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FAMILY PLANNING COMMUNICATION
NEEDS ASSESSMENT AND COUNTRY PROFILE
HONDURAS

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Executive Summary

Honduras is a poor country presently facing severe economic problems and the consequences of rapid population growth. With an annual rate of natural increase estimated at between 3.3 and 3.5 percent, the country has the highest growth rate in Latin America, exceeded only by a few countries in Africa. One-half of the population is under the age of 15, and despite the fact that some organized family planning services have been available since 1960, only 18 percent of fertile-age women are estimated to be using contraceptives.

The military governments which were in power until January 1982 had no formal population policy and neither supported nor restricted family planning activities. The new civilian government has taken a more active and positive position. In October 1982, the Economic Planning Council established for the first time specific population and demographic objectives and proposed that family planning be made an official government program. Although the plan is not yet official, the Ministry of Health has begun to incorporate these objectives in its programs and to inform regional offices and personnel of the emphasis to be given to family planning. While family planning has been part of the Ministry's program since 1974, the decision to provide such services has previously been left to the discretion of each health region. The next few years, therefore, will be transitional ones in which the Ministry's administrative and logistical systems will have to be adapted to support family planning services.

There is also a need to train the existing medical and paramedical staff in family planning before full implementation of the program can be achieved. Changes in the curricula of medical and nursing schools as well as pre-service training institutes for auxiliary nurses and other personnel are also needed. Present graduates of medical and nursing schools receive only a few hours of orientation about family planning. Although curriculum changes

are underway, it will take time before graduates of the country's medical institutions have the relevant training to carry out the government's new family planning directives.

The Honduran Social Security Institute (IHSS) began providing family planning services and information to its members only within the last year, but plans to expand its current level of activity to include the general public as well as members. At present, contraceptive services are offered in two clinics; six new sites are planned. IHSS is acting as the coordinating institution for development of the government's family planning policy, and because it is a prestigious institution that influences other government institutions, may serve as a model for the Ministry of Health in expanding the coverage of family planning services.

The Honduran Family Planning Association (ASHONPLAFA) has been the major provider of family planning services. Its community-based distribution program has over 1,000 posts and serves more than 40,000 users. This year it is intensifying its effort, trying to reach more users at each of the distribution points. ASHONPLAFA has a good surgical contraception program, trains government personnel in surgical methods, and supplies the public sector with sterilization equipment and supplies.

ASHONPLAFA has an Information and Education Department responsible for most of the organization's communication activities. The emphasis has been primarily on person-to-person contact. Other than newspaper articles and a few billboards, little use has been made of the mass media. There have been no funds for radio programs since 1977. Plans, however, are to use radio and television spots later this year to promote the sale and use of contraceptives offered through the commercial retail sales program, and to discuss general family planning themes as well.

Based on its review of the family planning situation in Honduras, the needs assessment team recommended that IEC assistance be directed

to ASHONPLAFA, the Social Security Institute and the Ministry of Health-- the three agencies presently providing family planning services. While the team felt that the Ministry of Health would in time become the major source for family planning services and information, they felt it was too early to single out this institution for concentrated IEC support. Instead they recommended building the communication capabilities of each of the organizations in order to establish a foundation for the more extensive education programs that will be required in the future.

The chief possibilities for PCS participation identified during the needs assessment mission in the order of priority include the following:

- 1) Assist ASHONPLAFA and the National Agrarian Institute (INA) to develop jointly a pilot communication program to reach audiences in one region of the country with information about family planning. INA has a strong interest in family planning, has a staff of rural promoters, fully-equipped mobile units and a largely unused audiovisual production facility. INA has expressed interest in making these resources available. ASHONPLAFA has the staff to train the promoters in family planning and to develop audiovisual materials. ASHONPLAFA and INA would like PCS assistance to develop a joint communication plan; to mount a regional radio campaign to inform the public about family planning and about the availability of contraceptives from local community distributors; to develop the audio and visual media; and provide training in the production of such materials.
- 2) Provide training to IHSS personnel in person-to-person communication, assist in the development and production of simple print materials for users, provide audiovisual aids,

and provide funds and technical support to undertake a small-scale media campaign to inform the public about the availability of services at the Social Security Institute facilities.

- 3) Assist ASHONPLAFA in the design and creation of a national radio campaign for family planning methods and services. Technical assistance would be useful for planning, producing and supervising all aspects of the radio campaign. ASHONPLAFA also would like technical assistance in designing print materials for an illiterate audience.
- 4) Assist the Ministry of Health in its request to develop a pilot project in one region of the country using traditional birth attendants to provide services and information. FCS assistance would be required to provide IEC training to the midwives and to develop and produce audiovisual materials for their use.

Introduction

This report presents the findings and recommendations of a two-week needs assessment mission to Honduras conducted from January 29 to February 12, 1983. The principal purpose of the mission was to review family planning communication activities in the country and to identify areas for possible future assistance from Johns Hopkins University through the Population Communication Services project. The secondary objective of the mission was to evaluate the print materials currently being used by the Honduran Family Planning Association (ASHONPLAFA), and to make recommendations for improving them.

The needs assessment team held discussions with the major providers of family planning services in the country, namely the Ministry of Health, the Honduran Family Planning Association and the Social Security Institute, as well as with the National Agrarian Institute. Officials from these agencies were most helpful in providing insights into the national family planning program and the role of the private and public sectors, and in providing information about their present and planned IEC activities. ASHONPLAFA arranged a field trip to several Community Based Distribution points in order to acquaint the team with this important rural service delivery program.

The report is organized into two principal sections. The first part contains an overview of the family planning program, an assessment of the communication and related activities of the major family planning organizations and recommendations for future family planning communication activities. The second section of the report presents relevant background information on the demographic, social and economic characteristics of Honduras, based on a research report prepared by Lalit Kraushaar of PCS/PIP/JHU. A list of persons contacted and additional background data are included in the appendices.

PART I. NEEDS ASSESSMENT

A. Family Planning Overview

Despite the fact that Honduras has had some organized family planning services since the early 1960's, its crude birth rate and rate of natural increase are the highest of any Latin American country and are exceeded by only a few countries in Africa. At a rate of increase variously estimated at from 3.3 percent to 3.5 percent a year, the population, now around four million, is expected to reach seven million by the year 2000. During the past 30 years, the number of children born to Honduran women throughout their childbearing period has remained at approximately seven, ranging from 8.7 in rural areas to 4.7 in urban areas. This high fertility is reflected in the fact that nearly half the population is under 15 years of age and that the median age of the population is 16 years.

A Contraceptive Prevalence Survey, conducted in 1981 by Westinghouse Health Systems, reports that 49 percent of women who are married or in a consensual union, and who say they want no more children, are not using contraceptives. Again the rural/urban differential is significant, the proportions being 56 percent for rural women and 32 for urban.

Of all women in the 15 to 44 age range, only 18.4 percent were found by the survey to be using contraceptives. Among women in this age group who were married or in unions, the proportion was higher, 27 percent, with proportions among urban and rural women 47 percent and 16 percent, respectively. Only 36 percent of the population lives in urban areas.

Orals are the preferred method in Honduras, although the somewhat greater use of orals, as compared with sterilization of IUD's may be due to easier access rather than choice. Of the women in marriage or other types of union who are contracepting, the survey noted that 43 percent were using orals, 30 percent surgical sterilization, and 9 percent IUD's. The remaining 18 percent were using a variety of other methods, including ineffective methods such as withdrawal or rhythm.

A principal source of contraceptive service and materials in Honduras is the Asociación Hondureña de Planificación Familiar (ASHONPLAFA.) ASHONPLAFA maintains two clinics, assists the Government in 10 hospitals, has a community-based distribution system with 1,020 outlets for orals, vaginal tablets, foams, and condoms, and is about to embark on a nationwide contraceptive retail sales program, using pharmacies and small shops licensed to sell a limited number of medicines. There are about 300 of each, and it is expected that about 90 percent will participate in the social marketing project.

The Maternal and Child Health Division of the Ministry of Health is the government agency most concerned with family planning. It is active in the 11 hospitals, 95 health centers, and 433 rural health facilities. (These numbers as of 1981.) The Ministry has received support for family planning since the mid-1960's, but there has been no strong commitment and relatively little service has been provided. There are eight health regions each with a high degree of autonomy, and what is done in family planning in one region or another depends to a considerable extent on the attitude and interest of the regional medical director. (In two centers visited in Region I, nurses who had been with the Ministry for a number of years and who had worked in several facilities in the region reported that they had never received any contraceptives

for distribution and that the only training they had received was a brief orientation during their pre-service training.) USAID personnel report that there is a large stock of contraceptives stored by the Ministry in Tegucigalpa, little used and possibly deteriorating. A much greater interest and level of activity on the part of the Ministry is probably a pre-condition for any significant reduction in the birth rate.

The Institute of Social Security (IHSS), a quasi-governmental organization established by law but operating as a private institution, is providing limited services, mainly sterilization, in its hospitals. The IHSS is about to receive support from the Pathfinder Fund that will enable it to provide family planning service to its members and the general public in a new facility that will serve an urban population in Comayaguera, a sister city to Tegucigalpa, and possibly in six other areas as well. The service would provide information, as well as supplies, in a facility that will also include some outpatient health services. It is hoped that the new service can be operative by April 1, 1983, but that date is probably not firm. The IHSS is also taking the lead in trying to bring about better cooperation and collaboration among itself, the Ministry of Health, the Medical School, and appropriate University departments with a view to strengthening government participation in family planning.

Several years ago, FPIA provided funds to the Asociación Nacional de Campesinos de Honduras, the largest agrarian labor union in the country, to help expand its contraceptive distribution services in six states and provide rural communities with family planning information, education, and voluntary sterilization referrals. The grant was not renewed, and no information was obtained about the current activity of the Asociación.

As indicated above, pharmacies which now sell orals, vaginal tablets, foams, condoms, and some injectables will be active in the social marketing project about to be undertaken by ASHONPLAFA as will the 300 or so small shops licensed to sell medicines. Private physicians provide a considerable amount of service to an estimated 65,000 middle or upper class women who are well educated and practice family planning on their own initiative.

Sterilization is available from 12 hospital-based facilities, 10 of them operated by the Government, with training, supplies, and equipment provided by ASHONPLAFA. Only the two facilities operated by ASHONPLAFA offer daily services; the others are open one or two days a week, although as a result of support provided by USAID in mid-1982 another one is expected to offer daily service, and some heretofore inactive facilities are expected to begin offering service. Sterilization is also available from private physicians, for those who can afford it, and from some church-related private hospitals. There are restrictions on eligibility for female sterilization. The product of the woman's age and the number of her living children must total at least 80; consent of both parties to a marriage or union is necessary; in Government facilities, the woman applicant or her representative must donate a pint of blood; there is a nominal fee for the operation (waived for those who cannot afford to pay), transportation costs are frequently involved; and there is usually a waiting time of several weeks. Demand is high despite the restrictions (the "rule of 80" is sometimes waived when there are medical indications calling for sterilization or when the operation is performed following a caesarian delivery), and an estimated 20,000 or so sterilizations have been done since the program began in 1977.

There is no particular restriction on orals, although distributors working in the ASHONPLAFA's CBD program have a check list they use with new acceptors to determine if orals are contraindicated. The price from the distributors is

\$0.25 for a month's supply. The most common practice among those obtaining orals from a CBD distributor is to purchase a three-month supply. Prices are considerably higher in pharmacies, although they should come down somewhat when the subsidized social marketing project begins.

IUD's are available mainly from health centers, where nurses are said to be trained to insert them when any are available, from Government hospitals and ASHONPLAFA clinics and from private physicians. Twenty-three percent of rural women questioned by the Contraceptive Prevalence Survey, and 53 percent of the urban women knew a source for obtaining an IUD, but relatively few were using them.

The Honduran policy with regard to injectables follows that of the United States. Depo-Provera was used until 1977 but was discontinued when the FDA denied approval for it in the United States. It can still be purchased in some pharmacies, along with injectables from other countries, such as Mexico. A surprising number of both rural (20 percent) and urban (49 percent) women interviewed in the Contraceptive Prevalence Survey said they knew where to obtain an injection.

There has been no recent use of mass media for family planning information or promotion. The major source of information has been word of mouth from the CBD promoters and distributors and from the educational activities and print materials provided by ASHONPLAFA's information and education department. As a result there appear to be substantial numbers of both urban and rural women who know little about contraceptive methods. Among women interviewed for the Contraceptive Prevalence Survey, the proportions of urban and rural women who did not know about particular methods were: orals 5 percent and 16 percent; sterilization 14 percent and 28 percent; injections 26 percent and 42 percent; and the IUD 21 percent and 48 percent. Women of appropriate age were asked in the survey why they were not using contraception. Thirteen percent replied that it was because of lack of information.

There is thus a great need for a much expanded and intensified information effort. Part of the need will perhaps be met by the multimedia campaign that is to be inaugurated by the commercial retail sales project. But that will be largely promotional for a limited range of contraceptives. Even when that campaign is in operation, there will still be an unfilled need to reach rural people with messages about what contraception is, what it can do, how it relates to responsible parenthood, and where it can be obtained.

B. Government Agencies Involved in Family Planning

Ministry of Health and Social Assistance (MOH). The MOH, mainly through its maternal and child health program (MCH), has been since 1974 the officially recognized channel for such family planning services as the Government provides. An exception to this generalization is that female sterilizations are done in Government hospitals by Government personnel with collaboration and several types of support from ASHONPLAFA.

The structure of the national health system and its types of personnel are briefly described in Appendix 3. As of mid-1981, the system included five national and six regional hospitals, 95 health centers with doctors and auxiliary nurses (CESAMOS), and 433 rural health centers (CESARES.) There are two distinct categories of personnel: those employed and paid by the MOH, and those selected by local communities and who are not paid by anyone. In mid-1981 the former included 812 physicians, 338 nurses, 2,708 auxiliary nurses, and 196 health promoters. (The term promotores has a much wider meaning than the English term promoter. Promotores may have any of a variety of functions such as supervision or administration or sanitation.) Those not employed by the MOH include health guardians (guardianas de salud) selected by their local community and given a week's training by MOH sufficient to enable them to provide first aid and refer more serious cases; representatives, also unpaid persons selected by the community who help promotores with the construction of wells and latrines; and midwives (parteras) who are self-selected, receive some training in hygiene and problem pregnancies, receive from MOH a medical kit and a certificate, are required to attend monthly meetings at a regional center (as are guardianas de salud), and charge a fee for service. In 1981 there were in these categories, according to an anthropological study recently made, 296 health guardians, 251 representatives, and 503 midwives.

It is not clear how much information about family planning these health workers may have received. Nothing has in the past been included in the professional pre-service training of any of the categories, but there is talk that instruction in family planning may be offered in schools for nurses and auxiliaries in the future, and that the medical school at the University which has not in the past been active in family planning is changing its attitude and may also begin to offer some instruction. Training for a small number of physicians, nurses, and auxiliaries has been given by ASHONPLAFA, and categories of personnel working in regional facilities have from time to time participated in courses or other activities organized by one or another of the external private sector agencies that have been active here or by an agency of the United Nations.

What is clear is that the MOH has given a very low priority to family planning and, for a variety of reasons, has not made family planning information or supplies widely and readily available to the public it serves. Large quantities of contraceptives--one estimate is an eight-year supply--are stored in MOH warehouses where many of them may have become unusable. The logistics system is inadequate, and medicines, as well as contraceptives, are said to be frequently in short supply. The administrative organization gives considerable autonomy to directors of each of the eight health regions who, to a considerable extent, determine what will or will not be offered or emphasized in their region. If a director is opposed to family planning or indifferent, nothing much is likely to happen in that region.

A rather surprising finding of the 1981 Contraceptive Prevalence Survey was that women who knew a source of contraceptives or sterilization mentioned a

health center or a public hospital as a source more often than they mentioned ASHONPLAFA, and this was true for all the preferred methods, pill, IUD, and sterilization.

With the collaboration of ASHONPLAFA, which pays for the services of doctors in some hospitals, supplies equipment, and provides training, female sterilizations are done in 10 government hospitals. Only two offer daily services; the others provide sterilizations only one or two days a week. The May 1982 grant by AID to ASHONPLAFA had as one objective increased access to the service for women wishing to be sterilized. Four facilities that had been inactive were to be activated and higher targets were set for all facilities. No figures on progress are yet available.

Local people in USAID reported that there seems to be a growing interest in family planning in the MOH. Some new approaches have been suggested by a consultant brought in by AID and that consultant will be returning in February 1983, along with two others experienced in health management and operations research to continue discussions and negotiations that may lead to a more prominent place for family planning in the MCH program. Much will depend, however, on the nature of the new approaches tried, the presence of one or more committed persons near the top of the MOH, the cooperation that can be obtained from regional health directors, and the extent to which AID can provide continuous monitoring of the new program.

There has been no significant IEC activity in the MOH approach to family planning to date other than that which has occurred in the interpersonal communication that goes on between health personnel and their patients and clients. It is not yet known whether any IEC component will be included in any new activities that are to be undertaken.

There are rumors in Tegucigalpa that the Ministry may be on the verge of becoming somewhat more active in family planning. At a meeting of top Ministry officials early in February 1983, it was decided that family planning would become an official part of the Ministry's maternal and child health activity, not as a separate entity but, as in the past, integrated with other MCH services. There is not likely to be any public announcement and the results of the decision are likely to be limited to the provision of more training for employees, perhaps in the pre-service curricula of nurses and auxiliaries, and possibly the somewhat greater availability of contraceptives in government facilities in some regions.

The Ministry's attitude continues to be extremely conservative. There is little enthusiasm for family planning even for health reasons. Family planning is believed among the controlling elite to be an extremely sensitive issue which, if not approached with caution, could evoke strong political opposition and moral condemnation from the Church.

