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DEPARTMENT OF HEALTH & HUMAN SERVICES

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Public Health Service
Centers for Disease Control

Memorandum

Date

February 4, 1982

From

Mark Speckhard, M.D., Family Planning Evaluation Division (FPED), Center for Health Promotion and Education (CHPE)

Subject

Foreign Trip Report (AID/RSSA): Evaluation of the Sterilization Program of the Asociación Hondureña de Planificación de Familia (ASHONPLAFA), Honduras, December 7-20, 1981.

To

William H. Foege, M.D.,
Director, Centers for Disease Control
Through: Horace G. Ogden
Director, CHPE

SUMMARY

At the request of USAID/Honduras, Dr. Mark Speckhard of CDC/CHPE/FPED visited Honduras December 7-20, 1981, to evaluate the sterilization program of the Asociación Hondureña de Planificación de Familia (ASHONPLAFA). The purpose of the consultation was to determine if sterilization services should be expanded and, if so, by what means. If support of the sterilization program by USAID/Honduras was recommended, the consultation was to include preparation of a proposal for an Operational Program Grant (OPG).

The International Project of the Association for Voluntary Sterilization (IPAVS) has funded the sterilization program in ASHONPLAFA since 1977. Consistent with IPAVS policy of gradual reduction in support and reinforced by a budget cut of its own, IPAVS support of the 1982 budget has been reduced by 15 percent from the 1981 level and will leave a budget deficit of $31,993 unless services are curtailed. There is no apparent opportunity for the sterilization program to achieve financial independence through patient revenue, since approximately 70 percent of Hondurans are campesinos with very limited incomes. The only potential source of local support for the sterilization program is the Ministry of Health (MOH). At present, government participation in the sterilization program is more permissive than active. In November 1981 a physician was elected President of Honduras, and there are indications that the MOH will support the sterilization program more strongly than in the past. Presenting the government with an expanding rather than a contracting sterilization program may nieze the opportunity in 1982 for possible greater MOH participation.

A proposal for an OPG composed of seven projects was prepared to support the surgical sterilization program of ASHONPLAFA in 1982. Project No. 1, which funds the 1982 budget deficit of $31,993, will allow ASHONPLAFA to provide surgical sterilizations at the 1981 level, when approximately 3,975 procedures were performed. Projects Nos. 2 through 7 are designed to expand the sterilization program and increase its efficiency by facilitating an increase of 2,011 sterilizations while reducing the cost per procedure from $73 to $64.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

At the request of USAID/Honduras, Dr. Mark Speckhard of CDC/CHPE/FPED visited Honduras December 7-20, 1981, to evaluate the sterilization program of the Asociación Hondureña de Planificación de Familia (ASHONPLAFA). The purpose of the consultation was to determine if sterilization services should be expanded and, if so, by what means. If support of the sterilization program by USAID/Honduras was recommended, the consultation was to include preparation of a proposal for an Operational Program Grant (OPG).

To evaluate the sterilization program, Dr. Speckhard visited the office of ASHONPLAFA in Tegucigalpa; Hospital Centro Medico Quirúrgico, and Hospital Materno Infantil in Tegucigalpa; Hospital Gabriela Alvarado in Danlí; Hospital Leonardo Martínez in San Pedro Sula; and Hospital Tela Integrado in Tela. Dr. Speckhard performed this consultation with Mr. Roberto Chavez, Program Officer, International Project of the Association for Voluntary Sterilization (IPAVS), who was in Tegucigalpa to review IPAVS support of the ASHONPLAFA sterilization program for 1982.

This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/CHPE/FPED.

II. PRINCIPAL CONTACTS

A. USAID/Honduras

1. Mr. John A. Mansey, Health, Nutrition, and Population Officer

B. Asociacion Hondurena de Planificacion de Familia (ASHONPLAFA)

1. Sr. Alejandro Flores, Executive Director
2. Joaquín Núñez, Medical Director
3. Dr. Herman Manadiaga, Medical Supervisor
4. Sra. Coralia de Calderón, Supervisor of Promotoras

C. International Project of the Association for Voluntary Sterilization (IPAVS)

1. Mr. Roberto Chavez, Program Officer

D. Ministry of Health

1. Dr. Danilo Velázquez, Chief, Maternal and Child Health
2. Dr. Norberto Martínez, PAHO Advisor, Maternal and Child Health

E. Hospital Centro Medico Quirurgico and Hospital Materno Infantil, Tegucigalpa

1. Edgardo Rodríguez, Gynecologist
2. Sra. Nery Ortiz, Promotora

F. Hospital Gabriela Alvarado, Danlí

1. Dr. Yelba Elena Rodríguez Sosa de Tabora, Gynecologist
2. Sra. Corina Eguigurens Maradiaga, Promotora

G. Hospital Leonardo Martínez, San Pedro Sula

1. Dr. Antonio Yacaban, Gynecologist
2. Dr. Jose Rene Valedio, Gynecologist
3. Srta. Filomena Servellon, Social Worker

H. Hospital Tela Integrado, Tela

1. Dr. Jorge Alberto Andrade Castillo, Gynecologist
2. Sra. Nelda Amaya de Chimilio, Promotora

III. BACKGROUND

AVS initiated funding of a sterilization program in ASHONPLAFA in 1977. The program has provided slightly more than 3,900 sterilizations per year since 1979 (Table 1). ASHONPLAFA will perform approximately 3,975 sterilizations in 1981, a projection based on reported sterilizations for January through October 1981. AVS funded the sterilization program in 1981 with a budget of $302,803. The projected budget support by AVS for 1982 is $257,383, reflecting AVS policy to provide substantial initial funding with progressively decreasing support as the program becomes more self sufficient. The need to reduce the 1982 budget was reinforced by budget reductions within AVS.

