a second cohort, an effort which would be financed by sources other than PM, but PM would continue to provide technical guidance for the implementation.

Catholic University of Honduras (UNICAH)

During the previous quarter an agreement was signed for a grant between Proponte Más and UNICAH focused on:

1. Reviewing and refocusing the curriculum for a Master's degree in psychology for a pilot group and carrying out this graduate program course for a group of students at the Sacred Heart of Jesus campus (Tegucigalpa) the St. Peter/St. Paul campus (San Pedro Sula), and the San Isidro campus (La Ceiba).

This grant entails:

- 17 classes from the curriculum to address the theme of family counseling (Annex 9.5.4).
- Implementing a contract scholarship program for the direct beneficiaries (10 scholarships)
- Designing a curriculum for a Master's degree in family counseling and presenting it to the Board of Higher Education for its implementation, if possible, in 2018.

The grant began with the communication and publication process which was carried out in the month of June and the Master's Program started on July 7 with the beginning of the first academic quarter in each city.

Table 17: Participants in the Master's program and their origins by academic campus.

PARTICIPANTS	TEGUCIGALPA	SAN PEDRO SULA	LA CEIBA
SCHOLARSHIP RECIPIENTS FROM THE PM GRANT	6	3	1
EXTERNAL PERSONS ENROLLED IN THE PROGRAM.	10	1	9
PROPONTE MÁS STAFF MEMBERS ⁶	11	19	20
TOTAL, PARTICIPANTS BY CAMPUS	27	23	30

The chart shows the participants in the Master's program and their origins by academic campus. There are a total of 80 persons enrolled in the program, 60 who are tied to the project and 20 who entered as a result of the promotion carried out by the University. During the months of July through September, the first academic quarter was completed at the different campuses⁷.

⁶ The PM staff members enrolled in the Master's program did so through the ATL policy of Creative Associates International. The goal of the ATL policy of Creative Associates International is to assure that their professionals are duly informed and up-to-date in technical areas and practices in the fields where they work, so that they can work, innovate, improve, and implement with high impact and success during a project and beyond. -With-in the projects or with-in the resulting organizations.

⁷ The group in Tegucigalpa took classes in Administration and the Historical Evolution of Psychology. The Group in San Pedro Sula had classes in the Historical Evolution of Psychology and Culture and National Identity. While the group in La Ceiba, took the class in the Historical Evolution of Psychology.

The University has asked PM to develop audio-visual materials which will serve as a guide to present to the instructors with the goal of supporting the process of readjustment towards an emphasis on the theory and practice of family systems. The exercise of adapting the courses implies an adjustment by the instructor in charge of the course and a review on the part of the postgraduate team of the University. The adjustments will be communicated and publicized at the different campuses with the goal of standardizing the inputs which are developed. this will be the focus guide for curricular adaptation.

The implementation during this first period showed progress and all of the scholarship recipients were able to achieve the grades necessary to proceed on to the next group of classes. 100% of the students approve the subjects of the period.

The first experience of the first class of courses has identified the need to develop a continuous evaluation process to ensure the focus of the necessary adjustments in the curriculum. Because of this, the University will implement a focus group that will be composed of 3 students from each campus who will evaluate the curriculum of each developed class; this group should include Proposers Plus counselors who have a more specific focus on theory and practice of family systems.

which will allow them to identify where it is necessary to provide additional emphasis on the topic of the theory and practice of family systems.

At the same time, the technical team of Proponte Más will include the counselor of PM Gia López of Tegucigalpa as counterpart of Proponte Más in the process of curricular refocusing of the subjects. This seeks to identify whether the proposed adjustments to the academic program are reasonable and if they achieve the desired objectives. It's important to highlight that this process is intended to evaluate the curricula and is not an evaluation of the professional abilities of the instructor. This process will be put in place beginning in the month of October when the second academic period for the Master's program begins.

Part of the curricular adjustment of the 17 classes establishes the application of the knowledge acquired in familiar systems through the assignment of a practical work as part of the final grade of the classes.

The technical team will follow up with the UNICAH with the goal of strengthening the programmatic development of the Master's program and reviewing the execution of the grant, and for this tracking each course should have a theoretical and a practical component. The theoretical component should be approximately 70% and the second part 30%. In order to pass each course, a student must obtain a grade of at least 75%.

The Program Manager will have periodic follow-up meetings with the personnel of the graduate studies program to discuss progress made in the curriculum readjustment, and the development of applicable strategies for the different courses among other topics to strengthen the development of the Master's program. In the coming months, the work of the technical team will be focused on following up on the grant implementation. These advances will be presented periodically to CEAC for its evaluation and issuance of recommendations.

2.3.3 Increasing the capacity of family counselors at three levels

A certification program in the theory and practice of family systems was designed and certificate may be granted to a participant who completes the certification process and meets the requirements which have been established which include supervised intervention, the verification of intervention skills, and compliance with a minimum number of hours of supervised practice. This process includes the definition of criteria for 4 certification levels which complement a training program in the theory and practice of family systems which is being developed by the Honduran Association of Psychologists.

Honduran Association of Psychologists

The grant has 4 principal activity areas including the focus on the development of the 4-level certification program, During the reporting period, the following progress has been made:

1. The Psychologist Association signed a letter of understanding and cooperation with UNICAH, establishing cooperation agreements to strengthen the focus of the Master's degree program being developed by UNICAH in the framework of the grant from PM. The document includes:
 - Working with the technical project committee from UNICAH, provide technical support for the review, redesign, implementation, and evaluation of the Master's degree with an emphasis on training regarding the theory and practice of family systems.
 - Support the redesign of at least 6 courses of the Master's degree program.
 - Participate with UNICAH in the coordination meetings regarding the curriculum readjustment.
 - Work with UNICAH to develop cooperative programs in a number of areas focused on the development of the Master's program.

This agreement is expected to strengthen the capacity of both institutions.

2. The Association of Psychologists completed the redesign of 6 classes for the Master's program which will provide support for the adjustments in the classes which are proposed to be implemented as part of the curriculum readjustment. The redesigned classes are:
 - Culture and National Identity
 - Community Mental Health
 - Theory of Human Communication Systems
 - Individual and Family Life Cycles
 - Crisis Intervention
 - Historical Evolution of Psychology
3. As a part of the collaboration between the Association and IIS during the period from July through September, a number of coordination activities were carried out including:
 - The collection of data on the participants in a number of diploma courses as part of a baseline which will allow the Association to have general information regarding the participants seeking certification.

- During the execution of the diploma program, the Association provided instructors with bibliographic material as supporting tools that help them to enrich the programmatic contents of the courses.
 - The Association carried out field visits to the different campuses where the diploma courses are being offered with the goal of learning more about the development of these courses and making contact with the beneficiaries of the training program.
 - As a part of the follow-on steps, IIS will provide information on the development of the diploma courses and academic aspects to participants with the goal of supporting the needs of the participants in the Program who will later be part of the certification efforts.
4. In terms of the development of the certification program during this period, the following results were obtained:
- From July 31 through August 02 a training course was held for possible supervision staff for the certification program for the Prevention and Intervention Family Systems Model (PIFSM) to improve the focus of these in the development of a supervision model with-in the theoretical framework of the interventions carried out by PM. The results of this process include the development of a supervision plan based on the skills and abilities required for the different intervention levels (Annex 9.5.5).
 - The Psychologist Association presented the certification plan for the 4 different levels during the month of September which specifies the requirements for each level of certification and the mechanisms for supervision. Based on this document, the technical team from PM made adjustments to the proposal, specifically in order to guarantee a group supervision model for the different levels with the goal of fine-tuning the supervision (Annex 9.6.6).
 - At the same time, the Association was asked to adjust the supervision process for the group of family promoters who in the Association proposal did not have direct supervision, but rather only in direct supervision mechanisms based on case studies and reports which was considered to be inadequate as it did not allow this group to receive the coaching which would improve their intervention skills. The Association of Psychologists was asked to readjust the times and redistribute supervision hours at the different levels in order to allow the promoter group to also have a direct guidance process. The request for adjustments in the Program were only recently sent and it is hoped that the adjustments will be made in the coming weeks.
 - It was decided that the Association should begin the process of certification for the level of family counselor and advanced family counselor⁸ simultaneously in the 3 cities beginning on October 27, 2017. PM will provide information regarding the different professionals who have completed the training programs, and it is hoped that once the process has begun a technical follow-up process will be put in place by the PM technical team with the goal of strengthening the capabilities of the organization and their staff members.

⁸ The certification program includes 4 levels: 1) Natural Counselor (persons identified in the target communities). 2) Family Promoter (promoters from the family support network). 3) Family Counselor (professionals who have received a diploma in the Theory and Practice of Family Systems and counselors from PM who have a bachelor's degree and meet the requirements for the certification process). 4) Advanced Family Counselor (professionals with a Master's degree focused on family systems including counselors from PM who meet the certification process requirements).

2.3.4 Increasing and expanding partnerships to further family counseling capacity

Reinforce GOH and academic efforts to emphasize a family systems approach to violence reduction

Grants are being developed targeted to government and academic institutions which will help to expand the technical capabilities for violence Prevention based on the intervention focus of Proponte Más. Efforts will also be made to develop processes to transfer the methodology of the model and its measurement tools to different participants in order to develop a learning group composed of representatives from diverse national sectors.

Institute on Family Sciences (ICF)/UNICAH

In order to strengthen the academic abilities in research on violence prevention focused on a family systems model, a grant was approved for the Institute on Family Sciences which is in the process of being signed for implementation to begin during the month of October 2017.

The grant will support 2 conferences on the development of the theory and practice of family systems related to prevention activities at different risk levels with a family focus and connected to themes such as transnational families from the perspective of the Garifuna community.

The grant was expected to begin activities in the month of September, however, in the process of signing the grant, the implementation coincided with the national elections, so a decision was taken to delay the implementation. During the last week of September, ICF submitted the required adjustments and hopes to have the document signed during the second week of October.

ICF will work during the months of October through January in the design methodology and the communication and promotion strategy for the event and the activities which will be carried out in February 2018 and continue into the second quarter of 2018.

Family Counseling Clinics – Ministry of Health

Efforts to strengthen the family counseling clinics of the Ministry of Health in the cities of Tegucigalpa, San Pedro Sula, Choloma, Tela, and La Ceiba through a series of in kind donations.

During the previous quarter, the coordination process began with some highs and lows which prevented the concrete execution of this grant, and during this period the corresponding progress has included substantial efforts in coordination with the Ministry of Health to implement these activities.

During the month of August, there were meetings with the Vice Ministers and the Director of the Integrated Networks Unit, together with USAID to establish a framework for designing proposals for the in-kind donation and training counseling staff. In August, a subsequent meeting was held to hammer out the details.

Following this meeting, there have been additional meetings have been held resulting in the following accomplishments: 1) an initial approach has been determined for the identification of needs in the different family counseling clinics, 2) the technical framework for the development of a scope of work between PM and the Ministry of Health has been established, 3) the required approvals have been obtained to initiate field visits to the counseling clinics with the goal of obtaining direct inputs to help define the focus of the grant budget.

Joint visits are planned for the month of October to the with the staff from the Metropolitan regional health offices in order to obtain a general scope of needs which will be used to identify the specific needs for each clinic, as well as understanding the extent of the work agreed between PM and the Ministry which will facilitate the grant request by the Ministry of Health. It is expected that execution of this grant will begin during the final quarter of 2017.

2.3.5 Training Team

In order to educate other national population groups who are not involved directly in the project, a national training team has been assembled with 9 counselors, 3 from each city, the training coordinator and the Program Manager. This group will have the task of implementing a learning agenda, having as a goal the transmission of knowledge generated with-in PM, and presenting the development of the necessary skills for understanding and implementing the Prevention and Intervention Family Systems Model (PIFSM). This team will be led by the PM DCOP.

At this stage, coordination has been focused on the development of materials to be presented during training events, which are also being created within the framework of the theory of family systems and specifically the theory of change. The development of these materials will highlight the following themes: theory and practice of the PIFSM model, theory and practice of the construction of the genograms based on family strengths, theory and practice in the use of the 6 steps for problem resolution, theory and practice of the YSET interview, and theory in practice in all of the different types of intervention provided in the counseling process.

2.3.6 Building a cadre of a family counselors

After completing the intervention process with the first round of families, all of the counselling teams were brought together for a week-long training to prepare for the second group of families. This training was focused on the development of a more systematic and uniformed approach by the counselors in each of the five target municipalities. Based on field observations and informed by discussions with Arizona State University this standardization is critically important for the following reasons: 1) It will allow PM to systematize the evidence informed family approach in a manner that can then be effectively duplicated by other implementers in a step by step process; 2) It will provide more uniformity to the interventions in the five target municipalities, therefore the evaluation will be more able to attribute the risk factor reductions in the treatment population to the actual intervention by PM; 3) It will allow PM to more effectively quantify the average dosage, cost, and efficiency required to reduce risk factors in the treatment population across the five target municipalities; 4) it will enhance the professional development of counselors by providing them with tools to respond effectively to a diverse range of family problems. The topics of the training included:

- The introduction of the new data fidelity data base which is made up of specific fields with “closed fields” in which the counselor chooses specific options from already established menus. This data base also requires that counselors specifically identify which scales from the YSET is being used to guide the work with the family, the individual, and the group.
- The introduction of the FACES diagnostic as a tool that will be applied with all families at month one of the intervention and at the completion of month 12 of the intervention. Unlike the YSET which establishes a baseline level of risk and changes over time in the index youth, the FACES diagnostic will measure levels of risk and changes over time in the family system. This will allow for the next phase of the ASU evaluation to establish causality between the family system intervention and the risk factor reduction in the index youth.
- The standardization of genograms using the software Genopro to more effectively document the evolution of each genogram during each phase of the intervention. This will result in 12 sources of multigenerational data, one for each month of the process of intervention. This will allow for a more rigorous evaluation and codification process of the genograms by the ASU evaluation team.
- The standardization of group activities which will now include a maximum of 10 youth per activity with each activity lasting three hours from the time the youth is picked up to the time the activity completed. In addition, the counselors will use scales from the YSET in order to evaluate the group interaction and problem-solving ability of group members. The scales that will be used to guide the group activities are from: Neutralization of Guilt, Negative Peer Influence, Impulsive Risk

Taking, and Code of the Streets. This will allow for a more rigorous evaluation of the effectiveness of the group activities across all of the target municipalities.

