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HONDURAS COUNTRY PROJECTS MONITORING

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Prepared by: Alice I. Payne

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Population Communication Services  
Population Information Program  
The Johns Hopkins University  
624 North Broadway  
Baltimore, Maryland 21205  
USA

## Executive Summary

The Johns Hopkins University/Population Communication Services (JHU/PCS) Assistant Program Coordinator, Alice I. Payne, visited Honduras from September 29 to October 4, 1985. The scope of work included: 1) to meet the new project coordinator at the Instituto Hondureño de Seguro Social (IHSS) in order to discuss the objectives and future direction of the project; and 2) to briefly review the progress of the Asociación Hondureña de Planificación de Familia (ASHONPLAFA) and the Ministerio de Salud Pública (MOH) projects.

The IHSS project has been reassigned to the Department of Preventive Medicine under the auspices of the Medical Services Division headed by Dr. Dickerman, who participated in designing the original project. He is very concerned about the project status and feels he can resolve the difficulties which have inhibited progress. A new project coordinator has been named to carry out the activities. He is familiar with the basic elements in the family planning communication field. IHSS plans to submit a revised calendar of activities; however, it remains unclear if IHSS is willing to allow the project coordinator sufficient time actually to implement the plans which he is developing.

The MOH has begun to produce the radio materials which were proposed and approved by JHU/PCS in June. Both radio and print materials will be distributed in early 1986, along with other mass-media materials developed to support MOH health initiatives. The family planning media campaign has been timed to coincide with the establishment of a national family planning service delivery system. The presidential elections in November may affect the MOH's plans for a fully integrated mass media campaign, however.

ASHONPLAFA has designed new radio and print materials which address specific user concerns both for the general public and the community-based distributors. These materials have been widely accepted in the pretesting phase and will shortly be available.

It is recommended that JHU/PCS:

- 1) encourage IHSS to allow the project coordinator to devote 50 percent of his time to this project;

- 2) grant the IHSS a no-cost extension if more time is requested to complete the project;
- 3) consider deobligating funds from the IHSS project if no progress has been achieved by early 1986;
- 4) continue to insist that the MOH properly pretest all the materials to be produced under this project;
- 5) approve ASHONPLAFA's radio and print materials; and
- 6) grant ASHONPLAFA a no-cost extension, if needed, to complete its activities.

## Introduction

The Johns Hopkins University/Population Communication Services (JHU/PCS) Assistant Program Coordinator, Alice I. Payne, visited Honduras from September 29 to October 4, 1985. The purpose of the trip was to: 1) meet the new project coordinator at the Instituto Hondureño de Seguro Social (IHSS) in order to discuss the objectives and future direction of the project; and 2) briefly review the progress of the Asociación Hondureña de Planificación de Familia (ASHONPLAFA) and the Ministerio de Salud Pública (MOH) projects.

## Instituto Hondureño de Seguro Social

More personnel changes have taken place as IHSS and the project is once again under different stewardship. Dr. Samuel Dickerman has returned from academic leave to resume his position as Chief of Medical Services and Coordinator of International Projects. The previous Chief, Dr. Godoy, has been named Subchief of Medical Services and Coordinator of Medical Operations. The JHU/PCS project has been reassigned to the Department of Preventive Medicine under Dr. Elio Sierra, with Victor Rosales as the Coordinator of the project. The move was made in an effort to centralize decisionmaking and activities development within one division. Victor Rosales recently participated in a Social Development Center/Tulane University course on family planning communications and appears to have a basic understanding of the elements involved in family planning IEC. He also participated in the JHU/PCS-sponsored course on family planning communication conducted in-country by consultants Ruben Valesquez and Maria Victoria Azurdia.

I met with Dr. Dickerman, who struck me as a very enthusiastic and dynamic person. He explained that IHSS is currently undergoing an internal reorganization which has been designed to incorporate the medical expansion as well as reflect the new internal policies which have been instituted. Shortly, IHSS will open a newly built maternal/child health hospital in Tegucigalpa and then expand the services offered in San Pedro Sula. He anticipates a great increase in patients due to the new services which will be offered. Dr. Dickerman feels that once the new personnel and administrative system have been established, they will serve as a base for implementing new projects. He thinks the new protocol will enable him to form a working group for the JHU/PCS-sponsored project.

