

CONSULTING REPORT
ON
REPRODUCTIVE HEALTH PROJECT
OLANCHO PROVINCE, HONDURAS

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FOR
JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)
JAPAN

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SUMMARY:

Japan International Cooperation Agency (JICA) has been implementing integrated primary care project in the province of Olancho, Honduras since last year. This project is the first of its kind to employ participatory approach from the beginning of the project: let the provincial health administrators take initiatives to plan, monitor and evaluate their program. They also employ a problem-solving approach in their discussions using problem tree, free ranking and focus group discussions. Participatory approach has become a popular tool and a jargon in international health intervention particularly at the grassroots level. The success of the interventions, however much depends on local context and societal structure, therefore, it is hard to apply one successful method to another project in different cultural social context.

Participatory approach at the management level is much less common since it usually takes for much longer time compared to conventional vertical intervention. Naturally, the donor community has been reluctant to employ the methodology in their projects. Even in the program entitled “participatory” method, what actually means in many projects is to make part of the project participatory such as problem-generating, or evaluation, rarely the whole process employed the method.

In JICA project, the health district No. 7, Olancho province was assigned by the Honduran government. From the initiation of the program, regional health administrators have been involved from problem identification, prioritization, monitoring and evaluation and revision. Officials at the regional health office at Juticalpa as well as more local health care officers identified problems and prioritized them. The result of their analysis showed that reproductive health care was identified as the top priority in the region. Based on this assessment, tasks to improve reproductive health service were initiated. Part of this strategy includes strengthening counseling service, strengthening neonatology department, facilitation of communication between OB/GYN and pediatric department, and implementing effective communication network between hospital and health center. The health facilities are distributed over the province in several different ways. The only referral hospital with inpatient service is San Francisco hospital in Juticalpa. CESAMO is a health facility with full-time physician. Physicians working at CESAMO are paid \$1000 per month. CESAR is a primary care facility without physicians, in stead a nurse assistant is providing all kinds of care including obstetrics.

Evaluation for the effectiveness of participatory intervention is also different from conventional method. Rather than gathering numbers and statistics from the projects, the evaluation focuses more on the process by the stakeholders and the purpose of evaluation is to provide stakeholders opportunities to improve their performance. The outcome of the evaluation would be quite different as well: in stead of nice tables and figures, detailed description of the behavior and context will be collected. There is no standardized way to describe participatory evaluation in international health so far. The scientific evaluation for the participatory approach itself seems in its infancy. The

concept of participation itself is a challenge for conventional positivistic view of science, which heavily skewed into epidemiology and biostatistics. The participatory evaluation was emerged from the frustration against this positivistic view and recognition from the field that effective methods are often cultural and context bound. We do not simply have a generalized terms and language to generalize these empirical method. This is one of the tasks for the future of participatory methodology.

RECOMMENDATIOS:

- Development of monitoring and evaluation method appropriate for participatory approach is essential.

There is no standardized method or criteria employed for evaluation for participatory approach. This project can be the first of its kind to develop scientific knowledge combined into practice.

- Continuation of project with sufficiently long-term follow up is essential to provide continuous support for local people nurturing motivation and facilitate participation.

Facilitation of participation and nurturing motivation among stakeholders is the key for the participatory projects. At the same time, these two are the most difficult part in continuing project. Outsiders can not force participation and motivation for participation: it depends on participants' behavioral change from them.

- It is essential to strengthen the capability of facilitators.

The importance of facilitators in terms of coordinating meetings and producing positive outcome for the intervention became more evident during the course of this project. Nurturing the ability of facilitators is essential part of the intervention. Ideally, it is better to provide on-site training and timely feedback for the facilitators than letting them take another formal training session.

VISITS:

San Francisco Hospital, Juticalpa

Juticalpa is the capital of Olancho province with population is approximately 30,000. San Francisco hospital is the referral hospital in the province that was built by Japanese government 12 years ago. The hospital has 110 beds includes surgery, medicine, ob/gyn and pediatrics. They have OR with three theaters. On average, there are three elective cases per day from Monday to Thursday. Three cases are mostly related to GYN cases. ER has 50-60 visits per day. OPD is organized as first-come, first-served basis and they open from 7 am until 1pm. The registration starts at 6am and it ends when they register 400 patients for the day.

