

~~PA-ACJ-802~~  
PN-ACJ-802

10304

MOTHERCARE (JSI)

BOLIVIA

**HEALTH CARE ESTABLISHMENT BASELINE STUDY**

UBAGEs of Capinota, Quillacollo and Sacaba (Cochabamba)  
UBAGEs II of El Alto and Santiago de Machaca (La Paz)

**FINAL REPORT**

(Draft IV)

EXECUTIVE OFFICE

**Dr. Guillermo Seoane Flores**  
Director of MotherCare - Bolivia

MAIN RESEARCHER

**Andrea A. Cortinois**  
Systems Information Consultant  
MotherCare - Bolivia

SUPERVISOR

**Dr. Ramiro Eguiluz Fernández de Valderrama**  
Information and Research Systems Advisor  
MotherCare - Bolivia

Cochabamba - La Paz  
June 20, 1997

MOTHERCARE (JSI)

BOLIVIA

**HEALTH CARE ESTABLISHMENT BASELINE STUDY**

UBAGEs of Capinota, Quillacollo and Sacaba (Cochabamba)  
UBAGEs II of El Alto and Santiago de Machaca (La Paz)

**FINAL REPORT**

(Draft IV)

EXECUTIVE OFFICE

**Dr. Guillermo Seoane Flores**  
Director of MotherCare - Bolivia

MAIN RESEARCHER

**Andrea A. Cortinois**  
Systems Information Consultant  
MotherCare - Bolivia

SUPERVISOR

**Dr. Ramiro Eguiluz Fernández de Valderrama**  
Information and Research Systems Advisor  
MotherCare - Bolivia

Cochabamba - La Paz  
June 20, 1997

### 9. Sistema de Referencia

El listado de los establecimientos de referencia, por cada uno de los establecimientos visitados, por departamento, UBAGE y municipio, se encuentra como anexo 7.

9.1 Porcentaje de establecimientos que pueden contar con un vehículo propio en los casos de emergencia: 25.5%

9.2 Condiciones del camino de acceso al establecimiento de referencia

Buenas = carretera asfaltada o camino no asfaltado pero en perfectas condiciones  
Regulares = camino no asfaltado, en condiciones aceptables, transitable todo el año  
Malas = camino en malas condiciones, transitable solo por unos meses del año

Condiciones	Establecimientos N. y (%)
Buenas	46 (46.5)
Regulares	24 (24.2)
Malas	29 (29.3)
<b>Total</b>	<b>99 (100)</b>

9.3 Transitabilidad del camino en meses por año

Transitabilidad en Meses	Establecimientos N. y (%)
12	70 (70.7)
De 7 a 11	20 (20.2)
Hasta 6	9 (9.1)
<b>Total</b>	<b>99 (100)</b>

Media = 10.8 meses Dev. est. = 2.1 meses

9.4 Medio de transporte utilizado para la referencia y tiempos de referencia

Medio de Transporte	Establecimientos N. y (%)	Tiempo Promedio de Referencia*	Dev. Est.*	Tiempo Min.*	Tiempo Máx.*	Moda*
Auto particular	42 (42.4)	2.10	2.90	0.25	16.00	0.50
Motocicleta	37 (37.4)	1.70	2.00	0.25	9.00	0.50
Triciclo	24 (24.3)	2.00	1.70	0.50	6.00	0.50
Carrocería	12 (12.1)	5.40	5.00	0.50	18.00	1.00
Motocicleta/Bici	5 (5.1)	2.70	2.60	0.50	6.00	1.00
Carrocería	4 (4.0)	16.60	21.10	2.50	48.00	8.00
Carrocería	3 (3.0)	3.20	2.90	1.00	6.50	1.00
Carrocería	2 (2.0)	3.50	2.10	2.00	5.00	2.00

Tiempo en horas y centésimos de horas.

Tiempo promedio de referencia, general: h 2.8. Moda general: h 0.5.

## PREFACE

The main researcher and author of this report was contracted by MotherCare Bolivia from August 1996 through January 1997, as a consultant to support the person in charge of the health information system in the gathering of useful information for the creation of the key monitoring and evaluation indicators for the MotherCare Project.

The creation of said indicators is based on information gathered from various sources and using various methodologies. The goal of this Study is to update and complement the information obtained through other research, focusing specifically on the data available only at the peripheral service level.

The author wishes to thank the following for their friendship, interest, support and valuable collaboration:

- ▶ Dr. Guillermo Seoane, MotherCare - Bolivia Project Director
- ▶ Dr. Ramiro Eguiluz, in charge of the MotherCare - Bolivia Project Information System
- ▶ Ana María Vargas, Esq., who collaborated from the first steps of the design and logistical organization phases of the study
- ▶ Elizabeth Benevides, Esq., and Sofía González, Esq., who carried out a part of the field work in Cochabamba and La Paz, respectively
- ▶ Mario Soria Galvarro, Eng., who supported the review and data analysis phases
- ▶ all the other colleagues and friends of the MotherCare - Bolivia team
- ▶ the health care personnel and authorities from the five UBAGEs in the study who always showed interest and availability regarding the project and in some cases participated spontaneously and actively in the study activities

Cochabamba, June 20, 1997

## CONTENTS

Introduction

Structure of the Report

Data Analysis Plan

Results

*1. Population*

*2. Human Resources*

*3. Infrastructure and Services*

*4. Control of Anemia in Pregnant Women*

*5. Information, Education, Communication and Counseling (IEC/C) Activities in Maternal and Perinatal Health*

*6. Family Planning (PF)*

*7. Routine Activities in Obstetric-Perinatal Care*

*8. Obstetric-Perinatal Complications*

*9. Referral System*

*10. Health Information System*

Comparison of the Results of the Situational Analysis and Baseline Study in the 29 Health Care Establishments Common to Both Research Efforts

Conclusions and Recommendations

Annexes

*Annex 1: Questionnaire T*

*Annex 2: Questionnaire D*

*Annex 3: List of establishments visited, by department, UBAGE and municipality*

*Annex 4: List of establishments visited, by level*

*Annex 5: List of establishments visited, by administrative agency*

*Annex 6: List of establishments NOT visited, by department, UBAGE and municipality*

*Annex 7: List of referral establishments for each establishment in the study*

*Annex 8: Summary of the results related to the Situational Analysis chapters on essential equipment, essential pharmaceuticals and supplies*

## **INTRODUCTION**

### **ORIGIN AND OBJECTIVES OF THE STUDY**

The idea of an Establishment Baseline Study arose for various reasons.

First, it was observed that the data gathered from the Situational Analysis in 1995 referred only to district hospitals, part of the health care centers and an even more limited portion of the health care posts without physicians (a total of 29 establishments). On the one hand, said information appeared to be incomplete and not sufficiently up-to-date at the starting time of the project's practical activities. On the other hand, it was considered very useful to develop new and more agile instruments for gathering data, focusing solely on the aspects of the health services most closely related to the activities planned within the scope of the project.

Second, it was considered important to perform an analysis of the records and reports at the peripheral level in order to gather the information necessary to construct the indicators, information which could not be derived from the reports and other sources of information available at the central level.

Finally, due to the importance of the quality of the information needed for the follow-up phase of the project, it was considered essential to have a complete and updated assessment of the National Sub-System of Health Information (SNIS) in the five MotherCare Project UBAGE intervention areas<sup>1</sup>.

Due to the aforementioned reasons, the following general objective of the study was defined:

gather, tabulate and analyze the information available only at the level of the health care establishments which is needed to create the monitoring and evaluation indicators and to complete the situational assessment.

---

<sup>1</sup>In reality, due to the new districting by the Cochabamba Departmental Health Office (DIDES), there are seven, not five, project intervention area UBAGEs since the District of Quillacollo has been subdivided into the three UBAGEs of Quillacollo, Tapacari and Independencia, following the start of the project. Notwithstanding, in order to simplify, these three UBAGEs will continue to be called Quillacollo (UBAGE - basic unit of transaction - is the term which substituted the word District in the new nomenclature).

The general objective was defined with greater precision by means of the following specific objectives:

1. gather and complete the information for the situational analysis study
2. gather, directly from the records, complementary information which is not available from the situational analysis needed for the creation of the monitoring and evaluation indicators
3. quantify the current SNIS situation regarding its structure and operation in terms of quantity and quality of information

## **STUDY METHODOLOGY AND INSTRUMENTS**

The first step in the design phase of the study was the review of the available documentation on the MotherCare Project. The main characteristics of the project were analyzed in terms of goals, components, general and specific objectives, and interventions. In this manner, the work to define the monitoring and evaluation indicators was begun, an indispensable basis for defining the information the study should gather.

The second step was to establish which information was to be gathered on a daily basis through visits to the health care establishments and which was to be gathered through questionnaires to be filled out by those in charge of the SNIS for each service, following a workshop on the presentation of the study and a specific training workshop.

The first contact with the personnel from the five UBAGEs was through meetings with the UBAGE directors and those departments in charge of the SNIS. During the meetings, the objectives of the study were explained and the dates and programs for the training workshops were defined, in addition to creating a tentative schedule for visits to the health care establishments.

Five workshops were planned, one for each UBAGE. Notwithstanding, it was possible to conduct only four due to a personnel strike in UBAGE II of El Alto. Representatives from 80 - 90% of the establishments participated in this phase of the study. Absences were due to various factors which were out of MotherCare's control. The main characteristics of the project, the reasons for the study, and the questionnaire which representatives from each establishment were to fill out were presented in the workshops. The training for the completion of said questionnaire was based on a precise analysis, on a question by question basis, and on a practical exercise.

At the end of the workshops, all the observations and suggestions related to the questionnaire, which was worded in its definitive format (Questionnaire T, Annex 1), were summarized and analyzed. In addition, a second and much more agile questionnaire was structured to be filled out directly by the person in charge of the study during the visits to the establishments. This questionnaire (Questionnaire D, Annex 2) was prepared in two versions: a more complete one for the district and referral hospitals (basic hospitals in the new nomenclature) and for the health care centers with internment services, and the second and more simplified one for the health care centers without internment and the health care posts.

These questionnaires consist of chapters describing the establishment (geographic location, level and property: available human resources and level of training, available services, active programs, basic personnel instruments), chapters on the control of anemia in pregnant women, chapters on information, education, and communication and counseling (IEC/C) activities, family planning activities, epidemiological data and obstetric-perinatal care activities, data on the structure and functioning of the SNIS, with the comparison, in some cases, of the information summarized monthly in the report directed to the central level and the data recorded in the local use books.

## **PERFORMANCE OF THE STUDY**

In addition to the National Secretary of Health (SNS) establishments, those establishments belonging to the National Office of Health and other institutions (NGOs, churches, unions, etc.) which collaborated with the SNS by at least providing SNIS data on a monthly basis were considered part of the study.

The field work phase started with visits to the UBAGE establishments in Cochabamba. The original idea was to visit all the establishments. Notwithstanding, it was clear from the beginning that the tentative schedule had been too optimistic due to the distances, road conditions and difficulties encountered in the review of the completion of Questionnaire T.

Consequently, at the end of the field work, performed between October and December 1996, and notwithstanding the support provided to the person in charge of the study by two assistants who took care of one part of the UBAGE in Quillacollo and of the two UBAGES in La Paz, it was only possible to visit 100 establishments over a total of 119 operating at the time of the study (84% of the total).

There have been several problems in the performance of the research.

First, this year the rainy season came early and was heavier than usual. Consequently, the traveling times were longer than had been foreseen and some of the establishments were completely isolated. This problem delayed the visit schedule and the successive phases of tabulation and data analysis.

Another problem was related to the reality of the health care services. The very poor quality of the records and notebooks and their heterogeneity in the majority of the establishments, as well as the generalized lack of training of the personnel in the handling of the SNIS, made the review of the completion of Questionnaire T and the gathering of data for Questionnaire D longer and more difficult than had been anticipated, which became another factor in the delay in the initially defined schedule.

A third problem partially affected the quality of the data, especially in La Paz. The person in charge of the study and the two assistants carried out the field work contemporaneously. For this reason, the supervision by the person in charge could not be continuous and several times the very communication between the three members of the team was not satisfactory. These difficulties produced a partial qualitative lack of homogeneity in the data gathered in Cochabamba and La Paz.

In addition, the assistant in La Paz encountered difficulties in accessing the records of several establishments in El Alto which belonged to the church. Consequently, she had to accept the data from the parties in charge of said establishments without having the opportunity of carrying out a direct verification of the information.

