

**This corresponds to grant progress report:** SC189903  
SC149904

**COUNTRY:** Ecuador

**PROGRAM:** Health and Nutrition

**DONOR:** Latin American Children's Trust

**DATE OF REPORT:** March 23th, 2019

**TYPE OF REPORT:** Final donor report

**Implementation of the community-based surveillance and promotion center (CIPSN), in five territories of Imbabura Province: Angochagua, La Esperanza, Imantag, Miguel Egas Cabeza and Mariano Acosta to address undernutrition in Ecuador**



*Last February, whilst the dim Andean sun shinned upon the Agato community in Otavalo Province, the young Maldonado family cut the ribbon and inaugurated the Intercultural Centre for Health and Nutrition Promotion, "Alli Kawayapak." This is the fourth community space of its kind in Imbabura province aimed at supporting families' active engagement in the integral care of children and pregnant women.*

*"It all began four years ago when UNICEF came here to tell us that our children were malnourished. Malnutrition doesn't only make wawas (children) omotos (short), it also prevents the healthy brain development of children. This is why we continue working hard in our community to end malnutrition" - Matilde Gramal, the President from the local government of Miguel Cabezaz, said during the inaugural opening of the centre.*

*This statement represents what this UNICEF supported initiative strives to reach: improve the integral health and nutrition of children and pregnant women in regions where malnutrition rates remain high. In Ecuador, one in four children under five years old are chronically malnourished and this rate is higher amongst indigenous communities, where 1 in 2 children are chronically malnourished.*

*In each of these community centres, fathers, mothers, pregnant women and caretakers learn techniques on how to improve their child's development as well as their overall health and nutrition, taking into consideration culturally appropriate food. The centres count with learning and early childhood development spaces, where mothers can drop their young children while they engage in the different informative and demonstrative sessions on good childrearing practices, in health, nutrition, child care, amongst other topics.*

*Cristina Arboleda, Unicef*

## EXECUTIVE SUMMARY

This report corresponds to the implementation of the community-based surveillance and promotion center (CIPSN), in five territories of Imbabura Province: Angochagua, La Esperanza, Imantag, Miguel Egas Cabeza and Mariano Acosta. The main objective of the CIPSNs, is to promote and strengthen parental and community empowerment and responsibility in the care of children and pregnant women, through the promotion of healthy practices within the community.

CIPSNs have been institutionalized in the territories of Angochagua, La Esperanza and Imantag, Mariano Acosta and Miguel Egas Cabezas. The intervention has strengthened technical capacities of local teams from the Ministries of Health, Economic and Social Inclusion, and Agriculture; NGOs and; local governments. This process has also facilitated the coordination and collaboration between stakeholders working towards a shared program objective.

Simultaneously, there is a wide range of interventions targeted at families and communities to raise their awareness, and to incentivize child rearing practices that include intercultural approaches with a gender lens. As part of the process, and thanks to community efforts, the CIPSN in Angochagua, La Esperanza, Imantag, Mariano Acosta and Miguel Egas are adequately equipped and functioning. In addition, stakeholders involved in the process have established a management scheme to ensure the sustainability of the CIPSNs.

## BACKGROUND

Nutrition is one of the main determinants of health, physical and mental performance, and productivity, and it is essential for children's development and country development. The developmental period between pregnancy and the second year of life of a child (the first 1000 days) is crucial and requires of effective interventions that support children's

growth, development and sound nutritional status. Without effective interventions addressing the nutritional needs of children during their first 24 months of life, children could suffer irreversible damage that can impact their life as adults and their future generations.

Despite the social advances of recent years, Ecuador still faces a high rate of chronic malnutrition and most recently from obesity amongst children. Between 2006 and 2014, chronic malnutrition only decreased marginally, from 25.8% to 23.9%, and amongst indigenous communities this percentage has worsened, with 48.4% of children being affected. Between 1986 and 2012, the prevalence of anaemia in children under five years old has increased from 20.8% to 25.7%. In indigenous populations, 40.5% of children under five years old and 63% of children 6-11-month-old suffer from anemia. Geographically, Imbabura is one of the provinces with the worst childhood nutritional outcomes, where stunting rates surpass 34%.

