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Incorporation of Family Planning in
CARE Programs in Western Honduras

FINAL REPORT

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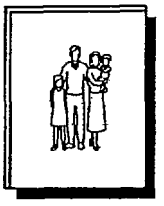

INCORPORATION OF FAMILY PLANNING IN CARE PROGRAMS IN WESTERN HONDURAS

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EXECUTIVE SUMMARY

In 1991, CARE initiated a child survival program in ninety rural communities of Western Honduras, the poorest region of the country Very few women in this area receive reproductive health services Only a third of pregnant women receive prenatal care and less than 10% of births are delivered in a hospital or health center Contraceptive prevalence is 35 3% less than half of which is attributed to modern methods This low rate of use of services can be attributed to factors linked to supply and demand Low demand for services may result from a lack of awareness among the target population of the actions they may take to protect and improve their family's health On the supply side, reproductive health services in this region are extremely inadequate due to poor access to health centers, lack of equipment and supplies and trained personnel and a lack of concrete strategies to provide services In order to solve these supply and demand problems, CARE implemented the following activities

- *Training of Ministry of Health and CARE personnel in the provision of reproductive health services (Reproductive Health Jornadas)*
- *Recruitment training and support of 116 Reproductive Health Counselors*
- *Promotion of family planning services at the community level including the distribution of contraceptive methods*

Reproductive Health Jornadas

A survey of health centers and posts in CARE's target area showed that none had the capacity to offer IUD insertion services This information motivated CARE to initiate in-service training for MOH personnel (Reproductive Health Jornadas) CARE trained all of the doctors professional and auxiliary nurses in their catchment area in IUD insertion and withdrawal, the use of papanicolaou tests for cervical-cancer screening and family planning counseling

Of the 1,976 women attended during the sixty-two days of trainings, 90 5% (1,786) had pap smears taken and 40% received family planning services Over half (56 5%) were new and 43 5% were subsequent users Among new users, the IUD was the most popular method (49%), followed by oral contraceptives (20%) and the condom (18%) Among continuing users, the IUD (36%) and tubal ligation (39%) were the most frequently used methods

Activities of the Reproductive Health Counselors

The Reproductive Health Counselors became an important source of family planning information, referrals and services in their communities From February, 1993 to June, 1994, Counselors provided 696 educational talks to 8,127 participants, over a third of whom were men The Counselors were also responsible for referring pregnant women to prenatal care A total of 1,135 women were referred, of whom 38% reported at least one reproductive risk factor The Counselors provided methods to a total of 2,190 new and 2 164 continuing users during the seventeen months of field activities

Impact on Demand and Supply of Reproductive Health Services

Data collected from the health centers and posts in its target area suggests that CARE contributed to an increase in the number of women requesting reproductive health services and also helped to meet this new demand for services There was a significant increase in the number of IUD users between 1992 and 1993, probably because of the Reproductive Health Jornadas which began in January, 1993 However, there was no difference between the mean number of condom users per month in 1992 and 1993 and the mean number of pill users declined This is probably due to the fact that few health centers had oral contraceptives in stock during this period The decrease in pill users might have been even more marked without the implementation of community based distribution posts by CARE

In addition to stimulating demand for services, CARE itself became an important service provider For example, more pap smears were taken during the Jornadas (1,786) than during the entire year by the MOH (1,565) Similarly, the Reproductive Health Counselors served 60% of new contraceptive users in CARE's impact area in 1994

Results of Baseline and Endline Surveys

The effectiveness of CARE s intervention was measured by comparing the results of baseline and endline surveys This analysis showed that the implementation of these strategies resulted in greater access to family planning services, higher levels of knowledge and improved contraceptive and breastfeeding practices

Access to Information and Services

- 80% of the women interviewed at endline had participated in family planning talks during the last two years The primary source of the talks was the CARE Educator (50%), followed by the Reproductive Health Counselor (19 2%) and MOH Nurse (20 7%)

- At the time of the baseline interview the MOH was the most important source of contraceptive methods, supplying 60% of the women interviewed At the time of the endline survey, CARE had become the most important source of methods (33%), followed by the MOH (28%)

Knowledge

- The percentage of women who stated that they knew at least one family planning method increased from 35 3% to 86 1%

- The percentage of respondents who could spontaneously name specific contraceptive methods doubled

- The percentage of women who stated that their husbands support their decision to use a family planning method increased from 42% to 62% Nevertheless, this means that one third of the women who would like to contracept do not have their partner s support

Contraceptive Use and Breastfeeding

- Contraceptive prevalence increased from 15 4% at baseline to 42 1% at the end of the project
- Use of the IUD and tubal ligation increased, while use of oral contraceptives and condoms decreased A finding of concern is the increase in rhythm users
- The percentage of mothers exclusively breastfeeding at four months doubled between the endline and baseline surveys (from 40 5% to 87%)

Conclusions

The results of this project demonstrate that there is a demand for contraceptive services in this region The educational activities conducted by CARE and the MOH increased the percentage of rural men and women who are informed about family planning and desire to use a family planning method The training of a volunteer specializing in reproductive health increased access to reproductive health education and services Furthermore, distribution of contraceptive methods by these volunteers was shown to be effective - the number of users reported by the volunteers was substantial and no problems were reported The project also demonstrated that men are willing participants in reproductive health educational activities, and their participation appears to translate into more positive attitudes towards family planning use

It proved to be more difficult, however, to improve the supply side of the equation Despite a demand for services, the supply of contraceptives was irregular and health providers lacked adequate training to provide services Ministry norms prohibiting service delivery by auxiliary nurses further limited access In addition, the MOH lacked specific strategies for family planning service delivery In the case of voluntary surgical sterilization, long distances and lack of transportation rendered these services inaccessible for many

In order to overcome these obstacles, CARE implemented in-service training in reproductive health This strategy had several positive results First, all MOH personnel in CARE's target area was trained in the provision of family planning services Secondly, the Jornadas produced an unprecedented number of family planning users and pap smears in the region, demonstrating that 1) there is an unmet demand for Reproductive Health services, 2) it is possible to provide reproductive health services in rural health posts, and c) the simple act of providing information and offering a contraceptive method during a woman's visit to the health center frequently resulted in acceptance of a family planning method

I INTRODUCTION

A BACKGROUND

Health Region N° 5 of the Ministry of Health (MOH), located in Western Honduras, comprises five of the country's poorest departments Copán Intibucá Lempira, Ocotepeque and Santa Bárbara This region is characterized by the lowest socio-economic indexes found in the entire country functional illiteracy among women older than 15 years of age reaches 57 8% compared with 42 7% nationally, infant malnutrition is 55 2% compared with 38% nationally, access to health centers is lower than in the rest of the country, only 49% of the population can reach services within an hour, compared to 64% nationally

Regarding reproductive health, a survey in 90 communities in three departments in which CARE works showed that only a third of the pregnant women received prenatal care and less than 10% of births had been delivered in a hospital or health center According to the 1991 national health survey, only 35 3% of the women living in the region used contraceptive methods, including those residing in urban areas [1] Furthermore, less than half of these women used modern methods The average number of children was nine Though breastfeeding is prolonged, more than half the children are introduced to supplementary feeding before three months of age

In 1991, CARE Honduras initiated a child survival program in ninety rural communities with populations between 100 and 500 in the Departments of Copán, Ocotepeque and Lempira (Map of project area included in Appendix 1) The goal of this project was to lower infant and child mortality in participating communities CARE utilizes a training of trainers strategy intended to mobilize existing organized groups such as community health committees, primary school teachers and housewives' clubs CARE s seven extensionists are coordinated by a supervising nurse, a doctor who acts as regional director and a statistician

CARE closely coordinates activities with MOH personnel The CARE project area has four CESAMOS (health centers with a doctor, nurse and promoter) and 22 CESARES (rural health posts run by auxiliary nurses) In addition, in each of the 90 communities where CARE is working, there is a health committee formed by volunteers selected in community assemblies These volunteers are trained and organized by CARE and the MOH to implement preventive and curative health activities Typically, the health committees are formed by a 'health representative", a 'health guardian and traditional birth attendants TBAs

Taking into account the critical need for reproductive health services in this region, as well as their potential to provide such services through the existing infrastructure of MOH clinics and personnel, community health committees and extensionists, CARE implemented a reproductive health program to test the feasibility and effectiveness of improving reproductive health services through training health personnel and providing education on family planning through community volunteers

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[1] Encuesta Nacional de Epidemiología y Salud Familiar 1991/1992 Honduras Ministry of Health and ASHONPLAFA

B PROBLEM STATEMENT

Various studies have shown an association between the social and biological characteristics of women and events such as maternal, infant and perinatal mortality and morbidity due to complications during pregnancy and childbirth From an epidemiological perspective, these characteristics are called reproductive risk factors These include maternal age over 35 or under 18 years of age, birth intervals under two years and high parity

Due to the fact that an early start, inadequate spacing and late termination of reproduction are factors which directly influence infant morbidity and mortality, it is evident that a child survival program would increase its benefits if implemented jointly with a reproductive health program which includes promotion of breastfeeding and family planning

As previously noted, prenatal care and institutional attention during childbirth is low in the communities covered by CARE's Child Survival Program In addition, contraceptive use in this area is uncommon This low rate of use of services can be attributed to factors linked to supply and demand Low demand for services may result from a lack of awareness among the target population of the actions they may take to protect and improve their family's health On the supply side, reproductive health services in this region are extremely inadequate due to poor access to health centers, lack of equipment and supplies and trained personnel and a lack of concrete strategies to provide services

Supply and demand factors are especially noteworthy in the case of family planning Health centers in CARE s project area report very few family planning users This may indicate a lack of knowledge and distrust of contraceptive services and methods, and of the benefits which can be obtained through their use For example, results from a national survey conducted in 1987 indicate that 31 4% of rural women in union do not use contraception for reasons of fear, bad experiences, distrust of methods lack of knowledge and husband's opposition[2]

However, on the supply side family planning is not actively promoted, in part due to the emphasis placed on other programs and in part for fear that the population will reject such services Occasionally, service providers also reject these services, believing that family planning programs are imposed by external agents in order to reduce the country s demographic growth In addition to the lack of motivation to provide reproductive health care, service providers lack training in reproductive health, in particular in the area of family planning This lack of training prevents adequate attention to clients requesting these services Finally, at the community level, the health guardian is overloaded with work since he is expected to carry out a variety of preventive and curative activities Such a broad range of responsibilities forces the guardian to concentrate on only a few activities which are considered urgent at the expense of others which may be equally important

Therefore, the problem that CARE addressed in this project was how to increase the demand for and supply of family planning services in order to improve maternal-child health in the communities included in CARE s Child Survival Program in Western Honduras

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[2] Epidemiology and Family Health Survey Honduras Conducted by the Honduran Ministry of Public Health ASHONPLAFA Management Sciences for Health and Family Health International May 1989

C POTENTIAL SOLUTIONS

As previously mentioned, there was very little disposition towards the promotion and provision of family planning services among health personnel at the beginning of this project This may reflect the inappropriate focus often given to family planning programs, in which the demographic rationale for providing contraceptive services prevails over the health rationale In order for family planning to be accepted and promoted by health personnel, it was necessary for them to recognize its role in health promotion In addition, it was necessary to communicate that the accomplishment of quantitative program goals is not as important as the satisfaction of the individual needs of their clients Two conceptual frameworks which utilize this approach were used to train MOH and CARE personnel reproductive health and quality of care The first framework shows how birth spacing favors maternal-child health, while the second focuses on specific programmatic actions which can be taken to help women achieve their reproductive goals

In order to increase the demand for services it is necessary that the population clearly understand the benefits of birth spacing, how to achieve optimal spacing and what services are available to them However, the community agent previously responsible for providing this information was overloaded with child survival activities To solve this problem, the project selected and trained community volunteers to carry out reproductive health activities Finally given that the MOH in Honduras had no ongoing community based distribution program, this project tested the feasibility of developing such a program through the health committees

II METHODOLOGY

A GOALS AND OBJECTIVES

Goals

The overall goal of this project was to develop and test strategies for improving the provision of reproductive health services to rural families The intermediate goals were

a Increase knowledge, positive attitudes and skills relating to reproductive health among the Ministry of Health and non-governmental health practitioners in Health Region V

b Improve the quality of reproductive health care provided by the Ministry of Health in Health Region 5

c Increase knowledge, positive attitudes and skills relating to reproductive health among community health volunteers in ninety communities of Health Region 5

d Increase knowledge and use of prenatal care exclusive breastfeeding and contraception among rural women in ninety communities of Health Region 5

Objectives

In order to achieve the above goals the following objectives were established

a Train 8 doctors and 44 nurses in 25 rural health clinics and centers in Region 5 in reproductive health and quality of care, and measure the impact that this training has on their knowledge, attitudes and practices

b Train CARE's seven extensionists in reproductive health, family planning and service promotion, and measure the impact that this training has on their knowledge, attitudes and practices

c Identify and train 180 voluntary health promoters in reproductive health (Reproductive Health Counsellors) in the 90 communities where CARE s Child Survival Program is being implemented and measure the impact that this training has on their knowledge, attitudes and practices

d Promote family planning services among members of 90 communities in western Honduras and measure the impact of this promotion on the demand of family planning services in health centers and community distribution posts

e Establish CBD posts in communities where reproductive health volunteers agree to distribute barrier methods and oral contraceptives

f Strengthen the management information system already established to allow monitoring of new program activities, and train CARE s personnel in data processing and use of data for decision making

g Refer approximately 500 women to family planning services

B HYPOTHESES

a Training of physicians and nurses in reproductive health and family planning will increase their knowledge of reproductive health and will increase favorable attitudes towards family planning service delivery, and improve their delivery of reproductive health services

b Training of CARE extensionists in reproductive health and family planning will increase their knowledge of reproductive health and will increase favorable attitudes towards family planning service delivery

c Identification and training of voluntary health promoters in reproductive health and family planning will increase their knowledge of reproductive health and will increase favorable attitudes towards family planning service delivery

d Promotion of family planning services among members of project communities will result in an increased demand for reproductive health services

e Access to contraceptive methods through CBD posts will result in greater contraceptive prevalence than in areas receiving only education and training

f Training of practitioners will result in improved quality of care in the Ministry of Health centers and posts

C EVALUATION

The hypotheses presented above were tested in the following manner

a Information on the promotion activities conducted by extensionists and volunteers was obtained from CARE records The information collected includes the number of talks, home visits and referrals given by type of the visit, client and service to which she or he was referred

b Impact on service delivery outlets was assessed through monitoring of family planning services in health centers and posts and community-based contraceptive distribution posts

c Changes in contraceptive prevalence, prenatal care, and breastfeeding in the 90 project communities by comparing the results of a KAP baseline and endline survey

d Focus groups were conducted with women receiving services at MOH and ASHONPLAFA clinics in order to determine quality of care from the users' perspective

D DATA COLLECTION

Data to evaluate project activities was collected from the following sources

a **Standardized Test of Family Planning Knowledge**

Knowledge and attitudes were measured by administration of the Standardized Test of Family Planning Knowledge developed by INOPAL

b **Mini-Survey**

A mini-survey of the attitudes and knowledge of personnel in MOH clinics and posts was developed (Appendix 2)

c **Service Statistics**

Data on activities conducted under this project was collected through CARE MIS forms The Reproductive Health Counselors recorded their activities monthly on a simple form CARE extensionists collected this data from each Counsellor, consolidated it and reported to the project coordinator, who consolidated community totals quarterly (Instruments included in Appendix 3)

d KAP Survey

The KAP survey conducted by CARE in 1991 was repeated at the end of the project The instrument includes a variety of questions on contraceptive prevalence, breastfeeding and prenatal care (Appendix 4)

e Focus Group Guides

Guides were developed to conduct focus groups among MOH and ASHONPLAFA users to provide information on quality of care from the user perspective (Appendix 5)

III IMPLEMENTATION OF ACTIVITIES

A TRAINING OF CARE EXTENSIONISTS

CARE extensionists were trained in reproductive health during a five-day workshop The instructors included personnel from ASHONPLAFA and the Honduran Social Security Institute The topics covered in the course included reproductive risk, contraceptive technology, family planning counseling, human sexuality, adolescent fertility, responsible parenthood, care during pregnancy, childbirth and postpartum care, breastfeeding and sexually transmitted diseases/AIDS Knowledge of contraceptive methods increased from 51% to 80%, as measured by the Standardized Test of Family Planning Knowledge In addition, CARE personnel took part in workshops on contraceptive technology, focus group methodology and quality of care in family planning services organized by INOPAL

CARE extensionists also conducted field visits to learn from the experiences of other reproductive health projects In October, 1992, two CARE extensionists visited rural reproductive health projects in Guatemala Other extensionists visited programs conducted by the IHSS, ASHONPLAFA, AHLACMA, Plan in Honduras and Save the Children

B SELECTION AND TRAINING OF VOLUNTEERS

CARE extensionists and MOH personnel trained volunteers from each community as Reproductive Health Counselors Volunteers were selected in community assemblies and whenever possible were members of existing health committees Ideally the Counselor was a woman who had breastfed her children, was married or in a stable relationship of child bearing age with interest in family planning All of the individuals selected to be Counselors were in favor of distributing contraceptive methods

