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HEALTH CARE IN PANAMA

THE CASE OF RURAL VERAGUAS

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1.0 INTRODUCTION AND PRESENTATION

The Government of Panama has pursued a health policy which has resulted in significant improvement in specific measurements of health status for most Panamanians. For example, the infant mortality rate in Panama decreased from 58.5 deaths per thousand live births to 24.7 between 1951 and 1979 (Government of Panama, (GOP) 1980). The World Bank (WDR, 1985) reports the decline from 1965 to 1983 at 59 to 26 which is significantly better than other countries in the upper middle income group which show a change from 92 to 59 infant deaths per thousand. Similarly, life expectancy at birth for males has risen from 62 years to 69 years during the period 1965 to 1983; for women, the life expectancy at birth has increased from 65 years to 73 years (World Bank, 1985). These figures again are better than the World Bank's average for the upper middle income countries that shows a change from 57 to 63 years for men and 60 to 68 years for women during the same time period. Malaria, a disease which was endemic in, if not synonymous with, Panama is now only rarely a public health problem. The most frequent causes of death in Panama now follow a pattern common to Western Europe and North America (GOP, 1975).

In spite of these overall achievements, the Government of Panama recognized in the late 1960's that many areas within the country were not benefitting from such health sector advances. Therefore, in 1973 the health sector was reorganized constitutionally in order to extend coverage to areas in need of health services, principally in the rural areas. In this reorientation, the ultimate authority for all government health

activities was consolidated within the Ministry of Health. The Ministry was also granted partial administrative control over allied institutions such as, the Institute for Water and Sewage Installation (IDAAN). In addition, the Social Security System (CSS) and the Ministry of Health began to integrate the available services and facilities into one public health system. The integration incorporated the Social Security System (C.S.S.) facilities into the Ministry of Health system and gave equal access to CSS facilities to non-CSS-subscribers for a minimal fee. This integration of institutions was particularly important to implement the country's broader perception of health care (GOP 1975, 1976; Parillon, 1983). The goal of the public health sector became the provision of "Equal Health for All" in 1969. The timetable to achieve this goal follows that of the World Health Organization (WHO) and the Panamerican Health Organization Regional Plans which state that Governments should strive for "Health for All by the Year 2000" (GOP, 1975). To meet this goal, the activities of the health sector were focused on creating an integrated health system which would improve access to the health system and access to every level of the health system.

A key facet of the reorganization was the implementation of a primary health care system (PHC). The PHC system would extend service to regions outside the service areas of the urban hospitals and therefore improve access and health care coverage. The primary mechanism through which this would be done was the expansion of the number of health centers, sub-centers and health posts, principally in rural areas and small communities. To

improve the effectiveness of the new smaller health institutions, rural health activities were incorporated into community based rural development projects. These projects were composed of rural community organization and community production activities (community gardens, aquaculture, for example) coupled with health and nutrition education with a strong emphasis on environmental sanitation activities (latrines, certified wells and vector control) (Parillon, 1976). The expansion of the rural health centers was designed to reach areas which had previously not been incorporated into the public health system. This report focuses primarily on the extent to which this change in health policy has met the goals of extending health care to the poorest regions in Panama, such as the rural areas in the province of Veraguas.

The results of this effort are presented in the context of the interaction of the policies and directions of the Panamanian health services under the conditions of stress in the economy which have evolved since the late 1970's; in addition, the changing nature of public health problems have been taken into account. The approach begins by presenting a chronology of major government policy changes, the evolution of government health spending and construction of health facilities, and the structure of the health care delivery system. Health outcomes are assessed in terms of broad public health indicators, principally infant mortality rates, resulting from the distribution of health services and personnel and overall economic development.

This contextual information serves as a framework for a study of 32 communities in the Province of Veraguas. The communities were selected for study from a list of communities

which have received some type of rural development and/or health (nutrition) intervention as part of the government's health policy. The study examines the extension of health care facilities and services, the complementary infrastructure (roads, schools, safe drinking water) and documents the use of public, private and traditional health care by the households in the 32 communities. The communities were surveyed in the spring of 1984 and data on morbidity and health care utilization were collected (the Appendix presents the surveys which were used for this study). Community level data were gathered on infrastructure (roads, schools, electricity, potable water, sewage, etc.) and measures of access to services (frequency, cost, and time of transportation, distance to the nearest health services and costs). These communities are believed to typify the communities that the Government of Panama was trying to reach with the new emphasis on integrated primary health care delivery.

2.0 HEALTH POLICY IN PANAMA

Health has been a major concern in the process of development and there has been a long tradition of attention to health matters in Panama. In the past two decades, both the government and international organizations have focused substantial level of resources on improving the health status of Panamanians(Parillon, 1983). Panama has one of the best records for improving national health status in the developing world. Since Panama achieved independence from Colombia, efforts have been made to solve public health problems ranging from curative services, individual preventive care, vaccination campaigns and environmental sanitation programs. The following section discusses the evolution of the Panamanian health care system.

2.1 Historical Trends in Health Care Provision

The concern for alleviating or solving public health problems has been a major policy issue in Panama. The construction of the Panama Canal and the failure of the French attempt in the late 1800's (1880-1903), which was due in large part to Yellow Fever, Malaria, and Chagas disease (Tripanosomiasis Americana), caused early efforts by Americans in the Canal Zone to be directed at environmental sanitation. This included the construction of the water system by the Panama Canal Company for Panama City and Colon, the two largest cities in Panama. The Americans also administered all of the hospitals until 1924 with the establishment of the first hospital outside the Canal Zone. Collaborative efforts with American institutions like the Rockefeller Foundation resulted in campaigns against

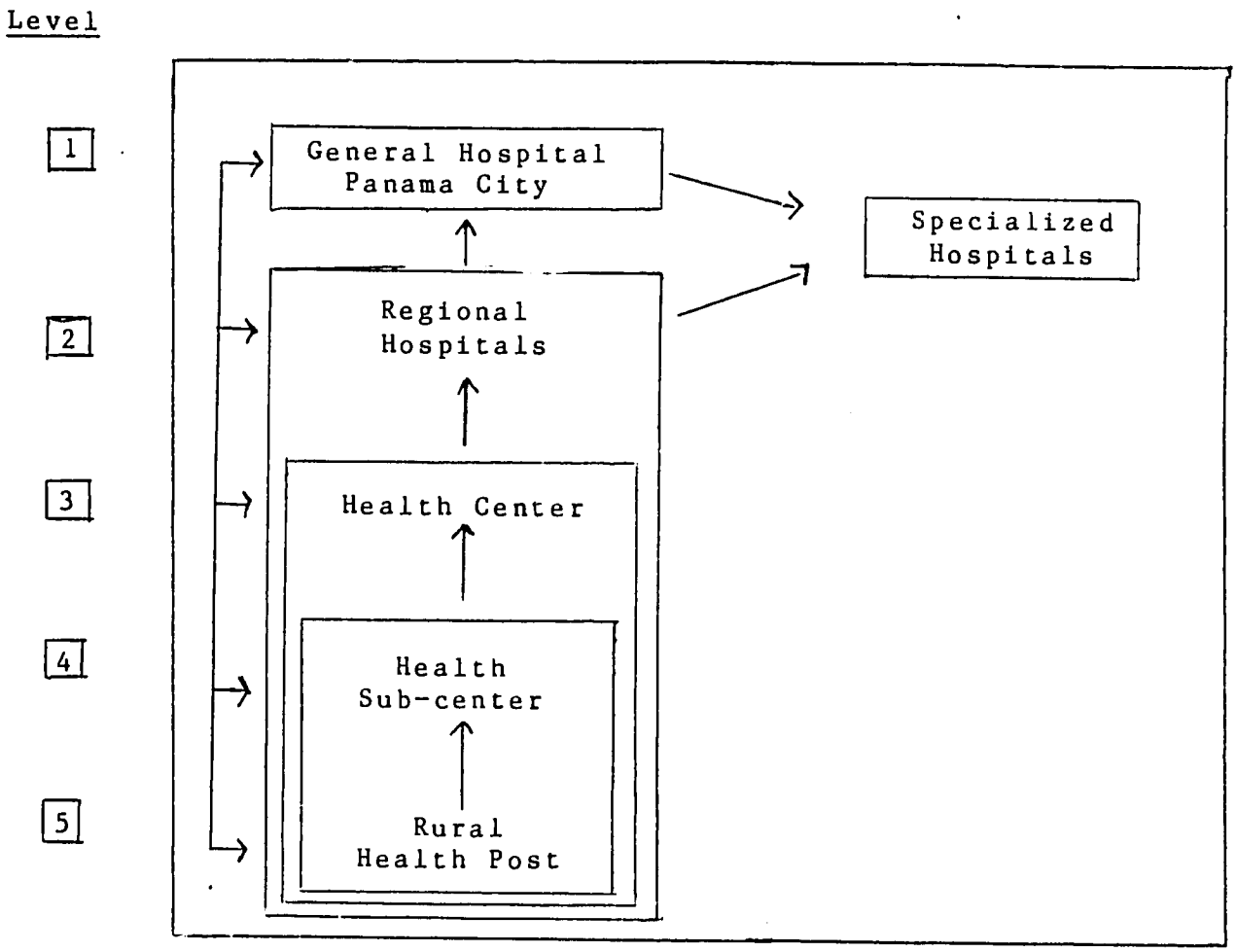
tuberculosis and the organization of a system of health inspectors. This type of campaign which was directed towards erradication of specific diseases and health problems continued until 1929. Between 1930 and 1943, the public health sector infrastructure was developed with the founding of the Ministry of Health Affairs and Public Works. The Social Security System started in 1941 with the construction of its first hospital in Panama City. During the years between 1944 and 1956, the government took on a greater role in public health with the formation of the Ministry of Labor, Social Welfare, and Public Health in 1945. A health code was put into the law in 1947 giving the Ministry's Public Health Department more responsibility for the health status of the population. In 1955, sanitary responsibility of Panama City and Colon passed from the Panama Canal Company to the Government of Panama. Even though there was constant evolution in the public health sector in these 50 years, the administration of health care remained very centralized and urban based. In 1956 after a careful study, the public health sector was regionalized as part of a five year plan designed to extend the health sector into more autonomous units. A National Health Plan initiated in 1962 began to integrate all health aspects under one Ministry in order to eliminate the problems of redundant programs within various Ministries. Health care institutions were directed towards greater coordinated actions in their respective health zones. In 1968, this change towards an integrated health system which incorporated the CSS facilities into the public health system was accelerated.

2.2 Primary Health Care System Implementation

The integrated health system was designed in the late 1960's to operate at five levels of service delivery as displayed in Figure 1. In terms of facilities, one of the principal changes was the incorporation of the Social Security System (CSS) institutions into the public health facilities of the Ministry of Health; this provided access for non-social security subscribers to any institution in the public health system; non-subscribers pay minimal fees at the CSS facilities.

The institutional peak of the entire health system resides in the National hospitals, in particular, the Santo Tomas General Hospital in Panama City. The Santo Tomas Hospital is complemented by the National Specialized Hospitals such as the National Pediatric Hospital and the National Psychiatric Hospital. The National Hospitals accept patients from the entire population, through referrals or walk-in. The National Hospitals are designed to provide the most up-to-date treatment facilities in the country and thus avoid redundancy of services. The second level of service is provided by the Regional Hospitals; these hospitals provide out-patient treatment and specialized care though the severe cases are referred to the appropriate National Hospital. The Regional Hospitals as well as the General Hospital in Panama City serve as referral points, within their respective regions, for the Health Centers, Health Sub-Centers and Health Posts. The health centers provide out-patient treatment to the smaller communities within the region. These health centers are usually located in district capitals and serve the entire district. Depending on the special needs of a given district, a

Figure 1. Design of the Integrated Health System for Panama



health center may include a maternal care annex with beds for maternal, pre-natal and neo-natal care and child delivery service. The health center is generally staffed by at least one medical doctor but often includes more services such as dentists, health and or nutrition counselors. In addition, these centers often serve as distribution points for supplemental feeding programs. The health sub-centers provide more curative service to the rural areas; they are generally located in the smaller district capitals or larger corregimiento seats. The sub-centers are staffed by a nurse auxiliary with at least one year of training in preventive medicine. The most common health facility in the rural areas is the rural health post which is staffed by a health care assistant or paramedic, trained by the Ministry of Health. This assistant provides care for minor illnessess and refers more severe cases to the health sub-centers and health centers. The principal focus of the health post is to provide basic awareness of preventive medicine, referral services, and information on available health sector services. In addition to the health posts, rural health care is supplemented by occasional medical and vaccination tours, particularly in the more remote regions (for example, the extremely remote island communities are accessed by floating health centers). Although the health system is designed on a tier or level system which is based on referrals from one level of care to another, patients can seek care at any level of service which promotes the efficient use of resources.

2.3 Economic Context of the Health System

Panama is classified as an upper middle income country by the World Bank with a per capita income in 1983 of over $2,100

dollars (World Bank, 1985). As in most of Latin America, there is a highly skewed distribution of relative wealth which is concentrated in the urban areas. One broad indicator of the disparity between the urban and the rural populations is seen in the fact that in 1979, 14% of the gross domestic product was derived from the agricultural sector whereas 50% of the population lived in the rural areas which derived most of their income from the agricultural sector. During the thirty year period from 1950 to 1980, Panama like most of Latin America, experienced rapid economic growth which far exceeded its population growth resulting in a real per capita GDP increase from $750 to $1750 (Table 1).

The economic growth of Panama in the last thirty years has allowed the country to make major improvements in its health facilities and health system coverage. During this period, government expenditures in health as measured by the budgets of the Ministry of Health, Labor and Social Welfare rose in real terms from $13 million dollars to $50 million in 1979. Real per capita spending on health climbed from $16.69 in 1951 to peaks of over $31.70 in 1959 and 1972 (Table 2). At the end of the seventies, real per capita expenditures in health by the Ministry of Health stabilized to around $26.00. Health spending by the Ministry of Health represented a percentage of GDP of 2.2% in 1951, increasing to 3.5% in 1959 and decreasing to 1.5% in 1979. Table 2 includes only health expenditures by the Ministry of Health thus excluding since 1973 both the social security expenditures spent on health and private health expenditures. As

Table 1. Gross Domestic Product (GDP) of Panama

(1951-1984)

Year	GDP in 1980 dollars (millions)	GDP per Capita (1980 $)
1951	614	749.50
1952	647	761.89
1953	687	789.75
1954	711	790.80
1955	752	818.34
1956	792	833.80
1957	874	901.94
1958	881	881.82
1959	938	910.95
1960	994	938.43
1961	1,102	1,011.59
1962	1,193	1,056.23
1963	1,295	1,107.23
1964	1,352	1,127.39
1965	1,476	1,190.96
1966	1,588	1,250.99
1967	1,724	1,316.52
1968	1,844	1,366.65
1969	2,000	1,439.37
1970	2,139	1,496.47
1971	2,326	1,572.16
1972	2,473	1,627.11
1973	2,634	1,677.99
1974	2,703	1,668.88
1975	2,720	1,619.39
1976	2,711	1,576.72
1977	2,835	1,602.06
1978	3,019	1,668.30
1979	3,232	1,747.32
1980	3,558	1,872.63
1981	3,707	1,910.82
1982	3,911	1,917.16
1983	3,926	1,878.46
1984	3,908	1,834.92

Sources: GOP, Panama en Cifras, Contraloria General de la Republica, 1980.

Data for 1980 to 1984 is from the IMF Statistical Yearbook, 1985.

Table 2. Ministry of Health Expenditures in Panama (1951-1979)

Year	Ministry of Health Expenditures (in millions of 1980 $)	Ministry of Health Per Capita Expenditures (in 1980 $)	% of GDP spent by the Ministry of Health
1951	13.68	16.69	2.22
1952	14.47	17.03	2.23
1953	17.75	20.40	2.58
1954	17.95	19.94	2.52
1955	22.95	24.95	3.04
1956	27.18	28.61	3.43
1957	23.73	24.46	2.71
1958	29.33	29.33	3.32
1959	32.63	31.68	3.47
1960	33.25	31.37	3.34
1961	33.49	30.72	3.03
1962	28.60	25.31	2.39
1963	31.25	26.70	2.41
1964	28.15	23.46	2.08
1965	29.30	23.63	1.98
1966	32.67	25.72	2.05
1967	38.14	29.11	2.21
1968	39.18	29.02	2.12
1969	41.43	29.81	2.07
1970	43.17	30.19	2.01
1971	42.97	29.03	1.84
1972	48.30	31.77	1.95
1973	46.60	29.68	1.76
1974	47.81	29.51	1.76
1975	47.86	28.49	1.75
1976	46.32	26.93	1.70
1977	45.57	25.74	1.60
1978	44.75	24.72	1.48
1979	50.22	27.14	1.55

Source: U.N. Statistical Yearbook, 1984
IMF - Government Financial Statistics, 1985
IMF - International Financial Statistics, 1985
GOP - Panama en Cifras, 1980

seen in Table 3, since 1973 the Social Security System (CSS) has assumed a large part of the fiscal responsibility for health care. For example in 1982, the CSS contributed 2.5 Balboas to every Balboa contributed by the Ministry of Health. In terms of capital expenditures, the Social Security System contributes almost 80 percent of the 1982 investments. Social security expenditures on health which are a large part of the health spending is however concentrated in the urban sectors where people are formally employed; and the maintenance cost of the CSS system comes from employer and employee contributions. Zschock (1986) has estimated that 47 percent of the population in Panama was covered by the CSS program in 1978. He found that in 1977, the government's direct contribution to the social security system (other than as an employer) accounted for only 4.1% of the CSS revenue which was oriented towards the urban user.