- The standardization of interventions with members of the family that live together (horizontal family) by incorporating the use of the answers provided by the index youth in the horizontal family scales of the YSET. This will make for more specificity in the way that family counselors are able to intervene with families in each of the target municipalities.
- The standardization on the use of scales from the FACES diagnostic that measure family communication, and satisfaction in the evaluation of the family dynamics during the Celebrating Changes and Integration Phases of the Model. This will allow for a more uniform way of evaluating family dynamics that emerge during the Celebrating Changes and Integration phases.

2.3.7 Transfer of the model and measurement tools to GOH and OSC entities.

As part of the strategy to reinforce GOH and OSC entities through the targeting of training efforts to emphasize a focus on family systems for the reduction of violence, training was provided during the month of August for the transfer of the Prevention and Intervention Family Systems Model (PIFSM) which is implemented by Proponte Más for government and civil society entities, implementers, and USAID personnel.

From August 28-31, a workshop with a thematic agenda was carried out intended to demonstrate for the participants how the Proponte Más model work and its different components for measurement and intervention. A group of more than 30 persons participated in this first methodology. The different participants are listed below:

Table 18: Group of more than 30 persons participated in this first methodology

GOH	CIVIL SOCIETY ORGANIZATIONS	USAID IMPLEMENTERS AND STAFF
INAMI (TGU/SPS)	Casa Alianza	SBVP
MINISTRY OF HEALTH	Association for a Fair Society (ASJ)	Genesis
MINISTRY OF EDUCATION	Sharing Association	Employing the Future
DINAF	Solidarity Families	Mescla
VICE – MINISTER FOR PREVENTION	Orphan Helpers	FORPAZ
FHIS/DIM	CONEANFO	DO1 -USAID
SEDUC (SPS/TGU)	Alternatives and Opportunities	
	Childfund	

It is worth noting that most of the organizations had more than one participant, and in the case of government entities such as INAMI they had at least 7 participants from different cities, just as other entities such as SEDIS and some civil society organizations had 3 or 4 participants each. In the case of the implementers of USAID projects, generally they had 2 or 3 participants per organization.

In an effort to continue promoting opportunities for agreement, dialogue, and learning regarding the model and its implementation, the experiences will be used to create a learning platform with the different entities who participated.

2.3.8 Communication regarding the Prevention and Intervention Family Systems Model (PIFSM)

As a part of the process to reinforce alternative measures and strengthen the abilities of the special system for youth in conflict with the law, a training program has been developed around the communications regarding the Prevention and Intervention Family Systems Model (PIFSM) for entities within the justice system.

On September 1, a session was held to present the Proponte Más intervention model to judges, prosecutors, and psychosocial staff and explain the significant advantages of the system for the country based on the development of differentiated interventions based on risk level which allows the strengthening of comprehensive and focused alternative measures options. The participants included:

- Staff from the Trial Courts
- Staff from the Sentencing Courts
- Prosecutors
- Public Defenders
- National Police

The agenda included the history of the model over time and its scope. At the same time, the results obtained in Los Angeles, Honduras, and El Salvador were presented. Discussion followed on the implications of the process of differentiating risk levels as a helpful tool for the special justice system, and why this becomes more effective once you are able to identify the relevant risk level. The components of the model and their use were explained. Intervention strategies were presented, and examples were cited regarding the vertical strategy as a part of one of the work dimensions in family counseling.

The most important goal of this process was an initial presentation with people working within the system to open the door towards having an impact in the development of a differentiated model for the special justice system. The workshop took place in Tegucigalpa with the hope of including similar meetings later in San Pedro Sula and La Ceiba.

2.3.9 Internship Program

The internship program provides a professional experience for young people in the communities to participate in a technical internship and gain skills and abilities that will help them achieve enhanced

work opportunities after completing a one-year technical internship. This experience can help young people become agents of change with-in and outside of their communities and acquire relevant work experience for future projects related to the prevention of violence.

As of this writing, the internship program has been underway for nine months. The following achievements in this period were:

1. The interns in the different regions have received basic training in the Proponte Más model and have completed up through module #8, and in addition they have completed module #11 ahead of time and now have only 2 modules remaining.
2. The interns have participated in a rigorous training process beginning with the Proponte Más model and including modules addressing areas such as communications with an emphasis on the family-centered prevention of violence, project proposals, grant implementation, program administration, and work and professional development, all of which will be useful as part of a strategy to strengthen and fine tune their own professional abilities.
3. The interns are currently continuing to receive complementary training courses online through INFOP (Annex 9.5.7).
4. The interns are currently working on their final internship reports and collecting data from surveys and mapping exercises to help them complete their final project research report.
5. Contacts and follow-up were established with organizations in the family support network which are receiving grant support to help in the training of the interns through sharing the expertise of these different institutions based in their regions.
6. A meeting was held with the instructors to demonstrate the progress which the technical interns had made at the midpoint of their internship year.

2.4 Result 4: Alternative Justice Measures Strengthened

Result 4 is focused on strengthening alternative measures approaches in the country and has two primary areas of intervention: the first is directed towards working at the micro level, which is to say with adolescents and their families, through the use of analysis based on testing, followed by interventions which are derived from these analyses and then in the evaluation of the intervention. The second area of emphasis is at the macro level and is focused on promoting public policies and institutional strengthening based on the interventions carried out at the micro level.

2.4.1 Progress In Activities Carried Out Based On The Work Plan

Provide a general description of the activities planned for the period and compare those with the activities which were carried out, indicating progress up to the present date. Comment on any changes (delays) which occurred and the reasons for these.

Table 19: Progress in Activities for Result 4

INDICATOR	ACTIVITY	PERCENT PROGRESS	NOTES (IDENTIFIED DELAYS AND CAUSES)
PERCENTAGE OF JUVENILE DELINQUENTS	Application of the YSET I (at the beginning of the intervention) and YSET R (after 6 months) to adolescents under	15%	In the baseline, 8 tertiary level individuals were identified who represent 15% of the adolescents remitted through alternative

INDICATOR	ACTIVITY	PERCENT PROGRESS	NOTES (IDENTIFIED DELAYS AND CAUSES)
INVOLVED WHO ARE IDENTIFIED AT THE TERTIARY LEVEL WHO DEMONSTRATE POSITIVE CHANGES IN BEHAVIOR.	alternative measures remitted by CPAI/INAMI to Casa Alianza.		measures to CAH (total of 53 as of this writing) After 6 months of intervention the youth were re-evaluated, and change was noted in 4 different risk factors. According to the indicator summary sheet, a reduction in the value of the indicator compared to that which was established in the baseline, represents a positive behavior change.
PERCENTAGE OF JUVENILE DELINQUENTS WHO REDUCE THE NUMBER OF RISK FACTORS BELOW THE NUMBER IDENTIFIED IN THE BASELINE DATA.	Application of the YSET I (at the beginning of the intervention) and YSET R (after 6 months) to adolescents under alternative measures remitted by CPAI/INAMI to Casa Alianza.	53%	15% of the adolescents who took the YSET R reduced the following risk factors: anti-social tendencies (-50); critical life events (-67) and tendency to take impulsive risks (-33).
NUMBER OF YOUTH WITH ALTERNATIVE MEASURES INVOLVED IN INTERVENTION PROCESSES.	At the end of the quarter, there were a total of 53 adolescents who have alternative measures and were remitted to CPAI/INAMI. Then, in turn, they were remitted to Casa Alianza of Honduras.	53%	In August, a mid-term review was carried out by PM on the grant implementation by grantee Casa Alianza of Honduras, resulting in recommendations for improving services for adolescents and their families. Technical changes have been made in the intervention process and negotiations are underway to modify the budget. A risk analysis was also carried out to mitigate any obstacles which might result from a modification of the signed agreement. The conditions set in order to be effective and focused with this grant include the development of the abilities of Casa Alianza in their focus on families and in the use of the diagnostic tool.
	Publication of an RFA to award a grant to an NGO to provide family counseling services to 60 families with adolescents who have been sentenced under alternative measures. This NGO will replicate the family intervention model of Proponte Más.	50%	RFA was delayed due to PM decision to do one RFA for both voluntary and involuntary populations.
JUVENILE JUSTICE PUBLIC POLICY	Meetings with the CTJJ in La Ceiba and Tegucigalpa, intended to reinforce the analysis, reflection, and recommendations regarding a final transition for the Technical Advisory Committee of the INAMI. In order to facilitate debate, a participative and reflective methodology was applied using 2 methodological tools for CPAI/SEDIS/INAMI planning and transition and a table of suggested topics (See Annexes).	50%	This opportunity was used to involve the recently named director of the INAMI; and at the same time to motivate dialogue, coordination, and commitment on the part of the authorities in charge of the transition. In this meeting, the Director of INAMI agreed to: • Use the CTJJ as a platform to influence decision-makers. • Have the CTJJ included in the amendments to executive decree 72 – 2016 for the creation of INAMI, as a consultative organ for the INAMI; and,

INDICATOR	ACTIVITY	PERCENT PROGRESS	NOTES (IDENTIFIED DELAYS AND CAUSES)
			The staff members of CPAI/SEDIS who work in prisons and in the alternative measures program were trained by Proponte Más will become part of INAMI personnel once INAMI is functioning.
COORDINATION MECHANISMS	A roundtable of donors and implementers of USAID activities to support and coordinate efforts based on the CTJJ platform. The representatives from the different cooperation projects requested from CTJJ a presentation of technical proposals for activities to support INAMI, and the development of a proposal which could be raised with the senior authorities of the Government.	100%	In this meeting it was agreed that the spokesperson for the transition process from CPAI to INAMI would be Zoila Cruz. At the next meeting of the CTJJ, a technical, legal proposal will be presented which would provide the institutional framework for INAMI. The CTJJ, serving as a platform to carry out proposals and initiatives, received an offer from UNICEF regarding a donation of furnishings and computer equipment for CPAI/SEDIS/INAMI, which took place on August 29.
PROCEDURES AND NORMS FOR ALTERNATIVE MEASURES	Subsequent phases for the development and elaboration of operating procedures and standards and the identification of resources for implementation (protocols).	80%	The Terre des Hommes Association will implement two pending phases, which consist of training in the protocol for law enforcement staff and IT staff from the relevant institutions and the provision of guidance in the technical specifications for the contractor which will develop the software for the case management system. The resources required to implement the operating procedures or protocol have been included in the INAMI budget which is awaiting approval. *The payments agreed in the milestone plan with Terre des Hommes have been delayed due to administrative delays in head office.
CASE MANAGEMENT SYSTEM DEVELOPED	USAID has approved a grant for the design and implementation of the case management system (software).	30%	The creation of an evaluation committee is pending to review the final proposal from the associate member identified to develop the tool. This will be finalized in October.
	Terms of reference for the RFA for the provision of services to adolescents with drug addiction problems and for other services.	5%	While the terms of reference have been defined, it is not clear yet whether there are services that can provide this type of support to youth, or whether youth identified as having addictions actually have them.
UNIVERSITY OF MALAGA/UNAH MASTERS DEGREE IN	Execution of Module 3; Affective and Social Development during Infancy and Infant and Juvenile Disorders; and	28%	The occupation UNAH by the university students, put the presentation of Modules 3 and 4 at risk, but an alternative teaching

INDICATOR	ACTIVITY	PERCENT PROGRESS	NOTES (IDENTIFIED DELAYS AND CAUSES)
JUVENILE JUSTICE AND CHILD PROTECTION	Module 4; Social Intervention with Minors at Risk in the International and Honduran contexts.		space was arranged in time. To date, the evaluations for Modules 1 and 2 have been carried out.
CONSULTANCIES	Initiation of three consultancies: 1. The revision of biodata for adolescents in alternative measures programs has been awarded; the data which has been collected is crucial in order to create a profile of the population under alternative measures. 2. Elaboration of tools to permit the broadening of the legal framework for INAMI.	60%	1-2. Staff members in charge of the system at the regional levels refused to show the files to the consultant, and for that reason a request has been made to the judicial authorities to allow the consultant to investigate these cases. 3. The first product from this consultancy has been delivered and the research continues.
	3. Advice and guidance for the authorities in the framework of the transition process for CPAI/SEDIS/INAMI.	30%	4. Negotiations with the consultant broke down, based on changes in the initial agreements of the negotiation. This has led PM to look for other alternatives to carry out this work. PM has identified some national alternatives.
	4. Pilot experiences regarding models for addressing the issue of boys, girls, adolescents, and young people under alternative measures which may serve as support for lobbying efforts with decision-makers in the country. At the same time, discussions continued regarding the design of a program in an open, community-based environment for adolescents under alternative measures.	0%	
	Training for the technical teams from INAMI, Casa Alianza, ASJ, and others regarding family systems in order to educate them regarding family-based interventions.	80%	First round of trainings done, and will continue with more focused trainings to CAH

Mid-Term Project Review

Between August 01 and 15 the PM team carried out a mid-term review of the Project just as the first year of project implementation was finalizing. This goal of this activity was to:

- Review and evaluate progress and implementation to date.
- Generate lessons learned and provide recommendations to strengthen implementation.

The activities carried out included a review of the contract, progress reports, financial reports, and meeting notes, among others. In addition, supervisory visits were made to CAH offices to review files and internal processes related to the Project. There were also field visits with the CAH educators to the homes of beneficiaries while they were carrying out their social investigation, family counseling, and case follow-up.

After this, an 8-hour workshop with the participation of the management, technical, financial, and administrative teams of Proponte Más and Casa Alianza of Honduras was held. During this session, the findings of the review were presented in the technical, administrative, and financial areas by PM finance, technical and grants teams. CAH had the opportunity to respond and provide feedback to the findings presented. Finally, both teams acknowledged lessons learned and identified next steps to provide follow-up for the recommendations.

The recommendations were focused on improvement in compliance with Objective #2⁹ of the grant which deals precisely with interventions for adolescents who are beneficiaries of the grant in alternative measures and take into account the application of the YSET tool.

Follow up on Recommendations of the Mid-term Review

The following stage consisted of the development and implementation of the recommendations made during the mid-term review. Beginning with the joint development of a follow-up plan which sought to carry out the necessary technical, financial, and monitoring and evaluation adjustments for the successful implementation, as well as preparing the required amendment to make changes to the grant agreement. The technical, financial, and grant teams from both organizations participated in the working meetings where changes were proposed, reviewed, agreed upon, and finally incorporated into a new workplan.

