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TRIP REPORT

DEVELOPMENT OF A MASS MEDIA STRATEGY FOR THE ASOCIACION HONDURENA DE PLANIFICACION DE FAMILIA (ASHONPLAFA)

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EXECUTIVE SUMMARY

A comprehensive mass media strategy is recommended in order to increase institution recognition and access to family planning services for the general population.

To date, ASHONPLAFA, has not utilized mass media as part of a systematic strategy. Mass media can be used to reinforce the work of the different units within the institution, and to complement each of the different medium. The institution needs to give the work of mass media its full support in order to help the development and improvement of service delivery and coverage.

Production quality can be improved by exposing the staff to Central and South American centers with extensive experience in "social marketing". Also, experts should be brought to Honduras to work in country with ASHONPLAFA's communications personnel.

The strategy should comprehend a systematic use of (listed in order of importance):

radio,
television,
printed media (news papers),
printed materials.

Different formats should be used both in radio and TV, all to mutually reinforce each other, and working toward placing ASHONPLAFA as an important national institution. The formats should include:

public service spots (both radio and TV);
talk shows (both radio and TV);
questions and answers (both radio and TV);
"dear abby" shows (both radio and TV);

The strategy should also contemplate introducing a musical theme and a slogan that would become the trademark together with the logo. Both should be always present in every single program.

Young adults under 19 years of age should specially be focused when developing the mass media campaign. Both radio and TV are particularly good media to reach them. Although young girls should be targetted because of adolescent pregnancies, the young males should not be disregarded and condom publicity should be emphasized.

ASHONPLAFA's present staffing of the communications unit is too limited for the organization to engage in a massive mass media strategy. It is recommended that they either increase the professional staff or they hire an advertising firm to be the implementing agency. In any case, to attain national impact, the campaign has to be a systematic strategy involving all the different media.

As part of the mass media campaign, the FPA should develop a systematic strategy of appearances in public, specially assisting the needy (e.g. assistance to flood victims, distributing food to the needy, etc.). All these events should be covered by the media.

This five year program should begin on a pilot basis in Juticalpa and Choluteca and then be expanded nationally - constant monitoring should help in developing the national strategy.

INTRODUCTION

Study Purpose

To design a comprehensive mass media campaign for the family planning PVO ASHONPLAFA, comprising their CBD, VSC and Clinical Departments for the period of July 1989 - June 1993.

Scope of work

1. Analyze previous ASHONPLAFA communications program. Design a program to implement the work of CBD and Medico Clinico geared specifically to the rural communities.

2. Study frequencies obtained from the adolescent section of the 1987 Epidemiology and Family Health Survey. Using SPSS, analyze the information in more sophisticated statistical analysis. Using the results from the analysis, design a communications component for adolescents.

Background

USAID/Honduras has supported ASHONPLAFA's institutional development through the Private Sector Family Planning Project I which ends in June 1989. Project II contemplates continued institutional development directed toward increasing prevalence from 41% to 53% by the end of the funding period (1993). During the life of Project I, prevalence increased from 35% to 41%. Presently, data indicates that there is a decline in the rates of growth of service delivery. Project II will attempt to correct this situation by developing service delivery (CBD, VSC and clinical services).

Honduras, being the second poorest country in the continent, second only to Haiti, has one of the highest fertility indexes in the continent which combined with declining mortality, results in very high rates of population growth.

As in the rest of the developing world, practically 50% of the Honduran population is under the age of 19. This large young population indicates a large child dependency ratio and a very high population growth, even though fertility may be on the decrease, because such a large segment of the population is in or will enter their reproductive cycle from now until at least 2010.

Research has proved, throughout the developed and developing world, the effectiveness of using mass media in diseminating messages that lead to the improvement of the health of mothers and children. Since family planning is an essential element in maternal and child health, Project II contemplates assisting ASHONPLAFA in developing a mass media campaign, with the intention of making it a comprehensive and systematic national strategy that will provide generic and specific family planning information.

To date, ASHONPLAFA, has not utilized mass media as part of a systematic strategy. Mass media has not been used to reinforce the work of the different units within the institution, nor to complement each of the different medium. The mass media work has been a string of isolated events, with little institutional support.

The quality of production has been uneven, one of the reasons being that the communications unit is seriously understaffed, at the same time that some of the necessary technical skills needed for quality production are missing in the present staff.

Different meetings held with CBD promoters and radio managers/owners indicate a perception of readiness on the part of the population to react positively to a more aggressive and direct mass media campaign covering family planning and primary health issues. The preoccupation with teen pregnancies, and early sexual activity (as indicated in the 1987 Epidemiology Survey), particularly in rural areas, should facilitate the introduction of an aggressive family planning campaign targetting young adults (under 19). Everybody contacted in Tegucigalpa, Danli, Choluteca, and Juticalpa indicated that the population would accept specific family planning messages directed toward the young population, if they were culturally sensitive. Field workers seem to be more receptive to a campaign directed to teens, than the staff of central office, who is fearful of negative reactions from the community and the church. The IE&C staff prefer general health and sexual education messages, and not family planning specific ones.

Although San Pedro Sula, the second city in the country and its economic center, was not visited during the development of the present document, knowledge obtained from meetings in the capital, reading of materials, and previous visits to that part of the country (including other northern cities), indicate that there is a growing need to provide ASHONPLAFA with a systematic and comprehensive communications strategy developed for the purposes of facilitating institution recognition and accessibility to services, both at the clinic and CBD levels.

The funding source and the FPA have to be aware, however, that the institution has to be prepared to answer the increased demand for services that a mass media campaign should create. The FPA will have to give serious planning consideration and increase service delivery in order to answer the increased service demand. Both the funding source and the FPA must realize that ASHONPLAFA's absorbtive capacity will be seriously tested.

The following document is a series of recommendations as they relate to the development of a communications strategy for ASHONPLAFA, and to be incorporated into the new project agreement between the FPA and USAID/Honduras. As such, an effort will be made to group the recommendations for the purposes of organization and identification. For the purposes of this paper, unless otherwise noted, references are made about the IE&C Dept only.

The different categories are:

Media Strategy.

Programming and Production.

Monitoring.

Human Resources.

Training.

Labor coordination (inter and intra agency).

Media Strategy

Although the different media will be listed in order of importance, it does not mean they should not be used simultaneously. On the contrary, a comprehensive mass media strategy means that all the available media are systematically used. This is extremely important for ASHONPLAFA to understand, and will only work if it is seen as such. Otherwise, it will continue being a fragmented effort with little significance. The issue attains greater significance when one tries to reach and affect the behaviour of the population 19 and under which is such a significant portion of the general population.

The one medium that should lead in the comprehensive strategy is radio. Radio is the one medium that reaches the entire country and has the largest audience coverage. It is a medium particularly well suited to reach illiterate populations. Radio should be followed by TV, particularly for the capital area and San Pedro Sula and all of the urban centers. Thirdly, and because of its impact in the capital and San Pedro Sula, use of newspapers (the printed media), having as a target public officials and the commercial and business leadership. Lastly, and only to support the mass media effort and the work of the field promoters (both CBD and VSC), development of printed materials.

The above assessment was arrived at after examining existing data, listening to the opinion of mass media specialists and first hand impressions from the FPA field workers through the years, and recognizing the country's low literacy level, primarily in the rural areas and among women.

A survey conducted in 1987, which Flores had not seen, is the Mass Media Survey conducted by El Ateneo de la Agro-Industria (ADAI) which provides data on radio and TV audiences by age, sex, hours, days of the week for Tegucigalpa, San Pedro Sula, La Ceiba, Puerto Cortes, and Choluteca. The information about listening and viewing power provided by this survey can provide helpful assistance in the early stages of the campaign's development.

Radio

There are 2 national radio networks (HRN and America), and close to 200 local radio stations.

Radio should be used for:

institution recognition (in-house evaluations show little name recognition, but much greater family planning recognition);

generic family planning information for the general population (breast feeding, high risk pregnancies, adolescent pregnancies, child spacing, responsible parenthood, etc);

specific family planning information (method identification in conjunction with the CSM effort);

vasectomy information (a study conducted in Guatemala indicates that the demand increased as a direct consequence of radio advertising of vasectomy services);

clinic and distribution post identification (address, hours, services);

target the 12 to 19 year-old population, particularly since practically half of the country's population is under 19 years old and will enter the reproductive cycle unprotected if they are not given information and access to family planning;

The above can be applied regardless of region. Radio can also be used to serve specific needs identified in the different regions of the country (6 according to the FPA and 8 according to the MOH). For example, there are regions where they receive programming from the FPAs of El Salvador (Asociacion Demografica Salvadorena, ADS) and Guatemala (APROFAM), which facilitate the work of the promoters (Ocotepeque, Santa Barbara, Lempira, Copan). Honduran radio programming would greatly add to the work of the promoters, as expressed and requested by them.

The CBD Director indicated that there are areas of the country in great need of mass media support. They are:

Intibuca, La Paz, Comayagua (Region I);

Gracias a Dios, Mizquito language, (Region IV);

Santa Rosa de Copan, (Region V);

Juticalpa (Region VI);

Islas de la Bahia.

The above regions need immediate attention, but it does not mean that the rest of the country should be postponed.

What is important is to develop region specific programming reflecting the needs expressed by the field workers and also taking into consideration needs expressed by members of the community, specially doctors and teachers. For example, most of the communities visited expressed the need to reach the young adult population with programs addressing the following issues:

drug addiction,
alcoholism,
cigarette smoking,
socially transmitted diseases,
sex education,
responsible parenthood,
adolescent pregnancies,
family life education.

In all of the communities visited, the consensus was that programming can be developed for the young with specific family planning messages, including method identification, particularly condoms. The identification of condoms in the mass media has become possible to a great extent and not only in Honduras, because of the advent of AIDS. An example of method specific radio advertising was heard in Juticalpa, where a private physician (who also happened to be the director of the public hospital) was giving information on VSC, voluntariness, cost and place. The message had been designed by a former ASHONPLAFA physician with no support from the institution. The message was simple and direct and was aired by one of the 4 oldest local radios. What form radio programming should take will be discussed in the section on production.

ASHONPLAFA will need to expand on the base line data collected during the 1987 Epidemiology Survey regarding young audiences, their listening and viewing practices, and the age of initiation of their sexual activity. However, it is not recommended for the institution to engage in sophisticated, expensive, and time consuming research. All that is needed is simple validation of what is common knowledge and sensible intuition, in order to validate ASHONPLAFA's activities when faced with possible attacks by family planning enemies.

Although it is recommended that the mass media strategy be a national one, it would be highly improbable to launch it initially on a national scale. Thus, it is recommended that it begin in two regions which will also allow to measure its success more easily. The two areas recommended to start the strategy are:

Juticalpa,

Choluteca.

Juticalpa has 7 local radios, 1 from La Paz, and 3 from Catacamas, besides coverage from the national radios (only at certain times a day).

Choluteca has 7 local radios, but 2 of them have to be disregarded because one is a catholic station anti-family planning (Radio Valle) and the other seldom sells or donates time for any type of social responsibility programming (Circuito Radio Centro).

Lenin Flores has established good contacts with several of the radios from both regions but he lacks the time to do more extensive work with those radios. Moreover, his overall publicity budget was reduced 3 times in one year.

An important activity that could help launch the campaign would be to gather all of the radio managers/owners in a one day seminar, to explain to them the need to provide family planning and other related MCH information over the radio in order to elicit their support. In many cases, radio stations donate free time which increases the purchased time. Initially, this could be done for Juticalpa and Choluteca, and also for Tegucigalpa. Similarly, the possibility of gathering all the radio announcers to raise their awareness and increase their cooperation should be considered.

Television

It is estimated that 14% of the population in the country owns TV sets (MOH information). That 14% is primarily urban, living in electrified areas. This percentage facilitates TV access to other members of the population, so that the viewing percentage should be considerably greater.

Although definitely the most expensive medium, TV cannot be disregarded in today's world no matter how poor the country is. Hondurans love TV and it a medium preferred by the urban, educated decision making segment of the population. At the same time, people in the lowest economic strata are attracted by TV and may be highly influenced by the medium.

At the beginning of the campaign, the medium should be used to disseminate general MCH information, and then as it reaches maturity, later on in the life of the project, use it for method specific information. The communications unit should work with the CSM project in order to coordinate their efforts. Coordination could only lead to more successful campaigns for both sides.

At the end of each message or program the viewer should have a slogan with the logo identifying the institution with community-well being (e.g., "ASHONPLAFA velando por la salud del pueblo hondureno" or "ASHONPLAFA velando por el bienestar de la familia hondurena"). This has been successfully used in Guatemala by APROFAM, the local FPA.

The TV messages could disseminate generic family planning messages, and cover particularly MCH issues. Some of the messages could be the same used by the radio, with the added advantage of the visual reinforcement.

As suggested with the radio owners and managers, it could only help to start the activities with a one day meeting with all the TV leadership to expose them to the work of ASHONPLAFA.

Printed Media

The news-papers should be targetted at the same time that the radio and TV campaign starts. Both TV and news-papers are important information dissemination vehicles for decision makers from the public and private sectors (this is particularly important in San Pedro Sula, the economic capital of the country). This has already being tried during the PIPOM project (1982-1986). Unfortunately, the project coordinator responsible for its implementation left the institution more than a year ago, and Flores never participated in PIPOM's media strategy. This writer had recommended to ASHONPLAFA's leadership the development of a systematic and comprehensive mass media strategy as long ago as 5 years.

The messages transmitted through the printed media must be the same the viewers receive over the TV. One reinforces the other. In addition, the FPA can advertise in the news-papers about the institution, to increase its name recognition.

The printed media coverage should have the same length as the TV one and both should start and end at the same time.

Printed materials

ASHONPLAFA has a long tradition of developing printed materials, for which it has received outside technical assistance during different moments of its development.

During the life of the PIPOM project, some materials were developed for leaders which were brief and issue specific, however they were not developed in cooperation with Flores' division. This is an example of the lack of coordination and cooperation between the different units in the institution.

The greater need right now for printed materials is for the field people to use in their training of distributors, to offer to clients who come to clinics and CBD posts, and to distribute in schools. Universally, all the promoters visited during this visit, and also during earlier visits, have expressed the need for support material. Many have developed them themselves, quite primitively, and others are using materials produced by APROFAM in Guatemala (a case in point is the promoter in Danli).

Comprehensive mass media utilization does not preclude the development and production of printed materials, particularly to support the work of

field promoters and teachers. The use of promotional items such as desk and wall calendars, method brochures, appointment books, etc., should not be disregarded either.

The development of printed materials to support the work of the CBD and VSC network should be done taking into consideration that most of the readers are illiterate.

Independent of the mass media strategy, ASHONPLAFA should provide the materials needed by the promoters in the field in order to improve the quality of work with clients and thus increase their effectiveness. Besides helping them be more efficient, it boosts their morale when they receive materials from "central office". The issues of professional needs and the feeling that central office does not give them the necessary support has been consistently voiced during the years by the CBD and VSC promoters.

ASHONPLAFA should try sponsoring a drawing contest with prizes among high school students and have the media cover the event. This effort should be regional and the regional directors should have control of the event. Officials from central office should attend the prize awards.

Programming and Production

Radio programming should aim at prime time (early morning, noon and dinner time, and before or after news time) and should include:

*Public service spots (30 seconds) disseminating a variety of primary health and MCH messages, always with the name of the organization at the end, to help increase name recognition;

*Regional and central clinic identification information, dissemination address, hours, and services. These announcements have to be made to fit each region;

*Talk shows of anywhere from 5 to 15 minutes, covering at length issues recommended by the regional directors, field workers and leading members of the community. These change slightly by region, some consider treatment of drug addiction more urgent than alcoholism. However, all regions consider adolescent pregnancies a priority. The length of the shows could be increased after an initial trial period. They should not be too long initially, to give the listening public the opportunity to get used to the program and for the public to ask for more.

An example for the talk show could be: a known and respected community figure (the doctor, a midwife/nurse, an older sister, a neighbor) address different issues such as all the different family

planning themes -- child spacing, high risk pregnancies, breast feeding, pre natal and neo natal care for mother and child, etc. These should be addressed by the doctor and/or the nurse midwife. Both the doctor and the nurse/midwife should be members of the community to avoid possible attacks, particularly from the Colegio de Medicos (the equivalent to the AMA). The physicians should have assistance both from ASHONPLAFA and the communications specialists in developing the scripts. When community figures are used such as the neighbor, or the older sister, dramatizations can be used and actor impersonations are acceptable. They would be particularly effective for the clarification of myths (orals and cancer, orals and headaches, vasectomy and impotence, etc.) and testimonials ("I was operated and I am happy and healthy"; "my husband and I are spacing our children and we have become a happier family", etc.).

Another form for a talk show would be to have young people share their problems on the air with their teachers. Allegedly, teachers through the country constantly request cooperation from the different promoters, so it would not be difficult to identify some teachers that are willing to cooperate in this effort.

*Questions and answers programs also with a doctor and/or the midwife/nurse addressing primary health and MCH issues. This format, like the talk shows, are good avenues to dispel negative myths against family planning in general and method specific in particular (as indicated above). ASHONPLAFA could also use this format to disseminate information about natural family planning, hopefully this would placate the church somehow. Ideally, the listening public should be encouraged to call in with questions; however, recognizing the telephone limitations in the country, this may not be possible. If it is used at all, it should be tried in the two major urban centers, Tegucigalpa and San Pedro Sula.

*Radio novelas can be very successful, specially if they are aired at prime time. Mexico, Brazil and Argentina are the largest producers of both radio and tele novelas in the continent. Brazil and India are the largest producers for the entire developing world. The region has already been exposed to Mexican produced radio and tele novelas, but new ones need to be produced to address new health realities, and more contemporary young adult problems.

It merits repetition that radio programming does not mean using only one format or only one message. It means coordinating all of them for effective results. That is what a comprehensive strategy means. In that form, the audience will associate the institution with good health for the community, with family planning services, with much needed services for young adults, and with the effort to eradicate social ills such as drug addiction, alcoholism, socially transmitted diseases, etc.

ASHONPLAFA's technical committee should work closely in the development of the scripts and in their validation and impact testing. If the institution contracts with an advertising agency, the committee and the agency should work in close cooperation.

Conclusions for radio programming

The radio campaign should be specific by:

segment (doctor, neighbor, hermana, midwife, teacher, etc.);

age, with special target the population under 19 years old;

region (using local expressions, intonation, cadence, etc.);

institution recognition;

methods;

identification of distribution points and clinics (address, hours, services, vsc cost, etc.);

different health issues as requested by each region, with emphasis on primary health and MCH themes.

a musical theme should be chosen to become "ASHONPLAFA"s theme and repeated throughout the different media at all times.

a slogan should be developed and repeated throughout the campaign, e.g.:"ASHONPLAFA velando por el bienestar de la familia hondurena".

The radio campaign should spear head the complete mass media strategy and should be designed to support the work of the promoters and to increase institution recognition nationwide. The strategy should comprise public service spots (30 seconds), talk shows, questions and answers, "dear abby", radio novelas. The different formats should be aired as part of an overall strategy.

TV programming

TV programming should duplicate exactly the radio programs, in order to reinforce the messages. Radio would be the leading medium, with TV used primarily for the urban centers.

However, since most decision makers are TV viewers, the medium should be used to disseminate population and development issues (population and the environment, employment, health, education, housing, etc.). An initial format could be 30 seconds public service spots. To this effect there is a significant precedent in Guatemala, with the campaign developed and

implemented by APROFAM. ASHONPLAFA has known about them, because the Guatemalan experience was transmitted here as part of the PIPOM project by the writer of this report.

The public service spots should be complemented with monthly forums, round tables, questions and answers, etc. University representatives together with parliamentarians would give a lot of weight to the presentations. Also, foreign specialists should be used, specially if they are Latin American.

In these programs, the institution should only appear as the sponsor, thus contributing to enhance its public image. ASHONPLAFA's logo should always appear at the end of the program.

The subject of adolescent sexuality and the health risks of young mothers and children should be dealt with in one of these forums, after the series has begun, and audience reaction has been assessed.