107 women were trained as Reproductive Health Counselors The profile of these volunteers was

- 84 Housewives
- 11 Guardianes
- 10 Midwives
- 2 Health Volunteers

Although CARE originally proposed training two Counselors per community, extensionists were only able to find one volunteer per community During the course of the project, 16 male volunteers were trained as suggested by participants in focus groups

The Counselors were trained during a five-day course which covered anatomy and human reproduction, reproductive risk, family planning, breastfeeding and counseling techniques The counselors also discussed the goals, strategies and activities of the project, as well as the data collection and referral forms The instructors for these courses were medical and paramedical staff from the health centers and CARE extensionists An increase in knowledge from 20% to 80% was observed

In order to follow-up the original training, CARE adapted the "Supervision Guides", developed by INOPAL in Guatemala (Appendix 6) Each extensionist provided on-going in-service training to the Counselors in their area through the use of these structured supervision guides, refreshing their knowledge and helping them execute tasks such as talks and home visits

Based on the areas of weakness identified during the application of the supervision guides and the results of the focus groups, two refresher courses were given to the Counselors These focused on contraceptive technology, in particular secondary effects CARE extensionists also reviewed strategies and analyzed project results with the Counselors during these trainings

C TRAINING OF MINISTRY OF HEALTH PERSONNEL

At the beginning of the project, CARE proposed an ambitious plan to train doctors, professional nurses and nursing auxiliaries of the MOH in reproductive risk, contraceptive technology and quality of family planning services In addition, CARE planned to finance the training of physicians and professional nurses of the MOH and CARE in IUD insertion at ASHONPLAFA Regional Centers

It was not possible to carry out these training activities as planned due to problems coordinating dates with ASHONPLAFA and the reluctance of the MOH to close health posts in order to permit staff to attend trainings As a result, CARE changed its strategy, implementing in-service training which did not require MOH personnel to leave their posts The training strategy is described in Section H - Reproductive Health Jornadas In addition key personnel from the region participated in a quality of care workshop

D INFORMATION, EDUCATION AND COMMUNICATION MATERIALS

CARE collected examples of existing educational materials for service providers and purchased and or duplicated them for project use

The materials distributed to the extensionists included

1 Manual No 5 on Family Planning produced by Project Hope
2 Pamphlets on Contraceptive Methods and Cervical Cancer produced by ASHONPLAFA
3 Reproductive Health Manual and flipcharts produced by AHLACMA
4 Reproductive Health Manual produced by Save the Children

5 Videos on Reproductive Health
6 Copies of Alternativas and other Population Council materials published in Spanish

The volunteers had access to the same materials as the extensionists In addition, they were provided with their own copies of Project Hope's manual and ASHONPLAFA pamphlets

MOH personnel were provided the same materials as the extensionists, as well as a copy of Contraceptive Technology, The INOPAL Manual of Quality of Care in Family Planning Services and a Reference Manual on Contraceptive Technology IUD Insertion and Cytology compiled by the Population Council's local fellow

E IMPLEMENTATION OF FIELD ACTIVITIES

Educational activities began in February, 1993 immediately after the Counselors were trained CARE extensionists were responsible for providing an educational talk on reproductive risk and family planning in each of their communities every three months

The activities of the volunteers included

- promoting the talks given by extensionists,
- organizing monthly meetings with pregnant and breastfeeding women to discuss breastfeeding family planning and reproductive health topics,
- detecting women with reproductive risk factors and advising them about their family planning options
- detecting contraceptive users who had problems with their method and helping them to resolve their problems by providing them information or by referring them to health centers,
- distributing pills and condoms or referring potential users to family planning services,
- identifying pregnant women, providing them information on care during pregnancy, referring them to prenatal care and instructing them on the importance of breastfeeding,
- identifying breastfeeding women providing information on breastfeeding and weaning, helping to solve lactation problems and recommending complementary contraceptive methods and
- completing service statistics forms

The project design called for the MOH to supply contraceptives on a regular basis to CARE Unfortunately, due to internal problems the MOH was unable to provide the quantity of methods needed to supply the Counselors As a result, CARE supplemented the supply of methods provided by the Ministry with methods from the Social Security Institute

A formal referral system utilizing a referral slip for women to present to their local health centers and ASHONPLAFA clinics was implemented Transportation was provided for men and women who had to travel long distances to receive IUD insertion or sterilization services

F REPRODUCTIVE HEALTH JORNADAS

During the course of the project, CARE personnel observed an unmet demand for family planning, in particular IUD insertion, and papanicolaou services None of the health centers in CARE's target area offered pap smears or IUD insertions, most often due to a lack of trained staff In addition, service delivery sites lacked IUD insertion equipment and IUDS In order to remedy this situation, CARE implemented Reproductive Health Jornadas The Jornadas consisted of visits to health posts and centers by CARE personnel to provide family planning services and take pap smears while providing in-service training to MOH staff

The Jornadas were designed to test the existence of demand for reproductive health services in the area while training CARE and MOH personnel in papanicolaou and IUD insertion Other objectives of this strategy were 1) provide reproductive health education, 2) detect and refer women with abnormal pap smears, and 3) provide family planning services Finally, the Jornadas supported the work of CARE extensionists and volunteers by reinforcing their knowledge, supporting their educational activities and enhancing their credibility by responding rapidly to the demand generated by their promotional activities

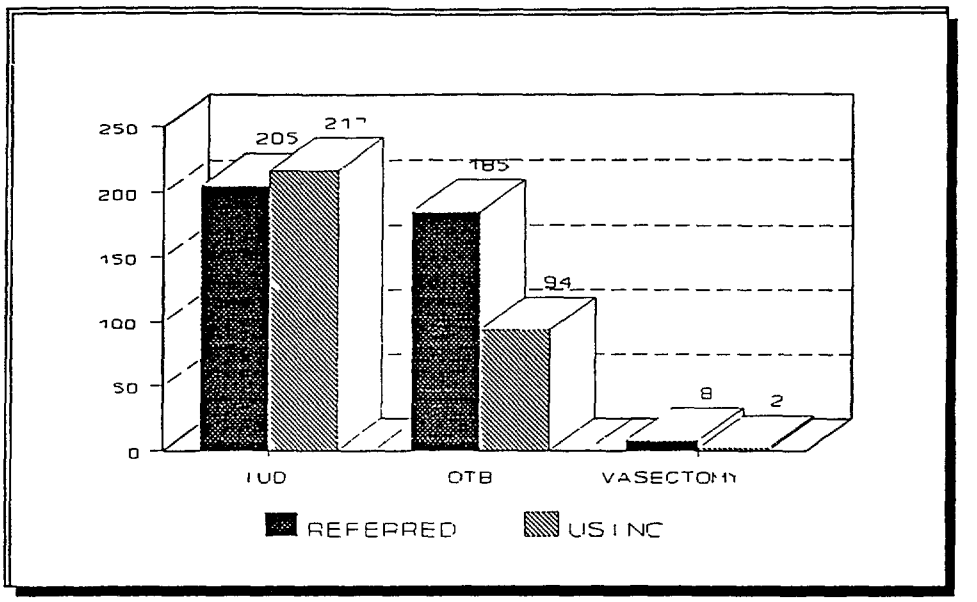
During the Jornadas, MOH nurses and physicians were trained in techniques for inserting IUDs and taking pap smears as well as in family planning counseling and follow-up care The MOH did not permit training of auxiliary nurses in IUD insertion, but they were taught to take pap smears and provide follow-up to contraceptive users

IV RESULTS

A SERVICE STATISTICS OF THE REPRODUCTIVE HEALTH COUNSELORS

Upon completion of their training in January 1993, the new Reproductive Health Counselors began providing education in their communities with the assistance of CARE Educators Service statistics collected from the Counselors suggest that they became an important source of family planning information referrals and services in their communities During this seventeen month period, from February, 1993 to June 1994, Counselors provided 696 educational talks to 8,127 participants, over a third of whom were men The Counselors were also responsible for referring pregnant women to prenatal care A total of 1,135 women were referred of whom 38% reported at least one reproductive risk factor

FIGURE 1 COMPARISON OF NUMBER OF INDIVIDUALS REFERRED WITH NUMBER CONTRACEPTING



An important part of the Counselors work was to refer men and women to contraceptive services Service statistics suggest that the Jornadas increased access to the IUD since more women received IUDs than were referred However efforts to increase access to voluntary surgical contraception appear to have been less successful Only 51% of the women referred for sterilization and two of the eight men referred for vasectomy were actually operated CARE attempted to increase access to surgical services by coordinating with ASHONPLAFA and the MOH for transportation and lodging However, clients still had to pay a fee and CARE was unable to arrange transportation for everyone interested

FIGURE 2 CONTRACEPTIVE USERS ATTENDED BY COUNSELORS NEW AND CONTINUING USERS BY METHOD

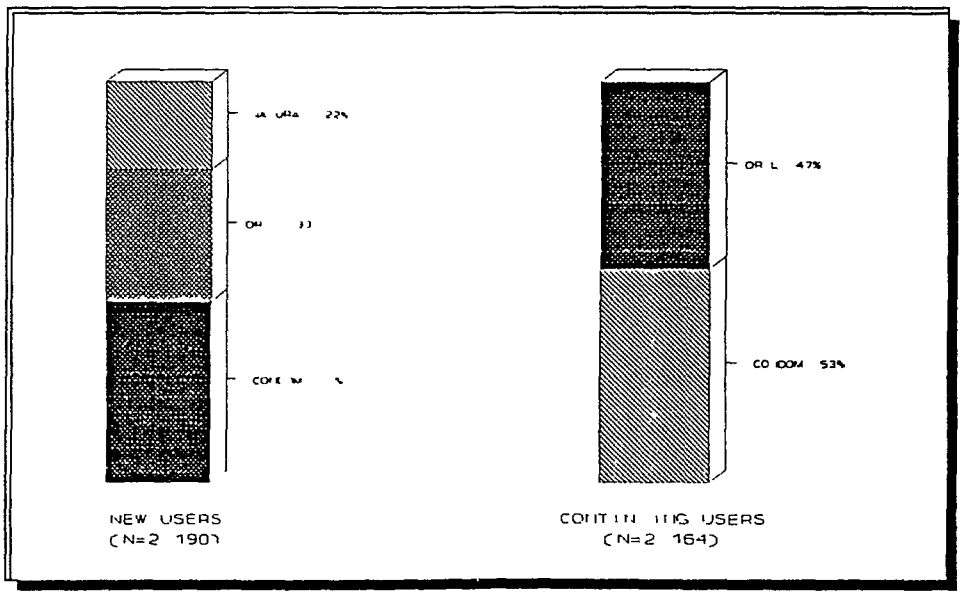


Figure 2 presents the number of contraceptive methods distributed by the Counselors The Counselors provided methods to a total of 2,190 new and 2,164 continuing users during the seventeen months of field activities Almost half of the Counselors' new users received the condom, while one third used oral contraceptives and 22% natural methods The Counselors were trained to provide orientation in the calendar method, and some used the fertility necklace developed in Guatemala by INOPAL and Agrosalud to teach the method

B FOCUS GROUPS

After six months of providing services, CARE became interested in increasing the effectiveness of its efforts by improving the quality of family planning services provided to men and women in its target area As a first step, CARE decided to conduct focus groups to determine the quality of care provided by family planning services in their target area from the user perspective CARE conducted seven focus groups with contraceptive users and two with non-users The groups were moderated by CARE extensionists, who received training in focus group methodology in a workshop given by the Population Council

Upon completion of the focus groups, CARE extensionists met to analyze the results and draft recommendations to improve the quality of care provided The following is a brief summary of the results and recommendations A more detailed discussion of the results appears in Appendix 7

Information Provided to Contraceptive Users

In general, the information provided to users was inadequate and incomplete In the case of the IUD users in particular no explanation was given of the secondary effects of their method Other methods were not explained to them nor were other options offered In the case of the pill and the condom users they did not have all the information necessary to use their method effectively This lack of information appears to be related to the dissatisfaction of the users and method desertion

In order to improve this situation the following recommendations were made

1 In order to improve the quality of care provided by the Counselors

- Provide educational material about contraceptive methods for low-literacy populations
- Provide counselors with pamphlets about methods to distribute to new users
- Refresh and standardize their knowledge of contraceptive technology

2 In order to improve the quality of care provided by CARE extensionists

- Provide educational materials in particular videos and flip charts
- Refresh and standardize their knowledge of contraceptive technology

3 Ensure the provision of complete information to users, emphasizing

- secondary effects
- how to use the method
- the need for regular check-ups

- a range of methods
- their right to change their method

4 Provide non-users who desire to space births but are afraid of contraceptive methods, education to address myths and rumors

Follow-up of Contraceptive Users

The data suggests that follow-up is a very weak aspect of the program Few users had received follow-up care In some cases this was the fault of the health personnel, while in others it appears to be due the lack of information given to the users The following recommendations were made

1 Develop and implement norms for follow-up care among CARE educators and volunteers

2 Explain to users what follow-up care should consist of why it is important and how often it should take place

3 Train and motivate Counselors to conduct and document follow-up visits

4 Identify who should provide follow-up care For example, the CARE or MOH nurse could visit the health centers to provide care

5 Train nursing auxiliaries in the CESARES and CESAMOS to conduct follow-up and counseling of family planning users

Coordination with other Institutions

Inter-institutional coordination is fundamental to improving quality of care and increasing coverage For example, some women distrusted MOH personnel because the nurses had not maintained their confidentiality In other areas, the MOH lacks the necessary equipment and supplies to meet the demand for contraceptive services CARE proposed the following actions

1 Establish contact with other PVOs to promote coordination and obtain additional resources

2 Discuss informally the importance of maintaining confidentiality with health personnel

3 Train MOH staff in quality of care, emphasizing confidentiality

Service Delivery Strategies

The following strategies to improve quality and increase coverage of family planning services were developed based on the results of the focus groups

1 Train male Reproductive Health Counselors because men stated that they would be more comfortable obtaining condoms and information from other men

2 Incorporate the partner, whenever possible, in the counseling session

3 Provide transportation to voluntary surgical contraceptive services

4 Test strategies to sensitize traditional communities, such as

- meeting with religious leaders about reproductive risk
- training in natural family planning methods
- conducting individual visits to protect confidentiality
- attracting participants to educational sessions through the use of videos

5 Implement educational programs through local radio stations

6 Target specific sectors of the population, such as meetings with men in the evenings

7 Provide incentives to the Counselors such as t-shirts bags, trips, meetings to interchange experiences with other volunteers and participation in income-generation projects

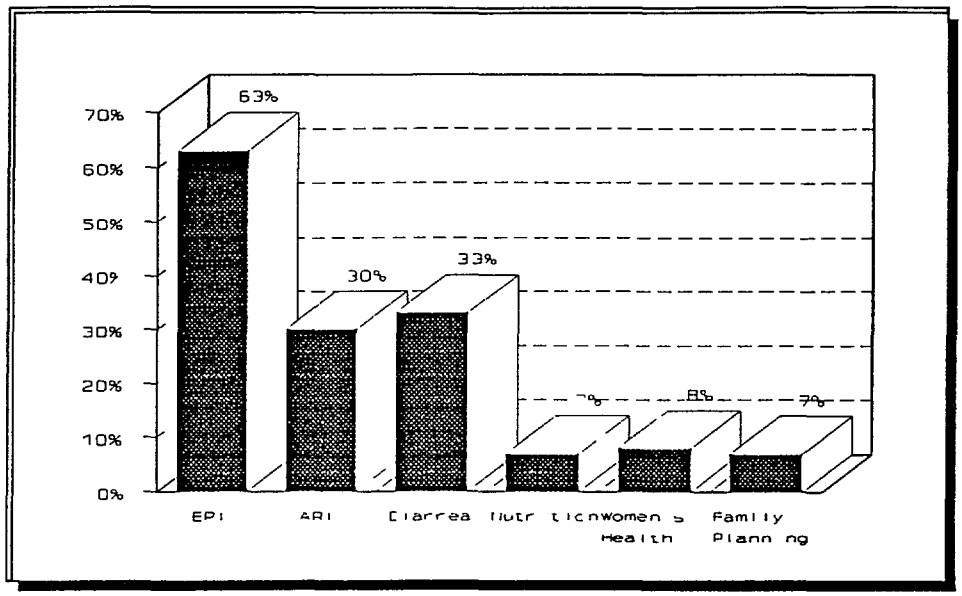
8 Train teachers to provide sex education to their students

C SURVEY OF FAMILY PLANNING ATTITUDES AMONG HEALTH PROVIDERS

The results of these focus groups suggested that MOH staff needed training in the provision of family planning services Before designing its training strategy, decided to conduct a mini-survey of personnel to determine major barriers to family planning service delivery in the health centers and posts in their area of influence Of the 43 doctors and nurses in the area only 70% completed the survey due to lack of follow-up by CARE Educators Thirty health providers were interviewed, including four doctors, four professional nurses and 22 auxiliary nurses About forty percent had been working with the Ministry for less than one year, 24% had been working for the Ministry between one and five years and 35% over five years

Results showed that most providers did not consider family planning services to be a priority, although they were not opposed to them Institutional problems such as insufficient training, lack of time and an irregular supply of contraceptive methods appeared to be the major factors limiting the provision of family planning services

