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PRITECH

Technologies for Primary Health Care

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PN-ABM-597

REPORT ON TECHNICAL ASSISTANCE PROVIDED TO THE EXPERIMENT IN INTERNATIONAL LIVING - PROYECTO DE APOYO A LA SALUD MATERNO INFANTIL (EIL - PAMI) COMPONENT EXPANSION OF FAMILY PLANNING SERVICES GUATEMALA

A Report Prepared By PRITECH Consultant:
DAVID McCARTHY

During The Period:
APRIL, 1991

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
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CONTRACT NO: AID/DPE-5969-Z-00-7064-00
PROJECT NO: 936-5969

AUTHORIZATION:
AID/S&T/HEA: 8/2/91
ASSGN. NO: HSS 108-GU

REPORT OUTLINE

I. SUMMARY DESCRIPTION OF THE SCOPE OF WORK (include changes made to initial SOW)

A. Asses current supervision program.

B. Review supervision plan, instruments, reports.

C. Carry out field visit to observe supervision.

D. Carry out training for PAMI staff.

I. PURPOSE(S) OF THE PROJECT

A. Identify, develop and execute grant agreements with NGO's interested in expanding child survival program activities.

B. Provide NGO grantees with training and t.a. to develop systems for effective and efficient implementation of grants.

III. METHODOLOGY

A. Review pertinent documentation

B. Meet with appropriate personnel

C. Realize site visit

D. Carry out training

E. Write Report

IV. SUMMARY OF OBSERVATIONS AND FINDINGS

A. That there is a functioning supervisory system in place.

B. That the project has experienced some supervisory problems.

V. MAIN CONCLUSIONS

A. Where supervisory problems have been identified they are being addressed.

B. That it is not unusual that problems exist.

C. That the request for t.a. was a stimulus to action.

D. That the t.a. visit was useful.

E. That there is a commitment to address shortcomings.

VI. PRIMARY RECOMMENDATIONS

A. Task prioritization

B. Increase number and scope of supervisory visits.

C. Strengthen Supervisory Plan

D. Generate fewer new materials and stress application of existing.

E. Work on process and communication issues with groups.

Report on technical assistance provided to the Experiment in International Living - Proyecto de Apoyo a la Salud Materno Infantil - (EIL - PAMI) component of AID Project 520-0288, Expansion of Family Planning Services.

DAVID MCCARTHY/MSH

SCOPE OF WORK

The scope of work indentified the need to:

1. Assess the current supervision/monitoring program;
2. Review and make recommendations for improvement of any existing supervisory plan, supervision instruments and supervision reports. If no plan or instruments exist, provide technical assistance to develop them;
3. Carry out a field visit with PAMI to observe a supervision visit;
4. Carry out training for PAMI staff to improve supervision skills.

When the scope of work was drawn up in 1990, it appears to have been assumed that PAMI might receive additional AID funds and be extended well into the future. At the time of the actual technical assistance visit, however, this assumption was no longer being made and PAMI funding was anticipated only through December of 1991 with a possible no cost extension into 1992. During the initial interview with the Project Officer - Lynn Gorton, this change was identified, and it was suggested that whereas PAMI had previously focused on project development, that the focus should now be on strengthening existing projects and making them sustainable.

Given changes since the drafting of the original scope of work, it was suggested that the best approach would be to allow the flexibility to provide technical assistance in those areas of need identified by PAMI. These coincided sufficiently with the broad lines in the actual scope of work to obviate the need to change it.

(See attached scope of work Annex 1)

PURPOSE OF THE PROJECT

The PAMI proposal was drawn up in response to the RFP entitled: Umbrella Organization to Assist Guatemalan PVO's Working in Child Survival Activities. Funding for the proposal was provided from additional funds assigned to the Expansion of Family Planning Services Project, which has as its goal the improvement of the quality of life of mothers and children in Guatemala, and has as its purpose the expanded utilization of family planning services and information through integration of maternal health services and selected child survival interventions.

Given the diverse nature of Guatemalan cultures and the highly dispersed population, AID felt that a single national top-down delivery system for family planning and health services would have limited effectiveness. Believing that there were about 300 private organizations providing some kind of health service in the country, AID, under what was termed a "New Initiatives Modality" decided on the strategy of contracting a PVO to serve as an "umbrella organization" to identify local groups interested in expanding their activities in Child Survival, Family Planning and Maternal Health". The RFP Description/Work Statement identified that:

> "AID visualizes this as a pilot effort which, if successful, will lead to follow-on work with an expansion of activities into the development of a locally operated umbrella organization capable of fund-raising not only with AID but with other donor organizations as well. These extended activities would take place in a future Integrated Family Health Project currently contemplated for startup in 1992."

The contract for carrying out this project was granted to The Experiment in International Living (EIL) which established the Proyecto de Apoyo para la Salud Materno Infantil (PAMI) The scope of work of the project defined it's general objectives as follows:

> The contractor will serve as an umbrella organization which will identify develop and execute grant agreements with local, private sector health agencies which are interested in expanding their child survival program activities aimed at the most underserved segments of the population in Guatemala. Segments to be served include, but are not limited to, the Mayan population, migratory workers on the South Coast, physically remote communities and urban-marginal populations.
>
> The contractor will provide PVO grantees with training and necessary technical assistance to develop essential management systems for effective and efficient implementation of their grants."
>
> Specific tasks were identified as:
>
> 1. Promotion
> 2. Grantee Selection and Funding
> 3. Training
> 4. Supply Provision (later eliminated)
> 5. Monitoring
> 6. Technical Assitance

Project start-up was in August of 1989, and PAMI worked with approximately 40 groups during the promotion and grantee selection process. A joint PAMI-AID selection committee approved thirteen projects during 1990 with whom PAMI was still working at the time of the technical assistance visit.

METHODOLOGY

The technical assistance visit was initiated by meeting with the Project Officer - Lynn Gorton on April 15, 1991 to receive guidance as to changes since the original scope of work and clarity as to Mission expectations.

This was followed by a meeting the same day with the director and staff of PAMI to identify the objectives of the visit. The remainder of the first day and the entire second day were devoted to reviewing project related documentation, current supervision plan, supervision reports and instruments.

Wednesday April 17, was spent observing three members of PAMI staff on a day long supervisory visit to Movimiento Guatemalteco de Reconstrucción Rural in Jalapa. April 18 and 19 were spent carrying out individual interviews with PAMI staff and reviewing samples of project specific documentation. A second meeting was held with the Project Officer on Friday April 19, to discuss progress to date, initial findings, and a tentative training plan for the second week. This was followed by a meeting with PAMI staff to discuss and define objectives for the training.

The second week was devoted to supervision training directed at the following themes: problems and constraints, styles of supervision , counseling, delegation, motivation, problem solving, monitoring and evaluation, supervisory tools, supervisory techniques.

Presentation of theoretical concepts alternated with discussion of application at both PAMI and project level using examples from current practice or identification of problems related to the absence of certain systems or practices. Outside of the group training context, individual assistance was provided regarding indicators, monitoring instruments, patient flow, etc. Related background and reference material was also shared with the project.