The most important adjustments have been in the reformulation of the workflow for Casa Alianza of Honduras as explained below:

Table 20: The most important adjustments have been in the reformulation of the workflow for Casa Alianza of Honduras

EVALUATION AREA	PRINCIPAL FINDINGS OF THE MID-TERM REVIEW	ADJUSTMENTS
WORKFLOW FOR OBJECTIVE 2	There are 8 phases that correspond to the methodology of family reintegration utilized with other adolescent populations.	A new workflow was designed which responded to the specific characteristics of adolescents in alternative measures programs and with the objectives established in the Project. The new workflow has 6 phases.
DAYS BETWEEN BENEFICIARY ACCEPTANCE AND DELIVERY OF THE INDIVIDUALIZED PLAN	The average time for the process was 15 to 20 days.	Specific steps were taken so that the plan would be delivered in no more than 10 days.
ADMINISTRATION OF	The YSET was administered on the first day	The YSET is administered on the sixth or

⁹ Preventing vulnerable groups of youth with alternative measures from becoming victims or participating in violent activities or repeating the behaviors which brought them into conflict with the law.

THE INITIAL YSET	that the adolescent arrived, with little time and a little trust developed between the adolescent and the family.	seventh day after the process has begun. Prior to the administration of the YSET, the adolescent and of the family will have 3 previous meetings with the CAH team: Initial Induction, Social Investigation Visit, and the Application of the Social and Psychological Tests.
INDUCTION OF THE FAMILY AND BENEFICIARY ADOLESCENT	The induction process was weak and did not achieve the objective of providing sufficient information and generating trust with the beneficiary family.	The new induction process includes an exhaustive explanation of the project, a tour of CAH, and introduction to the technical team which will have contact with the family, a snack or lunch, and a folder including an informative brochure and a calendar of upcoming visit dates.
QUALITY CONTROL FOR THE DEVELOPMENT AND DELIVERY OF THE LIFE PLAN TO THE CPAI	A number of Life Plans did not include input from the social and psychological reports. They were returned by the Legal Department due to the lack of data or reports. The 10-day target delivery date was not met.	The Psychology and Social Work Groups will have 3 days to provide their reports and train the educators so that they can include their input in the Life Plan reports. In addition, educators will be in charge of reviewing the quality of the Life Plan and the reports (through a verification checklist) prior to delivering the documents to the Legal Department. Compliance with the 10-day delivery deadline will be assured.
INTERVENTION	There was a deficit in the number and quality of family counseling sessions provided to the beneficiaries. These services provided to the adolescents and their families consumed excessive time and were not necessarily those which were related to the project indicators.	The 5 key services which will be provided by CAH to the beneficiaries were clearly defined and simplified: family counseling, access to technical/vocational and entrepreneurship education courses, training workshops, adult education schools, and activities to promote good mental health. These activities respond directly to the goals and indicators of the Project and maximize the time available for educators to provide family counseling.

STRENGTHENING FAMILIES IN HONDURAS

Diagram No. 2 – REVISED WORKFLOW

- Of the adolescents participating in the Casa Alianza of Honduras Program, the baseline identified eight (8) tertiary level individuals who represented 15% of the adolescents remitted through alternative measures, and after an intervention period of six (6) months two (2) of the tertiary level individuals were re-evaluated, with the risk factors reduced, representing positive changes in behavior.

2.4.4 Principal Challenges

- Proponte Más has facilitated the government re shifting their approach to youth with alternative measures, and the implementation of a case management system and an intervention model based on the family is evidence of that. While still in a nascent state (given

that the new institution INAMI is being structured) the government entities and civil society see this as a major step forward in a new approach to juvenile justice. This, in spite of the concerns around institutional weaknesses (reflected in the recent activities of the current government to suppress and create institutions by executive decree).

2. INAMI must have the authority of an autonomous institution, with judicial, technical, and financial independence. The structure which is created by means of executive decree does not highlight the priority to create a specialized entity and juvenile justice system which includes family and community re-integration and not based on a security framework.
3. Even though there are more than 187 civil society organizations (CSOs) working in the area of children, all of these are oriented to providing services to those who are in a vulnerable situation regarding their rights (previously known as social risk), and are not evidence based. None of them have a methodology which is adapted to the population of youth given alternative measures, a situation which makes it critical to strengthen the abilities of the organizations which will expand the effective services available for adolescents with these sanctions.
4. In the current juvenile justice system, there are a number of gaps in the data sources and in the quality of the data to estimate the true population affected at the national level. This situation creates a challenge to finding a solution for this statistically invisible population. One sign of this is the dispersion of data which is managed by the relevant institutions of the juvenile justice system, for example, the Supreme Courts National Coordinating Body of Sentencing Judges indicates that as of October, 2016, there is a population of 365 girls and boys serving their sentences outside of confinement. While at the same time DINAF reports that as of August 2016, there are 294 girls and boys serving such sentences according to the regional offices. For their part, the Public Ministry, through the Special Prosecutor for Children, reports that during 2016, only in Tegucigalpa, they received a total of 570 reports of criminal activity for a variety of violations committed by adolescents. While CEDU states that from January through September 2016, the different courts at the national level heard more than 1,000 cases for criminal violations.

2.5 Result 5: Community-Based Secondary Prevention Model Established

2.5.1 Background

The Secondary Prevention Model was initially developed at the Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) as a "wrap around approach" to be implemented in the context of high risk gang plagued communities of Los Angeles. The initial model was to wrap the youth/families with a series of services that could include basic youth development programs such as Boys Club and YMCA, but in addition would incorporate safety net type services such as section 8 housing, AFDC, food stamps and other government subsidies. The Honduras context is quite different in that it is primarily absent of all of the same services available to families in LA. Therefore, the implementation of the seven phases of family systems intervention has to be adapted to the Honduran realities. There are also contextual differences in the application of the diagnostic instrument (YSET). The tool was originally developed in Los Angeles to identify youth between ages 10 to 15 at the highest risk of joining gangs using 9 risk factors associated with the YSET that were derived from longitudinal research studies on gang affiliation in the US. In Honduras the tool is being used with a target population between the ages 8 to 17, in a social context with higher indexes of violence and more frequent critical life events. Therefore, PM will use data from over 5000 YSET assessments on youth ages 8 to 17 living in the most violent neighborhoods of the five most violent municipalities of Honduras to inform the development of a fully contextualized YSET instrument.

2.5.2 The Adaptation Process

The process of transferring the GRYD model has required careful attention and understanding of the elements of the model that are critical to scientific validity while allowing for adaptations based on the local context. The point of departure in the process of adaptation is the articulation of a theory of change anchored in the risk factor framework of the YSET, which is a narrower theory of change than in the original GRYD model.

The Honduras Theory of Change: All 9 risk factors and associated behaviors become embedded in, and are reinforced by the relational dynamics of the family. If a specific behavior associated with a risk factor is used as a lever, and multiple members of the family are engaged in changing the relational dynamics around that specific behavior, all nine risk factors and associated behaviors are reduced.

2.5.3 Calibration of YSET (thermometer)

As part of the learning and sustainability agenda of Result 5 PM has a mandate to culminate its proof of concept experience with a validated secondary prevention model. This means a model that retains the scientific validity that was established through the previous work in Los Angeles yet simultaneously accommodates itself to the realities of the Honduran context.

During the month of August, ASU provided PM with a set of research validated questions to be added to the current YSET interview. These are referred to as validated questions because they have been determined through research to have an impact of criminal behaviors. The purpose of adding these validated questions is to gather additional data that can be used to further adapt the diagnostic process to the realities of the Honduras context.

The original YSET tool includes a set of questions which measure associated risk factors, conducts, and behaviors at the individual, peer, and family level domains. The community level risk factors of the YSET are measured primarily through the critical life events scale. However, given the complexity of community level risk factors that impact individual, peer, and family functioning in the Honduran neighborhoods served by PM, it was deemed necessary to expand the measurements of how additional risk factors may influence group ties in young people between the ages of 8 and 17.

At the community level, a set of questions was added in order to obtain inputs with respect to:

- Community disorganization
- Perceived availability of drugs
- Laws and standards favorable to drug use
- Low levels of community identification
- Transitions and mobility
- Rewards for positive social participation
- Opportunities for positive social participation

In order to obtain additional inputs regarding how peer relationships might influence group joining in the Honduras context a set of validated questions was added which attempted to obtain the following additional information:

- Drug use on the part of friends
- Relations with anti-social peers
- Perceived risks of drug use
- Favorable attitudes towards anti-social behavior
- Tendencies to use drugs

Based on the experience resulting from the initial reference data that shows around 74% are referred by schools, it was deemed necessary to expand the inputs regarding school and how this might be connected to the measurement of risk factors. In order to refine the connection between school performance and risk factors PM/ASU added scales that measure the relevance of the following:

- School dropout
- Low levels of commitment to school
- Opportunities in school for positive social participation

- Rewards in school for positive social participation

There are scales in the original YSET associated with individual level domain risk factors such as anti social tendencies, and neutralization of guilt. In order to strengthen the ability of the tool to identify additional potential factors that influence young people between the ages of 8 and 17 to develop a group identity, a series of additional questions were included. These are related to the measurement of conduct and behaviors associated with risk factors at the individual level in a broader sense; this new set of questions attempts to obtain inputs regarding the following aspects:

- Rebellion
- Belief in moral order
- Rewards for positive social participation
- Rewards for anti-social participation
- “Code of the Street”
- Social skills
- Early initiation to drug use
- Participation in gangs

The current YSET measures parental supervision and certain elements of horizontal and vertical family. In order to identify additional risk and potential protective factors additional questions were added to examine more levels of family functioning. This includes:

- Parental attitudes that are favorable to drug use
- Family histories of anti-social behaviors
- Family conflict
- Poor family management
- Family attachment
- Family rewards for positive social participation
- Family opportunities for positive social participation

The version of the YSET with the additional questions was piloted by the Proponte Más team during the month of August, 2017. For the pilot 55 surveys were administered to a voluntary group in the Monsignor Jacobo Cáceres Avila School located in the Suyapa Aldea (community) of Tegucigalpa. An additional 34 surveys were administered to young people living in juvenile detention centers. This included 25 at the Centro Pedagógico El Carmen (El Carmen Learning Center) in San Pedro Sula and 9 at the Centro Pedagógico Renaciendo (Renaissance Learning Center) in Tegucigalpa. The piloting of the tool inside the juvenile detention was implemented and to carry out the pilot program in the juvenile detention centers was the technical staff from SEDIS that were trained by PM in the application of the YSET diagnostic.

2.5.4 Adaptation of the Family Systems Intervention:

As a part of the process of systematization of the secondary prevention experience, PM has begun its collaboration with Creative HQ, which has developed an agreement with the Minuchin Academy and Senior Faculty member Jorge Colapinto. Over the last quarter materials on each of the components that make up the PM approach have been provided to HQ and Colapinto who will write the conceptual framework of the approach. These materials include: The YSET and FACES Diagnostics; The Seven

Phases of Intervention; The Asset Based Genograms; The Horizontal Problem Solving Six Steps Approach; The Use of the Strategy Team; The Group Activities and: The Individual Meetings

At the intervention level the Honduras version of the family systems approach includes:

- A pronounced reliance on the use of the vertical strategies to create an emotional and in some cases concrete safety net that is not provided by the State. This turns the model to one that relies exclusively on the family to generate reduction in risk factors and associated behaviors. In the Honduras context of violent neighborhoods there are no housing subsidies such as Section 8, Aid to Families with Dependent Children, Food Stamps or additional youth development programs such as Boys Club, YMCA etc. Therefore, the model has been adapted to a family-systems “wrap around” approach in which the family does the wrapping around.
- In Phase 3 of the GRYD model, the “*Re-definition*” refers to choosing another behavior in the index youth to try to re direct. In part due to the absence of additional programming, in Honduras the re-definition phase means shifting from an individual behavioral approach to a systemic approach.
- In Phase 4, “*Celebrating Changes*”, the Honduras approach relies on the scales of communication and satisfaction from the validated family assessment FACES to measure the changes in family dynamics during the celebration. In the original GRYD model, the FACES diagnostic is not used.
- Phase 5, “*Integration*”, of the Honduras approach refers to having the entire family carry out a physical activity that may include planting a garden, a community clean-up, or volunteer community work. In the GRYD model, integration refers to integrating the index youth into other mainstream programs such as the Boys Club, or the YMCA. Those mainstream programs do not exist in the Honduras context.
- In phase 6, “*Next Level Agreements*”, the Honduras approach again re-focusses on the family as a system, by focusing on new relational patterns to focus on.
- In phase 7, “*Re-evaluating*”, the PIFSM focusses on the use of two diagnostic instruments, the YSET and the FACES, to evaluate the progress or lack of it during the 6 months of intervention.

2.5.5 The Evaluation

Model Fidelity Data Base: The fully experimental phase of the evaluation will use randomly assigned treatment and control groups. This has implications for the intervention, as it will require a more systematized and uniformed approach. A more uniformed approach is required in order establish a more definite causality between the family systems intervention and the individual risk factor reduction. In order to maintain the required uniformity, PM established an enhanced version of the model fidelity data base. The enhanced version is comprised primarily of closed fields. This will generate more information that is quantifiable, and more useful in informing the evaluation process. Other features of the new data base include:

- The use of specific scales from the YSET & FACES to develop and track interventions.
- Increased functionality as a tool for clinical orientation.
- More capacity for quantification of counseling information.

Treatment and Control Groups: PM and ASU have developed a specific protocol for the random assignment of families to the control and treatment groups. The protocol is as follows:

Step 1: determine which families will have the YSET survey administered.

Document the referral process of each family, maintaining detailed notes regarding the institutions or persons that made the referral, for the administration of the YSET.

Step 2: Administration of the YSET diagnostic.

Step 3: identification of the risk level for all of the families covered by the YSET administration.

The information regarding the risk level of each participant should not be shared with anyone outside of the Quality Control group nor with the ASU team responsible for the impact evaluation of Proponte Más.

Step 4: Random assignment of families who were identified as secondary or tertiary risk level families to the control and experimental groups.

The key point for the validity of the random assignment is that none of the families covered by the YSET tool nor any of the staff members of Proponte Más have any knowledge regarding who will be assigned to the experimental or intervention groups. If there is any modification to this group, it should be systematically documented. The random assignment should be carried out using SPSS or Microsoft Excel through the use of the random number generator available within these respective software packages. ASU shared an Excel spreadsheet to facilitate the random assignment of young people to control and experimental groups. This protocol is intended to ensure the experimental validity of this second cycle of families beginning with the documentation of the referral process for each one, as well as the identification of the secondary and tertiary risk levels up until the moment of the random distribution of the same families into the control and experimental groups.

