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The Cono Sur PRICOR II Project
Subagreement 87/11/3300 to
U.S.A.I.D. Coop. Agrmnt. DPE-5920-A-00-5056

PERU COUNTRY STUDY

Final Report

Volume 3

SYSTEMS ASSESSMENT OF THE DIARRHEA CONTROL PROGRAM IN THE CONO SUR

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Introduction

The assessment of the ORT/Diarrhea Control program of the Peru Ministry of Health in the 14 health centers of Lima's Cono Sur represents the first application of an operational version of The PRISM Group's Systems Assessment Model (SAM), implemented in context of PRISM's process model, the Monitoring and Training Visit (MTV) plan.

Volume 3 of this final report contains the results of this ORT/CD assessment. We assume that the reader will have reviewed the material in Volume 1, "Systems Assessment Model with Instruments and Indicators", before reading Volume 3. If this is not the case, we suggest that, at the least, the sections describing the basic instrument set and indicators used should be read as an introduction to this report.

The ORT/CD assessment was carried out in April and May, 1989 and served as a high-level pilot test of the instruments developed to date. A number of important changes were made in the instruments following this study. A number of measures were rewritten, some new items were included, and some existing items were dropped upon considering their performance (e.g., because they focused on characteristics that were found not to be relevant to the situation encountered in any health centers, because they failed to differentiate between units, because they were inordinately difficult for subjects to understand).

The number of instruments in the set was also subsequently reduced from 10 utilized in the ORT/CD assessment to the 7 described in the latest version of the SAM. This was done to improve the efficiency of data collection and to increase the ease of comprehension of the subjects about what was being asked.

The results presented in this volume have been selected to correspond as closely as possible to the indicators included in the set described in Volume 1. Since this was not possible in some instances, especially at the level of individual items, we have included the original set of instruments used for the ORT/CD assessment as a final section to this volume.

We have emphasized the overall scores on individual items rather than indicator scores in most of the graphs presented in this report. This may seem to contradict somewhat our heavy theoretical stress on the value of indicators. The truth is that overall system performance on individual items is one of the most common reports we expect to produce for the strategic management level, which is, in fact, the level being tacitly addressed here.

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We have already provided immediate feedback to the participating health centers, giving them comparative data on direct services performance that is tabulated at the indicator level (see Figures 71-84). Such information is too site-specific to be of much interest to readers of this report, however.

On the other hand, a definitive analysis of the indicators and the relationship between structural factors and performance, and between performance and outcomes, is beyond the scope of the current PRICOR project. Mr. Christoph Grundmann, a member of The PRISM Group and an active participant in the Cono Sur project since its inception, has taken responsibility for this phase of the analysis and is using the effort to fulfill a portion of his doctoral requirements for in the Department of Health Policy and Management at The Johns Hopkins University School of Hygiene and Public Health. An analysis of these data is scheduled to be available in mid-1990.

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Materials and Methods

The assessment of the ORT/CD program in the 14 health centers of the Cono Sur was carried out by four 4-member teams during 5-day visits to each of the units during the four weeks of May, 1989.

Each of the teams consisted of a team head, chosen from the permanent PRISM PRICOR Project staff (2 nurses, 1 physician, 1 management specialist), and three nurses temporarily hired for the assessment (12 in all).

Instruments used. The instruments used were the following:

DFW -	*Unit Design/Function Worksheet*
JDQ -	*Job Design Questionnaire*
DFQ -	*Unit Design Questionnaire*
ORQ -	*Other Entity Relationship Questionnaire*
CDE-1,-2 -	*Two-part job knowledge examinations*
PPQ -	*Personal Performance Questionnaire*
DVC -	*Direct Services Site-Visit Checklist*
SVC -	*Support Services Site-visit Checklist*
CSX -	*Care/Counselling Simulation Exercise*
CMI -	*Community Member Interview*

These instruments were designed as already described in Volume 1 for the second generation series. The relationship between the original versions and this second generation is as follows:

DFW - similar to current version (with same name) but new DFW includes unit contextual items previously included in the DFQ and ORQ

JDQ - similar to current version (now called Job/Unit Design Questionnaire) but new JDQ includes job and unit design indicators previously included in the DFQ

DFQ - Both of these instruments have been removed from the set
ORQ -

CDE - Original version had two separate parts; analysis from the ORT/CD assessent demonstrated that this was unwarranted. Both types of questions have been included in the current knowledge examination, now called the Job Knowledge Exam or JKE.

CSX - Unchanged in new version

PPQ - Unchanged in new version but with new name: Performance Self-Report (PSR)

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DVC - These two have been replaced with a single on-site checklist called SVC - the On-site observation checklist, OSC.

CMI - Unchanged in new version

Training of temporary assessment team members. Training of the temporary assessment team members began on Monday, 24 April, 1989 and continued through Friday, 28 April, from 0830 to 1600 each day. The training schedule was as follows:

Day 1 -	*Presentation of project; review of study objectives; basic information about the Cono Sur, the ORT/CD Program of the PMOH; introduction to the assessment instruments; practice in filling out the CMI; question and answer session*
Day 2 -	*Presentation of SIMULEX; role-playing practice for SIMULEX; use of the CSX format; paired-practice with SIMULEX; introduction to DVC and SVC*
Day 3 -	*Further SIMULEX practice; review of the application of CDE 1&2, structural questionnaires (DFW, JDQ, DFQ, ORQ), and PPQ; review of specific assignments during health center visit*
Day 4 -	*Final SIMULEX practice; review of day-to-day schedule for health center visit; question and answer session on all forms*
Day 5 -	*Review of all instruments; review of visit agendas and assignments*

Training in data tabulation and report preparation was not included in this week-long course because PRISM PRICOR project staff were available to handle this aspect when data had been collected.

Health center visit schedule. Health centers were visited according to the following schedule:

5/2 - 5/5:	*Juan Pablo II* *César Lopez Silva*
5/8 - 5/12:	*H.M.I. Villa Maria* *San Martin de Porres* *San José* *José C. Mariátegui*
5/15 - 5/19:	*José Galvez* *Tablada de Lurin* *Daniél A. Carrión* *Nueva Esperanza*

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5/22 - 5/26: Ciudad de Dios
H.M.I. Manuel Barreto
Villa San Luis
San Juan de Miraflores

NOTE: H.M.I. = hospital materno-infantil - larger health center with facilities for handling births

The scheduled visit to Juan Pablo II (in Week 1) had to be cancelled during the second day of the visit due to difficulties with the deputy health center director who was in charge in the absence of the permanent director. Project staff had previously arranged with the latter to carry out the assessment. Unfortunately, when the director was called out of Lima (on an assignment of several weeks) on the Saturday before the assessment was to begin, he left no instructions for his deputy.

The deputy director was not willing to permit the assessment to proceed without a complete review by him of the assessment plan and instruments. Pending this review and/or the return of his chief, he postponed the assessment until at least the following week. Unfortunately, the visit schedule for the rest of May did not permit one of our teams to return to Juan Pablo II at that time when we finally obtained the deputy director's permission.

The final chapter in this episode came at the end of May when the physicians of the PMOH went on indefinite strike and severely interrupted services at health centers and hospitals throughout the country. Fortunately for the project, the strike (which ultimately lasted 100 days and caused the resignation of the Minister) took place late enough for us to complete all other 13 health centers without problem. Nevertheless, we still had to curtail our plans for a broader series of feedback workshops in June due to constant threats of violence in the Ministry and in the Cono Sur itself.

Team members task assignments. The assignments for the visit week were as follows:

Team leader -	*Present the team at the Health Center; coordinate with the heads of each program in the health center to arrange for SIMULEX, questionnaires, and examinations; coordinate with community leaders; conduct SIMULEX and act as observer; responsible for application of the DFW, JDQ, DFQ, ORQ*
Team member -	*actor in SIMULEX; carry out DVC/SVC observations; carry out CMI interviews; give CDE-1 and CDE-2 examinations; direct PPQ completion; collect and organize questionnaires and verify entries*

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Agenda for assessment visit. The schedule of events for the 5-day visit to a health center was as follows:

Day 1 - *Initiate assessment with meeting between assessment team and the health center director and program heads - complete DFW and JDQ/DFQ/ORQ with management team; arrange sessions with health auxiliaries who have worked in ORT/CD program during the past year*

Do on-site observations (DVC/SVC) of the health center's Oral Rehydration Unit (ORU) and the ORU's at ancillary health posts (communal ORU's were not included in this assessment)

Interview (CMI) 30 mothers from the community immediately surrounding (i.e., with 1km distance) the health center: must have child < 5yrs old. Three members of assessment team each carry out 10 interviews in afternoon.

Day 2 - *Give job knowledge examinations (CDE-1, CDE-2) to health auxiliaries and nurses.*

Apply the Personal Performance Questionnaire (PPQ) to health auxiliaries and nurses

Complete any CMI interviews left undone from Day 1

Initiate SIMULEX (CSX) testing

Day 3 - *Apply the JDQ and DFQ questionnaires to auxiliaries*

Complete SIMULEX (CSX) testing

Day 4 - *Complete data collection not finished on earlier day*

Do data tabulations necessary to prepare for immediate feedback

Discuss and clarify data with health center director, program heads and workers in program

Day 5 - *Participate in half-day feedback session with workers: focus on basic knowledge and SIMULEX performances*

Check data forms for completeness and legibility

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SIMULEX Vignette. The SIMULEX exercise is controlled and directed by a script developed by the project staff and called a "vignette". The vignette for the SIMULEX carried out during ORT/CD assessments was the following (presented in the original Spanish with parallel English translation):

SOCIODRAMA DE CED

PARTICIPANTES

Trabajador de salud (enfermera y técnico o auxiliar de enfermería)

Madre (enfermera del equipo de evaluación)

Observador (jefe del equipo de evaluación)

Se le indicará al trabajador de salud, que la observadora, es una colega que recientemente se ha incorporado al servicio y que debe tratar de capacitarla al máximo, atendiendo a un niño que acude por diarrea a la URO. La observadora, por lo tanto puede interrumpir en momentos claves según sea necesario en el desarrollo del sociodrama.

CARACTERISTICAS DEL NIÑO PARA EL SOCIODRAMA

Niño deshidratado : Requiere Plan B

Historia Clínica

Filiación
Nombre:
Edad: 11 meses
Sexo: femenino
Dirección:

CED SOCIODRAMA

PARTICIPANTS

Nurse or health worker

Mother (evaluation team nurse)

Observer (evaluation team chief)

The health worker will be told that the observer is a recently hired colleague, and that he must try to train her as best as he can by attending a child coming to the ORU with diarrhea. The observer can, thus, interrupt at critical points as she sees fit during the vignette.

CHILD CHARACTERISTICS FOR THE SOCIODRAMA

Dehydrated Child: Requires Plan B

Clinic History

Affiliation
Name:
Age: 11 months
Sex: Female
Address:

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Procedencia:

Tiempo de enfermedad: 4 días

Forma de inicio: insidioso

Signos y síntomas principales:

Diarreas en número de 6-7 por día, líquidas, abundantes, de color verde oscuro, con moco y con sangre.

Fiebre desde hace 3 días, cuantificada sólo a veces en 39 C, que cede con antipiréticos, pero es constante.

Vómitos: desde hace 2 días, en número de 2 a 3 por día, después de la ingesta de alimentos.

Decaimiento y somnoïencia, desde el día de hoy en la mañana.

Relato

Refiere la madre que su niño se encuentra enfermo desde hace aproximadamente 4 días, en que presenta deposiciones completamente líquidas, al principio en poca cantidad, luego y conforme han pasado los días, se han ído incrementando en número y volúmen, para ser desde hace 2 días en número de 6-7 por dia, además se han agregado también moco y sangre.

El segundo día de enfermedad diarréica, se añadió fiebre a veces cuantificada en 39 C, para lo cual le daba gotitas de Doltem (8 gotas), con lo cual cedía pero al cabo de unas horas nuevamente volvía a presentarse. En los últimos dos

Place of Origin:

Time sick: 4 days

Started: Insidiously

Main signs and symptoms:

Diarrhea, 6-7 a day, liquid, abundant, dark green color, with mucus and blood.

Fever in the last 3 days, quantified only sometimes at 39 C, will respond to antipyretics, but is constant.

Vomiting: in the last 2 days, 2 to 3 a day, after ingesting food.

Listlessness and somnolence, since this morning.

Narrative

The mother states that her child has been ill for approximately the last 4 days, in which he presented completely liquid stools, in small quantities at first, but that have incremented in number and volume, to about 6 or 7 in the last 2 days with the addition of mucus and blood.

Fever appeared the second day of sickness, sometimes reaching 39 C. The child was given Doltem (8 drops) to lower the fever, but it would reappear after a couple of hours. In the last 2 days milk has been withdrawn, and rice

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días le ha quitado la leche, le ha estado ofreciendo agua de arroz, té y sopas, lo cual el niño ha estado aceptando pero sólo parcialmente.

Desde hace dos días se agrega vómitos, no muy frecuentes, en número de aproximadamente 2 a 3 veces por día y generalmente después de la ingesta de alimentos, por lo cual su tolerancia oral ha ido disminuyendo día a día; aunque su sed estaba incrementada y notó que últimamente su orina estaba como "té cargado" y en menor cantidad. El día de hoy en la mañana lo nota decaído y un poco somnoliento por lo cual acude al Centro de Salud para ser atendido.

Exámen Físico

Signos Vitales:
- Temperatura rectal: 38.7 C
- Frecuencia Cardíaca: 150x'
- Frecuencia Respiratoria: 46x'
- Peso: 8.6 kgs

Paciente febril, deshidratado, somnoliento, pero responde bien al estímulo, ojos hundidos, signo del pliegue: ++, fontanela pequeña, deprimida, mucosas secas, llanto al estímulo débil y sin lágrimas, respira aceleradamente, pero sin distress respiratorio, ni cianosis.

Antecedentes

Nacido de parto distócico (cesarea por posición transversa), peso al nacer: 3.6 kgs. Recibió lactancia materna hasta los 5 meses, posteriormente leche gloria diluída al medio, inició ablactancia a los

water, tea and soups have been offered. The child has been partially accepting them.

In the last 2 days, vomiting appeared, not too frequently, numbering 2 to 3 a day and generally after the ingestion of food, so her oral tolerance has been decreasing day to day; even though she was thirstier and she noted that her urine had decreased and looked like "dark tea". Today's morning she saw she was looking listless and somnolent and decided to go to the Health Center to be taken care of.

Physical Examination

Vital Signs:
- Rectal Temperature: 38.7 C
- Cardiac Frequency: 150x'
- Respiratory Frequency: 46x'
- Weight: 8.6 kgs

Febrile patient, dehydrated, somnolent, but responds to stimulus, sunken eyes, skin fold sign: ++, small fontanelle, depressed, dry mucous membranes, cry for stimulus is weak and with no tears, breaths quickly, but with no signs of respiratory distress or cyanosis.

Antecedents

Cesarean birth, weight at birth: 3.6 kgs. Breastfeed the first 5 months, received partially diluted evaporated milk thereafter, started weaning at the age of 3 months, and currently ate all foods

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3 meses, y en la actualidad antes de iniciar su cuadro diarréico, comía de todo. Anteriormente sólo en una oportunidad tuvo diarrea, pero esta fue de corta duración (2 días) y cedió sola.

Tiene vacunas completas para polio y DPT, le falta la antisarampionosa.

ROL DE LA MADRE

En relación a la toma de historia clínica:

La madre debe contestar de acuerdo a las características del niño presentadas previamente. Sólo deberá contestar según le pregunte el trabajador, en otras palabras, no deberá dar ningún tipo de ayuda, ni dará otra información que no sea la que se le solicite; por supuesto puede contestar otras preguntas como: cuántos niños tiene, donde trabaja, etc; libremente, puesto que esto no influye en la información para el trabajador en relación al paciente.

En relación al exámen físico:

Ninguna labor

En relación a la administración de las sales de rehidratación oral:

Para esta parte se utilizarán muñecas a quienes se les administrará la TRO. Después de que el trabajador preparó las sales y hizo el ademán de administrarselas a las muñecas; el observador señala que pasaron 2 horas

before he became ill. He had only one diarrhea previously, of short duration (2 days), that went away without requiring any treatment.

He has received all required polio and DPT vaccines, has not received measles vaccine.

MOTHER'S ROLE

In relation o the clinical history:

The mother must answer according to the characteristics of the child just presented. Should only answer as required by the health worker, and must not give additional help or information if not specifically requested. Of course, she can answer other questions such as: how many children she's got, where she works, etc., freely as they will have no influence on the health worker's relation with the child.

In relation with the Physical Examination:

Nothing

In relation to the administration of Oral Rehydration Salts:

Dolls will be used for this part, and they will be given the ORS. After the health worker prepared the salts and made as if he administered the salts; the observer will point out that 2 hours have passed, and the mother will

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y la madre mencionará que su niño presentó 1 vomito. Posteriormente el niño tolerará bien las siguientes tomas y mejorará de su estado de deshidratación.

mention that the child vomited once. The child will subsequently tolerate the ORS and his condition will improve.

En relación a la satisfacción con el servicio:

In relation with service satisfaction:

Deberá llenar los items correspondientes, considerando que ella fue la "madre" del niño a quien se le brindó la atención.

She must fill the corresponding items, considering herself as the mother of a child who was just attended.

Personalidad de la Madre:

Mother personality:

Madre muy ansiosa y preocupada por la enfermedad de su niño, constamentemente hace preguntas como:

Very anxious and preoccupied mother, constantly asking question like:

- *Srta, no sería necesario darle algún medicamento a mi niño para que se cure de la diarrea?*
- *Srta, Ud. no cree que pueda empeorar su diarrea si no le damos algún tratamiento?*
- *Srta, porque estará con diarrea?*
- *Srta, no sería mejor internarlo en un Hospital, por si acaso se vaya a agravar?*
- *Srta, no sería mejor que lo vea el médico?*

Miss, shouldn't some drug be given to my child in order to cure his diarrhea?

Miss, you don't think the diarrhea will worsen if no treatment is given?

Miss, why has my child got diarrhea?
Miss, shouldn't my child be taken to a hospital, in case his illness worsens?

Miss, shouldn't he be seen by a physician?

Contesta bien a todas las preguntas que se le formulan, pero en todo momento se muestra ansiosa y sumamente preocupada por la diarrea de su niño, es insistente y presiona por respuestas.

Will correctly answer all question formulated by the health worker, but will show anxiety for her child's diarrhea, she will insists and press for answers.

ROL DEL OBSERVADOR

OBSERVER'S ROLE

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Mostrará fotografías de niños deshidratados, a solicitud del trabajador. Por ejemplo: si desea ver los ojos o si pregunta acerca de la fontanela, etc. Las fotografías serán mostradas por la observadora.

She will show pictures of dehydrated children, as requested by the health worker. For example: if the health worker wants to see the eyes, fontanelle, etc. The pictures will be shown by the observer.

Una vez acabada la toma de historia clínica y el exámen físico, deberá preguntar al trabajador de salud sobre el diagnóstico del niño y su estrategia de tratamiento y anotar las observaciones correspondientes en la hoja de observación.

Once the clinic history is taken and the physical examination carried out, she must ask the health worker for a diagnosis and a treatment strategy, and must annotate the corresponding observations in her observation sheet.

Durante el desarrollo de la parte de administración de las sales, deberá avisar al trabajador de salud, que pasaron 2 horas de la administración y realizar todas las anotaciones en la hoja de observación de sociodrama.

During the salt administration phase, she will notify the health worker that 2 hours have passed, and make all necessary annotations in her sociodrama annotation sheet.

The photographs mentioned in the vignette show children of approximately the same age as the "patient" with various signs of dehydration evident. These photos were taken by Dr. Eliana Chavez, the PRISM PRICOR Project team head at Hospital del Niños in Lima during February and March, 1989.

Assurance of anonymity. The MTV approach, to be successful, must guarantee to the health workers who participate that their responses and performance evaluations will remain completely anonymous. Only in this way can we expect to get the full and open cooperation of these individuals.

The level of suspicion about efforts to evaluate performance is high in personnel in the PMOH. It was critical, therefore, to establish good rapport and give clear and full explanations about what we were doing in the assessment. Beyond this, however, the single most important step we took was to ensure anonymity of all worker responses.

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The process used was to have each participating worker select a slip of paper at random from a box of slips. The slip contained a 2-digit number that then served as his/her identification code for the assessment. All instruments filled out by him/her were identified only with this number. It was the subject's responsibility to maintain the security of his/her code. Names were ever asked and the number permitted us to link forms without personally identifying the individual who filled them out.

The only break in this procedure occurred with the SIMULEX exercise. In this, of course, it was impossible for the observers not to know who the worker was as he/she was participating in the role-playing. The best solution we came across to re-establish anonymity subsequently was to complete the CSX form with a temporary label to identify the worker. At the end of the SIMULEX sessions, all participating workers were given their forms and they were asked to remove the temporary label and insert their secret number code in the correct space. They had to accept our word at this one point that we would not make an effort to further identify the forms but this seemed to be seen as an acceptably small risk to the anonymity of the process.

All performance "grades" were reported back to participating workers at the feedback workshop on the last day of the assessment visit. These were reported by code number only and this provided an incentive for individuals to remember their number for at least the one week.

Administrative arrangements with the PMOH. The ORT/CD program assessment was done with the prior knowledge and permission of the health center directors of the 13 centers that ultimately were included. In addition, project staff met with and discussed the assessment (both before and after the site visits) with the Director of the Cono Sur EEP, Dr. Hugo Gotelli; with the Director of the UDES-Lima Sur, Dr. Tomás Pinna; and with the National Head of the Diarrhea Control Program in the central PMOH, Dr. Hipolito Cruz. All were given copies of the instruments and asked for any suggestions or comments. Dr. Cruz, in particular, offered several insights which were incorporated in the last stage of forms development and which materially improved the content of certain indicators.

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Diarrhea Systems Assessment: Materials & Methods

Sample sizes. The following table indicates the number of individual applications of each instrument carried out in each of the 13 health centers studied:

HC No	Name	DFW	JDQ DFQ	SVC DVC	CSX	CDE1 CDE2	PPQ	CMI
01	San Martin de Porres	1	14	1	2	15	4	30
02	Cesar Lopez Silva	1	4	1	2	2	2	30
04	San Jose	1	10	1	5	12	7	30
05	Jose C. Mariategui	1	12	1	8	13	4	30
06	HMI Villa Maria	1	10	1	5	10	3	30
07	Jose Galvez	1	6	1	5	6	5	30
08	Nueva Esperanza	1	12	1	6	13	6	30
09	Daniel A. Carrion	1	17	1	7	18	7	30
10	Tablada de Lurin	1	16	1	8	15	8	30
11	San Juan de Miraflore	1	16	1	11	15	4	30
12	Villa San Luis	1	10	1	4	11	5	30
13	Ciudad de Dios	1	14	1	9	13	9	30
14	HMI Manuel Barreto	1	16	1	7	18	8	30
	TOTAL	13	157	13	79	161	72	420

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Overview

Overview data was collected using the DFW: Unit Design & Function Worksheet.

Health Center Overview Data were generally collected in a single session between the PRICOR Health Center Assessment Team leader and the Health Center Director. Each session lasted approximately 3 hours.

The methodology used employed open-ended questions, with answers and data recorded by the interviewer. We found this methodology to be less than satisfactory, producing many responses which were not amenable to easy interpretation. This led to a restructuring of the DFW into the current version which has almost all defined-category answers.

Responses and response summaries are presented below following the questions with which they are associated. Numerical data have been presented in tabular form.

The three tables below provide answers to the following questions:

Question: **Describe the Geography of your Health Center in the larger context of the Cono Sur?** (See Table 1.)

Question: **How many workers are there in your Health Center -** (See Table 2) - Note: Numbering in figure 10 is intended give a quick overview of the health center infrastructure. Each room is numbered and the services in each are located with one or more of them.

Question: **How many work areas are there in the Center?** (See Table 3.)

Question: **What are the positions in the Center?** (See Table 2.)

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Diarrhea Systems Assessment: Overview

Table 1. Geography of the Cono Sur

Health Center	Distance to (in minutes): Hospital	UTES	UDES	Transportation method
San Martin de Porres	20	10	80	Micro
Cesar Lopez Silva	10	3	30	Micro
San Jose	15	15	90	Micro
Jose C. Mariategui	15	25	45	Micro, taxi
H.M.I. Villa Maria	15	15	30	Micro, taxi
Jose Galvez	20	30	90	Micro
Nueva Esperanza	10	15	60	Micro, taxi
Daniel A. Carrion	20	30	60	Micro
Tablada de Lurin	20	30	90	Micro
San Juan de Miraflores	15	5	60	Micro
Villa San Luis	25	10	60	Micro
Ciudad de Dios	5	3	45	Micro
H.M.I. Manuel Barreto	20	15	60	Micro, foot

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Diarrhea Systems Assessment: Overview

Table 2. Size of the Cono Sur Health Centers

The Number of Personnel in Each Job Category

	San Martin de Porres	Cesar Lopez Silva	San Jose	Jose C. Mariategui	H.M.I. Villa Maria	Jose Galvez	Nueva Esperanza	Daniel A. Carrion	Tablada de Lurin	San Juan de Miraflores	Villa San Luis	Ciudad de Dios	H.M.I. Manuel Barreto
Physician	2	7	6	7	9	4	5	5	5	4	2	5	11
Nurse	1	0	1	1	2	1	1	1	1	2	1	2	3
Nurse-Midwife	0	3	2	3	7	2	2	2	1	3	1	3	8
Social Worker	1	2	1	1	3	1	1	1	2	2	1	1	1
Nursing Aux./Tech.	23	18	32	22	36	23	19	17	19	24	17	18	38
Lab Technician	4	4	9	3	7	3	4	2	3	2	1	3	5
Dentist	2	1	2	3	2	2	1	3	2	3	2	3	2
Psychologist	1	0	1	1	1	0	1	1	2	1	0	2	1
Adm. Personnel	5	10	7	7	13	7	4	5	4	16	5	14	9
Sanitation Tech.	3	1	1	1	2	1	1	1	1	2	1	0	3
Nutritionist	0	0	2	0	1	0	0	2	0	3	1	0	0
Watchman	10	7	5	3	5	4	3	2	14	1	2	4	6
Pharmacy Tech.	1	3	2	2	4	3	2	2	1	3	2	5	7
Chauffeur	0	0	4	0	5	0	0	0	0	0	0	0	5
X-ray Tech.	0	1	0	0	2	0	0	0	0	2	0	0	3
Statistics Tech.	2	1	1	2	2	2	2	1	2	2	1	1	2
Sanitation Eng.	0	0	0	0	0	0	0	0	0	0	0	0	0
Secretary	1	1	2	1	1	1	1	1	1	1	1	1	1
Service Workers	1	1	1	1	1	1	1	1	1	1	1	1	1
Supply Tech.	1	1	1	1	1	1	1	1	1	1	1	1	1

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Diarrhea Systems Assessment: Overview

Table 3. The Work Areas of the Health Center

	San Martin de Porres	Cesar Lopez Silva	San Jose	Jose C. Mariategui	H.M.I. Villa Maria	Jose Galvez	Nueva Esperanza	Daniel A. Carrion	Tablada de Lurin	San Juan de Miraflores	Villa San Luis	Ciudad de Dios	H.M.I. Manuel Barreto
Administration of Center	1	1	1	1	1	1	1	1	1	1	1	1	1
Nursing	2	2	2	2	2	2	2	2	2	2	2	2	2
Admissions	3	3	3	3	3	3	3	3	3	3	3	3	3
Statistics	4	3	4	4	4	4	3	3	4	3	4	4	3
Warehouse	5	4	5	5	5	4	4	4	5	2	5	5	4
Pharmacy	6	5	6	6	6	6	5	5	6	4	4	6	5
Personnel	7	6	7	7	7	7	1	6	4	1	5	4	6
Doctor's Office/Pediatric	-	-	-	-	8	-	-	7	-	-	-	7	7
Doctor's Office/Medicine	8	7	8	8	9	8	6	8	1/7	5	6	8	8
Doctor's Office/Dental	9	8	9	9/10	10	9	7	9/9	8	6	7	9	9
Doctor's Office/Gynecology	-	9	10	11	11	-	8	10	9	5	8	10	-
Doctor's Office/Mat. Health	10	-	11	11	12	10	8	11	-	-	8	11	10
Triage	11	10	12	12	13	11	9	12	10	7	9	12	11
First-Aid	12	11	13	13	13	12	10	13	11	8	10	13	12
Secretarial	17	1	1	18	1	16	1	6	4	1	5	1	6
Labor & Delivery	-	17	20	-	19	-	-	-	-	-	-	18	19
Hospitalization	-	18	21	-	20	-	-	-	-	-	-	-	20
Growth Monitoring	18	2	-	2	21	2	16	2	2	2	13	19	2
ORT	19	19	22	12	21	17	17	17	16	2	14	20	11
ARI	19	19	22	12	21	17	17	17	16	2	15	21	8/12
TBC	20	20	23	19	2	18	18	18	17	2	16	1	21
Social Services	14	12	14	15	14	13	12	15	13	9	11	15	13
Radiology	-	13	15	-	15	-	-	-		10	-	-	14
Laboratory	15	14	16	16	16	14	13	16	14	-	12	16	15
Sanitation	16	15	17	17	17	4	14	-	15	-	4	-	16
Nutrition	-	-	18	-	4	15	12	15	13	-	11	15	-
Accounting	17	16	19	7	4	3	15	3	15	3	12	17	17
Administration	-	6	-	-	18	-	-	3	4	1	-	4	18
Psychology	13	-	7	14	-	-	11	14	12	1	-	14	13
Immunizations	18	2	24	20	22	19	16	19	11	2	17	19	2

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Diarrhea Systems Assessment: Overview

Program Objectives and Direct Service Plan

Question: Do specific Written Objectives exist for each program?

Health Center directors all cited the MOH norms as an answer to this question. The only instance of locally generated objectives was in the Daniel Carrion HC, where the director had added two discrete goals to those specified in the MOH norms: "*reach 100% of vaccination coverage of children*," and "*ensure that 100% of patients' sputum specimens arrive in the laboratory.*"

Question: What is the goal of each Service?

The answers to this question tended to become confused with those of the preceding question on objectives. Those answers that we did receive tended to be trite. Manuel Barreto's answer is included as a typical example:

"The goal of:

- Nursing, is to ensure the development of its programs.
- The Laboratory is to improve the quality of its processing, in order to better contribute to medical diagnoses.
- The Pharmacy is to try to meet patient demands.
- Social Services is to collaborate with other elements of the HC in the improvement of the socio-economic status of the patients.
- Personnel is to establish a good control system of registries and need of the employees.
- Supply Services is to ensure that the center lacks no supplies.
- Finance is to make good investments within the legal framework, with the support of the immediate supervisor.
- Statistics is to enter and maintain data.
- Psychology is to capture the patients from the various services that present some pathology, and help them recuperate.
- Radiology is to take good x-rays.
- Sanitation is to improve basic sanitation.
- Hospitalization is to care for patients."

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Diarrhea Systems Assessment: Overview

Management Authority

Question: How is the Diarrhea Control Program managed in your Health Center?

All fourteen Health Center Directors' responses are presented for this question in order for the reader to gain a better "feeling" of the ORT/CD process in the Cono Sur Health Centers.

In **San Martin de Porres**: a physician is in charge of the program which is staffed by a nurse and some auxiliaries. These same personnel also supervise community programs that are staffed by health promotors.

In **Cesar Lopez Silva**: the patient first goes to the HC cashier window, then to triage and finally to the ORT Unit for evaluation by the auxiliary on duty. Follow-up is done the following day in the ORT Unit. The patient does not need a ticket to pass through triage, but goes directly to the Unit. Further follow-up is done in subsequent home visits.

In **San Jose**: the person that is theoretically in charge is the doctor, but the nurse actually manages the program. The patient first goes to Admissions, and is then taken to the URO.

In **Jose C. Mariategui**: the patient first goes to the cashier, and then directly to the ORT Unit. He is then sent to medicine, receives treatment in the center, or is sent to the physician for consultation.

In **H.M.I. Villa Maria**: the program is managed by the doctors, nurses and auxiliaries in accordance with the MOH norms.

In **Jose Galvez**: there is a doctor in charge of the program. Direct supervision is the responsibility of the nurse. The auxiliaries and/or nurse technicians form the lower end of the ORT/CD hierarchy. There are presently 5 nursing technicians that are trained to give ORT/CD care.

In **Nueva Esperanza**: patients enter the system through Admissions. They then go to the cashier to pay for the consult, and continue on to triage and ORT Unit. The medical director is presently in charge of the program, but the nurse actually administers it on a day-to-day situation.

In **Daniel A. Carrion**: the mother and child must begin queueing early in the morning. Care is generally provided by the nurse or auxiliary. Any child with complications is seen by the physician. Only children with light or moderate cases of diarrhea in the health posts. Any cases with complications or severe diarrhea are sent to the Health Center.

In **Tablada de Lurin**, triage is applied to patients waiting in the queue. Patients needing Plan A and Plan B are treated in the ORT Unit, and those needing Plan C are told to go (themselves) to the hospital. Auxiliaries generally man the ORT Unit and perform the initial evaluation of the child. The physician sees any patients diagnosed as having dysentery, supervises the Unit and does training. The nurse also supervises ORT activities and does training.

In **San Juan de Miraflores** the ORT/CD Program is handled in the center's ORT Unit which is staffed by nurses and auxiliaries. The doctor provides overall supervision of the center's activities and provides training as required.

In **Villa San Luis** the program is jointly managed by the doctor, the nurse and the statistical technician. The nurse is responsible for triage and direct patient management. Evaluation is done by the physician in special cases. The doctor refers patients to the hospital (HAMA) or the Manuel Barreto mini-hospital if they are severely dehydrated. Home visits are done by the nursing auxiliary or nurse if they prove to be necessary.

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Diarrhea Systems Assessment: Overview

In **Ciudad de Dios** patients are first seen in the cashier's area, or Admissions where triage occurs. Patients requiring attention are sent directly to the ORT Unit. The nursing technician evaluates the patient, classifies the type of treatment needed in the URO, and refers him to the doctor if needed Most patients will see the doctor after attending the ORT Unit. If Plan C is indicated patients are referred to the hospital.

In **H.M.I. Manuel Barreto** an interdisciplinary ORT/CD team, headed by a physician, has been formed. Other team members include: the nurse, the chief of Social Work, the Pharmacist, The Statistical Technician, the Laboratory chief and an administrative support person. They treat patients from their own catchment area as well as patients referred to them from neighboring Health Centers.

ORT/CD Supply System

Each Health Center had a short list of "problems" they encountered with ORT/CD supplies. Communicating the need for supplies up the logistics chain was the most common of these. However, none of the problems appeared to be intractable or debilitating to the ORT/CD program. With few exceptions the stock of basic ORT/CD supplies at each health center was judged to be reasonable.

ORT/CD Transportation Support

"Official" transportation at the Health Center was clearly a problem in almost every instance: Employees cannot get transportation for follow-up and outreach programs in surrounding communities; patients cannot get ambulance services to the hospital; and supplies are often delayed because they cannot be transported from central UDES warehouses.

"Unofficial" public transportation is generally adequate to "get the job done" despite the shortage of official transportation.

Communications and Information System

Communications (invariably one-way) from the central MOH ORT/CD directors is reported to take anywhere from 1.5 months to over two years in the case of HC Tabla de Lurin and "never" for Daniel Carrion. Some directors reported that waiting for directives from the central ministry was a moot point because they always went and picked them up.

Communication between Health Centers and the UTES or UDES (all reported little direct communication with the UDES) tends to be quite formal, relying on a process of "memo exchange." Some Health Centers have developed more effective alternate communications methodologies relying on messengers and direct verbal communications. Any emergency requirement is usually communicated to the UTES verbally.

Communications between Health Centers tends to be strictly informal and is invariably handled on a verbal basis.

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Diarrhea Systems Assessment: Overview

Communications within Health Centers is reported to be handled through meetings and "direct communications from doctors" to Health Care workers. All ORT/CD communications appear to be ad hoc.

Formal written communications within Health Centers follows normally prescribed methodology: patient records, monthly registers, trimesteral registers and standard statistical reporting forms. There are no formal feedback or worker evaluation protocols operational in any Health Centers.

ORT/CD Training

In-service training for ORT/CD appears to be essentially non-existent in the Cono Sur. San Martin de Porres Health Center reported being unable to spare personnel to go away for ORT/CD training and San Juan reported having local training but declined to provide details.

Questions regarding specialized training for supervisors were invariably answered in the negative. The Ciudad de Dios director even denied the existence of "supervisors."

Community Participation

Most Health Centers reported having considerable interaction with local Mothers' Clubs. The incentive for this interaction lay largely with the supplementary food allocations administered by the health centers. None reported any formal involvement of Mothers' Clubs in the ORT/CD program, either at the Health Center or in the community-level ORT Units.

Curanderos are reported to be active in ORT/CD, but Health Center directors could not provide any details of the nature of that activity. Other traditional health practitioners, **Hueseros** and **Parteras**, do not engage in any formal ORT/CD activities.

All Health Directors reported active participation in the ORT/CD program by community Health Promotors (local volunteers - usually women), particularly in follow-up.

Health Committees, formed largely of current and former health promotors and local community leaders, are also active in some Health Centers. Jose Galvez, in particular, reported a large number of committees with active involvement in both the ORT/CD and nutrition programs.

Schools were reported to be active participants in the EPI program, but play little role in the ORT/CD program.

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Results

We have, from the inception of this project, considered the primary audience for project results to be the Health Center Directors and their workers. Results presentation design has therefore concentrated on developing and testing reporting formats which allow rapid compilation, dissemination and comprehension. It is our experience that graphs achieve this better than any other report presentation methodology.

Graph Criteria List
&
Graph Production Operating Rules

Speed

- All steps from Data compilation to graph generation must allow complete automation. This suggests a careful choice of database/spreadsheet/graphics packages.
- Automation must be flexible ... amenable to frequent adjustment. This suggests a choice of database / spreadsheet/graphics packages which use macros (vs compilation).

Simplicity

- Present intuitive numerical results as opposed to sophisticated statistical results. Comprehension must be immediate and interpretation reasonably intuitive.
- Avoid complex presentations ... one key concept per graph.
- Keep down the clutter ... avoid complex labels and large numbers of data points.

Operational Significance

- Presentations must have operational significance. They should "suggest" behavior change.
- Avoid statistical esoterica ... keep the presentation practical.

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Diarrhea Systems Assessment: Results

Several iterations of testing and presentation have enabled us to develop a simple criteria list and set of operating rules for presentation of graphical results to peripheral health managers.

After reviewing and testing several alternatives we settled on Quattro as an intermediate data handler and graphics package. Quattro is able to directly access Paradox database files (our database of choice), has a simple yet powerful statistical and graphics capability, and can be easily automated with a superset of the familiar Lotus Macro Language. This has enabled us to develop a library of Macro utilities which can quickly convert raw data to a series of health center- or UDES-specific graphical reports. Our ability to present these feedback, or *Retroalimentacion*, reports to workers and their directors soon after completion of data collection has been a fundamental element contributing to the excellent local reception to this assessment methodology.

A selection of these graphs, presented in the following pages, comprise our report on the Peru PRICOR Diarrhea Systems Analysis.

We have chosen to present graphs as either single pages, or to group a series of related graphs together on a page. Text commenting on each page of graphs is presented on the facing page. We have found this presentation methodology to be particularly effective. The reader, rather than following the writer's narrative, and occasionally reviewing a graph, can instead concentrate on a graph while occasionally referring to the accompanying text. Having digested the information contained in that graph, or series of graphs, he/she may then move to the next page of graphs - rather than continue to the next block of text. We believe this to be the most efficient method for the reader to truly digest the information contained in these graphs.

Results have been organized into six sections (with the relevant instruments shown in parenthesis): **Community Outcomes (CMI); Services and Performance Assessment (CSX, CDE); On-Site Observations (DVC,SVC); Worker Self-Reports (PPQ); Job Characteristics (JDQ);** and **Unit Characteristics (DFQ).** Results from the DFW have already been presented in the Overview.

The reader may refer to the final section, **Data Collection Instruments,** for a complete presentation of all questionnaires and forms used during data collection.

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Diarrhea Systems Assessment: Results

Community Outcome Results:

A Note on Community Outcome Results:

The reader is advised to also review the Community Outcomes questionnaire while reviewing Figures 1-37. It is located in the **Data Collection Instruments** section at the end of this report and is titled:

CMI-CED Version 1.00: Encuesta a Miembros de la Comunidad

Additional material concerning development and administration of the examination may be found under the **Materials & Methods** section of this report.

Health Centers in the Cono Sur tend to be located in relatively mature, and therefore relatively affluent, neighborhoods. Consequently, the households subscribing to normal Health Center services tend also be relatively affluent in comparison to the more distant and impoverished communities consisting almost exclusively of recently arrived squatter families.

Our household surveys were conducted by teams of 2 to 4 people who set out from the Health Center on foot, heading in opposite directions and randomly sampling households for a distance of approximately 1 kilometer. No attempt was made to "balance" the sampling methodology in any fashion. All households, therefore, had - by definition - "easy access" to a Health Center.

It was also our intention, by sampling proximate households, to capture households that do indeed subscribe to the Health Center's services. The systems analysis was designed to examine the quality of service provision in the Health Center ... a moot point for households not availing of the Health Centers' services.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Household Characteristics

The typical household profile is that of a fairly young, reasonably well educated family with few children. They are relatively well equipped with such amenities as refrigerators and stoves, generally have access to piped water and sewage, and make frequent use of the Health Center's various facilities.

Awareness of ORT/CD services was tested with Items 7 & 8. Well over 90% of mothers reported that the health center nearest them treats both diarrhea and dehydration. Clearly, simple awareness of the ORT/CD program is high in this population.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

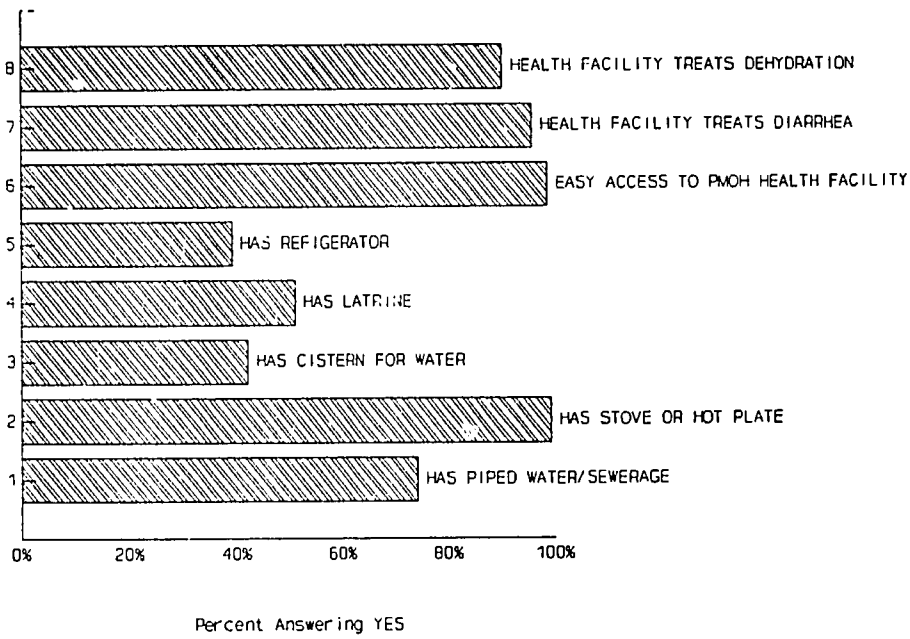

Figure 1. Household characteristics.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Age of Mothers Interviewed

Mothers interviewed had a median age of 28, with a relatively flat distribution between 20 and 30. After 30, numbers drop quite rapidly. The selection criteria (for mothers of young children), of course, influences this statistic profoundly. Nevertheless, it should be noted that there are few persons in these *pueblo jovenes*, or "new towns" above 55 years of age. The towns themselves have all been existence for less than 20 years.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

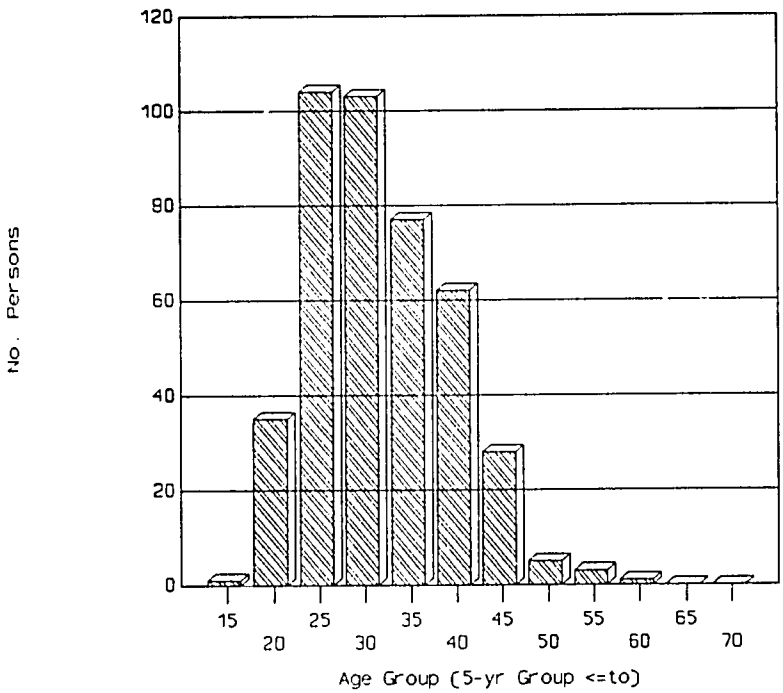

Figure 2. Age of mothers interviewed.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Mothers' Education

The education profile of mothers interviewed in the study was consonant with their economic profile. They are, relative to both rural communities and their neighboring squatter communities, quite well educated. Schools are within easy reach and are well attended, even by the poorest families.

The trend in Peru towards higher literacy rates is reflected in the distribution of mothers' education. Those mother reporting between 0 and 5 years of schooling tend to be in the 35 and older group. A majority of mothers between 20 and 30 reported completing their high school (year 11) studies.

It should be noted that very few mothers reported having had any education above the high school level. While the households interviewed may be affluent relative to surrounding squatter communities, they are still only working class households and, therefore, still relatively "poor".

The spike at year 6 reflects the end of primary school; a common time, particularly in the past, to leave school.

The year 9 spike coincides with age 15; commonly understood to be the age at which a young Peruvian woman assumes adult status. Girls who are not doing particularly well in school often leave at this juncture to take a job or get married.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

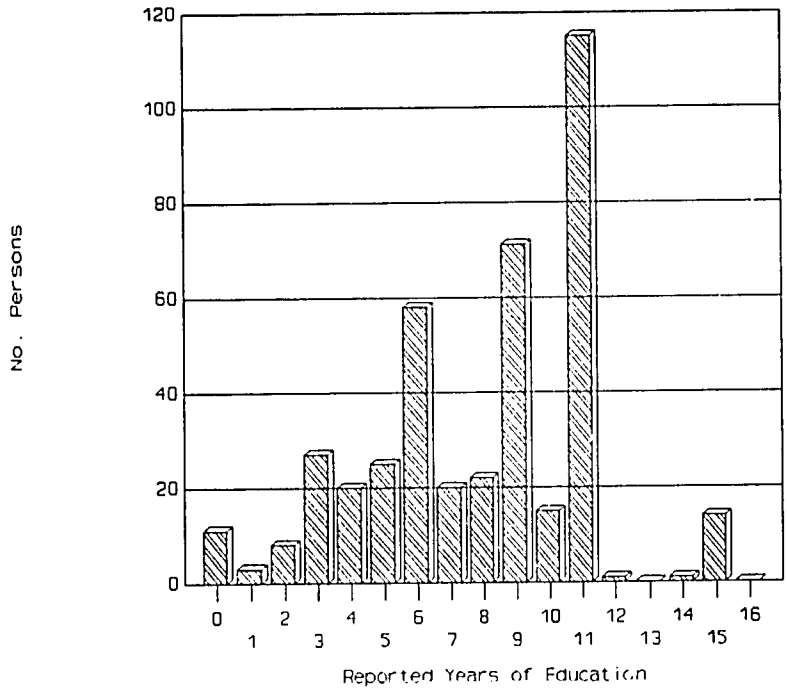

Figure 3. Mothers education (years of school).

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Number of Children in Household

The distribution of children in households reflects the respondent group's general economic and education profile. A majority of households had 3 or fewer children, with 1 child being the most common.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

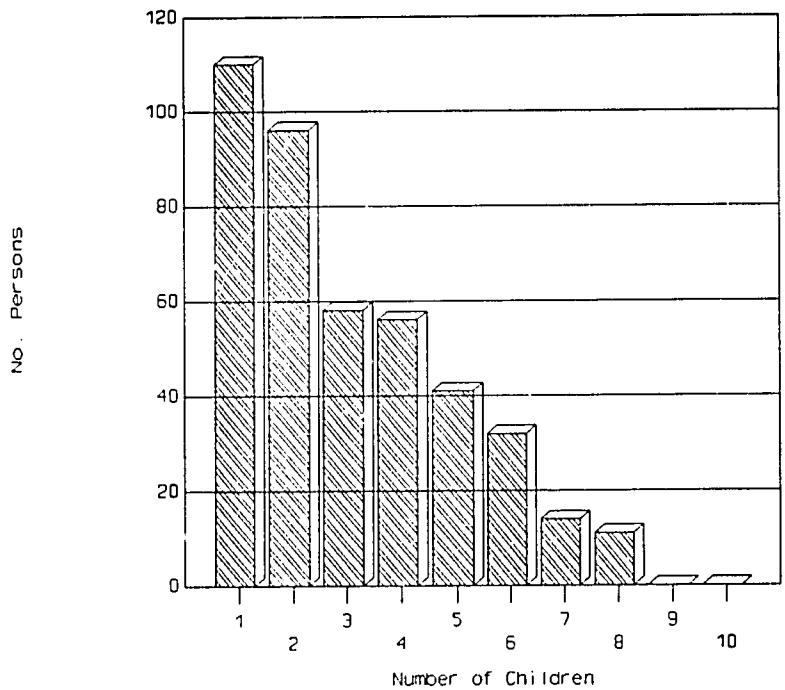

Figure 4. Number of children in household.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Percentage of Mothers Using Health Center

While 90% of mothers reported being aware that their Health Center offered treatment for diarrhea and dehydration, approximately 80% reported actually using Health Center services during the past year. This represents a high degree of utilization in a population that also has easy access to a major hospital and literally dozens of private clinics and pharmacies.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

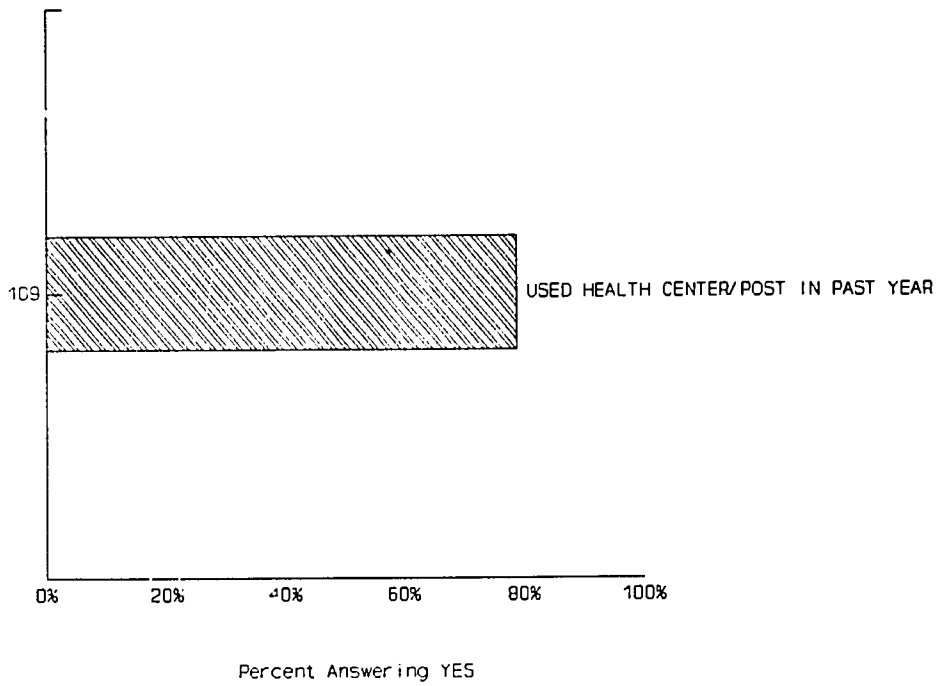

Figure 5. Percentage of mothers who used PMOH health center or post in past year

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Diarrhea Cases Reported

Mothers reported that 6.5% (27/418) of their children had diarrhea in the day before the interview and that 22% (92/418) had diarrhea in the two-week period before the interview. Assuming that the average length of a typical diarrhea is 2-3 days, the first frequency suggests that children in this group were experiencing 8-12 episodes of diarrhea per year. The 2-week figure yields a somewhat lower estimate of 6 episodes per year.

