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9. ABSTRACT

The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the Development and Evaluation of Integrated Delivery Systems (DEIDS). The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.

These are phases through which DEIDS projects proceed:

- a) Phase I -- reconnaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation
- b) Phase II -- Detailed planning. This phase begins if the survey in Phase I recommends it, and involves experts from the host country as well as experts assigned by DEIDS.
- c) Phase III -- Pilot Project Operations, which continue for as long as eight years.

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DEIDS Reconnaissance  
November 29 - December 6, 1972

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## INTRODUCTION

At 0400 on December 4, 1972 a military coup took place in Honduras without a shot fired or scarcely an eyebrow raised. The apathetic response of most Hondurans to an expected action, however, was not typical of the DEIDS reconnaissance team, which found many of its contacts no longer in office; field visitations were canceled; newly named officials were unavailable, and the team's mission was somewhat frustrated. Nonetheless, on the premise that institutional infrastructure will remain basically intact -- particularly since the new head of government, Gen. Oswaldo Lopez Arellano, was in power from 1963 until 1971 and was instrumental in establishing present policies -- much of the information gathered by the team will retain its validity. An attempt is made in this report, therefore, to relate to standard DEIDS criteria insofar as is possible.

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## I. Summary and Recommendation

### A. Points favoring DEIDS involvement

1. There is an active interest on the part of the AID Mission.
2. There is an appropriate demonstration area.
3. Chances of replication in the remainder of the country are believed to be good, both in Honduras and in the adjoining countries of El Salvador and Nicaragua.
4. Health professional training capability exists although the numbers of personnel trained would need to be increased and health auxiliary training instituted.
5. Country personnel who were interviewed seemed dedicated and interested in increasing and improving their services.
6. Political stability may be expected for several years.
7. There is unquestionable need.

### B. Questions regarding DEIDS involvement

1. The extent of interest of the new government and its officials is not known.
2. The interrupted reconnaissance visit and its findings would have to be supplemented with an additional visit.

C. Recommendation

1. Consideration of Honduras should be continued and a supplementary visit made, preferably with representation from a potential sub-contractor for Phases 2 and 3.

## II. General

### A. Geography

Honduras is the second largest Central American republic and is bounded by the Caribbean Sea on the north, Nicaragua on the south, El Salvador and the Pacific Ocean on the south and west, and Guatemala on the west. Its Pacific coastline consists of a 90-mile arc along the Gulf of Fonseca, and its Caribbean coastline is 400 miles long. Two major mountain ranges bisect Honduras northwest to southeast, with tropical lowlands along both coastal areas. Extensive fertile valleys and plateaus lie between the mountain branches. Climate ranges from temperate in the mountainous interior to tropical in the lowlands. The dry season lasts from November to May and seriously affects the southern, western, and interior areas of the country. The north coast has a mean annual temperature ranging from 79° to 82° F. and receives between 70 and 100 inches of rain annually. On the Pacific Coast the tropical climate extends to an elevation of only 1,500 feet, owing to the steeper incline of the mountains, and the rainfall is between 60 and 80 inches annually. The mean annual temperature of the mountains and intermontane basins is between 67° and 74°F. Over 80% of Honduras' 43,277 square miles is mountainous, with most of the land lying between 2,500 and 7,000 feet above sea level. (1)

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(1) Honduras' variety of topography and climate are in large measure typical of all Central America. Test site accessibility is relatively good because of the presence of the Pan American Highway and feeder roads. (See Appendix A.)

## II. B. Administration and Politics

Presumably, Gen. Lopez' military dictatorship will repeat its action of seven years ago by returning to a constitutional form of government after his avowed five-year tenure "necessary to rescue the country from its chaotic condition". Meanwhile, however, the Constitution (the nation's twelfth since it became an independent state in 1838) is suspended, although it is quite possible that with some modifications Gen. Lopez, who oversaw its development in 1965 and who served a full 6-year term within it, will continue to abide by it. By its terms the Government of Honduras is divided into three branches: executive, legislative, and judicial. The President (Chief of State and Head of Government) is elected by direct, universal, and secret vote for a 6-year term and is designated Commander in Chief of the Armed Forces. He is elected jointly with three Presidential Designates, or Vice-Presidents. The President, Vice-Presidents, and cabinet ministers together constitute the Council of Ministers.