Dr. Dickerman requested that we speak very frankly, and he asked whether Johns Hopkins is interested in continuing the project with IHSS. I responded that yes, we were still very interested in continuing to work with IHSS, however we are concerned about the apparent lack of institutional support for the project and its slow rate of progress. I noted that although various activities had taken place under the different project coordinators, such as orientation seminars and a workshop, very little overall progress had been achieved to date. I said that this was mainly due to the frequent personnel changes since all activities stopped whenever the project was assigned to a different coordinator. Also, I felt very strongly that the project coordinators had not been officially allotted enough time in which to plan and carry out the activities in the work plan. I noted that over the past ten months we had repeatedly asked that the project coordinator be allowed to dedicate at least 50 percent of his time to the project. Dr. Dickerman agreed with this analysis and was very receptive to the suggestion.

We then toured the almost completed maternal/child health hospital. This hospital was designed to offer integrated family health services, including family planning. The clinic borders a large low-income neighborhood in Tegucigalpa, which previously has not had easy access to family planning information or services. Dr. Dickerman stated that they were anticipating a large number of requests regarding family planning. He pointed out that the spacious waiting rooms had been designed to offer IEC to the clients as they were waiting for their appointment. Seminar rooms have been included on each floor of the hospital so that the mothers can receive information regarding post-partum health, new baby care and family planning information. Dr. Dickerman and I briefly discussed the various ways to reach the potential clients and the new mothers, such as through slide shows and films in the waiting rooms, as well as method-specific pamphlets. I took this opportunity to clarify that the JHU/PCS does not donate equipment through our project.

Next, I met with Dr. Elio Sierra and Victor Rosales to discuss the project in more detail. I briefed them on the background of the project and what activities had taken place so far. Although they had received the majority of the documents pertaining to the project, they had not been able to go over them thoroughly. Dr. Sierra presented me with a draft outline for the project. The draft work plan was very vague. I suggested that Victor spend some time

working out the details, such as how many orientation sessions would be necessary to cover the personnel at every level of the institution. I pointed out that although there had been a seminar for high-level officials and an orientation session for a number of doctors as well as a session for 35 auxiliary nurses, it did not seem that the first phase of the project had been completed. They agreed that since the auxiliary nurses had the greatest contact with clients it would be necessary to give a greater number of orientations to them. I also explained that it was important to offer informational sessions to the general services staff (doormen, drivers, etc.) because they were also insured under the system and represented a large portion of the IHSS clients. I suggested that those who had already received some sort of training or orientation could be used as multipliers for further trainings. Victor agreed that more training was needed within the institution before family planning information could be offered to patients in the clinics. He felt that he needed to review the agenda and participants of the previous orientations.

Dr. Sierra asked about an extension (including more funds) for 1986. I replied that it was premature to discuss a new project before the first project had even been completed. In addition, there are still sufficient funds to carry out the rest of the project. I explained to Victor and Dr. Sierra that they should formally request a no-cost extension from JHU/PCS if they did not think it was possible to complete the project by the termination date of December 31, 1985. I suggested that they speak with the financial personnel to find out the exact amount of remaining project funds. We discussed the quarterly reporting system and the specific reports which are outstanding.

When I asked about Victor's time commitments, Dr. Sierra assured me that he would have enough time to work on the project. I emphasized that he should devote at least 50 percent of his time to work on the project. Dr. Sierra responded that there was no possibility of that.

Victor and I were able to spend more time discussing the orientation sessions that still need to be completed. I noted that the different levels of personnel required different types of information. We discussed the next step of the project which is to develop educational materials for IHSS clients. I explained the JHU/PCS methodology, with particular emphasis on the initial research and pretesting phases. I mentioned the good resources available in Tegucigalpa, such

as Oscar Vigano, the local JHU/PCS consultant, and Lenin Flores, our Project Coordinator at ASHONPLAFA. We also discussed the various types of materials that Victor could consider developing for phase two.

I asked Victor about his other projects. He said that he is in charge of rabies and venereal disease control, among other projects. He estimated that he could devote 10 to 15 percent of his time to the JHU/PCS-sponsored project, but he did not feel that this would be sufficient time to dedicate to the project. In fact, he had been taken by surprise when he was named to this project because he was never officially informed of the decision.