The results from a UNICEF led survey of three territories in Imbabura Province, indicated a malnutrition rate of 33.8% in Pimampiro, 31.5% in Cotacahi and 26.3% in Ibarra. The highest prevalence of malnutrition is concentrated amongst indigenous populations, where 38.1% of children are malnourished. Anemia rates are also high in these three locations, and the same survey results showed that one in every two children under five years old in these territories suffer from iron deficiency.

UNICEF CO strives to close existing gaps in children's rights by fostering children's and adolescent's access to education, health, nutrition, development and social protection regardless of their gender, ethnicity, place of residence or emergency context. UNICEF coordinates with different institutions to reach these goals. UNICEF's approach to support children's development, includes efforts to help reduce malnutrition, improve maternal and child health and improve the access and quality of early childhood development (ECD) services and early education.

The coordination between the Local Governments of Angochagua, La Esperanza, Imantag, Mariano Acosta and Miguel Egas, has supported the intersectoral collaboration

---

between the ministries of Health, Economy, Social inclusion, Education and Agriculture, to generate actions aligned to the existing health and nutrition policy framework. These strategies have strengthened local initiatives to improve the health, nutrition, and early childhood development of children from pregnancy to the first thousand days of life.

Local strategies are initiated by intersectoral working groups, led by the heads of Local Governments. These local working groups facilitate the development of joint strategies that respond to the social determinants impacting on children's growth and development.

The Intercultural Centers for Health Promotion and Nutrition (CIPSNs) are a community-based model, developed by the members of locally formed intersectoral working groups. CIPSNs are spaces that seek to strengthen the relationships between local families and community leaders, while encouraging the active engagement of the populations in the development of a shared community space. These community spaces hope to contribute to the healthy growth of children and to the integral care of children and pregnant women.

CIPSNs also promote the access to comprehensive health care services, as well as other public social services for children, pregnant women and their families. This process is complemented by the ongoing accompaniment, tracking and monitoring of CIPSNs beneficiaries – children, pregnant women and their families.

In this context, the present document summarizes the implementation of the community-based surveillance and promotion center (CIPSN), in five territories of Imbabura Province: Angochagua, La Esperanza, Imantag, Miguel Egas Cabeza and Mariano Acosta.

## OBJECTIVES

### General Objective:

To promote and strengthen parental and community empowerment and commitment towards child development and the care of children and pregnant women, through the implementation of CIPSNs in the territories of Angochagua, La Esperanza, Imantag, Mariano Acosta and Miguel Egas Cabeza in Imbabura province.

### Specific objectives:

1. Generate simultaneous, timely and effective health and nutrition responses through improved coordination between social interventions and Local Governments.
2. Encourage and empower families and communities' participation in the provision of comprehensive care for pregnant women and Early Childhood Development (ECD) strategies.
3. Create community spaces that promote healthy practices that contribute to the adequate growth and development of children and pregnant women.





## RESULTS

The implementation of the CIPSN was the result of community *mingas*<sup>1</sup>, with resources from all actors involved. The minimum standards for CIPSN are described below:

### Minimum infrastructure requirements

All CIPSNs count with electricity, potable water, electric lighting, a sewage system and is administered by the community.

### Spaces/Rooms

- **Meeting room:** This is a suitable space to conduct different activities, including training workshops and community meetings on healthy practices that support the optimal development and growth of children from conception to early childhood.



### -Space for early childhood development:

This was thought as a space for children whose parents/caregivers attend community meetings. The activities in this space encourage learning through play and helps strengthen the psychomotor development of children. These processes are supported by an interinstitutional technical team -though this depends on each coordination plan.

<sup>1</sup> "Minga" refers to collective work that benefit the entire community, in this case, all the activities needed to adequate the CIPSN like cleaning, painting, etc.

**Workshop space for the preparation of nutritious recipes:** This is a suitable space for conducting cooking and food safety workshops, aimed at promoting healthy eating practices. These workshops emphasize the importance of consuming local produce and encourage the exchange of knowledge between community and institutions.

