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CENTRAL AMERICAN HEALTH INITIATIVE

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EXCOMBATANTS OF THE FMLN IN DEMOBILIZATION

Final Report

PAN AMERICAN HEALTH ORGANIZATION

SAN SALVADOR, EL SALVADOR

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PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF THE FMLN IN DEMOBILIZATION

FINAL REPORT

I. BACKGROUND

The Government of El Salvador and the Farabundo Martí National Liberation Front (FMLN) signed the Final Declaration of the Agreements of Peace in Mexico City on 16 January 1992, with the presence of Mr. Boutros Boutros Ghali, Secretary General of the United Nations. The termination of the armed confrontation (TAC) was defined as: "An irreversible process, short, dynamic, and of predetermined duration, that should be applied in the entire national territory of El Salvador." According to the agreements, it began on February 1, 1992 (D Day) and should finish on October 31, 1992. The terms specified that the FMLN would gradually concentrate its forces at selected sites within combat areas, chosen with the help of ONUSAL.

The participation of PAHO/WHO in the process began with a request that the Emergency Coordinating Committee of ONUSAL received from the Government of El Salvador to prepare immediate response plans, identifying four broad areas of assistance and agencies in charge of delivery of services:

* Health (PAHO/WHO)
* Basic infrastructure (Médecins san frontiéres-MSF and UNDP)
* Food (WFP/CARITAS)
* Education (UNESCO/University of El Salvador).

As a member of the United Nations, PAHO/WHO had responsibility for providing health services, with the support of MSF which would develop the infrastructure for service delivery and basic sanitation. Under the coordination of PAHO/WHO, a tripartite commission, made up of PAHO, MSF and the FMLN, assumed responsibility for drafting an "Plan for the provision of emergency and ongoing health services for ex-combatants of the FMLN in demobilization", which was presented and approved by the respective authorities in February 1992.

The participation of PAHO/WHO in this process, in addition to technical assistance, was purely operational, permitting the execution of a plan consonant with the characteristics of the Salvadoran peace process. The programming and execution of actions geared to a population with special characteristics required readjustments in accordance with the changing circumstances of an on-going process and had to be knowledgeable of health problems, environmental, social, and

demographic factors, and levels and types of risks, which were being detected dynamically.

For health service delivery, a health post was installed in each settlement. There were 18 camps in all since three of the original 15 areas of concentration (Guazapa, San Antonio de los Ranchos and Perquín) were subdivided in two camps each. Health services for ex-combatants were programmed and carried out from these sites. Settlement population fluctuated since the concentration of FMLN forces took place gradually in response to the program's progress and the political development of the process. Initially there were 7,969 registered combatants. Starting in May, there was a stable figure of 8,500 people (Table 1), which has been used as a baseline for activity planning and supply logistics.

The purpose of the Plan was to give emergency medical care and to maintain a basic health service for the combatants, with the objectives of carrying out a health diagnosis of the group, giving treatment to the pathologies found, and coordinating these services with national health programs. For this purpose, an initial emergency phase was to have had a duration of 30 days as a maximum (March 1992), and a coordination and integration stage was to last for 210 days (April to October 31, 1992).

In the initial phase, services included emergency care, clinical and odontological examinations supported by basic clinical laboratory tests, in-situ treatment of easily resolved pathology, and the referral for more complex examination and treatment to nearby health establishments of the Ministry of Health. At each site, PAHO/WHO hired and formed a basic team, consisting of a physician, a dentist, a laboratory technician, and four medics (auxiliary health personnel belonging to the health branch of the FMLN). This first phase began on March 10 and lasted to the end of July 1992.

During the following phase, health care in the settlements underwent a transformation in its conception and execution. This change made it possible to go from a scheme of emergency care to the development of a comprehensive health program, with emphasis on preventive measures and control of risks. An additional approach involved referrals of serious emergencies and specialized pathological care accumulated in the various groups that constituted the settlements themselves and population surrounding these human settlements. This phase lasted from late July to December 15, 1992. Then, up to February 10, 1993, the settlement teams carried out medical and specialized surgical care exclusively for those people who

had not completed their treatment upon ending the demobilization period on December 15.

II. COORDINATION

For the execution of the Plan, PAHO/WHO had the participation of its technical, administrative and even financial resources to support the development of activities while maintaining, in addition, the corresponding levels of extra-institutional coordination.

* With the Coordinating Committee of ONUSAL, constituted by representatives of the executing agencies of the Emergency Plan of the United Nations, there were weekly meetings with a view to monitoring and evaluating the progress of the Plan to promote the coordination and integration of activities with the various agencies of the Government and external cooperation agencies, as well as for the modifications that were necessary for the smooth execution of the process. The Committee was formed by:

  WFP/CARITAS: Food program.

  UNESCO/UNIVERSITY OF EL SALVADOR: Education program.

  MSF: Infrastructure program.

  PAHO/WHO: Health program.

  January 16 Foundation: Representatives of the plan beneficiaries (FMLN).

  UNDP: Technical, financial and logistic support.

  ONUSAL and GOVERNMENT OF EL SALVADOR: General coordination.

* With the Ministry of Health, work concentrated on service delivery in the so-called former combat areas and the planned activities and specialized attention for combatants, as well as other specific actions at the regional level. As of week 39, the ONUSAL Coordinating Committee was attended by a representative of the Ministry. At all times, this cooperation sought to establish the conceptual and technical foundation necessary for the continuity of health care in the human settlements that would arise after completion of the demobilization process. In this regard, PAHO/WHO and the Ministry of Public Health formulated a project profile

for the "Comprehensive Health Care and Development of Health Services in the Rehabilitation Areas for Uprooted Population", which has been presented to the international community for funding.

* With representatives of the January 16 Foundation and the physicians of the FMLN, there were weekly meetings in which the participants discussed and coordinated operational details of plan development, evaluating the advances and the fulfillment of the objectives and targets of the Emergency Plan.

* At the operational level for coordinating activities in the settlements, there were three supervisory areas created, each one constituted by six concentration sites. Each supervisory area had a supervising physician hired by the Plan, who worked with the settlement commanders and health groups (medics and physicians) as the counterparts of coordination. These meetings also achieved the establishment of a working relationship between the concentration sites and some nearby Ministry of Health establishments.

* The Swedish Government responded rapidly and effectively to requests for additional resources to meet the emergency and specialized health needs of the demobilizing forces. USAID and Japan also responded to provide financial assistance through UNDP for the emergency services.

III. EXECUTION OF THE PLAN

Components:

A. Emergency Phase

1. Start and emergency phase (March 10 to April 30, 1992).
2. Rescheduling and extension of the first phase (May 1 to June 30, 1992).

B. Coordination Phase (July 1 to December 15, 1992)

3. The program of medical care in the camps.
4. The program of dental care.
5. The program of emergency referrals.
6. The program of elective specialty referrals.

Description and Analysis:

The effective beginning of attention in the field occurred on March 10, covering the 18 concentration sites, using medical and paramedical personnel hired by PAHO/WHO. There were also two physicians contributed by MSF for one month. This phase basically involved carrying out a clinical checkup of the combatants and treating those conditions that could be easily resolved. The collaboration of FMLN medics was utilized by training them to set up a system of epidemiological surveillance and disease control through simple techniques of food and water quality control.