The tele novela ("soaps") is a particularly effective format to address the issue of adolescent pregnancy prevention (and/or any other social message). Whole communities halt their activity at the time that certain programs are aired. Prime time showing is a definite plus in attaining large audiences, but since availability of good programs in Honduras is small, the TV stations would be more than happy to use good "soaps". Mexico is an obvious center for production because of Televisa's record.

Conclusions for TV programming

The TV campaign should complement the radio programming, and in addition develop programs specifically for decision makers, both in the capital and in San Pedro Sula. Particularly effective TV programs have been talk shows and round tables on the issues of population and development.

New family planning "soaps" should be produced. ASHONPLAFA should explore the possibility of joint regional productions with CREA in Guatemala.

The musical theme and slogan used in radio should be used throughout the TV campaign.

Printed media programming

The newspaper coverage should complement the TV work and vice versa, especially in all the messages designed for decision makers. Whatever message is introduced by the TV, should appear in the newspapers, both of Tegucigalpa and San Pedro Sula. Likewise, for the radio programming.

In addition, the newspapers could run weekly columns on population and development issues. They should be coordinated to appear either

immediately before or immediately after the TV program on that issue. Unfortunately, most printed media requires that the journalist receive a regular compensation to insure coverage. This issue is intrinsic to many developing countries, and should be contemplated when budgeting for mass media. The newspaper person should work in close cooperation with the technical committee. The mass media strategy developed by APROFAM during the PIPOM project also included an "in-house" journalist, who was very successful and his columns ran for an extended period of time. The Guatemalan mass media experience should be carefully examined by ASHONPLAFA, and their expertise used for the Honduran reality.

Every newspaper appearance should identify ASHONPLAFA, with the logo slogan and address.

Radio and TV production

Live radio coverage presents certain risks intrinsic to live coverage, especially in the interior of the country, such as mistakes, controversy, one speaker dominating the show, microphone fright, etc. In all of the different radio stations visited, the managers indicated that they work with program tapes. This insures that quality and content are always even. However, occasional live coverage of a very specific event, which has been well rehearsed, should not be discarded, specially school or community events.

If possible, known radio voices should be used to tape the programs, and the name of the announcer made public, this would add validation to the institution effort.

Good quality tapes should be used and also good recording studios, in order to offer a good quality program, which is an incentive for the radio to use. In both these issues, "corners should not be cut" (to save in the budget), because the savings usually produce an inferior product.

ASHONPLAFA should make sure that all the radio stations have all the necessary tapes in place to avoid program interruption. During a recent visit to radio Danli, the station had halted the clinic's vsc announcement.

TV production

Local production may be difficult. It was alleged by an advertising company and Marcial Solis (CSM) that Honduran models do not want to do family planning videos. This was the case for the commercials for Perla, Guardian and Norminest, forcing production in El Salvador with Salvadoran talent.

Although that may be the reality for method specific commercials, they should investigate whether the local talent has the same attitude for the production of public service spots that are not method specific.

It would be very effective if nationally known singers, football players, actors, and actresses could be used in the mass media campaign. Their presence alone increases automatically the value of the message in the eyes of the viewer or the ears of the listener.

Honduras does not have production facilities as good as those of Guatemala and El Salvador. However, since the new regional center in Guatemala (CREA) is an AID funded project, USAID/Honduras and ASHONPLAFAshould explore the possibilities of producing in Guatemala. However, the main draw back for working in Guatemala, is that the country accepts US$ currency and not Lempiras, while El Salvador accepts Lempiras.

If the exchange problem were to be solved, ASHONPLAFA should explore the possiblity of developing regional programs to be used by the FPAs in the region, specially to give support to the CBD efforts in Honduras, El Salvador and Guatemala.

For the production of live TV programs, ASHONPLAFA should only use the best available in the country, both in talent and in facilities. Too much has been produced already, although not necessarily in Honduras, that indicates a "home made" effort. This should not be encouraged since it does not help the institution develop a professional image.

Monitoring

Monitoring of the comprehensive mass media strategy must cover the following aspects:

-- pre-testing of messages using focus groups. This is essential for detecting and correcting possible controversial issues, and improving the messages.

-- impact testing after programming to validate the medium and the message also using focus groups.

-- monitoring that radio and TV programs are aired as scheduled and there are no interruptions.

All of the above must be done systematically during the pilot stage of the strategy (conducted in Juticalpa and Choluteca). It would be a gross miscalculation to believe that the campaign can be launched without prior testing of the ground, that is trying it on a pilot level. It is to be expected that the successes obtained in the pilot will provide the incentives to continue forging ahead.

In order to be able to make mass media work for ASHONPLAFA, the institution must address without delay the serious personnel problem in the communications unit. Following are recommendations to that effect.

Human resources

The current personnel status of the communications unit of the IE&C division, do not satisfy the minimum requirements necessary for comprehensive and systematic use of mass media. The only person in the unit is Lenin Flores, who is its director. He has a degree in law and journalism but has not had specialized media training. The one personassisting him in his work is the institution's librarian, Maria Elena Perez, who has a primary education degree and no expertise in mass media production and/or utilization. The director of the IE&C division, Juanita Martinez, has not had any mass media training either. However, she is aware that mass media could greatly benefit the work of the institution and help expand their service coverage. At the same time she recognizes that the unit is under staffed and working with an insufficient budget.

The human resources required to develop and implement a comprehensive mass media strategy exceed the present personnel situation in the institution. ASHONPLAFA could opt for one or more of the following options, recognizing that budget justifications will weigh heavily in the decision:

* develop existing personnel (Option I);
* recruit personnel required skill (Option II);
* reduce existing personnel and contract out with an advertising agency (Option III).

Develop Existing Personnel

Lenin Flores has expressed his intention of leaving the institution once the present contract expires (June 1989). Reasons alluded are low salary and professional frustration. If that were the case, it would not be cost efficient to involve him in any professional development initiatives. However, if he were to continue with the organization as part of the new contract, it is imperative that Flores have more time to devote to the development and production of communication materials. The unit is overextended, and cannot cope with present administrative and production aspects, much less with developing a future mass media strategy. Flores is presently spending 80% of his time drafting administrative documents and attending to general institution's training needs. He has not been sent to visit any major production centers (such as El Salvador, Guatemala, Ecuador), although he has served as an expert for other FPAs (Bolivia and Peru). He has degrees in journalism and in law.

ASHONPLAFA needs to develop the professional capabilities not only of the communications director (Lenin Flores), but also of Maria Elena Perez (the institution's librarian) who is working with him because he needs

the assistance and she is interested in the work. She relates well with the different promoters and is responsible for most of the sex education classes given to promoters and distributors. She divides her time between the work with Flores and the Library, which is not very effective. Perez has not had any training in the use of mass media, and her major contribution to the unit seems to be a dedication to work, a desire to learn, good inter personal relations with the CBD distributors and VSC promoters, and sex education expertise. She has a primary education teaching degree and is presently working toward a secondary education one.

Juanita Martinez, the director of the IE&C unit, has a long history of collaboration with the institution, a deep knowledge of the country, its customs and characteristics, and a deep commitment to family planning. However, one can detect a certain timidity in her part in using mass media aggressively, particularly towards young adults. She has no formal communications training.

If ASHONPLAFA were to insist in continuing with its existing staffing pattern, and Flores clearly indicates his willingness to stay with the FPA for the second contract, the recommendations would be:

Send Flores, Martinez and Perez on observation visits to Guatemala to observe APROFAM's communication work, and to learn about the capabilities of a new a.v. center — CREA.

If Perez is to continue working with Flores, release her from her Library duties and send her to take specialized courses, which would give her needed background to become more operational in the unit. She is not English speaking. Reportedly there are no appropriate courses offered in the country except the career of journalism in the University.

Allocate Flores'time more productively to free him for actual communications development and production.

Facilitate Martinez' exposure to more developed and sophisticated communications programs in other parts of the world (including the region).

Increase personnel

The communications unit of the IE&C division is presently over extended and does not have either the necessary person hours, or the technical level necessary to provide the support requested by the CBD, VSC and Clinic departments. If Flores had more time to devote exclusively to communications work, he could definitely be more productive. He indicated that he needs:

one information officer for the production of radio scripts, printed materials and contact with the mass media (700 Lempiras per month for an entry level professional);

one communications technician who would conduct all the necessary research to design the different campaigns (pre-testing, listening and viewing patterns, impact testing) (1000 L. per month entry level professional).

He stated that he could recruit the two persons from the school of journalism. The unit could profit from the incorporation of such professionals, but recruiting them from the school of journalism may not be cost efficient, since they would require extensive training. It would be much more efficient to bring to the unit already formed technicians who would offer a dynamism badly needed in ASHONPLAFA. Their salaries would be higher, but it is worth recruiting knowledgeable professionals from the start.

A major justification for increasing personnel in the communications unit is not only to free Flores to devote more time to the actual production of media materials, but because the extra staff would allow the unit to better answer the national needs expressed by the CBD, VSC and Clinic departments.

If Option II would be adopted, Pérez could return to library duties in the central clinic. The library serves important internal and public relations functions, It offers services to the ASHONPLAFA staff as well as the general public, especially school students.

Contract with an independent advertising agency

Since at present the communications unit is not properly staffed (both in person hours and in technical capabilities) an important option is to reduce the personnel to Lenin Flores, its director, and contract out with an advertising agency who would have the responsibility of developing, producing and monitoring the comprehensive mass media strategy. Flores' role would be of particular importance in the development process, where the institution's philosophy and services' have to be clearly transmitted to the creative talent of the advertising agency.

Among the advantages of contracting out, one can list:

* available staff already trained;

* knowledge of the different media;

* modern, dynamic advertising techniques;

* better production capabilities;

* better monitoring capabilities;

* frees up institutional resources.

One of the possible problems that could arise in working with an outside advertising firm may be the lack of consensus between the FPA and the agency in approaching the "marketing" of ASHONPLAFA"S image and of family planning. Advertising agencies are much more aggressive in how they go after creating and maintaining a market, and the FPA has a timid history in using mass media for method specific information, and addressing young adults.

In order for this option to be operational from the beginning, and not a source of friction among the different participants (advertisers vs. FPA), ASHONPLAFA has to commit itself to follow the suggestions and productions of the advertising agency they would contract with and support all of its efforts. Flores has to be freed to work exclusively in the communications area.

ASHONPLAFA could contemplate the formation of a small technical committee with Flores, Martinez, Funes and maybe one person representing the VSC program to facilitate the institution's relationship with the advertising agency and to be the provider of all of the conceptual information regarding the FPA, what it stands for, and the role it plays in the overall social situation of the country.

It is important that this technical committee be kept small and cohesive, and not over burden the members with extra work. Its main function should be to facilitate the creative marketing skills of the advertising agency for the benefit of the institution, and to insure that the agency and ASHONPLAFA have a smooth relationship. Both ASHONPLAFA and the technical committee must trust the recommendations of the agency and accept that the advertising agency can fulfill an important role in the overall success of ASHONPLAFA's program. Decision making power must rest in the committee.

Enclosed as Appendix 1 is a list of the 6 most important advertising agencies in the country. The CSM Project has worked with MultiMedia (at the beginning of the project and presently the relationship is not good), has worked with ZEUS and is presently working with Claros Alvarez & APCU (Norminest campaign). According to Marcial Solis (CSM), it is an old and reliable firm, albeit small.

Enclosed as Appendix 2 is a list of salaries of advertising executives and creative talent which will help in evaluating the cost of options under consideration.

Training

Observation visits

The communications unit has to become more familiarized with the work of other counterparts in the region, not only to improve their own work, but to some degree to aim at coordinating regional efforts.

There are FPAs that have excelled in a particular medium, e.g., Dominican Republic in radio production; Guatemala in audio visual and printed materials, which since 1988 has had a state of the art production center; Ecuador with a regional training center (Ceispal); Mexico offers Televisa, a national TV producer and network, and an independent producer with extensive experience in the production of the Social Marketing videos, Frank Segura.

One mechanism that can function well is observation visits, provided they have a follow up mechanism built in and the visitor leaves for the visit with clear objectives to fulfill during and after the visit. In other words, ASHONPLAFA should send communications staff in these observation visits, provided they establish before hand what it is that the visit will produce for the FPA.

Field Workers' Training Needs

Nelly Funes, the CBD director at the central level indicated the need to improve the interpersonal communication skills of the distributors. She indicated the need for the distributors to be prepared to address differently women who already have a number of children versus none, young women versus mid-thirties, etc. It is to be expected that the same need is present in the VSC program. Although this particular need should be addressed in an information and education strategy, it should be taken into consideration at the same time of a mass media strategy, in order for the field workers to keep pace with the mass media campaign.

Technical assistance

This Private Sector Project II should contemplate bringing to Honduras different advisors to work with the communications unit and/or the advertising agency hired to do that.

Suggestions are: Maria Cristina Rosales Diaz, CREA's Director (Guatemala); advertising executives from El Salvador and Costa Rica; Profamilia (Dominican Republic); Televisa (Mexico), and Frank Segura also from Mexico.

If Flores makes the commitment to continue with the FPA he can attend courses and/or visit social marketing centers in the US, since he is English speaking. Major ones are located in the East and West coasts, Chicago and Florida.

Inter- and intra-agency coordination

Surveys, professional inputs, field information, all clearly indicate that the moment is ripe for ASHONPLAFA to engage in an aggressive use of the mass media. However, although the institution is presently recognizing that fact, just like it is recognizing that the communications division is overextended and under staffed, there are several realities that need urgent remedy before any major mass media thrust is undertaken. The following points do not relate directly to a mass media strategy, but they are so significant that unless they are addressed and resolved, they could interfere with its execution.

* The terrible fragmentation of effort and waste caused by the lack of coordination within the different divisions in the institution. A specific example is the lack of cooperation between the now defunct PIPOM project (Population Information for Policy Makers) mass media, and the fact that Flores could not access important name lists held by the PIPOM coordinator. Fragmentation of effort is very detrimental in planning comprehensive campaigns - the mass media strategy needs all of ASHONPLAFA's units pulling together, not apart.

* The detrimental lack of coordination between the different MOH offices in charge of MCH, IE&C and ASHONPLAFA, in particular the Division de Educacion para la Salud, which has consistently omitted family planning/child spacing messages in their strategies.

* The lack of data sharing among different units within ASHONPLAFA.

* The lack of input from the communications division in the evaluation work conducted by the evaluation department.

* The feeling in the field that central office does not support sufficiently the work of the CBD and VSC promoters, neither with mass media nor with printed materials. Presently, the field people seem much more ready and eager to use mass media in family planning specific messages than central office.

* The feeling that central office does not offer sufficient support to the field workers was voiced repeated to this writer in the present and previous visits.

* The almost complete lack of coordination between the CSM program and the IE&C department, specially the communications division. The CSM staff has not worked with Flores in any of the product's campaigns, nor have they asked him for any institutional substantive input in developing the campaigns. In whatever form the CSM program continues, they need to work in much closer relationship with Flores.

If all of the above issues are addressed and somehow corrected, it will also mean that Flores' time will have to be reprogrammed to allow him to work in closer contact with the other FPA's divisions and the different MOH's offices doing family planning and/or MCH. Option I above for personnel (to continue as they are presently) would preclude to a great extent Flores involvement with the other FPA divisions and with those MOH's offices doing either family planning and/or MCH.

If the FPA were to opt for contracting with an advertising agency, Flores could devote more time for inter- and intra-agency coordination.

CONCLUSION

ASHONPLAFA's leadership should make the commitment to develop and implement a comprehensive and systematic mass media campaign in order to increase their service coverage both in the regional centers and through the CBD and VSC networks.

That commitment means providing the communications unit with the adequate professional staff necessary for quality production and monitoring. It also means allocating the necessary funds that will guarantee the quality productions needed to penetrate and influence audiences.

The mass media campaign has to comprise all the different media in a systematic way whereby they all complement each other. They are in order of importance: radio, television, printed media (newspapers), and printed materials.

The institution has to shed some of its institutional shyness and decide to focus a significant part of the campaign toward the under 19 year old segment of the population that is entering the reproductive cycle with little or no knowledge about family planning, child spacing, and high risk pregnancies.

In order to facilitate the development and growth of the communications staff, the FPA should arrange for training using recognized experts from Central and South America.

Through the developed and developing world, the use of mass media for "social marketing" has become an accepted and essential premise. It is highly comendable that both the funding source and the private sector organization have recognized it and are forging ahead to improve family planning service delivery in Honduras.

LIST OF CONTACTS

Tegucigalpa

Alejandro Flores Aguilar, P.M., Executive Director

Nelly Funes, CBD Director

Juanita Josefa Martînez, Information, Education and Communication Director

Margarita Suazo, Evaluation and Training Director

Lenin Flores, Communication unit

Maria Elena Perez, Librarian

Choluteca

Natan Bonilla, Regional Director

Radio Ferguson

Radio Circuito

Danli

Dra Janeth Espinal (VSC Private Clinic

Corina Eguigurens, VSC Promoter

Radio Danli (Manager Wilberto)

Juticalpa

Julia Ulloa, VSC promotor

Dr. Rigoberto Hernandez Santos (Clinica Santa Lucia)

Radio Constelacion (Roberto Johnny Torres, Owner)

Radio Majestad

U.S. Agency for International Development

Anita L. Siegel, Population Officer

Robert Haladay, HPN Director
Marîa del Carmen Miranda, Population Advisor

Thomas Park, HRD Director

Peter Kranstover, Project Design Officer

Margaret Kromhout, Project Design Officer

Contraceptive Social Marketing Project

Marcial Solis

Mike Machuca

Hiram Claros Alvarez, Owner Claros Alvares Advertising Agency

Division de Educacion para la Salud (MOH)

Patricio Barriga, Resident Advisor

Dr. Davila, Director

AED/Honduras

Elizabeth Booth, Resident Advisor

ILLUSTRATIVE BUDGET FOR COMMUNICATION COMPONENT FOR PRIVATE SECTOR PROJECT II

FIGURES ARE IN LEMPIRAS

	YR I	YR II	YE III	YR IV	YR V	TOTAL
TRAINING						
Technical Assistance						
Francisco Segura	6,480	4,080	4,080			0
Guatemala		5,280				14,640
ADS		3,480				5,280
Observation Visits						3,480
Mexico	3,000					0
DR	3,927					3,000
Ecuador	5,010					3,927
SUBTOTAL	18,417	12,840	4,080	0	0	26,400
DESEARCH						
Audience Power R	9,000	9,000				18,000
Focus Group	2,250	2,250				4,500
Baseline for Adolescents	9,000	9,000				18,000
Validation Studies	18,000	18,000	18,000	18,000	18,000	90,000
SUBTOTAL	38,250	38,250	18,000	18,000	18,000	130,500
PRODUCTION						
Radio	215,200	215,200	225,200	225,200	225,200	1,106,000
Television	106,000	156,000	106,000	156,000	156,000	680,000
Newspaper	53,750	53,750	53,750	53,750	53,570	268,570
Printed Material	38,000	38,000	38,000	38,000	38,000	190,000
Leadership Seminars	5,000	5,000	5,000			15,000
Monitoring	7,000	8,000	8,000	7,000	6,000	36,000
SUBTOTAL	424,950	475,950	435,950	479,950	478,770	2,295,570
PERSONNEL OPTION I						
Director	36,000	39,600	43,560	47,916	52,708	219,784
Assistant	16,200	17,820	19,602	21,562	23,718	98,903
Social Benefits	17,748	19,523	21,475	23,623	25,985	108,353
Per Diem	9,231	10,154	11,169	12,286	13,515	56,355
SUBTOTAL	79,179	87,097	95,806	105,387	115,926	483,394
GRAND TOTAL OPTION I	560,796	614,137	574,086	603,337	612,696	2,935,864
PERSONNEL OPTION II						
Director	36,000	39,600	43,560	47,916	52,708	219,784
Assistant	16,200	17,820	19,602	21,562	23,718	98,903
Information Officer	14,400	15,840	17,424	19,166	21,083	109,892
Communic. Technician	18,000	19,800	21,780	23,958	26,354	109,892
Social Benefits	28,764	31,640	34,804	38,285	42,113	175,607
Per Diem	9,231	10,154	11,169	12,286	13,515	56,355
SUBTOTAL	122,595	134,854	148,340	163,174	179,491	748,453
GRAND TOTAL OPTION II	604,212	661,894	606,370	661,124	676,261	3,200,923
PERSONNEL OPTION III						
Director	36,000	39,600	43,560	47,916	52,708	219,784
Social Benefits	12,240	13,464	14,810	16,291	17,921	74,726
Per Diem	9,231	10,154	11,169	12,286	13,515	56,355
SUBTOTAL	57,471	63,218	69,540	76,494	84,143	350,865
GRAND TOTAL OPTION III	539,088	590,258	527,570	574,444	580,913	2,803,335

Production estimates are based on production will be done by an advertising agency. They are applicable to Option III of this budget. If the funding agency and the FPA were to decide on Option I or Option II, which is not recommended in this report, costs should be recalculated.