FIGURE 3 PERCENTAGE OF HEALTH PROVIDERS RANKING MCH PROGRAMS AS MOST IMPORTANT



When asked to rank in order of importance each maternal-child health program, 63% of the providers interviewed responded that the expanded immunization program was the most important This was followed by the prevention and treatment of acute respiratory infections and diarrhea Less than ten percent of the respondents ranked family planning as the most important MCH program This is probably an accurate reflection of MOH priorities When the providers were asked what they could do to reduce maternal mortality, the most frequent response was provide education about reproductive risk and the importance of prenatal care The second most frequent response was provide family planning services and education

Providers were asked how to gain the trust of their clients in order to measure their knowledge of quality of care Over half of the respondents (18) mentioned the importance of providing complete and accurate information, while 12 mentioned the importance of a good interpersonal relationship Only 9% of the providers mentioned confidentiality an element emphasized by women participating in the focus groups

With regards to the most important barriers to the provision of family planning services, MOH personnel emphasized institutional reasons such as lack of time (62%) and inadequate training (69%) Other factors such as negative attitudes and religion were considered very important by less than half of those interviewed All of the respondents reported problems with contraceptive supplies in their health center At the time they were surveyed about one third lacked IUDs, oral contraceptives and foam Only 12% of the providers had condoms in stock

According to the providers interviewed the family planning services they offer are not of high quality In fact 40% stated that their services were of poor or average quality Only one-third of the respondents felt that it would be possible for their health center or post to achieve MOH family planning goals One explanation may be the MOH s passive approach to the provision of family planning services

When asked what would be the best manner to provide contraceptive services, 40% of the providers said that family planning methods should be offered only to women with reproductive risk factors

The majority of the health personnel interviewed (63%) stated that they feel comfortable talking about family planning However, only half felt that they were adequately trained to provide family planning services When asked in what areas they would like to receive further training, the majority (20) stated contraceptive methodology

D REPRODUCTIVE HEALTH JORNADAS

A survey of health centers and posts in CARE's target area conducted in 1992 showed that none had the capacity to offer IUD insertion services This information combined with the results of the mini-survey mentioned above, motivated CARE to initiate in-service training for MOH personnel (Reproductive Health Jornadas)

CARE trained twelve doctors and fourteen professional nurses in IUD insertion and withdrawal, the use of papanicolaou tests for cervical-cancer screening and family planning counseling Scores on a test of IUD knowledge increased from 59% to 73% CARE trained 28 auxiliary nurses in cervical cancer screening family planning counseling and follow-up for IUD users Their scores on the Standardized Test of Family Planning Knowledge increased from 71% to 80% Although the Health Region was interested in training auxiliary nurses in IUD insertion only professional nurses are allowed to insert IUDs according to MOH norms

During the first phase of activities Population Council Fellow Dr Ana Barahona trained CARE's nurses and MOH staff in the provision of family planning services in particular IUD insertion and papanicolaou Subsequently CARE personnel conducted the activity training the remaining MOH personnel with Dr Barahona s support

Training was conducted in each of the 28 health posts and centers (CESARES and CESAMOS) in CARE s area of influence A total of sixty-two days of work was spent conducting these trainings or Jornadas Each training lasted one to two days, depending on the number of women attending A total of 1,973 women were provided services during the Jornadas An average of 36 women participated in the Jornadas daily, with a range between 24 and 53 Each day of work resulted in an average of 29 pap smears, 7 new users and 5 continuing users

CARE extensionists working with the Reproductive Health Counselors and MOH staff, promoted the Jornadas Rather than promoting family planning services exclusively, the Jornadas were promoted as an opportunity for early cancer detection Services were provided in the health center or post When unavailable in the health center, CARE provided necessary supplies such as contraceptive methods, IUD insertion equipment fixative and slides for pap smears and a miner s lamp CARE also brought a video cassette player generator flip-charts and pamphlets to conduct educational activities

While the women waited to be seen, CARE extensionists and Counselors provided education in Reproductive Health During each intake interview, the clinicians explained the pap smear procedure and counseled women about family planning methods Women who desired to use a contraceptive method were provided the method and counseled about its use Women who opted for a permanent method were referred to the nearest ASHONPLAFA clinic Finally, women were given instructions about follow-up

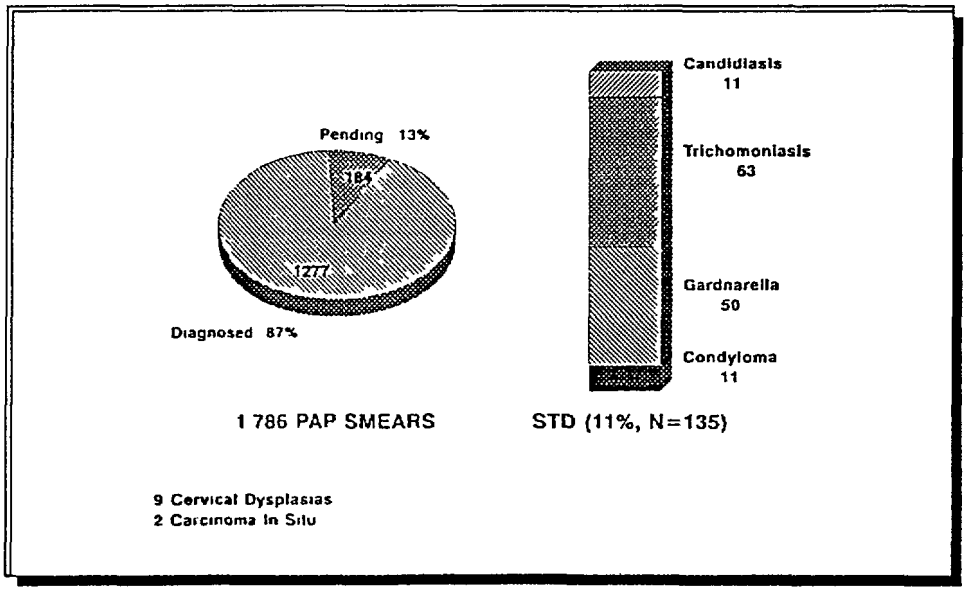
care IUD users were advised to return for follow-up visits according to MOH norms, one month, three months and one year after insertion

Service delivery statistics and client information were recorded by the health center This motivated Ministry staff to participate in the Jornada because it helped them to achieve their goals As a result of their participation, MOH personnel realized that it was possible to provide quality services in their work site and that when women are provided information about family planning, many will accept a method

The pap smears were read by the MOH hospital in San Pedro Sula Results were returned within one month of delivery Subsequent visits by the same team were carried out in each service delivery site to provide follow-up care to new family planning users, explain the results of the papanicolaou and supervise the newly trained staff Pap smear results and procedures for follow-up counseling were explained to MOH staff during these visits New users were also seen during these visits Women with vaginal infections were provided prescriptions to purchase their medication in a pharmacy Unfortunately the MOH no longer offers these medications free of charge Nevertheless, CARE staff felt that their beneficiaries could afford to purchase this medication Women who were diagnosed with condyloma, cervical dysplasia or carcinoma in situ were referred to the MOH hospital in Santa Rosa Arrangements were made with the Liga Contra Cancer in San Pedro Sula to provide treatment to women with abnormal pap smears However, in general, women preferred to go to the regional hospital because it is closer to them

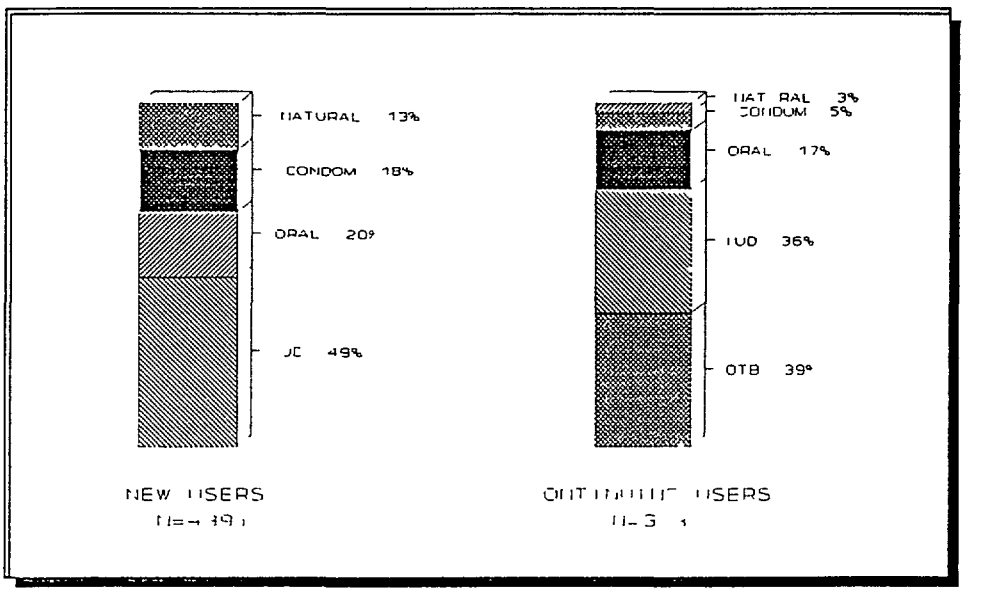
Of the 1,976 women attended during the sixty-two days of trainings, 90 5% (1,786) had pap smears taken Approximately two thirds of the results had been returned to the service delivery sites at the time the project ended The following figure presents the number of cervical dysplasias and sexually transmitted diseases diagnosed The most frequent STDs were Trichomoniasis and Gardnarella

FIGURE 4
RESULTS OF REPRODUCTIVE HEALTH JORNADAS



Of the total number of women attending the Jornadas, 40% (777) received family planning services Over half (56 5%) were new and 43 5% were subsequent users Figure 6 presents the method mix chosen by users Among new users, the IUD was the most popular method (49%), followed by oral contraceptives (20%) and the condom (18%) Among continuing users, the IUD (36%) and tubal ligation (39%) were the most frequently used methods This distribution probably reflects the fact that these are the methods that CARE provides directly

FIGURE 5
NEW AND CONTINUING USERS BY TYPE OF METHOD
REPRODUCTIVE HEALTH JORNADAS



CARE and MOH staff consider that the success of the Jornadas was due primarily to the educational activities conducted in the target communities by CARE extensionists and volunteers and MOH staff Another factor deemed important was that promotion for the Jornadas emphasized early cancer detection rather than family planning services This motivated women to attend the Joranda and provided the opportunity for individual counseling Perhaps most importantly, this approach permitted women the opportunity to receive family planning services without others finding out

The Reproductive Health Jornadas was a difficult strategy to implement Many of the communities were difficult to reach in particular during the rainy season The length of time required to travel to each site often made it necessary to spend two nights in a community in order to offer one day of services Furthermore, the lack of equipment and supplies in the health centers obligated CARE to purchase and transport everything which might be needed Finally many of the service delivery sites have only one auxiliary nurse auxiliary making it difficult to coordinate activities due to her already overloaded schedule Continual changes in MOH staff, in part due to physicians and nurses completing their year of social service also exacerbated difficulties in coordinating activities

E MINISTRY OF HEALTH SERVICE STATISTICS

In order to measure the impact of its efforts on the demand for services, CARE collected data from the health centers and posts in its target area This data suggests that CARE contributed to an increase in the number of women requesting reproductive health services and also helped to meet this new demand for services through their Reproductive Health Counselors and Reproductive Health Jornadas For example the following table shows that the number of women receiving prenatal care at MOH centers and posts in CARE's impact area appears to have increased after CARE began educational activities in 1992

TABLE 1
NO OF WOMEN RECEIVING PRENATAL CARE AT MOH CENTERS IN CARE'S TARGET AREA

1991	7 224
1992	8 332
1993	10,235
1994	14 024*

* Estimated on the basis of 3 506 women seen from January to April, 1994

The mean number of contraceptive users at MOH posts and centers in CARE's impact area was analyzed for 1991, 1992 and 1993 In general contraceptive use is increasing, in particular of the IUD However there has been a decrease in oral users probably due to stock outs in MOH posts

TABLE 2
MEAN NUMBER OF CONTRACEPTIVE USERS PER MONTH MOH CENTERS AND POSTS IN CARE'S TARGET AREA

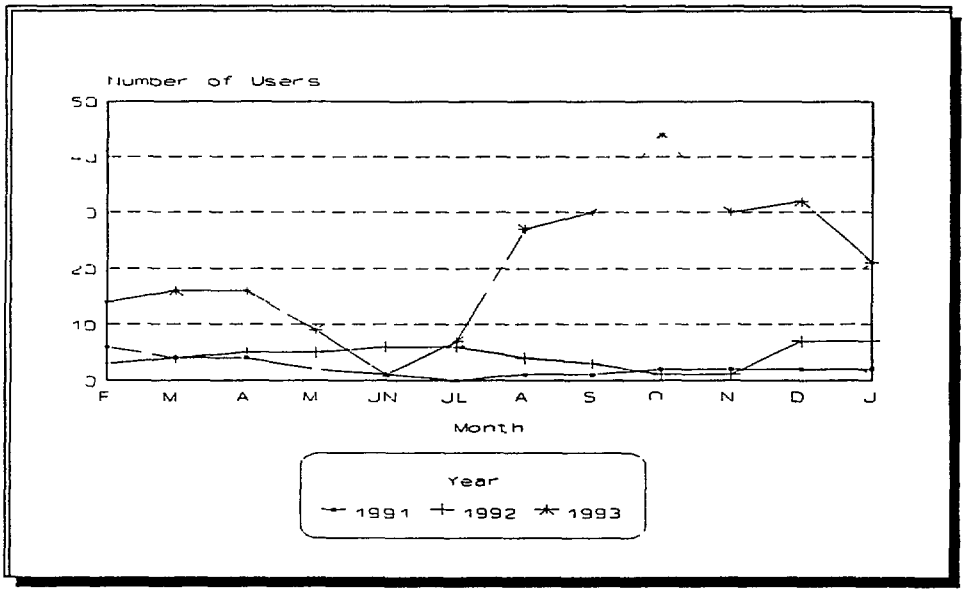
METHOD/YEAR	1991	1992	1993**
IUD	2 2	5 1	19 7*
CONDOM	28	34 7	39 5
ORAL	62 7	88 6*	68 5*
TOTAL	93	128 4*	127 8

*Significant differences between 1992 and 1993 (t test $p \leq 05$)
**Significant increases were observed between 1991 and 1993 for IUD condom and total number of users (t test $p \leq 05$)

Between 1991 and 1992, a significant increase in the number of oral contraceptive users was observed resulting in an increase in the total number of users There was a significant increase in the number of IUD users between 1992 and 1993, probably because of the Reproductive Health Jornadas which began in January, 1993 However, there was no difference between the mean number of condom users in 1992 and 1993 and the number of pill users declined This is probably due to the fact that few health centers had oral contraceptives in stock during this period The decrease in pill users might have been even more marked without the implementation of community based distribution posts by CARE CARE obtained supplies for the Counselors from other sources when the MOH had none available

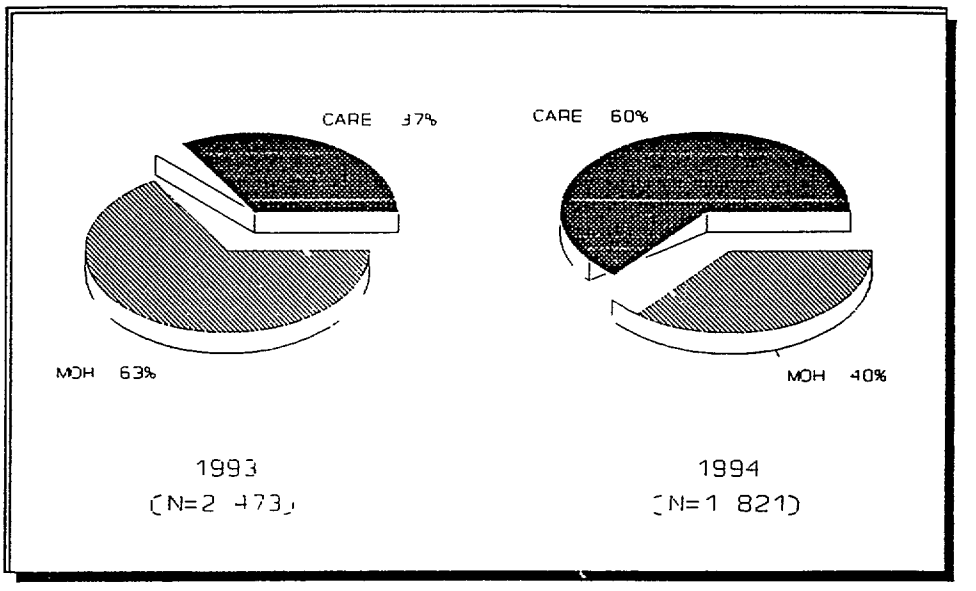
In conclusion, the use of family planning services appears to be gradually increasing in CARE's target area The importance of accessibility to methods is demonstrated by the impact that the lack of oral contraceptives and the increase in access to the IUD had on the total number of users The role played by the Reproductive Health Jornadas in increasing contraceptive use is demonstrated in the following figure comparing the number of IUD users at MOH posts and centers before (1991 and 1992) and after the CARE intervention (1993)