Legislative power under the Constitution is vested in a unicameral Congress, whose 64 members are elected by direct popular vote based on a system of proportional representation. The judicial system consists of a Supreme Court of Justice (composed of 9 justices elected by the Congress for 6-year terms), Courts of Appeal, and other courts established by law.

For administrative purposes Honduras is divided into 18 Departments. The chief official of each Department is a Governor, who is appointed by the President. Departments are divided into municipalities (a total of 281 nationwide); municipalities into villages; and villages into hamlets. Officials of the municipalities and their subdivisions are popularly elected.

The deposed National Unity Government, headed by President Ramon Ernesto Cruz, was essentially a bi-partisan administration, the cabinet and other top executive appointments having been made from candidates put forward by the National and Liberal Parties -- the two major and only legally recognized political parties in Honduras and both characterized generally as moderate in ideology. The bi-partisan system of government, which was applied at all levels, came about as a result of a "National Unity Pact" between the two parties fostered by then-President Lopez in 1971. It is said that part of his dissatisfaction with ex-President Cruz was the latter's inability to make the system work effectively. It remains to be seen whether he, himself, can successfully implement the scheme, but in any case, his vast base of power and the lack of known civilian or military rivals afford his regime a stability never enjoyed by Dr. Cruz.

## II. C. Demographic and Statistical Data

The population of Honduras was estimated at 2.9 million in 1972, with an average annual growth rate variously estimated at 3.2 to 3.4%. About 90% of the population is a mixture of Caucasian and Indian (mestizo or ladino). There are small minorities of Caucasians, Indians, and Negroes. Tegucigalpa (with its contiguous sister city of Comayagua) is the largest city, with about 250,000 inhabitants. San Pedro Sula, principal city in the northern commercial heartland, has approximately 130,000 inhabitants. Two-thirds of the 281 municipalities

have populations of fewer than 1,000. Over-all density in 1972 is estimated at 67 persons per square mile. See Appendices B and C for additional demographic statistics. It can be seen from these that Honduras is mid-range in terms of Central American populations, and that the project area proposed by the former Minister of Health (the Departments of Choluteca and Valle in the south) is predominantly rural.

## II. D. Economics

In 1970 the gross national product (GNP) of Honduras was about \$674 million, representing a per capita income of about \$249. From 1960 to 1970 the rate of growth in GNP was 4.6% but population increases left a per capita GNP growth of only 1.1%. Economic growth in 1969 suffered the double blow of the conflict with El Salvador, which cost Honduras its primary market for exports in Central America, and crop damage, particularly to bananas, caused by a hurricane and subsequent flooding. An encouraging 7.1% rate of growth in 1968 dropped to only 4% in 1970. Slow recovery has taken place in 1971 as banana exports recovered and other trade was redirected and controlled.

The economy remains largely agricultural. This sector, including forestry and fishing, contributed 38.1% of the gross domestic product (GDP) in 1968 and occupied about 65% of the work force. The principal crops for domestic consumption are corn, beans, and sorghum. Products for export include bananas, coffee, lumber, and tobacco. Beef exports

to the United States have grown dramatically in the last few years, and meat exports (mostly beef) now are second in importance only to bananas. Honduras also has a small sugar industry and participates in the U.S. sugar quota system. Total Honduran exports in 1970 were valued at \$166 million, of which 43% went to the United States. Honduran imports are primarily industrial equipment and manufactured consumer goods. There were an estimated \$222 million in imports in 1970, of which the U.S. supplied 45%.