**Other:**

- An office and storage space.
- A green space for the implementation of a garden and / or a fruit orchard with medicinal plants.

**Basic equipment**

Meeting Room	
<ul style="list-style-type: none"> <li>- 10 squared tables</li> <li>- 40 comfortable chairs for adults</li> <li>- A large chalkboard</li> <li>- A recorder</li> <li>- A projector</li> <li>- A laptop</li> <li>- A water filter</li> <li>- Material and supplies to support the different sessions related to comprehensive child care as well as material for prophylaxis sessions such as Pilates balls.</li> <li>- Flip charts, books and methodological guides</li> <li>- Teatrini</li> <li>- Fire extinguisher</li> <li>- Material consumables and cleaning</li> </ul>	
Space for early childhood development:	
Identity Corner	Reading corner
<ul style="list-style-type: none"> <li>- A mirror</li> <li>- Kichwa clothes</li> <li>- A mannequin</li> <li>- Wooden musical instruments</li> <li>- Hammock</li> <li>- Rag dolls for identity</li> </ul>	<ul style="list-style-type: none"> <li>- 2 children tables</li> <li>- 6 children's chairs, comfortable</li> <li>- Stories "my early childhood", "the bubble"</li> </ul>



monkey", "let's make fun toys", "The monkey pee pee"

#### Home corner

- A children's toy house
- A children's toy kitchen
- Set of plastic vegetables and fruits.

#### Motor Corner

- An inflatable plastic pool
- Balls for the pool
- 26PCS foam mat baby
- A wooden easel
- Wooden toys, etc.

#### Workshop space for the preparation of nutritious recipes

- A 2-burner stove, a gas tank, set of utensils, frying pan.

### CIPSN Approach

**Intercultural:** Community meetings have strengthened the shared understanding of communities' dynamics. The CIPSNs respect cultural diversity and communities' traditions and prioritizes local practices that promote the growth and development of children.

**Gender:** CIPNS seek to foster equitable gender dynamics by promoting the shared distribution of responsibilities between parents in the care of children as well as in childrearing practices. In the communities, women are usually the only parental figure responsible for the care of children.

**Sustainability:** The roles and responsibilities of each actor are clearly stated and the objective and activities of each CIPSN have been established. This clarity has helped define the use of the CIPSNs as spaces to host community meetings and capacity building sessions to foster healthy habits and improve parenting practices. There has also been an agreement on the administrative and resource management model. The model puts the responsibility of operations and administration of the CIPSN under the local government with the support from the community and local families.

The main results in each of the territories are described below:

## ANGOCHAGUA – CIPSN “AYLLUPURA PURINKAPA YACHAKUSHUNCHIK”

The CIPSN is owned by the local government and located in the town centre. This centre brings together families from eight rural communities and it approximately benefits 80 families with children under five years old and pregnant women.

The centre hosts around eight monthly meetings, with 20 participants each (this represents 160 families). Apart from these meetings, the CIPSN is being used by the health (MoH) and social development sectors (MIES) to run particular components of social programmes such as adolescent, lactating mothers, and young parent’s clubs.

At the moment, this territory counts with technical tools to monitor and oversee intersectoral activities, and the reference and counter-reference of services and attentions; moreover, thanks to joint efforts, the Ministry of Health has developed a matrix that facilitates the nominal registration of cases. The CIPSN has also helped to run and execute the following initiatives:

- 1) Food security related projects that have led to the creation of over 120 vegetable gardens; surplus produce is used for commerce. This project has been sustained for two years in a row.
- 2) Four potable water systems have been implemented.
- 3) Strengthening of local coordination and coverage of healthy child controls at the health care unit.