In order to solve this problem, a task involving quality control and completion of the data from the two UBAGEs in La Paz was carried out in a later phase.

## **LIMITATIONS OF THE STUDY**

The Health Care Establishment Baseline Study is essentially a descriptive study. In order to obtain a more exhaustive image of the five MotherCare Project UBAGE intervention areas, it is recommended that the analysis of the results be completed by comparing these with the results from the other studies performed in the first phase of the project, that is the Situational Analysis, the Community Baseline Study, and the studies on the prevalence of syphilis and anemia. In this report, a comparison with the situational analysis is proposed as a first step.

In addition, the study was designed during a phase of the MotherCare Project in which the definitive key indicators still had not been identified. Therefore, it did not gather all the information later shown to be useful and, on the other hand, focused on some aspects which were marginalized in later phases of the project.

## STRUCTURE OF THE REPORT

The content of this report is organized in the following manner:

Data analysis plan	In this chapter, after a brief introduction, a list of the analytical tables which are found in the results section is presented.
Results	This chapter presents the results of the study in percentages and analytical tables.
Comparison of AS and LBE results in the 29 common establishments	This chapter contrasts the results from the Situational Analysis with the LBE results in relation to the 29 establishments common to the two studies.
Discussion and conclusion	This section comments on the results in a narrative format, comparing them when possible to the situational analysis. In addition, conclusions and references are presented in reference to the objectives and activities of the MotherCare Project.
Annexes	These contain the questionnaires used in the study and the lists of data related to some thematic areas. They also contain a summary of the results from the two chapters on Situational Analysis: "Essential Equipment" and "Essential Pharmaceuticals and Supplies."

## **DATA ANALYSIS PLAN**

As previously described, the Health Care Establishments Baseline Study is essentially a descriptive study. For this reason, the analysis of the data gathered was limited, in great part, to the list of variables, classified by descriptive category and by obtaining the relative percentages. Generally, the lists were organized by department, health care district and municipality, establishment level and property. Only in some cases was an analysis performed by crossing variables.

The analysis of the epidemiological data and service activities was completed with the appropriate statistical measurements. In the presentation of said data, the level of presumed quality of the instruments (records and notebooks) used for their gathering is always emphasized.

In the process of comparison of the data recorded in the notebooks and records of each establishment with the data summarized in the monthly SNIS report, the percentage of error in relative (net difference over the overall data relative to a year of activity) and absolute (sum of all the differences, in absolute terms, for each month of activity, for twelve months) terms was analyzed. In the calculation of said differences, the local use records and notebooks were considered a first term of reference.

### **List of Tables**

#### *1. Population*

- 1.1 Percentage of establishments visited and not visited during the study, by department and UBAGE
- 1.2 Distribution of establishments visited by level
- 1.3 Distribution of establishments visited by administrative agency

#### *2. Human Resources*

- 2.1 Personnel, by professional category, by department and UBAGE
- 2.2 Personnel, by professional category, by level
- 2.3 Percentage of establishments, by level, with medical and paramedical personnel, by professional category
- 2.4 Percentage of establishments, by level, with personnel who live at the establishment
- 2.5 Percentage of establishments with medical and/or paramedical personnel on duty at night
- 2.6 Medical and/or paramedical personnel on duty at night, by professional category
- 2.7 Percentage of personnel, by professional category, trained in handling obstetric-perinatal emergencies
- 2.8 Percentage of establishments which have at least one professional trained in handling obstetric-perinatal emergencies

- 2.9 Percentage of personnel, by professional category, trained in IEC/C methods in family planning
- 2.10 Percentage of establishments which have at least one professional trained in IEC/C methods in family planning
- 2.11 Percentage of personnel, by professional category, trained in handling the SNIS
- 2.12 Percentage of establishments which have at least one professional trained in handling the SNIS

### *3. Infrastructure and Services*

- 3.1 Availability of beds by department and UBAGE
- 3.2 Availability of services in the establishments, by UBAGE and establishment level
  - A. General
  - B. UBAGE of Capinota
  - C. UBAGE of Quillacollo
  - D. UBAGE of Sacaba
  - E. UBAGE II of El Alto
  - F. UBAGE of Santiago de Machaca
- 3.3 Percentage of establishments with a delivery room for exclusive use over the total of establishments with a delivery room
- 3.4 Active programs in the establishments, by UBAGE and establishment level
  - A. General
  - B. UBAGE of Capinota
  - C. UBAGE of Quillacollo
  - D. UBAGE of Sacaba
  - E. UBAGE II of El Alto
  - F. UBAGE of Santiago de Machaca
- 3.5 Available and perfectly operable basic equipment in the establishments, by UBAGE and establishment level
  - A. General
  - B. UBAGE of Capinota
  - C. UBAGE of Quillacollo
  - D. UBAGE of Sacaba
  - E. UBAGE II of El Alto
  - F. UBAGE of Santiago de Machaca

### *4. Control of Anemia in Pregnant Women*

- 4.1 Percentage of establishments which monitor anemia in pregnant women
- 4.2 Method used routinely for monitoring anemia in pregnant women
- 4.3 Availability of ferrous sulphate over the past year
- 4.4 Availability of ferrous sulphate at the time of the visit
- 4.5 Relationship between the availability of ferrous sulphate in the last year and its availability at the time of the visit

*5. Information, Education, Communication and Counseling (IEC/C) Activities in Maternal and Perinatal Health*

- 5.1 Percentage of establishments which perform IEC/C activities
- 5.2 Personnel in charge of IEC/C activities, by professional category
- 5.3 Percentage of establishments which perform counseling services
- 5.4 Personnel in charge of counseling activities, by professional category
- 5.5 The counseling activities are directed to
- 5.6 Percentage of establishments which organize discussions on maternal-perinatal health for health care professionals
- 5.7 Percentage of establishments which organize discussions on maternal-perinatal health for patients and for the community
- 5.8 Establishments which organize educational activities on maternal-perinatal health during waiting time, by establishment level
- 5.9 Establishments which create educational materials on maternal-perinatal health, by establishment level
- 5.10 Establishments, by level, with availability of educational material, by type of material
- 5.11 Establishments, by level, with availability of equipment for educational activities, by type of establishment
- 5.12 Institutions, by type, with which the establishments, by level, coordinate the IEC/C activities
- 5.13 Type of support received by the establishments, by level, from the institutions with which the IEC/C activities are coordinated

*6. Family Planning (PF)*

- 6.1 Percentage of establishments which perform PF activities
- 6.2 Personnel in charge of PF activities, by professional category
- 6.3 The PF activities are directed to
- 6.4 Percentage of establishments which carry out free distribution of any type of contraceptive
- 6.5 Availability of any type of contraceptive over the last year in the establishments which have free distribution
- 6.6 Availability of any type of contraceptive at the time of the visit in the establishments which have free distribution
- 6.7 Relationship between the availability of any type of contraceptive and their availability at the time of the visit in the establishments which have free distribution

*7. Routine Activities in Obstetric-Perinatal Care*

*8. Obstetric-Perinatal Complications*

*9. Referral System*

- 9.1 Percentage of establishments which have their own vehicle for use in case of emergency
- 9.2 Road conditions for access to the referral establishment
- 9.3 Travel conditions of the road in months per year
- 9.4 Means of transportation used for referral and referral times
- 9.5 Average time of referral, general

*10. Health Information System*

- 10.1 Average number of records or notebooks used by establishment level
- 10.2 Personnel in charge of handling the SNIS, by professional category

## CONCLUSIONS AND RECOMMENDATIONS

### CONCLUSIONS

#### 1. Population

- 1.1) 67% (80) of the total *establishments in operation* in the MotherCare Project intervention area are in the Department of Cochabamba. Of the 80, 43 (53.7%) are health care posts, most of which are located in areas with difficult access. The high number of services, their characteristics, their geographic distribution, the general conditions of the roads in Cochabamba and the seasonal climactic conditions of said department suggest the need to foresee considerably broader working times in this department than in the Department of La Paz in all phases of the project which require field work and visits to the establishments. The observation that of the 39 establishments in La Paz, 10 (25.6%) are in the city of El Alto, which is easily accessible from the Project's Central Office, confirms this conclusion.
- 1.2) 70% of the establishments visited are directly administered by the SNS, the main speaker for MotherCare in the project.

#### 2. Human Resources

- 2.1) 15 *gynecologists and/or obstetricians* work in the five UBAGEs. 9 work in the referral hospitals, 5 work in the health care centers with internment services, and one works in a health care center without internment services. The study confirms the observation by the Situational Analysis (AS) that there are no gynecologists/obstetricians in the UBAGE of Capinota while there is a gynecologist in the UBAGE of Santiago de Machaca.

The number of gynecologists/obstetricians appears to be very low in relation to the population (1.0 gynecologists per 10,000 women of childbearing age in Quillacollo, 0.8 per 10,000 in Sacaba, 1.4 per 10,000 in El Alto, and 0.4 per 10,000 in Santiago de Machaca). We will later analyze the possible relationship between the number of gynecologists/obstetricians and the number of maternal deaths at the UBAGE level.

- 2.2) 127 *general physicians*, or physicians with a different specialty, work in the five UBAGEs. All the referral hospitals and health care centers have one or more physicians. The ratio between the number of physicians and the number of establishments which should have this professional category, as defined by the standards, is highest in El Alto (3.8) and lowest in Capinota (1.2).

There are 1.6 physicians per 10,000 inhabitants in Capinota, 1.7 per 10,000 in Quillacollo, 1.4 per 10,000 in Sacaba, 2.6 per 10,000 in El Alto, and 2.2 per 10,000 in Santiago de Machaca.

The study is concordant with the AS in that there is a relatively homogeneous,

though scarce, assignation of general physicians in all the UBAGEs and at the different levels in the system. Notwithstanding, it is difficult to consider this professional category as one of the most stable ones at the primary level since the majority of the general physicians are complying with their Compulsory Year of Rural Service (provincial year).

- 2.3) 41 *licensed nurses* work in the five UBAGEs. Only 40% of the health care centers without internment services, 36.4% of the health care centers with internment services and 75% of the referral hospitals have licensed nurses. The ratio between the number of licensed nurses and the number of establishments which should have this professional category, as defined by the standards, is highest in El Alto (1.2) and lowest in Capinota and Sacaba (0.5). There are 0.7 licensed nurses per 10,000 inhabitants in Capinota, 0.6 per 10,000 in Quillacollo, 0.4 per 10,000 in Sacaba. 0.8 per 10,000 in El Alto and 0.6 per 10,000 in Santiago de Machaca.

The study shows, more clearly than in the AS, the very low number of licensed nurses working in the project intervention area, a total of less than one third of the physicians. The relative lack of licensed nurses contributes to the importance of the nursing assistants in the system.

- 2.4) 204 *nursing assistants* work in the five UBAGEs. 92% of the establishments have nursing assistants. All the health care posts, 84% of the health care centers without internment services, 95% of the health care centers with internment services and all the referral hospitals have this professional category. El Alto has the highest ratio (6.4) between the number of nursing assistants and the number of establishments and Capinota has the lowest (0.9). There are 2.7 nursing assistants per 10,000 inhabitants in Capinota, 2.5 per 10,000 in Quillacollo, 1.8 per 10,000 in Sacaba, 4.5 per 10,000 in El Alto and 4.5 per 10,000 in Santiago de Machaca.

The majority of the nursing assistants have item\* and have been working for several years in the same geographic area. Consequently, they can be considered the axis of the system in terms of continuity. For this reason, the potential impact of the training process promoted by the MotherCare Project could be especially positive with regard to this professional category.

- 2.5) 44 *odontologists* work in the five UBAGEs. There are odontologists in 60% of the health care centers without internment services, in 54.5% of the health care centers with internment services and in 100% of the referral hospitals.

The number and distribution of the odontologists suggests a relatively good potential in terms of curative activities. On the other hand, these same characteristics allow for the inference of a significantly more limited impact in terms of preventive activities.

- 2.6) The study confirms the results of the AS regarding *other personnel* found in the

establishments. The number of biochemists, laboratory technicians, statisticians, nutritionists, pedagogues, psychologists, social workers, etc., is extremely low and generally limited to the referral hospital level. There are only 14 laboratory technicians and 8 biochemists in the five UBAGEs. The study, contrary to the AS, did not specifically analyze the category of anesthesiologists.

2.7) The data on human resources show a relatively more positive situation in El Alto, probably due to its urban area characteristics, and a situation of significant disadvantage in Sacaba and Capinota, the UBAGEs which have the lowest ratios of personnel in all professional categories.