Honduras has varied resources, including some of the best remaining timberland in the Western Hemisphere. There are also unexploited agricultural lands and some mineral deposits, and oil explorations are underway offshore. The cattle industry has expanded rapidly, and conditions for it are excellent. The public sector's capacity to contribute to economic growth has increased in recent years, government investment has grown, and improved administrative efficiency has significantly augmented public revenues. Economic development is hampered not so much by capital or natural resources deficiencies as by an insufficient reservoir of technical and administrative skills and limited transportation and communications facilities. Most of eastern Honduras is accessible only by airplane or small coastal boats, and night flights throughout the country are curtailed by lack of navigational and night-landing facilities. Rail service (of the National Railroad and the two fruit companies) exists only in the banana-growing areas of the

north. The predominantly mountainous terrain of Honduras makes the development of vital infrastructure more difficult and costly, but a significant step forward was made in 1971 with the opening of a paved highway from Tegucigalpa to San Pedro Sula and onward to the Guatemalan border.

## II. E. Educational Level and Distribution

The literacy rate of Honduras was estimated at 47% in 1971. Primary education is free, compulsory, and subsidized by the national government. Literacy in urban areas registered about 20% higher than in rural areas. A main contributing factor to low literacy has been the high dropout rate. Approximately 80% of the children who enter primary schools never finish.

The Constitution required that public education be free. Many secondary schools, however, were not public schools in the legal sense and therefore charged tuition.

Until the early 1960s different curricula were in effect for urban and rural primary schools. In 1970, however, all primary schools followed the same curriculum, but adaptation to local needs was permitted. Thus rural schools emphasized agriculture and preparation for rural life, whereas urban schools provided courses in commercial and industrial training.

Attendance at secondary school is not compulsory, and only 8% of the secondary school-age population was enrolled in 1968. To qualify for admission, a student must have reached the age of 13 and successfully completed primary school. Although enrollment in secondary schools has been rising,

various factors (i.e. pressure to go to work and long distance commuting to reach the schools) have discouraged attendance.

In 1970 secondary education was divided into two stages: the first, a three-year program providing a general education; and the second, a three-year stage which provides specialized education leading to diplomas in industrial, commercial, or agricultural arts and teacher training, or to the baccalaureate examination.

Secondary education has suffered from outdated curricula and teaching methods, unqualified teachers, and lack of teaching materials and equipment. The government has concentrated its funds on primary education to the serious neglect of the secondary level.

Most vocational education is acquired by on-the-job training. Primary school curricula include courses in agriculture, animal husbandry, home economics, secretarial skills, and crafts aimed at giving the student a very basic preparation for work. The specialized courses of study at the second level of secondary school qualify graduates to become apprentices in their trades, or, in the case of commercial students, to find employment in lower-level positions of commerce and industry.

Higher education is available to those who qualify at the National Autonomous University of Honduras, the Pan American School of Agriculture at Samorano, the Francisco Morazan Higher School for Teacher Training in Tegucigalpa, and the Social Welfare School. Physicians are trained at the University Medical

School, but specialty training requires study outside the country. The University has three- and five-year nurses' training programs, and the Standard Fruit Company operates a semi-private nursing school in La Ceiba. There has been a serious lack of coordination between the University and the Ministry of Health, although both are said to be interested in training auxiliary personnel, and the MOH did, in fact, have three nurse-auxiliary training programs underway. Two positive indications that relations might improve are the joint construction with International Development Bank financing of an 800-bed University training hospital, and the naming of Dr. Aguilar Paz, an ENT practitioner who is a member of the Medical School Faculty, as the new Minister of Health. Dr. Aguilar has already stated his intention of coordinating MOH and University training programs, particularly the field work being done by rural medicine students.

II. F. Religions, Cultures, and Ethnic Groups,  
including Health Beliefs and Systems

Roman Catholic religion is professed by 89% of the population, but church and state are separate, and there is complete religious freedom. Twenty Protestant sects make up most of the balance.

Folk beliefs about diseases and their cures are widespread, especially beliefs about digestive disorders. Many persons believe that indigestion is caused by eating something cold, getting chilled, or having something cold attack the stomach. Certain foods and herbs that are heated or are believed to have an innate hot quality are fed to the sick person in an effort to cure him.

For some childhood diseases a number of substances may be rubbed on the child's back or head, or an egg may be passed over the child's head to treat him. Other diseases are attributed to having dead blood in the veins or to being too near something that is dead. Many persons also believe in witches and consider them able to cause mental and physical illness. In some places the person believed to have caused the disease is also considered the curer.

