



PID-ABX-687

118751

14 David Mews, Porter Street, London, W1M 1HW

Telephone: [44] 171 487 2505

Telefax: [44] 171 487 4042

e-mail: hq@merlin.org.uk

Emergency Assistance and Needs Assessments within Selected Flood Affected Areas Following Hurricane Mitch

MERLIN HONDURAS ACTIVITY REPORT

NOVEMBER 1998 - MARCH 1999

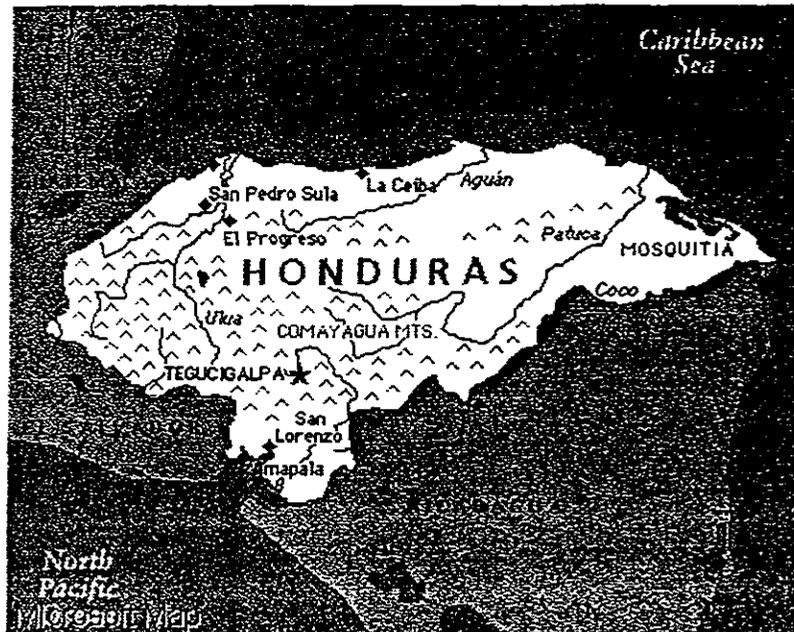
Table of contents

1.0 SUMMARY	4
Country Map of Honduras	4
2.0. EMERGENCY NEEDS ASSESSMENT	5
2.1 INITIAL IMPACT OF HURRICANE MITCH IN GARÍFUNA COMMUNITIES OF NORTHERN HONDURAS	5
2.2 INITIAL IMPACT OF HURRICANE MITCH IN GRACIAS A DIOS REGION	6
2.3. LOCAL PARTNERS	6
2.3.1. Garifuna Communities	6
Table 1: ENMUNEH's Garifuna Target Population	7
2.3.2. Gracias a Dios	7
3.0. MERLIN'S EMERGENCY RESPONSE	8
3.1. GARÍFUNA COMMUNITIES	8
3.1.1. Objective	8
3.1.2. Population	8
3.1.3. Activities	8
Table 2: Results of emergency curative health services delivered	9
3.2 COMMUNITIES WITHIN GRACIAS A DIOS	10
3.2.1. Objective	10
3.2.2. Population	10
3.2.3. Activities	10
Table 3: Medicines and medical equipment donated to health units in health region 8 (Department of Gracias a Dios) and to Cuban medical teams.	10
4.0. POST EMERGENCY NEEDS AND OPPORTUNITIES FOR FUTURE WORK	13
4.1 GARÍFUNA COMMUNITIES	13
4.1.1. Community description	13
4.1.2. Health services	14
4.1.3. Health data	15 ✓
Table 4: Annual incidence/100,000 for 1997 for selected notifiable diseases for regions where the majority of Garifuna communities are located in Honduras	15
Figure 1: New AIDS diagnoses by year, total country and region 6.	17
4.1.4 Other NGO activity	17
4.1.5. Conclusions	20

4.2 COMMUNITIES WITHIN GRACIAS A DIOS	21
4.2.1 Community description	21
4.2.2. Health Services	21
Table 5: Data referring to Puerto Lempira hospital	23
4.2.3 Health data	24
4.2.4 Women's Reproductive Health	24
4.2.5 Health Promotion	25
4.2.6 Other NGO and governmental activity	25
4.2.7. Current Ongoing Work	27
4.2.8. Conclusions	27
ANNEX 1: DEPARTMENT OF GRACIAS A DIOS, SHOWING PLANNED AREAS OF MERLIN OPERATION	29
ANNEX 2: GARIFUNA COMMUNITIES OF HONDURAS	30
ANNEX 3: HEALTH REGIONS OF HONDURAS	31
ANNEX 4: EXECUTIVE SUMMARY OF MERLIN'S PROPOSAL, "REHABILITATION AND CAPACITY BUILDING OF THE HEALTH INFRASTRUCTURE OF THE DEPARTMENT OF GRACIAS A DIOS WITH PARTICULAR REFERENCE TO CONTROL OF INFECTIOUS DISEASES"	32
ANNEX 5: EXECUTIVE SUMMARY OF MERLIN'S PROPOSAL, "INTEGRATED SEXUAL HEALTH PROGRAMME, WITH A FOCUS ON HIV TRANSMISSION, TO ADDRESS URGENT NEEDS IN GARIFUNA COMMUNITIES IN HONDURAS"	34
ANNEX 6: PHOTOGRAPHIC ILLUSTRATION OF THE DEVASTATION CAUSED BY HURRICANE MITCH AND MERLIN'S RESPONSE	36

1.0 SUMMARY

COUNTRY MAP OF HONDURAS



In the five months following the hurricane, MERLIN has:

- undertaken an emergency needs assessment in Honduras;
- responded to emergency health needs in two distinct areas (Garífuna communities in Northern Honduras in and around San Pedro Sula and La Ceiba and communities in the department of Gracias a Dios, in La Mosquitia);
- undertaken more detailed health needs assessments to guide appropriate future activities in the Garífuna and Gracias a Dios communities;
- developed proposals for longer term programmes in the light of these assessments.

MERLIN currently has two bases in Honduras: the capital, Tegucigalpa and Puerto Lempira in Gracias a Dios. As central America is a new region for MERLIN, much effort has been invested in learning how agencies, both donors and implementers, function as well as developing an understanding of central and regional health policies. MERLIN is registered with the Honduran emergency co-ordination.

Many of the health needs of Honduras are served by long-standing partnerships between national and international agencies. The areas MERLIN has identified receive relatively little support and in the immediate aftermath of the hurricane had significant unmet urgent health needs. Continuing assessment has demonstrated both these areas to have significant longer term needs and MERLIN believes that it can play an important role in addressing aspects of these needs.

2.0. EMERGENCY NEEDS ASSESSMENT

MERLIN arrived in Honduras on the 8th November and the team at its maximum consisted of three medics, a programme co-ordinator, a water and sanitation engineer/logistician and an administrator. Following discussions with agencies and officials in Tegucigalpa the team undertook an extensive needs assessment in four departments in the north of the country along the Caribbean coast. A decision was made to undertake a rapid emergency response in selected Garífuna communities in the departments of Cortes and Atlántida (see section 3.1.).

Tear Fund invited MERLIN to make a general assessment of the Rio Kruta region of Gracias a Dios on November 20-21, 1998. During this brief evaluation MERLIN staff saw some of the problems on the ground and liaised with local NGOs and the regional Ministry of Health. No other international NGO was present at the time.