The number of health facilities increased significantly in the decade of the seventies due both to the integration of the CSS facilities into the Ministry of Health facilities and the building of health subcenters and health posts (Table 4). The number of hospitals and clinics remained relatively constant throughout the seventies while the number of health centers, subcenters and health posts doubled between 1966 and 1979.

2.4 Accomplishments in the Health Sector

According to the World Health Organization, "the level of health and nutrition itself is a direct indicator of the quality of life, and an indirect indicator of overall socioeconomic development" (WHO, 1981). Several measures are recommended by

Table 3. Total Expenditures by the Ministry of Health (MOH) and the Social Security System (CSS) (Panama, 1973-1982)

	Nominal in Millions B/.								Constant 1980 B/.	
				Capital Expend. on Health[4]		Health Expenditure as a % of GDP[5]			Per Capita Expenditures[6]	
Year	CSS Total Expend.[1]	MOH Expend.[2]	CSS Health Expend.[3]	MOH	CSS	MOH	CSS	Total	MOH	CSS
1973	70.2	23.9	34.7	-	3.4	1.65	2.40	4.05	26.47	38.44
1974	82.2	28.0	41.3	-	3.1	1.69	2.50	4.19	26.92	39.71
1975	106.3	33.1	51.2	3.0	4.0	1.80	2.78	4.58	28.07	43.41
1976	125.6	31.8	50.9	1.0	4.3	1.63	2.60	4.23	25.19	40.32
1977	138.4	33.0	61.2	0.2	2.7	1.60	2.96	4.56	24.28	45.02
1978	145.6	36.5	74.6	0.0	1.5	1.49	3.04	4.53	24.32	49.72
1979	173.5	43.7	85.8	-	2.3	1.56	3.06	4.62	26.07	51.19
1980	216.6	50.6	97.3	-	4.8	1.42	2.73	4.15	26.63	51.21
1981	240.6	55.2	119.8	-	8.4	1.42	3.09	4.51	27.20	59.04
1982	281.3	62.0	149.8	3.5	12.9	1.45	3.50	4.95	27.78	67.12

Sources:

[1] 1985 IMF, Government Financial Statistics-Yearbook. (Summary table. Central Government. Social Security Funds. Line 7, p. 653).

[2] 1985 IMF, Government Financial Statistics-Yearbook (Table B. Expenditure by Function, Consolidated Central Government. Line 4 minus C.S.S. Funds).

[3] 1985 IMF, Government Financial Statistics-Yearbook (Table B. Expenditure by Function, Consolidated Central Government. Line 4.2).

[4] 1985 IMF, Government Financial Statistics-Yearbook (Table B.2, Line 4 minus 4.2 C.S.S. Funds) for MOH; for CSS; Summary Table Central Government - Social Security Funds, Line 9).

[5] Calculated using IMF International Financial Statistics Yearbook 1985; Nominal GDPs (99b) as base.

[6] Calculated using IMF International Financial Statistics Yearbook, 1985. GDP Deflators and Population Estimates.

Table 4. Number of Health Facilities in Panama (1953-1979)

Year	Total	Hospitals	Clinics	Health Centers	Health Sub-Centers and Health Posts
1953	24	24	-[a]	-	-
1954	22	22	-	-	-
1955	54	17	7	30	-
1956	52	18	6	28	-
1957	51	18	4	29	-
1958	52	18	4	30	-
1959	55	19	6	30	-
1960	55	19	6	30	-
1961	70	21	6	43	-
1962	71	22	6	43	-
1963	69	22	6	41	-
1964	77	21	6	50	-
1965	76	21	6	49	-
1966	189	20	6	56	107
1967	185	23	7	42	113
1968	189	23	8	45	113
1969	245	24	7	53	161
1970	195	24	9	53	109
1971	207	25	10	67	105
1972	220	27	12	85	96
1973	240	28	13	87	112
1974	270	31	12	96	131
1975	288	29	12	111	136
1976	330	30	12	117	171
1977	347	32	13	128	174
1978	356	32	13	134	177
1979	396	34	13	139	210

Source: Government of Panama, Panama en Cifras, Panama, 1980.

[a]Indicates that data was not available or the institutions did not exist.

the WHO to assess health outcomes at a national level: infant mortality rate, child mortality rate, life expectancy at birth maternal mortality rate and nutritional status of children. Health measurements related pricipally to environmental health are collected at regular intervals by the Ministry of Health and the Panamerican Health Organization (PAHO, 1985). The following sections assess the trends in the above measures of health status in Panama based on available data.

2.4.1 Mortality Information

Infant and childhood mortality indicators are valuable indicators of general wellbeing and health status. Mortality data must be interpreted in reference to the worldwide trend of declining mortality in the post war era. Antibiotics, improvement in curative and diagnostic processess as well as worldwide improvement in sanitation, vaccination, prophylaxis and erradication of smallpox have all contributed to the decline of all types of mortality. When a country lags in the decline of mortality, this condition probably reflects a lag in the performance of its public health systems and/or a high prevalence of poor nutrition. Table 5 presents the infant mortality rates for urban and rural Panama in the past two decades. The country as a whole has experienced a 54% decline in infant mortality between 1953 and 1979, whereas the decline in the rural areas was 52% compared to a 55% decline in the urban areas.

Correlation and regression analyses were undertaken using the data in Tables 1, 2, 4, and 5 to identify gross relationships between overall health as measured infant mortality rate, and its correlates and determinants at the national and regional level

Table 5. Infant Mortality Rates in Panama
(1951-1979)

Year	National Infant Mortality Rate	Urban Infant Mortality Rate	Rural Infant Mortality Rate
1951	58.5	-	-
1952	50.6	-	-
1953	53.7	47.3	57.5
1954	52.6	47.1	55.6
1955	54.5	48.3	58.1
1956	57.6	54.2	60.1
1957	56.4	51.6	59.4
1958	57.9	51.2	61.6
1959	60.0	53.7	63.9
1960	56.9	53.1	59.3
1961	54.4	46.1	60.2
1962	42.8	40.0	44.9
1963	48.7	36.0	55.9
1964	42.7	35.8	47.7
1965	44.7	36.3	51.1
1966	45.0	36.1	51.0
1967	42.7	33.0	49.7
1968	39.6	30.8	45.9
1969	39.4	30.2	47.0
1970	40.5	29.8	48.8
1971	37.6	34.2	40.7
1972	33.7	28.6	38.1
1973	32.3	27.6	39.2
1974	31.5	23.3	38.9
1975	31.6	28.1	33.7
1976	36.8	27.0	31.8
1977	27.9	25.8	29.8
1978	24.4	22.3	26.2
1979	24.7	21.5	27.7
1980	22.0	-	-
1981	21.0	-	-
1982	33.0	-	-
1983	26.0	-	-

Source: Government of Panama, Cifras en Panama, 1980. Data from 1980 to 1983 is from The World Bank, World Development Reports, 1985.

(urban and rural areas). Table 6 presents the bivariate relationships estimated by conventional correlation coefficients for urban and rural Panama. The significant correlates of infant mortality rate are national income, Ministry of Health expenditures and the number of health centers. The number of health centers is more strongly associated with infant mortality rate in the rural areas than in the urban areas. If only this information were available, it could be interpreted to suggest that health outcomes can be improved through increasing national income, expenditures in the health sector and increasing the number of health centers, particularly in the rural areas.

Infant mortality rates in the urban and rural areas were also used as dependent variables in multiple regression analyses with national income, health expenditures, and the number of health centers as predictors. The results indicated that in the urban areas, three fourths of the variance across time in infant mortality rate was explained by these factors, and of the variance explained, national income as measured by GDP, was the most significant factor. On the other hand 90 percent of the variance in infant mortality rate in the rural areas was explained by the above factors. In the rural areas, national income and the number of health centers were the significant factors which predicted infant mortality rates.

The results of the regression analyses revealed that infant mortality rates in the urban areas were declining slowly relative to rural infant mortality rates. This phenomenom may suggest that spending on well designed rural health initiatives would

Table 6. Correlation Coefficients of Economic Indicators with Infant Mortality Rate (Panama, 1960-1979)

	Infant Mortality Rate	
	Urban IMR	Rural IMR
Real GDP Per Capita	-.86	-.93
Ministry of Health Budget	-.73	-.77
Number of Health Centers	-.71	-.92

Note: All coefficients were significant at the .05 level of significance.

have more benefits in terms of infant mortality rate spending in the urban areas.

Figure 2 shows that Panama experienced a 60 percent decline in child mortality rates (deaths in the 1-4 year age group) between 1960 and 1980. In these two decades, decline in general mortality has been more gradual from 10 deaths per 1000 persons in the population to 7 deaths per 1000 persons.

2.4.2 Nutritional Status of Children

Nutritional status can serve as an important indicator of the development process for a country as well as a manifestation of specific problems related to food consumption, health status and poverty. According to the World Health Organization (Mason et al., 1984), "nutritional status of children is now regarded as a central indicator for monitoring progress towards health for all programs, national and global levels".

Anthropometric indicators are considered to be the most direct measures of nutritional status, because one of the less ambiguous results from a process of malnutrition is its impact on body size and development. No one anthropometric measure has been accepted as the optimal indicator of nutritional status, but weight for age measures in children have continued to be used for comparisons across time. Stunting of linear growth (low height for age) is indicative of chronic malnutrition perhaps arising from repeated illnesses caused by the child's environment, i.e. infections, lack of food availability, poor water, etc. (Habicht et al., 1974; Wray and Aguirre, 1969). Stunting is therefore said to measure the effect of persistent or recurring problems (Seoane and Latham, 1975).

FIGURE 2. Trends in General Mortality and Child Mortality in Panama

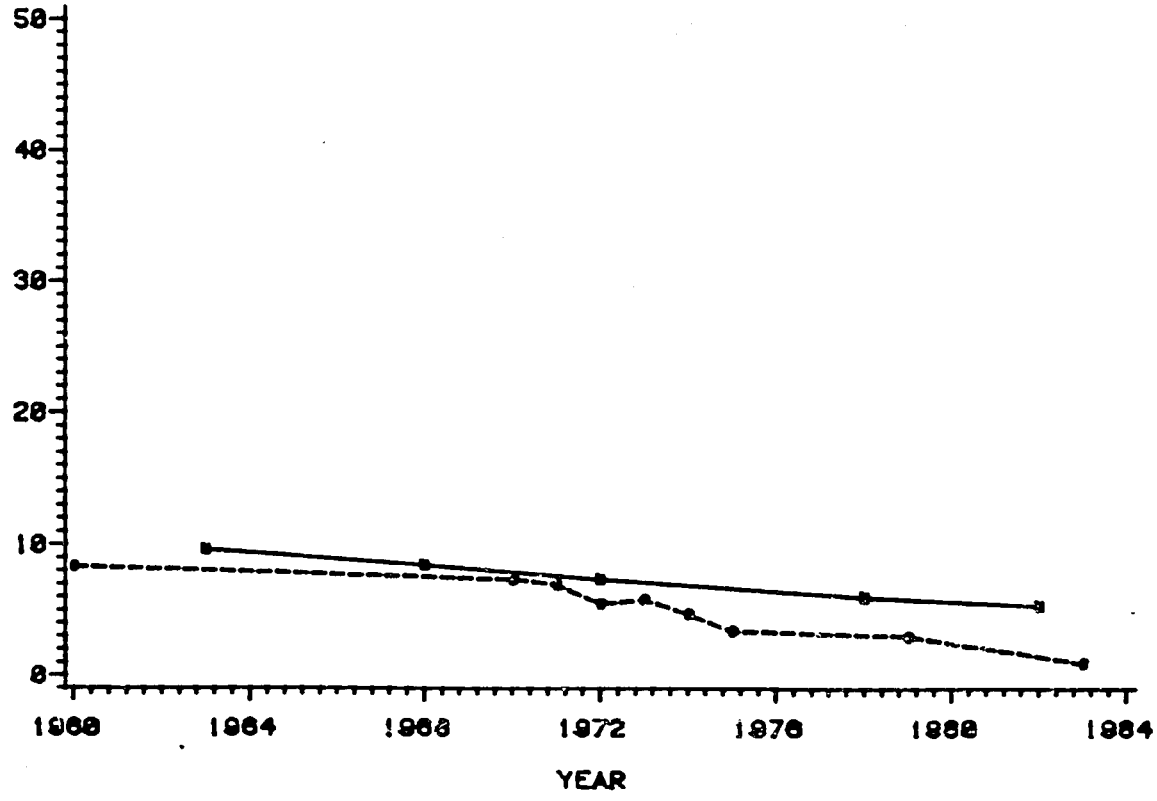


Table 7 presents the estimates of malnutrititon in preschool children between 1967 and 1984 as measured by weight for age, weight for height and height for age. The data suggest that the relative risk of malnutrition is twice as great in the rural areas. During the past two decades, there has been little or no improvement in the nutritional status of preschool children in Panama. The data from the province of Veraguas reveals that chronic malnutrition is high, approximately one-third of the preschool children in 1980 and 1984 were stunted for their age. In addition, in Veraguas approximately 15 percent of the preschoolers are underweight for their age.

2.4.3 Environmental Health

Clean water for drinking and cleansing and adequate sanitation are essential to good health. The absence of safe water and good sanitation causes diseases which are wasteful of consumed nutrients. As seen in Figure 3, the percentage of the urban population having access to adequate water has been well over 80 percent in the past two decades. In the rural population, on the other hand, approximately 60 percent of the population currently have access to potable water though the increase in coverage to the rural areas has been steady in the past two decades.

In the country as a whole, approximately 80 percent of the population have adequate sanitation facilities for disposal of human wastes. Adequate sanitation facilities are available to almost all of the urban population (97% of the urban population have sewerage systems) and 70 percent of the rural population have adequate facilities.

Table 7. Nutritional Status of Preschool Children Aged 0-60 months in Panama and the Province of Veraguas (1967-1984)

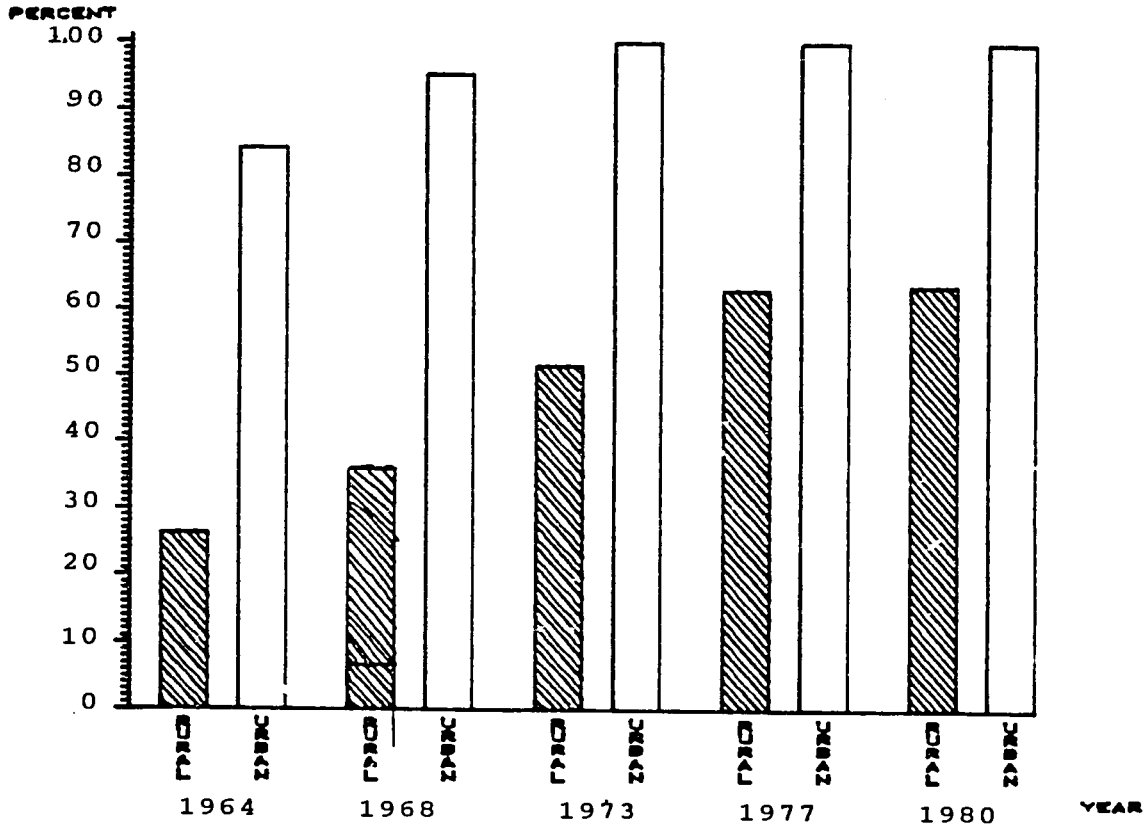
		n	Percentage of Children		
			Chronically Malnourished[1]	Acutely Malnourished[2]	Under weight[3]
National Samples					
1967		609	23.5	2.5	-
1980					
	Urban	899	10.0	6.1	8.9
	Rural	2204	26.6	6.4	18.3
	Total	3103	21.8	6.3	15.6
Province of Veraguas					
1980		409	34.2	8.1	26.2
1981	(Subsample)	365	28.5	1.7	15.3
1984	(Subsample)	118	27.1	10.6	12.7