Earth eating is widespread, and some children reportedly die from it. In some areas the urge is held to be related to intestinal worms, and in other areas people believe the blood uses the earth.

A number of terms refer to diagnosticians and persons who treat illnesses. The term doctor usually, but not always, refers to someone with formal medical training. Other people who are untrained are variously called pharmacist, curer, midwife, or simply intelligent. Pharmacists are usually men, but curers and so-called intelligent persons may be men or women.

Virtually every town has a store that sells medicinal supplies, and the storekeeper is called a pharmacist. He prescribes medical treatment on the basis of experience and what knowledge he may have acquired from others. He treats all kinds of disease, and people from many areas come to see him. Curers and persons who are called intelligent treat only people in their own villages and usually specialize in only one type of disorder.

The practice of midwifery is widespread, illegal, and beyond the capability of the MOH to control. In an experimental effort to draw midwives into the health care system, the Ministry undertook to train and coordinate their activities in some 40 communities, thereby acknowledging, - if somewhat tacitly, - that the well-motivated ones represent a potential resource to increase and improve rural health services delivery.

## II. G. Policies and Laws

1. Family Planning. There are no government policies or laws against family planning services. Indeed, such services are provided on a priority basis through the MOH's Maternal and Child Health Program in some 30 clinics in 12 Departments. Coverage is estimated at 9.4% of the total population in those areas.

Even before the MOH set up its official program in 1968 it had encouraged the private dispensing of services by the Honduran Family Planning Association, an affiliate of International Planned Parenthood Federation. The Ministers of Health of the different governments in office gave considerable moral support to family planning, as did the Congress and the medical profession. There was flare-up of opposition following the 1969 war with El Salvador on the basis that a larger population was needed for national defense, and ex-President Cruz campaigned against FP in 1971. In practice, however, he did nothing to oppose the Ministry's program. After initially opposing family planning, the Roman Catholic Bishop has now stated that his

business is to "cure the soul" and that care of the body was best left to the physicians. The chief remaining vocal opposition is reported to be University-based and stemming from radical students and faculty.

2. Laws and Regulations regarding Medical Practice. By a Decree of June 25, 1964 abortion may be carried out if it is necessary for therapeutic reasons. The written consent of the patient, husband or nearest relative is necessary for the operation, and the necessity for it must be approved in writing by a medical committee. Abortion is not to be performed unless all methods for preserving the mother's life without prejudicing the life of the foetus have been tried without success.

Sterilization may be carried out with the patient's written consent and on the decision of three doctors.

The Government allows the tax-free importation of contraceptives.

Physicians and nurses are obliged to render one year of social service, or rural duty, as a prerequisite for licensing.

### III. Health Administration, Responsibilities and Activities

#### A. Official

Government institutions involved in the health sector to one extent or another include:

- Ministry of Public Health and Social Assistance (MOH)
- National Service of Water and Sewerage Systems (SANAA)
- National Children's Foundation

- National Council of Social Welfare
- Honduras Institute of Social Security
- Armed Forces Civic Action Program
- Ministry of Labor and Social Planning

Of these, the first five are the principal participants, and together, with different sources of funding and specific objectives, they invest a total of \$21 million per year, which represents a per capita expenditure for health of \$8.50, or approximately 3% of the Gross Domestic Product.

The Ministry of Public Health and Social Assistance is the chief authority responsible for the public health of Honduras. Its organization includes the Directorate-General of Public Health, the Directorate-General of Medico-social Assistance, and the Directorate of Malaria Eradication. The Directorate-General of Public Health is in charge of the organization, supervision, control, and evaluation of the decentralized health services within the MOH system, except for the hospitals, which are administered by the Directorate-General of Medico-social Assistance. The integration of health services has been begun by combining health centers with hospitals at the District level, with the eventual goal of merging both Directorate-Generals into one. It should be noted, however, that the one-time goal of integrating all autonomous health institutions into the MOH was no longer true in August of this year when Dr. Carlos Pineda, now Ex-Minister, presented the Cabinet with his Five-year Plan for Health. In that document it was indicated that no single institution had the depth in personnel and administrative capability to accomplish that

task, and that the objective should be, instead, to coordinate resources and functions on a "sector" basis. The precise definition of the term -- as well as continuity of the philosophy itself within the new administration -- remains unclear.