Upon completion of the assignment, separate exit interviews were held with both the AID Project Officer and with the PAMI director and staff to discuss observations and recommendations.

OBSERVATIONS AND FINDINGS

In regards to supervision there are two principal observations which will be detailed below:

A. That there is a functioning supervisory system in place

B. That the project has experienced some supervisory problems

A. Existing System:

PAMI's supervisory system is roughly divided between administration/finance and medical/technical, the former having major emphasis on finance and the latter incorporating some elements that might be considered administrative in nature.

The administrative/financial element consists of routine budget monitoring and analysis of quarterly reports supplemented by consultive visits by staff from the projects to PAMI's office, and site visits by the PAMI director and/or accountant to the projects. This activity has been complemented by both on-site and off-site training for project level personal involved in budget management.

The medical/technical element is described by PAMI in a two page technical/medical supervisory plan (see attached Annex 2) which includes some but not all of the actual practices and procedures. This plan divides supervisory activities into two phases, start-up and implementation. Since the thirteen projects funded through PAMI were approved in incremental fashion between February and October of 1990, the primary thrust of supervision during that year appears to have been directed at start-up.

Currently emphasis has shifted to implementation and is primarily guided by objectives contained in project specific workplans and incorporates additional activities directed toward needs as defined by the projects or detected by PAMI. Routine project monitoring takes place through the quarterly activities report (see attached Annex 3) and is supplemented by consultive visits by staff from the projects to PAMI's office and site visits by PAMI medical/technical staff to the projects. Site visits generate a supervisory report which consists of a face page describing purpose of the visit, summary, and general observations. This is followed by pages devoted to project specific objectives, with each objective being divided into distinct activities with observations and needed follow-up as well as identification of the current state of the activity and the responsible agent for follow-up activities. A stated objective of PAMI's 1991 workplan is to realize one supervisory site visit per project per quarter.

Beyond the above mentioned elements, PAMI monitors pre and post-test scores of project personnel on tests given in relation to both off-site training courses and on-site training through PAMI developed self-instrumentation materials. (See attached Annex 4) (It is worthy of note that these materials have been approved by both the Guatemalan Pediatrics Association and the Guatemalan Medical Association which awards 10 continuing-education credits to physicians achieving at least 85% on the post-test).

In addition PAMI monitors the application of self-evaluation instruments designed to attempt to measure quality of service in the areas of maternal and infant visits, educational methodology, and growth monitoring. (See attached sample Annex 5).

B. Problems Related to Supervision:

Prior to beginning supervisory training sessions, PAMI staff were asked to identify the principal problems that they were encountering related to supervision. Their responses can be roughly grouped into five areas:

1. Frequency of Visits:

The principal problem all staff agreed on was the inability to meet the objective of one supervisory visit per project per quarter. It was generally recognized that four visits a year was the minimum number of supervisory visits necessary, the ideal being more. At the same time it was recognized that this implied more than one supervisory visit per week, with requisite pre-visit preparation and post-visit report writing and follow-up activities. It was also stated that visits often stimulated requests from the projects for subsequent issue-specific visits within a short time horizon.

The wide geographic distribution of the projects and the involvement of key members of the supervisory team in other priority tasks, were identified as contributing factors to this problem.

2. Scope of Visits:

When the supervisory visits have taken place, it has been found that they do not always allow the full range of outstanding issues to be addressed either due to time limitations or because a given supervisory team does not contain the staff member who might most appropriately address a specific issue. It was generally recognized that longer visits were more productive, but that given time and human resource constraints, longer visits at one project negatively affected the ability to supervise all projects.

3. Communication:

Another significant group of problems identified by PAMI staff were related to communication. This ranged from the almost insuperable barriers to message transmission with some projects (by mail, telegram, phone or radio), to the slow response time from projects with whom transmission of messages was not itself a problem, to the obvious lack of communication among team or staff members of different projects. It was also recognized that PAMI itself had not always been timely in responding to the projects.

4. Task Completion:

Problems related to task completion, especially in terms of workplan goals, were also identified as troublesome. It was mentioned that some areas which had been identified as requiring activity appeared in consecutive reports without having shown any forward progress. It was also mentioned that some activities carried out by the projects did not reflect the level of quality or degree of preparation that PAMI staff felt was necessary. In some instances the inability of a project to carry out a key task, that was a prerequisite to subsequent tasks, tended to push implementation beyond anticipated timelines.

5. Staffing:

Staffing related issues in relation to the projects ranged from availability, to appropriateness, to turn-over, all of which had an impact on PAMI staff's ability to carry out effective supervision. The rural nature of the majority of the projects was identified as a key factor in all of the above and

it was felt that insecurity as to the availability of funds could increase project workforce instability.

Beyond the problems mentioned by PAMI staff there were four areas that appeared to need attention:

1. **Timelines for objectives:** In the individual project workplans, those tasks related to start-up activity generally had fixed timelines, while tasks related to implementation tended to be more open ended.

2. **Supervisory plan:** There were no individual or overall supervisory plans which specifically projected what was going to be done, with whom, during what period of time.

3. **Task Prioritization:** Given the changing nature of PAMI (from a pilot project which was envisioned as doing the groundwork for a future foundation, to one that was going to have to wean its existing projects and best prepare them for an uncertain financial future) there was a need to clearly define priorities within the workplan.

4. **Role Expansion:** Within the context of the supervisory team there appeared to be the possibility of expanding individual roles to allow broader participation in the different aspects of project supervision and management. Given the number of projects to be supervised and the limited human resources available, the ability of each member to respond to questions outside their particular area of expertise could permit the use of alternative supervisory models.

MAIN CONCLUSIONS

A. That PAMI is conscious of the fact that it has some supervisory problems and that where these have been identified they are attempting to correct them.

The supervisory model being used isn't static, it reflects continued development as the focus of project supervision has shifted. Where the data obtained through application of a particular instrument was deemed insufficient (as in the use of the original quarterly report) the instrument has been modified. Where significant gaps have been noted (as in the absence of quality control instruments) the response has been the development of tools to be applied by either supervisory or on-site project staff.

B. That it is not unusual that problems are being encountered either in PAMI or the projects at this stage in their development.

It would appear that both AID and PAMI were initially operating under the assumption that a significant number of Guatemalan NGOs had functioning maternal and child health programs which could be strengthened and expanded to include additional elements such as family planing. PAMI's experience has been that the "programs" consisted largely of isolated health care actions, and that the support groups for such actions were in general not as firmly established or advanced as had been expected.

Their stage of organizational development probably has not allowed some of the projects to perceive the need for certain processes and procedures PAMI is attempting to implement, and the weakness of project level systems which should compliment and feed into PAMI supervisory systems makes effective supervision that much harder.

Within PAMI itself, the focus was originally on promotion and preparation of projects for approval. It then shifted to those activities revolving around project start-up, and only recently has the principal focus become on-going monitoring. At the same time it has only been since December of 1990 that the full compliment to supervisory staff have been in place, and the current phase could be considered as one of consolidation.