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA (ASHONPLAFA)
DEPARTAMENTO DE INFORMACION, EDUCACION Y COMUNICACION

RESUMEN DEL PRESUPUESTO DE GASTOS PARA EL QUINQUENIO JULIO 1989-JUNIO 1994

DESCRIPCION DEL GASTO	AÑO I	AÑO II	AÑO III	AÑO IV	AÑO V	TOTAL
I. Investigaciones	38,250.	38,250.	18,000.	18,000.	18,000.	130,500.
II. Producción materiales radiofónicos	15,200.	15,200.	25,200.	25,200.	25,200.	106,000.
III. Producción materiales televisivos.	6,000.	56,000.	6,000.	56,000.	56,000.	180,000.
IV. Producción materiales prensa escrita.	3,750.	3,750.	3,750.	3,750.	3,750.	18,750.
V. Producción materiales impresos.	38,000.	38,000.	38,000.	38,000.	38,000.	190,000.
VI. Producción materiales audiovisuales.	5,000.	5,000.	5,000.	5,000.	5,000.	25,000.
VII. Difusión por medios comunicación masiva.	350,000.	350,000.	350,000.	350,000.	350,000.	1,750,000.
SUB-TOTALES.....	456,200.	506,200.	445,950.	495,950.	495,950.	2,400.250.
VIII. Adición inflacionaria.						239,750.
TOTAL.....						2,640,000.

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA (ASHONPLAFA)
DEPARTAMENTO DE INFORMACION, EDUCACION Y COMUNICACION

DETALLE DEL PRESUPUESTO DE GASTOS PARA EL QUINQUENIO JULIO 1989-JUNIO 1994

DESCRIPCION DEL GASTO	AÑO I	AÑO II	AÑO III	AÑO IV	AÑO V	TOTAL
I. INVESTIGACIONES						
1. Patrones, hábitos y poder de audiencia.						
(6 investigaciones regionales x 5 investigadores						
x L.75. x 8 días).	9,000.	9,000.				18,000.
2. Focus Groups, para investigación de base. (cinco grupos						
focales x 6 regiones x L.150.)	2,250.	2,250.				4,500.
3. Situación de adolescentes. (Seis investigaciones regio-						
nales x 5 investigadores x L.75. x 8 días).	9,000.	9,000.				18,000.
4. Prepruebas para validación de componentes de efectivi-						
dad (100 prepruebas x 4 investigadores x L.75. x 3 días).	18,000.	18,000.	18,000.	18,000.	18,000.	90,000.
II. PRODUCCION DE MATERIALES RADIOFONICOS.						
5. Spots de 15" y 30" (30 spots x L.500.).	3,000.	3,000.	3,000.	3,000.	3,000.	15,000.
6. Reportajes (20 reportajes x L.100.)	400.	400.	400.	400.	400.	2,000.
7. Radiodramas (30 x L.500.)	3,000.	3,000.	3,000.	3,000.	3,000.	15,000.
8. Saludos fechas especiales (75xL.200.)	3,000.	3,000.	3,000.	3,000.	3,000.	15,000.
9. Novelas (3 x L.10,000.)			10,000.	10,000.	10,000.	30,000.
10. Programas de preguntas y respuestas (30xL.500.)	3,000.	3,000.	3,000.	3,000.	3,000.	15,000.
11. Jingles de 30" (10 x L.500.)	1,000.	1,000.	1,000.	1,000.	1,000.	5,000.
12. Foros (30 foros regionales x L.300.)	1,800.	1,800.	1,800.	1,800.	1,800.	9,000.
III. PRODUCCION MATERIALES TELEVISIVOS						
13. Spots sobre servicios (5 x L.2,000.)	2,000	2,000.	2,000.	2,000.	2,000.	10,000.
14. Novelas. (3 x L.50,000).		50,000.		50,000.	50,000.	150,000.
VAN.....						

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DETALLE DEL PRESUPUESTO DE GASTOS PARA EL QUINQUENIO JULIO 1989-JUNIO 1994

DESCRIPCION DEL GASTO	AÑO I	AÑO II	AÑO III	AÑO IV	AÑO V	TOTAL
VIENEN.....						
SUB-TOTALES.....	456,200.	506,200.	445,950.	495,950.	495,950.	2,400,250.
VIII. ADICION INFLACIONARIA.						239,750.
TOTAL.....						2,640,000.

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA (ASHONPLAFA)
DEPARTAMENTO DE INFORMACION, EDUCACION Y COMUNICACION

DETALLE DEL PRESUPUESTO DE GASTOS PARA EL QUINQUENIO JULIO 1989-JUNIO 1994

DESCRIPCION DEL GASTO	AÑO I	AÑO II	AÑO III	AÑO IV	AÑO V	TOTAL
VIENEN.....						
15. Reportajes (5 x L.3,500.)	3,500.	3,500.	3,500.	3,500.	3,500.	17,500.
16. Foros y mesas redondas (5 x L.500.)	500.	500.	500.	500.	500.	2,500.
IV. PRODUCCION MATERIALES PRENSA ESCRITA.						
17. Reportajes (15 x L.200.)	600.	600.	600.	600.	600.	3,000.
18. Saludos fechas especiales (75 x L.50.)	750.	750.	750.	750.	750.	3,750.
19. Columnas de opinión (60 x L.100.)	1,200.	1,200.	1,200.	1,200.	1,200.	6,000.
20. Artículos de fondo (60 x L.100.)	1,200.	1,200.	1,200.	1,200.	1,200.	6,000.
V. PRODUCCION MATERIALES IMPRESOS.						
21. Para programa A.Q.V. (10).	7,000.	7,000.	7,000.	7,000.	7,000.	35,000.
22. Para programa DCA. (10)	7,000.	7,000.	7,000.	7,000.	7,000.	35,000.
23. Para estudiantes de 12-19 años (15)	10,000.	10,000.	10,000.	10,000.	10,000.	50,000.
24. Para maestros (10).	7,000.	7,000.	7,000.	7,000.	7,000.	35,000.
25. Para líderes y dirigentes (10).	7,000.-	7,000.	7,000.	7,000.	7,000.	35,000.
VI. PRODUCCION MATERIALES AUDIOVISUALES.						
26. Para programas AQV, DCA y para actividades con líde-						
res, dirigentes, estudiantes de 12-19 años y maestros						
(25xL.1,000.).	5,000.	5,000.	5,000.	5,000.	5,000.	25,000.
VII. DIFUSION POR MEDIOS COMUNICACION MASIVA.						
27. Difusión materiales prensa escrita.	50,000.	50,000.	50,000.	50,000.	50,000..	250,000.
28. Difusión de materiales radiofónicos.	200.000.	200.000.	200,000.	200,000.	200,000.	1,000.000.
29. Difusión materiales televisión.	100,000.	100,000.	100,000.	100,000.	100,000.	500,000.
VAN.....						

B. Project Components

1. Community Based Distribution (CBD)

CBD accounts for the largest percentage of contraceptive users in Honduras. From 1982 to 1988 the program doubled the number of acceptors but in recent years the rate of increase has been slowed. This is troublesome in that the program is intended to be the major source of contraceptive supplies in rural areas where approximately 60% of the population live. At present, about half of the 50,000 served by the program live in urban areas. Under the new project, ASHONPLAFA proposes to increase the number of users (couple years of protection) served through the CBD program by an average of 6.6% per year (starting from a projected user population of approximately 52,000 in June, 1989), reaching a total of 70,000 by 1994. The expansion will focus on underserved rural areas in Lempira, Gracias a Dios, Santa Rosa de Copan, Ocotepeque, Islas de la Bahia, Intibuca y La Paz.

This increase of 18,000 additional active users will require the establishment of 310 additional distribution posts (over the 1400 projected to be in place at the end of the current project), 295 of which will be established in rural areas and 15 of which will be started in urban areas. Only two new promoters will be required to cover this expansion since many of the community service posts will be started in areas where promoters are already working. The new promoters will be located in Santa Barbara, covering 60 posts to be created, and in La Esperanza, covering 75 new rural posts.

Since many of these new posts will be in rural areas with limited and inconvenient access by public transportation, ASHONPLAFA will need to experiment with alternate transportation options to provide supervision by promoters: 1) use of agency owned vehicles, 2) use of motorcycles where terrain permits, 3) use of periodic contracts with car and driver (coopertivas).

Under the new Project, ASHONPLAFA will purchase 12 vehicles for the CBD program (ten of which are replacements for no longer serviceable existing vehicles and two of which are for new rural promoters) and 2 motorcycles as part of a pilot project under which

promoter efficiency will be evaluated. If the pilot project with motorcycles proves cost-effective, 8 additional motorcycles will be purchased. In the process of developing the Project Paper, the possibility of obtaining counterpart support for the purchase of these vehicles through the Japanese Government will be explored.

In addition to any training of new promoters that may be required, the CBD Department will reinforce efforts to improve promoter performance and effectiveness through quarterly meetings at the regional or national level which will provide opportunities for refresher training, problem-solving discussion and performance recognition as well as for reinforcing the importance of meeting goals set for the following year.

The CBD program will receive strong support in mass media communications from the IEC Division as part of the agency's overall communication strategy. It will also have increased availability of printed materials for use in promotional work. To further facilitate promotional work, each regional center will be equipped with one projector and set of films (to be determined) for each five promoters (minimum of one projector per regional center).

As part of an effort to refocus or reposition the ASHONPLAFA image, the Programa de Distribucion Comunitaria will be renamed Programa de Servicio Comunitario, and consideration will be given to increasing the range of products available at the distribution posts.

(Notes: As of July, 1988 the CBD program reassigned 6 promoters who previously had only "promotional" functions to include post supervision functions, thus reducing the ratio of posts to promoters from 65 to 51. This means that only two new promoters would need to be hired to achieve the promoter to post ratio that existed through June, 1988.

However, if ASHONPLAFA can demonstrate functions, thus reducing the ratio of posts to promoters from 65 to 51. This means that only two new promoters would need to be hired to achieve the promoter to post ratio that existed through June, 1988.

However, if ASHONPLAFA can demonstrate ver time that reducing the ratio of promotors to distributors improves distributor performance, the new lower ratio should be maintained.)

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(Over the last three years (1985-87), the average number of users per CBD post has gradually declined from 38 to 36. This is due in part to the increase in the number of posts established in rural areas which have the lowest number of users per post, as well as the fact that new posts take time to build their clientele. Although data could be obtained through CBD promoters, ASHONPLAFA has done no analysis on the rate at which new posts grow in different areas (rural, semi-urban, urban) or regions of the country, so it is not possible to estimate the effect of the later on declining averages, nor to anticipate the growth which each new post should meet. Moreover, the increased density of posts in urban areas tends to reduce the average number of users at each while at the same time increasing the total number of users served.)

(Growth in the number of users served by the CBD program is by no means dependent entirely on establishment of new posts, although the establishment of new posts is obviously the only way to increase geographic coverage of the program. Growth of the CBD program more than adequate to meet the project goal could be accomplished through existing posts. If each post could increase its user base by an average of one per quarter, that would add 5,600 new users per year or 28,000 over the life of the project. This would be nearly 50% higher than the goal, but would require that the 1,400 existing posts would have to add (and retain) an average of 20 users (CYP) per post over the course of the project.)

(Under the current CBD operation, those promoters who use local transportion (usually in urban areas) supervise an average of 40 posts while those that have been assigned an agency vehicle (almost entirely rural areas) supervise an average of 99 posts. While the average number of users per urban post is higher than in rural areas, promoters in urban areas supervise posts whose total users average 1,925 per promoter while promoters in rural areas supervise posts whose average total is over 2,900. That is, the average urban promoter has 1,925 users receiving services from the posts s/he supervises while for rural promoters, the average number of users is 2,900. While the provision of transportation clearly facilitates the supervisory function in terms of the number of posts that can be covered, the promotional activities of the promoter do not benefit as dramatically (except for ease in getting from place to place) from having transportation since the actual promotional work is done walking door to door or in meetings arranged by the distributor being supported. Provision of transportation does increase access to the use of audio-visual equipment where it is available, and the CBD program staff believe their work would be more effective if they had more equipment available (movie projectors, overhead projectors, loudspeakers, and of course generators to operate the equipment in rural areas); efficient use of any additional audio-visual equipment would require access to agency transportation.)

(Another matter that must be addressed by ASHONPLAFA concerns the conversion of the single purpose CBD and AQV (Anticoncepción quirurgica voluntaria) promoters to so-called "polivalente" promoters who would promote both temporary and permanent methods of family planning wherever they did their work. ASHONPLAFA has expressed an interest in exploring the feasibility of converting all promoters to multipurpose, but there will be some logistical and scheduling difficulties to work out. Currently, the AQV promoters work in hospitals most of the time and provide a very important link between the hospitalized patient and the AQV service, often accompanying a post-partum patient to the AQV procedure and taking care of her newborn during the surgery and recovery. Whether the conversion to multipurpose promoters would reduce the total number of promoters required needs to be explored on a pilot basis since it could be a source of cost reduction. Providing transportation would be another way to increase promoter efficiency, but the cost benefit would have to be examined carefully (additional staff may be much less costly than additional vehicles).

(Performance recognition (incentive) systems that function at distributor, promoter and regional levels need to be considered for the CBD program. Any such system needs to be simple to understand and manage, equitable with respect to effort required to reach various performance levels under different levels of difficulty, and resistant to manipulation (cheating). The system should include both monetary and non-monetary rewards (such as certificates of merit, plaques, lapel pins, etc.).

Several monetary options seem worth considering, though the record keeping and bookkeeping requirements of each need to be evaluated.

At the distributor level:

1) After achieving the area (urban, rural, etc.) average of number of users per post, the distributor is given a quarterly bonus for each CYP attained over the previous quarter. The bonus has to be enough to mean something, but not so great that the amount can be used to "buy" the next quarter's CYP and have something left over. (That is, if the quarterly bonus were 1 lempira and the pill cycles for one quarter of CYP cost .60 lempiras, the distributor gets .40 lempiras and can throw away the pills.)

2) New posts are given a quarterly bonus for growing at a faster than average rate over the course of the first year of operation. Data compilation and analysis would be required todetermine the historical average rate of growth for posts in different areas, in order to establish the baseline growth rate.

3) Distributors who have an above average number of users for their type of area would be able to retain a larger percentage of the sale price of each product. New averages would be set each year based on numbers of users in similarly situated types of posts.

4) Distributors would be provided a six month "income maintenance" for any user referred for AQV. This would eliminate the possible "loss of income" disincentive for referring a temporary method user to the AQV program. It should be noted, however, that promoters and distributors interviewed did not report that failure to refer appropriate clients for AQV was much of a problem. Under the period of income maintenance, distributors would be given the amount of money they would have retained from method sales to that user. The need for assuring that users are not being retained in the CBD program rather than referred to the AQV program could be more of an issue under the kinds of performance recognition options being proposed here.

At the promoter level:

1) Promoters receive some level of quarterly or annual bonus for the number of their supervised posts which have case loads greater than the average for that type of area (urban, rural, etc.).

2) Promoters receive a quarterly or annual bonus for having posts that have a growth rate greater than the average for those similarly situated.

3) Promoters receive a bonus for exceeding the annual goal for their CBD service area, with the bonus designed to increase in relation to the percentage by which the area goal is exceeded.

In order to increase the impact of having met and exceeded one's goals, awarding of the incentive should be made at quarterly meetings of the promoters so that recognition occurs before the promoter's peers, and creates a further sense of pride and friendly competition.

At the regional level:

1) The regional center is given a bonus if the CBD goal for the region is exceeded. The size of the bonus would be based on the percent by which the regional goal was exceeded. All members of the regional staff would share in the bonus based on some pre-established formula.

(A totally different approach to the current organization of the CBD program might be considered. The new system would change the relationship to one in which each distributor is in an entrepreneurial relationship with the agency through the promoter. Instead of holding commodities owned by the agency, and holding agency money generated from the sales of those commodities, under the new scheme, distributors would be given free an initial allotment of commodities from which to generate revenue to purchase resupply. The promoter is then a quasi-wholesaler who sells the commodities to the distributor, rather than trying to recover agency funds from the distributor's prior sales. This should help reduce any slippage in the CBD cost recovery effort although the cost write-off of the initial allotment has to be taken into account. Pricing of commodities purchased under resupply would give price breaks for volume, resulting in the distributor being able to retain more of the sales income. Whether the price break differential would or could be large enough to be seen by the distributor as an "incentive" would have to be explored. Other parts of the performance recognition (incentive) options proposed above could be adapted to such a new scheme.

(One of the benefits of converting the program as described above would be that if CBD promoters are to become part of the Contraceptive Social Marketing (CSM) program along the lines of the PROFAMILIA of Colombia model (see below), their roles as CBD resuppliers and pharmacy detailers would be more consistent and would rely on similar types of skills. A bonus system for promoters built on distributor and pharmacy sales could be established to assure that promoters continued their educational/promotional functions. They would need to have successful CBD posts in order to earn the bonuses.)

(Downside considerations of the proposed scheme include the fact that it might change the "social benefit" attitude of the distributors and promoters, and thus take away some of the pride in being part of such an endeavor. It may be more difficult to assure that distributors are selling commodities at the prices the agency has put on them; (it is not known to the writer if this is a problem under the current arrangement).

2. Contraceptive Social Marketing (CSM)

Under the new Project, the CSM program will be drastically reorganized. Reorganization of the CSM program begun under the current Project should anticipate changes which will occur under the new Project. ASHONPLAFA has expressed interest in reorganizing the CSM program along the lines proposed by the SOMARC consultants whereby ASHONPLAFA would import contraceptive products purchased through AID and IPPF/WHR and would contract with existing pharmaceutical distribution companies to add the products to their current lines. ASHONPLAFA is also interested in

considering the model developed by PROFAMILIA of Colombia in which PROFAMILIA's equivalent of CBD promoters provide the CSM distribution network while at the same time supervising and supplying CBD posts.

A staff person will be required to coordinate the CSM program with the pharmaceutical distribution companies and make sure that logistical requirements are met. If the CBD promoters become suppliers of "puestos de venta de medicamentos," the coordinator may have a role in supporting that effort or it may be handled entirely through CBD department. The CSM coordinator could have overall commodities logistical support for the agency.

(The most critical aspect of the CSM program will be the transition from the current Drogueria Nobel structure to the new one, whatever that turns out to be. A system for sustaining the distribution of commodities needs to be in place before the current structure is abandoned. TRITON contract employee Mike Machuca will be leaving Honduras in December, and Marcial Solis, head of the CSM program has indicated he will be leaving ASHCNPLAFA about that time as well. Further discussion with commercial pharmaceutical distribution firms needs to be undertaken ASAP to confirm the feasibility of relying on them in the reorganization of CSM program.)

(If ASHONPLAFA were to attempt to develop the CSM program as a combination of the commercial distribution firm and the additional use of CBD promoters in the effort, it might be possible to rely on the drug wholesaler to supply the countries 500 pharmacies and have the CBD promoters supply the "puestos de venta de medicamentos" which are more numerous and more widely distributed.)

