

I. SUMMARY

Below follows a revision of this USAID's PROP on its Maternal Child Health (Family Planning) Project. The Maternal Child Health (MCH) system is being expanded to include 46 fixed and mobile clinics which will effectively bring family planning advice and services to 40,000 women by the end of 1971, with a concomitant reduction in the population growth rate from the 3.6% per annum to an estimated 3.4%

II. STRATEGY

As part of its strategy for developing an effective preventive health program emphasizing family planning in Honduras, the USAID will continue to assist the GOH in expanding an integrated nation-wide maternal child health system of 46 fixed and mobile clinics.

With USAID assistance, the Maternal Child Health Section (MCH), established in 1968 within the Ministry of Health, provides pre and post-natal care for mothers, medical services for children below 5 years of age, family planning services, and health education with an emphasis on nutrition, child care, and family planning. The MCH Section assigns physicians, nurses, auxiliary nurses and health and nutrition workers to the various health zones of the country.

The USAID funds equipment, vehicles, pharmaceuticals, educational materials, an administrative advisor contracted locally through the Ministry, a portion of local personnel costs, and training. The Ministry provides funds for locally purchased supplies and pharmaceuticals, office space, vehicle maintenance, and other operating costs. The in-kind contribution of the Ministry consists of equipment, space, utilities, etc. in its hospitals and health centers. Contraceptives are supplied, at least initially, by the Honduran Family Planning Association (IPPF) grant and the Population Council.

In Honduras, experience has shown that AID is the only institution capable at this time of supporting a large scale GOH program offering family planning services because of lack of local resources.

Therefore, with AID resources, the MCH Program of the Ministry of Health will:

- (a) create the required human and administrative infrastructure within the public health system which will be responsive to the needs of the country; and
- (b) build a permanent nation-wide family planning program.

With an apparent built-in demand for preventive health practices among Honduran women, success in implementing the long term objectives of the current maternal child health project rests on the willingness and support given family planning services by the physicians, nurses and social workers working with the MCH Program as well as with the Ministry of Health. To help motivate these individuals towards preventive public health services in general, the USAID plans to include short-term in-country and out-of country training in family planning and the basic elements of modern administration and public health to all personnel working in the Ministry's network of health centers and sub-centers, long term training in public health for key members of the faculty staff of the Medical School of the University. An intensive participant training program for the personnel of the MCH Program is also contemplated.

III. PLANNED TARGETS, RESULTS, AND OUTPUTS

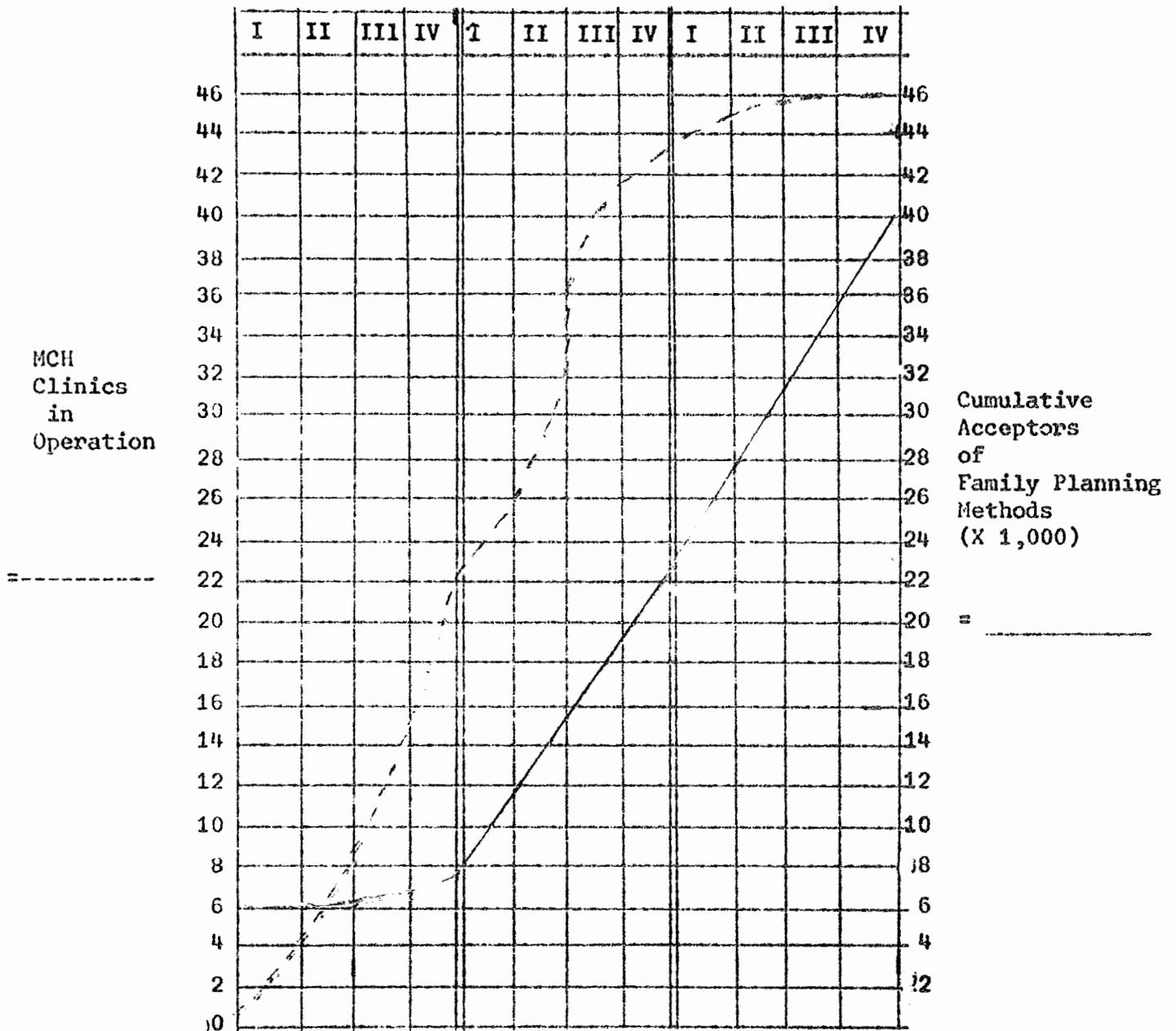
Based on the successful experience with this program since it was initiated in 1968 under the MCH concept, coupled with a relaxation of the Government's prior resistance and an increasing interest in family planning from the general public, plans have been laid to expand the program to additional urban and semi-urban areas. The expanded program will cover about 90% of the population in comparison to the original projection of only 60%.

