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**SITUATION ANALYSIS OF THE EXPANSION OF THE  
ROLE OF AUXILIARY NURSES IN FAMILY PLANNING  
SERVICE PROVISION**

**TEGUCIGALPA, HONDURAS**

**SECRETARY OF HEALTH  
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FAMILY PLANNING SERVICE PROVISION**

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## EXECUTIVE SUMMARY

In an initiative to increase the accessibility of family planning services in rural areas the Ministry of Health (MOH) of Honduras will implement a pilot study to test the expansion of the role of auxiliary nurses in family planning service delivery, in particular the provision of oral contraceptives and the IUD. This report discusses the results of a diagnostic study conducted to guide the design and implementation of this project. This qualitative study explored the opinions and suggestions of auxiliary nurses, their supervisors and teachers, and local and regional health authorities with regards to the implementation of this project. The study utilized qualitative methods - semistructured interviews and focus groups. Interviews were conducted with 42 auxiliary nurses, 23 of their supervisors, ten health professionals involved family planning services and seven community leaders. In addition eight focus groups were conducted with women of reproductive age in selected communities, as representatives of potential users of family planning services.

The auxiliary nurses are in favor of offering oral contraceptives to new users. Nevertheless, this activity generates neither enthusiasm nor anxiety among the auxiliaries who consider it a routine task. The other groups interviewed also support the provision of oral contraceptives to new users by auxiliary nurses, although they did mention the need for retraining. No negative impact of this strategy is foreseen by any of the individuals interviewed. In conclusion, there is neither opposition nor enthusiasm for the expansion of the role of the auxiliary nurse to provide oral contraceptives to new users.

Opinions regarding IUD insertion by auxiliary nurses vary considerably. IUD insertion is viewed as a complex procedure, reserved for highly trained professionals. Therefore, all of the groups interviewed from potential users to supervisors use the term *delicado* to refer to the procedure. As a result, the proposal that auxiliary nurses perform such a delicate procedure is controversial.

The community leaders support the expansion of the role of the auxiliary nurse because it will increase access to services and benefit the community economically. Nevertheless, they do emphasize the need for sufficient training and promotion and education in the community. A few of the leaders oppose the strategy, primarily based on popular beliefs associated with the IUD such as its association with cancer, or personal characteristics of the auxiliary nurse such as sex or age.

Potential users of family planning services also support the insertion of the IUD by auxiliary nurses. The method itself however, is sometimes rejected as a result of negative experiences women have experienced such as excessive bleeding or infections. The majority of the women interviewed would support the auxiliary nurse in this activity, as long as she is well trained. The exception would be in the case of communities where the auxiliary nurse is masculine or too old according to their standards. They concur with the opinion of the community leaders that increased education and promotion in the community will be necessary for this strategy to be successful.

The auxiliary nurses react in two ways to the possible expansion of their role. They express enthusiasm for the idea of performing a new procedure which was previously reserved solely for professionals. The prospect of performing more complicated procedures increases their self esteem and motivates them to assume additional responsibilities without monetary recompense. At the same time, however, some auxiliary nurses are concerned about performing such a *delicado* activity and a few reject the strategy due to the additional work load it would represent or because they believe it is an abortive procedure. Nevertheless, this latter group is small and the majority of the auxiliary nurses are willing to assume the responsibility of IUD insertion.

Auxiliary nurses also state that they will need training to assume this responsibility, primarily in the technique for IUD insertion. They also emphasize the need for supervision, so that the supervisor can certify that they are inserting the IUD properly.

According to the auxiliary nurses interviewed, the primary benefits of the implementation of this strategy would consist of professional advancement and improved access and coverage of services. Some auxiliaries expressed expectations of improved salaries in exchange for the acceptance of this new responsibility. It is likely that some of the newly trained auxiliary nurses will push for salary increases or incentives in accordance with their new "status."

Among the supervisors of the auxiliary nurses, some view this strategy as a necessary step in the process to increase coverage in rural areas and an important element of the Ministry of Health's ACCESO strategy. Those opposed to this strategy argue that it submits women to unnecessary risk because higher level health providers are currently underutilized. They also view the academic preparation of the majority of the auxiliary nurses as inadequate to take on this responsibility.

The opinions of the other health professionals interviewed tend to coincide with those of the supervisors, although they place greater emphasis on the 'professional fear' of the loss of an activity which has traditionally been their exclusive domain. The expansion of the role of the auxiliary nurse is seen as a threat to professional prestige and work security, especially among those who have not been involved in the Ministry of Health's policy of the socialization of medicine adopted during recent years.

Independently of their approval of the strategy, everyone interviewed agreed that the key element in its implementation will be training. A long list of topics to include in the training were mentioned, from basic scientific knowledge to interpersonal relationships. If all of the proposed topics were covered, it is likely that the amount of time needed for the training would not be feasible, thus it will be necessary to reinforce certain elements during the supervisory visits. All of the individuals interviewed concur that the training should be practical and participatory. They suggest that it be conducted in modules by specialists or physicians and nurses, with experience, knowledge and good training skills.

All of the individuals interviewed agreed that adequate supervision will be fundamental to the success of this strategy and suggested that it be direct and ongoing. The supervisors also mentioned the need to provide logistic support and training to conduct the supervision visits.

Another key element mentioned by the supervisors and other health professionals in the implementation of this strategy is the necessity for a careful selection process of the auxiliary nurses who will participate. The criteria they mention include work performance, attitudes and relationship with the community. If all the criteria mentioned were fulfilled, it would probably be impossible to find sufficient candidates to upscale the strategy in the future. In contrast, the auxiliary nurses believe that all of their colleagues are capable of performing the task, and that auxiliaries from both CESARes and CESAMOs should be included.

Expanding the role of the auxiliary nurse in family planning services appears to be a feasible strategy for improving access to these services particularly in rural areas. Effective implementation will depend not only on adequate training and supervision, but also on the implementation of promotional and educational activities at all levels including both communities and institutions.

# SITUATION ANALYSIS OF THE EXPANSION OF THE ROLE OF AUXILIARY NURSES IN FAMILY PLANNING SERVICE PROVISION

## I BACKGROUND

In an initiative to increase the accessibility of family planning services in rural areas, the Ministry of Health (MOH) of Honduras will implement a pilot study to test the expansion of the role of auxiliary nurses in family planning service delivery, in particular the provision of orals and the IUD. The purpose of this study is to provide the experience and information necessary to define the role of the auxiliary nurse as a family planning provider. If this project is successful, it is expected that the Ministry will extend it nationwide. The Population Council, through INOPAL III, and the Association for Voluntary and Safe Contraception (AVSC) will provide technical assistance to the Ministry in training, supervision and evaluation of this strategy.

The most accessible provider in rural communities is the auxiliary nurse, who works in the CESAR (Health Center with Auxiliary Nurse). An auxiliary nurse has completed her secondary education and has two years of specialized health training. Auxiliaries tend to remain in the same CESAR for relatively long periods, and usually live in the community in which they work. Their principal activities include immunizations, growth monitoring, the prevention and treatment of diarrhea and respiratory infections and prenatal and postpartum care. In addition, auxiliary nurses often attend births. Auxiliary nurses regularly prescribe antibiotics for simple infections and refer complicated cases to the CESAMO (Health Center with Physician). Their family planning activities consist of the distribution of condoms and resupply of oral contraceptives to women who were prescribed pills by a doctor or professional nurse.

## II OBJECTIVES

This report discusses the results of a diagnostic study conducted to guide the design and implementation of this project. This qualitative study explored the opinions and suggestions of auxiliary nurses, their supervisors and teachers and local and regional health authorities with regards to the implementation of this project. The specific objectives of the study are detailed below.

### *Auxiliary Nurses*

1. Establish a profile of the auxiliary nurse including academic background, professional training and personal characteristics, in order to determine training and supervision needs.
2. Explore the opinion of auxiliary nurses with regards to family planning and the possible expansion of their role in the delivery of these services.
3. Determine the preferences and needs of auxiliary nurses with regards to training, support and supervision.

*Regional and Area Chiefs and Supervisors*

- 4 Explore the opinion of the Regional and Area Chiefs and Nursing Supervisors with regards to the proposed expansion of the functions of the auxiliary nurse in family planning
- 5 Determine how the auxiliary nurses are supervised and collect suggestions for the implementation of project activities

*Potential Clients*

- 6 Explore the opinion of potential users with regards to contraceptive methods, the family planning services offered by the Ministry of Health and the expansion of the role of nursing auxiliaries in the provision of family planning services

*Others*

- 7 Identify the opinion of other individuals involved in the training and supervision of auxiliary nurses with regards to the proposed expanded role

**III METHODOLOGY**

The study utilized qualitative methods - semistructured interviews and focus groups. Four different interview guides were designed to conduct interviews with community leaders, auxiliary nurses, their supervisors and other individuals involved in the process (Appendix 1). Focus groups were conducted with women of reproductive age in selected communities, as representatives of potential users of family planning services.

The study was implemented in communities and offices of the Ministry of Health in the following health regions

**TABLE #1**  
**INTERVIEWS AND FOCUS GROUPS CONDUCTED ACCORDING TO HEALTH REGION**

Health Region	Related Professionals	Supervisors	Auxiliary Nurses	Community Leaders	Focus Groups with Potential Users
Metropolitan Region Office in Tegucigalpa	7	4	8	2	3
Health Region #1 Office in Tegucigalpa		3	10		
Health Region #2 Office in Comayagua			15	4	3
Health Region #3 Office in San Pedro Sula	3	6	5	1	
Health Region #4 Office in Choluteca		5	5		2
Health Region #5 Office in Santa Rosa de Copan		2			
Health Region #7 Office in Juticalpa		3			
Total	10	23	43	7	8

A total of ten interviews with Ministry of Health personnel who interact with auxiliary nurses was conducted in Tegucigalpa and San Pedro Sula. The individuals interviewed included two representatives of the Honduran Social Security Institute (one in Tegucigalpa and one in San Pedro Sula), two faculty members of the National Training Center (CENARH in Tegucigalpa), one representative of ASHONPLAFA (IPPF affiliate), two members of the Personnel Division of the Ministry of Health, one representative of the Association of Professional Nurses of Honduras, one staff member of the Human Resource Training Center (San Pedro Sula), and a representative of a private health training institute (CEDESA in San Pedro Sula). All of the individuals interviewed were health professionals, two were physicians and the rest professional nurses.