This preliminary evaluation showed that water and sanitation conditions were dangerously poor in many areas. Most drinking water in rural communities is obtained from shallow wells which had been contaminated by flood waters. Fresh water collection from rain was already a common practice, but many had lost collection receptacles during the floods. Livestock were also suffering from mouth ulcers, malnutrition and poor health due to high waters and no available dry land from which to graze. The conclusion of this preliminary visit was that there was a role for MERLIN and plans were made to return. (see section 2.2.).

The assessment team returned to Puerto Lempira on December 5th and completed a fuller evaluation including trips out to villages up to 10 hours away by motorised canoe. Meanwhile the Logistic team arranged the transport to Gracias a Dios of 5 tons of emergency supplies by container ship from Puerto Cortes. Implementation in the region began on December 15th.

2.1 INITIAL IMPACT OF HURRICANE MITCH IN GARÍFUNA COMMUNITIES OF NORTHERN HONDURAS

The Garífuna are a minority ethnic group in Honduras descended from African slaves brought to the Caribbean by the British and Spanish. They have a distinct language and culture and mostly belong to the lower socio-economic class. All the Garífuna communities listed in section 2.3.1 of this report were severely affected by flooding following hurricane Mitch.

Hurricane Mitch resulted in crop and livestock loss threatening food security. Structural damage to houses was also sustained in many communities. Some communities such as Miami sustained loss of all houses in the village, and the Colonia Alfonso Lacayo in San Pedro Sula was completely flooded, requiring evacuation of all community members. There were 34 deaths, all from the village of Santa Rosa de Aguan, which was completely isolated by flood waters. Livelihoods were interrupted in most communities, with loss of small scale agricultural production and small business including restaurants and tourism. The normal coping mechanisms of the lower socio-economic class in Northern Honduras have been severely curtailed by the loss of casual labour opportunities due to the destruction of banana plantations and other agro-industries.

On MERLIN's arrival, many of the families that had evacuated during the flooding

were returning to their homes from temporary shelters. Many of the health centres had been flooded and as a result much of their drugs stock and equipment was destroyed.

2.2 INITIAL IMPACT OF HURRICANE MITCH IN GRACIAS A DIOS REGION

Flooding subsequent to Hurricane Mitch affected 31,500 people in the department, (see annex 1) with 3845 people evacuated, 61 disappeared and 9 deaths. There was extensive crop damage with estimates varying between 75% and 95% crop loss. Rivers and shallow wells that were the primary source of drinking water for the majority of the population were contaminated. Health services were interrupted, although structural damage was minimal. An increase in the incidence of acute respiratory infections, diarrhoea, malaria and skin infections was reported. The worst flood affected sector of Gracias a Dios was in the east of the department, including the municipality of Ramón Villeda Morales (the 'Zona Recuperada' on the border with Nicaragua), along the River Kruta and the Zona Laca. This sector was also the least developed prior to Mitch, with the highest incidence of malaria reports in 1997 and the location of a cholera outbreak in 1998.

Malnutrition was seen as a real threat in the ensuing months, particularly with the real likelihood of chronic malnutrition. Diarrhoeal diseases including cholera also remain an ever present threat, particularly with the onset of the dry season and reports of cholera on the Nicaraguan side of the River Segovia (Coco). Without targeted intervention, exacerbation of chronic health problems such as high maternal and infant mortality and endemic malaria was also expected.

2.3. LOCAL PARTNERS

Right from the start, activities were designed to meet the acute needs following Hurricane Mitch but also to work within the framework of a country used to long term development programmes. Both areas that MERLIN identified have local NGOs which have been operational for many years with considerable community support and it was therefore appropriate for MERLIN to work together with these groups as well as with the Ministry of Health (MoH). While the local NGOs below are our principle partners MERLIN has collaborated with many other local and international NGOs over the past four months.

2.3.1. GARIFUNA COMMUNITIES

ENMUNEH (Enlace de Mujeres Negras de Honduras, Network of black women of Honduras):

ENMUNEH is a local NGO established in 1995 to promote development of the black community primarily through reproductive health promotion and prevention activities. ENMUNEH works female community leaders, health volunteers, traditional midwives and traditional healers in co-ordination with health workers employed by the Ministry of Health. ENMUNEH is currently working in 12 Garifuna communities along the Caribbean coast in the departments of Atlántida and Colón, and one in San Pedro Sula in the department of Cortes, with a total target population of approximately 35,000 (see annex 2).

TABLE 1: ENMUNEH'S GARIFUNA TARGET POPULATION

Community	Population
Guadelupe	2000
La Ensenada	500
Miami	300
Monte Pobre	500
Nuevo Armenia	1800
San Antonio	2000
San Juan	2000
San Pedro Sula, barrio Alfonso Lacayo	1500
Santa Fe	9000
Tornabe	2000
Triunfo La Cruz	11000
Trujillo, barrio Cristales y Rio Negro	3000
Total	35600

ENMUNEH has strong community support and a good understanding of community needs. ENMUNEH is currently working in Triunfo de la Cruz, La Ensenada, Tornabe and San Juan out of a base in Tela providing a community pap smear intervention, including follow-up, condom distribution through health centres, community education in the prevention of sexually transmitted infections and home based support for people living with HIV/AIDS. ENMUNEH is also at present distributing food in Garifuna communities following hurricane Mitch, in collaboration with AGDI, HIVOS, Christian Aid and the local communities. ENMUNEH works in reproductive rights, both at a community educational level and through networking with other regional and international organisations.

2.3.2. GRACIAS A DIOS

MOPAWI (Mosquitia Powisa) has been working in La Mosquitia for the past 14 years and had been recommended to MERLIN by several international NGOs. They work mainly in the areas of economic development, environmental protection and micro-credit for women and men in many communities. MOPAWI programmes contain a focus on capacity building and supporting local initiatives with projects in all of the six municipalities of La Mosquitia. MOPAWI have also had previous experience in preventative health programs funded and supported by the Dutch Government for two years in 1993/4. Over the next four years, MOPAWI plan to include preventative health and health promotion within its overall strategy.

MOPAWI and the Ministry of Health recommended that MERLIN concentrate their efforts around the Zona Recuperada (municipality of Ramon Villeda Morales), Kruta and Tipi regions. These areas were the most affected by flooding following Mitch as they are very flat and low-lying. Meetings with MERLIN and MOPAWI in Tegucigalpa and Puerto Lempira resulted in a work agreement being drafted and formally agreed.

3.0. MERLIN'S EMERGENCY RESPONSE

The programme has been implemented through a programme office in Tegucigalpa, manned by an administrator and part time by the programme co-ordinator and an office in Puerto Lempira, the departmental capital of Gracias a Dios. This enables good contact to be made with agencies in the capital and provides an important logistic base.

The initial transport of medicines and other supplies to the projects in Honduras was achieved thanks to the donation of a free freight flight by the British airline "Flying Colours". At a time when large backlogs of supplies for Honduras were building up in transit ports due to reduced infrastructural capacity and bad weather, enabling us to bypass the hold-ups and deliver medical aid quickly and efficiently.