Among those having diarrhea at the time of the interview, only 3/26 (11% of diarrhea cases; 0.7% of total households reported the occurrence of dysentery (blood and mucus). A similar number (3/24) reported that diarrhea had lasted long enough to suggest chronic diarrhea.

Note: *The reader should not assume that these numbers in any way reflect an accurate picture of diarrhea incidence in the Cono Sur. The occurrence of Diarrhea is undoubtedly higher in the poorer squatter communities of the Cono Sur, where few latrines exist and all water must be purchased from tanker trucks.*

Additional information on the epidemiology of diarrheal disease in the Cono Sur can be found in Volume 5 of this final report.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

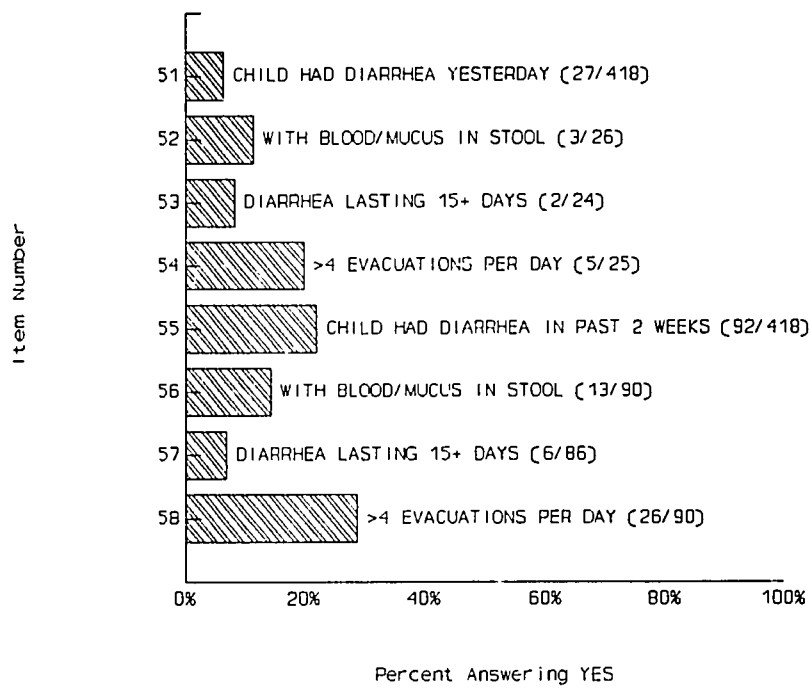

Figure 6. Cases of diarrhea reported previous day and past two weeks.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

General Knowledge about Diarrhea

Mothers in households surveyed demonstrated a reasonably sophisticated understanding of diarrhea and its prevention. A majority of households, for instance, associate clean or boiled water and breast feeding with diarrhea prevention.

A Note on Scoring:

Figure 8.

Questions 8 through 15 were scored 0, 1 or 2 for "did not mention/incorrect", "partially correct" and "correct" respectively. While Figure 7 reflects only "correct" answers, Figure 8 has been included to also reflect partially correct answers (the black portions of each column).

Figure 9.

Scores of 2 points were assigned to a "correct" answer and 1 point to a "partially correct" answer, for a maximum possible 14 points for questions 9-15. You will note, for example that 17 persons scored the maximum possible points (14) across those 7 questions, while 6 people scored 0 points by answering each question incorrectly.

Questions 9, 10 and 13 sought more complex answers than questions 11 or 12 and therefore show a higher percentage of "partially correct" answers. Where ***malnutrition*** was the correct answer for 12, ***Cleanliness ... washing hands, disposing of feces and using the latrine*** comprised a correct answer for question 13.

Figure 9 was included to show that the range of total scores was fairly well distributed around a mean of 7, or a 50% correct score. In other words, the indicator for general knowledge about diarrhea differentiated strongly between individuals.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

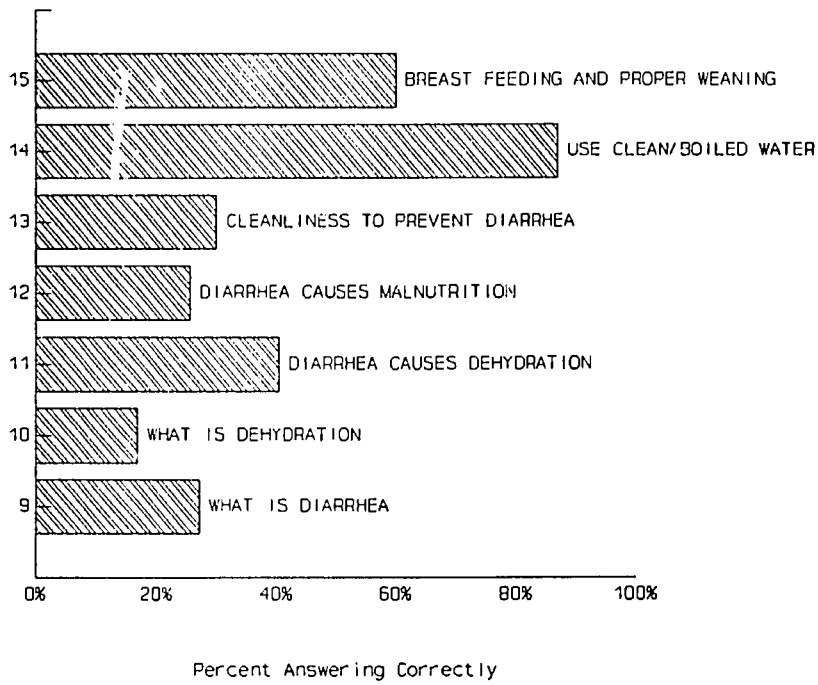

Figure 7. General knowledge about diarrhea and its prevention

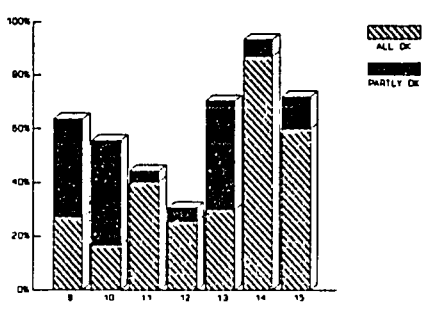

Figure 8. Answer range for Q. 9-15

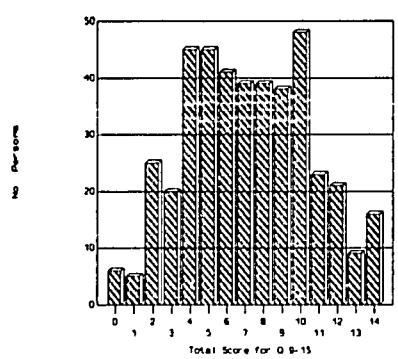

Figure 9. Range of total scores on Q. 9-15

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Knowledge of Dehydration Symptoms

Approximately 60% of mothers interviewed were able to provide at least a partially correct unprompted definition of dehydration (see Question 10 on previous page). Questions 16 through 25 were designed to determine respondents' "basic understanding about dehydration." This was achieved by requesting mothers to describe characteristics of a given word list under circumstances where a child is dehydrated. For instance, against ***EYES***, we were looking for the answer ***SUNKEN EYES*** and against ***TEMPERATURE*** we were looking for the answer ***FEVER***, ***HIGH FEVER*** or ***HIGH TEMPERATURE***.

Respondents were able to correctly associate dry mouth, sunken eyes, listlessness and fever with dehydration, but scored poorly on dysentery (blood or mucus in stools), absence of tears and shortage of urine.

Questions 16-25 allowed relatively more precise answers than some earlier questions, therefore minimizing partially correct scores to a small percentage of the total.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

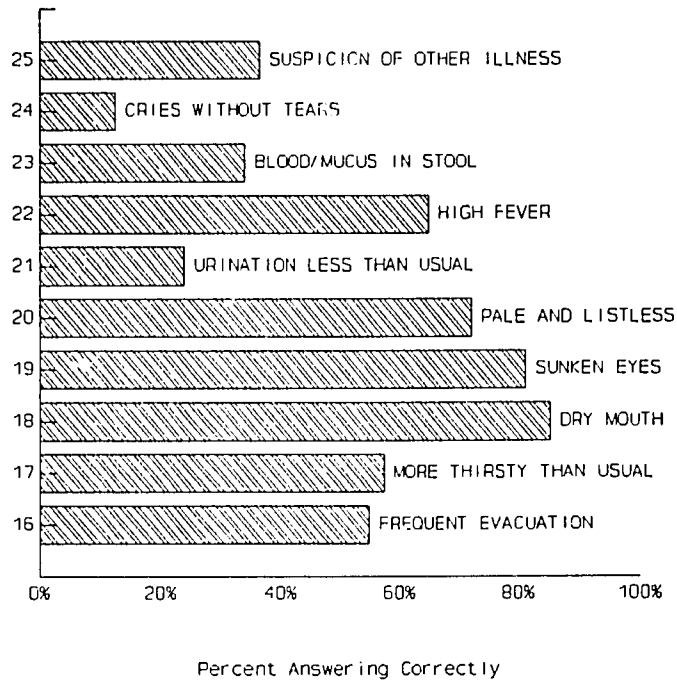

Figure 10. Knowledge of important symptoms of dehydration

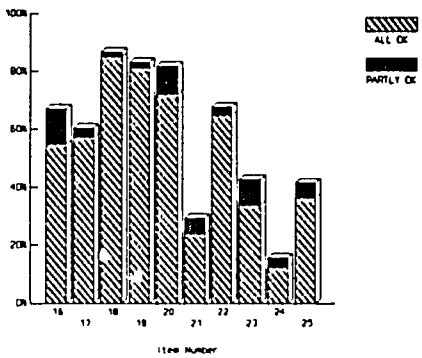

Figure 11. Answer range for Q. 16-25

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Knowledge of Basic Diarrhea Management

Respondents demonstrated a reasonably sophisticated understanding of basic diarrhea management. Most answered correctly that feeding should continue during diarrhea and close to 90% knew to provide extra fluids during diarrhea.

Perhaps the most interesting answers concerned ORT and antidiarrheic and antibiotic (drug) therapy. ORT has been pushed heavily in Peru during the last several years, with the message that mothers should not use drug therapy but should "treat" diarrhea instead with ORS. It is not uncommon therefore, to encounter a significant proportion of interviewees expressing the opinion that ORT indeed cures diarrhea.

On the other hand, efforts at educating mothers about the dangers of using antibiotics and antidiarrheics over the past few years have left a substantial (45%) of the group interviewed unaware or unconvinced.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

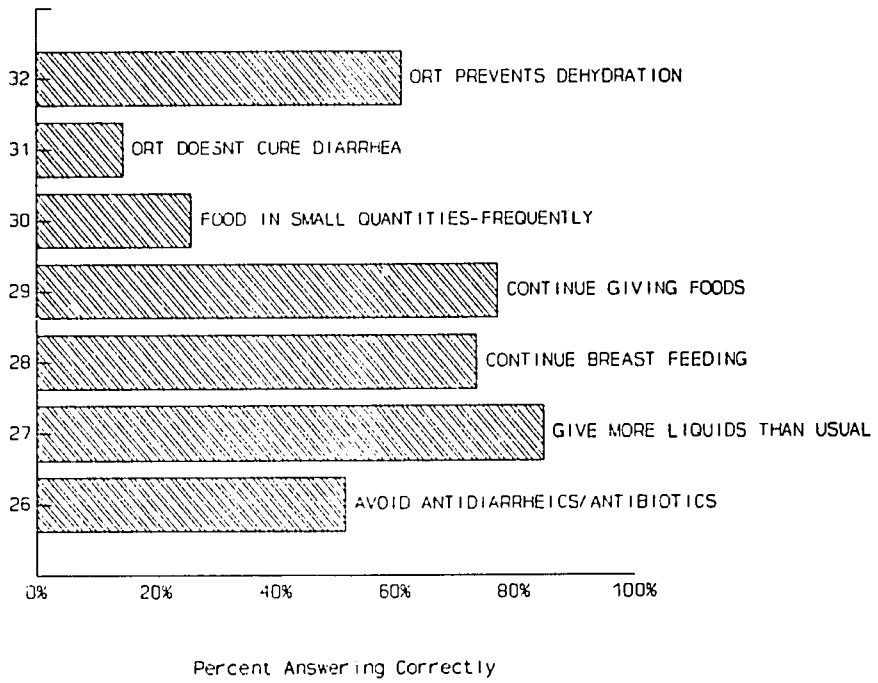

Figure 12. Knowledge of basic diarrhea management

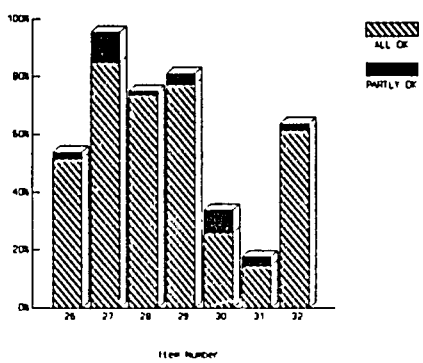

Figure 13. Answer range for Q. 26-32

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Knowledge of ORS and SSS Preparation

Knowledge of ORS preparation appears to be reasonable, with between 60% and 70% of respondents able not only to cite the basic formula of: **one packet, one liter** of **clean/boiled** water but to demonstrate its preparation correctly.

Knowledge of SSS preparation, however, was poor, with only 15% of respondents correctly recalling the salt and sugar formulas. Close to 55% were, however, judged to have come close to the correct salt formula, and almost 50% close to the sugar formula. This finding confirms similar findings - in Bangladesh, Sudan and other countries - where memory of exact formulae was found to be short lived. The PMOH has, for several years, stressed the use of ORS packets and has not provided much education on SSS use and preparation.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

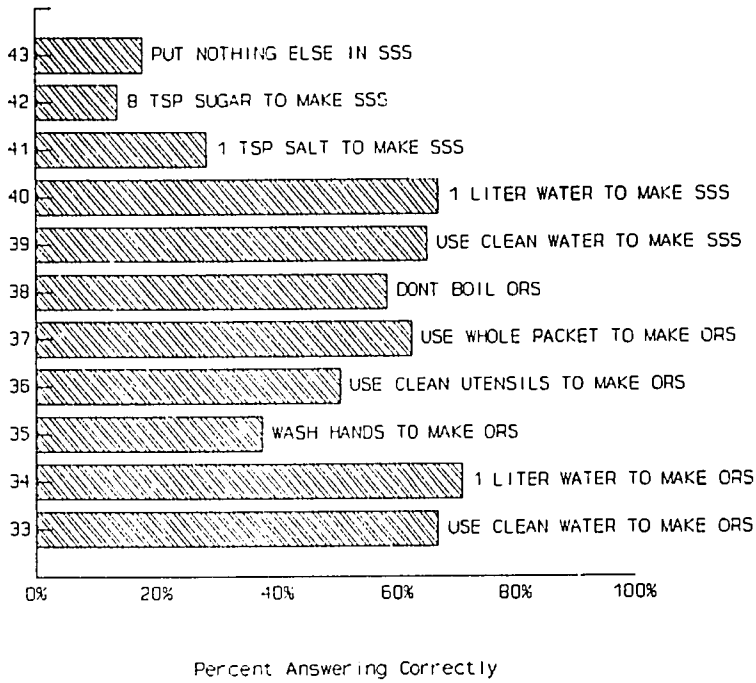

Figure 14. Knowledge of preparation of ORS (demonstrated) and SSS (asked)

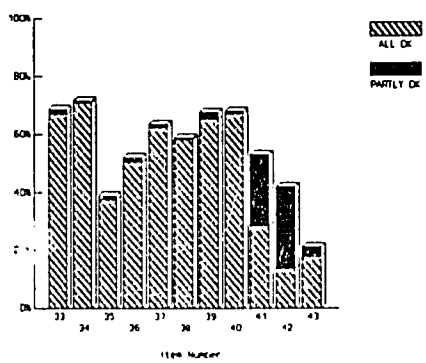

Figure 15. Answer range for Q. 33-43

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Knowledge of ORS and SSS Administration

Knowledge of correct ORS or SSS administration was, in general, worse than knowledge of solution preparation. With the exception of item 47 (***use for only 24 hours***) and item 45 (***give when thirsty***), for which respondents scored in 70% to 80% range, correct scores ranged in the 35% to 40% range.

Particularly disturbing is the low score on item 49 (***Administer solution slowly in a teaspoon if there is vomiting***) which measures what is arguably the most important issue regarding administration of ORT. If mothers are going to get into trouble (frustration leading to abandonment of the therapy) during ORT it will be during vomiting episodes. The answer to item 49 suggest that most mothers will not persist with small dose therapy during vomiting - rendering ORT nonviable for treatment of moderate dehydration during diarrhea with vomiting.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

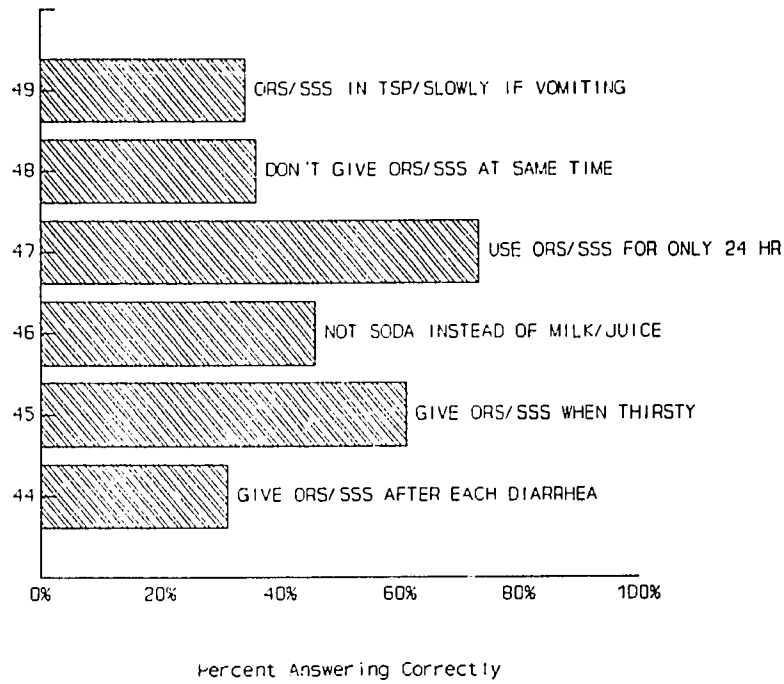

Figure 16. Knowledge of administration of ORS/SSS

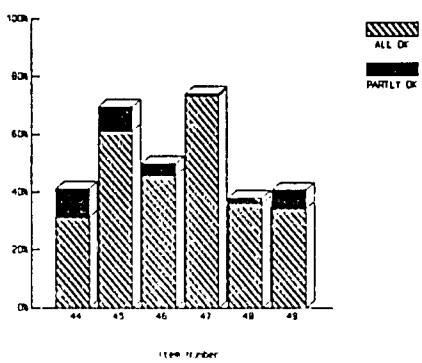

Figure 17. Answer range for Q. 44-49

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Treatment Choice during Previous Diarrhea Episode

"***Choice of Treatment***" responses reflect an encouraging predilection towards use of the available Health Center facilities as well as treatment with ORT.

The remarkably low (less than 5%) use of IV rehydration reflects a low incidence of severed dehydration, a tendency not to use the hospital if the child has only diarrhea with little dehydration, and reasonably good practices with respect to oral rehydration at Hospital Maria Auxiliadora.

A reasonably large minority of approximately 40% of households interviewed continue to treat diarrhea with antidiarrheics and/or antibiotics.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

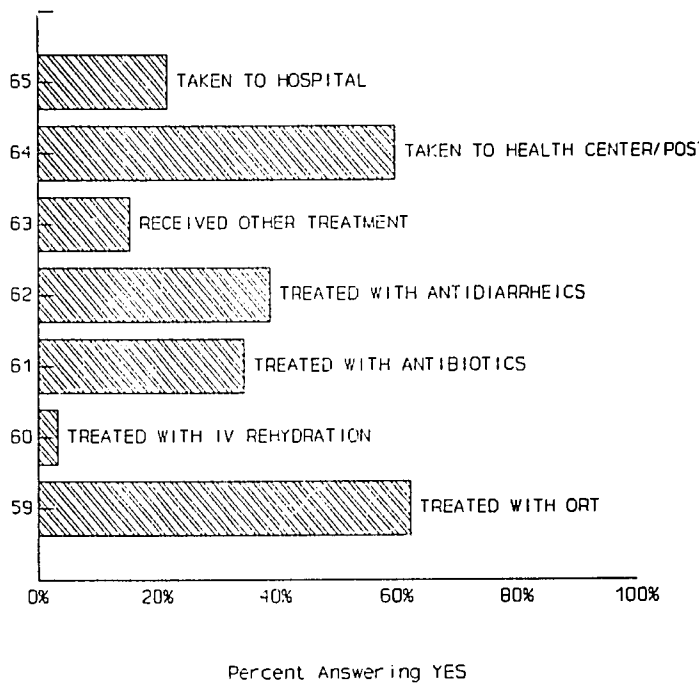

Figure 18. Treatment given during last diarrheal episode

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Usual Treatment Practice During Diarrhea Episode

Results depicted in these graphs on "Usual Treatment Practice" are remarkable for both their range of choice and their ambiguity (reflected by the large black areas on Figure 20). Most encouraging is that a majority of mothers continue feeding (Item 73) and attempt to provide extra fluids (Items 72 & 74).

It is notable that the "extra fluids" named most often other than soup broth was panatela and that this was mentioned far more often than either ORS or SSS. It is a traditional treatment for diarrhea for mothers to give *panatela - hot water with toast carbon scrapings, and various combinations of herbs and lemon essence.*

It is interesting that mothers say they give SSS more often than ORS. In light of their lack of knowledge about SSS preparation, this may be an area deserving further examination. The preferred use of SSS over ORS is also interesting in context of the Ministry's efforts to promote ORS packets over the past few years.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

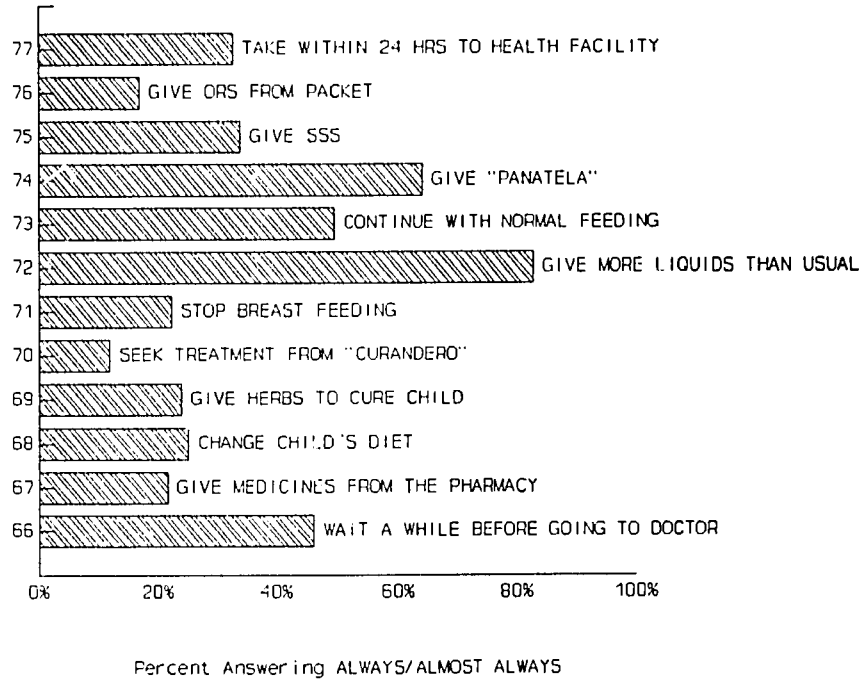

Figure 19. Usual practice with a diarrheal episode

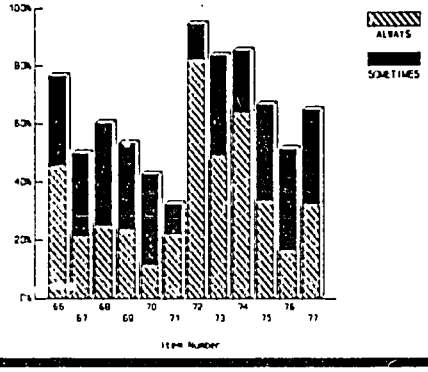

Figure 20. Answer range for Q. 66-77

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Usual Source of ORS Packets

Over 50% of mothers report acquiring ORS packets from their local Health Centers. This reflects both their proximity to the Health Center as well as a reasonably responsive environment for ORT at the Health Centers.

It is notable that very few mothers report acquisition of ORS packets from PVOs - usually a common distribution channel in Peru as well as in other countries.

It is similarly notable that over 12% report usually purchasing ORS requirements at the local pharmacies. This continues to be an increasingly important distribution channel during this period of economic crisis and public sector budget deficits.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

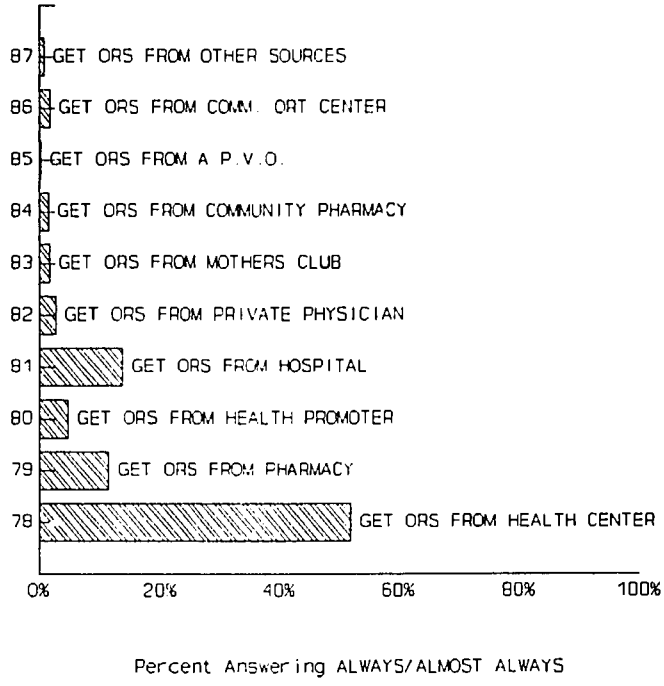

Figure 21. Usual source of ORS packets

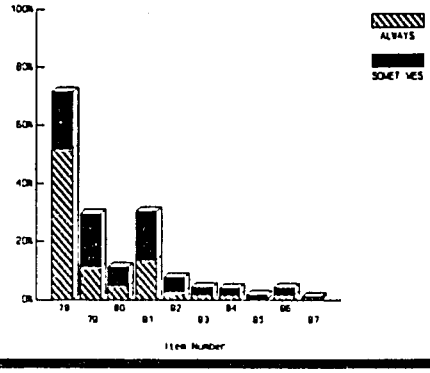

Figure 22. Answer range for Q. 78-87

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Usual Source of Information about Diarrhea

Respondents were ambiguous in their recall of usual information source concerning treatment and prevention of diarrhea. Media messages scored marginally higher as a source than direct contact with Health Center personnel.

Both USAID, through its social marketing programs, and UNICEF have invested heavily in commercial media messages (particularly on the radio and TV) concerning ORT treatment for diarrhea.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

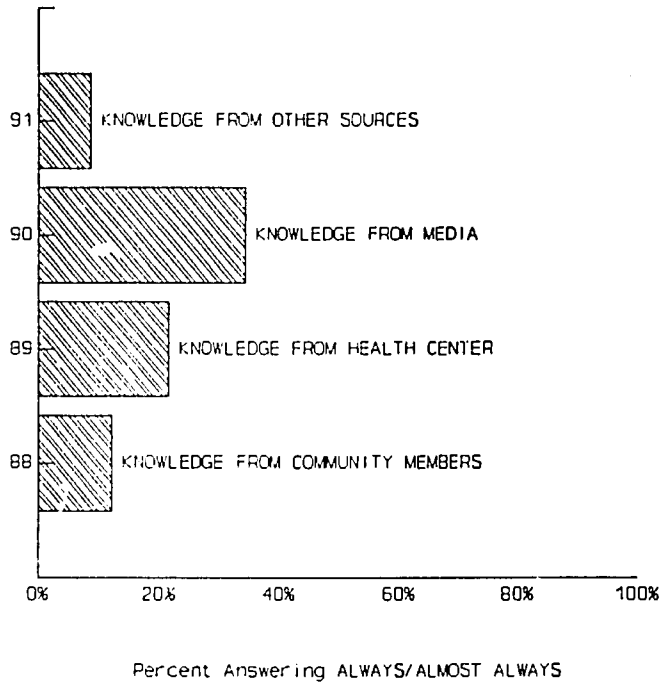

Figure 23. Usual source of information about diarrhea

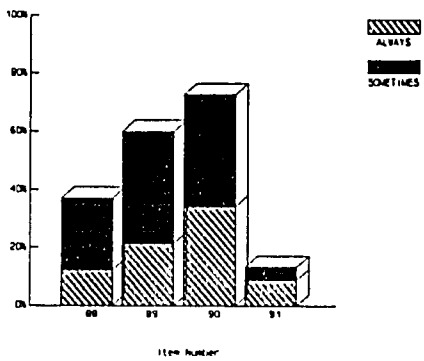

Figure 24. Answer range for Q. 88-91

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Usual Source of Health Service for: Diarrheal Episode

Home treatment and seeking treatment at the Health Center dominate all other formal treatment choices for an average diarrhea episode. Again, ambiguity of answers - reflected by the significant black portion of bars in Figure 26 - is high, suggesting that mild diarrhea cases are treated at home, while Health Center assistance is sought for what are perceived to be more serious diarrhea episodes. This is more clearly demonstrated in Figures 27 and 28 (**Usual Source of Health Service for Diarrheal Episode with Dehydration**)

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

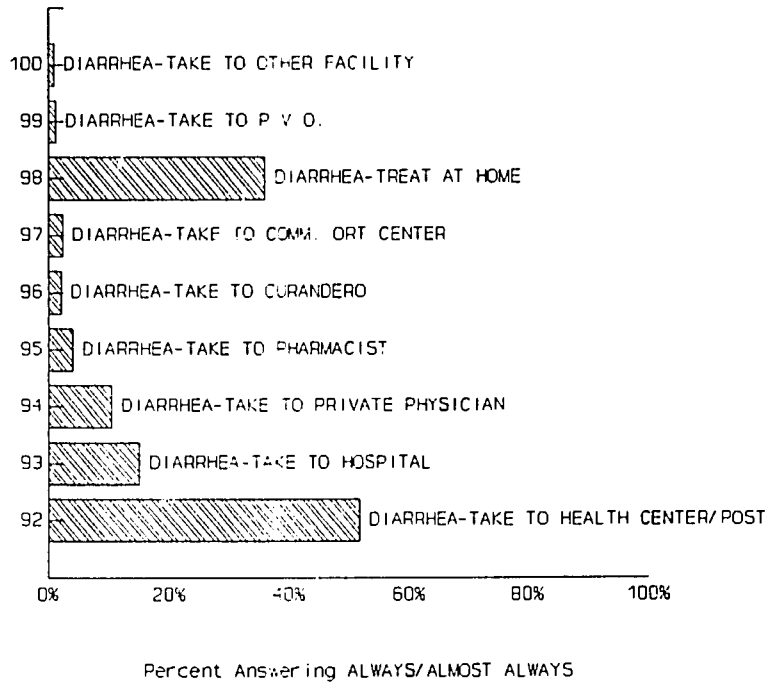

Figure 25. Usual source of health service for diarrheal episode

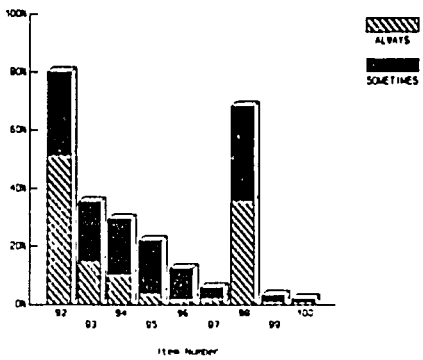

Figure 26. Answer range for Q. 92-100

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Usual Source of Health Service for: Diarrheal Episode with Dehydration

Figures 27 and 28 demonstrate that few mothers attempt home treatment for a diarrhea episode with dehydration. It is noteworthy that mothers make much higher use of the hospital during circumstances considered to hold more risk.

Disposition towards use of the Health Center does not change significantly between Figures 27 and 26. Increased use of hospital facilities comes almost entirely at the expense of home (and other ad hoc) treatment when an episode is considered to be serious (with dehydration).

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

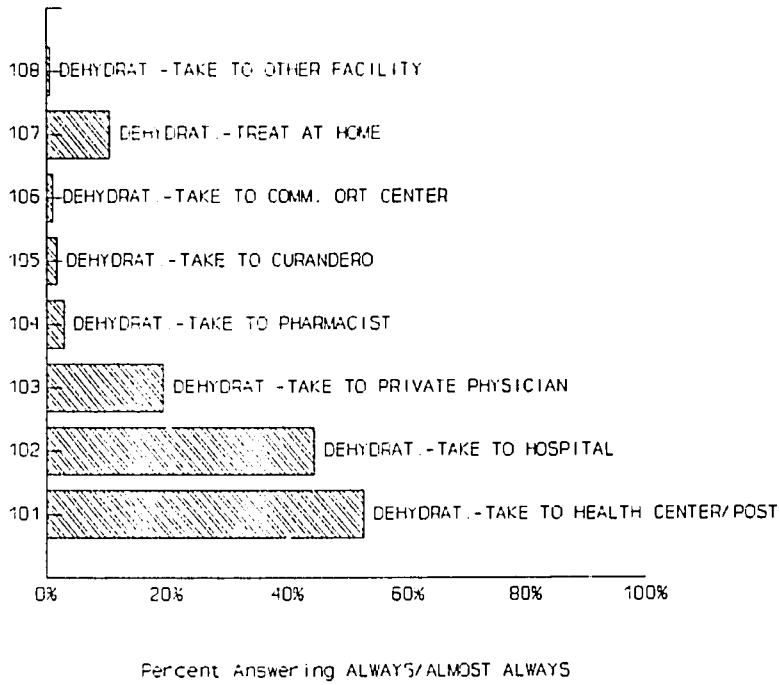

Figure 27. Usual source of health service for diarrheal episode with dehydration

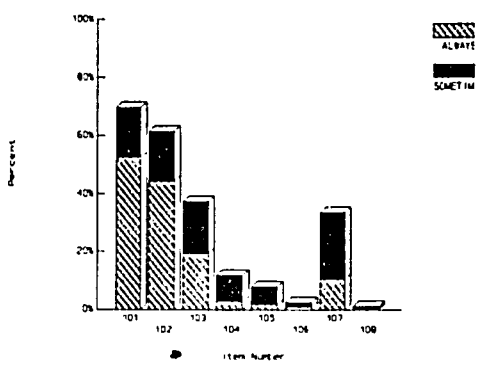

Figure 28. Answer range for Q. 101-108

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Satisfaction with Health Center Services

The high combined "sometimes" plus "always" scores on satisfaction with Health Center services suggest that Health Centers are able to provide high quality services, but simply lack consistency.

While the range of satisfaction scores across all items in Figure 29 is not great, those items involving explanation tend to score below those involving "responsive service." This failure to consistently provide adequate explanations to clients is one we have observed in a variety of direct and simulated circumstances.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

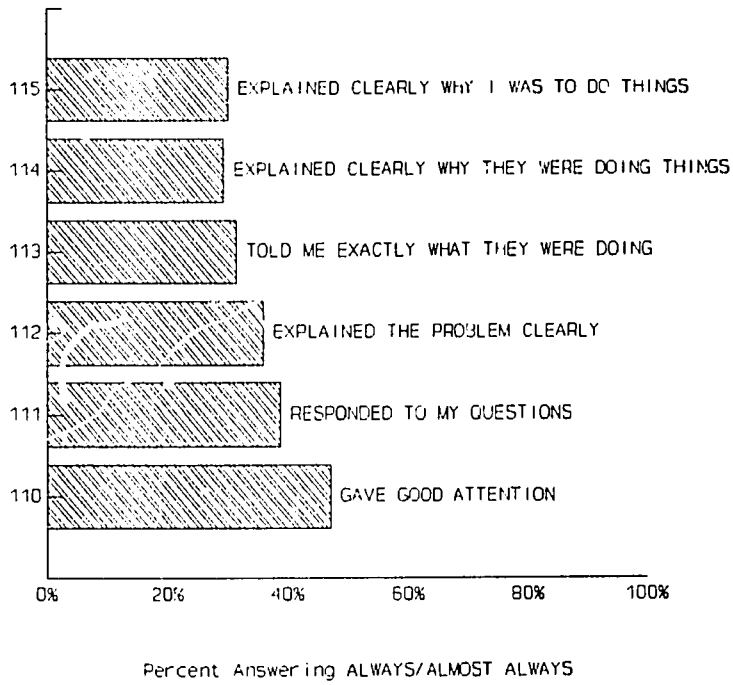

Figure 29. Satisfaction with services provided at PMOH health center

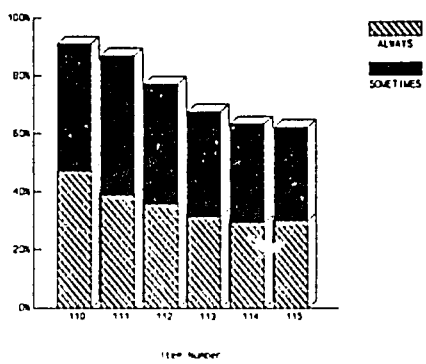

Figure 30. Answer range for Q. 110-115

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Satisfaction with Attitude of Health Center Personnel

Items scored on Figure 31 reflect a mild-to-moderate dissatisfaction by mothers with the attitude of health center personnel towards them. Their chief complaint was that health care workers "**appeared to be in a hurry**". That 40% of mothers responded with "always" and almost 80% with "sometimes" or "always" suggests that outright rudeness may not be a serious problem in the Cono Sur but that the users of health center facilities are not completely satisfied with the time and effort shown to them during the visit.

Nevertheless, while negative attitude towards Health Center clients appears not to be a significant problem, it is also true that those same clients are seldom made to feel important by Health Center workers (see graph 33 overleaf). The predominant response to Health Center Worker attitude would appear to be neutral.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

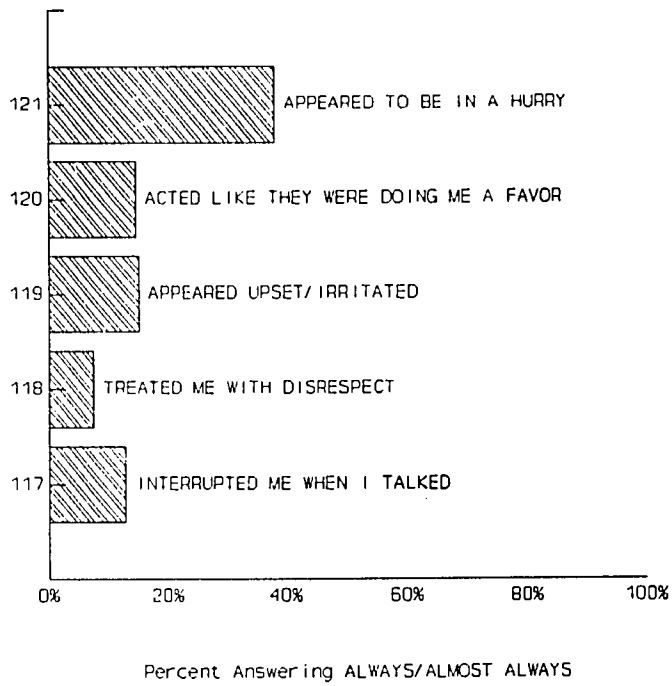

Figure 31. Satisfaction with attitude shown by personnel at PMOH health center

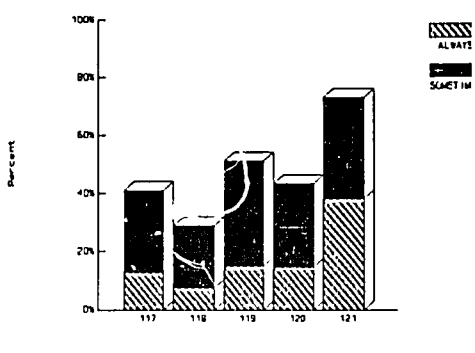

Figure 32. Answer range for Q. 117-121

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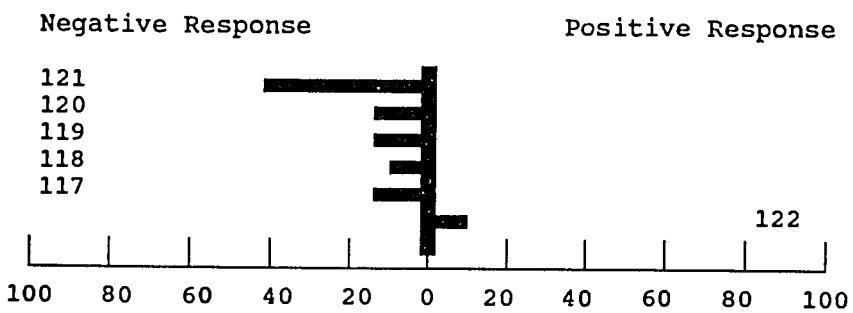
Diarrhea Systems Assessment: Results

Community Outcome Graphs

Satisfaction with being Made to Feel Important

Clearly, Health Center clients are not made to feel important!

Note: The single item on this graph has been presented separately - rather than being shown with items 117-121 on Figures 31 and 32 - because it asks a positive question while the other questions ask negative questions. These would appropriately have all been included in a graph around a central axis as follows:



Quattro, our chosen automated graphics system does not, however, allow creation of such graphs.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

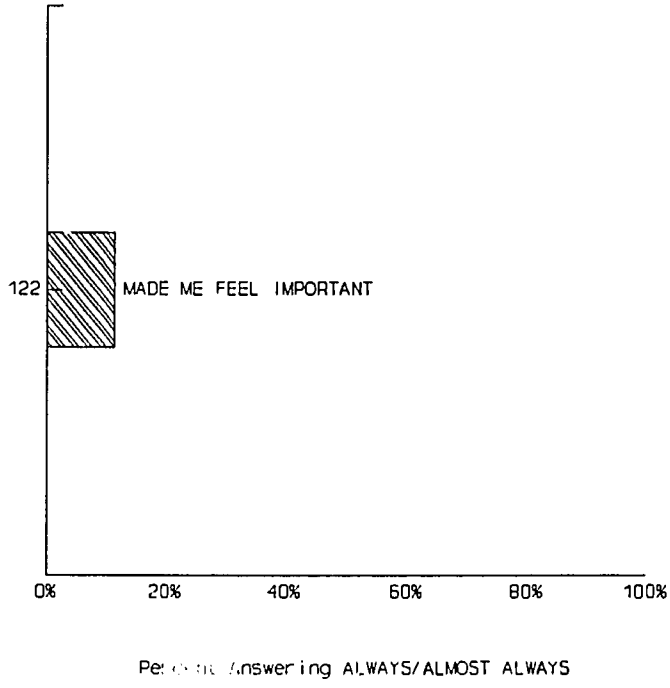

Figure 33. Satisfaction with personnel at PMOH health center "making respondent feel important"

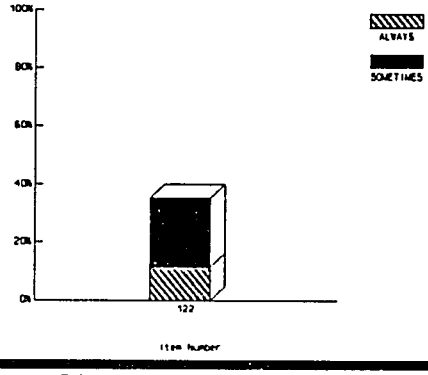

Figure 34. Answer range for Q. 122

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Community Participation in Diarrhea Control Program (A)

Community participation in the ORT/CD program appears to be quite weak.

Respondents felt that mothers clubs provided the strongest community-based support mechanism among all community organizations.

It is noteworthy that those community level organizations with arguably the strongest formal structures - the municipalities and the Private Voluntary Organizations, of which there are approximately 60 now operating in the Cono Sur - get the lowest ratings.

This low level of community assistance to the ORT/CD program also reflects the generally low incidence of severe diarrhea in the Cono Sur. It would appear to be a condition which simply does not generate much community-level concern.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

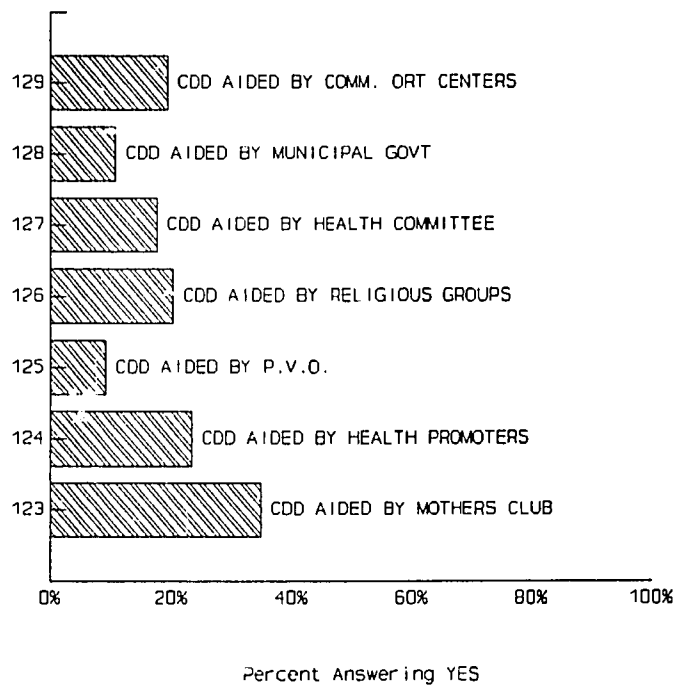

Figure 38. Reported community participation in diarrhea control program

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Community Participation in Diarrhea Control Program (B)

Figure 36 is a continuation of Figure 35 and shows that additional ORT/CD activities are weakly supported compared to community participation in other health related programs (EPI, water supply and garbage removal, for instance).

Community Support for EPI deserves a special mention. With over 50% of respondents answering yes, it scored the highest among all community-level health related activities. This score is also significant in that it was recorded almost a year after the last vaccination campaign. With vaccination campaigns now a thing of the past, one can expect to see serious erosion of active community support for the current vaccination program. Clearly, communities find it more reinforcing to gear-up support for a discrete, intense activity, than they do to continue providing support for long-term programs.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

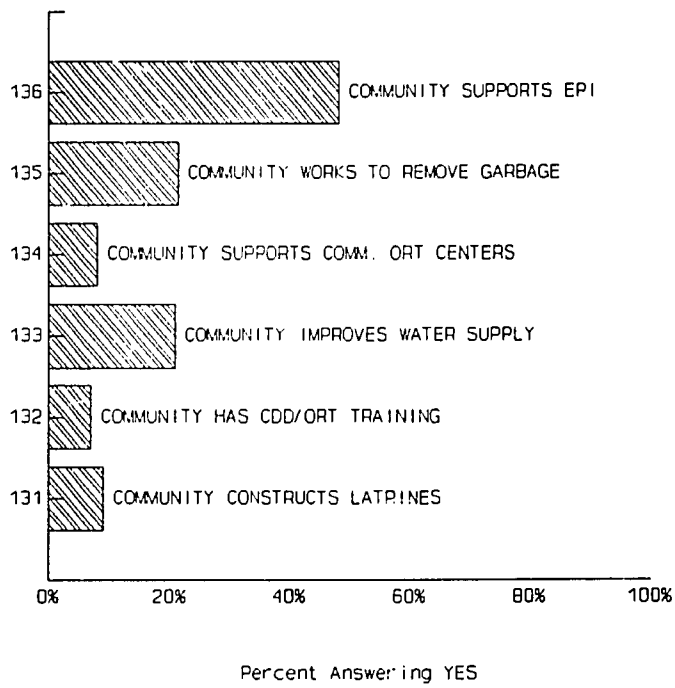

Figure 36. Reported community participation in diarrhea control program

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

Training in ORT/CD during Past Year

Only 22% of mothers reported having participated in any training or educational effort of the ORT/CD during the previous year. This is reflected in the poor performance on SSS and ORS formulae recall. Since this group of mothers was specifically selected for their ease of access to the target health center, and since the diarrhea season had just ended two months before the survey, this statistic does not suggest a particularly active outreach effort.

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Diarrhea Systems Assessment: Results

Community Outcome Graphs

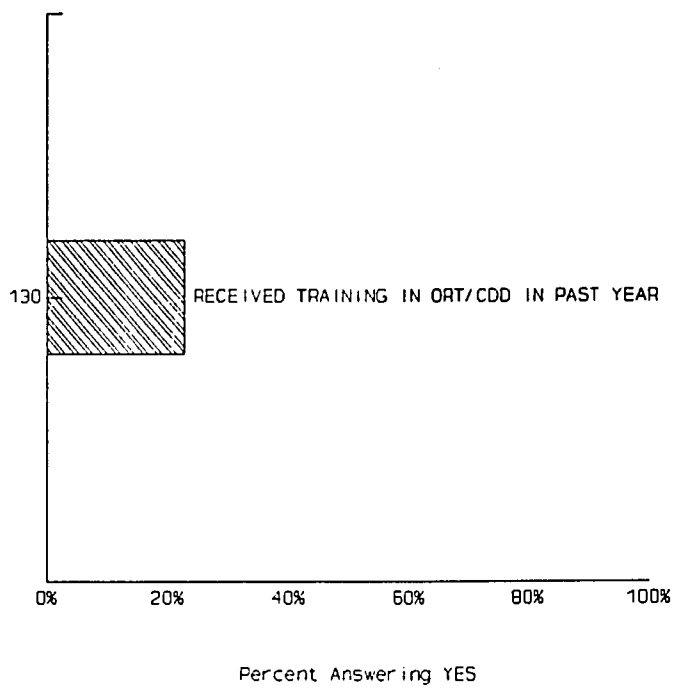

Figure 37. Respondents reporting having received training in ORT/CDD in past year

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Results

A Note on Services & Performance Assessment Results:

PRISM's SIMULEX performance assessment methodology, allowing both intensive and extensive examination of health care worker performance while also imparting significant training benefits has been a major innovation of the Cono Sur PRICOR project.

SIMULEX, at its core, is a check-list controlled simulation, or role-playing exercise. *Vignettes* closely approximating common and important service situations are presented to a **surrogate teacher by a surrogate mother.** The entire exercise is monitored and recorded by a **surrogate student/observer** who may ask questions if necessary.

Each subject is debriefed immediately after a SIMULEX exercise in a brief training session critiquing the performance and offering constructive suggestions where appropriate.

Scores are reported separately for each subject and as averages for each of the two job categories (supervisors and service delivery workers). The frequency of correct responses on individual items is tabulated separately to identify those items with exceptionally high or low values.

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

Performance in History-Taking

Workers' performance in history-taking was less than satisfactory. On key items regarding frequency and duration of diarrhea as well as the presence of blood and mucus in the stool, performance - averaging between 60% and 90% - might be considered marginally acceptable. Performance on additional items, particularly those regarding thirst, vomiting and urination was also very poor.

Performance on questioning about "other problems" and "other treatments" was judged to be ambiguous, with many workers scoring partially correct responses.

The quality of verbal exchange between health care workers and their clients, whether it involves questioning during history taking, or proffering instructions following an examination appears to be consistently inferior. Health care workers and professionals simply do not take it to be their job to "talk" with clients.

The overall performance depicted on Figure 38 suggests a critical need for targeted in-service training covering history-taking during treatment of a diarrhea patient.