(If CBD promoters are to become part of the new CSM strategy (even as part of a "hybrid" model using both the SOMARC proposed Dominican Republic model and the PROFAMILIA Colombian model), then programming and training plans need to be developed immediately and training undertaken and the mechanisms for CSM distribution tested and debugged before a nationwide implementation of the distribution system is attempted. The consequence of a "stumble" during the transition will be a decline in the number of CYP's which ASHONPLAFA will be achieving until the new system is fully functional.)

3. Clinical Services

Four family planning regional centers will be operational before the current project ends; a fifth (Juticalpa) will be brought on line by the end of 1989. The volume of clinical services, particularly voluntary surgical contraception, has not increased greatly during the course of the current project. Moreover, this program

is the most costly and has not been very successful in recuperating a greater percentage of their funds. The new project will concentrate on being more cost effective and/or greatly expanding clinical services.

ASHONPLFA will perform approximately 3,500 AQV procedures in 1988 with two of its centers having operated for all 12 months and a third for 10 months. Under the current Project, ASHONPLAFA contracts for four physician hours per day for each of its surgical centers. On the average, two of these hours are spent in surgery, and the other two in dealing with problem patients on temporary methods and in supervising the temporary methods clinic. ASHONPLAFA's medical director believes that in Choluteca and in the three other centers to be opened, three hours could be spent in surgery without impairment of the supervisory functions, and without contracting for additional hours. This more effective use of contracted physician hours will be possible if ASHONPLAFA can increase demand for AQV services and organize clinic flow to handle increased volume. In order to increase demand ASHONPLAFA will need to implement a mass communications strategy along the lines proposed by URC consultant Ana Klenicki.

When all six centers are operational, 6,840 procedures could be performed each year if five procedures were done each day at each center (assumes contracting for four physician hours at each center and offering services on 228 non-holidays). If volume could be raised to seven procedures per day (less than three procedures per hour for three surgical hours), 9,576 procedures could be done per year with no increase in personnel and only minimal cost increases for supplies.

Cost recovery in the surgical program during the current Project has not been notable. For procedures done in 1988 in the Tegucigalpa clinic (through August), the average fee paid by patients was just over 8 Lempiras; an estimate of 15 Lempiras per procedure was given for San Pedro Sula. It was decided that for an introductory period, no effort at cost recovery would be made in Choluteca. Increased efforts at cost recovery will be attempted under the new Project with the recognition that cost-recovery efforts should not result in the creation of a barrier to service. It is reported that private physicians (who are reimbursed L. 120 per procedure by ASHONPLAFA under the current

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Project) have been successful at collecting a larger portion of the L. 30 allowed for under the terms of the project (although they, too, employ a sliding fee scale and not every patient pays the full amount).

It would be worthwhile conducting a small study of the actual success of the private physicians' fee collection practices to determine how much they collect on the average and if their collection practices are a barrier to service. If their practices are not a barrier to service and they are more successful in fee collection than those of ASHONPLAFA, then consideration should be given to implementing them in the agency's centers.

Efforts to increase demand and AQV service volume will be made through the use of communications media described below. Consideration will be given to promoting all the sources of AQV (MOH, IHSS, and ASHONPLAFA) at the same time to broaden the front and blunt possible criticism of ASHONPLAFA.

ASHONPLAFA will explore the feasibility of arranging transportation for women in remote rural areas to their regional centers as a way of assuring equal access to all services.
The new project will attempt to make better use of the existing clinic facilities by offering a Men's Clinic during afternoon hours (hours when the clinics are currently unused). As part of an operations research project, the Men's Clinic concept will be piloted at the Tegucigalpa clinic where vasectomy services will be offered, along with treatment of sexually transmitted diseases in men. If successful after a two-year pilot period, Men's Clinics will be established at other centers.

To assure that standards of quality are maintained in the AQV program are maintained at all of the regional centers, an AQV supervisor will be added to the staff at the San Pedro Sula clinic to oversee the surgical program in the northwest region. (Note: Unless this supervisor also provides surgical services for a substantial portion of her/his time, it does not seem cost-effective to create this position.)

(Note: The private clinic program will continue in communities where ASHONPLAFA does not have centers. It can be expected that ASHONPLAFA will purchase between 2,000 and 2,400 procedures per year at

L. 120 per procedure under the program. ASHONPLAFA has raised the possibility of opening centers in four additional sites under the new project: Danli, Esperanza, Comayagua, and Santa Barbara. Such centers should only be opened if they offer AQV services, and they should only offer AQV services if they can be provided at a lower total cost than the private clinic program currently costs. Essentially, this means that ASHONPLAFA would have to be certain that their volume could be built to a break-even level within a reasonable amount of time.)

(Under the current project, ASHONPLAFA has made surgical supplies available to the Ministry of Health for their AQV work, almost as an inducement to insure their involvement in the AQV program. Since money for such supplies are now available to the Ministry through Health Sector II, AID must decide if funds will be provided to ASHONPLAFA under the new Project to continue this activity. The projected cost is about L. 5,000 per year per hospital or a total of L. 60,000 per year.)

4. Information, Education, and Communication, and Education of Leaders

The new Project will place heavy emphasis on an integrated mass communication strategy to increase awareness of ASHONPLAFA as an organization as well as to increase the demand for its services. Different formats will be used both in radio and TV, all to mutually reinforce each other, and working toward positioning ASHONPLAFA as an important national institution. The strategy should also contemplate introducing a musical theme and a slogan that would become, together with the logo, the institutional trademark.

Radio will be the principal medium, and the range of vehicles will include spots, testimonials, talk shows and a "Dear Abby" type advice program to which listeners may address questions about sexual issues and family planning. The latter programming will target young adult audiences.

To date, ASHONPLAFA, has not utilized mass media as part of a systematic strategy. Mass media can be used to reinforce the work of the different units within the institution, and to complement each of the different medium. The institution needs to give the work of mass media its full support in order to help the development and improvement of service delivery and coverage.

Production quality will be improved by exposing the staff to Central and South American centers with extensive experience in "social marketing." Also, experts should be brought to Honduras to work in-country with ASHONPLAFA's communications personnel.

The communications strategy will be used to support each of the service delivery components in ASHONPLAFA, and will promote both methods and points of access (clinics and CBD posts). If the SOMARC recommendations are implemented (Drogueria Nobel sold, other pharmaceutical distributors contracted with), the IEC department will have to assume responsibility for product advertising associated with the CSM effort.

Under the new project, ASHONPLAFA's communications unit will be strengthened by the addition of a staff person to support the mass media work, and through observational trips and technical assistance, but a professional advertising firm will be hired as the implementing agency. An ASHONPLAFA IEC staff member, working with a small internal committee, will serve as the liaison between the agency and the advertising firm to assure the appropriateness of the communications campaign.

Funds will also be available for working with journalists and other media opinion leaders regarding population and health issues which can be ameliorated through the provision of family planning services. These will include attendance at informational seminars either organized by ASHONPLAFA or by other agencies in the region.

In addition to the above, the IEC unit will continue providing training as it has under the current project to the Ministry of Education Normal Schools, and other service programs. Consideration will be given to preparing the staff of the regional centers to provide orientation to the staff of the Ministry of Health's CESAMO's and CESARE's to make them better referral sources for the AQV program.

Finally, the IEC unit will continue to print materials for use in the various programs of the agency.

5. Program Statistics, Evaluation and Operations Research

Consultants to ASHONPLAFA routinely comment in their reports about the lack of available program data upon which to understand the functioning and performance of various service components of the agency. One of the major deficiencies is the inability to tie program data to cost data. Under the new Project, the program data will be automated.

Technical assistance in the specification of software capabilities will be provided to the agency. Care will be given to making sure that the interface between the program data system and the financial accounting system being installed under the current project are compatible and will allow ASHONPLAFA to undertake routine cost-effectiveness analysis on each of its programs.

Consideration will be given to having program data entry undertaken at the regional center level, both to expedite the process and to make the regional centers have a sense of ownership for their performance in meeting institutional goals. Data would be transferred to ASHONPLAFA headquarters by floppy diskette. If this approach to data entry proves feasible, implementation of this procedure will require purchase of computer hardware and training for appropriate staff for each of the regional centers as they become operational.

If data management systems for service programs currently available or under development by IPPF and/or by a cooperating agency are not found to meet the requirements of the agency, ASHONPLAFA will have funds to contract with a local programmer or software house for the development of software which will interface with the accounting software.

Routine data analysis programs will be menu driven to assure that reports are available on a timely basis, and do not require use of Evaluation Department staff. Reports will compare program achievement against program goals for the period and cumulatively for the year, and will be available by program as well as by region, and by program component (e.g. promoter, distributor, etc.) within program. A report for each promoter's achievement against goal will be developed in order to, with an effort made to tie individual promoter costs to these performance measures.

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Program data files should be accessible by other database software programs (e.g., dBase III) so that special analyses can be undertaken as needed without additional data entry or re-entry.

The technical assistance provided to the Evaluation Department will also work with the staff on ways in which the data system (forms used, data collected, etc.) can be simplified.

At least two operations research projects should be undertaken by the agency each year. Examples of studies meriting investigation are the cost-effectiveness of various options (motorcycles, agency vehicles, contracts with taxi cooperatives) to mobilize CBD promoters in their supervisory and promotional functions; changes in distributor and promoter productivity consequent to introducing a performance recognition system; the effect on each program of converting promoters from single purpose (CBD or AQV) to multipurpose; and acceptance of vasectomy services in a pilot project. An early study should attempt to determine why the CBD program does not retain more of the new acceptors (3-4,000 per quarter) than it does, and to develop strategies to lower desertion rates for the program.

Technical assistance on the design and analysis of operations research projects will be provided through a buy-in with INOPAL or by short-term consultants brought in under an IQC.

The Evaluation Department will cooperate with an appropriate cooperating agency on the 1990 and 1993 Epidemiology and Contraceptive Prevalence Survey.

6. Regionalization

The establishment of a regional structure begun under the current project will be fully implemented under the new project. Early in the project, ASHONPLAFA will develop guidance for the operation of the regional centers. Norms will be developed centrally, but procedures for operational implementation will be at the decision of each regional director. Regional directors will be expected to exercise both leadership and supervisory roles with regional staff, including team building and motivation, and will receive bonuses based on program achievement and cost-effectiveness of their

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operations within the region. They will have overall responsibility for cost-recovery efforts aimed at targets which they help set for their regions, especially in the CBD program.

Emphasis will be given to having Regional Directors participate in the meetings of the agency's Technical Council for purposes of setting regional program goals and planning activities, including the drafting of regional budgets, to be carried out in their respective regions.

Regional Directors will meet periodically to exchange information on how the various programs are going in their regions and to do mutual problem-solving. Regional staff will also participate in discussions on development and execution of the various mass media activities in their regions.

Over the course of the project, Regional Volunteer Support Committees will be created to serve as community spokespersons on behalf of the work of the agency, and to assist in the effort to obtain philanthropic support for the agency.

7. Administration

Under the present Project, ASHONPLAFA has begun the automation of its finance department by installing a number of accounting software modules which should allow it to provide financial information that is more timely, more complete, and more detailed than has been possible previously. Once the current accounting software is fully tested and functional within the institution, consideration will be given to the installation of additional software modules (Accounts Receivable, Accounts Payable, Inventory Control).

The Administration Department will need to have Technical Assistance on inventory management, logistics, as well as in the use of computers for budgeting and cost containment.

The Administration Department will improve its efforts to monitor cost-recovery in all programs, and will have responsibility for quarterly reports to the Regional Directors on the success of their cost-recovery efforts at the regional level.

Under the current project, approximately 35 % of the direct CBD program costs were recovered between July 1, 1987 and June 30, 1988; during the course of the new project, efforts will be made to improve this percentage by at least 10% per year. The percentage increase to be achieved in cost-recovery will be negotiated between ASHONPLAFA and AID in the process of developing the yearly work plan.

8. Other Income Generating Possibilities

During the project, ASHONPLAFA will explore new ways to generate income other than cost-recovery and fund raising. Among the possibilities to be considered are the following:

Sale of laboratory and citology services to the public, especially physicians in private practice.

Renting of clinic space when not being used by the agency.

Expansion of the line of products made available through the community services program (CBD). Sale of surgical equipment to private practice physicians who participate in the AQV program (as well as other physicians?). (Physicians would be given credits against purchase of the equipment on a per-procedure basis, rather than being fully reimbursed per procedure by ASHONPLAFA.)

9. Employee Based Family Planning

Technical Information on Population for the Private Sector (TIPPS) surveyed three major companies on the North Coast and their employees to collect data on knowledge, attitudes and usage of family planning services as well as information on company expenditures for providing maternity benefits. The survey was conducted working through a local PVO, PROFAMILIA.

A cost benefit analysis will be presented to the management of these industries in order to convince them of the long term benefit of providing family planning to their employees. PROFAMILIA and TIPPS have designed a project to sell maternal child health services to these employers. The advantage to the employer is that the services can be purchased at a lower price and employee

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absenteeism from the work place will be greatly reduced (currently employees go to The Social Security Hospital but may lose up to a day in work waiting to be seen by the doctor).

TIPPS and PROFAMILIA are planning a second KAP survey for the employees of Tela Railroad Company (a subsidiary of Castle and Cook) and Rio Lindo, a textile industry located in Tegucigalpa and employs approximately 1200 employees.

Start up costs for the clinics will be provided under this project, but 50% of these costs will be recovered during the first year of project implementation. By the end of five years no project support is planned as the clinics will be self sustaining.

10. Other PVOs. PVOs have expressed an interest to provide family planning services among the other health services that they provide their beneficiaries. Out of 6 PVOs contacted during the design of this project, half of them expressed great interest and willingness to expand their services and including child spacing services. If this preliminary work indicates such a degree of readiness, more in depth effort could lead to a significant widening of PVO involvement in family planning in Honduras. To that effect, the following is planned:

* A comprehensive inventory of PVOs indicating their institutional capabilities and ideological position will be conducted with regard to family planning services, this inventory will indicate possible prevalence that each PVO can deliver. Particular attention will be paid to the program Apostoles de la Salud to see if their infrastructure could be used;

* The inventory will not be limited only development PVOs but commercial/trade PVOs which are a significant force in the country (cooperatives of taxi, trucks, bus drivers, savings and loan cooperatives, agricultural cooperatives, etc);

* The survey will determine the position of FOPRIDEH (Federación de Organzaciones Privadas de Desarrollo Hondureno), the umbrella development PVO agency, on family planning and their level of influence vis a vis different PVOs that belong to the federation. Many

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PVO's such as Horizontes de Amistad and FEDECOH who expressed an interest and willingness to provide family planning services belong to FOPRIDEH and that may be a hindrance since FOPRIDEH is believed to be "anti" family planning;

* The Family Planning Private Sector II Project intends to expand the role of the PVOs outside of ASHONPLAFA by taking advantage of existing infrastructures, particularly in the rural areas.

* Two national workshops should be conducted, one for development PVOs and another for commercial PVOs where all the issues related to child spacing will be covered including what are all the different roles and expectations from both the PVOs and the funding sources. These activities are planned for no later than February 1989.

The Enterprise project will fund the survey as well as the two national workshops. Start up costs for this component will also be covered by Enterprise. The Project will cover cost starting in FY 1990.

11. Unemployed Physicians

Data from a Mexican project showed that unemployed physicians proved to be a valuable resource in providing child survival interventions including family planning services. Integrating this component into the private sector family planning project will be studied. Funds for the initial assessment will be provided by the Enterprise Project.

12. Implementation Arrangements:

1. Host Country Arrangements

Two Cooperative Agreements will be signed for this Project. The first Project Agreement will be signed by the Executive Director of ASHONPLAFA who will have overall responsibility for the ASHONPLAFA portion of the Project. Accountability for daily implementation matters will rest with the directors of the regional centers.

Tegucigalpa headquarters personnel will provide the training of regional staff and will establish the model administrative and financial systems to

be implemented at the regional center level. Headquarter personnel also will provide technical assistance to the regional centers, will monitor compliance with technical standards and quality control, and coordinate ASHONPLAFA activities with the MOH, I.H.S.S., and other donor agencies. Day to day operational responsibility and authority for regional activities will be at the regional center level.

The second Cooperative Agreement will be signed with a PVO umbrella group to be determined during the final phase of the Project Paper development. This agreement will provide financing for PVOs as well as employee based services.

2. A.I.D. Arrangements

A.I.D. Project management responsibilities will rest with the Office of Human Resources Development's Division of Population. The Project will be managed by the Mission's Population Development Officer, with assistance from a PSC Population Specialist/project coordinator. The project coordinator will assist ASHONPLAFA in establishing scopes of work, scheduling and monitoring the technical assistance to the project; facilitate the regionalization process providing assistance to the regions in the development of action plans and budgets and other areas indicated; and coordinate and monitor the work of PVOs and the employee based family planning service component. He/she will keep the Project Manager fully informed as to progress, problems and recommended actions.

3. Project Disbursement System

Financing of project costs will follow the standard A.I.D. procedures for direct payment and reimbursement. Costs associated with technical assistance, training and evaluation will be paid to suppliers/participants by the Mission in accordance with existing A.I.D. procedures.

13. Project Inputs

Commodities: Vehicles to replace older models will be purchased for ASHONPLAFA. Motorcycles will be provided

to the CBD program as part of the operations research component to test efficiency in service delivery. The Medico Clinical division will be provided with 4 passenger transport vehicles to bring women from distant rural villages to ASHONPLAFA clinics for surgical contraception. These women or men will be carefully and thoroughly counseled to avoid any accusations of coercion.

Surgical equipment will be provided to any new regional centers opened up during this project.

Regional computer equipment and accompanying software packages will be provided to Choluteca, La Ceiba, Santa Rosa de Copân, and Juticalpa after it has been determined that automation of certain functions at the regional level is feasible and regional staff are trained in the information system and are using information in planning and decision making. Audio visual equipment and training materials will be purchased as part of the communications strategy to provide ASHONPLAFA with all the tools necessary to inform the population at large about the importance of family planning and the services available through the ASHONPLAFA clinics and network of distributors.

Contraceptives for the CBD and clinical program will be procured through AID central contracts and will include oral contraceptives, condoms, IUDs, and vaginal foaming tablets. In addition to the AID procured commodities the Social Marketing program will obtain other contraceptives through IPPF at special prices.

Training: Support for a variety of ASHONPLAFA training activities will be provided under the project, both for agency and non-agency personnel. Support will provide training/retraining for both newly hired and current staff. Examples of staff training include training/retraining of promoters on the proposed incentive structures, on integration of certain social marketing functions with the CBD promoter role, and on integration of AQV and CBD promoter functions if this concept if implemented. As needed, training will be provided to staff physicians to assure compliance with agency protocols for AQV procedures. Funds are included for travel and observation of vasectomy programs elsewhere in the region, and for observation of the

PROFAMILIA-Colombia integration of CBD and CSM activities. At the administrative level, training will be provided on the use of computer software, and on the integration of computer functions at the regional level.

Examples of training of non-agency personnel include orientation of the MOH staff assigned to CESARES and CESAMOS on the availability of and referral procedures for AQV; the orientation of employees of pharmacies and "puestos de venta de medicamentos" about contraceptives available through the social marketing program; the training of physicians in male and female AQV procedures; as well as the on-going program of training for normal school teachers and other educators in sexuality education.

Technical Assistance: The project will contract one long term advisor/population specialist who will provide overall technical support to ASHONPLAFA and to USAID/Honduras on family planning programs.

Short term Technical assistance for social marketing, operations research and national survey work will be obtained through buy-ins to centrally funded contracts such as SOMARC II, Population Council and Family Health International. Technical assistance for the communications component, the information system and organizational development will be obtained through Indefinite Quantity Contract (I.Q.C.) work orders.

— ATTACHMENT #2

COST PER COUPLE YEAR OF PROTECTION (CYP) WORK SPREADSHEET

This spreadsheet presents various data on the Community Services Program of ASHONPLAFA. The principle purpose is to arrive at some Cost per CYP Conclusions, although other useful data are derived.