There is no opportunity for the sterilization program to achieve financial independence through patient revenue. Approximately 70 percent of Hondurans are campesinos, rural agricultural workers with a daily income of approximately $2 to $3. The only potential source of support for the sterilization program in Honduras is the MOH. At present, government participation in the sterilization program is more permissive than active. The MOH allows physicians in the government health system to perform surgical sterilizations in cooperation with the ASHONPLAFA program but does not otherwise encourage or support the sterilization program. In November 1981 a physician was elected President of Honduras, and the new administration has given informal indications that it is interested in the sterilization program. Consequently, 1982 and the following years present an unusual opportunity for the sterilization program to grow and become less dependent on outside support.

The increased health risks associated with high fertility make sterilization an important health service for women who desire to limit further childbearing. In 1971 the maternal mortality rate in Honduras was estimated to be 170 per 100,000 live births, the highest in Central America at that time (1). Pregnancy related mortality was the second leading cause of death in women age 15-44 in Honduras according to a PAHO study in 1975 (1). Women are reported to bear, on an average, seven or more children during their lifetime. More accurate estimates of fertility are limited by incomplete vital statistics. For example, discussion with the MOH indicated that the current birth rate is an estimation based on the last census in 1972 and fertility rates from a demographic survey in 1975. The MOH estimates 162,000 live births and a birth rate of 42.5 in 1981. Women who desire sterilization as a means of avoiding undesired additional fertility deserve to have access to that procedure.

IV. EVALUATION OF STERILIZATION PROGRAM

A. Present Services

In 1981, two hospitals in Tegucigalpa, one in San Pedro Sula and 10 government regional hospitals, participated in the ASHONPLAFA sterilization program and accomplished approximately 3,975 sterilizations. This is a minimum estimate, since it does not include sterilizations at the Hospital Materno Infantil which did not report sterilizations in 1981. In visits to three hospitals, the accuracy of reporting was confirmed. At each of these sites, the promotoras had logbooks which showed patient's name, address, date, place and type of procedure, and the surgeon's name. The logbook entries equalled the number of sterilizations reported in Table 1.

Hospitals are positioned throughout Honduras with the exception of the undeveloped jungle area of Gracias a Dios (Figure 1). The government intends to open new hospitals in El Progreso in 1982 and in Ocotepeque and Puerto Cortes in 1983. By initiating a sterilization program in each new government hospital, ASHONPLAFA has provided orderly expansion of the program to reach as much of the population as possible.

The number of sterilizations provided outside of the ASHONPLAFA program is unknown but may be in the range of 1,000 to 2,000 per year on the basis of fragmentary reports. In December 1981, a count of sterilizations in two of three private hospitals not associated with ASHONPLAFA that perform sterilization in Tegucigalpa indicated that one had performed 109 sterilizations and the other 60 sterilizations from January through November 1981.

Thus, it appears that the total number of sterilizations performed in Honduras in 1981 did not likely exceed 6,000.

B. Unmet Patient Demand for Sterilization

There are a number of indicators that patient demand for sterilization in Honduras is high and that much of the demand is unmet.

In a study at the Hospital Materno Infantil in Tegucigalpa and the Hospital Leonardo Martinez in San Pedro Sula from 1977 through 1979, 71.5 percent of postpartum patients wanted no more children (2). Of these, 23.2 percent planned to be sterilized. However, of those who desired sterilization only 1 of 10 were sterilized postpartum, evidence that demand far exceeded services for those who desired postpartum sterilization.

From January to October 1981, 10,167 women requested applications for sterilization from promotoras while 3,104 women were sterilized in those programs during that interval.

According to preliminary results of the Contraceptive Prevalence Survey (CPS) conducted by Westinghouse in Honduras in 1981, 7.4 percent of currently married women age 15-44 had been sterilized as a means of contraception. In addition, 19.5 percent of currently married women age 15-44 reported that they would like to be sterilized in the future. This demand for sterilization is consistent with the experience elsewhere in Central America where previous CPSs have demonstrated that Costa Rica, El Salvador, and Panama have sterilization rates higher than Honduras. Only Guatemala has a rate lower than Honduras (Table 2) (3).

Preliminary results of the CPS indicate that 5.6 percent of all women age 15-49 were sterilized, and 16.2 percent wanted to become sterilized. If we apply these rates to estimates of the female population age 15-49 in 1981, approximately 44,950 women in this age group are sterilized, and approximately 130,034 women who are not sterilized prefer sterilization as a future method of contraception.