In a discussion with the Director General of the Ministry, it was learned that he proposes to put major reliance for family planning information and service on village parteras (traditional midwives.) He believes there are about 15,000 of them in the country, of whom 5,000 he thinks have received some training already. (A 1981 study by a Stanford anthropologist noted that about 500 had been given kits and licensed approval by the Ministry.) The rationale for using them is that they attend a major proportion of the births, especially in rural areas, are known and trusted by women in the community, and understand family situations. He proposes to train them all and rely heavily on them for conveying family planning information and supplies. He would, however, be receptive to a proposal to carry on an experiment in a region or smaller unit to test, under controlled conditions, what results may be expected from a heavy

dependence on midwives supplemented by some support from health guardians and auxiliaries and nurses in health centers. Such an experiment should not last more than a year, and he would wish to go ahead with the training and use of the parteras. It was not clear in the discussion whether the Ministry would be prepared to pay them or if they would be expected to provide service as unpaid volunteers. This scheme, about which the Director General has strong positive views, may be among the activities proposed for support by USAID/Honduras in any new agreement with the Ministry.

One exception to the generalized feeling that family planning should be discretely buried in the MCH program is the belief by the Director of the MCH Division that it is important enough to be given recognition and emphasis. He would like to see the program in health centers subdivided into activity areas (e.g., antenatal care, postpartum care, immunizations, family planning) with separate time periods for each so that nurses and physicians would not have to constantly jump from one type of patient to another. He also recognizes a need for more pre-service training in family planning for nurses and auxiliaries and for additional in-service training. About 200 MCH workers have received some family planning training, but most of it was several years ago.

The MCH Division last year had about 60,000 visits for family planning, but has no record of how many may be continuing users. One estimate was that the number might be as high as 30,000, but was not likely to be more than that.

An estimated 60,000 women annually give birth outside the medical system, including parteras who have received a certificate from the Ministry. The maternal mortality rate is very high, but the exact figures are not known. The MCH Division, with the aid of PAHO and UNFPA funds, is conducting a study to try to obtain some reliable figures. One justification now used for family planning is its contribution toward reducing infant mortality. If reasonably accurate numbers were available, the prevention of maternal mortality could also be used as a justification. Neither would be likely to arouse any opposition.

A high-level Governmental meeting is scheduled for March 15 at which it is expected that the demographic objectives of the CONSUPLANE five-year population plan will be accepted.

- to seek external cooperation and resources for MCH, family planning, and nutrition activities;
- compile demographic information needed for programming;
- produce educational materials and engage in educational activities to bring about more favorable community attitudes towards MCH, family planning, and nutrition;
- revise the normas (procedural regulations) for family planning activity at all levels of the Division;
- propose and execute a family planning policy in conformity with national social reality. Activities are expected to include: 1) informational programs based on data from the Contraceptive Prevalence Survey of 1981; 2) educational and clinical services in family planning; 3) supply of contraceptive materials to health facilities; 4) and development of procedural guidelines for surgical sterilization.

The Division will also attempt to enlist the interest and cooperation in family planning of the Federación de Asociaciones Femeninas de Honduras (Federation of Women's Associations of Honduras). Two seminar courses will be held, each for 30 members of the Federation. One of the objectives is to involve the Federation in the promotion of family planning.

Honduran Institute of Social Security. (Instituto Hondureño de Seguridad Social--IHSS.) IHSS is a semiautonomous government agency that does not receive any funding from the Government but is financed largely by dues paid by its 300,000 members who comprise 7.8 percent of the population and 15 percent of those economically active. Membership is mandatory for some occupations.

Although it maintains two hospitals and offers outpatient services to its members, IHSS was relatively isolated in the medical community until about a year ago. Under the leadership of Dr. Samuel Dickerman K., Chief of the Division of Medical Services, it is now in the forefront of an effort to bring about more cooperation among the IHSS, Ministry of Health, and the Medical School and other appropriate departments of the University in an approach to family planning. Dr. Dickerman is very interested in increasing the family planning service and information efforts of IHSS and has been instrumental in getting more interest in other agencies. He is acting as an informal, self-appointed coordinator of an attempt to develop some kind of mechanism that might lead toward more cooperation and sharing of information among agencies and a greater pooling of efforts with a more rational division of labor than now exists. Dickerman, who was formerly director of medical teaching at the University, said that the University has in the past been opposed to family planning, but is now beginning to accept some responsibility for it.

IHSS launched its family planning effort in April 1982. It has obtained a grant of \$110,000 from IPAVS for a three-year project, just about ready to begin, to provide sterilization services in IHSS institutions for both members of the Institute and general public. This last is an innovation. Thus far service has been available only to members. There has been little change in the regulations controlling the social security program in the past 20 years. These are embodied in a law that has not been changed, but Dr. Dickerman has been looking for loopholes that would enable him to expand service to non-members and has obtained the approval of his Board of Directors to include them in the sterilization program. The service will be offered in the IHSS hospital in Tegucigalpa and the one in San Pedro Sula and presumably in a new 250-bed maternity hospital that is now under construction and that will be opening in 1984. The IPAVS grant will provide salaries for service personnel other than physicians, staff training, and equipment.

Dr. Dickerman is currently negotiating with the Pathfinder Fund for a grant (that he is confident he will get) to support a project he wants to start in Comayagua, a satellite city of about 180,000 population adjacent to Tegucigalpa. IHSS has a property there, now being used as a warehouse, that Dr. Dickerman would like to convert into a place where both IHSS members and the general public could receive family planning services and information, along with outpatient health service, without charge. If the grant comes through as expected, he would like to get this project going by April 1, 1983.

IHSS personnel who will be active in these programs will need to be trained in family planning communications. They are not now well informed about family planning, and neither is the general public they will serve. For informing the public, the staff could, Dr. Dickerman believes, operate some mobile education/information teams to work in the community. If and when the activity gets going, Dr. Dickerman would like explanatory leaflets to reinforce what is learned in the facility from the staff as well as some films. He will also need other audio-visual aids for the use of his staff in explaining various aspects of family planning. All will need to be on a level suitable for people of minimal education.

Dr. Dickerman wants to keep his sterilization program and other contraceptive activities separate so that people who come for family planning can feel welcome and receive prompt and fair treatment. The non-surgical effort will be carried on only in outpatient facilities where people with serious illnesses requiring preferential attention do not attend and where family planning seekers can receive equal attention from the staff.

Dr. Dickerman wants to proceed cautiously with the development of his projects so as not to arouse opposition from any source and would like his projects to become models for others to follow. In his approach to family planning and the provision of information about it, Dr. Dickerman displays the typical conservative medical attitude. He is not at all certain that radio would be a good medium through which to provide information about services, would like any informational materials to be low key (as they properly should be), and would want to avoid motivational messages as being too coercive. The ideal, as he would see it, would be to let people know that they can space their children or limit their numbers if they wish, but that the choice is theirs.

Early services will operate only in Tegucigalpa, its satellite and in San Pedro Sula. But IHSS has offices concerned with pensions and other non-health matters in six other cities, and Dr. Dickerman believes that space might be found in them to offer ambulatory health and family planning services if funds can be found.

Ministry of Education. The Department of Adult Education and ASHONPLAFA, with funding from IPFF and AID and in collaboration with World Education, have carried out what has been said to have been a successful functional literacy/family planning program working with an agricultural cooperative.

El Programa Nacional de Educación Extraescolar de Honduras (National Program for Nonformal Education) is active in the Jamastran Valley area. The Program (PRONAEEH) attempts to motivate village groups in rural areas to define areas in which they wish to receive education. Once these are defined PRONAEEH develops and produces the educational materials, including graphics, written materials, cassette tapes, and radio programs.

A National Literacy Campaign was organized by the Regional Development Board of CONSUPLANE (National Economic Planning Council) with the aid of the military two or three years ago. The goal is to teach basic literacy to an estimated 500,000 illiterate adults in the country. Classes are taught by primary school teachers and 25,000 alfabetizadores (literacy trainers), many of whom are students in the final years of vocational education. Educational materials are prepared by the Office for Adult Literacy of the Ministry of Education. Radio and television commercials have been used to inform people about the program and promote interest in it. As in other countries, materials used in teaching literacy could have a family planning content.

Junta Nacional de Bienestar Social (National Board of Social Welfare). The Junta's projects include: infant feeding centers, community nutritional centers for preschool children, lactarios that provide food for pregnant women and nursing mothers, and housewife clubs. Any of these, especially in rural areas, would be ideal channels for family planning information and materials.

Instituto Nacional Agraria (National Agrarian Institute--INA). Formed in 1961, INA is responsible for implementing the National Land Reform program. It is separate from the Ministry of Agriculture and its Director is a member of the

Cabinet with Ministerial rank. The Institute maintains relationships with all the rural campesino associations, and operates for rural people the National Training Program of the Agrarian Reform (PROCCARA) that provides training in agricultural practices, health education, especially nutrition, and literacy.

The subdirector of INA is acutely aware of the problems caused in rural areas by rapid population growth. He is especially concerned about conditions in a southern Department, Chulatera, where land is poor and jobs scarce on sugar cane and tobacco plantations. People used to be able to go across the border for temporary work in fields in El Salvador, but the border is now closed and these opportunities are no longer available. INA has a contract with the University Medical School for some preventive medicine work, but health conditions are very poor, housing is scarce, and educational opportunities meager.

INA has a clientele of about 500,000.

Some years ago FAO provided two audio-visual specialists and an ample budget that enabled INA to build and staff a well-equipped facility capable of producing almost any kind of audio-visual material, including video tape. It also has six or eight fully-equipped mobile units with generators, television receivers and other equipment for supporting educational efforts. The equipment is well-maintained by trained technicians on the PROCARRA staff and there is a sufficient quantity of all types of equipment to supply backup units when any are down for repairs.

This excellent resource is now not fully used because of lack of funds. PROCARRA would be willing to have it used by organizations interested in family planning at a cost that would cover only the supplies used and the travel expenses incurred in connection with producing programs.

INA would welcome an opportunity to become active in family planning promotion and training. It has the equipment and a technically trained staff; it has a large clientele that desperately need to produce fewer children. What is lacking is funding and some technical assistance from someone who knows family planning IEC and could help with the development of themes and specific content for the materials produced.

C. Private-sector Family Planning Agencies

The Honduran Family Planning Association (La Asociación Hondureña de Planificación Familiar--ASHONPLAFA) began to offer services in one clinic in July 1963. In August 1966, a formal structure was organized and the Association affiliated with IPPF. In the absence of a strong Government program in family planning, ASHONPLAFA has been, and continues to be, the most active and varied family planning agency in the country.

ASHONPLAFA is organized into four Departments: Medical, Information and Education, Community Based Distribution, and Social Marketing (new). There are also two other units, Evaluation and Administration. The present Executive Director, Alejandro Flores Aguilar, has held that post from the beginning. The Association is primarily funded by USAID and IPPF and has received some indirect support through UNFPA projects. It collaborates with the Ministries of Health and Education, as well as with other Government agencies, and has been actively involved in most of the projects with a family planning component and most, if not all, of the external private-sector agencies that have worked in Honduras. The present headquarters was built in 1970. There are current plans to enlarge it by the addition of a second story to provide room for two operating areas for sterilizations and a few hospital beds.

Medical Department. The Medical Department operates in two clinics, one in Tegucigalpa and one in San Pedro Sula, offering both contraceptive and sterilization services, including vasectomy.

The sterilization program started in 1977 and claims to have done more than 20,000 female sterilizations. Vasectomies were started at the same time but only 120 have been done to date. The ASHONPLAFA clinics are said to be the only places in Honduras where vasectomies are offered.

Evaluation data from the IPPF-WHR office in New York show the following new acceptors in ASHONPLAFA facilities and programs since 1977:

New Acceptors - ASHONPLAFA

<u>Year</u>	<u>Clinical Methods</u>		<u>Voluntary Sterilization</u>		<u>CBD</u>		<u>Total</u>
	<u>Number</u>		<u>Number</u>	<u>Percent of Total</u>	<u>Number</u>	<u>Percent of Total</u>	
1977	9,214	32%	749	3	18,625	65	28,588
1978	5,721	20%	1,203	4	22,137	76	29,061
1979	4,462	22%	3,833	18	12,418	60	20,713
1980	4,531	14%	3,757	12	23,805	74	32,093
1981	4,414	16%	3,852	14	18,824	70	27,090

About eight sterilizations a day are done in the Tegucigalpa clinic. Minilaparotomy is the preferred technique. It is basically an outpatient procedure and no overnight hospitalization is required unless there are complications. There is a nominal charge (Flores said 10 lempiras; Dr. Nunez, who heads the Medical Department, said \$10); women who cannot pay get the operation free. The Association has a small grant from World Neighbors and additional funds from a 1982 AID grant to make sterilization somewhat more accessible to poor women by providing free transportation home after the operation. There are limiting requirements for female sterilization. For a woman married or in a stable union, consent of both parties is required. The rule of 80 is used to assess eligibility, (the age of the applicant times the number of living children should not total less than 80), but the rule is flexibly interpreted at times. And there is a waiting period, variously said to be 2 to 3 or 8 to 10 days at ASHONPLAFA clinics and 6 to 8 weeks at Government hospitals.

ASHONPLAFA has provided training, materials, equipment, and supervision to the sterilization programs in 10 Government and two Social Security hospitals, training and equipment to two banana company hospitals, and training for physicians in all the private hospitals. Dr. Nunez estimates that about 50 doctors have so far been trained to do female sterilizations, and an additional 6 to 8 are being trained each year.

Information about sterilization and its availability is mainly exchanged through the informal network of those who have been sterilized and their friends and acquaintances. There is no publicity or formal information program.

ASHONPLAFA pays the salaries of the staff of their clinics in Tegucigalpa and San Pedro Sula and of a private hospital they use in Tegucigalpa. In San Pedro Sula they also pay Government doctors for doing sterilizations. The sterilization program is funded by USAID and IPAVS. A recent USAID grant of \$500,000, covering the period May 10, 1982 through February 28, 1983, will support additional promoters to provide community education and facilitate access to sterilization in eight communities, some of which are rural; it also will provide staff to open a facility that will offer services on a daily basis; and it will, it is hoped, increase by about 50 percent the number of sterilizations done annually.

The two ASHONPLAFA clinics also provide other contraceptive methods. Pills, condoms, and vaginal spermicides are priced the same as in the community-based distribution program. IUD's are also inserted for a nominal fee. The clinics have access to laboratories for blood and urine tests and for pap smears, which are free of charge. ASHONPLAFA also gives clients free antibiotics for vaginal infections and analgesics for menstrual pains. Prices for contraceptives at a clinic are quite minimal, but if a client cannot pay they are given free. Similarly, if a client obviously seems able to pay more, she is requested to make a small donation to the ASHONPLAFA general fund.

During the past year the Medical Department has trained some 80 doctors, 40 nurses, and 40 auxiliaries for family planning.

Social Marketing. With USAID funding and technical help from the Triton Corporation, ASHONPLAFA is about to embark on a social marketing contraceptive retail sales program. The program has been in the planning and formative stages for a year, but plans to start selling one type of oral contraceptive in March 1983. Another type of oral, along with condoms and vaginal tablets will be offered later. A media campaign is being planned by a professional advertising agency, and the market research for the project has been contracted to a Guatemalan firm. The program will operate through pharmacies and small rural shops that have Government permission to sell certain types of drugs (puestas de ventas de medicinas). There are said to be about 300 of each in the country. Distribution will be done by a firm that is already delivering supplies to both kinds of outlet. The program will make use of broadcast and print media in a comprehensive and continuing campaign.

In 1977 the Pathfinder Fund provided training about family planning and contraceptives to some 250 pharmacists in Honduras, but a recent small inquiry by the Triton technicians indicates that pharmacists and pharmacy clerks seem to know relatively little about the contraceptives they sell. The project would like to provide some training again, but so far does not have approval to do so and provision for such training was not included in the contract with USAID.

Evaluation Unit. The head of the Evaluation Unit has been in her job about one and a half years. She studied mathematics in secondary school, had one year of study of demography at CELADE in Chile, has a B.A. equivalent in economics, and has had a course in communications from CIAOP and a course in evaluation and research with a group in Bogota. Earlier, for four years, she was a demographer at CONSUPLANE. The unit has a staff of two, one an auxiliary nurse and the other a secondary school graduate in economics. Field workers are hired to do interviewing; as a result of the Contraceptive Prevalence Survey of 1981, for which interviewers were trained, there is an experienced group to draw upon. Any needed computer work is done either in the U.S. or at the Census and Statistical unit of the Government in Tegucigalpa.

The unit will participate in the midterm evaluation of ASHONPLAFA's community-based distribution program that is about to be started by IFRP. Subjects in the study will be the promoters and distributors. The study, among other objectives, will ascertain how these groups work and assess the quality of their performance. The interviewing is expected to start late in February 1983, and the study is expected to be completed and published by August. A few questions to obtain information of use to the community retail sales program will be included in the interviews.

The unit has not collaborated much with the Information and Education Department but is doing a study of youth attitudes toward sex education for the Department. It is hoped that a new way of evaluating the Department's activities with normal schools can be devised and implemented. It would include baseline tests while the students are still in school followed by post-tests after they have been teaching for six months. There is no pretesting of print materials produced by the Information and Education Department and no analysis of how materials are used in the field.

Several future studies with Westinghouse Health Systems are being discussed. They include: a study of adolescent pregnancies that may reveal a need for an adolescent center; a study of induced abortion and its consequences; a study of male attitudes toward family planning; and an inquiry about the effectiveness of ASHONPLAFA that may be incorporated in a second Contraceptive Prevalence Survey scheduled to be conducted by Westinghouse in 1984.

The chief of the unit would like to see more research done and sees a need both for a larger staff and for training the staff she now has.