[1] Height-for-age is more than 2 standard deviations below the refernce population median

[2] Weight-for-height is more than 2 standard deviations below the reference population median

[3] Weight-for-age is more than 2 standard deviations below the reference population median

FIGURE 3. Trends in Coverage of Safe Water in Panama



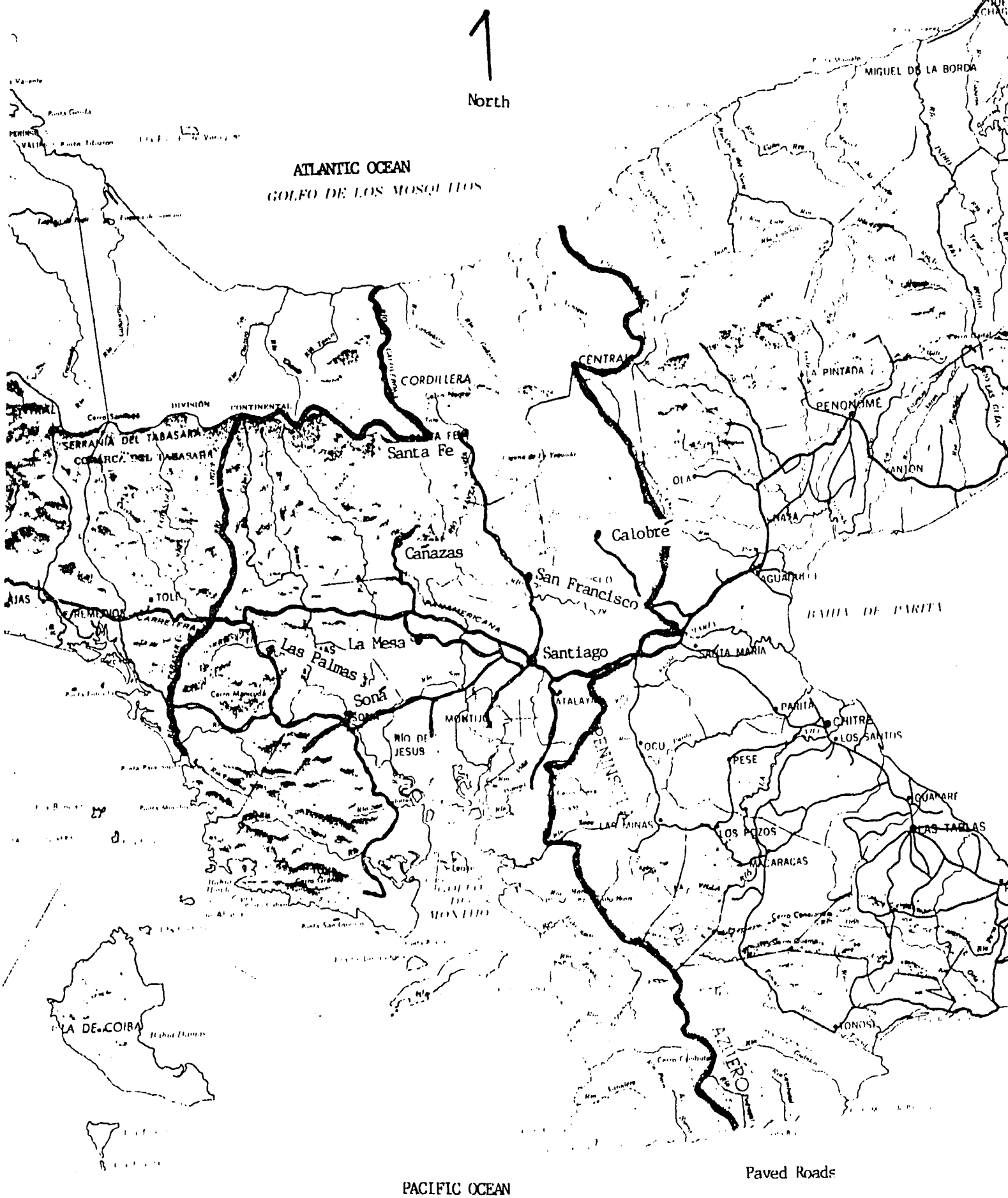
3.0 IMPLEMENTATION OF THE HEALTH SYSTEM IN THE RURAL COMMUNITIES OF VERAGUAS

The following section examines the impact of the changes in the implementation of the health system in some rural Veraguas communities. The province of Veraguas is one of the principal interior provinces of Panama characterized by ranching and sugar production in the plains and highly diversified small farms which are located in the foothills and stretch to the sea (Figure 4). Veraguas is linked to Panama City by the Inter-American Highway (also known as the Panamerican Highway); the provincial capital of Santiago lies approximately four hours, by car, to the west of Panama City.

Veraguas has a population of approximately 175,000;it is the third most populous province of Panama's nine provinces. Veraguas is principally a rural province with only 17% of the population living in cities or towns. The largest town is Santiago, the provincial capital, with a population of 22,000 in 1980. Sona is the next largest town with approximately 4500 inhabitants. The population of Veraguas live either in the larger towns or their urban periphery, well settled towns with populations from 1000 to 2000 persons, or small villages with 50 to 150 households. In 1984, a survey was undertaken to assess the implementation of the health system in the rural communities of Veraguas. Of the 32 communities surveyed, two were in the urban periphery and the remainder were small towns and villages.

The population of Veraguas is connected to the economy of the country through the agricultural sector. Data from the National Nutrition Survey of 1980 showed that 77 percent of the

FIGURE 4. RELIEF AND HIGHWAY MAP OF VERAGUAS PROVINCE



households were in occupational groups primarily involved in agricultural production. For example as seen in Table 8, many of the countries diversified small farmers and small maize and rice producers live in the province of Veraguas in semi-subsistance farms with household members dependent on off-farm work for most of their cash earnings, especially during the six to twelve week sugar cane harvest. Franklin, Harrell and Parillon (1985) showed that the diversified small farmers, the largest occupational group in Panama had "higher rates of access problems to the health system, higher than average rate of high risk sanitation facilities, and had relatively low coverage of adequate water supplies. Given their higher incidence of sick persons in the household it appears that malnutrition problems of this funcional group are associated more with poor health than with low income". The authors concluded that to improve the health status of these groups, "what would be required would be improved access to the health system, including improved coverage or functioning of water and sanitation systems".

Because earlier studies (Franklin, Harrell, and Parillon, 1985, Franklin and Harrell, 1985) pointed out that groups such as the diversified small farmers had health access problems and higher levels of morbidity and malnutrition despite the countries' effort at reaching precisely these groups, an additional survey was undertaken to examine the implementation of the health system in rural Panama. The province of Veraguas was selected for study because this province had a higher incidence of illness, problems with access to health care, and problems in paying for health care than Panama as a whole (Table 8).

Table 8. Reported Incidence of Illness, Health Access Problems and Financial Problems by Occupational Group in Panama

Functional Group	n		Reported Incidence of Household Illness %		Reported Problems of Access to Health Care %		Financial Problems for Health Care %	
	National	Veraguas	National	Veraguas	National	Veraguas	National	Veraguas
Diversified Small Farms	717	180	45.5	58.3	5.3	10.6	11.6	17.8
Small Horti-culturalists	585	57	40.7	59.6	3.8	5.3	7.2	15.8
Maize & Rice Producers	305	89	41.6	47.2	3.4	5.6	9.4	14.6
Solely Rice Producers	148	29	40.9	55.2	4.0	3.4	6.7	17.2
Farmers w/ Employees	170	20	46.1	80.0	4.2	10.0	4.8	20.0
Agricultural Workers	718	89	41.2	55.1	2.5	4.5	7.1	13.5
Unskilled Workers	445	36	41.4	63.9	1.4	2.8	4.7	8.3
Solely Maize Producers	121	10	40.5	58.8	2.4	0.0	6.5	30.0
Cassava Producers	77	3	40.5	66.7	2.5	0.0	2.5	0.0
Skilled Workers	515	28	43.0	50.0	1.6	0.0	2.5	7.1
Salaried Urban	271	5	39.6	40.0	0.7	0.0	3.3	20.0
Self-Employed	261	39	34.4	43.6	3.1	5.1	3.9	5.1

Table 8 (cont.) Reported Incidence of Illness, Health Access Problems and Financial Problems by Occupational Group in Panama

Functional Group	n		Reported Incidence of Household Illness %		Reported Problems of Access to Health Care %		Financial Problems for Health Care %	
	National	Veraguas	National	Veraguas	National	Veraguas	National	Veraguas
Government	78	4	38.4	75.0	0.0	0.0	1.3	25.0
Commercial, Transport	406	21	37.1	52.4	0.7	4.8	1.5	0.0
Professional, Office	411	38	35.8	44.8	0.2	0.0	1.5	0.0
National and Provincial Average	5230	619	39.9	54.3	2.2	5.2	5.5	13.6

In 1984 a community survey was undertaken in 32 Veraguas communities to assess the following:

1) the availability of various public and private health facilities,

2) the access of these health facilities to the rural populations,

3) the complementary infrastructure (roads, schools, safe water, etc) of the communities, and

4) the use of the public, private and traditional health facilities.

The communities were selected for study because at one time or another they had received some type of rural development and/or health (or nutrition) intervention as part of the government's orientation of health facilities to the rural areas. The survey was undertaken at three levels of observation: the household, the health institution, and the community (see the Appendix for the detailed questionnaires). Data from these three questionnaires were consolidated to analyze the implementation of the integrated health system in rural Veraguas.

3.1 Funding for the Veraguas Public Health System

During the 1980's, the health system in the province of Veraguas received a disproportionate share of the central government health budget. The per capita expenditure on health in Veraguas was approximately half of the national average. This unequitable distribution of funds may in part be due to the fact that the large national hospitals are located in Panama City and proportionately more funds are required to operate the hospitals.

Funding for the Veraguas public health system is provided by three sources: 1) central government allocations to the Ministry of Health which are then transferred to the Veraguas integrated

health system, 2) the Social Security System, (CSS) and 3), user fees. Table 9 shows the contributions for 1980 to 1984 to the Veraguas integrated health system from the Ministry of Health and the Social Security System; the Ministry of Health budget varies more than the CSS budget and the Social Security System supports a large percentage of the budgeted health funds. In 1983, only Budget for Veraguas (Parillon, 1984). In 1983, only B/126,105.17 were collected from the users of the Veraguas Integrated Health System - this is 1.5% of the 1983 total health budget for Veraguas (Parillon, 1984). This low percentage of cost incurred by the users implies high levels of public subsidization of health care which has been challenged by some researchers. For example, Jimenez(1986) and de Ferranti(1985) found that public subsidization of health care may actually expand the base of the health care system by individuals who may not truly need the free or subsidized services. De Ferranti(1985) found that health services could be made more effective through varied pricing mechanisms rather than actual subsidization. On the other hand, Jimenez states that one important rationale for public subsidization of social services based on humanitarian and basic needs criteria is that the public sector intervention guarantees minimum levels of service. He also states that the equity criteria often used by the governments for subsidization of health services are actual income transfer mechanisms which are usually effective if funded by a progressive tax system.

Table 9. Budget of the Social Security System and Ministry of Health in the Province of Veraguas - Panama 1980 to 1984

Year	Min. Health Budget[1]	%	Min. Health Per Capita Budget	Social Security Budget[1]	%	C.S.S Per Capita Budget	Total Budget[1]
1980	1.98	40	10.53	2.98	60	15.81	4.97
1981	1.92	32	10.03	4.02	68	20.97	5.94
1982	2.14	29	10.99	5.23	71	26.86	7.37
1983	2.69	31	13.10	5.78	69	29.20	8.37
1984	1.27	17	5.84	5.80	83	28.88	6.97

Source: Direccion de Finanzas del Seguro Social and Ministerio de Salud, Dept.de Programacion y Control Presupuestario. Panama, 1984.

[1]millions of Balboas

3.2 Availability of Health Institutions in Veraguas

In order to assess the availability of various public and private health facilities in Veraguas, the survey planners identified 56 health care providers to be interviewed in 1984. These included personnel from the Ministry of Health hospital and CSS "policlinica"(a multi-purpose clinic), health posts, health centers and subcenters, midwives, pharmacies, and one traditional healer (herbalist) who chose not to be interviewed. In addition to the institution surveys, the local representative or designate from each community was interviewed to access the community infrastructure linked to the health system, in particular, the location of the nearest school, different types of health care, the type of water system available in the communities, and transportation time and distance to health care facilities and larger urban areas. All of the surveys were undertaken by local Ministry of Health personnel who were familiar with the rural region as well as the offices of environmental sanitation and nutrition and health education. The following section describes the prototypical institutions available in rural Veraguas in terms of staffing, office hours, available services, and payment structure. In addition the factors affecting the rural population's access to health care are presented in detail as well as a description of the complementary infrastructure of the rural communities.

3.2.1 Decription of Health Facilities

Of the twelve health posts surveyed, the majority (9 out of the 12) were open five days a week for eight hours per day.

These health posts were staffed by a health assistant and the services provided included referrals, oral rehydration therapy, treatment of minor respiratory illnesses and basic first aid (sutures, etc.). The posts served approximately eleven persons per week at no charge to the patient; minimal fees were charged for medication.

The health sub-centers were staffed by a nurse's auxiliary with at least one year of training in nursing school. These sub-centers were open more than 8 hours per day every day of the week; approximately 40 persons per week used each subcenter. The types of services offered were out patient services inclusive of midwife services (B/10.00), home visits (on average 20 per week), well-child clinics (25 per week), immunizations (50 per week), basic first aid and referral service to the health centers. Like the health posts, only medication charges were incurred by the patients and if a patient could not pay, the cost was incurred by the Ministry of Health.

Five of the six health centers surveyed were located in the district capitals of Veraguas. The health centers were staffed by one to four doctors and open 5 days a week for more than eight hours a day. Some centers had personnel on call for emergencies at other times. In addition to the medical doctors on staff, half of the health centers had dentists, all of the centers had a nurse, two nurses' auxiliaries, a pharmacist and two health assistants and a social worker; one center had a nutritionist on staff. The staff attended to medical problems which did not require surgery for approximately 275 patients per week. Home birthing services were not provided by the health center however

delivery services were provided in the center for B/30.00 (this coverage included postpartum care for mother and infant). Prenatal care was offered at the health center for B/9.00 and an average consultation cost B/1.00. Dressings and sutures cost B /0.25 to B /1.00 respectively, and injections were usually B /0.50. These costs were charged only to the patients who did not subscribe to the Social Security System, which based on Table 8 above, was approximately 80 percent of the rural Veraguas population.

In the provincial capital of Santiago, two "policlinicas" or multi-purpose clinics were surveyed which provided a level of service equivalent to the health centers. These facilities were originally Social Security System facilities prior to their incorporation into the Integrated Health System. One of the surveyed facilities provided services identical to services provided by the more sophisticated health centers and the other served as a specialized hospital. The former, like the health center, was open seven days a week for more than eight hours a day. It's staff consisted of 16 doctors, 8 dentists, one nurse, four nurses' auxiliaries, one nutritionist, one social worker, four pharmacists, and six physicians' assistants. This facility did not provide infant and maternal service. The costs of consultation and medicine were identical to the charges at the health center. The second "policlinica" offered services during the business hours of the normal government work week. This facility was staffed by 23 specialized doctors, 8 dentists, two nurses, four nurses' auxiliaries, one social worker and two

pharmacists. This facility served approximately 1200 patients a week. Not all of the services were provided on site, some of the physicians often treated patients at the Regional Hospital. At this facility, the CSS subscribers received free services and medicines and the non-subscribers paid for their medicines and consultations. If the patient could not pay, the social worker evaluated the patients' ability to pay and determine which costs would be met by the Ministry of Health.

There are three hospitals in the province of Veraguas, the Regional Hospital is located in the capital city of Santiago with smaller hospitals in Sona and Canazas. The three hospitals were open 24 hours a day and the Santiago and Sona Hospitals offered a full array of services. The Canazas Hospital referred major surgery to the Santiago Hospital. The Santiago Hospital had a staff of 51 doctors of whom 45 were specialists(16 specialized in internal medicine). To support this team of physicians, there were 45 nurses and 65 nurses' auxiliaries, one oral surgeon, one nutritionist and two pharmacists. The structure for payment at the Santiago Hospital was approximately the same as at any other public health facility, with an initial consultation cost of B/1.25. The CSS subscribers did not pay for services and the Ministry of Health subsidized services for non-subscribers according to a fixed fee schedule. The Santiago Hospital offered the most comprehensive health care in the province, only extremely critical surgery cases were referred to the hospitals in Panama City. The Sona Hospital was staffed by twelve doctors, three dentists, nine nurses, 28 nurses' auxiliaries, one nutritionist, one social worker, and one pharmacist. This

facility served approximately 1500 patients per week at comparable prices to the Santiago Hospital. The Canazas Hospital was a smaller hospital with a staff of five doctors, one dentist, and a support staff of five nurses, ten nurses' auxiliaries, and two pharmacology assistants. The hospital supported ten health assistants and 16 trained midwives in the rural countryside. This smaller hospital provided health care similar to the care given at the health centers in addition to minor surgery(major surgery was referred to the hospital in Santiago) for approximately 400 patients per week. This facility charged the usual public health facility fee for non-CSS subscribers.