The sum of the two rates, 21.8 percent, is the percentage of women age 15-49 who are sterilized or want to be sterilized. To meet this demand and achieve a rate of 21.8 percent would require approximately 13,300 surgical sterilizations per year for 10 years. Once a rate of 21.8 percent was achieved, it would require approximately 5,000 sterilizations per year to maintain that rate.

Not only does the CPS suggest that there is high demand for sterilization, it also indicates that a high percentage of women who are not sterilized are at risk of unwanted pregnancy. Of women age 15-49 currently married or in union and who desired no more children, almost two-thirds (65 percent) were using no method of contraception, and in the rural areas this increased to three-fourths (76 percent).

C. Barriers to Achieving Sterilization

From the evaluation of the sterilization program it appears that the predominant barrier to sterilization is cost. In many cases the cost of surgery is reduced or eliminated on the recommendation of the promotora. However, the cost of transportation remains a substantial barrier to service for the very poor.

During three site visits in December 1981, promotoras reported that when they talked to women who desired sterilization the major barrier to service was the cost of transportation. The second most common barrier was household duties and care of children.

The Medical Director for ASHONPLAFA estimated that, in general, services could accommodate a 10-15 percent increase in workload, and he too felt that the cost of transportation was the major barrier to service.

Preliminary results of the CPS in Honduras show that sterilization rates in urban areas of Honduras and in the rural areas surrounding Tegucigalpa and San Pedro Sula were over twice as high as in more remote rural areas of Honduras (Table 3). Although many factors may play a role, this difference in rates is consistent with the promotoras' experiences that the cost of transportation is the major barrier to service.

While evaluating the sterilization program in Honduras in December 1981, we administered a questionnaire to 40 women in Tegucigalpa who had desired postpartum sterilization but had not achieved it. The average age of the respondents was 33 and the average number of living children was 4.7. The average time from last delivery was 4.8 months with a range of less than 1 month to 24 months. One respondent had achieved sterilization since her delivery. Of the 39 who had not been sterilized, 32 (82 percent) continued to be interested in sterilization. The major reasons given for not achieving sterilization were cost and need to care for children. In no case was availability of service a barrier, and no respondent was on a waiting list. Two respondents were pregnant. Both said they were still interested in sterilization, and one stated that the pregnancy was unwanted. Of the 37 women who were not sterilized and not pregnant, 76 percent were not using any method of contraception. We concluded that the major barrier to sterilization was cost, not availability of services. Of those who had not achieved sterilization, few chose alternative means of birth control, leaving themselves at high risk for an unwanted pregnancy.

It appears that, in general, services are able to meet the workload. During site visits to four hospitals in December 1981, three were meeting demand and only one had a waiting list. However, if the barrier associated with transportation is reduced (Project No. 3), the demand may be greater than services. The government will need to commit more physician time and operating room time for the program to expand substantially.

The government poses an administrative barrier to sterilization by applying a "Rule of 80" which states that the age of the applicant times the number of children must equal 80 or more. In addition, many regions apply a minimum age of 25 or 30 years regardless of the number of children. While some medical directors allow physician latitude in approving candidates for sterilization, in many regions the rule is strictly applied unless specific medical indications are present.

D. Overcoming Barriers to Sterilization

The most effective means of overcoming barriers to sterilization would be to achieve increased support of the sterilization program by the Honduras MOH. Projects Nos. 1-7 are directed at overcoming barriers to sterilization for 1982. More important, these projects may provide momentum to the MOH's current expressions of interest in the sterilization program by presenting the MOH with an active, expanding sterilization program. Increased support of the program by the MOH would help overcome barriers to sterilization in the long-term in the following ways.

1) Financial support. Government support of the sterilization program appears to be the only way the program can become independent of outside aid.

2) Increased physician and operating room time. Government allocation of increased physician and operating room time would overcome barriers to sterilizations in a few locations at present. In addition, increased government commitment of physician and operating room time will be essential if there is to be substantial expansion of the sterilization program.

3) Increased use of the Hospital Materno Infantil. One of the most efficient ways of increasing sterilizations would be the increased use of the Hospital Materno Infantil in Tegucigalpa. The Hospital Materno Infantil is part of the university medical school complex and is the main maternity hospital for the capital and surrounding area. High demand for postpartum sterilization has been demonstrated here (1). In 1978-79, AVS funded construction of two operating rooms in support of postpartum sterilizations. The administration, faculty, and students are not highly supportive of the sterilization program and one operating room is abandoned. Should there be a change of attitude at the Hospital Materno Infantil, the high demand for sterilization could be met at low cost. A change of attitude might occur in response to increased interest and support of the sterilization program by the MOH. Publicizing CPS findings of high patient demand for sterilization may help change attitudes.

4) Decreasing administrative restrictions. Increasing government interest in sterilizations may result in decreasing administrative restrictions. Access to sterilization would be improved if the "Rule of 80" were reduced to permit sterilizations for women age 25 with two children.

Projects Nos. 1-7 will help to overcome barriers to sterilization in the following ways.