3.1. GARÍFUNA COMMUNITIES

3.1.1. OBJECTIVE

To provide curative care, through mobile clinics, to selected Garífuna communities affected by Hurricane Mitch in the departments of Colón and Atlántida, in order to alleviate suffering and to prevent and control disease outbreak.

3.1.2. POPULATION

Five communities (total population approximately 14,000) were selected. Four were on the Atlantic coast (Triunfo de la Cruz and La Ensenada [population 8,246], Tornabe [2,356], and San Juan [2,075]) and one on the outskirts of San Pedro Sula (Colonia Alfonso Lacayo [population 1500]).

3.1.3. ACTIVITIES

Mobile clinics were held from December 2, 1998 to December 11, 1998, with the participation of one doctor from MERLIN, one nurse and one auxiliary nurse from ENMUNEH. MERLIN provided the drugs, transport and all the running costs. In the three communities with existing health centres the consultations were conducted in the centres and with the participation of the centres' auxiliary nurses. The remaining two community's clinics were held in private houses. No laboratory facilities were available so most diagnoses were clinical (e.g. malaria). Anti-helminthic treatment was given to all children and most adults attending the clinics.

One IDA basic kit (containing basic medical equipment and essential drugs) was left with the auxiliary nurse in each of the three health centres. One additional kit was left with the nurse from ENMUNEH who is planning to continue work in basic and reproductive care in the community of Alfonso Lacayo where there is no permanent health centre.

A total of 1074 consultations were given by the mobile clinic staff (Table 2) and 1014 people were given a course of anti-helminthic treatment.

TABLE 2: RESULTS OF EMERGENCY CURATIVE HEALTH SERVICES DELIVERED

Diagnosis	Count	Proportion of consultations (%)	Rate /100000 population
acute respiratory infections	237	22	1672
skin infections and infestations	168	16	1185
diarrhoea, dysentery and intestinal parasitosis	82	8	578
musculo-skeletal problems	73	7	515
anaemia	71	7	501
malaria, dengue and fever not otherwise specified	67	6	472
other minor (headache, dysmenorrhoea, etc)	63	6	444
vaginitis	58	5	409
hypertension	54	5	381
gastritis and abdominal pain	44	4	310
other (all individually less than 1%)	35	3	247
asthma	32	3	225
UTI	23	2	162
pregnancy/puerperium	17	2	120
diabetes mellitus	14	1	99
conjunctivitis	10	1	70
PID	8	<1	56
trauma	7	<1	49
cataract	7	<1	49
AIDS	4	<1	28
TOTAL	1074		

Acute respiratory infections were the most frequent cause of morbidity, followed by skin infections (including fungal), diarrhoea, intestinal parasitosis, and fevers (including malaria). While a quantitative comparison with frequency data prior to Mitch is not indicated (the mere presence of a medical brigade with freely available medical supplies and the presence of a doctor drew a much larger number of presentations than is usual), qualitative reports from health centre staff and patients indicated that the high frequency of acute respiratory infections was considered to be a consequence of overcrowding resulting from floods following the hurricane and that there had been an increase in frequency of skin infections, particularly fungal, mainly of the feet, also thought to be a result of damp conditions following flooding. Vaginitis was common, thought to be fungal, although trichomona was also suspected. Urinary tract infections, chronic pelvic inflammatory disease and cases of clinical AIDS lead to the suspicion that sexually transmitted infections (STI's) are a major problem in these communities. Hypertension was a common presentation in Garifuna communities. Obesity was noted commonly, and diabetes mellitus was also suspected to be common.

There was episodic diarrhoea but no outbreak of Diarrhoeal illness in the community. The lack of laboratory facilities meant that accurate diagnosis of febrile illnesses such as malaria and dengue fever was limited.

The attendance figures suggest that MERLIN responded to a need. It is not possible to estimate the impact of the flood on disease from current data as comparative pre-hurricane attendance figures were not available.

3.2 COMMUNITIES WITHIN GRACIAS A DIOS

3.2.1. OBJECTIVE

To improve health conditions in selected flood affected areas of the department of Gracias a Dios with particular reference to prevention and control of outbreaks of infectious diseases.

3.2.2. POPULATION

While initial distributions of drugs and basic medical equipment reached communities in all six of the department's municipalities, subsequent work has focused on the Zona Recuperada (municipality of Ramon Villeda Morales) population 7,800 and the municipality of Puerto Lempira, population 24,850.

3.2.3. ACTIVITIES

Supplies of essential drugs and basic medical equipment were distributed to 13 health centres and to the hospitals in Puerto Lempira and Palacios following needs assessments by a MERLIN medic and consultation with the Ministry of Health (MoH) and the Cuban doctors (see section 4.2.6.). This distribution enabled a number of health centres to restart activities together with technical support from the Cuban medics. A breakdown of goods supplied to each unit is given in table 3 below (This is a simplified list; a detailed inventory is available on request). As many of these centres are in extremely remote settings transport was achieved by a combination of MERLIN's own boat, MOPAWI's transport infrastructure and by collaborating with other entities travelling in the region.

TABLE 3: MEDICINES AND MEDICAL EQUIPMENT DONATED TO HEALTH UNITS IN HEALTH REGION 8 (DEPARTMENT OF GRACIAS A DIOS) AND TO CUBAN MEDICAL TEAMS.

	Destination	Date
"Basic kit" (basic equipment and essential drugs for a health centre without doctor for 1000 people over three months) Paediatric scales Sphygmomanometer	Paptalaya	18/12/98
Basic kit (half quantities) Adult scales	Wampusirpe	19/12/98
Basic kit (half quantities)	Kauquira	19/12/98
Basic kit	Lisagnipura	22/12/98
Basic kit Paediatric scales	Auka	22/12/98
Basic kit Paediatric scales	Raya	27/12/98 and 04/02/99

Basic kit Stethoscope Sphygmomanometer Kerosene stove Large autoclave	Tikiraya	27/12/98 and 01/02/99
Basic kit	Irlaya	28/12/98
Basic kit Supplementary kit (drugs and renewable supplies for a hospital serving 10,000 people for three months) Laboratory reagents and renewable supplies for malaria and general parasitology.	Hospital Puerto Lempira	30/12/98
Basic kit Supplementary kit Laboratory reagents and renewable supplies for malaria and general parasitology	Hospital Palacios	28/12/98 and 05/02/99
Basic kit	Barra Patuca	05/02/99
Basic kit	Lakatabila	02/03/99
Basic kit	Tailibila	02/03/99
Basic kit	Usibila	17/02/99
Basic kit	Yahurabila	19/02/99

In response to the threat of cholera MERLIN distributed water containers, chlorination tablets and soap to 250 families considered to be particularly at risk and supported the formation of a cholera committee in Puerto Lempira. The committee includes the MoH, and all the interested non governmental bodies with a view to providing a co-ordinated response to any cholera outbreak. MERLIN has the basic medical and logistical resources in place to support an intervention alongside medical and human resources provided by the MoH and the Cubans. MERLIN is also maintaining a substantial stock of family water containers and chlorine tablets to be distributed to families in communities affected by cholera or outbreaks of other water borne disease.

MERLIN actively participated in the preparation of MoH teams tasked with providing community education on cholera prevention and the training of health centre staff in the management of cholera cases. The MERLIN doctor in Gracias a Dios, together with MoH medics, prepared guidelines for use in health facilities covering: case definition, collection of samples for laboratory analysis, treatment, the organisation of a cholera ward, care of cholera patients in the home and the use of chlorine for treating water and general disinfection. MERLIN and the MoH will continue to work together on this level.