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

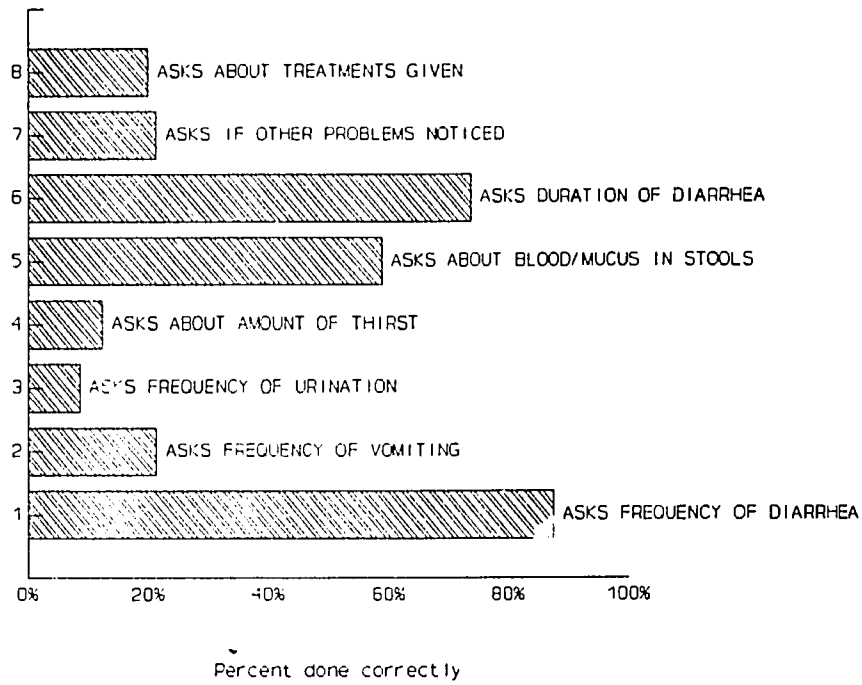

Figure 38. Performance in history-taking

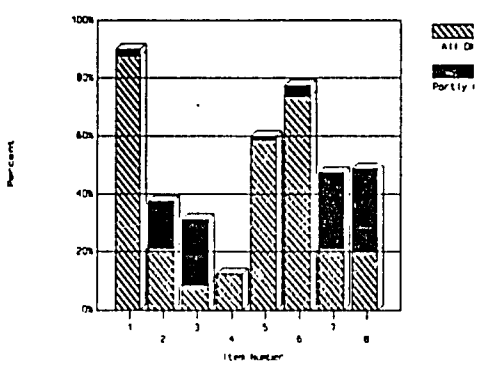

Figure 39. Answer range for Q. 1-8

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

Performance of Physical Examination

Performance on the physical examination can best be described as cursory. Most workers covered the obvious examinations for sunken fontanelle and eyes, dry mouth and tongue and skin pinch, but performance on other items was extremely poor.

Failure by most workers to take the patient's temperature, pulse, weight or respiration was particularly noteworthy. Taking of a pulse, in particular, was performed by less than 10% of workers. (This is consistent with the On-site Observation result showing only 15% of ORT units having a watch available.)

Again, the need for in-service training covering the essentials of a diarrhea physical examination appears to be critical.

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

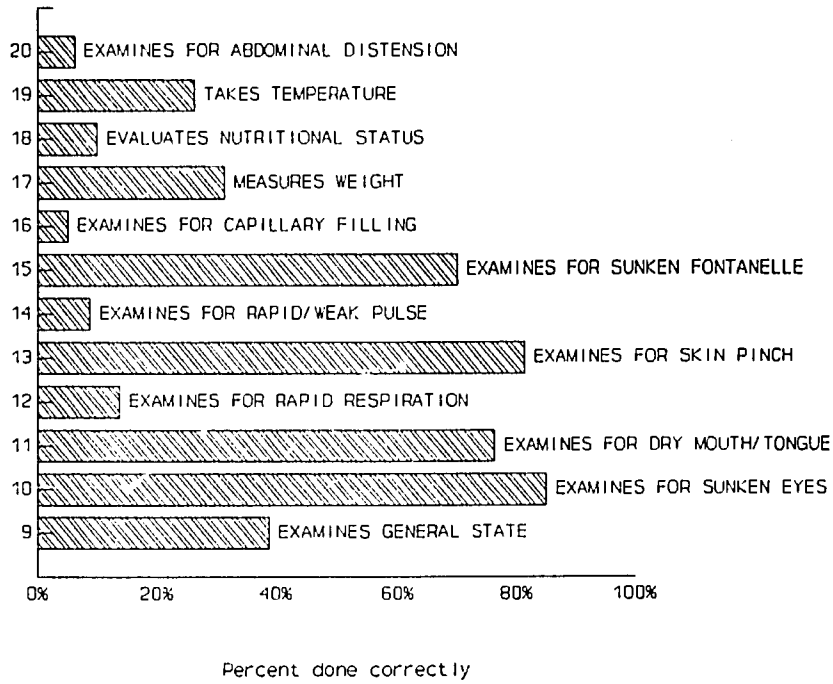

Figure 40. Performance of physical examination

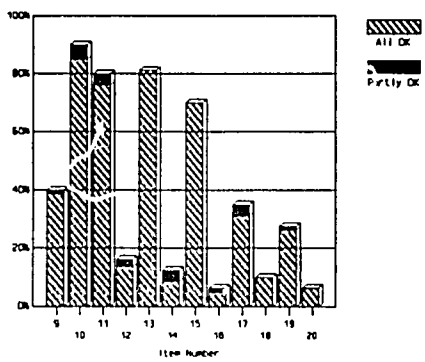

Figure 41. Answer range for Q. 9-20

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Performance of Diagnosis

Performance on diagnosis closely reflects performance on the physical examination and history taking. Workers were able to correctly diagnose dehydration status over 90% of the time, but scored well below 50% in diagnosing complications and other problems.

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

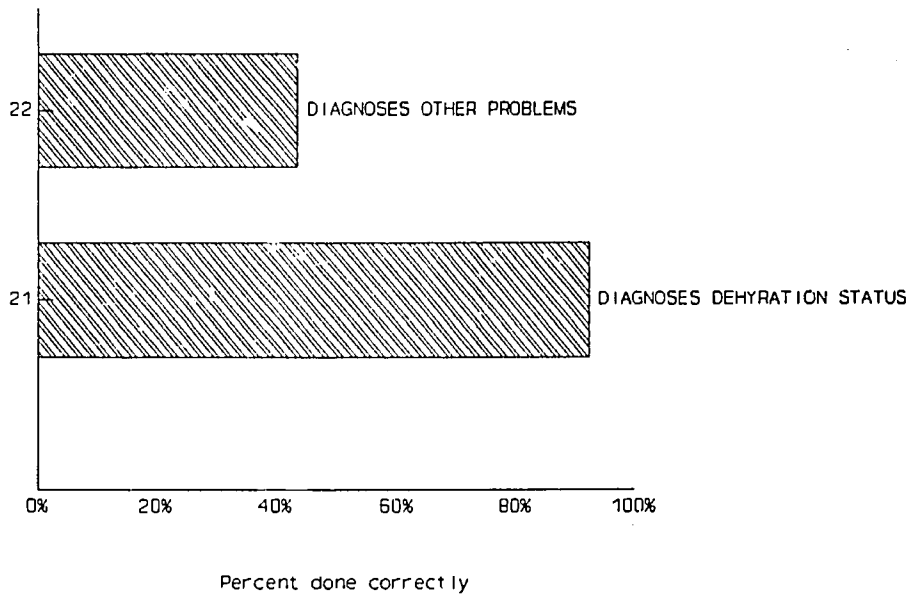

Figure 42. Performance of diagnosis

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

Performance on Treatment Strategy

Performance on choice of treatment strategy reflects a reasonably good understanding of accepted practices in treatment of diarrhea, but also betrays reflex selection of common prescriptions. The poor performance on choice of other treatments suggests that workers are not giving careful consideration to the entire prescription process.

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

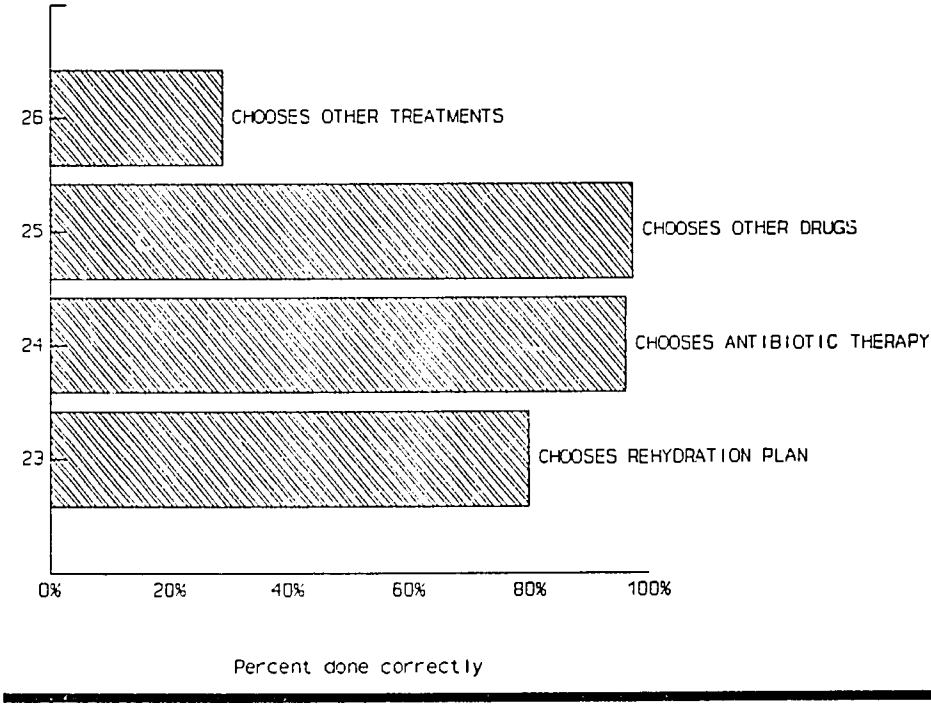

Figure 43. Performance in treatment strategy

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

Performance in ORS Preparation

Workers demonstrated generally excellent performance in the mechanical elements of ORS preparation, with scores averaging over 90% on items ranging from using boiled water to correctly measuring and mixing ORS.

Many failed, however, to attend to the marginal details of ORS preparation: washing hands (<40%), and checking the age and condition of salts.

These performance problems are amenable to casual correction without the requirement of any major in-service training effort.

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

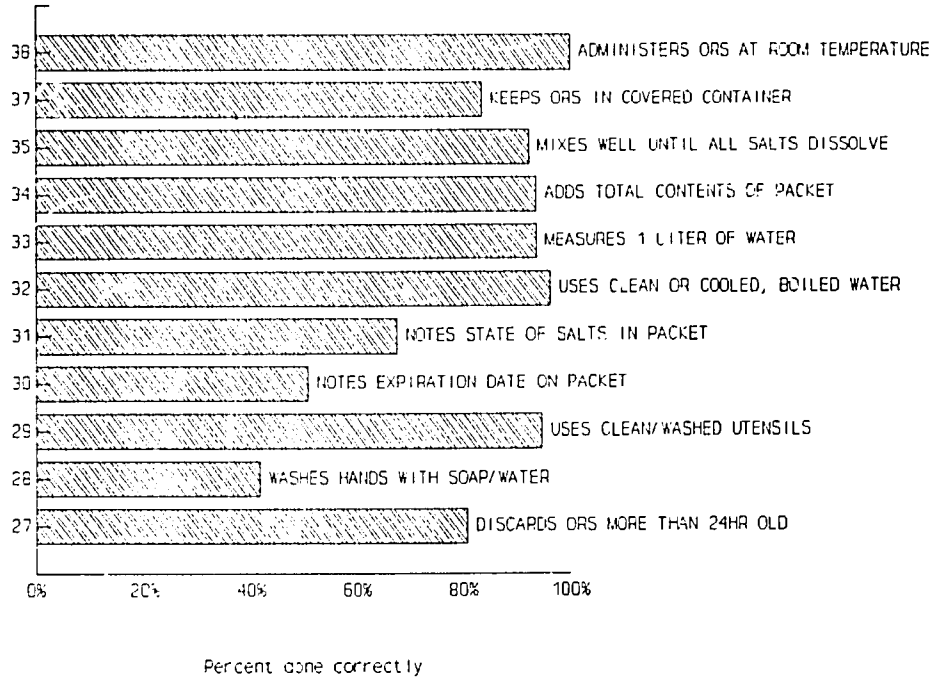

Figure 44. Performance in preparation of ORS

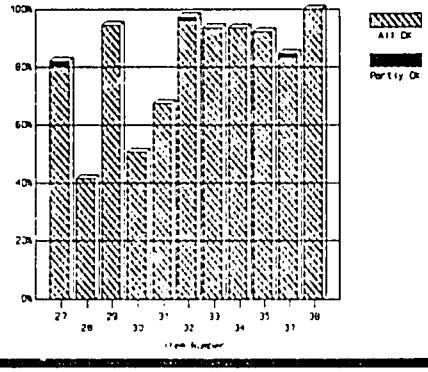

Figure 45. Answer range for Q. 27-38

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Performance in ORS Administration

Worker performance on ORS administration was irregular at best. They get the job done, but do so without following any strict protocol. This is reflected in their particularly poor performance on items such as noting the quantity of ORS taken and checkng for changes in dehydration.

Again, anything requiring careful verbal communication with mothers resulted in a poor performance. In this instance, only 20% of the workers remembered to encourage mothers to continue breastfeeding their babies.

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Services & Performance Assessment Graphs

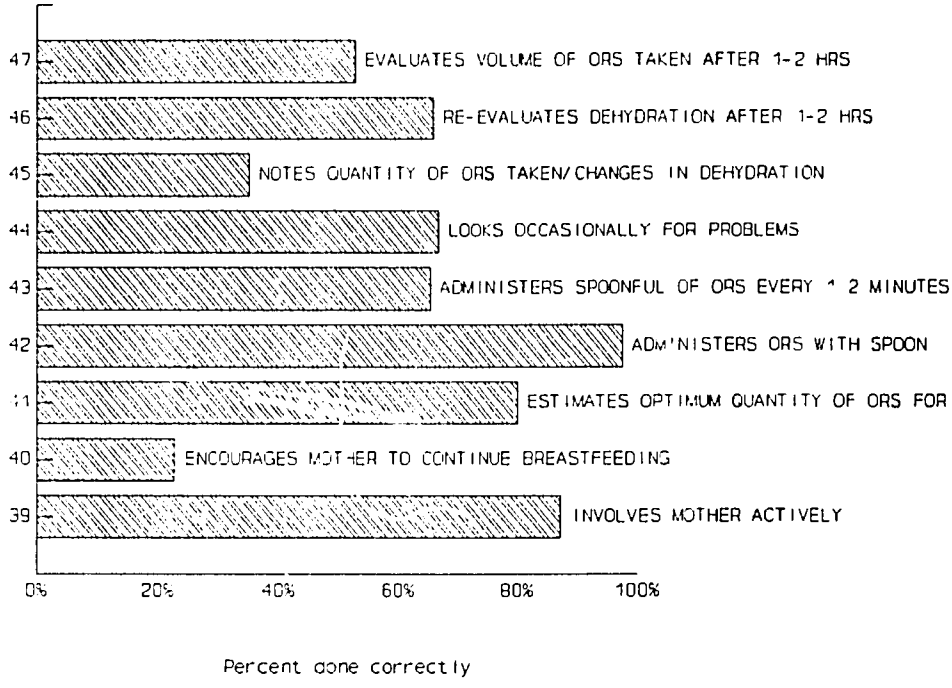

Figure 46. Performance in administration of ORS

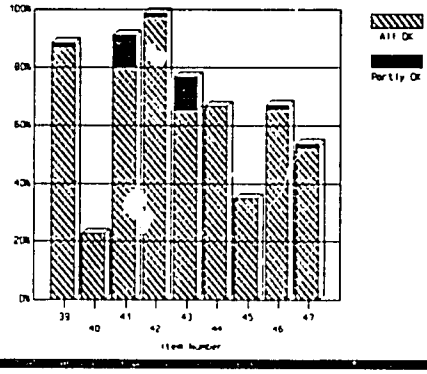

Figure 47. Answer range for Q. 39-47

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Performance in ORT Problem Solving

A relaxed interpretation of problem-solving skills in ORT administration, i.e., counting partially correct responses (see Figure 49.), would rate overall performance in this area as good.

The one major concern involves the weakness with which subjects refused to consider administration of antiemetics during episodes of vomiting (the surrogate mother was insistent). This can, however, be easily targeted for correction by Health Center managers.

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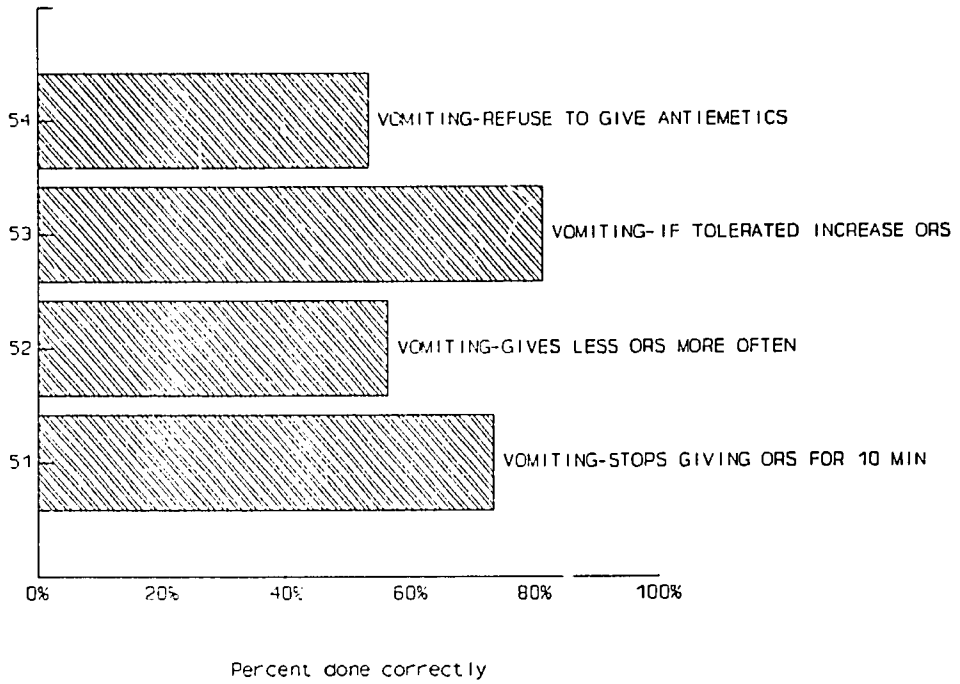

Figure 48. Performance in dealing with problems in ORT

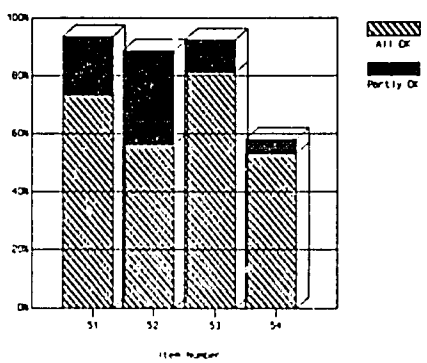

Figure 49. Answer range for Q. 51-54

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Performance in Strategy for Educating Mother

The technique used by health care workers in communicating information and messages to mothers was rated to be generally poor. The only item receiving scores even approximating acceptable levels involved choice of simple language (Approximately 50% correct and 90% including partially correct responses).

This poor result is consistent with a generally poor performance involving all verbal interchange between health workers and mothers.

A Note on Scoring:

Figure 50.

Questions 60 through 67 were scored 1 through 5 for the range from "never" to "always." A 5 was considered to be a correct score. Figure 50 reflects only correct (5/5) scores.

Figure 51.

Figure 51 presents results to the same items included in figure 50. The hatched lines correspond to percentage of correct scores and are identical to the results depicted in figure 50. The black portion of each column reflects "almost correct" or "partly OK" responses scored as 4 out of a 5 point scale. Scores of 3 and below were considered to be incorrect.

Other Figures.

Unless otherwise stated "partly correct" responses are a 2 on a 3 point scale, with 3 being "correct" and 1 being "incorrect."

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Services & Performance Assessment Graphs

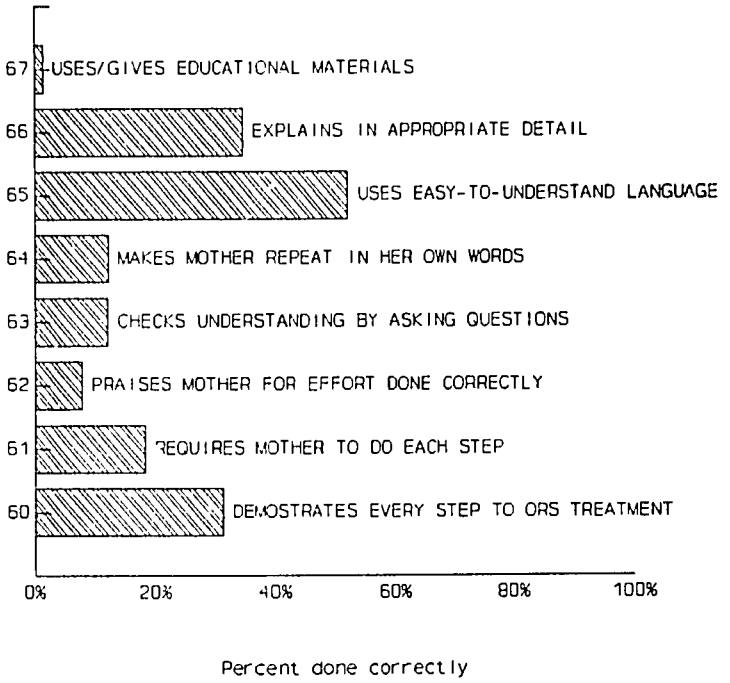

Figure 50. Performance in strategy for educating mother

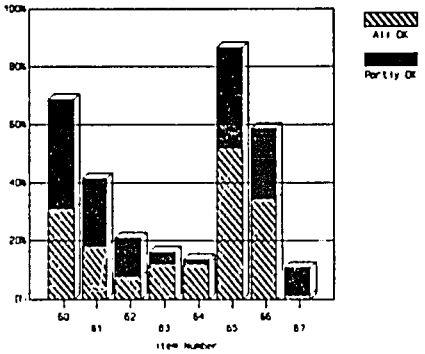

Figure 51. Answer range for Q. 60-67

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

Performance in Educational Message Delivery

General Messages on ORT

Workers demonstrated excellent performance in communicating the core ORT messages to mothers. Over 90% of workers correctly explained how to make and administer ORS.

Performance on delivery of conceptual messages: "**What is diarrhea?**"; "**Explaining the rationale for the chosen therapy**"; and "**Explaining that ORS/SSS doesn't cure diarrhea.**" was poor. Again, this is consistent with an apparent attitude that the patient doesn't require a rationale and it is **certainly** not the worker's job to provide it. His/Her job is to **treat** the condition.

It is interesting to note that performance on message delivery by health care workers is consistent with message retention findings from the community outcome interviews (See Figures 12 - 17). For instance, the result that less than 18% of mother knew that ORS did not cure diarrhea, is consistent with the finding that health care workers only explained this to mothers 25% of the time.

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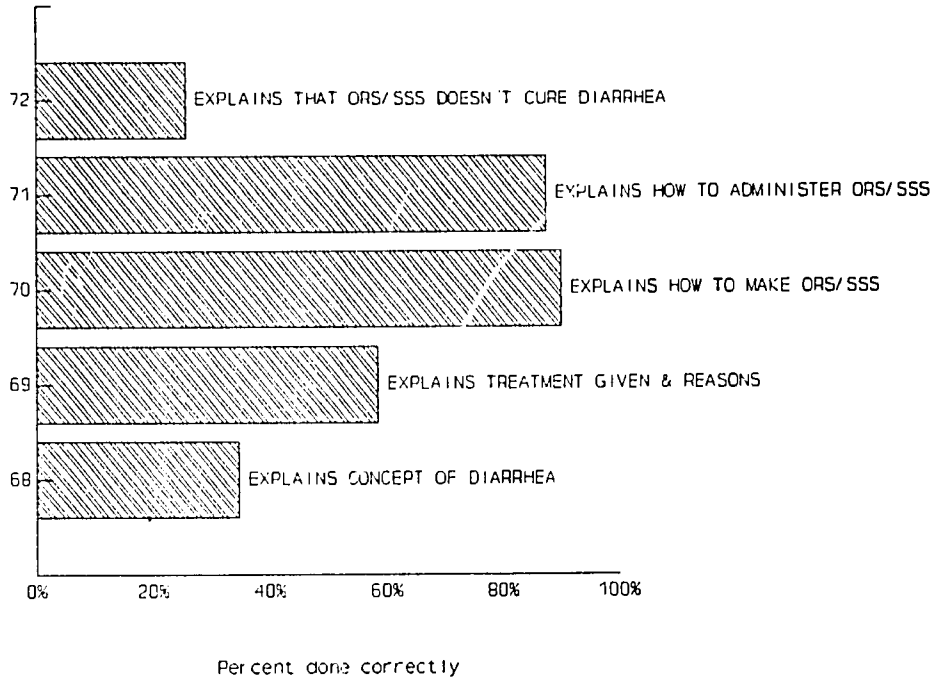

Figure 52. Performance of educational messages: General on ORT

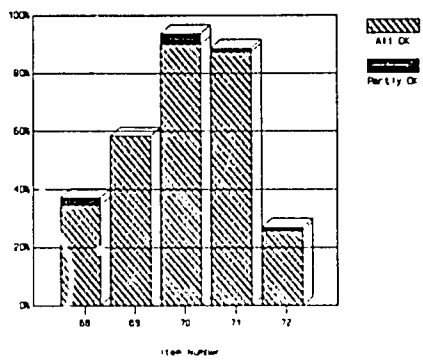

Figure 53. Answer range for Q. 68-72

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Services & Performance Assessment Graphs

Performance in Educational Message Delivery

Use of ORT in the Home

Again, on educational messages providing instruction to mothers on use of ORT in the home, workers tend towards a "**critical path**" approach of providing only those messages which will in some minimal fashion "get the job done." In this instance, that involved ensuring that mothers had sufficient ORS packets for a defined duration of time (administer for only 24 hours). Performance on communications of the details of ORT administration was inadequate.

These results are consistent with generally poor worker performances involving all communication tasks.

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Services & Performance Assessment Graphs

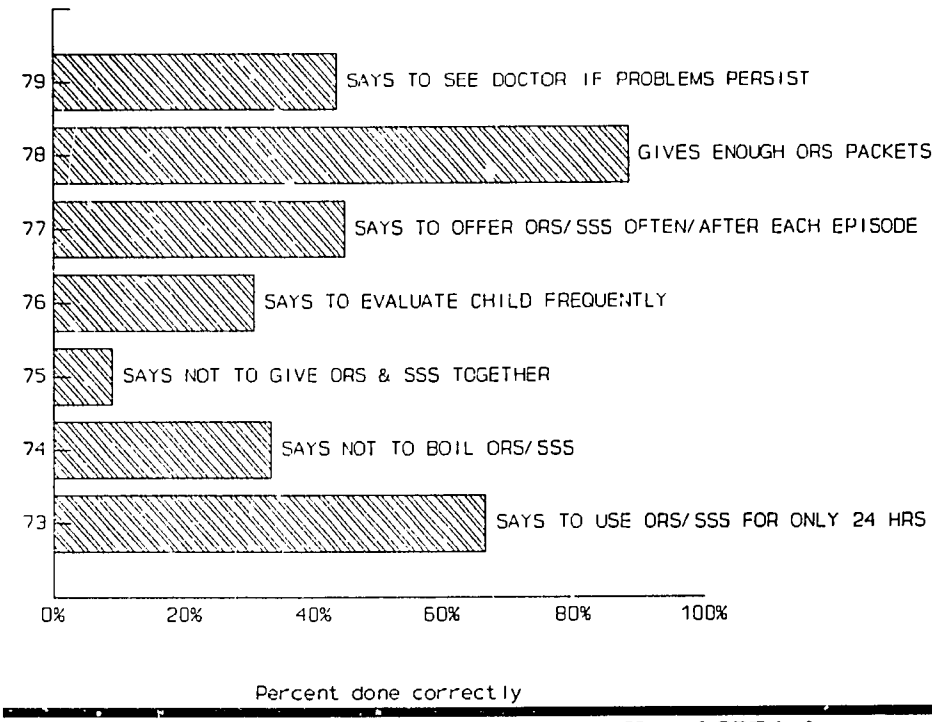

Figure 54. Performance of educational messages: Use of ORT in home

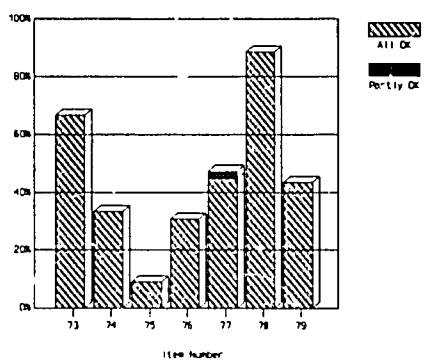

Figure 55. Answer range for Q. 68-72

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Services & Performance Assessment Graphs

Performance in Educational Message Delivery

Signs of Dehydration and Other Problems

While delivery of messages involving the mechanics of ORT administration in the home was generally poor, it was done considerably better than the delivery of the more "conceptual" messages required to enable mothers to recognize signs of dehydration and follow the progress of ORT.

It is noteworthy that no message was delivered correctly more than 30% of the time!

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Services & Performance Assessment Graphs

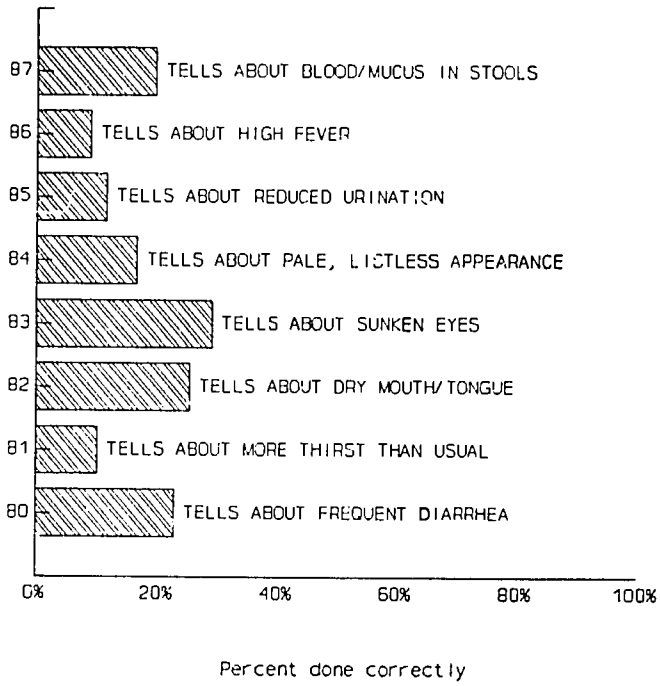

Figure 86. Performance of educational messages: Signs of dehydration and other problems

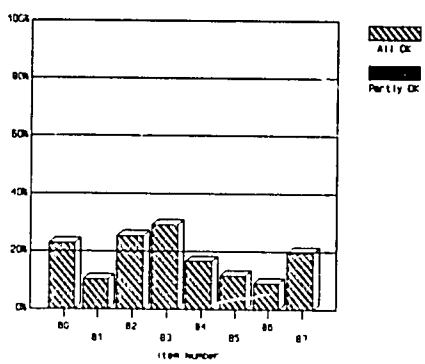

Figure 87. Answer range for Q. 73-79

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Performance in Educational Message Delivery

Other Home Treatment for Diarrhea

The standard ORT supplemental messages: ***more fluids, continue breastfeeding, discourage drug therapy in the home,*** were delivered more reliably than were the more detailed conceptual messages involving recognition of dehydration signs.

The score for discouraging use of other drugs, in particular, averaged around 80%. This is interesting in light of the ambiguity shown by workers in disabusing the mother of her notion to use antiemetics during the treatment phase when the mother insisted on it.

Again, workers' performance in delivery of messages drops considerably when it involves communication of either details or conceptual messages. In this instance, instructions to mothers to offer small amounts of food and to use spoon feeding in case of vomiting, scored below 30%.

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Services & Performance Assessment Graphs

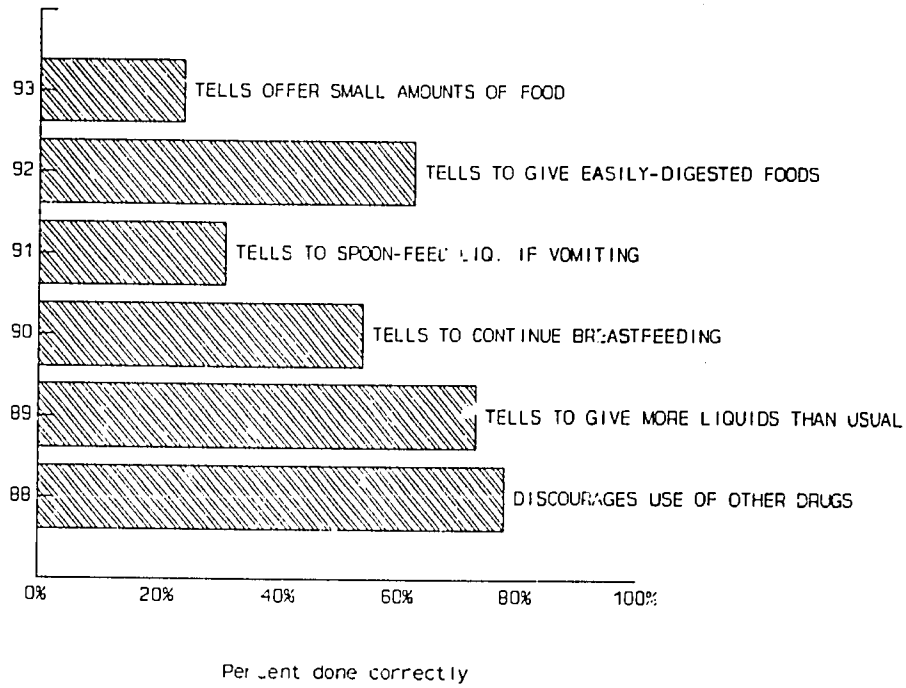

Figure 68. Performance of educational messages: Other home treatment for diarrhea

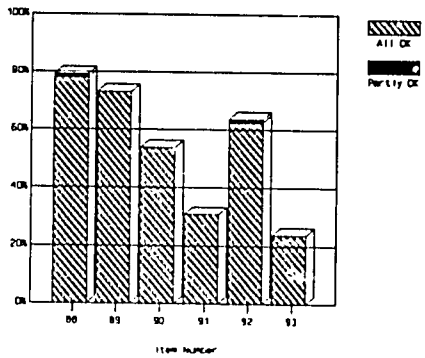

Figure 69. Answer range for Q. 88-93

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Performance in Educational Message Delivery

Prevention of Diarrhea

Messages involving hygiene and prevention of diarrhea, while they may be considered to be details incidental to therapy, were delivered with relative success. Scores for messages on using boiled/clean water and attending to personal and kitchen hygiene were all above 60%.

Performance on breastfeeding and weaning messages which are conceptually more complex than promoting boiled water was significantly lower than other diarrhea prevention messages.

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Services & Performance Assessment Graphs

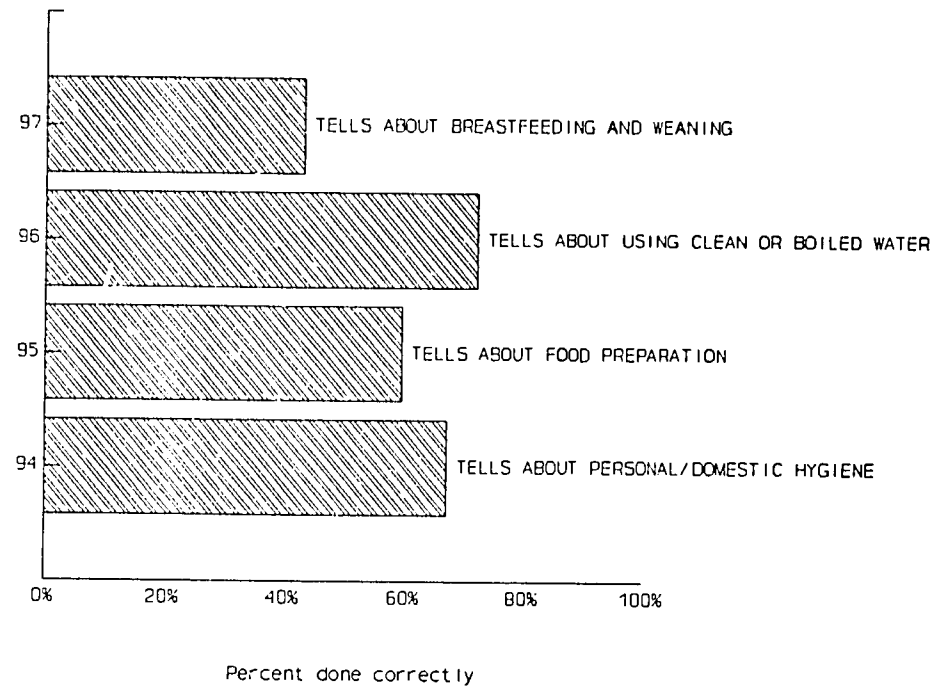

Figure 60. Performance of educational messages: Prevention of diarrhea

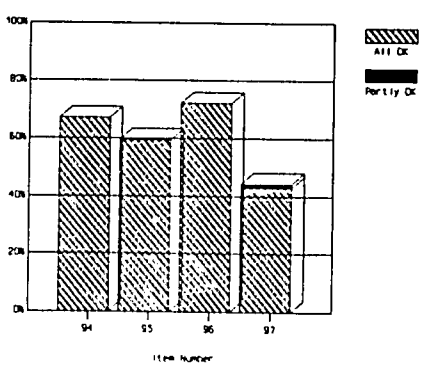

Figure 61. Answer range for Q. 94-97

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Diarrhea System Assessment: Results

Services & Performance Assessment Graphs

Socioemotional Performance

Peruvian convention dictates relatively elaborate greetings. Indeed, performance on this item (No. 98) was superior to that of any other message or affect item measured during the study. It is ironic, in fact, that the introduction process almost never extended to the worker introducing himself or herself to the mother.

Health worker performance on all other affect items was at best mixed with a significant "ambiguity quotient" (neutral scores) on items covering demonstrated attitude. Virtually all workers were at least neutral, but less than half showed a truly positive attitude (from the perspective of the observer) on any of the four affect scales.

It is interesting to note that workers seldom introduced themselves by name, choosing instead to maintain a relatively "distant" relationship with their clients. This is also consistent with their failure to demonstrate any affective behavior towards the child.

A Note on Scoring:

Figure 62.

Questions 98, 99, and 100 are simple "yes/no" questions. Questions 101 through 104 were scored for a 5-point range anchored by a set of opposite behaviors (respectful/disrespectful; confident/uncertain; friendly/unfriendly; interested/bored). A 4 or 5 was considered to be a positive score for Figure 62; a 3 was neutral.

Figure 63.

Figure 63 presents results to the same items included in Figure 62. The patterned column portions correspond to percentage of positive (4 or 5) scores and are identical to the results depicted in figure 62. The black portion of each column reflects neutral observations scored as 3 on a 5 point scale.

Other Figures.

Unless otherwise stated "partly correct" responses are a 2 on a 3 point scale, with 3 being "correct" and 1 being "incorrect."

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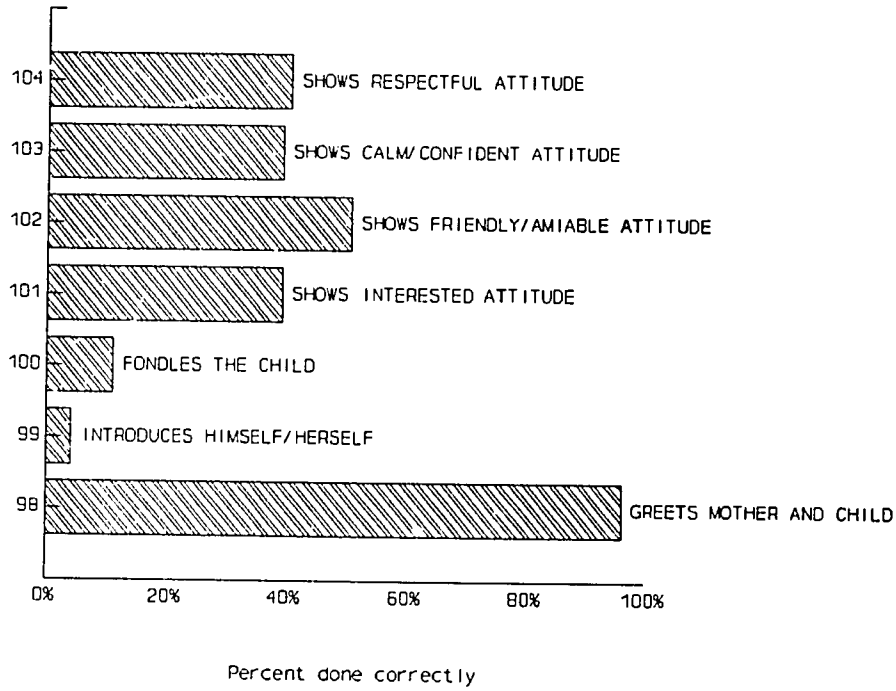

Figure 62. Socioemotional performance

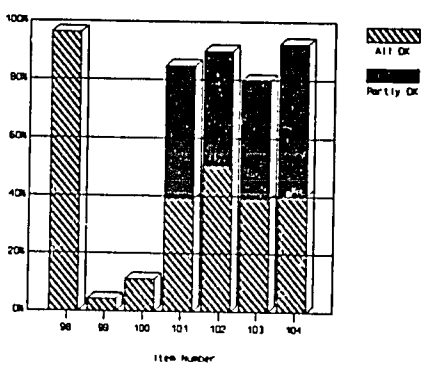

Figure 63. Answer range for Q. 98-104

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Task Satisfaction Ratings by Surrogate Mothers

Satisfaction by surrogate mothers in the performance of health care workers was quite high, particularly if we take a relaxed interpretation of a positive rating (Figure 65.). Variation in perceived performance across items also appeared to be minimal.

Higher satisfaction scores are, of course, to be expected during a SIMULEX exercise. We do not presume that scores would be as high in a real worker-patient encounter.

A Note on Scoring:

Figure 64.

Questions 105 through 110 were scored 1 through 5 for the range from "never" to "always." A 4 or 5 was considered to be a correct score. Figure 64 reflects only correct (4 or 5 /5) scores.

Figure 65.

Figure 65 presents results to the same items included in Figure 64. The patterned column portions correspond to percentage of correct scores and are identical to the results depicted in figure 64. The black portion of each column reflects "almost correct" or "partly OK" responses scored as 3 out of a 5 point scale. Scores of 2 and below were considered to be incorrect.

Other Figures.

Unless otherwise stated "partly correct" responses are a 2 on a 3 point scale, with 3 being "correct" and 1 being "incorrect."

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Services & Performance Assessment Graphs

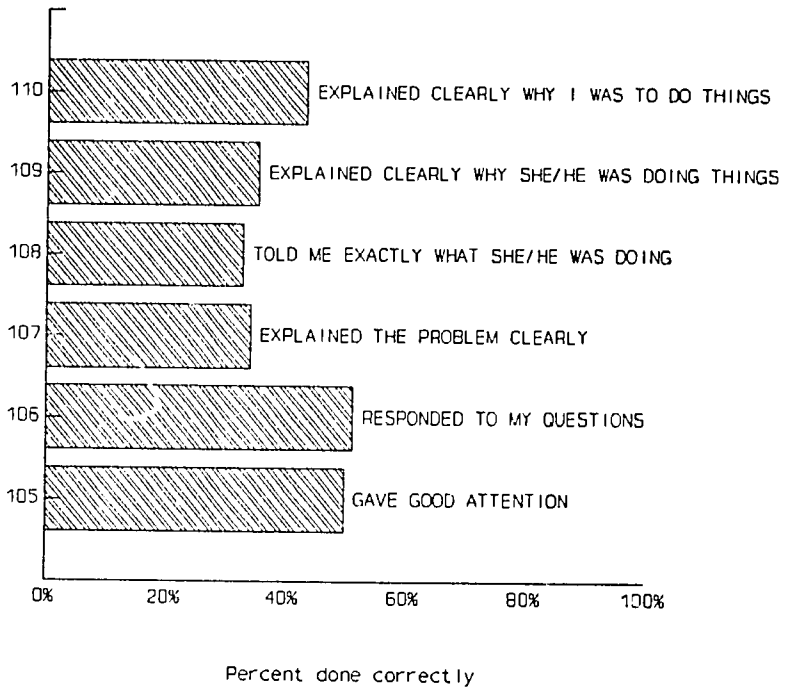

Figure 64. Task satisfaction ratings by surrogate mother

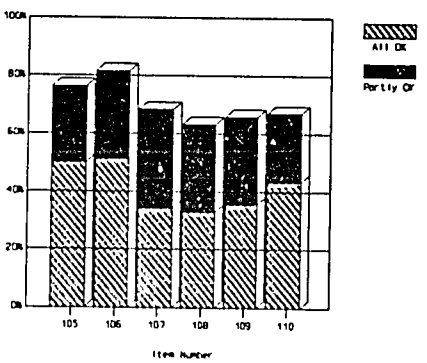

Figure 65. Answer range for Q. 105-110

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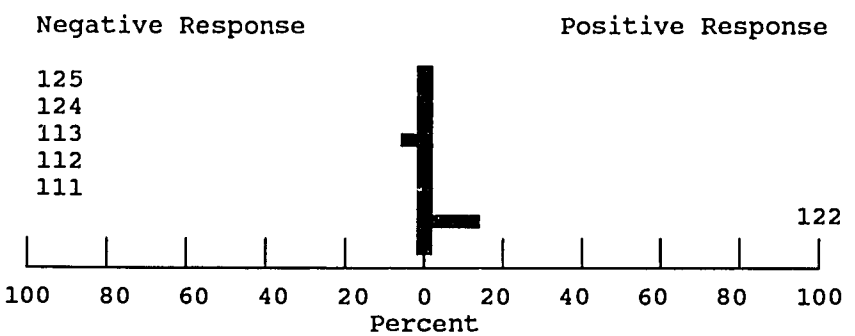
Services & Performance Assessment Graphs

Socioemotional Satisfaction Rating by Surrogate Mother

As in Figure 64, we expect very positive reaction by surrogate mothers to worker performance during a SIMULEX exercise. Questions 111 - 115 are phrased as negative questions, therefore low scores reflect positive response. We can see that surrogate mothers reported very high satisfaction with the attitude of health workers towards them. Compare these to the same set asked of real mothers in the community (Figs. 31 & 32) and it is apparent that the SIMULEX brings out a "best behavior" phenomenon.

Note that figures 66 and 68 are more appropriately combined into the following bilateral graph - showing both negative and positive responses simultaneously.



Note that, as in Figures 64 and 65, these items were also measured on a 5-point scale.

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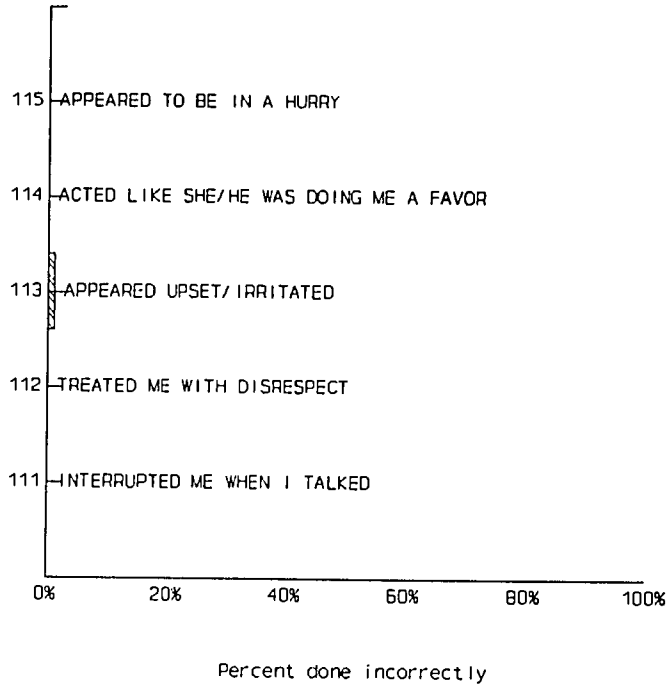

Figure 66. Socioemotional satisfaction rating by surrogate mother

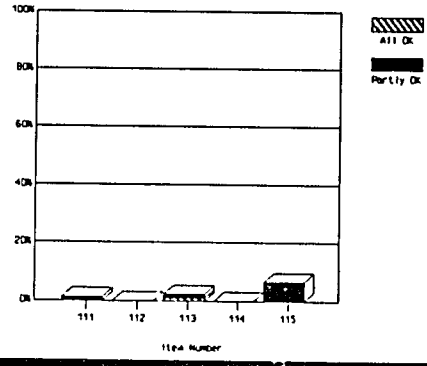

Figure 67. Answer range for Q. 111-115

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Satisfaction with "Making Mother Feel Important

(See explanations for Figure 66)

It is interesting to note that, while surrogate mother expressed considerably less "**dissatisfaction**" with their treatment by health care workers, than did mothers interviewed at large in the communities surrounding the health centers, they did not rate themselves to have been treated with significantly "**more importance**" than did the at-large mothers.

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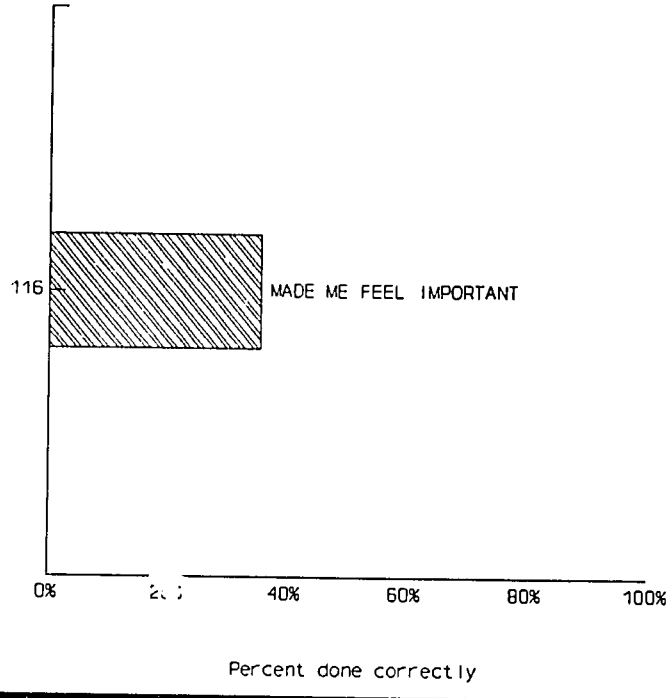

Figure 68. Satisfaction with "making mother feel important"

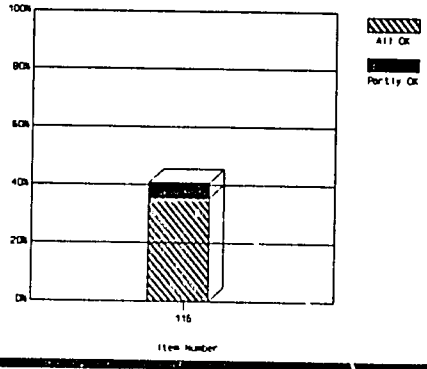

Figure 69. Answer range for Q. 116

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Average SIMULEX Performance by Indicators
(as % of maximum score)

By collapsing item scores into indicator scores, at a glance, the relative strengths and weaknesses of the Cono Sur Health workers. Their performance is generally weak in all tasks requiring communication between the health care worker and their clients. This is equally so for task areas requiring communication of messages to mothers, as well as task areas requiring elicitation of information from mothers (i.e., History-Taking and Physical Examination).

Performance was generally much better in task areas requiring some form of physical activity - for example, ORS Preparation.

A Note on Figure 70 Coding:

Each item on Figure 70 represents a composite score of items shown on a single discrete Services and Performance Assessment graph (Figures 38-68). In the case of EDC and USR the results of more than one graph have been pooled into a single item score.