Project No. 1 will prevent a decrease in services by funding a deficit in the 1982 operating budget. Mr. Roberto Chavez of AVS and Dr. Joaquin Nuñez, Medical Director of ASHONPLAFA, reviewed the 1982 budget in detail and concluded that the operating budget could be reduced from the 1981 level of $302,801 to a 1982 budget of $289,176 without a loss of services. Projected

1982 budget support by AVS is $257,383. If the resulting deficit of $31,993 is not met, a decrease in services will likely occur. Funding the deficit should allow ASHONPLAFA to accomplish in 1982 the same number of sterilizations as in 1981 (approximately 3,975) with a budget of $289,376 for a cost of $73 per sterilization.

Projects Nos. 2 through 7 provide more efficient utilization and expansion of the program. At a cost of $90,780, Projects Nos. 2 through 7 would increase total support of the program to $380,156 for an estimated 5,986 surgical sterilizations, or $64 per procedure.

Project No. 2 provides three full-time and two half-time promctoras. This includes a full-time promotora to promote sterilizations for women in the rural area around Tegucigalpa. Sterilizations would be accomplished at Hospital CMQ. The promotora in rural Tegucigalpa and a laboratory to facilitate pre-operative evaluation (Project No. 4) will allow ASHONPLAFA to more fully utilize the program at Hospital CMQ. At an estimated 5.5 sterilizations per day, Hospital CMQ could accomplish 1,430 sterilizations in 1982, 413 more than the 1981 level of approximately 1,017.

Project No. 2 provides a full-time promotora for the rural area around San Pedro Sula. In 1981 Hospital Leonardo Martínez in San Pedro Sula had two employee strikes which markedly curtailed services. The 1981 and 1982 budgets support up to eight procedures per day, or 2,080 sterilizations per year. In 1981 Hospital Leonardo Martínez accomplished approximately 1,111 sterilizations. The demand for sterilization in San Pedro Sula is currently being met and there is no waiting list. By facilitating sterilizations for women in rural San Pedro Sula, the program could provide six sterilizations per day or 1,560 per year, an increase of 450 procedures, if there is not a recurrence of employee strikes.

Project No. 2 provides a full time promotora for Comayagua. Comayagua had a promotora in 1980, but procedures were down (Table 1) because the hospital medical director was opposed to the program. A promotora was not provided in 1981. A new medical director appointed in 1981 has supported the program and, even without the promotora, the program has increased from 80 in 1980 to 144 in 1981. The Medical Supervisor for ASHONPLAFA estimates that with a promotora Comayagua could provide 250 procedures in 1982, an increase of 106 over 1981.

Project No. 2 provides half time promotoras at Trujillo and Yoro. Both had promotoras in 1980 but not in 1981 because there was low productivity due to a lack of medical support. If current MOH interest results in increased physician and operating room time, Yoro could accomplish 100 sterilizations and Trujillo 110 sterilizations in 1982, according to the Medical Supervisor. With a promotora to facilitate patient access, this would result in an increase of 41 procedures in Yoro and 60 in Trujillo over 1981 levels.

Project No. 3 will partially defray transportation costs for women for whom the cost of transportation is a barrier to sterilization. The Medical Director for ASHONPLAFA estimates that the present sterilization program has the potential to provide an increase of 15-20 percent workload overall without

increasing facilities or personnel. During site visits, promotoras estimated that funding transportation would allow access to services for 8-20 percent more women. If we estimate that it would provide access for 10 percent more women, this would result in an additional 398 procedures over 1981 at a cost of $4,975.

Project No. 4 provides a laboratory which will facilitate more complete utilization of the sterilization program at Hospital CMQ (see Project No. 2). The laboratory would offer hematology, cytology, urinalysis, and pregnancy testing. Project No. 4 includes the entire cost of furniture and equipment to establish the laboratory and personnel and supplies to operate the laboratory for 1 year. Important side benefits are that the laboratory will provide services for other family planning patients as well and may eventually be a substantial source of income for ASHONPLAFA. If the laboratory meets workload expectations (see Implementation Plan), the number of procedures could be expanded with only minimal costs at the margin.

Project No. 5 will provide clothes dryers for two hospitals in which surgery is limited during the rainy season because of a lack of dry surgery apparel. In Hospital Tela Integrado lack of dry apparel limited sterilizations to seven in June and two in July 1981. The average for the remaining first 10 months of 1981 was 13 per month. If the average had been maintained during the rainy season, Tela would have provided an additional 17 procedures in 1981. Tela will be receiving a laprocator in 1982, and the gynecologist estimates that he will average at least 14 procedures per month in 1982 if surgery apparel is not a limiting factor. The clothes dryer should allow Hospital Tela Integrado to accomplish 19 more sterilizations in 1982 than in 1981. In a similar fashion, we estimate that a clothes dryer will allow Hospital de Occidente in Santa Rosa de Copan to accomplish an additional 24 sterilizations in 1982.

Project No. 6 will provide a promotora for the new government hospital in El Progreso. From experience with other new programs and from knowledge of the catchment area, the Medical Supervisor for ASHONPLAFA estimates that El Progreso could accomplish 100 sterilizations during the first year.