Community Based Distribution Department (CBD). Late in 1975 ASHONPLAFA began an urban community-based distribution system in Tegucigalpa and San Pedro Sula with financial support from the Pathfinder Fund. In October 1976 this service was expanded to other urban communities. Rural distribution points were added later and, by May 1980, services were available in ASHONPLAFA's two clinics and through 474 distributors in 446 communities. Late in 1980, major funding was taken over by USAID and an expansion program was begun that led to a 1982 total of 700 distributors. Support for further expanding and improving the system was included in an AID grant made in May 1982. Under the terms of the grant, which will continue through February 1984, it was specified that "Trained maintenance, expansion, and supervision teams will supply contraceptive supplies, maintain records and support the activities of an increasing number of rural distributors under the CBD program," and the "Trained educators and promoters will provide and expand community education and family planning advice to women in new, primarily rural areas." The Agreement called for the establishment of 1,200 distributors and an increase in active users to 100,000 by February 1984. The latest reported figures show 31,487 active users being served at 1020 distribution posts.

For purposes of administration, the program functions through three regions. The national staff consists of 1 chief, 3 supervisors (one for each region), 1 educator, 1 accountant, 3 secretaries, 26 promoters, (one of whom is a promoter coordinator), and 1020 distributors. There are three classes of promoters: promotores de unidad who are provided with a vehicle and who supervise 100 distributors each; urban promotores supervising 30 distributors; and promotores de area with 20 distributors to supervise.

Promoters carry on family planning promotional activities in communities, organize community charlas (talks or lectures), make home visits, and follow up discontinuing users. They receive 7 to 9 days of training before beginning work, part of which is said to deal with how to counteract rumors about the side effects of contraceptives. They are directly responsible for the program's information and education activities in the rural communities, but are given few or no supporting materials. They are expected to make their own audio-visual aids for use in the charlas they organize. In addition to their information and education roles, they must also supervise the distributors and take care of all administrative details connected with the distributors' work. It is estimated that at least a third of their time is spent in other than information and education activities.

Distributors are chosen by the community. Criteria include residency, popularity, maturity, and ability. They are responsible for supplying contraceptives, keeping records, and doing a small amount of promotion. They sell mostly orals, and have a written checklist of ten symptoms they use to determine if orals are suitable for one who will be using them for the first time. They also sell negligible amounts of vaginal tablets and foams. Condoms are also sold; some distribution points have good sales, others very poor.

An attempt was made early in the program to have distributors give educational talks, but this was not found to be satisfactory. Even though they have two days' training before becoming distributors, their retention and educational levels were found to be inadequate to permit them to give talks.

Distributors have some promotional materials in their houses, but very little of it can be given to users or potential users. ASHONPLAFA feels that its prior experience of giving handouts to everyone was a waste of resources because many people threw them away without even reading them.

It is planned to give all distributors a two-day refresher course during 1983. Promoters will be used to provide the teaching.

The 1982 annual report of the CBD program (Appendix C) lists a great many activities carried on during the year including selecting communities for new distribution points and appointing, training, and supervising distributors; visiting, interviewing, and holding meetings with community leaders and heads of local organizations to obtain their acceptance and support of family planning; and organizing courses for a variety of groups. During 1982 the Department developed a reported 211 courses on different aspects of family planning for users, housewives, fathers of families, teachers and graduates of primary schools, community organizations, the military, and industrial workers. Statistics for the year show 8,864 interviews, 14,228 motivational visits, 2,794 follow-up visits, and 6,503 educational talks. In addition to the more than 31,000 active users served, Department staff referred 194 users for sterilization, 102 for IUD insertion, 173 for medical examination, 149 for troubling side effects, and 460 for vaginal cytology.

Perceived Needs. The Department would welcome a wider use of mass media, especially radio. It would like series of spots, microprograms, and 15-minute talk programs. It has a separate budget for a limited number of print materials, but needs more. Most distributors appear to have single copies of leaflets on most methods that they can use to explain methods to clients and allow clients to read at the post. A more ample supply would permit distributors to give copies to acceptors of various methods, with the likelihood that they would be shared among friends, neighbors, and relatives. There is also a need for audio-visual materials (e.g. flip charts) for promoters.

In February 1982, two consultants (from the Center for Disease Control) evaluated the CBD program. Their criticisms were that:

- 1) in 9 months of 1981, 269 new posts were established, but there was no perceptible increase in users;
- 2) promoters were using too much time on data collection and not enough for promotion and education;
- 3) some distributors were inadequately trained in the use of orals;
- 4) educational materials for users were not available;
- 5) there was little coordination between promoters and distributors with regard to scheduling, supervision, and community promotional activities. They also noted that one out of five women in reproductive age, married or in a consensual union, who uses orals gave the CBD as her source of supply.

There has since been improvement in most of the areas criticized, but materials for users are still not available.

Information and Education Department (IED). The chief of the Department uses the term "communications" to refer to mass media use. Since the Department does not use the broadcast media or the press, communications is not used in the title. The term, education, as used by the Department, includes training.

The IED staff consists of 15 employees, 9 in Tegucigalpa and 6 in San Pedro Sula. They are a chief, a regional chief, an assistant chief, 4 educators, an audio-visual aids man, an audio-visual aids assistant, a librarian, 2 secretaries, 2 drivers, and a messenger. The chief is a teacher and social worker and is about to be a lawyer when her thesis is finished. She has been eight years with ASHONPLAFA, 3 years as an educator and 5 as chief of the Department. She has attended 4 person-to-person communications courses and 1 on mass media, each about 2 weeks duration. She regards both herself and the staff in general as weak in the field of mass communications. She and several of the educators on the staff worked with the Maternal and Child Health Division of the Ministry of Health on an AID-funded project between 1969 and 1975. When the project ended, they all joined ASHONPLAFA.

The chief feels a need for out-of-country training in mass communication for herself and her staff.

Educator Activity. The 4 educators work with many types of people; 70 percent of their activity is said to be in rural areas. They also deal with many themes: family planning, contraceptives, sex education, responsible parenthood among them. They work with groups of about 60 persons, covering 8 themes in about 10 hours, divided into about 2.5 hours a day over 4 days. The time of day depends on group convenience. Two educators generally work together and try to cover 2 communities at the same time, meeting in one during the day and in the other at night. Attendance is good because there is rarely anything else going on in the community for people to do. Formal talks are rarely given; instead there is an effort to create discussion. Films are used with both advance preparation of the audience for what they are about to see and follow-up discussion. A variety of audio-visual aids are used. For organized groups, such as the military, the group is subdivided into smaller groupings, each of which is obliged to make a presentation on a theme.

Sex Education. In this field, the Department works with the Department of Orientation and Middle Education of the Ministry of Education. But there is no formal agreement between the Ministry and ASHONPLAFA. The work is principal with teacher-training institutions. Five days of full-time training is provided for upper-level students. About 250 potential teachers are in each group: they are divided into five subgroups of 50 each. Five educators each deal with a single topic for each group. Students are reported to be highly motivated and eager to become active in sex education when they become teachers. It is estimated that more than 90 percent of them put their training to use when they are working as teachers. Mimeographed handouts are given the students to reinforce their learning about each topic. There are refresher courses offered to those who go into teaching, and older teachers are given in-service classes. (The Department is discussing with the Evaluation Unit a research undertaking that would do a baseline measurement of students' knowledge and attitudes before any training and again after they have been teaching for six months or so.)

The educators will, on request from individual schools, go and talk on requested topics. In the past contraception has been largely avoided as a topic, but requests have been starting to come in, and it is planned soon to include instruction about it.

Most students in the schools are in the 18-20 age group. With the median age at marriage quite low this is a very important group to be receiving instruction about sex and reproduction.

Current Projects. The IE Department is currently engaged in five projects as described in its annual report for 1982 (Appendix D). These are:

- 1) Courses of orientation and motivation about family life. These are for parents, people in cooperatives, community leaders, and municipal support staff members. Many of these courses are coordinated with the work of CBD promoters. Twenty to 30 communities are visited each year; about 60 persons attend each course, and sometimes 2 courses are going on in the same community but at different times.
- 2) Courses of orientation and training in sex education. These are described above. During 1982, 25 courses were given for normal school students, 10 for teachers in service, and 5 for refresher training of teachers who had attended a course as a student.
- 3) Courses in responsible parenthood and social hygiene. These are purely for the military, non-officer rank. They run full-time for 3 days. A variety of themes are covered; condoms and some handouts of printed materials are distributed. There is little problem of illiteracy among soldiers because the military has schools to teach literacy skills.
- 4) Courses of motivation in family planning and sex education. This project was funded by Development Associates. Six courses were offered with 30 persons attending each. Those in the courses were from public and private outreach programs, including home economists and extension workers from several government agencies. Funds have now run out. The Department would like to continue the project in the hope that those trained would integrate family planning into their informational work. Discussions are now going on with Development Associates looking toward the reactivation of this project.
- 5) Information dissemination and the production of educational materials and audiovisual aids. The Department is quite dissatisfied with its achievements in this area. It could do more if more funds were available. It is critical of the media for not collaborating more. Some local radio stations (four of them) are assisting the CBD program on a voluntary basis in areas where the promoters have been especially persuasive. The Department would like to plan a seminar for media owners and workers. This conceivably could be an activity of a project the Social Development Center of Chicago is proposing.

Mass Media. The Department laments its lack of funds and believes that media use, especially radio, should be an important part of its program. No opposition from any source is anticipated if media are used. Both the general public and the CBD promoters are demanding this type of support. Radio is acknowledged to be the best medium for reaching ASHONPLAFA's (and the country's) primary target audience--the rural poor. The Department last used radio in 1977, running spots only. The budget was cut; radio use was discontinued. In the press sector, two prominent Honduran journalists went to a Development Associates training course in Panama last year; they came back motivated and have been giving some help. Other journalists and media people are apathetic because they have little information about population or family planning.

A modest radio promotion would not cost a great deal. The Department has proposed a program but so far no one will fund it. It would consist of 15 spots daily on 10 stations for about \$21,000 a year (about \$0.56 a spot); weekly 30-minute program on sex education at an annual cost of \$2,000 (about \$38.50 per program); and a radio drama, 20 minutes, 40 episodes costing about \$1,500. The total cost for radio time is under \$25,000. If tapes were available, it is likely that some additional stations would run some of the material for nothing--for example, the drama.

Print Materials. The Department has well-designed, well-illustrated leaflets on every method and one that covers all methods. It is currently out of some, but is awaiting a new supply from the printers. For administrative reasons they are permitted to print only a three months' supply at a time, but the printer charges them at the lower rate they would pay if a year's supply were all printed at once. Press runs are relatively small. One or two posters are produced annually with a press run of 2,000 and a cost of about \$0.25 each. They are distributed by direct mail to health centers, government offices, and community centers and are always put up inside buildings. A 1983 calendar, well-designed, was produced in an edition of 6,000 copies at a cost of about \$0.25 each. Mimeographed materials are produced to be used as reinforcing handouts with lectures. Some hand-made flip charts are constructed, but promoters mostly have to produce their own. It would be useful to print a supply of small ones that promoters could easily carry and distribute and to provide some of them as well as to people in other agencies who may be talking at times about family planning, for example the Ministry of Health or the Institute of Social Security.

The short press runs of support materials mean that distributors, promoters, and others who could make good use of them are constantly in short supply. If funds permit, this situation should be corrected.

Printing costs are said to be high. Leaflets, for a press run of 5,000 copies, cost from \$0.05 to \$0.23 each. The price quoted above for posters is probably low; to design a poster outside ASHONPLAFA is estimated to cost around \$200. Billboards are used in the larger cities; they are said to cost around \$500 a year for each.

Slides are useful and used and are the sole medium for certain themes. The Department has projectors, but not many sets of slides. They also have opaque and overhead projectors and make their own materials for them.

There is no use of folk media, e.g. puppets or drama.

Perceived Needs. A major need is stronger support in the mass communication area--funding and some technical assistance for the development of new areas, e.g., radio. More staff would be needed if mass media were to be extensively used, and more training of current staff to stimulate them and develop their capability. There is need for leaflets for illiterate or semiliterate people. More audio-visual equipment and software would be useful as would an audio-visual aids training session of 10 to 15 days. From Population Communication Services the Department would like films, library materials (they get Population Reports, but would like a few more copies), technical assistance and project support in radio, print materials for illiterates and other special audiences. At present all materials are undifferentiated as to intended audience. There is a need for materials designed for narrowly focused groups.

Evangelist Committee of Development and National Emergencies (Comite Evangelistica de Desarrollo y Emergencia Nacional--CEDEN). CEDEN is a privately supported community development organization. It works in about 70 communities throughout Honduras, with about 2,500 families receiving assistance. It works only in the poorest rural communities that do not have other public or private services; it is active in each for five years.

Education activities of CEDEN include health, nutrition, midwifery, training, water handling, small farming techniques, literacy, and family planning. CEDEN works with community midwives and trains a local person to be a health guardian (different from the guardiánas de salud of the Ministry of Health) in each community. Educational activities are coordinated by a promoter. Promoters receive about six months' training, but are able to call on other CEDEN specialists for technical help. Audio-visual aids developed by the central CEDEN office, are used in all activities.

In the past ASHONPLAFA has coordinated CEDEN's family planning promotional activities and has provided contraceptives. Recently ASHONPLAFA has suspended its support for these activities because of lack of funds and personnel. Nonetheless, CEDEN views family planning as a necessary component of its program and will continue to promote it.

CEDEN would welcome any assistance in any of its areas of interest. It needs, for its family planning work, both print materials and contraceptives.

D. International Assistance

Bilateral

USAID. In 1976 USAID entered into an agreement to support the training of the large numbers of paramedics needed to deliver basic health services to the rural population and to construct paramedic training centers. Three centers were completed in 1979. The training, completed in 1980, included auxiliary nurses, community health workers, and empirical midwives. The total cost was \$1,238,000.

A grant to ASHONPLAFA in 1980 enabled that organization to increase substantially the number of distribution points in its community-based distribution system. A subsequent grant of \$500,000, for the period May 10, 1982 through February 28, 1984, was designed to enable ASHONPLAFA to expand its surgical sterilization program and again increase the scope of the CBD activity. Objectives for the CBD program are: to facilitate the establishment of additional distribution points to a total of 1,200 (there were 1,020 as of September 1982); to increase the number of active users served from 27,000 in 1981 to 100,000 by 1984; and to reduce the cost per user served from about \$9.50 to \$4.50. The clinic expansion program is intended to increase the access of women who wish to obtain a sterilization operation by providing equipment and personnel to enable some facilities to expand their services and four others to begin offering surgical sterilization; to establish a clinical laboratory to serve the active clinics; to establish an experimental program to provide transportation for women who desire a sterilization but for whom the cost of transport is prohibitive; and to provide and expand community education and family planning advice to women in rural areas. A midterm evaluation of the CBD program will be made in February 1983.

As of February 1983 negotiations were going on between the Ministry of Health and USAID looking toward the provision of support for a somewhat more active health/family planning effort than the Ministry has engaged in so far. Exactly what the program will consist of is unclear, but technical advisers in health administration, operations research, and family planning programming will be coming in February to work out the shape and scope of an acceptable program with the Ministry.

USAID has also, for a number of years, provided support for a variety of population relevant programs through such intermediary agencies as the Academy for Educational Development, Triton Corporation which is developing a scheme for the social marketing of contraceptives, Association for Voluntary Sterilization, Development Associates, and the Pathfinder Fund.

Multinational

United Nations Fund For Population Activities (UNFPA). In mid-1979 the UNDP Governing Council approved a \$4.3 million, five-year project to assist the Government of Honduras in the areas of data collection, population dynamics, population policy, child health and family planning, population education and communication, and enhancement of the role of women in development. The Government cooperating agency is the Council on Economic Planning (Consejo Superior de Planificación Económica--CONSUPLANE); the executing agencies are the United Nations, UNESCO, WHO/PAHO, and UNFPA.

WHO/PAHO is overseeing a project to expand and strengthen MCH/FP services by upgrading health facilities; developing MCH activities; providing training, especially at the community level; providing supplies and equipment to health service units; and designing and implementing a system for evaluating the impact of primary health care activities and community health personnel

The United Nations is executing agency for several projects:

- a) helping to set up and train personnel for a system of civil registration and identification;
- b) a new project, incorporating two earlier ones, Assistance in Demography and Data Collection and Basic Training in Demography, to establish a population unit in CONSUPLANE for coordinating population activities and development planning and strengthening the capacity of the Statistics Department for demographic analysis;
- c) helping with the preparation, implementation, and follow-up of a population and housing census now scheduled for 1984.

UNESCO has been assisting a population education component in the National Out-of-School Program designed to integrate population education content into the training and materials production of the program. A primary purpose is to bring rural women into the educational process.

UNFPA in its 1980/1982 Inventory of Population Projects in Developing Countries Around the World notes that a total of \$3,845,831 had been spent or budgeted for these projects up to the end of October 1981. It is unlikely that much has been accomplished in the area of population or family planning information other than the work done in population statistics.

Nongovernmental

Association for Voluntary Sterilization, International Project (IPAVS). Since 1977 IPAVS has made several grants to the Family Planning Association of Honduras (ASHONPLAFA) that has enabled the Association to:

- a) acquire 50 minilaparotomy kits and 32 vasectomy kits;
- b) establish and conduct female and male sterilization services;
- c) train Ministry of Health physicians in sterilization techniques;
- d) improve its capability to administer sterilization services;
- e) help with a promotional program in support of voluntary sterilization services provided by Government hospitals in the northern areas of Honduras;
- f) establish a repair service for all publicly donated endoscopic equipment.