The Directorate-General of Public Health is divided into technical divisions of tuberculosis, epidemiology, environmental sanitation, health promotion, health education, and laboratory services. Decentralized authority rests with District Chiefs in seven health districts throughout the country, except for budgetary control which the MOH itself does not have. (See Appendix D for a delineation of Health Districts)

At the District Integrated Health Center the typical staffing pattern is 10 to 12 physicians, 4 nurses, 30 nurses' auxiliaries, 5 sanitary inspectors, one dentist, one laboratory technician, one pharmacist, and administrative personnel. Each District has a network of Health Centers (in 3 Districts only), Sub-Centers staffed by 1 to 2 physicians and 1 to 2 auxiliaries, and Health Posts staffed only by an auxiliary, with periodic visits from Sub-Center physicians.<sup>(1)</sup>

In District 4, the proposed project area, the focal facility is the South Hospital in Choluteca. An Integrated Health Center (combination Health Center/Hospital), it is virtually a charity hospital in that it, as do other Centers and Health Posts, charges minimal fees (25¢ to \$1.00) according to the patient's ability to pay. Local voluntary committees frequently administer these funds, using them for medicines and auxiliary salaries, although

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(1) Organograma 1972 - Ministerio de Salud Publica  
y Asistencia Social

there has been a problem in their having utilized them for purposes other than health, since they often have multiple community interests. South Hospital provides medical-hospital services to the some 300,000 inhabitants of the Departments of Choluteca and Valle. Services include general medicine, out-patient, surgery, OB/GYN, pediatrics, laboratory, pharmaceutical, radiology, dental, nursing, and dietetic. Other personnel are administrative and maintenance. The institution is subsidized in part by the MOH, the National Children's Foundation, and by its own income. Chief medical problems in the area are malaria, leprosy, tuberculosis, parasitosis, and the overriding national concern, malnutrition. The satellite network of facilities in the area of 8 Sub-Centers and 5 Health Posts, together with the 264-bed Integrated Health Center, is clearly inadequate to meet the health needs of the population. In this connection, ex-Minister Pineda indicated his interest in principle in experimenting with the use of paramedical personnel, although he predicted opposition from the Honduran Medical Society (with which he agreed to some extent) on the grounds that such personnel too often play the role of physicians. He felt that a nurse-auxiliary with additional training would be more acceptable to all parties -- a point of view which ignores the fact that nurses and nurse-auxiliaries are also in short supply.

District 4 was to have been our field visitation site in order to observe the system down to its lowest level.

One of the most dynamic programs we encountered was that of the National Council of Social Welfare, whose President was, and is traditionally, the First Lady of the Republic. Closely allied with the National Council of Nutrition<sup>(1)</sup> (presided over by the President and including the First Lady on its Board), whose purpose is to coordinate all programs having nutritional aspects, the National Council of Social Welfare represents probably the country's strongest vehicle for organization of rural communities, particularly in the fight against malnutrition. With its network of 13 community centers, child-feeding and nutritional recuperation centers, day-care centers, kindergartens, and training centers,<sup>(2)(3)</sup> the Council recognizes that it has a long way to go in reaching greater numbers of people. To that end, the community center directors recently determined to go into the rural communities instead of providing training only to those with access to the centers. The Council's social workers are encouraging the formation of family gardens and increased production, and they are working to eliminate middlemen so as to establish direct marketing channels for the sale of surplus produce.

Other than in the field of nutrition, the Council is not involved in public health services, but any project would be remiss in not utilizing its facilities and manpower resources

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- (1) See: Decree No. 133 (creating the National Council of Nutrition) and By-laws  
(2) National Council of Social Welfare Directory  
(3) National Council of Social Welfare Reference Pamphlet

not only in District 4, but also nationwide when replication is desired. Inasmuch as the new First Lady was instrumental in developing present policies during her husband's previous administration, it is to be expected that they will not alter appreciably. It may well be, in fact, that there will be a somewhat more favorable climate toward coordinating with the MOH in its family planning efforts.