2.8) 74% of the establishments have *personnel on duty* at night. Specifically, 77.3% of the health care posts, 38.5% of the health care centers without internment services, 100% of the health care centers with internment services and 100% of the referral hospitals have night duty personnel. This information generally confirms the AS results.

Regarding those establishments without internment services, it is worthwhile to observe that the data regarding night duty personnel are directly related to the data on the personnel who live at the establishment itself on a 24 hour basis. This explains the high percentage of health care posts with night care compared to the relatively low percentage in health care centers without internment services.

It must also be added that in 11 of the 26 establishments where there are no formal night shifts (42.3%), there are, notwithstanding, personnel who live at the establishment itself, thereby guaranteeing in some way a response in case of emergency.

Nursing assistants are the ones on duty in the majority of cases (69 establishments). There are general physicians on duty in 27 establishments and licensed nurses on duty in 9.

2.9) Regarding the level of *training in the handling of obstetric-perinatal emergencies*, taking into consideration only the specific training received after the conclusion of graduate and post-graduate academic studies, 5 gynecologists/obstetricians (33.3%), 13 general physicians (10.2%), 3 licensed nurses (7.3%) and 9 nursing assistants (4.4%) were trained through heterogeneous courses in terms of theory-practical content, duration and organizing agency.

2.10) Similar results are found in terms of *training in IEC/C methods in family planning*, information gathered as an example of training in IEC/C. In this case, 4 gynecologists/obstetricians (26.7%), 32 general physicians (25.2%), 9 licensed nurses (22%) and 9 nursing assistants (4.4%) received training.

Considering that family planning is one of the components of maternal health which

attracts the most attention from the supporting agencies, it can be imagined that an even more reduced number of personnel has taken part in training activities in IEC/C methods related to other aspects of maternal and perinatal health.

- 2.11) The percentages related to specific *training in handling the SNIS* are even lower. Only 7 physicians of any specialty (4.9%), 2 licensed nurses (4.9%) and 9 nursing assistants (4.4%) received training in the handling of the information system.

These percentages have been calculated without taking into account the one day or less of training conducted by DIDES for personnel who are starting their provincial year, a training universally considered to be insufficient by the participants themselves.

The information shows how important the planned training activities could be in the scope of the MotherCare Project.

It is difficult to compare the information regarding training with the data related to the same category and gathered by the AS because of the two studies' different objectives and structure. The Baseline Study was to gather only some information directly related to the training activities in the project work plan without taking into account variables such as level of satisfaction at work, salary, behavior, etc.

### 3. Infrastructure and Services

- 3.1) The availability of *beds* per inhabitant is generally low, with a general average of 4.8 per 10,000 inhabitants and UBAGE statistics of 7.0 per 10,000 inhabitants in Capinota, 4.9 per 10,000 in Quillacollo, 2.9 per 10,000 in Sacaba, 5.4 per 10,000 in El Alto and 4.6 per 10,000 in Santiago de Machaca.
- 3.2) The most commonly offered *service* is that of outpatient consulting which exists in practically 100% of the establishments. The presence of a pharmacy is also very common, especially in the health care centers with internment services and in the district or referral hospitals (95.5% and 100%, respectively). Around 50% of the establishments have a delivery room and odontology office. Notably absent are operating room services (in 7% of the establishments and only in 50% of the district hospitals), x-ray services (also 7%) and anatomical pathology services (only in one district hospital). Blood bank services are nonexistent.

Generally, the differences between the UBAGEs regarding availability of services are not marked. In Capinota there is the lowest percentage of services with a pharmacy (46.2%) and in Santiago de Machaca the lowest percentage with a delivery room (31.0%). The majority (60.8%) of the establishments which have delivery rooms use them exclusively for this purpose.

The overall information on the availability of a delivery room is naturally lower in the study than in the AS since the population included all the lower level establishments which, for the most part, do not have this service. The information related to health care centers with internment services and to district and referral hospitals is confirmed.

- 3.3) Among the *activities* performed in a planned fashion, the most common are maternal-perinatal care and pediatric care. 97% of the establishments perform activities related to the PAI and provide care for the child age 5 and younger. 89% provide care for women of childbearing age and 75% provide support for deliveries at home. The MotherCare Project reinforces those areas of activity of greatest importance. For this reason, it can be foreseen that the training, the institutional support, the improvement of the referral and counter-referral system, and the information system can achieve a major impact.

There are no significant differences between the UBAGEs with regard to activities implemented in a planned fashion.

- 3.4) The analysis of the availability of *equipment* in the context of the study was very simple. Only the availability and conditions of some basic instruments for outpatient consulting (tensionometer, scale for adults and babies, stethoscope, clinical and Pinard examining table) and some basic laboratory equipment (for hematological and urine analysis) were taken into account. In the case of equipment for consulting activities, the results were positive, with percentages of establishments with perfectly operational instruments between 95% for the clinical table and 79% for the Pinard. In the case of the basic laboratory equipment, on the other hand, the percentages are very low: 16% of the establishments have urine analysis equipment and 13% have equipment for hematological analysis.

In the case of *equipment for consulting*, there are no significant differences between the various establishment levels. The percentages would be higher taking into account the establishments which have instruments but which are not in perfect operational condition. This is the case, for example, with the María Auxiliadora de Kami Hospital, a fourth level establishment.

In the case of *laboratory equipment*, the availability is limited, generally and as foreseeable, to those establishments which have a laboratory. Notwithstanding, there are some exceptions: the Independencia Hospital and four establishments in La Paz state that they have equipment but no laboratory. This information will be checked during the review which has already begun in the UBAGE II of El Alto.

There are no significant differences between the UBAGEs with regard to availability of equipment.

The results in this section cannot be compared directly to those of the AS because of

the very different structure of the two studies. Since the AS chapters on "Essential Equipment" and "Essential Medications and Supplies" are pretty complete and of great interest, it is proposed that the results achieved be summarized as Annex 8.

#### 4. *Checking for Anemia in Pregnant Women*

- 4.1) In almost all the establishments (98%), the level of anemia in pregnant women is monitored. Notwithstanding, only in 18% are methods used which are not those involving simple clinical observation. Consequently, the support MotherCare is providing for the introduction of new methods for measuring the level of hemoglobin during routine prenatal care can be considered as important.

The percentage of establishments which exclusively use clinical observation for the determination of anemia is substantially higher in this study than in the AS (80.6% and 62.1%, respectively). It is not possible to justify this difference with the presence of health care posts and centers without internment services which generally do not have a laboratory because the differences in the percentages among the various levels of service are not significant.

- 4.2) 92% of the establishments state they had continuous availability of ferrous sulphate during the entire previous year. This information was reinforced by the observation that in 91% of the establishments there was ferrous sulphate at the time of the visit. No important differences were observed between the various UBAGEs or between the various levels of services. These percentages are definitively better than those found in the AS. The difference could indicate an improvement in the system of distribution of ferrous sulphate from the center to the periphery.

#### 5. *Information, Education, Communication and Counseling (IEC/C) Activities in Maternal and Perinatal Health*

- 5.1) 98% of the establishments have *IEC/C activities* in maternal and perinatal health and a lower percentage, 96%, offer *counseling* on related topics.

The *professionals most in charge* of this activity are the nursing assistants (a total of 103 in 73 establishments for IEC and 99 in 69 establishments for counseling). Physicians and licensed nurses follow, in numerical order. This subdivision of responsibilities directly reflects the relative availability of the various professional categories in the project intervention areas.

The counseling activities are directed, in almost equal proportion, to women alone and women accompanied by their partners.

- 5.2) In the majority of the establishments (64%), there are *discussions* on topics regarding maternal and perinatal care for health care professionals and in more than 85% for the patients and the community. In a quarter of the establishments there are

*educational activities during the waiting time.* It is important to break down this last information by establishment level because the waiting time is generally longer only at the referral hospital level and in some health care centers of greater size. In this sense, it can be observed that only in 41% of the health care centers with internment services and in 50% of referral hospitals, is the waiting time used to organize discussions, show videos or for other maternal health care activities.

- 5.3) With regard to the availability of *educational materials*, almost 50% of the establishments directly produce some type of material, with percentages which increase slightly with the center's level of complexity. Of the material received from the central level, the most common items are: flip-charts, available in 76% of the establishments, posters, available in 50%, and manuals, available in 48%. Generally, there is not great availability of educational materials. A good number of establishments, especially health care posts or centers without internment services, state that they do not have any kind of material (almost 20% of the health care posts and more than 15% of the health care centers without internment services). Again, the MotherCare Project can contribute much to improving the quality of the services offered by distributing educational materials and providing training in their use.
- 5.4) The only type of useful *equipment* in the educational activities which is available in more than half the establishments consists of blackboards (in almost 60%) and papelografos\* (in 51%). Projectors, televisions, video and audio recorders and radios are much less common, with availabilities between 2 and 22% in the establishments.
- 5.5) Many establishments *coordinate educational activities* in maternal and perinatal health with other institutions. The work is more commonly organized jointly with educational institutions (schools, in 55% of the cases), RPSs (52%), mothers' clubs (43%), NGOs (37%) and unions (36%). Naturally, the calculation of these percentages did not take into account those responses indicating coordination with the agency which directly administers the establishment. For this reason, the percentage related to the DIDES, for example, is very low (2%), inasmuch as the DIDES in La Paz and Cochabamba are directly responsible for the majority of the establishments which were included in the study (70%).
- 5.6) As a result of the coordination of activities with other institutions, in some cases the institutions receive different kinds of *support*. Specifically, almost 40% of the centers state that they have received training, 38% that they have received educational material, 28% that they have received economic support and a fourth that they have received equipment and supplies.

Comparison with AS.

## 6. Family Planning (PF)

- 6.1) 90% of the establishments should perform *IEC/C activities in PF*. There is no

relationship between the lack of PF provided and the administration of the establishment by the church.

The information regarding the *personnel in charge* of IEC/C activities in PF perfectly superimposes the information regarding the personnel in charge of IEC/C activities in maternal health, as summarized in point 5.1.

On a positive note, in almost 68% of cases, these activities are directed to the couple and not to the woman alone.

- 6.2) Less than 30% of the establishments have *free distribution of contraceptives* of various types. In this group, the availability of contraceptives can be considered continuous in 80% of the centers which confirm the information from the last year and at the time of the visit.

Comparison with AS.

#### 7. *Routine Activities in Obstetric-Perinatal Care*

7.1)

Comparison with AS.

#### 8. *Obstetric-Perinatal Complications*

8.1)

Comparison with AS.

#### 9. *Referral System*

- 9.1) A quarter of the establishments have their own *vehicle* for the referral of emergency cases. In more than half the cases, the referred patients have a difficult trajectory on unpaved roads which are often in poor condition. In addition, some 30% of the establishments are isolated from their referral center during the rainy season for periods of time of up to six months. As was observed in point 1.1, the conditions of accessibility to the establishments are much more difficult in the Department of Cochabamba.

- 9.2) The means of transportation used most frequently for referral are private cars (in 42% of the cases) and ambulances (in 37% of the cases). The average time of referral is almost 3 hours with maximum times of up to 48 hours. The general moda\* is half an hour.

With regard to the AS, the two means of transportation most frequently used are

confirmed, even upon modifying the relative percentages of use.

- 9.3) On the availability of resources in the referral center, it is only possible to compare the information regarding the presence of an obstetrician and blood bank.

There is an obstetrician in 60% of the direct referral establishments in Capinota, in 42.9% in Quillacollo, in 100% in Sacaba, in 100% in El Alto in those establishments for which we have information available (2 out of 5), and in 50% in Santiago de Machaca in those establishments for which we have information available (6 out of 7). There are differences with the results of the AS, probably because the LBE indicated the most common and direct referral establishments, not the last and most central in the referral process.

With regard to the availability of blood banks, none of the establishments in the MotherCare Project intervention areas have this service. There are blood banks in 60% of the referral establishments in Capinota, in 28.6% in Quillacollo, in 66.7% in Sacaba, in 50% in El Alto in those establishments for which we have information available (2 out of 5), and in 16.7% in Santiago de Machaca in the establishments for which we have information available (6 out of 7). In this case, there are also some differences with the AS results, probably because of the same reasons listed in the previous paragraph.