2.5.6 Collaboration with Local Researchers

FUNDAUNAH/DICYP

In order to assure that the international research partners develop working relationships with local academic institutions and/or local research partners a grant has been provided to FUNDAUNAH/DICYP. The SOW includes:

- Institutionalization of the YSET scoring process within the UNAH system so that it is accessible to additional USAID implementing partners.
- Collaboration with PM, and ASU in the development of “white papers” that can be used to advocate for evidence based policy.
- Development of indicators of social violence at a municipal/community level that can be geo referenced with secondary and tertiary risk level information.
- Processing of all YSETs required for the identification of second round of families, as well as the 6 and 12 month retests.

- Conduct technical training workshops of the YSET processing protocols/

3 PROGRESS ON INDICATORS

The table below shows the progress on each indicator that shows the performance of the Proponte Más program. A cumulative-to-date history is presented so as to provide an overall picture of the progress achieved.

Table 21: Indicators Goals to September 2017

No.	Indicator	Goal Previous Quarter			Goal Actual Quarter		
		Target	Actual	Performance	Target	Actual	Performance
Result 1: Increased No. of at Risk Youth Receiving Secondary Prevention Services in Target Locations.							
1	Percentage of targeted at-risk youth who reduce their risk factors below secondary prevention eligibility levels.	N/A			25%	76.7%	307%
2	Number of voluntary youth who are receiving family-centered intervention.	500	576	115%	500	536	107%
4	Percentage of voluntary youth who show positive behavioral changes.	30%	69.3%	231%	30%	67.7%	226%
5	Percentage of voluntary youth that are no longer identified at tertiary level after 12 months of intervention.	N/A			15%	81.5%	543%
Result 2: Increase Support Services Provides for Eligible Youth and their Families in Targeted Location							
3	Percentage of voluntary youth identified for primary prevention services referred to other existing services in targeted locations.	80%	12.57%				
Result 3: Cadre of Family Counselors Established							
6	Number of individuals certified in family systems theory and practice (cumulative).	N/A			N/A		
Result 4: Alternative Justice Measures Strengthened							

7	Percentage of involuntary youth who show positive behavioral changes.	N/A			30%	25%	
8	Number of involuntary youth who are in an intervention process (cumulative).	50	49	98%	150	54	36%
Result 5: Community-Based Secondary Prevention Model Established							
9	Number of studies or research carried out by local partners.	N/A			N/A		
Crosscutting Indicator							
10	Proportion of participants who report increased support to gender equity norms at the conclusion of USG supported new masculinity training/programming.	50%			50%		100%

4 GRANTS

This quarter, following progress has been made on the grants:

4.1 Current Grants

The status of current grants is shown in the following chart:

Table 22: Current Grants at September 30, 2017

PROJECT RESULT	GRANT NO.	GRANTEE	BUDGET AMOUNT USD	DISBURSED AMOUNT USD	REMAINING BALANCE USD
4	SVPA-G0001	Casa Alianza Honduras - CAH			
4	SVPA-G0002	Terre des Hommes - TDH			
3	SVPA-G0003	National Autonomous University of Honduras Foundation FUNDAUNAH			
		Social Research Institute - IIS as beneficiary organization			
3	SVPA-G0004	Honduras Association of Psychologists - COPSIH			
2	SVPA-G0005	Human Development Center CDH			
2	SVPA-G0006	Center for Health Promotion and Family Assistance - CEPROSAF			
4	SVPA-G0007	Violence Prevention Center CEPREV			
4	SVPA-G0008	University of Malaga - UMA			

2	SVPA-G0009	Mennonite Social Action Commission - CASM
1	SVPA-G0010	Catholic University of Honduras UNICAH - MASTERY
3	SVPA-G0011	National Autonomous University of Honduras Foundation FUNDAUNAH Department of Scientific Investigation and Postgraduate – DICYP as beneficiary organization
3	SVPA-G0012	Catholic University of Honduras Family Sciences Institute – ICF as beneficiary organization
4	SVPA-G0013	Poder Judicial de Honduras

TOTAL AWARDED AMOUNT

For more detailed information regarding each of the above grants, please refer to the Grants Register (Annex 11.5.1) and Deliverable Chart (Annex 11.5.2).

4.5 Monitoring Visits and Meetings

During the reported period, there was a mid-term Evaluation for Casa Alianza Honduras, (SVPA-0001) Based on the results of this meeting, both teams determined to design, review and reallocate activities and budget lines. Afterwards, the Juvenile Justice Technical team, Grants and Finance Department from Proponte Más held several meetings with CAH to finalize this review and update a modification for a new programmatic approach for implementation in the next quarterly period. (for more detail, please refer to Result 4).

Moreover, the Proponte Mas grants manager resigned, and this prompted a visit from Creative Associate's regional Grants Director visit to review the portfolio and make recommendations to ensure a successful transition.

4.6 Future Initiatives

Technical and Grants Teams have given major emphasis to the drafting of pending SOWs. The finalized SOWs included the RFA for replication of the model and service provision to the Ministry of Health. This process will continue until all initiatives are awarded.

See below for a detailed description of the advances:

Table 23: Progress Future Initiatives

PROJECT RESULT	INITIATIVE	PROGRESS TO DATE	ESTIMATED BUDGET AMOUNT USD
3	Family Counseling Clinics – MOH (IN KIND)	This grant will be address to 6 health center located in Distrito Central. Several meetings were held with MOH authorities and three visits has been held to health centers in Metropolitan Region to identify its equipment	

PROJECT RESULT	INITIATIVE	PROGRESS TO DATE	ESTIMATED BUDGET AMOUNT USD
		needs (Alonso Suazo, Villa Adela and El Manchén). In early October, the rest of the centers will be visited.	
1,4	Replication of the Model-Voluntary and Involuntary	A SOW and the RFA for replication of the model was approved for limited competition issuance and the pre identification applicants were invited to participate since September 12, 2017.	
2,4	Services – Voluntary and Involuntary	A preliminary SOW and draft of the RFA is under review and identified under Involuntary Services. It is pending to receive the RFA draft for Voluntary Services.	

4.7 Summary of Challenges and Remedial Actions

Table 24: Grants – Challenges and Remedial actions

ISSUE	DESCRIPTION	PROPOSED REMEDIAL ACTION
Grants		
Delay in payments to Grantees that require transfer in US\$ through HQ	HQ policy of making payments for accomplishment of milestones up to four weeks after presentation of request is hindering the execution and relations with grantees, a situation that has directly affected the implementation of result 4.	The HQ Office and Field Office Management need to take appropriate action to alleviate the situation and prevent unnecessary delays that jeopardize grant execution. This may be ameliorated by a proposal to hq to allow for low risk grantees to receive payments from the field.
Transition process of Grants unit	The project does not have a grants manager	The Operational unit integrated the Grants department into its structure. The hiring procedure of Grants Manager is in process. The Administrative and Operational Deputy Director in cooperation with the Grants Officials has taken on the oversight of the grants.
Visit of the Regional Grants Director	Evaluation results	The Grants unit will prepare an action plan taking into consideration the recommendations made by the Regional Grants Director. Part of this action plan is the training of the Technical Leads and Grants Officials in the grants cycle which will increase efficiency.

5 SUMMARY OF CHALLENGES AND REMEDIAL ACTIONS

Table 25: Summary of Challenges and Remedial Actions

Issue	Description	Proposed Remedial Action
Result 1: Increased Number of At-Risk Youth Receiving Secondary Prevention Services		
Tegucigalpa	Difficulties with the database that were affecting the identification of intervention patterns due to its descriptive nature.	Adjust the database design with a scheme that fits the approach which has been developed in the field and in line with the theoretical approach of the model.
	Segregation of the teams in different communities and target zones complicates logistics and hinders intervention.	Review the distribution and composition of the teams and centralize teams by zones in order to better focus the existing resources.
	Direct follow-up of the intervention, specifically the intervention teams in terms of technical orientation guidance.	Search for a Clinical Advisor capable of focusing the work of the team by standardizing that work under specific parameters defined by the basis of the model.
San Pedro Sula/Choloma	During this reporting period the San Pedro Sula regional office encountered some changes in staffing. Our clinical supervisor transferred to our office in Tegucigalpa, one counselor left our project, our operations lead left our project, and one of our counselors went on maternity leave. We responded to these challenges as follows	• We promoted counselor Sonia Denisse Tercero to the position of clinical supervisor • We hired two counselors to fill the positions left open by the counselor that left and the post left open by Denisse's promotion. • We promoted our Administrative Assistant Yulissa Rapalo to the position of Operations Lead and hired a new administrative assistant to fill the post left open by Yulissa's promotion. • We divided the work of our counselor on maternity leave amongst other team members and said counselor will return to Proponte Mas on October 13th.
	The team adapted extremely well to the staffing changes during this reporting period and our work flowed seamlessly and efficiently.	Security is an ever present factor to consider in our work with families. As in other reporting periods, word that certain communities are too "hot" to enter on a given day or during a given time has resulted in adjustments in our efforts. During this reporting period our team conducted 65 meetings outside of family's neighborhoods, representing a total investment of L 22,596.02. The use of this fund has allowed for a more flexible and efficient engagement of families given the fluctuating context in which we work.

Issue	Description	Proposed Remedial Action
Result 2: Increased Support Services Provided for Eligible Youth and their Families		
The youth in the at-risk communities have difficulty in accessing a variety of services that would help in reducing the risk levels.	The very fact of living in socially at-risk communities (because they are stigmatized) creates even more limitations on young people who wish to enjoy the benefits available from institutions or organizations.	To address this problem, the Project has developed a number of strategies including: • The systematic updating of the opportunity map. • Incorporation of information from the mapping exercise in the platform designed by Proponte Más. • Develop an increased number of strategic alliances with institutions, USAID implementers and organizations that can support the young people. • Greater implementation of territorial roundtables with clearly established mechanisms.
Families who decline participation in the Project.	There are 15 families who have decline participation in the project. It is assumed that they do not require any support.	One of the actions we have taken is to have the team coordinator go with the Promoter to speak with the family and explain in detail the project and the impact that it may have on their families.
Lack of economic and material resources.	There are no resources available to support some of the referrals to a number of support services such as hairdressing workshops, computer training, and sewing classes which require equipment.	Some Promoters have made external requests to find support for these activities. Which includes computer training, beauty course materials and workshops that require inputs to participate.

Issue	Description	Proposed Remedial Action
Violence and Security.	Although the Promoters live in the same communities, they are also at risk due to the atmosphere of violence. Up until now, there have been no threats; but one promoter was faced with a case of serious intra-family violence and felt intimidated by the target youth who did not want to respond and who was upset by the visit of the Promoter to his house. This young man had beaten his mother and a brother on the previous day. No charges were filed with the police because the mother refused to do so.	We still do not have a protocol which provides a quick response for this type of violent situations. The mother was asked if she wanted to file charges, but she did not wish to do so.
Lack of interest on the part of some Promoters.	The Promoters who have left the project have done so because of a lack of interest, given that they have not shown the necessary commitment to work with the families, and they have been reluctant to carry out the visits and therefore they themselves decided to leave the project.	There have been discussions about motivating them to continue, as is the case with one of the promoters in Tela, who has wanted to resign since June but spoke with the team and improved his attitude, but then in September chose to leave without providing any additional explanation.

Issue	Description	Proposed Remedial Action
Primary risk families who are distributed among other neighborhoods that were initially considered in the FNP.	Most of the families which are referred by the Proponte Más Program do not live in the 21 neighborhoods originally covered by the project.	Work was done with teams from each sector on the map to define the locations of the neighborhoods and control groups for each of the communities taking into account the risks for a Promoter in the project. Based on that, there has been a restructuring of families for each Promoter, taking into account the points mentioned above and this has allowed us to cover more families in the sector. With the support of the volunteers, we will be reaching even more neighborhoods, largely without increasing the exposure, and hoping in this way to achieve the established goals. At the same time, the Promoters have expressed their concern that there are some neighborhoods where they are not able nor do they wish to enter because of the high levels of danger, nevertheless, the program is hoping to find volunteers already living in those communities so that more families can receive benefits from the program.
Primary risk families who live in neighborhoods outside of the covered areas.	Follow up visits must be made to the families in neighborhoods without the presence of Proponte Más.	We have requested from Proponte Más a list of all of the neighborhoods where they have a presence with counselors so that we can also work there with promoters and follow up on the primary risk level families. We are waiting to receive that information in order to fulfill the agreement to work only in those communities where there is a presence on the part of Proponte Más.

Issue	Description	Proposed Remedial Action
Instability on the part of the promoters in the Project.	The personal circumstances (economic, security, among others) of the promoters themselves may cause instability among the Promoter.	The technical coordination team carries out monthly meetings with the team to discuss and resolve situations. In some cases, the promoters themselves may decide to resign due to conflicts in their communities, or fear, among other reasons.

ISSUE	DESCRIPTION	PROPOSED REMEDIAL ACTION
RESULT 3: CADRE OF FAMILY COUNSELORS ESTABLISHED		
CHALLENGES IN R3		
FUNDAUNAH/IIS	With some of the instructors there were problems in beginning training with a vision focused on linear processes and individuals, which resulted in confusion for participants in the training program. The student unrest at the UNAH was a problem for the implementation of the diploma courses since there was no access to the physical classroom space for the implementation of class work.	Once the methodological approach of the training program was clarified for the instructor by the technical team for the diploma program regarding the need to refocus on systematic interventions the participants were able to gain the necessary knowledge. It is important to envision alternative scenarios including the identification of other physical spaces available in the event that such conflicts arise. For this reason, having strategic alliances is very important in order to avoid interruptions to the training process.

ISSUE	DESCRIPTION	PROPOSED REMEDIAL ACTION
RESULT 4: ALTERNATIVE JUSTICE MEASURES STRENGTHENED		
TERTIARY LEVEL INTERVENTION MODEL	Of the 53 adolescents with alternative measures, 73% of the population is in the primary risk level; 11% is in the secondary risk level, and 16% is in the tertiary risk level. This data causes some reflection on the possible implementation of an intervention model based on the assessed level of risk.	A grant will be made to an organization which is able to replicate the Proponte Mas model. NGOs and public institutions will be trained to take on this challenge.
RESULTS OF THE YSET I AND YSET R ASSESSMENTS OF ADOLESCENTS WITH ALTERNATIVE MEASURES ARE SENT BY CPAI/INAMI TO CASA ALIANZA.	After the administration of the YSET R in 17 cases, additional positive changes were observed, where some adolescents reduced their risk factors and their risk levels and others, such as the case of those at the primary risk level, maintained the same level. (11 remained at the primary level, 1 went from tertiary to secondary, 1 stayed at the same secondary level and 1 at the tertiary, 2 passed from primary to	The YSET tool is in the process of review and re-calibration which will require continued training in this area. At the same time, CAH programmatic approach will change and it is hoped with this change the implementation will be more effective.