Under the terms of a USAID grant to ASHONPLAFA made in May 1982 to expand sterilization services, IPAVS will provide technical and advisory assistance, continue administrative support and help with the purchase (and presumably maintenance) of equipment.

Family Planning International Assistance (FPIA). FPIA provided a grant to the Asociación Nacional de Campesino de Honduras (ANACH), the largest agrarian union in the country, to expand its contraceptive distribution services in six states and its provision in rural communities of family planning education and information, group discussions, and voluntary sterilization referral services. The coordinating agency for the project was ASHONPLAFA. The project had some success, but was discontinued for lack of funds when the FPIA grant ran out.

International Fertility Research Program (IFRP). IFRP has carried out research on IUD's and the incidence of incomplete abortion among hospital admissions and is collecting data on maternity care. A representative of IFRP was in Honduras in February 1983 to initiate an evaluation of ASHONPLAFA's community-based distribution program.

International Planned Parenthood Federation (IPPF). The Family Planning Association of Honduras has been a member of IPPF since 1965 and receives annual support from it.

Triton Corporation. With USAID funding, the Triton Corporation is establishing a social marketing program in Honduras to be concerned with contraceptive retail sales. Sales of one type of oral contraceptive are expected to begin in March 1983. The marketing research is contracted but not yet done. A professional advertising agency is working to develop a multimedia advertising campaign.

World Neighbors has provided a small sum to ASHONPLAFA to enable it to provide transportation home for low-income women who have undergone a sterilization operation.

Pathfinder Fund. In 1977 Pathfinder organized and funded a training program for pharmacy employees in several Latin American countries, including Honduras, to make them better informed about family planning and the characteristics of the contraceptives they are selling. Pathfinder also supported the community-based distribution program of ASHONPLAFA until that support was taken over by USAID directly.

World Education. In 1978 World Education had a grant from the Tinker Foundation to develop, with help from IPPF, an educational project for rural communities that included some family planning information. With collaboration from ASHONPLAFA, the Ministry of Health, and the Ministry of Education, the project, which was carried out in the Department of Cortez among a population of about 150,000, combined educational activities with the provision of family planning services. One objective was to obtain 7,000 new users of contraception; another was to recruit and train 35 distributors and a supervisor for the CBD program of ASHONPLAFA. There were baseline and follow up surveys and a control group against which to compare changes brought about. The numerical goals for new users and for distributors were exceeded and the follow up survey noted that more favorable attitudes towards family planning had been achieved, knowledge of contraception was improved, and there were fewer fears about contraceptives. A conclusion of the project is that rural Honduran people will accept family planning if they have access to information and services.

International Projects Assistance Services (IPAS) funded three doctors for training in surgical sterilization and contraceptive up-date at its training facility for Latin American doctors in Puerto Rico.

The Futures Group. At the request of USAID, a RAPID (Resources for Awareness of Population Impact on Development) demonstration was arranged for Honduras in 1978. Sixteen sessions dealing variously with the effects of population changes on development goals were presented to audiences that included high-level government officials. The final sessions were held in November 1980, after which Dr. Phyllis Piotrow of the Population Information Program at Johns Hopkins University came to Honduras as a member of the team evaluating the project.

Three Hondurans were trained in the project:

- 1) Dr. Rigoberto Alvarado, a former Vice-Minister of Health;
- 2) Rudolfo Aplicano, Computer Specialist from CONSUPLANE;
- 3) Margarita Suazo, then a Computer Specialist from CONSUPLANE and now Head of the Evaluation Unit at ASHONPLAFA.

JHPIEGO through its training center representative, Dr. Joaquín Nuñez, who heads the Medical Department at ASHONPLAFA, has trained a number of Honduran physicians in techniques of surgical sterilization.

Development Associates, Inc. has:

- 1) provided training for ten telecommunications union members at a one-week course in Guatemala and in-country training for an additional 25 members in preparation for a union-operated community outreach program;
- 2) sent five CBD staff members to a subregional conference in Guatemala concerned with monitoring and evaluating CBD programs;
- 3) sent four Ministry of Health nurses to a workshop in Bogota and a conference in Fortaleza, Brazil, on the use of traditional birth attendants in family planning programs;
- 4) contracted with ASHONPLAFA for two three-day courses for 40 auxiliary nurses from all eight health regions, for six five-day courses for 180 promoters from various public and private sector organizations active in community service work, and for a five-day course for ANACH; and

Westinghouse Health Systems. Westinghouse in 1981 conducted a Contraceptive Prevalence Survey in Honduras. Preliminary tabulations have been available for some time, but a final report has not yet been issued. The Survey contains considerable information of use to agencies engaged in family planning in Honduras, including some data on the radio listening habits and preferences of both urban and rural women.

Social Development Center. The Center, based in Chicago and headed by Dr. Donald Bogue, is proposing a multiactivity project that is in an advanced planning stage, but that is not yet finally approved by AID/Washington under the PIPEM project. The project will be based locally in ASHONPLAFA.

Proposed activities include:

- 1) a baseline survey of the population and family planning attitudes and beliefs of a variety of national leaders;
- 2) a program of mass mailing of family planning and population information to about 2,500 selected opinion leaders in the country;
- 3) a question and answer service for the general public;
- 4) a comprehensive mass media program aimed at the middle class;
- 5) increased emphasis on motivating and involving persons in the medical/health pharmacy sectors of the country; and
- 6) a White Paper outlining demographic trends and prospects in Honduras, presumably in relation to development aspirations and family welfare. A preliminary budget noted the possibility of financial support from IPPF, but it is not clear what role, if any, that agency will play in the project.

Academy for Educational Development (AED). AED, with AID funding and in cooperation with the Ministry of Health, has been carrying on a mass media and infant health project, beginning in a single health region, for the past three years. The project has been concerned variously with using radio and other communication media, with providing training, and with distributing a medication for infant diarrhea, Litrosol, which is produced, on a non-profit basis, in a laboratory made possible through the use of funds from the national lottery. There is no family planning promotion, but the project provides a number of lessons about what needs to be done for the successful promotion of family planning.

The team responsible for the project consists of two persons, both of whom have been in Honduras for the three years the project has been active. One has technical, the other administrative, responsibility. This division of labor has been an important factor in the success of the project. The administrative function is equally as important as the technical.

The project took a full year to become thoroughly acquainted with the people to be served, the bureaucracy through which the project had to operate, and the media to be used in the multimedia campaign. It began with a baseline survey of the beliefs, attitudes and practices of the target population as they relate to infant and child diarrhea. The findings served the dual purpose of providing guidelines for the approaches to be used and for obtaining bureaucratic approval of the content of informational activities to be undertaken.

The project has progressed through four six-month phases. In Phase I there was a program to train regional area nurses to assume the task of training local health guardians and midwives in how to deal with infant diarrhea; radio

programs were broadcast by both national and local stations (20 spots; 2 songs) emphasizing the themes of dehydration (making a connection between the word and the symptoms), that infants require special care, and scientific and traditional versions of the germ theory, and approving breast feeding. Graphics, such as posters, coordinated with and reinforcing the radio themes, were developed and widely distributed during this phase.

Phase II inaugurated the treatment campaign and involved the training of health center staff, health guardians and parteras, and mayors of small villages, and radio promotion of the product (5 spots; 1 song), emphasizing what it is, what it does, how to use it, and where to obtain it. Again, graphics were used to support the radio promotion; they included a flag, a symbol, and a picture of the packet in which the product was distributed. The packet was an envelope on which was printed both written and pictorial instructions for use.

Phase III was a period in which the project was expanded to the national level. Radio continued to be used (6 spots; 1 song) with testimonials from satisfied users (an innovation in Honduras) and further instructions for product use. Graphics were again used; evaluation was begun; radio spots were monitored (Several stations were found not to be living up to their agreements for presenting spots and payment was withheld until they were in compliance--another innovation.); and logistical procedures for distributing supplies were set up and evaluated.

Phase IV continued the mass media campaign with radio and graphics including a photonovel and a calendar. In this phase the important task of institutionalizing the total process was undertaken to ensure that activities would continue after the project ended.

An additional phase is now underway emphasizing breast feeding as a preventative of infant diarrhea using the same techniques as in the earlier stages.

The project was helped by a stimulation of MOH interest in combatting infant diarrhea resulting from an international seminar organized in Honduras by PAHO in 1981. A national commission to explore what might be done was subsequently formed, and the commission drew up plans for a national program that the project helped to activate. Thus the project has had the approval and support of the Ministry throughout, although there have been some problems growing out of the fact that each of the eight health regions of the country is relatively autonomous and tends to do things in its own way. One evidence of the degree of acceptance of the program is that, after much prodding, MOH is now picking up the salaries of several of the staff paid formerly by AID. However, needed permanent positions have not yet been established.

A number of factors can be identified as contributing to the success of the project:

- There was interest and commitment at Ministry level.
- There were two, rather than one, AED coordinators, with different skills.
- There was an adequate period for planning and preparation, including a baseline survey.
- The external specialists did everything themselves in the early phases of the project: training, designing and producing materials; developing training aids; and having radio spots and songs produced and broadcast.
- The coordinators learned how to work within the bureaucracy, being careful to obtain necessary approvals for all stages and using information from the survey to support suggestions for content to be included in the informational campaigns.

- The coordinators were willing to make small compromises that enabled officials of the bureaucracy to feel they were participants in the program.
- The findings of the survey were used to guide the design and content of informational materials and programs.
- Graphics were keyed to radio presentations for reinforcement.
- Radio messages were reinforced through repetition, and songs and jingles were used.
- A variety of radio formats were used, including testimonials from users, authority figures, information by dialogue, and music.

The project is now undertaking an interesting experiment to see if training can be done by radio. A series of nine broadcasts are being made on the topic of breast feeding. Those to be trained are given booklets with simple questions about the information in each program. These are to be answered during the program. When the series is over and the booklets have been filled, they are taken to the health center and the listener receives a diploma stating that she has participated in the program, has learned about the importance of breast feeding, and is entitled to membership in AMA-MAS, a loose association of mothers who breastfeed their infants.

E. Conclusions and Recommendations

Honduras has many needs in family planning and offers many opportunities for external assistance, but most of the options are likely to be difficult to implement and relatively unproductive in demographic effects. Large amounts of financial and technical support have been provided by multi-lateral, bilateral, and external private-sector agencies over a period of nearly two decades, but fertility and growth rates remain extremely high. ASHONPLAFA has been the major family planning resource for many years and has done a good job, but it is a private-sector agency with limited access to resources and its staff and facilities are already overextended and cannot do much more than they are doing. What is needed for any significant changes in the demographic indices is:

- a greater awareness and understanding at the top level of government of the implications for the economy and for development aspirations of continuing rapid population growth;
- an official commitment to the reduction of the population growth rate;
- a vigorous family planning program in the Ministry of Health with concurrent informational and promotional activity from other government agencies with extension functions and personnel;
- greatly expanded IEC activity including sex education in the schools, with use of mass media, and special campaigns aimed at adult males, youth of both sexes, and rural women; and
- more collaboration and coordination, especially of IEC efforts, among agencies working in the field.

None of these is likely in the foreseeable future. What is possible is a continuation of piecemeal efforts that are needed to build a foundation for the more extensive programs that will be required and may be implemented in the future.

Several possibilities for support by Johns Hopkins University through the Population Communication Services project and its collaborating agencies may be worth further exploration. They include the following:

Institute of Social Security. Since April 1982 limited family planning services have been available to members of the Institute and their dependents. Now Dr. Samuel Dickerman K., Chief of the Medical Services Division of the Institute, has plans, and approval from his Board of Directors, to open a new facility that will offer family planning information and services to the general public as well as to members of the Institute. Funding for the new enterprise is expected to be provided initially by the Pathfinder Fund.

Dr. Dickerman is a dynamic man who is the self-appointed coordinator of an effort to achieve closer cooperation and more collaboration among his Institute, the Ministry of Health, and the Medical School at the National University in expanding and improving their family planning effort. He sees his services as becoming a model for others, especially those of the Ministry of Health.

Several areas of IEC activity proposed for the new project will require outside technical help. They include:

- training of IHSS personnel in contraceptive methods and person to person communications;
- creation and production of simple print materials of the type PIACT has had success in developing for illiterate and semiliterate audiences;
- assistance in locating and procuring technical literature on family planning and contraception that can form the basis for a resource center for the IHSS medical staff;
- identification and provision of audio-visual aids to support the IHSS staff in their educational activities; and
- technical assistance in the development and implementation of a small scale, promotional/informational media campaign announcing the availability of IHSS family planning services to the public. Radio and posters would seem appropriate channels for this purpose.

There are presently no funds to finance these IEC activities, and it is not clear if any are likely to be included in the Pathfinder grant. In any case, the funding required would not be large and should be well within the means of the Population Communication Services project if it should be approached to provide assistance and agreed to do so.

The proposed IHSS expansion is important for several reasons. It will offer an additional source of family planning service to a sizeable number of urban residents. It is a prestigious institution and what it does may have some influence on the attitudes and actions of both top level people and other Government institutions, including the Ministry of Health. And it brings into the family planning scene a national quasi-governmental institution with what appears to be the beginning of a genuine commitment to family planning.

Ministry of Health. There are what seem to be significant developments in the Ministry's approach to family planning. At a recent high-level meeting of Ministry officials a decision was taken to recognize quietly family planning as an official activity of the MCH Division, but still integrated with other activities of the Division. There may be an increase in the amount of family

planning included in the pre-service training of auxiliary nurses (a limited orientation has been made possible by PAHO, serving as an executing agency for UNFPA) and the introduction of some training for other nurses. And the Ministry is talking with USAID/Honduras about a new round of support, the nature of which is not yet decided, but which may include management improvements, experimental projects evaluated by operations research, logistics improvements, and recognition of a need for better communications, especially at the person-to-person level.

If the Ministry decides to move ahead on the Director General's intention to train and use village parteras as principal sources of family planning information and service, it would be useful to have a controlled experimental pilot project in a manageable area that would include a baseline study of knowledge, attitudes, and practices in regard to family planning in that area and in another to serve as a control, appropriate training for the parteras and for the health center personnel with whom they would presumably interact, audio-visual support materials, and, after a suitable interval, a post evaluation to assess the project's impact in terms of its stated objectives. The Director General has expressed some interest in having such a pilot project if his scheme for using parteras is implemented. Plans for such a pilot experiment may be included in whatever agreement USAID may make with the Ministry. If not, and if the scheme is implemented, this might be an undertaking of interest to Population Communication Services. One of the collaborating agencies, AED, has people now in Honduras who have worked there for several years on a project that is coming to an end. They are good at administration and communication techniques; they know the country; they have experience in IEC activities in Honduras; they understand survey and evaluation techniques; and they are known in the Ministry of Health. They would be ideal to take on such a project.

ASHONPLAFA. The IE Department of ASHONPLAFA some time ago developed a plan for radio programming that would include the daily use of spots, weekly talk programs, and a radio drama that could be broadcast for a year for around \$25,000. Additional funds might be required for producing the programs, but the amount should not be large. Such a project would be useful both for providing general information about family planning in rural areas and for stimulating an increased use of the community distribution points. Funds for developing and transmitting programs have not yet been available. This could be a very useful, low-cost project for Population Communication Services to consider.

The IE Department also has other needs. One is funding for larger quantities of print materials, so that distributors in the CBD program might have copies, even in limited numbers, to give to their clients. There is also need for technical assistance in the development of print materials for people who are unable or barely able to read. The Contraceptive Prevalence Survey of 1982 indicated that 70 percent of the rural women interviewed had had three or fewer years of schooling and that 28 percent had not been to school at all.

Population Communication Services could assist ASHONPLAFA with materials for its library, which is used by students as well as by staff, and is considered the best and most used resource of its kind in the country, and by making available lists of films and possibly copies for review that would help to guide selection of those chosen for purchase. The film library is quite limited, and it would be helpful to have some support for the purchase of new ones. With more films, the IE Department could again serve as a lending facility for other institutions that depend on it for their audio-visual resources.

There is a special need for mass media campaigns directed at adult males, at adolescents, and rural women. Ideally such campaigns should be supported with reinforcing print materials. No agency, other than ASHONPLAFA, comes to mind as a possible host for such an undertaking, and ASHONPLAFA has neither the staff nor the funding to consider it.

The ASHONPLAFA community retail sales program that is almost ready for take-off could use some technical assistance. The project manager is specifically requesting help in the development of the promotional aspects of the program. A specialist with advertising/media/family planning experience could provide very useful help toward meeting the needs of the CRS program and, at the same time, provide valuable assistance to the IE Department in the development of their communication program.

Instituto Nacional Agraria (INA). INA has a fully equipped and staffed audio-visual facility plus a number of fully equipped mobile units for giving programs in rural areas. It has a rural training program with a staff of promoters to provide information and training in rural areas. It also has a strong interest in getting more family planning information and service to the rural people. However, its promoters know little about family planning.

The audio-visual production facility is largely unused, although the staff, trained in the use of the equipment and in materials production, is still employed.

ASHONPLAFA, on the other hand, has an IE Department staffed by people who know family planning and who are engaged in training their own promoters and distributors as well as students, graduates, and staff of teacher-training institutions but who are handicapped by a lack of audio-visual materials and capacity.

A most useful project, it would seem, would be to bring about a marriage of these two institutions in which PROCARRA would produce family planning audio-visual materials, including videotape and slide/sound programs, as well as audio tapes for radio presentation for ASHONPLAFA and ASHONPLAFA would train INA promoters in how to promote family planning. Both INA and ASHONPLAFA promoters could use the facilities of the mobile units for local presentations that might combine family planning with nutritional or health educational topics, and that also might be used to focus local attention on the availability of contraceptive supplies through the community-based distributors of ASHONPLAFA.