The health services available from the private sector were either modern services provided by private clinics and pharmacies or traditional services such as midwives, faith healing and herbal medicine. It was unfortunate that the traditional healers who were identified by the survey planners were not willing to be interviewed. The majority of the fourteen private clinics which were surveyed(12 private clinics), were located in the provincial capital of Santiago. The remaining two clinics were located in Sona and the smaller community of El Piro in the district of Las Palmas. The private clinics in Santiago were either general practice clinics or specialized obstetric clinics. Most of the clinics were staffed by two or three physicians and some had a dentist. These clinics were open every day of the week for eight hours a day. They served approximately 80 people per week at an average cost of B/5.60 for a general consultation. The consultations at the general practice clinics cost B/1.00 to

B/5.00 and the specialized clinics cost B/5.00 to B/15.00. The physicians in the private clinics often used the Ministry of Health facilities especially the hospitals for treatment of their private patients. In addition, many of these physicians were also on the staff of the public hospitals.

Twelve pharmacies were surveyed, eleven of which were located in Santiago and one located in the district capital of Santa Fe. Because a prescription is not necessary to purchase many drugs in Panama, the pharmacist often served as the medical consultant for many individuals and the individuals paid for medication as necessary. Five midwives were surveyed in the rural communities and all of the midwives lived in the communities themselves as opposed to the urban centers. They were available at any time of day for no charge.

3.2.2 Access to Health Facilities and Complementary Infrastructure

Some of the major factors affecting access to health care are the cost of services, the cost of transportation, the cost of time diverted form market work, knowledge of services, perceived quality of the care, the realization of need for health care and the ability to pay for services. In particular, time and transportation costs are extremely important cost factors affecting health care in rural communities. Many developmental efforts which have been directed at serving low-income households have underestimated the value of human time. Human time is usually viewed as an underutilized and low value resource which is plentiful and must be used more extensively. Often health programs and policies which have been implicitly or explicitly based on the assumption that human time is plentiful, have failed

to achieve their desired impacts (Franklin and Harrell, 1985). For example, in the rural environment agricultural output is limited by the availability of time (human labor) at critical stages in crop production and preparation, planting, weeding, harvesting and marketing. Franklin and Harrell (1985) found that adult women in rural Veraguas spent approximately 10 hours per day in cooking, food preparation, household tasks and childcare, and some also participated in wage work and agricultural production. In urban settings, timing is important because market work and the opportunity to obtain goods and services are constrained by the operating hours of the work places, shops and other services. Even within the household itself, timing is extremely important; a mother cannot choose when a baby will become hungry and even if a feeding pattern is developed, it takes time and effort, and then the pattern must be followed.

In the rural communities where agricultural production provides the major source of income, the loss of time to the rural worker to attend a health facility is significantly greater than the loss of work time of the urban worker. In particular, the rural individual travels an average of two hours to the health center, waits one and a half hours in the queue for service and then travels another two hours to return to his home. This opportunity cost of time lost from the work place to attend the health center is more than half of the rural daily wage of B/2.50. In comparison, the percentage of time spent by the urban worker waiting in the health queue is significantly smaller

than the rural individual for two reasons: one, the urban dweller need not spend time travelling to the facility and two, the urban daily wage of the urban dweller is relatively higher than the wage of the rural worker.

The transportation time to the health center and subcenter was comparable to the time travelled to the regional hospitals though the actual distances to each facility varied significantly(Table 10). This is due to the fact that the regional hospitals are located in the larger cities and the structure of the transportation system (roads, buses, etc.) was developed over the past decades to allow easy access to the larger cities for marketing of agricultural products, access to public services, etc. In addition, the mode of transportation to many health posts and health centers is most often on foot compared to bus service to the major cities along the Panamerican Highway and secondary roads to the district capitals.

Though the travel time to many health facilities was equivalent, the direct cost of transportation to attend the higher level of service was approximately five times higher than attending the health center, (B/2.50) compared to B/0.54 for round trip travel. This discrepancy in transportation costs can be attributed to the higher costs of public transportation to the larger urban centers.

In terms of actual distance, with the exception of the communities located in the district capital of Santiago, the nearest public health facility was usually a health post. The average distance to the health post from the communities was over six kilometers. Five of the rural communities had a health

Table 10. Access to Health Facilities and Complementary Facilities in Some Rural Communities in Rural Veraguas

Health Facilities	Average distance (in km.)	Time: Travel time to Health Facility (min.)	Time: Waiting time at Health Facility (min)	Time: Total time of visit to Health Facility
Public Facilities				
Health Post	6.8	100	60	260
Health Center or Subcenter	11.9	120	100	340
Policlinica/Regional Hospital	35.1	100	80	280
Private Facilities				
Private Clinic	36.8	87	48	222
Other Facilities				
Home of Friend or Traditional Healer	2.1	88	11	188

Complementary Facility in the Community	% of Community with Facilities
Safe Water	54.3
Adequate Sanitation	60.0
Electricity	8.6
Telephone	3.1
Primary School	65.7
Secondary School	11.4

center or sub-center nearby and six of the communities were located near a regional hospital. The average distance to the health centers and regional hospitals was 12 kilometers, and 34 kilometers, respectively . One community was as much as 85 kilometers from a regional hospital. Half of the communities had a traditional healer living in the community itself.

A community level survey was undertaken in 32 communities in Veraguas in order to assess the complementary infrastructure for the health care system within the rural communities. The local representatives from each community were identified by the survey planners in the Ministry of Health in Panama City and interviews were conducted with each community representative. Analyses of the 32 community surveys revealed that relative to the remainder of the rural population and Panama as a whole, the surveyed communities had more inadequate water supplies and sanitation facilities. For example, over 60 percent of the total rural population had adequate water supplies in the early 1980's compared to 54 percent in the surveyed communities. One community leader reported that the community had water problems because the Ministry of Health well was contaminated at the time of the survey. Twenty of the communities visited had primary schools and three had secondary schools within the community itself whereas none of the communities had vocational or post secondary schools (Table 10). Electricity was available in less than ten percent of the communities (3 communities) and only one had telephone service. The two communities with electricity were the two communities located closest to the provincial capital. Most of the communities surveyed were over a half hour walk from a

major road. The most remote communities had roads which were inaccessible by vehicle during the rainy season. These communities were on average approximately forty kilometers from the provincial capital , thirteen kilometers from the district capital and four kilometers from a neighboring community.

3.3 Utilization of Health Facilities in Veraguas

Three hundred households were interviewed in 1984 to assess their utilization of the health facilities in the province of Veraguas. The majority of the households surveyed in the rural communities attended a public health facility(usually a health center or subcenter) when a family member needed medical attention. Of the persons who consulted an authority (excluding self treatment), only twenty percent attended a private facility (Table 11). More than half of the visits to public health facilities were to the health centers or subcenters and over a third of the visits were to the regional hospitals or policlinicas in Santiago. In general, the households that attended the health center had larger families than those that attended the health posts and the majority of them had a child under six years of age in the household reflecting that the higher level of service (the health center) offered maternal and child health care (e.g. immunizations, prenatal care, delivery, etc.). The households reported that an average consultation at a public health facility cost B /0.75 compared to B /2.50 at a private facility. The households which used the health center rather than the local health post paid up to four times more per consultation. None of the surveyed households had health insurance and few were CSS subscribers.

Table 11. Utilization and Average Costs of Various Health Facilities in Rural Veraguas

Health Facility	Number of Visits	Opportunity Cost of Time for Visit to Health Care[1]	Health Care Fee	Transportation Costs	Direct Costs[2]	Total Costs[3]
No Consult	51	-	-	-	-	-
Home Care	8	-	-	-	-	-
Health Post	10	1.20	0.20	0.28	0.48	1.68
Health Center	45	1.57	0.89	0.54	1.43	3.00
Policlinic/ Hospital	31	1.30	0.77	2.50	3.27	4.52
Traditional Healer	10	0.87	0.62	0.22	0.84	1.71
Private Clinic	10	1.03	4.40	2.54	6.94	7.97
Pharmacy	1	-	-	-	-	-

[1]Time cost was calculated by multiplying the proportion of the day allocated to health care (Table 10) by B/2.50 the average daily wage; this does not take into account that 2 persons may have traveled to the health facilities if the ill person was a child.

[2]Sum of fee for health services and transportation costs

[3]Sum of direct costs and opportunity cost of time

Note: 198 households reported no illness in the past 30 days.

One out of every three households reported an incidence of illness in the past thirty days. Regression analyses were undertaken using the data from these 107 households in order to identify the determinants of the use of public versus private health facilities (198 households had reported no illness in the past month). An indicator of the use of the public health facility was used as the dependent variable in logistic regression analyses with household size, an indicator of a preschooler in the household, an indicator of a pregnant women in the household, opportunity cost of time, and the consultation fee as predictors. The first three predictors measured socioeconomic characteristics of the rural households; the latter two measured direct and indirect costs of services to the households. The opportunity cost of time included both travel to the health facility and time spent in the queue waiting for service at the facility. The results presented in Table 12 indicated that the significant predictors of the use of public facilities were the opportunity cost of time and the cost of the consultation. In particular, the negative sign on the coefficient of the consultation fee indicates that individuals willing to pay more for health services were more likely to attend the private facilities. In a similar manner, individuals who spent more time travelling to and waiting at the health facilities usually attended the public facilities. These results substantiate that programs and policies that seek health improvement should be determined with explicit recognition of the value of time and the importance of timing in the decisions of the poor. The value of

Table 12. Logistic Regression Estimation of the Use of Public Health Facilities in Rural Veraguas

Predictor	Regression Coefficient	Mean
Intercept	0.99	-
Household size	0.09	6.5
Presence of Preschooler	-5.18	67.6%
Presence of Pregnant Woman	4.20	69.6%
Opportunity Cost of Time	1.43*	0.86
Consultation Fee	-0.43*	1.08

*Significant at the 0.05 level of significance

n=102 household visits to a health facility.
Model chi square = 20.8 with 5 degrees of freedom (p = 0.001)

women's time is particularly important because she is generally responsible for the well-being and health care of her family. She is also usually the person who accompanies the sick child to the health facility in cases of illness which requires a loss of her time in the agricultural work and the market. This finding is particularly important since the analyses of the household data showed that the rural individuals were more likely to attend the urban health facilities in the capital of Santiago. This attendance at the higher level of service in the urban area may indicate a perceived higher quality of care at the urban facility.

4.0 SUMMARY

The government of Panama has generally spent a large share of its fiscal budget on public health services. This, however, has been inadequate to extend the effective coverage of primary health care services to rural populations in spite of a stated and apparent committment to do so. Given this high level of public expenditure, private financing and cost sharing alternatives need to be developed in order to extend basic coverage to the rural area. These conclusions are based on the empirical results of the 1984 survey which was undertaken to assess the implementation of the integrated health system in rural Veraguas. The study was conducted at the household, institution and community level. The empirical results of the study revealed the following:

- the rural communities of Veraguas had access to public facilities only through health posts and health subcenters in the rural areas and health centers, policlinicas and regional hospitals in the larger urban centers; the only private facilities located in the rural areas were traditional healers(curanderos) and midwives.

- the different health facilities were comparable in terms of travel time to attend each facility, however, in terms of actual distance; the health post was usually the closest facility and the regional hospital in Santiago was the facility furthest from the rural communities. (the travel time was equivalent because it was a function of the mode of transporation --public bus to the larger cities via the major roads and commuting on secondary roads to the health posts).

- the direct costs of public health facilitities were comparable at the health subcenters and centers, policlinicas and regional hospitals and costs at the health posts were negligible.

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- the consultation fees at the private facilities were four times the cost of the public facilities-- the private clinics were available in the urban centers only.

- the surveyed communities had less coverage of safe water and sanitation services than the rural areas of Panama as a whole which reflects the poverty conditions of these communities.

- the households in the rural communities did not have private health insurance and fewer than 20 percent were covered by Social Security benefits.

- the households were more likely to attend the higher level of service at the urban centers rather than attend the rural health post or subcenter.

- two important predictors of the attendance at a public facility were the opportunity cost of time (measured by the travel time and time to wait in the queue for service) and the cost of the consultation.

- transportation could be improved throughout the rural areas via secondary roads in order to provide access to the health posts and subcenters to maximize the use of these facilities.

- more preventive care should be offered at the lower level of service (health posts and subcenters) in particular, immunization campaigns would possibly increase the health coverage to the rural communities.

- consultation fees at the public facitilites should be restructured to charge more at urban facilities and little, if any, in the rural communities. This would encourage the use of the rural facilities as well as minimize the rural worker's loss of time from the work place to use the urban based health facilities.

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APPENDIX: SURVEY QUESTIONNAIRES

Formulario # 01647

ESTUDIO SOBRE UTILIZACION DE SERVICIOS DE SALUD

1984

MINISTERIO DE SALUD

REPUBLICA DE PANAMA

NIVEL DE INSTITUCION

Este formulario es para solicitar informacion a los jefes (jefas) encargados(as) de las instituciones o servicios de salud a las cuales pueden recurrir los habitantes de las Comunidades del estudio. Para cada comunidad es necesario obtener la siguiente informacion en el sitio mas cercano para cada tipo de servicio o institucion. Ejemplo, si la Comunidad no cuenta con hospital, se requiere la informacion sobre el hospital mas cercano al cual puedan recurrir los habitantes de la Comunidad. Se obtendra un formulario para cada tipo de institucion o servicio y en el caso que en la Comunidad se cuente con mas de uno de los servicios se obtendra solo un formulario para cada tipo de ellos, ejemplo: farmacias.

INSTITUCIONES Y SERVICIOS DE SALUD

1. Tipo de institucion. . . . . [ ]

1. PUESTO DE SALUD	6. CLINICA PRIVADA
2. SUB-CENTRO DE SALUD	7. MEDICO PRIVADO
3. CENTRO DE SALUD	8. FARMACIAS
4. POLICLINICA (Seguro Social)	9. PARTERAS
5. HOSPITAL	10. CURANDEROS (AS)

2. Localizacion de la institucion o servicio

COMUNIDAD _____

CORREGIMIENTO _____

DISTRITO _____

56

3. Identificacion de la institucion o servicio

Nombre _____

Nombre del Jefe o Encargado _____

Titulo del Jefe o Encargado _____

4. Entrevista

Nombre del Entrevistador _____

Nombre del Entrevistado _____

Fecha _____

PERSONAL DE SALUD EN LA INSTITUCION

5. Por favor anote el numero de personas de cada categoria quienes forman parte de la planta de personal de la institucion o servicio de salud. **Anote cero (0) si no forma parte ninguna persona de esa categoria.**

Categorias de Personal	Numero de personas en la planta de personal que usualmente prestan servicios de salud en esta institucion.
Medico	
Odontologo	
Enfermera	
Auxiliar de Enfermeria	
Nutricionista	
Trabajadora Social	
Farmaceutico	
Ayudante de Salud	
Partera	

6. Por favor indique el horario normal de trabajo de este institucion o servicio?**(Elige el codigo que mejor aplica)**.. . . . . .

1. Abierta o disponible 24 horas todos los dias.
2. Semana laboral oficial
3. Abierta 8 o mas horas pero menos que 24 horas todos los dias inclusive los fines de semana y feriados.
4. Abierto mas que medio dia los dias de semana pero cerrado los fines de semana y feriados.
5. Disponible mas que una vez por semana pero menos que 5 dias por semana segun horario fijo.
6. Disponibles menos que una vez por semana segun programa de visita a las Comunidades.
7. Hacen visitas domiciliarios segun programa pre-establecido.
8. Hacen visitas domiciliarios a solicitud de las familas o personas.

7. Por favor informanos la manera como se cubren los costos de los servicios que prestan aqui? . . . . . .

1. El servicio es gratuito; lo paga el gobierno o una obra filantropica.
2. El servicio es subsidiado pero cada usuario paga algo por cada consulta o servicio recibido.
3. Esta institucion o servicio depende de los usuarios para cubrir sus costos y cada usuario tiene que pagar por todo consulta, tratamiento, y/o servicio.
4. Los servicios de personal : medico, enfermera, etc. son gratuito pero los medicamentos y otros materiales, etc. Se los pagan los usuarios.

8. En caso que los usuarios tengan que pagar algo directamente, como se determina el monto de su pago en cada caso. **(anote todas las formas que se usan <u>normalmente</u>).**

1. Los usuarios no pagan nada.———————— ——————————
2. Los usuarios deben pagar sobre tarifas pre-establecidos ——— ____
3. Los usuarios pagan segun su capacidad de pagar ———————— ____
4. Se les deja pagar segun su buena voluntad ——————————— ____
5. Los usuarios que no pueden pagar con dinero pueden pagar con productos y/o trabajo.——————————— ____

9. Que se hace en el caso que un usuario no pueda pagar? . . . . . .

1) El servicio es gratuito para todos.
2) Se le presta el servicio y se le deja pagar como pueda. Ejemplo, a plazos, con trabajo, con productos,etc.
3) Se le refiere a alguna institucion del gobierno o de caridad.
4) Se le pide que firme un pagare o un letra de cambio.