The data presented here are for the period July 1, 1987 to June 30, 1988.

THE AVERAGE CCYP (US DOLLARS) IS:	$5.93
THE AVERAGE CCYP (LEMPIRAS) IS:	11.86
THE CCYP (LEMPIRAS) BY URBAN PROMOTER IS:	10.22
THE CCYP (LEMPIRAS) BY RURAL PROMOTER IS:	12.93
THE CCYP (LEMPIRAS) BY RURCON PROMOTER IS:	12.82
Total Cost of the CBD Program (U.S.$):	$368,109
Total Cost of the CBD Program (Lempiras):	736,219
Total CYP For the Period:	51,044
Total CCYP (Total Cost US$/Total CYP):	$7.21
Total CCYP (Total Cost L./Total CYP):	14.42
Number of Distributors:	1,483

Total Staff in the CBD Program: 34

1 Director
3 Regional Supervisors
1 Educator
9 RurCon Promoters (Rural with vehcile)
10 Urban Promoters
9 Rural Promoters (without vehicle)
1 Secretary

The reader is requested to not regard the above data as final conclusions. The reason for this is that some of the background information obtained would require more time and effort to arrive at a comfortable level of accuracy. For example, travel and per diem information shown was derived from Personnel Department sources that appear to be estimated, whereas actual historical expense data is available in the Administration Department. To obtain that information will require more time for a detailed analysis of month-by-month (quarterly) figures.

Page 1: NOTES

Note 1: This spreadsheet was developed on computer using the Lotus 1-2-3 program. It is on a backup disk under the file name CYP.WK1, and is in the possession of MIS Coordinator Sr. Carlos Nieto. Changes in data, according to the desire of the Community Services Director, Sra. Nelly E. Funez, such as number of Promoters, cost factors, number of posts, etc., can be performed with ease by persons familiar with Lotus 1-2-3 or Symphony.

Note 2: Except as indicated by a "$", figures are in Lempiras.

Note 3: The term "ANNUAL PSNL COST" includes Salary, Fringe Benefits, Life and Accident Insurances. The term "Tvl & PD Cost" refers to travel & Per Diem expenses, as applicable. A figure for the term "Vehicle Cost" is provided only in those cases of Promoters to whom there are vehicles assigned by ASHONPLAFA.

Page 2: Promoters

Region: II	#1
Class: RurCon1 (M.R. Hernandez	
Location: Yoro	
# of CYP =	3374
# of Posts =	86
# CYP Per Post =	39
Vehicle Cost =	3485.00
Trvl & PDiem Cost =	0.00
Commodities Cost =	15857.00
Annual Prsnl Cost =	11360.00
GRAND TOTAL COST =	30702.00
CCYP (Lempiras) =	9.10
CCYP (US$ @2) =	4.55

Region: VI	#2
Class: RurCon2 (L. A. Gonzalez	
Location: Juticalpa	
# of CYP =	1829
# of Posts =	99
# CYP Per Post =	18
Vehicle Cost =	7170.00
Trvl & PDiem Cost =	0.00
Commodities Cost =	8543.00
Annual Prsnl Cost =	11360.00
GRAND TOTAL COST =	27073.00
CCYP (Lempiras) =	14.80
CCYP (US$ @2) =	7.40

Region: I	#3
Class: RurCon3 (Raul Cortez L	
Location: Tegucigalpa	
# of CYP =	997
# of Posts =	27
# CYP Per Post =	37
Vehicle Cost =	6456.00
Trvl & PDiem Cost =	0.00
Commodities Cost =	6681.00
Annual Prsnl Cost =	11360.00
GRAND TOTAL COST =	24497.00
CCYP (Lempiras) =	24.57
CCYP (US$ @2) =	12.29

Region: IV	#4
Class: RurCon4 (Virgilio Puerto	
Location: Olanchito	
# of CYP =	2601
# of Posts =	104
# CYP Per Post =	25
Vehicle Cost =	3871.00
Trvl & PDiem Cost =	0.00
Commodities Cost =	12192.00
Annual Prsnl Cost =	11360.00
GRAND TOTAL COST =	27423.00
CCYP (Lempiras) =	10.54
CCYP (US$ @2) =	5.27

Region: V	#5
Class: RurCon5 (Jesus Chavez)	
Location: Santa Rosa de Copan	
# of CYP =	1417
# of Posts =	54
# CYP Per Post =	26
Vehicle Cost =	4003.00
Trvl & PDiem Cost =	0.00
Commodities Cost =	6648.00
Annual Prsnl Cost =	9406.00
GRAND TOTAL COST =	20057.00
CCYP (Lempiras) =	14.15
CCYP (US$ @2) =	7.08

Region: II	#6
Class: RurCon6 (Roberto Mejia)	
Location: San Pedro Sula/Corte	
# of CYP =	1743
# of Posts =	62
# CYP Per Post =	28
Vehicle Cost =	3259.00
Trvl & PDiem Cost =	0.00
Commodities Cost =	8225.50
Annual Prsnl Cost =	9406.00
GRAND TOTAL COST =	20890.50
CCYP (Lempiras) =	11.99
CCYP (US$ @2) =	5.99

Page 3: Promoters

Region: IV		#7
Class: RurCon7 (Hugo Mendoza)		
Location: Tela		
# of CYP	=	2261
# of Posts	=	104
# CYP Per Post	=	22
Vehicle Cost	=	3563.00
Trvl & PDiem Cost	=	0.00
Commodities Cost	=	11404.00
Annual Prsnl Cost	=	10859.00
GRAND TOTAL COST	=	25826.00
CCYP (Lempiras)	=	11.42
CCYP (US$ @2)	=	5.71

Region: I		#8
Class: Rural1 (Ma.L.G. de I.)		
Location: Comayagua		
# of CYP	=	1028
# of Posts	=	54
# CYP Per Post	=	19
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	4800.00
Commodities Cost	=	5051.50
Annual Prsnl Cost	=	10859.00
GRAND TOTAL COST	=	20710.50
CCYP (Lempiras)	=	20.15
CCYP (US$ @2)	=	10.07

Region: I		#9
Class: Urban1 (Ma. Enma)		
Location: Comayagua		
# of CYP	=	1287
# of Posts	=	34
# CYP Per Post	=	38
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	2400.00
Commodities Cost	=	5690.00
Annual Prsnl Cost	=	11202.00
GRAND TOTAL COST	=	19292.00
CCYP (Lempiras)	=	14.99
CCYP (US$ @2)	=	7.49

Region: I		#10
Class: Urban2 (Ma.Reyna G.de M.		
Location: Tegucigalpa		
# of CYP	=	3733
# of Posts	=	45
# CYP Per Post	=	83
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	3000.00
Commodities Cost	=	16431.00
Annual Prsnl Cost	=	11070.00
GRAND TOTAL COST	=	30501.00
CCYP (Lempiras)	=	8.17
CCYP (US$ @2)	=	4.09

Region: I		#11
Class: Urban3 (Ma.Ruth Sanchez		
Location: Tegucigalpa		
# of CYP	=	3022
# of Posts	=	46
# CYP Per Post	=	66
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	3000.00
Commodities Cost	=	14321.00
Annual Prsnl Cost	=	11070.00
GRAND TOTAL COST	=	28391.00
CCYP (Lempiras)	=	9.39
CCYP (US$ @2)	=	4.70

Region: I		#12
Class: Rural2 (Rina V.M.)		
Location: Tegucigalpa		
# of CYP	=	1993
# of Posts	=	53
# CYP Per Post	=	38
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	4800.00
Commodities Cost	=	6681.50
Annual Prsnl Cost	=	11070.00
GRAND TOTAL COST	=	22551.50
CCYP (Lempiras)	=	11.32
CCYP (US$ @2)	=	5.66

Page 4: Promoters

Region: II #13	
Class: Rural3 (Ana M.G.Lemus)	
Location: Potrerillo	
# of CYP	= 1345
# of Posts	= 47
# CYP Per Post	= 29
Vehicle Cost	= 0.00
Trvl & PDiem Cost	= 4800.00
Commodities Cost	= 6027.00
Annual Prsnl Cost	= 9407.00
GRAND TOTAL COST	= 20234.00
CCYP (Lempiras)	= 15.04
CCYP (US$ @2)	= 7.52

Region: II #14	
Class: Urban4 (Gloria Ma.)	
Location: San Pedro Sula	
# of CYP	= 1485
# of Posts	= 37
# CYP Per Post	= 40
Vehicle Cost	= 0.00
Trvl & PDiem Cost	= 3000.00
Commodities Cost	= 5483.00
Annual Prsnl Cost	= 8033.00
GRAND TOTAL COST	= 16516.00
CCYP (Lempiras)	= 11.12
CCYP (US$ @2)	= 5.56

Region: II #15	
Class: Rural4 (Mery Agurcia)	
Location: San Pedro Sula	
# of CYP	= 1743
# of Posts	= 61
# CYP Per Post	= 29
Vehicle Cost	= 0.00
Trvl & PDiem Cost	= 4800.00
Commodities Cost	= 8225.50
Annual Prsnl Cost	= 8099.00
GRAND TOTAL COST	= 21124.50
CCYP (Lempiras)	= 12.12
CCYP (US$ @2)	= 6.06

Region: II #16	
Class: Urban5 (Ana Lilian)	
Location: San Pedro Sula	
# of CYP	= 2293
# of Posts	= 41
# CYP Per Post	= 56
Vehicle Cost	= 0.00
Trvl & PDiem Cost	= 2400.00
Commodities Cost	= 10761.00
Annual Prsnl Cost	= 11078.00
GRAND TOTAL COST	= 24239.00
CCYP (Lempiras)	= 10.57
CCYP (US$ @2)	= 5.29

Region: II #17	
Class: Rural5 (Ma.E. J.de B.)	
Location: Santa Barbara	
# of CYP	= 1620
# of Posts	= 54
# CYP Per Post	= 30
Vehicle Cost	= 0.00
Trvl & PDiem Cost	= 6000.00
Commodities Cost	= 7812.00
Annual Prsnl Cost	= 11070.00
GRAND TOTAL COST	= 24882.00
CCYP (Lempiras)	= 15.36
CCYP (US$ @2)	= 7.68

Region: III #18	
Class: Urban6 (Luz Dariela M.S.	
Location: Choluteca	
# of CYP	= 1411
# of Posts	= 27
# CYP Per Post	= 52
Vehicle Cost	= 0.00
Trvl & PDiem Cost	= 2400.00
Commodities Cost	= 7499.00
Annual Prsnl Cost	= 11070.00
GRAND TOTAL COST	= 20969.00
CCYP (Lempiras)	= 14.86
CCYP (US$ @2)	= 7.43

Page 5: Promoters

Region: III		#19
Class: Rural6 (Carminda L. R.)		
Location: Choluteca		
# of CYP	=	1500
# of Posts	=	50
# CYP Per Post	=	30
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	5400.00
Commodities Cost	=	0.00
Annual Prsnl Cost	=	7373.00
GRAND TOTAL COST	=	12773.00
CCYP (Lempiras)	=	8.52
CCYP (US$ @2)	=	$4.26

Region: IV		#20
Class: Rural7 (Dina E.)		
Location: Olanchito		
# of CYP	=	1718
# of Posts	=	43
# CYP Per Post	=	40
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	4800.00
Commodities Cost	=	8301.00
Annual Prsnl Cost	=	8033.00
GRAND TOTAL COST	=	21134.00
CCYP (Lempiras)	=	12.30
CCYP (US$ @2)	=	6.15

Region: V		#21
Class: Rural8 (Blanca Lidia)		
Location: Santa Rosa de Copan		
# of CYP	=	1417
# of Posts	=	54
# CYP Per Post	=	26
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	4800.00
Commodities Cost	=	6648.00
Annual Prsnl Cost	=	7374.00
GRAND TOTAL COST	=	18822.00
CCYP (Lempiras)	=	13.28
CCYP (US$ @2)	=	$6.64

Region: VI		#22
Class: Rural9 (Pablo Moncada A.		
Location: Olancho		
# of CYP	=	1829
# of Posts	=	50
# CYP Per Post	=	37
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	5400.00
Commodities Cost	=	8543.00
Annual Prsnl Cost	=	7373.00
GRAND TOTAL COST	=	21316.00
CCYP (Lempiras)	=	11.65
CCYP (US$ @2)	=	5.83

Region: II		#23
Class: Urbano7 (Senia F.P.Y.)		
Location: Progreso		
# of CYP	=	1318
# of Posts	=	38
# CYP Per Post	=	35
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	2400.00
Commodities Cost	=	6271.00
Annual Prsnl Cost	=	7703.00
GRAND TOTAL COST	=	16374.00
CCYP (Lempiras)	=	12.42
CCYP (US$ @2)	=	6.21

Region: IV		#24
Class: Urbano8 (Lizett)		
Location: La Ceiba		
# of CYP	=	2030
# of Posts	=	45
# CYP Per Post	=	45
Vehicle Cost	=	0.00
Trvl & PDiem Cost	=	3600.00
Commodities Cost	=	9621.00
Annual Prsnl Cost	=	8033.00
GRAND TOTAL COST	=	21254.00
CCYP (Lempiras)	=	10.47
CCYP (US$ @2)	=	5.23

Page 6: Promoters

Region: I	#25
Class: Urbano9 (Concha)	
Location: Danli	
# of CYP =	1841
# of Posts =	30
# CYP Per Post =	61
Vehicle Cost =	0.00
Trvl & PDiem Cost =	2400.00
Commodities Cost =	7512.00
Annual Prsnl Cost =	11070.00
GRAND TOTAL COST =	20982.00
CCYP (Lempiras) =	11.40
CCYP (US$ @2) =	5.70

Region: O	#26
Class: Urban10 (Betulia B.)	
Location: Tegucigalpa	
# of CYP =	997
# of Posts =	27
# CYP Per Post =	37
Vehicle Cost =	0.00
Trvl & PDiem Cost =	5400.00
Commodities Cost =	6681.00
Annual Prsnl Cost =	11070.00
GRAND TOTAL COST =	23151.00
CCYP (Lempiras) =	23.22
CCYP (US$ @2) =	$11.61

Region: I	#27
Class: RurCon8 (Robert F.)	
Location: Comayagua	
# of CYP =	1028
# of Posts =	53
# CYP Per Post =	19
Vehicle Cost =	5661.00
Trvl & PDiem Cost =	0.00
Commodities Cost =	10103.00
Annual Prsnl Cost =	9406.00
GRAND TOTAL COST =	25170.00
CCYP (Lempiras) =	24.48
CCYP (US$ @2) =	12.24

Region: III	#28
Class: RurCon9 (Oscar Torres)	
Location: Choluteca (6 mos)	
# of CYP =	2184
# of Posts =	58
# CYP Per Post =	38
Vehicle Cost =	7658.00
Trvl & PDiem Cost =	0.00
Commodities Cost =	4866.00
Annual Prsnl Cost =	9406.00
GRAND TOTAL COST =	21930.00
CCYP (Lempiras) =	10.04
CCYP (US$ @2) =	5.02

Page 7: Supervisory & Support Personnel

Community Services Dir:		#29
Tvl & PD Cost	=	2400.00
Annual Psnl Cost	=	36250.00
GRAND TOTAL COST	=	38650.00

Community Services Educ:		#30
Tvl & PD Cost	=	5400.00
Annual Psnl Cost	=	11015.00
GRAND TOTAL COST	=	16415.00

Community Services Scty:		#31
Annual Psnl Cost	=	8090.00
GRAND TOTAL COST	=	8090.00

Region I Supervisor:		#32
Tvl & PD Cost	=	5400.00
Annual Psnl Cost	=	18990.00
GRAND TOTAL COST	=	24390.00

Region II Supervisor:		#33
Vehicle Cost	=	5390.00
Tvl & PD Cost	=	0.00
Annual Psnl Cost	=	17288.64
GRAND TOTAL COST	=	22678.64

Region IV Supervisor:		#34
Vehicle Cost	=	0.00
Tvl & PD Cost	=	5000.00
Annual Psnl Cost	=	15361.00
GRAND TOTAL COST	=	20361.00

PAGE 8: COSTS, USERS, AND POSTS TOTALS

	Tot Cost	Tot CYP	Tot Post
RurCon	223,569	17,434	647
Rural	183,548	14,193	466
Urban	198,518	19,417	370
Total	605,634	51,044	1,483

PAGE 9: Promoter Performance by Region and CCYP within Region

REGION	PROMOTER	CYP	POST	CYP/POST	CCYP	CLASS
1	10	3733	45	83	4.09	URBAN
1	11	3022	46	66	4.70	URBAN
1	12	1993	53	38	5.66	RURAL
1	25	1841	30	35	5.70	URBAN
1	9	1287	34	38	7.49	URBAN
1	8	1028	54	19	10.07	RURAL
1	26	997	27	35	11.61	URBAN
1	27	1028	53	35	12.24	RURCON
1	3	997	27	37	12.29	RURCON
2	1	3374	86	39	4.55	RURCON
2	16	2293	41	56	5.29	URBAN
2	14	1485	37	40	5.56	URBAN
2	6	1743	62	28	5.99	RURCON
2	15	1743	61	29	6.06	RURAL
2	23	1318	38	35	6.21	URBAN
2	13	1345	47	29	7.52	RURAL
2	17	1620	54	30	7.68	RURAL
3	19	1500	50	30	4.26	RURAL
3	28	2184	58	35	5.02	RURCON
3	18	1411	27	52	7.43	URBAN
4	24	2030	45	35	5.23	URBAN
4	4	2601	104	25	5.27	RURCON
4	7	2261	104	22	5.71	RURCON
4	20	1718	43	40	6.15	RURAL
5	21	1417	54	26	6.64	RURAL
5	5	1417	54	26	7.08	RURCON
6	22	1829	50	37	5.83	RURAL
6	2	1829	99	18	7.40	RURCON

PAGE 10: Promoter Performance by CYP per Post

REGION	PROMOTER	CYP	POST	CYP/POST	CCYP	CLASS
5	5	1417	54	19	7.08	RURCON
1	8	1028	54	19	10.07	RURAL
4	24	2030	45	22	5.23	URBAN
2	23	1318	38	22	6.21	URBAN
3	28	2184	58	22	5.02	RURCON
1	25	1841	30	22	5.70	URBAN
1	26	997	27	22	11.61	URBAN
1	27	1028	53	22	12.24	RURCON
6	22	1829	50	25	5.83	RURAL
2	13	1345	47	28	7.52	RURAL
1	10	3733	45	29	4.09	URBAN
2	17	1620	54	29	7.68	RURAL
3	19	1500	50	30	4.26	RURAL
1	12	1993	53	30	5.66	RURAL
2	14	1485	37	35	5.56	URBAN
4	7	2261	104	37	5.71	RURCON
4	4	2601	104	37	5.27	RURCON
2	1	3374	86	38	4.55	RURCON
4	20	1718	43	38	6.15	RURAL
1	9	1287	34	38	7.49	URBAN
2	15	1743	61	39	6.06	RURAL
5	21	1417	54	40	6.64	RURAL
2	16	2293	41	40	5.29	URBAN
3	18	1411	27	52	7.43	URBAN
1	11	3022	46	56	4.70	URBAN
2	6	1743	62	61	5.99	RURCON
1	3	997	27	66	12.29	RURCON
6	2	1829	99	83	7.40	RURCON