PROCARRA has expressed a willingness to work with any agency; ASHONPLAFA already has a history of working with and through other agencies. What would be needed would be funding, someone to spend a little time working out the details of cooperation (It would be desirable to begin in a manageable limited area and to spread further on the basis of lessons learned there, only when there had been tangible and significant accomplishment in that area.), and a communications specialist, capable of designing professional quality materials in both audio and visual media, who could spend a number of months helping with the preparation of an initial set of materials and training others to succeed him or her.

A project such as this could offer an opportunity to learn what is needed to bring about a greater awareness and acceptance of family planning in rural areas of Honduras and demonstrate that a combination of well-designed informational activities and easy availability of services can bring about desired changes in fertility among the rural people.

Other Opportunities. It would be desirable if the series of courses on family planning motivation and sex education, formerly offered by Development Associates for extension workers from public and private sector agencies, could be continued. A representative of Development Associates discussed this possibility with ASHONPLAFA staff members recently and it is probable that DA may reactivate the course if somewhat sharper objectives for those trained can be agreed upon.

Other agencies that might be willing to offer some IEC assistance if approached are:

- Asociación de Campesinos de Honduras, the agrarian labor union that, in the past was engaged in providing family planning information and distributing contraceptives to its members.
- National Program for Nonformal Education (Ministry of Education) that organizes education for rural communities on topics of community choice and produces educational materials for them.
- National Literacy Campaign, concerned with literacy teaching on a large scale and said to be using radio and television announcements to inform people about their program and promote interest in it.
- National Board of Social Welfare which organizes infant and mother feeding programs and housewife clubs.
- The Federation of Honduran Women. Nothing was learned about the Federation's interests, but organizations such as this in other countries are carrying on family planning programs for their members. The 1983 Plan for the MCH Division of the Ministry of Health proposes to try to interest and involve this organization in some family planning activity and has put in its budget funds for two seminars for 30 persons each for members of the Federation.

Specific Recommendations. Suggested specific activities would include the following:

A. Provision of short-term technical assistance to the Institute of Social Security in the design and production of print materials (leaflets and posters mainly) suitable for both rural and urban people of low education. PIACT has had considerable experience, especially in Latin America, in the development of such materials for illiterate and semiliterate populations and should be able to provide a suitably skilled person. The staff of the IE Department of ASHONPLAFA as well as appropriate personnel of the Health Education Department of the Ministry of Health should be consulted about the design of these materials with the expectation that any designs developed would also be used by ASHONPLAFA and the Ministry. The use of standard designs throughout the country by a variety of agencies would be economical and would also ensure that all interested agencies would have access to high-quality materials.

B. Designing and implementing a cooperative arrangement between INA and ASHONPLAFA in which:

- the technical resources of INA would be used for the production of audio, video, and visual informational materials to be used by both agencies, with the IE Department of ASHONPLAFA supplying the family planning knowledge and information;

- ASHONPLAFA would mount a national radio campaign to inform the public about family planning and especially about the availability of contraceptives from community distributors. Preference should be given to the use of local stations and to the provision of specific information about places where contraceptives are locally available;
- INA vans would be used to provide information and promote family planning in rural areas and to give visibility to community distribution points;
- the IE Department of ASHONPLAFA would provide family planning communication training to INA promoters and other appropriate field staff with the expectation that these personnel would routinely provide to their clientele information about contraceptives and their local availability;
- ASHONPLAFA would supply print materials for the use of INA field personnel; and
- discussions would be undertaken between the two agencies looking toward the possibility that rural cooperatives served by INA might also become distribution points for both contraceptives and information about family planning.

It is hoped that as a result of these mutually reinforcing activities, the following benefits will accrue. The project will:

- 1) Improve the quality and considerably expand the amount and variety of family planning informational and promotional activities and materials in Honduras;
- 2) Help to bring two additional agencies with a combined clientele of nearly one million persons into active participation in family planning information and service provision;
- 3) Make more effective use of the excellent audio, video, and visual production facilities of the National Agrarian Institute (INA); and
- 4) Enlist the interest, capabilities, and resources of the country's mass media in the task of informing the public about family planning and population matters.

Proposed Pilot Project. A possible means for INA and ASHONPLAFA to begin working together is a pilot project in one region of the country. The estimated time frame of this project is seven months. The project could have seven steps: 1) baseline research; 2) training; 3) contraceptive distribution; 4) media production; 5) media dissemination and IE activities in Phase I; 6) media dissemination and IE activities in Phase II; and 7) evaluation.

The first step in designing the media mix to be used in the pilot project with INA and ASHONPLAFA is to provide technical assistance for both groups. A person with knowledge of both mass media and family planning is the ideal candidate. The person should be strong in administrative skills also, as the first step will be setting up the working agreement whereby each party's responsibilities are delineated. Technical assistance should be provided in the beginning and at regular intervals throughout the length of the project.

Following is a sample outline for such a pilot project:

Calendar of Activities

First Phase: Months 1 and 2

- Baseline Survey
 - Audience KAP survey.
 - Radio listening habits.
- Training
 - INA promoters.
 - ASHONPLAFA CBD promoters.
- Distribution of Contraceptives to CBD Posts
- Media Production.

Second Phase: Months 3 and 4

- IE Activities: promoters
 - What is family planning.
 - Where to get family planning.
 - Human reproduction.
- Mobil Vans: videotapes; slide/tape shows
 - What is family planning.
 - Where to get family planning.
 - Human reproduction.
- Radio: spots, microprograms, drama
 - What is family planning.
 - Where to get family planning.
 - Family planning is a basic right.
- Graphics: posters
 - Where to get family planning.
 - Family planning for everyone.

Third Phase: Months 5 and 6

- IE Activities: promoters
 - Availability of services.
 - Specific methods.
 - Rumor neutralization.
 - Advantages of family planning.
- Mobil Vans: videotapes, slide/tape shows
 - Specific methods.
 - Rumor neutralization.
 - Family planning in other parts of the world.
 - Advantages of family planning.
- Radio: spots, microprograms, drama
 - Specific methods.
 - Rumor neutralization.
 - Advantages of family planning.
 - Availability of services.
- Graphics: poster, leaflets
 - Specific methods.
 - Rumor neutralization.

Fourth Phase: Month 7

- Evaluation
 - Increased KAP in region.
 - Check figures with control region.

Budget (in U.S. dollars)

Technical Assistance	\$10,000
ASHONPLAFA Project Coordinator	5,000
ASHONPLAFA Research & Evaluation INA	2,500
Production Costs: Video & Slide/tape	2,000
Per diem of production crew	1,000
Radio	
Announcers	1,500
National Stations' Time	16,000
Local Stations' Time	4,000
Posters	
Design (3)	450
Printing: 3 x 1,000 copies x \$.40	1,200
Leaflets	
Design (5)	250
Printing: 5 x 10,000 copies x \$.10	5,000
Overhead	5,110
Total	U.S. \$56,110

The media considered most appropriate for this type of project are: radio, closed circuit television, slide/tape shows, posters, and leaflets. INA has some experiences in producing these types of materials, and the use of their production facilities will reduce costs. Media materials will be produced in two phases with different messages for each phase. It is very important that all materials to be used in each phase are repetitive and thus reinforce the central concepts.

Both national and local radio stations should be used. National stations could transmit both spots and microprograms. One national station could also broadcast a radio drama produced in Mexico. Each national station will transmit approximately 10 spots a day five days a week. The radio drama will be broadcast once a day Monday through Friday. The local stations will broadcast only spots. They will transmit 10 spots a day for five days a week. The local stations will also broadcast live tags where actual locations of CBD posts will be promoted.

C. If there is to be an expansion of family planning information campaigns in Honduras it would be desirable to organize one or two workshops for media outlet owners and employees to discuss their responsibilities and opportunities in support of family planning and to give them a basis of information about population and family planning in other areas of Latin America and the world as well as about Honduras. It would be ideal to have at least two such workshops, one for representatives of advertising agencies and the press and one for persons active in the broadcast media. There is a great deal that the press could do, if properly informed and motivated, to deepen an understanding among government officials and other influential persons about what is happening in population in Honduras and elsewhere in Latin America and what the implications are for development aspirations in such areas as education, housing, employment, land availability, and health. The broadcast media, especially radio, if properly used, can be the most effective of all channels for informing people about family planning. Development Associates has successfully conducted media seminars and workshops in other countries--Panama, for example--that have demonstrably increased the press coverage given to family planning and population topics.

The implementation of any of the above recommendations will require a period of on-the-spot discussions and negotiations by someone who has a broad technical knowledge of communication and the channels by which messages are distributed and a sound knowledge of the situation in Honduras and the organizations that are or could be active in family planning. An ideal combination, if they were available, might be the AED team now winding up the mass communication project in the area of ORT and infant health, or one of them supplemented by a Spanish-speaking communication specialist who knows the nuts and bolts aspect of family planning programming.

PART II. COUNTRY PROFILE

HONDURAS

<u>A. Demographic Information</u>		March 1983 <u>Sources</u>
Total population, 1982 (in millions)	4.0	(8)
Population projected for year 2000 (in millions)	7.0	(8)
Crude birth rate, 1982 (per thousand population)	47	(8)
Crude death rate, 1982 (per thousand population)	12	(8)
Rate of natural increase, 1982 (percent)	3.5	(8)
Total fertility rate, 1982	7.1	(8)
Population under 15 years of age (percent)	48	(8)
Population under 5 years of age (percent)	18	(8)
Infant mortality rate (per thousand live births)	88	(4)
Life expectancy at birth, 1982 (years)	57	(8)
Average age at marriage for females (1981)	18	(7)
Women of age 15-44 married or in consensual union, 1981 (thousands)	500+	(7)
Urban population, 1982 (percent)	36	(8)
Migration patterns:		
Rural to urban		
El Salvador to Honduras		
Trained Hondurans to U.S.		

Note: These figures are from different sources and different times. Some are estimates. They should be viewed as approximations rather than precise counts.

<u>B. Social Information</u>		<u>Sources</u>
Illiterate adults, male/female, 1982 (percent)	36/38	(4)
Children in primary schools, boys/girls, 1982 (percent)	66/67	(4)
Children in secondary schools, boys/girls, 1982 (percent)	40/40	(4)
Economically active, males/females (percent)	92/15	(7)
Labor force in agriculture (percent)	61	(8)
Per capita GNP, 1980 (\$ U.S.)	560	(8)
Predominant religion: Roman Catholic		(2)
Language : Spanish		(2)
Ethnicity : Mestizo (percent)	90	(2)

C. Type of Government

In January 1982 Honduras inaugurated a new democratic, constitutional government with a new constitution and newly elected officials. The legislative body, which was suspended during the previous period of government by a military junta, is again functioning, as are other judicial and administrative units.

D. Population Policy

There is no explicit population policy and little evidence of official concern about the birth rate and rate of natural increase, which are the highest of any country in Latin America. There is, however, a national population plan (see Appendix E) for the years 1982-1986 drawn up late in 1982 by the Department of Statistics of the Technical Secretariat of the High Council on Economic Planning. In it, population is viewed as an integral factor in socio-economic development. For 1982 the plan notes a crude birth rate of 43.9 and a death rate of 10.1, somewhat different from the 47 and 12 reported for that year by the Population Reference Bureau. The total fertility rate is given as 7.5, which is higher than the 7.1 reported by PRB, and the 6.5 quoted in preliminary findings of the 1981 Contraceptive Prevalence Survey.

Concern is expressed in the plan about several aspects of migration: the internal movement from rural to urban areas; the exodus of trained professional people, especially to the United States; and the entry of numbers of refugees from other Central American countries.

Among the specific objectives of the plan are: to reduce the rate of natural increase; to slow down migration to the cities; to get better control of international migration; and to develop a system of demographic information. Specific targets are set for such population dynamics as birth rate, death rate, life expectancy, fertility rate, median age, and the flow of rural people into the cities. Most of the goals are modest.

To achieve the objectives of the plan will require actions on the part of a number of ministries. To date there is no indication that the plan has been approved by higher levels of government or that other ministries and departments are prepared to accept and work toward the attainment of the objectives specified. As of now it is only a plan, not a policy.

The United Nations Department of International Economic and Social Affairs, in its Population Division Population Policy Briefs: Current Situation in Developing Countries and Selected Territories, 1982, had this to say about population policy in Honduras: "Although the development plan of the Government of Honduras does not consider demographic objectives explicitly, its general objectives have numerous implications for population policy. Integrated development is viewed as a means of improving the quality of life, especially of the rural population, of increasing employment opportunities, and of achieving a more equitable distribution of income. Under the national health policy, family planning is considered an integral part of the maternal and child health program. Couples are guaranteed freedom of access to family planning information and services, as well as the opportunity to determine the number and spacing of their children. Rates of natural increase are considered to be satisfactory, since levels of mortality remain high. The country's natural resource potential is considered adequate to support anticipated future population growth. The Government considers that continuing high rates of infant mortality demonstrate a real need for the provision of maternal/child health and family planning services.

"Although there is dissatisfaction with the spatial distribution of the population, there is no policy to adjust either the urban or rural configuration. An attempt has been made to decrease the substantial level of emigration. The Government has recently changed its position on immigration and now regards it as too high, largely as a result of large numbers of Nicaraguan and Salvadorean refugees."

E. Contraceptive Prevalence

There are between five and six hundred thousand women in the 15 to 44 age group who are married or living in sexual unions. Of these, according to the Contraceptive Prevalence Survey made in 1981, about 27 percent were using some form of contraception. Of the total number of women in this age group (probably somewhat more than 700,000), the Survey reported that 18.4 percent were likely to be contracepting at any given time.

Differences between urban and rural women are large. The Survey found that 47 percent of urban women of reproductive age, married or in sexual unions, were using contraceptives, as compared with only 16 percent of rural women of the same age group and marital status.

Since the voluntary sterilization program began in 1977, about 20,000 women are estimated to have been sterilized. USAID figures indicate that 6,200 sterilizations were done in 1981 and that 9,200 more were expected to be done in 1982, as a result of some expansion of facilities. Demand for sterilizations exceeds the capacity of facilities and personnel for doing them. As of mid-1982 there were waiting lists of four to eight weeks in Government facilities; the time was much shorter, between two and eight days, in the two ASHONPLAFA clinics. One report indicated that of 10,167 requests for sterilization received in the period January to October 1981, only 3,104 were performed.

Orals are the most widely used method in both urban and rural areas, followed by sterilization, with IUD's a distant third. The use of other methods seems to have been small.

The demand for vasectomies is negligible. ASHONPLAFA reports that only 120 have been done since its sterilization program began six years ago.

F. Broadcast Media

Despite the judgments of some Hondurans that they have highly sophisticated broadcast media and the successful efforts that have been made to expand radio and television coverage, the broadcast media in Honduras are still heavily dependent on external sources for both programs and technical expertise.

The Government exercises little control over the media. There is no censorship of program or commentaries; but neither is there an advertising code, and some radio stations transmit mostly commercial advertisements. The Ministry of Transportation, Public Works, and Communications is responsible for monitoring station frequencies, which must be a harrowing task, considering the extent of overcrowding in the radio frequency bands.

Television. There are three television stations in Honduras, all broadcasting in color. They are Canal Siete (Channel 7), San Pedro Sula; Canal Tres (Channel 3), Tegucigalpa; and Canal Cinco (Channel 5), Tegucigalpa. Only Channel 5 has repeaters (five of them) and is national in coverage.

All three stations are privately owned by the same company, Compañia Televisión Hondureña, S.A. This company also owns the largest and most important chain of radio stations. There is no Government owned or educational television station. (Apparently the Japanese Government has not decided to support an educational television station in Honduras as it has in both El Salvador and Panama.)

Each station has some production facilities, but very few programs are produced in Honduras. News and commentaries are about the only programs produced locally. Most commercials are produced either in Guatemala or Miami. Channel 3 apparently does have some remote facilities, since every newscast carries some video interviews that were made outside the studio. Programs are imported from (in order of importance) the United States, Mexico, and Venezuela.

Channel 5 specializes in soap operas, with five being broadcast daily.

Television has never been used to promote family planning. ASHONPLAFA has been the only organization in the country consistently active in family planning IEC, and it has not had sufficient funds to permit use of the medium and its leaders realize that television does not reach their primary audience, the rural people. However, there are two new projects in prospect that will make use of television this year. They are a commercial retail sales program scheduled to start in March and a project to inform opinion leaders about population. Both projects are cosponsored by ASHONPLAFA and AID/Washington. Both will use television commercials, and no opposition is anticipated.

A UNESCO technical report on communications in Honduras, dated 1979, states that there were 140,200 television sets in the country at that time. Of these 130,000 were black and white sets; 10,200 received in color. In 1979 the rate of importation of new sets was about 7,000 a year. Increased import duties may have caused a reduction in this number in more recent years. It is estimated that there are 700,000 potential viewers, of whom 60 percent are in urban areas, 35 percent in semiurban locations, and 5 percent in rural places. Many parts of the country do not have electricity, and very few rural people have access to television.

Radio. There are 106, 144, or 224 radio stations in the country, depending on the source one chooses to believe. The Public Information Office of the Casa Presidencial and the radio section of the Ministry of Transportation, Public Works, and Communications presumably know the correct number, but it is difficult to obtain it from them. The figure 224 may be fairly current and nearly reliable since it comes from the 1979 UNESCO report. Of the 224 stations, 126 were reported as being on AM frequencies, 98 on FM. These numbers are somewhat deceptive since two national networks control 14 and 20 stations respectively and there are regional networks of smaller numbers.

About 70 percent of the stations have very low power, ranging from 10 to 250 watts. These are truly local stations. The Class A stations are over 10,000 watts and are often linked together with other stations to form regional or national networks.

All the radio stations are privately owned except one, Radio Honduras. The two largest and most important networks are Emisoras Unidas, S.A. and Audio-Video, S.A. Emisoras Unidas owns 14 stations throughout the country and several of its programs are so popular that smaller stations pick up its signals and retransmit them. Audio-Video, S.A. owns 10 stations and has 10 full-time affiliates that are independently owned.