FIGURE 6
IUD USERS AT MOH POSTS AND CENTERS
BEFORE (1991, 1992) AND AFTER CARE INTERVENTION (1993)



In addition to stimulating demand for contraceptive services CARE became an important provider of reproductive health services For example more pap smears were taken during the Jornadas (1,786) than during the entire year by the MOH (1 565) Similarly, the Reproductive Health Counselors served 60% of new contraceptive users in CARE s impact area in 1994 (Figure 8)

FIGURE 7 COMPARISON OF NEW USERS ATTENDED BY CARE REPRODUCTIVE COUNSELORS AND MINISTRY OF HEALTH (JAN 1993 - JUNE 1994)



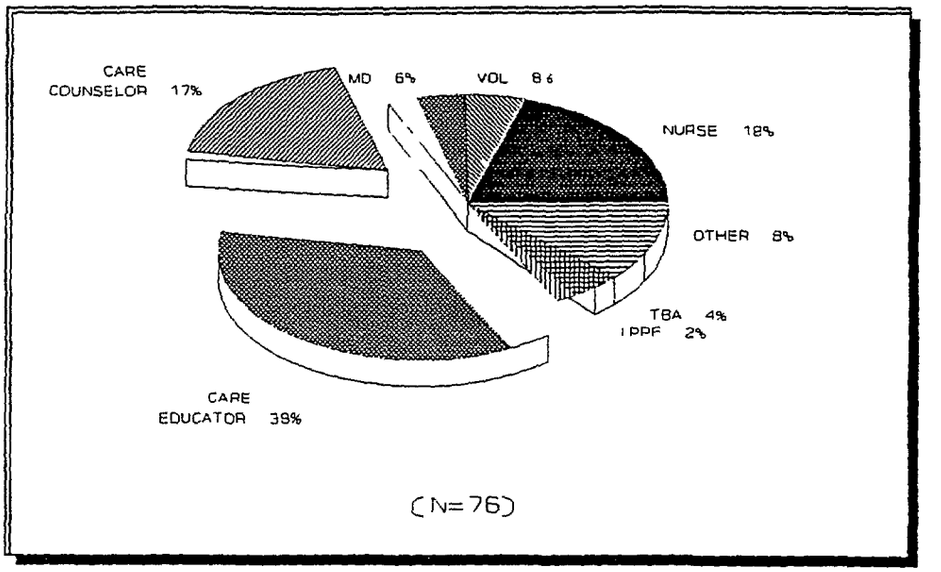
F BASELINE AND ENDLINE SURVEY

A household survey was administered to women between the ages of 12 and 49 who were in union or had been in union at some time in 39 randomly selected communities at the beginning and end of the project A total of 221 women were interviewed at baseline and 223 were interviewed at endline

The results of the endline survey show that the educational activities conducted by CARE reached most women in their target area, 80% of the women interviewed reported that they had participated in family planning talks during the last two years The primary source of the talks was the CARE Educator (50%), followed by the Reproductive Health Counselor (19 2%) and MOH Nurse (20 7%)

Before the CARE project family planning information was provided most frequently by nurses, followed by the community health worker (*guardian*) and physicians At the time of the endline survey, the sources of information had changed with the CARE Educator becoming the most important, followed by the Reproductive Health Counselor and the MOH nurse

FIGURE 8 SOURCES OF FAMILY PLANNING INFORMATION ENDLINE SURVEY



The percentage of women who stated that they knew at least one family planning method increased from 35 3% at baseline to 86 1% after the implementation of project activities The percentage of respondents who could spontaneously name specific contraceptive methods doubled The most frequently mentioned methods at endline were the oral contraceptive (named by 68 2% of the women interviewed), the condom (43%), tubal ligation (27 3%) and the IUD (24 2%)

Contraceptive prevalence increased from 15 4% at baseline to 42 1% at the end of the project The following figure illustrates how the mix of methods utilized changed during the course of the project Use of the IUD and tubal ligation increased, while use of oral contraceptives and condoms decreased A finding of concern is the increase in rhythm users

Comparison of Contraceptive Prevalence and Method Mix Baseline and Endline Surveys

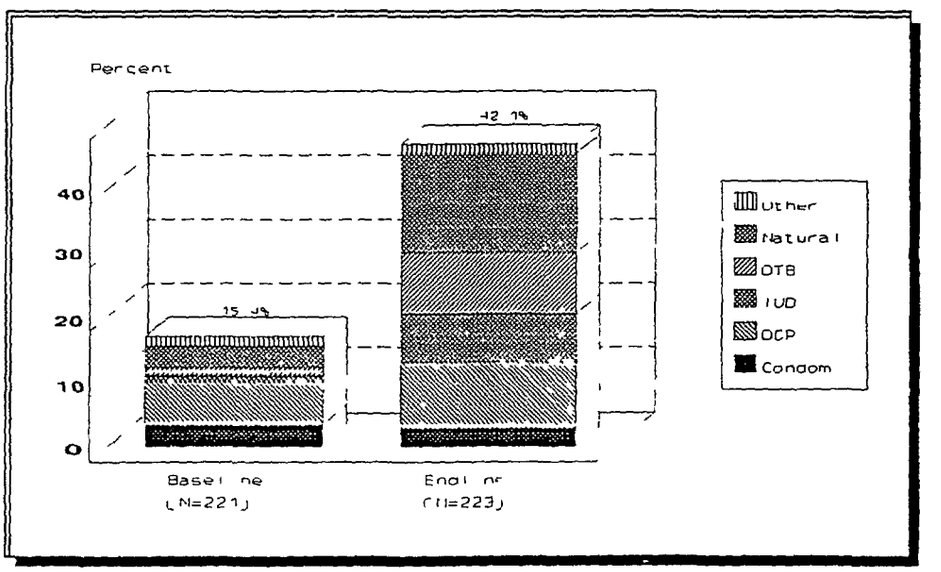
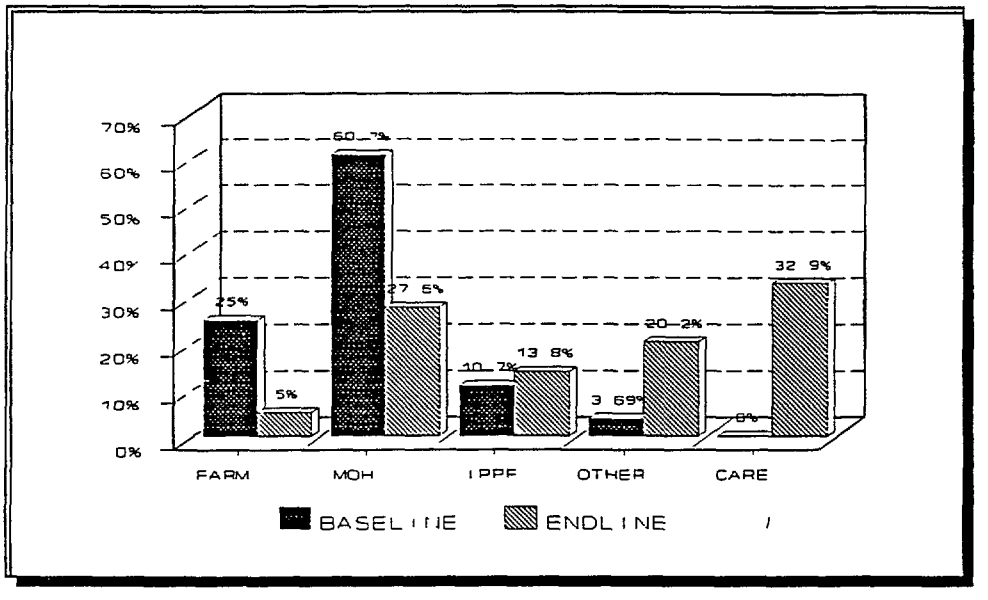


Figure 10 compares the sources of contraceptive methods between baseline and endline surveys At the time of the baseline interview, the MOH was the important source of methods, supplying 60% of the women interviewed At the time of the endline survey, CARE had become the most important source of methods (33%), followed by the MOH (28%)

FIGURE 10 COMPARISON OF CONTRACEPTIVE SOURCES BASELINE AND ENDLINE SURVEYS



In order to measure the potential demand for contraceptive services, women were asked if they would like to use a contraceptive method The percentage of women who would like to contracept increased from 49% to 66% When asked what method they would like to use, one third mentioned natural methods and thirty percent oral contraceptives The next most popular methods were tubal ligation (19 6%) and the IUD (13 4%)

CARE attempted to involve men in educational activities after recognizing the determining role they play in reproductive health decisions Thus it is interesting to note that the percentage of women who stated that their husbands support their decision to use a family planning method increased from 42% to 62% Nevertheless, this means that one third of the women who would like to contracept do not have their partner s support

Because one of the objectives of the Reproductive Health Jornadas was to increase pap smear coverage the endline survey asked women if they had received a pap smear in the last two years Almost half of the women interviewed (46%) responded affirmatively Although this question was not included in the baseline survey this service is not usually provided at the CESAR/ CESAMO level, thus it can be assumed that this figure represents a major increase in coverage

CARE also aimed to increase the percentage of women of reproductive age receiving the tetanus toxoid immunization and the number of women attending prenatal care Although the percentage of women vaccinated increased only slightly (from 85 9% to 91%), the percentage of women vaccinated with three or more doses increased dramatically from 5 2% to 84% With regards to prenatal care, coverage decreased from 36 4% to 29% However, the number of pregnant women included in the sample was small (33 at baseline and 24 at endline)

Finally, with regards to breastfeeding, the percentage of mothers exclusively breastfeeding at four months doubled between the endline and baseline surveys [3] Before the implementation of project activities, 40 5% of the mothers stated that they exclusively breastfed for four months This percentage increased to 87% at endline However, by the time their infants were six months old approximately the same percentage of mothers (9%) were breastfeeding exclusively at both baseline and endline

V. LESSONS LEARNED

The importance of this project in Honduras lies in the fact that it took place in a region where it has traditionally been considered impossible to work in family planning Common wisdom suggested that rural men and women rejected family planning methods and that MOH staff were reluctant to provide them As a result despite efforts by the MOH in this region to reduce infant mortality and obstetric risk, little effort had been put into family planning services previously

Ultimately, the impact of this study on future reproductive health programs will depend on the degree to which it is institutionalized and replicated on a broader scale The MOH in Region 5 has continued in-service training through their own physicians The MOH in two other regions has replicated and improved on this strategy with the assistance of Foster Parents Plan and the Population Council local fellow CARE will build upon this experience in the process of integrating reproductive health into all their program components in Honduras and in other missions in the Region

In order to achieve sustainability of project activities CARE developed a sustainability plan with the Health Region (Appendix 8) According to this plan, it will cost approximately $8,000 a year to continue activities The Regional Director has committed the MOH to continuing the activities CARE initiated including the provision of contraceptive methods to the Reproductive Health Counselors CARE took specific steps during the project to promote the sustainability of its activities For example, CARE selected volunteers already collaborating with the Ministry of Health to train as Reproductive Health Counselors In addition they held monthly meetings with volunteers and the MOH in order to enable the Ministry to assume responsibility for volunteer training and support after the project ended Finally, training and materials were provided to the MOH to permit them to continue the provision of family planning services

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[3] Exclusive breastfeeding was measured by the response to the question Hasta que edad le dabi (a su hijo menor) exclusivamente y solamente pecho?

VI DISSEMINATION AND INSTITUTIONALIZATION

Two meetings were organized to disseminate project results one in Santa Rosa with MOH personnel and representatives of private voluntary organizations working in Region 5 and another in Tegucigalpa for representatives of donor institutions and other organizations working in Honduras Another meeting will be organized for CARE-Tegucigalpa staff CARE staff presented the results of the focus groups on quality of care and the Reproductive Health Jornadas at the 'Seminar on Operations Research in Reproductive Health" held in March 1994 CARE also provided training for PLAN International and COHASA to help them implement project strategies Finally, a pamphlet presenting the characteristics of the interventions and the lessons learned from the project was produced and disseminated within Honduras and to CARE offices in the region

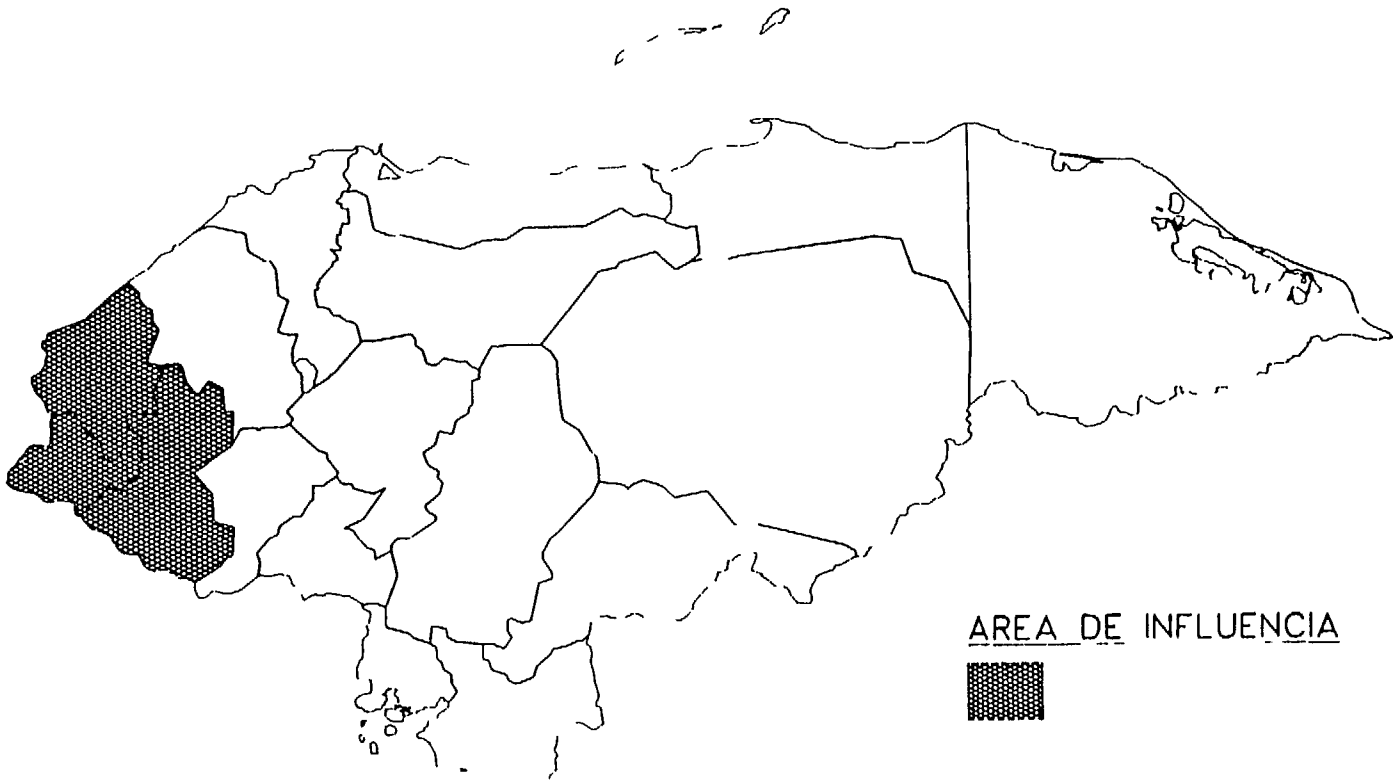
ANEXO Nº 1

PROYECTO DESARROLLO COMUNITARIO EN SALUD

PROGRAMAS DE SUPERVIVENCIA INFANTIL Y SALUD REPRODUCTIVA

AREA GEOGRAFICA DE INFLUENCIA

HONDURAS 1991 -- 1994



ANEXO Nº 2

CUESTIONARIO PARA PERSONAL DEL MINISTERIO DE SALUD PUBLICA SOBRE ACTITUDES DE SALUD REPRODUCTIVA

El objetivo de este cuestionario es conocer sus opiniones y actitudes acerca de su trabajo en el componente de salud reproductiva y específicamente, planificación familiar Cabe notar que todas sus respuestas son validas y por ser opiniones, no existen respuestas acertadas o equivocadas

Tenga confianza porque sus respuestas serán confidenciales.

La opinion de Ud es muy importante ya que trabaja más de cerca con la población meta

Agradecemos mucho su colaboración.

1 Ud sabe que la primera causa de mortalidad en los niños es la neumonia Enumere las tres acciones mas importantes que puede hacer para disminuir la mortalidad infantil.

1._____

2 _____

3 _____

2 Ud sabe que la primera causa de mortalidad en las mujeres son las complicaciones relacionadas con el parto Enumere las tres acciones mas importantes que puede hacer para disminuir la mortalidad materna

1 _____

2 _____

3 _____

3 ¿Cuales son los componentes del programa de atención a la mujer?

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

(9) No sabe o no recuerda

4 Podría indicar en orden de importancia según su criterio a cuales de los siguientes programas de Salud Materno-Infantil **SE DEBE** dedicar mayor esfuerzo.

