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TRIP REPORT:
HONDURAS MONITORING TRIP

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February 17 - March 5, 1986

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Executive Summary

The Johns Hopkins University/Population Communication Services (JHU/PCS) Assistant Program Coordinator, Alice I. Payne, visited Honduras from February 17 to March 4, 1986. The purpose of the trip was to discuss the development of new projects in Honduras and, at the same time, monitor the ongoing projects.

Specific activities included:

- assisting Instituto Hondureño de Seguro Social (IHSS) in analyzing the base-line data, developing messages and illustrations for the first method-specific pamphlet, and beginning to pretest the materials;
- designing the outline for an IEC project with IHSS/San Pedro Sula; and
- discussing and formulating the final project evaluation and the scope of work for a new project with Asociación Hondureña de Planificación de Familia (ASHONPLAFA).

The Coordinator of the IHSS project gained expertise in transferring research data into concrete user-oriented messages. Step by step, we developed a draft pamphlet on the pill, designed the pretesting methodology and began pretesting. The Project Coordinator learned a great deal in a short amount of time and was very enthusiastic about developing more print materials.

The activities for the family planning promotional project with IHSS/San Pedro Sula will focus on several audiences: institutional personnel, current IHSS patients and potential IHSS family planning clients. This project will be designed to complement the service delivery project currently being planned.

The Ministry of Health communication staff is very busy with the implementation of the integrated health campaign, which includes mass media interventions as well as training components.

ASHONPLAFA is in the final phase of the project and the communication team is finishing up a series of print materials to be used throughout the community-based distribution system. The project evaluation is being designed and will take place shortly. A new project, focusing on male responsibility, was discussed and is planned to begin in September.

It is recommended that:

- 1) JHU/PCS proceed with the proposal development for the IHSS/San Pedro Sula and ASHONPLAFA projects;
- 2) JHU/PCS clarify the nature of the buy-in arrangements for the above mentioned project initiatives; and
- 3) United States Agency for International Development/Tegucigalpa (USAID/Tegucigalpa) monitor the IHSS progress and continue to encourage the Project Coordinator's full-time participation.

Introduction

The Johns Hopkins University/Population Communication Services (JHU/PCS) Assistant Program Coordinator, Alice I. Payne, visited Honduras from February 17 to March 4, 1986. The purpose of the trip was to monitor ongoing projects, and at the same time discuss the development of new projects in Honduras. The scope of work included: 1) assisting the Instituto Hondureño de Seguro Social (IHSS) in developing the first set of family planning print materials for IHSS clients; 2) designing a new IEC project with IHSS/San Pedro Sula; 3) reviewing project evaluation plans with the Asociación Hondureña de Planificación de Familia (ASHONPLAFA) and discussing the scope of work for the new project to begin in September; and 4) reviewing the recent activities of the Ministerio de Salud Pública (MOH) project.

Instituto Hondureño de Seguro Social

Victor Rosales, Project Coordinator, Dr. Sierra, Division Chief, and I began by analyzing the audience research data. The survey was conducted in both Tegucigalpa and San Pedro Sula, but only approximately 50 percent of the data had been tabulated. Nevertheless, we were able to go over each part of the study and draw out the salient issues regarding the IHSS clients' attitudes and practices toward family planning.

The IHSS client is generally young and recently married, with only one to three children. The majority of IHSS clients are blue-collar workers with 5-10 years of education. The majority of those interviewed stated that they do not currently use family planning methods, and attributed their low family planning awareness, in part, to the lack of promotion by IHSS. The average duration of family planning use for those contracepting is approximately one year. The pill is the most popular method. Female sterilization is also fairly well known and requested, whereas only a small percentage of clients use the condom or the IUD. Most respondents indicated that they are interested in learning more about family planning, particularly method-specific information, and believe family planning to be beneficial.

Dr. Sierra felt some of the data indicated that lack of correct information regarding the variety of contraceptive methods available is widespread among the

medical personnel within IHSS. I suggested that perhaps all levels of the medical personnel, including doctors and nurses, could be given the package of print materials being developed along with a letter of introduction from Dr. Dickerman, the Chief of Medical Services. Everyone concurred that this would be a good approach to both including the medical personnel in the family planning system and keeping them up to date on the different methods.

I pointed out to Victor that all of our analyses and conclusions will have to be verified when all the data have been tabulated. Based on the information we had at hand, we decided to produce five method-specific pamphlets on: the pill, condom, IUD, vasectomy and sterilization. We considered producing one pamphlet on the benefits of family planning because 32 percent of the respondents said they did not use family planning for ethical reasons. We decided instead to include this type of information at the beginning of each pamphlet. In this way, a greater number of pamphlets for each method can be printed. The pamphlets were designed following the formats used in both the Mexico/FEMAP project and Bolivia/COF project.