PAGE 11: Promoter Performance by Class and CCYP within Class

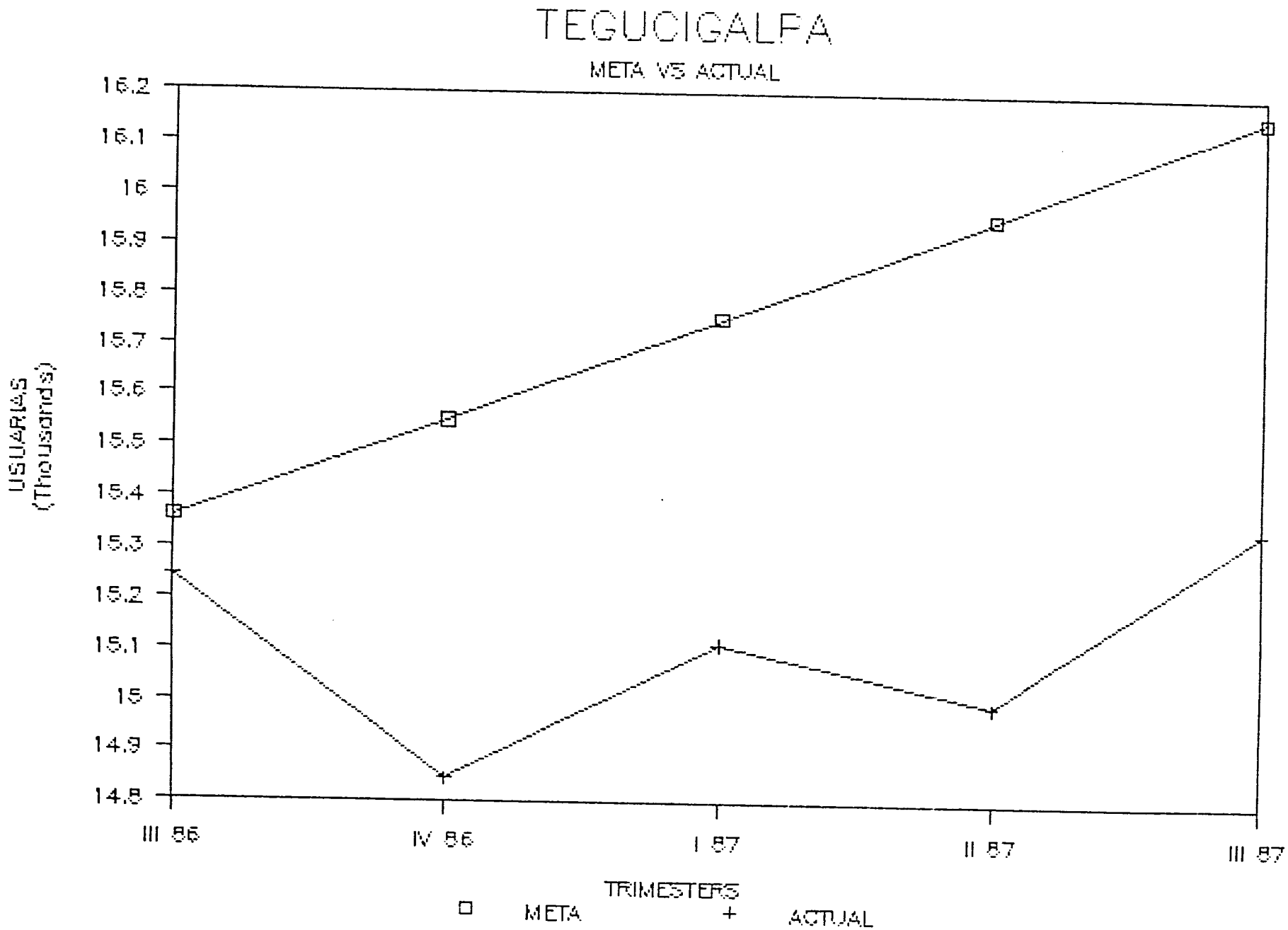
REGION	PROMOTER	CYP	POST	CYP/POST	CCYP	CLASS
3	19	1500	50	30	4.26	RURAL
1	12	1993	53	30	5.66	RURAL
6	22	1829	50	25	5.83	RURAL
2	15	1743	61	39	6.06	RURAL
4	20	1718	43	38	6.15	RURAL
5	21	1417	54	40	6.64	RURAL
2	13	1345	47	28	7.52	RURAL
2	17	1620	54	29	7.68	RURAL
1	8	1028	54	19	10.07	RURAL
2	1	3374	86	38	4.55	RURCON
3	28	2184	58	22	5.02	RURCON
4	4	2601	104	37	5.27	RURCON
4	7	2261	104	37	5.71	RURCON
2	6	1743	62	61	5.99	RURCON
5	5	1417	54	19	7.08	RURCON
6	2	1829	99	83	7.40	RURCON
1	27	1028	53	22	12.24	RURCON
1	3	997	27	66	12.29	RURCON
1	10	3733	45	29	4.09	URBAN
1	11	3022	46	56	4.70	URBAN
4	24	2030	45	22	5.23	URBAN
2	16	2293	41	40	5.29	URBAN
2	14	1485	37	35	5.56	URBAN
1	25	1841	30	22	5.70	URBAN
2	23	1318	38	22	6.21	URBAN
3	18	1411	27	52	7.43	URBAN
1	9	1287	34	38	7.49	URBAN
1	26	997	27	22	11.61	URBAN

PAGE 12: Promoter Performance by Total CYP

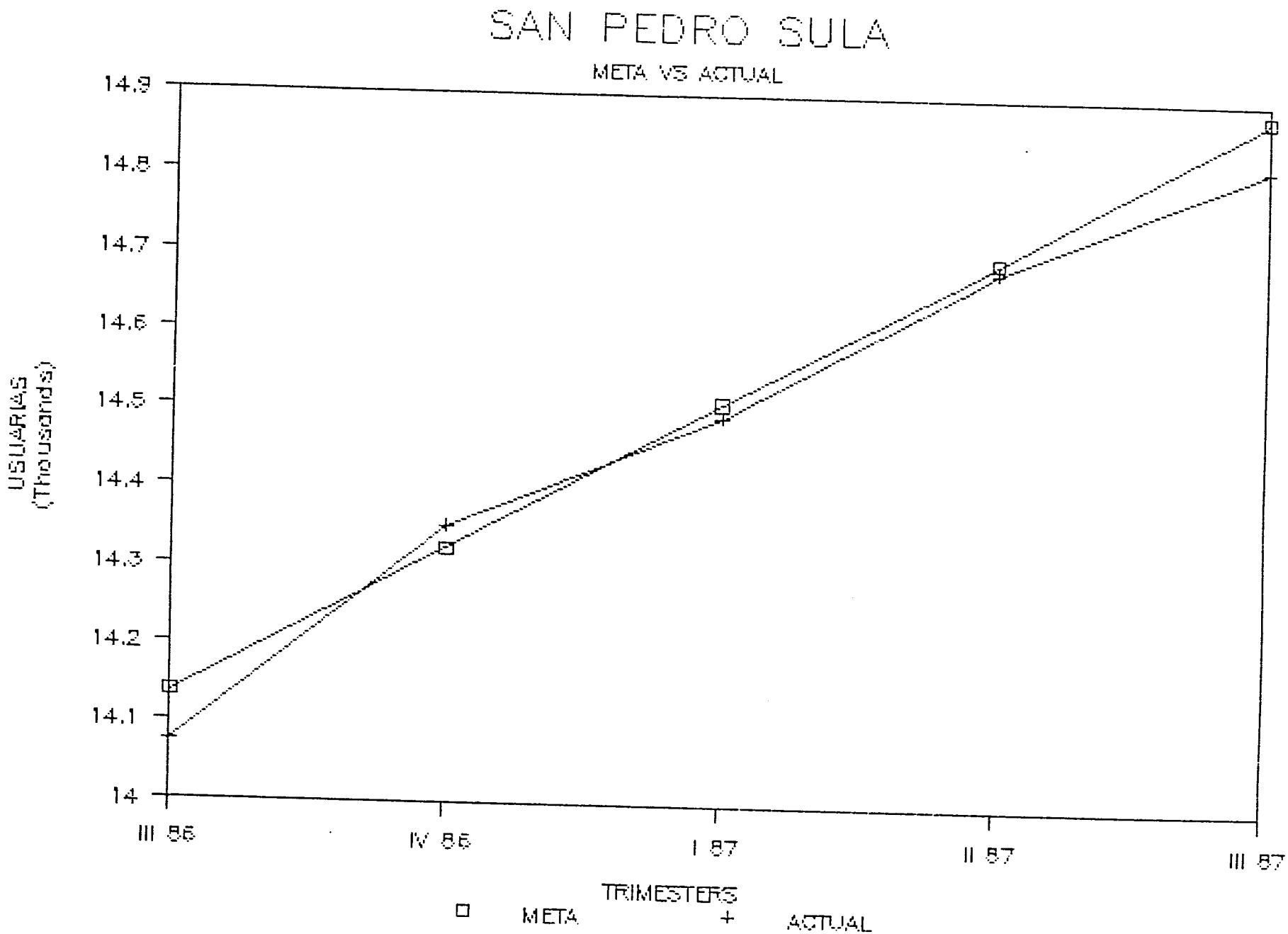
REGION	PROMOTER	CYP	POST	CYP/POST	CCYP	CLASS
1	26	997	27	22	11.61	URBAN
1	3	997	27	66	12.29	RURCON
1	8	1028	54	19	10.07	RURAL
1	27	1028	53	22	12.24	RURCON
1	9	1287	34	38	7.49	URBAN
2	23	1318	38	22	6.21	URBAN
2	13	1345	47	28	7.52	RURAL
3	18	1411	27	52	7.43	URBAN
5	21	1417	54	40	6.64	RURAL
5	5	1417	54	19	7.08	RURCON
2	14	1485	37	35	5.56	URBAN
3	19	1500	50	30	4.26	RURAL
2	17	1620	54	29	7.68	RURAL
4	20	1718	43	38	6.15	RURAL
2	6	1743	62	61	5.99	RURCON
2	15	1743	61	39	6.06	RURAL
6	22	1829	50	25	5.83	RURAL
6	2	1829	99	83	7.40	RURCON
1	25	1841	30	22	5.70	URBAN
1	12	1993	53	30	5.66	RURAL
4	24	2030	45	22	5.23	URBAN
3	28	2184	58	22	5.02	RURCON
4	7	2261	104	37	5.71	RURCON
2	16	2293	41	40	5.29	URBAN
4	4	2601	104	37	5.27	RURCON
1	11	3022	46	56	4.70	URBAN
2	1	3374	86	38	4.55	RURCON
1	10	3733	45	29	4.09	URBAN

PAGE 13: Promoter Performance by CCYP

REGION	PROMOTER	CYP	POST	CYP/POST	CCYP	CLASS
1	10	3733	45	29	4.09	URBAN
3	19	1500	50	30	4.26	RURAL
2	1	3374	86	38	4.55	RURCON
1	11	3022	46	56	4.70	URBAN
3	28	2184	58	22	5.02	RURCON
4	24	2030	45	22	5.23	URBAN
4	4	2601	104	37	5.27	RURCON
2	16	2293	41	40	5.29	URBAN
2	14	1485	37	35	5.56	URBAN
1	12	1993	53	30	5.66	RURAL
1	25	1841	30	22	5.70	URBAN
4	7	2261	104	37	5.71	RURCON
6	22	1829	50	25	5.83	RURAL
2	6	1743	62	61	5.99	RURCON
2	15	1743	61	39	6.06	RURAL
4	20	1718	43	38	6.15	RURAL
2	23	1318	38	22	6.21	URBAN
5	21	1417	54	40	6.64	RURAL
5	5	1417	54	19	7.08	RURCON
6	2	1829	99	83	7.40	RURCON
3	18	1411	27	52	7.43	URBAN
1	9	1287	34	38	7.49	URBAN
2	13	1345	47	28	7.52	RURAL
2	17	1620	54	29	7.68	RURAL
1	8	1028	54	19	10.07	RURAL
1	26	997	27	22	11.61	URBAN
1	27	1028	53	22	12.24	RURCON
1	3	997	27	66	12.29	RURCON

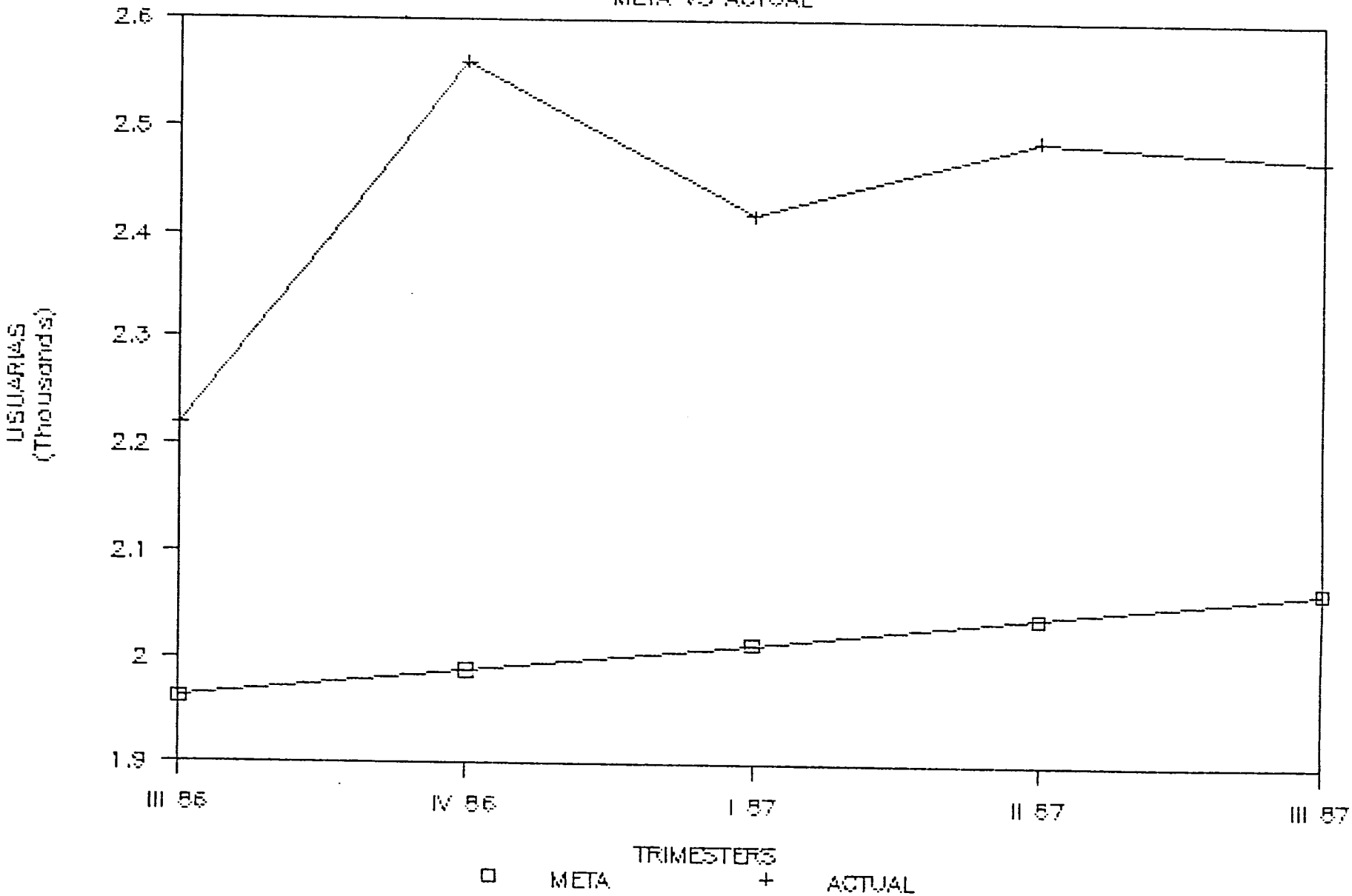


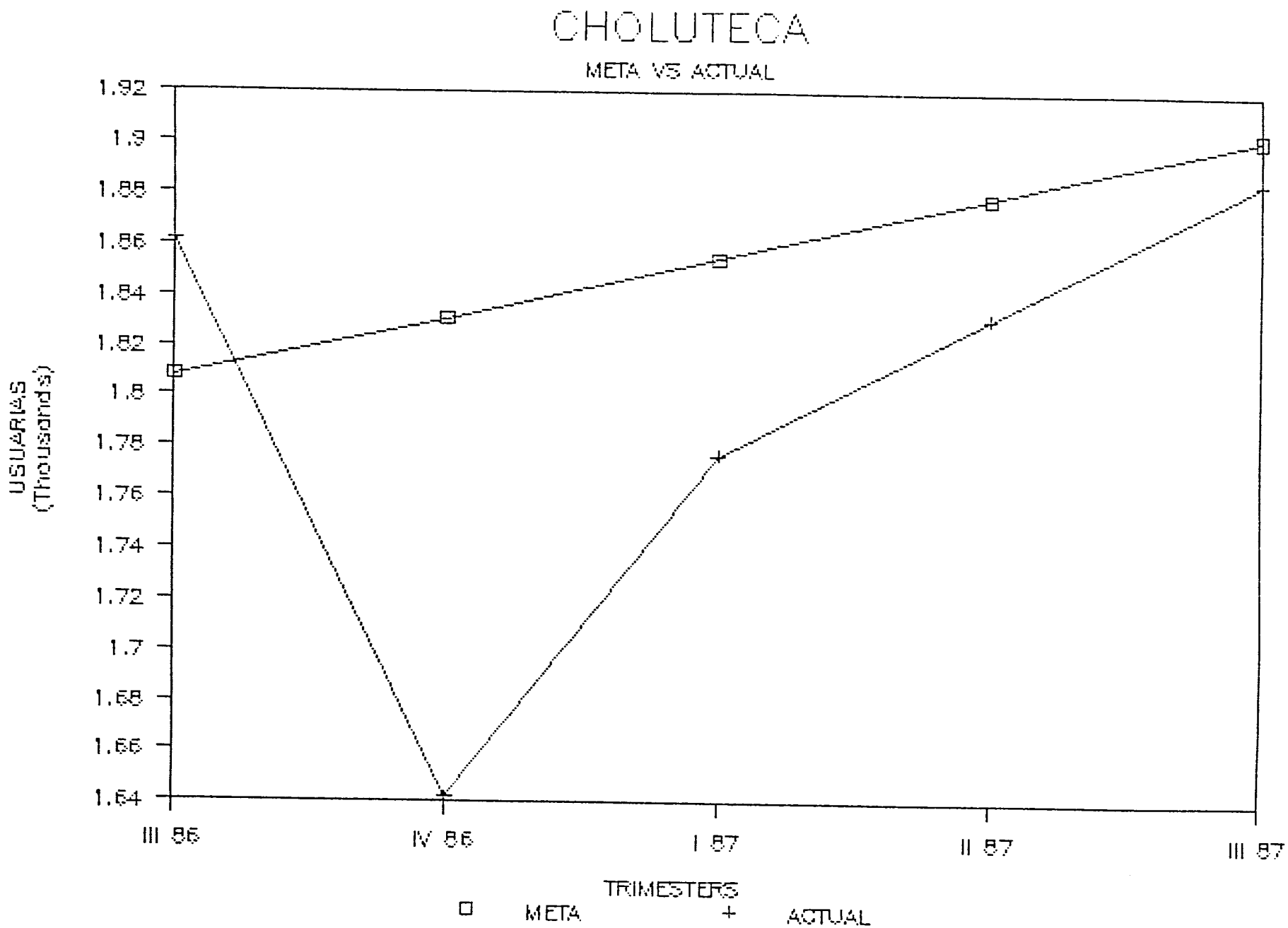
— ATTACHMENT #3


SAN PEDRO SULA
META VS ACTUAL
USUARIAS
(Thousands)
14.9
14.8
14.7
14.6
14.5
14.4
14.3
14.2
14.1
14
III 86
IV 86
I 87
II 87
III 87
TRIMESTERS
META
ACTUAL