COBERTURA DE SERVICIOS DE SALUD

10. Cuales Corregimientos son atendidos por su Institucion? Se puede llegar de ellos a su institucion: caminando o por transporte publico? Cuanto cuesta ese transporte? **(anote las respuestas en el cuadro)**

CORREGIMIENTO	Se puede llegar caminando (si o no)	Hay Transporte Publico (si o no)	Costo del Transporte (balboas)

TIPOS DE SERVICIOS

Atencion General

11. Dar las respuestas de las siguientes preguntas en el cuadro que aparece en esta pagina.

a. Que personal de Salud atiende a los pacientes con las siguientes enfermedades? (puede haber mas que una respuesta)

1. Medico
2. Enfermera
3. Auxiliar de enfermeria
4. Ayudante de salud
5. Curandero(a)
6. Partera
7. Otros _____

b. Cuanto cuesta una visita para tratarse cada una de estas enfermedades?
c. Con que medicamento especifico se trata generalmente cada una de estas enfermedades?
d. Esta disponible ese medicamento en esta institucion?
e. Cuanto cuesta este remedio si se compra aqui o si no hay aqui, cuanto cuesta en una farmacia?

Enfermedad	(a) Que personal atiende al paciente	(b) Costo normal de una visita por estas enfermedades. Gratis o B/. Indique 0 si es Gratis	(c) Con que medicamento se trata	(d) Existe el medicamento en esta institucion (si o no)	(e) Precio del medicamento (aqui o en la farmacia
NEUMONIA					
BRONQUITIS					
GASTROENTERITIS					
TUBERCULOSIS					
GRIPE					
SARAMPION					

12. Esta institucion (o servicio) ofrece atencion a pacientes ambulatorias (adultos) ?. . . . . .

1. SI 2. NO

13. Numero de pacientes adultos servidos por semana (promedio)? . . . .

14. Costo normal de una consulta ?. . . . . .

60

15. Tiempo de espera para una consulta ?. . . . . .

1. Mas de media hora 2. Menos de media hora

16. Quien atiende a los pacientes adultos? (anote los que aplice)

	SI	NO
1. Medico		
2. Enfermera		
3. Auxiliar de enfermeria		
4. Ayudante de Salud		
5. Curandero(a)		
6. Partera		
7. Otros		

Atencion al Parto

17. Algun miembro de la planta de personal de esta institucion o servicio atiende a partos ? **(Si o No).** . . . . . .

18. Anotar las respuestas a las siguientes preguntas en el cuadro de esta pagina.

a. Personal de su institucion atiende partos a domicilio (en casa de la madre) o en la institucion? Si o No.

b. Regularmente cuanto cuesta este Servicio?

c. Normalmente quien atiende el parto(todos que aplican)

1. Medico
2. Enfermera
3. Auxiliar de enfermeria
4. Ayudante de Salud
5. Curandero(a)
6. Partera
7. Otros _____

ACTIVIDAD	(a) Atencion del Parto (Si o No)	(b) Costo del Servicio (Balboas)	(c) Quien atiende el parto (1,2,3,4,5,6, o 7)
Parto en la Casa			
Parto en la Institucion			
Cesarea			

19. El precio del atencion al parto incluye cuidado pre-natal, post-natal del madre, y/o cuidado post-natal del nino ?

El precio incluye ?	SI	NO
Cuidado Pre-natal		
Cuidado Post-natal (Madre)		
Cuidado Post-natal (Niño)		

Atencion del Nino

19. Conteste las siguientes preguntas en el cuadro que aparece en esta pagina.

a. Su institucion ofrece los servicios para ninos que aparecen en el cuadro?

b. En promedio, cuantos pacientes reciben estos servicios en una semana.

c. Normalmente cuanto le cuesta cada usuario ?

d. En la institucion, cuanto tiempo aproximadamente debe esperar un paciente para recibir atencion.

e. Que personal atiende cada servicio? (**use estos codigos**)

1. Medico
2. Enfermera
3. Auxiliar de Enfermeria
4. Ayudante de Salud
5. Curandero
6. Partera
7. Otros _____

Tipo de Servicio	(a) Oferta de servicios de Salud (Si o No)	(b) Cuantos pacientes por semana	(c) Costo Normal (Balboas)	(d) Tiempo de Espera (mas de 1/2 hr menos de 1/2 hr)	Quien Atiende (1) (3) (5) (7) (2) (4) (6)
Cuidado Pre-natal					
Seguimiento al paciente ambulatorio (niño)					
Immunizaciones					
Clinica del Nino-Sano					
Visitas Domiciliarios					

Form # 01999

SURVEY ON THE USE OF HEALTH SERVICES
1984

MINISTRY OF HEALTH
REPUBLIC OF PANAMA

INSTITUTION LEVEL

This form elicits information from heads (directors) of institutions or health care professionals serving the residents of target communities. All information refers to the closest institution or individual to each community. Thus, for example, if a given community has no hospital of its own, the corresponding data will pertain to the closest hospital serving community residents. A separate form will be provided for each different type of institution and health professional. In cases where a given community has more than one facility of any given type, such as pharmacies or drug-stores, for example, only one form will be provided for each category of facility.

HEALTH CARE INSTITUTIONS AND PROFESSIONALS

1. Type of institution

1. Health Post
2. Health Care Subcenter
3. Health Care Center
4. Polyclinic (Social Security)
5. Hospital
6. Private Clinic
7. Private Physician
8. Pharmacies
9. Midwives
10. Traditional Healers

2. Location of the institution or health professional:

COMMUNITY _____

VILLAGE _____

DISTRICT _____

3. Identification of the institution or health professional

Name _____

Name of Head or Director _____

Official Title _____

4. Interview

Interviewer's Name _____

Respondent's Name _____

Date _____

HEALTH CARE PROFESSIONALS AT THE INSTITUTION

5. Please indicate the number of each of the following types of health care professionals on the staff of the institution or health care facility. Place a "0" in the box if the institution staff does not include a specific category of health care professional.

Types of Health Care Professionals	Number of staff members generally providing health care services at the institution
Physician	
Odontologist	
Nurse	
Nurse's Aid	
Nutritionist	
Social Worker	
Pharmacist	
Health Worker	
Midwife	

6. Please indicate the institution's or health professional's regular visiting hours (select the appropriate code number below): _____

   1. Open or available 24 hours a day, seven days a week
   2. Official work week
   3. Open 8 or more hours but less than 24 hours a day, seven days a week, including weekends and holidays
   4. Open longer than half a day only on weekdays; closed on weekends and holidays
   5. Available more than once a week but less than 5 days a week according to an established schedule
   6. Available less than once a week according to a specific circuit
   7. Home visits according to a preestablished schedule
   8. Home visits by appointment.

7. Please indicate how service costs are recovered: _____

   1. The service is free; paid by the government or by a charitable organization
   2. The service is subsidized, but each user pays something for each visit or service rendered
   3. The institution or facility recovers its costs from service users, with each user paying for each visit, treatment and/or service rendered
   4. Doctor's, nurse's and other personnel services are provided free of charge, with users paying for medicine, equipment, etc.

8. In cases where users must pay a direct charge, how is the charge determined in each specific case? (indicate <u>all</u> methods <u>generally</u> used)

   1. Users pay nothing _____ _____
   2. Users pay fixed rates _____ _____
   3. Users pay according to their ability _____ _____
   4. Users make a voluntary contribution _____ _____
   5. Users unable to pay cash may barter goods and/or services in exchange for health services _____ _____

9. What happens if a given user is unable to pay? _____

   1. Service is free to all users
   2. The user is treated and allowed to pay according to his or her ability, i.e. in installments, in goods, services, etc.
   3. The user is referred to a government or charitable institution for treatment
   4. The user is required to sign a bill or IOU.

HEALTH SERVICE COVERAGE

10. Which villages are served by your institution? Can villagers reach the institution on foot or by public transportation? How much does the trip cost? (mark answers directly onto the following table)

VILLAGE	Accessible on foot? (Yes/No)	Public Transportation? (Yes/No)	Travel Cost (balboas)

TYPES OF SERVICES

General Health Care:

11. Mark your answers to the following questions directly onto the table:

a. Which health care professionals treat patients with the following diseases? (you may have more than one answer)

1. Physician
2. Nurse
3. Nurse's Aid
4. Health Worker
5. Traditional Healer
6. Midwife
7. Other _____

b. How much does a visit cost for each of the following diseases?
c. What specific drugs are generally used to treat each disease?
d. Is such medicine available from your institution?
e. How much does it cost if purchased at the institution or, if unavailable from your institution, at a pharmacy?

Disease	(a) Who treats the patient ?	(b) Normal cost of visit Free or B/. Mark "0" if free	(c) Medicine used for treatment	(d) Available at institution ? (Yes/No)	(e) Medicine cost (here or at pharmacy)
PNEUMONIA					
BRONCHITIS					
GASTROENTERITIS					
TUBERCULOSIS					
FLU					
MEASLES					

12. Does this institution (or facility) treat ambulatory (adult) patients? [ ]

1. Yes 2. No

13. (Average) number of adult patients treated weekly: [ ]

14. Average cost of a visit: [ ]

15. Waiting time for a visit:

1. Over 30 minutes 2. Less than 30 minutes

16. Who treats adult patients? (mark all applicable responses)

	Yes	No
1. Physician		
2. Nurse		
3. Nurse's Aid		
4. Health Worker		
5. Healer		
6. Midwife		
7. Others		

Births:

17. Is there a staff member at the institution or facility to handle deliveries? (Yes or no)

18. Mark your answers to the following questions directly onto the table:

a. Does any institution staff member handle home deliveries (in the mother's home) or deliveries at the institution? (Yes or no)
b. How much does this service generally cost?
c. Who usually handles deliveries? (mark all appropriate responses)

1. Physician
2. Nurse
3. Nurse's Aid
4. Health Worker
5. Healer
6. Midwife
7. Other _____

SERVICE	(a) Handles deliveries (yes/no)	(b) Service Cost (balboas)	(c) Who handles deliveries (1,2,3,4,5,6,7)
Home Deliveries			
In-institution Deliveries			
Caesareans			

19. Does the cost of the delivery include prenatal care, postnatal maternal care and/or child care?

Does cost include	Yes	No
Prenatal care		
Postnatal (maternal) care		
Postnatal (child) care		

Child Care Services:

10. Answer the following questions directly on the following table

a. Does your institution offer the child care services listed on the following table?
b. On the average, how many patients are treated weekly?
c. How much do such services normally cost each user?
d. Approximately how long must a patient wait at the institution before being attended?
e. Which health care professionals provide each service: (use the following code numbers)

1. Physician
2. Nurse
3. Nurse's Aid
4. Health worker
5. Healer
6. Midwife
7. Other _____

Type of Service	(a) Provides Health Services (Yes/No)	(b) No. of Patients/ Week	(c) Average Cost (balboas)	(d) Waiting Time (over ½ hr under ½ hr)	Who treats patients (1,2,3,4, 5,6,7)
Prenatal Care					
Ambulatory patient follow-up care (child)					
Vaccinations					
Preventive Child Care					
Home Visits					

Formulario # 00607

ESTUDIO SOBRE UTILIZACION DE SERVICIOS DE SALUD

MINISTERIO DE SALUD

REPUBLICA DE PANAMA

1984

ENCUESTA FAMILIAR

Este formulario se aplica en cada uno de los hogares seleccionados en la muestra para cada comunidad del estudio. El formulario requiere tres tipos de información: practicas y utilización de servicios de salud por los miembros de los hogares, practicas de salud para los niños pre-escolares, y aspectos socio-económicos de la familia. De ser posible, los datos de salud general de la madre y del niño se obtienen de la entrevista de la madre del niño, y los datos socio-económicos se obtienen del "jefe(a)-económico" del hogar. Favor de explicarle a las personas informantes que este es un estudio sobre el uso de los servicios de salud y se solicita la colaboración de la madre. Tambien se indica que al final de la visita se quieren hacer algunas preguntas sobre consumo y producción de alimentos a ella y al Jefe(a) económico de la familia.

1. Tiene este hogar uno o mas niños menores de cinco (5) años?

Si _____ No _____

2. Vive en el hogar la madre del niño(s) menor de cinco años

Si _____ No _____

3. Nombre de la madre del niño(s) menor de cinco años _____

_____

Nombre del entrevistado _____

Nombre del entrevistador _____

Fecha de la entrevista _____

Observaciones _____

Numero de Identificación de la familia _____

Comunidad _____

Corregimiento _____

Distrito _____

Provincia _____

En la pagina que sigue se solicitan datos sobre los miembros de la familia. En la primera linea anotar el nombre y los datos del jefe(a) económico de la familia y en la segunda anotar el nombre y los datos del conyuge del primero. A continuación se anotan los otros miembros del hogar anotando claramente el parentesco de estos con el primero.

"SEÑORA, LE VOY A SOLICITAR INFORMACION ACERCA DE QUIENES VIVEN ACTUALMENTE EN ESTA CASA; PARA ELLO NOMBREME A TODAS LAS PERSONAS QUE ESTAN VIVIENDO EN ESTA CASA AHORA, SEAN ELLOS FAMILIARES, PARIENTES U OTRAS PERSONAS. EMPESAMOS CON EL NOMBRE DEL JEFE (A) ECONOMICO DE LA FAMILIA"

Nº De la Persona	Nombre	Relación de Parentesco	Sexo 1-Hombre 2-Mujer	Edad Actual en años	Sabe Escribir 1-Si 2-No	Cual es el último año de educación			
						Aprobado		Otros Estudios	
						Primaria	Secundaria	Universidad	Vocacional
01		Jefe(A)							
02		Conyuge del Jefe(a)							
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

SERVICIOS DE SALUD

"SEÑORA, AHORA QUISIERA PREGUNTARLE SOBRE LOS SERVICOS DE SALUD QUE USAN USTED Y SU FAMILIA."

5. Su familia tiene seguro de salud privado?. . . . . .
   1. Si
   2. No

6. Quiénes de su familia son beneficiarios de este seguro de salud privado?. . . . . .

   1. Todos
   2. Madre
   3. Padre
   4. Solo los niños
   5. Madre y Padre
   6. Madre y niños
   7. Padre y niños.

7. Los siguientes tipos de atención médica, están cubiertos por su seguro de salud privado?

	Si	No	No Sabe
a. Estadía en el hospital.			
b. Consultas a médico privado en su clínica . . .			
c. Compra de a medicinas en farmacias			
d. Gastos del parto			

ANOTE EN EL CUADRO DE LA PAGINA 6.

8. "SI ALGUN MIEMBRO DE SU FAMILIA HA ESTADO ENFERMO EN EL ULTIMO MES (LOS ULTIMOS 30 DIAS), POR FAVOR DIGAME EL NOMBRE DE LA PERSONA, Y DIGAME DE QUE ESTUVO O ESTA ENFERMO, Y SI USTED CONSIDERA QUE ESTUVO GRAVE O SI LA PERSONA TUVO QUE DEJAR DE TRABAJAR, IR A LA ESCUELA O HACER SUS ACTIVIDADES NORMALES. DIGAME SI SE CONSULTÓ A ALGUIEN PARA CADA ENFERMEDAD DE CADA PERSONA."

   Las respuestas a estas preguntas se deben anotar en el cuadro de la pagina que sigue a la pregunta #18

9. A quien consulto por enfermedad en su familia en el ultimo mes?

   0. Nadie estuvo enfermo en el último mes (Pasar a la pregunta 19)

   1. Farmaceutico
   2. Médico privado
   3. Médico del gobierno
   4. Auxiliar de enfermería
   5. Ayudante de salud
   6. Curandero
   7. Partera
   8. Enfermera gobierno
   9. Enfermera privado
   10. Una amistad que sabe de enfermedades
   11. No se consultó a nadie en el caso mas rec
   12. Otro (especifique)

ANOTE EN EL CUADRO DE LA PAGINA 6.

10. En donde tuvo lugar esta consulta?

0. No se consultó a nadie
1. En esta casa
2. Puesto de Salud
3. Casa de la curandera o amistad
4. Consultorio o clinica privada
5. Centro de Salud
6. Policlinica o Hospital (IPSS)
7. La Farmacia
8. La Iglesia o Escuela

11. Cuanto tiempo tomo el viaje a la consulta?

(anote las horas en cuartas partes ejemplo: un cuarto de hora o 2 horas y media, etc.)

12. Cuanto tiempo tuvo que esperar para esta consulta?

(anote las horas en cuartas partes ejemplo, un cuarto de hora o 2 horas y media, etc.)