C. That the technical assistance visit served to facilitate futher development of PAMI's supervisory systems.

The original request for technical assistance on the part of the Mission seems to have acted as a stimulus to action for PAMI and allowed the visit to be more productive than it might otherwise have been. It was apparent that both the period following the initial request and that just prior to arrival had been used by PAMI staff to review existing systems and develop additional instruments. It would also seem to have encouraged a review of existing job descriptions. Thus, rather than starting from scratch, the technical assistance served more to continue a process already in motion that involved both reflection on the positive steps taken thus far, and exploration of ways the supervisory system might be further strengthened. The staff of PAMI demonstrated interest in systems used by similar institutions, openness to constructive criticism, and flexibility and creativeness in discussing how systems might be modified to meet the special circumstances of individual projects.

D. That there is a recognition of the changed role for PAMI.

Though there is obviously a strong feeling on the part of PAMI that there is a useful role to be played, either by itself of some similar organization, in health care in Guatemala, it is also clear to them that, given the current constraints, there is little likelyhood of continued AID funding for that role. They have therefor accepted that the task at hand is to work to strengthen their existing projects and improve the chances that those projects will survive once AID funding is no longer available. During the course of the technical assistance visit, discussion of supervisory activity was directed by the assumption that no new projects were contemplated and that funding for existing projects would be determined within the context of a Dec. 1991 (or 1992 no-cost-extention) deadline.

RECOMMENDATIONS

In the course of the t.a. visit a number of recommendations were made as to how a particular activity or instrument might be modified, what additional activities or instruments might be worth considering, or what things might be stressed more that others. Rather than providing a listing, six major areas of emphasis have been identified which if addressed should encourage more effective and efficient supervision.

A. Task Prioritization:

There is a recognition on the part of PAMI that, given the shift in emphasis to preparation of projects for the possible conclusion of AID funding, there is a need to review the objectives in both the PAMI and individual project workplans and identify which activities will best address the present circumstances. It might be appropriate at that point to examine the existing projects in terms of their individual strengths and weaknesses, and attempt to determine the degree of effort that would be required both to bring each project to a given degree of compliance with PAMI programatic criteria, and to reach a determined level of operational efficiency. This type of analysis could facilitate the subsequent prioritization of tasks to be performed by PAMI suprvisory staff.

B. Increase number and scope of supervisory visits:

There is no pat solution to the problem PAMI has encountered in realizing the number of programed supervisory visits. Some of the options currently under consideration are the possible restructuring of supervisory teams or delegation of task specific responsibility by those staff members unable to participate in a given supervisory visit. PAMI staff should be permitted to experiment in this area until they encounter the most effective application of the various human resources available. The review of job descriptions currently in process has stimulated discussion in this area.

The above, combined with the identification of priority tasks and the use of supervisory checklists, should help to guaranty that the focus of the supervisory visits is sufficiently broad to incorporate all necessary elements, from administration and finance through medical and technical issues, thus maximizing their efficiency.

C. Strengthen Supervisory Plan:

There is a recognized need both for greater time specificity in the project workplans, and in the context of overall PAMI workplan priorities. This would facilitate forward planning of supervisory visits and more clearly define the time frame within which they should be realized. The development of a time specific overall supervisory plan would be a useful exercise, though modification should be expected during the first quarter.

D. Generate fewer new materials and stress application of existing:

There are a number of appropriate materials which PAMI staff have developed, and others which they have identified for potential future development. Given current realities, it would appear that PAMI might realize a greater return on effort expended in assuring that current materials are being adequately and appropriately incorporated into the projects, rather than in the implementation of new materials.

E. Work on process and communication issues with projects:

In light of the need to focus on activities that will contribute to project sustainability, one area of continuing supervisory concern should be that related to process and communication at the project level. To the degree to which PAMI can stimulate the sharing of pertinent information among project staff and encourage project staff incorporation into decision making processes, they will be strengthening the organizational base the future will require.

ANNEX 1

SCOPE OF WORK
For Ellen Eisman

1. Objective

Provide technical assistance to the Experiment in International Living - Proyecto de Ayuda Materno Infantil (EIL-PAMI) component of AID project 520-0288, Expansion of Family Planning Services, in the area of supervision.

2. Specific Activities

a. Asses current supervision program.

b. Review supervision plan, supervision & monitoring instruments and supervision reports. If no plan or instruments exist, provide technical assistance (TA) to develop them; if they exist provide recommendations to improve them.

c. Review supervision reports that have been produced; thus far, make recommendations to improve them.

d. Carry out field visit with PAMI to observe a supervision visit.

e. Carry out a training for PAMI staff to improve supervision skills that will include, but not be limited to the following:
   1. Quality of care in clinical MCH services through:
      a. Observation/checklist;
      b. medical records, and
      c. indications of client satisfaction.
   2. Informed consent, through:
      a. provider interview, and
      b. medical records
   3. Supervision by objective:
      a. establishing objectives;
      b. measuring performance, and
      c. reporting
   4. Supervision as motivation:
      a. role of supervision in MCH;
      b. using supervision as a form of-on the "job training"; and
      c. providing feedback to the field during and after the supervision visit.

ANNEX 2

PLAN DE SUPERVISION
TECNICA/MEDICA

META: Realizar una visita de supervisión a cada proyecto una vez por trimestre.

PLAN:

A. Fase Inicial (primer trimestre de cada proyecto):

1. Plan de Trabajo/Proyecto (ver ejemplos):

   a. revisar conjuntamente con el personal del proyecto el progreso en implementar su Plan de Trabajo;
   b. detectar problemas/necesidades;
   c. discutir soluciones alternativas;
   d. analizar necesidades de modificar el Plan y/o presupuesto;
   e. determinar acciones de seguimiento por parte de PAMI y del proyecto;
   f. preparar un reporte escrito, incluyendo las observaciones y compromisos de seguimiento (ver ejemplos);
   g. compartir/discutir reporte con el personal del proyecto.

B. Fase de Implementación (segundo trimestre en adelante):

1. Reporte Escrito de la visita inicial (ver ejemplos):

   a. revisar conjuntamente con el personal del proyecto el progreso en implementar las actividades de seguimiento acordadas en la visita anterior;
   b. revisar progreso en alcanzar los objetivos programados en el Plan de Trabajo del proyecto;
   c. analizar necesidades de modificar el Plan y/o presupuesto;
   d. planificar pasos de seguimiento según necesidades detectadas y/o expresadas;
   e. preparar un reporte escrito y compartirlo con el personal.

2. Instrumentos de Auto-Evaluación por Componente (ver ejemplos):

   a. compartir las expectativas de PAMI en cuanto a calidad de servicio prestado;

   b. aplicar los instrumentos como mecanismo de:

      * auto-supervisión/evaluación a nivel del proyecto;
      * instrumento de supervisión/evaluación a nivel de PAMI.

   c. identificar áreas que requieren mejoramiento para proporcionar:

      * asesoría técnica y/o capacitación por parte de PAMI;
      * seguimiento por parte del proyecto.

   d. reaplicar los instrumentos periódicamente para medir el grado de mejoría a través del tiempo, y las necesidades de seguimiento.