The interviews with the supervisors of the auxiliary nurses included four Region Chiefs, one epidemiologist, five regional professional nurses, five Maternal Health technicians, three Area Chiefs, three Area Nurses and two Sector Supervisors. In all, eight physicians and fifteen professional nurses were interviewed.

A total of 43 auxiliary nurses were interviewed in the communities where they work, 13 in peri-urban communities, 21 in easily accessible rural communities and nine from communities with difficult access (no transportation services and poor roads). Auxiliary nurses were selected to be interviewed based on their work experience and their permanent assignment to a community. Nevertheless, the number of auxiliaries who fulfilled these criteria was limited, particularly in the peri-urban areas, so some auxiliaries who were completing their social service training were included in the sample.

Seven community leaders were interviewed, three from peri-urban communities and four from accessible rural communities

A total of eight focus groups were conducted with potential users. Three focus groups were conducted in remote communities, two in accessible rural communities and three in peri-urban communities of Tegucigalpa. In each community, with the assistance of the nurse, volunteer or community leader, women of reproductive age were invited to participate in the focus groups. On three occasions the focus group was organized among women waiting to be seen in the Health Center

#### **IV PROFILE OF THE AUXILIARY NURSE**

In order to better understand how to expand the role of the auxiliary nurse in family planning service delivery, the auxiliary nurses were asked questions to determine their training and work experience with regards to family planning. With the same objective, their supervisors and related health workers were asked to discuss the quality of the work of the auxiliary nurses

##### **Training and Work Experience**

Almost all of the auxiliary nurses interviewed had received some training in family planning during their formation. Among the nurses working in peri-urban communities, only a few had received refresher training after they had begun working. However, the majority of the nurses working in easily accessible rural communities had received some in service training in family planning. Nevertheless, they only vaguely remembered its contents. Some, but not all, of the auxiliary nurses working in more remote areas had received follow up training. According to the nurses, their training focused on the management of oral contraceptives and condoms. Some also mentioned receiving training in natural methods, IUD, foam and tubal ligation.

Most of the nurses interviewed felt prepared to provide oral contraceptives and condoms. However, a few mentioned the need for written materials and practice. One auxiliary stated that she would not be willing to offer the IUD because of a negative personal experience with the method.

The auxiliary nurses reported regularly providing the following reproductive health services: prenatal care, postpartum care, breastfeeding, well and sick child care and growth monitoring. In the rural areas they also mentioned providing care during labor and delivery, breastfeeding support, immunizations and family planning services.

The family planning methods provided by the auxiliaries include only condoms and pills, although a few mentioned that they also offer the IUD and natural methods. Some nurses stated that they perform pap smears or promote the service so that the professional nurse can offer the service during her visits. Some auxiliary nurses refer women for IUD or tubal ligation. It is interesting to note that the auxiliary nurses interviewed from remote rural areas reported that all of the auxiliary nurses in their area have been trained to take pap smears, and do so regularly. The nurses reported no difficulty in the provision of reproductive health services, stating that these services are simple to provide. Most stated that they would feel more comfortable providing family planning services if they received additional training.

Auxiliaries in the peri-urban communities mentioned that they receive assistance in the provision of family planning services from sixth year medical students. Therefore, these auxiliaries feel that they can provide most of the reproductive health services that their clients request. Nevertheless, some mentioned IUD insertion and labor and delivery as missing services. This is not the case, however, in the rural communities, where the auxiliaries report that they cannot respond to the demand for the IUD and pap smears. Occasionally the professional nurses perform these services during their supervisory visits, and a few of the auxiliaries have been trained in pap smears.

Some auxiliaries mentioned that they lack sufficient material and equipment such as speculums to offer reproductive health services. One of the problems mentioned was lack of oral contraceptives, in particular, "Those which you give to breastfeeding women (Ovrette)". Another problem mentioned was the lack of educational materials.

### Quality of Work and Work Load

The opinions of the supervisors of the auxiliary nurses interviewed regarding the job performance of the auxiliary varied considerably. Some judged the performance of the auxiliary to be "excellent", "fundamental" and "indispensable" while others more moderately mentioned "good" or "acceptable" work. A few found it impossible to generalize because the quality of their work varies significantly by individual. The other health professionals interviewed view the work of the auxiliary nurses as very important, citing that they are "pillars of service delivery", "The keystone upon which the health system is based" and "the resource which provides services to most of the population."

Both the supervisors and related health personnel expressed concern with the heavy workload of the auxiliaries. The health personnel stated that they auxiliaries have "many responsibilities for one person alone", and "an overwhelming load of work, they are responsible for all the programs". The supervisors also commented on the work load of the auxiliaries. Their work is heavy, practically the same as a physician in Tegus, and they attend all of the demand and make a great effort.

According to the supervisors interviewed the quality of the services provided by the auxiliary ranges from excellent to poor. Some supervisors stated that the auxiliary nurses provide good or acceptable quality of care taking into account their limited training and the difficult environment in which they work. Others qualified some of the auxiliaries as good and others as bad. Still others judged the quality of the work of the auxiliaries as poor due to their limited training and knowledge and the scant logistical support which they receive.

The opinions of the other health professionals interviewed also varied greatly. Some stated that the quality of the work of the auxiliary nurses depended primarily on their training, while others believed that the quality of their work is always inadequate. Few considered it to be of good quality.

The supervisors mentioned the following strengths and weakness of the auxiliary nurse

**TABLE 6**  
**STRENGTHS AND WEAKNESSES OF THE AUXILIARY NURSES**  
**ACCORDING TO THEIR SUPERVISORS**

STRENGTHS	WEAKNESSES
<p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>● Ongoing training and supervision maintains them up-to-date</li> </ul> <p><b>PROGRAMS</b></p> <ul style="list-style-type: none"> <li>● They work in numerous programs including Maternal Child Health, EPI, Nutrition and Tuberculosis</li> </ul> <p><b>COMMUNITY WORK</b></p> <ul style="list-style-type: none"> <li>● They conduct social development work with community groups and leaders</li> <li>● They are familiar with the health problems and characteristics of the community</li> </ul> <p><b>OTHER</b></p> <ul style="list-style-type: none"> <li>● They are experienced with positive attitudes towards their work</li> </ul>	<p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>● Their limited training and poor knowledge is oriented to managing simple health problems</li> <li>● Lack of information about the IUD and biosecurity</li> </ul> <p><b>PROGRAMS</b></p> <ul style="list-style-type: none"> <li>● Lack of follow up of certain programs such as TB</li> </ul> <p><b>INSTITUTIONAL RESOURCES</b></p> <ul style="list-style-type: none"> <li>● They must be monitored continually and it is not possible to provide adequate follow-up</li> <li>● Their salaries are low they have no transportation and little money for travel and work in inadequate facilities</li> </ul>

## V OPINION OF FAMILY PLANNING METHODS AND SERVICES

### A AUXILIARY NURSES

In general, the auxiliary nurses expressed favorable opinions of family planning, although they did have some negative opinions regarding specific methods. They stated that family planning use is beneficial for health and economic reasons. In addition, some auxiliaries mentioned that couples should have the right to determine their own fertility.

#### OPINIONS OF AUXILIARY NURSES REGARDING FAMILY PLANNING

*"Family planning is a decision made by the couple of how many children to have. It is good because in our country there is a lot of poverty and you can't have so many children that you can't provide for them."*

*"It is excellent with family planning the future is built. If we plan our children, we can give them better health and education."*

Despite their positive attitude towards family planning, the auxiliary nurses had definite prejudices against particular methods, primarily due to personal experience and lack of information

**OPINIONS OF THE AUXILIARY NURSES REGARDING CONTRACEPTIVE METHODS**

METHOD	POSITIVE	NEGATIVE
Oral Contraceptives	<p>Effective if used according to indications</p> <p>Inexpensive</p> <p>Controls menstruation</p> <p>For women between 18 and 35 years</p>	<p>Damages health if used for long periods</p> <p>Should not be given to women with headaches or hypertension</p> <p>Must know counterindications to prescribe them</p> <p>Women can become pregnant if they forget to take them</p> <p>They make some women sick</p>
IUD	<p>Good for women who want to contracept secretly</p> <p>Can be removed quickly if it is uncomfortable</p> <p>Have seen good results</p>	<p>Not appropriate for women over 35</p> <p>Not 100% effective</p> <p>Causes abortions</p> <p>Can be expelled and cause unwanted pregnancies</p> <p>Causes bleeding and women become thin</p> <p>A specialist must provide it</p>
Condoms	<p>Easy and safe</p> <p>90% effective</p> <p>Prevent STDs</p>	<p>Pregnancies to due incorrect use</p> <p>Not accepted by men</p> <p>Must teach men and women how to use correctly</p>

One of the auxiliary nurses told of her own experience with the IUD "The IUD caused a severe infection and because of it I can't have any more children. The IUD is a micro-abortive and I have never sinned by referring a patient to the IUD"

When asked who should use a contraceptive method, the auxiliary nurses mention

- Women of reproductive age
- Women with reproductive risk factors
- Very poor people
- Women who become pregnant easily
- Young girls with children
- Women who just had children
- Women over 35 years
- Women with more than four children
- Everyone

The auxiliary nurses were asked to give suggestions on how to improve the reproductive health services they offer. Interestingly, they emphasized the importance of educating the community, in particular men. They also mentioned improved follow-up of contraceptive users, the provision of sufficient materials to the health centers and continuing education for staff. In rural areas, the auxiliary nurses suggested the following strategies to improve reproductive health services: 1) hire physicians dedicated to providing these services, and 2) training the auxiliary nurses. They also mentioned educating the community and coordinating activities with the religious sector.