At the end of the first emergency phase, the program achieved a 36% coverage, having carried out 2,865 medical examinations of combatants, (Table 2). This low figure stemmed from various causes, such as the combatants' high mobility and the lack of sufficient infrastructure. The partial records conserved during this first phase show only examined combatants and do not include additional figures for follow-up consultations in the most frequent conditions. Dental care began in April, initially reaching six sites (Table 3). Individual professionals were hired to cover the camps at Santa Marta, Francisco Javier, Las Marías and El Paisnal. The sites of El Zapote and Santa Clara were serviced with a mobile unit led by two professors and 11 university students. These combined resources gave 4,192 treatments, which means an average of 3.23 treatments per combatant and a diagnosis coverage of 53% for the population of the six camps. The amount of oral pathology greatly exceeded the Plan's original estimates and warranted a more extensive effort and the search for new resources due to the high cost of dental prophylaxis and restorative care.

Due to the low coverage attained during the first month, medical care in the settlements was expanded. An additional ten physicians were hired, and they covered a good percentage of the pending examinations on a rotating basis. The clinical assessment was complemented with laboratory tests, carried out at the School of Medical Technology of the University of El Salvador by graduate students who had finished their studies and were fulfilling their year of social service. The extension of the emergency phase produced an additional 5,768 medical examinations and increased the coverage of examined combatants to 67.8%. The total of laboratory tests recorded during the first phase's month-long extension came to 15,103 in a population of 5,661 combatants (Table 4). This figure worked out to an average of 2.67 tests per patient, close to the target of 3 tests per combatant as estimated in the programming. This coverage represents an 89% fulfillment of the target, although the coverage of total combatants reached

only 67.8%. Services were also provided to the neighboring population, who went to the camps in search of medical care and received a total of 6,238 consultations (Table 5). It was not possible to obtain a greater coverage of ex-combatants because many were involved with the tasks of crop planting, education, and demobilization.

As a side effect, the medical evaluation yielded a distribution of specialty referral needs, whose treatment was outside the objectives and possibilities of the original project. There were 1,768 people (Table 6) who had at least one cause for referral to a specialist for diagnosis and treatment. A Plan of Specialized Attention was prepared and required the mobilization of new international cooperation funds (Government of Sweden).

During the following phase, medical care in the settlements underwent a transformation in its conception and execution, changing from a scheme of short-term emergency care to the application of a comprehensive health program with an additional elements of emergency care and elective referrals to specialists. At the end of the extension of the so-called emergency phase, PAHO/WHO arranged for the necessary funds to guarantee the presence of medical professionals in the camps until October 31, 1992, hiring personnel for those camp sites where the FMLN could not cover the needs with its own professional resources. This cut-off date was modified, starting on November 1, 1992, as a consequence of the extension of the final date for demobilization to December 15. For this new stage, FMLN physicians and medics provided a basic level of attention in the camps, with additional functions of epidemiological surveillance, support for the specialty referral system, follow-up of emergencies, and intersectoral coordination. This approach was adapted to the particular needs of each area and gave special importance to permanent or medium-term promotion and prevention over curative activities.

The total number of medical consultations as of December 15, the day of medical care in the camps, was 28,297, which represent about 3 consultations per person (Table 7). About 39% of the examinations might have corresponded to civilian population seeking medical services, according to an evaluation carried out during November (Table 8). The most frequently diagnosed illnesses were acute respiratory infections, gastritis, dermatomycosis, urinary tract infections, and intestinal parasitic disease (Table 9). Diagnostic support consisted of 16,498 laboratory tests, for the most part, qualitative hemoglobin, stool, and urinalysis (Tables 10 and 11).

Epidemiological surveillance was an important component within the plan. With continuous training, the implementation of a system of information and surveillance adapted to the circumstances, and constant supervision, there were no epidemic outbreaks in the camps. Control of the environment and food, educational reinforcement of hygienic habits, the chlorination of water, and immunization of camp residents, basically with tetanus toxoid (Table 12), were the most efficient preventive measures against the most prevalent communicable diseases in the area (malaria, cholera, diarrhea, intestinal parasitic disease, cutaneous infections).

The training of FMLN medics was continuous at the health posts, either through the medical staff's supervision or through specific training programs in clinical laboratory, dentistry, principles of administration and management of information, clinic organization, and environmental sanitation. It sought to strengthen the theoretical knowledge of this group, promoting its future integration in the formal health service system.

Dental care was reinitiated on July 27, with the participation of the University of El Salvador, the January 16 Foundation, and three NGOs (CPAS, APDECA and FUNSALPRODESE). Covering the 18 settlements, there were 36 teams and 72 health workers as operators (30 teams and 60 people hired and paid by PAHO/WHO). FUNSALPRODESE and the January 16 Foundation contributed a mobile unit with its own equipment and staff. The general objective was to resolve, in the shortest possible time, the oral health problems of 8,530 FMLN combatants, located in 64 concentration sites within 15 geographical areas. The development of a system of oral care by levels permitted the channeling of those patients that required specialized odontological treatment to a superior level of referral.

For the implementation of the Plan's last stage, or extension phase, there was a team formed by one FMLN medic or one dental worker per camp. In addition, the dentistry students doing social service worked at nine of the 20 dental care points during this phase. A new clinic was opened in San Salvador to offer attention to those ex-combatants who had already demobilized and relocated to the capital city, and had not received the plan benefits during the first two months. The results of dental care in the camps are summarized in Tables 13 to 18. It should be pointed out that despite the effort, the overall coverage of the program succeeded in resolving only 20% of the accumulated oral pathology.

During the development of the Plan, there were 77 major emergencies (Table 19) which were referred by the camps' health structures and received attention in public and private

health establishments. These cases represented less than 1% of the registered camp population (8,500). Females, despite constituting approximately 15% of the population of combatants, generated 26.7% of the referrals. There were 13 patients wounded by firearms and another two by knives so that there were a total of 15 patients injured by weapons, most of them accidentally, representing 21.4% of the causes for referral.

During the diagnostic phase, the camp health teams detected 1,768 patients in need of specialized care. There were 524 patients (29.6%) who required ophthalmological treatment by Physicians without Borders. The treatment of the 1,244 remaining patients was the responsibility of PAHO/WHO. For this purpose, the program first observed and evaluated the different health establishments, both public and private, that might be considered within the options of specialized care. It assessed the hospitals of Chalatenango, San Miguel, and Santa Tecla, and Rosales, and two private hospitals. The observed parameters were: the quality of care, the response capability for a massive care program, and the possibility of achieving maximum coverage (in specialties and number of patients served). It was concluded that Rosales Hospital of the Ministry of Health had the ability to efficiently resolve most needs for specialized care of FMLN ex-combatants in the process of demobilization. A working team of the Director and Assistant Director of Rosales Hospital, health representatives of the January 16 Foundation-FMLN, and PAHO/WHO organized and directed the execution of activities of specialized medical care. Rosales Hospital received the financial resources and equipment that were necessary to strengthen the physical and human infrastructure of services, during the duration of the Project:

1. The program hired medical, auxiliary and administrative staff. Table 20.

2. A special ward was assigned to hospitalize the patients, requiring the remodeling and repair of a site that had been in partial use for urology patients.

3. In the Surgical Center, the hospital rehabilitated two operating rooms, which required physical repairs, the refitting of two anesthesia machines, vaporizers, and the purchase of new pieces of anesthesia equipment and surgical instruments, a stock of sutures and surgical material for traumatology, and supplies for other specialties.

4. Prescription drugs were delivered to both hospitalized patients and outpatients, from existing stocks in the

hospital. Those drugs not available at the hospital were supplied through four pharmacies contracted by the program.

5. Funds were obtained for feeding hospitalized patients.

6. In the records area, the hospital set aside a work space exclusively for the project with the same administrative procedures used in the hospital but maintained autonomously.

7. The program provided equipment, reagents and other materials for the Clinical Laboratory and Blood Bank.

8. The area of Radiology received x-ray supplies and its equipment, which had been damaged for several months, was repaired through the maintenance program for hospital services of the PAHO Representative Office.