Project No. 7 funds Hospital Evangelico in Siguatepeque and Hospital El Rosario in El Mochito to each perform 200 sterilizations in 1982 at $50 per procedure. Project No. 7 also provides one promotora in support of these two neighboring programs. Since there are no government hospitals in Siguatepeque or El Mochito, these private hospitals are the primary source of care to people living in the area. Funding sterilizations in these two hospitals will improve access and availability and decrease transportation costs for women who desire sterilization.

E. Follow-up Evaluation

A follow-up CPS should be considered in 3-5 years to assess the progress since 1981 in meeting demand for sterilization. The follow-up CPS can also determine whether demand for sterilization is increasing. This information would be helpful in making program decisions regarding services.

If the Hospital Materno Infantil does not increase the number of postpartum sterilizations by mid-1982, a study of women who desired but did not achieve postpartum sterilization should be considered. This study should assess the degree to which these women achieve interval sterilization. For those who do not achieve sterilization, the study should identify barriers to service. The study should assess the degree to which these women protect themselves from undesired fertility and document the number of unwanted pregnancies. This study may influence opinion within the government and at the Hospital Materno Infantil by demonstrating the degree of unmet demand for sterilization and the unfortunate consequences for those who desired but did not achieve sterilization.

V. SUMMARY OF RECOMMENDATIONS

A. Recommend USAID/Honduras consider providing ASHONPLAFA funds to support the following projects for 1982. Attached is a Logical Framework Matrix in support of these recommendations.

1) Project No. 1 funds a 1982 budget deficit of $31,993 in the surgical sterilization program. This project will allow ASHONPLAFA to provide sterilizations at the 1981 level, when approximately 3,975 procedures were performed.

2) Project No. 2 funds three full-time and two half-time promotoras who will provide community education regarding sterilization and facilitate access to services at five specified sites with active sterilization programs. This project will cost $24,608, and we estimate the promotoras will facilitate sterilization for an additional 1,070 women.

3) Project No. 3 will establish a transportation fund of $4,975 to pay a portion of the transportation cost for 398 women who find transportation a barrier to service.

4) Project No. 4 will provide a small clinical laboratory at the ASHONPLAFA clinic at a cost of $27,909 to facilitate pre-operative evaluation for women undergoing sterilization.

5) Project No. 5 will procure a clothes dryer for each of two government hospitals in which surgery is limited during the rainy season because of the inability to dry surgical apparel. The two dryers will cost a total of $1,650 and facilitate 43 additional surgical sterilizations per year.

6) Project No. 6 provides one promotora at a cost of $6,119 to support expansion of the sterilization program to the new government hospital in El Progreso scheduled to open in 1982. We estimate 100 surgical sterilizations will be performed during the first year of this program.

7) Project No. 7 provides payment to two private hospitals in rural Honduras who will accomplish 200 surgical sterilizations apiece in 1982 at a cost of $50 per sterilization. The project also provides one promotora to support the two neighboring programs. The project will cost $26,119 and facilitate 400 sterilizations.

B. The results of the CPS of 1981 should be widely distributed, emphasizing to the Ministry of Health and the medical community that there is high patient interest in sterilization.

C. A follow-up CPS should be considered in 3 to 5 years to assess the progress since 1981 in meeting demand for sterilization.

D. If the Hospital Materno Infantil does not increase the number of postpartum sterilizations by mid-1982, a study of women who desired but did not achieve postpartum sterilization should be considered to assess the degree to which these women achieve interval sterilization and to document the level of undesired fertility for women who fail to achieve sterilization.

Mark Speckhard, M.D.

REFERENCES

1. Assessment of the public health sector in Honduras (1975-1985). USAID/HONDURAS, 1980.

2. Janowitz B, J Nuñez. Access to sterilization in two hospitals in Honduras. Bull Pan Am Halth Organ 15(3):226-230. 1981

3. Contraceptive prevalence surveys: a new source of family planning data. Population Reports. Series M, Number 5, 1981.

Table 1

Sterilizations Accomplished in those Hospitals in which ASHONPLAFA Provided Training, Equipment and Supplies by Year

Sterilizations

Hospital	1977		1978		1979		1980		1981*	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Centro Médico Quirúrgico Tegucigalpa	500	1	1000	7	1137	2	1278	11	848	9
Hosp. Materno Infantil Tegucigalpa	188	0	239	0	247	0	195	0	N.A.	
Hosp. Leonardo Martínez San Pedro Sula	24	0	196	0	1098	3	1078	1	926	7
Hosp. Regional del Sur Choluteca			133	0	290	0	217	0	302	0
Hosp. de Occidente Santa Rosa de Copán			159	0	234	0	280	0	284	0
Hosp. Atlántida Integrado La Ceiba			129	0	264	0	129	10	195	16
Hosp. San Francisco Juticalpa			105	0	132	0	153	0	125	0
Hosp. Santa Teresa Comayagua			160	2	130	0	80	0	120	0
Hosp. Tela Integrado Tela			54	0	91	0	138	0	116	0
Hosp. Santa Barbara Santa Barbara			66	0	110	0	84	0	125	0
Hosp. Manuel de Jesus Subirana Yoro			11	0	94	0	69	0	49	0
Hosp. Gabriela Alvarado Danlí					134	17	145	1	183	0
Hosp. Dr. Salvador Paredes Trujillo					35	0	86	0	42	0
Total	712	1	2252	9	3996	36	3932	23	3315	32