## B POTENTIAL USERS AND COMMUNITY LEADERS

The participants in the focus groups had a positive image of family planning. Illustrative comments include, 'The situation is too difficult to keep on having children and it means wellbeing for women: the fewer children one has the better'. One woman from a rural area stated, 'It is a great help for women because we become weak and cannot resist so many pregnancies'. Nevertheless, a few women did not know what family planning was or believed it to be bad for their health.

The women participating in the focus groups had heard of all practically all of the contraceptive methods available in Honduras: mentioning pills, injection IUD (*dispositivo anillo, yugo, T de cobre*), condoms, foam, natural methods such as billings (*bilin*), the calendar method and surgical contraception.

The method most accessible to the women interviewed was oral contraceptives, although some also mentioned that the condom was easy to obtain. The women stated that they must travel to the nearest CESAMO to obtain an IUD. Some women expressed the opinion that the IUD is the easiest method to use and the most effective, 'The IUD is the easiest method to use: you only go to your check up and don't have to take pills every day. If you forget to take the pills you get pregnant.'

Opinions regarding oral contraceptives were divided. Some women stated that their health center provides pills and report having had good results using them. 'I used pills after this child and now I have gone three years without a pregnancy'. Another woman stated, 'I've felt fine on the pill, at the beginning I felt something in my stomach but now I'm fine'. One participant, however, mentioned that women often become pregnant using the pill because they lose their rhythm (continuity). Despite these positive opinions, other women expressed a number of concerns about oral contraceptives.

"I don't think the pill is good because it makes you gain too much weight I tried the IUD but it didn't work for me - my period never stopped "

"I felt uncomfortable using the pills, like I was pregnant I stopped using them and alternated with the condom

"I only took the pill before I had sex and I got pregnant quickly "

"People told me that my son would be born with pills in his eyes, but I had a good experience with them "

The participants in the focus groups expressed fewer opinions about other methods, probably because they were unfamiliar with them

Oral contraceptive users receive follow-up and resupply at the health center, while IUD users must travel to the nearest CESAMO Most women were satisfied with the services they had received One woman, however, in a rural remote area commented, "The nurse told me that she would give me treatment when I was breastfeeding my five year old son Then she told me to talk with my husband My husband told me no, that he did not agree, so the nurse told me that I would have to keep on having children That is why I become pregnant with my daughter "

Some women in remote rural communities stated that they did not accept the family planning services the nurse offered to them because they feared that their menstruation would become too heavy or that it would damage their health or that of their future children Some of the women had never used MOH family planning services going instead to ASHONPLAFA for tubal ligation

Community leaders stated that the reproductive health services provided in their health centers include prenatal care labor and delivery postpartum care breastfeeding immunization campaigns, cholera prevention and family planning Nevertheless the men stated that they didn't know what family planning was, nor what specific methods existed When asked who should use family planning methods they replied

- 'Poor people, who can't have too many children '
- 'Couples who have had at least three children You must have your children first and then use family planning It also depends on your age because very young and very old women should not use family planning because it is too risky "
- "Everyone must use them because they are necessary, it is difficult to control your children without using family planning "

The participants in the focus groups stated that they were satisfied with the services and attention they receive at their health center When asked to conceptualize ideal family planning services, they emphasized the elements of education and counseling Examples of their comments were

"They should give more talks to women

'We like it when they talk to us

'They should orient us and explain each method, then let us choose

They should explain how to take the pills

"They should ask us how we feel using the pill, if we feel good or bad  
'They should explain to us how often we need to come to our appointments

The potential users also characterized how the provision of family planning services should be structured. Most of the peri-urban women preferred that services be offered in the morning by the auxiliary nurse assisted by volunteers. A few suggested that the afternoon hours would be preferable because they would have finished their chores. Several women proposed that a physician rather than an auxiliary nurse manage the program. Women were divided on the issue of whether they would prefer an unknown health worker, or someone they knew well. Some preferred an unknown provider because they would be embarrassed to be seen by an acquaintance while others would have more trust in someone they knew well.

Women living in accessible rural areas would also prefer to receive services in the afternoon, after finishing their chores. Rather than stating a preference for a particular type of health provider, they stated that their ideal provider would be friendly, patient, trustworthy, attentive, loving and communicative. All of the focus group participants would prefer a female provider, in particular a physician. In general, the rural women would prefer to receive services from someone they know and trust, although they would accept a stranger if she was friendly and inspired trust.

Most of the women interviewed from remote rural areas would prefer that the health center offer family planning services all day every day although a few would prefer services in the afternoon. These women identify the auxiliary nurse as the family planning provider in their community. They trust the auxiliary nurse. Only one woman mentioned that she would prefer to receive care from a doctor or specialist. All of these women agreed that they would prefer to receive services from a woman, whether or not she was known to them.

## **VI STRATEGIES TO INCREASE ACCESS TO FAMILY PLANNING SERVICES IN RURAL AREAS**

### **A AUXILIARY NURSES**

When the auxiliary nurses were asked how to improve access to the family planning services in rural populations, they suggested: 1) education and promotion in the community and schools; 2) sensitizing men; 3) opening more family planning posts; and 4) scheduling appointments for IUD insertion and pap smears on the date that the supervisor will visit the CESAR.

Nurses from remote rural areas suggested the following alternatives: 1) use community volunteers to promote family planning education; 2) refer patients to CESAMOS; and 3) improve services to reduce the waiting time of potential family planning users in the CESAR. They also suggested strategies such as increasing the number of staff working in family planning activities, assigning physicians to the CESARs and training the churches in family planning.

### SUGGESTIONS OF AUXILIARY NURSES IN RURAL AREAS TO EXPAND ACCESS TO FAMILY PLANNING SERVICES

"Give talks to couples. Someone should come from outside the community because they are more credible. The community has its beliefs, perhaps if someone unknown comes they will believe them."

"Educate first the health staff so that they can educate the community."

"Work more with the husbands, because they are the ones who resist."

"Organize groups of young people to talk to them about family planning."

#### B POTENTIAL USERS

Potential users also emphasized the importance of educating the population in general, and men specifically, as well as providing counseling. Women in rural areas suggested that the nurses call meetings to explain family planning to them. "We are unsure about family planning they should tell us if it is bad or not, and what method would be best with a good explanation perhaps we would like it." The strategies mentioned by the women included

- "Provide talks in family planning."
- "Put up posters with information."
- "Counsel friends not to have so many children."
- "During postpartum care health personnel should explain the methods and we should choose the one we prefer."
- "Assist with transportation to services."
- "The nurse gives us talks on family planning but sometimes it is the men who are opposed, she should consult with them as well."

#### C COMMUNITY LEADERS

The community leaders interviewed had experience using only oral contraceptives and the condom. They expressed positive opinions regarding the care they receive from the health center in their community. However, they did suggest that the health center should offer a variety of oral contraceptives so that women can choose the type with which they feel most comfortable. They also suggested that the Ministry should supply oral contraceptives more regularly to the health center to avoid stock outs. Other suggestions for improving services included providing permanent physicians in the health centers and educating the community about family planning.

When asked how to improve access to family planning services in rural areas, the community leaders emphasized the importance of educational activities. One leader stated, "Hold meetings with the community and explain to them the importance of family planning."

## D SUPERVISORS

When asked what strategies they would recommend to increase access to family planning services in rural areas the supervisors and other health personnel responded as follows

EDUCATION AND COMMUNICATION	COMMUNITY DEVELOPMENT	SERVICE DELIVERY
<p>Increase the promotion of family planning services after assuring the ability to meet demand</p> <p>Counsel spouses and include men in educational activities</p> <p>Provide individual education and education in sexuality and family planning in schools</p>	<p>Conduct educational activities with the participation of community members</p> <p>Train community volunteers to detect and refer women to services</p> <p>Include women s and religious organizations in promotional efforts</p>	<p>Set up appointments for women who desire an IUD or a pap smear for the day the supervisor visits the health center</p> <p>Permanent assignment of professional nurses to CESAMOS</p> <p>Provision of transportation to health centers which provide services</p> <p>Offer incentives to physicians to live in rural areas</p>

## VII ACCEPTABILITY OF THE STRATEGY OF THE EXPANSION OF THE ROLE OF AUXILIARY NURSES IN FAMILY PLANNING SERVICE DELIVERY

### A AUXILIARY NURSES

All of the auxiliary nurses interviewed expressed opinions in favor of providing oral contraceptives to new users and felt capable of doing so. In fact many already offer oral contraceptives to new users and mention that it is the most accepted method in the communities where they work. These nurses report examining women and asking them about counterindications. If no problem is detected they provide them with one cycle of pills. If the user has no problem with the method during the first month of use she is given up to three cycles.

The situation is different with regards to the provision of the IUD

In the peri urban areas the majority of the nurses are in favor of the strategy. Nevertheless some say that it is a delicate (delicado) matter, and they are afraid they will hurt the patient. Others, however, believe that with adequate training, they could insert IUDs. They also felt that this strategy would contribute to their professional advancement and save their patients time and money. Although the majority are interested in providing the IUD and feel capable of doing so some mentioned that IUD insertion will increase their work load and paperwork.

In general, the opinions of the auxiliary nurses in the accessible rural areas were more favorable than those working in peri-urban areas with regards to the provision of IUD services. The majority of these auxiliary nurses would be willing and pleased to do so, given adequate training. Although some auxiliary nurses expressed concern that it would increase their work load, they are willing to take on the additional task because of the benefits it would represent for themselves and their clients. A male auxiliary nurse doubted that women in his community would trust him to perform this procedure. Among the 21 auxiliary nurses interviewed in rural areas only three would not be willing to provide IUD services. The reasons they mentioned were 1) they consider the IUD an abortifacient, 2) they believe that women in their community would not trust them to do so, and 3) they consider it additional work with no incentive.