There are many reasons for the expansion. In the first place, the Maternal Child Health/Family Planning Section established under the Directorate General of Public Health, has been staffed by outstanding young and well trained physicians, nurses, social workers and other personnel who are devoted to establishing an integrated national program in maternal child health and family planning. With the establishment of 25 maternal child health family planning clinics, the population, in those areas where the program has been functioning, are now showing an active interest in planning their families. Pre and post-natal care under this program has motivated many women of this group to seek post partum contraceptive services in the hospitals of the Ministry of Health. Assuming that the present project progresses according

to schedule, 46 maternal child health/family planning facilities in government health units will bring 40,000 women under contraceptive coverage by the end of 1971 as indicated in the table A below.

TABLE A

CY 1969 1970 1971



IV. COURSE OF ACTION

A. Organization

Administrative and technical support for the family planning program is provided by the Maternal Child Health/Family Planning Section which is under the direction of the Directorate of Public Health. In addition to the administrative and supervisory personnel at the central level, there will be field workers, consisting of physicians, nurses, auxiliary nurses, health educators, social workers and chauffers, who are or will be assigned to the areas where the program is to operate. The GOH budget for this program will be assigned to the Maternal Child Health Section. Autonomy will be necessary for the first years of the program to minimize bureaucratic obstacles and facilitate accounting and control of AID funds. All personnel practices, pay scales, etc. will be in accord with standards and procedures established pursuant to the Civil Service Law which became effective in September 1968.

B. Administration

The complexity and wide coverage of this program has required the establishment of a sound administrative division for the support of the field services and personnel attached to those offices. A highly qualified Honduran administrative advisor has been contracted under the program to develop an effective administrative system for the program. The administrative advisor is also developing the appropriate management practices for procurement, supply and distribution, as well as developing procedures pertaining to employment and personnel records. In addition to the above, a full time auditor continually inspects and audits the field program, particularly end use checks on equipment and medicine procured under this program. As in other professional fields, there has been a lack of well trained personnel.

Personnel from this division will be sent for short term training courses over the next few years in order to build a strong administrative base. As the field program expands administrative backstopping and support will likewise expand as well as the needs for trained administrative personnel.

C. Clinical Services

The present clinical services will be expanded from 25 MCH/FP clinics now in operation under this project to 46 MCH/FP clinics by the end of CY 71. The objective is to reach 250,000 women with educational material on family planning within this figure, it is assumed that 40,000 women will take effective family planning action during this period. With greater emphasis on education and motivation and expansion of clinical services it is possible that the acceptor rate may increase requiring the program goals to be revised.

Family Planning assistance to the acceptor will consist of a physical examination, cancer detection smear and choice of contraceptive to be used.