13. Señora, si se pagó algo por esta consulta, cuanto le costó la consulta?

Anote 0 (cero) si no costó nada, o fue gratis

14. Por favor, digame si le recetaron alguna medicina o medicamento y cuanto costó la medicina?

Anote el precio en Balboas
No recetaron nada, (Anote 0),
Si recetaron pero no nos costó nada. porque fue gratis, (Anote 0)

15. Si le recetaron alguna medicina, donde la consiguió?

0. No recetaron nada
1. Recetaron pero no la pudo conseguir
2. Puesto de Salud
3. Sub-centro de Salud
4. Policlinica
5. Hospital
6. Clinica privada
7. Médico privado
8. Farmacia
9. Tienda
10. Partera
11. Curandero
12. Otro

16. Cuantas noches permaneció en la institución la persona enferma?

0. No permaneció nadie ninguna noche en ninguna institución

17. Quien fue el acompañante de esa persona cuando permaneció en la institución anote cero (0) si no hubo permanencia o acompañante, anote el numero personal. (pregunta #4)

18. Cuanto costó la estadia de la persona enferma en esa institución?

0. No costó nada o no hubo estadia en alguna institución.

CUADROS PARA PREGUNTAS 8 A 18 - USO DE SERVICIOS DE SALUD

PRIMERA CONSULTA

(8) Numero de Persona	(8) Enfermedad	(8) Grave		(8) Numero de dias que tuvo que dejar los estudios,el trabajo,y/o las actividades normales por enfermedad	(9) Quien consulto?	(10) Donde tuvo lugar la consulta?	(11) Cuanto tiempo de viaje (casa a consulta)	(12) Cuanto tiempo espero?	(13) Costo de consulta	(14) Costo de medicina	(15) Donde consiguio la medicina	(16) Cuantos noches permanacio en la institucion	(17) Quien fue acompanante?	(18) Cuanto costo la estadia en la instit.
		Si	No											

SEGUNDA CONSULTA

(8) Numero de Persona	(8) Enfermedad	(8) Grave		(8) Numero de dias que tuvo que dejar los estudios,el trabajo,y/o las actividades normales por enfermedad	(9) Quien consulto?	(10) Donde tuvo lugar la consulta?	(11) Cuanto tiempo de viaje (casa a consulta)	(12) Cuanto tiempo espero?	(13) Costo de consulta	(14) Costo de medicina	(15) Donde consiguio la medicina	(16) Cuantos noches permanacio en la institucion	(17) Quien fue acompanante?	(18) Cuanto costo la estadia en la instit.
		Si	No											

IMPORTANTE

SI LA PERSONA TUVO UNA SEGUNDA CONSULTA, HAY QUE REPETIR PRECUNTAS 8-18 Y ANOTARLAS EN EL CUADRO. SI NO HAY SEGUNDA CONSULTA, PASE A LA PROXIMA PREGUNTA (#19).

19. En el caso que no se haya consultado a nadie con la enfermedad de algun miembro de la familia por favor diga la razon por que no se consultò a nadie. . . . . .

0. No fue necesario
1. Falta de tiempo
2. Falta de dinero
3. Por dificultades en llegar a donde lo podrían haber atendido
4. No fue necesario porque lo curamos en casa.
5. Si, se consultò a alguien.

20. Señora, quien le da la mejor atención para las siguientes condiciones y normalmente quien le atiende por estás enfermedades.

(El encuestador seleccionará uno de los siguientes codigos segun la respuesta:

1. Médico del sistema integrado de Salud,
2. Médico privado,
3. Enfermera,
4. Auxiliar de enfermeria,
5. Ayudante de salud,
6. Curandero
7. Farmaceutico
8. Familiar o amistad
9. Partera

	Mejor Atención	Normalmente Te Atiende
Tos y fiebre		
Bronquitis		
Gastroenteritis		
Tuberculosis		
Embarazo		
Parto		
Influenza o Gripe		

ATENCION AL PARTO

21. Ahora, señora quisiera preguntarle sobre su último embarazo. Ha estado usted embarazada en los últimos cinco años?. . . . . [ ]

    1. Si. Anote el año del último embarazo . . . . . [ ]

    2. No - Pase a La Pregunta # 51
       (Preguntas de Familia y Vivienpa)

22. En donde le atendieron el último parto? . . . . . [ ]

    0. No hubo parto porque el embarazo termino antes de tiempo
    1. En casa propia o de un familiar o una amistad
    2. Puesto de Salud
    3. Centro o Sub Centro de Salud
    4. Policlinica o Hospital de Seguro Social
    5. Hospital
    6. Clinica Privada
    7. En casa de la partera

    Anote el numero de persona del niño de este Parto. . . . . [ ]
    Las preguntas que siguien refieren a este niño (el niño menor)

23. Quien le atendió el parto?. . . . . [ ]

    1. Sola (nadie)
    2. Algun familiar o una amiga
    3. Partera
    4. Médico del Gobierno
    5. Enfermera del Gobierno
    6. Enfermera privado
    7. Auxiliar de enfermería
    8. Ayundante de salud
    9. Curandero
    10. Médico privado
    11. Farmaceutico
    12. Otro _____(especifique)

24. Cuanto costó el parto? (balboas) (Si no costó nada, anote 0, cero) . . . . . [ ]

25. Cuales de estos servicios fueron incluidos en el costo del parto?

	Si	No	No Sabe
0. Ninguno			
1. Atención pre-natal			
2. Atención post-natal			
3. Atención niño-sano			
4. Inmunizacions			
5. Medicamentos y vitaminas			

26. Cuanto tiempo quedó usted en la institución despues del parto? (en dias y horas). . . . . .

27. Recibío su niño supervisión medica o una consulta para niño sano?

1. Si 2. No 3. El niño murio

<u>Si la respuesta es 2 o 3 pase a la pregunta 34</u>.

28. Donde ocurrió esta consulta . . . . . .

0. No hubo consulta
1. En casa
2. Puesto de Salud
3. Sub-centro de Salud
4. Centro de Salud
5. Policlinica (IPSS)
6. Hospital
7. Clinica Privada
8. Otro _____ (especifique)

29. Quien atendió a su niño en esta consulta?. . . . . .

0. No hubo consulta
1. Médico del Gobierno
2. Enfermera Gobierno
3. Enfermera privado
4. Aux. Enf.
5. Ayud. Salud
6. Partera
7. Médico privado
8. Curandero
9. Farmaceutico
10. Otro _____
(especifique)

30. Cuanto costó esta consulta?
Si fue incluido en el costo del parto, o fue gratis, anote 0. . .

31. Ha recibido alguna inmunización el niño que nació en este parto?

1. Si 2. No 3. No, el niño murió antes de ser vacunado.

Si la respuesta es 2 o 3 pase a la pregunta 34.

32. Podría usted mostrarme la tarjeta de vacunación de este niño?

1. Si 2. No. . . . . .

33. Cuales de las siguientes inmunizaciones ha recibido el niño que nació en ese parto. (marque con una x)

0. El niño murió _____
1. poliomielitis _____
2. viruela _____
3. BCG _____
4. DPT _____
5. Sarampion _____

34. Durante ese embarazo, recibió usted atencion pre-natal?

1. Si 2. No. . . . . .
3. No estuvo embarazada en los últimos cinco años

Si la respuesta es 2 o 3, pase a la pregunta 37.

35. Donde recibió esta atención pre-natal? . . . . . .

0. No recibió atención pre-natal
1. En casa
2. Puesto de Salud
3. Sub-centro de Salud
4. Centro de Salud
5. Policlinica
6. Hospital
7. Clinica Priv.
8. Farmacia
9. Otro _____ (especifique)

36. Cuantas consultas pre-natales tuvo durante el embarazo? a quien consultó? Indique el numero de consultas de cada tipo y el costo de cada tipo. Si fue incluido en el costo del parto o fue gratis, anote 0

		Numero de consultas	Costo c/u
1.	Médico del Gobierno		
2.	Enfermera Gobierno		
3.	Enfermera Privado		
4.	Aux. Enfermeria		
5.	Ayud. de Salud		
6.	Partera		
7.	Médico privado		
8.	Curandero		
9.	Farmaceutico		
10.	Otro (especifique)		

AHORA VAMOS A SOLICITARLE INFORMACION SOBRE SUS ACTIVIDADES Y SOBRE EL CUIDADO DE LOS NIÑOS.

37. Señora, cuantos niños le han nacido vivos? . . . . . .

38. De estos niños cuantos se le han muerto?

(a) Total numero de niños que han muerto? . . . . . .

(b) Antes de cumplir el primer dia? . . . . . .

(c) Antes de cumplir una semana?. . . . . .

(d) Antes de cumplir un mes?. . . . . .

(e) Antes de cumplir un año?. . . . . .

(f) Antes de cumplir cinco años? . . . . . .

(g) Despues de los cinco años?. . . . . .

39. Señora, ahora quisieramos pesar y medir a su hijo(a) menor de cinco años . . . . . .

0. No tiene ningun hijo(a) menor de cinco años, pase a la pregunta #51.

1. Si tiene un hijo (hija) menor de cinco años, entonces solicitar los siguientes datos.

40. Nombre del Niño _____ _____

Número personal del niño (segun la pregunta 4) _____

Edad en meses _____

Peso actual en kilos y gramos _____

Talla actual en centímetros _____

41. Le está dando pecho a este nino?

1. Si 2. No. . . . . .

42. Cuánto tiempo le dió pecho a este niño? (en meses). . . . . .

Si todavia le esta dando marque la edad del niño.
Marque cero si no le dio

43. A que.edad (en meses) empezó usted a darle los siguientes alimentos a este nino?

Alimento	Edad en meses a la cual empezó a darle el alimento	Si Todavia no le da marque con x
Leche en mamadera		
Leche en vaso o tasa		
Jugos		
Cereales (avena, maizena, Nutrebien, etc.		
Frutas y Verduras		
Huevos		
Frijoles		
Arroz		
Sopas y Caldos		

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44. En los últimos 6 meses, digame si este niño ha tenido las siguientes enfermedades:

Enfermedad	Si	No	No Sabe
Sarampi'on			
Tosferina			
Pulmonia o Bronquitis			

45. En los últimos 7 dias ha sufrido su hijo o hija de las siguientes enfermedades:

	Si	No	No Sabe
Catarro o Tos			
Diarrea leve			
Diarrea grave			
Erupciones de la piel			

46. A quien consultó para la mas grave de estas enfermedades? . . . . (Sarampion, Tosferina Pulmonia o Bronquitis, Catarro o Tos, Diarrea, Erupciones de la Piel)

0. No consultó a nadie porque no lo consideró necesario

1. Médico del Gobierno
2. Enfermera Gobierno
3. Enfermera privado
4. Aux. Enf.
5. Ayud. Salud
6. Partera
7. Médico privado
8. Curandero
9. Farmaceutico
10. Otro _____ (especifique)

47. Si no consultó al servicio integrado de salud, por qué no consultó al Puesto, Centro de Salud o Hospital por la enfermedad de este niño?. . . . . .

1. Trabaja y no pudo llevarlo
2. Le cuesta mucho dinero
3. No atienden bien
4. Le hacen esperar mucho
5. No creyo´ necesario llevarlo
6. Le hizo tratamiento casero
7. El niño no ha estado enfermo
8. Si consultó

48. Si usted consultó al curandero, farmacia, familiar o vecino, por qué lo consultó? . . . . . .

1. El (Ella) si sabe como mejorarlo
2. Le conviene las horas que atiende
3. Lo viene a ver a casa
4. Le queda más cerca
5. Es más barato
6. No consultó a ninguna de estos personas.

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49. Cuanto pago por la consulta?

X - No pagó por que no lo llevó a nadie
0 - La consulta fue gratis.

B/_____

50. Senora, en su opinión como está éste nino de peso? . . . . . .

1. Sobre peso
2. Normal
3. Bajo peso
4. No sabe

FAMILIA Y VIVIENDA

51. Participán ustedes en algun programa de complementación alimentaria como los programas de salud materno-infantil y/o programas de producción de alimentos?.

1. Si
2. No

52. Que alimentos reciben de tal programa? Indique si no participa con una cruz (x).

Alimento	Kgs por mes
Leche en Polvo	
Avena	
Harina de Maiz	
Aceite vegetal	
Frijoles	
Azucar	
Otro (especifique)	

53. Qué tipo de alumbrado tiene? . . . . . .

1. Eléctrico
2. Gas
3. Kerosín o Diesel
4. Leña
5. Velas

54. Qué tipo de servicio sanitario tiene?. . . . . .

1. Privado conectado al alcantarillado
2. Comunal conectado alcantarillado
3. Privado conectado a tanque séptico
4. Privado de letrina o hueco
5. Comunal de letrina o hueco
6. No tiene servicio

Equipo Domestico y Otros Bienes

55. Respuestas a las siguientes preguntas deben ser anotadas en el cuadro.

1. Tiene usted este articulo ahora? (Si o No)
2. El articulo fue obtenido despues del ano 1981? (Si o No)
3. A que precio vendería el articulo? (en balboas)

Articulo	(1) Tiene		(2) Obtenido despues de 1981		(3) Precio al cual lo vendería
	Si	No	Si	No	
Radio o grabadora					
Maquina de coser					
Maquina de moler					
Cocina de gas, kerosin o electrica					
Bicicleta					
Carreta					
Vehiculo motorizado					
Tractor					
Implementos de trabajo Agr. cola					

TRANSPORTE (Anote en Cuadro de esta pagina)

56. A que distancia de su casa (en Kms.) queda lo siguiente ?
(por favor anote en el cuadro usando estos codigos)

a.	cabecera	f.	curandero
b.	escuela primaria	g.	hospital
c.	escuela secundaria	h.	centro de salud
d.	médico privado	i.	puesto de salud
e.	farmacia	j.	policlinica

57. Como se viaja a cada lugar? (use estos codingos)

1.	caminando	5.	bus
2.	camion	6.	bicicleta
3.	moto	7.	bote
4.	taxi	8.	caballo mula o mula

58. Cuanto tiempo es necesario para llegar a cada lugar?
(tiempo en minutos)

59. Cuanto cuesta ir a cada lugar? (en Balboas)

Transporte De esta casa	(56) Distancia en km	(57) Tipo de Transporte use codigos	(58) Tiempo de viaje (una via)	(59) Costo en Balboas
(a) Cabecera				
(b) Escuela Primaria				
(c) Escuela Secundaria				
(d) Médico Privado				
(e) Farmacia				
(f) Curandero				
(g) Partera				
(h) Hospital				
(i) Centro de Salud				
(j) Puesto de Salud				
(k) Policlinica				
(l) Médico del Gobierno				
(m) Enfermera Gobierno				
(n) Enfermera Privado				

60. QUISIERA PREGUNTARLE AHORA ACERCA DE LOS ALIMENTOS QUE COMPRA? EN LA ULTIMA SEMANA CUANTO DE LOS SIGUIENTES ALIMENTOS COMPRÓ? (SOLO COMPRAS)

PRODUCTOS COMPRADOS	COMPRAS (CANTIDADES) Y UNIDADES)		COSTO TOTAL
	cantidades	unidades	
Leche en polvo,			
Leche en tarro			
Leche en botella			
Huevos			
Arroz			
Spagetti			
Pasta para sopa			
Papa			
Plátano verde/ maduro			
Aceite/manteca			
Cereales, Avena			
Yuca			
Nutrebien			
Frijoles			
Arveja seca			
Guandú			
Repollo			
Zapallo			
Espinaca, hojas verdes			
Tomate			
Cebolla			
Remolacha			
Cubos Maggi/Knorr			

60. (Continuación)

PRODUCTOS COMPRADOS	COMPRAS (CANTIDADES) Y UNIDADES)		COSTO TOTAL
	cantidades	unidades	
Pan			
Panela			
Azúcar			
Harina de maíz			
Tortilla			
Harina de trigo			
Chocolate			
Frutas			
Carne de res			
Víceras			
Pescado			
Carne de Cerdo			
Aves			
Conejos			
Otros (específique)			
Sal			
Azafrán/pimienta/ajo			
Café			

61. Estamos interesados en todas las actividades del día de ayer, de todas las personas mayores de 5 años que viven en esta casa. Por ej.: a qué hora se levantaron? Cuántas comidas tuvo en casa? A qué hora desayunó, almorzó, cenó? Qué hizo entre el desayuno y el almuerzo? A qué hora salió su esposo para el trabajo y a qué hora regresó; Qué hizo usted entre el almuerzo y cena? Cuál de estas actividades hizo usted primero? A qué hora terminó? Antes que volviera su hijo de la escuela? Qué hizo después de la cena? A qué hora se acostó? etc.

NOMBRE			
Número personal			
Hora: 5 a.m.			
6			
7			
8			
9			
10			
11			
12 medio dia			
1 p.m.			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

61. (continuación)

Estamos interesados en todas las actividades del día de ayer, de todas las personas mayores de 5 años que viven en esta casa. Por ej.: a qué hora se levantaron? Cuántas comidas tuvo en casa? A qué hora desayunó, almorzó, cenó? Qué hizo entre el desayuno y el almuerzo? A qué hora salió su esposo para el trabajo y a qué hora regresó; Qué hizo usted entre el almuerzo y cena? Cuál de estas actividades hizo usted primero? A qué hora terminó? Antes que volviera su hijo de la escuela? Qué hizo después de la cena? A qué hora se acostó? etc.

NOMBRE			
Número personal			
Hora: 5 a.m.			
6			
7			
8			
9			
10			
11			
12 medio dia			
1 p.m.			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

PRODUCION AGRICOLA

ESTAS PREGUNTAS SE HACEN A LA PERSONA RESPONSABLE DE LA PRODUCCION AGRICOLA FAMILIAR (PARTICULAR). SI NO SE ENCUENTRA EN CASA, HACERSELAS A QUIEN PUEDA RESPONDER.