C. Metodologías Complementarias:

1. Normas de Funcionamiento y Protocolos de Atención (ver ejemplos):

   a. establecer bases administrativas para el buen funcionamiento del equipo de trabajo:

      * determinar horario de atención, etc.;
      * determinar las atribuciones y responsabilidades de cada puesto;
      * establecer vías de comunicación y decisión entre el personal.

   b. uniformar criterios entre el personal del proyecto, y así asegurar la calidad y consistencia en el servicio prestado.

2. Cartapacios Técnicos (ver ejemplos):

   a. administrar pre-test sobre el material a personal médico;
   b. proporcionar material de referencia para auto-estudio;
   c. administrar post-test;
   d. monitorear implementación de nuevos conocimientos adquiridos;
   e. proporcionar seguimiento (asistencia técnica y/o capacitación o material de referencia adicional) según necesidades detectadas y/o expresadas.

3. Capacitación En-Servicio (ver reportes):

   a. administrar pre/post-test u otra metodología para medir conocimientos de los participantes;
   b. observar participación;
   c. determinar necesidades de seguimiento (detectadas o expresadas);
   d. monitorear implementación de nuevos conocimientos adquiridos.

4. Reportes Trimestrales (ver ejemplos):

   a. permiten a cada proyecto:

      * reportar sus logros/trimestre;
      * comunicar problemas;
      * plantear necesidades de asistencia técnica, capacitación y/o material de referencia/audio-visual.

   b. permiten a PAMI:

      * medir progreso en alcanzar objetivos/cobertura programados;
      * detectar problemas/necesidades de seguimiento;
      * compartir un resumen de los logros con el personal de los proyectos (ver ejemplos);
      * preparar gráficas de frecuencias acumuladas comparativas por trimestre.

5. Otras:

   a. reuniones de trabajo/discusión abierta o entrevistas personales (en las oficinas de PAMI o en el sitio de trabajo);
   b. consultorías teléfonicas;
   c. comunicación escrita (memorandums, etc.).
   d. observación directa.

ANNEX 3

PROYECTO DE APOYO PARA LA SALUD MATERNO INFANTIL (PAMI)
15 Calle "A" 14-40, Zona 10, 01010, Guatemala
Teléfono: 68-03-83; 33-54-59

REPORTE TRIMESTRAL DE ACTIVIDADES

DATOS GENERALES:

Institución: _____
Municipio: _____ _____
Departamento: _____ Teléfono: _____
Trimestre: E-F-M _____ A-M-J _____ J-A-S _____ O-N-D _____ 1991

SERVICIOS MEDICOS

I. ATENCION MEDICA A NIÑOS < 6 AÑOS:

	MORBILIDAD AL INGRESO/MES			
A SERVICIO DE ENCAMAMIENTO	MES 1	MES 2	MES 3	TOTAL
Desnutrición				
Enfermedad Diarréica/DHE				
Infección Respiratoria				
Otra Causa:				
TOTAL PACIENTES INGRESADOS:				

	$\bar{x}$ DE BENEFICIARIOS/TRIMESTRE *			
B AMBULATORIO/GUARDERIA	MES 1	MES 2	MES 3	$\bar{x}$/TRIM.
Alimentación Complementaria				
Monitoreo de Crecimiento (p/e)				
Control Médico Mensual				
Estimulación Temprana				

* Número promedio ($\bar{x}$) de beneficiarios por trimestre.

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		MORBILIDAD ATENDIDA/MES			
C	CONSULTA MEDICA < 6 AÑOS	MES 1	MES 2	MES 3	TOTAL
Desnutrición/Deficiencia Nut.					
Enfermedad Diarréica/DHE					
Infección Respiratoria					
Infección de la Piel					
Otra Causa:					
TOTAL PACIENTES ATENDIDOS:					

D	NIÑOS < 6 AÑOS	MES 1	MES 2	MES 3	TOTAL
Distribución de Vitamina A					
# Sobres de Suero Oral					

II. INMUNIZACION MATERNO INFANTIL:

		# DE DOSIS APLICADAS/TRIMESTRE		
BIOLOGICO	DOSIS	< 1 AÑO	1-5 AÑOS	MUJERES
Toxoide Tetánico	1	---	---	
	2	---	---	
BCG	única			---
Polio	RN		---	---
	1			---
	2			---
	3			---
DPT	1			---
	2			---
	3			---
Sarampión	única			---
TOTAL VACUNADOS:				

III. ATENCION MEDICA A MUJERES EN EDAD FERTIL (15 a 44 años):

		MORBILIDAD ATENDIDA/MES			
A	ATENCION MEDICA MATERNA	MES 1	MES 2	MES 3	TOTAL
Atención de Morbilidad					
Exámenes de Papanicolau					
Control Pre-Natal					
Atención del Parto					
Atención del Recién Nacido					
Control Post-Natal					
Espaciamiento de Embarazos					
Otra Causa:					

TOTAL PACIENTES ATENDIDAS:				

B	MUJERES EN EDAD FERTIL	MES 1	MES 2	MES 3	TOTAL
Distribución de Hierro					
Distribución de Vitamina A					

		$\bar{x}$ DE BENEFICIARIAS/TRIMESTRE *			
C	EMBARAZADAS/LACTANTES	MES 1	MES 2	MES 3	x/TRIM.
Alimentación Complementaria					

* Número promedio ($\bar{x}$) de beneficiarias por trimestre.

IV. ATENCION MEDICA A LA POBLACION NO MATERNO-INFANTIL:

	# DE PACIENTES ATENDIDOS/MES			
ATENCION MEDICA NO MAT-INF.	MES 1	MES 2	MES 3	TOTAL
Atención de Morbilidad				
Inmunización				
TOTAL DE PACIENTES ATENDIDOS:				

V. SINDROME DE INMUNODEFICIENCIA ADQUIRIDA (SIDA):

	# DE PACIENTES ATENDIDOS/TRIMESTRE (POR SEXO Y GRUPO ETARIO EN AÑOS)					
A MASCULINO	< 1	1 - 5	6 - 12	13 - 17	18 +	TOTAL
Consulta Médica						
VIH +						
Hospitalizados						
Pacientes Fallecidos						

	# DE PACIENTES ATENDIDAS/TRIMESTRE (POR SEXO Y GRUPO ETARIO EN AÑOS)					
B FEMENINO	< 1	1 - 5	6 - 12	13 - 17	18 +	TOTAL
Consulta Médica						
VIH +						
Hospitalizadas						
Pacientes Fallecidos						

VI. ACTIVITIES EDUCATIVAS/CAPACITACION

	# METODOLOGIAS UTILIZADAS/MES			
A METODOLOGIAS UTILIZADAS	MES 1	MES 2	MES 3	TOTAL
Grupos Focales/Explorar CAPs				
Charlas				
Discusión Abierta				
Películas/Slides/Videos				
Retroproyector				
Cassettes				
Socio Dramas/Títeres				
Canciones de Salud Enseñadas				
Demostraciones de Cocina				
Otras Demostraciones				
Práctica Supervisada				
Cuñas de Radio				
Visitas Domiciliarias				
Actividades Recreativas				
Otra Metodología:				

TOTAL ACTIVIDADES EDUCATIVAS:				