Physician in provincial year  
Licensed nurse  
Nursing assistant  
Statistician  
Other (specify)

Are you the person in charge of the establishment?  
yes  
no

How long have you worked at the establishment? (in months) No. \_\_\_

**A - HUMAN RESOURCES, INFRASTRUCTURE, EQUIPMENT, MEDICATIONS AND SUPPLIES**

1. Please indicate the personnel who work in your establishment:

1.1	General physician	No. ___
1.2	Obstetrician	No. ___
1.3	Licensed nurse	No. ___
1.4	Nursing assistant	No. ___
1.5	Pharmacist	No. ___
1.6	Anesthesiologist	No. ___
1.7	Biochemist	No. ___
1.8	Laboratory technician	No. ___
1.9	Odontologist	No. ___
1.10	Statistician	No. ___
1.11	Other (specify)	No. ___
		No. ___
		No. ___
		No. ___

2. Are there any personnel on duty at night?

2.1 Yes Who? (specify position) \_\_\_\_\_  
2.2 No

3. Does anyone among the personnel live at the establishment itself?

3.1 Yes Who? (specify position) \_\_\_\_\_  
3.2 No

4. Has anyone among the personnel received any specific post-graduate training in obstetric-perinatal complications and emergencies?

4.1 Yes

4.2 No

5. If the answer to question 4 is yes, please complete the following:

a) Position(s) of the course participant(s):

Name of the course:

Organizing agency:

Starting date (month and year):

Duration: No: days weeks months

Content (indicate, in very general terms, the content of the course)

#### **B - ANEMIA IN PREGNANT WOMEN**

6. Is anemia in pregnant women monitored at your establishment?

6.1 Yes

6.2 No

7. What type of routine exam is performed at your establishment for determining anemia in pregnant women?

7.1 Only clinical

7.2 Hemoglobin, by blood test

7.3 Hemoglobin, by micro-method (Hemocue)

7.4 Other (specify)

#### **C - INFORMATION/EDUCATION/COMMUNICATION AND COUNSELING (IEC/C)**

In this chapter, all information/education/communication and counseling activities in maternal and neonatal health are taken into account, except those activities related to family planning.

8. Are activities related to information/education/communication in maternal and neonatal health offered in your establishment?

8.1 Yes

8.2 No

9. Please indicate the personnel who are generally in charge of the information/education/communication in maternal and neonatal health care activities in your establishment:

9.1 Licensed nurse No. \_\_\_\_

9.2 Nursing assistant No. \_\_\_\_

9.3 Physician No. \_\_\_\_

9.4 Other (specify) No. \_\_\_\_

No. \_\_\_\_

10. Are educational discussions on maternal and neonatal health care offered in your establishment to health care professionals (also including RPSs, health care promoters and midwives)?

10.1 Yes

10.2 No

11. Are educational discussions on maternal and neonatal health care offered in your establishment to patients and the community?

11.1 Yes, to the patients and also the community

11.2 Yes, but only to the patients

11.3 No

12. Are any educational activities offered while the patients are waiting to be seen?

12.1 Yes

12.2 No

Specify: \_\_\_\_\_

13. Are COUNSELING services in maternal and neonatal health, according to the following definition, offered in your establishment?

"COUNSELING is the **person to person interaction** where one provides **adequate information** to the other in order that she may make an **informed decision** about her health. It helps the person **understand her feelings and make decisions** regarding specific situations. Counseling guides the person in **making her own decisions.**"

13.1 Yes

13.2 No

14. Please indicate who is generally in charge of this type of counseling in your establishment:

- 14.1 Licensed nurse No. \_\_\_\_
- 14.2 Nursing assistant No. \_\_\_\_
- 14.3 Physician No. \_\_\_\_
- 14.4 Other (specify) No. \_\_\_\_

15. Are counseling services generally offered in your establishment to:

- 15.1 the woman only
- 15.2 the woman and her partner
- 15.3 the woman and her partner and/or another member of the family
- 15.4 the man only

16. Does your establishment create educational materials?

- 16.1 Yes Specify: \_\_\_\_\_
- 16.2 No

17. What material is available in your establishment for information/education/communication and counseling activities in maternal and neonatal health?

- 17.1 Videocassette
- 17.2 TV spot/clip
- 17.3 Slides
- 17.4 Manuals/modules
- 17.5 Flip-charts
- 17.6 Posters
- 17.7 Self-adhesives
- 17.8 Cards
- 17.9 Didactic games
- 17.10 Puppets
- 17.11 None
- 17.12 Other (specify)

18. What infrastructure and equipment does your establishment have for information/education/communication and counseling activities in maternal and neonatal health?

- 18.1 Slide projector
- 18.2 Overhead projector
- 18.3 Television

- 18.4 VHS/Betamax
- 18.5 Recorder
- 18.6 Radio
- 18.7 Blackboard
- 18.8 Papelografo\*
- 18.9 Panels
- 18.10 Camera
- 18.11 None
- 18.12 Other (specify)

19. Which agency does your establishment coordinate IEC/C activities with?

- 19.1 Municipality
- 19.2 Health Insurances\*
- 19.3 NGOs
- 19.4 Mothers' Clubs
- 19.5 Schools
- 19.6 Cooperatives
- 19.7 Unions
- 19.8 Church
- 19.9 Midwives
- 19.10 OTBs
- 19.11 Neighborhood boards
- 19.12 RPSs
- 19.13 Popular Health Commissions
- 19.14 None
- 19.15 Other (specify)

20. What type of support do these agencies provide?

- 20.1 Economic and financial support
- 20.2 Infrastructure
- 20.3 Donations of equipment and supplies
- 20.4 Educational and support material
- 20.5 Food donations
- 20.6 Technical assistance
- 20.7 Training courses
- 20.8 None
- 20.9 Other (specify)

**D - FAMILY PLANNING**

21. Does your establishment offer IEC/C services in family planning (PF)?

21.1 Yes

21.2 No

22. Please indicate the personnel who are generally in charge of IEC/C activities in family planning (PF) in your establishment:

22.1 Licensed nurse No. \_\_\_\_

22.2 Nursing assistant No. \_\_\_\_

22.3 Physician No. \_\_\_\_

22.4 Other (specify) No. \_\_\_\_

23. Has anyone among your personnel received specific post-graduate training in IEC/C methods in PF?

23.1 Yes

23.2 No

24. If the answer to question 23 is yes, please complete the following:

a) Position(s) of the course participant(s):

Name of the course:

Organizing agency:

Starting date (month and year):

Duration: No: days weeks months

Content (indicate, in very general terms, the content of the course)

25. Are IEC/C services in PF generally provided in your establishment to:

25.1 the woman only

25.2 the woman and her partner

25.3 the man only

26. How many women received counseling in PF during the period of study (10/1/95 - 9/30/96)?

No. of women: \_\_\_\_

Notes: \_\_\_\_\_

27. Does your establishment offer contraceptive (any type) distribution services?

27.1 Yes

27.2 No

### E - ROUTINE ACTIVITIES

All the information refers to the period of study (10/1/95 - 9/30/96)

28. How many women in total were seen for their first prenatal exam?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

29. How many women under the age of 19 were seen for their first prenatal exam?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

30. How many deliveries in total were seen?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

31. How many deliveries in women under the age of 19 were seen?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

32. How many women in total with incomplete abortions were seen?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

33. How many women under the age of 19 with incomplete abortions were seen?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

34. How many women in total were seen for their first post-partum or post-abortion exam?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

35. How many women under the age of 19 were seen for their first post-partum or post-abortion exam?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

36. Can your establishment perform laboratory tests for the diagnosis of syphilis?

36.1 Yes

36.2 No

37. Which laboratory tests are used in your establishment for the diagnosis of syphilis?

37.1 VDRL

37.2 Other (specify)

38. How many women were diagnosed with syphilis during the prenatal exams?

38.1 < 19 years old	No. ____
38.2 > 19 and < 25 years old	No. ____
38.3 > 25 and < 30 years old	No. ____
38.4 > 30 years old	No. ____
38.5 TOTAL:	No. ____

39. How many women testing positive for syphilis received treatment during their prenatal care?

No. \_\_\_\_

Notes: \_\_\_\_\_

#### **F - COMPLICATIONS/OBSTETRIC-PERINATAL EMERGENCIES, MORBI-MORTALITY**

All the information refers to the period of study (10/1/95 - 9/30/96)

40. How many women suffered hemorrhages during their pregnancy?

In the service	In the community
----------------	------------------

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

41. How many women died because of hemorrhages during their pregnancy?

In the service	In the community
----------------	------------------

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

42. How many women with hemorrhages during pregnancy were referred to your establishment by midwives or lower level establishments?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

43. How many women with hemorrhages during pregnancy were referred by your establishment to a higher level establishment?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

44. How many women seen suffered hemorrhages during the delivery/abortion procedure?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

45. How many women died because of hemorrhages during the delivery/abortion procedure?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

46. How many women with hemorrhages during the delivery/abortion procedure were referred to your establishment by midwives or lower level establishments?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

47. How many women with hemorrhages during the delivery/abortion procedure were referred by your establishment to a higher level establishment?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

48. How many women seen suffered hemorrhages during the post-partum or post-abortion period (first 60 days)?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

49. How many women died because of hemorrhages during the post-partum or post-abortion period?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

50. How many women with hemorrhages during the post-partum or post-abortion period were referred to your establishment by midwives or lower level establishments?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

51. How many women with hemorrhages during the post-partum or post-abortion period were referred by your establishment to a higher level establishment?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

52. How many women seen suffered infections during the post-partum or post-abortion period?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

53. How many women seen died because of infections during the post-partum or post-abortion period?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

54. How many women with infections during the post-partum or post-abortion period were referred to your establishment by midwives or lower level establishments?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

55. How many women with infections during the post-partum or post-abortion period were referred by your establishment to a higher level establishment?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

56. How many women seen suffered from eclampsia?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

57. How many women died from eclampsia?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

58. How many women with eclampsia were referred to your establishment by midwives or lower level establishments?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

59. How many women with eclampsia were referred by your establishment to a higher level establishment?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

60. How many women seen suffered from dystocia?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

61. How many women died of dystocia? .

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

62. How many women with dystocia were referred to your establishment by midwives or lower level establishments?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

63. How many women with dystocia were referred by your establishment to a higher level establishment?

No. of women \_\_\_\_

Notes: \_\_\_\_\_

64. How many women died during pregnancy, delivery/abortion or post-partum/post-abortion due to other causes?

64.1 Cause 1: \_\_\_\_\_

No. of women: \_\_\_\_

64.2 Cause 2: \_\_\_\_\_

No. of women: \_\_\_\_

64.3 Cause 3: \_\_\_\_\_

No. of women: \_\_\_\_

64.4 Cause 4: \_\_\_\_\_

No. of women: \_\_\_\_

64.5 Unknown cause

No. of women: \_\_\_\_

64.6 TOTAL

No. of women: \_\_\_\_

65. How many deliveries with complications were seen?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

66. How many deliveries with complications were seen which had been referred to your establishment by midwives or lower level establishments?

No. of deliveries \_\_\_\_

Notes: \_\_\_\_\_

67. How many deliveries with complications were seen which were referred by your establishment to a higher level establishment?

No. of deliveries \_\_\_\_

Notes: \_\_\_\_\_

68. How many children were stillborn?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

69. How many children were been born alive and, while growing normally, died during the first week of life?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

70. How many children born full-term had low birth weight?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

71. How many children were born prematurely?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

72. a) How many children were seen because of eye infections during the first week of life?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

b) And during the first month?

In the service

In the community

No. \_\_\_\_

No. \_\_\_\_

Notes: \_\_\_\_\_

#### G - HEALTH INFORMATION SYSTEM

73. How many records/notebooks in total are used in your establishment?

No. records/notebooks: \_\_\_\_

Notes: \_\_\_\_\_

74. Please indicate the personnel who are generally in charge of activities related to the SNIS in your establishment; specify the type of activity (record, summary, analysis/use of the information):

74.1 Physician No. \_\_\_\_ Activity: \_\_\_\_\_

74.2 Licensed nurse No. \_\_\_\_ Activity: \_\_\_\_\_

74.3 Nursing assistant No. \_\_\_\_ Activity: \_\_\_\_\_

74.4 Statistician No. \_\_\_\_ Activity: \_\_\_\_\_

74.5 Other (specify) No. \_\_\_\_ Activity: \_\_\_\_\_

75. Has anyone among the personnel in your establishment received specific post-graduate training for their duties related to the handling of the SNIS?