One of the most pressing needs in the whole region is access to potable water. MERLIN's project to install water supplies for six rural health centres is now well underway. Materials for the work were procured in San Pedro Sula and transported by truck and ship to Puerto Lempira. Transport of materials from Puerto Lempira to the construction sites is by means of MERLIN's boat, a MOPAWI pick-up and occasional

rented transport depending on accessibility. The construction of a rain water harvesting system in the health centre of Tikiraya is now complete. The system was designed to provide a reliable water source for the health centre by means of a ferro-concrete tank of 12,500 litres - sufficient size to keep the health centre supplied throughout the (relatively) dry season (January to April). A second tank of 15,000 litre capacity was constructed for the community to use as a reserve supply of potable water. Both tanks are fed by guttering collecting water from the health centre roof which was itself renewed in the process. The tank devoted to the health centre was raised to a level sufficient to allow gravity feed of water to a sink installed inside the centre. The community tank is lower and slightly larger but high enough off the ground to allow gravity feed into water containers such as buckets or jerrycans. In this way the system involves minimal use of moving parts making maintenance as simple and cheap as possible and removing the dependency on fuel to run pumps which has proved to be a major problem in this region in the past.

The tanks were constructed by the community with material, technical and organisational support from MERLIN and masons employed by MERLIN who are from the area and knowledgeable in the specific problems associated with construction in the region. MERLIN transported food provided by WFP, the local Baptist and Catholic churches and MOPAWI to Tikiraya where three meals a day were provided for all those involved in the construction. A complete technical report of this construction is available on request.

Work is now almost complete at the second location of Auka following a similar principle and is due to start in the third community, Raya, in the second half of March.

Water is also in short supply at the hospital in Puerto Lempira which acts as a referral centre for the whole department. The existing system is inadequate for the hospital's needs and in the drier months of January - April often runs dry. Construction of a large well at the hospital site is now underway with all the materials and labour costs covered by MERLIN. The hospital's own maintenance staff and the water engineer from the MoH are collaborating with MERLIN's own engineer in the design and supervision of the work. This undertaking was embarked upon now rather than later (which would be logistically more convenient) as March is the best time of year for well digging due to a combination of soft earth and a lowered water table.

The third area of intervention in Gracias a Dios is the control of Malaria. In 1997 Gracias a Dios accounted for 9% of all the reported cases of malaria nationally. MERLIN is collaborating with the MoH and MOPAWI to set up a strategy for reducing the incidence of malaria through the distribution of impregnated bednets, the impregnation of existing bednets with an appropriate insecticide and community vector control activities. Activities have begun with community meetings and identification of families lacking access to mosquito nets. Nets will be distributed to those families only, while families with existing nets will be encouraged to attend community based sessions where all their nets can be impregnated with a quality pyrethroid free of charge.

Plans have also been laid for the drainage of some significant areas of stagnant water left over from the flooding which are close to residences and providing a breeding

ground for mosquitoes. The work will involve the installation of PVC drainage pipes as open channels are not an acceptable or permanent solution. The labour will again be provided by the communities themselves with technical and logistical support from MERLIN.

Wherever possible MERLIN has worked in collaboration with the MoH and non governmental bodies sharing available resources when appropriate. Such "extra - curricular" assistance has included provision of an electrical generator for the hospital when the existing unit broke down, equipment and support for the preparation of courses for traditional birth attendants (held mid February) and materials along with technical support to enable the inmates of the prison in Puerto Lempira to build sanitary facilities for their own use.

Gracias a Dios is logistically, extremely difficult terrain. The lack of road access and damage to the transport infrastructure of Honduras by Mitch has made good logistics even more important. Transport within Gracias a Dios is achieved with a 20-foot fibre glass boat purchased in San Pedro Sula and transported by cargo boat to Puerto Lempira. Office and warehousing space in Puerto Lempira has been provided by MOPAWI and in Kaukira by the Moravian church. Although logistics provide most of the main challenges to our work in Gracias a Dios, with the continued collaboration between ourselves and our partners we are confident that the project will be successfully completed.

4.0. POST EMERGENCY NEEDS AND OPPORTUNITIES FOR FUTURE WORK

Following the emergency phase MERLIN has taken the opportunity to look at health needs in the two areas in more detail.

4.1 GARÍFUNA COMMUNITIES

In January, a formal assessment was carried out of the health needs of Garifuna communities of Honduras.

4.1.1. COMMUNITY DESCRIPTION

Today there are some 98,000 Garifuna people living in communities mainly along the Caribbean coast in the departments of Cortes, Colón, Atlántida and Gracias a Dios. These administrative areas correspond largely with health region 6 (particularly areas 1, 2 and 5) and also part of region 3 and 8 (see annex 3).

Garifuna people are socially and economically marginalised. In 1993 it was estimated that some 72% percent of the Garifuna population was illiterate or semi-literate. Livelihoods are principally made by fishing and small scale agricultural production (rice, cassava, coconut, beans and banana) supplemented by small business (bread sales, restaurants, tourism around Tela and La Ceiba). Fecundity is high, with a norm of 6 to 9 children per woman. There is a long history of economic migration for wage-labour by the men, particularly to the United States and to larger towns in Honduras. There is currently much population movement between rural and urban areas, particularly from the smaller coastal towns to the urban areas of La Ceiba and San Pedro Sula.

There is at present an increase in Garífuna land rights activities. This activity has been particularly stimulated by constitutional reform to article 107. This reform is designed to encourage foreign investment in coastal zones in the wake of Hurricane Mitch. However, many Garífuna communities feel strongly that this reform threatens their presence, culture and livelihoods, and argue that it contravenes Convention 169 on Indigenous and Tribal Peoples of Independent Countries of the International Labour Organisation (1989), of which Honduras is a signatory.

4.1.2. HEALTH SERVICES

Primary care in Garífuna communities is delivered through a network of state run health centres, each staffed by one low-level health worker (auxiliary nurse) and one health promoter, supported by regional hospitals. These health workers are largely non-Garífuna. Some of the centres are allocated a doctor, usually a social service doctor in the final year of medical training, but in practice these posts are rarely filled. These centres are simple structures lacking basic equipment and waste disposal systems. They are supplied with essential medical supplies by the state. Cost for consultation is 3 Lempira, with additional services such as HIV testing charged separately. There are cultural, linguistic and geographic barriers to service utilisation. Not all communities have ready access to a health centre. These services exist alongside an influential alternative health system with traditional midwives and magico-religious practitioners.

These services link in with national health programmes. For example, a national vector control programme co-ordinated by the Ministry of Health and the Pan-American Health Organisation, utilising wide-scale insecticides and targeted pharmacotherapy is planned - Region 6 is intended to be incorporated into this project.