Territory	Expected Children <5	Expected number of pregnant women	Expected number of families	Total population
Angochagua	220	18	80	4100

**Photos available:**

<https://www.flickr.com/photos/unicefecu/albums/72157662970511517>

LA ESPERANZA – CIPSN " KUSHI KAWSAY "

The centre in La Esperanza brings together over 170 families from around four different communities. There is an average of twelve monthly sessions in the centre, and government led social programmes are also run in the space. The intercultural approach of the methodologies used to develop activities demands an increased use of the Kichwa language. Thus, the technical teams working with families and community leaders are required to take an elementary course in Kichwa. This course will help teams harmonize their working relationships which also helps improve communities' understanding of the messages delivered on childrearing practices.

The working dynamics of the intersectoral working groups together with the leadership from the Local Government have ensured the progress of the established activities. This symbiosis is what has enabled the creation of local campaigns - "door to door campaigns" - on hygiene, eating habits, intrafamily affection amongst other topics.

Territory	Expected Children <5	Expected Number of pregnant women	Expected Number of families	Total population
La Esperanza	539	68	-	8000

**Photos available:**

<https://www.flickr.com/photos/unicefecu/albums/72157697334878114>

IMANTAG – CIPSN "MORLÁN KUSHI PAKARI WASI"

The CIPSN is located in the El Morlan community, which is 20 minutes away from the town center. The centre is owned by the community and it counts with all the services needed for its operation.

The space was remodeled with the support of different stakeholders through community "*mingas*"<sup>2</sup>. Like the CIPSN in Angochagua, the centre counts with spaces for meetings, workshops, games, food preparation and demonstrative sessions; additionally, the centre counts with a green space for the recreational use of children and for an orchard.

The health care centre in Imatag has adapted a permanent and a mobile space to run psychoprophylaxis sessions. This initiative responds to the needs of families and of pregnant women living in geographically dispersed communities. An average of six monthly sessions are held in this space, reaching around 180 families.

There was a shared concern amongst inter-institutional and community actors on the presence of residual chlorine in communal drinking water systems. To respond to this concern, UNICEF has provided technical assistance to eight Potable Water Committees by supporting the creation of a plan to strengthen the capacities of committee members in topics such as: organizational, administrative and technical management of water systems. This process helped identify the need to create a technical course called "Water School", aimed at community water administrators. This course also helped promote public-community partnerships to improve the quality of the water.

Territory	Expected Children <5	Expected Number of pregnant women	Expected Number of families	Total population
Imatag	634	120	-	5600

<sup>2</sup> "Minga" refers to collective work that benefit the entire community, in this case, all the activities needed to adequate the CIPSN like cleaning, painting, etc.

**Photos available:**

<https://www.flickr.com/photos/unicefecu/albums/72157663338478688>

MIGUEL EGAS CABEZAS – CIPSN ALLI KAWSAYPAK

The empowerment and commitment from the Local Assembly and the Local Government of Agato enabled the implementation of the CIPSN, which was inaugurated in February 2019. The centre aims to host a monthly intersectoral meeting, benefiting over 200 families in the community. Moreover, the centre is also used three times a week to run government social programmes benefiting children under five years old.

During the implementation of the CIPSN, the team identified the need to generate educational communication material to deliver key messages on the consumption of healthy, nutritious and local foods and intra-family violence; all these messages were adjusted to the cultural context of the community.

**Photos available:**

<https://www.flickr.com/photos/unicefecu/albums/72157705270810591>

**Video available:**

<https://drive.google.com/file/d/1b5WWfPKps17J4pr5NYY-WuHL7BEud5J/view?ts=5c705aa7>

<https://drive.google.com/file/d/1BS0Jm4UVV-qom8NoaHY-nmssyQm7QS7/view?ts=5c708e37>

MARIANO ACOSTA

The implementation process in this location has been hindered by the current electoral process, as well as by the poor management capacity of local actors, particularly within the Local Government Assembly. However, UNICEF has supported the consolidation of Local Government actions by supporting the creation of an annual intersectoral plan. At the moment, periodic meetings have helped the Local Government create a joint strategy

---

to monitor the progress of the established actions to prevent undernutrition in this location.

Similarly, the transfer of capacities and intercultural methodologies used in the development of community and family sessions have increased the participation and motivation of caretakers of children under five years old and pregnant women. This action directly benefits 60 families and indirectly 230 families in Mariano Acosta.