75.1 Yes

75.2 No

76. If the answer to question 75 is yes, please complete the following:

a) Position(s) of the course participant(s):

Name of the course:

Organizing agency:

Starting date (month and year):

Duration: No: days weeks months

Content (indicate, in very general terms, the content of the course)

*Annex 2: Questionnaire D*

**MOTHERCARE II - BOLIVIA**

**HEALTH CARE ESTABLISHMENT BASELINE STUDY**

**Instrument for the direct gathering of data from district hospitals, referral centers and health care centers with internment services**

ID number:

Date:

Starting time:

Name of companion during the visit:

Position of companion:

Name of establishment:

Geographic location:

Municipality of:

Type of establishment:

District level hospital or referral center No. of beds \_\_\_\_

Health care center with internment services (there is a physician) No. of beds \_\_\_\_

The establishment belongs to:

SNS/municipality

NGO (specify)

Private

Church

Other (specify)

Reference number on map: \_\_\_\_

Map of: \_\_\_\_\_

**A - HUMAN RESOURCES, INFRASTRUCTURE, EQUIPMENT, MEDICATIONS AND SUPPLIES**

1. Has your establishment submitted the card for the RR.HH. SNIS database?

1.1 Yes

1.2 No

1.3 I don't know

2. Services in operation:

Service	Currently in operation	Was in operation in Oct. 95	Date of release
Outpatient consulting			
Pharmacy			
Odontology consulting			
Hospital ward			
Laboratory			
X-rays			
Anatomical pathology			
Delivery room			
Blood bank			
Physical therapy			
Operating room			
Laundry			

Kitchen

Maintenance

3. Programs in operation:

Service	Currently in operation	Was in operation in Oct. 95	Date of release
PAI			
Integral care for women of childbearing age			
Delivery at home			
Integral care < 5 years old			
Care of schoolchildren			
Relationship with the community			
Home visits			
Care for the environment			
Control of tuberculosis			
Control of chagas			
Control of leishmaniasis			

Control of  
malaria

4. Does your establishment have the following instruments/equipment for clinical exams?

[top line of chart]:

Instrument

Yes No

In good condition

Should be renewed

Unusable

4.1 Tensionometer

4.2 Scale for adults

4.3 Scale for babies

4.4 Stethoscope

4.5 Equipment for urine analysis

4.6 Equipment for hemoglobin analysis

4.7 Clinical examination table

4.8 Fetoscope (Pinard)

4.9 Form for prenatal care

5. The delivery room is:

5.1 Only for deliveries, separate from others

5.2 Shared for other activities

**B - ANEMIA IN PREGNANT WOMEN**

6. In the last year, have there always been SFe tablets available at your establishment for routine health care activities for pregnant women?

6.1 Yes

6.2 No

6.3 I don't know Notes: \_\_\_\_\_

7. Are there SFe tablets available at this time?

7.1 Yes

7.2 No

**D - POST-PARTUM AND POST-ABORTION FAMILY PLANNING**

8. In the last year have there always been contraceptives available at your establishment?

8.1 Yes

8.2 No

8.3 I don't know Notes: \_\_\_\_\_

9. Are there contraceptives available at this time?

8.1 Yes

8.2 No

**E - ROUTINE ACTIVITIES**

10. Record, on page 1, the origin of each woman at her first prenatal visit, delivery, and first post-partum visit, choosing three randomly each month.

**F - COMPLICATIONS/OBSTETRIC-PERINATAL EMERGENCIES, MORBI-MORTALITY**

11. Which hospital or referral center are your patients referred to when they cannot be treated at your establishment?

Name: \_\_\_\_\_

Geographic location: \_\_\_\_\_

12. Is there some vehicle or ambulance at this establishment for referrals?

12.1 Yes

12.2 No

13. How can the patient reach the referral center?

Means of transportation

Approximate time  
(in hours and half hours)

13.1 Ambulance

13.2 Car or taxi

13.3 Flota\* (boat) or trufi\*

13.4 Truck

13.4 Motorcycle or bicycle

- 13.5 Stretcher -
- 13.6 Wagon
- 13.7 Animal (horse, donkey, or other)
- 13.8 Other (specify)

14. What are the road conditions?

- 14.1 Good
- 14.2 Fair
- 14.3 Poor

15. Can the road be used all year?

- 15.1 Yes
- 15.2 No, only for \_\_\_ months

16. Record, on page 2, the time between the admission to the hospital and death due to maternal-perinatal causes in before 48 hours and after 48 hours:

## G - HEALTH INFORMATION SYSTEM

17. Which of the following official records proposed by the SNS are used in your establishment?

[top line of chart]:

Record

Is used but is NOT the official model

Is used and IS the official model

- 17.1 Clinical history
- 17.2 Sheet for < 5 years old
- 17.3 Care for women who are not pregnant
- 17.4 Perinatal clinical history
- 17.5 Operational protocol
- 17.6 Community notebook
- 17.7 RPS notebook
- 17.8 School notebook
- 17.9 Maternity record
- 17.10 Hospital releases
- 17.11 Operating room
- 17.12 Cervical uterine cancer
- 17.13 Reproductive health and PF
- 17.14 New cases of TB
- 17.15 Monitoring low birth weight (SVEN)

17.16 Search for cases of malaria

18. Which records are used most frequently in your establishment?

19. Which indicators are frequently used for the management of your establishment?

20. Comparison of information from Questionnaire T and SNIS data:

20.1 **Question 28**

QT  
SNIS

20.2 **Question 30**

QT  
SNIS

20.3 **Question 34**

QT  
SNIS

20.4 **Question 68**

QT  
SNIS

Ending time: \_\_\_\_\_

## RESULTADOS

### 1. Población del Estudio

Durante el estudio se visitaron 100 establecimientos, sobre un total de 119 en función en las cinco UBAGEs.

#### 1.1 Porcentaje de establecimientos visitados y no visitados durante el estudio, por departamento y UBAGE

UBAGE	Establ. Visitados	Establ. no visitados	Total
	N. y (%)	N. y (%)	N. y (%)
Capinota	13 (92.9)	1 (7.1)	14 (100)
Quillacollo*	37 (68.5)	17 (31.5)	54 (100)
Sacaba	11 (91.7)	1 (0.3)	12 (100)
<b>Tot. Cochabamba</b>	<b>61 (76.2)</b>	<b>19 (23.8)</b>	<b>80 (100)</b>
II El Alto	10 (100)	0 (0.0)	10 (100)
S. de Machaca	29 (100)	0 (0.0)	29 (100)
<b>Tot. La Paz</b>	<b>39 (100)</b>	<b>0 (0.0)</b>	<b>39 (100)</b>
<b>TOTAL</b>	<b>100 (84.0)</b>	<b>19 (16.0)</b>	<b>119 (100)</b>

Todos los establecimientos que se quedaron afuera del Estudio son postas de salud con auxiliar.

Los listados de establecimientos visitados por departamento, UBAGE y municipio, por nivel y por pertenencia, se encuentran como anexos 3, 4 y 5. El listado de los establecimientos no visitados, como anexo 6.

#### 1.2 Distribución de los establecimientos visitados por nivel

UBAGE	Nivel				Total N. y (%)
	Puesto de Salud N. y (%)	Centro Sal. sin Int. N. y (%)	Centro Sal. con Int. N. y (%)	Hospital de Ref. N. y (%)	
Capinota	7 (53.8)	3 (23.1)	2 (15.4)	1 (7.7)	13 (100)
Quillacollo	14 (37.9)	8 (21.6)	12 (32.4)	3 (8.1)	37 (100)
Sacaba	3 (27.3)	3 (27.3)	3 (27.3)	2 (18.1)	11 (100)
<b>Tot. Cochabamba</b>	<b>24 (39.3)</b>	<b>14 (23.0)</b>	<b>17 (27.9)</b>	<b>6 (9.8)</b>	<b>61 (100)</b>
II El Alto	0 (0.0)	7 (70.0)	2 (20.0)	1 (10.0)	10 (100)
S. de Machaca	20 (69.0)	5 (17.2)	3 (10.4)	1 (3.4)	29 (100)
<b>Tot. La Paz</b>	<b>20 (51.3)</b>	<b>12 (30.8)</b>	<b>5 (12.8)</b>	<b>2 (5.1)</b>	<b>39 (100)</b>
<b>TOTAL</b>	<b>44 (44.0)</b>	<b>26 (26.0)</b>	<b>22 (22.0)</b>	<b>8 (8.0)</b>	<b>100 (100)</b>

\* Comprende, como también en todos los cuadros siguientes, Quillacollo, Independencia y Tapacari.

1.3 Distribución de los establecimientos visitados por entidad administrativa

UBAGE	Directamente administrados por				Total N. y (%)
	SNS N. y (%)	ONGs N. y (%)	Iglesia N. y (%)	Otro N. y (%)	
Capinota	10 (76.9)	2 (15.4)	0 (0.0)	1 (7.7)	13 (100)
Quillacollo	20 (54.1)	8 (21.6)	5 (13.5)	4 (10.8)	37 (100)
Sacaba	9 (81.8)	0 (0.0)	1 (9.1)	1 (9.1)	11 (100)
<i>Tot. Cochabamba</i>	<i>39 (64.0)</i>	<i>10 (16.4)</i>	<i>6 (9.8)</i>	<i>6 (9.8)</i>	<i>61 (100)</i>
II El Alto	7 (70.0)	1 (10.0)	2 (20.0)	0 (0.0)	10 (100)
S. de Machaca	24 (82.3)	3 (10.3)	1 (3.4)	1 (3.4)	29 (100)
<i>Tot. La Paz</i>	<i>31 (79.5)</i>	<i>4 (10.3)</i>	<i>3 (7.7)</i>	<i>1 (2.5)</i>	<i>39 (100)</i>
<b>TOTAL</b>	<b>70 (70.0)</b>	<b>14 (14.0)</b>	<b>9 (9.0)</b>	<b>7 (7.0)</b>	<b>100 (100)</b>

En adelante, todos los datos se refieren a los 100 establecimientos visitados.

## 2. Recursos Humanos

### 2.1 Personal, por categoría profesional, por departamento y UBAGE

Categoría Profesional	Cochabamba			La Paz		Total
	Capinota	Quillacollo	Sacaba	II El Alto	S. de Machaca	
Ginec./Obstetra	0	7	2	5	1	15
Médicos gen. o de otra espec.	7	47	15	38	20	127
Lic. Enf.	3	17	4	12	5	41
Aux. Enf.	12	68	19	64	41	204
Odontólogos	1	21	6	9	7	44
Estadísticos	0	2	1	1	3	7
Farmac./Bioq.	0	5	1	1	1	8
Técnicos lab.	1	6	2	3	2	14
Otro	8	81	23	67	23	202
<b>Total</b>	<b>32</b>	<b>254</b>	<b>73</b>	<b>200</b>	<b>103</b>	<b>662</b>

### 2.2 Personal, por categoría profesional, por nivel

Categoría Profesional	Nivel				Total
	1	2	3	4	
Ginec./Obstetra	0	1	5	9	15
Médico gen. o de otra espec.	0	46	31	50	127
Lic. Enf.	1	16	9	15	41
Aux. Enf.	42	49	47	66	204
Odontólogos	0	18	17	9	44
Estadísticos	0	2	2	3	7
Farmac./Bioq.	0	6	0	2	8
Técnicos lab.	0	3	3	8	14
Otro	4	67	40	91	202
<b>Total</b>	<b>47</b>	<b>208</b>	<b>154</b>	<b>253</b>	<b>662</b>

2.3 Porcentaje de establecimientos, por nivel, con personal médico y paramédico, por categoría profesional

Categoría Profesional	Nivel				Total N. establ. con (%)
	1 N. establ. con (%)	2 N. establ. con (%)	3 N. establ. con (%)	4 N. establ. con (%)	
Ginec./Obstetra	0 (0.0)	1 (3.8)	5 (22.7)	5 (62.5)	11 (11.0)
Médico gen. o de otra espec.	0 (0.0)	26 (100)	22 (100)	8 (100)	56 (56.0)
Lic. Enf.	1 (2.3)	11 (42.3)	8 (36.4)	6 (75.0)	26 (26.0)
Aux. Enf.	42 (95.5)	21 (80.8)	21 (95.5)	8 (100)	92 (92.0)
Odontólogos	1 (2.3)	16 (61.5)	12 (54.5)	8 (100)	36 (36.0)

2.4 Porcentaje de establecimientos, por nivel, con personal que vive en el establecimiento mismo

Nivel del Establ.	N. y (%) de Est. con Pers. que	
	Vive	NO Vive
1	39 (88.6)	5 (11.4)
2	12 (46.2)	14 (53.8)
3	19 (86.4)	3 (13.6)
4	5 (62.5)	3 (37.5)
<b>Total</b>	<b>75 (75.0)</b>	<b>25 (25.0)</b>