Almost all of the nurses interviewed in remote rural areas would support the strategy, although a few were skeptical of its feasibility considering that their ability would depend on the training they receive, or because they feel that women would not be comfortable receiving services from them. Only one auxiliary nurse opposed the strategy stating that she is afraid of inserting IUDs, and would prefer that a physician provide this service. She is the only auxiliary nurse of the 43 interviewed who would not want to receive training and does not consider herself capable of inserting the IUD.

If the role of the auxiliary nurse is expanded, the nurses feel that it would have both a positive and negative impact. Women in remote rural communities feel that the impact of the strategy would be an increase in the number of IUD users, improved confidence and ability among the nurses and an increased work load. The principal impact of this strategy that the auxiliary nurses visualize is improved technical ability, although they recognize that it would also increase their work load. They also believe that it would benefit the population because women would not have to travel to the city and spend time and money on transportation.

**IMPACT OF THE EXPANSION OF THE ROLE OF THE AUXILIARY NURSE  
IN FAMILY PLANNING EXPRESSED BY THE AUXILIARIES**

POSITIVE	NEGATIVE
Fewer unwanted pregnancies	Lack of confidence in the ability of the auxiliary
Decrease in morbidity among children under five and less malnutrition	Increase in paperwork and additional responsibility
The auxiliary will be better trained and the community's confidence in her will increase as she performs more complex procedures	
Women would not have to leave their house empty for long periods	

## **B POTENTIAL USERS**

The majority of the women interviewed responded favorably to the proposed expansion of the role of the auxiliary nurse, as long as she received adequate training. They stated that this strategy would be desirable because they know and trust the auxiliary nurse and it would save them the cost of traveling to another health center to receive services. In one of the focus groups, however, the women agreed that they would not accept services from their auxiliary nurse because he is a man. In another group, a few women were skeptical of the ability of the auxiliary nurse in their center to insert IUDs because of her advanced age. In general, the women suggested that the younger auxiliary nurses be trained. Only one or two of the women mentioned doubts about the ability of the auxiliary nurse to provide this method. It seems to me that IUD insertion requires a doctor. The potential users concurred with the auxiliary nurses with regards to the characteristics of the auxiliary nurses who should participate in this strategy. They mentioned that the nurses should be serious, responsible and trustworthy.

## **C COMMUNITY LEADERS**

Community leaders were in general enthusiastic about the proposal to expand the role of the auxiliary nurse in family planning service delivery. They appreciate the fact that women would no longer have to travel to the city. They also believe that expansion of their role will motivate the auxiliary nurses. Not all of the leaders were enthusiastic about the prospect of auxiliary nurses providing IUD services in their community, including one who stated that it would be a waste to train the auxiliary nurse in their health center because the community does not trust her because of her advanced age. Others felt that the physician should provide oral contraceptives because they have the ability to change to another type of pill if a woman is unhappy with the one she is using. Another man stated "I have heard that women who use the anillo (IUD) get cancer and it gets stuck in them. That is why people fear it."

Leaders interviewed in rural areas would support the strategy, stating that they would save the cost of traveling to the city. Only one leader from a rural community disagreed with the strategy, explaining that it would cause dissension among couples because husbands are jealous. This same individual, however, stated that the auxiliary nurse is capable of providing the service to those who request it.

The leaders interviewed stated that the principal support for the expanded role of the auxiliary should come from the community. They mentioned, for example, support from the community council and the provision of per diem to the auxiliary to cover training expenses. They also noted the need to provide equipment and materials to the centers.

## **D SUPERVISORS AND RELATED HEALTH PROFESSIONALS**

When asked their opinion of the expansion of the role of the auxiliary in family planning, the supervisors expressed a wide range of opinions. Some were in agreement with the strategy and would support it, provided the auxiliaries receive adequate training. Some of their opinions follow

- ' Yes. I would support it as long as the staff is trained adequately to perform their new role

- "Perhaps it will work, depending on the follow-up and supervision provided to the auxiliaries "
- "You must begin selectively "
- "It would increase access to family planning services in rural areas

The rest of the supervisors interviewed had doubts or did not agree with the expansion of the role of the auxiliaries, in particular with regards to IUD insertion. One stated "I do not agree with the auxiliaries inserting IUDs. I feel that they are considering women as a uterus only. They are looking at the woman merely as a hole that they are going to stick something into, that's all. I don't agree because they are not prepared to insert IUDs. Some supervisors believe that the auxiliary will abuse her new knowledge, for example by inducing abortions. The majority of the supervisors interviewed, however, did not share this opinion.

Among the different groups interviewed, the related health professionals responded the most negatively towards this strategy although some mentioned that it might be feasible with adequate training. These individuals felt that IUD insertion should be performed by professional nurses. One of the professionals interviewed stated that the role of the auxiliary nurse should be expanded, but should not include IUD insertion, because this is a 'delicado' (risky or dangerous) procedure.

According to the supervisors of the auxiliary nurses, the impact of this strategy on the population would be a decrease in the number of unwanted pregnancies, an increase in birth intervals, improved access and coverage to family planning services and improved economic situation for couples. With regards to the impact of this strategy on service delivery, the supervisors predicted that quality of care will improve, nurses will implement the reproductive risk approach, and access and coverage of family planning services will improve. Furthermore, some of the supervisors suggest that as a result of this strategy, maternal and infant mortality will decrease and the fertility rate will decline.

For others, the implementation of this strategy would cause role confusion, would not increase access and would increase the work load of the auxiliaries. Furthermore, it might have a negative impact on the other services offered by the auxiliary nurse due to job overload.

According to both the supervisors and health professionals interviewed, the auxiliary nurses may react in one of two ways. Some of the auxiliaries would react positively because expansion of their role would motivate them by satisfying their need for ongoing training and professional advancement. Others may react negatively because it represents additional work for the same salary. Some of the individuals interviewed believed that some of the auxiliary nurses would accept the added responsibility only if their position is reclassified or if they receive some type of incentive.

Some supervisors and health personnel fear that as a result of the implementation of this strategy, the quality of care of health services in the CESAR will decline due to job overload, particularly among those who work alone. Others feel that increased knowledge will result in improved quality of care.

Most of the supervisors and related professionals interviewed consider the capability of the auxiliary nurse to perform these activities to be limited due to their inadequate training and therefore extensive training will be necessary

According to the supervisors, the reactions of the other service providers will vary. They predict that the specialists will react negatively because they feel that this is a procedure which should be performed by them rather than other professionals, and much less by paramedical staff. The physicians will react similarly, according to the supervisors, although some may respond positively to the strategy, because they can delegate the provision of family planning services to others. The supervisors foresee a negative reaction from the professional nurses, although they also may perceive a lightening of their workload because they will no longer have to travel to the CESARes to perform IUD insertions.

The related health professionals interviewed were even more pessimistic than the supervisors with regards to the reaction of other health providers towards this strategy with the exception of those involved with the training of auxiliary nurses. They used phrases such as 'worry', 'rejection', 'choque' (conflict) and 'opposition' to characterize the probable reaction of specialists towards this professional intrusion. They believe that general physicians and professional nurses will have the same reaction although to a lesser degree if the strategy is only implemented in rural areas. One interviewee also predicted negative reactions from the Catholic Church and its organizations of OPUS DEI and ProVida.

Interestingly, the health professionals interviewed predict a positive reaction from community members due to the trust and close relationship they have with the auxiliary nurse. They will be "pleased", they will respond favorably because they trust them and "The population loves being served by women" are some of the phrases which foresee a positive reaction from the community. Nevertheless, one interviewee commented "The population doesn't even know who the service provider is for them anyone dressed in white is a physician". A few of the individuals interviewed stated that the population would not agree and would continue demanding services from physicians.

According to the supervisors, the reaction of the population will vary according to location. They believe that rural populations will accept the expanded role of auxiliary because they trust her, although they may be nervous or embarrassed initially. In the peri-urban areas, the supervisors feel that the population will not accept the expanded role because the physician has more prestige and the population tends to prefer higher level services. For example, women living in peri-urban areas tend to believe that physicians who work in hospitals are more qualified than those who work in health centers.

