

Family Medicine International Health Program – Honduran Trip Survey of San Jose Project Site – October 2004

The International Health Program of the University of Rochester and Highland Family Medicine traveled to Honduras in October 2004. A survey was conducted with the San Jose residents on 10/20/04. The purpose was to learn more about the new project site, San Jose, especially from its community leaders. The survey questions and answers are provided to more fully understand living in this community as well as its overall health initiatives.

1. *Who are they and what is their role within the community? Why are they a leader, and how long have they been a leader?*

They are farmers, leaders, men, women, and community health workers from various villages. San Jose is both a town and a township. The township has seven other villages in it.

Name of Village	Number of Houses
San Jose	48
Portillon	450
Guandcoate	40
Horno	68
Potreros	60
Mangal	40
Calero	70
Rancho	25
Total House Estimate	801

2. *What are the four biggest issues within their community?*

- a. limited access to water and poor quality
- b. limited education
- c. limited/difficult access to health care
- d. malnutrition

Underlying all these problems is poverty. Without resources they see no way to improve their situation.

3. *Describe the health of the community.*

Since the feeder road from the main area highway was built five years ago, they have seen some improvements in health. Common health problems include: diarrhea, grippe, tos, scabies, pregnancy, and malnutrition.

4. *What is the available health care in the community?(i.e., medical, dental, and nursing)*

San Marcos and La Esperanza are the two closest health care centers. They cannot go to La Esperanza without a referral from San Marcos.

- ? *How far away is it?* It's a two-hour walk.
- ? *Where do women go for births?* Home mainly, but there are some hospital deliveries.

? *Are there midwives in the community?* Yes, five lay midwives.

5. *Where do the children go to school, and how many continue into high school?*

San Jose has K-6 school with about 150 children attending. About 20 children from the area attend junior high school in San Marcos. I am a bit confused about their school structure. La Esperanza may be the closest place with either high school or college prep school.

Tegu or San Pedro Sulu is where colleges exist. The San Marcos mayor asked us to raise funds to help children attend university (i.e., a scholarship fund).

6. *What about the food and water in the community? What are the sources? Is it adequate? Is there seasonal variation?*

Water. The biggest problem is water. For many people, they must spend one to four hours per day hauling water up a hill. During the dry season walking distances increase as some of the closer water sources dry up. In San Jose town there are two streams. No spring was mentioned. A few people have installed cisters and gutters to collect rainwater, but the cost is prohibitive for many. Some of the installed cisterns have developed cracks, and therefore, leak. The average home can get through the dry season with three cisterns, each hold about 1,000 gallons. An NGO named SANA has worked some in the San Marcos area to build the cisterns. The people dug the holes, and SANA helps supply the materials.

Food. Compared to other villages visited, the San Jose area seems behind in farming advances. They have some understanding of terracing and the need for fertilizers. They say they lack the money to do these. It appears that instead of neighbors sharing labor, each neighbor pays another neighbor to do work. Lack of water is another big problem. I saw no indication of drip irrigation or graywater use.

7. *What do they want to be sure that we know about their community?*

They are poor, but they want to improve the quality of their life.

8. *How big is the community?*

Estimate of people: about 2,000 people (a rough estimate)

Estimate of houses: 801 (see above table - estimate only)

Estimate of area: unknown at this time, but I estimate the eight villages are spread out over five square miles. Over time we will GPS map each village and maybe each house.

9. *What past projects has the community worked on together to improve the health and welfare of the community?*

? Helped with road construction.

? Continual help with road maintenance.

? School construction - they supplied some of the labor, water, and stone. Sand had to be trucked in.

? Neighborhood watch was created

? Work with CARE and their feeding program

10. *Were past projects successful? Yes or No and details.*

The projects listed in #9 were successful.

11. *What projects have been done by the government or NGO's in their area and what were the outcomes?*

Road, school and feeding programs are all by NGO's and/or government. San Jose has approached the Honduran government multiple times to improve health care access.

12. *How does the community pay for projects?*

No money, just communal labor and locally available resources (i.e., water).

13. *Is communal labor acceptable and practiced?*

Yes, but some community members suggested communal labor would need to be organized better to be equitable.

14. *Where do community members get their money? Are there others who support/send money to community members?*

Migrant farm work and working for other local farmers with more resources. The largest cash influx comes from Hondurans working in the U.S. or in Honduran cities and then sending money back to the family living in the area.

15. *Do many community members have to leave for weeks or months in order to work for cash?*

Almost all able-bodied men and even some women leave for two to five months for migrant farm work. They are usually gone from the area beginning in November and through March.

16. *Do leaders understand that having foreigners in their town will change the town - not always for the better? Sometimes our ways may seem strange or even insulting. Can community members be forgiving of misunderstandings?*

The villagers did not appreciate the many downsides of foreigners. Some of these were explored as follows:

- ? Poor language skills may be insulting, such as calling a man by a female label.
- ? We may value women's input more than locally acceptable.
- ? Discussed how the Revolving Drug Fund would require paying more than the set fee government charges for all meds.
- ? Reviewed how access to meds would improve, but cost would also be greater.
- ? Explored some of the cultural differences and behavior differences that exist.

17. *How much land can the town provide for a clinic and living quarters? Discussed the need for them to identify a number of possible sites. It is essential the land be very low cost.*

Land is a big problem. All families were given a set amount of land many years ago. For example, there may be one hectare per family. If the family got into financial troubles, they may have to sell part of their land to pay their bills. Or when children inherit the land, the one hectare may need to be split between multiple children. This leads to inadequate land size to support a family. It is easy to see how a few people with access to money (possibly from a U.S.-based relative) could buy up large amounts of land and then sharecrop to the original land owners.

18. *The UR group does not want to create a hospital. We have limited resources. We want to build a small clinic for only outpatient problems. We want to find simple ways to reduce the causes of ill health. Is this acceptable?*

Although this fact was discussed, I am not sure the people really get the total concept. We discussed that the resources and population base do not exist to create a hospital. The best we can expect right now is to build a small clinic staffed by a Honduran nurse. Two to four times a year, the UR group will come down to extend the nurse's services.

19. *The Revolving Drug Fund concept is one example of simple solutions to a common problem - inadequate medications. How does the community feel about a Revolving Drug Fund? Explain. The government may supply some drugs. U.S. drug companies may supply some drugs. But community members may need to pay extra to get more medications.*

Discussed.

20. *The UR will not be able to offer many jobs, and there may be no year-round jobs. The UR will also need to pay locally appropriate wages when a job is offered. [Ed. Ask people if they envision a significant increase in the number of employment opportunities with UR coming? I doubt it will be true].*

Discussed.

21. *Will the town agree to create a health committee to work with the UR to ensure both groups' needs are being addressed? Given that women and children often have the worst health, the committee should have a significant number of women.*

Agreed. We discussed the important role of women in caring for children and the family. They agreed that men often spent resources on things other than the family.

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