2.5 Porcentaje de establecimientos, por nivel, con personal médico y/o paramédico de turno por las noches

Nivel del Establ.	N. y (%) de Establ.	
	CON Pers. de t.	SIN Pers. de t.
1	34 (77.3)	10 (22.7)
2	10 (38.5)	16 (61.5)
3	22 (100)	0 (0.0)
4	8 (100)	0 (0.0)
<b>Total</b>	<b>74 (74.0)</b>	<b>26 (26.0)</b>

2.6 Personal médico y paramédico de turno por las noches, por categoría profesional

Categoría Prof.	N. Establ.
Ginec./Obstetra	1
Médico gen. o de otra espec.	27
Lic. Enf.	9
Aux. Enf.	69
Odontólogos	2

2.7 Porcentaje de personal, por categoría profesional, capacitado en manejo de emergencias obstétrico-perinatales

Categoría Profesional	N. Total	N. de capacitados
Ginec./Obstetras	15	5 (33.3)
Médico gen. o de otra espec.	127	13 (10.2)
Lic. Enf.	41	3 (7.3)
Aux. Enf.	204	9 (4.4)
<b>Total</b>	<b>387</b>	<b>30 (7.8)</b>

2.8 Porcentaje de establecimientos que cuentan con por lo menos un profesional de salud capacitado en manejo de emergencias obstétrico-perinatales: 20%

2.9 Porcentaje de personal, por categoría profesional, capacitado en métodos de IEC/C en planificación familiar

Categoría Profesional	N. Total	N. de capacitados
Ginec./Obstetras	15	4 (26.7)
Médico gen. o de otra espec.	127	32 (25.2)
Lic. Enf.	41	9 (22.0)
Aux. Enf.	204	9 (4.4)
<b>Total</b>	<b>387</b>	<b>54 (14.0)</b>

2.10 Porcentaje de establecimientos que cuentan con por lo menos un profesional de salud capacitado en IEC/C en planificación familiar: 42%

2.11 Porcentaje de personal, por categoría profesional, capacitado en manejo del SNIS

Categoría Profesional	N. Total	N. de capacitados
Médicos en general	142	7 (4.9)
Lic. Enf.	41	2 (4.9)
Aux. Enf.	204	9 (4.4)
Otro	14	3 (21.4)
<b>Total</b>	<b>401</b>	<b>21 (5.2)</b>

2.12 Porcentaje de establecimientos que cuentan con por lo menos un profesional de salud capacitado en manejo del SNIS: 15%

### 3. Infraestructura y Servicios

#### 3.1 Disponibilidad de camas por departamento y UBAGE

UBAGE	N. Camas
Capinota	31
Quillacollo	133
Sacaba	31
<i>Tot. Cochabamba</i>	<i>195</i>
II El Alto	77
S. de Machaca	42
<i>Tot. La Paz</i>	<i>119</i>
<b>Total</b>	<b>314</b>

#### 3.2 Disponibilidad de servicios en los establecimientos, por UBAGE y nivel del establecimiento

##### A. General

Servicio	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Totals N. y (%)
Consulta externa	44 (100)	25 (96.2)	22 (100)	8 (100)	99 (99.0)
Farmacia	27 (61.4)	16 (61.5)	21 (95.5)	8 (100)	72 (72.0)
Cons. odontol.	11 (25.0)	18 (69.2)	15 (68.2)	8 (100)	52 (52.0)
Sala internación	0 (0.0)	0 (0.0)	22 (100)	8 (100)	30 (30.0)
Laboratorio	0 (0.0)	3 (11.5)	6 (27.3)	6 (75.0)	15 (15.0)
Rayos X	0 (0.0)	1 (3.8)	2 (9.1)	4 (50.0)	7 (7.0)
Anatomía patol.	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)	1 (1.0)
Sala parto	12 (27.3)	10 (38.5)	18 (81.8)	8 (100)	48 (48.0)
Banco sangre	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Fisioterapia	0 (0.0)	1 (3.8)	0 (0.0)	1 (12.5)	2 (2.0)
Quirófano	0 (0.0)	0 (0.0)	3 (13.6)	4 (50.0)	7 (7.0)
Servicios de apoyo	1 (2.3)	3 (11.5)	16 (72.7)	6 (75.0)	26 (26.0)
Otro	2 (4.5)	2 (7.7)	4 (18.2)	2 (25.0)	10 (10.0)

B. UBAGE de Capinota

Servicio	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Consulta externa	7 (100)	3 (100)	2 (100)	1 (100)	13 (100)
Farmacia	2 (28.6)	1 (33.3)	2 (100)	1 (100)	6 (46.2)
Cons. odontol.	0 (0.0)	1 (33.3)	1 (50.0)	1 (100)	3 (23.1)
Sala internación	0 (0.0)	0 (0.0)	2 (100)	1 (100)	3 (23.1)
Laboratorio	0 (0.0)	0 (0.0)	1 (50.0)	1 (100)	2 (15.4)
Rayos X	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Anatomía patol.	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Sala parto	4 (57.1)	1 (33.3)	2 (100)	1 (100)	8 (61.5)
Banco sangre	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Fisioterapia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Quirófano	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Servicios de apoyo	1 (14.3)	0 (0.0)	1 (50.0)	1 (100)	3 (23.1)
Otro	1 (14.3)	0 (0.0)	1 (50.0)	0 (0.0)	2 (15.4)

C. UBAGE de Quillacollo

Servicio	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Consulta externa	14 (100)	8 (100)	12 (100)	3 (100)	37 (100)
Farmacia	4 (28.6)	4 (50.0)	12 (100)	3 (100)	23 (62.2)
Cons. odontol.	2 (14.3)	7 (87.5)	8 (66.7)	3 (100)	20 (54.1)
Sala internación	0 (0.0)	0 (0.0)	12 (100)	3 (100)	15 (40.5)
Laboratorio	0 (0.0)	2 (25.0)	2 (16.7)	2 (66.7)	6 (16.2)
Rayos X	0 (0.0)	0 (0.0)	1 (8.3)	2 (66.7)	3 (8.1)
Anatomía patol.	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Sala parto	5 (35.7)	1 (12.5)	9 (75.0)	3 (100)	18 (48.6)
Banco sangre	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Fisioterapia	0 (0.0)	1 (12.5)	0 (0.0)	0 (0.0)	1 (2.7)
Quirófano	0 (0.0)	0 (0.0)	2 (16.7)	2 (66.7)	4 (10.8)
Servicios de apoyo	0 (0.0)	1 (12.5)	10 (83.3)	3 (100)	14 (37.8)
Otro	1 (7.1)	2 (25.0)	3 (25.0)	2 (66.7)	8 (21.6)

D. UBAGE de Sacaba

Servicio	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Consulta externa	3 (100)	3 (100)	3 (100)	2 (100)	11 (100)
Farmacia	3 (100)	2 (66.7)	3 (100)	2 (100)	10 (90.9)
Cons. odontol.	0 (0.0)	2 (66.7)	3 (100)	2 (100)	7 (63.6)
Sala internación	0 (0.0)	0 (0.0)	3 (100)	2 (100)	5 (45.5)
Laboratorio	0 (0.0)	0 (0.0)	1 (33.3)	1 (50.0)	2 (18.2)
Rayos X	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Anatomía patol.	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Sala parto	1 (33.3)	2 (66.7)	3 (100)	2 (100)	8 (72.7)
Banco sangre	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Fisioterapia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Quirófano	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Servicios de apoyo	0 (0.0)	0 (0.0)	2 (66.7)	2 (100)	4 (36.4)
Otro	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

E. UBAGE II de El Alto

Servicio	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Consulta externa	-	6 (85.7)	2 (100)	1 (100)	9 (90.0)
Farmacia	-	4 (57.0)	2 (100)	1 (100)	7 (70.0)
Cons. odontol.	-	3 (42.9)	1 (50.0)	1 (100)	5 (50.0)
Sala internación	-	0 (0.0)	2 (100)	1 (100)	3 (30.0)
Laboratorio	-	0 (0.0)	0 (0.0)	1 (100)	1 (10.0)
Rayos X	-	0 (0.0)	0 (0.0)	1 (100)	1 (10.0)
Anatomía patol.	-	0 (0.0)	0 (0.0)	1 (100)	1 (10.0)
Sala parto	-	3 (42.9)	1 (50.0)	1 (100)	5 (50.0)
Banco sangre	-	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Fisioterapia	-	0 (0.0)	0 (0.0)	1 (100)	1 (10.0)
Quirófano	-	0 (0.0)	0 (0.0)	1 (100)	1 (10.0)
Servicios de apoyo	-	2 (28.6)	1 (50.0)	1 (100)	4 (40.0)
Otro	-	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

F. UBAGE de Santiago de Machaca

Servicio	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Consulta externa	20 (100)	5 (100)	3 (100)	1 (100)	29 (100)
Farmacia	18 (90.0)	5 (100)	2 (66.7)	1 (100)	26 (89.7)
Cons. odontol.	9 (45.0)	5 (100)	2 (66.7)	1 (100)	17 (58.6)
Sala internación	0 (0.0)	0 (0.0)	3 (100)	1 (100)	4 (13.8)
Laboratorio	0 (0.0)	1 (20.0)	2 (66.7)	1 (100)	4 (13.8)
Rayos X	0 (0.0)	1 (20.0)	1 (33.3)	1 (100)	3 (10.3)
Anatomía patol.	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Sala parto	2 (10.0)	3 (60.0)	3 (100)	1 (100)	9 (31.0)
Banco sangre	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Fisioterapia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Quirófano	0 (0.0)	0 (0.0)	1 (33.3)	1 (100)	2 (6.9)
Servicios de apoyo	0 (0.0)	0 (0.0)	2 (66.7)	1 (100)	3 (10.3)
Otro	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

3.3 Porcentaje de establecimientos con sala parto para uso exclusivo, sobre el total de establecimientos con sala parto

	N. y (%)
Sala parto uso compartido	20 (39.2)
Sala parto uso exclusivo	31 (60.8)
<b>Total</b>	<b>51 (100)</b>

3.4 Programas activos en los establecimientos, por UBAGE y nivel del establecimiento

A. General

Programa	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
PAI	42 (95.5)	25 (96.2)	22 (100)	8 (100)	97 (97.0)
At. Mujer edad fértil	35 (79.6)	25 (96.2)	22 (100)	7 (87.5)	89 (89.0)
Parto domiciliario	37 (84.1)	14 (53.8)	19 (86.4)	5 (62.5)	75 (75.0)
At. Menor de 5 años	42 (95.5)	25 (96.2)	22 (100)	8 (100)	97 (97.0)
At. al Escolar	32 (72.7)	19 (73.1)	20 (90.9)	7 (87.5)	78 (78.0)
Relaciones con la com.	41 (93.2)	22 (84.6)	22 (100)	7 (87.5)	92 (92.0)
Visitas domiciliarias	41 (93.2)	20 (76.9)	21 (95.5)	7 (87.5)	89 (89.0)
At. al medio ambiente	9 (20.5)	10 (38.5)	11 (50.0)	3 (37.5)	33 (33.0)
Tuberculosis	36 (81.8)	20 (76.9)	22 (100)	8 (100)	86 (86.0)
Chagas	1 (2.3)	3 (11.5)	0 (0.0)	1 (12.5)	5 (5.0)
Leishmaniasis	0 (0.0)	0 (0.0)	0 (0.0)	2 (25.0)	2 (2.0)
Malaria	1 (2.3)	0 (0.0)	2 (9.1)	2 (25.0)	5 (5.0)
Otro	6 (13.6)	6 (23.1)	5 (22.7)	4 (50.0)	21 (21.0)

B. UBAGE de-Capinota

Programa	Nivel 1* N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
PAI	6 (100)	3 (100)	2 (100)	1 (100)	12 (100)
At. Mujer edad fértil	5 (83.3)	3 (100)	2 (100)	1 (100)	11 (91.7)
Parto domiciliario	4 (66.7)	2 (66.7)	2 (100)	1 (100)	9 (75.0)
At. Menor de 5 años	5 (83.3)	3 (100)	2 (100)	1 (100)	11 (91.7)
At. al Escolar	1 (16.7)	2 (66.7)	2 (100)	1 (100)	6 (50.0)
Relaciones con la com.	5 (83.3)	2 (66.7)	2 (100)	1 (100)	10 (83.3)
Visitas domiciliarias	6 (100)	2 (66.7)	2 (100)	1 (100)	11 (91.7)
At. al medio ambiente	1 (16.7)	2 (66.7)	1 (50.0)	0 (0.0)	4 (33.3)
Tuberculosis	6 (100)	2 (66.7)	2 (100)	1 (100)	11 (91.7)
Chagas	1 (16.7)	1 (33.3)	0 (0.0)	1 (100)	3 (25.0)
Leishmaniasis	0 (0.0)	0 (0.0)	0 (0.0)	1 (100)	1 (8.3)
Malaria	0 (0.0)	0 (0.0)	1 (50.0)	1 (100)	2 (16.7)
Otro	0 (0.0)	0 (0.0)	0 (0.0)	1 (100)	1 (8.3)

\* En el nivel 1 de Capinota faltan datos sobre programas de un establecimiento visitado. Los porcentajes se calculan sobre un total de 6 establecimientos.