B	ACTUALIZACION DE PERSONAL DE SALUD	# DE BENEFICIARIOS/TRIM. *			
		MD	PARA -MED	EDUC.	TOTAL
	Control Pre-Natal				
	Atención del Parto				
	Atención del Recién Nacido				
	Control Post-Natal				
	Espaciamiento de Embarazos/Educ. Sexual				
	Inmunización				
	Control de Enfermedades Diarréicas				
	Infecciones Respiratorias				
	Infecciones de la Piel				
	SIDA				
	Monitoreo de Crecimiento/Toma Mediciones				
	Alimentación Mujer Embarazada/Lactante				
	Alimentación del Niño < 1 Año				
	Alimentación del Niño Desnutrido/Enfermo				
	Lactancia Materna				
	Vitamina A				
	Preparación de Alimentos				
	Estimulación Temprana				
	Higiene Personal				
	Saneamiento Ambiental (letrinas, etc.)				
	Mejoramiento del Hogar				
	Huertos (familiar, comunal, escolar)				
	Crianza Animales (pollos, cerdos, etc.)				
	Otro:				

		# DE BENEFICIARIOS/TRIM.		
C	CAPACITACION DE PERSONAL COMUNITARIO	PROMOTORES	COMADRONAS	TOTAL
	Control Pre-Natal			
	Atención del Parto			
	Atención del Recién Nacido			
	Control Post-Natal			
	Espaciamiento de Embarazos/Educ. Sexual			
	Inmunización			
	Control de Enfermedades Diarréicas			
	Infecciones Respiratorias			
	Infecciones de la Piel			
	SIDA			
	Monitoreo de Crecimiento/Toma Mediciones			
	Alimentación Mujer Embarazada/Lactante			
	Alimentación del Niño < 1 Año			
	Alimentación del Niño Desnutrido/Enfermo			
	Lactancia Materna			
	Vitamina A			
	Preparación de Alimentos			
	Estimulación Temprana			
	Higiene Personal			
	Saneamiento Ambiental (letrinas, etc.)			
	Mejoramiento del Hogar			
	Huertos (familiar, comunal, escolar)			
	Crianza Animales (pollos, cerdos, etc.)			
	Otro: Primeros Auxilios			
	Uso/Abuso de Medicamentos			

D	EDUCACION DE MADRES DE FAMILIA/OTROS	# DE BENEFICIARIOS/TRIM.		
		MADRES	OTROS *	TOTAL
	Control Pre-Natal			
	Atención del Parto			
	Atención del Recién Nacido			
	Control Post-Natal			
	Espaciamiento de Embarazos/Educ. Sexual			
	Inmunización			
	Control de Enfermedades Diarréicas			
	Infecciones Respiratorias			
	Infecciones de la Piel			
	SIDA			
	Monitoreo de Crecimiento/Toma Mediciones			
	Alimentación Mujer Embarazada/Lactante			
	Alimentación del Niño < 1 Año			
	Alimentación del Niño Desnutrido/Enfermo			
	Lactancia Materna			
	Vitamina A			
	Preparación de Alimentos			
	Estimulación Temprana			
	Higiene Personal			
	Saneamiento Ambiental (letrinas, etc.)			
	Mejoramiento del Hogar			
	Huertos (familiar, comunal, escolar)			
	Crianza Animales (pollos, cerdos, etc.)			
	Otro:			

* OTROS (especificar): _____

VII. ACTIVIDADES COMPLEMENTARIAS

	# DE FAMILIAS BENEFICIADAS/MES			
ACTIVIDADES REALIZADAS	MES 1	MES 2	MES 3	TOTAL
Letrinas Construidas				
Drenajes Instalados				
Basureros Establecidos				
Agua Potable Introducida				
Fuentes de Agua Protegidas				
Hogares Mejorados (ej. techos)				
Estufas Construidas				
Huertos Sembrados				
Arboles Frutales Sembrados				
Crianza de Gallinas				
Crianza de Cerdos				
Crianza de Vacas				
Crianza de Ovejas				
Crianza de Conejos				
Crianza de Peces				
Viveros Forest./Reforestación				
Otra Actividad:				

TOTAL FAMILIAS BENEFICIADAS:				

VIII. ACTIVIDADES DE AUTO-FINANCIAMIENTO

Favor de describir brevemente sus actividades dirigidas a generar fondos para el sostenimiento actual y/o futuro de su proyecto.

Consulta Médica:
Farmacia:
Laboratorio:
Rifas:
Venta de Ropa Usada:
Películas/Videos Públicos:
Tienda Cooperativa:
Preparación/Procesamiento/Conservación de Alimentos (pan, jaleas, helados, etc.):
Fabricación/Exportación de Artículos (ropa, muebles, productos típicos, etc.):

Venta de Cosecha Comunal (huertos o parcelas comunales):
Acuerdos de Cooperación Inter-Institucional (universidades, fundaciones, hospitales, iglesias, etc.):
Personal Ad Honorem/Colaboradores No Pagados por PAMI:
Donación de Mano de Obra:
Donación de Material/Equipo (equipo médico o de laboratorio, mobiliario, medicinas, vehículos, etc.):
Financiamiento/Donación de Dinero en Efectivo (instituciones públicas, privadas o religiosas, nacionales o internacionales):
Otra Actividad (especificar):

1. OTRAS ACTIVIDADES (jornadas médicas, campañas de inmunización, colaboración con otras instituciones, etc.):

2. COMENTARIOS (problemas, necesidades, etc.):

3. ¿Sobre qué temas les gustaría recibir capacitación, asistencia técnica o material de apoyo en el futuro?

4. Si han descubierto nuevos recursos de utilidad a otros grupos, favor de indicar el nombre y precio, y cómo y dónde conseguirlos.

PAMI, enero 1991

ANNEX 4

INSTRUMENTO DE AUTO-EVALUACION DE CALIDAD DE REGISTROS MATERNO E INFANTIL

INSTRUCTIVO

Se deben tomar 5 registros maternos o infantiles al azar y con cada uno de ellos aplicar el instrumento de la manera siguiente:

1. Indicar el nombre del proyecto y la fecha de la evaluación en los espacios indicados.

2. Revisar cada ítem enumerado, y evaluarlo según el siguiente esquema:

   a. Marcar "SI" si lo observado cumple completamente con la afirmación;
   b. Marcar "+/-" si lo observado cumple parcialmente con la afirmación;
   c. Marcar "NO" si lo observado no cumple con la afirmación; y,
   d. Marcar "N/A" (no aplicable) si no se ha observado el ítem, o si no es relevante por alguna razón.

3. Calificar cada sección de la evaluación según el siguiente esquema:

   a. Un "SI" vale 10 puntos;
   b. Un "+/-" vale 5 puntos;
   c. Un "NO" vale 0 puntos; y
   d. Un "N/A" no es tomado en cuenta.