Victor and I concentrated on a step-by-step development of the first pamphlet on the pill, beginning with the initial data analysis and progressing to the pretesting phase. We analyzed the prototype materials we had on hand from the Media/Materials Collection and determined which information was important to include in such a pamphlet and how the messages could best be conveyed in the Honduran context.

We also reviewed ASHONPLAFA's illustrations for the flipchart manual and pamphlets being produced. Since we planned to work with the same artist, who had been highly recommended, we were able to base our ideas on his previous drawings. Once we had finished writing the text and had a rough layout, we worked with the artist so that he could begin his drawings. He was already well-acquainted with this type of work, and thus was able to immediately capture what we were looking for.

After reviewing a variety of pretest methodologies and instruments, it was decided to carry out the pretesting in three phases. The first phase will be conducted through three focus groups (men, women and one mixed group) with a total of 15 people. Modifications from the first group would be incorporated

into the second pretest phase. Phase two would include 20 people who would be interviewed individually. The third and final phase of the pretesting would include 25 people and, instead of pretesting message-by-message, the entire pamphlet would be pretested. In addition, I mentioned that it was necessary to review all the messages in the pamphlet with a family planning doctor, other colleagues who work in family planning and general medical personnel.

At the end of my visit we were able to conduct one pretest session with a group of auxiliary nurses. All were very enthusiastic about the pretest session, particularly since they felt it was a learning experience for them, and were more than happy to offer their opinions freely. It was interesting to note that some of Dr. Sierra's earlier suspicions were confirmed, at least in this pretest group; many of the auxiliary nurses' confusions were not due to the clarity of the message, but rather to their confusion about the proper use of the pill.

Although at the beginning of my trip Victor had seemed very hesitant about his capabilities in doing this type of work, by the end of my visit he seemed much more secure and led the pretesting focus group very well. After having gone over step-by-step the necessary points involved in developing print materials, he should be able to develop the remaining pamphlets. Victor seemed markedly more enthusiastic about the project than during my previous visit in October, when he had just become aware of it. Victor expressed his interest in family planning to me several times throughout the visit; he would prefer to work 100 percent of his time on the project. He said he had only been working full-time on the project since the end of January when the audience research phase began. However, he was uncertain whether he would be able to continue working 100 percent of the time, thereby affecting the timing of the project. Victor was able to enlist the help of paid assistants for the survey phase and one of his colleagues, another health educator, will assist him throughout the pretesting phase.

I reiterated Victor's interest to Dr. Dickerman. He concurred that Victor must devote himself full-time to this project and suggested that I reinforce this point with Dr. Sierra. Although Dr. Sierra has become much more positive regarding family planning IEC, he did point out that there were other necessities within the preventive medicine department. During the time I spent working with IHSS, I noticed that Victor was very much in demand by both his colleagues and by IHSS patients.

Dr. Miranda, AID Population Advisor, participated in one of our meetings. She questioned Victor on the status of the family planning orientations which were to be given to everyone at all levels within IHSS. Victor acknowledged that he had not been able to finish this phase which we all agreed was very important. It is clear that many people within the institution are still not aware of the family planning services nor of the benefits of family planning. Victor said he would like to continue these orientations, but he doubted whether he could finish both developing the print materials and the orientations by June 30, particularly in light of his uncertain working schedule. We discussed the possibility of continuing the orientations with the auxiliary nurses (who have the most frequent contact with patients) as they are being trained in the use of the print materials.

When Victor and I reviewed the budget, it became apparent that it no longer reflects the needs of the project. I suggested that Victor go over the budget with the IHSS financial personnel in order to modify it according to the ongoing activities and the current prices regarding the artist and printing costs, and submit it to JHU/PCS for approval.

San Pedro Sula

I spent two days at IHSS in San Pedro Sula, the second largest city in Honduras. The purpose of my visit was to follow up the discussions begun by Patrick L. Coleman, JHU/PCS Project Director, during his January trip regarding an IEC project for the new family planning services. The staff is very enthusiastic, despite the hard working conditions and logistical constraints which they now encounter in offering sterilization services. We reviewed the statistical data which indicated a substantial unmet demand for family planning among IHSS clients.