62. Qué superficie de tierra cultiva todos los miembros de esta usted o su familia? Anote un cero (0) si no cultiva.

Si cultiva, numero de hectáreas [ ]

63. "Por favor informenos si ustedes producen algunos de los siguientes cultivos"

Cultivo	superficie de tierra sembrada en hectareas o numero de Arboles o matas	cantidades que cosecho en Kgs	cuanto vendio Kgs	cuanto dejo para consumo de La Casa (familia)	cuanto consumen por Semana	Tiene algo guardado actualmente? Si o No
Arroz						
Maiz						
Frijoles y/o Guandú						
Yuca						
Ñame						
Piña						
Plátano y/o Guineo						
Caña						
Cacao						
Café						
Hortalizas						
Arboles Frutales						

64. Qué valor tiene el jornal agricola en esta región (EN BALBOAS POR DIA)

con comida B/. _____

sin comida B/. _____

65. Cuál de las siguientes aves o animales tiene usted de su propiedad particular? (LLENAR CUADRO)

Pollos	_____	Bueyes y Toros	_____
Patos	_____	Caballo	_____
Cerdos	_____	Mulas	_____
Vacas y Novillos	_____	Ovinos y caprinos	_____

66. Participa usted o alguno de sus familiares que viven en esta casa en alguna actividad productiva de algún proyecto comunitario?

Si _____ No _____

ALGUNAS PREGUNTAS SOBRE LAS PERSONAS QUE HAYAN TENIDO ALGUN TRABAJO REMUNERADO EN EL ULTIMO AÑO INCLUYENDO A LOS JUBILADOS Y NIÑOS

NOMBRE:

Numero de Personal

En los últimos tres meses, que meses trabajó? (marque los meses mencionados).	Ene-Mayo-Sept. Feb-Jun-Oct. Mar-Jul-Nov. Abr.-Ago-Dic.	Ene-May-Sept. Feb-Jun-Oct. Mar-Jul-Nov. Abr-Ago-Dic.	Ene-Mayo-Sept. Feb-Jun-Oct. Mar-Jul-Nov. Abr-Ago-Dic.
Esta la persona trabajando actualmente?	1. Si ____ 2. No ____	1. Si ____ 2. No ____	1. Si ____ 2. No ____
TRABAJA O TRABAJO LA ULTIMA VES COMO: (indique todoa los que apliquen)	Empl. Permanente: Empresa Privada ☐ 1 Empl. Eventual Empresa Privada. ☐ 2 Empleado Del Gobierno Permanente. ☐ 3 Empleado Del Gobierno Eventual. ☐ 4 Trabajo Cuenta Propia Permanente. ☐ 5 Trabajo Cuenta Propia Eventual. ☐ 6 Patron. ☐ 7 Trabajo Familiar. ☐ 8	Empl. Permanente: Empresa Privada ☐ 1 Empl. Eventual Empresa Privada. ☐ 2 Empleado Del Gobierno Permanente. ☐ 3 Empleado Del Gobierno Eventual. ☐ 4 Trabajo Cuenta Propia Permanente. ☐ 5 Trabajo Cuenta Propia Eventual. ☐ 6 Patron. ☐ 7 Trabajo Familiar. ☐ 8	Empl. Permanente: Empresa Privada ☐ 1 Empl. Fventual Empresa Privada ☐ 2 Empleado Del Gobierno Permanente. ☐ 3 Empleado Del Gobierno Eventual. ☐ 4 Trabajo Cuenta Propia Permanente. ☐ 5 Trabajo Cuenta Propia Permanente. ☐ 6 Patron. ☐ 7 Trabajo Familiar. ☐ 8
Qué ingresos recibe esta persona por esa ocupación?	1. Diario B/ _____ 2. Semana B/ _____ 3. Quincenel B/ _____ 4. Mensual B/ _____	1. Diario B/ _____ 2. Semana B/ _____ 3. Quincenel B/ _____ 4. Mensual B/ _____	1. Diario B/ _____ 2. Semana B/ _____ 3. Quincenel B/ _____ 4. Mensual B/ _____
Esta persona tiene Seguro Social	1. Si ____ 2. No ____	1. Si ____ 2. No ____	1. Si ____ 2. No ____
Si es jubilado, cuánto recibe por esa jubilación?	1. Semanal B/ _____ 2. Quincal B/ _____ 3. Mensual B/	1. Semanal B/ _____ 2. Quincal B/ _____ 3. Mensual B/	1. Semanal B/ _____ 2. Quincal B/ _____ 3. Mensual B/

67. (Continuación)

ALGUNAS PREGUNTAS SOBRE LAS PERSONAS QUE HAYAN TENIDO ALGUN TRABAJO REMUNERADO EN EL ULTIMO AÑO INCLUYENDO A LOS JUBILADOS Y NIÑOS

NOMBRE:

Numero de Personal

En los últimos tres meses, que meses trabajó? (marque los meses mencionados).	Ene-Mayo-Sept. Feb-Jun-Oct. Mar-Jul-Nov. Abr.-Ago-Dic.	Ene-May-Sept. Feb-Jun-Oct. Mar-Jul-Nov. Abr-Ago-Dic.	Ene-Mayo-Sept. Feb-Jun-Oct. Mar-Jul-Nov. Abr-Ago-Dic.
Esta la persona trabajando actualmente?	1. Si____ 2. No____	1. Si___ 2. No___	1. Si____ 2. No____
TRABAJA O TRABAJO LA ULTIMA VES COMO: (indique todoa los que apliquen)	Empl. Permanente: Empresa Privada ☐ 1 Empl. Eventual Empresa Privada. ☐ 2 Empleado Del Gobierno Permanente ☐ 3 Empleado Del Gobierno Eventual. ☐ 4 Trabajo Cuenta Propia Permanente. ☐ 5 Trabajo Cuenta Propia Eventual. ☐ 6 Patron. ☐ 7 Trabajo Familiar. ☐ 8	Empl. Permanente: Empresa Privada ☐ 1 Empl. Eventual Empresa Privada. ☐ 2 Empleado Del Gobierno Permanente. ☐ 3 Empleado Del Gobierno Eventual. ☐ 4 Trabajo Cuenta Propia Permanente. ☐ 5 Trabajo Cuenta Propia Eventual. ☐ 6 Patron. ☐ 7 Trabajo Familiar. ☐ 8	Empl. Permanente: Empresa Privada ☐ 1 Empl. Eventual Empresa Privada ☐ 2 Empleado Del Gobierno Permanente. ☐ 3 Empleado Del Gobierno Eventual. ☐ 4 Trabajo Cuenta Propia Permanente. ☐ 5 Trabajo Cuenta Propia Permanente. ☐ 6 Patron. ☐ 7 Trabajo Familiar. ☐ 8
Qué ingresos recibe esta persona por esa ocupación?	1. Diario B/_____ 2. Semana B/_____ 3. Quincenel B/_____ 4. Mensual B/_____	1. Diario B/_____ 2. Semana B/_____ 3. Quincenel B/_____ 4. Mensual B/_____	1. Diario B/_____ 2. Semana B/_____ 3. Quincenel B/_____ 4. Mensual B/_____
Esta persona tiene Seguro Social	1. Si____ 2. No____	1. Si___ 2. No___	1. Si____ 2. No____
Si es jubilado, cuánto recibe por esa jubilación?	1. Semanal B/_____ 2. Quincal B/_____ 3. Mensual B/_____	1. Semanal B/_____ 2. Quincal B/_____ 3. Mensual B/_____	1. Semanal B/_____ 2. Quincal B/_____ 3. Mensual B/_____

Form # 00955

SURVEY ON THE USE OF HEALTH SERVICES

MINISTRY OF HEALTH

REPUBLIC OF PANAMA

1984

HOUSEHOLD SURVEY

The present form is for use in each household selected as part of the survey sample for each target community. The questionnaire elicits three different types of information, namely information on the health practices and use of health services by household members, health practices for pre-school children and socioeconomic household data. If possible, general health data on both mother and child should be obtained through personal interviews of the respective mother, with the socioeconomic data obtained from the head of the household. Please explain to all respondents that this is merely a survey on the use of health services and that the mother's cooperation is appreciated. Also explain that at the end of the interview, you would like to ask both the mother and the head of the household a few questions on food consumption and production.

1. Does the household include one or more children under five (5) years of age? Yes ____ No ____

2. Does the mother of the child or children under five years of age live in the household? Yes ____ No ____

3. Name of the mother of the child or children under five years of age:

_____

Respondent's Name _____

Interviewer's Name _____

Date of the Interview _____

Remarks _____

Household Identification Number _____

Community _____

Village _____

District _____

Province _____

The following page elicits data on individual members of the household. Use line (1) to list the name and personal data for the head of the household and line (2) to indicate the name and all corresponding data on his (or her) spouse. Use subsequent lines to list all additional household members, clearly indicating their relationship to the head of the household.

"MA'AM, MY NEXT QUESTIONS CONCERN THE OTHER MEMBERS OF YOUR HOUSEHOLD. PLEASE GIVE ME THE NAMES OF EVERYONE PRESENTLY LIVING IN YOUR HOUSE, INCLUDING FAMILY MEMBERS, RELATIVES AND ANYONE ELSE, BEGINNING WITH THE NAME OF THE HEAD OF THE HOUSEHOLD. (A)"

Personal Identification No.	Name	Relationship	Sex 1-Male 2-Female	Current Age (in years)	Knows how to write? 1-Yes 2-No	LAST YEAR OF EDUCATION			
						Successfully Completed		Other Education	
						Primary	Secondary	University	Vocational
01		Head(A)							
02		Spouse(a)							
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

HEALTH SERVICES

"MA'AM, ALLOW ME TO ASK YOU A FEW QUESTIONS ON THE HEALTH SERVICES USED BY YOURSELF AND YOUR FAMILY."

5. Does your family have private health insurance?
   1. Yes
   2. No

6. Which family members are covered by your private health insurance policy?

   1. Everyone
   2. Mother
   3. Father
   4. Children only
   5. Mother and father
   6. Mother and children
   7. Father and children

7. Are the following types of medical services covered by your private health insurance policy?

   a. Hospitalization
   b. Private doctor's office visits
   c. Purchases of medicine in pharmacies
   d. Childbirth

Yes	No	Unsure

MARK RESPONSES DIRECTLY ONTO THE TABLE ON PAGE 6

8. "IF SOMEONE IN YOUR FAMILY HAS BEEN ILL WITHIN THE PAST MONTH (THE PAST 30 DAYS) PLEASE INDICATE THE PERSON'S NAME, WHAT ILLNESS HE OR SHE HAD OR STILL HAS, WHETHER YOU CONSIDER THE ILLNESS SERIOUS OR WHETHER HE OR SHE HAD TO MISS WORK OR SCHOOL OR WAS UNABLE TO PERFORM HIS OR HER NORMAL ACTIVITIES. WAS SOMEONE CONSULTED IN EACH CASE OF ILLNESS?"

   (The answers to these questions should be listed on the table following Question # 18.)

9. Who have you consulted over the past month due to illness in your family?

   0. No one was ill during the past month (Go directly to Question 19)

   1. Pharmacist
   2. Private physician
   3. Government doctor
   4. Nurse's aid
   5. Health worker
   6. Traditional healer
   7. Midwife
   8. Government nurse
   9. Private nurse
   10. Knowledgeable friend
   11. No one was consulted in the last case of illness
   12. Other (specify)

MARK RESPONSES DIRECTLY ONTO THE TABLE ON PAGE 6

10. Where did the consultation take place?

0. No one was consulted
1. At home
2. Health Post
3. Healer's or Friend's House
4. Private clinic or doctor's office
5. Health Center
6. Hospital or Polyclinic (Soc. Sec.)
7. Pharmacy
8. Church or school

11. How long was the trip to the consultation site?

(Indicate travel time in quarter hour increments, i.e. ¼ hour, 2-½ hours, etc.)

12. How long did you have to wait for the consultation?

(Indicate time in quarter hour increments, i.e. ¼ hour, 2-½ hours, etc.)

13. Ma'am, if you paid for the visit, how much did it cost?

Mark with a zero (0) if the visit was free or cost nothing.

14. Please indicate whether any drug or medicine was prescribed and how much it cost.

Indicate the price in Balboas.
No, nothing was prescribed (mark with a zero)
Yes, there was a prescription but it cost nothing because it was free (mark with a zero)

15. If some sort of medication was prescribed, where did you get it?

0. Nothing was prescribed
1. Prescribed but could not get it
2. Health Post
3. Health Care Subcenter
4. Polyclinic
5. Hospital
6. Private clinic
7. Private physician
8. Pharmacy
9. Store
10. Midwife
11. Healer
12. Other source

16. How many nights did the patient spend at the health care facility?

0. No one spent a night in any such facility.

17. Who stayed with the patient at the health care facility? (Mark with a "0" if there was no such stay, otherwise indicate the appropriate personal identification number from Question #4 above)

18. How much did it cost for the patient to stay at the aforesaid facility?

0. It cost nothing or no one stayed at any health care facility.

TABLES FOR QUESTIONS 8 THROUGH 18 - USE OF HEALTH SERVICES

FIRST VISIT

(8) ID No.	(8) Illness	(8) Serious Yes	(8) Serious No	(8) No. of days missed school, work or unable to perform normal activities due to illness	(9) Who was consulted	(10) Where did the consultation take place	(11) Travel time (from home to site of consultation)	(12) Waiting Time	(13) Cost of Visit	(14) Cost of medicine	(15) Where was medication obtained	(16) No. of nights at facility	(17) Who stayed with patient	(18) Cost of stay at facility

SECOND VISIT

(8) ID No.	(8) Illness	(8) Serious Yes	(8) Serious No	(8) No. of days missed school, work or unable to perform normal activities due to illness	(9) Who was consulted	(10) Where did the consultation take place	(11) Travel time (from home to site of consultation)	(12) Waiting Time	(13) Cost of Visit	(14) Cost of medicine	(15) Where was medication obtained	(16) No. of nights at facility	(17) Who stayed with patient	(18) Cost of stay at facility

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IMPORTANT

IF THERE WAS A SECOND VISIT, REPEAT QUESTIONS 8 THROUGH 18 MARKING ALL CORRESPONDING ANSWERS ON THE TABLE. IF THERE WAS NO SECOND VISIT GO DIRECTLY TO QUESTION #19 BELOW.

19. If no one was consulted on a family member's illness, please explain why not: [ ]

    0. It was unnecessary
    1. No time
    2. No money
    3. Impossible to get to anyone able to help him or her
    4. It was unnecessary because he or she was cared for at home
    5. Yes, some one was consulted.

20. Ma'am, who provides the best care for the following conditions and who normally treats the following illnesses?

    (The interviewer will select the appropriate code number according to the respondent's answer to the question.)

    1. Government Health Care System Doctor
    2. Private physician
    3. Nurse
    4. Nurse's aid
    5. Health worker
    6. Traditional healer
    7. Pharmacist
    8. Friend or relative
    9. Midwife

	Best Care	Normally Treats Illness
Coughs and fevers		
Bronchitis		
Gastroenteritis		
Tuberculosis		
Pregnancy		
Childbirth		
Colds and Flu		

CHILDBIRTH

21. Now, ma'am, let's discuss your last pregnancy.
Have you been pregnant in the last five years? [ ]

1. Yes. Indicate year of last pregnancy [ ]

2. No. Go directly to Question #51
(Family and Housing Data)

22. Where did you give birth to your last child? [ ]

0. There was no delivery because I miscarried before giving birth
1. At home or in a relative's or friend's home
2. Health Post
3. Health Care Center or Subcenter
4. Social Security Hospital or Polyclinic
5. Hospital
6. Private clinic
7. In the midwife's house

Indicate the personal identification number of the child born of this pregnancy [ ]
The following questions all refer to this child (i.e. the youngest child):

23. Who delivered the child? [ ]

1. Delivered alone (no one)
2. Relative or friend
3. Midwife
4. Government doctor
5. Government nurse
6. Private nurse
7. Nurse's aid
8. Health worker
9. Traditional healer
10. Private physician
11. Pharmacist
12. Other (specify)

24. How much did the delivery cost? (in balboas) [ ]
(If it cost nothing, mark a "0" in the box to the right.)

25. Which of the following services were included in the cost of the delivery?

	Yes	No	Unsure
0. None of the following			
1. Prenatal care			
2. Postnatal care			
3. Preventive child care			
4. Vaccinations			
5. Medicines and vitamins			

26. How long did you remain in the health care facility after giving birth? (no. of days and hours) [ ]

27. Was your child placed under medical supervision or did it receive preventive care following its birth? [ ]

1. Yes 2. No 3. The child died.

<u>If the respondent's answer is (2) or (3) go directly to Question 34</u>

28. Where did the consultation take place? [ ]

0. There was no consultation
1. At home
2. Health Post
3. Health Care Subcenter
4. Health Center
5. Polyclinic (Social Security)
6. Hospital
7. Private clinic
8. Other (specify) _____

35. Where did you receive your prenatal care?

0. Received no prenatal care
1. At home
2. Health Post
3. Health Care Subcenter
4. Health Care Center
5. Polyclinic
6. Hospital
7. Private clinic
8. Pharmacy
9. Other (specify) _____

36. How many prenatal examinations did you have during your pregnancy? Who treated you? Indicate the number of visits to each of the following health care professionals and the corresponding cost. Mark with a "0" if included in the cost of delivery or if the visits were free.