4. Para sacar el punteo de cada sección:

   a. Calcular el total de puntos posibles, sin tomar en cuenta las casillas marcadas "N/A":

      Por ejemplo: Si hay 16 items en la Sección A, y 3 están marcados "N/A", el total de puntos posibles para esta sección sería: 16 items - 3 items = 13 items x 10 puntos = 130 puntos posibles para la Sección A.

   b. Sumar las afirmaciones marcadas "SI", y multiplicarlas por 10:

      Por ejemplo: Si hay 8 items marcados "SI" en la Sección A, sería: 8 items x 10 puntos = 80 puntos.

   c. Sumar las afirmaciones marcadas "+/-", y multiplicarlas por 5:

      Por ejemplo: Si hay 2 items marcadas "+/-" en la Sección A, sería: 2 items x 5 puntos = 10 puntos.

   d. Las afirmaciones marcadas "NO" no reciben ningún punteo, ya que valen 0 puntos.

   e. Para sacar el punteo de la sección:

      * Sumar los puntos ganados (los "SI" y los "+/-"): 80 + 10 = 90, y,
      * Dividirlos entre el total de puntos posibles: 90/130 = 0.69.
      * Multiplicar el resultado por 100: 0.69 x 100 = 69%, lo cual dará el porcentaje de cumplimiento.

5. Utilizar los siguientes rangos de punteo para calificar la calidad de registro:

   a. 80 - 100% = ADECUADA
   b. 60 - 79% = INADECUADA
   c. menos de 60% = DEFICIENTE

INSTRUMENTO DE
AUTO-EVALUACION DE CALIDAD DE REGISTRO MATERNO

PROYECTO: _____ FECHA: _____

A. General:

	SI	+/-	NO	N/A
1. Existe registro materno.	☐	☐	☐	☐
2. Están los datos generales claros.	☐	☐	☐	☐
3. Hay espacio para el motivo de consulta e historia clínica.	☐	☐	☐	☐
4. Se evalúan aspectos gíneco-obstétricos (bajo peso, espaciamiamiento de embarazos, abortos, número de embarazos, cesareas, etc.).	☐	☐	☐	☐
5. Se evalúan aspectos médicos (desnutrición, TB, paludismo, anemia, etc.).	☐	☐	☐	☐
6. Se evalúan aspectos socio-económicos (soltera, adolescente, ingreso bajo, etc.).	☐	☐	☐	☐
7. Esta información se tabula y analiza.	☐	☐	☐	☐
8. Hay espacio para efectuar enfoque de riesgo.	☐	☐	☐	☐

PUNTOS GANADOS	PUNTOS POSIBLES
_____ x 10 puntos = _____ + SI	_____ - _____ = _____ x 10 = _____ Items N/A
_____ x 5 puntos = _____ = +/-	CALIFICACION
Total Puntos Ganados = _____	Ganados / Posibles = _____ x 100 = _____%

B. Consulta por Embarazo:

1. Se pregunta por el peso al inicio del embarazo.	☐	☐	☐	☐
2. Se registra la talla y el peso.	☐	☐	☐	☐
3. Se registra la presión arterial.	☐	☐	☐	☐
4. Se hacen comparaciones con tabla de ganancia de peso.	☐	☐	☐	☐
5. Se registra la altura uterina.	☐	☐	☐	☐
6. Se realizan exámenes de papanicolau.	☐	☐	☐	☐
7. Se establece la edad gestacional.	☐	☐	☐	☐
8. Se registra la frecuencia fetal.	☐	☐	☐	☐
9. Se anotan las características de los movimientos fetales.	☐	☐	☐	☐
10. Se examinan las mamas.	☐	☐	☐	☐
11. Se decide el nivel de atención del parto en base a enfoque de riesgo.	☐	☐	☐	☐
12. Se investiga el deseo de espaciar los embarazos.	☐	☐	☐	☐

PUNTOS GANADOS	PUNTOS POSIBLES
____ x 10 puntos = ____ + SI	____ - ____ = ____ x 10 = ____ Items N/A
____ x 5 puntos = ____ = +/-	CALIFICACION
Total Puntos Ganados = ____	Ganados / Posibles = ____ x 100 = ____ %

C. Morbilidad general:

1. Se da atención de acuerdo con el protocolo específico. ☐ ☐ ☐ ☐
2. Se evalúan las características de riesgo. ☐ ☐ ☐ ☐
3. Se decide alguna conducta en base al riesgo. ☐ ☐ ☐ ☐
4. Se investiga el deseo de espaciar los embarazos. ☐ ☐ ☐ ☐
5. Si se ha efectuado una referencia se anota el lugar y el resultado de la misma. ☐ ☐ ☐ ☐
6. Se aplica el toxoide tetánico a toda mujer entre los 15 y 44 años. ☐ ☐ ☐ ☐

PUNTOS GANADOS	PUNTOS POSIBLES
_____ x 10 puntos = _____ + SI	_____ - _____ = _____ x 10 = _____ Items N/A
_____ x 5 puntos = _____ = +/-	CALIFICACION
Total Puntos Ganados = _____	Ganados / Posibles = _____ x 100 = _____ %

RESUMEN DE LA EVALUACION

SECCION	ASPECTO CALIFICADO	PUNTOS GANADOS	PUNTOS POSIBLES	CALIFICACION
A	General			
B	Embarazo			
C	Morbilidad			
	CALIFICACION PROMEDIO:			

El Registro es (x): _____ ADECUADO _____ INADECUADO _____ DEFICIENTE

OBSERVACIONES:

SEGUIMIENTO:

	SI	+/-	NO	N/A
14. El estado de inmunización está de acuerdo al protocolo de PAI.	☐	☐	☐	☐
15. Se usa la gráfica de peso/edad de 2 curvas para monitoreo de crecimiento sin colores.	☐	☐	☐	☐
16. El número de controles coincide con los puntos en la gráfica.	☐	☐	☐	☐
17. Existe un carnet infantil.	☐	☐	☐	☐
18. El carnet tiene la gráfica de peso/edad de 2 curvas sin colores.	☐	☐	☐	☐
19. El carnet tiene un cuadro para anotar el estado de inmunización del niño.	☐	☐	☐	☐
20. Si han existido referencias se ha anotado hacia dónde o de dónde y que resultado se ha obtenido.	☐	☐	☐	☐

PUNTOS GANADOS	PUNTOS POSIBLES
_____ x 10 puntos = _____ + SI	_____ - _____ = _____ x 10 = _____ Items N/A
_____ x 5 puntos = _____ = +/-	CALIFICACION
Total Puntos Ganados = _____	Ganados / Posibles = _____ x 100 = _____%

RESUMEN DE LA EVALUACION

SECCION	ASPECTO CALIFICADO	PUNTOS GANADOS	PUNTOS POSIBLES	CALIFICACION
A	General			
	CALIFICACION PROMEDIO:			