At the end of week I met with Dr. Dickerman again to discuss my observations. I reiterated my concern about Victor's time commitment and noted that Victor appeared very busy and it seemed that the project might fall into the same situation. Dr. Dickerman agreed that Victor needed more time and he suggested that I continue to be very adamant on this point with Dr. Sierra. Dr. Dickerman was interested in my opinions regarding the attitudes Dr. Sierra and Victor had towards the project. I replied that I found Victor's attitude fairly receptive, although he appeared overwhelmed by taking on another project. I felt he had a fairly good understanding of what the project entailed and knew what steps were necessary to accomplish each objective. On the other hand, I did not get a positive impression from Dr. Sierra; he did not seem really to understand the scope of work, nor did he appear to be very interested in supervising the project. Dr. Dickerman acknowledged the attitudinal problems which existed within IHSS and said he would work on the political backing both from his superiors and from within the Department of Medical Prevention. He requested that I write him a brief report as soon as I returned to Johns Hopkins outlining my observations, concerns and suggestions.

I had a second meeting with Dr. Sierra and Victor to discuss the plans that Victor had worked on, as well as any questions they still might have regarding the project and JHU/PCS collaboration. Victor agreed that there was still work left to do in phase one. He said that he did not know if it would be possible to directly inform every person who worked within the IHSS system. However he could prioritize among the different levels and departments so that at least a portion of the personnel from every office or unit would have an introduction to the family planning services. He thought it would be possible to finish this phase

by the end of the year and begin with the materials development in January. I explained the inter-institutional commission in Tegucigalpa and I emphasized JHU/PCS's interest in sharing materials or jointly producing them whenever possible. We discussed the time commitment issue but Dr. Sierra said he could not possibly specify any amount of time for Victor to work on the project because there were other priorities, such as rabies control, which would always take precedence given its life-threatening potential. Dr. Sierra and Victor said that they would immediately begin work on a detailed work plan which they hoped to finish within a week or two and submit it to JHU/PCS.

### Ministry of Health

Dr. Miranda, USAID Population Advisor, and I had a meeting with Dr. Wilfredo Alvarado, Chief of the Health Education Division, José Ignacio Mata, PROCOMSI Advisor, and Arturo Diaz, radio specialist. Arturo explained that the Ministry of Health had decided to launch an integrated campaign in January. The campaign will be composed of a variety of health messages (family planning, breast-feeding and immunization) and use a mixed media format.

Arturo outlined several of the reasons for the delay in launching the materials developed under the JHU/PCS project. The MOH feels that it will be more effective to introduce messages on various subjects simultaneously rather than begin with only family planning information. They also felt that the mass media channels were saturated due to the current presidential campaign. In addition, the MOH did not want to go ahead with any family planning information until the services had been fully instituted in all of the rural clinics. The MOH is anticipating a high demand for the family planning services which will soon go into effect. Arturo also noted that the micro-radio programs took approximately 15 days to develop, since they were more complicated than just a radio spot.

## Radio Materials

The radio series which the Division of Education has developed is entitled "Marcos and Lilian," an ongoing drama which revolves around a young couple. They plan to develop a total of 31 series, with each one of approximately 15 minutes in length. We were able to hear the first program they have developed and they gave me several samples to bring back to JHU/PCS. To date, 13 programs have been produced and 4 have been completely edited. Arturo explained that there were several objectives to these programs; to both inform and educate while at the same time creating a demand for family planning services. The radio programs will be used mainly by the health promoters in the health centers with community groups, but also aired to the public. These programs will be accompanied by a guide book to help the promoters lead discussions and answer questions.

When I questioned Arturo about the pretesting that had been done, he stated that no pretesting was needed since small groups will be utilized in developing discussion guides. He maintained that since the radio programs simply reiterated the information gathered in the baseline study, there was no need to pretest. I told Arturo that JHU/PCS insists on pretesting. It is extremely important that the radio programs are pretested in order to measure if the technical quality is clear and the messages are properly understood. Dr. Alvarado agreed that pretesting would ensure a better product and thought that they should go ahead and pretest the ones which had been produced. Four radio spots also have been produced regarding maternal/child health and family planning themes.

## Print Materials

A poster also is being developed to be used in the clinics, and residential neighborhoods, as well as in commercial zones. After initial pretesting, it was decided to use a photograph format instead of sketches. I also obtained slide samples of the poster. They still plan to utilize newspaper inserts; however, this is still in the drafting stage.