C. UBAGE de Quillacollo

Programa	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
PAI	14 (100)	8 (100)	12 (100)	3 (100)	37 (100)
At. Mujer edad fértil	14 (100)	8 (100)	12 (100)	3 (100)	37 (100)
Parto domiciliario	13 (92.9)	2 (25.0)	9 (75.0)	2 (66.7)	26 (70.3)
At. Menor de 5 años	14 (100)	7 (87.5)	12 (100)	3 (100)	36 (97.3)
At. al Escolar	10 (71.4)	5 (62.5)	10 (83.3)	3 (100)	28 (75.7)
Relaciones con la com.	13 (92.9)	7 (87.5)	12 (100)	3 (100)	35 (94.6)
Visitas domiciliarias	13 (92.9)	7 (87.5)	11 (91.7)	3 (100)	34 (91.9)
At. al medio ambiente	0 (0.0)	1 (12.5)	5 (41.7)	1 (33.3)	7 (18.9)
Tuberculosis	13 (92.9)	7 (87.5)	12 (100)	3 (100)	35 (94.6)
Chagas	0 (0.0)	1 (12.5)	0 (0.0)	0 (0.0)	1 (2.7)
Leishmaniasis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Malaria	1 (7.1)	0 (0.0)	1 (8.3)	3 (100)	5 (13.5)
Otro	6 (42.9)	6 (75.0)	5 (41.7)	2 (66.7)	19 (51.4)

D. UBAGE de Sacaba

Programa	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
PAI	3 (100)	3 (100)	3 (100)	2 (100)	11 (100)
At. Mujer edad fértil	3 (100)	2 (66.7)	3 (100)	2 (100)	10 (90.9)
Parto domiciliario	2 (66.7)	2 (66.7)	3 (100)	1 (50.0)	8 (72.7)
At. Menor de 5 años	3 (100)	3 (100)	3 (100)	2 (100)	11 (100)
At. al Escolar	2 (66.7)	2 (66.7)	3 (100)	1 (50.0)	8 (72.7)
Relaciones con la com.	3 (100)	2 (66.7)	3 (100)	2 (100)	10 (90.9)
Visitas domiciliarias	3 (100)	2 (66.7)	3 (100)	2 (100)	10 (90.9)
At. al medio ambiente	1 (33.3)	0 (0.0)	2 (66.7)	1 (50.0)	4 (36.4)
Tuberculosis	2 (66.7)	2 (66.7)	3 (100)	2 (100)	9 (81.8)
Chagas	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Leishmaniasis	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)	1 (9.1)
Malaria	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)	1 (9.1)
Otro	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)	1 (9.1)

E. UBAGE II de El Alto

Programa	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
PAI	-	6 (85.7)	2 (100)	1 (100)	9 (90.0)
At. Mujer edad fértil	-	7 (100)	2 (100)	1 (100)	10 (100)
Parto domiciliario	-	5 (71.4)	2 (100)	1 (100)	8 (80.0)
At. Menor de 5 años	-	7 (100)	2 (100)	1 (100)	10 (100)
At. al Escolar	-	6 (85.7)	2 (100)	1 (100)	9 (90.0)
Relaciones con la com.	-	6 (85.7)	2 (100)	1 (100)	9 (90.0)
Visitas domiciliarias	-	6 (85.7)	2 (100)	1 (100)	9 (90.0)
At. al medio ambiente	-	3 (42.9)	1 (50.0)	1 (100)	5 (50.0)
Tuberculosis	-	5 (71.4)	2 (100)	1 (100)	8 (80.0)
Chagas	-	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Leishmaniasis	-	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Malaria	-	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Otro	-	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

F. UBAGE de Santiago de Machaca

Programa	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
PAI	19 (95.0)	5 (100)	3 (100)	1 (100)	28 (96.6)
At. Mujer edad fértil	13 (65.0)	5 (100)	3 (100)	0 (0.0)	21 (72.4)
Parto domiciliario	18 (90.0)	3 (60.0)	3 (100)	0 (0.0)	24 (82.8)
At. Menor de 5 años	20 (100)	5 (100)	3 (100)	1 (100)	29 (100)
At. al Escolar	19 (95.0)	4 (80.0)	3 (100)	1 (100)	27 (93.1)
Relaciones con la com.	19 (95.0)	5 (100)	3 (100)	0 (0.0)	28 (96.6)
Visitas domiciliarias	19 (95.0)	3 (60.0)	3 (100)	0 (0.0)	25 (86.2)
At. al medio ambiente	7 (35.0)	4 (80.0)	2 (66.7)	0 (0.0)	13 (44.8)
Tuberculosis	15 (75.0)	4 (80.0)	3 (100)	1 (100)	23 (79.3)
Chagas	0 (0.0)	1 (20.0)	0 (0.0)	0 (0.0)	1 (3.4)
Leishmaniasis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Malaria	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Otro	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

3.5 Equipamiento básico disponible y perfectamente funcional en los establecimientos, por UBAGE y nivel del establecimiento

A. General

Equipamiento	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Tensiómetro	39 (88.6)	23 (88.5)	22 (100)	7 (87.5)	91 (91.0)
Balanza para adultos	35 (79.5)	21 (80.8)	19 (86.4)	7 (87.5)	82 (82.0)
Balanza para bebés	41 (93.2)	22 (84.6)	17 (77.3)	8 (100)	88 (88.0)
Estetoscopio	39 (88.6)	25 (96.2)	22 (100)	7 (87.5)	93 (93.0)
Equipo análisis orina	1 (2.3)	5 (19.2)	5 (22.7)	5 (62.5)	16 (16.0)
Equipo análisis hem..	0 (0.0)	5 (19.2)	4 (18.2)	4 (50.0)	13 (13.0)
Mesa para examen fis.	42 (95.5)	25 (96.2)	21 (95.5)	7 (87.5)	95 (95.0)
Pinard	34 (77.3)	19 (73.1)	19 (86.4)	7 (87.5)	79 (79.0)

B. UBAGE de Capinota

Equipamiento	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Tensiómetro	6 (85.7)	3 (100)	2 (100)	1 (100)	12 (92.3)
Balanza para adultos	6 (85.7)	3 (100)	2 (100)	1 (100)	12 (92.3)
Balanza para bebés	7 (100)	3 (100)	2 (100)	1 (100)	13 (100)
Estetoscopio	6 (85.7)	3 (100)	2 (100)	1 (100)	12 (92.3)
Equipo análisis orina	0 (0.0)	0 (0.0)	1 (50.0)	1 (100)	2 (15.4)
Equipo análisis hem..	0 (0.0)	0 (0.0)	1 (50.0)	1 (100)	2 (15.4)
Mesa para examen fis.	6 (85.7)	3 (100)	2 (100)	1 (100)	12 (92.3)
Pinard	6 (85.7)	2 (66.7)	2 (100)	1 (100)	11 (84.6)

C. UBAGE de Quillacollo

Equipamiento	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Tensiómetro	11 (78.6)	8 (100)	12 (100)	2 (66.7)	33 (89.2)
Balanza para adultos	9 (64.3)	7 (87.5)	11 (91.7)	2 (66.7)	29 (80.8)
Balanza para bebés	12 (85.7)	7 (87.5)	9 (75.0)	3 (100)	31 (83.8)
Estetoscopio	11 (78.6)	8 (100)	12 (100)	2 (66.7)	33 (89.2)
Equipo análisis orina	0 (0.0)	2 (25.0)	2 (16.7)	1 (33.3)	5 (13.5)
Equipo análisis hem..	0 (0.0)	2 (25.0)	2 (16.7)	1 (33.3)	5 (13.5)
Mesa para examen fis.	13 (93.0)	8 (100)	12 (100)	2 (66.7)	35 (94.6)
Pinard	10 (71.4)	6 (75.0)	9 (75.0)	2 (66.7)	27 (73.0)

D. UBAGE de Sacaba

Equipamiento	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Tensiómetro	3 (100)	3 (100)	3 (100)	2 (100)	11 (100)
Balanza para adultos	0 (0.0)	2 (66.7)	2 (66.7)	2 (100)	6 (54.6)
Balanza para bebés	2 (66.7)	2 (66.7)	2 (66.7)	2 (100)	8 (72.7)
Estetoscopio	3 (100)	3 (100)	3 (100)	2 (100)	11 (100)
Equipo análisis orina	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)	1 (9.1)
Equipo análisis hem..	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Mesa para examen fis.	3 (100)	2 (66.7)	2 (66.7)	2 (100)	9 (81.8)
Pinard	2 (66.7)	2 (66.7)	3 (100)	2 (100)	9 (81.8)

E. UBAGE II de El Alto

Equipamiento	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Tensiómetro	-	5 (71.4)	2 (100)	1 (100)	8 (80.0)
Balanza para adultos	-	5 (71.4)	2 (100)	1 (100)	8 (80.0)
Balanza para bebés	-	5 (71.4)	2 (100)	1 (100)	8 (80.0)
Estetoscopio	-	6 (85.7)	2 (100)	1 (100)	9 (90.0)
Equipo análisis orina	-	2 (28.6)	1 (50.0)	1 (100)	4 (40.0)
Equipo análisis hem..	-	2 (28.6)	1 (50.0)	1 (100)	4 (40.0)
Mesa para examen fis.	-	7 (100)	2 (100)	1 (100)	10 (100)
Pinard	-	5 (71.4)	2 (100)	1 (100)	8 (80.0)

F. UBAGE de Santiago de Machaca

Equipamiento	Nivel 1 N. y (%)	Nivel 2 N. y (%)	Nivel 3 N. y (%)	Nivel 4 N. y (%)	Total N. y (%)
Tensiómetro	19 (95.0)	4 (80.0)	3 (100)	1 (100)	27 (93.1)
Balanza para adultos	20 (100)	4 (80.0)	2 (66.7)	1 (100)	27 (93.1)
Balanza para bebés	20 (100)	5 (100)	2 (66.7)	1 (100)	28 (96.6)
Estetoscopio	19 (95.0)	5 (100)	3 (100)	1 (100)	28 (96.6)
Equipo análisis orina	1 (5.0)	1 (20.0)	1 (33.3)	1 (100)	4 (13.8)
Equipo análisis hem..	0 (0.0)	1 (20.0)	0 (0.0)	1 (100)	2 (6.9)
Mesa para examen fis.	20 (100)	5 (100)	3 (100)	1 (100)	29 (100)
Pinard	16 (80.0)	4 (80.0)	3 (100)	1 (100)	24 (82.8)

#### 4. Control de Anemia en la Embarazada

4.1 Porcentaje de establecimientos que controlan la anemia en la embarazada: 98%

4.2 Método utilizado rutinariamente para el control de anemia en la embarazada

Método	Establ. que aplican N. y (%)
Solo observación clínica	79 (80.6)
Nivel hemogl. por examen sangre	16 (16.3)
Nivel hemogl. por micrométodo	1 (1.0)
Otro	1 (1.0)
<b>Total</b>	<b>98 (100)</b>

4.3 Disponibilidad de sulfato ferroso en el último año

Disponibilidad	Establecimientos N. y (%)
Siempre disp.	92 (92.0)
NO siempre disp.	8 (8.0)
<b>Total</b>	<b>100 (100)</b>

4.4 Disponibilidad de sulfato ferroso al momento de la visita

Disponibilidad	Establecimientos N. y (%)
Disponible	91 (91.0)
NO disponible.	9 (9.0)
<b>Total</b>	<b>100 (100)</b>