9. Those clinical laboratory tests that could not be done in Rosales Hospital were carried out in private laboratories. The same procedure was used for special examinations that were not available at the Hospital.

10. An administrative area was set up in the Hospital, that was equipped for the project's coordination, administrative and secretarial work. Upon completion of activities, the equipment was donated to Rosales Hospital.

11. The organization of transferring people from the camps was carried out by the FMLN representatives designated by the January 16 Foundation, with the financing of PAHO/WHO.

12. Treatment in the specialties of gynecology, obstetrics, psychology, psychiatry, and physiatrics was carried out by private practitioners, and the corresponding hospitalizations took place at four private hospitals in San Salvador that were contracted for this purpose.

13. For temporary housing of combatants, three shelters with a total capacity of 92 beds were leased. Patients had lodging and food services during the time that they remained in San Salvador, waiting for consultations or diagnostic examinations. In addition, patients requiring treatment after being discharged, were treated in a private clinic set up to provide the care indicated by the attending physicians.

14. Activities of psychological support in the shelters and hospital rooms were provided by the School of Clinical Psychology of the Central American University (UCA).

The development of this component of the Plan permitted the specialized evaluation of 1,908 patients, an additional 50% more than the 1,244 patients detected during the initial phase. This can be attributed to the fact that medical care continued in the camps and generated new needs for specialized referral. Most patients went to Rosales Hospital (83%), covering 2,564 consultations in all, which represented 1.34 consultations per patient on average (Tables 21, 22, and 23).

Of the 1,586 patients given specialized consultation at Rosales Hospital, 274 required hospitalization (17%). Most of these cases were for surgery (210), mainly general surgery (109) and orthopedics (78). The average hospital stay was 6.1 days. There was only one post-surgical complication, which attests to the high quality and efficiency of the services provided (Tables 23 and 24).

The mobilization of patients from all over the country required the development of an infrastructure for reception and assistance in San Salvador. Because most patients did not know how to get around the capital city, the program had to have the means of ensuring prompt arrival at the hospital and private medical centers, as well as guaranteeing their safety. In San Salvador, the services of three shelters with 92 beds (Table 25) and the leasing of three transport units with capacity of 20 passengers solved this logistical problem. In addition, at the shelters, the support and the participation of psychology professionals from the UCA permitted the development of other activities, such as group recreation and entertainment, psycho-prophylactic medical attention, referrals to the clinic of the UCA, and other services. The equipping of a clinic for recovering post-surgical patients made it possible to shorten hospital stays.

IV. BUDGET EXECUTION

The financial resources for the execution of the Plan came from various sources. During a first stage until April 23, 1992 when extrabudgetary funds became available, it was necessary to resort to regular PAHO/WHO funds for the amount of $US 60,000.00, which made it possible to initiate programmed activities promptly.

Starting April 23 during the so-called emergency phase and rescheduling and extension period, the programs in the camps required $US 625,102 in funds provided by the governments of

Japan and the United States through the United Nations Development Program (UNDP).

The initial phases made it possible to evaluate and understand the health profile of the ex-combatant in depth. This situation generated the need for developing a comprehensive health program in the camps and a referral system to medical-surgical specialties in order to meet the needs for specialized attention accumulated during the previous period. It was necessary to have greater resources from the international community, recurring to the government of Sweden for a total of $US 520,604.00. This final allocation permitted the successful conclusion of all the components of the Plan.

Information pertaining to contributions by plan component is detailed in Tables 26 to 30. About 61% of expenditures corresponded to medical-odontological care in the camps and the remaining 39% to specialized care that, for the most part, took place at Rosales Hospital. It is important to point out that 38% of the expenditures for medical attention at the camps was for the purchase of equipment and permanent medical-odontological material, or non-expendables, which will contribute to strengthening the response capability of health institutions in the future. The same reasoning applies to Rosales Hospital, where 46% of the expenditures were for hospital equipment need to provide specialized attention. This equipment and materials will be in the service of the entire Salvadoran population in the mentioned establishments. This outcome may be considered one of the most valuable legacies of the Plan.

The execution of the Plan also required some funds from the January 16 Foundation, which were never quantified, as well as the participation of the Ministry of Health in the attention to those patients needing emergency medical care in health units and posts.

V. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS:

1. As a consequence of the special conditions of the target population whose epidemiological profile was not known and difficult to estimate, the original plan had to be reformulated in order to adapt the goals and general objectives to the reality of the demand which became known after the execution of the first emergency stage. This experience led to the accumulation of practical

expertise which may be applicable to similar situations in other countries.

2. The participation of the Ministry of Health was important at Rosales Hospital and at health posts, units and centers nearby the camps. The transfer of responsibility for comprehensive medical care in the settlements in the demobilization areas has been a permanent concern of the PAHO/WHO Representative Office in El Salvador. It has held meetings and drafted a project profile in order to support these developments in health. Jointly with the Ministry of Health and the January 16 Foundation, it presented this proposal to various governments and agencies of the international community for financial support.

3. The specialized attention given at Rosales Hospital was of high quality. The excellent resolution of surgical and clinical pathologies, practically without complications, reached an average hospitalization of six days, equivalent to 60% of the average time required for regular patients of the hospital. This performance shows that the health team has the capacity to provide top-quality heath care if it has adequate budget support.

4. The participation of physicians, medics, and health and dental workers of the FMLN, and several NGOs was a determining factor for the effective and efficient provision of the different health components of the Plan: acute patient care, emergency treatment, specialty referrals, dental care, epidemiological surveillance, and health education and promotion.

5. The execution of the Plan enabled the tightening of coordination ties between the Pan American Health Organization and the NGOs involved in the process. This experience yielded good technical results, generating solidarity with, and contributions to the solution of the social problems involved in demobilization and pacification. The interagency coordination sponsored by ONUSAL was also significant and efficient in promoting the joint resolution of problems, creating the opportunities necessary for dialogue, positive results, and a spirit of cooperation between agencies inside and outside of the United Nations system.

6. The reformulation of the plan and the additional financing for this purpose permitted:

   * maintaining medical and odontological care in the camps throughout the process, extending the

coverage to the neighboring population, which in many cases lacked access to any health service.

* guaranteeing the attention of high-risk emergencies, on an average 10 a month, in the best technical conditions, utilizing public and private health installations.

* formulating and developing a program of specialized medical care, with a view to helping to resolve the pathology accumulated during 12 years of conflict.

* strengthening the installed capacity of Rosales Hospital, through the allocation of equipment and supplies that made it possible to develop hospital care of high quality. This experience demonstrated that with sufficient budget support and an efficient administration and organization, it is possible to improve the quality of the attention in the public sector substantially.

7. The local market had some problems in providing the quantity and quality of medical, surgical, and odontological supplies, materials, and equipment that were required by the Plan. The administrative support of PAHO/WHO at the local and regional level was decisive in obtaining satisfactory, timely and efficient results.

RECOMMENDATIONS:

1. The experience and practical knowledge acquired during the planning and execution of the Plan should be submitted to a rigorous analysis to permit its replication elsewhere or in similar circumstances.

2. The mediation of High-level Coordinating Committees (ONUSAL) enabled the joint work between the Ministry of Health, the 16 January Foundation, the FMLN, and the organized population. This scheme may permit the promotion of the integration of that population who were most heavily affected by the conflict into Health Ministry programs. The Secretariat of National Reconstruction has estimated this group at about 1.8 million Salvadorans, including demobilized FMLN combatants, displaced persons, repatriates and the population residing in former combat zones. Implementing an integration plan with the participation of all social actors would make possible, in the short-term, to expand

the coverage of the health services that the Ministry of Health provides.