The IEC project will be contingent on the initiation of a full-service delivery project, being developed concurrently by Family Planning International Assistance (FPIA). One of the major points we discussed was project administration. We were all concerned about the feasibility of administering a project with the central office in Tegucigalpa, while actually carrying out the activities in San Pedro Sula. Dr. Dickerman stated that with his supervision from Tegucigalpa, project funds could be administered through the San Pedro Sula regional office.

I discussed the basic outline of the new project with the two promoters who presently work with the voluntary sterilization project. I presented the model which had been designed for IHSS/Tegucigalpa to see what points should be included and what needed to be modified for the San Pedro Sula context. The promoters concurred with the importance of including all the institutional personnel in a family planning orientation. This would not be the major focus of the project, since the San Pedro Sula office is considerably smaller than the central office in Tegucigalpa. We outlined the different levels of orientations which would be provided for the medical personnel, the administrative personnel and the general personnel within IHSS.

The next audience to receive family planning information would be the current IHSS patients who come to the hospital for a variety of services, including pre-natal, delivery, post-partum and pediatric care. The type of materials that could be developed for this audience would be method-specific pamphlets as well as films and audio-visual presentations to be used in the waiting rooms at the hospital clinics. The promoters also suggested using audio cassettes to be broadcast throughout the IHSS clinics. Several programs, including preventive medicine and breastfeeding, have produced entertainment-type programs with informational messages. This would be an innovative way to inform and motivate IHSS patients.

The promoters have recently designed an outreach project directed at factory workers (also insured within the IHSS system). However, many workers are not fully aware of all the IHSS health benefits, particularly family planning. Films and method-specific pamphlets could accompany motivational talks. The public in general could only be included if, at some point during the service delivery project, the services were open to the public.

The Chief of Obstetrics and Gynecology and the Hospital Director were enthusiastic about the project and concurred with the scope of work we had outlined.

Asociación Hondureña de Planificación de Familia (ASHONPLAFA)

The ASHONPLAFA project is in the final phases of pretesting the print materials. Lenin Flores, Project Coordinator, had developed a series of materials (flipchart, promoter manual and user pamphlets) by adapting the same illustrations and text for the different audiences. These materials should be printed and distributed shortly.

In a meeting to discuss the final project evaluation, Margarita Suazo, the Evaluation Program Officer, mentioned that she had not planned to use any type of user data in her evaluation because she felt it did not properly reflect the success of the project. Her preliminary ideas included: 1) measuring any type of attitude change which had occurred; 2) ascertaining exactly what part of the message the target audience remembered, and 3) testing if the name "ASHONPLAFA" was recalled.

I agreed with her that these points were important, and I mentioned that I was under the impression that in the last few months there had been a notable increase in users. I suggested that she try to look at the statistics; if no conclusions could be made, this could be noted in the report. I noted that it is important to look at user data before, during and after the radio campaign.

The focus of the new JHU/PCS project with ASHONPLAFA was discussed. The pros and cons of focusing an IEC campaign at either young adults or men was thoroughly outlined. Although there was a great deal of sentiment towards working with young adults, it became apparent that this would not be the most advantageous project at the present time. We all agreed that young adults were an important and often neglected target audience in family planning and family life education; however, ASHONPLAFA does not yet have a strong service delivery or educational project aimed at them.

We agreed that focusing on men would be advantageous for a variety of reasons. Previous research studies undertaken for this IEC project, as well as for the social marketing project, strongly indicated that more media efforts need to be aimed at men. It has been demonstrated that in Honduras the man plays an important role in deciding whether or not he or his companion will use contraceptives. With men as the target audience, the IEC interventions would

continue to support the community-based distribution system and complement ASHONPLAFA's regional expansion throughout the country. It was felt that after having focused primarily on women, aiming communication efforts at men would build a solid base of public support for ASHONPLAFA.

I explained that JHU/PCS's subagreement with ASHONPLAFA for a new project could not begin until August or September. JHU/PCS agreed to give ASHONPLAFA a no-cost extension until July 30, 1986, so that ASHONPLAFA could continue to work on the current project activities.

I spent two days in the field with Lenin Flores and Aníbal Melgar, Project Assistant, pretesting the condom pamphlet for users. Victor Rosales, the IHSS Project Coordinator, was also invited to accompany us. Lenin conducted the pretesting in focus groups with both men and women. Their pretesting methodology was very thorough. There appeared to be a very high understanding and acceptance of the information among the target audience.

During this same trip, we also distributed the Tatiana & Johnny record to a variety of radio stations in the region. The radio station owners were enthusiastic about the idea, and the young disc jockeys were quite impressed when they played "Cuando Estemos Juntos" for the first time. Their comments ranged from "good melody," "nice arrangement," "high quality" to "what a great idea!"