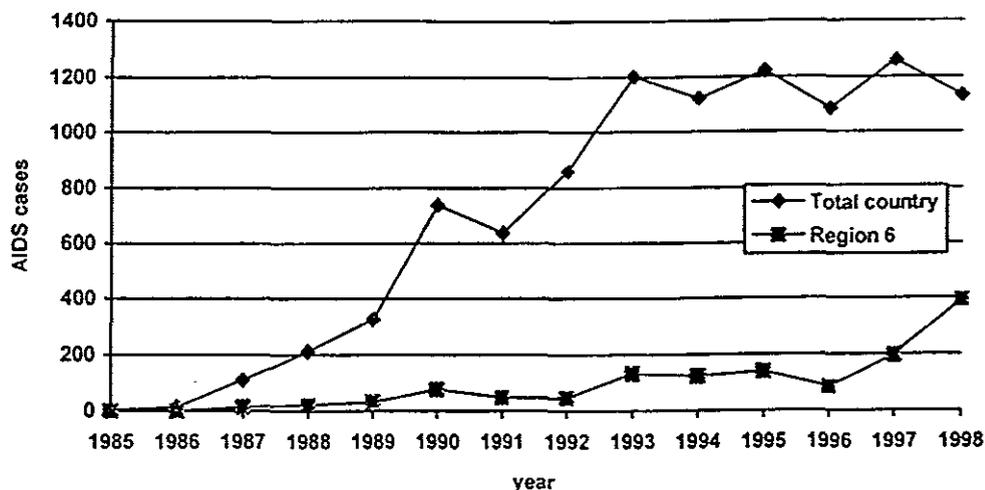
At a national level there is a combined HIV/AIDS/sexually transmitted infections and tuberculosis control programme. The goals are to decrease transmission of HIV/AIDS, decrease the impact of the epidemic and strengthen the co-ordination of the national response. Strategies to achieve these goals include 1) education, 2) attention to the reduction of the impact through the strengthening of self help groups and existing hospices in the major urban areas, and 3) the establishment of integrated sexually transmitted infection clinics (UMIETS) in major urban centres, with the support of USAID through AIDSCAP. There are at present UMIETS in four cities: San Pedro Sula; La Ceiba (which works primarily with commercial sex workers); Tegucigalpa; and Comayagüela. These units are staffed by doctors, nurses and a microbiologist, and have basic laboratory facilities and a capacity to perform HIV tests (Retrocel with confirmatory Monospot), RPR for syphilis, and gram stains for gonorrhoea. Other tests must be referred to larger centres: cultures and sensitivity testing must be sent to private laboratories or to the hospital in San Pedro Sula or Tegucigalpa; CD4 counts can be performed in Tegucigalpa; viral load counts need to be sent to Costa Rica. The UMIETS provide services free of charge. There are plans for the establishment of four more UMIETS in Choluteca, Santa Rosa de Copan, Puerto Cortes and Saba. The health department has recently introduced guidelines for the syndromic management of sexually transmitted infections to be utilised in health centres, and training of health workers in this has commenced.

Other aspects of the national response include generalised epidemiological surveillance of HIV/AIDS, STI's and TB, augmented recently by targeted HIV

HIV/AIDS is an important health problem in Honduras. Honduras has reported more than half the AIDS cases in Central America, but accounts for only 17% of the region's population. In Honduras, the majority of HIV is heterosexually transmitted (83% of cumulative cases of AIDS through November 1998), although vertical transmission has been steadily increasing from 1% in 1988 to 9% in 1998. The remaining cases are principally through men having sex with men, with intravenous drug use and blood transfusion accounting for less than 1% of cases each. The proportion of women has also been slowly increasing from 35% in 1988 to 47% in 1998.

There are a total of 12,823 serological confirmed HIV positive diagnoses in Honduras, with an estimated total of 40,000 HIV infections in adults. The prevalence of HIV infections is projected to be stable nation-wide from 1996-2007. However, while the number of new confirmed diagnoses of AIDS in Honduras has remained reasonably stable since 1993, with an annual incidence of AIDS of approximately 1200, the number of new diagnoses in region 6 where the majority of Garifuna people live continues to increase (see Figure 1). Region 6 currently has the highest incidence of AIDS, three times the national incidence for the 11 months of 1998 until end November (60/100,000 for 1998 January to November, compared with a national figure of 19/100,000 for the same time period).

FIGURE 1: NEW AIDS DIAGNOSES BY YEAR, TOTAL COUNTRY AND REGION 6.



Note: 1998 data to end November Source: Ministry of Public Health of Honduras

The Ministry of Health has identified Garífuna communities as particularly affected by HIV. Convenience sampling in several communities in Honduras in September and October 1998 indicated 6-16% adults were HIV positive in four Garífuna communities, compared with an estimated national prevalence of 1.2-1.5% in the same survey.

4.1.4 OTHER NGO ACTIVITY

COCSIDA (Centro de orientación en SIDA, Centre for AIDS orientation):

Based in La Ceiba, COCSIDA was established 6 years ago by retired teachers for the prevention of sexually transmitted infections and HIV/AIDS. They target children, adolescents and young people, teachers, parents, commercial sex workers and their clients, with a comprehensive approach to services. Building of self-esteem is at the base of their work. COCSIDA works mainly in La Ceiba and has a number of programmes: an education programme in schools, a young people's neighbourhood education programme, a parents' education programme, an education programme with commercial sex workers, their clients and their partners, and an education programme in factories and shops with referral networks to the UMIETS, local doctors and the hospital. They have a library and information centre that is open to the public. COCSIDA has an after-school and weekend programme for young people. They have 175 self-service condom distribution stands in strategic places around La Ceiba, including shops and bars, where people can take condoms and educational information free of charge. They provide clinical psychological services for young people including home visits to the family. COCSIDA produces training manuals on sexuality and AIDS for use with teachers, young people (including peer education), men in their place of work, and commercial sex workers. They meet bi-monthly with an intersectorial committee made up of representatives from the civil, military, health, municipal, education and police. COCSIDA works with the UMIETS and the University of Florida in commercial sex workers' rights. COCSIDA has identified a particular area of need with Garífuna communities, although they themselves do not

target Garífuna people specifically. They note that risk of HIV and STI transmission is probably high in this group, although the surveillance system is deficient in quantifying such problems in Garífuna communities. Risk of HIV is increased through the behaviour of young Garífuna people coming in from the rural areas to La Ceiba on the weekends and engaging in concurrent multiple sexual relationships.

COMVIDA (Comunicación y vida, Communication and life):

COMVIDA is a municipally funded AIDS and sexually transmitted infection education and prevention centre in San Pedro Sula, with branches in Chuloma, La Lima and Progreso-Yoro. They do not work with Garífuna communities.

Cuban Brigades:

Since November 1998, Cuban brigades have been working in various locations around Honduras providing curative and preventive health care following hurricane Mitch. One brigade has been working with OFRANEH and ODECO in communities of the Caribbean coast, based in La Ceiba. From La Ceiba eastwards to Limón, they have seen some 4,000 patients over the last 3 months. Country wide, paritosis is seen to be a significant problem, followed by acute respiratory infections and skin infections. In addition, Garífuna communities are particularly affected by sexually transmitted infections, i.e. AIDS; and hypertension; obesity; diabetes mellitus; and other communicable diseases. They note that potable water facilities were destroyed by hurricane Mitch and that domestic disinfection of water does not occur, that housing quality is poor, that there is no rubbish disposal system, with rubbish generally simply discarded on the beach, that defecation is usually open air, that many people go without shoes, and that the level of education is in general very low. More health statistics are required. The future of the Cuban brigades is uncertain, and whilst there is some suggestion that they may stay long term, at this stage it seems unlikely that they will remain past May 1999.