3. It is recommended that mechanisms be found to incorporate FMLN medics, health and dental workers, and the different health NGOs that work in the former combat areas into the public health system, especially in those remote areas where there is scarcity or absence of the traditional human resources (physicians, dentists, nurses, health workers) of the Ministry of Health. This process would require the prior evaluation of knowledge, aptitudes and educational profiles, followed by academic training, accreditation and submission to the corresponding selection procedures that the Ministry of Health establishes.

4. The program for specialized care of FMLN ex-combatants developed in Rosales Hospital, clinics and private hospitals requires follow-up and medical control that guarantees the definitive resolution of those curable afflictions attention and the subsequent control of chronic pathology. It is, therefore, recommended that this stage of medical attention be coordinated and integrated in the regular health services of the Ministry of Health and Public Assistance. For this task, the infrastructure of health services existing in the "ex-combat areas" should be strengthened. The proposal presented to the international community may provide financial and technical support to areas with uprooted populations, under the influence of the Plan of National Reconstruction, the Ministry of Health, NGOs and the representative community agencies.

TABLE 1

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF THE FMLN IN DEMOBILIZATION

MAY 1992

CAMP SITE		NUMBER OF COMBATANTS
1	AGUACAYO	621
2	MONTEPEQUE	911
3	EL PAISNAL	238
4	EL ZAPOTE	475
5	PERQUIN	850
6	JOCOAITIQUE	550
7	NUEVA GRANADA	608
8	ISLETAS	213
9	SAN FCO. JAVIER	480
10	LAS MARIAS	363
11	SAN JOSE LAS FLORES	350
12	SAN ANTONIO LOS RANCHOS	806
13	EL OCOTAL	305
14	LA REYNA	415
15	STA. MARTA	580
16	STA. CLARA	240
17	SAN CARLOS	225
18	TECOLUCA	270
TOTAL		**8,500**

SOURCE: REPORT OF PAHO/WHO SUPERVISION

TABLE 2

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING
HEALTH SERVICES FOR EX-COMBATANTS
OF THE FMLN IN DEMOBILIZATION

MEDICAL CONSULTATIONS IN CAMPS
EMERGENCY PHASE
APRIL 1992

CAMP SITE	STARTING DATE	DAYS WORKED			EXPECTED POPULATION	EXAMINATIONS			%
		PREVENTION & PROMOTION	MEDICAL	TOTAL		HEALTHY	SICK	TOTAL	
Montepeque	16-03-92	8	22	30	700	24	184	208	30
Aguaceyo	18-03-92	7	23	30	700	53	210	263	38
El Paisnal	16-03-92	8	22	30	225		190	190	84
El Zapote	18-03-92	7	23	30	460	42	257	306	66
Santa Marta	23-03-92	5	16	21	588	60	85	145	25
Santa Clara	16-03-92	8	22	30	240	20	184	204	85
Tecoluca	24-03-92	5	23	28	260	21	83	104	40
San Francisco Javier	18-03-92	7	23	30	450	57	191	248	55
San Antonio Los Ranchos	23-03-92	5	10	16	600				
La Reyna	18-03-92	7	23	30	372	27	208	235	63
Las Marías	23-03-92	5	23	28	350	12	240	259	74
El Ocotal	18-03-92	7	23	30	306	65	55	120	39
Nueva Granada	18-03-92	7	23	30	540				
Perquín	23-03-92	5	23	28	700		167	167	24
Jocoaitique	18-03-92	7	23	30	700		68	68	10
San Carlos	16-03-92	8	22	30	240	11	116	127	54
Isletas	23-03-93	5	23	28	313	28	153	221	71
San José Las Flores					235				
T O T A L					7,969	474	2,391	2,865	36

SOURCE:REPORT OF PAHO/WHO SUPERVISION

TABLE 3

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING
HEALTH SERVICES FOR EX-COMBATANTS
OF THE FMLN IN DEMOBILIZATION

INDICATORS OF DENTAL CARE
PERIOD: 8 April to 7 May 1992

CAMP SITE	POPULATION	No. DIAGNOSES	No. CLEANINGS	No. EXTRACT	No. OPERATOR	No. OTHER	TOTAL TREATMENTS	No. CONSULT.	TREATMENT COMBATANTS	CONSULT. COMBATANTS	o/o OF COVERAGE
STA. MARTA	669	173	172	44	114	15	345	425	2	2.45	25.8
ZAPOTE	467	290	475	147	411	22	1 055	-	3.6	-	62
STA. CLARA	240	153	288	93	305	7	693	-	4.5	-	63
FCO. JAVIER	480	274	70	80	234	0	384	529	1.4	1.93	57
LAS MARIAS	363	135	139	193	433	22	787	413	5.83	3.06	37
PAISNAL	230	274	274	74	580	0	928	532	3.4	1.94	100
TOTAL	2 449	1 299	1 418	631	2 077	66	4 192	-	3.23	-	53

SOURCE:REPORT OF PAHO/WHO SUPERVISION

TABLE 4

PAHO/WHO

LABORATORY TESTS
BY TYPE, UP TO JULY 1992

TYPE	NUMBER
QUALITATIVE HEMOGLOBIN	4,428
R P R	1,475
BASIC URINE	4,731
FECES	3,453
OTHERS	1,016
T O T A L	**15,103**

TABLE 5

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

CONSULTATION BY TYPE, PERIOD: MARCH/JULY/92

CAMP SITE	MEDICAL CONSULTATION OF COMBATANTS	CONSULTATIONS FOR CIVILIANS OR FOLLOW-UPS FOR COMBATANTS	TOTAL CONSULTATIONS
MONTEPEQUE	541	167	708
AGUACAYO	606	535	1,141
EL PAISNAL	218	505	1,864
EL ZAPOTE	375	347	722
STA. MARTA	328	235	563
STA. CLARA	221	350	571
TECOLUCA	207	167	374
S. FRANCISCO JAVIER	440	360	800
S. ANTONIO LOS RANCHOS	474	600	1,074
LA REYNA	402	348	750
LAS MARIAS	297	410	707
EL OCOTAL	374	220	1,594
NUEVA GRANADA	394	420	814
PERQUIN	1,091	590	1,681
JOCOAITIQUE	362	280	642
SAN CARLOS LEMPA	171	200	371
ISLETAS	264	189	453
S. JOSE LAS FLORES	358	315	673
TOTAL	6,677	6,238	12,915