Ministerio de Salud Publica

During my visit, the MOH launched its integrated mass-media family health campaign (family planning, breastfeeding and immunizations), including TV and radio spots as well as training materials for the rural health workers. The MOH team appeared very enthusiastic about their campaign, and is continuing to develop new materials for the rest of the year.

To complement the media efforts now being carried out, a newspaper supplement is planned to focus on family planning. A poster promoting small families is also in the process of being printed. They would like to produce a photo novel based on the radio dramas they have developed. They plan to use

the photo novel in conjunction with the radio programs as a training tool for health workers and the general public.

Interinstitutional Collaboration

All three groups concurred with the idea of resuming the interinstitutional commission, which would be hosted on a rotating basis. ASHONPLAFA was pleased to be the first host and offered to begin this month.

Victor Rosales of IHSS has already sought advice and assistance several times from ASHONPLAFA. The field trip enabled Victor to begin quickly pretesting his own materials. Lenin invited Victor to call on him any time he could be of assistance. Don Alejandro Flores, Executive Director of ASHONPLAFA, and Dr. Samuel Dickerman, Chief of Medical Services at IHSS, concurred with this type of collaboration and were pleased with the cooperation which had taken place to date.

The Agency for International Development (AID)

I explained the background project developments which had taken place during my visit regarding the new JHU/PCS projects with both ASHONPLAFA and IHSS in San Pedro Sula to Tom Park, Health, Nutrition and Population Officer, Tessie Siegal, Population Officer and Dr. Miranda. Tom concurred with the direction both projects were taking. He acknowledged that JHU/PCS's new interventions in Honduras would be funded through Mission buy-in funds (approximately \$300,000 in addition to some core costs). We discussed the various ways to administer and execute the buy-in contract.

Tom agreed that there had been a recent increase in users in the ASHONPLAFA system and was interested in seeing this data in the final project evaluation. He mentioned the possibility of a vasectomy project with ASHONPLAFA which could also be tied into an IEC campaign focused on men. They plan to develop a baseline survey; I suggested that they include a few IEC questions aimed specifically at men.

Tom expressed satisfaction with the recent progress accomplished in the IHSS project. We also discussed the need to coordinate all the new projects which

were being developed with IHSS/San Pedro Sula in order to maximize these efforts and to avoid any duplication.

Conclusions and Recommendations

The IHSS project is back in full gear. Dr. Dickerman expressed his enthusiasm regarding the recent progress of the project, given the slow development which had occurred over the past two years. He was very interested in the data which the research revealed and planned to use it for other projects within the institution.

Dr. Dickerman was in agreement with the draft outline for the San Pedro Sula project and promised to comment on the draft proposal/budget as soon as possible. He feels that it is important that IHSS contribute certain in-kind costs and will investigate what contributions would be the most feasible, given the current institutional budget constraints. We stressed the importance of designing the IEC component in conjunction with the service delivery project. The FPIA representative, Karla Schworer, and I agreed to share our respective drafts of the different project proposals.

During my visit, the new Director General of IHSS (Gonzalo Rodriguez Soto) was named; coincidentally, he was the Director General when the original JHU/PCS contract was signed with IHSS. It is expected that he will continue to support the family planning projects. It should be noted that the IHSS personnel are contemplating a strike in the near future, as are the doctors across the country. Either strike could slow, or even halt, the ongoing progress and future project development.

The print materials being developed by ASHONPLAFA's communication division promise to be of high quality and will prove very useful to the promoters, distributors and users in the community based system. Hopefully, the final project evaluation will highlight informative reactions and conclusions to the project's mass media efforts and include service statistics to document the impact of the IEC efforts. Proposal development for ASHONPLAFA's new project focusing on men should begin shortly.

The MOH multi-faceted communication campaign is in full swing and the communication team has a full workplan outlined for the year. The new Minister

of Health (Dr. Ruben Villa Bermudez) was also named during my stay. Although he was aware of the MOH's family planning messages being broadcast on the television and radio, his future position on family planning project development is unclear.

It is recommended that:

- 1) JHU/PCS proceed with the proposal development for the IHSS/San Pedro Sula and ASHONPLAFA projects;
- 2) JHU/PCS clarify the nature of the buy-in arrangements for the above-mentioned project initiatives; and
- 3) USAID/Tegucigalpa monitor the IHSS progress and continue to encourage the Project Coordinator's full-time participation.

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