Dr. Alvarado requested an advance of project funds in order to reproduce the radio cassettes for distribution as well as to print the poster. He also requested that the 1986 budget be modified to cover only radio production and transmission.

I stated that any type of budget change needed to be formally requested and formally modified. He gave me the two most recent progress and financial reports as well as an official request for an advance of project funds.

#### Asociación Hondureña de Planificación de Familia (ASHONPLAFA)

ASHONPLAFA's mass media communication project, coordinated by Lenin Flores, is currently developing a variety of materials.

#### Radio

Lenin and his assistant, Anibal Melgar, were in the final phases of pretesting two new radio dramas which address myths concerning oral contraceptives. Each is approximately one minute in length with an additional tag line at the end. One spot addresses the myth that the pill causes cancer, ulcers and tumors, while the second spot addresses the misconception that the pills accumulate in the stomach or uterus and form on the growing fetus. The spots were initially tested with 35 people from the target audience, in addition to technical experts, the promoters and the community-based distributors. I was given samples of the radio program as well as the pretest instrument, the pretest guide and the radio scripts. JHU/PCS written approval was requested as soon as possible. Lenin plans to develop two more radio spots along the same line.

The mass communication project has produced 502 radio spots (in addition to the previously-developed motivational spots and jingles) announcing the local distributor's name and address. These announcements were broadcast approximately 30,000 times over the last quarter (April-June 1985). Lenin also plans to develop a Christmas message because last year's Christmas spot was so well received. Instead of using the 37 radio stations across the country, he will use just two of the stronger radio stations which broadcast throughout the country.

#### Print Materials

The ASHONPLAFA mass media project has developed reference cards to be used primarily by the community-based distributors. The distributors will pass the cards along to current clients who will in turn give them to their friends (potential clients). The name and address of the distributor will be written on

the card. The sample of the cards, the pretest instrument and guide were submitted to me and written approval was requested. The printing is pending JHU/PCS approval.

Before reprinting additional copies of posters designed last year, improvements in the text, background detail and color were made. Thirty-thousand posters are being distributed and the distributors are reported to be delighted with the improved version.

A manual is being developed, which focuses on the correct use of the pill and condom (the two most commonly used contraceptives). It will serve as a guide for the community-based distributors to instruct users and answer their questions. The manual also will be used by promoters to train new distributors. Lenin explained that the first step was to establish a uniform body of information that would be disseminated throughout the program. The text was pretested with 25 promoters and 35 distributors. The illustrations will be drawn up during October, and pretested with the text in November. The manual is scheduled to be printed in December.

Lenin mentioned that an evaluation is planned for December, but he was leaving that up to the evaluation department of ASHONPLAFA. I asked whether he would be able to finish the activities by the end of December 1985 when the project is slated to be completed, and I mentioned that if not, ASHONPLAFA should request a formal no-cost extension.

I met with Ramon Sarmiento, Program Coordinator. I mentioned that we did not receive the progress report with the last quarterly financial report and that we also had raised some financial questions and requested clarifications. Ramon promised to follow up on this, but never got back to me with any information. The financial department was not aware of any problems regarding the last financial report that they had submitted. However, Lenin did give me a copy of both of his progress reports which had never been sent on to JHU/PCS.

## Agency for International Development

I met with the Health, Nutrition and Population Officer, Tom Park, Dr. Miranda and Anita Siegal, the new Population Officer. I began by describing ASHONPLAFA's excellent work. The materials which Lenin produces are very good and he meticulously documents his steps and follows a very thorough methodology. I did mention that ASHONPLAFA's administrative problems hindered the project's development at times. Apparently, others also have experienced this difficulty.

Tom remarked that over the past two years ASHONPLAFA has maintained a stable 40,000 users but during the last quarter (April-June 1985) ASHONPLAFA's total users jumped to 42,000. He wondered if this increase could be attributed to the JHU/PCS-sponsored campaign.

Regarding the MOH, I reported that they had delayed the distribution of materials produced under the JHU/PCS project due to the fact that they had decided to launch a much larger media campaign in January. I noted that I had expected the quality of the materials they produced to be better, given their experience under the PROCOMSI project. Tom was concerned about the lack of pretesting because all materials produced under the AID project require pretesting. It was acknowledged that the MOH team was not following the correct methodology and that they could benefit from the advice of a communication expert. However, the Mission is aware of the difficulties in providing technical advice to a team which considers itself highly qualified.