Source: Office of Evaluation, ASHONPLAFA

*January through October 1981

Table 2

Percentage of Currently Married Women Age 15-44
by Method of Contraception as Determined by Contraceptive
Prevalence Survey (CPS) by Country

Country, Year of CPS	Sterilization Female	Sterilization Male	Orals	IUD	Condom	Injectable	Spermicides	Diaphragm	Rhythm	Withdrawal	Any Method	No Method
Honduras (1981)	7.4	0.1	11.1	2.3	0.3	0.3	0.6*	*	1.4	1.6	25.1	74.8
Guatemala (1978)	5.9	0.4	5.4	1.3	0.7	1.1	0.3	0.1	2.6	0.3	18.1	81.8
Mexico (1978)	7.4	7.1	15.0	6.9	1.1	3.1	1.5*	*	2.9	3.0	40.9	59.1
Colombia (1978)	7.4	0.2	18.9	7.8	1.5	1.3	2.4*	*	4.1	4.0	47.6	52.4
Costa Rica (1978)	13.0	3.8	25.4	4.8	9.3	2.0	1.3*	*	5.1	3.4	65.0	35.0
Brazil												
Piaui State (1979)	15.4	0.0	10.1	0.0	0.1	0.0	0.2	0.0	2.6	2.5	30.9	69.0
Sao Paulo (1978)	15.6	0.3	27.9	0.4	6.5	0.0	0.5	0.1	5.2	7.3	63.9	36.1
El Salvador (1978)	17.8	0.2	8.7	3.3	1.5	0.4	0.4	0.0	1.7	0.3	34.4	65.6
Panama (1979-80)	29.3	0.4	19.0	3.7	1.7	0.8	0.9	0.5	2.9	1.4	60.6	39.4

Source: Population Reports, Series M, Number 5, May-June 1981, and preliminary data from Westinghouse CPS (Honduras).

* Spermicides include diaphragm.

TABLE 3

Percentage of Women Currently Married or in Union Age 15-49
by Method of Contraception, Honduras, 1981*

Geographic Strata	Method of Contraception									Any Method	No Method	N**
	Sterilization											
	Female	Male	Orals	IUD	Condom	Vaginals	Injectable	Rhythm	Withdrawal			
Tegucigalpa	10.3	0.0	25.0	8.5	0.4	1.3	0.0	3.6	0.0	49.1	50.9	224
Rural Tegucigalpa***	10.3	0.0	6.9	3.4	0.0	0.0	0.0	3.4	0.0	24.1	75.9	29
San Pedro Sula	14.5	0.7	20.3	4.3	2.2	0.7	1.4	5.1	0.0	49.3	50.7	138
Rural San Pedro Sula	16.7	0.0	8.3	12.5	0.0	0.0	0.0	0.0	0.0	37.5	62.5	24
Remaining Urban	12.7	0.0	19.2	4.6	0.5	1.5	0.7	1.9	1.5	42.6	57.4	411
Remaining Rural	5.0	0.1	5.8	0.4	0.2	0.2	0.1	0.9	1.9	14.7	85.3	1,632
All Areas	7.5	0.1	10.6	2.2	0.4	0.6	0.3	1.5	1.5	24.1	75.9	2,458