SOURCE: STATISTICAL REPORTS OF PAHO/WHO SUPERVISION

TABLE 6
PAHO/WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

DISTRIBUTION OF NEED SPECIALTY REFERRAL BY PLACE AND SPECIALTY
AUGUST 1992

Referral	Surgery	Neuro surgery	Plastic surgery	Pneumo-logy	Gastro-entero.	Neurology	Derma-tology	Cardio-logy	Nefro.	Ophtal-mology	ORL.	Physio-therapy	Orthop Traum.	Psychiatry	Ginec. Obst.	Inter-nal	Other	TOTAL
Place	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Aguacayo	4	0	2	4	0	3	3	3	5	16	10	0	15	1	4	1	0	81
Ocotal	3	2	0	43	5	6	0	2	3	36	7	1	7	0	8	2	0	85
Zapote	11	4	0	5	1	6	1	1	3	8	1	2	8	4	2	2	0	59
Isletas	7	4	0	4	5	2	2	0	0	8	6	2	9	2	1	0	0	52
Jocoaitique	22	4	2	6	8	12	8	6	4	58	5	8	60	4	46	12	4	246
La Reina	4	3	0	1	0	5	0	2	0	27	2	0	11	0	1	0	0	56
Las Marías	5	4	0	3	0	4	1	3	2	19	4	3	13	0	3	3	0	65
Montepeque	27	4	3	17	19	24	9	11	8	69	19	15	41	2	24	0	1	293
Nva. Granada	10	2	0	5	0	9	3	1	3	16	10	9	12	2	2	1	0	85
Palenal	11	0	0	0	2	0	4	3	2	43	6	0	7	0	1	0	0	79
Perquín	18	4	1	12	3	9	1	0	5	29	10	4	19	2	2	0	1	120
San Carlos	4	4	1	0	0	1	4	1	4	11	1	1	5	0	4	1	0	42
S. Fco. Javier	15	5	0	5	4	5	5	1	2	26	5	2	8	10	7	1	0	101
Sta. Clara	3	0	0	0	2	4	5	1	0	62	8	2	5	0	2	0	0	93
Sta. Marta	3	0	0	4	5	4	4	4	4	29	4	5	4	7	5	2	1	85
S. Ant. Ranchos	12	5	14	2	6	14	6	10	8	49	22	14	11	4	5	8	1	191
Tecoluca	1	0	1	0	0	0	0	0	0	2	3	0	3	2	0	1	0	13
Las Flores	1	1	1	0	0	2	0	6	0	6	0	0	4	0	0	1	0	22
TOTAL	161	46	25	71	60	110	56	55	53	524	123	67	240	38	95	34	10	1,768

SOURCE: Registry of PAHO Referrals

TABLE 7

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

ACCUMULATED MEDICAL CARE TO 15 DECEMBER 1992

CAMP SITE	TOTAL CONSULTATIONS TO 31/10/92	CONSULTS. 31/10/92 TO 29/11/92	TOTAL CONSULTATIONS 29/11/92
AGUACAYO	2,776	299	3,075
EL OCOTAL	2,057	94	2,151
LOS RANCHOS	1,378	164	1,542
ISLETAS *	693	94	787
JOCOAITIQUE	951	171	1,122
LA REYNA	1,061	106	1,167
LAS MARIAS	1,177	148	1,325
NUEVA GRANADA	1,430	157	1,587
EL PAISNAL	2,525	298	2,823
PERQUIN	1,967	71	2,038
SAN FRANCISCO JAVIER	1,241	86	1,327
SAN JOSE LAS FLORES	1,204	156	1,360
MONTEPEQUE	1,160	73	1,233
SAN CARLOS	829	115	944
EL ZAPOTE	1,644	192	1,836
STA. MARTA	753	299	1,052
TECOLUCA	964	207	1,171
STA. CLARA	1,498	259	1,757
TOTAL	25,308	2,989	28,297

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 8

PAHO/WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

CONSULTATIONS BY CAMP
BY CIVILIAN AND EX-COMBATANT POPULATION
NOVEMBER 1992

CAMP SITE	TOTAL	CIVILIANS	%	COMBATANTS	%
AGUACAYO	299	88	29%	211	71%
EL OCOTAL	56	18	32%	38	68%
LOS RANCHOS	97	21	22%	76	78%
ISLETAS	62	8	13%	54	87%
JOCOAITIQUE	171	18	11%	153	89%
LA REINA	58	12	21%	46	79%
LAS MARIAS	148	114	77%	34	23%
NUEVA GRANADA	157	66	42%	91	58%
EL PAISNAL	212	64	30%	148	70%
PERQUIN	71	19	27%	52	73%
SAN FCO. JAVIER	45	18	40%	27	60%
LAS FLORES	35	10	29%	25	71%
MONTEPEQUE	30	8	27%	22	73%
SAN CARLOS	35	16	46%	19	54%
EL ZAPOTE	141	79	56%	62	44%
STA. MARTA	179	53	30%	126	70%
TECOLUCA	139	63	45%	76	55%
SANTA CLARA	259	185	71%	74	29%
TOTAL	2,194	860	39%	1,334	61%

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 9

PAHO/WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

REPORT OF CONDITIONS
IN THE CAMPS OF THE FMLN
1 NOVEMBER - 15 DECEMBER 1992

PATHOLOGY	QUANTITY	PERCENTAGE
ARI	808	27%
DERMATOMYCOSES	234	7.8%
MUMPS	183	6.1%
GASTRITIS	183	6.1%
HEADACHES	137	4.6%
UTI	134	4.5%
PYODERMITIS	108	3.6%
ANEMIA/HIPOVIT	101	3.4%
ACUTE DIARRHEAL DISEASES	94	3.1%
VAGINITIS	93	3.1%
ARTHRITIS	90	3.0%
SIMPLE WOUNDS	74	2.5%
ABSCESSES	72	2.4%
ODONTALGY	69	2.3%
MYALGIAS	67	2.2%
CONJUNCTIVITIS	62	2.0%
PRENATAL CARE	55	1.8%
DERMATITIS	38	1.2%
DENGUE	33	1.1%
FAMILY PLANNING	31	1.0%
CONTUSION	30	1.0%

PATHOLOGY	QUANTITY	PERCENTAGE
LESS THAN 1%		
STD	28	0.9%
MALARIA	26	0.86%
ESCABIOSIS	26	0.86%
ALLERGY	25	0.83%
DYSMENORRHEA	24	0.80%
POST SURGICAL CONTROL	22	0.73%
HYPERTENSION	22	0.73%
ANXIETY SYNDROME	20	0.66%
NEUROSIS	20	0.66%
COLITIS	15	0.5%
ASTHMA	9	0.3%
EPILEPSY	5	0.16%
BURNS	6	0.2%
INSOMNIA	5	0.16%
CHICKENPOX	4	0.13%
HEMORRHOIDS	4	0.13%
OTHERS	32	1%

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 10

PAHO/WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

NUMBER OF LABORATORY TESTS

ACCUMULATED TO 15 DECEMBER 1992

REGION	TOTAL
NORTH	4,122
EAST	4,123
CENTRAL	7,787
SUBTOTAL TO 31 OCTOBER	16,032
NOVEMBER	466
GRAND TOTAL	16,498

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 11

PAHO/WHO

LABORATORY TESTS
BY TYPE UP TO 15 DECEMBER 1992

TYPE	NUMBER
BLOOD:	
Hb or Hematocrit	4,784
RPR	1,650
URINE	5,114
FECES	3,795
OTHERS	1,155
TOTAL	16,498

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 12

PAHO WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

IMMUNIZATIONS
NOVEMBER 1992

REGION	No. of DPT	No. of POLIO	MEASLES	Tetanus T.	TOTAL
NORTH	23	93	74	689	879
EAST	-*	-*	-*	2,217	2,217
PARACENTRAL	700	700	700	588	2,688
TOTAL	723	793	774	2,906	5,784

SOURCE: REPORTS OF SUPERVISION

*THERE HAS BEEN NO INFORMATION RECEIVED, BUT THE ACTIVITY WAS CARRIED OUT.