We discussed the problems of IHSS in some depth. I relayed my feelings that Dr. Dickerman was very eager to continue the project and that I thought Victor would be able to carry out the project if he were given enough time. I expressed my concern that Victor worked under Dr. Sierra, who appeared very disoriented in regard to the project and refused to grant any type of time allocation. Tom advised writing a very strong report to Dr. Dickerman expressing our concerns about the future of the project.

Tom suggested that JHU/PCS consider developing a project with IHSS in the second largest city in the north, San Pedro Sula. Projects tend to have a higher success rate there and the personnel is very interested in family planning. I

noted that our current agreement with IHSS includes San Pedro Sula. He mentioned that one possibility would be to discontinue the project in Tegucigalpa, and perhaps arrange a buy-in agreement for a new project in San Pedro Sula.

We agreed at this point it was too early to consider deobligating from the IHSS project, since there is a possibility that the project outputs might improve under the leadership of Dr. Dickerman.

### Conclusions and Recommendations

Although there have been several personnel changes at IHSS which could prove beneficial to the JHU/PCS-sponsored project, serious concerns still exist about the future of the IHSS project. Such problems as: 1) the inadequate time commitment; and 2) the revolving project coordinators may be resolved. These two issues, among others, have continually hindered any type of comprehensive project development over the past 22 months.

The MOH is in the final production stages of the radio programs and poster. The distribution of these materials has been delayed until January in order to simultaneously launch an integrated group of health messages. All the materials produced by the Health Education Division could be greatly improved if they were rigorously pretested.

An important consideration to the progress of both the MOH and IHSS projects will be the outcome of the presidential elections at the end of November. The institutional policies regarding family planning programs (particularly mass media campaigns) may be altered, depending on the political appointments of high-level ministers. These changes will not become apparent until early 1986. At this point, it is impossible to predict to what extent the political fallout will affect the government's support of public family planning programs.

ASHONPLAFA's mass media project continues to expand the national radio campaign. This has been of significant support to the community distribution system. Specific radio messages and a variety of print materials will soon be available to the community-based distributors which will further strengthen their grass-roots efforts. Because each step of this project has been carefully planned, it has achieved a high degree of success.

It is recommended that JHU/PCS:

- 1) encourage IHSS to allow the project coordinator to devote 50 percent of his time to this project;
- 2) grant the IHSS a no-cost extension if more time is requested to complete the project;
- 3) consider deobligating funds from the IHSS project if no progress has been achieved by early 1986;
- 4) continue to insist that the MOH properly pretest all the materials to be produced under this project;
- 5) approve ASHONPLAFA's radio and print materials; and
- 6) grant ASHONPLAFA a no-cost extension, if needed to complete its activities.

## LIST OF CONTACTS

### ASHONPLAFA

Calle Principal Col. Alameda y Ruben Dario  
Tegucigalpa, D.C., Honduras  
Tel.: 32-64-49

Lenin Flores Anduray  
Oscar Bonilla  
Ramon Sarmiento

Social Communicator  
Accountant  
Project Coordinator

### Instituto Hondureño de Seguro Social

2da Avenida y 8va Calle  
Tegucigalpa, D.C., Honduras  
Tel.: 22-50-54

Dr. Samuel Dickerman  
Dr. Carlos Godoy Arteaga  
Dr. Elios Sierra  
Victor Rosales

General Director  
Chief, Medical Services Division  
Director de Preventive Medicine  
JHU/PCS Project Coordinator

### U.S. Agency for International Development

U.S. Consulate Building  
Tegucigalpa, D.C., Honduras  
Tel.: 32-58-99

Tom Park

Dra. María del Carmen Miranda  
Anita Siegel

Health, Nutrition and Population  
Officer  
Population Advisor  
Population Officer

### Ministry of Health

Edificio Ministerio de Salud  
Tegucigalpa, D.C., Honduras  
Tel.: 22-70-70

Dr. Wilfredo Alvarado  
José Ignacio Mata  
Oscar Viganó  
Arturo Diaz

Chief, Health Education Division  
PROCOMSI Advisor  
PRASSAR Advisor  
Radio Specialist, Health Ed.

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