IRA Control de Enfermedades Diarreicas, Atencion de la Mujer, Planificación Familiar, PAI, Control de Crecimiento y Desarrollo Nutrición

Ponga el programa que tiene más importancia para Ud. en el número 1, y luego siga ordenando hasta finalizar con el menos importante en el número 7.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

5 ¿Cuáles de las siguientes actividades del programa de planificación familiar ha realizado durante el ultimo mes?

a) consulta de primera vez	(1)	Si	(2)	No
b) control de usuarias	(1)	Si	(2)	No
c) charlas	(1)	Si	(2)	No

6 ¿Que consejos se deben dar a una mujer con riesgo reproductivo?

_____

_____

7 Enumere las maneras como mantener la confianza de una usuaria de planificacion familiar

_____

_____

_____

29

d. Abajo se listan los factores más frecuentes que limitan el trabajo en planificación familiar. **Marque con una X el número que corresponde según el grado de importancia que Ud. da a cada uno de ellos.**

a. Falta de tiempo

(1) Ninguna importancia
(2) Poco importante
(3) No sabe
(4) Importante
(5) Muy importante

b. Falta de capacitación del personal de salud en planificación familiar

(1) Ninguna importancia
(2) Poco importante
(3) No sabe
(4) Importante
(5) Muy importante

c Falta de material educativo

(1) Ninguna importancia
(2) Poco importante
(3) No sabe
(4) Importante
(5) Muy importante

d Rechazo de las mujeres

(1) Ninguna importancia
(2) Poco importante
(3) No sabe
(4) Importante
(5) Muy importante

e Actitudes negativas de los hombres

(1) Ninguna importancia
(2) Poco importante
(3) No sabe
(4) Importante
(5) Muy importante

f Religión

(1) Ninguna importancia
(2) Poco importante
(3) No sabe
(4) Importante
(5) Muy importante

g Falta de métodos de planificación familiar. **(Señale para cada método)**

	DIU	PÍLDORA	CONDON	TABLETA
Existenc				
No hay				

h Otro_____

(1) Ninguna importancia
(2) Poco importante
(3) Sin opinión
(4) Importante
(5) Muy importante

9 Marque cual(es) de los siguientes métodos **NUNCA** recomendaría Usted a una mujer.

(1) DIU
(2) Pastilla
(3) Ovrette
(4) Ovulos/Tabletas
(5) Condón
(6) Esterilización Femenina
(7) Esterilización Masculina
(8) Inyecciones
(9) Metodos Naturales

Por qué?

_____

_____

10 ¿Qué opinaría de una decisión de dar mayor énfasis a la planificación familiar dentro del programa de atención a la mujer?

(1) No conveniente
(2) Poco conveniente
(3) Sin opinión
(4) Conveniente
(5) Muy conveniente

¿Porqué? _____

11 ¿Qué opina de la calidad de servicios en planificación familiar ofrecida en su UPS?

(5) Excelente
(4) Buena
(3) No está segura
(2) Regular
(1) Mala

¿Porque? _____

_____

12 ¿Como debe llevarse el programa de planificación familiar? (Marque solamente **UNA** opción)

(1) ofrecer métodos a todas las mujeres acompañadas en edad fértil.
(2) ofrecer métodos solo a las mujeres con riesgo reproductivo.
(3) no ofrecer, solo atender a las mujeres que espontaneamente solicitan métodos de planificacion familiar

13 ¿En su opinion, que tan factible es lograr las metas del MSP en cuanto a numero de usuarias de planificacion familiar?

(5) Muy factible
(4) Poco factible
(3) No factible
(2) Imposible

14 ¿Ud piensa que a las pacientes les molesta que se les hable sobre planificacion familiar?
(1) Si
(2) No
(3) No Sabe
¿Por qué?_____

15 ¿Cual ha sido la respuesta de la comunidad hacia el programa de planificación familiar?

(1) Muy negativa
(2) Negativa
(3) Neutral
(4) Positiva
(5) Muy positiva

16 ¿A qué cree Ud. que se debe?

_____

_____

17 ¿Qué tan cómodo(a) se siente Ud hablando de métodos de planificación familiar?

(3) Cómodo(a)
(2) Neutral
(1) Incomodo (a)

¿Por qué? _____

_____

18 ¿Ha utilizado Ud (o su esposa) un método anticonceptivo alguna vez?

(1) Si (2) No **(Pase a Pregunta 20)**

19 ¿Cual(es)? **(Marque todas que aplica)**

(1) DIU
(1) Pastilla
(1) Ovrette
(1) Condón
(1) Tabletas Vaginales
(1) Operación Femenina
(1) Naturales
(1) Otro_____
(especificar)

20 ¿Cuantos años tiene de trabajar con el Ministerio de Salud Pública?

(0) Menos de 1 Año
_____ (Años)

21 ¿Cree que la capacitación que ha recibido en planificación familiar es adecuada para realizar sus funciones?

(1) Sí
(2) No
(3) No sabe

22 ¿En qué temas sobre salud reproductiva le gustaría recibir reforzamiento?

_____

_____

23 ¿Cómo ha sido el apoyo de CARE para su trabajo en salud reproductiva?

(5) Excelente
(4) Buena
(3) No está segura
(2) Regular
(1) Mala

24 ¿Esta de acuerdo que los voluntarios de CARE distribuyen pastillas y condones en sus comunidades?

(1) Sí
(2) No
(3) No sabe

¿Por qué?_____

_____

_____

25 ¿Como ha sido la coordinación que ha tenido con el personal de CARE?

(5) Excelente
(4) Buena
(3) No está segura
(2) Regular
(1) Mala

MUCHAS GRACIAS POR SUS OPINIONES

ACT CAR

ANEXO Nº 3

REGISTRO DE ACTIVIDADES DE CONSEJERIA EN SALUD REPRODUCTIVA
PROYECTO DESARROLLO COMUNITARIO SALUD, REGION SALUD #.5

COMUNIDAD:_____ MES DE _____ AÑO:_____

No.	ACTIVIDADES		ANOTAR CON PALOTES O NUMEROS	TOTAL
1	NUMERO DE EMBARAZADAS REFERIDAS			
2	NUMERO DE EMBARAZADAS REFERIDAS CON RIESGO			
3	NUMERO DE MUJERES USANDO PILDORAS	NUEVAS		
		CONTROL		
4	NUMERO DE HOMBRES USANDO PRESERVATIVO	NUEVOS		
		CONTROL		
5	NUMERO DE MUJERES CON METODO NATURAL	NUEVAS		
6	NUMERO DE CHARLAS IMPARTIDOS EN LA COMUNIDAD (GRUPOS)			
	NUMERO DE HOMBRES			
	NUMERO DE MUJERES			
7	NUMERO DE HOMBRES QUE RECIBIERON CONSEJERIA INDIVIDUAL			
8	NUMERO DE MUJERES QUE RECIBIERON CONSEJERIA INDIVIDUAL			
9	NUMERO DE REFERENCIAS PARA COLOCARLE EL DIU			
10	NUMERO DE MUJERES QUE SE LES COLOCO EL DIU			
11	NUMERO DE REFERENCIAS PARA OPERACION FEMENINA			
12	NUMERO DE OPERACIONES FEMENINAS REALIZADAS			
13	NUMERO DE REFERENCIAS PARA OPERACION MASCULINA			
14	NUMERO DE OPERACIONES MASCULINAS REALIZADAS			
15	NUMERO DE REFERENCIAS PARA OTROS METODOS DE PLANIFICACION			
16	NUMERO DE PRESERVATIVOS ENTREGADOS			
17	NUMERO DE CICLOS ENTREGADOS			
18	NUMERO DE PRESERVATIVOS EN EXISTENCIA			
19	NUMERO DE CICLOS EN EXISTENCIA			

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INFORME MENSUAL DEL COMPONENTE SALUD REPRODUCTIVA SR

NOMBRE DE SEDE _____ MES : _____ AÑO _____

No.	ACTIVIDADES		NOMBRE DE LAS COMUNIDADES															TOTAL
	No. EMBARAZADAS REFERIDAS																	
	No. EMBARAZADAS REFERIDAS CON RIESGO																	
3	No. DE MUJERES USANDO PILDORAS	NUEVAS																
		CONTROL																
4	No. DE HOMBRES USANDO PRESERVATIVO	NUEVOS																
		CONTROL																
5	No. DE MUJERES CON METODO NATURAL	NUEVAS																
6	No. DE CHARLAS IMPARTIDAS EN LA COMUNIDAD																	
		No. DE HOMBRES																
		No. DE MUJERES																
7	No. DE HOMBRES QUE RECIBIERON CONSEJERIA INDIV.																	
8	No. DE MUJERES QUE RECIBIERON CONSEJERIA INDIV.																	
9	No. DE REFERENCIAS PARA COLOCARSE EL DIU																	
10	No. DE MUJERES QUE SE LES COLOCO EL DIU																	
11	No. DE REFERENCIAS PARA OPERACION FEMENINA																	
12	No. DE OPERACIONES FEMENINAS REALIZADAS																	
13	No. DE REFERENCIAS PARA OPERACION MASCULINA																	
14	No. DE OPERACIONES MASCULINAS REALIZADAS																	
15	No. DE REFERENCIA PARA OTROS METODOS PLANF. FAM.																	
16	No. DE PRESERVATIVOS ENTREGADOS																	
17	No. DE CICLOS ENTREGADOS																	
18	No. DE PRESERVATIVOS EN EXISTENCIA																	
19	No. DE CICLOS EN EXISTENCIA																	
20	No. DE CITOLOGIAS REALIZADAS																	

ANEXO Nº 4

CARE INTERNACIONAL EN HONDURAS
PROYECTO DESARROLLO COMUNITARIO EN SALUD
COMPONENTE SALUD REPRODUCTIVA

ENCUESTA DIAGNOSTICA

Aplicar este instrumento a mujeres de 12 a 49 años que hayan tenido marido o lo tengan actualmente

IDENTIFICACION:

1 Fecha ____/____/____ 2. Nombre Comunidad: _____

3 Nombre mujer entrevistada _____

4 Edad _____ 5 Tiene compañero: _____

DATOS DE PARIDAD

6 # de embarazos _____ 7 # de partos _____

8 # hijos vivos _____ 9 # de abortos _____

10 # hijos muertos ____ 11 No. de hijos muertos 0-5 años _____

12 Cuales son las edades de los hijos vivos?
Emcezando con el hijo menor:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

13 Esta embarazada Si _____ No _____

14 En este momento está dando pecho a su hijo? Si ____ No ____

DATOS DE PLANIFICACION FAMILIAR

15 Planifica usted su familia? Si ____ No ____
pase a 16 pase a 18

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16. Que método utiliza? _____
ELECCIONE EL NUMERO DE LA RESPUESTA

1. Preservativo/condón	2. Píldora
3. DIU	4. Óvulos
5 Esterilizacion femenina	6. Ritmo
7. Esterilizacion masculina	8. Minipildora
9. Otro _____	

17 Dónde lo obtiene? _____
SELECCIONE EL NUMERO DE LA RESPUESTA

1 Farmacia	2 Centro de Salud
3. Puesto ASHONPLAFA	4 Otro _____

18 Le gustaria planificar su familia?
Si_____ Porque_____

No_____ Porque_____

19 Su marido esta de acuerdo con planificar la familia?
Si_____ No_____

20 Conoce algun metodo de planificacion familiar?
Si_____ No_____

21 Que metodos conoce? _____
SELECCIONE LOS NUMEROS DE LAS RESPUESTAS

1.Preservativo/Condon	2 Píldora
3 DIU	4 Óvulos
5.Esterilizacion femenina	6 Ritmo
7 Esterilizacion masculina	8 Otro _____

22 Quien le aconsejo sobre Planificacion Familiar? _____
SELECCIONE EL NUMERO DE LA RESPUESTA

1. Guardian	2 Partera
3 Enfermera	4 Medico
5 Marido	6 Madrina
7 ASHONPLAFA	8 Otro _____

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23 Piensa o quiere tener otro hijo? Si_____ No_____

24 Cuando le gustaría tener su próximo hijo?
SELECCIONE EL NUMERO DE LA RESPUESTA_____

1	El próximo año
2	Cuando el tierno cumpla 2 años
3	Cuando diga mi marido
4	Cuando Dios quiera
5	No se o Otro_____

25 Que opina su marido, sobre el numero de hijos que pueden tener?
SELECCIONE EL NUMERO DE LA RESPUESTA_____

1	No dice nada	2	De 2 a 3
3	De 4 a 5	4	o ó mas
5	Todos los que Dios quiera		

26 Que opina usted de tener los hijos bien seguido?_____

_____

27 Cree usted que una mujer que da pecho puede salir embarazada?
Si_____ No_____

28 Que metodo de planificación familiar le gustaría usar?

APLICA UNICAMENTE PARA MUJERES QUE NO USAN NINGUN METODO DE PLANIFICACION FAMILIAR ACTUALMENTE O QUE DESEEN CAMBIAR EL QUE ESTAN USANDO

_____

COMENTARIOS DEL ENCUESTADOR

_____

_____

_____

_____ _____
Nombre Encuestador Firma

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CARE INTERNACIONAL EN HONDURAS
PROYECTO DESARROLLO COMUNITARIO EN SALUD
COMPONENTE SALUD REPRODUCTIVA.

ENCUESTA DIAGNOSTICA

APLICAR ESTE INSTRUMENTO A MUJERES DE 12 A 49 AÑOS QUE HAYAN TENIDO MARIDO O LO TENGAN ACTUALMENTE.

IDENTIFICACION:

1. FECHA_____/_____/_____ 2. NOMBRE DE LA COMUNIDAD_____

3. NOMBRE DE LA MUJER ENTREVISTADA_____

4. EDAD_____ 5. TIENE COMPAÑERO SI_____ NO_____

NO SABE_____

DATOS DE PARIDAD

6. No. DE EMBARAZOS _____ 7. No. DE PARTOS_____

8. No. HIJOS VIVOS_____ 9. No. DE ABORTOS_____

10. No. HIJOS MUERTOS_____ 11. No. HIJOS MUERTOS DE 0 A 5 AÑOS___

12. EN EL ULTIMO AÑO SE LE HA MUERTO NIÑO MENOR DE UN AÑO (JUNIO/93 A JULIO/94)?

SI_____ NO_____ NO SABE_____

13. CUALES SON LAS EDADES DE LOS HIJOS VIVOS, EMPEZANDO CON EL HIJO MENOR: (ESPECIFICAR AÑOS O MESES)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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14. ESTA EMBARAZADA?

SI_____ NO_____ NO SABE_____

15. EN ESTE MOMENTO ESTA DANDO PECHO A SU HIJO?

SI_____ NO_____

16. PLANIFICA USTED SU FAMILIA?

SI_____ NO_____

EN CASO DE SI PASE A LA No. 17 Y SI ES NO PASE A LA No. 19

17. QUE METODO UTILIZA? _____

SELECCIONE EL NUMERO

1. PRESERVATIVO/CONDON	2. PILDORA	3. DIU
4. OVULOS	5. ESTERILIZACION FEMENINA	
6. RITMO	7. ESTERILIZACION MASCULINA	
8. MINIPILDORA/ OVRETE	9. OTRO_____	

18. DONDE LO OBTIENE?_____

SELECCIONE EL NUMERO

1. FARMACIA	2. CENTRO DE SALUD	3. PUESTO DE ASHONPLAFA
4. CONSEJERA DE CARE		5. EDUCADOR DE CARE
6. OTRO_____		

19. LE GUSTARIA PLANIFICAR SU FAMILIA?

SI_____ POR QUE?_____

NO_____ POR QUE?_____

EN CASO DE SI PASE A LA No. 20 Y SI ES NO A LA No. 22

20. QUE METODOS LE GUSTARIA USAR?

SELECCIONE EL NUMERO

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20.

1. PRESERVATIVO/CONDON	2. PILDORA	3. DIU
4. OVULOS	5. ESTERILIZACION FEMENINA	
6. RITMO	7. ESTERILIZACION MASCULINA	
8. MINIPILDORA/OURETE	9. NO SABE	
10. OTROS _____		

21. SU MARIDO ESTA DE ACUERDO CON LA PLANIFICACION FAMILIAR?

SI_____ NO_____

22. CONOCE ALGUN METODO DE PLANIFICACION FAMILIAR

SI_____ NO_____

* EN CASO DE SI PASE A LA no. 23 SI ES NO PASE A LA 24

23. QUE METODOS CONOCE?_____

SELECCIONE EL NUMERO

sin leer lista de metodos, (pueden ser varios)

1. PRESERVATIVO/CONDON	2. PILDORA	3. DIU
4. OVULOS	5. ESTERILIZACION FEMENINA	
5. RITMO (METODO NATURAL)	7. ESTERILIZACION MASCULINA*	
8. OTRO_____		

24. DURANTE LOS ULTIMOS DOS AÑOS HA RECIBIDO CONSEJOS DE PLANIFICACION FAMILIAR?

SI_____ NO_____

en caso de si, pase a la No. 25, y si es no pase a la No. 26

25. QUIEN LE ACONSEJO SOBRE PLANIFICACION FAMILIAR?_____

SELECCIONE EL NUMERO

1. GUARDIAN	2. PARTERA	3. ENFERMERA
4. MEDICO	5. MARIDO	6. VECINA
7. ASHONPLAFA	8. CONSEJERA CARE	9 EDUCADOR CARE
10. OTRO_____		

26. PIENSA O QUIERE TENER OTRO HIJO?

SI_____ NO_____

en caso de si, pase a la No. 27, y si es no pase a la No. 28

27. CUANDO LE GUSTARIA TENER SU PROXIMO HIJO?

SELECCIONE LA RESPUESTA

27.