Duari:

Duari has been working in Garífuna communities in Sambo Creek and Corozal for the past seven months, with the support of the local community ("patronata").

ENMUNEH (Enlace de mujeres negras de Honduras, Network of black women of Honduras):
see section 2.3.1

FFS (Fundación fomento en salud, Foundation for health promotion):

Based in Tegucigalpa, through its National Centre for the Prevention of AIDS, FFS has 15 HIV and sexually transmitted infection prevention projects around Honduras. With support from USAID, in collaboration with the Ministry of Health, they have provided technical support and training in the UMIETS. They work with many local partners. In Tegucigalpa, partners include PRODIN (working with commercial sex workers); ITCC (community technical institute working with young people); Alternativas y oportunidades (children and young people working as street and market vendors); Teatros sin Fronteras; GAVIOTA (young people outside the formal sector); and IHSS (the Honduras Institute of Health and Social Security, working with factory workers). In Camayagua, partners include CEDEPS (working with commercial sex workers) and Instituto de Desarrollo Socio-ecológico (college students). In San Pedro Sula partners include: Fraternidad Sampedrano (commercial sex workers); La Liga de Lactancia Materna (young people); ITCC; San Pedro gay community; and IHSS. In La Ceiba partners include COCSIDA and Duari.

MDM (Medicos del mundo, Doctors of the world) Spain:

MDM-Spain is currently working in health rehabilitation and prevention of infectious diseases outbreaks in the Saba and Tocoa region. They also plan to commence and HIV/AIDS program in San Pedro Sula: an HIV prevention programme working with the Fraternidad Sampedrano targeting commercial sex workers with a mobile clinic and drop-in centre; provision of medical services in a children's home for HIV infected children (Amor y Vida); provision of medical services in an AIDS hospice; commencement of an AZT short course program for the prevention of vertical transmission of HIV for the final month of pregnancy through the UMIETS in San Pedro Sula with the support of Wellcome and the World Bank; and provision of medical services for a newly established co-operative factory for maquila (private factory) workers who have been expelled from their work due to their HIV seropositivity. They also plan to establish an UMIETS in Progreso, with the collaboration of FFS, and to work with Garifuna people in the community of Bajamar in the department of Cortes. MDM will coordinate activities with MERLIN, where indicated.

MSF (Medecins sans frontieres, Doctors without Borders) Switzerland:

MSF-Suisse has a central office in Tegucigalpa, and a regional office in La Ceiba. They are planning to carry out rehabilitation of health centres (in health region 6 areas 1 and 2, in the department of Atlántida only) and shelters following hurricane Mitch. In 1998, they had an AIDS programme supporting the UMIETS in Tegucigalpa and La Ceiba. They also ran AIDS prevention workshops with teachers, children, families and health workers. They currently have an AIDS prevention program with COCSIDA in La Ceiba working with children in grades 4, 5 and 6 in 10 schools. They are planning to expand this programme to Tela. They are also planning to run training of health centre workers in the syndromic management of sexually transmitted infections, and to supply appropriate materials and medication for syndromic management, in areas 1 and 2 of region 6, as well as well as the regional hospital in La Ceiba hospital. MERLIN and MSF programmes will be complementary but are designed to stand independently. MSF and MERLIN will work in co-ordination with each other to ensure mutual strengthening of programmes where indicated.

ODECO (Organización de desarrollo etnico comunitario, Ethnic community development organisation):

ODECO is a black (Garifuna and non-Garifuna) development organisation founded in 1992, based in Ceiba with offices in Trujillo, Punta Gorda, Sangrelaya, Plaplaya (training centre) and Santa Rosa de Aguan (local office). They have the support of many agencies including Norwegian People's Aid, Community Aid Abroad, Irish Technical Corporation, Save the Children UK, IFC (Co-operative institute of investigation and formation), Cuban Mission to Honduras, ASONOG (Association of non-governmental organisations), UNDP, Spanish Foundation for Sustainable Development, and PASCA (Action programme against AIDS in Central America). They are currently working in land rights and emergency relief and infrastructure rehabilitation following hurricane Mitch in several Garifuna communities. From 1995-1997 they had an AIDSCAP funded HIV prevention programme in communities from Iriona (eastern Colón) eastwards to Plaplaya in Gracias a Dios. This programme was then suspended. In 1998, with funds from Norwegian People's Aid they completed a knowledge, attitudes, behaviours and practices survey in 4 communities in Roatan, followed by an education programme. There is no ongoing funding for this

project.

OFRANEH (Black fraternity organisation of Honduras):

OFRANEH was the first Garifuna organisation in Honduras, established in 1972. In 1992-1993, OFRANEH conducted an HIV/AIDS prevention programme funded by AIDSCAP. This program was ceased due to problems with the director of OFRANEH at the time. Currently a small organisation, they are working with Cuban medical brigades in the area around Trujillo, as well as CODEFOR and the Catholic church, and are actively involved in land rights issues.

4.1.5. CONCLUSIONS

As in much of Honduras, the health consequences of hurricane Mitch have been an exacerbation of underlying chronic problems. Acute issues of food insecurity and housing have exacerbated underlying issues of poor housing quality, lack of potable water, poor sanitation, marginalization and economic underdevelopment. The immediate consequences of the hurricane have already been addressed.

Pre-existing health issues such as malaria (area 5), hypertension, diabetes and obesity are concerns in these communities. The priority, however, is to stem the rate of HIV infection. The control and prevention of sexually transmitted infections, in particular HIV, in Garifuna communities requires urgent intervention.

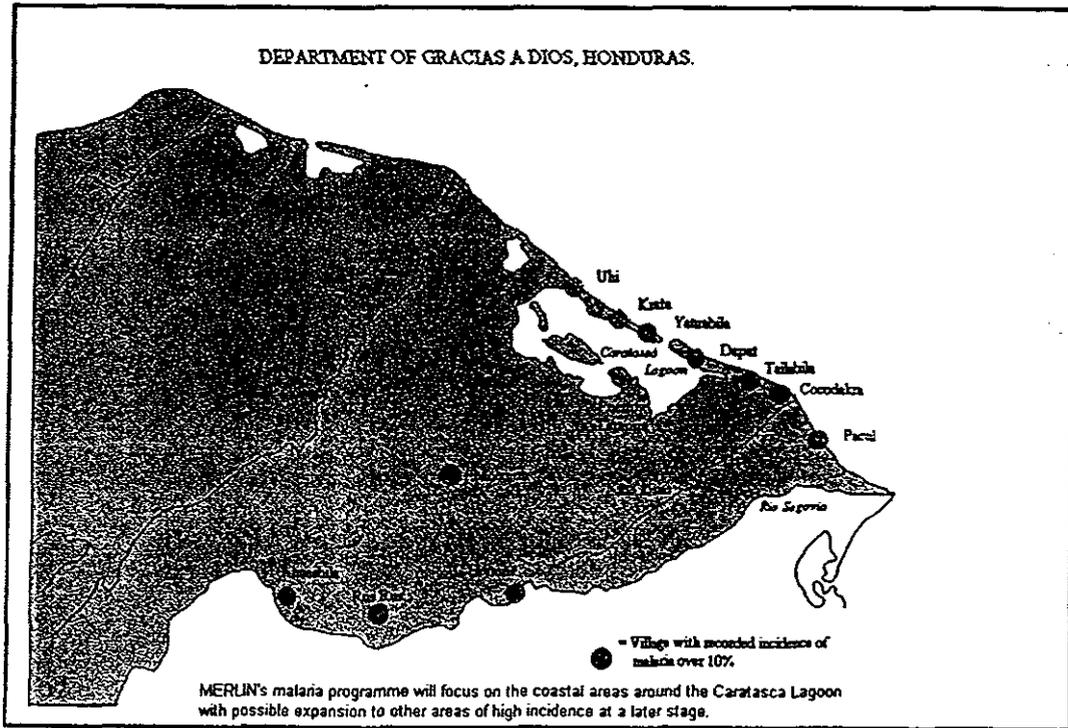
The Ministry of Health has identified Garifuna communities as one of the high risk groups requiring intervention of the utmost urgency. Community groups and non-government organisations working in the area have also identified HIV and STI transmission among Garifuna people as an area of urgent need. More data needs to be collected on the patterns of sexually transmitted infections in the communities, and on sexual and reproductive health in general, including cognitive, behavioural and cultural aspects.