Complete records will be maintained and statistical data will be submitted monthly to the central office. The statistical data will be sent to the Maternal Child Health central statistical office and placed on IBM cards. This system will provide an accurate data bank and monthly feedback for patient follow up.

In addition to family planning services, maternal child health and nutrition educational services will be offered. Maternal services will consist of pre and post-natal examinations and care. Infant and child services include nutrition evaluation and routine immunizations for well children and pediatric care of sick children. Child services will be limited to those below the ages of 5 years.

Medical and para-medical personnel will be employed for this program. Family planning personnel will receive specialized training in family planning prior to field assignments.

V. EDUCATIONAL SERVICES

The educational program will be expanded to reach the whole of the country by the end of CY 70. In order to implement the proposed expanded program, additional professional and semi-professional personnel will be required as well as facilities to locally train these personnel. Educational equipment and materials will be needed to meet the requirements of a country wide family planning education and motivation program.

1. Health Facilities

The project is establishing the following facets pertaining to education at the health facility level:

- (a) Special instruction on responsible parenthood will be provided for women, men and/or
- (b) individual patient education during clinic interviews by physician, nurse or social worker;
- (c) patients (individual or group) attending health centers for other services will be provided instruction on various aspects of preventive health including family planning; and
- (d) referrals to other facilities are offered to infertile couples who request assistance.

2. General Educational Services

In addition, the project plans to implement the following.

- (a) Series of lectures and films are being given or planned for labor

unions, the military, teachers, professional groups and factory workers. Health educators, staff members of the MCH program with occasional contract consultant will implement this program,

- (b) an in-country training program covering the basic elements of public administration, public health, population dynamics, and family planning to all personnel working in the Ministry of Health network of health centers and sub-centers; the MCH staff in coordination with the Honduran Family Planning Association will conduct this phase of the training and educational program;
- (c) MCH Health Educators will make use of film flip charts, pamphlets, and other material for communities through the health centers; and
- (d) mass communication programs on population and family planning will be designed, adapted and developed for the general audiences in select locations. A direct hire U.S. Technician is assigned to serve as advisor to this program. Consultant services from ROCAP and AID/W will be called upon when needed by USAID.

(e) Research

During the first half of 1971 vital statistics will be updated through a sample survey of households by the Honduran Census Bureau. The Honduran Family Planning Association and CELADE in cooperation with the Population Council will do an abortion study in early 1971. A knowledge, attitude and practice study is planned for 1972 so to determine the impact of the motivation program on the population. It has not been fully ascertained if the study would be implemented by use of local personnel and facilities or by an outside contract.

(f) Training

Mention has been made of the training required in the preceding portions of this PROP. Training is given priority over the next few years primarily because of the lack of trained professional personnel and persons capable of: a) providing adequate services at the clinic level; and b) motivating family planning programs through a personal commitment and effective preventive health programs. In order to expand the MCH program training an intensive training program will be required.

It is divided into three parts: (1) professional personnel of the MCH program; (2) key faculty staff members of the Medical School of the National University so as to develop a public health orientation in the faculty of medicine; and (3) key officials in the government such as economists or statisticians in the government's planning office.

Following is a summary of AID financed participant training proposed

through 1972:

EY 1970

1	Director of MCH	Planning of Public Health Programs.	John Hopkings University	14 Wks.	\$ 3,000
2	Social Workers, M.Ds.	Seminar in Sex Education	Guatemala City.	1 Wk.	1,000
1	Internal Auditor	Seminars on Public Administration, internal auditing, O&M	U.S.	14 Wks.	3,000
2	Sub-Director, MCH and S.D. MCH.	Leadership training	Loyola U.	6 Wks.	3,600
2	Family Planning Workers	Family Planning and Demography	Chicago U.	9 Wks.	2,000
1	Economist Statistician	Evaluation of Family Planning.	Chile U.	8 Wks.	1,000
1	M.D.	Demography and Family Planning.		20 Wks.	2,000
3	Economists	Evaluation of Family Planning Programs.	Chile U.		3,400
1	University Medical School Professor	Demography and Family Planning.	U.S.	1 Yr.	6,000
3	Economist	Family Planning	Chicago	9 Wks.	3,000
1	University Medical School Professor	Preventive Medicine Administration.	U.S.	1 Yr.	6,000
					<u>34,000</u>

EY 1971

1	Statistician	Demography Family Planning and Program Evaluation.	Cienes, Chile	1 Yr.	5,500
1	Accountant	Accounting, Budgeting O & M	U.S.	14 Wks.	3,000
4	Family Planning Workers.	Family Planning and Demography.	Chicago	9 Wks.	4,000
6	M. Ds.- MCH	Leadership training.	Loyola	6 Wks.	12,000
2	M. Ds.- MCH	Family Planning	Chile	20 Wks.	4,000
3	University Medical School Professors	Public Health Administration	U.S.	1 Yr.	18,000
2	Economists	Family Planning	U.S.	1 Yr.	13,500
					<u>60,000</u>