ISSUE	DESCRIPTION	PROPOSED REMEDIAL ACTION
RESULT 4: ALTERNATIVE JUSTICE MEASURES STRENGTHENED		
CASA ALIANZA INTERVENTION METHODOLOGY.	secondary, and 1 from secondary to tertiary). After 6 months of intervention, applying the CAH methodology, qualitative and quantitative changes have been noted by the youth in the program. (see above)	We are aware that the interventions need to be readjusted, therefore PM and CAH have agreed to improve the workflow and strengthen the services provided to the adolescents with an emphasis on the interventions.
IMPLEMENTATION TIMEFRAME FOR THE PROJECT.	Any strategy which is proposed to accelerate the implementation of this result will be based on parallel processes- creating the institutional architecture for INAMI while the same time building a broader array of service providers and community model to respond to the unique needs of youth with alternative measures. Given that this result has consultancies as part of its implementational framework, better and more efficient mechanisms for contracting need to be ensured.	Program team requires a greater knowledge of contractual processes, and the team needs to identify better tools for monitoring and measuring outputs by grantees and the government.
INAMI WILL BEGIN ITS OPERATIONS IN JANUARY, 2018	The Director of INAMI has been named, and he has presented a proposal for reforms so that the institution will have its own legal status and assigned budget, and an operating structure. This proposal has been presented to the President in the Council of Ministers for his approval.	The CTJJ operates within the legal and institutional framework of INAMI which allows it to respond to the challenges of special criminal justice cases. Support will be provided to the authorities in the transition process and in lobbying for the rapid organization of INAMI. Work approaches will be changed with partners, CTJJ, law enforcement, and service providers in order to seek methods which are better suited to managing change.
MAPPING THE ACTIVITIES OF ORGANIZATIONS WORKING WITH CHILDREN IN THE RURAL AND URBAN ENVIRONMENTS CONTINUES TO BE A CHALLENGE AS WELL AS TRACKING THE APPROACHES AND TARGET GROUPS OF THE DIFFERENT SERVICES (PRIMARY, SECONDARY, AND TERTIARY).		Technical: Opportunities for dialogue and agreement among the different organizations with capabilities for analysis and lobbying will be strengthened. Public figures with greater abilities for analysis and decision-making will be included. Financial:
SERVICE PROVIDER ORGANIZATIONS CANNOT OVERCOME THEIR DIFFERENT AND DIVERSE FOCUSES IN ORDER TO COLLABORATE AND ESTABLISH NETWORKS.	Each individual organization has its work focus and does not wish to provide services to youth in conflict with the law given that they believe that is the exclusive role of State institutions.	Promotion of dialogue between service providers and institutions where advocacy and deeper analysis of the context can take place. This will include state decision makers. This level of

ISSUE	DESCRIPTION	PROPOSED REMEDIAL ACTION
RESULT 4: ALTERNATIVE JUSTICE MEASURES STRENGTHENED		
		advocacy and analysis will promote a strategy to include state budgets for service providers both from the private and public sector.

ISSUE	DESCRIPTION	PROPOSED REMEDIAL ACTION
RESULT 5: COMMUNITY-BASED SECONDARY PREVENTION MODEL ESTABLISHED		
CHALLENGES IN R5	The design of the database for family counseling which complies with the necessary standards to be used as a part of the impact evaluation may be a very complex and difficult process to design.	A joint effort on the part of key personnel from the technical team focused on specific tasks will allow an easier development of the functional structure which needs to be implemented.
	Communication of the results with a specific statistical focus based on research may be difficult to digest not only for the technical staff of the Project but also for the external populations involved.	Work on the development of user-friendly presentations of information targeted at different levels and audiences.

ISSUE	DESCRIPTION	PROPOSED REMEDIAL ACTION
Operational		
Human Resources	Retention of SVPA project employees	Staff retention plan (Training necessities detection process – October and August 2017) Vacation bonus – October 2017
	Improve the benefits plan offered	Review of current SVPA compensation benefits – October 2017
	Implementation of work environment improvements	Form monitoring committee, including regional offices – June 2017
Procurement	Optimize recurring purchases processes through BPA contracts	Begin BPA process for document translation – Oct 2017. Begin BPA process for office supplies and cleaning – Oct. 2017.
	Schedule technical area purchases based on work plan to ensure timeliness.	Draw up an annual purchase plan (in line with technical work plan approved). Provide follow-up to purchases established in the annual purchase plan at the beginning of each month
	Digitize purchase processes	Review and audit of purchasing processes for digitization – September to October 2017
	Make non-scheduled and emerging purchases in an optimum manner.	Improve the coordination of activities (events and trips) by holding regular meetings with technical staff to ensure that all activities have been properly scheduled and appear in the activities calendar.
	Update knowledge about changes regarding purchases in the field operations manual	Conversations with purchase department on updating of and changes in purchase processes. Re-induction to technical personnel on purchase

		processes and formats.
Legal	CREATIVE integrated internal work regulations and occupational health and safety regulations.	Coordination meetings with HQ and Honduras Convive.
	Coordination of reporting to DEI / SAR under one single RTN	Meeting between HQ legal department, Consortium lawyers and CREATIVE project COPs

6 LESSONS LEARNED

7.1 Result 1

This quarter there are two lessons learned by family counselors at a national level that are critically important in the continued development of the family systems approach in Honduras. These lessons learned fall into the category of professional development related to being able to recognize, and apply theoretical constructs to the reality of the family. These are: a) the differences between primary and secondary level change and; 2) the importance of the balance between the horizontal and vertical strategies.

Primary and Secondary Level Change: Over the last quarter of intervention family counselors have begun to focus more on changing the context in which the behavior takes place, rather than on the individual behavior. At a national level, counselors have begun to recognize through practice that changing the dysfunctional behavior of an individual in a family is a very important first step, thus referred to as primary level change. However, in the context of a family system changing the family dynamics in which the dysfunctional behavior of the individual is embedded is more sustainable and transformational. Primary level change is when an index youth changes his dysfunctional behaviors, secondary level change is when other family members change the dysfunctional ways in which they were reinforcing the undesired behaviors of the index youth. The differences between primary and secondary change was initially understood at a theoretical level through a training reading assignment of a book by name of Change. Over the last quarter family counselors across the country began incorporating this into their daily practice and focusing more patiently in advocating for secondary level change with the families in treatment.

Balance Between Horizontal and Vertical Strategies: Over the last quarter the importance of maintaining a balance between the vertical strategies and the horizontal strategies appears to have become apparent for all family counselors. The vertical strategy includes all interventions that are designed to create cohesion at a multi generational level of the family, while horizontal strategies are designed to enhance problem solving capacity among the members that live together. PM stresses the concept of “entering the family through the vertical door”, which refers to having counselors engage families by discussing the positive assets of the family across generations including; positive stories about elders in the family; the recipes that are passed down from one generation to another; music, rituals, etc. However, counselors have detected that too much emphasis on the components of the

vertical strategy can create a helping relationship that is characterized primarily by story telling about the positive aspects of the family's history. The over emphasis on the vertical/multigenerational positive aspects of the family's history enhances the engagement and motivation of families. This is important, however not at the sacrifice of the nitty gritty work of having parents follow up on tough discipline issues. By seing these concepts in their daily practice, family counselors have become more disciplined and consistent in helping families recognize and affirm the positive aspects of their history, while simultaneously working on the daily tasks of protecting their children from potential violence associated with group identity.

7.2 Result 2

CDH

Community leadership on the part of the Family Promoters is very important to carry out processes of violence prevention in the communities (knowledge of the community context, acceptance by the population etch.), which validates the strategy defined by Proponte Más and CDH in their different initiatives.

Alliances with other institutions and organizations are important strategies to support young people and families at the primary, secondary, and tertiary risk levels.

CEPROSAF

It is important to have an inventory of human talent in the communities that can eventually be recruited as volunteers because of the high turnover rate among staff for multiple reasons (Migration to other countries like Spain and the USA, and another reason is because they got another job).

It has been necessary to deal with issues in communication and conflict mediation with the staff, because the difficult situations in which they live affect their voluntary participation in the project. The context should be constantly analyzed in order to identify risks that may affect the promoters and identify key ways of mitigating them.

7.3 Result 3

- The ongoing technical follow-up with the grantees facilitated the identification of adjustments which improved the execution of the grants and guarantee a better focus during implementation.
- The implementation of the systemic focus from a variety of technical development activities may be a challenge for the receiving organizations, so constant feedback is required to help clarify different aspects of implementation.
- In the specific case of linked grants, it is important to specify and define specific strategies to avoid conflicts during implementation.
- The guidance provided in the design of training programs such as Diploma or Master's degree programs based on the Proponte Más model make it necessary to have mechanisms in place for

monitoring and verification that will assure that the different training activities have a proper technical focus.

- The focus on scientific research with-in the training processes targeted at populations such as promoters are useful as long as they are presented in a user-friendly manner, in which the research is seen as a learning process providing rich experience and relies on basic elements which the participants will see reflected in their daily work lives.
- Opportunities for agreement and advice such as the CEAC are very helpful where a number of sectors participate who are all involved directly and indirectly in strengthening functional strategies, as long as these opportunities include not only program content, but also field experience in the technical areas that strengthen the abilities of the representatives and become opportunities for constructive criticism in a group setting.

7.4 Result 4

The lessons learned from the previous period continue to be applicable:

- More learning is required to ensure understanding amongst all the departments about the contracting mechanisms for consultants coming from outside Honduras
- The factors which impact the implementation of the programs include transferring for the model to implementing agencies (municipalities, public institutions, OSC, etc.), from a very early stage, which facilitates a greater degree of sustainability.
- The use of mid-term Program evaluation instruments allows for the re-adjustment in Program activities; and at the same time, facilitates innovation.
- The portfolio of activities of DINAF/CPAI/SEDIS/INAMI is extremely diverse and responds to crises, emergencies, and multiple requests from different sectors. There should be greater strategic coordination so that investments respond to the long term strategic direction of the institution.
- A constant challenge is the change of public employees from one institution to another and the refusal of administrative authorities to involve outside organizations in the decision-making process. This demonstrates a lack of trust required to make positive changes in their relations. In many cases, the incorporation of a participation component is perceived as a threat, rather than a strength and opportunity. Strengthening the capacities for dialogue and cooperation between the State and civil society organizations could be one of the most relevant impacts of the CTJJ.
- Institutions in the special justice system should improve their coordination mechanisms and be open to the implementation of new experiences, creating the ability to absorb new technologies, which could ameliorate the risk of failure or non-implementation.
- The following lesson learned continues to be relevant: “criminalizing the poorest of the young people without measuring the effectiveness of sanctions, makes it almost impossible to obtain positive results in the area of at-risk adolescents. This is true in spite of the plethora of good will from all sectors”.
- Honduras has an important opportunity with the current reform to modernize the work of re-adaptation and to make it more scientific and coherent, based on measurable results that can demonstrate the impacts of the interventions on creating positive behavioral changes.

7.5 Result 5

As part of the lessons learned during this period the following are identified:

- It is necessary to find mechanisms to allow for communicating results in a user-friendly and understandable manner for different population groups.
- The results of the first phase of the Project should be communicated with some caution taking into account that the results were developed with a quasi-experimental design which is lacking a suitable comparison group.
- The diagnostic tools utilized in the Project need to be revised and strengthened with the goal of adapting them more effectively to the national context.
- An experimental evaluation design requires that the intervention processes be standardized and uniformed across the five target municipalities.

7.6 Grants

[REMOVED]

7.7 Operational

[REMOVED]

7 OPERATIONAL

8.1 Human Resources

[REMOVED]

Vacancies

[REMOVED]

Consultancies

[REMOVED]

8.2 Procurement

[REMOVED]

8.3 Information Technology

[REMOVED]

8.4 Finances

[REMOVED]

8.5 Security

[REMOVED]

8.6 Vehicle

[REMOVED]

8.7 Legal

[REMOVED]

8 NEXT STEPS

RESULT 1 / Increased Number of At-Risk Youth Receiving Secondary Prevention Services

CITY	DESCRIPTION
TEGUCIGALPA	• Comply with structuring the time allocated for each task that the technical team must carry out, both regarding the Counselors and for clinical orientation. The next step is to create a monthly agenda for the entire team where the activities to be carried out are reflected in an organized fashion; • Implement the plan to identify the families that will make up the second group of families; • Apply YSET-I to identify families that will be the beneficiaries of the second cycle of interventions. • Start the interventions with the second group of families; • Implement the technical adjustments defined for the second cycle of interventions.
SAN PEDRO SULA	• The San Pedro Sula regional office is in the middle of outreach efforts for the second group of families that will participate in our program. To date in San Pedro Sula we have 3,101 referrals to our program. The breakdown by sector is as follows: - o Chamelecon- 710 - o Rivera Hernandez- 899 - o Satelite Medina- 1,492 Our goal is to serve 115 families in San Pedro Sula and identify another 115 that will be part of our control group for evaluation purposes. Our team is in full YSET execution mode and are following up on all referrals to determine eligibility. Intervention services for the second group of families is slated to begin in November 2017.
CHOLOMA	• The San Pedro Sula regional office is in the middle of outreach efforts for the second group of families that will participate in our program. To date in Choloma we have 1,995 referrals to our program. The breakdown by sector is as follows: - Choloma Centro- 872 - Choloma Lopez Arellano- 1,123 Our goal is to serve 100 families in Choloma and identify another 100 that will be part of our control group for evaluation purposes. Our team is in full YSET execution mode and are following up on all referrals to determine eligibility. Intervention services for the second group of families is slated to begin in November 2017.
LA CEIBA/TELA	For the next cycle of interventions, we are planning to: • Implement the new clinical orientation model; • Work with the new database; • Implement the model of structured work times allocated for the Counselors; • Follow up on the agreements established with USAID's implementing partners • Strengthen the linkages and follow-up of actions to coordinate with implementers in the Municipality of Tela. • Follow up on financial and administrative execution, emphasizing the supervision of compliance with recommendations made by the Office of the Country Director.