TABLE 13

PAHO WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION PROGRAM OF DENTAL CARE

QUARTERLY SUMMARY*

27 JULY - 29 AUG. / 31 AUG. - 20 SEPT. / 27 SEPT. - 31 OCT.

INDI-CATOR.	1ST MON. GOAL	ATTAINED		2ND MON. GOAL	ATTAINED		3RD MON. GOAL	ATTAINED	
		No.	%		No.	%		No.	%
1	2 462	2364	96.0	2 462	1153	46.8	2 462	662	26.8
2	1 440	1124	78.0	864	674	78.0	864	564	65.2
3	8 640	4772	55.3	6 912	5841	84.5	6 912	5560	80.4
4	1 440	607	42.1	864	480	55.5	864	606	70.1

INDICATOR: 1. Diagnoses 2. Cleanings 3. Fillings and 4. Extractions

SOURCE: Reports of odontological supervision, PAHO/WHO

TABLE 14

PAHO WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

INDICATORS OF DENTAL CARE
TO 31 OCTOBER 1992

PATIENTS SERVED	5,478
No. DIAGNOSES	5,478
No. CLEANINGS	3,780
No. OF FILLINGS	18,250
No. OF EXTRACTIONS	2,324
TOTAL OF TREATMENTS	24,354
TOTAL OF ACTIVITIES	29,832
AVERAGES OF ACTIVITIES PER COMBATANT	4.55
AVERAGES OF TREATMENTS PER COMBATANT	4.45

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 15

PAHO WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

SUMMARY OF THE WORK CARRIED OUT BY THE MOBILE DENTAL UNIT *

SITES: Montepeque, Jocoaitique, Nueva Granada, Tecoluca, Aguacayo, Chalatenango.

26 August to 3 October 1992

PATIENTS SERVED	T.C.R.	SURGERIES	Rx.	TOTAL
160	53	48	74	175
T.C.R. = Endodontics		Rx. = Radiological Evaluation		

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 16

PAHO WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF THE FMLN IN DEMOBILIZATION

PROGRAM OF DENTAL CARE
RESULTS OF THE 3rd. PHASE BY AREA
1 NOVEMBER TO 5 DECEMBER 1992

INDICATOR	RESULTS 3rd. PHASE	NORTHERN AREA		PARACENTRAL AREA		EASTERN AREA		SAN SALVADOR	
		No.	%	No.	%	No.	%	No.	%
1	148	54	36.4	49	33.1	29	19.5	16	10.8
2	205	111	54.1	60	29.2	27	13.1	7	3.4
3	1,574	735	46.6	435	27.6	371	23.5	33	2.0
4	240	90	37.5	82	34.1	68	28.3	-	-
5	2,019	936	46.3	577	28.5	466	23.0	401.1	

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 17

PAHO WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

INDICATORS OF DENTAL CARE

TO 31/10/92		31/10/92 to 05/12/92	Total to 05/12/92
PATIENTS SERVED	5,478	148	5,626
No. DIAGNOSES	5,478	148	5,626
No. CLEANINGS	3,780	205	3,985
No. OF FILLINGS	18,250	1,574	19,824
No. OF EXTRACTIONS	2,324	240	2,564
TOTAL OF TREATMENTS	24,354	2,019	26,373
TOTAL OF ACTIVITIES	29,832	2,167	31,999
AVERAGES OF ACTIVITIES PER COMBATANT	4.55	14.6	5.6
AVERAGES OF TREATMENTS PER COMBATANT	4.45	13.6	4.6

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 18

PAHO WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

DENTAL PROGRAM
FINAL COVERAGE BY CAMP
DECEMBER 1992

INDICATOR	NEEDS TOTALS	TOTAL CARRIED OUT, THREE PHASES *		TO COVER	
		No.	%	No.	%
1	8,530	5,626	65.9	2,904	34.0
2	8,530	3,985	46.7	4,545	53.2
3	100,040	19,824	19.8	80,216	80.1
4	10,746	2,564	23.8	8,182	76.1

*TAKEN FROM THE PROJECT "COMPREHENSIVE CARE IN ORAL HEALTH TO THE EX-COMBATANTS OF THE FMLN."

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 19

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

REGISTRIES OF EMERGENCY REFERRALS

ORDER No.	NAME	SEX	HEALTH POST	DATE OF ENTRY	DIAGNOSIS	ACTIONS	DEF.	SOURCE
1	S.M.	M	H. ROSALES	22-03-92	Lesion of left politeal artery by firearm.	Amputation		Montepeque
2	T.L.	F	H. SAN MIGUEL	03-92	Acute abdomen	Medical treatment		Isletas
3	J.E.L.H.	M	H. ROSALES	22-03-92	Fracture of left femur by firearm	Traction		Montepeque
4	R.F.	M	H. PSIQUIATRICO U. DE COLERA	25-03-92	Cholera	Medical treatment		Montepeque
5	M.L.	M	H. ROSALES	02-04-92	Foreign object in esophagus	Heart surgery for infectious pericarditis	+	Aguacayo
6	E.C.	M	H. ROSALES	02-04-92	Fracture left clavicle	Elastic support		Montepeque
7	O.R.	M	H. ZACATECOLUCA	04-92	Acute abdomen	Medical treatment		San Fco. Javier
8	B.M.S.	M	H. SAN MIGUEL	04-92	Fracture of femur by firearm	Medical treatment + cast		Isletas
9	M.L.L.	F	H. CHALATENANGO	04-92	Convulsive Syndrome	Medical treatment		D. N. de María
10	F.N.	M	H. CHALATENANGO	04-92	Suspected cholera	Medical treatment		La Reina
11	A.E.	F	H. MATERNIDAD	04-92	Incomplete abortion	D & C		Montepeque
12	C.G.	F	H. SN. MIGUEL	04-92	Upper GI bleeding	Medical treatment		Sn. Fco. Javier
13	R.	M	H. ROSALES	04-92	Bilateral amputation	Patient died	+	Tejutepeque
14	J.R.R.	M	H. ROSALES	23-04-92	Lession crossed ligament left knee	Immobilization		

15	M.T.L.	F	H. NEUMOLOGICO	24-04-92	Suspected TB	Medical treatment		Tejutepeque
16	E.C.	M	H. SAN MIGUEL	05-92	Wounded by firearm, forearm + fracture right cubitus	Surgery		Isletas
17	M.	M	H. ROSALES	07-06-92	Syndrome of medular comprehesion	Medical treatment		La Reina
18	M.R.A.	F	H. SN. MIGUEL	24-04-92	Hyperemesis gravidarum	Medical treatment		Sn. Fco. Javier
19	A.E.M.	M	H. ROSALES	01-06-92	Lesion of perineum Fracture left femur	Surgery		La Reina
20	H.C.O.	F	H. ROSALES	22-05-92	Trauma to cranium. Wounded by firearm.	Craneotomy		El Ocotal
21	G.S.	M	H. PARTICULAR	24-05-92	Ruptured aneurysm	Vascular surgery (clip in carotid)	+	Sn. José de las Flores
22	H.M.	M	H. BALDWIN	24-05-92	Fracture of right femur + trauma to perineum.	Surgery		La Reina
23	E.G.M. Hernández	M	H. ROSALES	18-06-92	Suspected osteosarcoma	Study		Sta. Clara
24	J.F.F.	M	H. ROSALES	18-06-92	Abdomen wound	Exploratory laparotomy		Sn. Fco. Javier
25	J.S.M.A.	M	H. ROSALES	18-06-92	Wound in torax	Suture of wound		Sn. Fco. Javier
26	E.V. Morales	F	H. SN. VICENTE	23-06-92	Bullet wound right buttock	Dressing + medical treatment		Tecoluca
27	C.R.G.	M	H. ROSALES	23-06-92	Congestive heart failure	Replacement of mitral valve (pending)		San Antonio los Ranchos
28	J.G.R.	M	H. ROSALES	26-06-92	Cancer of esophagus	Treatment with Radiotherapy		
29	J.C.L.	M	H. ROSALES	12-06-92	Fracture femur. Wounded by firearm.	Admission		Perquín
30	F.O.M.	M	H. PARTICULAR	12-06-92	Shrapnel in craneum & shoulder	Exams		Perquín
31	H.S.R.	M	H. ROSALES	04-07-92	Hemo-pneumothorax	Treatment		Perquín
32	F.A.	M	H. SAN MIGUEL	07-07-92	Tuberculous pleural effusion	Admission + treatment		Perquín
33	M.CH.	F	H. SAN MIGUEL	07-07-92	Heart failure	Admission + treatment		Perquín
34	M.R.	M	H. PRIVADO	29-07-92	Cerebral aneurysm	Admission		La Reina
35	E.S.	M	H. SAN MIGUEL	06-08-92	Acute lumbago	Admission		San Fco. Javier
36	J DE J. R.	M	H. ROSALES, BALDWIN CENTRO LOCOMOTOR	28-08-92	Quadriplegia	Surgery C. Cervical + Rehabilitation		Sta. Marta
37	M.A.M.	M	HOSPITAL ROSALES	28-08-92	Bullet wound in bladder &	Surgery		Montepeque