The reconnaissance team had no contact with the National Children's Foundation, but from information gathered was able to discover that the Foundation is supported by the national lottery and subsidizes hospital operational costs to a considerable extent. The very modern Mother-Child Hospital in Tegucigalpa was built and is maintained by funds channeled from the Foundation through the MOH.

The Honduran Institute of Social Security has for ten years concentrated the delivery of health services in Tegucigalpa through its 225-bed hospital and clinic. The expansion of medical services into outlying areas may come about through the successful negotiation of a pending contract with the MOH through which Social Security will purchase such services from MOH facilities and personnel. Administrative services, such as workmen's compensation, death and pension benefits, exist in San Pedro Sula, La Ceiba, Tela, Santa Rosa de Copan, and Choluteca.

Present medical coverage is for workers, child-bearing mothers and children up to five years of age. To illustrate what their position was toward family planning, officials of

Social Security cited the fact that 60% of all female hospitalizations in their facility are for imminent or incomplete abortions, which drain about 15% of the system's total resources.\*

Tegucigalpa has been the main focus also of the military's Armed Forces Civic Action Program, which is a broad, mainly public relations-oriented effort. Intramilitary medical care includes limited Army and Air Force services, some mother-child care and limited dental care. There is little collaboration with the MOH except for occasional immunization campaigns and diagnoses. Each military unit has some kind of dispensary service, though each functions individually at present, and there is no uniform system. The Air Force occasionally provides emergency transport for civilians, and some nurses training is done.

The Ministry of Labor and Social Planning has three physicians who provide services through its Laboratory-Clinic facility in Tegucigalpa. Some medical attention is given to people not covered by Social Security, especially domestic employees and farm laborers. The Ministry is interested in working with the MOH to increase coverage of rural workers, and it has the legal power to enforce safety measures and hygienic standards in industry.

## II. B. External Assistance

### 1. Multilateral

CARE provides foodstuffs through PL 480 to the National Council of Social Welfare's child feeding stations and has provided material support for the construction of water systems and primary schools. The CARE-MEDICO Program, operating in the proposed

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\*An agreement was signed about 6 months ago with the MOH and the Honduran Family Planning Association to establish a FP clinic, but the project is still in limbo.

project area of Choluteca, has through the years provided long- and short-term medical personnel for the training of Honduran counterparts. Particular impact has been made in the training of hospital laboratory and x-ray technicians, and the up-grading of nurse-auxiliary skills. The present long-term physician (two years) is based in South Hospital.

Catholic Relief Services through its local counterpart, Caritas, provides contributions of foods and other materials through Catholic parishes.

WHO/PAHO provides technical assistance to the MOH in overall planning and specifically in the fields of family planning and malaria. The MOH's Maternal-Child Health Program calls for PAHO to assume financial and technical responsibility for post-partum programs (currently operating in four hospitals and originally funded in two hospitals by the Population Council) and the coordination of educational efforts with the Honduran Family Planning Association. There has also been some commodity input for family planning.

IPPF provides general organizational support to the government program and particularly to its affiliated Honduran Family Planning Association. Inputs include contraceptives and educational materials, as well as family planning regional conferences.

World Food Programme provides foodstuffs to the National Council of Social Welfare's Food-for-Work projects, which have the dual goals of nutritional input and community improvement. (WFP is a program of the UN's Food and Agriculture Organization.)

World Education International has been working with the Honduran Family Planning Association to develop family planning materials in teaching literacy.

UNICEF has recently signed an agreement with the National Council of Social Welfare to provide materials and assistance to their family garden and agricultural production program. This collaboration, together with nutritional surveys conducted by Guatemala's INCAP, has been most active in the proposed project area and is now expanding to the Southwest.