SANTA ROSA DE COPAN

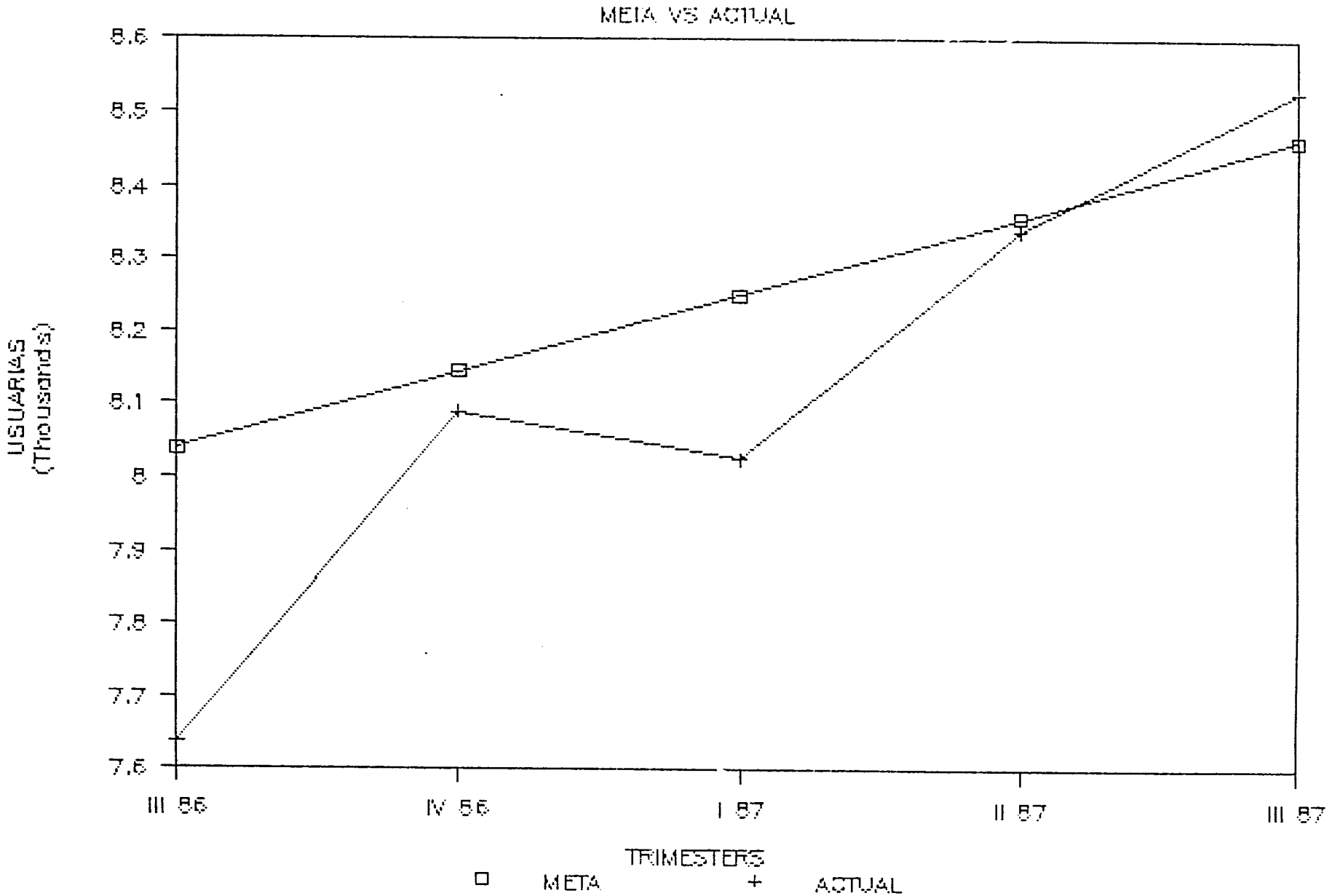
META VS ACTUAL

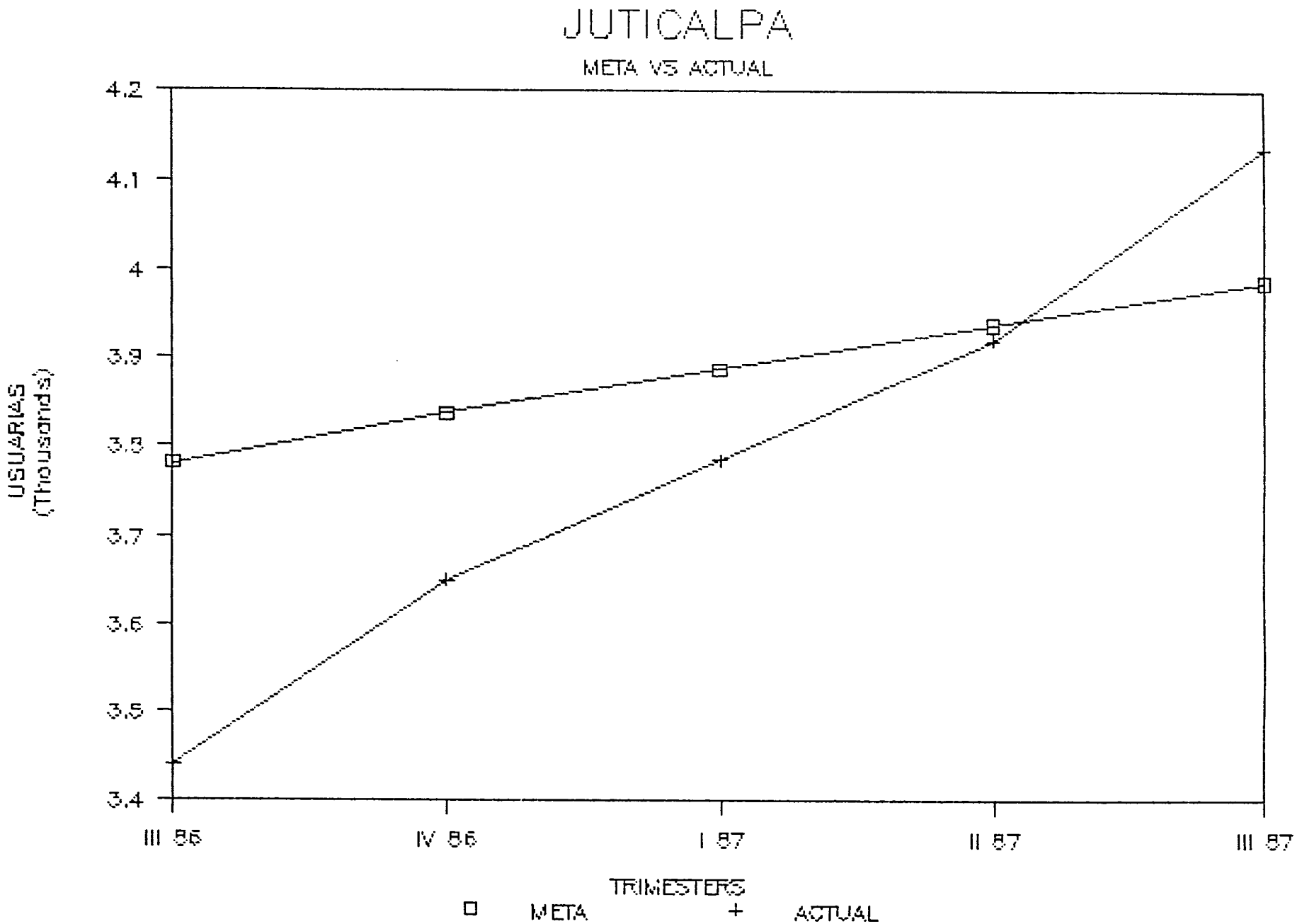



CHOLUTECA
META VS ACTUAL
USUARIAS
(Thousands)
1.92
1.9
1.88
1.86
1.84
1.82
1.8
1.78
1.76
1.74
1.72
1.7
1.68
1.66
1.64
III 86
IV 86
I 87
II 87
III 87
TRIMESTERS
META
ACTUAL

52

LA CEIBA


META VS ACTUAL
USUARIOS
(Thousands)
8.6
8.5
8.4
8.3
8.2
8.1
8
7.9
7.8
7.7
7.6
III 86
IV 86
I 87
II 87
III 87
TRIMESTERS
META
ACTUAL


JUTICALPA
META VS ACTUAL
USUARIAS
(Thousands)
4.2
4.1
4
3.9
3.8
3.7
3.6
3.5
3.4
III 86
IV 86
I 87
II 87
III 87
TRIMESTERS
META
ACTUAL

MARCO LOGICO

RESUMEN DEL DISENO DEL PROYECTO

TITULO DEL PROYECTO:

RESUMEN NARRATIVO	INDICADORES VERIFICABLES OBJETIVAMENTE	MEDIOS DE VERIFICACION	SUPUESTOS IMPORTANTES
Fin del Programa: Objetivo Final	**Medidas del logro del Propósito.**		**Relacionados con el valor a largo plazo del proyecto.**
- Reducir el nivel de fecundidad.	- Las tasa urbana reducirla de 3.8 a 3.0 y en el área rural de 6.8 a 5.8.	- Encuesta de prevalencia de anticonceptivos 1990-1993.	- Gobierno de Honduras no cambia su politica en pro de Planificación Familiar. - Gobierno de Estados Unidos no cambia su politica - enterna en cuanto a Planificación - Familiar.
Propósito del Proyecto: Objetivo General:	**Condiciones que indican que el propósito se ha alcanzado**		**Que afectan el enlace: Propósito - Fin**
- Aumentar el uso de métodos modernos de anticoncepción.	- El 50% de las parejas en - unión estaran usando un - método moderno de anticoncepción. - En el área rural será de - 40% y a nivel urbano de - 60%.	- Encuesta de prevalencia 1990 - 1993.	- Que las demás entidades que suministran anticonceptivos lo hagan en la misma proporción actual. - Que ASHONPLAFA y las demás entida-

— ATTACHMENT #4

des reciban financiamiento de los donantes de acuerdo a necesidades reales, sin restricciones de ninguna naturaleza.

Supuestos:

La buena imagen Institucional será mantenida.

Que la IPPF siga proporcionando apoyo económico y suministro de anticonceptivos.

PRODUCTOS OBJETIVOS ESPECIFICOS	CANTIDADES DE LOS PRODUCTOS NECESARIOS Y SUFICIENTES PARA ALCANZAR EL PROPOSITO	MEDIOS DE VERIFICACION	SUPUESTOS IMPORTANTES
A. **SERVICIOS COMUNITARIOS:** Fortalecidos y ampliados principalmente en áreas rurales.	1. Aumentar en 310 el número de puestos de planificación familiar, 295 en áreas rurales. 2. Por lo menos 68,000 - 70,000 usuarias activas en el programa. 3. Los puestos de Planificación Familiar disponen de 5 productos adicionales no anticonceptivos. 4. El CAPP bajo -% de 1989 - 1993.	- Informes estadísticos y narrativos. - Informes de supervisión. - Estudios evaluativos.	**QUE AFECTAN: ENLACE PRODUCTO - PROPOSITO** - Disponibilidad -- oportuna de fondos - Se contará con variedad de anticonceptivos. - Se tendrá apoyo de Información, Educación y Comunicación, Evaluación y Capacitación.
B. **SERVICIOS MEDICOS:** Ampliados y realizando 41,000-50,000 intervenciones quirúrgicas femeninas y 500 masculinas. - Clínicas privadas y hospitales gubernamentales brindando servicios al mismo nivel de atención actual.	1. Hacer un promedio de intervenciones quirúrgicas anuales en los centros de ASHONPLAFA. 2. Financiar un promedio de _____ intervenciones quirúrgicas anuales en las clínicas privadas. 3. Por lo menos 15,000 usuarias de métodos temporales, a través de las 6 clínicas. 4. Un total de 29,000 usuarias nuevas de métodos temporales.	- Informes estadísticos y narrativos. - Informes de supervisión - Evaluaciones y estudios.	- Disponibilidad - oportuna de fondos. - Contar con variedad de anticonceptivos. - Que se continue recibiendo apoyo del colegio médico y la sociedad de ginecología y obstetricia. - Contar con el apoyo de los jefes de

CONTINUACION....

PRODUCTOS OBJETIVOS ESPECIFICOS	CANTIDADES DE LOS PRODUCTOS NECESARIOS Y SUFICIENTES PARA ALCANZAR EL PROPOSITO	MEDIOS DE VERIFICACION	SUPUESTOS IMPORTANTES
	5. 20,500 atenciones por visitas subsiguientes.		las regionales de salud del Ministerio de Salud Publica.
	6. 81,598 exámenes de citología y 59,000 exámenes de laboratorio efectuados.		
C. **MERCADEO SOCIAL** de anticonceptivos - reorganizado y - aumentar la cobertura producido por el Programa de Mercadeo Social a -- 50,000 - APP'S al final del proyecto.	1. Contrato entre **ASHONPLAFA** y Agencia (s), distribuidora (s), para la operación del programa. 2. Red de distribuidora alcanzó: 90% de farmacias, % de puestos de medicinas % de otros puestos de venta (pulperias, supermercados, plantas industriales, bares, etc.). 3. PMS sufragando % de los costos totales al final del proyecto.	- Informes estadisticos y narrativos. - Informes de Supervisión - Evaluaciones y estudios.	- Que el colegio de Química y Farmacia no se oponga a la importación de - los anticonceptivos por parte de **ASHONPLAFA.** - Que la Legislación vigente continúe - amparando las -- transacciones del programa.
D. **INFORMACION, EDUCACION Y COMUNICACION:**			
1. Ampliación e intensificación del programa de Información y Educación.	1.1 Actividades educativas en % realizados en áreas rurales.	- Informes estadisticos y narrativos.	- Que la oposión de la iglesia y de otros grupos no - obstaculice las

CONTINUACION....

PRODUCTOS OBJETIVOS ESPECIFICOS	CANTIDADES DE LOS PRODUCTOS NECESARIOS Y SUFICIENTES PARA ALCANZAR EL PROPOSITO	MEDIOS DE VERIFICACION	SUPUESTOS IMPORTANTES
	1.2 Porcentaje de actividades promocionales realizadas en el sector rural y urbano marginal, para incrementar la aceptación y uso de los métodos modernos de Planificación Faliar.	- Informes de supervisión - Evaluaciones y estudios.	acciones de Planificación Familiar del país. - Que las actividades y la receptividad de la población sea favorable a la aceptación y uso de los métodos anticonceptivos.
	1.3 Acciones promocionales dirigidas en _____% a los hombres para incrementar la aceptación y uso de métodos masculinos.	- ____ Horas, ____ Contratos ____ Fondos gastados. ____ de mensajes.	- Que la actitud de los medios de comunicación continue siendo favorable a la Planificación Familiar.
	1.4 A partir del tercer año del proyecto se habrá diseñado y estará en ejecución una estrategia especial para trabajar con adolescentes.		
2. Estrategia de Comunicación institucional establecida.	2.1 Documento escrito indicando las acciones coordinadas de comunicación apoyando los servicios, tomando en cuenta sectores de población y las metas.		

CONTINUACION....

PRODUCTOS OBJETIVOS ESPECIFICOS	CANTIDADES DE LOS PRODUCTOS NECESARIOS Y SUFICIENTES PARA ALCANZAR EL PROPOSITO	MEDIOS DE VERIFICACION	SUPUESTOS IMPORTANTES
	2.2 Agencia de publicidad contratada y produciendo: - Cuñas de radio - Spots de televisión - Prensa - periódicos - Vallas publicitarias		
	2.3 La imagen y el conocimiento del quehacer de ASHONPLAFA se habrá incrementado en _____%.		
E. REGIONALIZACION: 1. Fortalecimiento del proceso.	1.1 Grupos de voluntarios organizados, apoyando activamente las acciones de Planificación Familiar en la región.	- Informes estadísticos y narrativos. - Informes de supervisión	- Que la población esté interesada y receptiva en participar como voluntario.
	1.2 Jefes Regionales tomando decisiones en las diferentes áreas administrativas: Planeación, presupuesto y control.	- Evaluaciones y estudios.	- Que la oposición no obstaculice las acciones de Planificación Familiar de la región.
	1.3 Centros regionales debidamente equipados y con suministros suficientes y oportunos.		

GONTINUACION....

PRODUCTOS OBJETIVOS ESPECIFICOS	CANTIDADES DE LOS PRODUCTOS NECESARIOS Y SUFICIENTES PARA ALCANZAR EL PROPOSITO	MEDIOS DE VERIFICACION	SUPUESTOS IMPORTANTES
	1.4 Centros regionales recuperando sus costos administrativos y logrando autosuficiencia financiera en porcentaje determinado -- para cada región.		
	1.5 Manuales de procedimientos adecuados a la realidad -- de cada región.		
	1.6 El personal del centro regional trabajando con un sentido de equipo y con un sentido de orgullo de sus alcances.		
2. Red de Centros Regionales de **ASHONPLAFA**, ampliada.	2.1 4 centros regionales que - ofrescan servicios de Anticoncepción Quirúrgica, - establecidos.		
3. Expansión de otros servicios que ofrece la Asociación, tales como: Exámenes de laboratorios, citologías, etc.	3.1 Centros regionales facilitando el acceso de la población hacia los servicios que se ofrecen en la zona.		
4. Sistema de supervisión establecido.	4.1 Serán efectuados - visitas de supervisión al personal de la región.		

CONTINUACION....

PRODUCTOS OBJETIVOS ESPECIFICOS	CANTIDADES DE LOS PRODUCTOS NECESARIOS Y SUFICIENTES PARA ALCANZAR EL PROPOSITO	MEDIOS DE VERIFICACION	SUPUESTOS IMPORTANTES
	4.2 Regionales visitados 12 - veces al año.		
	4.3 Recomendaciones de supervisiones implementados.		
	4.4 _____ reuniones de Jefes Regionales para discutir problemas de la región.		
	4.4 Participación de los Jefes Regionales en el Consejo Técnico por lo menos ___ de las sesiones.		
F. EVALUACION:			
1. Sistema de información gerencial actualizado.	1.1 Disponibilidad oportuna de información para adecuada toma de decisiones a todo nivel.	- Informes estadísticos y narrativos.	- Contar con la receptividad de la población para la obtención de información.
	1.2 Sistema de información totalmente computarizada.	- Informes de supervisión	
2. Investigaciones operacionales dirigidas a lograr un sistema de trabajo más eficaz y eficiente.	2.1 Dos investigaciones operacionales realizadas por - cada año de duración del proyecto.	- Evaluaciones y estudios.	- Asistencia técnica en el diseño y análisis de las investigaciones.

INSUMOS - ACTIVIDADES	NIVEL DE ESFUERZO- GASTO POR ACTIVIDAD (PREPTO)		QUE AFECTAN EL ENLACE INSUMO-PRODUCTO
	2.2 Participación de los Directores de Programas y/o Directores Regionales en la selección de áreas/Temas a investigar.		
	2.3 Acciones más eficientes - basados en los resultados de las investigaciones -- operacionales.		
3. Evaluaciones dirigidas a medir los - logros institucionales en relación al cumplimiento de las metas.	3.1 Programas efectuando cambios en relación a los - resultados y recomendaciones dadas en el monitoreo y evaluaciones realizadas.		
G. CAPACITACION:			
1. Sistema de Capacitación institucional establecido.	1.1 Manual institucional de procedimientos elaborado y en ejecución.	- Informes Estadísticos y Narrativos.	- Disponibilidad -- oportuna de fondos
	1.2 Porcentaje de empleados de **ASHONPLAFA** capacitado y -- aplicando conocimientos.	- Informes de Supervisión	- Contar con el apoyo de otras agencias Internacionales.
2. Fortalecido sistema de Capacitación basado en patrones de desempeño.	2.1 Número de promotores y distribuidores de Planificación Familiar capacitados bajo esta metodología. 5 educadores de Planificación Familiar capacitados bajo esta metodología.	- Evaluaciones y estudios.	

CONTINUACION.....