1. EL PROXIMO AÑO	2. CUANDO EL TIERNO CUMPLA 2 AÑOS
3. CUANDO DIGA MI MARIDO	4. CUANDO DIOS QUIERE
5. NO SE	6. OTRO_____

28. QUE OPINA SU MARIDO SOBRE EL NUMERO DE HIJOS QUE PUEDEN TENER?
SELECCIONE LA RESPUESTA

1. NO DICE NADA	2. DE DOS A TRES	3. DE CUATRO A CINCO
4. SEIS O MAS	5. TODOS LOS QUE DIOS QUIERA	

29. RECIBIO CHARLA SOBRE PLANIFICACION FAMILIAR/RIESGO REPRODUCTIVO DURANTE LOS ULTIMOS DOS AÑOS?

SI_____ NO_____

EN CASO DE SI, PASE A LA No. 30 y si es no pase a la No. 31

30. QUIEN LE DIO LA CHARLA?

A) CONSEJERA CARE ( )
B) EDUCADOR CARE ( )
C) ENFERMERA ( )
D) MEDICO ( )
E) OTRO ( )_____

31. QUE OPINA USTED DE TENER LOS HIJOS BIEN SEGUIDOS?

R/. _____

32. CONOCE LA CONSEJERA DE CARE EN SALUD REPRODUCTIVA?

SI_____ NO_____

33. SE HA HECHO USTED LA CITOLOGIA (PRUEBA DE CANCER) EN LOS ULTIMOS DOS AÑOS.?

SI_____ NO_____

EN CASO DE SI PASE A LA No. 34 Y SI ES NO A LA No 35

34. DONDE SE HIZO LA CITOLOGIA?

R/. _____

35. CREE USTED QUE UNA MUJER QUE DA PECHO, PUEDE SALIR EMBARAZADA?

SI_____ NO_____

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ANEXO Nº 5

SEGUNDO BORRADOR
GUIA DE GRUPOS FOCALES PARA NO USUARIOS DE PLANIFICACION FAMILIAR

Objetivos Generales

Conocer las actitudes de no-usuarios de planificación familiar sobre espaciamiento de los embarazos, riesgo reproductivo y planificación familiar

Introducción

1 ¿Cuántos niños tienen?

2 ¿Qué edad tiene lo más chiquito?

3 ¿Cuántos niños desearían tener? ¿Por qué?

4 ¿Cuándo los quieren tener? ¿Por qué?

5 ¿Está de acuerdo su pareja? ¿Por qué?

Conocimientos Sobre Riesgo Reproductivo y Planificación Familiar

1 ¿Qué cosas creen que puede poner en peligro de enfermar o morir a una mujer al salir embarazada? ¿Por qué?

2 ¿Cree que tener hijos muy seguidos es peligroso para la mujer?

3 ¿Ha escuchado que hay maneras de espaciar los embarazos?

- ¿Qué ha oído?
- ¿De quién?
- ¿Qué opina?

4 ¿Ha oído de la pastilla?

- ¿Qué ha escuchado?
- ¿Conoce alguien que la ha utilizado? ¿Cuál fue su experiencia?
- ¿Qué opina de este método?
- ¿Lo utilizaría? ¿Por qué?

5 ¿Ha oído del dispositivo (DIU)?

- ¿Qué ha escuchado?
- ¿Conoce alguien que lo ha utilizado? ¿Cuál fue su experiencia?
- ¿Qué opina de este método?
- ¿Lo utilizaría? ¿Por qué?

6 ¿Ha oído del condón?

- ¿Qué ha escuchado?
- ¿Conoce alguien que lo ha utilizado? ¿Cuál fue su experiencia?
- ¿Qué opina de este método?
- ¿Lo utilizaría? ¿Por qué?

7 ¿Ha oído de la operación femenina?

- ¿Qué ha escuchado?
- ¿Conoce alguien que lo ha utilizado? ¿Cuál fue su experiencia?
- ¿Qué opina de este método?
- ¿Lo utilizaría? ¿Por qué?

8 ¿Ha oído de la operación masculina?

- ¿Qué ha escuchado?
- ¿Conoce alguien que lo ha utilizado? ¿Cuál fue su experiencia?
- ¿Qué opina de este método?
- ¿Lo utilizaría? ¿Por qué?

9 ¿Ha oído de los métodos naturales?

- ¿Qué ha escuchado?
- ¿Conoce alguien que lo ha utilizado? ¿Cuál fue su experiencia?
- ¿Qué opina de este método?
- ¿Lo utilizarían? ¿Por qué?

Actitudes Sobre Planificación Familiar

1 Algunas personas creen que planificar es malo y otras creen que es bueno ¿Qué opinan Uds? ¿Por qué?

2 ¿Qué dice su comunidad de las parejas que planifican? ¿Por qué?

3 ¿Conocen alguien en su comunidad que usa algun método de planificación familiar?

- ¿Qué método usa?
- ¿Qué le han dicho?

Percepción de Accesibilidad de Planificación Familiar

1 ¿Sabe donde ir si decidiera usar algun método? Dónde?

2 ¿Conocen alguien en su comunidad que tenga métodos o que pueda brindarle ayuda en caso que decidieran usar algun método?

- ¿Quién?

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3 ¿Alguien les ha visitado para hablar sobre maneras de espaciar los embarazos?

- ¿Quién?
- ¿Qué opinan de lo que les dijo?

4 ¿Han participado en alguna reunión sobre como planificar la familia?

- ¿Dónde?
- ¿Qué aprendió?
- ¿Qué opinan de lo que trató?

Intención de Usar Planificación Familiar

1 ¿Les gustaría usar algún método de planificación familiar?

- ¿Cuál?
- ¿Por qué?
- ¿Estaría de acuerdo su pareja? ¿Por qué?

2 Si se decidiera por un método, ¿tendría confianza de ir a solicitarlo? ¿Por qué?

3 ¿Les gustaría recibir más información sobre maneras de planificar la familia?

- ¿Sobre algún otro tema? ¿Cuál?

SEGUNDO BORRADOR
GUÍA PARA GRUPOS FOCALES CON USUARIAS DE MÉTODOS NATURALES

OBJETIVOS GENERALES

1 Evaluar el nivel de conocimientos sobre riesgo reproductivo

2 Explorar actitudes sobre planificacion familiar

3 Conocer la experiencia de las participantes utilizando métodos naturales

4 Investigar la calidad de atencion entre usuarias de métodos naturales de planificacion familiar

I INTRODUCCIÓN

1 Presentación del moderador(a) y observador(a) al grupo

2 Invitar a cada persona a presentarse, diciendo su nombre, número y edades de sus hijos

3 Desearían tener más niños? Cuándo?

4 Han platicado del número de niños que desea tener con su pareja? Qué opinan?

II CONOCIMIENTOS SOBRE RIESGO REPRODUCTIVO Y PLANIFICACIÓN FAMILIAR

1 Qué cosas creen que puede poner en peligro de enfermar o morir a una mujer al salir embarazada? Por qué?

2 Qué opina de la idea de espaciar los embarazos? Están de acuerdo o no? Por qué?

3 Ha escuchado que hay maneras de espaciar los embarazos?

Que ha oído?
De quién? Dónde?
Qué opina?

III ACTITUDES SOBRE PLANIFICACIÓN FAMILIAR

1 Qué dice la gente en su comunidad sobre el uso de métodos de Planificación Familiar? Por qué?

2 Algunas personas creen que planificar es malo y otras creen que es bueno Qué opinan ustedes? Por qué?

3 Cuál es su opinión sobre las mujeres que usan métodos de planificación familiar? Por qué?

4 Cuál es su opinión sobre los hombres que usan métodos de planificación familiar? Por qué?

5 Dentro del matrimonio, se debe de hablar sobre métodos de planificación familiar o no? Han hablado con su pareja sobre esto?

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IV USO DE MÉTODOS NATURALES

1 Usan ustedes algún método natural?

2 Cuál método natural usan? (Calendario, billings, moco-cervical)

Pueden explicarme como llevan su método?

3 Por qué escogieron este método?

4 Hace cuánto tiempo empezaron a usar éste método?

5 Están satisfechas con éste método? Por qué?

Y su pareja?

6 Han tenido algún problema con su método?

Cuál (es)?
Qué hizo?

V INFORMACIÓN

Ahora vamos a hablar como aprendió a llevar su método

1 Dónde aprendieron éste método? Quién les enseñó?

2 Por qué decidieron ir a esta persona/lugar para aprender sobre métodos naturales?

3 Cómo les explicaron como llevarlo? Quedaron con dudas?

4 Les explicaron que podía tener algun problema con su método?

- Qué les dijeron?

5 Les mencionaron otros métodos? Cuáles?

6 Cómo les parece la información que se les dio?

7 Tambien recibieron orientación sus parejas sobre como llevar el método?

- Cuándo? De quién?

8 Cuándo decidieron usar este método, había algun otro método que quería usar?

- Cuál?
- Por qué no lo usaron?

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9 Si tuvieron algunas dudas o problemas con su método, tendrían confianza para ir a pedir más información?

- Por qué?
- Qué harían?

VI SEGUIMIENTO

1 Después de la primer explicación que recibió sobre su método, tuvieron algún otro contacto con la persona (organización) que les enseñó?

- Cuál?
- Cuántas veces?
- Qué les dijeron?

2 En esta visita, les preguntó si habían tenido algún problema con su método?

3 Les preguntó si deseaban cambiar de método?

VII CONCLUSIONES

1 Han hablado con alguien sobre su experiencia usando un método para espaciar los embarazos?

- Con quién?
- De quién?

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SEGUNDO BORRADOR
GUIA PARA GRUPOS CON USUARIOS DE MÉTODOS DE PLANIFICACIÓN FAMILIAR
(HOMBRES)

OBJETIVOS

1 Identificar fuentes de informacion y servicios de planificacion familiar

2 Evaluar el nivel de conocimientos sobre planificacion familiar

3 Explorar el proceso de toma de decisiones entre pareja con respeto al uso de planificacion familiar y espaciamiento de embarazos

4 Identificar las percepciones sobre los servicios de planificacion familiar

5 Determinar la manera preferida de recibir informacion y servicios de planificacion familiar

I INTRODUCCION

1 Presentación del moderador(a) y observador(a) al grupo

2 Invitar a cada persona a presentarse, diciendo su nombre, número y edades de sus hijos

3 Dsearían tener más niños? Cuándo?

4 Han platicado del número de niños que desea tener con su pareja? Qué opinan?

II. EDUCACIÓN SOBRE PLANIFICACIÓN FAMILIAR

1 Dónde aprendieron de los métodos de planificación familiar?
Qué le enseñaron?
Qué opinan ustedes de lo que han escuchado?

2 Ustedes conocen si hay consejeras o voluntarios de planificación familiar en la comunidad?
Ha recibido alguna orientación de ellas?
Qué les dice?
Qué opinan ustedes de esta información?

3 Por qué decidieron usar un método de planificación familiar?

III ACTITUDES SOBRE EL USO DE MÉTODOS DE PLANIFICACIÓN FAMILIAR

1 Creen ustedes que la religión influye en el uso de métodos para el espaciamiento de los embarazos?
Cómo?

2 Dentro del matrimonio se debe hablar de métodos de planificación familiar o no?
Quién debe tomar la decisión de usar un método de planificación familiar? Por qué?
Ha platicado con su esposa?

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IV EXPERIENCIA UTILIZANDO PLANIFICACIÓN FAMILIAR

1 Por qué decidieron usar el preservativo?

3 Hace cuánto tiempo empezaron a usarlo?

4 Dónde consiguieron su método la primera vez?

5 Por qué decidieron ir a este lugar para conseguir su método?

6 Les explicaron como usarlo? Qué les dijeron?

Quedaron con dudas? Cuáles?

7 Cómo les parece la información que se les dio?

8 Si tuvieron algunas dudas o problemas con su método, tendrían confianza para ir a pedir más información?

- Por qué?
- Qué harían?

9 Están satisfechas con el preservativo? Por qué?

Y su esposa?

V SEGUIMIENTO

1 Ahora donde consiguen los preservativos?

2 Han tenido algún problema para conseguirlos?
Cuál?

3 Cómo llega al lugar donde consigue su método?
Cuánto tiempo tardan en llegar?

VIII CONCLUSIONES

1 Han hablado con alguien sobre su experiencia usando el preservativo?
Con quién?
De qué?

2 Están satisfechas con el preservativo?
Por qué?

3 Siente la necesidad de aprender más sobre los temas que hemos hablado hoy?
Sobre qué?
Por qué?
Cómo les gustaría recibir esta información? (charlas, materiales educativos, etc)
De quién?

TERCER BORRADOR
GUIA DE GRUPOS FOCALES SOBRE CALIDAD DE SERVICIOS

Objetivos Generales

Investigar la calidad de atención a usuarias de planificación familiar que acuden para servicios clínicos en ASHONPLAFA, el Ministerio de Salud o un distribuidor comunitario

Introducción

1 ¿Cuántos niños tienen? Qué edad tiene lo más chiquito?

2 ¿Por que decidieron usar un método de planificación familiar?

3 ¿Dónde escucharon por primera vez sobre los métodos de planificación familiar?

4 ¿Hace cuánto tiempo empezaron usar el método?

5 ¿Donde consiguieron su método? ¿Quién les atendió?

6 ¿Por que decidieron ir a este lugar para conseguir su método?

7 ¿Cómo les parece la información que les dió?

Información

Ahora vamos a hablar sobre la primera vez que fue a conseguir su método

1 ¿Qué les dijeron cuando le dieron su método?

- ¿Les explicaron claramente como se usa (funcione)?
  - ¿Qué les dijeron?
  - ¿Cómo les explicaron?
- ¿Les explicaron que podía tener algun problema con su método?
  - ¿Qué les dijeron?
- ¿Les mencionaron otros métodos? ¿Cuáles?
- ¿Cada cuánto tiempo le han dicho que controle su método?
- ¿Quedaron con alguna duda después de la explicación? Cuál? Por qué?

2 ¿Cuándo aceptaron este método, había algun otro método que querían usar?

- Cuál?
- ¿Por qué no lo usó?

3 ¿Les explicaron que podrían regresar para cambiar el método elegido si tenían problemas antes de su próxima visita?

- ¿Qué les dijeron?

4 ¿Si tuvieran algunas dudas o problemas con su método, tendrían confianza para ir a pedir más información?

- ¿Por qué?
- ¿Qué haría?

Relaciones Interpersonales

1 ¿Cómo les pareció la forma en que les atendieron cuando se les dió su método?

- ¿Fue amable?
- ¿Fue difícil o fácil entender sus consejos?

Disponibilidad y Accesibilidad

1 ¿Dónde consiguen su método?

- ¿Es fácil o difícil conseguirlo? ¿Por qué?

2 ¿Han tenido algun problema para conseguir su método?

- ¿Qué problema?
- ¿Cómo llegaron a este lugar (pie, carro, etc)?
- ¿Cuánto tiempo tardó en llegar?

3 ¿Este clínica es la más cercana a su casa?

- Si no, ¿por qué va a esta clínica en vez de una más cercana?

4 Durante su ultima consulta, ¿cuánto tiempo esperaron antes de que les atendieron?

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Seguimiento

Ahora vamos a hablar sobre su visita de control

1 ¿Algunas de Uds han ido a una visita de control de su método?

- ¿Cada cuánto tiempo asisten a control para su método?

2 ¿Qué hacen en su control?

3 ¿Han tenido visita de la persona que les dió su método?

- ¿Qué les han dicho?
- ¿Cuál fue la razón de la visita?

4 ¿En esta visita, les preguntó si habían tenido algun problema con su método?

- ¿Les indicó como resolver los problemas que les ocasionaba el método?
- ¿Les preguntó si deseaba cambiar de método?

5 ¿Ha tenido algun problema con su método?

- ¿Cuál(es)?
- ¿Qué hizo?

Integración de Servicios

1 ¿Les hablaron sobre planificación familiar durante el control prenatal?

- ¿Quién?
- ¿Qué les dijeron?
- ¿Cómo les pareció? ¿Por qué?

Conclusión

1 ¿Ha hablado con alguien sobre su experiencia usando un método para espaciar los embarazos?

- ¿Con quién?
- ¿De qué?

2 ¿Si una de sus vecinas o familiares tiene interés en planificar, adonde le recomendaría que acudan?

3 ¿Le recomendaría su método? ¿Por qué?

4 ¿En general, qué tan satisfechas quedaron con su atención?

5 ¿Están satisfechas con su método actual? ¿Por qué?

6 ¿Alguna de Uds han dejado de usar su método en algun momento? ¿Por qué?

7 ¿Alguna de Uds han cambiado su método? ¿Por qué?