HIS = Performance in History Taking (Figure 38)
EXM = Performance of Physical Examination (Figure 40)
DIA = Performance of Diagnosis (Figure 42)
TXS = Performance on Treatment Strategy (Figure 43)
TXP = Performance in Preparation of ORS (Figure 44)
TXA = Performance in Administration of ORS (Figure 46)
TXB = Performance in Dealing with Problems in ORT (Figure 49)
EDS = Performance in Strategy for Educating Mother (Figure 50)
EDC = Performance of Educational Messages: Use of ORT in the home (Figures 54-60)
EDG = Performance of Educational Messages: General on ORT (Figure 52)
S/E = Socioemotional Performance (Figure 62)
USR = Socioemotional Satisfaction Rating by mothers (Figures 66-67)

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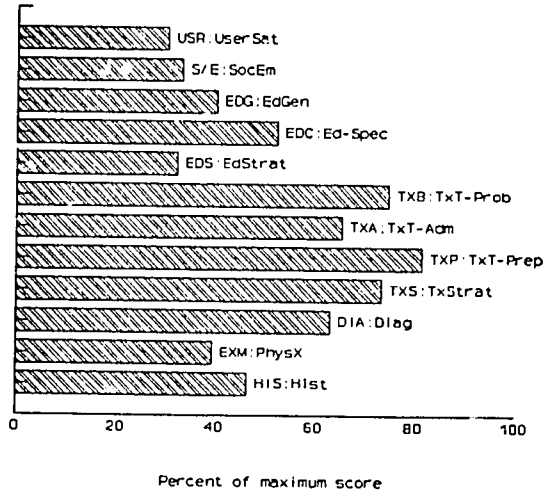

Figure 70. Average SIMULEX Task Area Performance (as % of maximum score)

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Services & Performance Assessment Graphs

Profile of Overall SIMULEX Scores by Health Center

Vertical lines on Figure 70 connect individual overall scores (triangles) for each health center. The box on each line represents a mean score for an individual worker in each Health Center. This graph form, created automatically in QUATTRO and brought into WordPerfect with the GRAB utility, shows both the range of performance within a health center as well as the relative performance of each health center. The worst performance in San Juan, for instance, is better than the best individual performance in Manual Barreto.

A Note on Figure 71 Coding:

Figure 71 shows individual total scores for each of the 14 health centers.

An individual total score is computed by collapsing each individual's indicator scores (i.e., figure 70 results, but for an individual) into a single score (i.e., the unweighted average of the 12 indicators) and computing it as a percent of the total possible maximum score.

Health Center Codes

No.	Name	No.	Name
1.	San Martin	8.	Nueva Esperanza
2.	Cesar Lopez Silva	9.	Daniel Carrion
3.	Juan Pablo II	10.	Tabla de Lurin
4.	San Jose	11.	San Juan
5.	Jose Carlos Mariategui	12.	Villa San Luis
6.	Villa Maria del Triunfo	13.	Ciudad de Dios
7.	Jose Galvez	14.	Manuel Baretto

Note: Results for Health Center No. 3, Juan Pablo II were removed from the study for reasons specified in the **Methods & Materials** section of this report.

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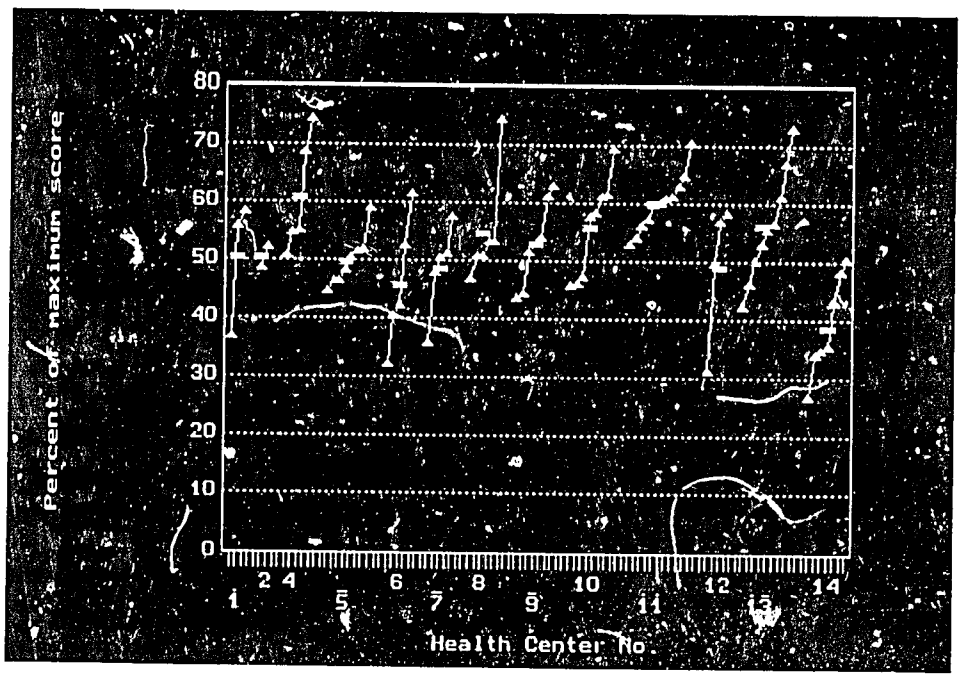

Figure 71. Profile of SIMULEX Overall Scores by Health Center

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Health Center SIMULEX Task Area Performance Curves

San Martin & Cesar Lopez Silva

A Note on Individual Performance Curves:

Figures 72-84 show individual scores for each of the 12 indicators grouped by health center. Individual scores for a given indicator have been connected with a line to better display the range of performance for each.

This display technique specifically hides individual identities. To avoid the confusion of many crossing lines, it also does not show the 12 performance levels linked for a single individual. Such individual performance curves, produced with the 12 indicators as the X-axis are, however, made available to Health Center directors.

HIS = Performance in History Taking (Figure 38)
EXM = Performance of Physical Examination (Figure 40)
DIA = Performance of Diagnosis (Figure 42)
TXS = Performance on Treatment Strategy (Figure 43)
TXP = Performance in Preparation of ORS (Figure 44)
TXA = Performance in Administration of ORS (Figure 46)
TXB = Performance in Dealing with Problems in ORT (Figure 49)
EDS = Performance in Strategy for Educating Mother (Figure 50)
EDC = Performance of Educational Messages: Use of ORT in the home (Figures 54-60)
EDG = Performance of Educational Messages: General on ORT (Figure 52)
S/E = Socioemotional Performance (Figure 62)
USR = Socioemotional Satisfaction Rating by mothers (Figures 66-67)

Note: Results for Health Center No. 3, Juan Pablo II were removed from the study for reasons specified in the **Methods & Materials** section of this report.

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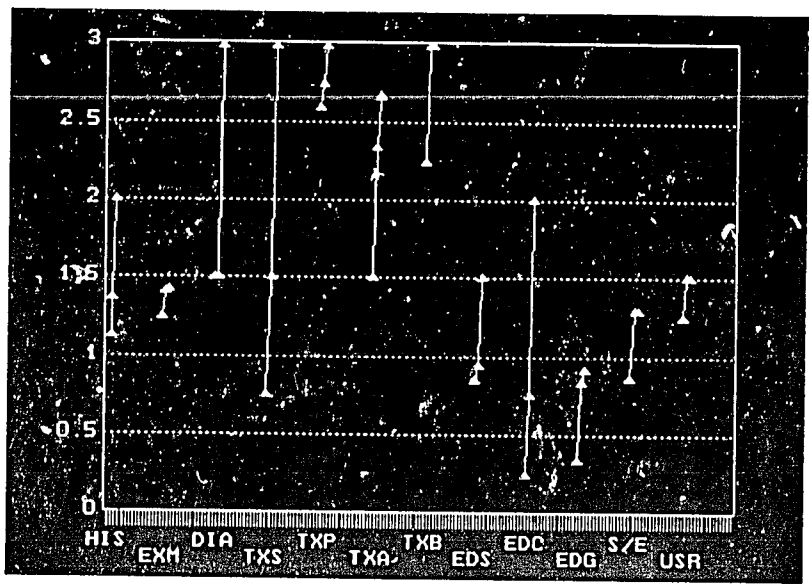

Figure 72. San Martin SIMULEX Task Area Performance Curves

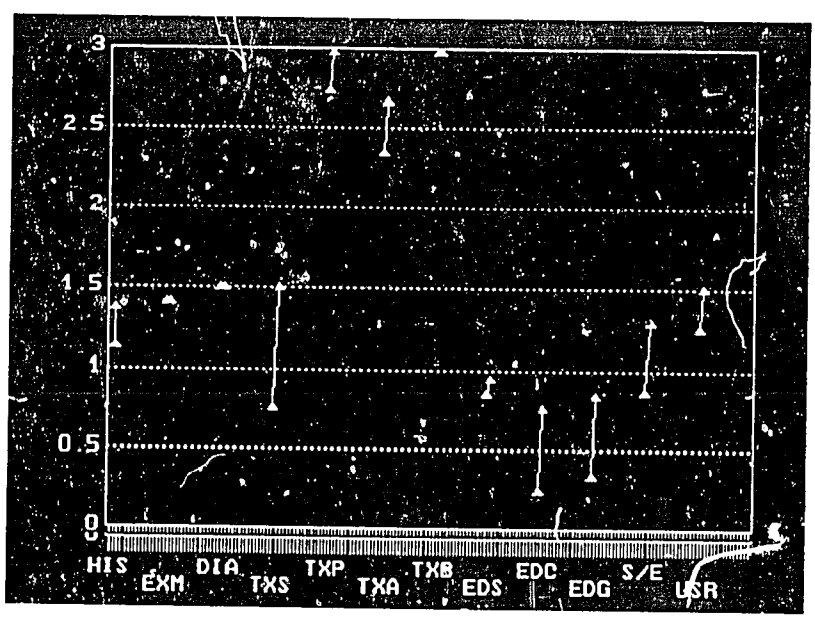

Figure 73. Cesar Lopez Silva SIMULEX Task Area Performance Curves

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Health Center SIMULEX Task Area Performance Curves

San Jose & Jose Carlos Mariategui

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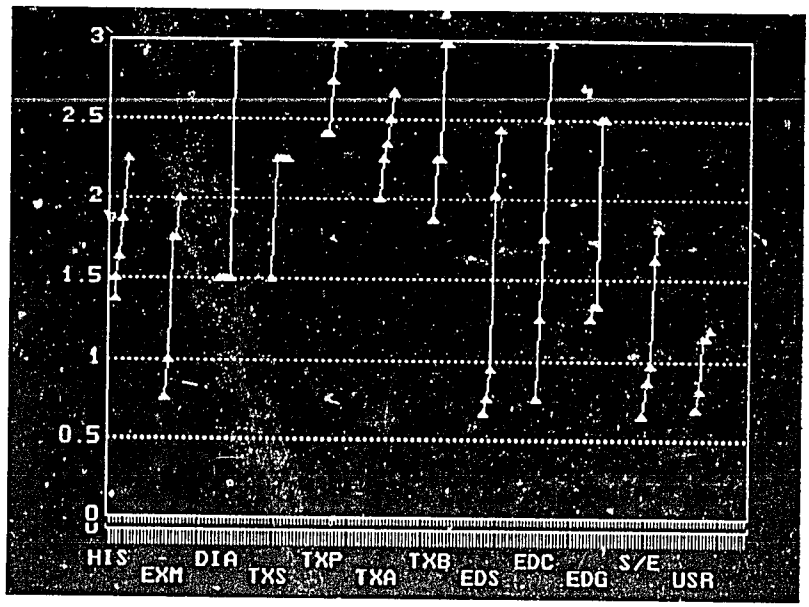

Figure 74. San Jose SIMULEX Task Area Performance Curves

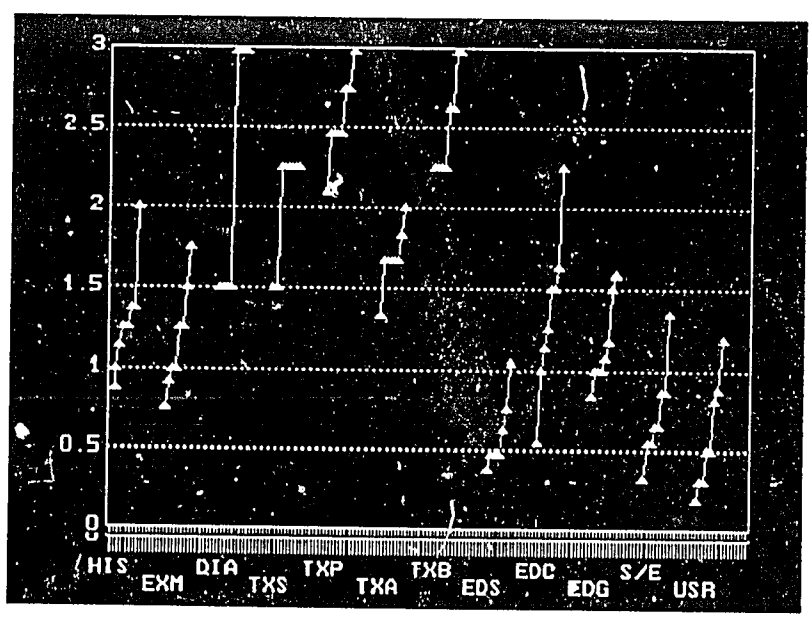

Figure 75. Jose Carlos Mariategui SIMULEX Task Area Performance Curves

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Health Center SIMULEX Task Area Performance Curves

Villa Maria del Triunfo & Jose Galvez

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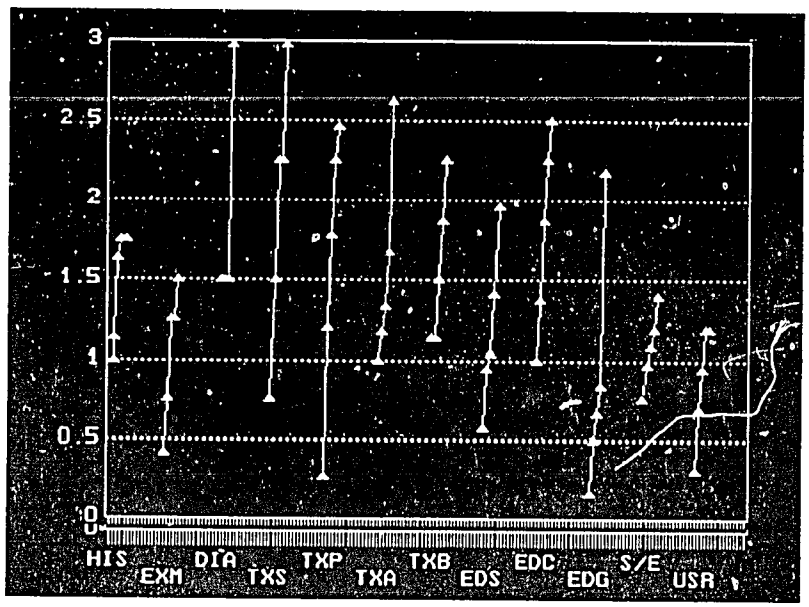

Figure 76. Villa Maria del Triunfo SIMULEX Task Area Performance Curves

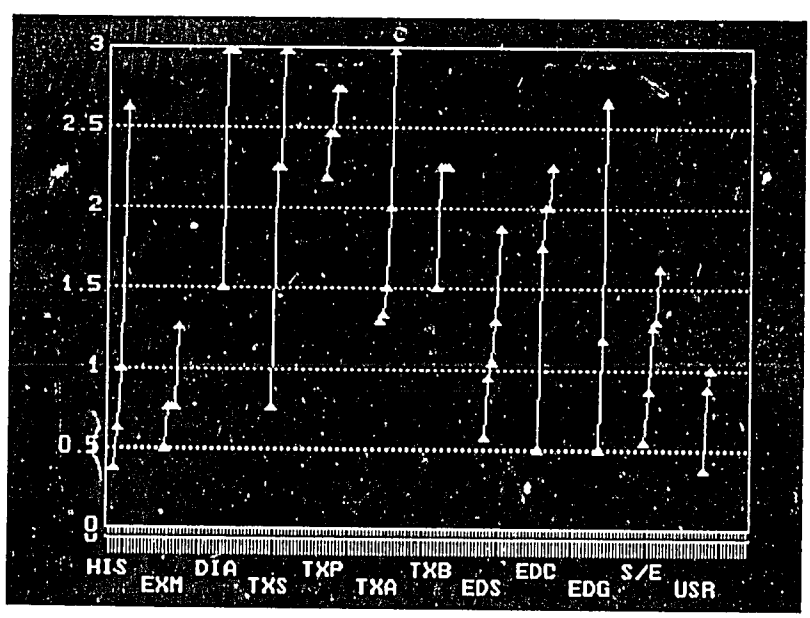

Figure 77. Jose Galvez SIMULEX Task Area Performance Curves

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Health Center SIMULEX Task Area Performance Curves

Nueva Esperanza & Daniel Alcides Carrion

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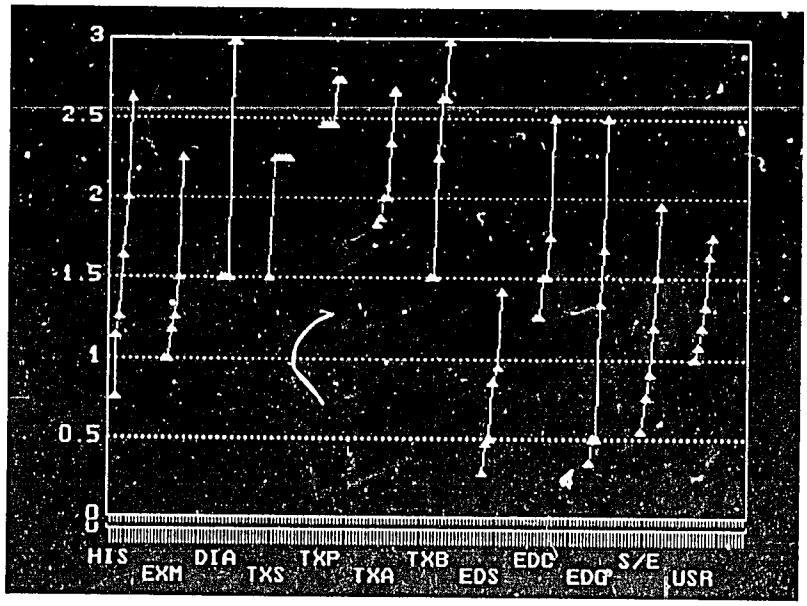

Figure 78. Nueva Esperanza SIMULEX Task Area Performance Curves

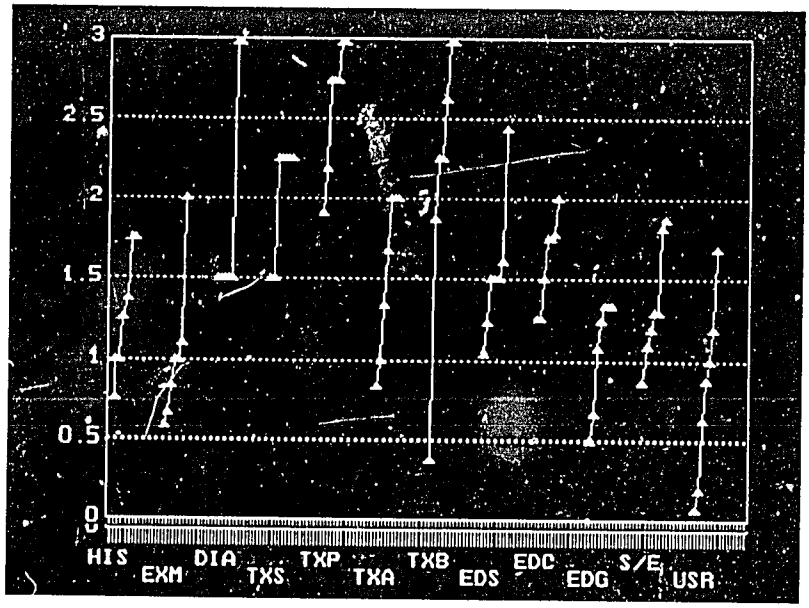

Figure 79. Daniel Alcides Carrion SIMULEX Task Area Performance Curves

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Health Center SIMULEX Task Area Performance Curves

Tabla de Lurin & San Juan

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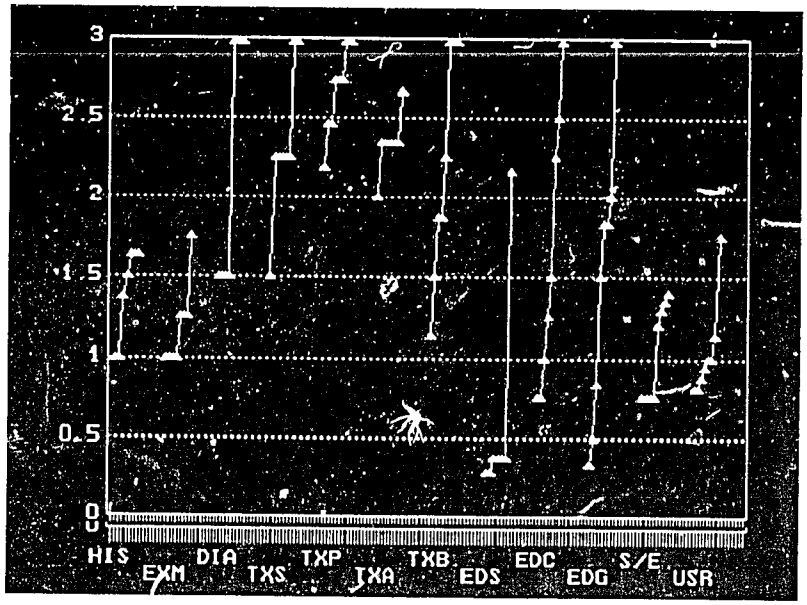

Figure 80. Tablada de Lurin SIMULEX Task Area Performance Curves

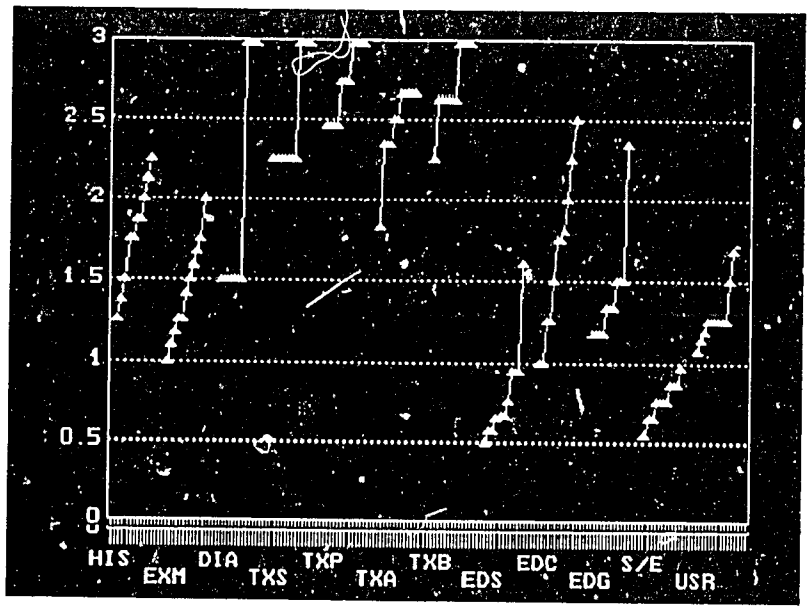

Figure 81. San Juan SIMULEX Task Area Performance Curves

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Health Center SIMULEX Task Area Performance Curves

Villa San Luis & Ciudad de Dios

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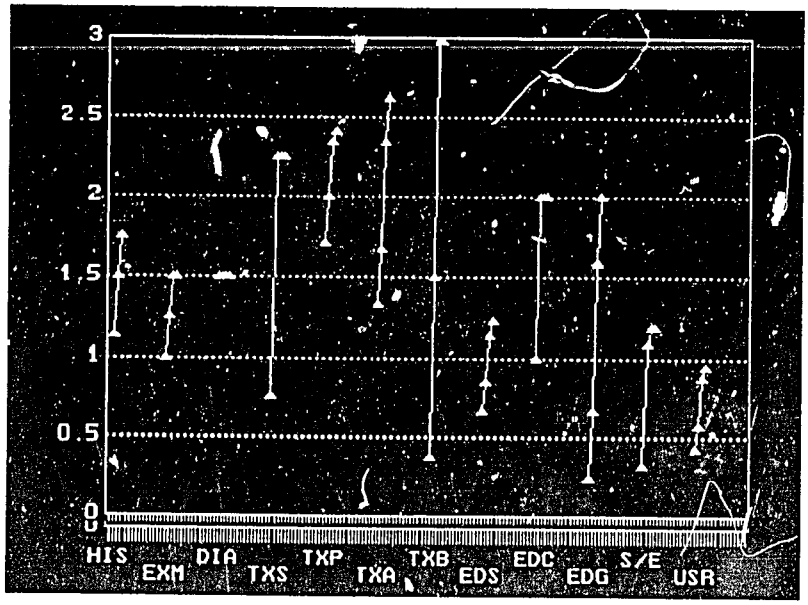

Figure 82. Villa San Luis SIMULEX Task Area Performance Curves

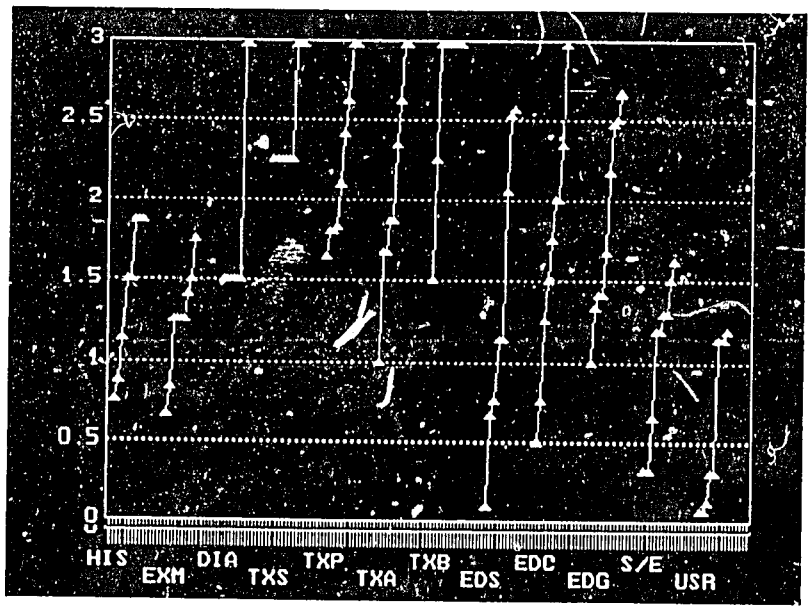

Figure 83. Ciudad de Dios SIMULEX Task Area Performance Curves

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Health Center SIMULEX Task Area Performance Curves

Manuel Barreto

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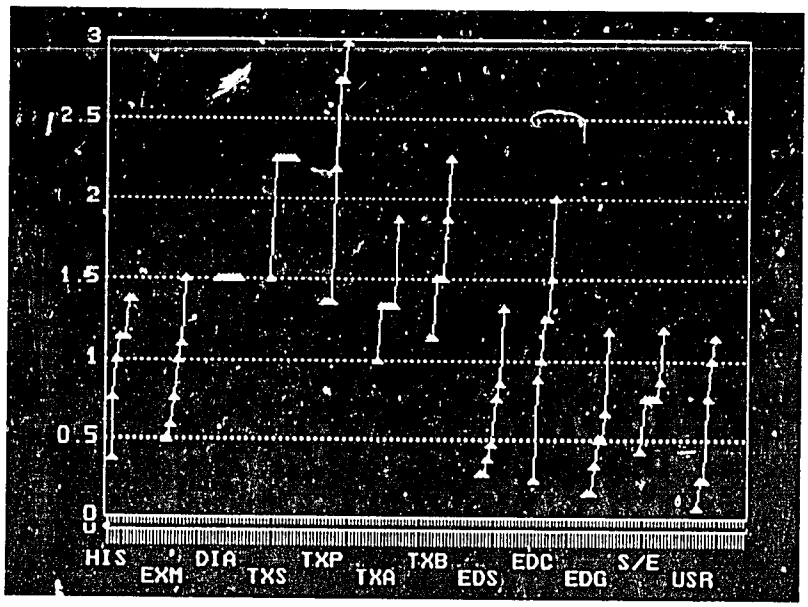

Figure 84. Manuel Barreto SIMULEX Task Area Performance Curves

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Basic Knowledge Examination

Individual Item Scores

The reader should check item scores on Figure 85 against the examination questions contained in form **CDE1-CED-Concimiento** under the **Data Collection Instruments** section of this report.

The low scores on questions 13, 20 and to some extent 16 are probably as much attributable to their form as to their content. Both questions 13 and 20 are phrased as negative questions and may be construed by some to be "trick" questions.

A Note on The Basic Knowledge Examination:

The reader is advised to also reviewing the questionnaire used for the Basic Knowledge Exam while review Figures 85-91. It is located in the **Data Collection Instruments** section at the end of this report and is titled:

CDE1-CED - Concimiento

Additional material concerning development and administration of the exam may be found under the **Materials & Methods** section of this report.

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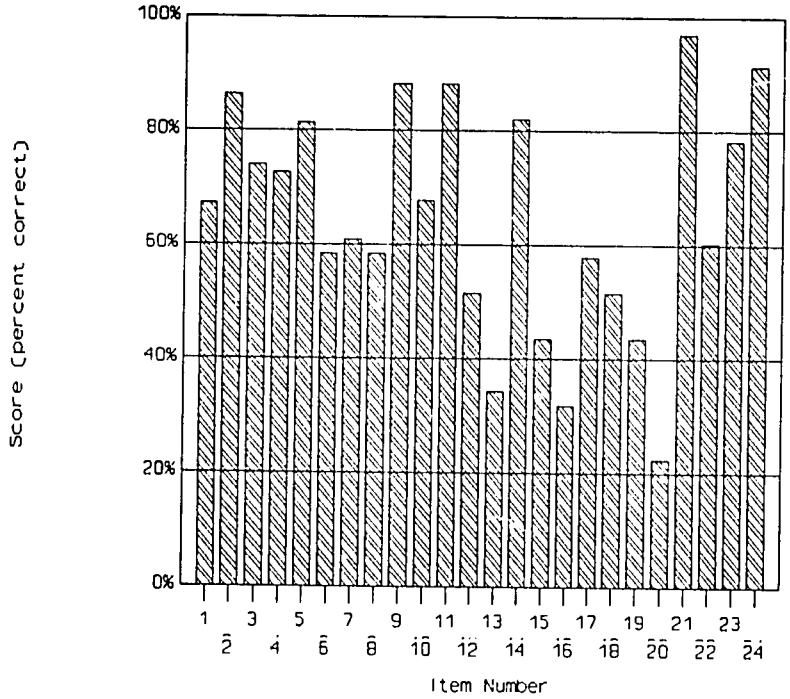

Figure 88. Scores on individual items in the Basic Knowledge Examination

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Basic Knowledge Examination

Overall Scoring Distribution

The scoring distribution of the Basic Knowledge Examination approximates a normal distribution around the 75th percentile. While not a particularly lengthy or difficult examination, it did nevertheless provide a reasonable test of the entire breadth of knowledge required in the performance of ORT/CD services at the level of the Health Center.

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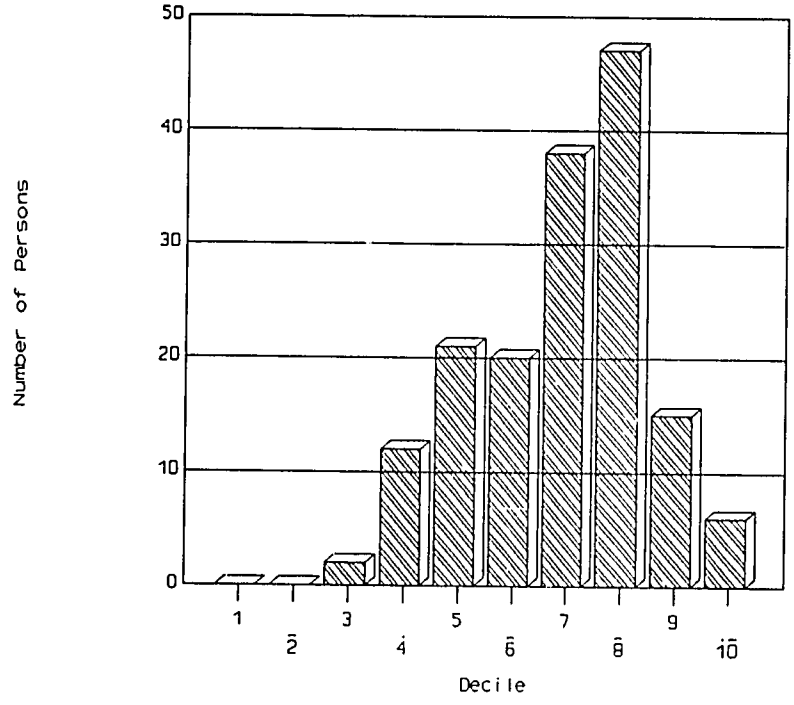

Figure 86. Distribution of overall scoring on the Basic Knowledge Examination

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Case History Examination

Individual Item Scores

The reader should check item scores on Figure 86 against the examination questions contained in form **CDE1-CED-Habilidades de Diagnóstico** under the **Data Collection Instruments** section of this report.

A Note on The Case-History Examination:

The reader is advised to also review the questionnaire used for the Basic Knowledge Exam while reviewing Figures 87-91. It is located in the **Data Collection Instruments** section at the end of this report and is titled:

CDE2-CED - Habilidades de Diagnóstico

Additional material concerning development and administration of the examination may be found under the **Materials & Methods** section of this report.

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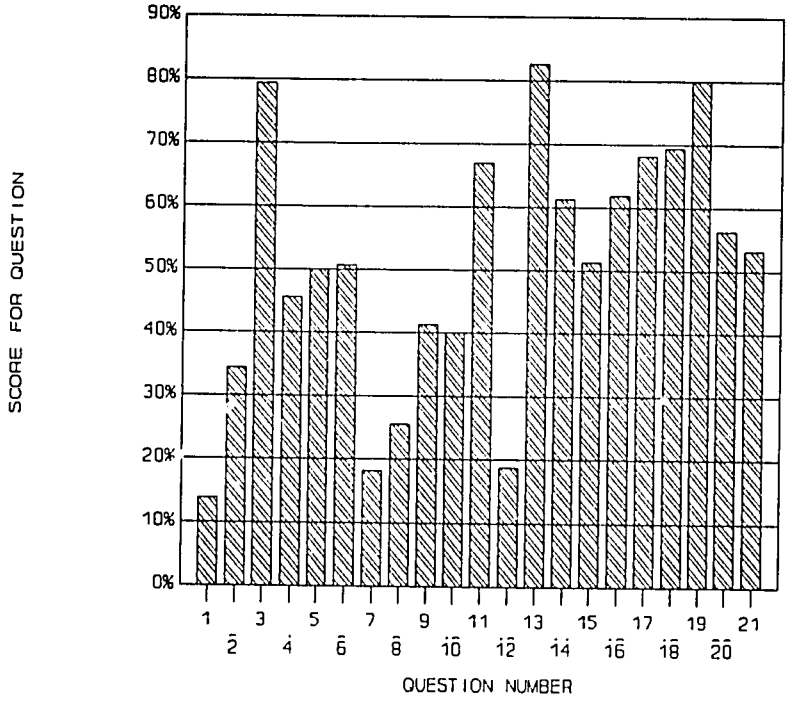

Figure 87. Scores on individual items in the Case-history Examination

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Case History Examination

Overall Scoring Distribution

The scoring distribution of the Case History Examination approximates a normal distribution around the 50th percentile. The generally lower scores for this exam indicate that it was a more difficult examination for the average Cono Sur Health Care worker than the Basic Knowledge Examination. Clearly, basic reasoning and diagnostic skills concerning ORT/CD have not been well developed in the target health worker group.

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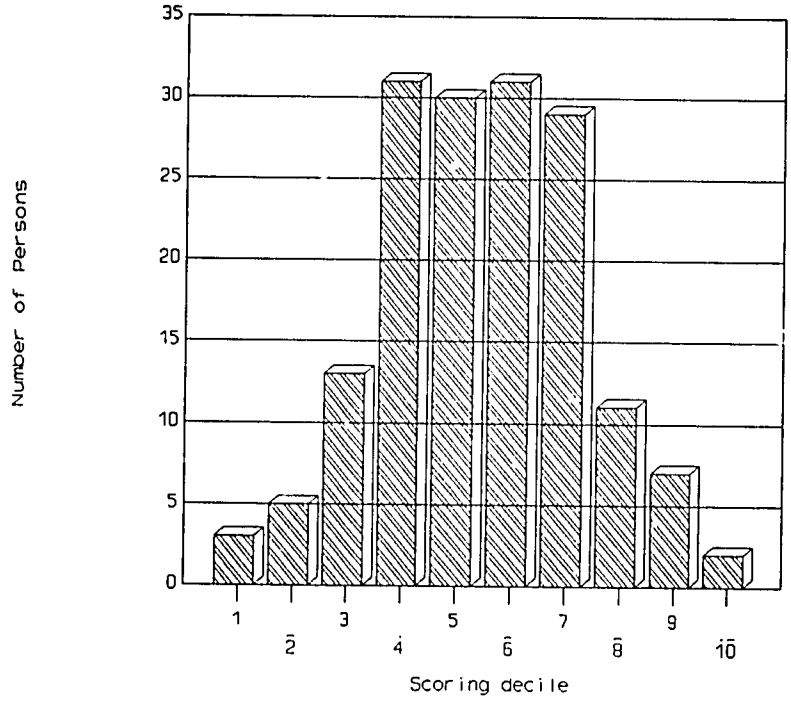

Figure 88. Distribution of scoring on the Case-history Examination

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Correlation Distribution

Basic Knowledge Examination and SIMULEX Score

Figure 89. shows a strong positive correlation ($r=.58$, $p<.005$) between SIMULEX (Y axis) and Basic Knowledge scores (X axis). These results suggest that both methodologies are capturing much of the same basic information concerning individual ORT/CD program performance.

The intention of the Basic Knowledge Examination was to supplement the SIMULEX assessment with a broader testing of "variations on the theme" of good service delivery in the target program. SIMULEX is intensive, but its complexity and time requirements limit it to testing one of many situations that face a health worker.

Given this intention, it is highly encouraging to see the high degree of predictive validity that exists between these two measures of worker performance.

A Note on Simple Correlation Analysis:

We have found scatter diagrams combined with simple correlation and regression analysis to be an effective method for visual presentation and simple statistical validation of data at the level of the health center.

Figures 89-93 show correlations between the Basic Knowledge and Case-History Examinations and the results of the SIMULEX exercises.

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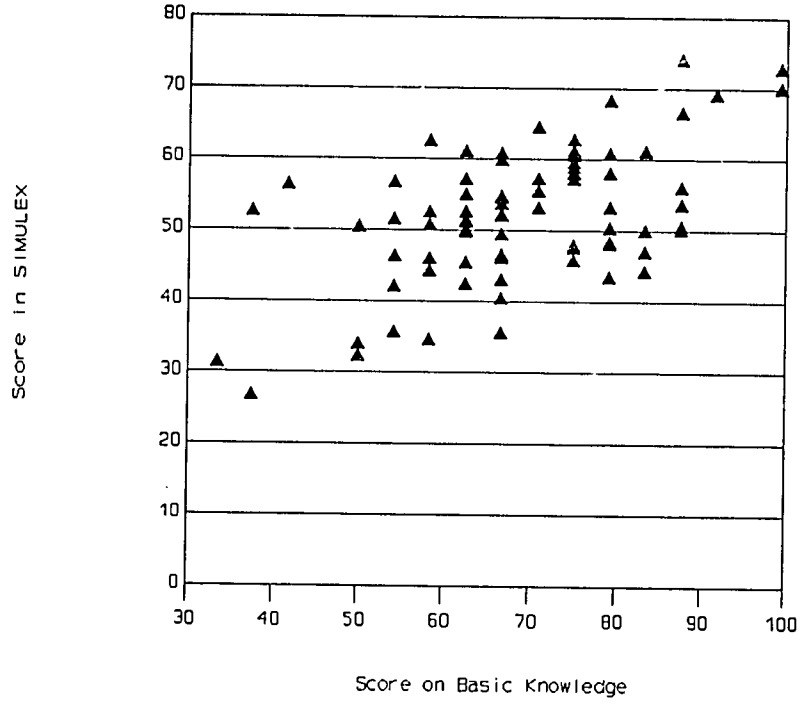

Figure 89. Correlation between score in the Basic Knowledge Examination and score in SIMULEX

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Correlation Distribution

Case-History Examination and SIMULEX Score

The correlation between SIMULEX and the Case-History Examination ($r=.44$, $p>.05$), was such that the two tests would appear to be measuring significantly different attributes that are less closely associated than those measured by the Basic Knowledge Exam and SIMULEX.

On one hand, SIMULEX scores are derived almost equally from physical task performance and educational message delivery - both heavily reliant on memory and recall. The Case-History Examination (and indeed that portion of SIMULEX examining history-taking and diagnostic skills) concentrates more heavily on measuring reasoning skills.

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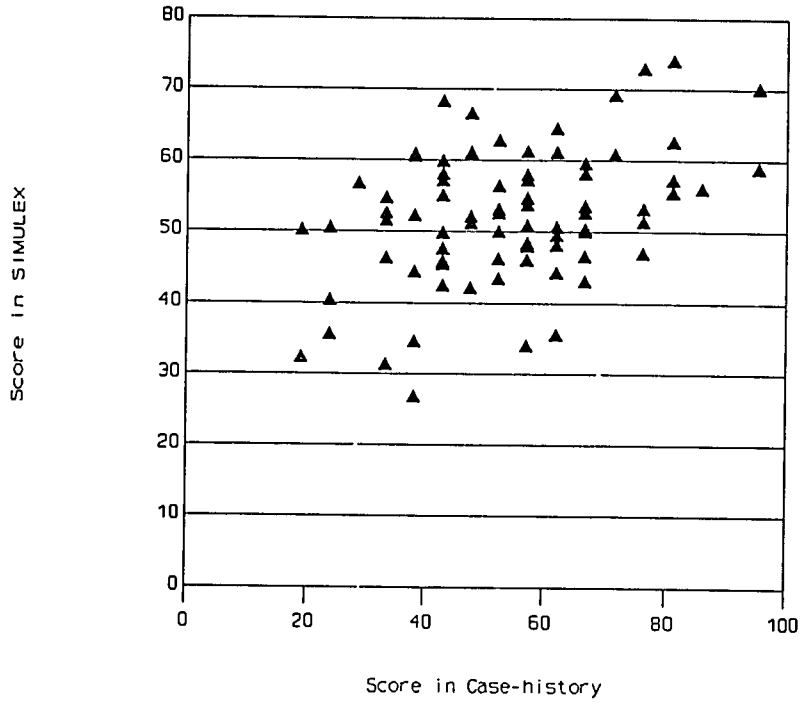

Figure 90. Correlation between score in the Case-history Examination and score in SIMULEX

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Correlation Distribution

Overall Examination Scores and SIMULEX Score

Overall Examination scores, generated by averaging the individual scores for the General Knowledge and History-Taking Examinations were significantly correlated ($r=.60$, $p<.005$) with individual SIMULEX scores.

We believe that both written examinations tap important factors in the assessment of a health workers ability to perform and have combined both types in the final Job Knowledge Examination format that is included in the current version of the instrument set (Volume 2).

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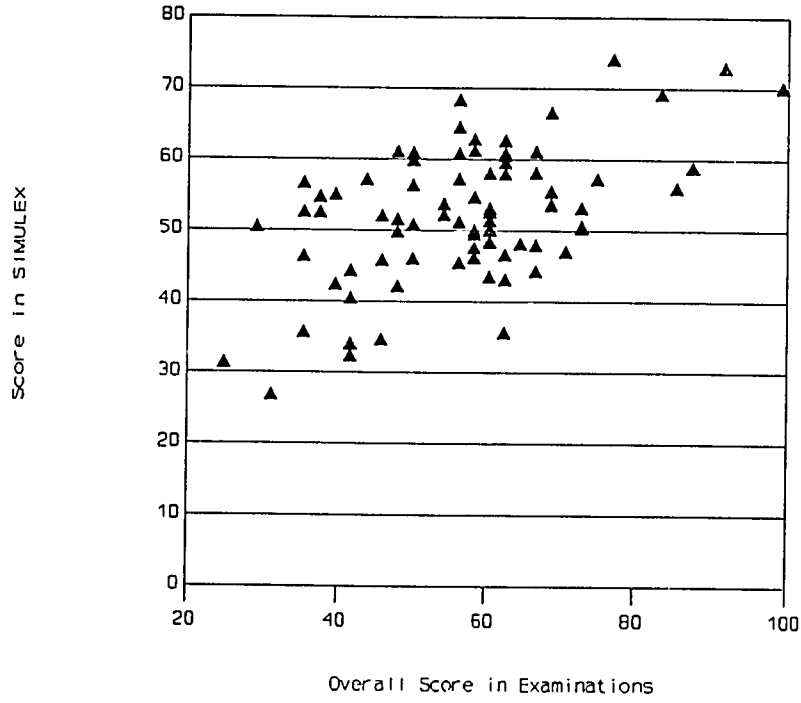

Figure 91. Correlation between overall score in Examinations and score in SIMULEX

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Correlation Distribution

Service Time in PMOH and SIMULEX Score

Quick visual inspection of Figure 92 confirms that "**experience,**" as measured by length of service with the PMOH, has no significant correlation with SIMULEX performance.

Unlike scores in our written examination of basic knowledge, the amount of time spent in Ministry service has absolutely no (r=0.01) demonstrable association with the quality of quality of service delivered.

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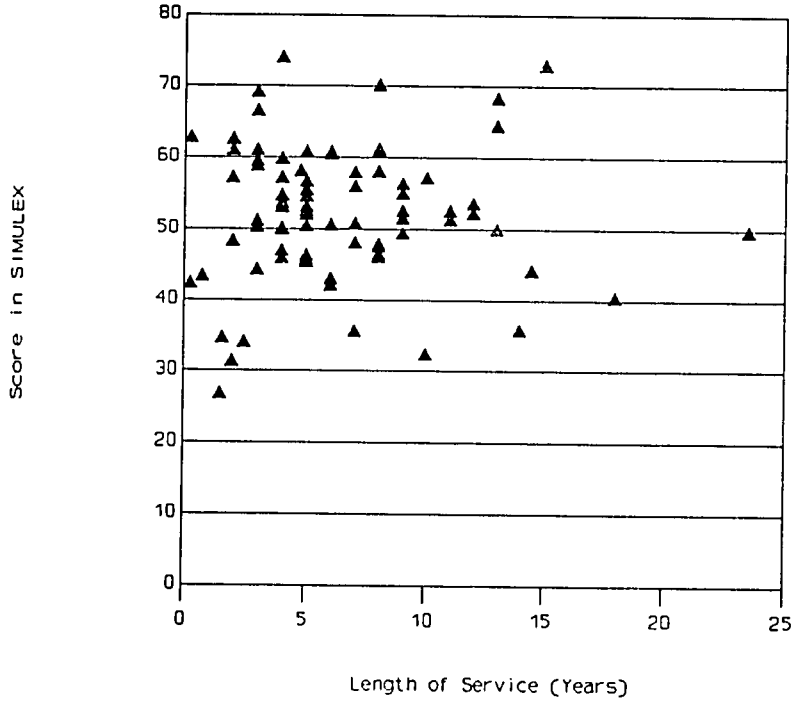

Figure 92. Correlation between length of service with the PMOH and score in SIMULEX

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Correlation Distribution

Overall SIMULEX Scores for HC Supervisor and Workers

This correlation was developed by taking the SIMULEX Score for Health Center Nurse Supervisors (we were only able to get a total of 10) and correlating them with the SIMULEX scores of their workers. While we performed the correlation analysis on actual raw data, we have chosen to present the scatter diagram plotting supervisor SIMULEX score vs the mean score for his/her worker group in order to reduce the visual clutter. The correlation between the supervisor's score and that of his/her workers proved to be highly significant (.59, $p<.007$).

The relationship behind this graph can, in our opinion, be demonstrated anecdotally from the experience of the San Juan de Miraflores health center. Last year, during our assessment of EPI performance, San Juan workers scored at or near the bottom on most EPI performance indicators. Then, in August 1988, San Juan removed its nurse supervisor in return for the services of a dynamic, energetic replacement. The improvement in performance has been striking. San Juan's performance in ORT/CD is now arguably the best among all health centers.

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Diarrhea Systems Assessment: Results

Services & Performance Assessment Graphs

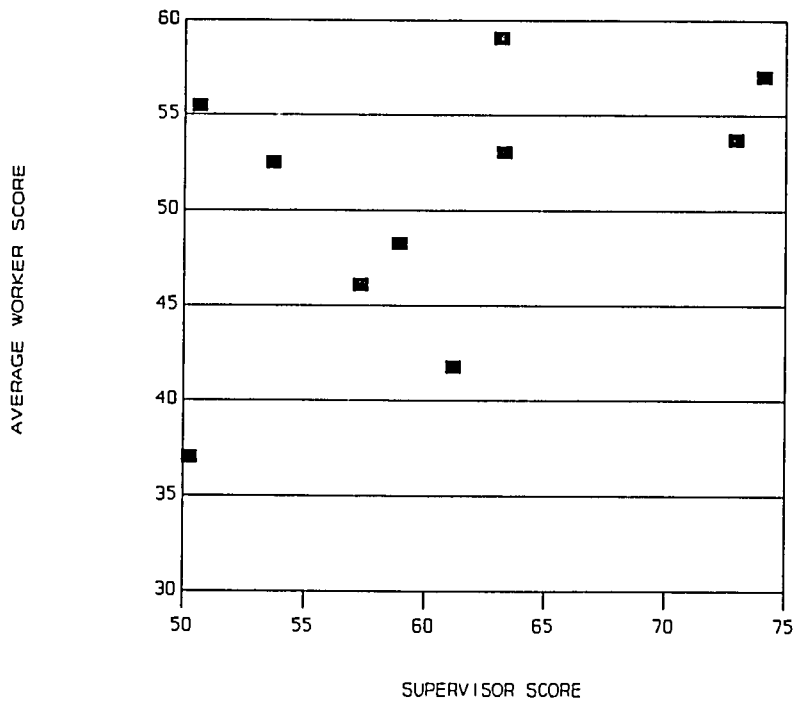

Figure 93. Correlation between overall score in SIMULEX for the program supervisor at health center and health workers in the same center

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Diarrhea Systems Assessment: Results

On-Site Observation Results

A Note on On-Site Observations:

On-site observation was designed to capture those performance indicators which are amenable to direct and immediate observation. Since "immediate observation" precludes direct observation of service delivery, remaining indicators fall quite nicely into four constructs which measure general "**preparedness**" at the Health Center, and in particular the Oral Rehydration Unit:

- **Availability of Materials in the ORT unit.**
- **Environment provided for the ORT unit.**
- **Preparedness of the ORT unit to provide immediate service**
- **Availability of Educational and Promotional Materials in the ORT unit.**

The methodology used for On-Site Observation involved an unannounced visit to a Health Center by a member of the assessment team during normal working hours. That worker then went to the Health Center's ORT Unit and filled out a simple checklist. That list is available in the **Data Collection Instruments** section at the end of this report and is titled:

DVC-CED Ver. 1.00: Observacion de Servicios Directos:

The reader is advised to consult the checklist while reviewing Figures 94 through 97.

Additional material concerning development and administration of the checklist may be found under the **Materials & Methods** section of this report.

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Diarrhea Systems Assessment: Results

On-Site Observation Graphs

Availability of Materials in ORT Unit

Items measurements depicted in Figure 94. suggest that Health Centers in the Cono Sur tend to have reasonably well equipped ORT units. While the absence of a watch in all but two of the centers is an understandable oversight, the shortage of stoves (or hot plates) was surprising. All centers appeared to be reasonably well stocked with ORS packets of recent vintage. This clearly obviates the need to maintain significant stocks of simple sugar and salt.

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Diarrhea Systems Assessment: Results

On-Site Observation Graphs

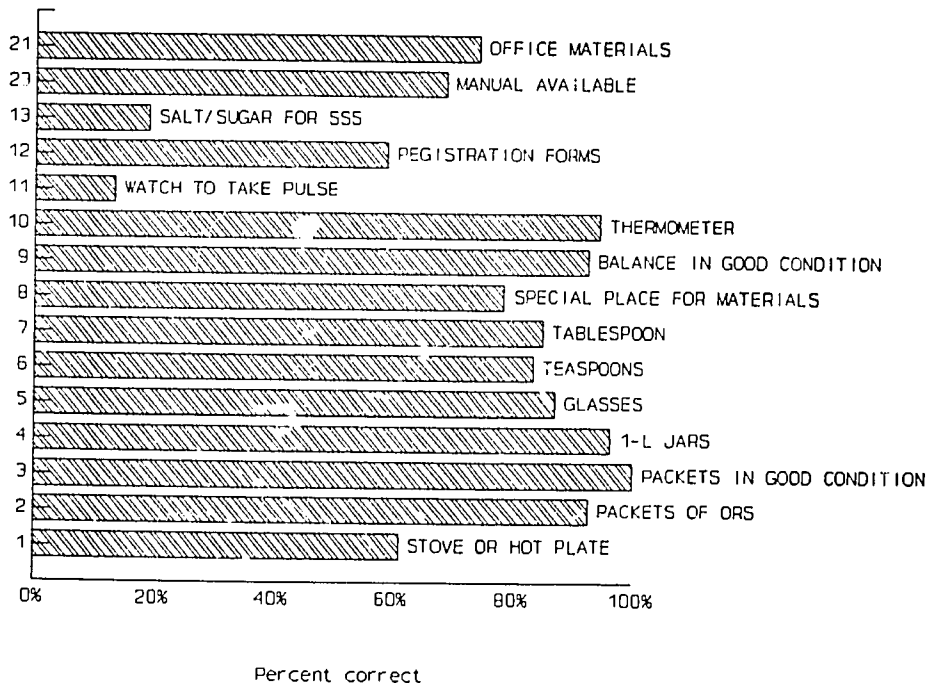

Figure 94. Availability of materials in Oral Rehydration Unit

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Diarrhea Systems Assessment: Results

On-Site Observation Graphs

Environment Provided for ORT Unit

With few exceptions, Health Centers have set aside a small room and stocked it with adequate facilities (benches, basins, stoves, desks ... etc.) to serve as the Health Center ORT unit.