	Number of visits	Unit Cost
1. Government doctor		
2. Government nurse		
3. Private nurse		
4. Nurse's aid		
5. Health worker		
6. Midwife		
7. Private physician		
8. Traditional healer		
9. Pharmacist		
10. Other (specify)		

THE NEXT SET OF QUESTIONS DEAL WITH YOUR ACTIVITIES AND THE CARE OF YOUR CHILDREN:

37. Ma'am, how many live children have you borne?

38. Of these live births, how many children have since died?

(a) Total number of children who died

(b) Within 24 hours after birth
(c) Within the first week
(d) Within a month
(e) Before reaching their first birthday
(f) Before reaching five years of age
(g) After five years of age

29. Who treated the child during the visit?

0. There was no visit
1. Government doctor
2. Government nurse
3. Private nurse
4. Nurse's aid
5. Health worker
6. Midwife
7. Private physician
8. Traditional healer
9. Pharmacist
10. Other (specify) _____

30. How much did the visit cost? Mark with a "0" if the visit was free or included in the cost of delivery.

31. Has the child born of this pregnancy received any vaccinations?

1. Yes 2. No 3. No, the child died before being vaccinated.

<u>If the respondent's answer to this question is (2) or (3) go directly to Question #34</u>

32. Could you please show me the child's vaccination record?

1. Yes 2. No

33. Which of the following vaccinations has the child born of this pregnancy received to date? (mark with an "x")

0. The child died _____
1. Polio _____
2. Smallpox _____
3. BCG _____
4. DPT _____
5. Measles _____

34. Did you receive prenatal care during this pregnancy?

1. Yes 2. No
3. Was not pregnant in the last 5 years

<u>If the respondent's answer to this question is (2) or (3), go directly to Question #37</u>:

39. Ma'am, let's proceed to weigh and measure your preschool-age child (under five years of age):

0. The respondent has no children under five years of age. Go directly to Question #51

1. If the respondent has a son or daughter under five years of age, elicit the following information:

40. Child's name _____

Personal Identification Number (see Question #4) _____

Age (in months) _____

Current weight in kilos and grams _____

Current height in centimeters _____

41. Are you breast-feeding the child?

1. Yes 2. No

42. How long did you breast-feed the child?
(number of months)
If still breast-feeding, indicate the child's age.
If never breast-fed, mark with a zero.

43. At what age (in months) did you begin feeding the child the following types of food?

Food Product	Age (mos.) at which first given to child	Mark an "x" if still not given to child
Milk (in a bottle)		
Milk (in a cup or glass)		
Juice		
Cereals (oatmeal, cornmeal, Nutrebien, etc.)		
Fruits and Vegetables		
Eggs		
Beans		
Rice		
Broth and Soups		

44. Please indicate whether the child has suffered from any of the following illnesses over the past six months:

Illness	Yes	No	Unsure
Measles			
Whooping Cough			
Pneumonia or bronchitis			

45. Has your child suffered from any of the following illnesses over the past seven days?

	Yes	No	Unsure
Cough or cold			
Light diarrhea			
Heavy diarrhea			
Skin rashes			

46. Whom did you consult for the most serious illnesses? (measles, whooping cough, pneumonia, bronchitis, cough, cold, diarrhea, rashes)

0. No one because it was unnecessary

1. Government doctor
2. Government nurse
3. Private nurse
4. Nurse's aid
5. Health worker
6. Midwife
7. Private physician
8. Traditional healer
9. Pharmacist
10. Other (specify) _____

47. If you did not use the Government Health Care Service, why didn't you go to a health post, health care center or hospital when the child took ill?

1. Prevented by work
2. Costs too much money
3. Poor service
4. Too long a wait
5. Thought it unnecessary
6. Used a home cure
7. The child wasn't sick
8. Yes, we went.

48. If you consulted a traditional healer, pharmacist, relative or neighbor, why did you do so?

1. Knows how to cure the child
2. More convenient visiting hours
3. Comes to the house
4. Closer to home
5. Cheaper
6. None of the foregoing were consulted

49. How much did the visit cost?

X - Nothing because there was no such visit
0 - The visit was free

B/ _____

50. Ma'am, what do you think of your child's weight? [ ]

1. Overweight
2. Normal
3. Underweight
4. Unsure

FAMILY AND HOUSING DATA

51. Are you enrolled in any supplementary feeding programs such as maternal-child health and/or crop production programs?

1. Yes
2. No

52. What foods are provided by such program? If you are not enrolled in any such programs, mark with an "x."

Food Product	Kgs/month
Powdered milk	
Oats	
Cornmeal	
Vegetable oil	
Beans	
Sugar	
Other (specify)	

53. What type of lighting do you have?

1. Electric lights
2. Gas
3. Kerosene or diesel
4. Firewood
5. Candles

54. What type of sanitary facilities do you have?

1. Private, hooked to the sewerage system
2. Shared, hooked to the sewerage system
3. Private/septic tank
4. Private/latrine or hole
5. Shared/latrine or hole
6. None

HOUSEHOLD APPLIANCES AND OTHER EQUIPMENT

55. All answers to the following questions are to be marked directly onto the chart below:

1. Do you currently have this item? (Yes or no)

2. Was the item obtained subsequent to 1981? (Yes or no)

3. At what price would you sell the item? (in balboas)

Item	(1) Has item		(2) Obtained After 1981		(3) Selling Price
	Yes	No	Yes	No	
Radio or tape recorder					
Sewing machine					
Milling machine					
Gas/kerosene or electric stove					
Bicycle					
Wagon					
Automotive vehicle					
Tractor					
Farm implements					

TRANSPORTATION (mark answers directly onto the following table)

56. How far from your house (in km) are the following? (please mark the table with the appropriate code letter):

a. the capital
b. primary school
c. secondary school
d. private physician
e. pharmacy
f. traditional healer
g. hospital
h. health center
i. health post
j. polyclinic

57. How do you travel to each site? (use the following code numbers):

1. on foot
2. truck
3. motorcycle
4. taxi
5. bus
6. bicycle
7. boat
8. horse or mule

58. What is the travel time to each site? (in minutes)

59. How much does it cost to get to each site? (in balboas)

Transportation From home to:	(56) Distance in km	(57) Transport. Medium use codes	(58) Travel Time (one way)	(59) Cost in balboas
a) Capital				
b) Primary School				
c) Secondary School				
d) Private Physician				
e) Pharmacy				
f) Healer				
g) Midwife				
h) Hospital				
i) Health Center				
j) Health Post				
k) Polyclinic				
l) Govt. Doctor				
m) Govt. Nurse				
n) Private Nurse				

60. THE NEXT QUESTION CONCERNS THE FOODS YOU BUY. HOW MUCH OF THE FOLLOWING FOODS DID YOU PURCHASE DURING THE PAST WEEK? (PURCHASES ONLY)

PRODUCTS PURCHASED	PURCHASES (QUANTITIES AND UNITS)		TOTAL COST
	Quantities	Units	
Powdered milk			
Canned milk			
Bottled milk			
Eggs			
Rice			
Spagetti			
Noodles for soup			
Potatoes			
Ripe bananas/plantains			
Oil/lard			
Cereal/oats			
Cassava			
Nutrebien			
Dry Beans			
Dry peas			
Pigeon peas			
Cabbage			
Squash			
Spinach/greens			
Tomatoes			
Onions			
Beets			
Maggi/Knorr Bouillon Cubes			

60. (cont.)

PRODUCTS PURCHASED	PURCHASES (QUANTITIES AND UNITS)		TOTAL COST
	Quantities	Units	
Bread			
Plain cake			
Sugar			
Cornmeal			
Tortillas			
Wheat flour			
Chocolate			
Fruit			
Beef			
Viscera			
Fish			
Pork			
Poultry			
Rabbit			
Other (specify)			
Salt			
Saffron/pepper/garlic			
Coffee			

61. We're interested in all activities performed yesterday by all family members over 5 years of age. For example, what time they got up, how many meals they ate at home, what time they ate breakfast, lunch and dinner, what they did between breakfast and lunchtime, what time your husband left for work and what time he came home, what you did between lunch and dinner-time, which of these activities did you do first, what time you finished, was it before your child came home from school, what you did after dinner, what time you went to sleep, etc.

NAME			
Personal Id Number			
Time: 5 AM			
6			
7			
8			
9			
10			
11			
12:00 noon			
1 PM			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12 midnight			

CROP PRODUCTION

THE FOLLOWING QUESTIONS ARE TO BE DIRECTED AT THE HOUSEHOLD MEMBER RESPONSIBLE FOR FAMILY CROP PRODUCTION ACTIVITIES. IF THIS PERSON IS NOT AT HOME, ASK THEM TO WHOEVER IS BEST ABLE TO ANSWER THEM.

62. How much land is farmed by all the members of your family or family unit? (If no land is farmed mark a "0" in the box. If you do farm land, indicate the number of hectares.

63. Please indicate whether you produce any of the following crops :

Crop	Area sown in has or number of trees or shrubs	Quantity harvested (kg)	Quantity sold (kg)	Quantity left for home or family consumption	Weekly con-sump-tion	Anything currently stored? Yes/No
Rice						
Corn						
Beans and/or pigeon peas						
Cassava						
Yams						
Pineapple						
Bananas						
Sugarcane						
Cocoa						
Coffee						
Vegetables						
Fruit trees						

64. How much are day laborers paid on farms in this area? (in balboas/day)

meals included B/ _____

without meals B/ _____

65. Which of the following animals or do you own or raise?
(MARK ANSWERS ONTO THE FOLLOWING TABLE):

Chickens _____	Oxen and bulls _____
Ducks _____	Horses _____
Hogs _____	Mules _____
Cows/calves _____	Sheep and goats _____

66. Do you or any other member of your household take part in any farming activities within a community project?

Yes _____ No _____

Question 67:

A FEW QUESTIONS ON HOUSEHOLD MEMBERS HOLDING A PAID JOB

OVER THE PAST YEAR, INCLUDING RETIREES AND CHILDREN

NAME			
Personal Identification No.			
How many of the past three months did he or she work? (mark all corresponding months)	Jan/May/Sept Feb/June/Oct Mar/July/Nov Apr/Aug/Dec	Jan/May/Sept Feb/June/Oct Mar/July/Nov Apr/Aug/Dec	Jan/May/Sept Feb/June/Oct Mar/July/Nov Apr/Aug/Dec
Is this same person presently working?	1. Yes ____ 2. No ____	1. Yes ____ 2. No ____	1. Yes ____ 2. No ____
Current or last position held: (mark all appropriate boxes)	Full-time employee Private company ☐ 1 Seasonal/temporary employee Private company ☐ 2 Full-time government employee ☐ 3 Temporary government employee ☐ 4 Self-employed (full-time) ☐ 5 Self-employed (part-time/seasonal) ☐ 6 Employer ☐ 7 Family Worker ☐ 8	Full-time employee Private company ☐ 1 Seasonal/ emporary employee Private company ☐ 2 Full-time government employee ☐ 3 Temporary government employee ☐ 4 Self-employed (full-time) ☐ 5 Self-employed (part-time/seasonal) ☐ 6 Employer ☐ 7 Family worker ☐ 8	Full-time employee Private company ☐ 1 Seasonal/temporary employee Private company ☐ 2 Full-time government employee ☐ 3 Temporary government employee ☐ 4 Self-employed (full-time) ☐ 5 Self-employed (part-time/seasonal) ☐ 6 Employer ☐ 7 Family worker ☐ 8
Value of income earned by that person from the aforesaid job	1. Daily: B/ _____ 2. Weekly: B/ _____ 3. Biweekly: B/ _____ 4. Monthly: B/ _____	1. Daily: B/ _____ 2. Weekly: B/ _____ 3. Biweekly: B/ _____ 4. Monthly: B/ _____	1. Daily: B/ _____ 2. Weekly: B/ _____ 3. Biweekly: B/ _____ 4. Monthly: B/ _____
Does such person get Social Security?	1. Yes ____ 2. No ____	1. Yes ____ 2. No ____	1. Yes ____ 2. No ____
If retired, how much is his or her pension?	1. Weekly: B/ _____ 2. Biweekly: B/ _____ 3. Monthly: B/ _____	1. Weekly: B/ _____ 2. Biweekly: B/ _____ 3. Monthly: B/ _____	1. Weekly: B/ _____ 2. Biweekly: B/ _____ 3. Monthly: B/ _____

Formulario # 03063

ESTUDIO SOBRE UTILIZACIÓN DE SERVICIOS DE SALUD.

1984

MINISTERIO DE SALUD

REPÚBLICA DE PANAMA

NIVEL DE COMUNIDAD

Este formulario se debe administrar a la maxima autoridad de la comunidad bajo previa autorización del Honorable Representante del Corregimiento o la persona que este último indique.

SE SOLICITA INFORMACIÓN SOBRE ACCESIBILIDAD A LOS SERVICIOS DE SALUD PARA LOS FINES DE UN ESTUDIO CIENTÍFICA. LOS DATOS SOLO SE PUBLICARAN EN FORMA AGREGADA Y NO SE IDENTIFICARÁ A NINGUNA PERSONA, INSTITUCIÓN, COMUNIDAD, CORREGIMIENTO, O DISTRITO.

SE AGRADECE POR ANTEMANO LA COLABORACIÓN DE LA PERSONA ENTREVISTADA Y DE LOS HONORABLES AUTORIDADES.

NOMBRE DEL ENTREVISTADOR _____

NOMBRE DE LA PERSONA ENTREVISTADA _____

FECHA _____

COMUNIDAD _____

CORREGIMIENTO _____

DISTRITO _____

PROVINCIA _____

ACCESIBILIDAD Y DISTANCIA A LOS SERVICIOS DE SALUD

1. **"Por favor, informenos sobre las instituciones y el personal que presta servicios de salud a los habitantes de esta Comunidad. Además agradeceremos si nos proporcione información sobre los servicios de salud mas cercanos, si no existe en esta comunidad la institucion o persona indicada."**

   En el cuadro que sigue favor marcar si las instituciones y personas indicadas existen o no en la comunidad y en el caso que se cuente con tal servicio indicar el número de años desde que se cuenta con el servicio de la institución o persona.

   1. Marque si en caso de que exista; y no cuando no se tengan esas facilidades o personal.
   2. Indique el número de años, marque 0 (cero) si no existe.
   3. Escribe el nombre de la Comunidad en que existe tal servicio.
   4. Distancia en Kilometros.
   5. Contestar de acuerdo con el siguiente codigo: (a) caminando; (b) caballo o mula; (c) Bicicleta;(d) Motocicleta; (e) camión; (f) Bus; (g) Taxi o auto (h) Bote (i) avión o helicoptero.
   6. Tiempo en horas y cuartos de hora,ejemplo 1 1/4 horas.
   7. Precio de transporte de la Comunidad a la institución en Balboas.

Servicios de Salud

Institución de Salud o Personal	(1) Existe en la comunidad (Si o No)	(2) Desde hace cuanto tiempo existe en la comunidad	(3) Si no existe en la Comunidad en que lugar que este mas cerca, existe este servico	(4) A que distancia de la comunidad esta la institución o personal de salud. (kms)	(5) Que medio de transporte se utiliza normalmente para llegar a la institución o personal de salud indicada	(6) Cuanto tiempo se demora en llegar a ese lugar (horas).	(7 Precio de transpo de la comunic a la institu
PUESTO DE SALUD							
CENTRO O SUB-CENTRO DE SALUD							
POLICLINICA (SEGURO SOCIAL)							
HOSPITAL (SEGURO SOCIAL)							
HOSPITAL (PRIVADO)							
HOSPITAL (OTRO-Min.SALUD)							
CLINICA PRIVADA							
MEDICO PRIVADO							
CURANDERO(A)							
PARTERA							
FARMACIA							

Transporte en la Comunidad

2. **"Indique si existen o no los siguientes medios de transporte en esta comunidad y si existe el servicio, favor dar la frecuencia con que se cuenta con tal servicio.**

TIPO	HAY EL SERVICIO? (SI O NO)	FRECUENCIA (codigos) 1) Varios al dia 2) Diario 3) Menos que diario pero mas que semanalmente 4) Semanalmente o menos frecuente
BUSES		
TAXIS		
CAMIONES (Carga)		
BOTES Y LANCHAS		
TRANSPORTE AEREO		

Carreteras en la Comunidad

3. **"Favor informanos sobre el tipo de carretera y las distancias por la cual se llega de este comunidad a los siguientes lugares:**

BUENA: es transitable todo el año por todo tipo de vehiculo.
REGULAR: es transitable todo el año por vehiculo de doble tracción o por camión grande.
MALA: NO es transitable por vehiculo motorizado en la epoca de lluvia.
PESIMA: es transitable solo a pie o a caballo (o mula) la mayor parte del año.

LUGAR DE DESTINO	Kilómetros de cada tipo de carretera				
	NO HAY	Buena	Regular	Mala	Pesima
Cabecera Distrital:					
Communidad mas cerca:					
Capital de Provincia:					

SERVICIOS PUBLICOS

4. Por favor diganos si la comunidad cuenta o no con los siguientes servicios:

	SI	NO
ABASTECIMIENTO DE AGUA POTABLE		
ELECTRICIDAD(Red del INDRHI)		
TELEFONOS		
Escuela PRIMARIA		
Escuela SECUNDARIA		
Escuela VOCACIONAL		
SISTEMA DE ALCANTARILLADO		
(puede tener mas que un tipo) Acueducto		
Pozo sanitario		
Pozo brocales no protegidos		
Rio o quebradas		

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