## BUDGET REPORT

Activities	SC149904 Original Budget	SC149904 Implementation	Comments	SC189903 Original Budget considered HQ retention	SC189903 Implementation	Comments
Community Diagnosis - Quantitative and Qualitative approach of the health and nutrition of the communities and the factors which influence their health and nutrition. Includes health facilities, local leaders and social sector promoters mapping.	8,000.00	8,000.00	The methodology was under the responsibility of an implementing partner (IP). The difference between planned vs. Implemented was utilized in the adequacy of community surveillance and promotion centers as the space proposed by the community needed extra support in infrastructure.	2,400.00	10,062.50	Follow-up and improvement of the methodology first implemented by the IP, is under the responsibility of an individual contractor with a strong focus on interculturality and community-based experience.
Community Capacity development and empowerment process. This includes formation, support and technical assistance to TAP, CNH and community workers, and the strengthening of local coordination system between stakeholders and other levels of government.	17,000.00	12,348.20		15,000.00	10,062.50	
Community surveillance and promotion centers methodology and tools / working plan, roles and responsibilities.	6,000.00	6,000.00		3,000.00	7,344.00	See comment below
Adequacy of community surveillance and promotion centers. Includes support in infrastructure, equipment and educommunication materiales for demonstration sessions.	3,000.00	8,312.75	See comment above	15,564.00	5,847.95	Community made an important contribution for the adequacy therefore the excedent was reprogrammed to strengthen local capacities in WASH regarding community surveillance and C4D activities.
Community for development (C4D) activities to promote active involvement of families.	4,000.00	4,000.00		5,000.00	7,344.00	See comment above
Information, knowledge and evidence based management – monitoring and evaluation.	2,000.00	2,000.00		2,000.00	-	
Unicef – HQ retention costs	2,964.00	2,033.05	As per BCS Allotment VISION		2,033.05	As per BCS Allotment VISION
<b>Total</b>	<b>42,964.00</b>	<b>42,694.00</b>		<b>42,964.00</b>	<b>42,694.00</b>	-

Active in more than 190 Countries and territories through country programmers and National Committees

We are UNICEF, the United Nations Children's Fund



## CHALLENGES AND BOTTLENECKS

- High staff turnover at institutional level.
- In Ecuador, local and municipal elections are underway, with elections taking place in March 2019. This means that much attention is given to political campaigns prior to the election date. This has a direct and indirect impact in the planned program activities; and internal political conflict might arise within local governments.

## CONCLUSIONS AND RECOMMENDATIONS

- The organization and coordination of local actors have been strengthened with the support from the technical teams, and through joint planning of the implementation. However, it is still necessary to strengthen community participation and community empowerment in spaces of planning and implementation.
- To ensure the sustainability of the established intersectoral working groups, it is necessary that implementing ministries at the national level establish memorandums of understanding that define responsibilities in the evaluation of planned and implemented activities in the different territories.
- The CIPSN are currently expanding their actions as well as their learning process, however it is necessary to highlight the importance of aligning and coordinating activities that help strengthen intercultural and gender approaches, while reinforcing the identity and ownership of the space.
- Two important areas have been included in the strategy: the WASH strategy and a strategy for the comprehensive protection of children, which has completed the integrated approach in the territory
- The current process presents strengths, achievements, successes, and weaknesses. It is therefore necessary that local government assemblies

strengthen their technical capacities; and for UNICEF to continue providing ongoing technical support.



## ACKNOWLEDGMENT OF SUPPORT

Thanks to the contribution provided by the Latin American Children's Trust and other regular resources from UNICEF, we were able to develop a local strategy to reach children under five years old and pregnant women in two more areas of Imbabura, through interventions focusing on nutrition, child care services and women's health.

Through the community-based surveillance centers, the community is also involved in the monitoring of children and pregnant women. The key to the success of this process is the participation and engagement of all stakeholders, particularly of families and communities, and we hope in the future this initiative will reach the municipal level.