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Diarrhea Systems Assessment: Results

On-Site Observation Graphs

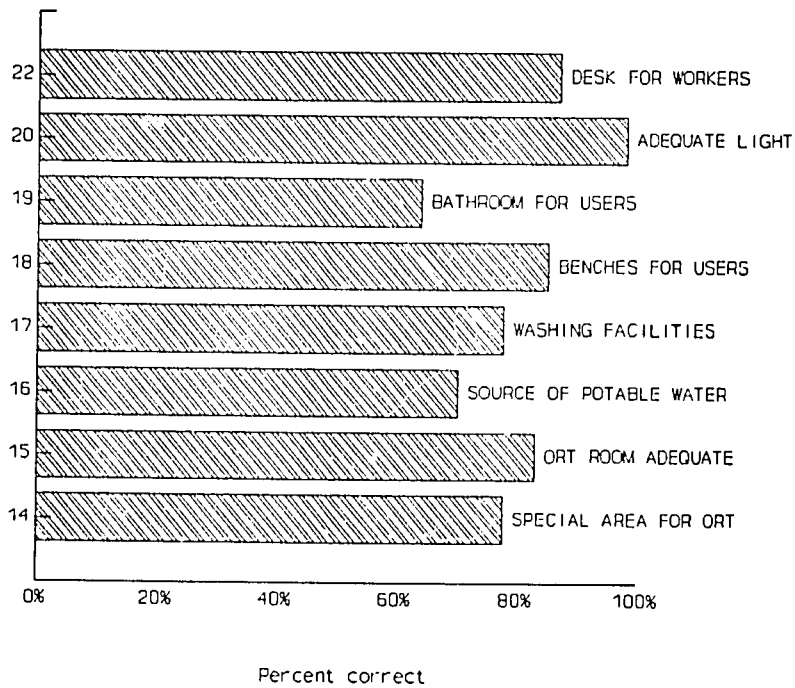

Figure 98. Environment provided for Oral Rehydration Unit

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Diarrhea Systems Assessment: Results

On-Site Observation Graphs

Preparedness of ORT Unit to Provide Services

All ORT Units inspected had adequate supplies of ORS packets and, with the exception of two health centers where personnel had not been assigned to the Unit, the personnel to administer them. Immediate availability of other requisite materials (boiled water, utensils, supplementary drugs ... etc.), however, was clearly less than adequate.

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Diarrhea Systems Assessment: Results

On-Site Observation Graphs

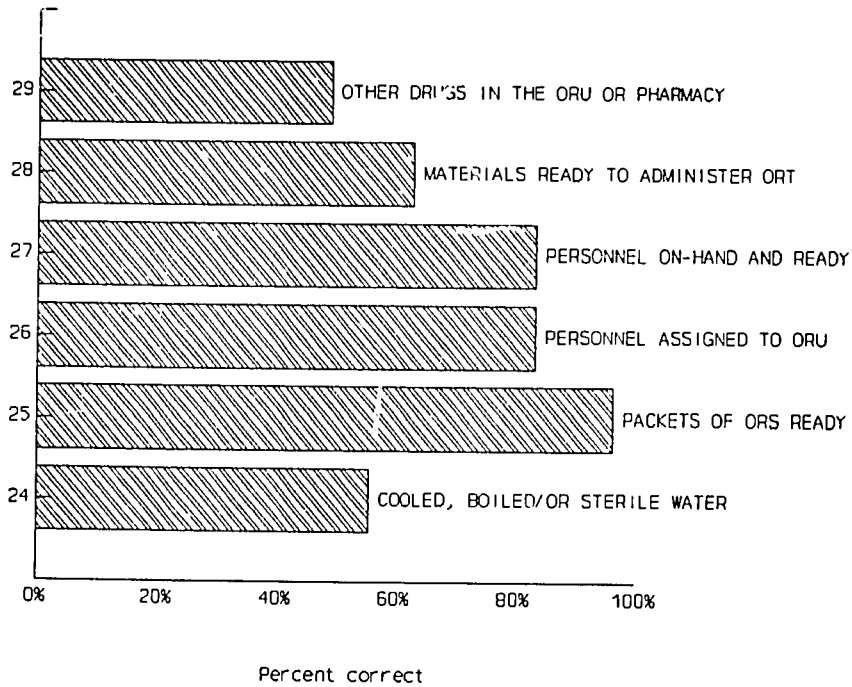

Figure 96. Preparedness of Oral Rehydration Unit to provide immediate service

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Diarrhea Systems Assessment: Results

On-Site Observation Graphs

Availability of Educational/Promotional Materials in ORT Unit

Availability of educational materials, with each measured item being available approximately 50% of the time, was judged to be inadequate. This finding was consistent with the low overall SIMULEX scores on education related activities, as well as the low priority given to information dissemination in general.

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Diarrhea Systems Assessment: Results

On-Site Observation Graphs

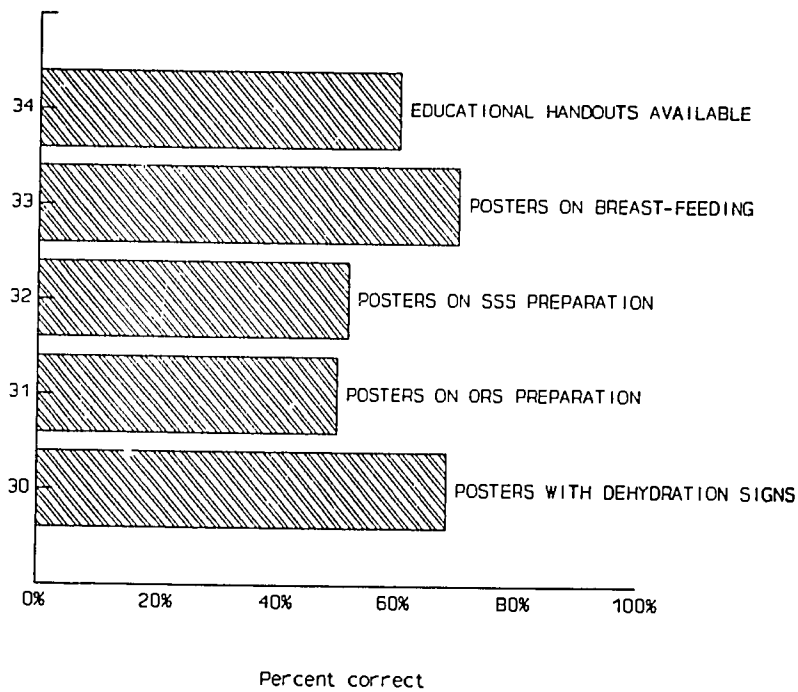

Figure 97. Availability of educational/promotional materials in Oral Rehydration Unit

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Diarrhea Systems Assessment: Results

Worker Self-Report Results

A Note on The Worker Self-Report Results:

The reader is advised to also review the questionnaire used for the Worker Self-Reports while reviewing Figures 98-108. It has been included in the **Data Collection Instruments** section at the end of this report and is titled:

PPQ-CED Ver. 1.00 - Cuestionario de la Prestacion de Servicios

Additional material concerning development and administration of the questionnaire may be found under the **Materials & Methods** section of this report.

The Worker Self-Report Questionnaire and Results are being included as a methodology still in progress!

- The questionnaire served as an escape valve for questions suggested by the various focus/informant groups working on the CDD instrument development. By placing them in the PPQ questionnaire we could at once be responsive to the suggestions of the focus/informant groups, and yet still maintain reasonable control over the structural integrity of other questionnaires. The questionnaire became, in fact, a repository for orphan questions.

- Many of the instruments included in the questionnaire clearly do not work and should be removed. Many of the remaining questions require significant adjustment in their phrasing and presentation. Subsequent iterations of the PPQ questionnaire have already achieved much of this.

- We are working to develop a conceptual framework for the questionnaire around a coherent group of constructs, each consisting of several discrete measures.

- Finally, we have included all the questionnaire results - those that work, **as well as** those that do not work, but would like to stress that they be reviewed in their proper context **as a work in process.**

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

Self-Reported Practices in Care Delivery
(Items 1-23)

Items 1-3, with the significant "sometimes" component for No. 2, in particular, portray HC doctors as somewhat aloof and reasonably uncooperative.

Items 7 and 10 show workers to have good self-confidence in their ORT/CD performance. This result is consistent with findings from other questionnaires.

Item 13, showing little follow-up activity in the case of moderate or severe dehydration, is cause for concern.

A Note on The Worker Self-Report Results:

Presentation Format:

- We arrived at the presentation format shown in Figure 98. and subsequent figures after considerable experimentation with numerous (quick) formatting choices. The patterned sections on each bar represent 3 of 5 possible choices for each question. We have chosen to display the results of only three choices because we believe the reader is then better able to quickly focus his attention on problem areas.

- The reader should maintain an awareness that the length of pattern on any given column does not accurately convey "quantity".

- Finally, the reader should also be aware that some negatively phrased questions have been displayed alongside positively phrased questions. This can be confusing when scanning for "problem" areas, because a negative result will drive the bar down on a positively phrased question and up on a negatively phrased one.

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

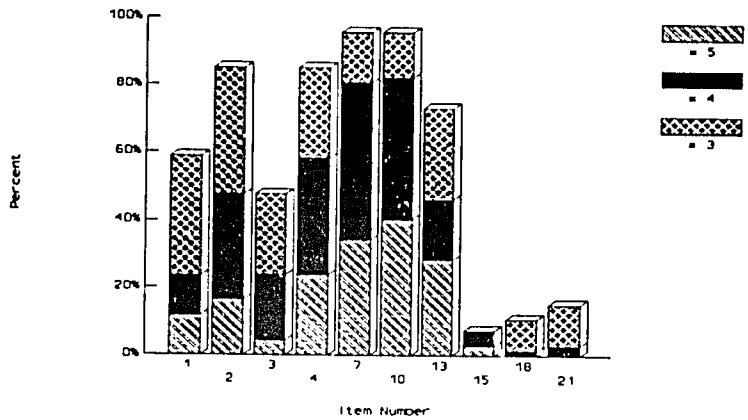

Figure 98. Workers self-reported practices in care delivery

No.	Item description
1	Doctors in HC insist on seeing all children with diarrhea instead of sending them directly to the ORU: *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
2	Doctors in HC collaborate with the program: *5-ALWAYS, 4-FREQUENTLY, 3-SOMETIMES*
3	"The dehydration of many children seen in HC worsens during their wait to be treated": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
4	How often do you evaluate children waiting in line in order to attend them according to their dehydration status? : *5-ALWAYS, 4-FREQUENTLY, 3-SOMETIMES*
7	"I feel secure in my ability to evaluate dehydration status": *5-ALWAYS, 4-FREQUENTLY 3-SOMETIMES*
10	"I feel secure in my treatment of dehydration": *5-ALWAYS 4-FREQUENTLY 3-SOMETIMES*
13	"In cases of moderate or severe dehydration, I carry out followup visits": *5-ALWAYS, 4-FREQUENTLY, 3-SOMETIMES*
15	"I recommend antidiarrheals to the mother": *5-ALWAYS, 4-FREQUENTLY, 3-SOMETIMES*
18	"I recommend antibiotics to the mother": *5-ALWAYS, 4-FREQUENTLY, 3-SOMETIMES*
21	"I recommend antiemetics to the mother": *5-ALWAYS, 4-FREQUENTLY, 3-SOMETIMES*

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

Self-Reported Practices in Care Delivery
(Items 24-45: continued)

Item 27 reflects a low level of effort in educating communities about ORT. This finding is consistent with the low priority given to community training throughout the Cono Sur.

Items 29 through 36, as exercises in self-criticism, clearly lack explanatory power and require modification.

Items 43 and 44 depict a low expenditure of effort in support of community ORT Units.

Item 45 does not provide useful information and should be removed from subsequent versions of the questionnaire.

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

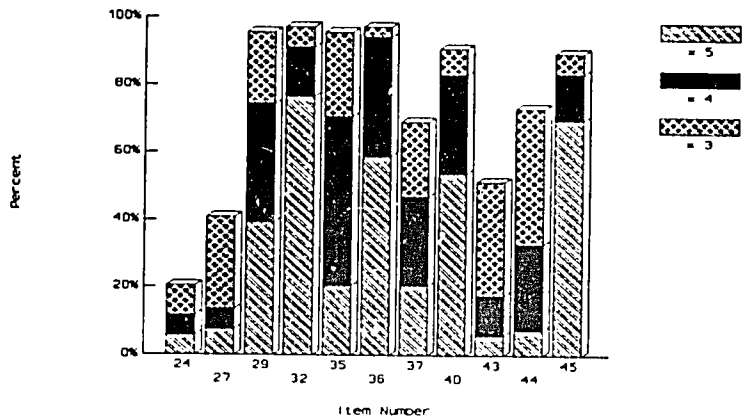

Figure 99

No.	Item Description
24	"I do not feel secure when I explain the signs of dehydration to the mother": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
27	How often did you give educational talks about ORT in the community during the past year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
29	How often do you ask question or do another activity after giving educational messages to assure yourself that the attendees understood? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
32	What is the average amount of time that you dedicate to education during the delivery of care? : *5-ONLY DURING THE CARE, 4-WHEN THERE IS AN IMPORTANT POINT, 3-I DO VERY LITTLE*
35	To what degree do you perceive the mothers to be interested in the educational messages you give them? : *5-ALWAYS INTERESTED, 4-USUALLY INTERESTED, 3-SOMETIMES INTERESTED*
36	"I feel secure with the information I give during educational messages": *5-ALWAYS, 4-USUALLY 3-SOMETIMES*
37	Are home visits programmed? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
40	"I feel secure about the quality of my performance during a home visit": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
43	How often does your establishment provide support to the community UROs in training the community? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
44	How often does your establishment supervise the community UROs? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
45	How many community UROs are there around your establishment? : *5-MORE THAN THREE, 4-THREE, 3-TWO*

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

Self-Reported Practices in Care Delivery
(Items 46-60: continued)

Items 46 and 47 are consistent with other findings in that they indicate a very low level of supervision in the ORT/CD program.

Item 48 shows a low level of critical feedback within health centers.

Item 49 presents a striking result in that only 50% of workers were able to name the person in charge of the ORT program in their respective health centers. This result, perhaps more than any other, is a firm indication that supervision of the ORT program in the Cono Sur is only minimal.

Item 55 is equally striking in that only 75% of workers were able to name their immediate supervisors.

Items 56 through 60 present an ambiguous picture of supervision. They require more careful phrasing and presentation.

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

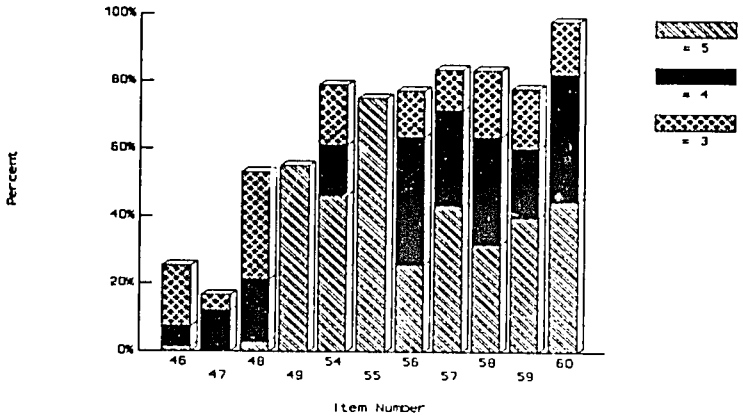

Figure 100

No.	Item Description
46	How often did you meet informally with your immediate supervisor to talk about the ORT Program during the last year? : *5-DAILY, 4-SEVERAL TIMES A WEEK, 3-ONCE A WEEK*
47	When did you last meet with your immediate supervisor to discuss the ORT program? : *5-DURING THE LAST 24 HOURS, 4-DURING THE LAST WEEK, 3-IN THE LAST TWO WEEKS*
48	How often did your supervisor inform you of the results of previously-discussed problems in the ORT Program during the last year? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
49	What is the name of the person in charge of the ORT Program in your center? :
54	"The participation of the person in charge of the ORT Program in my health establishment is active and decisive": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
55	What is the name of your immediate supervisor in the ORT Program in your center? :
56	How much participation do you think that this supervisor has in the performance of the program's work? : *5-VERY ACTIVE PARTICIPATION, 4-ACTIVE PARTICIPATION, 3-MORE OR LESS ACTIVE* PARTICIPATION
57	"I think that the participation of this supervisor is efficient": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
58	Your immediate supervisor takes active and decisive action to resolve problems in the URO: *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
59	Do you have someone to go to when you have a problem diagnosing or managing your patients? : *5-I ALWAYS HAVE SOMEONE, 4-USUALLY I HAVE SOMEONE, 3-MORE OR LESS I USUALLY HAVE SOMEONE*
60	The person offers solutions: *5-THEY ALWAYS GIVE ME SOLUTIONS, 4-USUALLY THEY GIVE ME SOLUTIONS, 3-MORE OR LESS THEY USUALLY GIVE ME SOLUTIONS*

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

Self-Reported Practices in Care Delivery
(Items 61-72: continued)

Items 61 and 62 attempt to elicit the same information from opposite directions: the first is phrased as a negative question, while the latter is phrased as a positive question. Careful analysis of the results, however, shows a very low correlation between the two questions - when we might reasonably have expected a high negative correlation between the two. They are clearly measuring different phenomena.

Item 61 would appear to measure "attitude problems" on the part of supervisors, while item 62 simply measures willingness to answer questions. For instance, a high score on both questions would suggest a "nasty," hypercritical (vs constructive) supervisor who is indeed quite willing to answer workers' questions.

71 - 72 present the workers' most severe criticism of supervisors: that they always appear to be in a hurry, and that they provide little positive reinforcement (or indeed feedback at all, as shown in other findings).

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

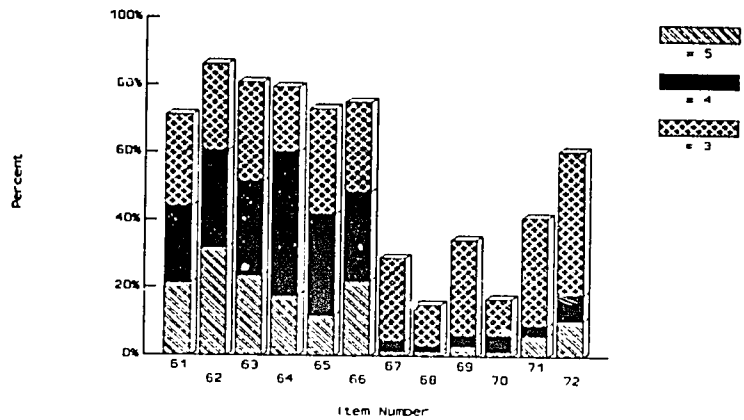

Figure 101

No.	Item Description
61	"I think the attitude of my immediate supervisor in the ORT Program is more critical than instructive": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
62	"My supervisor answers my questions about problems": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
63	"My supervisor helps me solve my problems": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
64	"My supervisor helps me expand my knowledge": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
65	"My supervisor explains to me why certain test and/or procedures are done": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
66	"My supervisor clearly explains to me why I should do the things that they ask of me": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
67	"My supervisor interrupts me when I talk": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
68	"My supervisor talks down to me": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
69	"My supervisor gets irritated": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
70	"My supervisor acts like he/she is doing me a favor by talking to me": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
71	"My supervisor acts like he/she is in a hurry": *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
72	"My supervisor congratulates me on my work": *5-ALWAYS 4-USUALLY 3-SOMETIMES*

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

Self-Reported Practices in Care Delivery
(Items 73-83: continued)

Items 73-76 are consistent with findings from on-site observations indicating that ORT units are reasonably well equipped.

Item 77 shows a significant problem with water. This does not suggest that there is insufficient water to mix up a batch of ORS if an emergency arises (that can always be acquired from neighboring establishments). It simply means that water is often not immediately available in the Health Center. The implications for dealing with a severely dehydrated child therefore is that he/she will probably be sent to the hospital where he/she will be put on IV.

Item 78 reflects a chronic problem throughout Peru. The supply of electricity is intermittent due to frequent terrorist attacks on transmission lines. This may eventually lead to a switch back to kerosene, but for the moment it means being unable to boil water in many health centers for sometimes days at a time.

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

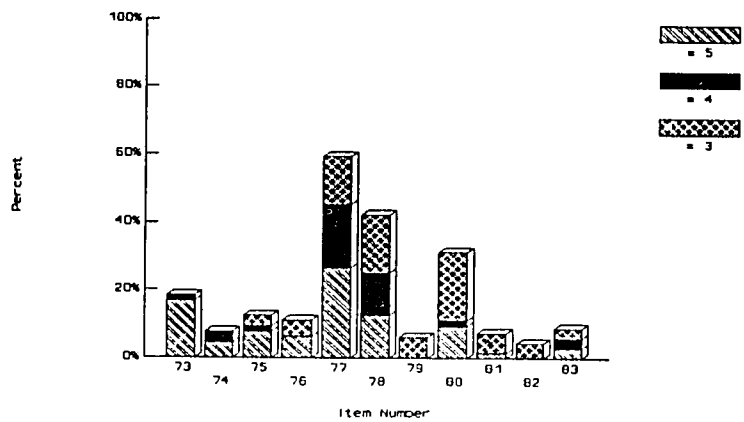

Figure 102

No.	Item Description
73	How often did you lack scales to care for the children in the URO during the last year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
74	How often did you lack one-liter containers to care for the children in the URO during the last year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
75	How often did you lack glasses to care for the children in the URO during the last year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
76	How often did you lack teaspoons to care for the children in the URO during the last year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
77	How often did you lack water in the Health Center to care for the children in the URO during the last year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
78	How often did you lack electricity or kerosene to boil water to care for the children in the URO during the last year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
79	How often did you lack oral rehydration salts to care for the children in the URO during the last year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
80	How often did you lack educational material to care for the children in the URO during the last year? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
81	How often were children not treated because of a lack of ORS in the URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
82	How often were children not treated because of a lack of time in the URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
83	How often were children not treated because of a lack of personnel in the URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

Self-Reported Practices in Care Delivery
(Items 84-88: continued)

Items 84 and 85 suggest serious transportation problems. Fortunately public transport (taxis and buses) is readily available at most health centers. Shortage of transport therefore becomes a convenient excuse for not doing something - namely community outreach programs - but it seldom results in any catastrophic loss.

Items 87 and 88 confirm the results of on-site observations: two health centers have not allocated a separate room to the ORT Unit.

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

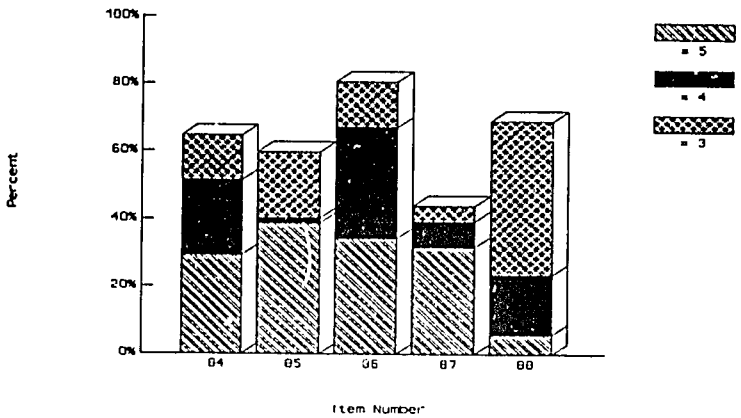

Figure 103

No.	Item Description
84	How often did you have problems transporting patients who needed to be transferred during the last 3 months? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
85	How often did you have difficulties fulfilling the needs of the ORT Program because of transportation problems during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4- ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
86	Do you triage the children with diarrhea who are waiting in line? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
87	Do triage and the URO operate in the same workspace? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
88	The room use for the URO's is: *5-VERY BIG, ONE CAN VERY WORK WELL, 4-IS BIG, ONE CAN WORK WELL, 3-IS SMALL, BUT ONE CAN WORK WELL*

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

Self-Reported Practices in Care Delivery
(Items 89-95: continued)

Items 89 through 95, which ask information concerning community ORT Units, provide an interesting point of comparison to identical questions (items 73-79) regarding health center ORT Units. The responses are indeed comparable, but surprisingly, problems - particularly those concerning the availability of water and fuel - are perceived to be somewhat less severe in the community ORT units than in the health center ORT units.

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

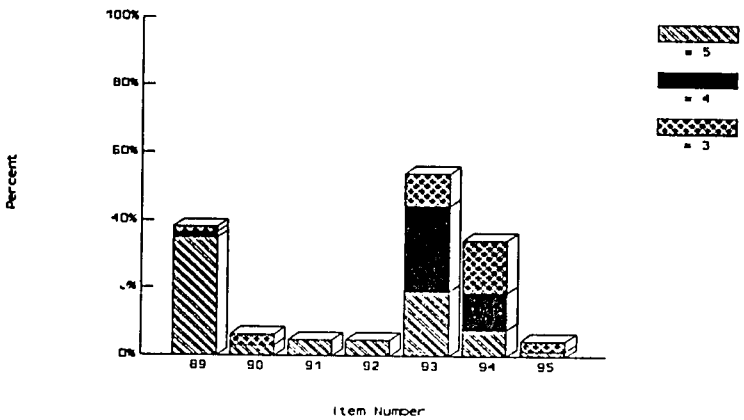

Figure 104

No.	Item Description
89	How often have you lacked scales in the community URO during the last 3 months?: *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
90	How often have you lacked one liter containers in the community URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
91	How often have you lacked glasses in the community URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
92	How often have you lacked teaspoons in the community URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
93	How often have you lacked water in the zone of the community URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
94	How often have you lacked electricity or kerosene in the community URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
95	How often have you lacked oral rehydration salts in the community URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

Self-Reported Practices in Care Delivery
(Items 96-100: continued)

Items 96, 98 and 99 suggest serious deficiencies in reporting and documentation protocols currently being observed within the health centers.

Item 100 confirms the fact that feedback if poor to non-existent.

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Diarrhea Systems Assessment: Results

Worker Self-Report Graphs

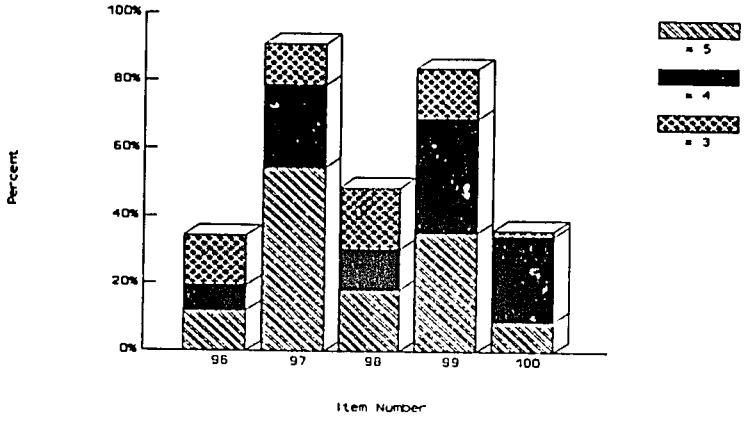

Figure 108

No.	Item Description
96	How often have you lacked registration sheets for the dehydrated child in the URO during the last 3 months? : *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
97	"The training I have received has given me specific information about the educational messages I should give during training classes": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
98	How often do you write undocumented information in the reports or registries? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
99	How often do you review the daily report in order to verify the accurateness of the information recorded in them? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
100	Do you receive feedback and recommendation from the information you submit? : *5-WEEKLY, 4-MONTHLY, 3-MORE THAN ONCE A YEAR*

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Diarrhea Systems Assessment: Results

Job Characteristics Assessment Results

A Note on The Case-History Examination:

The reader is advised to also review the Job Characteristics questionnaire while reviewing Figures 106-118. It is located in the **Data Collection Instruments** section at the end of this report and is titled:

JDQ-CED Version 01

Additional material concerning development and administration of the examination may be found under the **Materials & Methods** section of this report.

The Job Characteristics Instruments, unlike the Worker Self-Report Questionnaire, is tightly crafted around a set of well tested constructs. Constructs, consisting of up to nine items each, are presented as discrete graphs.

We are presently developing an analytical framework which will look carefully at relationships between various Job Characteristics constructs, worker performance and contextual parameters. The time and resource requirements for such analyses, however, preclude their inclusion in this report. The present analysis will be restricted to a simple graphical presentation of each construct with accompanying text highlighting important results.

Several constructs, including Job Motivation and Job Satisfaction, clearly require further adjustment. As such, the reader should consider this section to be **a work in progress.** Successive versions of PRISM's Job Characteristics instruments will be made available upon request.

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Diarrhea Systems Assessment: Results

Job Characteristics Assessment Graphs

Job Standardization

Responses to items 1-5 suggest that the Job Standardization index for ORT/CD in the Cono Sur is quite high. Indeed this makes great intuitive sense. The ORT/CD program is quite mature relative to other child survival programs. It has experienced few changes during the last several years and, certainly in the Cono Sur, it does not experience a particularly heavy demand for its services.

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Diarrhea Systems Assessment: Results

Job Characteristics Assessment Graphs

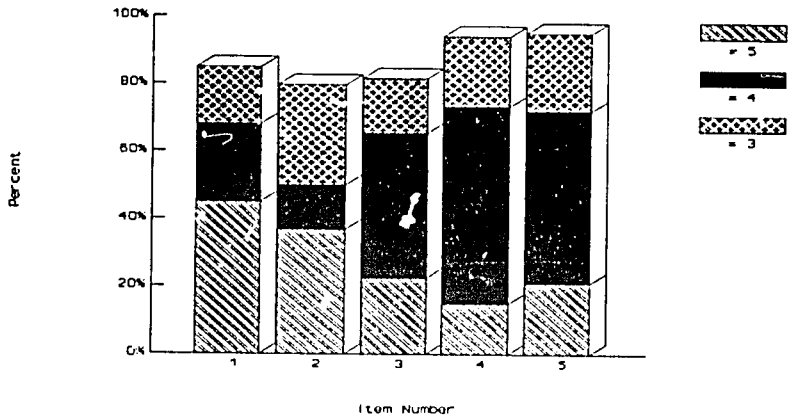

Figure 108. JOB STANDARDIZATION

No.	Item Description
1	Do you have a norms and procedures manual to carry out your tasks? *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
2	Is the manual very specific about how to do your main tasks? *5-VERY SPECIFIC, 4-MORE OR LESS SPECIFIC, 3-A LITTLE SPECIFIC*
3	How often did you use the same standard procedures or practices to do your main tasks during the last 3 months? : *5-ALWAYS, 4-USUALLY, 3-SOMETIMES*
4	How clear is your knowledge of the performance level that they expect of you (in terms of quantity, quality and time limits)? : *5-VERY CLEAR, 4-CLEAR, 3-MORE OR LESS CLEAR*
5	How clearly do they specify the performance standards with those that are used to evaluate your work? : *5-MY JOB DESCRIPTION IS VERY CLEAR AND PRECISE, EMPHASIZING THE PERFORMANCE STANDARDS TO ACCOMPLISH, 4-MY JOB DESCRIPTION IS CLEAR IN EMPHASIZING THE PERFORMANCE STANDARDS TO ACCOMPLISH, 3-MY JOB DESCRIPTION IS VERY GENERAL IN EMPHASIZING THE PERFORMANCE STANDARDS TO ACCOMPLISH*

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Job Characteristics Assessment Graphs

Job Priority

The Job Priority index, at a glance, would appear to fall somewhere in the middle of the range of health care service priorities. It is clearly not a "high" priority program, but neither does it appear to be a neglected one.

Note: Our appreciation of the relative range of scoring for various indexes will improve as we are able to collect information from other child survival programs. We expect to have completed preliminary analyses on data from a broad spectrum national child survival services assessment by the Spring of 1990. Results will be made available upon request.

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Job Characteristics Assessment Graphs

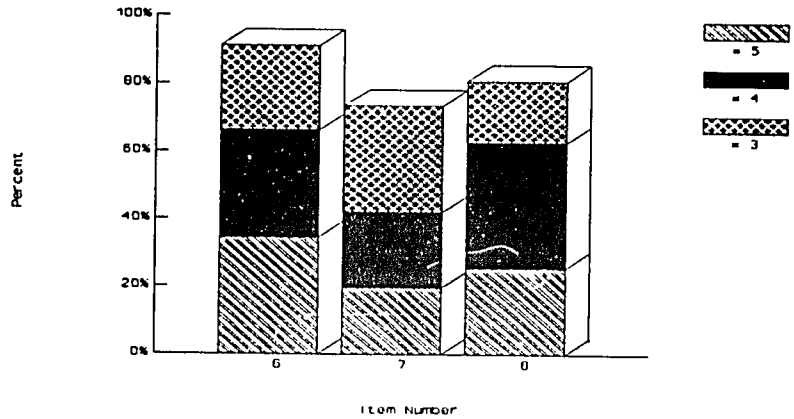

Figure 107. JOB PRIORITY

No.	Item Description
6	Your work in this program deserves how much more time, in comparison to what you do in other programs? : *5-A LOT, 4-QUITE A BIT, 3-SOME*
7	Your work in this program deserves how much more of the support services (supervision, training, transportation, logistics), in comparison to what you do in other programs? : *5-A LOT, 4-QUITE A BIT, 3-SOME*
8	Your work in this program deserves how much more of the health system's support, in comparison to what you do in other programs? : *5-A LOT, 4-QUITE A BIT, 3-SOME*

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Diarrhea Systems Assessment: Results

Job Characteristics Assessment Graphs

Job Authority

The job authority index for the ORT/CD program in the Cono Sur is obviously very high. Workers appear to enjoy considerable autonomy in the performance of their jobs. This is particularly so for normal day-to-day activities. Workers report having somewhat less autonomy in the handling of exceptional job circumstances.

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Job Characteristics Assessment Graphs

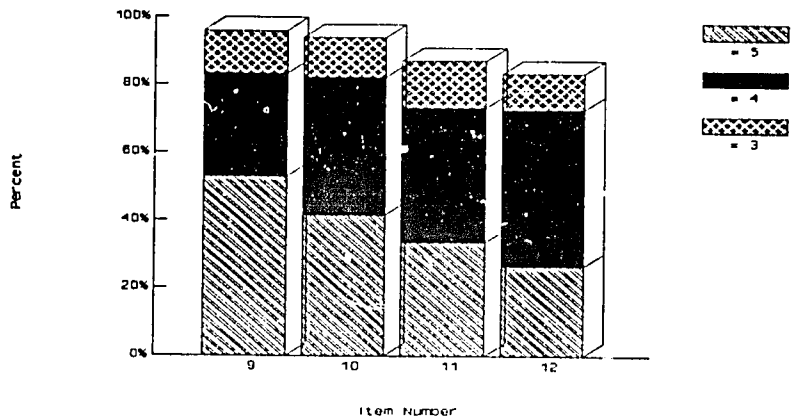

Figure 108. JOB AUTHORITY

No.	Item Description
9	How much autonomy do you have in determining what tasks you will do daily? : *5-A LOT, 4-SOME, 3-LITTLE*
10	How much autonomy do you have in establishing the amount of work that you will have to do? : *5-A LOT, 4-SOME, 3-LITTLE*
11	How much autonomy do you have in establishing rules and procedures related to how your work will be done? : *5-A LOT, 4-SOME, 3-LITTLE*
12	How much autonomy do you have in determining how to handle exceptional job situations? : *5-A LOT, 4-SOME, 3-LITTLE*

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Job Characteristics Assessment Graphs

Job Pressure

Workers in the ORT/CD program appear to experience very little pressure in the performance of their jobs - with the sole exception that they report some stress from last minute assignments.

The virtual absence of #5 scores on item 16, suggest that all workers feel comfortable in **being able to complete the work assigned to them.**

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Job Characteristics Assessment Graphs

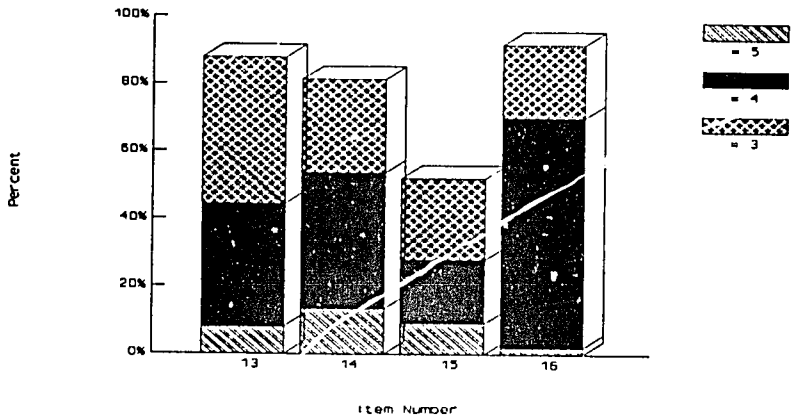

Figure 109. JOB PRESSURE

No.	Item Description
13	How hard was your work in the past 3 months? : *5-EXTREMELY BUSY, 4-VERY BUSY, 3-ONLY SUFFICIENCY BUSY*
14	What degree of freedom did you have in deciding how to organize your work in the past 3 months? : *5-A LOT, 4-QUITE A BIT, 3-SOME*
15	How far in advance do they inform you of the work that will be required of you? : *5-ABOUT SIX MONTHS OR MORE, 4-ABOUT ONE MONTH, 3-ABOUT ONE WEEK*
16	Your work requirements are: *5-EXCESSIVE AND IMPOSSIBLE TO ACCOMPLISH, 4-A LOT BUT ACCOMPLISHABLE, 3-LITTLE AND IT IS EASY TO* ACCOMPLISH

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Job Characteristics Assessment Graphs

Job Responsibility

Items 17 and 18, involving supervision, appear to be almost neutral, with almost equal weights for "**heavy,**" "**medium**" and "**mild**" supervisor involvement.

Item 19, on the other hand, states quite forcefully that workers are concerned about the fairness of their performance evaluations.

Item 21 is worth a comment because it represents a question type that we feel requires some adjustment. Whenever some level of "**agreement**" is required following a statement, responses tend to be very high. We believe this may be an artifact of local thinking: "**Seems reasonable! ... sure, I agree.**" Subsequent versions of the JDQ-CED instrument will explicitly avoid questions requiring some level of agreement.

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Diarrhea Systems Assessment: Results

Job Characteristics Assessment Graphs

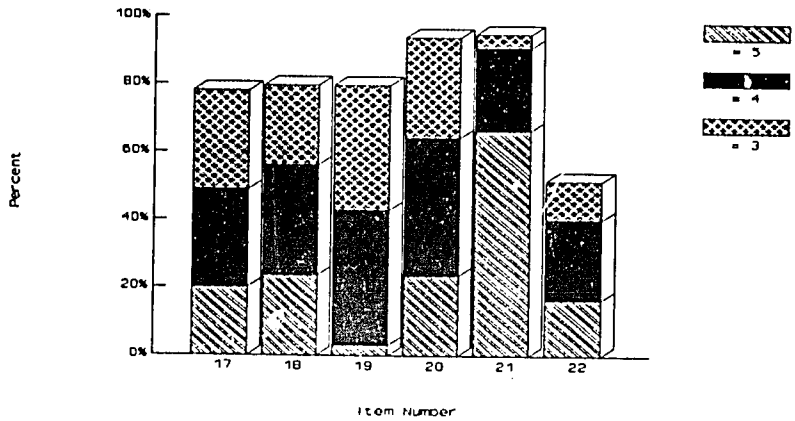

Figure 110. JOB RESPONSIBILITY

No.	Item Description
17	Does your supervisor support the decisions you make in your work? : *5-VERY MUCH, 4-QUITE A BIT, 3-SOME*
18	Do your supervisor make you take personal responsibility to achieve performance standards in your work? : *5-VERY MUCH, 4-QUITE A BIT, 3-SOME*
19	Do you believe that the criteria used to evaluate your performance are fair? : *5-VERY FAIR, 4-FAIR, 3-SOMEWHAT FAIR*
20	"I feel that they I should bear all blame me or congratulations for the results of my work" *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
21	"I feel a great personal responsibility for my work": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
22	"It is difficult for me to worry too much about whether I do a good job or not": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*

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Job Characteristics Assessment Graphs

Job Feedback

The index for Job Feedback is, as expected, very low.

Item 23 suggests that most workers are reasonably confident in their ability to judge their own performances - suggesting, perhaps, that they do not feel an urgent requirement to receive lots of job performance feedback.

Items 24 through 27 suggest the quality of the feedback they do receive to be extremely low. Workers report having little discussion with, and receiving few suggestions from, their immediate supervisors.

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Job Characteristics Assessment Graphs

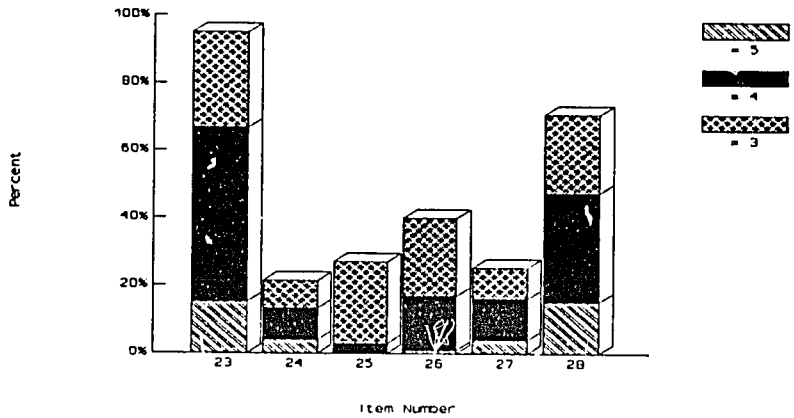

Figure 111. JOB FEEDBACK

No.	Item Description
23	Are you able to determine when you are doing a good job without having your supervisor or colleagues tell you? : *5-MY JOB GIVES ME ALL THE NECESSARY CLUES TO KNOW WHEN I DO WELL, 4-MY JOB GIVES ME MANY CLUES ABOUT MY PERFORMANCE, 3-MY JOB GIVES ME SOME CLUES ABOUT MY PERFORMANCE*
24	How frequently did you receive suggestions or advice from your colleagues during the last 3 months? *5-MANY TIMES A DAY, 4-ALMOST EVERY DAY, 3-ABOUT ONCE A WEEK*
25	How frequently did your immediate supervisor discuss your job performance with your during the last year? *5-DAILY OR ALMOST DAILY, 4-ABOUT ONCE A WEEK, 3-ABOUT ONCE A MONTH*
26	Did your supervisor discuss the job's performance-evaluation criteria with you? *5-MY SUPERVISOR DISCUSSED THEM WITH ME IN CAREFUL DETAIL AND CLEARLY, 4-MY SUPERVISOR DISCUSSED THEM WITH ME IN A SOMEWHAT SPECIFIC AND CLEAR MANNER, 3-MY SUPERVISOR MENTIONED THEM TO ME DISCUSSED THEM WITH ME IN GENERAL TERMS*
27	How often do you receive practical suggestions for improvement when you discuss your performance with your supervisor? : *5-EVERY TIME, 4-USUALLY, 3-ABOUT HALF THE TIME*
28	"My supervisor frequently lets me know how well I am doing my job": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*

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Diarrhea Systems Assessment: Results

Job Characteristics Assessment Graphs

Job Incentives

The Job Incentives index for the ORT/CD program in the Cono Sur appears to be very low. Interestingly, while most workers do not believe they will receive any promotion for doing a good job, neither do they believe that they will be fired for doing a poor job.

Item 34 provides perhaps the most interesting Job Incentives result: workers state quite forcefully that they are reprimanded for poor performance. This is a seeming inconsistency with earlier statements concerning the low level of apparent supervision. It may mean, however, that their supervisors do not often communicate with them unless there is a problem that they then get "chewed out" for.

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Job Characteristics Assessment Graphs

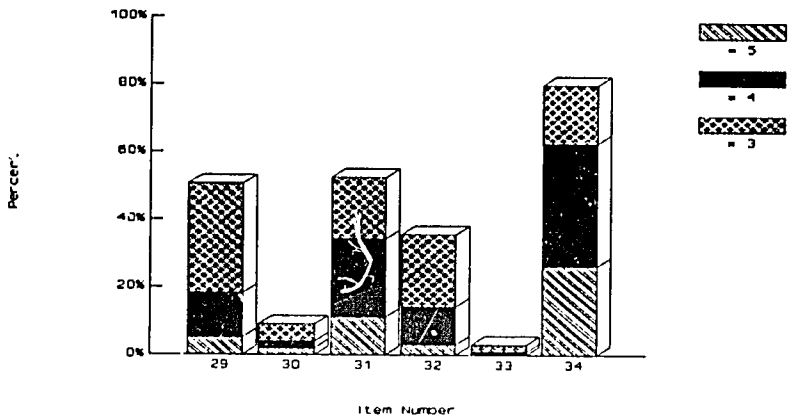

Figure 112 JOB INCENTIVES

No.	Item Description
29	Will you be recognized for good work when you achieve what your supervisors expect of you: *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
30	Will you receive a promotion if you achieve what is expected of you: *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
31	"My superiors will reward me for making an additional effort to improve the quality of my work": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
32	Will you be reprimanded or told to improve if you do not achieve the performance level that they expect of you? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
33	Will you be demoted if you do not achieve the performance levels expected of you? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
34	"I am reprimanded or 'called to order' when I do work of poor quality": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*

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Job Characteristics Assessment Graphs

Job Difficulty

Workers clearly do not find their ORT/CD activities to be at all "**difficult.**"

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Job Characteristics Assessment Graphs

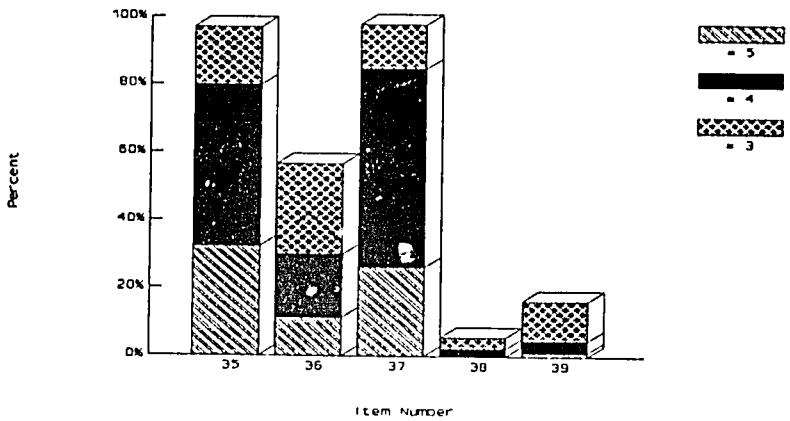

Figure 113. JOB DIFFICULTY

No.	Item Description
35	Is it easy for you to recognize when you do your work correctly? : *5-VERY EASY, 4-NORMALLY EASY, 3-SOMETIMES EASY*
36	Does your supervisor help you improve your work? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
37	Do you feel confident in the quality of your performance in your job? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
38	How often, during the last 3 months, were there difficult problems that occurred in your work that did not have immediate or apparent solutions? : *5-ABOUT 5 OR MORE TIMES A DAY, 4-ABOUT 2-4 TIMES A DAY, 3-ABOUT ONCE A DAY*
39	How much time did you spend in trying to resolve those insoluble work problems? : *5-FOUR HOURS OR MORE PER DAY, 4-ABOUT 2-3 HOURS A DAY, 3-ABOUT 1 HOUR A DAY*

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Job Characteristics Assessment Graphs

Job Variability

The job variability index for ORT/CD workers in the Cono Sur would appear to be moderately low. Responses to items 40 through 43, though phrased as both positive and negative questions, are consistent in describing workers' ORT/CD activities as moderately repetitious.

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Job Characteristics Assessment Graphs

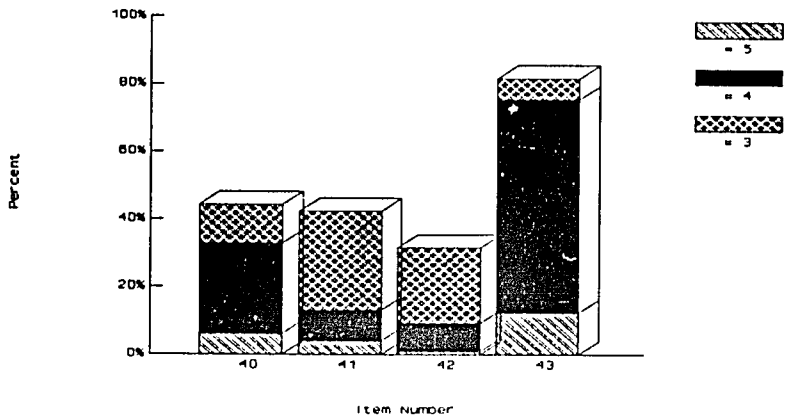

Figure 114. JOB VARIABILITY

No.	Item Description
40	Do you perform the same tasks daily? : *5-NONE OF MY TASKS ARE THE SAME, 4-SOME OF MY TASKS ARE THE SAM, 3-HALF OF MY TASKS ARE THE SAME*
41	The problems or difficult situation that you confront daily in your work are: *5-COMPLETELY DIFFERENT, 4-VERY DIFFERENT, 3-A LITTLE DIFFERENT*
42	How often do situations that require substantially different methods or procedures for their resolution occur during a normal week? : *5-CONSTANTLY, 4-VERY FREQUENTLY, 3-FREQUENTLY*
43	How often do you follow repetitious steps or use the same methods to do your principal tasks on a daily basis? : *5-VERY FREQUENTLY, 4-FREQUENTLY, 3-HALF THE TIME*

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Job Characteristics Assessment Graphs

Job Support Systems Performance

In responses to items 44 through 48, workers describe system support as generally inadequate. It is interesting to note that when asked whether training they had received was useful in the performance of their jobs, worker's answers were uniformly positive. This would suggest that they are hungry for additional training and supervisory support.

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Job Characteristics Assessment Graphs

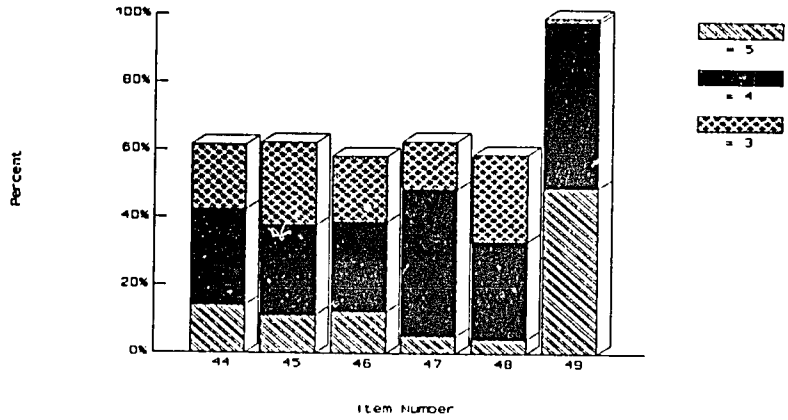

Figure 11B. JOB SUPPORT SYSTEMS PERFORMANCE

No.	Item Description
44	How much support do you get from administration/planning? : *5-A LOT, 4-SOME, 3-LITTLE*
45	How supervision do you get on your job? : *5-A LOT, 4-SOME, 3-LITTLE*
46	How often does your job receive adequate logistical support? : *5-A LOT, 4-SOME, 3-LITTLE*
47	How much training support do you get for your job? : *5-THERE IS A LOT OF TRAINING, 4-THERE IS SOME TRAINING, 3-THERE IS LITTLE TRAINING*
48	How much feedback/information support does your job receive?: *5-THERE IS A LOT OF FEEDBACK, 4-THERE IS SOME FEEDBACK, 3-THERE IS LITTLE FEEDBACK*
49	Is the training that you have received useful to you in the performance of your work? : *5-IT'S VERY USEFUL FOR ME, 4-IT'S USEFUL FOR ME, 3-IT LITTLE SERVES ME*

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Diarrhea Systems Assessment: Results

Job Characteristics Assessment Graphs

Job Motivation

Responses to items 50 through 54 appear to indicate that job motivation is almost universally high. We believe, however, that responses have been heavily skewed toward the affirmative by a natural tendency to "agree." Subsequent versions of the Job Motivation construct will be designed to preclude "agreement type" responses.

