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APPENDIX A

TRIP REPORT: HONDURAS SITE
May 18 to 30, 1980

TRIP REPORT
MASS MEDIA AND HEALTH PRACTICES PROJECT: HONDURAS SITE
May 19 to 30, 1980

Objective

The principal objective of this trip to Honduras was to assist in the preparation of the Protocol for the first phase of the Developmental Investigation of diarrhea-related attitudes, knowledge, and practices.

Participants

AED

Dr. Reynaldo Pareja
Ms. Elizabeth Booth
Dr. William A. Smith

MOH

Dr. Suazo, Sub-Secretary of Health
Ms. Dona Vera de Baesteros, Administration
Dr. Guzman, Director General of Health
Dr. Zelaya, Health Education Chief
Lic. Luis Sarimiento, Health Education
Dr. Danilo Valesques, Maternal Child Health
Ms. Ruth Andino, Epidemiology Department

Stanford

Dr. Carl Kendall

USAID/Honduras

Dr. James Stone, Head of Human Resources Division
Dr. Tom Hyslop, Head of Health Office
Mr. Ray Baum
Mrs. Anita Siegel
Dr. George Moore

Principal Accomplishments

1. The design of the protocol for the first phase of the developmental investigation was completed and has been attached to this report. The development of the protocol relied heavily upon the Academy's first three-month experience in Honduras, upon previous research experience in Honduras conducted by USAID, and upon conversations and preliminary designs worked out in Washington by the project director and reviewed by Robert Hornik.

The protocol seeks to define the basic objectives, the critical research population, and the specific instruments to be pretested and used during the next three months in Honduras.

2. During conversations with the Honduras/USAID Mission, the author made contributions to their planning for health education components in the recently funded "Water and Sanitation" project, and the soon-to-be negotiated health loan. These two projects, along with the MM&HP project effort, demonstrate a significant new interest within the AID Mission and the Ministry of Health in health education. They offer an opportunity to transform the relatively low level of health education activity into a considerable new force within the Ministry. It is important to note that all three of these programs use mass communication in similar and complementary ways. The development of these three programs should ensure the development within the Ministry of Health of an effective communication strategy for health education.

Review of Field Site Activities

Since the project director's last visit to Honduras on February 10-20, 1980, the following activities have been undertaken:

1. A systematic review of three potential regions was undertaken and a report produced (see Semiannual Report No. 3). This review process resulted in the official selection of Health Region No. I as the principal target area for project activity.

2. A basic description of the health and communication infrastructure of the Region is now being completed. This report will provide basic background information needed to prepare detailed planning for future activity in the Region.

3. The AED team participated in the oral rehydration research project sponsored by PAHO and conducted by the Center for Vaccine Development of the University of Maryland. In addition to using the project as a focus of local publicity for oral therapy, they maintained close contact with the researchers and collected valuable insight into several critical areas. Among these are included:

a. The importance of Tegucigalpa as a health center, as it attracts patients from even the most isolated areas.

b. Mother's attitudes toward oral therapy, which may indicate it is considered second class medicine compared to IV therapy.

c. The importance of purging as both a common practice and an important reason for potassium loss in dehydrated infants.

d. The medical community's receptivity to oral therapy. One indicator of this success is that during the past month over 400 children have been rehydrated using oral means. For the first time in many months, an intern reported seeing empty beds in the rehydration ward.

4. The basic administrative infrastructure of the project has been established. The project vehicle has arrived, and office space (limited as it is) is available. Furniture has been loaned to the project. An excellent administrative assistant has been hired, and financial control and reporting procedures have been normalized. Office supplies have arrived, and the project is fully operational.

It should be said that working conditions are less than ideal. There are five desks and eleven people working in a space of 15' by 15'. It is very difficult to concentrate on any independent work. Interruptions are common, and sound level is moderately high. Consequently, Reynaldo and Bette are spending many hours in the evenings and on weekends doing work which just can't be done in that setting. They are working very hard to ensure that appropriate Ministry counterparts are involved in all stages of planning and are participating in field work and early research activities.

5. The team is providing ongoing and ad hoc assistance to the Director of the Health Education Unit, Dr. Zelaya, on budgeting and planning for Ministry campaigns. At present, the Ministry is running two promotional campaigns; one on dengue control and a second on malaria. Both have been produced by local commercial media types with little input from the Health Education Office. Indeed, the Ministry did not even have a copy of the text, or know how many different "jingles" have been made. It is hoped that our project will return control, both financial and substantive, of such efforts to the Health Education Unit. In addition to contributions to our project, the MOH is spending some $15,000 on air time alone for these campaigns.