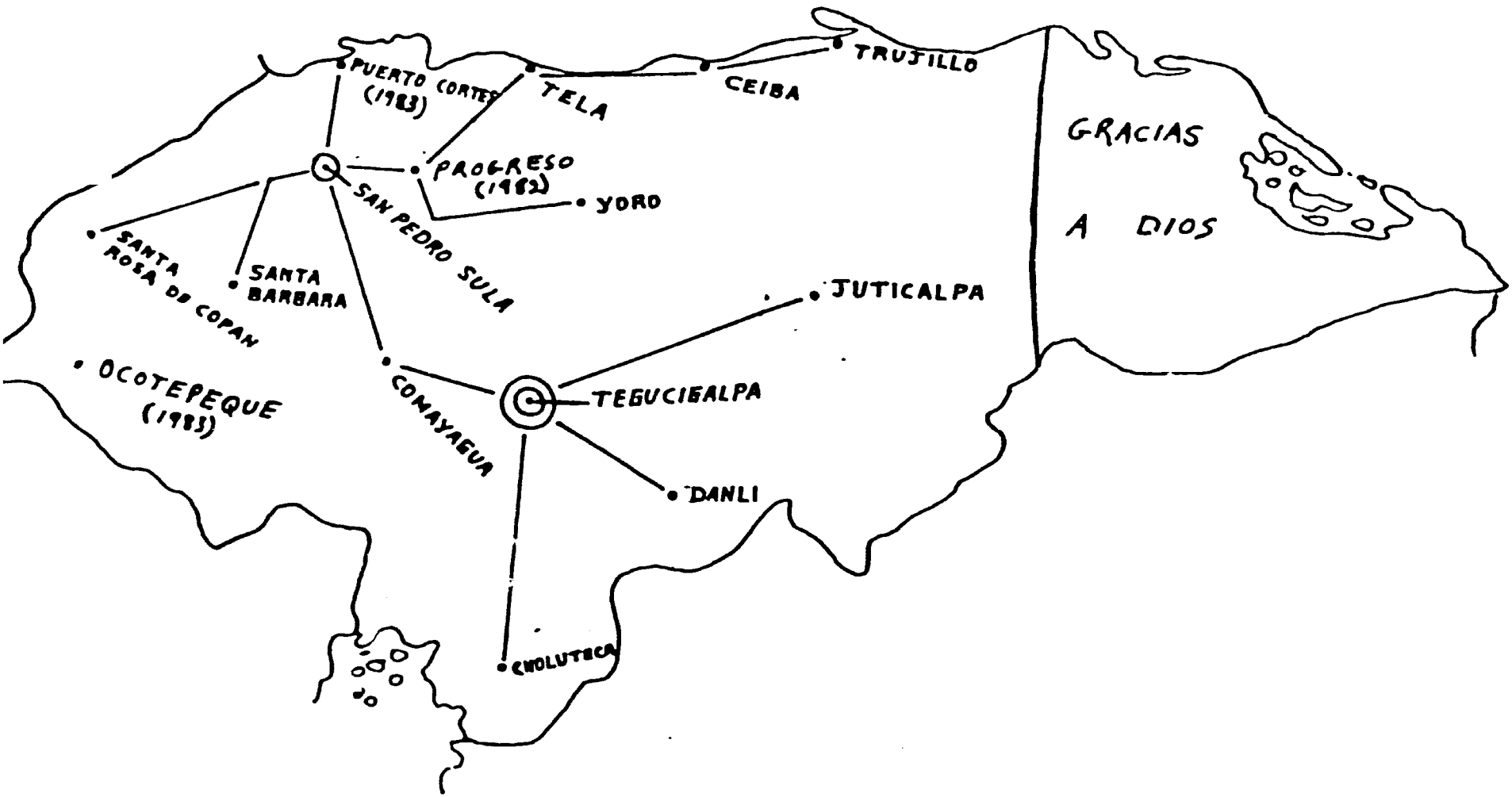
*Source: Preliminary results of a national Contraceptive Prevalence Survey conducted by Westinghouse in Honduras, 1981. Gracias a Dios was not included in the survey.

**Number of women currently married or in union interviewed.

***The number of women interviewed both in rural Tegucigalpa and rural San Pedro Sula is small; thus variance for estimates in these areas is larger than for other areas.

FIGURE 1

Locations in which ASHONPLAFA Supports Sterilization Services, Honduras, 1981



Note: Year in parenthesis is given for locations in which a government hospital is under construction and indicates the year projected for the opening of the hospital.

FIGURE 2

Sample of Form to Account for Payment to Patients from the Transportation Fund

Date	Patient's Name	Date of Surgery	Surgeon's Name	Patient's Address	Distance from Hosp. (km.)	Round trip fare	Amount to Patient	Signature of Patient	Signature of Promotora

ATTACHMENT

Project #1

LOGICAL FRAMEWORK MATRIX

Summary	Objectively Verifiable Indicators	Important Assumptions
Goal Allow the ASHONPLAFA sterilization program to maintain its current level of productivity by defraying a projected deficit in the 1982 operational budget.		AVS provides budget support of $257,383.
Purpose The sterilization program will perform in 1982 at least as many surgical sterilizations as were performed in 1981.		
Outputs Surgical sterilizations	3975 procedures	No recurrence of hospital strikes.
Increased government support of surgical sterilizations.	Increased operating room time. Increased physician time. Financial support	MOH will continue its present show of increased interest in the sterilization program.
Inputs Defray budget deficit	$31,993 granted to ASHONPLAFA	

Project #2

LOGICAL FRAMEWORK MATRIX

Summary	Objectively Verifiable Indicators		Important Assumptions
Goal Provide community education regarding sterilization and facilitate patient access to the sterilization program.			Will interest in the surgical sterilization program continues and its effect filters through regional medical directors to the hospital level.
Purpose Hire, train, supervise and support 3 full time promotoras and 2 part time promotoras resulting in an increase of 1070 surgical sterilizations over 1981.			
Outputs			
Surgical sterilizations	**Site**	1982 **Sterilizations**	A laboratory is established at the ASHOPLAFA Clinic to facilitate patient access to service.
	Comayagua	250	
	Tegucigalpa Hosp CMQ	1430	Government commits more physician time and more operating room time at Trujillo and Yoro.
	San Pedro Sula	1560	No recurrence of hospital strikes at San Pedro Sula.
	Trujillo	110	
	Yoro	100	
Community education	Number of patient encounters.		
	Number of applications for sterilization.		
Inputs			
Hire promotoras	Salary	$17877	
Train promotoras	Training	675	
Supervise promotoras			Supervision accomplished with current ASHONPLAFA staff and budget.
Support promotoras	Transportation and supplies	6056	
	Total	$24608	