Table 7 presents the advantages and disadvantages of this strategy mentioned by the supervisors

**TABLE 7**  
**ADVANTAGES AND DISADVANTAGES OF THE STRATEGY OF EXPANSION OF THE**  
**ROLE OF THE AUXILIARY NURSE IN FAMILY PLANNING SERVICE DELIVERY**  
**ACCORDING TO THEIR SUPERVISORS AND RELATED HEALTH PROFESSIONALS**

ADVANTAGES	DISADVANTAGES
<b>ACCESS</b> <ul style="list-style-type: none"> <li>● Expanded services</li> <li>● Improved method mix</li> <li>● Reduced costs for users</li> <li>● Increased access in rural areas</li> </ul>	<b>IUD INSERTION</b> <ul style="list-style-type: none"> <li>● Auxiliaries may induce abortions</li> <li>● Uterine perforation, poor insertion, expulsion, pregnancies death, ectopic pregnancy</li> <li>● Missed pathologies</li> </ul>
<b>QUALITY OF CARE</b> <ul style="list-style-type: none"> <li>● Increased choice for users</li> <li>● Reduced demand for services at other levels and from other providers</li> <li>● Increased knowledge will improve promotional activities counseling and referrals</li> <li>● Increased privacy for patients</li> <li>● Congruent with ACCESO policy</li> </ul>	<b>QUALITY OF CARE</b> <ul style="list-style-type: none"> <li>● Poor quality of care</li> <li>● Lack of demand due to embarrassment</li> <li>● Staff rotation will require ongoing training</li> <li>● Work overload</li> </ul>
<b>OTHER</b> <ul style="list-style-type: none"> <li>● Reduction in reproductive risk</li> <li>● Cost-effective use of resources</li> <li>● Strengthened reproductive health services will control population growth</li> <li>● Timely detection of women in need of FP services</li> <li>● No advantages</li> <li>● No advantages in the metropolitan area, perhaps in other regions</li> </ul>	<b>OTHER</b> <ul style="list-style-type: none"> <li>● Complications during insertion which cause additional costs</li> <li>● Risk for women</li> <li>● None</li> <li>● Opposition of medical and nursing staff</li> </ul>

### **VIII KEY ELEMENTS IN PROJECT IMPLEMENTATION**

The auxiliary nurses and their supervisors were asked what recommendations they would make to ensure the success of the strategy of the expansion of the role of auxiliary nurses in family planning services

The auxiliary nurses suggested the following

- Select auxiliaries with a positive attitude towards the work train them and provide them ongoing training,
- Provide education to men,

- Provide ongoing training in the IUD as well as other methods
- Monthly supervision and follow-up,
- Establish one day a week for IUD insertion
- Promote the IUD and pap smears through talks for community members and young couples,
- Provide an incentive to the nurses for this work

The supervisors and other health personnel emphasized a number of points which they felt would be key to the successful expansion of the role of the auxiliary nurses

- Select the auxiliary nurses according to specific criteria and train them in practical and participatory modules
- Provide direct supervision observing the auxiliary nurses conduct procedures and provide necessary logistical support for these activities
- Promote family planning activities in the community and strengthen the work of community volunteers in family planning
- Provide economic or other incentives to the auxiliary nurses

Nevertheless some of the supervisors consider that the expansion of the role of the auxiliaries is ill-advised and thus should not be carried out under any circumstances

#### A SELECTION OF AUXILIARY NURSES

Most of the individuals interviewed had strong opinions regarding the selection process of the auxiliary nurses who would participate in this strategy. The following table presents the criteria mentioned by the auxiliary nurses

#### CRITERIA MENTIONED BY AUXILIARY NURSES FOR PARTICIPATION IN THE EXPANDED ROLE IN FAMILY PLANNING SERVICE DELIVERY

Personal Characteristics	Ethical, honest, not too old, discrete, patient, responsible friendly, trustworthy, active, social and communicative
Experience	Experienced in family planning and approves of it
Acceptability	She should have the trust of her community

Nevertheless most of the nurses interviewed believe that all of their colleagues should be selected because they all perform the same work and have the same capacity to learn. They believe that auxiliary nurses from both CESARs and CESAMOS should be trained for the same reasons. A few of the nurses suggested that auxiliaries working in CESARes should be selected because they work by themselves while those working in CESAMOs have physicians and professional nurses to provide these services

In contrast, the supervisors and related health professionals felt that the careful selection of the auxiliary nurses would be critical. The following table presents the selection criteria they mentioned.

**CRITERIA FOR SELECTION OF AUXILIARY NURSES ACCORDING TO SUPERVISORS AND RELATED HEALTH PROFESSIONALS**

RELATIONSHIP WITH THE COMMUNITY	PERSONAL CHARACTERISTICS	WORK PERFORMANCE
Accepted	Good moral values (honest)	Permanent in her position
Respected and trusted	Intelligent able active responsible	Willingness to perform quality work
Considered a leader	Knowledgeable and skilled	Experience (more than five years) preferably in OB-GYN
Desire to help the community	Good communication skills	Good work performance
Good interpersonal relations	Positive attitude towards family planning	No previous incidents related to inducing abortion
	Interest in learning	Knowledge of anatomy and physiology and reproductive tract
	Motivation for professional advancement	
	Willingness to work	
	No religious reservations towards family planning	
	Not too old	
	Well prepared educationally	
	Willing to change	
	Contraceptive user	

The supervisors and related health personnel believe that auxiliaries from both CESARes and CESAMOS could participate in this strategy. Nevertheless, they would prefer to test the strategy in CESARes, because the auxiliaries working in these sites are more independent, tend to have greater interaction with the community and work in areas where access to family planning services is limited. Nevertheless, the interviewees stated that including auxiliaries from CESAMOS would be advantageous because they would provide valuable support for the physicians and professional nurses and would be easy to supervise.

## B TRAINING AND SUPPORT

The auxiliary nurses and their supervisors were asked to provide suggestions for the contents and methodology of the training process

The principal topic that the auxiliary nurses felt should be included in their training is the technique of IUD insertion, although some mentioned the management of all contraceptive methods. The auxiliary nurses interviewed in the accessible rural areas also mentioned other topics such as anatomy and physiology, pap smears and gynecological exams. All of the nurses suggested that the training include both theory and practice in sites such as hospitals and ASHONPLAFA clinics. Some of the nurses also mentioned their own work sites. The duration of the training proposed by the nurses ranged from three days to two weeks, although most believed the training could be accomplished in a five day period. The rural nurses emphasized that the methodology utilized in the training should be 'learning by doing'. They also mentioned that the training should not be too sophisticated, but should be easily understandable. The nurses suggest that the training be provided by specialists or professional nurses.

The auxiliary nurses emphasized that support from their superiors would be necessary in order to fulfill their new role successfully. Specifically, they mentioned the need for 1) follow up and supervision, 2) community support, and 3) equipment and materials such as gynecological tables, speculums and IUD insertion kits.

The supervisors and related health professionals proposed that the following elements be included in the training:

BASIC SCIENTIFIC KNOWLEDGE	Physiology and anatomy of the reproductive tract Endocrinology to understand how hormones function Interview technique for anamnesis Adverse reactions and secondary effects of medications Theoretical basis of OB GYN Asepsis and biosecurity
REPRODUCTIVE HEALTH KNOWLEDGE	Concept of family planning Advantages, disadvantages, indications and contraindications for contraceptive methods Gynecological exam Pap smear technique IUD insertion technique Pathologies which may affect contraceptive use Provision of integrated MCH services Reproductive risk STDs
QUALITY OF CARE	Interpersonal relations Integrated services Counseling
INFORMATION, EDUCATION AND COMMUNICATION	Promotion and education Communication techniques
OTHER	Legal and ethical aspects

The supervisors and other health professionals interviewed concur with the auxiliary nurses that the training should be practical and participatory. They suggest that it be conducted in stages or modules. Trainers could be specialists or physicians and nurses as long as they have experience, knowledge and good training skills.

### C SUPERVISION

Supervision is usually conducted by the Sector Nurses, approximately three times a year, although physicians from the health region or area may also participate. The regularity of these visits depends on the availability of funds for travel and other scheduled activities. In addition to this type of supervision, the sector supervisor usually conducts a monthly supervisory visit. Additional supervisory visits are scheduled when problems are detected.

Supervision is currently performed using a guide which includes indicators from each of the ten programs the auxiliary nurses currently manage, including reproductive health. The guides include indicators for each program such as number of new users, number of pregnant women detected, number of immunizations, etc. Family planning indicators include the number of oral contraceptives and condoms distributed.

The auxiliaries are supervised through direct observation, chart review and review of documents and statistics. A team of personnel from the regional and area offices visit the health center during a one week period to observe the auxiliary's performance. At the end of the visit, the supervisors and auxiliary nurses discuss their findings and make suggestions to improve services. Finally, the commitments of the auxiliary nurses are recorded in a supervision book which remains in the health center.

All of the auxiliary nurses expressed the desire for their supervisors to accompany them the first time they insert an IUD in their CESAR to ensure they do it correctly. After this initial supervision, the supervisory visits could be spaced out over several months. All agree that they should be supervised during the provision of their new services. One of the nurses explained, 'The supervisor should watch us inserting the IUD to determine whether or not we are doing it correctly. She should criticize, correct us and point out our mistakes.'

The suggestions of the supervisors regarding supervision of the auxiliary nurses in their expanded role are listed below.

QUALITY OF CARE	Increased frequency of supervision Include client participation Use direct observation Continuous constant Include feedback during the visit Provide training for the supervisors Include demonstrations
LOGISTICS	Make transportation available Select accessible health centers Assign staff exclusively to evaluation and follow-up activities
CONTENT	Integrate into ongoing supervision process Include promotion and interpersonal skills Take into account reproductive risk strategy Quality of care Meetings with women in the community

## IX CONCLUSIONS

According to current MOH norms in Honduras auxiliary nurses are not permitted to insert IUDs or indicate oral contraceptives to new users. These activities should be performed by physicians or professional nurses. Technically auxiliaries are limited to the provision of oral contraceptives only to subsequent users. Nevertheless in reality many auxiliary nurses already provide this service. This occurs in all geographic areas regardless of the accessibility of the health center.

Although all of the auxiliary nurses have received training in oral contraceptives it appears that this training was deficient or too long ago. The level of knowledge of the auxiliaries is inadequate. For example, some believe that only women less than 35 years can use contraceptive methods. This suggests an inaccurate interpretation of the concept of reproductive risk.

The auxiliary nurses do not believe that training in the management of oral contraceptives is necessary, given that they already provide this service. They are in favor of offering oral contraceptives to new users. Nevertheless this activity generates neither enthusiasm nor anxiety among the auxiliaries who consider it a routine activity. The other groups interviewed also support the provision of oral contraceptives to new users by auxiliary nurses, although they do mention the need for retraining. No negative impact of this strategy is foreseen by any of the individuals interviewed. In conclusion there is neither opposition nor enthusiasm for the expansion of the role of the auxiliary nurse to provide oral contraceptives to new users.

Opinions regarding IUD insertion by auxiliary nurses vary considerably. In Honduras, IUD insertion has been a procedure reserved for gynecologists and occasionally general physicians and professional nurses. Nevertheless some auxiliary nurses in a few regions of the country have been inserting IUDs motivated by personal interest or private institutions.