38	C.R.G.	F	ISSS		Congestive heart failure	Surgery		Los Ranchos
39	J.A.F.	M	BALDWIN	18-08-92	Cancer of the liver	Study	+ 28-09-92	El Ocotal
40	M.V.	F	H. SAN VICENTE		Wounded by firearm	Surgery		Tecoluca
41	A.A.R.	M	H. ROSALES	18-08-92	Ruptured hepatic abscess	Surgery		Sta. Marta
42	R.M.H.	F	C.D.S. JIQUILISCO	27-08-92	Incomplete abortion	D & C		S. Fco. Javier
43	C.M.A.	F	BALDWIN	29-08-92	Fetal death -ARI hemolitic anemia	Delivery, clinical treatment		Jocoaitique
44	B.R.	M	H. BAUTISTA	29-08-92	Wounded by firearm	Surgery		El Paisnal
45	B.H.	F	H. DE SAN VICENTE	31-08-92	Stroke	Clinical treatment		Sta. Marta
46	L.A.J.	M	HOSP. SAN MIGUEL	06-08-92	Fracture left wrist	Medical treatment		Nueva Granada
47	M.E.C.	F	H. CHALATENANGO	14-08-92	Acute colecistitis	Medical treatment		Ocotal
48	M.M.G.	F	H. MATERNIDAD	13-08-92	30-weeks pregnancy + suspected placenta previa	Medical treatment		Ocotal
49	L.L.O.	M	HOSP. ROSALES	04-09-92	?	Plastic surgery		Sta. Clara
50	C.G.	F	C.S. JIQUILISCO	06-09-92	Burns 1° 12% of body	Dressing + antibiotics		S. Fco. Javier
51	M.L.M.	F	C.S. JIQUILISCO	07-09-92	Laringospasm, post-local anesthesia	Medical treatment		S. Fco. Javier
52	J.P.G.	M	HOSP. SAN MIGUEL	05-09-92	Appendicitis	Appendectomy		Perquín
53	S.I.P.H.	M	HOSP. SAN MIGUEL	08-09-92	Traumatic cataract	Medical treatment + scheduled surgery		Perquín
54	M.H.O.	M	H. CHALATENANGO	03-09-92	Pneumonia vs pericarditis Tb	Clinical treatment		Los Ranchos
55	M.M.M.M.	F	C.S. GOTERA HOSP. SAN MIGUEL	09-07-92 10-09-92	Abscess pre D + pregnancy	Medical treatment		Perquín
56	R.A.M.	F	C.S. SENSUNTEPEQUE	92-09-13	Anemic syndrome III°	Medical treatment		Sta. Marta
57	J.P.G. (47)	M	HOSP. SAN MIGUEL	READMISSION 13-09-92	Ruled out abscess wall	Medical treatment		Perquín
58	J.G.R.	M	HOSP. BALDWIN	14-09-92	Cancer of the esophagus, terminal	Medical treatment		El Tablón Perquín
59	G.A.C.	F	HOSP. ZACATECOLUCA	17-09-92	Fever of unknown origin	Medical treatment		San Carlos
60	J.R.P.	F	HOSP. MATERNIDAD	23-09-92	Pregnancy at term	Delivery		Las Marías
61	M.C.V.	F	HOSP. SAN MIGUEL	11-09-92	Contusion	Medical treatment		Perquín

62	M.R.G.	M	HOSP. SAN MIGUEL	11-09-92	Contusion	Medical treatment		Perquín
63	F.E.A.	M	HOSP. SAN MIGUEL	11-09-92	Contusion	Medical treatment		Perquín
64	M.I.A	F	C.S. GOTERA	25-09-92	Preganancy at term + DCP	Cesarean		Jocoaitique
65	M.M.M.M.	F	HOSP. SAN MIGUEL	11-09-92	Abscess right foot	Pending graft		Perquin
66	B.R.	M	H. BAUTISTA Y ROSALES	READMISSION 01-10-92	Fracture of femur wounded by firearm	Physiotherapy		El Paisnal
67	M.D.H.	F	HOSP. SAN MIGUEL	10-07-92	Pregnancy at term	Eutocic delivery		Sesori
68	P.P.A.	M	H. BALDWIN	12-10-92	Multiples wounds by firearm	Surgery		Tecoluca
69	C.A	M	Centro Diagnóstico	08-10-92	Convulsive syndrome	Medical treatment		Sta. Marta
70	I.A.G.C.	M	C.S.Sensuntepequ Hospital Rosales.	16-10-92	Lymphoma	Medical treatment		Sta Marta
71	O.O.C.M.	M	H. Rosales	22-11-92	Trauma of left arm	Amputation		Las Marías
72	M.A.C.	F	Clin. Meyer	01-11-92	Disociative syndrome	Medical treatment		Jocoaitique
73	J.N.F.	M	H. Rosales	10-11-92	Refracture of femur	Medical treatment		Nueva Granada
74	A.I.V.N.	F	H. S. Miguel	11-11-92	Convulsive syndrome	Medical treatment		Nueva Granada
75	R.L.L.	M	H. S. Miguel	17-11-92	Dengue	Medical treatment		Nueva Granada
76	D.J.R.	F	H Maternidad H. Bautista	18-11-92	Ectopic pregnancy	Medical + surgery		Montepeque
77	M.V.R.	F	H. Rosales	02-11-92	Tumors in soft tissue	Medical treatment		Sta. Marta

TABLE 20

PAHO/WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

HUMAN RESOURCE UTILIZED
IN SPECIALIZED CARE

PAHO/WHO

GENERAL COORDINATOR	1
SUPERVISORY PHYSICIANS	2
PHYSICIANS SPECIALISTS	20
NURSES	15
TECHNICIANS	6
ADMINISTRATIVE	4
TOTAL	46

FMLN

PHYSICIANS	6
PSYCHOLOGISTS	3
MEDICS	5
DRIVERS	3
COORDINATOR OF SHELTER	3
TOTAL	20

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 21

PAHO/WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

NUMBER OF CONSULTATIONS BY SPECIALTY
ROSALES HOSPITAL
10 FEBRUARY 1993

SPECIALTY	No. OF CONSUL-TATIONS
INTERNAL MEDICINE	170
NEUROSURGERY	92
OTORHINOLARYNGOLOGY	125
GENERAL SURGERY	207
DERMATOLOGY	174
GASTROENTEROLOGY	185
NEUROLOGY	154
PLASTIC SURGERY	61
UROLOGY	132
CARDIOLOGY	70
ORTHOPEDICS	447
PNEUMOLOGY	108
ONCOLOGY	24
TOTAL	1,949

SOURCE: REPORT OF SUPERVISION

TABLE 22

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

PROGRAM OF ELECTIVE SPECIALTY REFERRAL

INDICATORS TO 10 FEBRUARY 1993
ROSALES HOSPITAL

NUMBER OF PATIENTS SERVED	1,586
NUMBER OF CONSULTATIONS	1,949
NUMBER PATIENTS HOSPITALIZED	274
NUMBER SURGERIES	210
AVERAGE DAYS PER STAY	6.1
AVERAGE OF PATIENT HOSP./DAY	16
DAYS/BED UTILIZED	1,578