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Job Characteristics Assessment Graphs

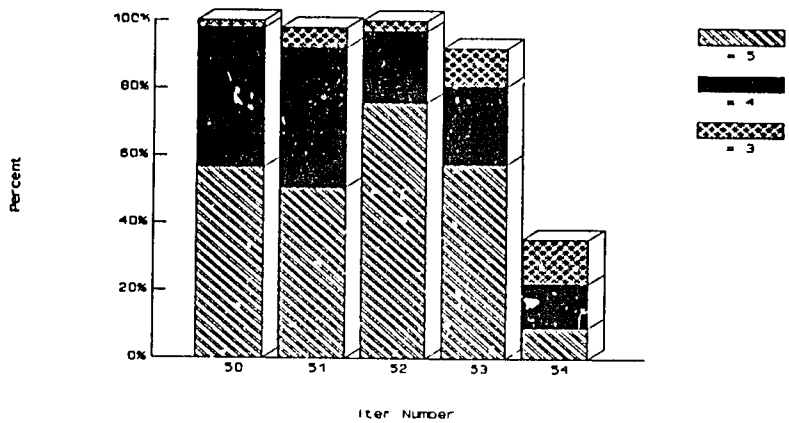

Figure 116. JOB MOTIVATION

No.	Item Description
50	How much effort do you put into your job? : *5-A LOT, 4-QUITE A BIT, 3-SOME*
51	How much did you try to improve your work performance during the last 3 months? : *5-A LOT, 4-QUITE A BIT, 3-SOME*
52	"I feel a great deal of pleasure when I do my job well": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
53	"I feel bad and unhappy when I discover that my performance was poor": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*
54	"My feelings are not affected by how well or bad I do my job": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*

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Job Characteristics Assessment Graphs

Job Satisfaction

Cono Sur Health Care Workers appear to be quite satisfied with the work they perform under the ORT/CD program. The sole exception involves salary, which presently runs at about 25% of a comparable public sector salary.

Despite expressing strong dissatisfaction with salary levels, few workers reported doing any serious thinking about actually leaving their Ministry of Health jobs. The private sector simply cannot absorb many health care workers.

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Job Characteristics Assessment Graphs

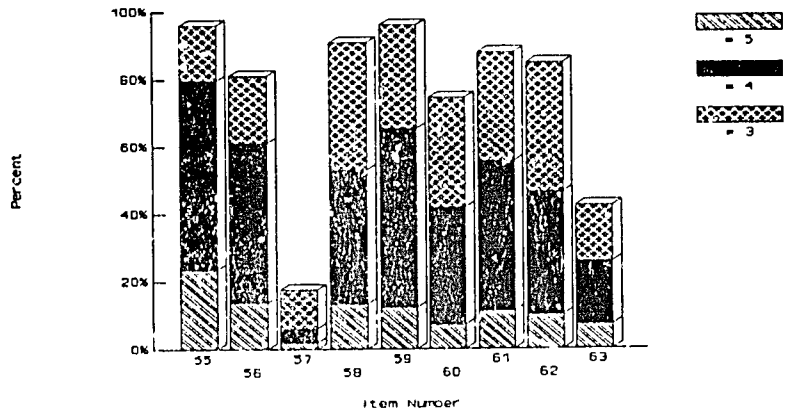

Figure 117. JOB SATISFACTION

No.	Item Description
55	Do you feel satisfied with your work? : *5-VERY SATISFIED, 4-SATISFIED, 3-SOMEWHAT SATISFIED*
56	Do you feel satisfied with your supervisor? : *5-VERY SATISFIED, 4-SATISFIED, 3-SOMEWHAT SATISFIED*
57	Do you feel satisfied with your salary? : *5-VERY SATISFIED, 4-SATISFIED, 3-SOMEWHAT SATISFIED*
58	Do you feel satisfied with the friendship and cooperation of your colleagues? : *5-VERY SATISFIED, 4-SATISFIED, 3-SOMEWHAT SATISFIED*
59	Do you feel satisfied with the progress that you have made in your job until the present time? : *5-VERY SATISFIED, 4-SATISFIED, 3-SOMEWHAT SATISFIED*
60	Do your feel satisfied with your opportunities to progress in your career in the future? : *5-VERY SATISFIED, 4-SATISFIED, 3-SOMEWHAT SATISFIED*
61	Do you feel satisfied with the status that your job gives you in the community? : *5-VERY SATISFIED, 4-SATISFIED, 3-SOMEWHAT SATISFIED*
62	Do you feel satisfied with the work environment? : *5-VERY SATISFIED, 4-SATISFIED, 3-SOMEWHAT SATISFIED*
63	"I frequently think about leaving this job": *5-TOTAL AGREEMENT, 4-PARTIAL AGREEMENT, 3-NEUTRAL*

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Diarrhea Systems Assessment: Results

Job Characteristics Assessment Graphs

Job Training

When responses to items under the Job Training construct are combined with responses already reported under the Job Support Systems Performance construct, the Worker Self-Report Questionnaire and the SIMULEX exercises, the profile which emerges, is of a reasonably well motivated worker who is **highly appreciative of the training he has received, but is acutely aware of the need for more training.**

Item 67 shows, however, that self-motivation does not extend to the point where workers spend a significant amount of time training themselves through additional reading and discussion.

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Job Characteristics Assessment Graphs

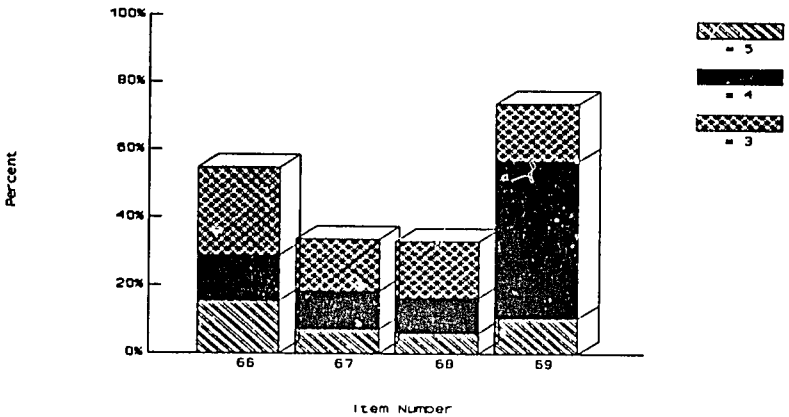

Figure 118. JOB TRAINING

No.	Item Description
66	How much training and orientation related to the program did you receive when you began working in it? : *5-MORE THAN A MONTH, 4-ABOUT A MONTH, 3-ABOUT A WEEK*
67	How many hours per week do you spend reading or training yourself in relation to your job? : *5-ABOUT 10 HOURS A WEEK OR MORE, 4-ABOUT 7-9 HOURS PER WEEK, 3-ABOUT 4-6 HOURS PER WEEK*
68	How often do they perform systematic training in your work? ? : *5-MORE THAN ONCE A MONTH, 4-ABOUT EVERY MONTH, 3-ABOUT EVERY THREE WEEKS*
69	When was the most recent systematic training? : *5-THIS MONTH, 4-IN THE LAST 3 MONTHS, 3-IN THE LAST 6 MONTHS*

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Unit Characteristics Assessment Results

A Note on The Case-History Examination:

The reader is advised to also review the Unit Characteristics questionnaire while reviewing Figures 106-118. It is located in the **Data Collection Instruments** section at the end of this report and is titled:

JDQ-CED Version 01

Note that the Job Characteristics and the Unit Characteristics questionnaires have been combined into a single questionnaire.

Additional material concerning development and administration of the examination may be found under the **Materials & Methods** section of this report.

The Unit Characteristics Instruments, unlike the Worker Self-Report Questionnaire, are tightly crafted around a set of well tested constructs. Constructs, consisting of up to nine items each, are presented as discrete graphs.

We are presently developing an analytical framework which will look carefully at relationships between various Unit Characteristics constructs, worker performance and contextual parameters. The time and resource requirements of such analyses, however, preclude their inclusion in this report. The present analysis will be restricted to a simple graphical presentation of each construct with accompanying text highlighting important results.

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

Work Interchangeability

Item 1 and 2 responses suggest quite a high degree of task differentiation within units, with virtually no rotation.

Workers, never-the-less, expressed considerable confidence in being able to perform the work of fellow workers (Items 2 and 3).

Differences between item 2 and item 3 scores, suggest that workers are conscious of "qualification differences," i.e., auxiliary versus tecnico, but feel nevertheless that workers could rotate jobs without much difficulty.

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Unit Characteristics Assessment Graphs

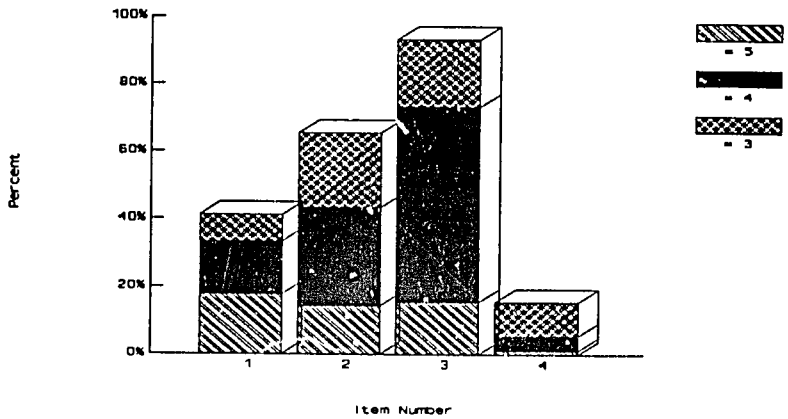

Figure 119 INTRA-UNIT WORK INTERCHANGEABILITY

No.	Item Description
1	How many workers in the Program performed the same tasks in the last 3 months? : *5-ALL DID THE SAME BASIC TASKS, 4-MANY DID THE SAME BASIC TASKS, 3-ABOUT ONE-HALF DID THE SAME BASIC TASKS*
2	How many workers are qualified to do the work of others? : *5-ALL, 4-MANY, 3-ABOUT ONE-HALF*
3	How easily could a worker be rotated from one job to another within the Program, to perform the tasks of the other unit members?: *5-VERY EASY. NOBODY WOULD NEED TRAINING, 4-MORE OR LESS EASY. SOME PEOPLE WOULD NEED MINOR RETRAINING, 3-SOMEWHAT DIFFICULT. SOME MEMBERS WOULD NEED RETRAINING*
4	How often did the Program's workers rotate jobs in the last six months, performing the work of another unit member?: *5-DAILY, 4-WEEKLY, 3-EVERY TWO MONTHS*

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

Unit Standardization

Items 7 and 8 suggest that most norms and performance standards governing unit activities are explicit (written) and reasonably clear.

Responses to Items 5, 6 and 9, however suggest considerable ambiguity as to the "power" of the norms - i.e., "norms may indeed be available and reasonably clear in what they say ... however, they do not offer sufficient specificity to truly dictate standardized behavior."

Item 8: All workers believe their behavior to be **within the norms.**

Unit Standardization responses are consistent with Job Standardization responses.

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

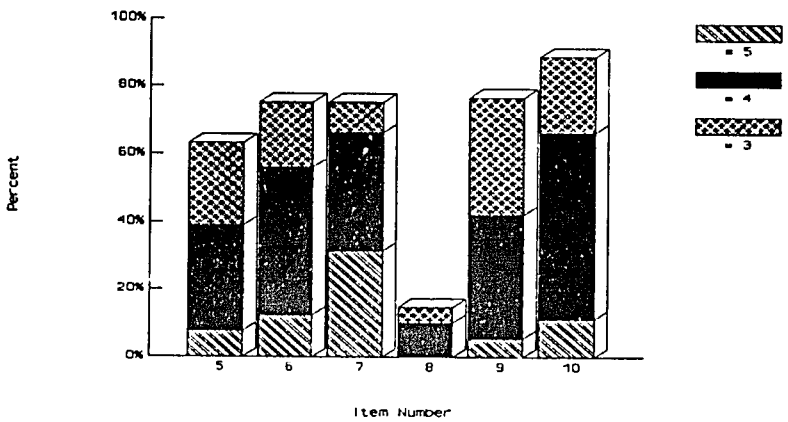

Figure 120. UNIT STANDARDIZATION

No.	Item Description
5	Are the norms, procedures and policies of the MOH specific or general about how to coordinate and control the different activities and tasks of the Program? : *5-VERY SPECIFIC, 4-SPECIFIC, 3-SOMEWHAT SPECIFIC*
6	Are there quantifiable procedures to measure the performance criteria in your unit? : *5-VERY SPECIFIC AND QUANTIFIABLE CRITERIA EXIST, 4-SPECIFIC AND QUANTIFIABLE CRITERIA EXIST, 3-IMPRECISE BUT QUANTIFIABLE CRITERIA EXIST*
7	What proportion of the norms, procedures and work policies in your Establishment are written (memo, report or procedure manual)? : *5-ALL, 4-SOME, 3-FEW*
8	How often did the members of your unit violate or ignore rules, policies or procedures during the last 3 months? : *5-ALL OF THE TIME, 4-FRECUENTLY, 3-ABOUT HALF THE TIME*
9	How strictly the norms, policies and procedures in your unit enforced? : *5-IN A VERY STRICT MANNER, 4-IN A STRICT MANNER, 3-IN A MORE OR LESS STRICT MANNER*
10	*How* specific are the performance objectives established for your unit? : *5-THE OBJECTIVES ARE VERY CLEAR, 4-THE OBJECTIVES ARE CLEAR, 3-THE OBJECTIVES ARE SOMEWHAT CLEAR*

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

Distribution of Unit Authority

Items 11, 15, 19 and 23 - the first block of bars on Figure 121 - represent administrative staff authority over work units.

Items 12, 16, 20 and 24 - the second block of bars - represent program head and supervisor authority over work units.

Items 13, 17, 21 and 25 - the third block of bars - represent intra-unit authority.

Items 14, 18, 22 and 26 - the fourth block of bars - represent collegial, or total group authority.

Results show a clear hierarchy of authority over unit activity: Administrative personnel have limited authority. Unit members themselves are also perceived to have limited authority - with the exception that they appear to have reasonable authority over determination of unit performance appraisal methodology. The "large group," consisting of workers and supervisors, is perceived to have significantly more authority, though not as much as the program head and/or the supervisor has alone.

If we make the assumption that "white space" on Figure 121 (space between the top of each bar and 100%) is attributed to some higher (or external) authority, we see that workers perceive the health center (in total) to have relatively greater authority over performance appraisal methodology determination than they do over unit task assignment, development of performance criteria, and development of norms, policies and procedures.

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

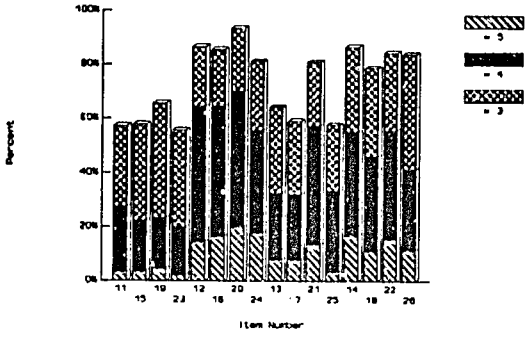

Figure 121. DISTRIBUTION OF UNIT AUTHORITY

The Items comprising Unit Authority measure the amount of influence or weight various individuals are perceived to have over the noted activity:

5-"MUCHO" - A LOT, 4-QUITE A BIT, 3-SOME

(The numbers listed under the categories below, indicate the number of the item)

	Administrative or or staff personnel from outside your immediate unit	The program head and/ or the supervisor	The individual workers	All of the supervisors workers as group in unit meetings
Deciding what type of work or tasks should be developed in your unit:	11	12	13	14
Deciding the performance criteria for your unit:	15	16	17	18
Deciding on reliable work-performance appraisal methods for your unit	19	20	21	22
Deciding the unit norms, policies and procedures	23	24	25	26

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

Unit Incentives

Results depicted in Figure 122 suggest that the unit incentive index for the ORT/CD program in the Cono Sur is quite low.

Feedback, in general, appears to be extremely low. It is interesting to note, however, that when it does occur, it appears more in the form of admonition than praise.

Competition within a unit appears to be anathema to almost all workers. While superior, or inferior performance relative to the group appears to elicit little response from fellow workers, it is interesting to note that workers report a stronger negative reaction to positively aberrant behavior than to negatively aberrant behavior.

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

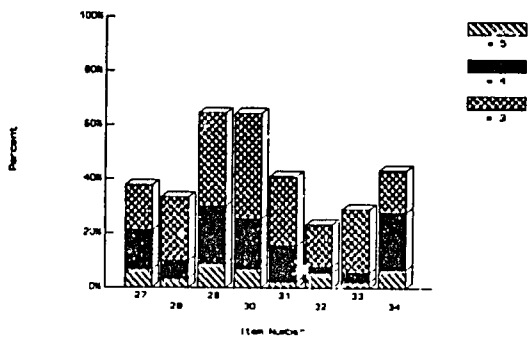

Figure 122. UNIT INCENTIVES

No.	Item Description
27	How often are all the unit members compensated or recognized for their achievements when they have reached or surpassed the performance objective for your unit? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
28	How often are certain individuals in your unit compensated or recognized for their individual achievements when the unit has reached or surpassed its performance objective? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
29	How often is the unit (as a whole) admonished or "called to attention" to improve its performance when the performance objectives of the unit are not met? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
30	How often are individual unit members admonished of "called to attention" to improve their performance when unit performance objectives are not met? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
31	How often do unit members compete to reach performance goals? : *5-A LOT, 4-QUITE A BIT, 3-SOME*
32	How often do unit members turn against a person whose performance is of poor quality? *5-A LOT, 4-QUITE A BIT, 3-SOME*
33	How often do unit members turn against someone whose work exceeds that of many of the others? : *5-A LOT, 4-QUITE A BIT, 3-SOME*
34	How often do unit members stimulate others to reach the highest level of performance in their work? : *5-A LOT, 4-QUITE A BIT, 3-SOME*

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

Unit Communications

Figure 123, showing Unit Communications, is striking for its low scores across the board - it depicts a situation completely devoid of any functioning information system.

This result, perhaps the most profound of the entire systems analysis, has been consistently demonstrated by each set of assessment instruments.

Reporting is almost non-existent; feedback, also largely non-existent tends to be negative when it does occur; work-related meetings are few and far between; and perhaps most disturbing of all, unit workers do not discuss work among themselves.

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

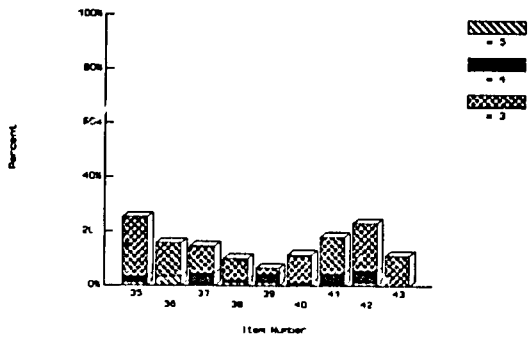

Figure 123. UNIT COMMUNICATIONS

No.	Item Description
35	How often, during the last 3 months, were written reports or memoranda received or sent between the program head and/or supervisor and the program's employees for the purpose of coordinating the unit's work? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
36	How often, during the last 3 months, were written reports or memoranda received or sent between the program's workers for the purpose of coordinating the unit's work? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
37	How often were written reports or memoranda received or sent between the program's employees and persons outside your unit in order to coordinate the unit's work? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
38	How often during the last 3 months did work-related discussions occur between the program head and/or the supervisor and the program's workers? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
39	How often during the last 3 months did work-related discussions occur between the program's workers? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
40	How often during the last 3 months did work-related discussions occur between the program's workers and persons outside the unit? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
41	How often during the last 3 months did you conduct scheduled meetings of the personnel or unit meetings with the program's workers? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
42	How often during the last 3 months were you involved in non-scheduled meetings with 2 or more of the Program's workers to solve specific problems? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
43	How often during the last 3 months were you involved in non-scheduled meetings with 2 or more persons from outside of your unit to solve specific problems: *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*

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Unit Characteristics Assessment Graphs

Unit Conflict

Intra- and Extra-Unit conflict appears to be largely non-existent. When conflict does occur, results in Figure 124. suggest that it is usually resolved by "directly confronting the matter" within the group.

It is also worth noting that workers report quite vigorous agreement over performance-evaluation criteria (item 48). This provides strong confirmation of the Unit Authority assessment result showing greatest perceived unit authority to be over performance-evaluation criteria.

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

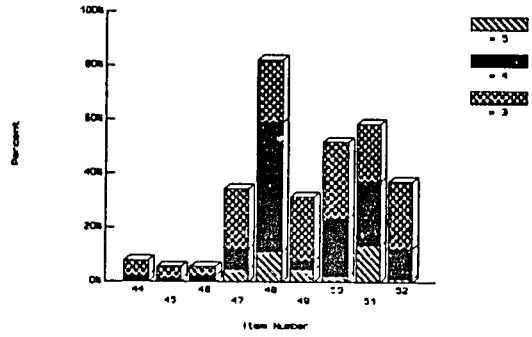

Figure 124. UNIT CONFLICT

No.	Item Description
44	How often during the last three months were there disagreements between the program head and/or the supervisor and the program workers? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
45	How often during the last three months were there disagreements between the program workers? : *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
46	How often during the last three months were there disagreements between the program workers and persons outside your establishment in the last 3 months: *5-DAILY, 4-ONE TO THREE TIMES A WEEK, 3-ONE TO THREE TIMES A MONTH*
47	Do the program workers try to progress at the cost of others: *5-A LOT, 4-QUITE A BIT, 3-SOME*
48	Are the program workers in agreement about the most important performance-evaluation criteria: *5-THEY ARE VERY MUCH IN AGREEMENT, 4-THEY ARE IN AGREEMENT, 3-THEY ARE MORE OR LESS IN AGREEMENT*
49	How often during the last three months were disagreements or disputes handled by ignoring or alluding the matter? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
50	How often during the last three months were disagreements of disputes handled by "softening up the matter"? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
51	How often during the last 3 months were disagreements or disputes handled by openly confronting the problem and resolving them among those involved? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*
52	How often during the last 3 months were disagreements or disputes handled by counting on a higher level of supervision to resolve problems between units? : *5-ALWAYS, 4-ALMOST ALWAYS, 3-SOMETIMES*

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

Perceived Unit Performance

Summed across all 14 Health Centers, this construct does not allow any facile distinctions to made between construct measures: all performance is perceived to be "average," and only "some" of the units objectives were met - a thoroughly bland result!

Examination of Perceived Unit Performance by health center may prove more useful. This analysis is being performed separately and is beyond the scope of the report.

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Diarrhea Systems Assessment: Results

Unit Characteristics Assessment Graphs

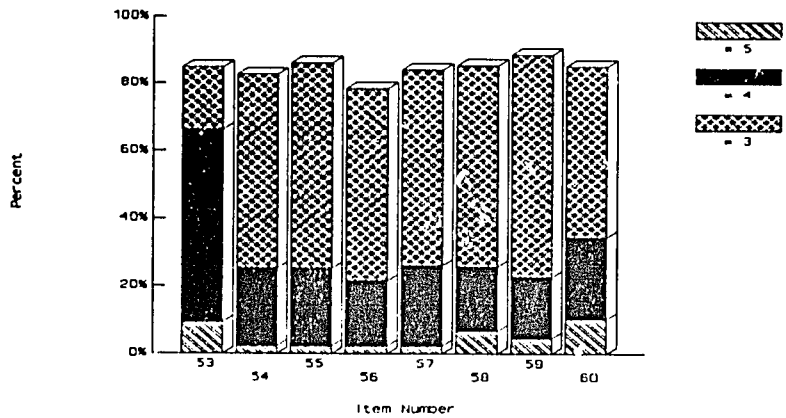

Figure 128. PERCEIVED UNIT PERFORMANCE

No.	Item Description
53	What percentage of the Program's performance objectives were reached by the unit in the past year? : *5-ALL, 4-SOME, 3-A FEW*
54	How did the performance of your unit compare to the other similar units in the amount of work produced in the last year? : *5-MUCH BETTER THAN THE AVERAGE, 4-BETTER THAN AVERAGE, 3-AVERAGE*
55	How did the performance of your unit compare to the other similar units in the quality and precision of the work produced in the last year? : *5-MUCH BETTER THAN THE AVERAGE, 4-BETTER THAN AVERAGE, 3-AVERAGE*
56	How did the performance of your unit compare with other similar units in the number of new ideas and innovations introduced by the unit in the last year? : *5-MUCH BETTER THAN THE AVERAGE, 4-BETTER THAN AVERAGE, 3-AVERAGE*
57	How did the performance of your unit compare with other similar units in acquiring prestige for work excellence in the last year? : *5-MUCH BETTER THAN THE AVERAGE, 4-BETTER THAN AVERAGE, 3-AVERAGE*
58	How did the performance of your unit compare with other similar units in the achievement of unit production goals or service goals in the last year? : *5-MUCH BETTER THAN THE AVERAGE, 4-BETTER THAN AVERAGE, 3-AVERAGE*
59	How did the performance of your unit compare with other similar units in the efficiency of the unit's activities in the last year? : *5-MUCH BETTER THAN THE AVERAGE, 4-BETTER THAN AVERAGE, 3-AVERAGE*
60	How did the performance of your unit compare with other similar units in the morale of the unit's personnel in the last year? : *5-MUCH BETTER THAN THE AVERAGE, 4-BETTER THAN AVERAGE, 3-AVERAGE*

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Conclusions and Recommendations

Conclusions:

- **The information system in the Cono Sur does not work.** This failure exists at every level. There are structural problems which reduce the levels of reporting and feedback to extremely low levels and leave management at all levels with no basis for decision-making. There are also behaviorial problems, mainly a common predelection to avoid any significant work-related verbal exchange - between workers, between workers and supervisors, and between worker and clients.

- **Community perception of the quality and level of service is good.** People in surrounding communities clearly make regular use of Health Center services and facilities. There appear to be no major service gaps, nor significant community dissatisfaction with ORT/CD services.

- **Workers demonstrated reasonable practical skills** - particularly on the critical treatment path. The assessment process did, however, identify with precision a number of skill and behavioral deficiencies on the part of workers. Most are immediately obvious from the results and amenable to quick correction at the Health Centers themselves.

- **Workers were seriously deficient in any task requiring reasoning.** They were largely unable to follow a "logical thread" through the physical-diagnosis-treatment process. This would appear to be a function of past "cook-book" type training rather than any fundamental problem with the workers themselves. The quality of the workers (self-image, skill level, etc..) was, in fact, good.

- **The general infrastructure in Cono Sur health centers is good.** Physical plant is excellent and supplies of "critical path" materials very good. Official transportation is seriously deficient, but public transportation quite good.

- **Supervision is at best ambiguous.** Many workers didn't even know the name of their supervisors. One Health Center Director denied there were any supervisors in his Health Center. There is no formal, standardized supervision plan in operation. Nevertheless, a single nurse-supervisor, working in the San Juan Health Center was able to single-handedly turn the worst Health Center into one of the best during the past year.

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Diarrhea Systems Assessment: Conclusions & Recommendations

- **Workers seemed reasonably self-assured.** All expressed considerable confidence in their "ability to get the job done", but nevertheless expressed a desire for more training. Self-assured workers are excellent material for training.

- **Workers were satisfied with their work, but dissatisfied with information feedback and very unhappy with their salary levels.** Despite dissatisfaction with salary levels, few workers reported giving any serious consideration to leaving the job. Instead, they simply go on strike! Strikes were, in fact, the major source of disruption to health services, resulting in a loss of over 5 months during 1989 alone.

- **The Focus/Informant Group process proved to be a particularly invaluable element of the Systems Assessment process.**

- **SIMULEX functioned smoothly at all levels and was well accepted by all participating workers.** The training element of SIMULEX appears to hold particular promise.

- **Response to RETROALIMENTACION, or "Feedback" was excellent,** revealing a strong underlying hunger for performance feedback cues.

Recommendations:

- **At the Operational Level: use the EPI and CDD systems assessment results to make immediate corrections in service delivery at the Health Center Level.** We believe that the information contained in this volume, while identifying problem areas, is precise and detailed enough to suggest that the solutions to most of these same problems can be found in immediate, targetted feedback (e.g., discrete in-service training) using the material contained here as the source of lesson plans and examples. Having shown that all tasks are being done correctly by at least some people in the system strengthens the argument for seeking them out and using them as role-models in this type of targetted training.

- **At the Strategic Level: Introduce elements in national training curricula which impart better reasoning skills to both new trainees as well as to in-service trainees.**

- **At both the Operational and Strategic Levels: Embark as rapidly as possible on a major design and development effort for a functional information system as detailed in the last section of Volume 1 of this report.**

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Data Collection Instruments

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CDE1-CED - Conocimiento

Su cargo: ENFERMERA AUXILIAR OTRO **Edad:** __ __ años **Sexo:** M F **En MINSA:** __ __ años

Las siguientes son preguntas, que nos ayudarán a conocer cuales serían los tópicos de mayor importancia para futuras capacitaciones. Estas preguntas tienen 5 posibilidades de respuesta, Ud. deberá escoger sólo una y marcárla con un círculo (la que considere la correcta). A continuación le presentamos un ejemplo:

La vacuna antisarampionosa se aplica:
(a) Al recién nacido
(b) A los dos meses de edad
(c) A los 9 meses de edad
(d) Al año de edad
(e) A los cinco años de edad

La respuesta correcta en este caso es (c) y Ud. debe llenarlo con lápiz.

---

1. Se considera que un niño tiene diarrea cuando tiene: 001
(a) 4 ó más deposiciones al día
(b) 3 ó más deposiciones sueltas o líquidas al día
(c) Deposiciones formadas mal olientes y ruidosas
(d) 5 ó más deposiciones pastozas
(e) Ninguna de las anteriores

2. Cuando un niño tiene diarrea debe: 002
(a) Suspenderse la leche materna
(b) Dársele menos jugos frescos
(c) Dársele más líquidos
(d) Dársele menos alimentos
(e) Suspenderse leche de vaca

3. Las sales de rehidratación oral: 003
(a) Pueden ser utilizadas más de 24 horas, luego de preparada
(b) Es de color blanca cuando está bien conservada
(c) Es de color amarillo cuando está bien conservada
(d) Se prepara con un litro de agua hervida caliente
(e) Se prepara con medio litro de agua hervida fría

4. Al niño con diarrea debe: 004
(a) Administrársele antidiarréicos
(b) Indicársele antibióticos
(c) Indicársele antiespasmódicos
(d) Derivársele al médico
(e) Derivársele al médico si la diarrea es con moco y sangre

5. Lo mejor para prevenir la diarrea en menores de 12 meses es: 005
(a) Dar al niño lactancia materna
(b) Tener servicio de agua potable
(c) Vacunarlo contra la polio
(d) Administración de vitaminas
(e) Todas las anteriores

6. Se utiliza plan A, cuando el niño: 006
(a) Tiene entre 4-10 diarreas al día
(b) Su sed está muy aumentada
(c) No tiene signos de deshidratación
(d) Tiene los ojos hundidos
(e) Ninguna de las anteriores

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

7. Se utiliza plan C, cuando el niño: 007

(a) Tiene menos de 4 diarreas por día; tiene los ojos ligeramente hundidos; y su orina es escasa y oscura
(b) Tiene la fontanela hundida; la boca y lengua secas; y está irritable
(c) Al pellizcarle la piel regresa lentamente; está somnoliento; y tiene su boca y lengua húmedas
(d) No orinó en las últimas 6 horas; está inconsciente; y sus ojos están muy hundidos
(e) Está alerta; su fontanela está hundida; y su piel al pellizcarla regresa rápidamente a su lugar

8. Se utiliza Plan B, cuando el niño presenta lo siguiente: 008

(a) Fontanela muy hundida; respiración muy rápida y profunda; y ha tenido más que 10 deposiciones al día
(b) Su orina está normal; su sed está normal; y está alerta
(c) Boca y lengua húmedas; no tiene vómitos; y al pellizcarle la piel regresa rápidamente a su lugar
(d) Su orina es escasa; sus ojos están ligeramente hundidos; y su sed está aumentada
(e) Ninguna de las anteriores

9. La solución de rehidratación oral: 009

(a) Puede guardarse en refrigeración más de 24 horas
(b) Debe darse aunque el niño no tenga diarreas
(c) Es más efectiva si se prepara con menos de un litro de agua
(d) Previene la diarrea
(e) Debe darse después de cada diarrea

10. Terminado el tratamiento de rehidratación oral; cuál de los siguientes mensajes educativos no es correcto: 010

(a) Que dé SRO por cada dos tomas de suero casero
(b) Que proporcione más líquidos de los que usualmente le dá
(c) Que continúe ofreciéndole alimentos fáciles de digerir
(d) Que busque signos precoces de deshidratación o empeoramiento
(e) Que dé SRO cada vez que el niño tenga diarrea

11. Cuál de las siguientes, no es una tarea del trabajador de salud: 011

(a) Enseñar a la madre a preparar y administrar la SRO
(b) Educar a la madre sobre prevención de la diarrea
(c) Evaluar el resultado de la terapia de la rehidratación oral
(d) Dar indicaciones de antidiarreicos
(e) Decidir el Plan de tratamiento según cada caso

12. Durante la TRO, cual de las siguientes acciones no es correcta : 012

(a) Si el niño presenta vómitos se suspende el tratamiento y se deriva para atención médica
(b) Cuando está hidratado se suspende el tratamiento y se le dá indicaciones para que continue en el domicilio
(c) Si en las primeras evaluaciones está más deshidratado se pasa a Plan C
(d) La efectividad del tratamiento se evaluá cada 1 - 2 horas
(e) Si se logra hidratarlo antes de las 6 horas, puede dársele de alta con indicaciones para su domicilio

13. Cuál de las siguientes posibilidades, no es una contraindicación para la terapia de rehidratación oral: 013

(a) Distensión abdominal
(b) Vómitos incoercibles (frecuentes y abundantes)
(c) Sensorio muy deprimido
(d) Niños con enfermedades graves: meningitis, sepsis
(e) Niños desnutridos

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

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14. La deshidratación implica: 014

(a) Pérdida de agua corporal
(b) Pérdida de sales
(c) Pérdida de agua corporal y sales
(d) Pérdida de grasas
(e) Ninguna de las anteriores

15. En relación a la alimentación del niño con diarrea, señale la respuesta incorrecta: 015

(a) Se debe suspender los alimentos y dar sólo líquidos ó panetela
(b) Continuar con alimentación normal
(c) Continuar dando lactancia materna
(d) Alimentarlo más frecuentemente (5-7 veces al día)
(e) Ninguna

16. Para diagnosticar el grado de deshidratación; cuál de las siguientes acciones no es imprescindible: 016

(a) Debe preguntársele a la madre cuantas diarreas presenta su niño al día
(b) Debe preguntársele si tiene vómitos
(c) Se debe observar su estado general
(d) Se le debe pesar
(e) Se debe examinar su pulso

17. El suero casero se prepara con: 017

(a) Un litro de agua limpia, 2 zanahorias, 8 cucharadas de azúcar y 1 cucharadita de sal
(b) Un litro de agua limpia, 8 cucharaditas de azúcar y 2 cucharaditas de sal
(c) Medio litro de agua limpia, 8 cucharaditas de azúcar y 1 cucharadita de sal
(d) Un litro de agua limpia, 6 cucharaditas de azúcar y 2 cucharaditas de sal
(e) Un litro de agua limpia, 8 cucharaditas de azúcar y 1 cucharadita de sal

18. En relación a los mensajes educativos para prevenir la diarrea, señale la respuesta incorrecta: 018

(a) Dar lactancia materna durante los primeros 6 meses
(b) Dar alimentos recién preparados y bien cocidos
(c) Usar agua limpia para beber
(d) Lavado de las manos
(e) Usar solo agua potable

19. Si durante la terapia de rehidratación oral, el niño ingiere poca solución de rehidratación oral, ó la rechaza y no se encuentra mejoría, Ud. debe: 019

(a) Pasar a Plan A
(b) Colocar sonda nasogástrica
(c) Administrárla más insistentemente
(d) Suspender la administración de TRO
(e) Ninguna de las anteriores

20. Una de las indicaciones a la madre en Plan A, es: 020

(a) Dar solución de rehidratación oral cada 1-2 horas según el peso del niño
(b) Dar solución de rehidratación oral cada media hora
(c) Dar bebidas gaseosas, en caso de no disponer de SRO
(d) Dar suero casero cada 1-2 horas
(e) Ninguna de las anteriores

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

21. El tratamiento de la diarrea en el hogar incluye: 021

(a) Restringir alimentos sólidos, dar más líquidos y descontinuar la leche de tarro
(b) Dar alimentos frescos y sólidos, restringir los líquidos, pero continuar con leche
(c) Dar frutas frescas, alimentos sólidos y no machacados
(d) Aumentar los líquidos y seguir dando alimentos y lactancia materna
(e) Ninguna de las anteriores

22. La evaluación de la fontanela se realiza en: 022

(a) Niños de cualquier edad
(b) Sólo en recién nacidos
(c) Niños hasta los 2 años
(d) Niños desnutridos
(e) Niños hasta los 12 meses de edad

23. Si Ud. evaluaría el grado de hidratación a través de la piel, lo examinaría: 023

(a) Presionando la piel del niño durante 15 segundos y soltándola rápidamente
(b) Pellizcando la piel entre los dedos formando un pliegue de piel para ver el rubor natural
(c) Pellizcando la piel entre los dedos formando un pliegue y observando si se pone azulada
(d) Pellizcando la piel entre los dedos formando un pliegue y observando en cuanto tiempo regresa a la normalidad
(e) Ninguna de las anteriores

24. El mejor lugar para buscar el signo del pliegue es: 024

(a) El dorso de la mano
(b) El dorso del pie
(c) El tórax
(d) La parte posterior del cuello
(e) El abdómen

A continuación le presentaremos 5 casos de niños como los que Ud. recibe en la Unidad de Rehidratación Oral donde trabaja. Por favor, lea cuidadosamente cada caso, y conteste las preguntas que a continuación se presentan. Para contestarlas, debe tener a la vista las listas 1 y 2 que se describen más adelante. Para la primera pregunta de cada caso, deberá ubicar uno de los signos más importantes para determinar el tratamiento, en las pequeñas historias presentadas, luego identificarlo en los números de la lista 1 y colocarlo como su respuesta. Para la segunda pregunta de cada caso, sólo debe elegir el tratamiento que Ud. considera más adecuado para cada caso. Hay más de una respuesta correcta, elija sólo una. Las respuestas pueden repetirse en los diferentes casos.

CASO A: Jorgito, es un niño de 8 meses, presenta diarreas entre 6 y 8 deposiciones líquidas al día, vómitos aunque no muy frecuentes, fiebre, tos y su sed está muy aumentada. Al examinarlo, sus ojos están hundidos, su boca y lengua están secas, al pellizcarle la piel regresa lentamente, su pulso es rápido y su abdómen es normal.

1. En relación al cuadro descrito, uno de los signos más importantes de los dados para determinar el tratamiento es:

   ____ (Escoja un número de la lista 1)

2. Para este caso descrito, cuál es el tratamiento que Ud. eligiría?

   _____ (Escoja un número de la lista 2)

CASO B: Una niña de 1 año presenta desde ayer deposiciones sueltas, en número de 3 por día, con moco y sangre, además fiebre y un poco de tos. Al examinarla, está alerta y su boca y lengua están húmedas. Al pellizcarle la piel regresa rapidamente a su lugar.

3. En relación al cuadro descrito, uno de los signos más importantes de los dados para determinar el tratamiento es:

   ____ (Escoja un número de la lista 1)

4. Para este caso descrito, cuál es el tratamiento que Ud. eligiría?

   _____ (Escoja un número de la lista 2)

CASO C: Un niño de 4 meses presenta diarreas desde un día antes, en número de aproximadamente 10 veces/día, líquidas; vómitos frecuentes, cada vez que se le ofrece alimentos. Al examinarlo se le encuentra deprimido, ojos muy hundidos, fontanela muy hundida, al pellizcarle la piel regresa muy lentamente, su boca y mucosas están muy secas, y respira muy rapidamente.

5. En relación al cuadro descrito, uno de los signos más importantes de los dados para determinar el tratamiento es:

   ____ (Escoja un número de la lista 1)

6. Para este caso descrito, cuál es el tratamiento que Ud. eligiría?

   _____ (Escoja un número de la lista 2)

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

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CASO D: Un niño de 6 meses de edad es llevado por diarreas, está muy adelgazado, hace una semana su peso era de 4 kilos. Tiene poco apetito y su orina es normal. Al exámen presenta ojos hundidos, boca y lengua húmedas, el pliegue de la piel se deshace con lentitud, fontanela normal.

7. En relación al cuadro descrito, uno de los signos más importantes de los dados para determinar el tratamiento es:

____ (Escoja un número de la lista 1)

8. Para este caso descrito, cuál es el tratamiento que Ud. eligiría?

_____ (Escoja un número de la lista 2)

CASO E: Una niña de 2 meses de edad presenta deposiciones sueltas desde hace 3 días, no vómitos, sed aumentada y orina oscura. Al examen está alerta, con ojos muy hundidos, fontanela ligeramente hundida, al pellizcarle la piel regresa lentamente, y el abdómen sumamente hinchado (al tocarlo el bebe llora).

9. En relación al cuadro descrito, uno de los signos más importantes de los dados para determinar el tratamiento es:

____ (Escoja un número de la lista 1)

10. Para este caso descrito, cuál es el tratamiento que Ud. eligiría?

_____ (Escoja un número de la lista 2)

LISTA No. 1

Para responder la primera pregunta de cada caso

DE LA HISTORIA CLINICA

1 DIARREA/VECES POR DIA
2 VOMITOS
3 ORINA
4 SED
5 DIARREA CON SANGRE O MOCO
6 DURACION DE DIARREA
7 FIEBRE
8 ANTECEDENTES

DEL EXAMEN FISICO

9 ESTADO GENERAL
10 PRESION ARTERIAL
11 OJOS
12 BOCA Y LENGUA
13 RESPIRACION
14 PIEL
15 PULSO
16 FONTANELA
17 LLENADO CAPILAR
18 PESO
19 ESTADO NUTRICIONAL
20 TEMPERATURA
21 ABDOMEN
22 EXTREMIDADES

LISTA No. 2

Para responder la segunda pregunta de cada caso.

1 DA A LA MADRE MENSAJES EDUCATIVOS

2 COMIENZA CON TRO

3 COMIENZA CON REHIDRATACION ENDOVENOSA INMEDIATAMENTE

4 COMIENZA CON SONDA NASOGASTRICA INMDEDIATAMENTE

5 DA ANTIBIOTICOS

6 DA ANTIEMETICOS

7 DA ANTIESPASMODICOS

8 DA ANTIBIOTICOS Y ANTIEMETICOS

9 DA TRO Y DESPUES MANDA AL PACIENTE AL MEDICO O HOSPITAL MAS CERCANO

10 MANDA AL PACIENTE AL MEDICO U HOSPITAL MAS CERCANO MIENTRAS ADMINISTRARD

11 NO DA TRO Y MANDA EL PACIENTE AL MEDICO U HOSPITAL MAS CERCANO

12 INDICA TRATAMIENTO EN SU DOMICILIO

13 SOLICITA EVALUACION MEDICA

A continuación le presentamos preguntas que relacionan los casos presentados. Ud. debe escoger una de las

posibilidades que se presentan para cada pregunta, la que Ud. considera correcta.

---

1. **Si Ud. tuviera a estos niños en la cola de espera para atención en su Unidad de Rehidratación Oral, su atención sería:**
   (a) En órden de llegada
   (b) Atendería al niño del Caso A primero
   (c) Atendería al niño del Caso C primero
   (d) Atendería al niño del Caso E primero
   (e) Atendería al niño del caso D primero

2. **De los casos presentados, el de menor preocupación para Ud. es:**
   (a) Caso A
   (b) Caso B
   (c) Caso C
   (d) Caso D
   (e) Caso E

En las siguientes preguntas, para cada párrafo elija una de las dos posibilidades que se colocan a la izquierda:
Elija V (verdadero) si considera que el párrafo es correcto.
Elija F (falso) si considera que el parráfo no es correcto.

13. V F El caso A presenta signos de deshidratación de mayor importancia que el caso C

14. V F El caso A presenta signos de deshidratación de mayor importancia que el caso B

15. V F El caso D presenta signos de deshidratación de mayor importancia que el caso B

16. V F El caso E presenta signos de deshidratación de mayor importancia que el caso B

17. V F El caso D presenta signos de deshidratación de mayor importanci

18. V F El Caso D necesita ser evaluado por un médico más urgentemente que el Caso B por su pérdida de peso y deshidratación.

19. V F El Caso B necesita tratamiento antibiotico más que el Caso A por el problema de moco y sangre.

20. V F El Caso D necesitaría ser visto por un médico antes que el Caso E porque su estado de deshidratación es más grave.

21. V F El Caso E requiere TRO más que el Caso A.

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

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ENCUESTA A MIEMBROS DE LA COMUNIDAD

Fecha: ___ , ___ / ___ Nombre de la madre: _____

Dirección: _____ _____

Edad: ___ ___ años Numero de hijos: ___ ___ Años de educación: ___ ___

CARACTERISTICAS AMBIENTALES

CUENTA UD. CON ...

... agua y desague	NO	SI	N/A	001 ___
... cocina ó hervidor	NO	SI	N/A	002 ___
... agua de camión cisterna	NO	SI	N/A	003 ___
... letrina	NO	SI	N/A	004 ___
... refrigeradora	NO	SI	N/A	005 ___
... un establecimiento de salud que es ...				
... de fácil acceso (<2 horas)	NO	SI	N/A	006 ___
... con atención para los niños con diarrea	NO	SI	N/A	007 ___
... con atención para los niños deshidratados	NO	SI	N/A	008 ___

CONOCIMIENTO

Coloque un puntaje para cada uno de los items que siguen:

0	1	2
no menciona ó es incorrecto	parcialmente correcto	totalmente correcto

NOCIONES IMPORTANTES SOBRE DIARREA:

QUE ES DIARREA ... deposiciones líquidas frecuentes en un día	___	N/A	009 ___
QUE ES DESHIDRATACION ... perdida de agua y sales del cuerpo	___	N/A	010 ___
QUE PUEDE CAUSAR LA DIARREA ...			
... puede deshidratar	___	N/A	011 ___
... puede desnutrir	___	N/A	012 ___

MEDIDAS DE PREVENCION DE LA DIARREA: Le mencionaremos una lista de medidas de prevención de diarrea, diga las acciones para cada una de ellas:

LIMPIEZA ... lavado de manos, deshecho de las heces, uso de letrinas	___	N/A	013 ___
AGUA ... utiliza agua hervida o limpia	___	N/A	014 ___
ALIMENTACION DEL BEBE ... lactancia materna exlusiva hasta 6 meses, técnicas de destete y ablactancia	___	N/A	015 ___

CUANDO ACUDIR A UN ESTABLECIMIENTO DE SALUD: Le mencionaremos una lista de signos que hacen que su niño deba ser visto en un establecimiento de salud. Diga la característica de cada uno de ellos:

EVACUA ... muy frecuentemente	___	N/A	016 ___
SED ... tiene más sed de lo común	___	N/A	017 ___
BOCA ... tiene la boca seca	___	N/A	018 ___
OJOS ... tiene los ojos hundidos	___	N/A	019 ___
APARIENCIA ... esta pálido o decaido	___	N/A	020 ___
ORINA ... orina menos	___	N/A	021 ___
TEMPERATURA ... tiene fiebre alta	___	N/A	022 ___
HECES ... evacua con moco o sangre	___	N/A	023 ___
LLORA ... llora sin lágrimas	___	N/A	024 ___
SOSPECHA ... de enfermedad sobreagregada	___	N/A	025 ___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

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NOCIONES SOBRE TRATAMIENTO DE DIARREA: Le mencionaremos una lista de medidas para el manejo de la diarrea. Diga la acción en cada una de ellas:

MEDICAMENTOS ... no usa antidiarréicos ni antibióticos	___	N/A	026 ___
LIQUIDOS ... proporciona al niño más líquidos que los que usualmente le da (panetela, té, caldos, sopas)	___	N/A	027 ___
LECHE ... que continue dándole lactancia materna	___	N/A	028 ___
ALIMENTOS ...			
... continua ofreciéndole alimentos	___	N/A	029 ___
... que ofrezca al niño pequeñas cantidades mas frecuentemente	___	N/A	030 ___
SRO ...			
... la SRO no cura la diarrea	___	N/A	031 ___
... la SRO evita la deshidratación	___	N/A	032 ___

DEMOSTRACION DE PREPACION DE SRO EN LA CASA:

LIQUIDO ...			
... agua limpia	___	N/A	033 ___
... un litro	___	N/A	034 ___
LIMPIEZA ...			
... lavar las manos	___	N/A	035 ___
... utensilios limpios	___	N/A	036 ___
CANTIDAD ... use todo el paquete	___	N/A	037 ___
HERVIR ... no se hierve	___	N/A	038 ___

PREPARACION DE SUERO CASERO :

LIQUIDO ...			
... agua limpia	___	N/A	039 ___
... 4 tazas (un litro)	___	N/A	040 ___
SAL ... 1 cucharadita	___	N/A	041 ___
AZUCAR ... 8 cucharaditas	___	N/A	042 ___
OTROS ... no	___	N/A	043 ___

ADMINISTRACION DE SRO O SC EN LA CASA:

OFRECER ... después de cada diarrea	___	N/A	044 ___
... cuando tiene sed	___	N/A	045 ___
OTRAS BEBIDAS ... no dar gaseosas en vez de leche o jugos	___	N/A	046 ___
DURACION ... dura sólo 24 horas	___	N/A	047 ___
SRO Y SC ... no administre sro y sc simultaneamente	___	N/A	048 ___
VOMITOS ... si el niño vomita administra liquidos en cucharitas o con gotero lentamente	___	N/A	049 ___

MORBILIDAD

QUE EDAD (AÑOS/MESES) TIENE SU HIJO MENOR DE 5 AÑOS?	___	años / meses		050 ___
TUVO SU NIÑO DIARREA AYER?	NO	SI	N/A	051 ___
La diarrea fue con moco y sangre?	NO	SI	N/A	052 ___
La diarrea duró 15 días ó mas?	NO	SI	N/A	053 ___
La diarrea fue de cuántas veces por día? <4 = 1 4-10 = 2 >10 = 3			N/A	054 ___
TUVO SU NIÑO DIARREA DURANTE LAS ULTIMAS DOS SEMANAS?	NO	SI	N/A	055 ___
La diarrea fue con moco y sangre?	NO	SI	N/A	056 ___
La diarrea duró 15 días ó mas?	NO	SI	N/A	057 ___
La diarrea fue de cuántas veces por día? <4 = 1 4-10 = 2 >10 = 3			N/A	058 ___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

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PRACTICA

QUE TIPO DE TRATAMIENTO RECIBIO SU NIÑO MENOR DE 5 AÑOS EN SU ULTIMO EPISODIO DE DIARREA ...

... tratamiento de rehidratación oral	NO	SI	N/A	059 _____
... suero endovenoso	NO	SI	N/A	060 _____
... antibióticos	NO	SI	N/A	061 _____
... antidiarréicos	NO	SI	N/A	062 _____
... otros	NO	SI	N/A	063 _____
... le llevó al centro ó puesto de salud	NO	SI	N/A	064 _____
... le llevó al hospital	NO	SI	N/A	065 _____

Complete las siguientes oraciones con la frase (del 1 - 3) que más se acerca a lo que Ud. hace realmente

1 NUNCA O CASI NUNCA — 2 ALGUNAS VECES — 3 SIEMPRE O CASI SIEMPRE

"USUALMENTE CUANDO ALGUNO DE MIS NIÑOS COMIENZA CON DIARREAS ...

... espero unos días antes de visitar al médico"	____	N/A	066 _____
... le doy medicamentos de la farmacia"	____	N/A	067 _____
... cambio su dieta"	____	N/A	068 _____
... le doy hierbas para curarlo"	____	N/A	069 _____
... un curandero le trata con la 'pasada de huevo'"	____	N/A	070 _____
... le quito el pecho"	____	N/A	071 _____
... le doy más líquidos"	____	N/A	072 _____
... le continuo con sus alimentos normalmente"	____	N/A	073 _____
... le doy panetela de arroz"	____	N/A	074 _____
... le doy suero casero"	____	N/A	075 _____
... le doy salvadora"	____	N/A	076 _____
... le llevó dentro de 24 horas al establacimiento de salud más cercano	____	N/A	077 _____

UTILIZACION DE SERVICIOS

Complete las siguientes oraciones con la frase (del 1 - 3) que más se acerca a lo que Ud. hace realmente

1 NUNCA O CASI NUNCA — 2 ALGUNAS VECES — 3 SIEMPRE O CASI SIEMPRE

"CUANDO LAS NECESITO, CONSIGO SOBRES DE SALES DE REHIDRATACION ...