8 ¿Cómo creen Uds que puede resultar más fácil para las parejas planificar su familia?

calidad

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ANEXO Nº 6

CARE INTERNATIONAL EN HONDURAS

"PROYECTO DESARROLLO COMUNITARIO EN SALUD"
COMPONENTE "SALUD REPRODUCTIVA"

GUIA DE SUPERVISION

FECHA _____

NOMBRE DE CONSEJERA: _____

COMUNIDAD: _____

SUPERVISOR _____

GUIA DE SUPERVISION PARA CONSEJERAS DEL COMPONENTE "SALUD REPRODUCTIVA"

OBJETIVO GENERAL: REFORZAMIENTO

O JETIVOS ESPECIFICOS CONTENIDO DEL COMPONENTE

1 Revisar el concepto de Riesgo Reproductivo

2 Identificar factores de Riesgo Reproductivo.

3 Identificar embarazo de alto riesgo y sus complicaciones.

4 Que sean capases de identificar los órganos sexuales masculinos y femeninos.

5. Discutir el concepto y ventajas de la Planificación Familiar.

5 Explicar el uso, indicaciones y contraindicaciones de los métodos de Planificación Familiar.

7 Explicar el uso de la lactancia materna exclusiva como método para espaciar los embarazos.

3. Identificar los métodos de Planificación Familiar que puede usar la madre lactante.

3 Explicar la importancia del Control pre-natal.

10 Reforzar algunos conceptos de Consejería sobre Planificación Familiar

11 Vigilar el instrumento y sistema de referencia.

12. Buscar alternativa y decidir soluciones en los problemas de las usuarias.

. Reforzar los conceptos sobre calidad de atención.

INSTRUCCIONES PARA LA APLICACION

1 Preguntar o revisar con la consejera cada pregunta o actividad indicada bajo la columna que comprende la pregunta

2 Anotar una letra (V) si contestó bien, una letra (F) si contestó mal o un signo (0) si no hubo respuesta

3 En las visitas siguientes usted revisará las preguntas o actividades no contestadas adecuadamente para reforzarlos, anotando una letra (R) en la cuarta casilla

	PREGUNTA	RESPUESTA CORRECTA	RESPUESTA/VISITA			
			1(V)	2(F)	3(0)	4(R)
1	¿Que significa riesgo reproductivo?	Son los factores de riesgo que ponen en peligro la salud de la madre/niño cuando hay embarazo en condiciones no adecuadas (ver Manual Pag 23)				
	Mencione los factores de riesgo reproductivo de la mujer en edad fertil	Edad cuando la mujer es < de 18 años y > 35 años				
		Paridad cuando la mujer ha tenido muchos hijos (mas de cuatro embarazos/hijos)				
		Espaciamiento si hace menos de 18 meses que termino su ultimo embarazo (parto aborto etc)				
		Enfermedades Cronicas azucar en la sangre presion alta hinchazon combulsiones (ver manual en la Pag 30)				
3	Si una mujer se embaraza teniendo uno o mas factores de riesgo reproductivo, ¿que problemas se pueden presentar en ella o en el niño?	Pies hinchados dolor de cabeza alta presion				
		Hemorragia del embarazo o del parto				
		Parto prematuro (antes de los nueve meses)				
		Niños con bajo peso al nacer (< 5 Lbs)				
4	¿Que debe hacer una mujer con riesgo reproductivo?	Espaciar sus embarazos buscar apoyo y seguridad con algun metodo de planificacion familiar				
5	¿Cuales son los órganos genitales externos del hombre?	Pene y testiculos (ver manual en Pag 15)				
6	¿Cómo se llaman los tubos o conductos por donde pasan los espermatozoides desde el testiculo al pene?	Se llaman conductos deferentes (ver manual en Pag 14)				
7	¿Donde se producen los espermatozoides?	Se producen en los testiculos (ver manual en Pag 13)				

8	¿Cómo se llama el órgano genital interno de la mujer que es como un canal durante el parto?	Vagina (ver manual en Pag 8)				
9	¿Como se llaman los organos internos de la mujer que producen el ovulo?	Los ovarios (ver manual en Pag 11)				
	¿Qué es planificacion familiar?	Es la decision conciente voluntaria y responsable de la pareja o de la mujer para decidir el numero de hijos que pueden y cuando tenerlos (ver manual en Pag 26)				
11	Mencione tres ventajas de la planificacion familiar	Hay mas tiempo para cuidar y dar cariño a la familia				
		A los niños se les puede dar alimentacion medicina vestuario etc				
		Los niños tienen la oportunidad de ir a la escuela (ver manual en Pag 28 y 29)				
12	¿Cuales son los metodos temporales que estan disponibles en la comunidad y en el centro de salud?	Pastillas				
		Preservativo o condon				
		DIU, anillo o T de cobre (ver manual en Pag 46 y 48)				
		Minipildora Ovrette (ver manual en Pag 44 y 45)				
	¿A que mujeres no se recomienda tomar pastillas anticonceptivas combinadas?	Mujeres embarazadas				
		Mujeres con fuerte dolor de cabeza				
		Hemorragias vaginales				
		Tumores o cancer en los pechos o chiches				
		Diabetes mellitus o azucar en la sangre				
		Presion alta				
		Mujeres con varices				
		Mujeres con enfermedad del higado (ojos y piel amarillos)				
		Mujeres que estan dando pecho (ver manual en Pag 38 y 39)				
	¿Cómo le explicaria usted a una mujer el uso de una pastilla anticonceptiva?	Empezar al quinto dia de la menstruacion o regla				
		Tomar una todos los dias antes de acostarse				
		Empezar con las pastillas claras y terminar con las oscuras siguiendo la flechita				
		Al terminar con el carton siga con el otro teniendo o no su menstruacion o regla				
		Tomar todos los meses hasta que quiera otro niño				

15	¿Que tiene que hacer una señora que se le olvida tomarse la pastilla (un dia) ?	Cuando se acuerde al dia siguiente debera tomársela, y siempre se tomara la otra correspondiente a ese dia				
	¿y si se le olvida por 3 días?	Debe dejar de tomarlas y usar preservativo mientras espera el quinto día de la regla para comenzar un nuevo cartón (ver manual Pag 42)				
16	¿Cuales son los sintomas de peligro en una mujer que esta usando pastillas o píldoras de dosis combinadas?	Dolor de cabeza fuerte				
		Vision borrosa				
		Dolor agudo en el abdomen o pecho				
		Dos meses seguidos sin la regla (recordar el video)				
17	¿Sabe usted que es el DIU/anillo o T de cobre?	Es un aparatito en forma de "T" que lo pone el medico o enfermera profesional en la matriz o utero de la mujer y que dura de cinco a ocho años para no salir embarazada				
18	¿A que mujer le recomienda usted el uso del DIU o anillo?	A la mujer que por lo menos haya tenido un embarazo despues del parto o despues de un aborto y que este con la regla (ver manual en Pag 47)				
19	¿A que mujer no le recomendaría usted el uso del DIU o anillo?	A la mujer embarazada				
		A mujeres anemicas				
		A mujeres con infección pelvica				
		A mujeres con anormalidades en el utero (ver manual en Pag 48)				
20	¿Que consejos debe tener presentes la mujer que le han colocado el DIU o anillo?	No debe faltar a la cita que el medico le da				
		Que le puede aumentar el sangrado de la regla				
		Que le puede doler el vientre y que puede tomar panadol				
		Que si la mujer acepta bien el DIU se lo puede cambiar entre 5-8 años				
21	¿Que le aconseja usted a la mujer que cree ha expulsado el DIU o que se le ha salido?	Mandarla de inmediato al medico para que la examine				
		Darle otro metodo como el condon hasta que se le ponga de nuevo el DIU				
22	¿Como explicaria usted el uso del preservativo o condon?	Debe colocarse el condon cada vez que tenga relaciones sexuales				
		No tocar la vagina con el pene antes de colocarse el condon				
		Colocarlo cuando el pene este duro desenrollarlo con cuidado con la yema de los dedos				

		Cubrir totalmente el pene dejando la bolsita en la punta				
		Después que han terminado la relación sexual debe sacar el pene antes de que se ponga blando				
		Hacerle un nudo al condon y eliminarlo				
		Usarlo solo una vez y botarlo (ver manual en Pag 50)				
26	¿En que consiste la operación de la mujer?	Consiste en ligar y cortar las trompas de falopio, de esta manera se impide el paso del óvulo a la matriz y sin óvulo no hay embarazo				
27	¿Que requisitos debe tener una mujer para ser operada para no tener hijos?	Que tenga 25 años o mas				
		Que tenga tres hijos vivos				
		Si tiene marido que lleve la autorizacion y cedula de identidad				
	¿En que consiste la operacion del hombre o vasectomia?	Consiste en ligar y cortar los conductos deferentes o tubos por donde pasan los espermatozoides o semilla del hombre (ver manual en Pag 53)				
	¿Cual es la dieta de la mujer operada?	En los primeros siete dias la mujer no debe tener relaciones sexuales, no debe levantar cosas pesadas si debe descansar				
	¿Cual es la dieta del hombre operado?	No tomar alcohol en las primeras 24 horas				
		En los primeros siete dias debe tomar minimo 20 eyaculaciones con proteccion mediante preservativos				
28	¿Que consejos le da usted a una mujer o un hombre operado?	Que cumpla las citas que el medico le deja				
		Que si tiene mucho dolor que tome panadol cuatro veces al dia				
		Si presentara algun sangrado que vaya de inmediato al medico				
29	¿Cuales son las condiciones para que la lactancia materna exclusiva funcione como metodo para espaciar los embarazos?	Que la madre de pecho dia y noche mañana y tarde a cada rato				
		Que no le haya venido la regla				
		Que el niño tenga menos de seis meses				
		Que no le den bebida o alimentos al niño solo pecho materno				
	¿Por cuánto tiempo es más segura la lactancia materna exclusiva para espaciar los embarazos?	Hasta los seis meses				
	¿Para mayor proteccion de la madre lactante, qué metodos de planificación le recomienda?	Cualquiera de los metodos temporales menos pastillas combinadas				

		El DIU				
		La minipíldora ovrette (ver manual Pag 44 y 45)				
		Métodos definitivos (ver manual Pag 52-53)				
	¿Para que recomendamos el control pre-natal a las embarazadas?	Para examen de los pechos				
		Para revisar la presion arterial				
		Para aplicacion de vacunas contra el tetano				
		Para investigar las enfermedades de transmision sexual de la madre o del esposo				
		Para ver las condiciones de salud generales de la madre				
	¿Como debe ser la alimentacion del niño durante los primeros seis meses de vida?	Solo leche materna y nada mas				
34	¿Como es el saludo y el trato que usted da a los usuarios en la comunidad?	Yo trato a los usuarios con respeto comprension y honestidad en sus respuestas, busco dar y que me tengan confianza				
35	¿Se mantiene en secreto la informacion de los usuarios en la comunidad?	Jamás se comenta lo hablado con otros usuarios, los registros se tienen bien guardados				
36	¿Cuando orienta al usuario lo apoya para manejar el metodo que usa o para darle otro en caso de que el metodo no le caiga mal?	Si No				
	¿Para que damos al usuario informacion de todos los metodos?	Para ayudar al usuario a decidir el metodo que mas le convenga				
		Porque cada método tiene sus ventajas y desventajas				
38	¿Como sabe usted que la usuaria entendio su explicacion?	Pidiendole que repita lo que se le dijo				
	¿Como sabemos que la consejera sabe llenar una referencia?	Haciendo la practica con una referencia				
	¿Que dificultades ha encontrado usted en la comunidad?	Dificultad para apoyar o aconsejar a los usuarios				
		Dificultar para referir a los usuarios				
		Ha sentido descuido o falta de apoyo por parte del proyecto				
	¿Como ha resuelto los problemas?	Buscando soluciones con los lideres de la comunidad con el educador de care o con el la enfermera del centro de salud				

ANEXO Nº 7

RESUMEN DE LOS HALLAZGOS DE LOS GRUPOS FOCALES

RAZONES PARA USAR METODOS DE PLANIFICACION FAMILIAR

- Para no tener los hijos muy seguidos
- Porque la mujer tiene factores de riesgo reproductivo
- Salud de la madre y el niño
- Razones económicos (alimentación, educación, vestuario)
- Prevención de ETS (usuarios del condón)

DONDE ESCUCHARON DE PLANIFICACION FAMILIAR

- CARE (Consejera y Educador)
- Centro de Salud
- Radio
- En menor grado mencionaron el médico y familiares

LUGAR DE OBTENCION DEL METODO

Los usuarios del condón lo obtienen de la Consejera de Salud Reproductiva y en el Centro de Salud Las usuarias de DIU por medio de médicos colaborando con CARE Las usuarias de anticonceptivos orales en ASHONPLAFA, el Centro de Salud y con la Consejera Las usuarias de AQV en su mayoría asisten a ASHONPLAFA y en menor grado en clínicas privadas

Decidieron ir a estos lugares porque es más cerca, barato y reciben ayuda por medio de CARE (AQV)

DISPONIBILIDAD Y ACCESIBILIDAD

Las mujeres opinaron que es fácil conseguir su metodo debido al apoyo de las consejeras, del Centro de Salud y de CARE (con transporte a ASHONPLAFA para AQV) No han tenido ningun problema El tiempo que necesitan para llegar al puesto es de dos horas, a excepcion de las usuarias de AQV que tardan de cinco a siete horas

INFORMACION

En el caso de las usuarias del DIU, uno de los grupos no recibió ninguna información El otro grupo si recibió información general previa, la que sin embargo no fue completo Las usuarias de anticonceptivos orales están satisfechas con la información que se les dio en un grupo (Nueva Armenia) Pero en el grupo de usuarias de San Antonio, la información fue incompleta e inadecuada Todas las usuarias de OTB están satisfechas con la información que recibieron

PROBLEMAS CON EL METODO

Las usuarias de anticonceptivos orales, operación femenina y condón si recibieron explicación adecuada, no así las usuarias de DIU ya que en ningun grupo se pudo concluir que habían recibido información sobre problemas relacionados con su método

DISPONIBILIDAD DE OTROS METODOS

A todos los usuarios de los anticonceptivos orales, OTB y condón, se les mencionaron otros metodos A las usuarias de DIU no se les mencionaron otros métodos

CONTROL DE SU METODO

En el caso de las usuarias de DIU, se les dio cita para control, pero no lo recibieron por falla del personal de salud En las usuarias de anticonceptivos orales, solo una se le mencionó que tenía que controlarse cada tres meses Las demás no recibieron ninguna información A las usuarias de operación femenina, se les mencionó que se le realizara control desde 20 días hasta cada uno

DUDAS DESPUES DE LA EXPLICACION DE SU METODO

Las usuarias de DIU tenían dudas y temores porque la información fue incompleta Con los demás métodos la duda fue si podían quedar embarazadas aún usándolo

SI QUERIA OTRO METODO

Las usuarias de DIU si querían otro método (natural y pastilla) La mitad de usuarios de condón deseaban probar con DIU y métodos naturales Las usuarias de operación y orales no querían otros métodos

CONFIANZA DE PEDIR MAS INFORMACION

En los grupos de usuarias de DIU mencionaron que si tendrían confianza de solicitar más información pero no habían a quien preguntarle Los otros grupos de usuarios también tendrían confianza

RELACIONES INTERPERSONALES

Forma en que les Atendieron

Todos opinan que la atención fue amable y buena

SEGUIMIENTO Y VISITAS DE CONTROL

Solo el grupo de usuarias de anticonceptivos orales de San Antonio han recibido visita de las Consejeras Los demás grupos nunca han sido visitados Las usuarias de DIU fueron a control pero dicen que no se les mencionaron nada Solamente una usuaria de anticonceptivos orales fue a control a los tres meses, y dos de OTB fueron a control posterior

PROBLEMAS CON SU METODO

En las usuarias de DIU sola una no ha tenido ningun problema, las demás se quejan de dolor, aumento del sangrado y perdida de peso Uno de los usuarios del condon dijo que su mujer padecía de irritación en la vagina Una usuaria de anticonceptivos orales se queja de mareo

INTEGRACION DE SERVICIOS

Si se les habló de planificación familiar en su control prenatal, con énfasis en los anticonceptivos orales y la operación femenina Sin embargo, una de las mujeres no entendió

SATISFACCION CON SU ATENCION Y SU METODO

Los usuarios del condón y operación femenina si han hablado con familiares, amigos y vecinos sobre su experiencias Las usuarias del método oral y DIU no lo hacen por temor a la critica y porque manifiestan ser mal vistas en la comunidad Solo hablarían de su metodo con su esposo, otras usuarias del mismo método y las Consejeras Uno de los grupos de usuarias de pastilla si hablarían sobre el espaciamiento de los embarazos

A DONDE RECOMENDARIA QUE ACUDA

En general no se habla de la planificación familiar por temor a la critica, pero si la oportunidad se les presentara ellos preferirían el Centro de Salud, ASHONPLAFA, la Consejera de Salud Reproductiva y CARE Con excepción de un grupo en Piraera, que no quieren ni platicar con nadie sobre su método