FY 1972

4	Family Planning Workers	Family Planning and Demography	Chicago	9 Wks.	\$ 4,000
1	University Medical School Professor.	Preventive Medicine	U.S.	1 Yr.	8,000
4	Family Planning Workers	Leadership training	Loyola	6 Wks.	7,000
2	University Professors	Family Planning and Demography	U.S.	1 Yr.	12,000
3	Economists	Population Dynamics	U.S.	1 Yr.	<u>14,000</u>
					55,000

IMPLEMENTATION PLAN1970 CYFirst Quarter

Sign 1970 Project Agreement providing bilateral funding for CY 70.
Develop detailed Project Implementation Plan with both GOH and USAID concurrence.
Start laboratory services for cancer detections tests.
Recruit and train local volunteer promotion groups.
Start preventive health communication program in northern part of country.
Inaugurate MCH services with the United Fruit Co. employees.
National Director to be trained at John Hopkins in Public Health Planning.
Program all statistical data on Ministry of Public Health computer for rapid statistical feed back.
Initiate implement action of participant training program described above.

Second Quarter

Ten MCH/FP clinics are put into operation.
Start preventive health communication program in southern part of country.
Continue communication program in north.
Continue training of personnel.
Internal technical and administrative evaluation of program.
Nutritionist return from U.S. training.
Develop an implementation plan for the nutrition program (to added to overall implementation plan).
Refine collection of data and feed back on patient follow up information to MCH clinics.

Third Quarter

Two MCH/FP clinics are put in operation making total of 38 MCH/FP clinics in operation.
Nutrition program starts operation.
Mass communication continues in north and south of country expanded to south east area of country.

Fourth Quarter

Complete an evaluation (PAR) prior to evaluation from AID .
AID/W evaluation of program.
Mass communication program continues.
Nutrition program in full operation
Prepare implementation plan (PIP) for CY 71 program.

CY 1971First Six Months

Sign 1971 project agreement providing bilateral funding for CY 71.
 Put in operation 8 MCH clinics for total of 46 MCH/FP in selected population centers which will reach approximately 250,000 women of the fertile age with a target of 40,000 acceptors by the end of 1971.
 Establish regional laboratory services for cancer detection tests at San Pedro Sula.
 Mass communication program on preventive health to cover all of country to be in operation by mid 1971.

Second Six Months

Internal program evaluation (PAR) to determine weaknesses of program.
 Prepare PIP program for possible expansion of program during 1972.
 Continue training of personnel.

FY 70 U.S. Financial Requirements

A.	Commodities		
	1. Equipment	\$ 26,412	
	2. Vehicles	22,310	
	3. Pharmaceuticals	57,927	
	4. General Office Supplies	<u>11,459</u>	118,105
B.	Other Costs (Local Personnel)		296,892
	1. Salaries- MCH Section		
C.	Participant training		34,000
D.	Local training (inservice, etc)		10,000
E.	Contract U.S.		10,000
F.	Direct Hire U.S.		<u>30,000</u>
	TOTAL		499,000

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NONCAPITAL PROJECT FUNDING (OBLIGATIONS IN \$000)

TABLE I

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COUNTRY: Honduras

Project Title: Maternal Child Health

Prop Date

Original

Rev. No 1

Proj. No 522-11-580-065

UNCLASSIFIED

TOAID A

HONDURAS

Fiscal Years	AP	L/G	Total	Cont ^{1/} AID	Personnel Serv. PASA	Serv. CONT.	Participants U.S. Agencies	Commodities Dir	Other Dir & U.S. Ag.	Costs CONT.
Prior Through Act. FY 69	AG		344	19		15	9	88	228	4
Oper FY 70	AG		499	30		10	34	129	296	
Budg. FY 71	AG		523	20	33	10	60	115	295	10
B + 1 FY 72	AG		480	15	30	5	45	90	300	10
B + 2 FY 73	AG		400	5	30		25	90	250	5
All Subs. FY 74-80	AG		650	210			100	100	235	5
Total Life	AG									
TOTAL			2896	59	333	40	273	612	1604	34

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Table I
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Fiscal Years

Other Cash
Contribution
Cooperating
Country
In \$ 000

Other
Donor
Funds
(\$ Equiv)

Prior Through Act. FY 69	105	* 50
Oper FY 70	100	100
Budg. FY 71	190	125
B + 1 F.Y. 72	274	150
B + 2 F.Y. 73	345	150
All Subs 74-80	2,300	1,050
Total Life	3,814	1,625

* IPPF donation to the Honduranian Family Planning Association.

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HONDURAS