Result 2: Increased Support Services Provided for Eligible Youth and their Families in Targeted Locations

CDH

For the next quarter the principal challenges are related to the following activities:

1. Accelerate the process of strengthening the family support networks with the perspective toward sustainability.
2. Continue the guidance and counseling with the current families and incorporate new families that may be assigned by Proponte Más.
3. Increase the levels of linkages of the primary risk families with other opportunities for services, which will help them to reduce the risks of violence, through systematically updating the map and the creation of strategic alliances.
4. Respond to any critical events which occur.
5. Ensure gbv and child protection protocols are in place

CPROSAF

1. Continue with periodic visits to the families referred by Proponte Más. In Tela, work will be done on family strengthening plans and in La Ceiba, informative sessions will be held on the topics of peace, citizen coexistence, democratic families, violence prevention, and prevention of pregnancies in adolescents, among other themes proposed by the Family Promoters.
2. Provide guidance and counseling for families referred to other support services so that they will continue in the process.
3. Hire new Family Promoters.
4. Training workshops for 2 new promoters who are currently being hired and one who has already been hired, with the topics of being; Family Assistance and the role of the Family Promoter.
5. Strategic alliances with key players to meet the objectives of the project schedule and the project targets.
6. Create a protocol or a response Flowchart for crisis events which may occur in the families Served by the promoters.
7. Create a volunteer network in Corozal which can provide support for the more families and broaden the family network.
8. Ensure gbv and child protection protocols are in place

CASM

1. Request support from the private sector for youth at the primary risk level.
2. Seek support and alliances with the world vision projects.
3. Recruiting and training new volunteers for the family support network.
4. Visits to various news media outlets.
5. Ensure gbv and child protection protocols are in place

Result 3: Cadre of Family Counselors Established

AREA/ENTITY	NEXT STEPS
FUNDAUNAH/IIS DIPLOMA COURSES	• Review of systematization. • Communicate the systematization process for the diploma courses. • Evaluation of the grant. • Strategic coordination for possible replication of the diploma courses.
UNICAH: MASTER'S DEGREE	• Implementation of the second academic period. • Technical follow-up on the grant.

HONDURAN ASSOCIATION OF PSYCHOLOGISTS	• Carry out the readjustment of the curriculum. • Adjust the supervision model • Implement the certification process. • Initiate planning for learning spaces.
FAMILY COUNSELING CLINICS	• Agree on the technical scope of the grant. • Carry out visits to the clinics. • Obtain reference quotes. • Request the grant from the Ministry.
INSTITUTE FOR FAMILY SCIENCES	• Sign the grant. • Commence the execution process.
INTERNSHIP PROGRAM	• Close-out of the first group of interns. • Evaluation of implementation during year 1. • Validation and program adjustments.

Result 4: Alternative Justice Measures Strengthened

- Casa Alianza of Honduras will continue providing services to girls, boys, and adolescents under alternative measures in the Central District and San Pedro Sula. They will also coordinate with the relevant institutions for the mapping of NGO service providers and the referral network.
- Development of a training manual for technical staff of NGOs and public and private institutions working with juvenile delinquents.
- Dissemination of the study on the biodata of the population under alternative measures.
- Training regarding operating standards which will then lead to a case management system in Honduras.
- Case management system design (software).
- Meetings with the Juvenile Justice Technical Committee (CTJJ) led by the Transition Committee and INAMI.
- Implementation of Modules 5 and 6 of the Master's Degree Program on Child Protection and Juvenile Justice.
- Guidance, support, and technical collaboration for the Transition Committee.

Result 5:

- Application of the new YSET tool with the second group of families.
- Random assignment of the secondary and tertiary level families to the control and experimental groups.
- Implementation of the technical adjustments to the interventions with the second group of families
- Technical follow-up for the technical development of the FUNDAUNAH/DICYP grant.

Grants

- Coordinate and implement Information workshops for organizations interested in the RFA on replication of the model .
- Coordinate TEC review of applications received in response to RFAs and/or Requests for proposals.
- Submit grant proposals to the USAID COR.

- Prepare and sign Grant Agreements.
- Issue grant disbursements on a timely manner and make a monitoring plan to improve the execution.
- Continue implementation of the IDMS to effectively control and manage grants.
- Continue follow-up of approved grants, including field visits and timely reception of reports.
- Planning of grants close out procedure during the last quarter.
- Review, update and label inventory of grantees
- Implement the action plan which include the Regional Grants Manager recommendations.
- Monitor grantees.

Operations

- Renew register of circulation permits for the 7 vehicles that are pending
- Continue to support the employee survey recommendations with local training and incentive plan
- Finalize the budget alignment
- Move to the new office

9 ANNEXES

9.5 Annexes – Result 3

9.5.1 Designs and Research Carried out during the Diploma Courses

DESIGNS AND RESEARCH CARRIED OUT DURING THE DIPLOMA COURSES		
CITY	Promoters	Professionals
TEGUCIGALPA	1. Lack of affection and its relation to violent behaviors in the 3 de Mayo neighborhood, Tegucigalpa. 2. The role of the family in the process of re-insertion of young people emerging from Juvenile Justice Centers. 3. Child-rearing styles and their relation to disobedience in adolescents in the Flor del Campo neighborhood of Tegucigalpa 4. Rootlessness and its relationship to loss of family identity in the Nueva Capital neighborhood of Tegucigalpa. 5. Absence of the father and its impact on 13 to 17 year old adolescents in the San Miguel neighborhood of Tegucigalpa.	1. Individual and parental protection factors in the process of social reinsertion for children incarcerated in the Jalteva Learning Center. 2. Marital relations and its impact on seventh-grade student academic performance in the Aguilar Paz Institute. 3. Intra-family violence as a risk factor in the commission of extortion by 12 to 18 year old youth. 4. Verbal abuse by parents and its replication by boys and girls in the fourth, fifth, and sixth grades at the Bessy Watson de Reina School in the Nueva Suyapa neighborhood of Tegucigalpa. 5. Child labor as a factor for vulnerability of Child Rights in the “Enriqueta de Lázaro” Preschool – 2017.
SAN PEDRO SULA	1. Impact of the abandonment of the father on children in the Satélite neighborhood of San Pedro Sula. 2. Family dynamics and the relationship to self-esteem in children. 3. Family integration and its relationship to the rehabilitation process of youth in the El Carmen Learning Center. 4. Migration and its relation to the lack of affection in boys and girls in the municipality of Choloma. 5. Inter-generational violence and its consequences on the family	1. Factors which influence the capacity for resilience in adverse environments in the, Lempira #1 neighborhood of Chamelecón. 2. Family factors which influence violent behaviors among children in the eighth grade at the Carlos Alberto Rivera high school in the Rivera Hernandez neighborhood of San Pedro Sula. 3. An evaluation of the family environment in the “Yo Quiero Ser” children’s home and its impact on the quality of life for the abandoned boys and girls who live in that home
LA CEIBA	1. Disobedience and its relationship to child-rearing styles of parents and children in the Bonitillo neighborhood of La Ceiba. 2. Migration and its relationship to risk factors among youth in the Corozal neighborhood. 3. The impact of the absence of fathers on children in the Confite neighborhood 4. The absence of fathers and its relationship to rebellion in young people from 12 to 17 years of age in the Suyapa –Mercedes neighborhood. 5. Intra-family violence and its impact on self-esteem in the families of the Triunfo de la Cruz neighborhood. 6. Caregiving skills and their relationship to the comprehensive development of young people in Tela.	1. Evaluation of the satisfaction of women who have been victims of and domestic violence regarding the institutional response and its impact on the emotional recovery and quality of life for the women and their families. 2. The role of family rituals in family cohesion in the Garifuna community of Corozal

9.5.2 List of Gradutes

[REMOVED]

9.5.3 Courses to be Revised

COURSES TO BE REVISED

CODE No.	COURSE
PS506	Historical Evolution of Psychology
PS505	National Culture and Identity
CR505	Professional Ethics
PR601	Biological Basis for Behavior
LG601	Legal Aspects in Psychology
PS602	Applied Psychology
PS510	Theory and Systems of Human Communication
PS701	Individual and Family Life Cycles
CR601	Spiritual and Personal Growth
PS603	Crisis Intervention
AD703	Research Methodology
PS509	Psychological Research
PS508	Community Mental Health
PS606	Elective I Schools of Family Therapy/Social Policies
PS709	Elective II Dx. Early Intervention/ Dx. Primary Care
PS710	Elective III The Psychotherapeutic Process/Community Intervention
PS711	Elective IV Family Psychotherapy/Social Project Management

9.5.4 Competencies of the Counselor for the Certification Process

COMPETENCIES OF THE COUNSELOR FOR THE CERTIFICATION PROCESS

The counselor should have the ability to:

1. Identify behaviors associated with risks based on interviewing referred persons.
 - 1.1 Detect behaviors associated with risk, links to the nine risk factors included in the YSET assessment tool.
2. Understand the legal aspects for obtaining informed consent from responsible adults and from the minor.
3. Establish alliances (commitment, acceptance, respect, confidence) with the individuals and families served.
4. Interview youth and adults using structured techniques.
 - 4.1 Intake interview
 - 4.2 Administration of the YSET.
5. Apply questionnaires regarding family functioning.
 - 5.1 Questionnaires on the family functioning (Family Adaptability and Cohesion Evaluation Scale – FACES) and others
6. Identify human resources and protective factors available within the family and outside of it.
7. Design intervention strategies to strengthen family resources.
8. Identify behaviors associated with the risks for gang participation.
9. Design intervention strategies at different stages of the program.
10. Identify and reinforce positive resources and aspects of the family.
11. Establish goals for change jointly with the family.
12. Understand different theories and models of family systems.
13. Apply intervention techniques to multi-generational transmission processes.
14. Adhere closely to the intervention model in individual and group sessions.
15. Develop strategies to measure efforts and achievements based on the goals established.
16. Develop hypotheses regarding family dynamics.
17. Formulate and propose tasks (based on the Milan model) oriented to reducing risk factors.
18. Maintain a consistent thread of systems theory in the different interventions with the family or with individuals.
19. Have the ability to implement intervention techniques based on different theoretical models.
20. Understand the technique for construction of the genogram identifying family dynamics and generational structures.
21. Implementation of ethical principles related to the field of individual and family counseling and respect for those principles.

An evaluation form will be designed which divides these competencies into three different levels which will accumulate points towards approval of certification or not, in addition to acquiring the skills to create executive summaries for the required follow-up and analysis.

Strategic Theme	ITEMS	Total	%
Conceptual	2, 12, 14, 18		20
Perceptual	1, 6, 8, 16		20
Executive	4, 5, 7, 9, 11,13, 17, 19, 21		20
Evaluative	10, 15, 20		20
Relational	3		20
Total			

20 – 40.

40 – 60. Promoter

60 – 80. Intermediate Counselor

80- 100. Expert Counselor

9.5.5 Certification for Natural Counselors

CERTIFICATION FOR NATURAL COUNSELORS

The Natural Counselor.

A mental health professional may be defined as someone who establishes a supportive relationship with the goal of empowering clients and connecting them to a social support network to resolve problems, provide specific advice, carry out counseling activities, and serve as an intermediary between persons in conflict. This also includes seeking support functions from other services.

Among the functions which may be carried out are:

Serve as part of a treatment team for the client.

Provide transportation as required.

Make referrals to others and serve as a link among agencies.

Provide adequate documentation to support services and provide written reports.

Develop support networks surrounding the client by working with authorized sources (teachers, parents).

Provide clinical interventions for support in accordance with treatment plans.

In sure that the client is present for the initial evaluation and other interventions.

Plan schedules for intervention and activities.

Establish positive relationship with clients, families, and support networks.

Empower clients to improve their own day-to-day functioning.

Motivate clients to continue with the intervention programs.

Monitor reports regarding the behavior of the client in all environments.

Participate in team meetings.

The natural counselor should be accepted by the members of the community as an important element who can provide emotional support and who has the ability to help people see their problems in a new light, from a perspective that says they are impossible to solve, to a perspective that says that a solution or solutions do exist and can be found and placed into practice.

The Natural Counselor is someone:

- Who lives in the community
- Who has the respect of many people in the community
- Who provides counseling and orientation services voluntarily on a variety of topics
- Who is guided by ethical principles and maintains respect for the dignity of all people and an appreciation for diversity
- Who provides assistance to people who did not look for assistance from institutions

The Proponte Más Project has determined that the detection, verification, and certification of natural counselors is an important goal. For that reason, it has authorized the process of detection and verification on the part of the field supervisors who will have this specific goal, so that later the candidates who meet these requirements can be certified. To do this, the following mechanism will be established:

- a) Development of a profile of the natural counselor by the Technical Committee of COPSIH with the approval of the Proponte Más Program.
- b) Contracting three specialists (one for each city) by COPSIH.
- c) Contact between the specialist and the Proponte Más counselors and the family promoters who have been trained by Proponte Más in the diploma courses so that they can report on whether or not there are any local candidates to be interviewed by the specialist.
- d) Develop a community visit plan for those areas where candidates have been identified and guidelines for other areas to investigate.
- e) Interviews with the candidates, with representatives of organizations who work in community activities, and with the residents of the community.
- f) Report to the technical committee of COPSIH regarding the candidates selected.
- g) Selection by the Committee and further contact with the selected candidates to offer them a training program in counseling techniques.
- h) Final selection and certification of candidates by the accreditation committee of COPSIH.

COMPONENTS OF THE CERTIFICATION PROCESS FOR FAMILY PROMOTERS

The Certification would be issued by the Honduran Association of psychologists for applicants who meet the requirements to be classified as family promoters. The profile of the family promoter is as follows:

- a) A primary school education as a minimum.
- b) At least one course regarding topics related to the national situation.
- c) Work with an institution which provides family promotion services in the community for a period of at least 6 months.
- d) Live in the community where the Project activities would take place.
- e) Have a broad knowledge of the program to be implemented.
- f) Familiarity with the work sown and its inhabitants and the general situation in the area.
- g) An ability to establish trusting work relationships with the families with whom he/she would work.
- h) Ability to work as part of a team.
- i) Good communication skills.
- j) Ability to negotiate and reach agreement.
- k) Empathy, authenticity, and unconditional acceptance.
- l) Respect for others, awareness of his/her own prejudices, personal motivation, and a tolerance for frustration.