IUD insertion is viewed as a complex procedure, reserved for highly trained professionals. Therefore, all of the groups interviewed from potential users to supervisors use the term "delicado" to refer to the procedure. As a result, the proposal that auxiliary nurses perform such a 'delicate' procedure is controversial.

The community leaders support the expansion of the role of the auxiliary nurse because it will increase access to services and benefit the community economically. Nevertheless, they do emphasize the need for sufficient training and promotion and education in the community. A few of the leaders oppose the strategy, primarily based on popular beliefs associated with the IUD such as its association with cancer, or personal characteristics of the auxiliary nurse such as sex or age.

Potential users of family planning services also support the insertion of the IUD by auxiliary nurses. The method itself, however, is sometimes rejected as a result of negative experiences women have experienced such as excessive bleeding or infections. These experiences have generated a certain degree of fear of the IUD. The majority of the women interviewed would support the auxiliary nurse in this activity as long as she is well trained. The exception would be in the case of communities where the auxiliary nurse is masculine or too old according to their standards. They concur with the opinion of the community leaders that increased education and promotion in the community will be necessary for this strategy to be successful.

The auxiliary nurses react in two ways to the possible expansion of their role. They express enthusiasm for the idea of performing a new procedure which was previously reserved solely for professionals. The prospect of performing more complicated procedures increases their self esteem and motivates them to assume additional responsibilities without monetary recompense. At the same time, however, some auxiliary nurses are concerned about performing such a 'delicado' activity and a few reject the strategy due to the additional work load it would represent or because they believe it is an abortive procedure. Nevertheless, this latter group is small and the majority of the auxiliary nurses are willing to assume the responsibility of IUD insertion.

Auxiliary nurses also state that they will need training to assume this responsibility primarily in the technique for IUD insertion. They also emphasize the need for supervision so that the supervisor can certify that they are inserting the IUD properly. The need for training in counterindications and the management of secondary affects was infrequently mentioned by the auxiliaries.

According to the auxiliary nurses interviewed, the primary benefits of the implementation of this strategy would consist of professional advancement and improved access and coverage of services. Some auxiliaries expressed expectations of improved salaries in exchange for the acceptance of this new responsibility. It is likely that some of the newly trained auxiliary nurses will push for salary increases or incentives in accordance with their new status.

Among the supervisors of the auxiliary nurses, some view this strategy as a necessary step in the process to increase coverage in rural areas and an important element of the Ministry of Health's ACCESO strategy. Those opposed to this strategy argue that it submits women to unnecessary risk because higher level health providers are currently underutilized. They also view the academic preparation of the majority of the auxiliary nurses as inadequate to take on this responsibility.

The opinions of the other health professionals interviewed tend to coincide with those of the supervisors although they place greater emphasis on the professional fear of the loss of an activity which has traditionally been their exclusive domain. This professional displacement is perhaps the most controversial aspect of this strategy. The expansion of the role of the auxiliary nurse is seen as a threat to professional prestige and work security especially among those who have not been involved in the Ministry of Health's policy of the socialization of medicine adopted during recent years. Individuals who have been involved in this process such as those responsible for training the auxiliary nurses, tend to support this strategy while emphasizing the need for careful selection, training and supervision.

Independently of their approval of the strategy everyone interviewed agreed that the key element in its implementation will be training. A long list of topics to include in the training were mentioned, from basic scientific knowledge to interpersonal relationships. The supervisors and other health professionals did not emphasize IUD insertion technique, as did the auxiliaries, but seemed more concerned that the auxiliaries focus not only on the IUD insertion itself but also on the other client. If all of the proposed topics were covered it is likely that the amount of time needed for the training not be feasible thus it will be necessary to reinforce certain elements during the supervisory visits.

Another key element mentioned by the supervisors and other health professionals is the necessity for a careful selection process of the auxiliary nurses who will participate in this strategy. The criteria they mention include work performance attitudes and relationship with the community. If all the criteria mentioned were fulfilled it would probably be impossible to find sufficient candidates to upscale the strategy in the future. In contrast the auxiliary nurses believe that all of their colleagues are capable of performing the task and that auxiliaries from both CESARes and CESAMOs should be included.

All of the individuals interviewed agreed that adequate supervision will be fundamental to the success of this strategy and suggested that it be direct and ongoing. The supervisors also mentioned the need to provide logistic support and training to conduct the supervision visits.

Expanding the role of the auxiliary nurse in family planning services appears to be a feasible strategy for improving access to these services particularly in rural areas. Effective implementation will depend not only on adequate training and supervision, but also on the implementation of promotional and educational activities at all levels including both communities and institutions.

Ministerio de Salud Pública de Honduras/  
 THE POPULATION COUNCIL  
 Latin America and Caribbean Region  
 Honduras  
 Análisis Situacional

**ENTREVISTA A AUXILIARES DE ENFERMERA**

I DATOS GENERALES

No \_\_\_\_\_

Fecha	Entrevistadora
Nombre	Edad
Estado civil	Numero de hijos
Procedencia	Religion
¿Ha usado alguna vez un metodo de planificación familiar? a Si b No ¿Cuál? _____	Establecimiento de salud en su comunidad a CESAR peri urbano b CESAR rural c CESAR rural poco accesible
Escolaridad	

II PREPARACIÓN ACADEMICA

- 1 ¿De que centro egreso como auxiliar de enfermeria? \_\_\_\_\_
  - 2 ¿Hace cuanto tiempo egreso? \_\_\_\_ años
  - 3 ¿Sus estudios Incluyeron Planificacion Familiar? SI\_\_ NO\_\_  
 ¿En que temas recibio capacitación?
  - 4 ¿Ha recibido despues de su egreso algun entrenamiento en planificacion familiar?  
 SI\_\_ NO\_\_  
 ¿En que temas ?
- ¿Que institucion y quien la capacito?
- ¿Como le pareció la capacitacion?

- 5 ¿Se siente usted preparada para dar servicios de planificación familiar?  
 SI \_\_\_\_ NO \_\_\_\_  
 Explique

**III IDENTIFICACIÓN DE LAS FUNCIONES QUE REALIZA**

- 1 ¿Desde cuando trabaja en este puesto? \_\_\_\_ años \_\_\_\_ meses
- 2 ¿Ha trabajado en otros puestos? SI \_\_\_\_ NO \_\_\_\_  
 ¿Cuales?
- 3 ¿Que servios de salud reproductiva brinda en el CESAR?

**Métodos de Planificación Familiar**

Toma de Citologia SI \_\_\_\_ NO \_\_\_\_ Otros Servicios

- 4 ¿Cual de estos servicios le agrada mas brindar? ¿Porque?  
 ¿Cual le gusta menos? ¿Porque?
- 5 ¿Que tipo de servicio se le hace mas facil o mas dificil brindar?
- 6 ¿Hay algun servicio que soliciten y que no puede ofrecer? SI \_\_\_\_ NO \_\_\_\_  
 ¿Cual?  
 ¿Porque no puede?
- 7 ¿Cuenta con material y Equipo suficiente para ofrecer servicios de Salud reproductiva?  
 SI \_\_\_\_ NO \_\_\_\_ ¿En que programas tiene Dificultades?

Programa	Problema

**IV OPINIÓN SOBRE EL PROGRAMA DE PLANIFICACION FAMILIAR**

- 1 ¿Para usted que es la planificación familiar?

- 2 ¿Que opina sobre la planificación Familiar?
- 3 ¿Que opina sobre los distintos métodos de planificación Familiar?
- 4 ¿Quienes deben usar los métodos de planificación familiar?
- 5 ¿Como se podría mejorar el programa de salud reproductiva y planificación familiar en el CESAR?
- 6 ¿Que opina de la idea de que las auxiliares indiquen pastillas anticonceptivas? ¿Porque?
- 7 ¿Que opina de la idea de que las auxiliares inserten el DIU? ¿Porque?
- 8 ¿Le interesa a usted brindar pastillas anticonceptivas de primera vez? SI \_\_\_\_ NO \_\_\_\_  
 ¿Porqué?  
 ¿Se sentiria capaz de darlos? SI \_\_\_\_ NO \_\_\_\_  
 ¿Porque?
- 9 Le interesa manejar el DIU? SI \_\_\_\_ NO \_\_\_\_  
 ¿Porqué?  
 ¿Se sentiria capaz de manejarlo? SI \_\_\_\_ NO \_\_\_\_  
 ¿Porque?
- 10 ¿Qué impacto cree usted tendria este cambio en las acciones de la enfermera al realizar estos procedimientos? ¿Por que?

#### IV CAPACITACIÓN Y SUPERVISION

Si las auxiliares de enfermería en un futuro brindaran estos servicios de planificación familiar

- 1 ¿En qué aspectos necesitaría capacitarse?  
  
 ¿Como debería hacerse la capacitacion?  
 ¿Donde?  
 ¿Qué Metodología?  
 ¿Cuanto tiempo puede durar?

¿Quiénes podrían capacitar a las Auxiliares?

2 ¿Qué tipo de Apoyo necesitaría?

3 ¿Qué equipo necesitaría?

4 ¿Cómo debe ser la supervisión?

## VI SELECCIÓN DE PERSONAL

1 ¿Qué características debe tener una enfermera auxiliar para poder tener una ampliación de su rol en planificación familiar? Porque?

2 ¿Se debe seleccionar a las enfermeras de CESAR o de CESAMO? Porque?

3 ¿Si cree que no se debe ampliar el rol en planificación familiar de las auxiliares de enfermera, como se puede ampliar el acceso a la planificación familiar en áreas rurales?

4 ¿Qué sugerencias puede dar sobre la ampliación del rol de la auxiliar en planificación familiar?