## 2. Bilateral

USAID began in 1968 to focus its technical and financial health assistance on a combination of nutrition, medical services for children under 5, pre-natal care, and family planning. It helped create the MOH's Maternal-Child Program and continues to be its chief source of support. The target is to have, by the end of 1974, 40 clinics providing family planning, nutrition, and MCH services. Inputs include funds for personnel and training, as well as commodity inputs of drugs, contraceptives, audio-visual materials, vehicles and spare parts, and laboratory and medical equipment. The clinics initially emphasized medical care (about 75% to 25%) but are now emphasizing family planning (by about the same ratio) and have incorporated cancer detection services. (See Appendix E) One great problem has been the 27-28% drop-out rate among contraceptive users, and as a result of a study conducted by the University of Florida, the program is training volunteer outreachers to visit homes and reawaken interest.

U.S. PEACE CORPS has 20 volunteer nurses involved in training Hondurans within institutions, although a number of them have branched out into community oriented activities, as well.

## II. C. Voluntary Organizations

1. Indigenous. The team had no contact with voluntary organizations per se. The thrust toward utilization of volunteers, however, was seen in the MOH's training of 120 community health volunteers; the National Council of Social Welfare's identification and training of community leaders, and the MCH Program's use of volunteer outreachers.

2. Foreign. In addition to those discussed under B. above, there is a contingent of British Volunteers in Honduras whose activities were not observed.

## D. Manpower and Womanpower

According to the Office of International Health of the U.S. Department of Health, Education, and Welfare, "the number of (health) personnel varies directly with the change in social and economic conditions of the country. Within the Americas, Honduras is within the lowest 20% in ratio of physicians to population. In summary, the health resources are simply not adequate to meet the needs of the population. The supply of facilities and personnel is too small and is inappropriately distributed..... health resources are consumed in a wasteful manner by treating diseases that could have been prevented.... by correcting inadequacies in basic health services and immunizations, unsafe water, food intake and education."

In global terms, the ratio of physicians to population (1 to 4,226 in 1970) is comfortably above WHO's minimal personnel target of 1 to 10,000. However, WHO's figures assume a much heavier concentration of supporting health personnel, - which is not true of Honduras. And when one introduces the fact that 58% of Honduras' physicians are concentrated in the Metropolitan District where less than 10% of the total population lives, the validity of the phrase "inappropriately distributed" becomes startlingly clear. Moreover, the country's training resources and budgetary constraints are such that it is unlikely to significantly alter this situation in the near future. For example, the University and the MOH have estimated a global need for 57 new nurses per year, and the country is producing fewer than half that figure.

Despite these critical problems and that of a considerable "brain drain" to the U.S. and other countries in recent years, the consensus of the reconnaissance team was that, for purposes of a DEIDS Project, adequate personnel resources are available in Honduras. The question of reallocation to the project area is one that must be resolved in Phase II.

## II. E. Budget

Ex-President Cruz had developed an economic plan calling for an across-the board budget increase of 10% p.a. in all sectors. In practice, however, the country is in such dire financial straits that the MOH received no increase and instead had its budget reduced. Optimism for additional funds, to be generated in 1973 through a tax reform bill (encompassing both income taxes and luxury item import taxes) before Congress, was voiced but

the change in administration will undoubtedly have an undefined-as-yet impact on its chances.

Because of the multiplicity of public institutions involved to some extent in providing health services, it is difficult to pinpoint all budgetary commitments to the sector. It is estimated that between 18 and 22% of the nation's budget is dedicated to health.

The USAID Maternal and Child Health Program initially called for an AID input of \$3 million, and \$730,000 from the Government of Honduras. The Project Agreement for 1973 calls for \$626,000 from AID and \$115,000 from the GOH, whose input in 1972 was \$75,000.

PL 480 food values distributed via CARE and Catholic Relief Services was \$1.4 million in 1972 and will be \$1.5 million in 1973.

The malaria program is funded at approximately \$1.17 million and the International Development Bank is providing \$4.8 million for the construction of the University Training Hospital (already partially completed).

In view of the MOH's lack of autonomous budgetary control (concentrated in the Ministry of the Interior), some kind of a concession for budget flexibility would be necessary for the proposed DEIDS project area.