The certification for the family promoter would include the following categories:

1. Education

Have a primary level education as a minimum, or its equivalent.

2. Abilities and aptitudes to become a promoter

- A critical vision of reality which includes a constructive attitude with social groups and especially with families.
- The ability to motivate, animate, investigate, orient, and propose solutions for others.
- A desire to build and participate in the solution of family problems and improve their relationships with the community.
- An ability to communicate well with persons of different ages and situations.
- A high degree of respect for others with no prejudice or discrimination.
- The incorporation of ethical principles in their work with families.
- Openness to accept directions from the institution in which he/she is working.
- Ability to work as part of a team.
- Ability to document the work which is done and to present reports.

3. Training in family promotion

The candidate should successfully complete the a formal program with a minimum of 58 hours in areas such as the theory of family systems and family counseling regarding risk factors, given by an institution of higher learning or a family promotion training Institute.

4. Experience

10 months of work experience in the community under the coordination of a service institution with at least 400 direct work hours with families using a family systems approach.

5. Coordination

There should be good coordination with the referral institution for the development of his/her activities, which should provide a positive evaluation regarding the candidate for the title of family promoter.

6. Evaluations

- a) Provide a report and discussion with representatives of the “strengthening capacity for family counseling” project regarding six families who received services during the months of intervention.
- b) Provide a copy of the genograms of the six families served.
- c) An examination of knowledge of the theory of family systems.
- d) Provide a research paper regarding problems of Honduran families.

Criteria for Each of the Components of the Certification Process

1. Educational Title.

Primary education complete, or show abilities to read and write and communicate effectively.

2. Training.

A formal study program, consisting of a course or series of courses, including compliance with all requirements to complete the course. The program can be at a very basic level, with a minimum theoretical and practical preparation of 180 hours over a period of at least six months that includes a series of practical assignments and a research project on a topic related to the family and family systems.

The program should include the following themes:

- a) Theory of systems in family counseling
- b) Secondary prevention strategies in family counseling
- c) Human Communication and family structure in family counseling
- d) Research Techniques in the Prevention of Family Violence

General training in the field of family promotion which includes the following aspects:

- a) Community mapping skills
- b) Ability to organize and manage meetings
- c) Ability to create community service directories available for community residents and their families
- d) Ability to refer families and family members to social services with-in and outside of the community
- e) Ability to organize campaigns or activities for a variety of purposes
- f) Ability to formulate quarterly or annual plans to guide activities

3. Experience.

10 months of experience working with families under the direction of service institutions, with a minimum of 400 hours or 40 hours per month of which at least half should be in group or family meetings. In addition, at least 100 hours or 10 hours a month, in establishing contact with other service institutions to help create support and communication networks for the families and the community, or to establish a system of family networks. This experience should be validated by the service institution, providing reports every two months to the Certification Committee of the COPSIH regarding the activities carried out and the results achieved.

4. Coordination.

The coordination is the responsibility of the service institutions with which the promoters are working, who should be responsible to maintain a record of the activities carried out by the family promoter, as well as provide the necessary support to fulfill their functions. The institution should assure that the promoter is implementing the principles of family systems and secondary prevention models in their direct activities with the families.

5. Evaluations.

The Certification Committee of the COPSIH will review the reports from the institutions with which in the promoter has worked, approving or rejecting the performance of the promoters. An examination will be conducted regarding knowledge on skills measurement, prior to issuing a certification. For that exam, the promoter may previously take a refresher course. The format for the exam will be designed by the certification Committee of COPSIH.

Note: the certification as a family promoter may serve as an entry point for other certifications in the future for other institutions which promote the training in areas such as family health, family planning, violence prevention, family and sexual violence prevention, gender inequality, and other areas.

COMPONENTS OF THE CERTIFICATION PROCESS FOR INTERMEDIATE LEVEL FAMILY COUNSELORS

The certification which will be issued by the Honduran Association of psychologists for applicants who fulfill the requirements will be as a family counselor, intermediate level. This certification includes the following categories:

1. Educational Title.

Have a university title at the level of a bachelor's degree or its equivalent prior to entering into the training program.

2. Training.

- a) Complete a formal program with a minimum of 180 hours in the areas of family systems theory and family counseling regarding risk factors given by a higher education institution or by a family counseling or family therapy training Institute.
- b) Complete the theoretical/practical training process offered by the in the areas of family systems theory and family counseling regarding risk factors. Proponte Más Program

3. Experience.

10 months of supervised practice with 600 hours of working directly with families or individuals using a family systems approach, or one year of work with the Proponte Más Program as a family counselor, with 800 hours of experience.

4. Supervision.

Supervision of professional performance will be provided by supervisors designated by the Honduran Association of psychologists, based on the case review approach and the theoretical model agreed with Proponte Más.

5. Evaluations.

An examination of knowledge regarding the theory of systems and the family systems theory.

Criteria for Each of the Components of the Certification Process

1. Educational Title.

The University degree at the bachelor's level or higher should be in the areas of medicine, psychology, social work, pedagogy, education, or nursing, or other areas related to the provision of counseling services in mental health or personal development. University professionals from other areas who are choosing to request certification should be evaluated in the areas of individual and family human development or demonstrate professional experience of more than three years in the areas of individual or family counseling.

2. Training.

Option A. A formal program of studies, at the diploma level or a series of courses should be completed, including the required courses. Such a program should have a minimum preparation of 180 hours of theoretical/practical courses in a period of at least six months and include a series of practical assignments and a research project focused on family relations and family systems.

The program should include the following topics:

- a) A systematic focus on family issues
- b) Theoretical approaches to working with families' processes and techniques for family reorganization, enhancing the ability to resolve problems and improve family cohesion.
- c) Family and Society
- d) The reduction of risk factors through family counseling
- e) A scientific approach to family studies and the family's role in the reduction of risk factors.

Option B. Satisfactory complete all of the components of the Proponte Más training program for family counselors.

3. **Experience.** (There are two options)

- a) A minimum of 10 months working as a professional in public or private institutions as a family counselor or therapist under proper supervision, with a minimum of 600 hours dedicated to that activity, either as an individual or family counselor utilizing and incorporating a systemic focus. The work should include personal counseling or therapy with individuals, groups, or families. The validation of the experience should include the presentation of monthly reports regarding at least two individual cases for evaluation and feedback from the certification committee of the COPSIH.
- b) One year of professional work as a counselor in the Proponte Más Program.

4. **Supervision.**

The supervision will be carried out by professionals assigned by the Honduran Association of psychologists based on the review of case reports, notes, files, and recordings. There will not be any direct supervision and less circumstances permit it. There will be monthly sessions at a place to be specified by the supervisor, in which the professional will discuss his/her cases. The supervisor will be conscious of the implementation of the family counseling model, the development of skills, as well as compliance with ethical standards of individual and family counseling. The supervisor will provide reports to the certification committee of the COPSIH. The supervision model to be applied will be based on the change model of the Proponte Más Program.

5. **Evaluations.**

The supervisors were carry out evaluations of the reports on individual group and family case management provided by the professionals to evaluate the development of skills in family counseling oriented to the reduction of risk factors.

Similarly, the candidates will be subject to an examination of their knowledge, developed by the certification committee of the COPSIH. The examination will be theoretical and practical, and will be based on the training program which has been undertaken, and accumulated experience. The classification will be only pass/fail. The candidate may attend a preparation workshop prior to the examination.

Certification will be issued to those candidates who meet all of the requirements of the different stages of the process. The certification will be valid for a period of three years, after which the professional may choose a process of recertification, for which an appropriate mechanism will be established in the future.

COMPONENTS OF THE CERTIFICATION PROCESS FOR ADVANCED LEVEL FAMILY COUNSELORS

The certification will be issued by the Honduran Association of psychologists for those applicants who fulfill the requirements as advanced level family counselors. The certification will include the following elements:

1. Educational Title.

Have a university degree at the bachelor's level or its equivalent prior to entering into the training program

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2. Training.

A Master's Degree in Psychology with an emphasis on Systems Theory, Family Systems, and Secondary and Tertiary Level Prevention.

3. Experience.

One year of work experience in a team or individually with programs of the responsible institution, which includes at least 800 hours of direct work with families or individuals utilizing a family systems approach in secondary and tertiary prevention.

4. Supervision.

Supervision of individual and team efforts will be carried out by supervisors designated by the Honduran Association of psychologists based on the review of cases and the theoretical supervision model agreed with Proponte Más.

5. Evaluations.

a) Positive report should be provided by the Institution every three months.

- b) An examination will be administered regarding knowledge of the theory of family systems and secondary and tertiary prevention.

Criteria for Each One of the Components of the Certification Process.

1. Educational Title.

The University degree at the bachelor's level or higher should be in the areas of medicine, psychology, social work, pedagogy, education, or nursing, or other areas related to the provision of counseling services in mental health or personal development. Special cases may be considered in other areas.

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2. Training.

Completion of a Master's Degree in Psychology with an emphasis in Family Therapy, or a Master's Program in psychology with an emphasis on Family Systems and Secondary and Tertiary Level Prevention.

3. Experience.

One year (12 months) of work experience as a member of a team of family counselors with the Proponte Más Program or an institution which carries out family strengthening projects with an orientation in family systems and in the prevention of violence, with more than 800 hours of work with families and individuals in the communities.

4. Supervision.

The supervision will be carried out by professionals assigned by the Honduran Association of psychologists based on the review of cases in the form of reports, notes, files, and recordings. In person supervision will not be provided in less circumstances allow. There will be monthly sessions in a place established by the supervisor in which the counselor can't discuss his/her cases. The supervisor will be watching for implementation of the family counseling model, the development of skills and abilities, as well as compliance with ethical standards of individual and family counseling. The supervisor will provide reports to the Certification Committee of the COPSIH. The supervision model employed will be in accordance with the change model of Proponte Más.

5. Evaluations.

An examination will be given regarding the candidates knowledge, developed by the Certification Committee of the COPSIH for which the candidate may wish to prepare by taking a preparation workshop.

Certification will be issued to those candidates who comply with all of the steps of the process. The certification will be valid for a period of three years, after which the professional may choose to request a recertification, for which an appropriate mechanism will be established in the future.

9.5.6 Workshop Agenda

WORKSHOP AGENDA PREVENTION AND INTERVENTION FAMILY SYSTEMS MODEL TRAINING FOR GOVERNMENT OF HONDURAS AND CIVIL SOCIETY ORGANIZATION MEMBERS

Place: Hyatt Hotel
Date: 28 – 31 August
Time: 9:00 AM to 5:00 PM
Participants: GOH, OSC

DAY 1		
Time	Activity	Responsible
9:00 AM	Welcome to the workshop by the director of PM.	Robyn Braverman, Director.
9:04 AM	Workshop inauguration	Gabriela Leva – USAID
9:08 AM	Workshop framework	Guillermo Céspedes, Deputy Director, PM
9:12 AM	Prevention and Intervention Family Systems Model (PIFSM) – A Global Vision	Guillermo Céspedes, Deputy Director, PM
10:00 AM	Coffee Break	
10:15 AM	The YSET: purpose, introduction, international context of the YSET and the Risk Factors and Levels.	Guillermo Céspedes,
11:00 AM	The instrument, connection to scales, and functions of the YSET	Deputy Director, PM
12:00 PM	Lunch	
1:00 PM	Training: Client Agreement– Practical Exercise: Client Agreement (Role Play)	Gia Lopez
2:30 PM	Training: Informed Consent.	Ninoska Duarte
3:00 PM	Coffee Break	
3:15 PM	Practical Exercise: Informed Consent. (Role Play)	Ninoska Duarte
4:00 PM	Pre-Interview Protocols.	Ezra López
4:50 PM	Session Close-out	Gía López

WORKSHOP AGENDA
PREVENTION AND INTERVENTION FAMILY SYSTEMS MODEL
TRAINING FOR GOVERNMENT OF HONDURAS AND CIVIL SOCIETY ORGANIZATION MEMBERS

DAY 2		
9:00 am	Review of Previous Day	Ninoska Duarte
9:30 AM	Interview Process	Guillermo Cespedes/ Gía López
10:00 AM	Coffee Break	
10:15 AM	Identifying the Tertiary Level in the Application of the Tool	Gía López
10:35 AM	Aspects to Consider When Terminating the Interview	Gía López
11:00 AM	Practice in Applying the YSET among Participants	Ninoska Duarte
12:00 AM	Lunch	
1:00 PM	Processing the Results of the Tool	Axel Rivera
3:00 PM	Coffee Break	
3:15 PM	Analysis of the YSET Data	Axel Rivera
4:50 PM	Session Close-out	Guillermo Cespedes /Ninoska Duarte
DAY 3		
9:00 AM	Review of Previous Day	Ninoska Duarte
9:30 AM	From Analysis to Intervention	Guillermo Cespedes/ Ninoska Duarte
10:00 AM	Coffee Break	
10:15 AM	Analysis to Intervention Exercise: Entry Behavior and Protection Factors Shown in the YSET	Guillermo Cespedes/ Gía López
11:00 AM	Strategic Team	Guillermo Cespedes/ Gia Lopez
12:00 AM	Lunch	
1:00 PM	Clinical Orientation	Ninoska Duarte
1:45 PM	The Six Step Strategy	Ninoska Duarte
3:00 PM	Coffee Break	
3:15 PM	Vertical Strategy: the Strength-based Genogram and Construction of the Genogram. Includes Homework for Tomorrow's Session.	Ezra López
4:50 PM	Session Close-out	Ninoska Duarte

WORKSHOP AGENDA
PREVENTION AND INTERVENTION FAMILY SYSTEMS MODEL
TRAINING FOR GOVERNMENT OF HONDURAS AND CIVIL SOCIETY ORGANIZATION MEMBERS

DAY 4

9:00 AM	Review of Previous Day	Gía López
9:30 AM	Experience in the Construction of Your Own Genogram	Ezra López
10:30 AM	Coffee Break	
10:45 AM	The Individual Meeting	Ninoska Duarte
12:00 PM	Lunch	
1:00 PM	Group Activity	Gía López
2:00 PM	Practical Exercise: Group Activities and Presentation	Gía López
3:15 PM	Coffee Break	
3:30 PM	Observations regarding the Model	Ninoska Duarte
3:50 PM	Presentation of Diplomas to Participants	Guillermo, Robyn, Gaby.
4:15 PM	Workshop Close-out	Gaby Leva, COR - USAID

9.5.7 Summary Table of Activities carried out and courses received

Summary Table of Activities Carried Out and Courses Received by Technical Interns:

- **TEGUCIGALPA**

INTERNS	ACTIVITIES CARRIED OUT	COURSES AND TRAINING RECEIVED
Seida Lopez	- They have received eight modules of the study plan and module number 11 ahead of time - Tabulation of surveys - logistical support in institutional activities - Support for the administrative office and reception - Support in carrying out the inventory of counseling materials	- Online courses for professional development and leadership from-INFOP
Edwin Llanes	- Presentation of homework assignments in the different modules: 6, 8, and 11 - Development of an application and survey forms for community mapping and data for their research project - Participation in the workshop on the presentation of results in the area of juvenile Justice - Participation in the workshop on the family strengthening by Proponte Mas	- A workshop from CDH on community facilitators and how to be a facilitator.