El Registro es (x): _____ ADECUADO _____ INADECUADO _____ DEFICIENTE

INSTRUMENTO DE
AUTO-EVALUACION DE CALIDAD DE REGISTRO INFANTIL

PROYECTO: _____ FECHA: _____

A. General:

		SI	+/-	NO	N/A
1.	Existe un registro o ficha infantil.	☐	☐	☐	☐
2.	Están los datos generales claramente indicados.	☐	☐	☐	☐
3.	Está indicada la procedencia del niño.	☐	☐	☐	☐
4.	Hay descripción de las características familiares del niño.	☐	☐	☐	☐
5.	Está anotado el nombre de la madre y/o el padre (encargado en su defecto).	☐	☐	☐	☐
6.	Se utiliza la hoja de morbilidad proporcionada por PAMI.	☐	☐	☐	☐
7.	Está claramente identificada la hoja de morbilidad.	☐	☐	☐	☐
8.	Se registró el estado nutricional del niño.	☐	☐	☐	☐
9.	Está anotada la conducta que se tomó de acuerdo al estado nutricional del niño.	☐	☐	☐	☐
10.	La conducta tomada está de acuerdo a lo recomendado en la "Pautas Generales de Atencion para Programas de Recuperación Nutricional".	☐	☐	☐	☐
11.	Si se ha identificado un episodio de diarrea, la conducta tomada está basada en el protocolo de manejo de la enfermedad diarreica.	☐	☐	☐	☐
12.	Si se ha identificado un episodio de IRA, la conducta tomada está basada en el protocolo de atención de IRA.	☐	☐	☐	☐
13.	Se registra en la ficha las inmunizaciones.	☐	☐	☐	☐

ANNEX 5

COMPONENTE:	RIESGO REPRODUCTIVO				
PROYECTO	MEDICOS PEDIATRAS	Col. No.	PRE-TEST	POST-TEST	% MEJOR
El Mirador-CCF	Dr. Oscar López	5668	88	91	3
El Rancho	Dra. Mirta Iraheta	5257	94	100	6
Obras Sociales	Dr. Rocael Hurtado	6037	81	100	23

RESUMEN:	n	R	$\bar{x}$
Pre-Test	3	81- 94	87.7
Post-Test	3	91-100	97.0

PROYECTO	MEDICOS GENERALES	Col. No.	PRE-TEST	POST-TEST	% MEJOR
ACAR-ANACAFE	Dra. Lissette de Tovar	6658	81	---	---
Chocón-CCF	Dr. Erwin Armando Tot	7985	88	100	14
COOUSXA-ANACAFE	Dra. Gladys de Vallejo	7205	66	81	23
El Rancho	Dr. Luis Velásquez		28	75	168
MGRR-La Montaña	Dra. Patricia Amaya	7614	75	72	- 4
Playa Grande	Dr. Nery Estrada	7849	100	100	---
	Dra. Edna Blandina Solís	7878	69	94	36
Tecpán-CCF	Dr. Nery Son López	7403	100	100	---

RESUMEN:	n	R	$\bar{x}$
Pre-Test	8	28-100	75.9
Post-Test	7	72-100	88.9

COMPONENTE:	RIESGO REPRODUCTIVO				
PROYECTO	MEDICOS COLABORADORES *	Col. No.	PRE-TEST	POST-TEST	% MEJOR
COOUSXA-ANACAFE	Dr. César Vallejo	7204	75	100	33
Novillero	Dr. J. Miguel Vásquez	5578	75	91	21

* Médicos NO pagados por PAMI.

RESUMEN:	n	R	$\bar{x}$
Pre-Test	2	75- 75	75.0
Post-Test	2	91-100	95.5

PROYECTO	PERSONAL PARA - MEDICO	PUESTO	PRE-TEST	POST-TEST	% MEJOR
Novillero	Sr. Nicolás Xamínez	enf.	63	100	59
Pochuta	Sor María Mejía Xón	enf.	38	72	89

RESUMEN:	n	R	$\bar{x}$
Pre-Test	2	38- 63	50.5
Post-Test	2	72-100	86.0

C L A V E:

Col. No. = Número de Colegiado Médico
Pre = Calificación del Pre-Test (%)
Post = Calificación del Post-Test (%)
% = Porcentaje de mejoría entre el pre y post-test
n = Número de personas que tomaron el test
R = Rango de calificaciones
$\bar{x}$ = Promedio de calificaciones

COMPONENTE:	LACTANCIA MATERNA Y ALIMENTACION EN EL PRIMER AÑO DE VIDA		Sección A 32 puntos			Sección B 68 puntos			Sección C 40 puntos			TOTAL 140 puntos		
PROYECTO	MEDICOS PEDIATRAS	Col. No.	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR
El Mirador-CCF	Dr. Oscar López	5668	84	---	---	93	---	---	80	---	---	87	---	---
El Rancho	Dra. Mirta Iraheta	5257	84	---	---	82	---	---	83	---	---	83	---	---
Obras Sociales	Dr. Rocael Hurtado	6037	72			75			88			78		

RESUMEN.	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$
Pre-Test	3	72-84	80.0	3	75-93	83.3	3	80-88	85.7	3	78-87	82.7
Post-Test												

PROYECTO	MEDICOS GENERALES	Col. No.	Sección A 32 puntos			Sección B 68 puntos			Sección C 40 puntos			TOTAL 140 puntos		
			PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR
ACAR-ANACAFE	Dra. Lissette de Tovar	6658	53			79			73			71		
AGPCS	Dra. Rosa María Estrada	5796	94			66			83			77		
	Dr. Gerardo del Valle	7942	84			82			65			78		
Chocón-CCF	Dr. Erwin Armando Tot	7985	66	88	33	63	82	30	53	75	42	61	81	33
COOUSXA-ANACAFE	Dra. Gladys de Vallejo	7205	88	84	- 5	84	96	14	85	100	18	85	94	11
El Rancho	Dr. Luis Velásquez		84			76			55			72		
MGRR-La Montaña	Dra. Patricia Amaya	7614	78			57			73			66		
Playa Grande	Dr. Nery Estrada	7849	91	94	3	66	99	50	78	95	22	75	96	28
	Dra. Edna Blandina Solis	7578	84	94	12	82	99	21	83	95	15	83	96	16
Pochuta	Dr. Gilberto González	7308	72	91	26	74	82	11	78	95	22	74	88	19
Tecpán-CCF	Dr. Nery Son López	7403	75	91	21	74	81	10	73	88	21	74	85	15

RESUMEN:	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$
Pre-Test	11	53-94	79.0	11	57-84	73.0	11	53- 85	72.6	11	61-85	74.2
Post-Test	6	84-91	90.3	6	81-99	89.6	6	75-100	91.3	6	81-96	90.0

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COMPONENTE:	LACTANCIA MATERNA Y ALIMENTACION EN EL PRIMER AÑO DE VIDA		Sección A 32 puntos			Sección B 68 puntos			Sección C 40 puntos			TOTAL 140 puntos		
PROYECTO	MEDICOS COLABORADORES *	Col. No.	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR
COOUSXA-ANACAFE	Dr. César Vallejo	7206	91	---	---	87	---	---	98	---	---	91	---	---
Novillero	Dr. José Miguel Vásquez	5578	56			76			63			68		
Playa Grande	Dr. Luis E. Zamora	7824	88	94	7	74	97	31	78	95	22	78	96	23
RESUMEN:			n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$
Pre-Test			3	56-91	78.3	3	74-87	79.0	3	63-98	79.7	3	68-91	79.0
Post-Test														

* Médicos NO pagados por PAMI.