... del centro o puesto de salud"	____	N/A	078 _____
... de las farmacias"	____	N/A	079 _____
... de las promotoras de salud"	____	N/A	080 _____
... del hospital más cercano"	____	N/A	081 _____
... de los consultorios privados"	____	N/A	082 _____
... del club de madres"	____	N/A	083 _____
... de los botiquines comunales"	____	N/A	084 _____
... de organizaciones no gubernamentales"	____	N/A	085 _____
... UROs comunales"	____	N/A	086 _____
... otras fuentes":_____	____	N/A	087 _____

"LOS CONOCIMIENTOS QUE TENGO ACERCA DE DIARREA LOS OBTENGO DE ...

... miembros de mi comunidad"	____	N/A	088 _____
... personal del centro ó puesto de salud"	____	N/A	089 _____
... mensajes en la radio, tv, ó periodicos	____	N/A	090 _____
... otros: _____	____	N/A	091 _____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

Complete las siguientes oraciones con la frase (del 1 - 3) que más se acerca a lo que Ud. hace realmente

1	2	3
NUNCA O CASI NUNCA	ALGUNAS VECES	SIEMPRE O CASI SIEMPRE

"SI MI NIÑO TIENE DIARREA LO LLEVO AL(A) ...

... centro ó puesto de salud	___	N/A	092
... hospital	___	N/A	093
... médico particular	___	N/A	094
... farmacéutico	___	N/A	095
... curandero	___	N/A	096
... URO comunal	___	N/A	097
... lo atiendo en mi casa	___	N/A	098
... organizaciones no gubernamentales	___	N/A	099
... otros: _____	___	N/A	100

"SI MI NIÑO ESTA DESHIDRATADO O CON DIARREA SEVERA LO LLEVO AL(A) ...

... centro ó puesto de salud	___	N/A	101
... hospital	___	N/A	102
... médico particular	___	N/A	103
... farmacéutico	___	N/A	104
... curandero	___	N/A	105
... URO comunal	___	N/A	106
... lo atiendo en su casa	___	N/A	107
... otros: _____	___	N/A	108

SATISFACCION CON EL SERVICIO

EN EL ULTIMO AÑO CUANDO SU NIÑO TUVO DIARREA; FUE ATENDIDO EN UN ESTABLECIMIENTO DE SALUD? NO SI N/A 109

Complete las siguientes oraciones con la frase (del 1 - 3) que más se acerca a lo que Ud. hace realmente

1	2	3
NUNCA O CASI NUNCA	ALGUNAS VECES	SIEMPRE O CASI SIEMPRE

SATISFACCION CON LA PRESTACION DEL SERVICIO

EN EL ULTIMO AÑO CUANDO LLEVE A MI NIÑO AL CENTRO O PUESTO DE SALUD MAS CERCANO PARA TRATAMIENTO DE DIARREA, EL PERSONAL ...

... me dió atención que me pareció buena	___	N/A	110
... respondió mis preguntas acerca del problema	___	N/A	111
... me explicó claramente, cual era el problema	___	N/A	112
... me dijo exactamente que estaban haciendo	___	N/A	113
... me dijo porqué se hacian ciertos procedimientos	___	N/A	114
... me explicó claramente porque debía hacer	___	N/A	115
las cosas que me pedían	___	N/A	116

SATISFACCION CON EL TRATO

EN EL ULTIMO AÑO CUANDO LLEVE A MI NIÑO AL CENTRO O PUESTO DE SALUD MAS CERCANO PARA TRATAMIENTO DE DIARREA, EL PERSONAL ...

... me interrumpía	___	N/A	117
... me menospreció	___	N/A	118
... parecía molesto	___	N/A	119
... actuó como si me hiciera un favor al hablarme	___	N/A	120
... parecía estar apurado	___	N/A	121
... me hizo sentir importante	___	N/A	122

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

PARTICIPACION COMUNITARIA

EN EL CONTROL DE DIARREA, SU COMUNIDAD CUENTA ACTUALMENTE CON EL APOYO DE ...

... clubes de madres	NO	SI	N/A	123 ____
... promotores de salud ó delegado	NO	SI	N/A	124 ____
... instituciones benéficas	NO	SI	N/A	125 ____
... agrupaciones religiosas (salud)	NO	SI	N/A	126 ____
... comité de salud	NO	SI	N/A	127 ____
... municipalidad (salud)	NO	SI	N/A	128 ____
... UROS comunales	NO	SI	N/A	129 ____

EN EL ULTIMO AÑO HA RECIBIDO ORIENTACION EN RELACION A DIARREA MEDIANTE ALGUNA CHARLA O SEMINARIO-TALLER DADO POR EL PERSONAL DEL CENTRO O PUESTO DE SALUD	NO	SI	N/A	130 ____

SU COMUNIDAD HA PARTICIPADO ACTIVAMENTE EN ...

... construcción de letrinas	NO	SI	N/A	131 ____
... capacitación sobre diarreas	NO	SI	N/A	132 ____
... abastecimiento de agua	NO	SI	N/A	133 ____
... formación de UROS Comunales	NO	SI	N/A	134 ____
... eliminación de la basura	NO	SI	N/A	135 ____
... vacunaciones	NO	SI	N/A	136 ____

MORTALIDAD

Si no desea contestar, no lo haga.

EN EL ULTIMO AÑO, ALGUNO DE SUS NIÑOS FALLECIO A LA EDAD DE CINCO AÑOS O MENOS CON DIARREAS?	NO	SI	N/A	137 ____

<1	1	2	3	4
____	____	____	____	____

138 ____
139 ____
140 ____
141 ____
142 ____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

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HISTORIA:

	ORDEN	+0	+1	+2 o +3 A	B	C	---	
FRECUENCIA (deposicones al dia)	_____	FH	LHI	<4	4-10	>10	N/A N/O	001 ____
VOMITO	_____	FH	LHI	ausentes o pocos	frecuentes	muy frecuentes	N/A N/O	002 ____
ORINA	_____	FH	LHI	normal	escasa y oscura	no orino en las ultimas 6 horas	N/A N/O	003 ____
SED	_____	FH	LHI	normal	aumentada	muy aumentada	N/A N/O	004 ____
SANGRE O MOCO en deposiciones	_____	FH	LHI	no	si		N/A N/O	005 ____
DURACION de la diarrea	_____	FH	LHI	<14 dias	>= 14 dias		N/A N/O	006 ____
OTROS PROBLEMAS	_____	FH	LHI	no	si		N/A N/O	007 ____
TRATAMIENTO EN CASA	_____	FH	LHI	no	si		N/A N/O	008 ____

EXAMEN FISICO:

ESTADO GENERAL	_____	FH	LHI	bueno, alerta	indispuesto, somnoliento, irritable	muy somnoliento convulsiones inconciente*	N/A N/O	009 ____
OJOS	_____	FH	LHI	tono normal humedos	liger. hundidos pocas lagrimas	muy hundidos sin lagrimas	N/A N/O	010 ____
BOCA Y LENGUA	_____	FH	LHI	humedas	secas	muy secas	N/A N/O	011 ____
RESPIRACION	_____	FH	LHI	normal	rapida	muy rapida y profunda	N/A N/O	012 ____
PIEL (al pellizcar)	_____	FH	LHI	regresa a su lugar rapidam.	regresa lentamente	regresa muy lentamente	N/A N/O	013 ____
PULSO (en reposo,sin fiebre)	_____	FH	LHI	normal <100	rapido, 100-140	muy rapido, debil no se palpa*	N/A N/O	014 ____
FONTANELA	_____	FH	LHI	normal	hundida	muy hundida	N/A N/O	015 ____
LLENADO CAPILAR (rubor)	_____	FH	LHI	menor de 2 segundos	de 3 a 10 segundos	mayor de 10 segundos*	N/A N/O	016 ____
PESO (__ __ . __ kg)	_____	FH	LHI	no hubo perdida de peso	perdida de <10% de peso	perdida de >10% de peso	N/A N/O	017 ____
ESTADO NUTRICIONAL	_____	FH	LHI	no mas que desnutricion mod.	desnutricion severa		N/A N/O	018 ____
TEMPERATURA	_____	FH	LHI	normal no muy alta	fiebre alta >38.5C		N/A N/O	019 ____
ABDOMEN	_____	FH	LHI	normal	distension abdominal		N/A N/O	020 ____

DIAGNOSTICO:

DESHIDRATACION	no sabe 0	no tiene deshidratacion 1	tiene deshidratacion 2	deshidratacion grave sin choque hipovolem. 3	deshidrataction grave con choque hipovolem. 4		021 ____
OTROS PROBLEMAS	no sabe 0	ninguno 1	fiebre alta 2	sangre o moco en las heces 4	diarrea por mas de 14 dias 8	desnutricion severa 16	distension abdominal 32	022 ____ (suma)

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ESTRATEGIA DE TRATAMIENTO:

REHIDRATACION	no sabe 0	Plan A - Prevenir 1	Plan B - SRO 2	Plan C - IV 3				023
ANTIBIOTICOS	no sabe 0	ninguno 1	TMP-SMX 2	ampicilina 4	eritromicina 8	metronidazol 16	otros 32	024 (suma)
OTROS DROGAS	no sabe 0	ninguna 1	loperamida 2	anti-emeticos 4	anti-pireticos 8	otros 16		025 (suma)
OTROS TRATAMIENTOS	no sabe 0	ninguno 1	refiera a medico 2	no da SRO o nada por via oral 4	investiga por otros problemas 8			026 (suma)

TECNICA DE TRATAMIENTO (PLAN B):

	FALTA HACERLO	LO HACE - INCORRECTO	LO HACE - CORRECTO	N/O N/A	
Preparacion de SRO					
DESCARTA CUALQUIER SOLUCION SRO DEL DIA ANTERIOR	0	1	2	-	027
LAVA LAS MANOS CON JABON Y AGUA	0	1	2	-	028
UTILIZA UTENSILIOS PREVIAMENTE LAVADOS	0	1	2	-	029
OBSERVA LA FECHA DE EXPIRACION DE LA SRO	0	1	2	-	030
OBSERVA EL ESTADO DE CONSERVACION DE LA SRO	0	1	2	-	031
UTILIZA AGUA HERVIDA FRIA O LIMPIA	0	1	2	-	032
MIDE UN LITRO DE AGUA PARA DISOLVER LA SRO	0	1	2	-	033
VIERTE TODO LA SRO DE UN SOBRE EN EL AGUA	0	1	2	-	034
MEZCLA BIEN HASTA QUE EL POLVO SE DISUELVE	0	1	2	-	035
MANTIENE LA SOLUCION SRO TAPADA	0	1	2	-	036
ADMINISTRA LA SOLUCION A LA TEMPERATURA AMBIENTE	0	1	2	-	037
Administracion de SRO					
INVOLUCRA ACTIVAMENTE A LA MADRE EN EL TRATAMIENTO	0	1	2	-	038
ESTIMULA A LA MADRE QUE SIGA AMAMANTANDO AL NIÑO	0	1	2	-	039
ESTIMA LA CANTIDAD OPTIMA DE SRO PARA EL NIÑO	0	1	2	-	040
ADMINISTRA LA SOLUCION CON CUCHARITA	0	1	2	-	041
ADMINISTRA UNA CUCHARITA CADA 1 O 2 MINUTOS	0	1	2	-	042
OBSERVA DE TIEMPO EN TIEMPO PARA VER PROBLEMAS	0	1	2	-	043
ANOTA LA CANTIDAD DE SRO QUE TOMO Y LOS CAMBIOS EN EL ESTADO DE HIDRATACION	0	1	2	-	044
1-2 HORAS DESPUES DE INICIADO:					
EVALUA SIGNOS Y SINTOMAS DE DESHIDRATACION	0	1	2	-	045
EVALUA LA CANTIDAD DE SRO DADO AL NIÑO	0	1	2	-	046
EVALUA EL EFECTO 4-6 HORAS DESPUES DE INICIADO	0	1	2	-	047
SI EL NIÑO ESTA TOMANDO BIEN LA SRO Y MUESTRA SIGNOS DE RECUPERACION, INDICA A LA MADRE QUE ELLA PUEDE CONTINUAR EL TRATAMIENTO EN LA CASA	0	1	2	-	048
SUSPENDE LA SRO CUANDO EL NIÑO YA ESTA HIDRATADO	0	1	2	-	049

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	FALTA HACERLO	LO HACE - INCORRECTO	LO HACE - CORRECTO	N/O N/A	
Trata con Problemas					
SI EL NIÑO VOMITA:					
DEJA DE DARLE SRO Y ESPERA 10 MINUTOS	0	1	2	-	050
DA CANTIDADES PEQUENAS A INTERVALOS CORTOS	0	1	2	-	051
SI LO TOLERA, VUELVE A DARSELA COMO ANTES	0	1	2	-	052
RECHAZA TOTALMENTE LOS ANTIEMETICOS	0	1	2	-	053
SI LOS VOMITOS NO PUEDEN CONTROLARSE, PASA A "C"	0	1	2	-	054
(HORA 1-2): SI LA INGESTA DE LA SRO HA SIDO POCO, SI EL NINO LA RECHAZA, O SI NO HA MEJORADO, SE ALENTA A LA MADRE A ADMINISTRARLA CON MAS FRECUENCIA	0	1	2	-	055
SI LA MADRE NO ES CAPAZ DE DAR TRATAMIENTO A SU NINO, DA MAS APOYO DIRECTO	0	1	2	-	056
(HORA 4-6): SI EL NIÑO NO HA MEJORADO PERO NO ESTA PEOR, CONTINUA CON LA VIA ORAL POR 2-3 HORAS MAS	0	1	2	-	057
SI EL NIÑO ESTA EMPEORANDO, PASA A "C"	0	1	2	-	058

ESTRATEGIA DE LA PROMOCION/EDUCACIONA LA MADRE:

PARA ACTIVIDADES:

DEMUESTRA CADA ETAPA	NUNCA	1.....	2.....	3.....	4.....	5	SIEMPRE	-	059
REQUIERE QUE LA MADRE LO HAGA	NUNCA	1.....	2.....	3.....	4.....	5	SIEMPRE	-	060
DA ALABANZAS CUANDO LO HACE CORRECTO	NUNCA	1.....	2.....	3.....	4.....	5	SIEMPRE	-	061
PARA INDICACIONES; SE CERCIORA DE QUE LA MADRE LAS ENTENDIERA COMPLETAMENTE:									
POR PREGUNTAS ESPECIFICAS	NUNCA	1.....	2.....	3.....	4.....	5	SIEMPRE	-	062
LE PIDE QUE REPITA EN OTRAS PALABRAS	NUNCA	1.....	2.....	3.....	4.....	5	SIEMPRE	-	063
USA LENGUAJE FACIL DE ENTENDER	NUNCA	1.....	2.....	3.....	4.....	5	SIEMPRE	-	064
EXPLICA COSAS EN DETALLE APROPRIADO	NUNCA	1.....	2.....	3.....	4.....	5	SIEMPRE	-	065
PROPORCIONA MATERIAL EDUCATIVO	NADA	1.....	2.....	3	MUCHO			-	066

CONTENIDO DE LA PROMOCION/EDUCACION A LA MADRE:

	FALTA HACERLO	LO HACE - INCORRECTO	LO HACE - CORRECTO	N/O N/A	
Indicaciones especificos del tratamiento de Plan B					
EXPLICA A LA MADRE:					
NOCIONES SOBRE DIARREA	0	1	2	-	067
EL TRATAMIENTO PROPORCIONADO Y LAS RAZONES	0	1	2	-	068
COMO PREPARAR LA SRO O SUERO CASERO (SC)	0	1	2	-	069
COMO ADMINISTRAR LA SRO O SC	0	1	2	-	070
QUE LA SRO O SC NO PARA LA DIARREA	0	1	2	-	071
DA ORIENTACION PARA TRATAMIENTO CON SRO EN CASA:					
DURA SOLO 24 HORAS	0	1	2	-	072
NO SE HIERVE	0	1	2	-	073
NO ADMINISTRE SRO Y SC SIMULTANEAMENTE	0	1	2	-	074
EVALUE AL NIÑO FRECUENTEMENTE	0	1	2	-	075
OFRECE SRO O SC AL NIÑO FRECUENTEMENTE Y DESPUES CADA EVACUACION	0	1	2	-	076
PROPORICIONA SRO PARA EL TRATAMIENTO A LA CASA	0	1	2	-	077
EXPLICA A LA MADRE QUE DERIVE AL MEDICO SI LA DIARREA PERSISTE Y/O SI AGREGAN OTRAS SINTOMAS	0	1	2	-	078
Indicaciones generales					
QUE BUSQUE SIGNOS DE DESHIDRATACION Y/O OTROS PROBLEMAS, Y SI LOS PRESENTARA, LLEVAR AL NIÑO AL TRABAJADOR DE SALUD MAS CERCANO:					
EVACUA MUY FRECUENTEMENTE	0	1	2	-	079
TIENE MAS SED DE LO COMUN	0	1	2	-	080
TIENE LA BOCA SECA	0	1	2	-	081
TIENE LOS OJOS HUNDIDOS O LLORA SIN LAGRIMAS	0	1	2	-	082
ESTA PALIDO O DECAIDO	0	1	2	-	083
ORINA MENOS	0	1	2	-	084
TIENE FIEBRE ALTA	0	1	2	-	085
EVACUA CON MOCO O SANGRE	0	1	2	-	086
PROSCRIBE USO DE ANTIDIARREICOS Y ANTIBIOTICOS	0	1	2	-	087
QUE PROPORCIONE AL NIÑO MAS LIQUIDOS QUE LOS QUE USUALMENTE LE DA (PANETELA, TE, CALDOS, SOPAS)	0	1	2	-	088
QUE CONTINUE DANDOLE LACTANCIA MATERNA	0	1	2	-	089
SI EL NIÑO VOMITA ADMINISTRELE LOS LIQUIDOS EN CUCHARITAS O CON GOTERO LENTAMENTE	0	1	2	-	090
QUE LE PROPORCIONE ALIMENTOS FACILES DE DIGERIR	0	1	2	-	091
QUE OFREZCA AL NIÑO PEQUENAS CANTIDADES DE ALIMENTOS CADA 3-4 HORAS DURANTE LA DIARREA	0	1	2	-	092
EXPLICA SOBRE MEDIDAS DE PREVENCION DE LA DIARREA:					
HIGIENE PERSONAL Y DOMESTICA	0	1	2	-	093
PREPARACION DE ALIMENTOS	0	1	2	-	094
UTILIZACION DE AGUA HERVIDA O LIMPIA	0	1	2	-	095
LACTANCIA MATERNA Y/O ABLACTANCIA	0	1	2	-	096

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ___ ___

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COMPORTAMIENTO:

	FALTA HACERLO	LO HACE - INCORRECTO	LO HACE - CORRECTO	
SALUDO A LA MADRE Y/O NIÑO	0	1	2	097 ____
SE PRESENTO A SI MISMA	0	1	2	098 ____
ACARICIO AL NIÑO	0	1	2	099 ____

ACTITUDES:

POCO INTERESADO/ABURRIDO	1..... 2..... 3..... 4..... 5	INTERESADO	100 ____
ENOJADO/IRRITABLE	1..... 2..... 3..... 4..... 5	AMABLE/AMISTOSO	101 ____
PREOCUPADO/NERVIOSO	1..... 2..... 3..... 4..... 5	TRANQUILO/CONFIADO	102 ____
ARROGANTE/DESALABADOR	1..... 2..... 3..... 4..... 5	RESPETUOSO/ALABADOR	103 ____

SATISFACCION CON EL SERVICIO

(Evaluación de la "madre" en el sociodrama)

1	2	3	4	5
NUNCA	MUY RARA VEZ	ALGUNAS VECES	FREQUENTAMENTE	SIEMPRE

SATISFACCION CON LA PRESTACION DEL SERVICIO

LA AUXILIAR (ENFERMERA) ...

... me dió atención que me pareció buena	____	N/A	104 ____
... respondió mis preguntas acerca del problema	____	N/A	105 ____
... me explicó claramente, cual era el problema	____	N/A	106 ____
... me dijo exactamente que estaban haciendo	____	N/A	107 ____
... me dijo porqué se hacian ciertos procedimientos	____	N/A	108 ____
... me explicó claramente porque debía hacer las cosas que me pedían	____	N/A	109 ____

SATISFACCION CON EL TRATO

LA AUXILIAR (ENFERMERA) ...

... me interrumpía	____	N/A	110 ____
... me menospreció	____	N/A	111 ____
... parecía molesto	____	N/A	112 ____
... actuó como si me hiciera un favor al hablarme	____	N/A	113 ____
... parecía estar apurado	____	N/A	114 ____
... me hizo sentir importante	____	N/A	115 ____

Atencion

HISTORIA: _____ / _____ = . ___ ___ (A1)
SUMA 01-00 (CUENTA 01-06) X 3

EXAMEN FISICO: _____ / _____ = . ___ ___ (A2)
SUMA 07-18 (CUENTA 07-18) X 3

DIAGNOSTICO:

Deshidratacion (18): X = O: 10 X <> O: 0 = _____(A) / 10 = . ___ ___

Otros Problemas (19): _____ - _____ = _____(B) / _____(C) = . ___ ___
CUENTA O CUENTA X CUENTA O

Nota Global: _____ + _____ = _____ / (10 + _____) = . ___ ___ (A3)
(A) (B) (C)

ESTRATEGIA DE TRATAMIENTO:

Rehidratacion (20): X = O: 10 X <> O: 0 = _____(A) / 10 = . ___ ___

Antibioticos (21): _____ - _____ = _____(B) / _____(C) = . ___ ___
CUENTA O CUENTA X CUENTA O

Otras Drogas (22): _____ - _____ = _____(D) / _____(E) = . ___ ___
CUENTA O CUENTA X CUENTA O

Otras Tratamientos (23): _____ - _____ = _____(F) / _____(G) = . ___ ___
CUENTA O CUENTA X CUENTA O

Nota Global: _____ + _____ = _____ / (10 + _____) = . ___ ___ (A4)
(A) (B+D+F) (C+E+G)

TECNICA DE TRATAMIENTO:

Preparacion de SRO: _____(A) / _____(B) = . ___ ___
SUMA 24-35 (CUENTA 24-35) X 2

Administracion de SRO: _____(C) / _____(D) = . ___ ___
SUMA 36-47 (CUENTA 36-47) X 2

Trata con problemas: _____(E) / _____(F) = . ___ ___
SUMA 48-56 (CUENTA 48-56) X 2

Nota Global: _____ / _____ = . ___ ___ (A5)
A+C+E B+D+F

COMPORTAMIENTO DURANTE ATENCION: _____ / 26 = . ___ ___ (A6)
SUMA 57-63

ATENCION - NOTA GLOBAL _____ / 6 = . ___ ___
SUMA A1..A6

Promocion/Educacion

CONTENIDO DE LA P/E A LA MADRE:

Indicaciones especificos: _____(A) / _____(B) = . ___ ___
SUMA 64-77 (CUENTA 64-77) X 2

Trata con problemas: _____(C) / _____(D) = . ___ ___
SUMA 78-96 (CUENTA 78-96) X 2

Nota Global: _____ / _____ = . ___ ___ (P1)
A+C B+D

ESTRATEGIA DE LA P/E A LA MADRE: _____ / _____ = . ___ ___ (P2)
SUMA 97-103 (CUENTA 97-103) X 5

COMPORTAMIENTO DURANTE P/E: _____ / 20 = . ___ ___ (P3)
SUMA 104-107

P/E - NOTA GLOBAL _____ / 3 = . ___ ___
SUMA P1..P3

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

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FACILIDAD DE INTERCAMBIAR FUNCIONES

1. Durante los últimos 3 meses, cuántos trabajadores del Programa desempeñaron las mismas tareas básicas, y no otras diferentes?

Nadie realizó las mismas tareas	Sólo unos cuantos realizaron las mismas tareas	Cerca de la mitad realizaron las mismas tareas	Muchos realizaron las mismas tareas	Todos realizaron las mismas tareas básicas	____	____

2. Cuantos de los trabajadores del Programa están calificados para hacer el trabajo de otro?

Ninguno	Sólo unos pocos	Cerca de la mitad	Muchos	Todos	____	____

3. Con qué facilidad podría rotar un trabajador de una tarea a otra dentro del Programa, de manera que cada uno pueda desarrollar de manera eficiente las tareas del otro?

Muy difícil. La mayoría necesitaría recapacitación extensa	Difícil. Algunos miembros necesitarían recapacitación extensa	Algo difícil. Algunos miembros necesitarían recapacitación	Más ó menos fácil. Algunos miembros necesitarían recapacitación menor	Muy fácil. Nadie necesitarían recapacitación	____	____

4. En los últimos 6 meses, con qué frecuencia los trabajadores del Programa rotaron en sus tareas, desempeñando el trabajo de otros?

No rotaron	Cada tres meses	Cada dos meses	Cada semana	Cada día	____	____

ESTANDARIZACION DE LA UNIDAD

5. Con qué precisión las normas, procedimientos y políticas del Establecimiento especifican la manera de coordinar y controlar las diferentes actividades y tareas del Programa ?

Muy general	Algo general	Algo específico	Específico	Muy específico	____	____

6. En que medida se usan procedimientos cuantificables para medir los criterios de desempeño en su unidad?

No existe ningún criterio de evaluación	Sólo existen criterios subjetivos, no cuantificables	Existen criterios imprecisos pero cuantificables	Existen criterios específicas y cuantificables	Existen criterios muy específicas y cuantificables	____	____

7. En que proporción las normas ,procedimientos y política de trabajo de su Establecimiento como un todo están escritas en algún documento (memo, reportes, o manual de procedimientos?

Ninguno	Muy pocos	Pocos	Algunos	Todos	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

	#1	#2	#3	#4	#5	CED	GEN
8. Con qué frecuencia los miembros de su unidad violaron o ignoraron las reglas, política o procedimientos durante los últimos 3 meses?	Ninguna vez	Muy rara vez	Aproximadamente la mitad de veces	Frecuentemente	Todo el tiempo	____	____
9. Cuán estrictamente se ejecutan las normas, política y procedimientos en su unidad?	No se ejecutan	Se ejecutan con poca seriedad	Se ejecutan más o menos estrictamente	Se ejecutan estrictamente	Se ejecuta de manera muy estricta	____	____
10. Con qué claridad se han establecido para su unidad, objetivos específicos de desempeño?	No se han establecido objetivos	Los objetivos no son muy claros	Los objetivos son de alguna manera claros	Los objetivos son claros	Los objetivos son muy claros	____	____

DISTRIBUCION DE LA AUTORIDAD

*11. Qué influencia o peso tienen cada uno de las siguientes personas en decidir que tipo de trabajo ó tareas deben desarrollarse en su unidad:

a. Personal administrativo ó asistencial fuera de su unidad inmediata de trabajo?	Nada	Poca	Alguna	Bastante	Mucho	____	____
b. El encargado del Programa y/o el supervisor?	Nada	Poca	Alguna	Bastante	Mucho	____	____
c. Los trabajadores individualmente?	Nada	Poca	Alguna	Bastante	Mucho	____	____
d. Todos los supervisores y trabajadores como un grupo en reuniones de la unidad?	Nada	Poca	Alguna	Bastante	Mucho	____	____

12. Qué influencia o peso tuvieron cada uno de las siguientes personas en decidir estos criterios de desempeño para su unidad:

a. Personal administrativo ó asistencial fuera de su unidad inmediata de trabajo?	Nada	Poca	Alguna	Bastante	Mucho	____	____
b. El encargado del Programa y/o el supervisor?	Nada	Poca	Alguna	Bastante	Mucho	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

	#1	#2	#3	#4	#5	CED	GEN
c. Los trabajadores individualmente?	Nada	Poca	Alguna	Bastante	Mucho	____	____
d. Todos los supervisores y trabajadores como un grupo en reuniones de la unidad?	Nada	Poca	Alguna	Bastante	Mucho	____	____

13. En que medida cada uno de los siguientes métodos de valoración son de confianza para evaluar el desempeño de trabajo de su unidad:

a. Valoraciones hechas por personal administrativo o asistencial fuera de mi unidad de trabajo?	Nada	Poca	Alguna	Bastante	Mucho	____	____
b. Valoraciones hechas por el encargado del Programa y/o el supervisor?	Nada	Poca	Alguna	Bastante	Mucho	____	____
c. Valoraciones hechas por los trabajadores quienes individualmente revisan y evaluan su propio desempeño?	Nada	Poca	Alguna	Bastante	Mucho	____	____
d. Valoraciones hechas por todos los supervisores y trabajadores como un grupo en reuniones de la unidad?	Nada	Poca	Alguna	Bastante	Mucho	____	____

14. Que influencia tuvieron cada una de las siguientes personas en decidir las normas, la política y procedimientos para su unidad:

a. Personal administrativo o asistencial fuera de su unidad inmediata de trabajo?	Nada	Poca	Alguna	Bastante	Mucho	____	____
b. El encargado del Programa y/o el supervisor?	Nada	Poca	Alguna	Bastante	Mucho	____	____
c. Los trabajadores individualmente?	Nada	Poca	Alguna	Bastante	Mucho	____	____
d. Todos los supervisores y trabajadores como un grupo en reuniones de la unidad?	Nada	Poca	Alguna	Bastante	Mucho	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

#1	#2	#3	#4	#5	CED	GEN

INCENTIVOS DE LA UNIDAD

15. Cuando se han alcanzado o sobrepasado los objetivos de desempeño para su unidad, con qué frecuencia sucede lo siguiente :

a. Todos los miembros de la unidad son recompensados ó reconocidos por los logros del grupo?

Nunca	Rara vez	A veces	Casi siempre	Siempre	____	____

b. Se recompensa o reconoce a algunos individuos específicos de su unidad por sus logros individuales?

Nunca	Rara vez	A veces	Casi siempre	Siempre	____	____

16. Cuando no se han alcanzado o sobrepasado los objetivos de desempeño para su unidad, con qué frecuencia sucede lo siguiente :

a. Todos los miembros de la unidad son amonestados ó "se les llama la atención" para mejorar su desempeño en la unidad?

Nunca	Rara vez	A veces	Casi siempre	Siempre	____	____

b. Se amonesta o "llama la atennción " sólo a algunos individuos específicos de su unidad para mejorar su desempeño individualmente ?

Nunca	Rara vez	A veces	Casi siempre	Siempre	____	____

17. Con qué frecuencia hacen los miembros de su unidad lo siguiente :

a. Compiten para lograr las metas de desempeño?

Nunca	Un poco	Algo	Bastante	Mucho	____	____

b. Se ponen en contra de la persona cuyo trabajo es de peor calidad?

Nunca	Un poco	Algo	Bastante	Mucho	____	____

c. Se ponen en contra de la persona cuyo trabajo excede en mucho al de otros?

Nunca	Un poco	Algo	Bastante	Mucho	____	____

d. Estimulan a las personas para alcanzar más altos niveles en el desempeño de su trabajo?

Nunca	Un poco	Algo	Bastante	Mucho	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

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#1	#2	#3	#4	#5	CED	GEN

COMUNICACIONES DE LA UNIDAD

18. En los últimos 3 meses, con qué frecuencia recibió o mandó informes escritos o memorándums a fin de coordinar el trabajo de su unidad:

    a. Entre el encargado del Programa y/o el supervisor, y los los trabajadores del Programa?

Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día		
					____	____

    b. Entre los los trabajadores del Programa?

Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día		
					____	____

    c. Entre los trabajadores del Programa y personas fuera de su unidad?

Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día		
					____	____

19. En los últimos 3 meses con qué frecuencia ocurrieron discusiones relacionadas al trabajo (cara a cara, ó por teléfono):

    a. Entre el encargado del Programa y/o el supervisor, y los los trabajadores del Programa?

Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día		
					____	____

    b. Entre los los trabajadores del Programa?

Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día		
					____	____

    c. Entre los trabajadores del Programa y personas fuera de su unidad?

Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día		
					____	____

20. Con qué frecuencia condujo Ud. reuniones programadas del personal o reuniones de la unidad con los trabajadores del Programa durante los últimos 3 meses?

Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día		
					____	____

21. Durante los últimos 3 meses con qué frecuencia se involucró en reuniones no programadas para resolver problemas específicos:

	#1	#2	#3	#4	#5	CED	GEN
a. Con 2 ó mas de los trabajadores del Programa?	Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día	____	____
b. Con 2 ó más personas de fuera de su unidad?	Ni una vez	Una vez cada dos meses	Una a tres veces al mes	Una a tres veces a la semana	Una vez al día	____	____

CONFLICTOS DE LA UNIDAD

22. Durante los últimos 3 meses, con qué frecuencia ocurrieron desacuerdos:

a. Entre el encargado del Progama y/o el supervisor, y los trabajadores del Programa?	Ninguna vez	Una al mes	Una vez por semana	Varias veces por semana	Cada día	____	____
b. Entre los los trabajadores del Programa?	Ninguna vez	Una al mes	Una vez por semana	Varias veces por semana	Cada día	____	____
c. Entre los trabajadores del Programa y personas fuera de su establecimiento?	Ninguna vez	Una al mes	Una vez por semana	Varias veces por semana	Cada día	____	____

23. En que medida los trabajadores del Programa tratan de progresar a costa de otros miembros del establecimiento?

Nunca	Un poco	Algo	Bastante	Mucho		
					____	____

24. En que medida están de acuerdo los trabajadores del Programa sobre los criterios más importantes para evaluar el desempeño de su unidad?

No están de acuerdo	Están de acuerdo un poco	Están más ó menos de acuerdo	Están acuerdo	Están muy de acuerdo		
					____	____

METODOS DE RESOLUCION DE CONFLICTOS

25. Cuando ocurrieron desacuerdos o disputas en los últimos 3 meses, con qué frecuencia fueron manejados en cada una de las siguientes maneras:

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	#1	#2	#3	#4	#5	CED	GEN
a. Ignoranando ó eludiendo las cosas?	Nunca	Rara vez	A veces	Casi siempre	Siempre	____	____
b. Suavizando las cosas?	Nunca	Rara vez	A veces	Casi siempre	Siempre	____	____
c. Enfrentando abiertamente los problemas y resolviéndolos entre las personas involucradas?	Nunca	Rara vez	A veces	Casi siempre	Siempre	____	____
d. Contando con un nivel de superior de supervisión para resolver los problemas entre establecimientos?	Nunca	Rara vez	A veces	Casi siempre	Siempre	____	____

PERCEPCION DEL DESEMPENO DE LA UNIDAD

26. En total, qué porcentaje de los objetivos de desempeño del Programa fueron alcanzados por su establecimiento el año pasado?

Ninguno	Muy pocos	Pocos	Algunos	Todos	____	____

27. En relación a otras unidades comparables de la organización, como se comportó su establecimiento el último año según los siguientes tópicos:

	Muy debajo del promedio	Por debajo del promedio	En el promedio	Por encima del promedio	Muy por encima del promedio		
a. La cantidad de trabajo producido?						____	____
b. La calidad o precisión del trabajo producido?						____	____
c. El número de ideas nuevas o innovaciones introducidas por el establecimiento?						____	____
d. Prestigio por excelente trabajo?						____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

#1	#2	#3	#4	#5	CED	GEN
e. Logro de metas de produción del establecimiento o metas del servicio?						
Muy debajo del promedio	Por debajo del promedio	En el promedio	Por encima del promedio	Muy por encima del promedio	____	____
f. Eficiencia de la actividades del establecimiento?						
Muy debajo del promedio	Por debajo del promedio	En el promedio	Por encima del promedio	Muy por encima del promedio	____	____
g. Moral del personal del establecimiento?						
Muy debajo del promedio	Por debajo del promedio	En el promedio	Por encima del promedio	Muy por encima del promedio	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

A. GEOGRAFIA DEL ESTABLECIMIENTO

1. Distáncia del establecimiento ál:

	Kilómetros	Horas	Transporte Disponible
Hospital del apoyo	_____	_____	_____
UTES	_____	_____	_____
UDES	_____	_____	_____

2. Dibujo de la área de responsibilidad del establecimiento -- con limites (distáncias expresados como kilómetros y horas), communidades (nombres completos), y ubicacción de las postas médicas que apertenece al establecimiento:

B. TAMAÑO DEL ESTABLECIMIENTO, NUMERO DE SECCIONES Y CARGOS

1. Dispone de un organigrama?

2. Cuántos trabajadores laboran en el centro?

3. Cuántas areas de trabajo hay en el Centro?

4. Cuáles son los cargos en el Centro?

5. Por favor, mencione la calificación del supervisor de cada area de trabajo, y que actividades se desarrollan en las respectivas secciones?

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

C. OBJETIVOS DEL PROGRAMA Y PLAN DIRECTO DEL SERVICIO

1. Existen objetivos específicos descritos para cada Programa?

2. Cuál es la meta de cada servicio?

D. AUTORIDAD OFICIAL DE GERENCIA

1. Cómo se maneja el PRONACED en el Centro?

2. Quién hace cada tipo de manejo?

E. SISTEMA DE ABASTECIMIENTOS

1. Quién hace los pedidos de suministros en..

   ... el Pronaced?

   ... los otros programas?

2. Cómo reciben los abastecimientos en..

   ... el Pronaced?

   ... los otros programas?

3. Qué tipo de problemas tiene el Centro para obtener los abastecimientos en ...

   ... el Pronaced?

   ... los otros Programas?

F. EL SISTEMA DE TRANSPORTE

1. Normalmente como dejan/recogen al personal del Centro de ...
   a. ... la comunidad?

   b. ... el hospital?

   c. ... UDES?

   d. ... UTES?

2. Normalmente como entregan/recogen los abastecimientos del Centro de ...
   a. ... la comunidad?

   b. ... el hospital?

   c. ... UDES?

   d. ... UTES?

3. Cómo derivan los pacientes críticos del Centro al Hospital?

G. SISTEMA DE INFORMATICA Y DE COMUNICACION

1. Cómo se comunica su Centro con otros Centros o la UDES?

2. Cómo recibe su Centro, comunicaciones de las otras unidades?

3. Cuánto le demora las normas nuevas de los altos niveles llegar al Centro?

4. Cómo se comparte la información entre el personal del Centro?

5. Cómo se manejan los problemas entra las diferentes areas de trabajo en el Centro?

6. Hay situaciones de excepción en la manera como los siguientes registros se manejan en su Centro...
   a. ... registros de estadística mensual del PRONACED?

   b. ... registros de estadística trimestral del PRONACED?

   c. ... registros de visitas domiciliarias del PRONACED?

7. Cómo se comunica el Jefe de Centro con otros Centros?

8. Hay comités ad hoc para tratar con problemas?

H. SISTEMA DE CAPACITACION

1. Existe un entrenamiento formal para todos los niveles?

2. Existe un entrenamiento formal para los supervisores?

3. Cuánto tiempo dura el entrenamiento para cada categoría?

I. PERFIL DEMOGRAFICO DE LA POBLACION CAPTADA

1. En las siguientes categorias, liste el número de personas de cada sexo de acuerdo al último censo, que su estimado en número difiere y la razón:

   a. ... menores de un año

   b. ... de 1-4 años

   c. ... de 5-14 años

   d. ... de 15-45 años

   e. ... de 46-64 años

   f. ... mayores de 65 años

2. Cuándo fue el último censo en su area?

3. Hay comunidades en su area, que no reciben atención?
   Si es así, en qué medida?

J. DISPONIBILIDAD DE SERVICIOS/ COSTO Y PROVEEDORES ALTERNATIVOS

1. Qué progrmas (servicios) son regularmente proveídos en su Centro?

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2. En la comunidad, quien más provee los mismos servicios (práctica privada, parteras, curanderos, etc)

3. Cuál es el costo de los servicios proveídos por el Centro y el de los servicios proveídos en la comunidad?

K. PARTICIPACION COMUNITARIA

1. Para cada uno de los siguientes grupos humanos, describa el tipo de su participación comunitaria.
   - Club de madres
   - Curanderos
   - Promotores
   - Comités de salud
   - Colegios
   - Otros

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2. Describa el tipo de participación que su Centro tiene con los siguientes grupos humanos.

- Club de madres

- Curanderos

- Promotores

- Comités de salud

- Colegios

- Otros

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OBSERVACION DE SERVICIOS DIRECTOS: CED

C. S.	Posta 1	Posta 2	Posta 3	Posta 4

Disponibilidad de Facilidades, Equipos, y Suministros

HAY UN HERVIDOR O COCINITA CON OLLA PARA HERVIR EL AGUA?	NO	SI	N/A	001____
HAY SOBRES DE SRO PARA ATENDER A MAS O MENOS 5 USUARIOS?	NO	SI	N/A	002____
ESTAN LOS SOBRES DE SRO EN BUEN ESTADO DE CONSERVACION?	NO	SI	N/A	003____
HAY JARRAS DE UN LITRO PARA LA PREPARACION DE LA SRO?	NO	SI	N/A	004____
HAY VASITOS PARA LA ADMINISTRACION DE SRO?	NO	SI	N/A	005____
HAY CUCHARITAS PARA LA ADMINISTACION DE LA SRO?	NO	SI	N/A	006____
HAY CUCHARITAS DE DOBLE MEDIDA?	NO	SI	N/A	007____
HAY UN LUGAR ESPECIAL PARA LA CONSERVACION DEL MATERIAL DE PREPARACION DE LA SRO?	NO	SI	N/A	008____
HAY UNA BALANZA EN BUENAS CONDICIONES PARA EL PESO DE LOS NINOS?	NO	SI	N/A	009____
HAY UN TERMOMETRO?	NO	SI	N/A	010____
HAY UN RELOJ PARA TOMAR EL PULSO?	NO	SI	N/A	011____
HAY HOJAS DE REGISTRO SUFICIENTES PARA MAS O MENOS 5 USUARIOS?	NO	SI	N/A	012____
EN CASO DE NO HABER SRO HAY JARRA DE UN LITRO CON AZUCAR Y SAL SUFICIENTES PARA ATENDER A MAS O MENOS 5 USUARIOS?	NO	SI	N/A	013____
HAY UN AMBIENTE ESPECIAL PARA EL TRO?	NO	SI	N/A	014____
EL AMBIENTE REUNE LAS CONDICIONES NECESARIAS PARA LA ATENCION?	NO	SI	N/A	015____
HAY UNA FUENTE DE AGUA POTABLE EN LA URO O CERCANA A ELLA?	NO	SI	N/A	016____
HAY UN LAVATORIO EN LA URO O CERCANA A ELLA PARA LAVAR EL MATERIAL PREVIAMENTE USADO?	NO	SI	N/A	017____
HAY BANQUITOS SUFICIENTES PARA ATENDER A MAS O MENOS 5 USUARIOS?	NO	SI	N/A	018____
HAY LETRINA O SERVICIOS HIGIENICOS PARA LOS PACIENTES?	NO	SI	N/A	019____
HAY LUZ SUFICIENTE EN EL AMBIENTE?	NO	SI	N/A	020____
HAY MATERIALES: LAPICES O LAPICEROS, FOLDERS, ARCHIVADORES?	NO	SI	N/A	021____
HAY UN ESCRITORIO PARA EL PERSONAL?	NO	SI	N/A	022____
HAY UN MANUAL PARA EL USO DEL PERSONAL QUE TRABAJA EN TRO?	NO	SI	N/A	023____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

Estado de Preparación

Desempeño Real de Atención

HAY AGUA HERVIDA FRIA O AGUA ESTERIL?	NO	SI	N/A	024____
HAY SOBRES DE SRO DISPO_ NIBLES AL MOMENTO?	NO	SI	N/A	025____
HAY PERSONAL ESPECIFICO PARA LA URO?	NO	SI	N/A	026____
AL MOMENTO DE LA VISITA, EL TRABAJADOR SE ENCONTRABA EN LA URO?	NO	SI	N/A	027____
HAY MATERIAL PARA LA ADMINISTRACION DE SRO LISTOS PARA SER USADOS? (VASOS, CUCHARITAS)	NO	SI	N/A	028____
HAY OTRAS DROGAS EN LA URO O EN LA FARMACIA?	NO	SI	N/A	029____

Desempeño Real de Educación/Promoción

HAY POSTERS CON SIGNOS DE DESHIDRATACION?	NO	SI	N/A	030____
HAY POSTERS MOSTRANDO COMO PREPARAR SRO?	NO	SI	N/A	031____
HAY POSTERS MOSTRANDO COMO PREPARAR SUERO CASERO?	NO	SI	N/A	032____
HAY POSTERS SOBRE LACTANCIA MATERNA?	NO	SI	N/A	033____
HAY FOLLETOS EDUCATIVOS PARA MADRES	NO	SI	N/A	034____

Conservación de Registros

#1 #2 #3 #4 #5

REGISTROS DE ATENCION AL PACIENTE - (CUADERNOS O PARTES DE ATENCION) Cada centro de salud tiene un registro de atención al paciente diferente, por lo tanto, las observaciones que continúan deben ser hechas en forma general. Se revisarán los registros individuales de pacientes de los tres últimos meses. (O en un número no menor de 12)

DE LOS REGISTROS REVISADOS, EN QUE PROPORCION ...

...LOS REGISTROS SE CONSERVAN?

No los conservan | Conservan pocos | Conservan algunos | Conservan la mayoría | Conservan todos | 035____

Meses incluidos: _____ _____ _____

Cantidad de registros revisados: _____ 036____

Falta de datos (anotar la cantidad de registros en los que falta):

Nombre:	_____	037____
Edad:	_____	038____
Diagnóstico:	_____	039____
Tratamiento:	_____	040____
Otros datos:	_____	041____

REGISTROS DIARIOS DE TRATAMIENTO DE REHIDRATACION - Se revisarán los registros del último mes de atención de rehidratación. (Generalmente utilizan cuadernos de atención de rehidratación, registrando las atenciones diarias)

Mes que se revisó : _____

Pacientes en total: _____ 042____

Falta de datos (anotar la cantidad de datos que faltan):

Nombre:	_____	043____
Edad:	_____	044____
Diagnóstico:	_____	045____
Tratamiento:	_____	046____
Otros datos:	_____	047____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

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#1 #2 #3 #4 #5

REGISTROS DE ESTADISTICA MENSUAL -

DE LOS ULTIMOS 12 MESES, EN QUE PROPORCION...

... SE CONSERVAN?
No los conservan | Conservan pocos | Conservan algunos | Conservan la mayoría | Conservan todos — 048____

...SE ENCUENTRAN LLENOS TODOS LOS DATOS QUE REQUIERE EL REGISTRO?
Menos del 10% | Entre 11 y 25% | Entre 26 y 50% | Entre 51 y 75% | Más de 75% — 049____

Se revisarán la copia del registro del último mes (lo que pertenece a los registros revisados antes):

Nombre del mes: _____ 050____

1.0 Casos nuevos de enfermedad diarreica aguda _____ 051____
1.1 Número de casos nuevos de deshidratación _____ 052____
1.2 Número de defunciones por enfermedad diarreica _____ 053____

Tratamiento de rehidratación realizado en el mes:
Total: _____ 054____
Oral: _____ 055____
Endovenoso: _____ 056____

2.3 Atención de rehidratación (realizada): _____ 057____
2.4 Atendidos de rehidratacion (realizada): _____ 058____
2.5 Transferencia a otros establecimientos: _____ 059____
2.6 Charlas educativas : _____ 060____

REGISTROS DE VISITA DOMICILIARIA DEL PROGRAMA - Se revisará el cuaderno de visita domiciliaria del programa de los últimos 3 meses.(O en un número no menor de 12)

DEL CUADERNO REVISADO, EN QUE PROPORCION...

...LOS REGISTROS SE CONSERVAN?
No los conservan | Conservan pocos | Conservan algunos | Conservan la mayoría | Conservan todos — 061____

Se revisarán los registros del último mes de atención de visita domiciliaria del programa.

Nombre del mes: _____ 062____

Visitas en total: _____ 063____
Visitas por el programa de CED: _____ 064____

Número de visitas del programa de CED por seguimiento:
de cualquier edad: _____ 065____
de niños menores de 1 año: _____ 066____
de niños entre 1-4 años: _____ 067____
por otras causas: _____ 068____

Cobertura

Esfuerzo de Atención Documentado

NUMERO TOTAL DE PERSONAS VISTAS: Se necesitará revisar el Registro de Estadística Mensual, y escribir en el espacio en blanco la cantidad de personas que han sido vistas (casos nuevos y antiguos) en el centro de salud durante los últimos tres meses?

Total1:____ 069____

DIAGNOSTICO: Se revisará el cuaderno de atención de rehidratación ó los partes diarios de rehidratación de los últimos 3 meses. Se puede palotear en el espacio dejado, y escribir el total en el espacio designado al final.

Total2:____ 070____

C.S.: ____ ____ **FECHA:** __/__/__ **CODIGO:** ____ ____

TRATAMIENTO: Se revisarán los Registros Diarios de Tratamiento de Rehidratación (ó historias clínicas) de pacientes que han recibido tratamiento en los últimos 3 meses. Se puede palotear en el espacio dejado. Al final, necesitará escribir el total por cada categoría (Plan A, Plan B, Plan C).

Plan A:	**Total3A:**____	071____
Plan B:	**Total3B:**____	072____
Plan C:	**Total3C:**____	073____
	Total5:____	068____

MARCAR CON UNA X EN LA ACTIVIDAD EN LA CUAL UD. INVIERTE MAS DE UNA HORA A LA SEMANA

PROGRAMA:	ADMIN/ PLAN	SUPV. DIRECTA	SUMIN_ ISTROS	ESTA_ DISTICA	CAPACI_ TACION	ATENCION PRESTADO	PROM./ EDUC	ESPERA	VIAJE	TOTAL
CED	___	___	___	___	___	___	___	___	___	
PAI	___	___	___	___	___	___	___	___	___	
IRA	___	___	___	___	___	___	___	___	___	
CREC	___	___	___	___	___	___	___	___	___	
SALUD MATERNA	___	___	___	___	___	___	___	___	___	
PLAN. FAM.	___	___	___	___	___	___	___	___	___	
TBC	___	___	___	___	___	___	___	___	___	
SALUD ESCOLAR	___	___	___	___	___	___	___	___	___	
SALUD ORAL	___	___	___	___	___	___	___	___	___	
SAN. AMBIENTAL	___	___	___	___	___	___	___	___	___	
CONT. DE MALARIA	___	___	___	___	___	___	___	___	___	
TOPICOS	___	___	___	___	___	___	___	___	___	
TRIAGE	___	___	___	___	___	___	___	___	___	
CONSULTORIOS	___	___	___	___	___	___	___	___	___	
HOSPITALIZACION	___	___	___	___	___	___	___	___	___	
TOTAL	___	___	___	___	___	___	___	___	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN

ESTANDARDIZACION DEL TRABAJO

1. Dispone Ud. de un manual de normas y procedimientos para la la realización de sus principales tareas?

Nunca	De vez en cuando	A veces	Casi siempre	Siempre	____	____

2. Con qué precisión en el manual se específica como debe hacer sus principales tareas?

Muy general	Más o menos general	Algo específico	Poco específico	Muy específico	____	____

3. Con qué frecuencia utilizó los mismos procedimientos ó prácticas estandarizadas para realizar sus principales tareas en los últimos 3 meses?

Nunca	A veces	De vez en cuando	Frecuentemente	Siempre	____	____

4. Con qué claridad conoce el nivel de desempeño que se espera de Ud. (en términos de cantidad, calidad y tiempo de realización)?

Muy desconocido	Un poco desconocido	Algo claro	Claro	Muy claro	____	____

5. Con qué claridad se especifican las reglas de desempeño con las que su trabajo es evaluado?

No hay descrip_ ción de mi trabajo	La descripción de mi trabajo, no puntualiza ninguna regla de desempeño a cumplir	La descripción de mi trabajo es muy general en puntualizar reglas de desempeño a cumplir	La descripción de mi trabajo es clara en puntualizar las reglas de desempeño a cumplir	La descripción_ de mi trabajo es muy clara y precisa puntualizando las reglas de desem- peño a realizar	____	____

PRIORIDAD DEL PROGRAMA DE TRABAJO - **En comparación a lo que Ud. hace en otros programas, su trabajo en este merece cuanto más de lo siguiente...**

6. ... su tiempo?

Nada	Poco	Algo	Más que algo	Mucho	____	____

7. ... servicios de apoyo (supervisión, capacitación, transporte, logística)?

Nada	Poco	Algo	Más que algo	Mucho	____	____

C.S.: ____ **FECHA:** ___/___/___ **CODIGO:** ____

	#1	#2	#3	#4	#5	CED	GEN
8.	... el apoyo del sistema de salud?						
	Nada	Poco	Algo	Más que algo	Mucho	____	____

AUTORIDAD EN EL TRABAJO - Qué grado de autonomía tengo para...