During a conversation with the MOH Director of Administration, she requested that we assist them in monitoring and evaluating the effectiveness of the present media effort. She was very pleased when we agreed to include pertinent questions in our early investigation stages. In fact, this will give us an interesting indicator of outreach and acceptance of these campaigns.

6. Three MOH counterparts have been recruited, interviewed, and selected. Two of them have demonstrated real capacity and interest in the project. After the first month's activity, however, number three, the individual with radio experience, was clearly inappropriate. At present the project team is looking for a replacement for this third individual.

A two-week long training course was run for the three counterparts. The first week included a structure orientation to the project, its goals, and operational plans. The second week included a field experience during which all five individuals, three from MOH and the two AED people, lived in rural areas and began an observational excercise. The pu e of this experience was threefold:

a. To see how the counterparts worked under field conditions.

b. To collect direct information on rural conditions.

c. To test how outsiders would be received in rural communities.

As regards point (a); it was clear that one counterpart was not appropriate and was removed. The information that was collected is still being tabulated, but some early anecdotal indicators point to little existing use of fotonovelas, no special diets for infants, radio spots not being considered "serious" by rural people, a marked preference for "news" shows, and a prevalance of potential contamination sources in rural communities. As regards point (c);

it proved much easier than assumed to spend time with rural people. Note-taking proved possible, and sharing the contents of the notes only seems to produce amazed bewilderment among the rural families that anyone was interested in such mundane detail. There was little suspicion, and seemingly honest interest was expressed.

General Evaluation of Project Progress

Administratively, the field office is in exceptional shape. The support coming from the Ministry is much greater than expected. There seems to be a genuine interest in the Ministry in diarrhea control and continued excitement (if not always in-depth understanding) of how communications can go about helping the problem.

Technically, things are still on course. Identifying counterparts has been a very difficult task. People who are really qualified do not want to work for Ministry wages. With the design of the protocol for the investigation phase completed, the next three months will be very busy. The protocol as it now stands badly needs pretesting. This process will begin next week. It uses a wide variety of methods and has a somewhat cumbersome data collection design, but it will provide important insight into how to go about conducting this type of operational research. One of the Ministry's most frequent requests is for alternatives to formal survey research--which they find time consuming, expensive, and often irrelevant. We hope to develop at least one or two more practical alternatives for pre-program development.

Potential Problems

1. The entire health office of AID will be changing within the next three months. It is hoped that future relations will be as positive and supportive as they have been in the past.

2. Consitutional changes are expected at the end of July in Honduras. This may mean new faces and new priorities in the Ministry. At best it will mean time invested in bringing the new leaders up to date on the project, its importance, and its requirements.

3. Interviewers are going to be hard to identify. Considerable training will have to be provided for these individuals, and this may take more time than was originally planned.

La Tribuna Jueves 13 de marzo de 1980

300 MIL NIÑOS CUBRIRAN CONTRA DIARREA

El Programa de Comunicación Masiva Aplicado contra las Diarreas Infantiles, cubrirá a una población mínima de 300 mil habitantes, que cuente, además, con hábiles vías de comunicación y un grado medio de desarrollo infraestructural.

En este proyecto, financiado por la Agencia para el Desarrollo Internacional, a Honduras le corresponde aportar 20 mil lempiras para gastos adicionales que el mismo conlleva.

La investigación incluye, entre otros aspectos, conocer las causas que los habitantes del sector experimental atribuyen para que se produzcan este tipo de enfermedades entre los niños.

Asimismo, y con la ayuda del Patronato Nacional de la Infancia, ente encargado de la producción de medicinas, se hará un ensayo de rehidratación oral en las áreas rurales, donde más azotan las diarreas.

22-EL HERALDO. Lunes 17 de Marzo

POBLACION MINIMA DE 300 MIL HABITANTES SERA CUBIERTA POR UN VALIOSO PROGRAMA

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Sábado 1 de marzo de 1980 La Tribuna

Para combatir mortalidad infantil:

PROGRAMA ANTIDIARREICO IMPLANTA SALUD PUBLICA

Un enérgico programa para combatir la diarrea infantil en todo el territorio nacional, está llevando a cabo el Ministerio de Salud Pública, con el fin de prevenir la morbi-mortalidad de los infantes atacados por ese mal.

La mayor cantidad de niños pequeños que mueren anualmente en Honduras se debe a enfermedades diarréicas, acentuadas por deficiente atención médica en algunos casos o a falta de compra de medicamentos, por parte de los padres.

Por tal razón, Salud Pública implementó un programa masivo para el presente año, con el que se pretende atender un promedio de 165 mil niños en todo el país, a través del suministro de suero oral de fácil uso, que puede ser aplicado por la propia madre.