MUCHAS GRACIAS

A N E X O S

**Ministerio de Salud Pública de Honduras/  
THE POPULATION COUNCIL  
Latin America and Caribbean Region  
Honduras  
Análisis Situacional**

**GRUPO FOCAL CON USUARIAS POTENCIALES**

**I INTRODUCCIÓN**

Muy Buenos dias, les agradezco muchisimo el que hayan asistido a esta reunion mi nombre es \_\_\_\_\_ y mi compañera es \_\_\_\_\_ Ambas trabajamos para El Ministerio de Salud y Population Council que es una organizacion que trabaja por la salud de las mujeres El dia de hoy queremos platicar con ustedes acerca de la salud de la mujer y de la planificacion de la familia

Queremos pedirles que por favor colaboren con nosotros expresando lo que piensan cuando quieran y como quieran eso si solo les pedimos que hable una a la vez y que las demas pongamos atencion a lo que la compañera dice Nadie puede corregir o censurar lo que alguien haya dicho Si no estamos de acuerdo debemos decirlo pero una vez que la otra compañera haya finalizado de hablar

Como nos interesa muchisimo lo que ustedes tienen que decirnos y no queremos olvidar detalle mi compañera tomara notas de la discusion Les aseguro que esto es solo para no perder detalle, nadie ademas de nosotras leera estas notas

Quisiera que nos presentaramos con todas las compañeras les pido que nos digan su nombre, su edad , cuantos hijos tiene, si esta embarazada, si usa algun metodo de planificacion familiar o cualquier otra informacion que quieran compartir con nosotras

*\*Se presenta todo el grupo Bueno que les parece si empezamos*

**II TOPICO Servicios de Salud**

Pregunta ¿Han asistido alguna vez al Centro de Salud (CESAR)? Como les parecio la atencion?

INDAGUE -¿Desde cuando funciona el servicio de salud en su comunidad?  
-¿Como se relacionan con la enfermera?  
-¿Confian en los servicios y el personal de salud?  
-¿Estan contentas con la auxiliar de enfermeria?

**III TÓPICO Opinion Sobre la Planificación Familiar**

Pregunta ¿Para ustedes que es la planificacion familiar? ¿Que opinan de la planificacion familiar?

INDAGUE -Métodos de Planificacion familiar que conocen  
-¿Cuáles son los metodos mas accesibles y cuales los más difíciles de adquirir?  
-¿Han usado metodos de planificacion familiar en el pasado?  
-¿Cuales son los metodos que prefieren?

#### IV TÓPICO Opinión sobre el acceso a servicios de Planificación familiar

Pregunta ¿Alguna vez han solicitado servicios de Planificación familiar en el centro de salud?  
¿Como les fue?

INDAGUE -¿Como han sido sus experiencias en planificación familiar?  
-¿Que metodos han recibido, fueron estos metodos los solicitados?  
-¿Han asistido a los controles de su metodo?  
-¿Como las han tratado en los controles de su metodo?

#### V TÓPICO Opinión sobre la calidad de los servicios recibidos

Pregunta ¿Como creen ustedes que debe de ser la atencion en la mejor clinica de planificación familiar?

INDAGUE - Horario de Atencion y tipo de servicios  
- Condiciones del centro  
- ¿Quien debe estar a cargo y como debe de ser su trato personal?  
- ¿A quien prefieren un hombre o a una mujer, a un conocido o a un desconocido?

#### VI TÓPICO Opinión sobre el rol de la auxiliar de enfermería en la Planificación Familiar

Pregunta ¿A ustedes que les parecería si la enfermera del centro de salud fuera capacitada para darles anticonceptivos orales y dispositivos intrauterinos?

INDAGUE - ¿Confiarían en la auxiliar al hacer estos procedimientos?  
-¿Que condiciones enumeran antes de aceptar que la auxiliar haga lo planteado?  
-¿Apoyarían a la enfermera al tener este nuevo rol?  
-¿Que alternativas plantean para mejorar el acceso a los metodos de planificación familiar en el medio rural?

#### VII DESPEDIDA

"Es tiempo de concluir, les agradecemos nuevamente el haber venido a platicar este día con nosotras. Si alguien tiene algo mas que decir sienta toda la confianza para hacerlo (espere unos segundos, si alguien retoma algun topico, continua la discusión, de lo contrario finalice) Bueno ahora las invito a un pequeño refrigerio, de nuevo muchísimas gracias por haber colaborado con nosotras el dia de hoy

#### VIII CONSEJOS

\* Asegurese de que el local en donde se va a desarrollar la discusion provea un ambiente agradable y neutro para la discusion. Debido a la controversia que provocan estos topicos no es recomendable realizarlos en lugares asociados a la religion como ser capillas, casas de oracion o casas de alguna reconocida rezadora por ejemplo

Tambien no es recomendable que se realice en el espacio del centro de salud o en sus cercanias porque la informacion pudiera tener un sesgo a favor de los servicios de salud

\* Trate de evitar al máximo las interrupciones de niños y curiosos. De ser posible disponga los participantes del grupo en círculo de forma tal que pueda tener libre acceso a sus rostros y sus gestos mientras hablan.

\* El refrigerio debe servirse de preferencia al final de la discusión para evitar interrupciones en el flujo de la conversación. Sin embargo si el desarrollo de la discusión experimenta problemas de confianza y falta de fluidez, puede ser recomendable darlo en mitad de la discusión y aumentar así la camaradería y bajar la tensión.

\* Use solo las preguntas directivas cuando la discusión se haya estancado o quiera obtener información específica de algún tópico. Sin embargo no la utilice de manera sistemática ni para acosar a los participantes en el grupo focal.

BUENA SUERTE

**Ministerio de Salud Pública de Honduras/  
THE POPULATION COUNCIL  
Latin America and Caribbean Region  
Honduras  
Análisis Situacional**

**ENTREVISTA A LIDERES COMUNITARIOS**

**I DATOS GENERALES**

No \_\_\_\_\_

Fecha	Entrevistadora
Nombre	Edad
Estado civil	Numero de hijos
Procedencia	Religion
¿Ha usado alguna vez un metodo de planificacion familiar? a Si b No ¿Cuál? _____	Establecimiento de salud en su comunidad a CESAR peri urbano b CESAR rural c CESAR rural poco accesible
Escolaridad	

**II IDENTIFICACIÓN DE FUNCIONES QUE REALIZA LA AUXILIAR DE ENFERMERA**

- 1 ¿Hace cuanto tiempo trabaja en su cargo la enfermera? \_\_\_\_\_ Años
- 2 ¿Sabe usted si ha trabajado en otros sitios? SI\_\_ NO\_\_ Cuales?  
\_\_\_\_\_  
\_\_\_\_\_
- 3 ¿Sabe usted que tipo de servicios brinda el Centro de Salud en salud reproductiva?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● Métodos de planificación familiar ¿Cuales?

- a \_\_\_\_\_
- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_

● Toma de citología SI\_\_ NO\_\_

● Control Prenatal SI\_\_ NO\_\_

● Control Puerperal SI\_\_ NO\_\_

● Atencion del Parto SI\_\_ NO\_\_

● Otros Servicios? Cuales? \_\_\_\_\_

- 4 ¿Que tipo de servicios de salud reproductiva brinda la enfermera personalmente?  
 a \_\_\_\_\_  
 b \_\_\_\_\_  
 c \_\_\_\_\_  
 d \_\_\_\_\_
- 5 ¿Hay algun servicio o atencion que le soliciten a la enfermera y que ella no puede ofrecer?  
 SI \_\_ NO \_\_  
 ¿Cual? \_\_\_\_\_  
 \_\_\_\_\_  
 ¿Por que no puede ofrecerlo? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6 ¿Cree usted que la enfermera esta preparada para dar servicios de planificacion familiar?  
 (EXPLIQUE)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III OPINIÓN SOBRE PLANIFICACION FAMILIAR**

- 1 ¿Para usted que es la planificacion familiar? (EXPLIQUE)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2 ¿Usa o ha usado algun metodo anticonceptivo? SI \_\_ NO \_\_  
 ¿Cual o cuales? a \_\_\_\_\_  
 b \_\_\_\_\_  
 c \_\_\_\_\_  
 d \_\_\_\_\_
- 3 ¿Que opina sobre los metodos de planificacion familiar?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4 ¿Segun su criterio quienes deben utilizar metodos de planificacion familiar?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 5 ¿Que opina de la calidad del programa de salud reproductiva/planificacion familiar en su Centro de Salud? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ¿Como cree usted que el servicio se pudiera mejorar?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6 ¿Que opina sobre la idea de que la enfermera indique pastillas anticonceptivas? ¿Porque?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 7 ¿Que opina sobre la idea de que la enfermera coloque el dispositivo o anillo? ¿Porque?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8 ¿Le interesaria que las auxiliares brinden pastillas a usuarias de primera vez? SI\_\_ NO \_\_  
 ¿Cree que ella sería capaz de darlas? SI \_\_ NO \_\_  
 ¿Por que? \_\_\_\_\_  
 \_\_\_\_\_
- 9 ¿Le interesaria que la enfermera maneje el DIU? SI \_\_ NO \_\_  
 ¿Cree que ella seria capaz de darlo? SI \_\_ NO \_\_  
 ¿Porque? \_\_\_\_\_  
 \_\_\_\_\_
- 10 ¿Que impacto cree usted tendria este cambio en las acciones de la enfermera al realizar estos procedimientos? ¿Por que?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V CAPACITACIÓN Y SUPERVISION**

Si la enfermera en un futuro brindara servicios de planificacion familiar

- 1 ¿En cuales aspectos necesitaria capacitarse?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2 ¿Que tipo de apoyo necesitaria? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 ¿Como podria apoyarla la comunidad? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 ¿Si cree que no deberia capacitarse a las enfermeras, como se puede ampliar el acceso a la planificacion familiar en su comunidad? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VII CONCLUSIONES

1 ¿Que sugerencias tiene sobre la ampliacion del rol de la auxiliar en planificacion familiar? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRACIAS POR SU COLABORACION