9.	Determinar que tarea haré diariamente?						
	Nada	Muy poca	Poca	Alguna	Mucha	____	____
10.	Establecer que cantidad de trabajo tendré que realizar?						
	Nada	Muy poca	Poca	Alguna	Mucha	____	____
11.	Establecer reglas y procedimientos sobre como mi trabajo será realizado?						
	Nada	Muy poca	Poca	Alguna	Mucha	____	____
12.	Determinar como manejar situaciones de excepción en el trabajo?						
	Nada	Muy poca	Poca	Alguna	Mucha	____	____

PRESION EN EL TRABAJO

13.	Qué tan fuerte fue su trabajo estos últimos 3 meses?						
	Frecuentemente, no me ha mante_ nido suficiente_ mente ocupado	Algunas veces, no me ha mante_ nido suficiente_ mente ocupado	Sólo la cantidad suficiente	Muy ocupado	Extremada mente ocupado	____	____
14.	En los últimos 3 meses, qué grado de libertad tuvo para dar las pautas de su trabajo?						
	Ninguno	Poco	Algo	Más que algo	Mucho	____	____
15.	Con qué tiempo de anticipación, le hacen conocer el trabajo que será requerido de Ud.?						
	Cerca de 1 hora ó menos	Alrededor de 1 día	Alrededor de 1 semana	Alrededor de 1 mes	Alrededor de 6 meses o más	____	____
16.	Lo que se le exige en su trabajo es?						
	No sé, que se espera de mi	Muy poco y fácil de alcanzar	Poco y fácil de alcanzar	Mucho pero alcanzable	Excesivo e imposible de alcanzar	____	____

C.S.: ____ ____ **FECHA:** ____/____/____ **CODIGO:** ____ ____

#1	#2	#3	#4	#5	CED	GEN

RESPONSIBILIDAD EN EL TRABAJO

17. Su supervisor lo respalda en las decisiones de trabajo que Ud. toma?

Nada	Poco	Algo	Más que algo	Mucho	____	____

18. Su supervisor lo responsabiliza personalmente por el logro de los niveles de desempeño en su trabajo?

Nada	Poco	Algo	Más que algo	Mucho	____	____

19. En qué medida cree Ud. que los criterios de evaluación de su desempeño son justos?

No sé que criterios se usan para evaluar mi trabajo	Muy injustos	En alguna manera justos	Justos	Muy justos	____	____

20. "Siento que debería culparme ó felicitarme por los resultados de mi trabajo".
En relación a esta afirmación Ud. está en:

Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____

21. "Siento una gran responsibilidad personal por mi trabajo".
En relación a esta afirmación Ud. está en:

Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____

22. "Es difícil para mi preocuparme mucho acerca de si el trabajo se hace bien o no".
En relación a esta afirmación Ud. está en:

Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____

RETROALIMENTACION DEL TRABAJO

23. Hasta que grado sólo su trabajo le brinda pautas para apreciar cuán bien está haciéndolo (Sin tener en cuenta lo que el supervisor ó compañeros de trabajo le informan)?

Mi trabajo no me dá pautas en cuanto o cuan bien realizo mis actividades	Mi trabajo me dá unas pocas pautas acerca de mi desempeño	Mi trabajo me dá algunas pautas acerca de mi desempeño	Mi trabajo me dá muchas pautas acerca de mi desempeño	Mi trabajo me dá todas las pautas necesarias para saber cuan bien lo hago	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

	#1	#2	#3	#4	#5	CED	GEN
24. En los 3 últimos meses, con qué frecuencia recibió sugerencias ó consejos de sus compañeros de trabajo?	Nunca	Alrededor de 1 vez al mes	Alrededor de 1 vez a la semana	Casi todos los días	Muchas veses por día	____	____
25. El año pasado, con que frecuencia su supervisor inmediato discutió con Ud. su desempeño en el trabajo?	Ninguna vez	Cerca de 2-4 vez al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi	____	____
26. En qué medida su supervisor discutió con Ud. los criterios de evaluacion del desempeño de su trabajo ?	Mi supervisor nunca las discute conmigo	Mi supervisor sólo me las menciona en forma muy general y no me los clarifica	Mi supervisor las discute conmigo en forma específica y clara	Mi supervisor las discute conmigo en forma detallada y clara		____	____
27. Cuando se discutió con Ud. acerca de su desempeño, con que frecuencia recibió sugerencias prácticas para mejorarlo?	Nunca	Rara vez	Cerca de la mitad de veces	Frecuentemente	Cada vez	____	____
28. "Mi supervisor frecuentemente me hace saber que tan bien estoy haciendo mi trabajo". En relación a esta afirmación, Ud. está en:	Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____

EXPECTATIVAS POR RECOMPENSA **- Si alcanza el nivel de desempeño que se espera de Ud. con que frecuencia...**

29. Será reconocido por su buen trabajo (Ej: se le dá una frase especial de aprecio)	Nunca	Rara vez	De vez en cuando	Casi siempre	Siempre	____	____
30. Se le dá un ascenso.	Nunca	Rara vez	De vez en cuando	Casi siempre	Siempre	____	____
31. "Se me reconoce y recompensa por hacer esfuerzo adicional para mejorar la calidad de mi trabajo". En relación a esta afirmación, Ud. está en:	Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____

C.S.: ____ ____ **FECHA:** ____/____/____ **CODIGO:** ____ ____

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EXPECTATIVA DE SANCIONES - Si no alcanza el nivel de desempeño que se espera de Ud. con que frecuencia:

32. Será amonestado ó se le dirá que mejore ?

Nunca	Rara vez	De vez en cuando	Casi siempre	Siempre	____	____

33. Será bajado de categoría ?

Nunca	Rara vez	De vez en cuando	Casi siempre	Siempre	____	____

34. "Soy amonestado o "LLamado al orden" cuando hago un trabajo de mala calidad". En relación a esta afirmación Ud. está en:

Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____

DIFICULTAD DE LA TAREA

35. Le es fácil reconocer si realiza correctamente su trabajo?

Muy difícil	Regularmente difícil	De alguna manera fácil	Regularmente fácil	Muy fácil	____	____

36. Su supervisor le ayuda a mejorar su trabajo?

Nunca	Rara vez	De vez en cuando	Casi siempre	Siempre	____	____

37. Con qué frecuencia se siente seguro de cuáles serán los resultados de su trabajo?

Nunca	Rara vez	De vez en cuando	Casi siempre	Siempre	____	____

38. En los últimos 3 meses, con que frecuencia se presentaron problemas difíciles en su trabajo en los que no han habido soluciones inmediatas ó aparentes?

Una vez a la semana ó menos	Alrededor 2-4 veces por semana	Alrededor 1 vez al día	Alrededor 2-4 veces al día	Alrededor 5 ó más veces al día	____	____

39. Cuánto tiempo empleó en resolver estos problemas de trabajo?

Menos de 1 hora por semana	Alrededor de 2-4 horas por semana	Alrededor 1 hora por día	Alrededor de 2-3 horas por día	4 horas o más por día	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

#1	#2	#3	#4	#5	CED	GEN

VARIABILIDAD DE LA TAREA

40. En qué medida realizó las mismas tareas diariamente?

Casi siempre mis tareas son las mismas	Varias de mis tareas son las mismas	La mitad de mis tareas son las mismas	Algunas de mis tareas son las mismas	Ninguna de mis tareas son las mismas	____	____

41. Los problemas ó situaciones difíciles que tiene que enfrentar diariamente en su trabajo son:

Muy similares	Casi siempre los mismos	Un poco diferentes	Muy diferentes	Completamente diferentes	____	____

42. En una semana normal, con qué frecuencia se presentan situaciones en su trabajo, que requieren métodos ó procedimientos sustancialmente diferentes, para realizarlos?

Muy rara vez	Ocasionalmente	Poco frecuente	Muy frecuentemente	Constantemente	____	____

43. Con que frecuecia sigue los mismos métodos ó pasos en el trabajo para realizar sus principales tareas diariamente?

Muy rara vez	Algunas veces	La mitad del tiempo	Frecuentemente	Muy frecuentemente	____	____

PERCEPCION DE EFECTIVIDAD DE SISTEMAS DE APOYO

44. En qué medida diría Ud. que su trabajo tiene el apoyo adecuado de administración/planificación?

Ninguno	Muy poco	Poco	Algún	Mucho	____	____

45. En qué medida diría Ud. que su trabajo recibe el apoyo adecuado de supervisión?

Ninguno	Muy poco	Poco	Algún	Mucho	____	____

46. En qué medida diría Ud. que su trabajo recibe el apoyo logístico adecuado?

Ninguno	Muy poco	Poco	Algún	Mucho	____	____

47. En qué medida diría Ud. que su trabajo recibe el apoyo de capacitación adecuado?

No hay capacitación	Hay muy poca capacitación	Hay poca capacitación	Hay alguna capacitación	Hay mucha capacitación	____	____

48. En qué medida diría Ud. que su trabajo recibe el apoyo de retroalimentación/información?

No hay retroalimentación	Hay muy poca retroalimentación	Hay poca retroalimentación	Hay alguna retroalimentación	Hay mucha retroalimentación	____	____

C.S.: ____ ____ **FECHA:** ____/____/____ **CODIGO:** ____ ____

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49. En qué medida la capacitación recibida le es útil para el desempeño de su trabajo?	No me es útil	Me sirve muy poco	Me sirve poco	Me es útil	Me es muy útil	____	____

MOTIVACION PARA EL TRABAJO

50. Cuánto esfuerzo pone en su trabajo?	Nada	Poco	Algo	Más que algo	Mucho	____	____
51. Cuánto trató de mejorar en el desempeño de su trabajo en los últimos 3 meses?	Nada	Poco	Algo	Más que algo	Mucho	____	____
52. "Siento un gran grado de complacencia personal cuando hago bien mi trabajo". En relación a esta afirmación Ud. está en:	Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____
53. "Me siento mal y triste cuando descubro que mi desempeño fue pobre". En relación a esta afirmación Ud. está en:	Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____
54. "Mis sentimientos no son afectados por cuan bien ó mal hago mi trabajo". En relación a esta afirmación Ud. está en:	Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____

SATISFACCION CON EL TRABAJO - Se siente Ud. satisfecho con ...

55. ...su trabajo?	Muy insatisfecho	Insatisfecho	Algo satisfecho	Satisfecho	Muy satisfecho	____	____
56. ...su supervisor?	Muy insatisfecho	Insatisfecho	Algo satisfecho	Satisfecho	Muy satisfecho	____	____
57. ...su pago?	Muy snsatisfecho	Insatisfecho	Algo satisfecho	Satisfecho	Muy satisfecho	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

	#1	#2	#3	#4	#5	CED	GEN
58. ...la amistad y cooperación de sus compañeros?	Muy insatisfecho	Insatisfecho	Algo satisfecho	Satisfecho	Muy satisfecho	____	____
59. ...el progreso que ha hecho en su trabajo hasta la fecha?	Muy insatisfecho	Insatisfecho	Algo satisfecho	Satisfecho	Muy satisfecho	____	____
60. ...sus oportunidades de progreso en su carrera en el futuro?	Muy insatisfecho	Insatisfecho	Algo satisfecho	Satisfecho	Muy satisfecho	____	____
61. ...el status que el trabajo le da en la comunidad?	Muy insatisfecho	Insatisfecho	Algo satisfecho	Satisfecho	Muy satisfecho	____	____
62. ...el ambiente de trabajo?	Muy insatisfecho	Insatisfecho	Algo satisfecho	Satisfecho	Muy satisfecho	____	____
63. "Frecuentemente pienso dejar este trabajo". En relación a esta afirmación, Ud. está en:	Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____	____

DESTREZA O PERICIA EN EL TRABAJO

64. Cuántos años de educación académica, vocacional ó profesional ha obtenido después del Colegio? ____

65. Cuál es el grado más alto que ha obtenido? (1=Diploma de Primaria, 2=Diploma de Secundaria, 3=Técnico, 4=Grado de Bachiller, 5=Licenciado, 6=Título Profesional, 7=Maestría) ____

66. Cuando Ud. comenzó el trabajo en el programa, qué periodo de entrenamiento y orientación recibió en relación al mismo?

Pocos horas o menos	Cerca de 1 día	Cerca de 1 semana	Cerca de 1 mes	Más de 1 mes	____	____

67. Cuántas horas por semana utiliza Ud. fuera ó en su trabajo para leer ó entrenarse en tareas de su trabajo?

Menos de 1 hora por semana	Alrededor 1-3 horas por semana	Alrededor 4-6 horas por semana	Alrededor 7-9 horas por semana	Alrededor 10 horas por semana ó más	____	____

68. Con qué frecuencia realizan una capacitación sistemática en su trabajo?

Menos de cada año	Cerca de cada 6 meses	Cerca de cada 3 meses	Cerca de cada mes	Más de 1 vez al mes	____	____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

#1	#2	#3	#4	#5	CED	GEN
69. Cuándo fue la capacitación sistemática más reciente?						
Hace más de 1 año	En el último año	En los últimos 6 meses	En los últimos 3 meses	En este mes	____	____

NECESIDAD DE DESARROLAR HABILIDAD EN EL TRABAJO

Prefiero A mucho más	Prefiero A un poco más	Neutral	Prefiero B un poco más	Prefiero B mucho más	
70. **Trabajo A** Un empleo que paga bien.			**Trabajo B** Un trabajo donde hay considerable oportunidad para ser creador innovador.		____
71. **Trabajo A** Un empleo donde frecuentemente tiene que hacer decisiones importantes.			**Trabajo B** Un empleo con muchas personas agradables. con quien trabajar.		____
72. **Trabajo A** Un trabajo donde las personas que hacen el mejor trabajo reciben la mayor responsibilidad.			**Trabajo B** Un trabajo donde la responsibilidad se dá a los empleados más fieles y antiguos.		____
73. **Trabajo A** Un empleo en una organizacion que tiene problemas financieros y es posible que tenga que cerrar dentro del año.			**Trabajo B** Un trabajo donde no se puede decir nada acerca del horario del trabajo ó acerca de los procedimientos usados para realizarlo.		____
74. **Trabajo A** Un trabajo muy rutinario.			**Trabajo B** Un trabajo donde sus compañeros no son muy amistosos.		____
75. **Trabajo A** Un trabajo con un supervisor quien frecuentemente es muy crítico con Ud. y su trabajo en frente de otras personas.			**Trabajo B** Un trabajo que no le permite usar una cantidad de habilidades que se esforzó mucho en desarrollar.		____
76. **Trabajo A** Un trabajo con un supervisor que lo estima y le trata con justicia.			**Trabajo B** Un trabajo que provee oportunidades constantes para aprender cosas nuevas y cosas interesantes.		____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

#1	#2	#3	#4	#5	CED	GEN
Prefiero A mucho más	Prefiero A un poco más	Neutral	Prefiero B un poco más	Prefiero B mucho más		

77. **Trabajo A** Un trabajo donde hay pocas posibilidades de despido. — **Trabajo B** Un trabajo con poca posibilidad para hacer del trabajo un reto. ____

78. **Trabajo A** Un trabajo donde hay posibilidad real de desarrollar habilidades nuevas y promoverse en la organización. — **Trabajo B** Un trabajo que le provee mucho tiempo de vacaciones y un paquete excelente de beneficio extras. ____

79. **Trabajo A** Un trabajo con poca libertad e independencia para realizarlo en la manera que Ud. cree que es la mejor. — **Trabajo B** Un trabajo donde las condiciones de trabajo son malas. ____

80. **Trabajo A** Un trabajo donde el equipo trabaja muy bien junto. — **Trabajo B** Un trabajo que le permite usar sus habilidades y pericias en toda su extensión. ____

81. **Trabajo A** Un trabajo que le ofrece pequeño ó ningun reto. — **Trabajo B** Un trabajo que require estar completamente aislado de sus compañeros. ____

OTROS

82. Por cuánto tiempo trabaja en esta institución?
Menos de 6 meses — 6 meses - 2 años — 3-5 años — 6-10 años — Más de 10 años ____

83. Por cuánto tiempo trabaja en su puesto actual?
Menos de 6 meses — 6 meses - 2 años — 3-5 años — 6-10 años — Más que 10 años ____

84. Por cuánto tiempo trabaja ó ha trabajado en el programa actual?
Menos de 6 meses — 6 meses - 2 años — 3-5 años — 6-10 años — Más que 10 años ____

85. Indique su sexo (1=mujer, 2=varón) ____

86. Cuántos años cumplió Ud.en su último cumpleaños? ____

C.S.: ____ **FECHA:** ___/___/___ **CODIGO:** ____

87. Cuántos dependientes tiene Ud.? (Ud. y otras personas que dependan de su salario para su mantenimiento).

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Este cuestionario, enfoca como su unidad coordina con otras, ya que su unidad no trabaja en forma aislada. Por muy variadas razones su unidad, debe mantener relaciones con otras y grupos humanos dentro y fuera de su organización. Por favor conteste las preguntas que siguen, consignando el número que equivale a su respuesta, para cada una de las unidades ó grupo.

Enfoque: **UTES** **UDES** **COMUNIDAD**

DEPENDENCIA DE RECURSOS

1. Para el grupo que se mencionan, cuánto necesita de los recursos, servicios ó apoyo de su unidad; para lograr sus metas y responsabilidades en cada uno de los Programas mencionados?
   Nada | Muy poco | Algo | Más ó menos | Mucho ___ ___

2. Para su unidad, cuánto necesita de los recursos, servicios ó apoyo de la unidad que se mencionan; para lograr sus metas y responsabilidades en cada uno de los Programas mencionados?
   Nada | Muy poco | Algo | Más ó menos | Mucho ___ ___

3. Cúan importante fué la otra unidad, en alcanzar las metas de su unidad en cada uno de los Programas mencionados en los últimos 6 meses?
   No muy importante | De alguna manera importante | Importante | Muy importante | Absolutamente crucial ___ ___

4. Cuán importante fue la otra unidad de realizar las metas de cada uno de los Programas mencionados de su unidad durante los últimos 6 meses?
   No muy importante | Algo importante | Importante | Muy importante | Absolutamente importante ___ ___

CONOCIMIENTO DE LA UNIDAD

5. Por cuantos años ha sido involucrada directamente su unidad de alguna manera con la otra unidad en cada uno de Programas mencionados?
   No lo conoce | Menos que 3 meses | 3-12 meses | 1-2 años | Más que 2 años ___ ___

6. Cuán bien informado está Ud. sobre las metas específicas y los servicios en cada uno de los Programas mencionados de la otra unidad?
   Nada | Poco informado | Algo informado | Bastante informado | Muy bien informado ___ ___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN
7. Cuán bien informado está la otra unidad sobre las metas específicas y los servicios en cada uno de los Programas mencionados de su unidad?	Nada	Poco informado	Algo informado	Bastante informado	Muy bien informado	___	___
8. Cuántos años y cuantos meses ha conocido personalmente a la persona de la otra unidad de cada uno de los programas mencionados?	No lo conoce	Menos que 3 meses	3-12 meses	1-2 años	Más que 2 años	___	___
9. Cuán bien conoce personalmente Ud. a la persona de contacto de cada uno de los Programas mencionados de la otra unidad?	No conocido	No muy bien	Más o menos bien	Bien	Muy bien	___	___

CONCENSO/CONFLICTO

10. En cuánto piensa Ud. que las personas con quienes trata en el grupo mencionado, están de acuerdo ó no en lo siguiente:							
a. Las metas prioritarias de su unidad en cada uno de los Programas mencionados?	Bastante desacuerdo	Pequeño acuerdo	De alguna manera de acuerdo	Más ó menos de acuerdo	Muy de acuerdo	___	___
b. La manera específica en que se realiza el trabajo y se presta los servicios por su unidad en cada uno de los Programas mencionados?	Bastante desacuerdo	Pequeño acuerdo	De alguna manera de acuerdo	Más ó menos de acuerdo	Muy de acuerdo	___	___
c. El tipo específico de relación entre su unidad y el grupo mencionado en cada uno de los Programas mencionados?	Bastante desacuerdo	Pequeño acuerdo	De alguna manera de acuerdo	Más ó menos de acuerdo	Muy de acuerdo	___	___
11. En qué grado, el grupo mencionado obstaculizó a su unidad, en el desempeño de sus funciones en cada uno de los Programas mencionados en los últimos 6 meses?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN

12. Durante los últimos 6 meses, cuán frecuentemente existieron desacuerdos y disputas entre personas de su unidad, y personas del otro grupo mencionado en cada uno de los Programas mencionados?

Cerca de 1 Nunca	Cerca de cada vez al mes	Cerca de 1 vez 2 semanas	Muchas veces a a la semana	la semana	___	___

RESOLUCION DE CONFLICTO

13. Cuándo ocurrieron estos desacuerdos o estas disputas y cuán frecuente fueron manejados por cada una de las siguientes maneras durante los últimos 6 meses?

a. Por falta de hacer caso de evitar las disputas en cada uno de los Programas mencionados?

Casi nunca	Raramente	Una mitad del tiempo	Frecuentemente	Casi siempre	___	___

b. Suavizando los desacuerdos en cada uno de los Programas mencionados?

Casi nunca	Raramente	Una mitad del tiempo	Frecuentemente	Casi siempre	___	___

c. Discutiéndolos abiertamente y trabajando con ellos con las partes involucradas en cada uno de los Programas mencionados?

Casi nunca	Raramente	Una mitad del tiempo	Frecuentemente	Casi siempre	___	___

d. Con la intervención de una autoridad superior para la resolución de los desacuerdos entre las partes involucradas en cada uno de los Programas mencionados?

Casi nunca	Raramente	Una mitad del tiempo	Frecuentemente	Casi siempre	___	___

COMUNICACION

14. Específicamente, cuán frecuentemente su unidad se comunicó con el grupo mencionado, a través de cada uno de las siguientes maneras durante los últimos 6 meses en cada uno de los Programas mencionados?

a. A través de cartas, memos ó informes de cualquier tipo?

Nunca	1 vez al mes	1 vez a la semana	1 vez al día	Más que 1 vez al día	___	___

b. A través de entrevistas personales?

Nunca	1 vez al mes	1 vez a la semana	1 vez al día	Más que 1 vez al día	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

#1	#2	#3	#4	#5	CED	GEN

c. A través de llamadas telefónicas?

Nunca	1 vez al mes	1 vez a la semana	1 vez al día	Más que 1 vez al día	___	___

d. A traves de reuniones de grupo ó comités entre 3 ó más personas?

Nunca	1 vez al mes	1 vez a la semana	1 vez al día	Más que 1 vez al día	___	___

15. En general, qué porcentaje de estas comunicaciones con el grupo mencionado, fueron iniciadas por personas en cada uno de los Programas mencionados de su unidad durante los últimos 6 meses?

Ningún	Poco	Una mitad	La mayoría	Todo	___	___

16. Durante los últimos 6 meses, cuán frecuentemente las personas de cada uno de los Programas mencionados de su unidad se han comunicado ó puesto en contacto con personas del otro grupo mencionado?

Nunca	1 vez al mes	1 vez a la semana	1 vez al día	Más que 1 vez al día	___	___

17. Durante los últimos 6 meses, qué porcentaje de su trabajo total en el Programa fué utilizado, en materias directamente relacionadas a operaciones, trabajos ó proyectos del otro grupo mencionado?

Ningún	Poco	Una mitad	La mayoría	Todo	___	___

FLUJO DE RECURSOS

18. En total, cuanta dificultad tiene Ud. para hacer que se captan las ideas claramente cuando comunica Ud. con ellas en cada uno de los Programas mencionados?

Ninguna	Poco	Alguna	Bastante	Mucho	___	___

19. Cuando quiere comunicar Ud. con las personas de esta unidad, cuanta dificultad tiene para ponerse en contacto con ellas en cada uno de los Programas mencionados?

Ninguna	Poco	Alguna	Bastante	Mucho	___	___

20. Durante los últimos 6 meses:

a. Qué porcentaje de todo el trabajo hecho por su unidad se originó de la otra unidad en cada uno de los Programas mencionados?

Ningún	Poco	Una mitad	La mayoría	Todo	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN
b. Qué porcentaje de toda la asistencia técnica y los servicios recibió Ud. de la otra unidad en cada uno de los Programas mencionados?	Ningún	Poco	Una mitad	La mayoría	Todo	___	___
c. Qué porcentaje de todos los recursos y los recursos humanos usados en su unidad (dinero, personal, abastecimientos, equipo) recibió Ud. de la otra unidad en cada uno de los Programas mencionados?	Ningún	Poco	Una mitad	La mayoría	Todo	___	___

21. Durante los últimos 6 meses:

a. Qué porcentaje de todo el trabajo terminado en cada uno de los Programas por su unidad fue mandado a la otra unidad?	Ningún	Poco	Una mitad	La mayoría	Todo	___	___
b. Qué porcentaje de todos los recursos colocados por su unidad en cada uno de los Programas fué dado a la otra unidad?	Ningún	Poco	Una mitad	La mayoría	Todo	___	___
c. Qué porcentaje de todas las horas de personas de asistencia técnica o servicios proveídos por su unidad fue dado a la otra unidad en cada uno de los Programas mencionados?	Ningún	Poco	Una mitad	La mayoría	Todo	___	___

VARIABILIDAD DEL FLUJO DE RECURSOS

22. Durante los últimos 6 meses, cuán igual fueron los materiales de trabajo, recursos o servicios que se enviaron a ó recibieron de esta unidad en cada uno de los Programas mencionados?

Casi todos iguales cada vez	Mayormente igual cada vez	Cerca de la mitad cada vez	Mayormente diferente cada vez	Casi todos cada vez		
					___	___

23. Durante los últimos 6 meses, cuán frecuente ocurrieron excepciones o problemas de mandar o de recibir el trabajo, los recursos o los servicios de la otra unidad en cada unoa de los Programas mencionados?

Nunca	1 vez al mes	1 vez a la semana	1 vez al día	Más que 1 vez al día		
					___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN
24. Hasta que grado encontró su unidad interrupciones o demoras del flujo normal del trabajo, los recursos o los servicios de la otra unidad en cada uno de los Programas mencionados durante los últimos 6 meses?	Ningún grado	Poco grado	Algún grado	Mucho grado	Muchísimo grado	___	___

FORMALIZACION

25. En qué grado los términos de la relación entre su unidad y el otro grupo mencionado en cada uno de los Programas mencionados?

a. Han sido explícitamente hablados ó discutidos?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___
b. Han sido escritos en detalle?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

26. Para coordinar actividades en cada uno de los Programas mencionados con el otro grupo durante los últimos 6 meses, en que grado?

a. Se han establecido procedimientos standards (por ejemplo: formas, reglas, políticas, etc)	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___
b. Se siguieron canales formales de comunicación?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

INFLUENCIA ENTRE ELEMENTOS

27. Cuánto poder ó influencia tiene su unidad en las actividades del otro grupo en cada uno de los Programas mencionados?	Ningún	En poco	En algún	En grado	En muy alto	___	___
28. Durante los últimos 6 meses, en qué grado su unidad cambió ó influenció en los servicios u operaciones del otro grupo en cada uno de los Programas mencionados?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN
29. Durante los últimos 6 meses, en qué grado el otro grupo cambió ó influenció los servicios u operaciones de su unidad en cada uno de los Programas mencionados?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___
30. Cuánto poder ó influencia tiene el otro grupo en las actividades de su unidad en cada uno de los Programas mencionados?	Ningún	En poco	En algún	En grado	En muy alto	___	___

PERCEPCION DE EFECTIVIDAD

31. En qué grado el otro grupo ha llevado sus responsabilidades y deberes, en relación a su unidad durante los últimos 6 meses en cada uno de los Programas mencionados?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___
32. En que grado su unidad, ha llevado sus responsabilidades y deberes, en relación al otro grupo, durante los últimos 6 meses en cada uno de los Programas mencionados?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___
33. En qué grado, siente Ud. que la relación entre su unidad y el otro grupo es productiva en cada uno de los Programas mencionados?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___
34. En qué grado el tiempo y esfuerzo invertido en desarrollar y mantener estas relaciones con el otro grupo vale la pena en cada uno de los Programas mencionados?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___
35. En general, en qué grado estuvo Ud. satsifecho con la relación entre su unidad y el otro grupo en cada uno de Programas mencionados?	En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN

36. Qué considera Ud.la equidad del "toma y da" de la relación con el otro grupo en cada uno de los Programas mencionados?

Recibimos mucho menos de lo que deberíamos	Recibimos algo menos de lo que deberíamos	Balanceado	Recibimos algo más de lo que deberíamos	Recibimos mucho más de lo que deberíamos	___	___

AREA DE SIMILITUD

Las siguientes preguntas son acerca de la participación de la comunidad en los asuntos de salud.

37. En qué grado los siguientes realizan el mismo trabajo que su unidad realiza en cada uno de los Programas mencionados?

a. Consultas privadas?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

b. Curanderos/Parteras?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

c. Organizaciones no gubernamentales?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

38. En qué grado los siguientes tienen los mismos clientes o pacientes que su unidad en cada uno de los Programas mencionados?

a. Consultas privadas?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

b. Curanderos/Parteras?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

c. Organizaciones no gubernamentales?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN

39. En qué grado los siguientes tienen metas similares de operación que su unidad en cada uno de los Programas mencionados?

a. Consultas privadas?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

b. Curanderos/Parteras?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

c. Organizaciones no gubernamentales?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

40. En qué grado las consultas privadas - curanderos/parteras cuentan con personal con pericias similares profesionales como las que son requeridas en su unidad (en cada Programa)?

a. Consultas privadas?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

b. Curanderos/Parteras?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

41. En qué grado en lo siguientes para realizar su trabajo, usan la misma tecnología, el equipo o la información, que su unidad en cada uno de los Programas mencionados?

a. Consultas privadas?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

b. Curanderos/Parteras?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

c. Organizaciones no gubernamentales?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

	#1	#2	#3	#4	#5	CED	GEN

42. En qué grado ayudan los siguientes a su unidad en cada uno de los Programas mencionados?

a. Promotores de salud?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

b. Comités de salud?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto gredo	___	___

c. Clubes de madres?

En ningún grado	En poco grado	En algún grado	En grado considerable	En muy alto grado	___	___

C.S.: ___ ___ **FECHA:** ___/___/___ **CODIGO:** ___ ___

CUESTIONARIO DE LA PRESTACION DE SERVICIOS

El presente cuestionario es un intento por conocer mejor sus sentimientos y percepciones en relación al trabajo real que realiza. Es necesario que sus respuestas sean lo más cercanas a la realidad, ya que de esta manera nos será posible detectar áreas críticas reales de problemas, para formular soluciones. Recuerde que el cuestionario es anónimo, siéntase con libertad para responder. Por favor encierre con un círculo la respuesta que considere correcta, luego identifique con el número que le corresponde y colóquelo en la linea derecha.

PRESTACION DE SERVICIOS

	#1	#2	#3	#4	#5	
1. En su Centro de Salud, los médicos insisten en atender a todos los niños con diarrea en lugar de pasarlos directamente del triaje ó de la cola a la URO?	Ninguno	Muy pocos	Algunos	La mayoría	Todos	____001
2. En cuanto a la participación de los médicos en el Programa de CED, Ud. observó colaboración por parte de ellos?	Nunca	Muy Rara vez	Algunas veces	Frecuentemente	Siempre	____002
3. "En muchos niños atentidos en esta Unidad, su estado de deshidratación se incrementa por la demora durante su evaluación." Su opinión de esta afirmación es de:	Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____003
4. a. En el momento real en que está desempeñando su trabajo, con que frecuencia hace una evaluación de los niños de la cola para atenderlos según el grado de deshidratación?	Nunca	Muy Rara vez	Algunas veces	Frecuentemente	Siempre	____004
b. Si su respuesta es 1 ó 2, la razón más probable para ello es:	Me falta capa_ citación	No me gusta el trabajo que hago	No hay tiempo para hacerlo	Me sobrecargan de trabajo	Otros	____005
c. Con qué frecuencia, cree Ud., que los otros trabajadores de su Centro hacen una evaluación de los niños de la cola para atenderlos según el grado de deshidratación?	Nunca	Muy Rara vez	Algunas veces	Frecuentemente	Siempre	____006
5. a. "En relación a mi sentimiento de seguridad de haber realizado una buena evaluación de deshidratación ..."	Nunca estoy segura	Muy rara vez me siento segura	Algunas veces me siento segura	Frecuentemente me siento segura	Siempre me siento segura	____007
b. Si su respuesta es 1 o 2, la razón más probable para ello es:	Me falta capacitación	No hay tiempo suficiente para una buena evaluación	Ese trabajo es muy tenso	Las madres presionan para a... ación rápida	Otros	____008
c. Que responderían los compañeros de trabajo en relación al sentimiento de seguridad de haber realizado una buena evaluación de deshidratación?	Nunca estoy segura	Muy rara vez me siento segura	Algunas veces me siento segura	Frecuentemente me siento segura	Siempre me siento segura	____009
6. a. En relación al manejo de un niño deshidratado:	Nunca estoy segura	Muy rara vez me siento segura	Algunas veces me siento segura	Frecuentemente me siento segura	Siempre me siento segura	____010

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

	#1	#2	#3	#4	#5	

b. Si su respuesta es 1 o 2, la razón más probable para ello es :

Me falta capacitación	Ese trabajo es muy tenso	Las normas no son claras en el manejo de esos casos	No he tenido oportunidad de manejar niños deshidratados	Otros	____011

c. En relación al manejo que sus compañeros hacen de un niño deshidratado, ellos opinarían que:

Nunca están seguros	Muy rara vez están seguros	Algunas veces están seguros	Casi siempre se sienten seguros	Siempre se sienten seguros	____012

7. a. En los casos de deshidratación moderada ó severa, se hacen visitas domiciliarias de siguimiento?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____013

b. Si su respuesta es 1 o 2, la razón más probable para ello es:

No hay tiempo para hacerlo	Las madres no lo permiten	No hay personal suficiente	El supervisor no las programa	La mayoría de pacientes no requieren visitas domiciliarias	____014

c. Cree Ud. que, en los casos de deshidratación moderados ó severos, los otros trabajadores de su Centro hacen las visitas domiciliarias para hacer el siguimiento?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____000

8. a. En las indicaciones que da a la madre en relación a antidiarréicos, podría afirmar que:

Nunca los indica	Muy rara vez los indica	Algunas veces los indica	Frecuentemente los indica	Siempre los indica	____015

b. Si su respuesta es 4 ó 5, la razón más probable para ello es:

Son necesarios en algunos casos	Las madres lo solicitan	Las normas lo indican	La experiencia me hizo usarlos	Otros	____016

c. Cree Ud. que, en relación a antidiarréicos, los otros trabajadores de su Centro: (Excepto los médicos)

Nunca los indican	Muy rara vez los indican	Algunas veces los indican	Frecuentemente los indican	Siempre los indican	____017

9. a. En las indicaciones que dá a la madre en relación a antibióticos, podría afirmar que:

Nunca los indica	Muy rara vez los indica	Algunas veces los indica	Frecuentemente los indica	Siempre los indica	____018

b. Si su respuesta es 4 ó 5, la razón más probable para ello es:

Son necesarios en algunos casos	Las madres lo solicitan	Las normas lo indican	La experiencia me hizo usarlos	Otros	____019

c. Cree Ud. que, en relación a antibiéticos, los otros trabajadores de su Centro: (Excepto los médicos)

Nunca los indican	Muy rara vez los indican	Algunas veces los indican	Frecuentemente los indican	Siempre los indican	____020

10. a. En las indicaciones que dá a la madre en relación a antieméticos (contra los vómitos), podria afirmar que:

Nunca los indica	Muy rara vez los indica	Algunas veces los indica	Frecuentemente los indica	Siempre los indica	____021

b. Si su respuesta es 4 ó 5, la razón más probable para ello es:

Son necesarios en algunos casos	Las madres lo solicitan	Las normas lo indican	La experiencia me hizo usarlos	Otros	____022

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

#1	#2	#3	#4	#5

c. Cree Ud. que, en relación a antieméticos (contra los vómitos), los trabajadores de su Centro: (Excepto los médicos)

Nunca los indican	Muy rara vez los indican	Algunas veces los indican	Frecuentemente los indican	Siempre los indican	____023

PROMOCION/EDUCACION

11. a. Al explicar a la madre los signos de deshidratación, Ud. se siente insegura?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____024

b. Si su respuesta es 4 ó 5, la razón más probable para ello es:

No me han capacitado suficientemente	Es difícil enseñar a las madres	No hay tiempo para hacerlo bien	No hay materiales de enseñanza	Otros	____0025

c. Crea Ud. que, al explicar a la madre los signos dedeshidratación, los otros trabajadores de su Centro se sienten inseguros?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____026

12. a. El año pasado, con qué frecuencia se dieron charlas educativas acerca del Programa de CED a la comunidad?

Ninguna vez	De 2-6 veces al año	Cerca de 1 vez al mes	Cerca de 1 a la semana	Cada día ó casi diariamente	____027

b. Si su respuesta es 1 o 2, la razón más probable para ello es:

No hay personal suficiente	El supervisor no las programa	La mayoría de los trabajadores no desean hacerlas	La mayoría de lugares son inaccesibles	Otros	____028

13. a. Después de dar mensajes educativos, hace preguntas u otra actividad para asegurarse que las personas entendieron?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____029

b. Si su respuesta es 1 o 2, la razón más probable para ello es:

No hay tiempo para hacerlo	No es necesario	No sé como hacerlo	Las madres no lo permiten	Otros	____030

c. Cree Ud., que, después de dar mensajes educativos, los otros trabajadores de su Centro hacen preguntas u otra actividad para asegurarse de que las personas entendieron?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____031

14. a. Durante la prestación de servicio en la URO, el promedio de tiempo que dedicó a la educación es:

No lo hago	Solo si la madre lo solicita	Lo hago muy poco	Cuando hay un punto importante	Durante toda la atención	____032

b. Si su respuesta es 1 ó 2, la razón más probable para ello es:

No hay tiempo para hacerlo	No es necesario	No sé como hacerlo	Las madres no lo permiten	Otros	____033

c. Durante la prestación de servicio en la URO, cree Ud. que el promedio de tiempo que los otros trabajadores de su Centro dedican a la educación es:

No lo hacen	Solo si la madre lo solicita	Muy poco	Cuando hay un punto importante	Durante toda la atención	____034

15. Durante el mensaje educativo que proporciona a las madres, en qué grado las percibe interesadas en lo que les dice?

No tienen interés	Muy rara vez les noto interés	Algunas veces tienen interés	Frecuentemente están interesadas	Siempre tienen interés	____035

16. Cuando brinda mensajes educativos, Ud. se siente segura de la información dada?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____036

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

	#1	#2	#3	#4	#5	

17. a. En relación a las visitas domiciliarias del Programa, se desarrolla en forma programada?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____037

b. Si su respuesta es 1 o 2, la razón más probable para ello es:

No hay personal suficiente	El supervisor no las programa	La mayoría de pacientes no requieren visitas domiciliarias	La mayoría de lugares son inaccesibles	Otros	____038

c. En relación a las visitas domiciliarias del Programa, los otros trabajadores de su Centro las desarrollan en forma eficiente y programada?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____039

18. a. Cuándo Ud. realiza visitas domiciliarias, se siente seguro de un buen desempeño?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____040

b. Si su respuesta es 1 o 2, la razón más probable para ello es:

No me gusta hacer visitas domiciliarias	La mayoría de familias no coolaboran	No sé exactamente que se espera de mí	Nunca nos capacitaron sobre como se deben realizar	Otros	____041

c. Cree Ud. que los otros trabajadores de su Centro se sienten seguros de un buen desempeño cuando realizan visitas domiciliarias?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____042

19. Con qué frecuencia da su establecimiento apoyo a las UROs comunales para capacitar a la comunidad?

Ninguna vez	Cerca de 2-6 veces al año	Cerca de 1 vez al mes	Cerca de 1 a la semana	Cada día ó casi diariamente	____043

20. Con qué frecuencia da su establecimiento supervisa a las UROs comunales?

Ninguna vez	Cerca de 1-6 veces al año	Cerca de 1 vez al mes	Cerca de 1 a la semana	Cada día ó casi diariamente	____044

21. Cuántas UROs comunales existen alrededor de su establecimiento?

Ninguna	Una	Dos	Tres	Más de tres	____045

SUPERVISION

22. En el último año, con qué frecuencia se reunieron informalmente Ud. y su supervisor inmediato para hablar del Programa CED?

Menos de 1 vez al mes	1 vez al mes	1 vez a la semana	Varias veces a la semana	Cada día	____046

23. Cuándo fue la última vez que tuvo una reunión del Programa CED con su supervisor inmediato?

Más de 2 meses	En las últimas 3-7 semanas	En las últimas 2 semanas	Durante la última semana	Durante las últimas 24 horas	____047

24. En el último año, con qué frecuencia su supervisor lo enteró de los resultados de problemas del Programa CED previamente discutidos?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____048

25. Cómo se llama el encargado del Programa CED?

a. En su Centro: _____ ____049

b. En la UTES: _____ ____050

c. En la UDES: _____ ____051

d. En el MINSA: _____ ____052

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

	#1	#2	#3	#4	#5	

26. En qué grado considera Ud., que es importante la autoridad que ejerce el Jefe del establecimiento en el desempeño del trabajo?

No es importante	Poco importante	Importante	Muy importante	Decisiva	____053

27. "La participación del encargado del Programa CED de su establecimiento de salud es activa y decisiva." En relación a esta afirmación, Ud. está en...

Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____054

28. Cómo se llama su supervisor inmediato ("real") para su trabajo del Programa CED en su Centro?

_____ ____055

29. Cuánta participación considera Ud. que este supervisor tiene en el desempeño del trabajo del programa?

No participa del Programa	Su participación no es muy activa	Su participación es más ó menos activa	Su partipación es activa	Su participación es muy activa	____056

30. "La participación de este supervisor es eficiente." En relación a esta afirmación, Ud. está en ...

Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____057

31. Cuándo hay problemas en la URO, el supervisor inmediato toma una acción activa y decisiva para resolverlos?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____058

32. a. Cuándo se le presenta algún problema de diagnóstico ó manejo de sus pacientes, Ud., tiene a quien acudir?

Nunca tengo a quien acudir	Muy rara vez tengo a quien acudir	Más ó menos frecuentemente tengo a quien acudir	Muy frecuentemente tengo a quien acudir	Siempre tengo a quien acudir	____059

b. En caso de que su respuesta fue 4 ó 5; le aporta soluciones?

Nunca me brindan soluciones	Muy rara vez me brindan soluciones	Más ó menos frecuentemente me brindan soluciones	Muy frecuentemente me brindan soluciones	Siempre me brindan soluciones	____060

33. "En general, la actitud de mi supervisor inmediato del Programa CED es más fiscalizadora que educadora ". Para esta afirmación, Ud. está en...

Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	____061

34. En relación a mi supervisor inmediato, yo diría que...

a. Contesta mis preguntas acerca de los problemas?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____062

b. Me ayuda a resolver mis problemas?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____063

c. Me ayuda a ampliar mis conocimientos?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____064

d. Me explica por qué se hacen algunas pruebas y/o procedimientos?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____065

e. Me explica claramente por qué debo hacer las cosas que me pide?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____066

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

	#1	#2	#3	#4	#5	

35. En relación a mi supervisor inmediato, yo diría que...

a. El supervisor me interrumpe cuando hablo?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____067

b. El supervisor me habla con menosprecio?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____068

c. El supervisor se irrita?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____069

d. El supervisor actua como si al hablarme, me hiciera un favor?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____070

e. Parece que tiene prisa?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____071

f. Me felicita por mi trabajo?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____072

LOGISTICA

36. El año pasado, para la atención de los niños en su URO, con que frecuencia le faltó

a. ... una balanza?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____073

b. ... jarras de 1 litro?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____074

c. ...vasitos?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____075

d. ...cucharitas?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____076

e. ... agua en su zona?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____077

f. ... luz ó kerosene para hervir el agua?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____780

g. ... Sales de rehidratación oral?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____079

h. ... Material educativo?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____080

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En los últimos tres meses, con que frecuencia se han quedado niños sin atender, debido a la falta de ...

37. ... Sales de rehidratación en la URO?

Ninguna vez	Cerca de 2-6 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____081

38. ... tiempo?

Ninguna vez	Cerca de 2-6 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____082

39. ... personal?

Ninguna vez	Cerca de 2-6 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____083

40. En los últimos tres meses, cuando tuvieron que derivar pacientes, con qué frecuencia encontraron dificultades para el transporte?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____084

41. En los últimos tres meses, con que frecuencia encontraron dificultades de transporte para cumplir con las necesidades del Programa CED?

Ninguna vez	Cerca de 2-6 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____085

42. En relación al triaje (selección de niños con diarrea de la cola) se realiza:

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____086

43. Observó si el triaje y la URO funcionaban en el mismo ambiente?

Nunca	Muy rara vez	Algunas veces	Frecuentemente	Siempre	____870

44. En relación al ambiente de la URO:

El ambiente es muy pequeño no se puede trabajar	El ambiente es pequeño se trabaja con mucha dificultad	El ambiente es pequeño pero se trabaja bien	El ambiente es amplio se trabaja bien	El ambiente es muy amplio se trabaja muy bien	____088

45. En los últimos tres meses con qué frecuencia le faltó para las UROS comunales:

a. ... una balanza?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____089

b. ... jarras de 1 litro?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____090

c. ... vasitos?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____091

d. ...cucharitas?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____092

e. ... agua en su zona?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____093

f. ... luz ó querosene en su zona?

Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____004

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	#1	#2	#3	#4	#5	
g. ... Sales de rehidratación Oral?	Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____095
46. En los últimos tres meses, con qué frecuencia faltaron en la URO hojas de registro del niño deshidratado?	Ninguna vez	Cerca de 2-4 veces al mes	Cerca de 1 vez al mes	Cerca de 1 vez a la semana	Cada día ó casi diariamente	____096

CAPACITACION

47. "En la capacitación que recibí, me dieron información específica sobre los mensajes educativos que debo impartir". En relación a esta afirmación Ud. está en:

Fuerte desacuerdo	Desacuerdo parcial	Neutral	Acuerdo parcial	Total acuerdo	
					____097

SISTEMA INFORMATICA

48. Con qué frecuencia escribe Ud. información no documentada en los partes ó registros?

Nunca	Muy Rara vez	Algunas veces	Frecuentemente	Siempre	
					____098

49. Con qué frecuencia verifican la exactitud de la información revisando los partes diarios?

Nunca	Muy Rara vez	Algunas veces	Frecuentemente	Siempre	
					____099

50. Recibe la información que Ud. envia procesada y con recomendaciones.

Nunca	Una vez al año	Mas de 1 vez al año	Mensual	Semanal	
					____100

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

OBSERVACION DE SERVICIOS DE APOYO: CED

Conservación de Registros de Supervisión

#1 #2 #3 #4 #5

REGISTROS O FORMATOS DE SUPERVISIONES - Cada centro de salud puede tener un registro de supervisiones diferente, por lo tanto, las observaciones que continúan deben ser hechas en forma general. Se revisarán todos los registros disponibles del año pasado:

DE LOS REGISTROS REVISADOS, EN QUE PROPORCION ...

...LOS REGISTROS SE CONSERVAN?
No los conservan | Conservan pocos | Conservan algunos | Conservan la mayoría | Conservan todos — 001____

...SE ENCUENTRAN LLENOS TODOS LOS DATOS DEL REGISTRO?
Menos del 10% | Entre 11 y 25% | Entre 26 y 50% | Entre 51 y 75% | Más de 75% — 002____

...LOS DATOS LLENADOS CORRESPONDEN A LO SOLICITADO?
Menos del 10% | Entre 11 y 25% | Entre 26 y 50% | Entre 51 y 75% | Más de 75% — 003____

...LOS DATOS SOLICITADOS EN LOS REGISTROS CONCUERDAN CON LAS NORMAS?
Menos del 10% | Entre 11 y 25% | Entre 26 y 50% | Entre 51 y 75% | Más de 75% — 004____

Documentación de supervisión

Durante el último año, cuántas entrevistas documentadas tuvo el supervisor con sus trabajadores?

_____ / _____ = _____ 005____
No. entrevistas / No.trabajadores

Material de reserva de la unidad (Deposito)

	CANTIDAD	
1. Hervidor o cocinita con olla	_____	006____
2. Sobres de SRO	_____	007____
3. Jarras de un litro	_____	008____
4. Vasitos	_____	009____
5. Cucharitas	_____	010____
6. Cucharitas de doble medida	_____	011____
7. Balanza	_____	012____
8. Termómetro	_____	013____
9. Hojas de registro	_____	014____
10. Material educativo	_____	015____

Documentación de falta de material del Programa

En el último año durante cuantas meses faltó lo siguiente:

	Intervalo de tiempo sin stock (meses)	
1. Hervidor o cocinita con olla	_____	016____
2. Sobres de SRO	_____	017____
3. Jarras de un litro	_____	016____
4. Vasitos	_____	019____
5. Cucharitas	_____	020____
6. Cucharitas de doble medida	_____	021____
7. Balanza	_____	022____
8. Termómetro	_____	023____
9. Hojas de registro	_____	024____
10. Material educativo	_____	025____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

Transporte Actual del Programa

El Centro de Salud cuenta actualmente con:

1. Ambulancia	No	Sí	026____
2. Otro vehículo	No	Sí	027____
3. Caja chica	No	Sí	028____

Si cuenta con caja chica, cuál es la cantidad disponible para transporte en este mes: _____ 029____

Documentación de Transporte del Programa

Durante el último año, cuántos meses faltó:

	No. meses	
1. Ambulancia	_____	030____
2. Otro vehículo	_____	031____
3. Caja chica	_____	032____

Durante el último año, cuántas veces dispuso de movilidad para el Programa: _____ 033____

El transporte sirvió para:

	No. de veces	
1. Transferencia de pacientes	_____	034____
2. Coordinaciones del programa	_____	035____
3. Transporte de personal	_____	036____
4. Visitas domiciliarias	_____	037____
5. Supervisiones	_____	038____
6. Transporte de material	_____	039____
7. Otros: _____	_____	040____

Si dispuso de caja chica para el transporte, cuál fue la cantidad que se invirtió: _____ 041____

Conservación de Inventarios

#1 #2 #3 #4 #5

INVENTARIOS - Se revisarán los inventarios que existan del último año:

DE LOS INVENTARIOS REVISADOS, EN QUE CANTIDAD...

...LOS INVENTARIOS SE CONSERVAN?

No los conservan | Conservan pocos | Conservan algunos | Conservan la mayoría | Conservan todos — 042____

...SE ENCUENTRAN LLENOS TODOS LOS DATOS DEL INVENTARIO?

Menos del 10% | Entre 11 y 25% | Entre 26 y 50% | Entre 51 y 75% | Más de 75% — 043____

...LOS DATOS LLENADOS CORRESPONDEN A LO SOLICITADO?

Menos del 10% | Entre 11 y 25% | Entre 26 y 50% | Entre 51 y 75% | Más de 75% — 044____

...LOS DATOS SOLICITADOS EN LOS INVENTARIOS CONCUERDAN CON LAS NORMAS?

Menos del 10% | Entre 11 y 25% | Entre 26 y 50% | Entre 51 y 75% | Más de 75% — 045____

Esfuerzo documentado de adquisiciones

Qué cantidad de pedidos se hicieron para los siguientes materiales:

	No. Pedidos	
1. Hervidor o cocinita con olla	_____	046____
2. Sobres de SRO	_____	047____
3. Jarras de un litro	_____	048____
4. Vasitos	_____	049____
5. Cucharitas	_____	050____
6. Cucharitas de doble medida	_____	051____
7. Balanza	_____	052____
8. Termómetro	_____	053____
10. Material educativo	_____	054____

C.S.: ____ ____ **FECHA:** ___/___/___ **CODIGO:** ____ ____

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Cuándo se quedó sin material de stock, cuántos pedidos "extra" se hicieron para:

	No. de comunicaciones "extra"	
1. Hervidor o cocinita con olla	_____	055____
2. Sobres de SRO	_____	056____
3. Jarras de un litro	_____	057____
4. Vasitos	_____	058____
5. Cucharitas	_____	059____
6. Cucharitas de doble medida	_____	060____
7. Balanza	_____	061____
8. Termómetro	_____	062____
9. Hojas de registro	_____	063____
10. Material educativo	_____	064____

Retroalimentación

#1 #2 #3 #4 #5

Cuán frecuentemente se envían informes de los datos tabulados del Programa al:

... Trabajador de salud a cargo?

Nunca Rara vez Semanalmente Mensualmente Trimestralmente 065____

... Supervisor a cargo?

Nunca Rara vez Semanalmente Mensualmente Trimestralmente 066____

... Director del programa?

Nunca Rara vez Semanalmente Mensualmente Trimestralmente 067____

Documentación de capacitación para los trabajadores en el Programa

En el último año, cuántas personas se capacitaron en el Programa en su Centro de Salud? 068____

Fecha Aprox	No. personas	Duración
----------	----------	----------
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C.S.: ____ ____ **FECHA:** ____/____/____ **CODIGO:** ____ ____

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