Para tal fin, se adquirió maquinaria especial para la elaboración de sobres de suero electrolítico que tienen un valor en plazo de 20 centavos, bastando tres dosis para controlar el mal.

El empleo de este novedoso sistema de tratamiento vendrá a bajar sustancialmente la alta tasa de morbi-mortalidad infantil en las principales zonas del país, trabajándose actualmente a través de cinco centros pilotos, por medio de enfermeras y guardianes de salud, con excelentes resultados, observándose que los efectos de la enfermedad han bajado.

Además, en el Hospital Escuela en el Departamento de Pediatría se está utilizando el método para enseñanza de los pediatras residentes, estudiantes de medicina, enfermeras y auxiliares de esta última carrera.

Los sobres de suero oral están siendo elaborados por la División de Productos Farmacéuticos del Patronato Nacional de la Infancia, con lo que se logra retener una gran cantidad de divisas.

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EL HERALDO. Viernes 7 de Marzo — 21

FUNCIONARIOS DE LA UNIVERSIDAD DE STANFORD EN RECORRIDO POR EL PAIS

Hoy viajaron a los departamentos de Choluteca y Valle, tres funcionarios de la Academia para el Desarrollo, de Washington y de la Universidad de Stanford, con el propósito de conocer aquellas regiones y seleccionar, posteriormente, una zona para llevar a cabo un programa de comunicación masiva aplicado a diarreas infantiles.

Esta actividad forma parte de un convenio establecido entre el Ministerio de Salud Pública y la Agencia para el Desarrollo Internacional, con una duración de tres años, durante los cuales se analizarán las causas fundamentales de la diarrea y los tratamientos más efectivos para su curación o prevención.

La zona experimental de este programa será establecida en el transcurso de la próxima semana, considerándose como prioritarias, hasta la fecha, las regiones sanitarias primera, segunda y cuarta, que comprenden los departamentos de Francisco Morazán y El Paraíso; Intibucá y La Paz,, Choluteca y Valle y Comayagua, respectivamente.

LA PRENSA 8 DE MARZO DE 1980

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Con la ayuda que presta la AID se pretende crear un módulo de trabajo que podría aplicarse después a otras regiones del país, con el objeto de contrarrestar esta enfermedad que es la responsable de un alto índice de mortalidad infantil.

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La Tribuna

Martes 18 de marzo de 1980

En Hospital Escuela:

DEMOSTRARAN COMO REHIDRATAR NIÑOS

Hoy dos médicos de la Organización Mundial de la Salud harán una demostración de la nueva metología de rehidratación oral que se aplica para el control y restablecimiento de los niños que llegan a los centros de salud con severos casos de deshidratación, a causa de las diarreas.

La interesante exhibición tendrá lugar en la Sala de Emergencia del Hospital Escuela, y, a ella, asistirán el viceministro de Salud, doctor Octavio Suazo, el director general de Salud, doctor Luis Guzmán, y el director del Instituto Hondureño de Seguridad Social, doctor Humberto Rivera Medina.

Los dos funcionarios de la OMS se han dedicado, durante las cuatro últimas semanas, a comprobar la eficacia de las fórmulas caseras utilizadas para combatir la diarrea en su etapa más crítica la deshidratación.

Para ello, han medido los niveles de sal, potasio, bicarbonato y de otros elementos utilizados. Su demostración pretende hacer ver la efectividad de un suero oral especial para dicha etapa que puede ser más práctico que los componentes similares que se administran por la vía intravenosa que, generalmente, se aplican en los casos extremos.

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Martes 25 de marzo de 1980 La Tribuna

80 POR CIENTO DE NIÑOS SON ATENDIDOS POR PARTERAS

El 80 por ciento de los niños hondureños nacen atendidos por una partera empírica, en tanto que el resto recibe cuidados en centros hospitalarios del país, generalmente del Estado.

Este alto índice de nacimientos habidos en el campo, con el auxilio de parteras, ha sido factor determinante para que el Ministerio de Salud Pública busque establecer más vínculos con la tradicional comadrona a fin de capacitarla para que cumpla mejor la delicada tarea que le toca realizar.

Paralelo a tal adiestramiento, Salud Pública ha previsto, en su Plan Quinquenal, establecer condiciones adecuadas en los centros asistenciales para atender a la embarazada de alto riesgo.

Para ello, se han elaborado normas técnicas de atención por niveles para reducir los riesgos de un embarazo difícil y un parto peligroso, previniendo las enfermedades diarreicas, brindando educación nutricional y ampliando la cobertura de las vacunaciones.