- **SAN PEDRO SULA**

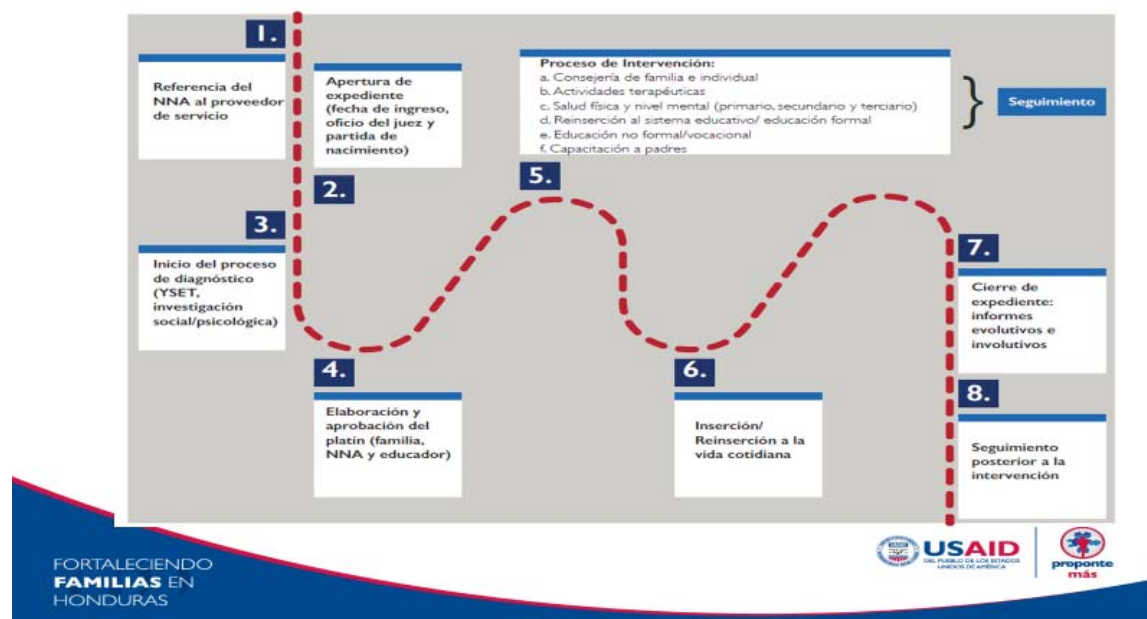
INTERNS	ACTIVITIES CARRIED OUT	COURSES AND TRAINING RECEIVED
Cindy Melissa Sorto	- They have received eight modules of the study plan and module number 11 ahead of time - A visit to the Christian University of Honduras to meet with representatives of a variety of civil society and community organizations y to discuss the theory of change at the community level. - Support for group activities.	- Online courses on professional development from-INFOP - Participation in a training workshop from CASM (Brilliant Futures) - Workshop on a practical guide for speaking out by Warriors and PNUD.
Kelvin Enamorado	- Presentation of homework assignments in the different modules: 6, 8, and 11 - Development of an application and survey forms for community mapping and data for their research project	- Certificates from INFOP on rights and obligations, finance, event management, resumes, leadership, Word 2010, and basic Excel

- LA CEIBA

INTERNS	ACTIVITIES CARRIED OUT	COURSES AND TRAINING RECEIVED
Levi Hernández Beverly Gordon	- They have received eight modules of the study plan and module number 11 ahead of time - Replicated the workshop on The New Manhood in the community of Corozal y las Mercedes. - Logistical support for activities - Presentation of homework assignments in the different modules: 6, 8, and 11 - Development of an application and survey forms for community mapping and data for their research project - Participation in the youth opportunity fair - Participation in the workshop on the family strengthening by Proponte Mas - development and presentation of reports on the workshop: The New Manhood	- Courses at INFOP - Introductory training workshop at CEPROSAF and the FRAF project as well as participating in planning meetings for the CEPROSAF team - Training on the development of personal skills. - Course on distribution logistics and teamwork - Participation in the workshop on The New Manhood - CEPREV

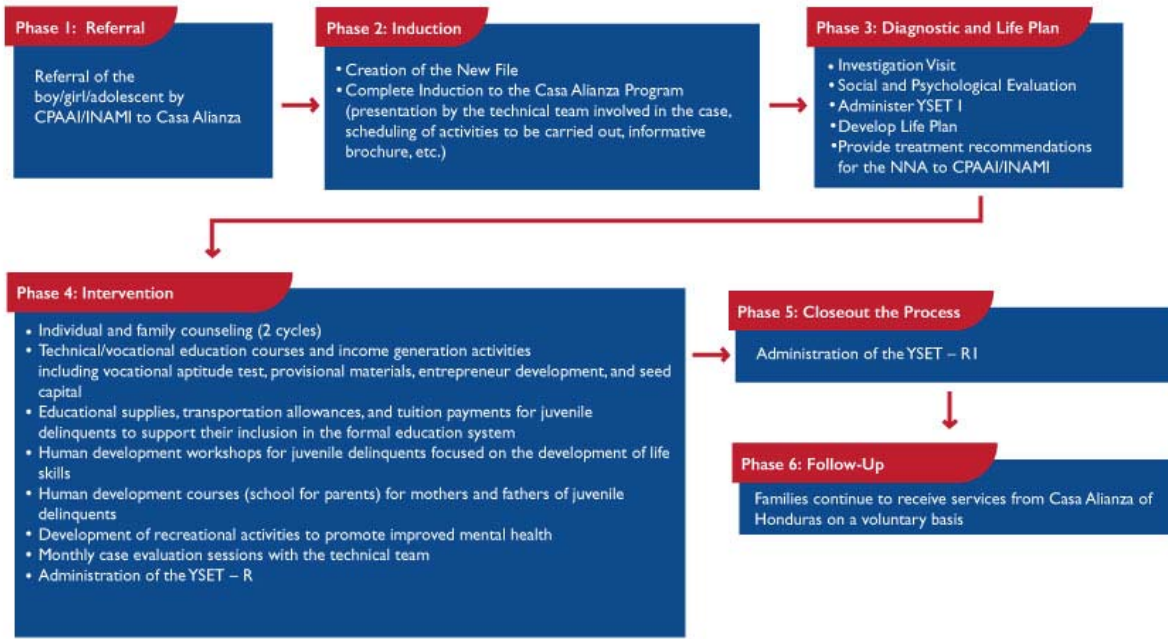
9.6 Annexes – Result 4

9.6.1 Diagram No. 1 – Initial Workflow



9.6.2 Diagram No. 2 – Revised Workflow

REVISED WORKFLOW



9.6.3 Success Stories

Counseling strengthens family systems in San Pedro Sula

Proponte Más empowers families to solve problems and build relationships

Amílcar Chacón, 12, hoists a crate of empty soda bottles in his family's small market in San Pedro Sula, Honduras. After a year of family counseling through Proponte Más, Amílcar is helping out more with the family business and at home, is more respectful toward his parents and fights less with his older brother.

Amílcar, who lives with his family in the Valle de Sula neighborhood, says he recognized that his family could benefit from the intervention of Proponte Más when he first heard about the project.

"They came to the school and told us it was a program that helps families resolve day-to-day problems, and I was fighting a lot with my brother, so I raised my hand and admitted that we had some problems," the sixth-grader recalls.

Proponte Más counselor Denisse Tercero began working with the family to improve communication and reduce tension, while also addressing some of Amílcar's risky behaviors, like ignoring his parents' concern for his safety and leaving the house without permission.

And the program hasn't just helped strengthen the relationship between Amílcar and his brother Josué – his parents Marta and Duglas have also benefitted.

"The biggest change that I can see in my family is that I no longer fight with my brother, and I also see that my parents are getting along better," Amílcar says.

Marta says that the program has helped her and her husband stop their frequent arguments in front of their three children, which were fueling discord at home.

"Even though it was Amílcar who was in the program, it really helped all of us in general," she says. "We used to fight a lot in front of our children and that was affecting them, but we would have never realized that without the counseling that they gave us, and so then we began to improve."

"I think that after participating in the program, the kids are much more obedient and they no longer fight. But beyond that, this has helped us to work together as a family and also ourselves as a couple. I remember we used to get mad and the family would be completely torn apart," Marta adds.

Tercero, the counselor, says that Duglas was less enthusiastic about the project's work in the beginning – but eventually became an active participant along with the rest of the household.

"At the beginning of the intervention, we noted a great deal of resistance on the fathers' part, but some months after the intervention was underway, it was incredible the great degree of involvement of the entire family in all aspects of the counseling process," she says.

Duglas says that despite his initial hesitation, his family will work to carry on the progress they made now that their year of counseling is complete.

"We want to continue to cultivate that seed that you have planted in our family and we hope that you will continue to do so with others, because through the assistance which you have given us, you have shown us a better way to live," he says.

Tercero is proud of the changes she has seen within the family, and says they are symbolic of Proponte Más nationwide efforts to reduce risk factors and strengthen families across Honduras.

"The Chacón family is a real example of the impact we are having through the program at the national level," she says.



Working on their family genogram



Amílcar helping with the family business

Family finds harmony with help from Proponte Más counselors

Pilot project and counselors' commitment in a Garifuna community improves family relationships

Four times a week, a team of three Proponte Más family counselors travel more than an hour and a half to the community of Triunfo de La Cruz, in Tela, Honduras.

Counselors Fanuel, Sara and Sully make the 120-kilometer journey from La Ceiba to work with two intertwined families living in a small space – and three youth who are at high risk of engaging with gangs.

Sully describes the team's first interaction with the families as chaotic: At the time, the head of the household was out of the country, and the younger members lacked supervision and leadership. But once the Proponte Más team understood the family dynamics, they could tailor their counseling and work to create more harmony and support.

"I remember as if it were yesterday, the first meeting that we had with the family," Sully recalls. "About 12 people were present in the same area and we were there for two hours while the young people were agitated, cursing, and showing little respect for each other, no matter how hard we tried to refocus the meeting, the family was distracted."

Fanuel says that despite the issues within the large group, the 3 young people – sisters Nandy and Mevelyn and their cousin Andrés – were open to the Proponte Más family counseling program.

"This family motivated us in a special way and challenged us day to day because we felt that the progress we were making with them was extremely slow or almost nothing, but upon seeing the interest in moving forward on the part of the family, and thanks to our efforts as a team, we were able to make progress," he says.

Fanuel says one early sign of success was when Nandy stepped up to take a larger leadership role within the family when her own mother was absent.

The work of the Proponte Más team in Triunfo de la Cruz is part of a pilot program focused in the community, which is home to an often-isolated ethnic minority group of Afro-Caribbean descent called the Garifuna. While the Garifuna community has not experienced the high levels of crime and violence seen in other parts of the region, Proponte Más recognized the warning signs that youth are still at high risk.

With regular family counseling to reduce risk factors and strengthen the family system, Mirian, Andrés' mother, says she has seen a big change in the behavior of the younger generation.

"In this household, everything was disorganized and nobody paid any attention to me, and these young people were disrespectful with me. But thanks to Proponte Más this is no longer the case and I am very proud, especially of my son and of my nieces, because they changed," she says.

Tearing up, Mirian adds: “My sisters, and me are very happy, we get along much better, we treat each other better, and this has caused the whole family to get along better and with much more respect. [Proponte Más’] arrival was the best thing that has ever happened to me.”



The Family Quioto Martinez



The Family Quioto Martinez receiving family counseling

Higher education helping dedicated youth achieve his dreams and give back

Creating a family support network of community members

Abel Espinoza, 17, affectionately hugs his mother, who raised him and his brothers by herself in the Nueva Capital neighborhood of Tegucigalpa, Honduras.

Despite the challenges Abel has faced growing up with limited opportunities in an area with high levels of crime and violence, he is now pursuing higher education – and hoping to give back to his community.

Abel is enrolled in a diploma program created by the Autonomous University of Honduras and USAID’s Proponte Más violence prevention program. The coursework is focused on Family Systems Theory and Practice and is being offered to more than 60 of the family promoters that work with Proponte Más, the diploma program. It is a 6-month, 192-hour program where students (in this case family promoters) receive modules in the theory and practice of family systems taught by University and PM staff. (the diplomado program is held at university campuses in Tegucigalpa, San Pedro Sula and La Ceiba). The diploma course gave these volunteers techniques to further hone their skills to better serve their neighbors and engage with families.

Abel and the other promoters work within their own high-risk communities to build resilience to crime and violence and reduce risk factors in primary-level youth, who were identified by Proponte Más as showing low risk of engaging with gangs. Those are youth who have less than 4 risk factors after the YSET is applied.

“The greatest motivation was the desire to change your environment, your country, but most of all change the stigma that we have as people,” Abel says.

Guillermo Cespedes, Proponte Más Deputy Chief of Party, says equipping the promoters with the right tools will help prevent violence from the local level.

“The diploma course is oriented to the development of a group of professional collaborators and community leaders who will develop the skills to reduce the level of violence in Honduran *barrios* (neighborhoods) through family guidance and support based on the theory and practice of family systems,” he says.

Ezra López, Proponte Más Program Manager, explains that creating a network of family support made up of community residents is one of the project’s five basic pillars.

“This is a partnership which includes the participation of professionals from civil society and our family promoters from the communities in which we work,” López says of the diploma program.

The diploma course offers a second chance. And the project’s focus on working with families – regardless of what they look like – hits home.

“I come from a very large family where I lived with my mother and my three brothers, and in spite of many difficulties we were able to move forward,” he says. “One of the things that has remained imprinted on my very being is the false conception that for a family to be functional, there needs to be a father present, because my mother has raised all of us.”



Abel with his mother celebrating his new achievement



Abel receiving his diploma from the COP of PM Robyn Braverman