The larger stations in the country have some technical facilities for program production, but most do not. Also, the large stations have capabilities for handling any format, whereas small local stations can use only the disc or cartridge format. The best production facilities are in Tegucigalpa or San Pedro Sula.

Six types of programs are dominant in Honduras: news, spots, music, social service, drama, and educational/cultural. According to two audience research surveys, one national and the other in one region only, news programs are listened to most often. Station HRN, the flagship of the Emisoras Unidas network, is by far the most-listened-to station for news. About 44 percent of its programming is dedicated to news. Spots are an important programming component and most stations give 20-35 percent of their time to them. Spots are usually 30-45 seconds in length.

An oral rehydration project of the Ministry of Health, with the technical assistance of two Academy for Educational Development consultants, broke new ground in Honduran radio advertising two years ago by using testimonials and spots without music under for the first time. Other advertisers have now incorporated these "new" styles into their own spots.

Music programmed is "ranchera" Latin, or rock. Social services are an important part of many stations programs. A person, especially in rural areas, will either by mail, telegram, or in person contact a station and have it read off a short message for another person. A rough comparison would be that radio in Honduras is often used as we would use a telephone in the United States.

While several surveys have shown that radio drama is not listened to by a large audience, empirical observations by field workers suggest that it is. One station, Radio Centro, specializes in radio dramas. Very little educational/cultural programming is done by the commercial stations. The Government station, Radio Honduras, has a virtual monopoly in this area.

ASHONPLAFA has used radio to inform and motivate people about family planning.

But because of severe budget restrictions, radio has not been used since 1977. ASHONPLAFA used some short 15-minute programs, but the emphasis was on spots. They received no special discount on national level broadcasts and were charged the going rate. Stations were quite willing to broadcast family planning spots so long as they were paid for them. Four promoters of the ASHONPLAFA CBD program have working agreements with local radio stations that cooperate in publicizing activities of the promoter in a given community. Other local stations have expressed an interest in cooperating, indicating that if they had small contracts for spots they would give free time for other family planning promotion.

The Government receives substantial discounts for its social advertising, for the oral rehydration project for example, and if it should take up family planning promotion as an official program, costs would be greatly reduced.

It should also be noted that stations are not accustomed to a monitoring system, and such a system has recently been effective in assuring that contracted programs are broadcast before they are paid for.

In 1977 there were about 520,000 radio receivers in the country. Receivers are everywhere, but recent economic problems have reduced the numbers in workable condition in rural areas. It is estimated that two million people listen to radio each week. It is the best medium for reaching large numbers of Hondurans, especially in the rural areas where roads are poor and electricity scarce.

3. Print Media

The literacy rate in Honduras is about 60 percent and is increasing as a result of intensive literacy campaigns throughout the country. However, the rural areas still lag considerably behind the urban areas in reading comprehension and access to print materials. The Contraceptive Prevalence Survey of 1981 reported that 70 percent of rural women had three years or less of schooling, and that 28 percent had never attended school. It is widely recognized that a large proportion of the Honduran population is still illiterate or barely able to read or write.

There are four privately-owned daily newspapers and one government paper that publishes decrees and speeches. The commercial dailies are: La Prensa, Tiempo, La Tribuna, and El Cronista. The government paper is La Gaceta. La Prensa and Tiempo are published in San Pedro Sula and have circulations of about 45,000 and 36,000 respectively. La Tribuna and El Cronista are published in Tegucigalpa and have circulations of 40,000 and 7,000 respectively. La Gaceta, published in Tegucigalpa, has a circulation of less than 3,000. Although all the papers are nationally distributed, the San Pedro Sula ones are more accessible in the northern and eastern regions of the country, and those published in Tegucigalpa are more readily available in the central, western, and southern regions. There are a few local papers that are published weekly.

ASHONPLAFA occasionally uses the medium to publish articles about family planning. Last year five such articles were printed in different newspapers. The sources of the information printed were IPPF and a journalist hired by ASHONPLAFA to write for them on assignment. Two local journalists attended one of the Development Associates seminars for journalists held in Panama, came back highly motivated, and have assisted ASHONPLAFA by writing on their own initiative about demographic and socioeconomic development.

Approximately 40 magazines are published in Honduras, but very few are significant in terms of circulation and regular publication schedules. Semaforo appears to have the largest circulation. Other magazines of some substance are Lenca, El Comercio, and Extra, each with a circulation of about 10,000. Two Government magazines are Sector and Revista Militar (Army), each with a circulation of less than 10,000.

There are many cultural and professional journals and bulletins. ASHONPLAFA publishes one such bulletin, La Familia, six times a year with a circulation of 4,000 each issue. This is the only bulletin in the country that discusses family planning.

There are more than 40 print shops throughout the country. Many of these are small and use equipment that is old and frequently breaks down. However, there are more than a dozen high-quality printers in Tegucigalpa and San Pedro Sula. Their shops are well equipped, and the quality of work is excellent. One problem is developing in the print area: the government has increased import duties on newspaper stock and prices have risen 20 percent in the past year. Allowing for this appreciation, it is still possible to have three-color posters on 17" x 22" Leger Base 32 paper printed in a press run of 10,000-30,000 copies at a cost of \$0.15-0.20 a copy.

The printers most strongly recommended are Lopez and Compania (said to do excellent work in color), Litroarte, Grafico Tulin (very expensive) and Imprenta San Juan Bosco. The government printer, Zetna, does high-quality work but is not very punctual with deliveries.

Although penetration of print materials is limited in the rural areas, people there do use graphics to decorate the walls of their homes. They use calendars, news photos, magazines, and religious illustrations whenever they can find them.

ASHONPLAFA printed a 1983 calendar in a run of 6,000 copies. The distribution was not widespread, and it is doubtful that copies are in many rural homes.

There is a press association, the Asociación de Prensa Hondureña located at 6A Calle (altos), Barrio Guanacaste, Tegucigalpa, D.C. The president is Martin Bayde Urmeneta.

Other IEC Resources

Advertising Agencies. There are about 20 advertising agencies in Honduras. Most of the agencies are small and specialize in only one type of publicity, for example the print medium.

Two agencies are considered to be head and shoulders above the others, especially in creating and managing intensive multimedia advertising campaigns. They are Multi Media, S.A. and McCann Erickson Centro-Americana (Honduras) S. de R.L. Multi Media is located in Tegucigalpa and McCann Erickson in San Pedro Sula.

The Contraceptive Retail Sales program of ASHONPLAFA/Triton/AID-Washington will use Multi Media as its publicity company. Because of delays in the signing of a formal contract, the sales program will start in March 1983 without the aid of a publicity campaign. Multi Media will design and create television, radio, newspaper, and point-of-sale promotional materials. This program will be the first to use an advertising agency to promote family planning in Honduras.

Market Research Agencies. There are no market research firms in Honduras. The market research for the Contraceptive Retail Sales program will be carried out by a Guatemala company, Aragon and Associates.

Communication Training Programs. There are no communication training programs in Honduras. The only opportunities for professional training are through the journalism program at the National University and scholarships for training abroad. International organizations have sent Government employees for short-term training in the United States and other countries, but no ASHONPLAFA employee has ever been outside Honduras for training in communications except the chief of the Evaluation Unit who went to Mexico for a course given by CIACOP.

Other Resource Organizations for IEC in Family Planning. Honduras has a recording plant that will start manufacturing records by February 15, 1983. But there is presently no recording studio with the two-inch tape master system in Honduras, and all recording must be done in Guatemala, El Salvador, Mexico, or the United States.

There are two recording studios in the country that offer quality work. The technicians are usually expatriates or Hondurans who have learned their trade abroad. The studios are adequate for recording radio spots.

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APPENDICES

APPENDIX A

List of Contacts in Honduras

USAID

Tom Park, Population Officer
Barry Smith, Assistant Population Officer

ASHONPLAFA

Alejandro Flores Aguilar, Executive Director
Dr. Joaquin Nuñez, Medical Director
Srta. Juanita Martínez, Chief, IE Department
Sra. Maria Jesús Alvarado de Mejia, Educator, IE Department
Ramon Marin Lopez, Head of Audio-Visual Aids, IE Department
Jose María Zelaya, Head of Information Unit, IE Department
Sra. María Elena de Perez, Librarian
Sra. Nellie Funez, Chief, Community Based Distribution Department
Sra. Margarita Suazo, Chief, Evaluation Unit
Sra. Ruth Sanchez, Promotora del Area
Sra. Ermelda Hernandez, Distributor, Santa Eucia
Sra. Wilma Carlota Flores, Distributor, Mateo
Mike Thomas, Consultant, AID/Triton/ASHONPLAFA, Community Retail Sales
Project
Carolos Young Torres, Project Manager, AID/Triton/ASHONPLAFA, CRS Project

Instituto de Seguridad Social

Dr. Samuel Dickerman K., Chief, Medical Services Division
Dr. Manual Enrique Larios, Subdirector General

Ministry of Health

Dr. Gustavo Corrales, Director General
Dr. Danilo Valasquez, Director, Maternal and Child Health Division
Ms. Elizabeth Booth, Project Field Coordinator, ORT Project
Dr. Reynaldo Pareja, Project Field Coordinator, ORT Project
Sra. Antonia Sanchez, Auxiliary Nurse, Valle de Angeles Health Center
Sra. Rosa Rodriguez, Auxiliary Nurse, Santa Lucia Health Center

National Agrarian Institute

Lic. Augusto Suarez Lozano, Subdirector
Ing. Emil Falck, Coordinator Land Title Project
Oliverio Elias Castillo, Subdirector, PROCARRA

Multi-Media

Marco Coello, Managing Director

Evangelist Committee on Development and National Emergencies

Lic. Dorcas de Gonzalez, Director

Development Associates

Rose Schneider

Structure of the National Health System

There are two subsystems: the institutional subsystem composed of the facilities and personnel of the Ministry of Health; and the informal or community subsystem consisting of health workers at the community level not paid by the MOH.

There are six levels of attention

Level I. This is the community or informal level. All workers are from the community in which they work.

Health Guardian. Male or female; selected by the community. Trained in basic first aid; given first aid kit with some common medicines. Refer more serious cases to Level II. Keep vital records. Rapidly lose interest; don't get paid; receive no per diem for attending monthly meetings at Level III.

Representatives. Selected by community. At least 18, unemployed, literate. Work with health promoters on well and latrine construction.

Midwives. Receive some MOH training in hygiene, prenatal care, problem pregnancies. Receive medical kit with basic instruments and sterilizing materials. Usually older women.

Level II. Bottom of the formal system. Centro de Salud Rural (Rural Health Center) CESAR. Villages of less than 3,000.

Auxiliar de Enfermería (paramedic nurse). Health promotions, vaccinations, basic medical care. Refers serious cases to Level III.

Health Promoters. 21-35 years old; vocational school degree. Job: motivate communities to recognize health problems; health promotion through talks in schools and community groups; construct wells and latrines.

Level III. Health centers with doctors; in villages of 3,500-5,000 people. (CESAMO).

Auxiliar de Enfermería (may be more than one)

Physician (may also have a laboratory)

Level IV. MOH facility with hospital capabilities in 4 areas: medicine, surgery, obstetrics, pediatrics. Include Emergency Hospitals, Area Hospita's.

Physicians

Odontologist

Laboratory

X-ray Technician

Nurses

Auxiliaries

Level V. Regional hospitals; like those of IV, but better equipped. Administrative center for all regional health activities.

Level VI. National hospitals in Tegucigalpa.

One medical school: 6 years of classes; 1 intern year; 1 year social service in rural area.

2 Nursing schools: 4 to 6 years.

3 auxiliary training centers: 10-11 months. Areas: medical attention; administration; mother-child care; epidemiology; training of community health workers.

Health promoters: 40 day course; includes group and community motivation; nonformal educational methods.

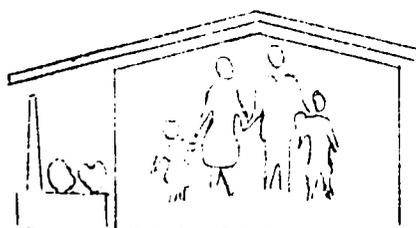
Guardians: 1-week training by promoter, auxiliary, or area nurse. Refresher 18-24 months after 1st course.

Representatives: 3 days.

Midwife: 1-6 days training by auxiliary and area nurse. Monthly reinforcement meetings.

ASOCIACION FONDUERÑA DE PLANIFICACION DE FAMILIA
Departamento de Distribución Comunitaria

INFORME ANUAL
1982



Tegucigalpa, F.C.

Fonduras, C.A.

PROGRAMA DISTRIBUCION COMUNITARIA
INFORME ANUAL 1982

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- II. OBJETIVOS
- III. ESTRUCTURA Y SISTEMA DE TRABAJO
- IV. DESCRIPCION DE ACTIVIDADES REALIZADAS Y LOGROS OBTENIDOS.
- V. ANEXOS.
Datos estadísticos y gráficas.
Actividades realizadas
Logros obtenidos durante el período octubre 1981 septiembre 1982
Usuaris nuevas y activas.

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

INFORME ANUAL 1982

I. PRESENTACION

La Asociación Hondureña de Planificación de Familia presenta el informe de actividades realizadas por personal del P.D.C., correspondiente al período octubre 1981, septiembre 1982.

En el sexto año de su funcionamiento el programa ha llegado a la etapa de expansión, logrando ampliar su cobertura a nivel nacional, proyectándose principalmente en áreas rurales. Esto ha sido posible al implantar el sistema que incluye la utilización de unidades móviles, respondiendo así a la filosofía del programa de proporcionar el servicio de planificación familiar a los habitantes de las zonas más alejadas y necesitadas del país.

II. OBJETIVOS

1. Proporcionar a las familias hondureñas servicios asistenciales de planificación familiar, complementando la acción con una amplia labor educativa que permita a las parejas planear su descendencia en forma conciente y responsable.
2. Propiciar la coordinación de actividades con todos los departamentos, programas y proyectos de la Ashonplafa, para el logro y aprovechamiento de recursos humanos, técnicos y materiales, estableciendo previamente lineamientos de coordinación.
3. Coordinar y desarrollar actividades con instituciones autónomas y gubernamentales que tengan programas de proyección social.
4. Promover la aceptación y uso de todos los servicios que ofrece la Asociación Hondureña de Planificación de Familia, llevando el mensaje de planificación familiar a todos los niveles de población, especialmente aquellos que más necesitan de los servicios que proporciona el programa.

III. ESTRUCTURA Y SISTEMA DE TRABAJO

Desde su inicio el P.D.C. ha tratado de cumplir con uno de sus principales objetivos como es el de que las parejas en edad fértil contribuyan al bienestar familiar haciendo uso de los diferentes métodos anticonceptivos que les permita en forma conciente y responsable determinar

cuando y cuántos hijos desean tener, para ello cuenta con la colaboración de personas voluntarias en diferentes comunidades que proporcionen el servicio de planificación familiar, una vez que han sido capacitadas por los promotores.

En 1982 se han operado varios cambios en la estructura y sistema de trabajo del P.D.C., adecuando dicho sistema a las condiciones reales en que se trabaja, con el fin de mejorar su funcionamiento y lograr los objetivos y metas propuestas.

En este período el programa funcionó a nivel de 3 regiones con 1 jefe, 3 supervisores, 1 educadora nacional, 1 contador, 3 secretarias, 26 promotores y 1,020 distribuidoras; personal responsable de realizar todas las actividades tendientes al cumplimiento de metas y objetivos.

Cada región está bajo la dirección técnica y administrativa de un supervisor quién es responsable de asesorar, orientar, apoyar y coordinar las acciones realizadas por los promotores que tienen bajo su cargo, en coordinación con la Educadora Nacional.

Los 26 promotores son los encargados directos de realizar todas aquellas actividades de promoción educación que conduzcan a la motivación orientación y educación de usuarias de los diferentes métodos anticonceptivos para el mantenimiento de actívas y el ingreso de usuarias nuevas.

IV. ACTIVIDADES REALIZADAS Y LOGROS OBTENIDOS

Mediante las acciones realizadas por los promotores se trata de contribuir a la satisfacción de ciertas necesidades de la población en algunas comunidades donde existan vacíos de distribución, principalmente en actividades de orientación, información, educación, capacitación y otros que tienden a desarrollar habilidades manuales en aquellas personas que desean participar en proyectos de beneficio comunal.

Actividades Realizadas en 1982

1. Estudio y selección de comunidades para la apertura de nuevos puestos de distribución.
2. Identificación con autoridades civiles, militares y líderes de organizaciones sociales, representantes y personal de campo de instituciones privadas y gubernamentales.
3. Selección, capacitación y supervisión de distribuidoras: Recolección de información, recaudación de fondos, suministro y control de anticonceptivos.
4. Visitas, entrevistas y reuniones con líderes, dirigentes y miembros de grupos sociales para lograr su apoyo y aceptación del P.D.C. y coordinar actividades.