Project #3

LOGICAL FRAMEWORK MATRIX

Summary	Objectively Verifiable Indicators	Important Assumptions
Goal Provide access to sterilization for patients for whom the cost of transportation is a barrier to service.		
Purpose Provide a transportation fund from which promotoras can pay a round trip fare or portion thereof to patients who cannot afford the cost of transportation resulting in an increase of 398 sterilization procedures in 1982.		
Outputs		
Surgical sterilizations	Increase of 398 sterilization procedures.	Reduction of transportation costs by one full fare is enough to perceptibly reduce transportation costs as a barrier to service.
Logbook entries	Review of logbook by Chief Promotora to assure that entries are complete and clear and are signed by the patient and account for all the moneys dispersed from the transportation fund.	
Inputs Payment of one round trip fare or portion thereof to 398 or more patients.	398 patients at an average of $12.50 per round trip equals $4975.	

LOGICAL FRAMEWORK MATRIX

Summary	Objectively Verifiable Indicators		Important Assumptions
Goal Improve patient access to sterilization by providing clinical laboratory services in the ASHONPLAFA central clinic building.			
Purpose Establish a clinical laboratory which will allow more complete utilization of the sterilization program at Hospital CMQ in Tegucigalpa because barriers associated with patient transportation cost. and time away from family have been reduced.			Reduction of patient transportation costs and time away from family associated with the location of this laboratory will reduce these barriers to service sufficiently to result in an increased number of sterilizations.
Outputs			
Surgical sterilizations	1430 sterilizations at Hospital CMQ in 1982		A promotora is provided for rural Tegucigalpa (Project #2)
	No patient scheduled for sterilization at Hospital CMQ is delayed because of processing of laboratory specimens		
Cervical cytology	An average of 35 reports of cytology accomplished each day		
Hematocrits, urinalyses, and pregnancy tests	An average of 40 laboratory reports accomplished each day		
	All laboratory results reported within 24 hours of receiving specimen		
Inputs	Laboratory budget		
Furniture and equipment to initiate laboratory	Furniture and equipment	$13,446	
Personnel for 1982	Personnel	7,599	
Supplies for 1982	Supplies	6,864	

Project #5

LOGICAL FRAMEWORK MATRIX

Summary	Objectively Verifiable Indicators	Important Assumptions
Goal Allow surgical sterilizations to continue on a normal schedule in Hospital Tela Integrado and Hospital de Occidente in Santa Rosa de Copan during the rainy season.		
Purpose To provide a clothes dryer to Hospital Tela Integrado and Hospital de Occidente in Santa Rosa de Copan so that surgery apparel can be dried during the rainy season resulting in an increase in productivity of 43 sterilizations in 1982.		
Outputs		
Surgical sterilizations	At least 158 sterilizations in Hospital Tela Integrado in 1982 At least 365 sterilizations in Hospital de Occidente in Santa Rosa de Copan in 1982	
Dry surgery apparel	No instance in which surgery was cancelled because there was no dry surgery apparel	
Inputs		
Two 18 pound clothes dryers	Two clothes dryers at $525 = $1050	

Project #6

LOGICAL FRAMEWORK MATRIX

Summary	Objectively Verifiable Indicators		Important Assumptions
Goal Provide community education regarding sterilization and facilitate patient access to the sterilization program in El Progreso.			The recently constructed government hospital in El Progreso opens in 1982
Purpose Hire, train, supervise and support a promotora in El Progreso resulting in 100 surgical sterilizations in 1982.			
Outputs			
Surgical sterilizations	100 procedures in 1982		The hospital medical director commits physician time and operating room time to the sterilization program.
			If the hospital opening is delayed the number of sterilizations accomplished in 1982 will decrease accordingly
Community education	Number of patient encounters		
	Number of applications for sterilization		
Inputs			
Hire promotora	Salary	$4470	
Train promotora	Training	135	
Supervise promotora			Supervision accomplished with current ASHONPLAFA staff and budget.
Support promotora	Transportation and Supplies	1514	
	Total	$6119	

Project #7

LOGICAL FRAMEWORK MATI

Summary	Objectively Verifiable Indicators		Important Assumptions
Goal Expand sterilization services at low cost to two sites where private hospitals are the primary sources of health care.			
Purpose To pay $50 per surgical sterilization for 200 sterilizations per year at each of two private hospitals and hire, train, supervise and support a promotora to provide community education and facilitate access to the sterilization programs.			
Outputs			
Surgical sterilizations	200 sterilizations at Hospital Evangelico in Siguatepeque 200 sterilizations at Hospital El Rosario in El Mochito		Patient demand for sterilization is sufficient to fully utilize the programs
Community education	Number of patient encounters Number of applications for sterilization		
Inputs			
Pay hospitals $50 per sterilization	400 sterilizations at $50 equals $20,000		
Hire promotora	Salary	$4470	
Train promotora	Training	135	
Supervise promotora			Supervision accomplished with current ASHONPLAFA staff and budget.
Support promotora	Transportation and Supplies	1514	
	Total for promotora	$6119	