Physicians in day shift work from 7 am to 1 PM. The afternoon shift is from 1pm until 7 PM. The on-call person covers 12 hours from 7 PM to 7am. There are seven or eight "social-service" doctors that are interns assigned from medical school in Tegucigalpa.

Clinica Materno Infantil (CMI), Catacamas

There are four CMI centers in Olancho province. They locate in major towns throughout the province. There are at least two doctors for obstetrics and they can provide services other than c-section. There are radio communication system implemented between CMI and San Francisco hospital. However, this communication system is not used due to some logistical difficulties. There are several complaints among users regarding the care through CMI. The biggest concern among users is the lack of communication between physicians and patients. Unavailability of physicians at timely manner is also a serious concern among them. Lack of medication is also raised as a problem. The medication is usually shipped through central storage at the regional health office in Juticalpa.

Teaching Hospital, Tegucigalpa

I had an opportunity to visit the only teaching hospital belongs to the only medical school in the capital city, Tegucigalpa in neonatology unit and PICU. This teaching hospital is the tertiary referral center for the entire country and the only hospital provides training for residents and medical students.

Neonatology unit at the hospital usually takes care 40-50 patients and covered by three doctors in a similar shift schedule as San Francisco hospital. The chief neonatologist speaks excellent English and he publishes and attends conference in the US on regular basis. Despite the fact that there is no respirator in the unit, the overall mortality is approximately 5%, according to him. In another word, the majority of too small babies can not make it to the hospital from the provinces. The overall infant mortality rate for Honduras is about 40 per 1000, compared to 12 in the US and 4 in Japan. On the floor, there are numerous sick cases such as congenital heart problems and cleft palate.

PICU is run by three intensivists and has six beds. There are four or five respirators. They occasionally admit neonates as well but mostly post-op patients. The PICU attending, Dr. Flores showing us around the unit was trained in University of Wisconsin and still maintains her license in the US. She speaks excellent English. Majority of patients in the unit was due to respiratory failures. The third year pediatric residents are in charge of the unit during the night as well as over weekend with back up from attending physicians. One of the residents in the neonatology department told me that they are exposed to lots of cases but less supervisions for whatever they are doing.

Clinica de Nino, San Francisco de la pas

I had an opportunity to visit pediatric clinic managed by social-pastoral section of the local Catholic Church. They have been running this clinic outside the town of San Francisco de la pas for three years. There is one local GP works as full time, from 7 am to 1 PM on weekday. He works with foreign expatriate physicians coming from North America side by side at the clinic. There are two examination rooms and laboratory capability of Gimsa stain for Malaria, Gram stains, CBC and Urinalysis. They are on average seeing 20-30 patients per day. They are interested in providing nutritional project since they believe that there is high prevalence of malnutrition among children from villages. However, they do not have any clear statistics for estimation of the prevalence, the way to monitor or screen for malnutrition.

LECTURES:

Basic Counseling training for managers

CIDA Training Center, 11/1-11/2/01

There is two days session to provide the overview and explain the importance of counseling at the primary care level for health administrators in the province. The head of provincial health office, the director of the San Francisco hospital, and other key health administrators in the regional health office, physicians at SECAMO were invited to attend this two-day session. I gave two lectures in these sessions. One was on “counseling experience and needs of counseling in overseas” showing my experiences in post-conflict countries and explained the needs of psychological intervention. The other lecture was on “How to screen patients who need counseling?” I explained how to pick up subtle signs through daily encounter for patients at primary care clinic and how to employ Kleinman’s eight key questions to explore patients’ explanatory model.

Basic Counseling training for counselors

Riego Vera, Juticalpa 11/5-11/9/01

This is the five-day training course for counselors at the primary care clinic throughout the province. There were 39 participants for this course. I gave three lectures during this course. I gave the similar talks on two topics but I tried to provide more comprehensive approach for providing counseling session for clients other than Kleinman’s approach. I also provide counseling for HIV/AIDS patient and reiterated the point that the HIV and AIDS is not equal and it usually takes long time to develop AIDS from HIV. And I stressed the importance of support for these patients.