INSUMOS - ACTIVIDADES	NIVEL DE ESFUERZO- GASTO POR ACTIVIDAD (PREPTO)		QUE AFECTAN EL ENLACE INSUMO-PRODUCTO	
3. Manual de Planificación Familiar y de inducción de personal establecido.	3.1 Personal de Planificación Familiar utilizando el manual en la ejecución de -- sus labores.			
	3.2 Personal de Planificación Familiar orientado a través del manual de inducción.			
1. SERVICIOS COMUNITARIOS:				
1.1 Selección y capacitación de promotores.	Lps.	Sueldo personal	- Informes de Supervisión, estadísticos.	- Se incrementará - ampliamente la -- aceptación de los programas.
	Lps.	Capacitación de personal.	- Reportes de giras	
	Lps.	Incentivos de promotores y distribuidoras.	- Evaluaciones.	- Que los fondos esten disponibles - oportunamante para realizar las actidades en el momento que se necesiten.
1.2 Selección y capacitación de distribuidoras.	Lps.	Puesto		
1.3 Equipo audiovisual	Lps.	Equipo audiovisual		
1.4 Suministro de anticonceptivos.	Lps.	Píldoras a 0.20 ciclo Condones a 0.01 c/u Tabletas Vaginales a X Lps. c/u.		- Se contará con el apoyo de líderes y autoridades comunales.
1.5 Promoción de productos.	Lps.	Otros productos		- Facilidad de coordinar y apoyo con

CONTINUACION.....

INSUMOS - ACTIVIDADES	NIVEL DE ESFUERZO- GASTO POR ACTIVIDAD (PREPTO)		QUE AFECTAN EL ENLACE INSUMO-PRODUCTO
1.6 Supervisión de productos y distribuidoras.			otras Instituciones afines.
1.7 Compra y reposición de vehículos.	Lps.	Compra de vehículos.	
2. SERVICIOS MEDICOS:			
2.1 Selección y capacitación de personal médico y paramédico.	Lps.	Para capacitación y sueldos.	- Informes de supervisión, estadísticos. - Reportes de giras - Evaluaciones.
2.2 Equipo y suministros para servicios médicos.	Lps.	Para equipo y suministros.	
2.3 Promoción de servicios.	Lps.	Para promoción	
2.4 Adecuar los centros regionales para clínicas del hombre.	Lps.	Adecuación de centros	
2.5 Equipamiento y adecuación de los centros regionales para exámenes de laboratorio y citología.	Lps.	Equipo de laboratorio.	
2.6 Compra de vehículos	Lps.	Compra de Vehículos	

CONTINUACION.....

INSUMOS - ACTIVIDADES	NIVEL DE ESFUERZO- GASTO POR ACTIVIDAD (PREPTO)		QUE AFECTAN EL ENLACE INSUMO-PRODUCTO
3. MERCADEO SOCIAL:			
3.1 Selección y contratación de agencias distribuidoras.	Lps.	Contratos con distribuidoras.	- Informes de supervisión, estadísticos.
3.2 Suministro de anticonceptivos.	Lps.	Compra anticonceptivos.	- Reportes de giras
3.3 Selección y apertura de farmacias y puestos de venta.			- Evaluaciones.
3.4 Promoción de productos.	Lps.	Promoción y publicidad.	
3.5 Supervisión.	Lps.	Supervisión y personal.	
3.6 Capacitación de personal de farmacias y puestos de venta.	Lps.	Capacitación.	
4. INFORMACION, EDUCACION Y COMUNICACION (IEC)			
4.1 Selección y contratación de agencias de publicidad.	Lps.	Contratos agencias publicitarias.	- Informes de supervisión, estadísticos.
4.2 Promoción, educación y divulgación	Lps.	Promociones, educativas y divulgación.	- Reportes de giras

CONTINUACION.....

INSUMOS - ACTIVIDADES	NIVEL DE ESFUERZO- GASTO POR ACTIVIDAD (PREPTO)		QUE AFECTAN EL ENLACE INSUMO-PRODUCTO
1.3 Elaboración y reproducción de material educativo	Lps.	Material educativo	- Evaluaciones
1.1 Capacitación de personal.	Lps.	Capacitación de personal.	
1.5 Supervisión del personal.	Lps.	Supervición de personal.	
1.6 Dotar de equipo audiovisual a centros regionales.	Lps.	Equipo audiovisual.	
5. REGIONALIZACION:			
5.1 Motivación y organización de grupos de voluntarios.	Lps.	Actividades promocionales.	- Informes de supervisión, estadísticas.
5.2 Capacitación del - personal regional.	Lps.	Capacitación.	- Reportes de giras
5.3 Dotación de equipo y suministro.	Lps.	Equipo y suministro.	- Evaluaciones.
5.4 Supervisión de los centros.	Lps.	Supervisión	
5.5 Captación de recursos locales.	Lps.	Estudios de factibilidad.	
5.6 Estudios de factibilidad para nuevos - centros			

CONTINUACION.....

INSUMOS - ACTIVIDADES	NIVEL DE ESFUERZO- GASTO POR ACTIVIDAD (PREPTO)	QUE AFECTAN EL ENLACE INSUMO-PRODUCTO
5.7 Revisión sistemática de normas y procedimientos a nivel regional.		
6. EVALUACIONES:		
6.1 Revición periódica y simplificación - del sistema estadistico.	Lps.	Asistencia técnica, sistema estadistico
6.2 Asistencia técnica para el sistema estadistico.		
6.3 Equipamiento para el sistema de información.	Lps.	Equipo y programas
6.4 Asistencia técnica para investigaciones operacionales.	Lps.	Asistencia técnica investigacines - operacionales.
6.5 Realizar estudios operacionales.	Lps.	Estudios operacionales.
6.6 Hacer estudios-evaluaciones.	Lps.	Evaluaciones.

CONTINUACION.....

INSUMOS - ACTIVIDADES	NIVEL DE ESFUERZO- GASTO POR ACTIVIDAD (PREPTO)	QUE AFECTAN EL ENLACE INSUMO-PRODUCTO
7. CAPACITACION:		
7.1 Elaboración de manuales.	Lps.	Manuales.
7.2 Acciones de capacitación.	Lps.	Adiestramiento en puestos de trabajo.
7.3 Cursos de capacitación en el exterior y en el país.	Lps.	Acciones de Capacitación.
7.4 Viajes de observación.	Lps.	Viajes de observación.
7.5 Supervisión.	Lps.	Supervisión.

— ATTACHMENT # 5

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

ACUERDOS A QUE SE LLEGO EN LA

REUNION INTERINSTITUCIONAL CELEBRADA

EL DIA MARTES 27 DE SEPTIEMBRE, 1988

HOTEL ALAMEDA

SEPTIEMBRE, 1988

TEGUCIGALPA, F. M. HONDURAS, C. A.

PROPOSITOS DE LA REUNION

Establecer un sistema colaborativo entre **AID** y **ASHONPLAFA** para el diseño del próximo convenio, a fin de establecer metas y objetivos compartidos.

A. PROGRAMA DE DISTRIBUCION COMUNITARIA:

1. **METAS:**

1.1 En este programa se proyecta que habrá un incremento de 8% anual en el número de Usuarias Activas (**AÑOS PROTECCION PAREJA**), bajo los siguientes supuestos:

a. Las marcas de anticonceptivos no seran cambiados o retirados del mercado (Programa).

b. Mantener el mismo personal.

c. Mayor apoyo logístico.

d. Mayor apoyo promocional y educativo del Departamento de Información, Educación y Comunicación.

e. Disponibilidad de material para identificación de puestos y apoyar las actividades de Información y Capacitación.

1.2 En el programa se podrá establecer metas más realistas, al tener datos del último trimestre del año, ya que actualmente se cuenta con información

al 30 de junio, 1988, pero esta realidad puede ser cambiada en virtud de que a partir de julio se cambiaron los precios de los anticonceptivos, por lo que existe la posibilidad de que disminuyan el número de Usuarias Activas del Programa.

2. **NECESIDADES O REQUERIMIENTOS PARA EL PROXIMO CONVENIO:**

2.1 COBERTURA:

En lo referente al área de cobertura del Programa se tiene planeado abarcar áreas nuevas dentro de la zona rural que es donde hay mayor necesidad, y baja prevalencia de uso de anticonceptivos.

Se tiene como objetivo ampliar los servicios en los Departamentos de Lempira, Gracias a Dios, Santa Rosa de Copán, Ocotepeque, Islas de la Bahía, Intibucá y La Paz.

2.2 MOVILIZACION:

Para atender algunas de estas zonas es necesario la contratación de otro personal.

Se considera necesario analizar la necesidad de movilización de los promotores de área y

urbanos para que lleguen a un mayor número de puestos y usuarios.

Hay dos posibilidades que se deben estudiar:

a. Dotar de una motocicleta a los promotores varones y considerar las promotoras que quieran utilizarlas.

b. Alquilar servicios de transporte por número de viajes programados en un mes (Ejemplo Cooperativa de Transporte, etc.).

2.3 CAPACITACION:

Es necesario contar con mayor apoyo de capacitación de manera que es a sea continua y permanente. Esta necesidad se da a nivel de la institución y del Programa, para la obtención de una mayor eficiencia en la entrega de servicios.

2.4 PROMOCION:

Es necesario más apoyo en actividades de información a través de medios masivos de comunicación, mayor número de material impreso y audiovisual para el promotor. Realizar más actividades promocionales.

2.5 SISTEMA DE INCENTIVOS:

Establecer un sistema de incentivos que ayude a aumentar el número de usuarias. Este debe ser sectorizado a nivel regional y por promotor. Además debe contemplar el dar incentivos para:

a. Distribuidor (a)

b. Promotor (a)

c. Región

En el Sistema de Incentivos se considerará el factor económico y otros mecanismos que sirvan de motivación al personal para mejorar la calidad del servicio que permita incremento y mantenimiento de usuarios.

B.1 PROGRAMA DE ANTICONCEPCION QUIRURGICA:

1. **FUNCIONAMIENTO:**

1.1 Se continuará trabajando como en el actual convenio, según tres modalidades:

a. Servicios de Anticoncepción Quirúrgica en Centros Regionales de **ASHONPLAFA.**

b. Servicios de Anticoncepción Quirúrgica en Clínicas Privadas.

c. Servicios de Anticoncepción Quirúrgica en Hospitales Gubernamentales.

Para el próximo convenio se espera tener 5 Centros Regionales (Tegucigalpa, San Pedro Sula, Santa Rosa de Copán, Choluteca, La Ceiba y Juticalpa donde se realicen esterilizaciones.

En la actualidad se cuenta con 11 clínicas privadas y se piensa disminuir a 8 en vista de que **ASHONPLAFA** contará con sus propios centros.

Se pretende incrementar el número de esterilización en hospitales gubernamentales proporcionandole material gastable, reparación y mantenimiento de equipo y capacitación al personal medico y paramédico. Asimismo el pago de cierto

personal en el Hospital Materno - Infantil.

1.2 **PROYECCIONES:**

Se explorará la posibilidad de abrir otros centros regionales donde se pueda dar servicios de Anticoncepción Quirúrgica Voluntaria, en las siguientes comunidades: Comayagua, Danlí, La Esperanza y Santa Bárbara.

1.3 **ACCESIBILIDAD:**

Para facilitar el Servicio a las Usuarias se estudiará la posibilidad de alquilar transporte para el traslado de pacientes entre Hospitales y Clínicas de **ASHONPLAFA** del área rural a los centros de Planificación Familiar.

1.4 **SUPERVISION:**

Con el fin de mantener altos estandares de calidad en la prestación de este servicio es necesario aumentar la frecuencia de las visitas de supervisión lo que implica contar con una plaza más de supervisor para la región nor-occidental.

2. **PROMOCION:**

Se prevée la contratación de nuevo personal para la promoción de Anticoncepción Quirúrgica Voluntaria en los nuevos centros regionales al que deberá capacitarseles para la prestación eficiente de los servicios.

3. NUEVOS PROYECTOS:

Establecer una clínica para el hombre en la cual se efectúe la Vasectomía y se de tratamiento para enfermedades del hombre. Se iniciará con Tegucigalpa, actuando como proyecto piloto. Asimismo considerar la capacitación de médicos privados para que realicen vasectomía en sus clínicas.

4. **METAS:**

Se prevée que se realizaran un promedio de 2,200 esterilizaciones en hospitales gubernamentales. En las clínicas de **ASHONPLAFA** se estima que habrá un 5% de incremento con respecto a lo logrado anualmente en el actual convenio. En las clínicas privadas se haran 2,668 esterilizaciones considerando 8 clínicas privadas.

Check figures

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5. **COSTOS:**

Se estudiará la posibilidad de dar más servicios a bajo costo.

B.2 METODOS TEMPORALES:

Estos métodos se seguiran brindando en los centros regionales en la forma que actualmente se estan dando y con los métodos que estan disponibles.

C. **PERFIL DEL PROMOTOR:**

Realizar un estudio para ver la posibilidad de contar con un promotor polivalente en vista de que la estructura de los programas actualmente no permiten un cambio de esta naturaleza. Se debe elaborar y ejecutar un programa de capacitación para promotor polivalente.

D. PROGRAMA DE MERCADEO SOCIAL:

1. FUNCIONAMIENTO:

Se pretende dar una modalidad diferente al funcionamiento de este programa. Se considerará la posibilidad de aplicar las recomendaciones dadas por los consultores de SOMARC:

How will this work?

a. Utilizar la red de distribución establecida en el Programa de Servicios Comunitarios, manteniendo los centros establecidos (Farmacias y puestos de ventas), a cargo de un especialista en mercadeo.

Para el funcionamiento se considerará el modelo que utilizan en Profamilia, Colombia. Un grupo viajará a este país para observar este programa. Se mantendrá el sistema de promoción con médicos. Como?

b. La otra modalidad es la de utilizar un sistema de distribución a través de una o dos agencias distribuidoras que cubran en radio de acción a nivel nacional.

El mercadeo de los Dispositivos Intrauterinos se hará a través de los centros regionales con médicos privados.

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2. **PROMOCION:**

Esta actividad se continuará realizando a través de medios masivos coordinados por el Departamento de Información, Educación y Comunicación y utilizando agencias publicitarias para la elaboración, difusión y monitoreo de los mensajes.

3. **RECURSOS MATERIALES:**

ASHONPLAFA hará compras directas de Anticonceptivos y gestionará la representación de casas comerciales para anticonceptivos y otros productos.

4. **PERSONAL:**

Con la nueva modalidad se reducirá el personal que actualmente tiene el programa a fin de bajar costos en el mismo.

E. INFORMACION, EDUCACION Y COMUNICACION:

1. EDUCACION:

Se continuarán desarrollando las actividades educativas que actualmente se realizan, enfatizando en aquellas que brinden apoyo a los Programas de Servicios y a los Centros Regionales.

También seran atendidas las solicitudes de actividades educativas de aquellas Instituciones que efectuan una labor con efecto multiplicador en la comunidad.

2. COMUNICACION:

En Comunicación por medios masivos se debe considerar las recomendaciones dadas por los asesores en el sentido de: Trabajar por medio de una Agencia Publicitaria, Hacer acciones de Relaciones Publicas para mejorar el conocimiento Institucional y que el Coordinador actúe como enlace entre las Agencias y la Institución.

3. INFORMACION:

En relación al aspecto de Información se continuaran imprimiendo diferentes materiales de divulgación en apoyo a los programas de servicios y se

continuará brindando información a la población por medio de la Biblioteca especializada al igual que ubicando el sistema de línea telefónica abierta al público para contestar consultas (Hotline).

En relación con la promoción se considerará la posibilidad de contratar personal para atender los nuevos centros regionales. Se mantendrá un sistema de capacitación continua y permanente para el promotor. Se efectuarán reuniones dos veces al año para el personal del Departamento.

F. **REGIONALIZACION:**

Se dará énfasis a la participación de los Jefes Regionales en las reuniones del Consejo Técnico para la planificación de las actividades correspondientes a su región.

Se proveerá a los Centros Regionales de una computadora para facilitar y agilizar el sistema estadístico y de información.

Se propiciará el desarrollo de reuniones entre Jefes Regionales para que intercambien experiencias.

Se considerará la participación de los regionales en la elaboración y ejecución de los programas de comunicación en cada región.

G. **SISTEMAS ESTADISTICOS:**

El sistema evaluativo y de información estadístico se continuará trabajando casi en forma similar al convenio.

1. **ESTADISTICO:**

   a. Se mantendrá el sistema de monitoreo trimestral de las actividades de la Institución.

   b. Revisión y simplificación del sistema estadístico Institucional (Simplificación de formularios).

2. **EVALUACION:**

   a. Realizar estudios evaluativos para conocer otros aspectos relacionados con las metas y los logros.

   b. Efectuar estudios de calidad de uso y calidad del servicio.

   c. Estudios de tasas de continuidad y eficacia de los métodos.

   d. Revisión de Indicadores evaluativos para medir el logro a nivel Institucional.

   e. Se continuará realizando reuniones para discutir los resultados de las evaluaciones.

3. **ESTUDIOS / INVESTIGACION:**

   a. Estudios Costo - Beneficio y Costo Efectividad.

   b. Diseñar y Ejecutar dos investigaciones

operacionales del año.

c. Análisis Demográficos

d. Realizar la Encuesta de Prevalencia de Anticonceptivos (1990).

e. Realizar estudios sociológicos.

En los proyectos de Investigación Operacional se deben considerar las siguientes áreas:

1. Uso de transporte del promotor para mejorar la efectividad de los servicios: Motocicleta
   Vehículo

2. Promotor Polivalente

3. Clínica del Hombre

4. **NECESIDADES:**

   a. Requerimiento de asistencia técnica para la simplificación de estadísticas.

H. ADMINISTRACION:

1 COSTOS:

En el próximo convenio se prevée que los costos serán menores en el área de instalaciones físicas y equipo.

Se debe realizar un análisis de costos a fin de que nos permita buscar mecanismos más adecuados para generar ingreso como parte de un programa de Desarrollo de Recursos.

El apoyo administrativo se dará de acuerdo a las necesidades de cada uno de los Departamentos tomando como referencia la experiencia obtenida en el convenio anterior.

2. NECESIDADES:

Se hace necesario la asistencia técnica en las siguientes áreas:

a. Logística.

b. Capacitación en manejo de inventarios.

c. Cuentas por cobrar (Programa de Computadoras).

d. Programas en Computadoras de elaboración de cheques.

e. Programas de Contabilidad y Presupuesto.

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I. **PERSONAL:**

Considerar en el próximo convenio fondos para la elaboración de un Plan de Jubilaciones y Pensiones.

Se elaborará un Plan de Seguridad e Higiene Ambiental. Es necesario contar con un Programa de Computadoras de Nóminas y Control de Recursos Humanos.

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How to handle in PED

J. **OTROS SERVICIOS RENTABLES:**

La Asociación estudiará la posibilidad de ampliar los servicios que actualmente presta, a través del desarrollo de los siguientes proyectos:

a. Clínica de Patología Cervical y otros Servicios Ginecológicos.

b. Servicios Clínicos para Hombres.

c. Alquiler de consultorios para médicos privados.

d. Establecer servicios de citología en nuevos centros regionales.

e. Contruir un edificio de dos plantas, una para estacionamiento y otra para clínicas (Región Central)

f. Ampliar la línea de productos en Servicios Comunitarios.

g. Servicio de Laparoscopias Diagnósticas.

h. Extender los servicios de Planificación Familiar al Sector Agrícola y las Compañías Bananeras.

i. Elaborar un Proyecto de Desarrollo de Recursos.

j. Elaborar un Proyecto Comunitarios con personal médicos, que podrían estar ubicados en barrios marginales de Tegucigalpa y San Pedro Sula (10 en cada lugar).

K. ACCIONES FUTURAS PARA ELABORACION DEL PROYECTO DEL CONVENIO:

	ACTIVIDAD	RESPONSABLE	FECHA
1.	Entrega del Borrador del Proyecto.	P. Blomberg	10/7/88
2.	Revisión y Sugerencias al borrador	ASHONPLAFA/AID	25/8/88
3.	Discusión y Cambios al borrador.	ASHONPLAFA/AID	25/10-4/11

P A R T I C I P A N T E S

AID

Señor Roberto Halladay

Señora Anita Siegel

Señora María del Carmen Miranda

Señor Robert Blomberg

Señora Ana Klenicke

Señor Clifford Belcher

Señora Margaret Kromhout

ASHONPLAFA

Señor Alejandro Flores Aguilar

Señor Joaquín Núñez

Señor German Cerrato

Señora Juanita Martinez

Señorita Nelly Fúnez

Señora Margarita Suazo Juarez