There are concerns, however, particularly from the Ministry of Health, about the best way to plan an intervention that is effective and maintains community support. In the past, organisational difficulties have thwarted non-governmental organisational attempts to intervene, and state-run services have not been able to overcome cultural barriers to effective intervention. Thus there is a real need to address these issues in a culturally appropriate manner harnessing community support.

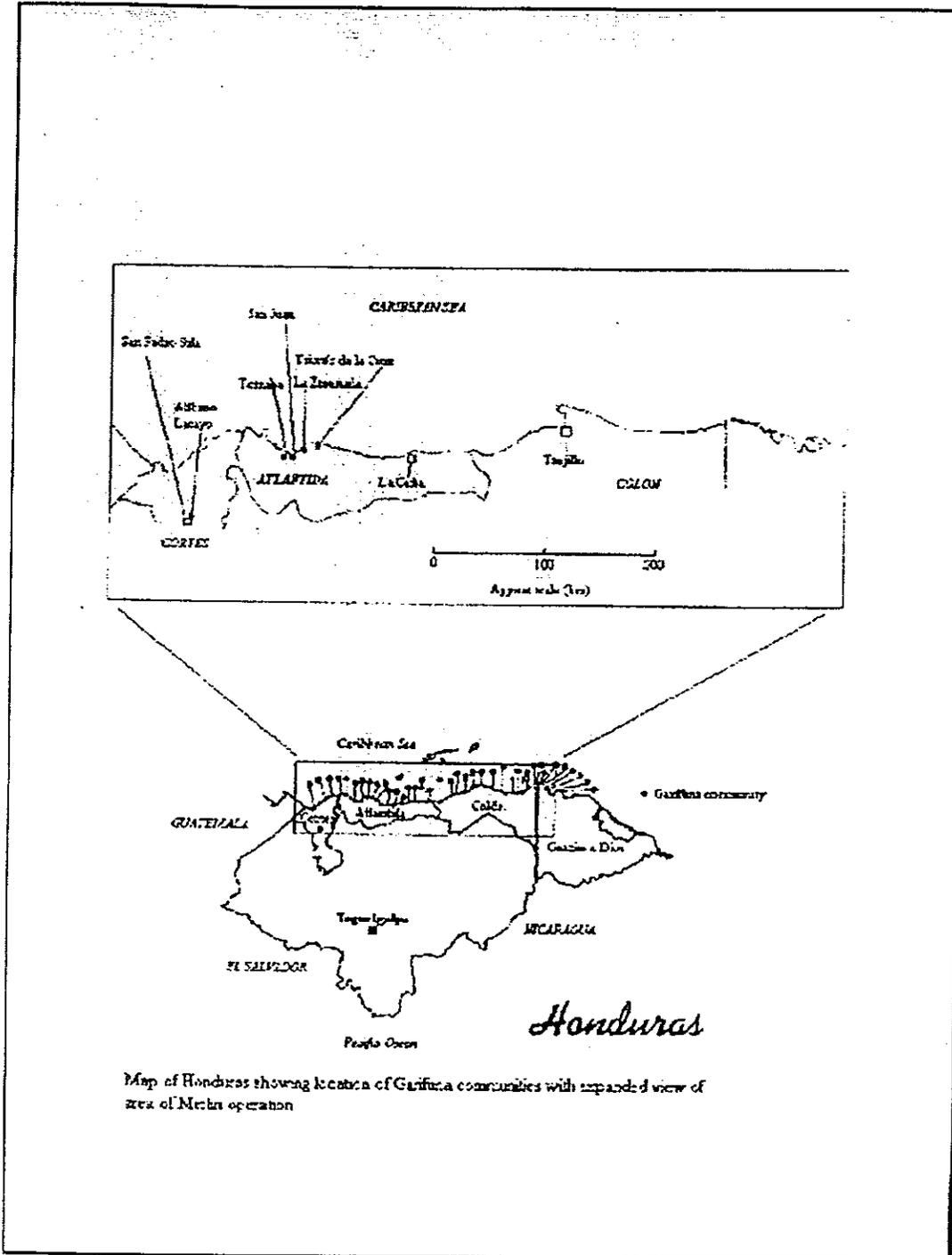
AIDS prevention programmes that focus on transfer of knowledge alone have shown to be limited in achieving sustained behavioural change. In recent years there has been a shift in programming to allow for broader based approaches, such as incorporating AIDS prevention into broader sexual and reproductive health programmes, and also incorporating approaches that reduce vulnerability to HIV/AIDS as well as risk. Thus programmes that address gender inequality and gender violence, economic issues and human rights have been incorporated into AIDS prevention programmes.

In this setting then, it seems appropriate to work with a community based organisation that has strong community support and a broad based mandate. ENMUNEH has these characteristics, working in sexual and reproductive health, including reproductive rights and economic development in selected Garifuna communities. Community mobilisation, health promotion and prevention are required. Work would need to be carried out in co-ordination with the Ministry of Health, to strengthen service provision through the introduction of syndromic management of sexually transmitted