RECOMENDARIA SU METODO

Los usuarios del condón si recomendarian su método Las usuarias del DIU, un grupo si lo recomendaría y otro no Las usuarias de operación femenina y anticonceptivos orales si los recomendarían

SATISFACCION CON SU METODO

Entre las usuarias del DIU, un grupo está satisfecha a pesar de que casi todas manifiestan haber tenido problemas En el otro grupo de Piraera la mitad está satisfecha y la otra mitad se lo quiere retirar En las usuarias de anticonceptivos orales, un grupo está satisfecha y en el otro grupo, hay dos señoras que desean cambiar al preservativo En las usuarias de operación femenina están muy satisfechas con su método y dicen que pocos hijos se asisten mejor, hay menos quitadero de vida y no van a tener más" Las cuatro recién operadas se quejan de ardor en la operación y una se queja de inflamación en el ovario, las demás se sienten más alentadas

RECOMENDACIONES GENERALES

- Platicar con su pareja ("Que la pareja platique y lo deciden ellos")
- Que las enfermeras mantengan la confidencialidad
- Que se les proporcione más información sobre los métodos
- Quieren planificar pero les preocupa los malestares causados por el método (DIU)
- Que hayan hombres Consejeros en Salud Reproductivo (para distribuir condones)

PRIMER BORRADOR

RECOMENDACIONES GENERALES PARA MEJORAR LA CALIDAD DE ATENCION Y AUMENTAR LA PREVALENCIA DE USUARIOS DE PLANIFICACION FAMILIAR EN BASE A LOS RESULTADOS DE LOS GRUPOS FOCALES REALIZADOS POR CARE

INFORMACION PROVEIDA AL USUARIO

Resumen

En general, se observó que la información dada a los usuarios fue inadecuada, incompleta y muy escasa En el caso de las usuarias del DIU en particular, no hubo una explicación sobre los efectos secundarios temporales del método Tampoco hubo una explicación sobre otros métodos, ni se ofrecieron otras opciones En el caso de la pastilla y el condón, los usuarios no tenía toda la información necesaria para usar su método adecuadamente Consideramos que esta falta de información sobre los efectos secundarios temporales influye notablemente en la insatisfacción de los usuarios y en el abandono de los métodos

Recomendaciones

1 Para hacer más efectivo el trabajo de las Consejeras se sugiere lo siguiente

- Brindarles material educativo de fácil comprensión sobre los métodos anticonceptivos
- Darles folletos sobre los métodos disponibles para que los reparten a cada usuario nuevo
- Refrescar y estandarizar sus conocimientos sobre metodología anticonceptiva utilizando metodologia efectiva para personal no alfabeta

2 Para hacer más efectivo el trabajo de los Educadores de CARE se sugiere lo siguiente

- Brindarles material educativo, en particular VHS/videos y rotafolios
- Refrescar y estandarizar sus conocimientos sobre metodología anticonceptiva

3 Asegurar la provisión de mayor información a los usuarios, haciendo énfasis en

- efectos secundarios
- como se usa el método
- la necesidad de controles periódicos
- ofrecer todos los métodos disponibles
- darles de entender que pueden cambiar de método

4 En el caso de los no-usuarios donde se observó un deseo para espaciar sus embarazos pero muy poca información y la prevalencia de muchos mitos sobre métodos anticonceptivos, se sugiere brindar educación sobre métodos y aclarar mitos y rumores

SEGUIMIENTO A USUARIOS DE METODOS DE PLANIFICACION FAMILIAR

Resumen

Los datos reflejan que el seguimiento a los usuarios es un aspecto muy débil del programa, ya que muy pocos usuarios han recibido control de su método En algunos casos se dio por falla del personal de salud encargado y en otros por falta de información adecuada a los usuarios

Recomendaciones

1 Estandarizar y enseñar a los Educadores y Voluntarios de CARE en que consiste el control y seguimiento de los usuarios

2 Explicar bien a los usuarios en que consiste el control, porque es importante y cada cuanto tiempo tiene que acudir

3 Capacitar y motivar a las Consejeras para que lleven a cabo visitas de seguimiento y un registro sencillo y adecuado de estas

4 Identificar el recurso en salud que puede llevar a cabo el seguimiento de los usuarios Por ejemplo, enfermera profesional o médico de CARE, médico o enfermera profesional del MSP que se desplaza a las localidades para revisión y captación de usuarios y solución de problemas Es importante no ofrecer a los usuarios algo que no se puede cumplir para no crear expectativas falsas

5 Capacitar auxiliares en los CESARES y CESAMOS para revisión, control y consejería de usuarios de planificación familiar

COORDINACION CON OTRAS INSTITUCIONES

Resumen

Para mejorar la calidad de servicios y aumentar la cobertura del programa de planificación familiar, es necesario coordinar con otras instituciones Por ejemplo, en una comunidad hubo mucha desconfianza hacía el personal del MSP por la falta de confidencialidad por parte de las enfermeras En otros lugares a pesar de existen la demanda no se cuenta con los insumos necesarios para poder cubrirla, perdiéndose oportunidades de atender a las necesidades de la población

Sugerencias

1 Establecer contacto con Directores de otras OPDs para promover la coordinación y obtener insumos necesarios (Plan en Honduras, COHASA, etc)

2 Comentar informalmente al personal de salud la importancia de mantener la confidencialidad de los usuarios

3 Capacitar al personal del MSP en los elementos de calidad de atención, enfatizando la importancia de la confidencialidad

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ESTRATEGIAS DE PROVISION Y MEJORAMIENTO DE SERVICIOS

Resumen

En base a los resultados de los grupos focales y de la experiencia de los educadores durante su trabajo surgieron algunas recomendaciones de estrategias para mejorar la calidad y ampliar la cobertura de servicios en planificación familiar

Sugerencias

1 De los participantes en los grupos focales surgió la idea de capacitar hombres como Consejeros en Salud Reproductiva Los hombres manifestaron que tendría más confianza en pedir condones e información por medio de personal masculino

2 También surgió la importancia de incorporar a la pareja, cuando el caso lo amerite, en la consejeria

3 Enfocar los esfuerzos hacia la población prioritaria a través de consejeria individual Por ejemplo, tomando como base los listados de mujeres en edad fértil Considerar la implementación de un instrumento sencillo para orientar a las Consejeras en las visitas domiciliarias

4 Los resultados confirman la efectividad de capacitar Consejeras en Salud Reproductiva y de proveer transporte para servicios de AQV

5 Probar estrategias de apertura en comunidades cerradas, tales como

- reuniones con líderes religiosos sobre Riesgo Reproductivo/métodos naturales
- curso de métodos naturales
- visitas individuales para proteger la confidencialidad
- educación general a la comunidad por medio de videos
- asesoría de líderes religiosos que creen en la importancia del espaciamiento de los embarazos

6 Implementar programas educativos en salud reproductiva a través de programas de radio locales

7 Realizar un intercambio de educadores entre UPS, para intercambiar estrategias, analizar logros y exponer la población a otro tipo de educador (en particular según sexo)

8 Realizar actividades enfocadas para grupos específicos, por ejemplo reuniones con hombres en la noche

9 Incentivar el trabajo de los Voluntarios por medio de camisetas, utiles, bolsas, excursiones, reuniones para intercambio de experiencias con otros voluntarios (proporcionando algún refrigerio) y proyectos de generación de ingresos (p e especies menores)

10 Capacitar a los maestros de las escuelas en educación sexual y/o brindar educación sexual a los alumnos mayores cuando sea factible

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ANEXO Nº 8

SECRETARIA DE SALUD PUBLICA
DIRECCION GENERAL DE SALUD
REGION DE SALUD No 5
SANTA ROSA DE COPAN
TELEFONOS: 63-0095 -- 63-0093

CF.#.457-94
27 de Julio 1,994

Doctor
Ricardo Henríquez
Director
CARE

Respetado Dr. Henríquez:

Me parece que todas las actividades a emprender para sostener al Personal Comunitario estan bien definidas lo mismo que los niveles institucionales al llevarla a cabo, siempre con el apoyo Regional.

Soy del criterio que el Personal Comunitario es una "Mina de Oro" en las actividades de Salud diría la piedra angular de soporte del desarrollo local.

En cuanto a la dotación de insumos todos estan dentro de las posibilidades económicas de la Región.

Sin otro particular, le saludo.

Atentamente,

Dr. Ceferino Aguilar
Director Región #.5

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CC: Archivo

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PLAN DE ACCION PARA LA SOSTENIBILIDAD DEL PROYECTO

QUE	COMO	CUANDO	QUIENES
Seguimiento periódico y oportuno al personal comunitario	Programando las visitas en forma integrada de todas las actividades	Continuo	Supervisores Auxiliares de enfermería promotores evaluadores
Realizar inventario y control de los materiales e insumos en existencia del personal comunitario	A través de las reuniones mensuales visitas a la comunidad	Continuo	Responsable de la UPS
Dotar de insumos y material educativo al personal comunitario	Revisando el informe mensual conjunto con el personal	De acuerdo a necesidad	Región Area, Sector - UPS
Capacitación y reforzamiento del personal institucional y comunitario	A través de reuniones mensuales de sector y personal comunitario	De acuerdo a necesidad	Supervisores Auxiliares de enfermería promotores evaluadores
Monitoreo y retroalimentación de charlas a nivel de comunidad en conjunto con el personal comunitario	En reuniones mensuales visitando la comunidad el dia que se programe la charla Indagando a familiares	Continuo	Responsables de la UPS Personal comunitario
Involucrar al resto del personal comunitario en las actividades para el mejor logro de las mismas	Haciéndoles ver la importancia que tiene cada uno de ellos en el logro de las actividades Convocar una reunion a nivel de la comunidad para el intercambio de ideas y experiencias	De acuerdo a necesidad	Supervisores Auxiliares de enfermería promotores evaluadores
Continuar promocionando ejecutando y retroalimentando las actividades de salud reproductiva	Organizar brigadas especiales intercambiando el personal UPS de una zona a otra para ejecutar las actividades	Cada 3 meses y de acuerdo a necesidad	Supervisores Auxiliares de enfermería promotores evaluadores personal comunitario
	Difundir permanentemente lo que es riesgo reproductivo y obtétrico planificación familiar, cáncer uterino	Continuo	Idem

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DETALLE DE INSUMOS QUE DEBE TENER EL PERSONAL COMUNITARIO

INSUMOS	CENTRO URO-C	INSTRUMENTO DEL LINVI	CONSEJERA S R
LITPOSOL	X	EN CASO NECESA-RIO	EN CASO NECESA-RIO
UTENSILIOS PARA PREPARAR LITPO-SOL	X		
PAPELERIA EN BLANCO DEBIDA-MENTE PPOTEGIDA	X	X	X
MATEPIAL EDUCA-TIVO	X	Y	X
LISTADOS		X	LAS QUE LLEVAN LISMEF-LISEM
LAPICES	X GRAFITO Y TINTA NEGRO	Y GRAFITO Y DE COLORES	Y GRAFITO Y DE COLORES
BORRADOR	X	X	X
SACAPUNTA	Y	Y	X
CORRECTORES		X	
PEGLA		Y	
ANTICONCEPTIVOS ORALES			X
PRESERVATIVOS			X
MATERIAL DE REFERENCIA	X	X	X

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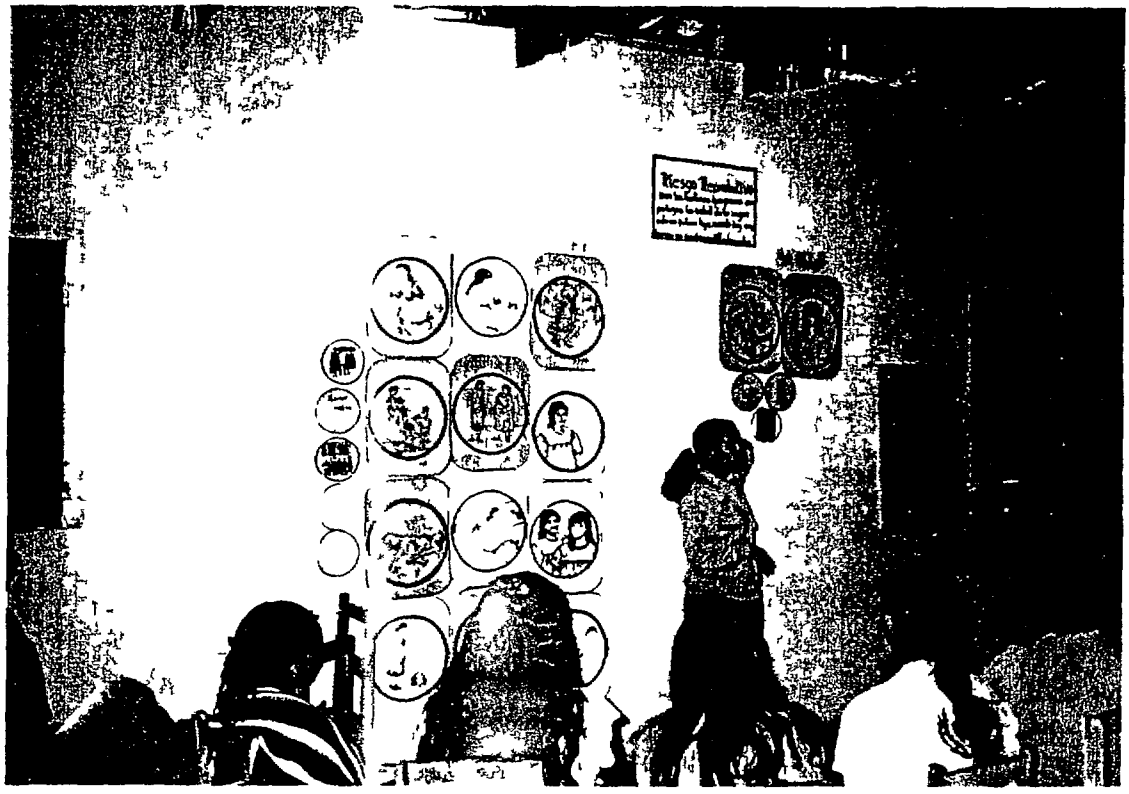
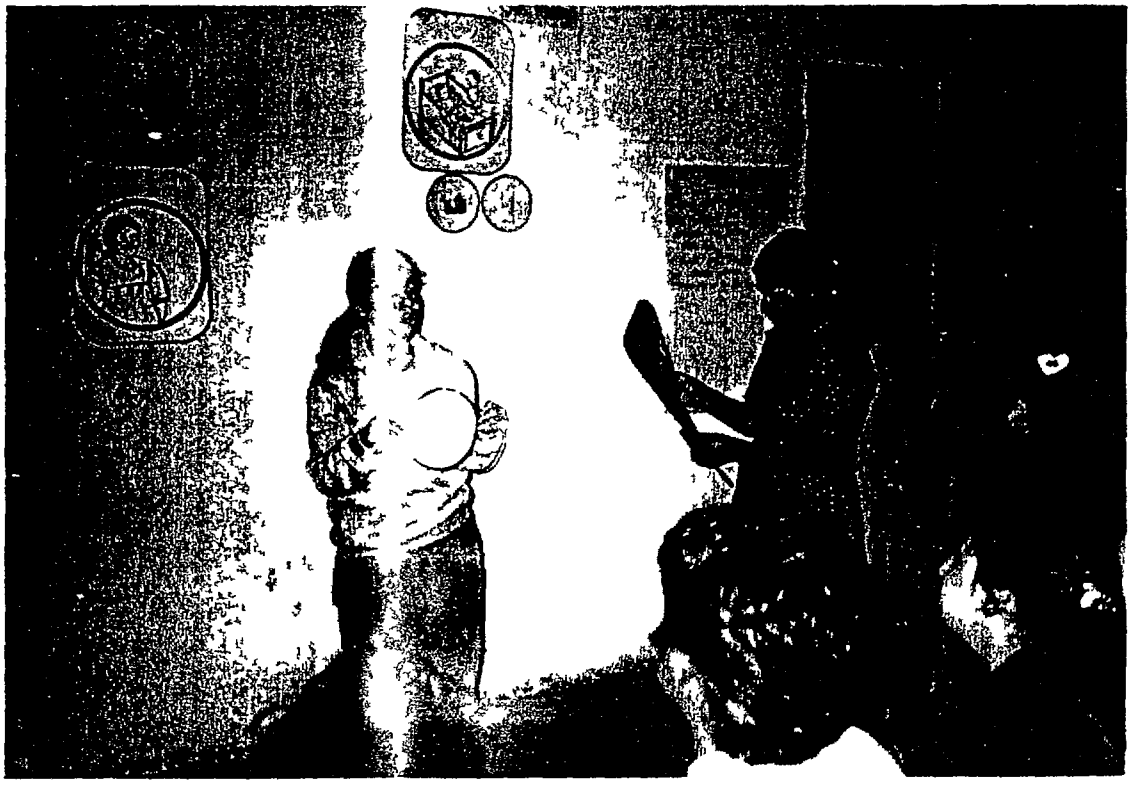
ANEXO Nº 9

Training Reproductive Health Counselors in Reproductive Risk





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Reproductive Health Jornada

Travel to Health Center by Training Team

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Reproductive Health Jornada

CARE Educator Giving a Talk to Women Waiting to be Seen

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