5. Se realizaron 8,864 entrevistas, 14,228 visitas de motivación, 2,794 visitas de seguimiento y 6,503 charlas educativas, con el fin de informar y motivar a las parejas hacia el uso de los métodos anticonceptivos y principios fundamentales de la paternidad responsable.
6. Se desarrollaron 211 cursos sobre diferentes aspectos de planificación familiar dirigidos a usuarias, grupos de amas de casa, padres de familia, maestros y alumnos de escuelas primarias, organizaciones comunales, militares y obreros de algunas fábricas de Tegucigalpa, San Pedro Sula y Cortés.
7. Charlas y mensajes a través de emisoras locales en las comunidades de Danlí, Comayagua, Santa Bárbara, El Progreso y Juticalpa.
8. Organización de lactarios y comedores infantiles coordinados con personal de la Junta Nacional de Bienestar Social, CARE y Salud Pública.
9. Cursos sobre planificación familiar y relaciones humanas a personal de enfermería del Hospital San Francisco de Juticalpa y a personal de la FUSEP en coordinación con personal de salud pública.
10. Se logró en este período proporcionar el servicio de planificación familiar en algunas fábricas como son: En Tegucigalpa CAPRISA y La Camaronera. Se desarrolló un curso sobre motivación en planificación familiar a personal administrativo de la Fábrica Textiles Río Lindo, coordinado con el departamento de Educación. En la ciudad de Cortés se impartió cursos y charlas a personal que trabaja en la Empresa Nacional Portuaria.
11. En coordinación con CARE Y J.N.B.S. se organizó para los comedores infantiles de las ciudades de La Paz y Comayagua un equipo de primeros auxilios.
12. En la ciudad de Danlí semanalmente se imparten charlas a grupos de parejas que contraen matrimonio, en coordinación con el alcalde municipal y promotora de A.V.S.
13. Se instaló un puesto de distribución en la Granja Penal de Comayagua.
14. En coordinación con personal de la región # 7 de Salud Pública en Juticalpa, Olancho se hicieron las gestiones necesarias para el acondicionamiento y mejoramiento de la sala de pediatría en el Hospital San Francisco.
15. En varias comunidades se han organizado clubes de amas de casa con personal de CARE y J.N.B.S.

16. Se celebró el día del niño en diferentes comunidades del país, en coordinación con grupos de amas de casa y la colaboración de algunas instituciones .
17. Se desarrollaron dos cursos de capacitación sobre técnicas de trabajo con grupos dirigidos a promotores de distribución Comunitaria y de A.V.S., coordinado con la Educadora del departamento de Educación de la A.H.P.F.
18. Se desarrollaron dos cursos a distribuidoras del área urbana de Cholulca y Talanga respectivamente.
19. Mensualmente se elaboran murales sobre diferentes temas de planificación familiar, así como en los hospitales de Danlí y Cholulca coordinando con promotoras de A.V.S.
20. Un curso de arreglos navideños para usuarias, distribuidoras y empleadas de la A.H.P.F. coordinando con el departamento de promoción social a mujeres y menores trabajadores del Ministerio de Trabajo y provisión social.
21. Dos cursos de orientación a personal obrero de la Fábrica Textiles Río Lindo.
22. Dos veces por semana se imparten charlas a usuarios de los servicios del I.H.S.S. coordinado con la Trabajadora Social de la clínica periférica # 2. En la sala de nutrición del Hospital Materno Infantil, dos veces cada mes se imparten charlas a pacientes del área urbana y rural en coordinación con la Trabajadora Social.
23. Al personal obrero de las fábricas Tropical, Plywood, Covapa y Aserradero Sansone se le han impartido charlas de planificación familiar con la trabajadora social de la periférica # 2 del IHSS.
24. Se realizaron 12 reuniones regionales de supervisión trimestral y una a nivel nacional con el fin de obtener información, conocer y evaluar la marcha del programa, cumplimiento de objetivos, metas y capacitación de promotores.

La aceptación que tiene el programa a nivel nacional es muy significativa y se ha logrado mediante las acciones realizadas por el personal, coordinadas con promotores del programa de AVS y personal del departamento de información y educación, lo que ha permitido además una mejor proyección de la institución.

Con la Unidad de Evaluación se realizaron análisis comparativos que en forma gráfica y narrativa permitieron medir los efectos y logros obtenidos durante el período.

Aún cuando se confrontaron limitaciones, obstáculos y la influencia de cambios que se realizaron en la estructura y sistema de trabajo, se logró al finalizar el período (septiembre 1982) mantener 31,487 usuarias activas con 1,020 puestos de distribución, a través de los cuales se refirieron 198 usuarias para esterilización, 102 para inserción de DIU, 173 para examen médico, 149 por efectos secundarios y 460 para citología vaginal.

Con técnicos asesores de AIB se hicieron dos evaluaciones durante el presente período. Los resultados dieron origen a algunos cambios, no obstante los datos indicaron que el programa logró implantar satisfactoriamente el nuevo sistema de trabajo y que el rendimiento del mismo es positivo.

El apoyo y participación activa de autoridades, líderes y dirigentes de grupos en las diferentes comunidades, fueron determinantes para lograr la aceptación del programa.

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

ACTIVIDADES EDUCATIVAS REALIZADAS Y # DE PARTICIPANTES
PERIODO OCTUBRE 1981 SEPTIEMBRE 1982

CUADRO # 1

<u>ACTIVIDADES</u>	<u>LOGROS</u>	<u>PARTICIPANTES</u>
1. Entrevistas	8864	10684
2. Charlas	6503	49875
3. Cursos Realizados	211	10778
4. Reuniones con Grupos	524	8897
5. Reuniones de Personal	24	33
 <u>VISITAS</u>		
6. De Motivación	14228	17354
7. De Seguimiento	2794	2794
8. De Supervisión de Promotores a Distribuidoras	1036	1020
9. De Supervisión de Supervisores a Promotores	224	26
10. De Supervisión de Supervisores a Distribuidoras	459	459
11. De Jefe de Programa a todo el Personal	69	69
12. Capacitación a Distribuidoras	1051	1020
13. Capacitación a Personal de Servicio	16	26
14. Coordinación con otras Instituciones	178	178
15. Gestiones	851	851
16. Ayudas Audio-visuales elaboradas	173	173
17. Fuestos de Distribución Antiguos	706	706
18. Fuestos de Distribución Nuevos	314	314
19. Total de Fuestos de Distribución	1020	1020
20. Fuestos Urbanos	283	283
21. Fuestos Rurales	737	737

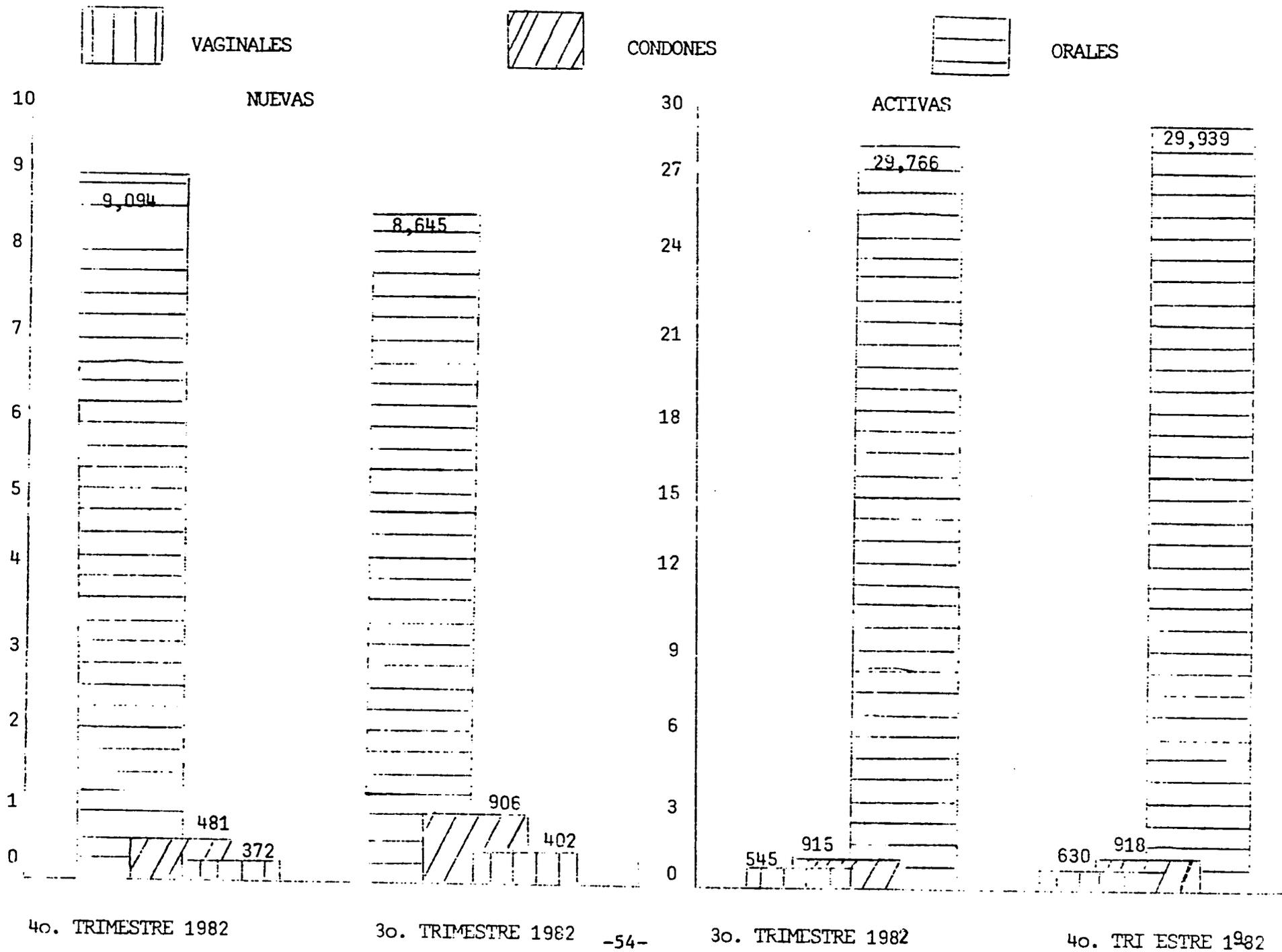
ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA
 DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

LOGROS OBTENIDOS DURANTE EL PERIODO OCT/81 SEPT/82

CUADRO # 2. USUARIAS NUEVAS Y ACTIVAS CLASIFICADAS
 POR METODO

METODOS	Octubre/81 Marzo/82	Abril Junio	Julio Sept.	Octubre/81 Marzo/1982	Abril Junio	Julio Sept.
CUMAL	1069	678	271	1333	1576	769
NO INVL	19247	6133	6609	16991	23002	23130
NO INTEST	2426	1831	2220	3716	5138	6020
NEOSANTON	233	262	209	217	281	314
EMKO	236	139	163	235	263	286
KANSES	1	1		2	1	---
CONDONES	590	906	481	639	915	913
TOTALES	14852	9953	9917	25125	31226	31487
# DE TUESTOS DE DISTRIBUCION POR PERIODO.				802	955	1020

GRAFICA # 7 TOTAL DE USUARIAS NUEVAS Y ACTIVAS RECLUTADAS POR EL P.D.C DURANTE EL 3o. y 4o. TRIMESTRE DE 1981-82 SEGUN METODO SOLICITADO



ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

Departamento de Información y Educación

INFORME ANUAL

1982

Tegucigalpa, D.C.,

Honduras, C.A.

Departamento de Información y Educación

Informe Anual 1982

Objetivos:

- 1- Coordinar la participación institucional a través de los servicios y programas educativos con instituciones que persiguen objetivos similares a los nuestros.
- 2- Promover y estimular el desarrollo de acciones concretas en los primeros niveles de decisión del Ministerio de Educación Pública para la inclusión de la Educación Sexual en los programas de enseñanza.
- 3- Establecer contactos de acercamiento institucional con los sectores: sindical, cooperativista, agrario y otras instituciones de base popular.
- 4- Promover el compromiso y acción directa de los líderes locales a través de la organización y desarrollo de actividades conjuntas que conduzcan a la aceptación y uso de los servicios de planificación familiar.
- 5- Ampliar y sistematizar la relación de información, educación y asistencia específica de la AHPF con las Fuerzas Armadas a fin de llegar a través de las mismas a gran cantidad de hondureños de extracción eminentemente popular.
- 6- Desarrollar actividades de educación y de promoción en coordinación con promotores y multiplicadores de áreas rurales y marginales.
- 7- Desarrollar actitudes de comprensión y apoyo sobre las actividades de información y educación sexual con los niveles primario, medio y superior.
- 8- Apoyar el desarrollo de las actividades educativas a través de la adquisición, elaboración y producción de materiales audiovisuales.
- 9- Divulgar las actividades desarrolladas por la institución a través de la utilización de medios de comunicación colectiva.

Actividades:

El departamento de Información y Educación durante el año 1982 desarrolló las actividades educativas de la ASHONPLAFA, comprendidas en los siguientes proyectos:

- PROYECTO No. 1:** Cursos de Orientación y Motivación para la Vida Familiar.
- PROYECTO No. 2:** Cursos de Orientación y Capacitación en Educación Sexual.
- PROYECTO No. 3:** Cursos de Paternidad Responsable e Higiene Social
- PROYECTO No. 4:** Cursos de Motivación en Planificación Familiar y Educación Sexual.
- PROYECTO No. 5:** Comunicación, Divulgación y Producción de Materiales Educativos y de Apoyo.

**Logros y Limitaciones
Por Proyecto:**

Proyecto No. 1

Tomando en cuenta la meta propuesta para este proyecto de 40 cursos, dirigidos: 20 a padres de familia, cooperativistas, amas de casa y población adulta en general; y 20 cursos a alcaldes auxiliares y líderes comunales, se logró desarrollar 52 cursos con 4604 participantes padres de familia y adultos en general; 21 cursos de Motivación para la Vida Familiar con 595 alcaldes Auxiliares y Líderes Comunales. Con esto se demuestra que en este proyecto se ha obtenido grandes logros ya que no se presentaron limitaciones de ningún tipo.

Proyecto No. 2

La meta propuesta para este proyecto comprendió: 42 cursos con 1520 participantes distribuidos así: 24 cursos con estudiantes del III año Normal; 12 cursos para maestros en servicio y 6 cursos de seguimiento para maestros participantes en cursos anteriores.

Se desarrollaron durante el año: 25 cursos con alumnos del III año Normal con 1134 participantes; 10 cursos para maestros en servicio con 306 participantes y 5 cursos de seguimiento para 106 maestros.

La meta para estudiantes fue alcanzada, no así la de maestros que fue obstaculizada debido al movimiento huelguístico que tuvo el Magisterio Nacional durante los meses que se habían programado los cursos, tanto de capacitación, como de seguimiento en educación sexual.

Proyecto No. 3:

Este proyecto se programó para desarrollar 16 cursos con 30 participantes militares cada uno en las diferentes Unidades de las Fuerzas Armadas. Se llevaron a cabo 21 cursos con un total de 780 participantes. De los 21 cursos se realizaron 4 con reclusos de dos centros penales del país con una asistencia de 169 hombres; este sector de población se tomó en cuenta debido a los inconvenientes en algunas unidades militares que por asuntos internos de las mismas, imposibilitaron el desarrollo de los cursos programados.

Proyecto No. 4

Este proyecto comprendió la realización de 6 cursos con promotores de diferentes instituciones con 30 participantes cada curso.

En vista de que este proyecto comenzó en 1981, durante ese año solo se desarrollaron dos cursos dejándose 4 para ser realizados durante el presente año, los cuales se llevaron a cabo. Además de estos, se desarrollaron dos cursos del mismo tipo con promotoras de la reforma agraria en coordinación con PROCARA del INA y también otros dos con Auxiliares de Enfermería en capacitación.

No se presentaron limitaciones de ninguna naturaleza, cabe mencionar la colaboración de las distintas instituciones involucradas en el proyecto para que lográramos lo propuesto.

Proyecto No. 5

Las actividades de comunicación y divulgación se realizaron cubriéndose en su totalidad las metas propuestas, a excepción de la publicación de artículos, crónicas y noticias en la prensa escrita.

En lo referente a la producción y distribución de materiales educativos, las metas fueron superadas, realizándose además otros trabajos como colaboración a los departamentos de la Asociación.