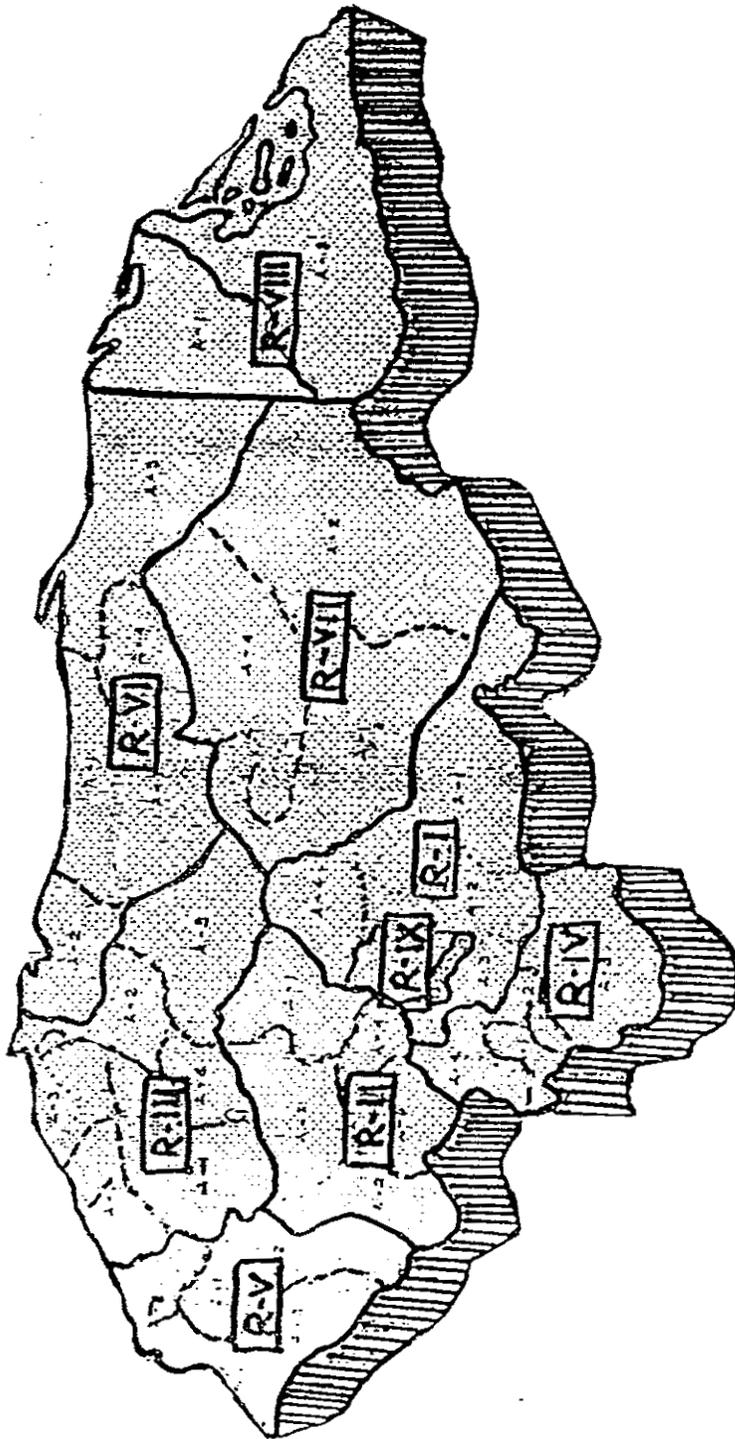
ANNEX 1: DEPARTMENT OF GRACIAS A DIOS, SHOWING PLANNED AREAS OF MERLIN OPERATION



ANNEX 2: GARIFUNA COMMUNITIES OF HONDURAS



ANNEX 3: HEALTH REGIONS OF HONDURAS



continue this support for further courses to cover 100 more training places.

The above activities form a package which will be implemented with the regional Ministry of Health and other NGOs operating in the department, particularly MOPAWI, a local NGO with 14 years experience in the area.

EXECUTING ORGANISATION:

MERLIN (Medical Emergency Relief International)

14 David Mews, Porter Street, London, W1M 1HW

tel: 00 44 0171 4872505

fax: 00 44 0171 487 4042

PERSONS RESPONSIBLE:

Mr Alex Brans - Desk Officer (brans@merlin.org.uk)

Dr. Nick Banatvala - Medical Adviser (banatvala@merlin.org.uk)

ANNEX 5: EXECUTIVE SUMMARY OF MERLIN'S PROPOSAL, " INTEGRATED SEXUAL HEALTH PROGRAMME, WITH A FOCUS ON HIV TRANSMISSION, TO ADDRESS URGENT NEEDS IN GARIFUNA COMMUNITIES IN HONDURAS"

Project Title:	
Integrated sexual health programme, with a focus on preventative HIV transmission, to address urgent needs in Garifuna communities in Honduras	
DURATION: Twelve months	START DATE: June 1st 1999
GEOGRAPHIC AREA:	
The communities of Guadalupe, La Ensenada, Miami, Nuevo Armenia, San Antonio, San Juan, San Pedro Sula - barrio Alfonso Lacayo, Triunfo la Cruz, Santa Fe, Tornabe and Trujillo - barrios Cristales and Rio Negro in the departments of Colon, Atlantida and Cortes. Target population approx.: 36,000	
PROJECT OBJECTIVE:	
To reduce the exponential spread of HIV in the above listed communities.	
PROJECT DESCRIPTION:	
<p>The Honduran Ministry of Health has identified the Garifuna communities as particularly at risk of HIV, a conclusion supported by available data. MERLIN plans to implement a response in collaboration with ENMUNEH - Enlace de Mujeres Negras de Honduras (a Garifuna NGO with strong community support) and in line with the government's national integrated sexually transmitted infections management programme. Briefly, the project will consist of the following elements:</p>	
1) Surveillance	
<ul style="list-style-type: none"> • Gather baseline data including sensitivity patterns of sexually transmitted infections in the Garifuna communities and improve surveillance data through improved reporting rate and increased case finding. 	
2) Community based prevention	
<ul style="list-style-type: none"> • Development and production of culturally appropriate educational materials. • Community training activities with health volunteers, traditional midwives, female community leaders and traditional healers. • Community prevention activities involving the active participation of HIV positive community members and community mobilisation. 	
3) Sexual health care delivery	
<ul style="list-style-type: none"> • Health centre rehabilitation including water and waste disposal systems, alongside training to prevent the nosocomial transmission of HIV, in co-ordination with other agencies carrying out rehabilitation. • Supply of equipment and medication to health centres for appropriate management of sexual and 	

reproductive health issues alongside training in syndromic management in co-ordination with the regional health authorities.

- Training of community health volunteers, traditional midwives, female community leaders and traditional healers in sexual and reproductive health, particularly the detection and effective referral of sexually transmitted infections.
- Strengthening links between Garifuna communities and existing programmes, including AIDs hospices, integrated sexually transmitted infections clinics (UMIETS) and school educational programmes.

EXECUTIVE ORGANISATION:

MERLIN (Medical Emergency Relief International)

14 David Mews, Porter Street, London, W1M 1HW

tel: 00 44 0171 4872505

fax: 00 44 0171 487 4042

PERSONS RESPONSIBLE:

Mr Alex Brans - Desk Officer (brans@merlin.org.uk)

Dr Nick Banatavala - Medical Adviser (banatvala@merlin.org.uk)

ANNEX 6: PHOTOGRAPHIC ILLUSTRATION OF THE
DEVASTATION CAUSED BY HURRICANE MITCH AND
MERLIN'S RESPONSE

EXAMPLE OF THE DEGREE OF DAMAGE CAUSED TO SETTLEMENTS AND INFRASTRUCTURE



EXAMPLE OF THE THREAT TO HEALTH BROUGHT BY HURRICANE MITCH. FLOOD WATERS AND DEBRIS PROVIDE THE IDEAL OPPORTUNITY FOR OUTBREAKS OF INFECTIOUS DISEASES TO OCCUR



(above) Rio Choluteca in Tegucigalpa

(below) Street in Tegucigalpa



THE MERLIN RESPONSE



(above) MERLIN team unload essential medical relief items flown into Honduras

(below) Dr. Gaul, examines a patient for respiratory infection.





(above)MERLIN team rehabilitate a health centre and install a water tank in Gracias a Dios