SOURCE: REPORTS OF SUPERVISION

TABLE 23

CONSULTATIONS AND PATIENTS
BY SPECIALTY

PRIVATE HOSPITALS
FEBRUARY 1993

SPECIALTY	Nº OF CONSULTATIONS	Nº OF PATIENTS
OBSTETRICS AND GYNECOLOGY	234	200
PSYCHIATRY AND PSYCHOLOGY	114	40
OTORHINOLARYNGOLOGY	20	20
PHYSIATRICS	247	62
TOTAL	615	322

SOURCE: REPORT OF SUPERVISION

TABLE 24

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

HOSPITALIZED PATIENTS
BY SPECIALTIES
ROSALES HOSPITAL

UP TO 10/2/93

SPECIALTY	No. OF PATIENTS ADMITTED	AVERAGE DAYS/STAY
GENERAL SURGERY	109	4.7
ORTHOPEDICS	78	6.2
PLASTIC SURGERY	42	4.0
UROLOGY	16	8.7
NEUROSURGERY	14	6.4
INTERNAL MEDICINE	6	5.3
NEUROLOGY	4	12.0
PNEUMOLOGY	2	6.5
GASTROENTEROLOGY	2	4.5
OPHTHALMOLOGY	1	3.0
TOTAL	274	6.1

SOURCE: ORIGIN OF HOSPITALIZED PEOPLE

TABLE 25

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF THE FMLN IN DEMOBILIZATION

PROGRAM OF SPECIALTIES
ATTENTION IN SHELTERS
7 OCTOBER TO 7 DECEMBER 1992

SHELTER	OCTOBER		NOVEMBER		DECEMBER		TOTAL	
	Patients	Occupancy	Patients	Occupancy	Patients	Occupancy		% of Utilization
SEMBRADORES	614	84.2%	485	69.0%	125	77.1%	1,224	76.8%
LA CASITA	411	76.1%	375	72.1%	66	55%	852	72.2%
LA LOMA	726	59.7%	797	68.1%	187	69.2%	1,710	64.4%
TOTAL	1,751	70.4%	1,657	69.2%	378	68.4%	3,786	69.7%

SOURCE: REPORT OF SUPERVISION, PAHO/WHO

TABLE 26

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

FUNDS ALLOCATED IN US$ ACCORDING TO SOURCE OF FINANCING

SOURCE OF THE FUNDS	ALLOCATED	DISBURSED	BALANCE
Regular funds of PAHO/WHO	60,000.00	60,000.00	-
UNDP funds (donation of the governments of USA and Japan)	625,102.00	624,168.00	934.00
Funds donated by the government of Sweden.	516,104.00	514,367.00	1,737.00
TOTAL	1,201,206.00	1,198,535.00	2,671.00

SOURCE: ADMINISTRATION, PAHO/WHO

TABLE 27

PAHO-WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF THE FMLN IN DEMOBILIZATION

BUDGET BY COMPONENT OF THE PROGRAM OF MEDICAL CARE IN IN THE CAMPS - DECEMBER 1992
BUDGET BY COMPONENT

BREAKDOWN OF EXPENSES FOR CARE PROVIDED IN FMLN CAMPS TO COMBATANTS IN DEMOBILIZATION
PLAN FOR EMERGENCY AND ONGOING HEALTH SERVICES

ITEM	AMOUNT ALLOCATED IN US$	SUBTOTAL/ TOTAL	%
STAFF SALARIES AND TRAVEL EXPENSES			
- Physicians in camps (Care & Supervision)	71,696.00		
- Medics and workers	42,420.00		
- Clinical Laboratory (technicians & students)	7,014.00		
- Drivers	9,059.00		
SUBTOTAL		130,189.00	45%
- Fuel and vehicle maintenance	19,835.00		
SUBTOTAL		19,835.00	6%
- Emergency care in private hospitals	71,931.00		
SUBTOTAL		71,931.00	24%
- Medication	15,137.00		
SUBTOTAL		15,137.00	5%
- Material and equipment	52,266.00		
SUBTOTAL		52,266.0	17%
- Operating expenses	10,562.00		
SUBTOTAL		10,562.00	3%
T O T A L	-	299,920.00	100%

SOURCE: ADMINISTRATION, PAHO/WHO

TABLE 28

PAHO-WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF THE FMLN IN DEMOBILIZATION

BUDGET PROGRAM ACCORDING TO COMPONENTS
DENTAL PROGRAM - DECEMBER 1992
BUDGET BY COMPONENT

BREAKDOWN OF EXPENSES FOR DENTAL CARE PROGRAM
FOR FMLN COMBATANTS IN DEMOBILIZATION
PLAN FOR EMERGENCY AND ONGOING HEALTH SERVICES

ITEM	AMOUNT ALLOCATED IN US$	SUBTOTAL/ TOTAL	%
SALARIES & TRAVELS EXPENSES			
- Dentists	18,766.87		
- Workers & medics	45,232.87		
- Drivers	1,000.00		
SUBTOTAL		64,999.74	31%
EQUIPMENT			
- Purchases	37,583.25		
- Equipment installation	1,110.00		
- Equipment maintenance	15,805.15		
SUBTOTAL		54,498.40	26%
- Instruments	84,884.63		
SUBTOTAL		84,884.63	40%
- Operating expenses	4,700.00		
SUBTOTAL		4,700.00	3%
T O T A L		209,082.77	100%

SOURCE: ADMINISTRATION, PAHO/WHO

TABLE 29

PAHO-WHO
PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF FMLN IN DEMOBILIZATION

BUDGETARY SUMMARY BY COMPONENT
PLAN OF SPECIALTIES
NOVEMBER 1992

MEDICAL REFERRALS, ELECTIVE SPECIALTIZED CARE
PLAN FOR EMERGENCY AND ONGOING HEALTH SERVICES
ROSALES HOSPITAL

ITEM	Amount Allocated in US$	SUBTOTAL/ TOTAL	%
SALARIES			
- Medical staff	36,094.00		
- Nursing staff	9,092.00		
- Administrative staff	2,664.00		
SUBTOTAL		47,850.00	15%
Medication	33,850.00		
SUBTOTAL		33,850.00	10%
- Equipment, material and instruments for surgery	151,125.00		
SUBTOTAL		151,125.00	46%
- Lodging/food	44,686.00		
SUBTOTAL		44,686.00	14%
- Transportation	37,500.00		
SUBTOTAL		37,500.00	12%
- Miscellaneous	11,600.00		
SUBTOTAL		11,600.00	3%
T O T A L		326,611.00	100%

SOURCE: ADMINISTRATION, PAHO/WHO

TABLE 30

PAHO/WHO

PLAN FOR THE PROVISION OF EMERGENCY AND ONGOING HEALTH SERVICES FOR EX-COMBATANTS OF THE FMLN IN DEMOBILIZATION

BUDGET SUMMARY BY COMPONENT

SUMMARY OF EXPENDITURES IN THE DIFFERENT AREAS OF THE EMERGENCY PLAN AND MAINTENANCE OF HEALTH SERVICES

AREA	AMOUNT IN US$	%
CAMPS OF THE FMLN	299,920.00 (Table 27)	35%
ELECTIVE SPECIALTY ATTENTION	326,611.00 (Table 29)	39%
DENTAL CARE	209,082.77 (Table 28)	26%
TOTAL	835,613.77	100%

SOURCE: ADMINISTRATION, PAHO/WHO