4.5 Relación entre disponibilidad de sulfato ferroso en el último año y disponibilidad al momento de la visita

		Momento visita		Total
		SI	NO	
Ultimo año	SI	88	4	92
	No	3	5	8
Total		91	9	100

5. Actividades de Información, Educación, Comunicación y Consejería (IEC/C) en Salud Materna y Perinatal

5.1 Porcentaje de establecimientos que desarrollan actividades de IEC: 98%

5.2 Personal encargado de las actividades de IEC. por categoría profesional

Categoría Profesional	En Establecimientos	
	N.	N. Total Personal
Ginec./Obstetras	8	9
Médicos gen. o con otras especial.	50	85
Lic. Enf.	18	23
Aux. Enf.	73	103
Otro	12	26

5.3 Porcentaje de establecimientos que desarrollan actividades de consejería: 96%

5.4 Personal encargado de las actividades de consejería. por categoría profesional

Categoría Profesional	En Establecimientos	
	N.	N. Total Personal
Ginec./Obstetras	8	9
Médicos gen. o con otras especial.	48	86
Lic. Enf.	17	22
Aux. Enf.	69	99
Otro	9	22

5.5 Las actividades de consejería se dirigen a

	En Establ. N. y (%)
La mujer solamente	41 (42.7)
La mujer con su pareja	42 (43.7)
La mujer con su pareja y/u otro miembro de la familia	13 (13.5)
El hombre solamente	0 (0.0)
<b>Total</b>	<b>96 (100)</b>

5.6 Porcentaje de establecimientos que organizan charlas sobre salud materno-perinatal para los profesionales de salud: 64.3%

5.7 Porcentaje de establecimientos que organizan charlas sobre salud materno-perinatal para las pacientes y para la comunidad: 85.7%

5.8 Establecimientos que organizan actividades educativas en salud materno-perinatal durante el tiempo de espera, por nivel del establecimiento

Nivel	Establ. N. y (%)
1	3 (6.8)
2	10 (38.5)
3	9 (40.9)
4	4 (50.0)
<b>Total</b>	<b>26 (26.3)</b>

5.9 Establecimientos que elaboran material educativo en salud materno-perinatal, por nivel del establecimiento

Nivel	Establ. N. y (%)
1	19 (43.2)
2	14 (53.8)
3	11 (50.0)
4	5 (62.5)
<b>Total</b>	<b>49 (49.0)</b>

5.10 Establecimientos, por nivel, con disponibilidad de material educativo, por tipo de material

Tipo de Material	Nivel 1	Nivel 2	Nivel 3	Nivel 4	Total
Videocasetes	1 (2.3)	12 (46.2)	9 (40.9)	1 (12.5)	23 (23.0)
Spot televisivos	0 (0.0)	2 (7.7)	0 (0.0)	0 (0.0)	2 (2.0)
Slides	1 (2.3)	2 (7.7)	4 (18.2)	1 (12.5)	8 (8.0)
Manuales y mód.	14 (31.8)	15 (57.7)	15 (68.2)	4 (50.0)	48 (48.0)
Rotafolios	28 (63.6)	20 (76.9)	22 (100)	6 (75.0)	76 (76.0)
Afiches	16 (36.4)	11 (42.3)	17 (77.3)	6 (75.0)	50 (50.0)
Autoadhesivos	1 (2.3)	3 (11.5)	2 (9.1)	0 (0.0)	6 (6.0)
Cartillas	10 (22.7)	8 (30.8)	13 (59.1)	3 (37.5)	34 (34.0)
Juegos didácticos	7 (15.9)	5 (19.2)	8 (36.4)	3 (37.5)	23 (23.0)
Titeres	0 (0.0)	1 (3.8)	4 (18.2)	0 (0.0)	5 (5.0)
Otro	1 (2.3)	1 (3.8)	1 (4.5)	1 (12.5)	4 (4.0)

5.11 Establecimientos, por nivel, con disponibilidad de equipamiento para actividades educativas, por tipo de equipamiento

Tipo de Equipam.	Nivel 1	Nivel 2	Nivel 3	Nivel 4	Total
Proyectora slides	1 (2.3)	4 (15.4)	4 (18.2)	1 (12.5)	10 (10.0)
Proyectora transp.	0 (0.0)	0 (0.0)	2 (9.1)	0 (0.0)	2 (2.0)
Televisión	1 (2.3)	10 (38.5)	10 (45.5)	1 (12.5)	22 (22.0)
Video grabadora	1 (2.3)	10 (38.5)	10 (45.5)	1 (12.5)	22 (22.0)
Audio grabadora	1 (2.3)	6 (23.1)	5 (22.7)	1 (12.5)	13 (13.0)
Radio	2 (4.5)	9 (34.6)	5 (22.7)	0 (0.0)	16 (16.0)
Pizarra	25 (56.8)	13 (50.0)	17 (77.3)	4 (50.0)	59 (59.0)
Papelógrafo	18 (40.9)	17 (65.4)	14 (63.6)	2 (25.0)	51 (51.0)
Paneles exposic.	1 (2.3)	2 (7.7)	2 (9.1)	0 (0.0)	5 (5.0)
Cámara fotogr.	2 (4.5)	5 (19.2)	2 (9.1)	0 (0.0)	9 (9.0)
Otro	2 (4.5)	0 (0.0)	2 (9.1)	1 (12.5)	5 (5.0)

5.12 Instituciones, por tipo, con las cuales los establecimientos, por nivel, coordinan las actividades de IEC/C

Institución	Nivel 1	Nivel 2	Nivel 3	Nivel 4	Total
Alcaldía	4 (9.1)	8 (30.8)	11 (50.0)	3 (37.5)	26 (26.0)
DIDES	0 (0.0)	1 (3.8)	1 (4.5)	0 (0.0)	2 (2.0)
ONGs	17 (38.6)	8 (30.8)	9 (40.9)	3 (37.5)	37 (37.0)
Club de Madres	12 (27.3)	14 (53.8)	13 (59.1)	4 (50.0)	43 (43.0)
Instit. Educativas	23 (52.3)	14 (53.8)	13 (59.1)	5 (62.5)	55 (55.0)
Cooperativas	2 (4.5)	1 (3.8)	0 (0.0)	2 (25.0)	5 (5.0)
Sindicatos	22 (50.0)	5 (19.2)	8 (36.4)	1 (12.5)	36 (36.0)
Iglesia	9 (20.5)	8 (30.8)	7 (31.8)	1 (12.5)	25 (25.0)
Parteras	9 (20.5)	7 (26.9)	9 (40.9)	0 (0.0)	25 (25.0)
OTBs	8 (18.2)	4 (15.4)	9 (40.9)	2 (25.0)	23 (23.0)
Juntas Vecinales	7 (15.9)	10 (38.5)	7 (31.8)	1 (12.5)	25 (25.0)
RPSs	22 (50.0)	14 (52.0)	12 (54.5)	4 (50.0)	52 (52.0)
Comités de Salud	5 (11.4)	8 (30.8)	9 (40.9)	1 (12.5)	23 (23.0)
Otro	2 (4.5)	0 (0.0)	1 (4.5)	2 (25.0)	5 (5.0)

5.13 Tipo de apoyo recibido por los establecimientos, por nivel, de las instituciones con las cuales coordinan las actividades de IEC/C

Tipo de Apoyo	Nivel 1	Nivel 2	Nivel 3	Nivel 4	Total
Económ. y financ.	4 (9.1)	8 (30.8)	12 (54.5)	4 (50.0)	28 (28.0)
Infraestructura	4 (9.1)	7 (26.9)	7 (31.8)	0 (0.0)	18 (18.0)
Equipo e insumos	8 (18.2)	8 (30.8)	8 (36.4)	2 (25.0)	26 (26.0)
Material educ.	18 (40.9)	8 (30.8)	9 (40.9)	3 (37.5)	38 (38.0)
Donac. aliment.	3 (6.8)	0 (0.0)	3 (13.6)	0 (0.0)	6 (6.0)
Asistencia técnica	6 (13.6)	4 (15.4)	5 (22.7)	2 (25.0)	17 (17.0)
Capacitación	16 (36.4)	7 (26.9)	13 (59.1)	3 (37.5)	39 (39.0)
Otro	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)	1 (1.0)

6. Planificación Familiar (PF)

6.1 Porcentaje de establecimientos que realizan actividades de PF: 90% (De los 10 establecimientos que no hacen PF, 8 son de la SNS - 6 en La Paz y 2 en Cochabamba. 1 es de una ONG y 1 de la CNS)

6.2 Personal encargado de las actividades de PF, por categoría profesional

Categoría Profesional	En Establecimientos	
	N.	N. Total Personal
Ginec./Obstetras	8	9
Médicos gen. o con otras especial.	50	83
Lic. Enf.	16	21
Aux. Enf.	59	84
Otro	7	15

6.3 Las actividades de PF se dirigen a

	En Establ. N. y (%)
La mujer solamente	28 (31.1)
La mujer con su pareja	61 (67.8)
La mujer con su pareja y/u otro miembro de la familia	1 (1.1)
El hombre solamente	0 (0.0)
<b>Total</b>	<b>90 (100)</b>

6.4 Porcentaje de establecimientos que realizan distribución gratuita de anticonceptivos, de cualquier tipo: 29%

6.5 Disponibilidad de anticonceptivos, de cualquier tipo, en el último año, en los establecimientos que realizan distribución gratuita

Disponibilidad	Establecimientos N. y (%)
Siempre disp.	23 (79.3)
NO siempre disp.	6 (20.7)
<b>Total</b>	<b>29 (100)</b>

6.6 Disponibilidad de anticonceptivos, de cualquier tipo, al momento de la visita, en los establecimientos que realizan distribución gratuita

Disponibilidad	Establecimiento N. y (%)
Disponible	25 (86.2)
NO disponible.	4 (13.8)
<b>Total</b>	<b>29 (100)</b>

6.7 Relación entre disponibilidad de anticonceptivos, de cualquier tipo, en el último año y disponibilidad al momento de la visita, en los establecimientos que realizan distribución gratuita

		Momento visita		Total
		SI	NO	
Ultimo año	SI	22	1	23
	No	3	3	6
Total		25	4	29

### 9. Sistema de Referencia

El listado de los establecimientos de referencia, por cada uno de los establecimientos visitados, por departamento, UBAGE y municipio, se encuentra como anexo 7.

9.1 Porcentaje de establecimientos que pueden contar con un vehículo propio en los casos de emergencia: 25.5%

9.2 Condiciones del camino de acceso al establecimiento de referencia

Buenas = carretera asfaltada o camino no asfaltado pero en perfectas condiciones

Regulares = camino no asfaltado, en condiciones aceptables, transitable todo el año

Malas = camino en malas condiciones, transitable solo por unos meses del año

Condiciones	Establecimientos N. y (%)
Buenas	46 (46.5)
Regulares	24 (24.2)
Malas	29 (29.3)
<b>Total</b>	<b>99 (100)</b>

9.3 Transitabilidad del camino en meses por año

Transitabilidad en Meses	Establecimientos N. y (%)
12	70 (70.7)
De 7 a 11	20 (20.2)
Hasta 6	9 (9.1)
<b>Total</b>	<b>99 (100)</b>

Media = 10.8 meses Dev. est. = 2.1 meses

9.4 Medio de transporte utilizado para la referencia y tiempos de referencia

Medio de Transporte	Establecimientos N. y (%)	Tiempo Promedio de Referencia*	Dev. Est.*	Tiempo Min.*	Tiempo Máx.*	Moda*
Carro particular	42 (42.4)	2.10	2.90	0.25	16.00	0.50
Ambulancia	37 (37.4)	1.70	2.00	0.25	9.00	0.50
Flota/Trufi	24 (24.3)	2.00	1.70	0.50	6.00	0.50
Camión	12 (12.1)	5.40	5.00	0.50	18.0	1.00
Moto/Bici	5 (5.1)	2.70	2.60	0.50	6.0	1.00
Animal	4 (4.0)	16.60	21.10	2.50	48.00	8.00
Camilla	3 (3.0)	3.20	2.90	1.00	6.50	1.00
Otro	2 (2.0)	3.50	2.10	2.00	5.00	2.00

\* Tiempo en horas y centésimos de horas.

9.5 Tiempo promedio de referencia, general: h 2.8. Moda general: h 0.5.

10. Sistema de Información en Salud

10.1 Número promedio de registros o cuadernos utilizados, por nivel del establecimiento

Nivel	Promedio	Número Mín.	Número Máx.
1	10.0	1	16
2	12.0	2	26
3	16.7	8	25
4	19.2	12	28
<b>Total</b>	<b>12.7</b>	<b>1</b>	<b>28</b>

10.2 Personal encargado del manejo del SNIS, por categoría profesional