C L A V E:

Sección A: Lactancia Materna y Supervivencia Infantil
Sección B: La Lactancia: Preparación, Inicio y Manejo
Sección C: El Lactante: Lactancia Materna y Alimentación en el Primer Año

Col. No. = Número de Colegiado Médico
Pre = Calificación del Pre-Test (%)
Post = Calificación del Post-Test (%)
% = Porcentaje de mejoría entre el pre y post-test
n = Número de médicos que tomaron el test (por sección)
R = Rango de calificaciones (por sección)
$\bar{x}$ = Promedio de calificaciones (por sección)

COMPONENTE:	MONITOREO DE CRECIMIENTO				
PROYECTO	MEDICOS PEDIATRAS	Col. No.	PRE-TEST	POST-TEST	% MEJOR
El Mirador-CCF	Lr. Oscar López	5668	82	---	---
El Rancho	Dra. Mirta Iraheta	5257	98	---	---
Obras Sociales	Dr. Rocael Hurtado	6037	92	---	---

RESUMEN:	n	R	$\bar{X}$
Pre-Test	3	82-98	90.7
Post-Test	---	---	---

PROYECTO	MEDICOS GENERALES	Col. No.	PRE-TEST	POST-TEST	% MEJOR
ACAR-ANACAFE	Dra. Lissette de Tovar	6658	49	92	88
Chocón-CCF	Dr. Erwin Armando Tot	7985	59	87	47
COOUSXA-ANACAFE	Dra. Gladys de Vallejo	7205	85	---	---
El Rancho	Dr. Luis Velásquez		73		
MGRR-La Montaña	Dra. Patricia Amaya	7614	38		
Playa Grande	Dr. Nery Estrada	7849	67	94	40
	Dra. Edna Blandina Solís	7878	66	94	42
Pochuta	Dr. Gilberto González	7308	63	95	51
Tecpán-CCF	Dr. Nery Son López	7403	72	93	29

RESUMEN:	n	R	$\bar{X}$
Pre-Test	9	38-85	63.6
Post-Test	6	87-95	92.5

COMPONENTE:	MONITOREO DE CRECIMIENTO				
PROYECTO	MEDICOS COLABORADORES *	Col. No.	PRE-TEST	POST-TEST	% MEJOR
ACAR-ANACAFE	Dr. Alvaro Hugo Tovar	6550	75	88	17
COOUSXA-ANACAFE	Dr. César Vallejo	7204	85	---	---
Novillero	Dr. José Miguel Vásquez	5578	43		
Playa Grande	Dr. Luis E. Zamora	7824	64	93	45

* Médicos NO pagados por PAMI.

RESUMEN:	n	R	$\bar{x}$
Pre-Test	4	43-85	66.8
Post-Test	2	88-93	90.5

C L A V E:

Col. No. = Número de Colegiado Médico
Pre = Calificación del Pre-Test (%)
Post = Calificación del Post-Test (%)
% = Porcentaje de mejoría entre el pre y post-test
n = Número de médicos que tomaron el test
R = Rango de calificaciones
$\bar{x}$ = Promedio de calificaciones

COMPONENTE: INMUNIZACION Y SU MANEJO			Sección A 24 puntos			Sección B 48 puntos			Sección C 56 puntos			Sección D 12 puntos			TOTAL 140 puntos		
PROYECTO	MEDICOS PEDIATRAS	Col. No.	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR
El Mirador-CCF	Dr. Oscar Lopez	5668	58	---	---	81	---	---	89	---	---	92	---	---	81	---	---
El Rancho	Dra. Mirta Iraheta	5257	71	---	---	83	---	---	82	---	---	100	---	---	82	---	---
Obras Sociales	Dr. Rocael Hurtado	6037	67			69			70			83			70		

RESUMEN:	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$
Pre-Test	3	58-71	65.3	3	69-83	77.7	3	70-89	80.3	3	83-100	91.7	3	70-82	77.
Post-Test															

			Sección A 24 puntos			Sección B 48 puntos			Sección C 56 puntos			Sección D 12 puntos			TOTAL 140 puntos		
PROYECTO	MEDICOS GENERALES	Col. No.	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR
ACAR-ANACAFE	Dra. Lissette de Tovar	6658	46			50			46			75			50		
Chocón-CCF	Dr. Erwin Armando Tot	7955	46	58	26	75	75	0	73	98	34	67	83	24	69	82	19
COOUSXA-ANACAFE	Dra. Gladys de Vallejo	7205	54	92	70	58	73	26	59	93	58	83	67	-24	60	84	40
El Rancho	Dr. Luis Velásquez		54			63			66			58			62		
HGRR-La Montaña	Dra. Patricia Amaya	7614	58			60			66			58			62		
Playa Grande	Dr. Nery Estrada	7849	83	100	21	63	98	56	70	96	37	75	100	33	70	98	40
	Dra. Edna Blandina Solís	7878	58	100	72	67	98	46	66	96	46	100	100	0	68	98	44
Pochuta	Dr. Gilberto González	7308	46	100	117	52	88	69	57	96	68	92	83	-11	56	93	66
Tecpán-CCF	Dr. Nery Son López	7403	71	92	30	77	90	17	75	96	28	100	92	- 9	77	93	21

RESUMEN:	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$
Pre-Test	9	46- 83	57.3	9	50-77	62.8	9	46-75	64.2	9	58-100	75.7	9	50-77	63.
Post-Test	6	58-100	90.3	6	73-98	87.0	6	93-98	95.8	6	67-100	87.5	6	82-98	91.

COMPONENTE:	INMUNIZACION Y SU MANEJO		Sección A 24 puntos			Sección B 48 puntos			Sección C 56 puntos			Sección D 12 puntos			TOTAL 140 puntos		
PROYECTO	MEDICOS COLABORADORES *	Col. No.	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJOR	PRE-TEST	POST-TEST	% MEJO
COOUSXA-ANACAFE	Dr. César Vallejo	7204	75	100	33	52	81	56	64	91	42	75	83	11	63	89	41
Novillero	Dr. José Miguel Vásquez	5575	54			60			77			83			65		
Playa Grande	Dr. Luis E. Zamora	7824	67	100	49	75	100	33	65	96	41	83	100	21	71	99	39
RESUMEN:			n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$	n	R	$\bar{x}$
Pre-Test			3	54-75	65.3	3	52- 75	62.3	3	64-77	69.7	3	75- 83	80.3	3	63-71	67.
Post-Test			2	100-100	100.0	2	81-100	90.5	2	91-96	93.5	2	83-100	91.5	2	89-99	94.

* Médicos NO pagados por PAMI.

C L A V E:

Sección A: El Programa Ampliado de Inmunización (PAI)
Sección B: Conservación y Manejo de las Vacunas (Cadena de Frío)
Sección C: Esquema Básico de Inmunización Según las Normas Nacionales
Sección D: Mensajes Educativos para la Madre

Col. No. = Número de Colegiado Médico
Pre = Calificación del Pre-Test (%)
Post = Calificación del Post-Test (%)
% = Porcentaje de mejoría entre el pre y post-test
n = Número de médicos que tomaron el test (por sección)
R = Rango de calificaciones (por sección)
$\bar{x}$ = Promedio de calificaciones (por sección)