ACTIVIDADES PROGRAMADAS Y REALIZADAS

Según Frecuencia y Participantes

CUADRO No. 1

No.	ACTIVIDADES	PROGRAMADAS		REALIZADAS		% ALCANZADO	
		# Veces	Participantes	# Veces	Participantes	# Veces	Participantes
1	Cursos de Orientación para la Vida Familiar	20	600	52	4604	+ 100%	+100%
2	Cursos de Motivación para la Vida Familiar	20	600	21	595	+ 100%	99%
3	Cursos de Orientación y Capacitación en Educación Sexual	36	1320	35	1440	97%	+ 100%
4	Cursos de Seguimiento en Educación Sexual	6	180	5	106	83%	59%
5	Cursos de Orientación en Educación Sexual	-	-	3	123	-	-
6	Cursos de Paternidad Responsable e Higiene Social	16	480	21	780	+ 100%	+ 100%
7	Cursos de Motivación en Planificación Familiar y E. Sexual	-	120	3	238	+ 100%	+ 100%
8	Ciclos de Charlas de Orientación en Educación Sexual	-	-	10	635	-	-
9	Ciclos de Charlas de Orientación para la Vida Familiar	-	-	11	340	-	-
<u>ACTIVIDADES DE APOYO</u>							
1	Charlas Educativas	-	-	7	115	-	-
2	Entrevistas	-	-	381	417	-	-
3	Reuniones	-	-	50	301	-	-
<u>ACTIVIDADES DE DIVULGACION</u>							
1	Boletín "La Familia"	6	24000*	6	24000	100%	100%
2	Saludos en prensa	12	-	19	-	+ 100%	-
3	Artículos, crónicas, y noticias en prensa escrita	12	-	5	-	42%	-
4	Calendario	1	2000*	1	6000	100%	+ 100%
5	Informe anual	1	150*	1	300**	-	-
6	Vallas publicitarias	2	-	2	-	100%	-
7	Mensajes en bancas y kioskos	-	-	5	-	-	-
8	Tomas fotográficas	-	-	120	-	-	-
9	Avisos en prensa escrita	-	-	4	-	-	-

* Ejemplares

** Reproducido en mimeógrafo

OTRAS ACTIVIDADES REALIZADAS

Cuadro # 2

No.	ACTIVIDADES	# de Veces
1	Elaboración de informes mensuales, trimestrales y semestrales	18
2	Elaboración de Informe anual del Dpto. de Inf. y Educación	1
3	Elaboración de cuadro Resumen de Actividades por Proyecto para el año 1982	1
4	Elaboración de cuadro Pronóstico de Gastos por Proyecto para cada trimestre, 1982	4
5	Elaboración del informe anual para IPPF	1
5	Elaboración del Proyecto de Motivación y Capacitación en Educación Sexual para Supervisores y Directores de los niveles primario y medio de Educación Pública.	1
7	Atención de visitas que solicitan información sobre la AHPPF y donación de materiales	160
8	Elaboración de tarjetas educativas	8
9	Elaboración de rotafolio sobre Educación Sexual	1
10	Elaboración de material para franelógrafo.	1
11	Elaboración de programaciones específicas para las diferentes actividades educativas	3
12	Elaboración de proyectos educativos	3
13	Revisión y Mejoramiento de proyectos para Development Associates	1
14	Elaboración de Programa/Presupuesto para IPPF 1983	3
15	Participación del personal del Dpto. en actividades pro-dañificados de la zona Sur	1
16	- Elaboración del capítulo "Las fuentes de abastecimiento de la encuesta de Uso y Prevalencia de Métodos Anticonceptivos.	
17	Elaboración del proyecto de Información sobre Población y P.F. para Líderes (PIPOM)	
18	Promoción para cursos	
19	Colocación de carteles en las comunidades visitadas	
20	Participación en cursos de actualización para promotores de AVS y PDC	
21	Análisis de Curriculum Vitae para PIPOM	

DISTRIBUCION DE FRECUENCIA Y PORCENTAJE
DE POBLACION CUBIERTA POR SECTORES

Cuadro No. 3

No.	SECTORES	CANTIDAD	PORCENTAJE
1	Padres de familia *	4883	51.99
2	Alumnos de nivel secundario	1688	17.97
3	Militares	611	6.50
4	Alcaldes auxiliares y Líderes comunales	595	6.34
5	Maestros	662	7.05
6	Auxiliares de Enfermería	300	3.19
7	Promotores sociales	237	2.52
8	Jefes de Personal **	417	4.44
		9393	100.00%

* En esta categoría se incluyen: amas de casa, personal centro penal, trabajadores de fábrica y adultos en general.

** Entrevistas para coordinar actividades.

SECRETARIA TECNICA DEL CONSEJO SUPERIOR DE PLANIFICACION ECONOMICA
DEPARTAMENTO DE ESTADISTICA

PLAN NACIONAL DE POBLACION
1982 - 1986

TEGUCIGALPA, D. C.

HONDURAS, C. A.

OCTUBRE DE 1982

INTRODUCCION

El presente Plan, es el primero que plantea actividades que el Gobierno podría realizar durante los próximos tres años teniendo en cuenta que el componente población es parte integrante del desarrollo socio-económico, y es uno de los elementos del conjunto de factores entre los que existe una estrecha interacción y debe tenerse en cuenta para el logro de los objetivos nacionales de desarrollo y el mejoramiento de la calidad de vida.

Se parte de un análisis del comportamiento reciente de la población, se han elaborado objetivos generales que abarcan los propósitos globales, de igual manera los específicos que dan lugar al logro de las metas.

Este Plan señala que el fomento del desarrollo y el bienestar social requieren medidas coordinadas en todas las esferas socioeconómicas integrando políticas sobre la población para promover un desarrollo más equilibrado y racional de los recursos.

I N D I C E

- I. Diagnóstico
- II. Objetivos
- III. Metas
- IV. Políticas
- V. Aspectos Institucionales

CAPITULO I

I. DIAGNOSTICO

A. Caracterización de la Población hondureña.

Para 1982, la población estimada^{1/} asciende a la cifra de 3.955.116 habitantes, distribuidos aproximadamente en un 50.1% al sexo masculino y la diferencia 49.9 al sexo femenino.

La estructura por edad de la población de Honduras, según los tres grandes grupos de 0-14 años, de 15-64 y de 65 y más años, representan el 48.0%, el 49.2% y el 2.8% respectivamente; esta distribución que corresponde a una población joven es a su vez el producto de los elevados niveles de fecundidad que han imperado en el país.

En correspondencia con esta estructura el índice de dependencia económica de la población es igual a 102, lo que significa que de cada 102 personas en edad de dependencia hay 100 en edad de trabajar.

Para es mismo año 1982, en el área urbana reside el 37.4% de la población y el 62.6% restante en el área rural, cifras que muestran que en su mayor parte la población de Honduras reside en lugares carentes de la dotación de los servicios sociales básicos (área rural).

La relación entre población - territorio muestra al año 1982 una densidad poblacional de alrededor de 35 habitantes por kilómetro cuadrado, cifra esta inferior a la de algunos países centroamericanos densamente poblados.

El comportamiento de las variables básicas del crecimiento demográfico indican la existencia de una elevada mortalidad y natalidad, las cuales son determinantes en la estructura por edades de la población.

^{1/} CONSUPLANE y CELADE. Honduras: "Proyecciones de Población por sexo y edad". Volumen 1. San José, Costa Rica, Abril 1981.

Para el año de 1982, la tasa de natalidad estimada es de 43.9 por mil habitantes, con una mortalidad general de aproximadamente 10.1 por mil, esto se traduce en un crecimiento de 34.0 por mil, lo que corresponde a uno de los más elevados crecimientos de América Latina.

La evolución de la esperanza de vida al nacer pone de manifiesto que en promedio la población hondureña ha alcanzado un mayor número de años de vida. Para 1974 este indicador era de 55.3 años para ambos sexos.

La estimación para el año 1982 es de 60 años de vida promedio. Esta ganancia en el número promedio de años vividos del hondureño obedece fundamentalmente a la incorporación de tecnología médica importada.

Respecto a la mortalidad infantil la tasa obtenida para 1971-72^{2/}, fue de 117.0 por mil y se habría reducido a 86.2 en 1978^{3/}, sin embargo aún con esta reducción importante, Honduras sigue siendo uno de los países con más alta mortalidad infantil en América Latina.

Según la EDENH, 1971-72, la tasa de mortalidad urbana es bastante menor a la rural, de cada 1000 habitantes urbanos mueren 86 aproximadamente, mientras que en el área rural mueren 127 habitantes. Esta mortalidad diferencial se explica por las condiciones de vida más favorables que se dan en el área urbana.

En este mismo período la fecundidad en el área urbana fue en promedio 5.3 hijos por mujer, en cambio en el área rural este indicador fue 8.7. De esta forma se observó al igual que en la mortalidad una marcada diferencia respecto a la zona de residencia. En consecuencia de este comportamiento reproductivo diferencial la fecundidad global del país alcanzó una tasa de 7.5 hijos por mujer.

En base a las cifras preliminares de la Encuesta sobre Uso y Prevalencia de Anticonceptivos de 1981 la tasa global de fecundidad sería de 6.5 hijos por mujer. Esto implicaría un posible descenso de la fecundidad de

^{2/} EDENH, 1971-1972. Dirección General de Estadística y Censos, CELADE Enero 1975.

^{3/} Estadísticas Vitales 1978. Dirección General de Estadística y Censos.

un 13% en el período 1971-72 a 1981. De comprobarse este pequeño descenso de la fecundidad, la reducción de la mortalidad sería el factor principal del crecimiento de la población.

Otro factor importante al considerar la población es la migración interna ya que desde la década de 1960 se ha venido observando un volumen considerable de población migrante que obedece a distintas condiciones de vida en los lugares de origen y destino de los migrantes.

En relación al proceso migratorio general (interno y externo) existen actualmente tres problemas básicos:

- a. Desplazamiento de población desde el área rural al área urbana, principalmente hacia los dos centros urbanos: Tegucigalpa y San Pedro Sula; donde existen evidencias que más del 50% del crecimiento poblacional obedece a los flujos migratorios desde el área rural y en parte desde área urbana.
- b. El éxodo de profesionales y personal calificado hondureño hacia el extranjero principalmente a Estados Unidos. Según cifras de 1970 fueron censados en 7 países un total de 29,549^{4/} personas nacidas en Honduras, de este total el 95% residía en países desarrollados y el resto en países en vías de desarrollo; es evidente que un alto porcentaje de dicha suma corresponde a intelectuales y personal calificado cuyos costos en profesionalización y capacitación recaen sobre la economía hondureña.

El mismo año (1970) fueron censados en los Estados Unidos, dentro de la categoría "profesionales, técnicos y trabajadores afines" un total de 1,816^{5/} personas nacidas en Honduras. De esta cantidad el 21% eran ingenieros, 18% enfermeras, 9% científicos y 6% médicos, etc.

^{4/} Boletín Demográfico. CELADE. Santiago de Chile. Julio 1977. P. 26.

^{5/} Mary M. Kritz. Migraciones Internacionales en las Américas. Vol. 1 No. 1 Año 1980. Pág. 31.

Es posible que en la actualidad la cantidad de profesionales y personal calificado nacido en Honduras y residente en el extranjero se ha incrementado. No obstante ha sido imposible obtener cifras para conocer su situación actual.

- c. Las inmigraciones internacionales como consecuencia de la situación política, social y económica del área centroamericana. Se estima que al mes de Noviembre de 1982 existen en el país un total de 27,674^{6/} refugiados de origen centroamericano bajo control de la Dirección General de Migración y Política Migratoria, esto sin tomar en cuenta los refugiados existentes en los campamentos de Danlí y el Paraíso. Por otra parte hay evidencias que existe un gran número de refugiados sin ningún control por lo que la cifra dada anteriormente sub-estima la cantidad real de refugiados.

Desde el punto de vista de las inmigraciones de un país en particular, las que provienen de la República de El Salvador son las que más han afectado la dinámica poblacional de Honduras. Se estima que al mes de Julio de 1969 antes del conflicto bélico residían en Honduras un total aproximado de 300.000 salvadoreños ^{7/}, equivalente al 11.7% de la población total proyectada a esa fecha (1969).

Dada la alta densidad poblacional en dicho país así como su situación social, económica y política interna, el proceso migratorio hacia Honduras tiende a tomar un carácter estructural con repercusiones desfavorables para nuestro país si no se ejecuta una política congruente con los intereses nacionales.

6/ Dirección General de Migración y Política Migratoria.

7/ Economía Política; Publicación del Instituto de Investigaciones Económicas y Sociales. 1968, No. 17. Pág. 107.

CAPITULO IIA. Objetivos Generales.

1. Propiciar una dinámica poblacional congruente con el nivel de desarrollo socio económico que el gobierno se propone impulsar.
2. Procurar una edad mediana ligeramente superior a la actual.
3. Reorientar la distribución espacial teniendo en cuenta el proceso migratorio interno de manera que no ocasione desequilibrios económicos ni sociales en el País.
4. Racionalizar el proceso migratorio internacional.

B. Objetivos Específicos.

1. ~~Disminuir el ritmo de crecimiento natural de la población.~~
2. Reducir los flujos migratorios a los principales centros urbanos: Tegucigalpa y San Pedro Sula.
3. Atenuar el éxodo de intelectuales y personal calificado hondureño hacia el exterior.
4. Facilitar las migraciones de tipo internacional que supla las necesidades de trabajo calificado requerido para el desarrollo económico del país, siempre y cuando esos niveles de calificación no se encuentren ni puedan ser obtenidos en el sistema de educación y capacitación nacional.
5. Asegurarse que las inmigraciones internacionales consecuencia de la situación política, económica y social centroamericana no se traduzca en un proceso migratorio que afecte a los intereses de la nación.

6. Generar condiciones tendientes a disminuir el índice de dependencia económica que mide la proporción de la población en edad activa respecto de los grupos dependientes.

CAPITULO III

Metas:

1. Reducir la tasa de crecimiento poblacional de 3.4% a 3.1% en período 1982-1986.
2. Disminuir la tasa de mortalidad general de 10.1% en la actualidad a 8.4% en 1986.
3. Aumentar la esperanza de vida al nacer en un promedio de 3 años del nivel 60 a 63 para ambos sexos en el período del plan.
4. Reducir: -La tasa general de natalidad de 44% a 39% en el período de 1982-1986.
-La tasa global de fecundidad de 6.5 hijos por mujer a 5.6 en el período 1982-1986.
5. Aumentar: La edad mediana de 16.00 a 16.5 en el período de 1982-86.
6. Disminuir el índice de dependencia de 102 a 100 dependientes por cada 100 personas en edad de trabajar en el período del plan.
7. Reducir en un 30% la emigración de los departamentos de mayor expulsión de población, hacia las áreas metropolitanas en el período 1982-1986.
8. Prevenir en un 80% el exodo de intelectuales y trabajadores calificados hacia el extranjero, sobre un volumen que probablemente se desplazaría en el período 1982-86.
9. Desarrollar el sistema de información demográfica.

CAPITULO IVPOLITICAS Y MEDIDASA. Políticas

1. Aumentar las actuales coberturas de los servicios de salud, educación y propiciar una mayor participación de la mujer en la actividad económica, como factores determinantes en el crecimiento y estructura por edad de la población.
2. Revisar las acciones sociales institucionales que favorecen indirectamente la emigración a las áreas metropolitanas con el fin de reorientarlas. -
3. Coordinar los programas interinstitucionales de tal forma que contribuyan a reorientar el flujo migratorio hacia aquellas áreas de desarrollo espacial prioritarios.
4. Fortalecer es establecimiento a alto nivel de una dependencia que se ocupe de los aspectos demográficos del desarrollo.

B. Medidas

1. Procurar que la mayor cantidad de población femenina en edad fértil (15-49 años), se incorpore a los programas de alfabetización de adultos y se eleve el nivel de instrucción a través de programas de educación extraescolar y educación formal de Ministerio de Educación Pública.
2. Facilitar a esta misma población el acceso a los Programas de Capacitación profesional impartidos por el INFOP y la JNBS con énfasis en las áreas rurales y marginales de los centros urbanos reorientando los programas de dichas instituciones.

2. Orientar a la población femenina a través de programas radiales y campañas, que contribuya al espaciamiento de los hijos tenidos y a la reducción del tamaño familiar, a través del programa extra escolar en población PRONAEH.
3. Garantizar a la población el derecho de planificar su familia a través de la prestación de servicios de planificación familiar, previamente evaluados en función de la reducción de la mortalidad materna, debiendo funcionar bajo la dirección de la división mater no infantil del Ministerio de Salud Pública.
4. Promover la reducción de los diferenciales de mortalidad entre zonas urbanas y rurales, mejorando la eficiencia en la prestación de servicios de salud, prestados por el Ministerio de Salud Pública.
5. Revisar la Ley de Población y Política Migratoria promulgada por el Decreto No. 37 del 1º de octubre de 1970 a fin de que el organismo asesor denominado Consejo Consultivo de Población se organice con el fin de dictar las directrices de políticas a seguir a través del Ministerio de Gobernación y Justicia.
6. Apoyar e implementar los programas de la Universidad Nacional Autónoma de Honduras en la creación de centros regionales con estudios especializados o relacionados con las principales actividades de mayor repercusión económica hacia los sectores que agrupan mayor población rural.
7. Impulsar las acciones orientadas al desarrollo de los departamentos de expulsión de población de la zona fronteriza con El Salvador, implementando en toda su extensión el proyecto de desarrollo de la zona fronteriza.
8. Orientar la inversión 1982-1986 pública y privada hacia un mayor uso de fuerza de trabajo femenina.
9. Intensificar las acciones orientadas hacia el mejoramiento de información demográfica, fortaleciendo el análisis, difusión y recopilación de información.

CAPITULO VASPECTOS INSTITUCIONALES

Es muy importante destacar que no existe una estructura institucional que rectore las políticas sobre población, ni un organismo responsable sobre el control de los movimientos migratorios internacionales, limitándose la acción estatal a la recopilación y transmisión, estudio y análisis de estadísticas demográficas.

Teniendo en cuenta que el fomento del desarrollo y bienestar social requieren medidas coordinadas en todas las esferas socioeconómicas, incluso la población como factor determinante de progreso, es obvio la formación de una estructura organizacional que dirija y regule los asuntos poblacionales.

De allí la necesidad de formular en primera instancia, una política global, de población que sienta las bases para establecer los mecanismos y señalar las instituciones que estarán encargadas de realizar las acciones correspondientes, designándose un organismo rector que será el encargado de coordinar las actividades.

PROBLEMAS INSTITUCIONALESINFORMACION DEMOGRAFICAEstadísticas Vitales.

Los datos sobre defunciones, nacimientos y matrimonios es deficiente. Se ha calculado que las omisiones en los registros de nacimientos es de aproximadamente un 16% mientras el de defunciones asciende a 45%.

Los registros sobre defunciones en las alcaldías municipales en la mayoría de los casos se hace sin el debido certificado médico de defunción, lo que conlleva a serias dificultades respecto de las características demográficas y causa de defunciones de las personas.

A lo anterior se suma el hecho de que la publicación oficial de los hechos vitales se hace con un rezago temporal de aproximadamente tres años. Actualmente el último Anuario Estadístico es de 1979.

Censos de Población.

El último censo de población se levantó en 1974. Hasta la fecha no se ha percibido en el ambiente gubernamental el interés por levantar un nuevo censo que contaría con el apoyo financiero internacional.

La falta organizativa del sector encargado de la recopilación demográfica, en el cual participan en primer lugar la población misma, el Ministerio de Salud, la Alcaldía Municipal y la Dirección General de Estadística ha conducido a que los planificadores no den alguna prioridad a este sector y que por consiguiente no se le asignen recursos necesarios para su desarrollo.