**Ministerio de Salud Pública de Honduras/  
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Latin America and Caribbean Region  
Honduras  
Análisis Situacional**

**ENTREVISTA A SUPERIORES DE LAS AUXILIARES DE ENFERMERIA**

**I DATOS GENERALES**

No \_\_\_\_\_

Fecha	Entrevistadora
Nombre	Cargo
Región	Area

**II OPINIÓN ACERCA DE LA EXPANSION DEL ROL DE LAS AUXILIARES DE ENFERMERA**

1 ¿Qué opina del trabajo de las auxiliares de enfermería en los CESAR? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 ¿Cuales son las fortalezas de las auxiliares de enfermería al hacer su trabajo \_\_\_\_\_  
\_\_\_\_\_

3 ¿Cuales son las debilidades de las auxiliares al hacer su trabajo? \_\_\_\_\_  
\_\_\_\_\_

4 ¿Que servicios de salud reproductiva brindan las auxiliares en los CESAR? \_\_\_\_\_  
\_\_\_\_\_

¿Que servicios de Planificación Familiar? \_\_\_\_\_  
\_\_\_\_\_

5 ¿Como es la calidad de estos servicios? ¿Porque? \_\_\_\_\_  
\_\_\_\_\_

6 ¿Qué opina sobre la ampliación del rol de la auxiliar en planificación familiar y salud reproductiva de forma tal que esta pueda indicar pastillas anticonceptivas o insertar DIU? ¿Porque? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 ¿Que ventajas tendría el usar este tipo de estrategia? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 ¿Que desventajas tendría el usar este tipo de estrategia? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 ¿Que impacto cree usted tendria este cambio en las acciones de la enfermera al realizar estos procedimientos? \_\_\_\_\_  
\_\_\_\_\_

¿Por que? \_\_\_\_\_  
\_\_\_\_\_

•¿ Y en la poblacion? \_\_\_\_\_  
\_\_\_\_\_

•¿ Y En los servicios? \_\_\_\_\_  
\_\_\_\_\_

•¿Y En la calidad de la atencion? \_\_\_\_\_  
\_\_\_\_\_

•¿En el acceso? \_\_\_\_\_  
\_\_\_\_\_

10 ¿Como reaccionarian las auxiliares ante este cambio en su perfil? ¿Porque? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 ¿Se afectaria de alguna manera la prestacion de servicios del Ministerio? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 ¿Como seria la calidad de atencion brindada en planificacion familiar por las auxiliares?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13 ¿Tienen la capacidad necesaria para desempeñar ese rol? SI \_\_\_ NO \_\_\_ Explique por favor  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 ¿Cree que las auxiliares aceptarían que se amplie este rol? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 ¿Como cree que reaccionarian los otros prestadores de servicios de planificacion familiar?  
-Médicos Especialistas \_\_\_\_\_  
\_\_\_\_\_

16. ¿Como reaccionaría la población en general? \_\_\_\_\_

\_\_\_\_\_

### III CAPACITACIÓN

1 ¿En que aspectos necesitaria capacitarse una enfermera auxiliar para ampliar su rol? \_\_\_\_\_

\_\_\_\_\_

2 ¿Que temas deben ser incluidos? \_\_\_\_\_

\_\_\_\_\_

3 ¿ Como debería ser la capacitación? \_\_\_\_\_

\_\_\_\_\_

¿Quién debe darla? \_\_\_\_\_

### IV SUPERVISIÓN

1 ¿ Como se realiza la supervision de las auxiliares de enfermeria? \_\_\_\_\_

\_\_\_\_\_

¿Quien supervisa? \_\_\_\_\_ ¿Cada cuanto tiempo lo hace? \_\_\_\_\_

¿ Como se planifica la supervision? \_\_\_\_\_

\_\_\_\_\_

2 ¿Como participa la auxiliar en la supervision? \_\_\_\_\_

\_\_\_\_\_

3 ¿Qué aspectos se abordan en la supervision? \_\_\_\_\_

\_\_\_\_\_

4 ¿Qué aspectos de salud reproductiva se incluyen en la supervisión? \_\_\_\_\_

\_\_\_\_\_

5 ¿ Se utiliza algún instrumento de supervision? SI \_\_\_\_\_ NO \_\_\_\_\_

¿ Podría darme una copia si tiene? \_\_\_\_\_

6 ¿Qué sugerencias puede dar para supervisar las auxiliares con un rol de planificación familiar? \_\_\_\_\_

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**V SELECCIÓN DEL PERSONAL**

1 ¿Qué características debe de tener una enfermera auxiliar para poder tener una ampliacion de su rol en planificación familiar? Porqué? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 ¿Se debe seleccionar a las enfermeras de CESAR o de CESAMO? Porque? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3 ¿Si cree que no debe ampliarse el rol de planificación de las auxiliares de enfermeria, como se puede ampliar el acceso a la planificación familiar en areas rurales ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 ¿Que sugerencias puede dar sobre la ampliacion del rol de la auxiliar en planificación familiar?

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\_\_\_\_\_  
\_\_\_\_\_

**VI INTERES EN PARTICIPAR** \*no hacerla con personal de hospitales

1 ¿Le gustaria participar de esta experiencia? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2 Con que Aspectos le gustaria participar? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

MUCHAS GRACIAS

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ENTREVISTA A PERSONAS VINCULADAS

I DATOS GENERALES

No \_\_\_\_\_

Fecha	Entrevistadora
Nombre	Cargo
Institucion	Ciudad

II OPINIÓN ACERCA DE LA EXPANSION DEL ROL DE LAS AUXILIARES DE ENFERMERA

1 ¿Que opina de el trabajo de las auxiliares de enfermeria en los CESAR? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 ¿ Que servicios de salud reproductiva brindan las auxiliares en los CESAR? \_\_\_\_\_  
\_\_\_\_\_

¿Qué servicios de Planificacion Familiar \_\_\_\_\_  
\_\_\_\_\_

3 ¿Como es la calidad de estos servicios? ¿Porqué? \_\_\_\_\_  
\_\_\_\_\_

4 ¿Qué opina sobre la ampliación del rol de la auxiliar en planificacion familiar y salud reproductiva de forma tal que esta pueda indicar pastillas anticonceptivas o insertar DIU? ¿Porqué? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 ¿Que ventajas tendria el usar este tipo de estrategia? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 ¿Qué desventajas tendria le usar este tipo de estrategia? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 ¿Qué impacto cree usted tendría este cambio en las acciones de la enfermera al realizar estos procedimientos? \_\_\_\_\_

\_\_\_\_\_

¿Por que? \_\_\_\_\_

\_\_\_\_\_

•¿ Y en la poblacion? \_\_\_\_\_

\_\_\_\_\_

•¿ Y En los servicios? \_\_\_\_\_

\_\_\_\_\_

•¿Y En la calidad de la atención? \_\_\_\_\_

\_\_\_\_\_

•¿En el acceso? \_\_\_\_\_

\_\_\_\_\_

8 ¿Como reaccionarian las auxiliares ante este cambio en su perfil? ¿Porque? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9 ¿Se afectaria de alguna manera la prestacion de servicios del Ministerio? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10 ¿Como seria la calidad de atencion brindada en planificacion familiar por las auxiliares?

\_\_\_\_\_

\_\_\_\_\_

11 ¿Tienen la capacidad necesaria para desempeñar ese rol? SI \_\_\_ NO \_\_\_ Explique por favor

\_\_\_\_\_

\_\_\_\_\_

12 ¿Cree que las auxiliares aceptarían que se amplie este rol? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13 ¿Como cree que reaccionarian los otros prestadores de servicios de planificacion familiar?

-Medicos Especialistas \_\_\_\_\_

- Medicos Generales \_\_\_\_\_

\_\_\_\_\_

- Enfermeras profesionales \_\_\_\_\_

\_\_\_\_\_

14 ¿Como reaccionaria la poblacion en general? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III CAPACITACION

1 ¿En que aspectos necesitaria capacitarse una enfermera auxiliar para ampliar su rol? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 ¿Que temas deben ser incluidos? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 ¿ Como deberia ser la capacitacion? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

¿Quien debe darla? \_\_\_\_\_

### IV SUPERVISION

1 ¿ Como se realiza la supervision de las auxiliares de enfermeria? \_\_\_\_\_  
\_\_\_\_\_

¿Quien supervisa? \_\_\_\_\_ ¿Cada cuanto tiempo lo hace? \_\_\_\_\_

¿ Como se planifica la supervision? \_\_\_\_\_  
\_\_\_\_\_

2 ¿Como participa la auxiliar en la supervision? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 ¿Que aspectos se abordan en la supervision? \_\_\_\_\_  
\_\_\_\_\_

4 ¿Que aspectos de salud reproductiva se incluyen en la supervision? \_\_\_\_\_  
\_\_\_\_\_

5 ¿ Se utiliza algun instrumento de supervision? SI \_\_\_\_\_ NO \_\_\_\_\_  
¿ Podria darme una copia si tiene? \_\_\_\_\_

6 ¿Qué sugerencias puede dar para supervisar las auxiliares con un rol de planificacion familiar? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V SELECCIÓN DEL PERSONAL**

1 ¿Qué características debe de tener una enfermera auxiliar para poder tener una ampliacion de su rol en planificación familiar? Porque? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 ¿Se debe seleccionar a las enfermeras de CESAR o de CESAMO? Porque? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3 ¿Si cree que no debe ampliarse el rol de planificación de las auxiliares de enfermería, como se puede ampliar el acceso a la planificación familiar en areas rurales ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 ¿Que sugerencias puede dar sobre la ampliacion del rol de la auxiliar en planificación familiar?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI INTERES EN PARTICIPAR** \*no hacerla con personal de hospitales

1 ¿Le gustaria participar de esta experiencia? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2 Con que Aspectos le gustaria participar? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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