#### IV. DEIDS - Special Considerations and Criteria

##### A. Official Invitations from Host Country and AID Mission

USAID/Tegucigalpa is interested in the possibility of a DEIDS program in Honduras (cable Tegucigalpa 02730, dated 11 August 1972). The Mission believes it could supply invaluable input into the

proposed health sector analysis and also serve to test recommendations and programs emanating from such an analysis. It is mentioned that the successfully operating MCH Program, including strong research, can provide data for DEIDS. The Mission also sees the possibility that the findings in DEIDS could be supportive in the establishment of a National Center for Nutrition Workers (under the National Council of Nutrition).

The Mission had not discussed DEIDS with the MOH so as not to raise expectations but was confident the MOH would be interested in setting up a testing area. This judgment was confirmed during the reconnaissance team's visit but must be reestablished with the new administration, as well as with the personnel of the proposed area,

#### IV. B. AID/W and WHO Opinions

The Resource Development Office of the Latin America Bureau and the Honduras Desk Officer would be pleased to have Honduras considered. PAHO expressed the opinion that Honduras may be an appropriate country for DEIDS. Scheduling problems in Honduras prevented our meeting with the principal PAHO representative, and this contact should be made if the opportunity presents itself.

#### C. Previous Health Innovations

PAHO is sponsoring a project to develop the School of Medical Sciences of the University; another, to improve the teaching of sanitary engineering at the University.

The most striking example of a successful pilot project to date is AID's encouragement of the MOH's Maternal-Child Health Program as previously described.

The concept of use of auxiliaries in health care is widely accepted in Honduras. The problem seems to be one of everybody's agreeing on precisely what kind of auxiliary is needed. Thus the University's Nursing School has begun a three-year program to complement the traditional five-year program; the University is said to be interested in training paramedical personnel; the MOH is training nurse-auxiliaries and recruiting health volunteers and wavering between open utilization of midwives and ignoring them; Social Security and the military each do some training; and through it all there is no common thread of coordination.

IV. D. Readiness of MOH for DEIDS and Extent and Potential for Involvement of other Government Departments and Agencies

These factors must be re-assessed within the new administration. With regard to the latter point, the potential certainly exists, depending upon the new officials' reaction to the DEIDS concept.

F. Institutional Bases for:

1. Administration: The MOH has the capability on both the national and local levels if it chooses to so employ it.
2. and 3. Evaluation, Research, Training: The MOH has limited capabilities in these functions and the team did not have access to University resources.

G. Future Budgetary Support

Still to be determined within the new administration.

H. Current or Imminent DEIDS-like Projects

None.

## V. Conclusions

A. The reconnaissance team was greatly impressed with the skilled resources, dedication, and kindness of both the Hondurans and the U.S. Embassy/AID staff. Special thanks are due Messrs. Garufi and Gardella for their patience and guidance.

B. The timing of our visit was unfortunate in coinciding with the change of government, for since selection of a Latin American country must be made in January 1973, it effectively eliminates Honduras from immediate consideration. Should selection of a second Latin American country be indicated at a later date, however, an additional reconnaissance visit is recommended in order to

- determine the extent of interest of the new government officials
- get field visit experience and observations in the proposed project area
- meet Dr. Fernandez, District Four Chief, who was in Israel at the time of the team's visit
- investigate training resources within the country
- determine the capability of the new government to participate in such a cooperative effort and to identify any new mechanisms
- establish contact with PAHO to a greater extent

C. It is suggested that no second trip be made for a period of one to three months, as the government is settling in, - unless the new MOH is interested in making DEIDS a cornerstone of his new program and requests immediate action.

- V. D. The need for DEIDS in Honduras is without question.
- E. Resource personnel are available to varying degrees, although assistance is generally needed with training and management, as well as coordination.
- F. The team felt that its close identification with USAID made for some constraints and occasionally raised certain levels of expectation. The efficacy of this relationship should be questioned in terms of a subsequent visit.
- G. The team sees DEIDS as an effective instrument to spearhead or demonstrate an integrated delivery system, given the following conditions:
- full cooperation
  - inspired leadership
  - commitment insofar as is practicable
  - willingness and ability to reallocate resources