Ground Rounds: Evidence-based medicine in primary care

San Francisco Hospital, Juticalpa

I gave a ground round on the above topic for all the physicians for the hospital. There were more than 25 physicians attended the rounds. I gave presentation analyzing what is primary care based on WONCA-WHO evidence, as well as White’s study on NEJM. Then, I discussed the importance of EBM in primary care level but I further elaborated that in primary care, something more than EBM should be employed to care for patients’ illness rather than diseases. There were active discussions after my talk, then it ran around two hours.

KEY PERSONNEL IN JICA PROJECT:

Dr. Tamotsu Nakasa, MD, MPH

The chief country advisor for JICA health related project in Honduras. He is in charge of advising, supervising and coordinating health related projects in the country. He has been in Bolivia, Pakistan as a long term in-residence advisor and numerous other short term assignments in overseas. He has been in the country for more than one year and will be in Honduras for another year.

Ms. Fumiko Kudo, RN, MS

The long-term consultant for improving health project in Olancho province since last year. She has been involved providing technical support for improvement for

reproductive health working closely with local counterpart. She has been in Malawi as a Japanese peace Corp volunteer. Since then, she has been in many countries as a member of Japanese NGO including Ethiopia, Thailand, E.Timor and Rwanda. She is a leading expert in the field of international nursing and community development in Japan.

Dr. Azusa Iwamoto, MD

Dr. Iwamoto is a short-term consultant to this program. She is a neonatologist and now works at the international cooperation department in the Japan International Medical Center, Tokyo, Japan. She is now working for improving neonatology care and decrease infant mortality in the region through providing training for local nurses and pediatricians.

SCHEDULE:

DATE	AM	PM
10/29 Mon	Left Cleveland to Tegucigalpa via Houston, TX. Arrived Tegucigalpa at noon and visited JICA office	Drove to Juticalpa, Olancho for project sites and met with JICA personnel. Attended weekly coordination meeting.
10/30 Tue	Met with group members of CINCO, counseling coordinators and hospital managers	Drove to Tegucigalpa
10/31 Wed	Visited US Embassy to renew visa stamps at Tegucigalpa.	Visited CMI, Catacamas to observe participatory monitoring meeting by health staffs.
11/1 Thu	Gave lecture on “counseling in overseas” for administrators.	Gave lecture on “how to screen patients who need counseling”.
11/2 Fri	Drove to Tegucigalpa to visit teaching hospital. Visited neonatology department and Kangaroo care clinic	Visited PICU at the teaching hospital. Diner with Dr. Nakasa
11/3 Sat		Diner with Dr. Iwamoto
11/4 Sun		Drove back to Juticalpa
11/5 Mon	Lecture on “counseling overseas” for counselors	Weekly coordination meeting at the JICA office.

11/6 Tue	Ground rounds, “EBM at primary care” Visited San Francisco hospital	Visited “Social-Pastoral Service” at the Catholic church of Juticalpa and asking for their projects.
11/7 Wed	Attended coordination meeting at San Francisco hospital and discuss with obstetricians at the hospital how to improve referral system between the hospital and CMIs.	Lecture on “How to screen patients who need counseling?”
11/8 Thu	Visited Neuvo Palestina, CMI to observe participatory problem solving for improving reproductive care by villagers	Lecture on “Counseling for HIV/AIDS patients”. Discussed with Dr. Iwamoto about IMCI expert study on S.Pneumo resistance in developing countries study design.
11/9 Fri	Visited Clinica del Nino at San Francisco de la pas	Attended closing ceremony for the training course. Attended farewell party for one of JICA experts. Discussed with Dr. Nakasa on quantitative approach for participatory evaluation for project evaluation.
11/10 Sat	Writing report on JICA project	Meeting with Ms. Kudo, JICA expert for health care.
11/11 Sun	Preparing a report on my trip to JICA project site.	Farewell party for Hikari by the group, CINCO and other hospital administrators.
11/12 Mon	Presentation by Hikari Morikawa for counseling training in Juticalpa	Drove up to Tegucigalpa Farewell party
11/13 Tue	Visited JICA office for reporting the end of the consultation work for counseling.	Left Tegucigalpa for Cleveland via Houston, TX.