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EVALUATION OF THE EXPANSION OF FAMILY PLANNING
SERVICES AND COMMODITIES PROJECT NO. 519-0275

FINAL REPORT

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EXECUTIVE SUMMARY

In January of 1986, USAID/El Salvador contracted with Juárez and Associates, a Los Angeles based management consulting firm, to conduct an evaluation of its Expansion of Family Planning Services and Commodities Project No. 519-0275 with the Salvadoran Demographic Association (SDA) over approximately a two month period. The contractor's evaluation team, working under the guidance of the USAID Human Resources and Humanitarian Assistance Office, was to assess the project performance and the impact of USAID assistance in four major areas of the project: 1) Administration and Finance; 2) Information, Education, Communication and Training; 3) Medical Activities; and 4) Logistics/Maintenance. In addition to determining the efficiency of management and the success with which project activities were implemented in each of these areas, the evaluation was to make recommendations for the improvement of activities financed by the project for the overall improvement of the SDA, as appropriate.

A. Project Background

The SDA has been involved in family planning efforts since 1962. It is a non profit organization affiliated with the International Planned Parenthood Federation (IPPF). The organization is governed by a board of directors and is administered by an executive director and department heads in the areas of medical services; information, education, and communication; training; administration; social marketing; evaluation; and resource development. At present, activities in the area of family planning are carried out through its four clinics in various parts of the country, a social marketing program, mass media campaigns, and a number of informational endeavors.

In order to aid the SDA in expanding its efforts, a cooperative agreement between the organization and USAID was entered into on September 30, 1983. The purpose of the project, which built on previous projects funded by AID, was to assist the SDA in coordinating with agencies of the Government of El Salvador (GOES) involved in family planning, in order to reach the national goal of reducing population growth from 3.3 percent at the time of the agreement to at least 3.0 percent by the end of 1986. The project was to expand the delivery of family planning services through programs of Community Based Distribution of Contraceptives (CBD), the Commercial Retail Sales of Contraceptives (CRS), mass media campaigns, voluntary surgical contraception for both men and women of fertile age, and provide training for SDA personnel and other agencies. Evaluations of the CBD program, however, found it not to be most-effective and it was terminated in March of 1985. Funds earmarked for that program were channeled into other departments within the SDA.

Staffing within the administration department is adequate. Personnel have generally been subjected to a rigorous selection process and have appropriate education and experience for the job they hold. All appear to be highly motivated and dedicated to the organization's purpose and goals, and most have been with the Association for a relatively long period of time. There is, however, little opportunity for advancement within the present organizational structure.

Accounting systems were found to be well developed and personnel in this division qualified for their positions. The computer hardware is, however, insufficient for running existing software, and for the development of a complete management information system. Accounting practices were generally sound but common business practices such as the use of an accounting manual, fidelity bonding for employees handling checks, and listing of fixed assets in financial statements are not followed.

2. Information, Education, and Communication

The IEC department of the SDA was found to be staffed by dedicated individuals having appropriate training and knowledge for the positions they hold. Knowledge and interest in mass media utilization is, however, limited to the department director. This could be overcome in part by hiring the additional technical person in the area of communications already listed in the department's organizational chart.

Outputs for the community education project, teenage sex education project, and documentation center have increased over the two years of project implementation. Staff members working in the area of community education feel, however, that they would be more effective with additional personnel. Outputs of the mass media campaign reflect an emphasis on broadcasting, as production is ahead of project goals in this area. The quality of radio and television campaign materials is adequate. When compared with those developed for the social marketing department and commercial entities, however, they were found to be slow-paced.

Pretesting of products by the SDA evaluation unit is adequate. However, although the individuals in this department are trained in market research techniques, they have been unable to carry out product follow-up research because of heavy work loads. An impact evaluation of the media campaign originally planned for 1984 has not yet been carried out for similar reasons. Although questions related to impact have been included in the 1985 contraceptive prevalence study, and preliminary results of the survey are available, these have not yet been made available to the IEC department.

3. Training:

Curricula were found to be adequate. The structure of most training and the instructional approaches employed, however, were generally similar from one activity to another, and there is an emphasis on cognitive learning over skills training. SDA staff realizes such problems and feel that its effectiveness would be improved with training in curriculum design and instructional approaches. Additional training and staff members to help develop curriculum and recruit instructors will be needed to meet the greater scope of work of Project 0210. The instructors on the present roster were found to be qualified to teach the current offerings of the department.

The perception of the differing roles of the IEC component and the training sections found in both departments, together with the smooth functioning of each as presently constituted, suggests little institutional advantage to incorporating the information component of IEC into the training department.

4. Medical Services:

Medical personnel were found to be well trained and adequate in number for existing needs. If demand increases, however, it will be necessary to extend the hours of some staff or to hire additional personnel. Because of the political situation in the country and the limited facilities available, the outreach of the clinics was found to be limited in the rural areas.

All voluntary consent procedures were followed and surgical procedures were found to be those normally employed in male and female sterilizations. Efficiency could be increased, however, with the addition of a second set of laparoscopic equipment in each clinic.

The clinics appear to have the infrastructure to offer both pharmacy and laboratory services which could produce income to offset expenses, and staff were generally favorable to expansion into these areas. The cost involved in equipping a full laboratory may, however, make it infeasible.

5. Logistics and Maintenance:

The records system, delivery of commodities, and training of warehouse personnel was generally found to be adequate. However, security, training for personnel, well-equipped maintenance facilities, and a computerized inventory system for the warehouse would have long-term benefits.

The transportation fleet appears adequate. Allocation of vehicles should be studied, however, to provide better coverage to the clinics. The auto maintenance staff is qualified and repairs are generally cheaper than when service is performed by private garages. The workshop is, however, under-equipped.

Spare parts stock, especially for the emergency repair of the biomedical equipment, was found to be inadequate owing to communications problems between the international donor supporting the preventive maintenance program and maintenance personnel. The sale of either biomedical equipment or vehicle maintenance is infeasible at the present time owing to lack of infrastructure.

D. Major Recommendations

- The heavy reliance on a single foreign donor for much of its funding could put the SDA in a vulnerable position if funding should be lessened or ceased. The organization should undertake studies to determine the feasibility of increasing internal revenue generation and to develop a plan for attracting other potential donors.
- Better communication, both vertically and horizontally among management personnel of the SDA is needed, and the responsibilities of the board of directors, executive director, and department heads must be clarified. This can be accomplished through technical assistance to the organization provided by specialists in organizational administration.
- A more flexible computer system, such as an IBM-XT or AT, should be obtained and appropriate software, manuals and training of personnel should be sought so that the system can be fully utilized.
- Additional personnel with technical expertise in the area of mass media and communications should be added to the IEC department to facilitate media development and production. In-service training and technical assistance to SDA personnel in these areas would also be valuable to improve products, cut down on production delays, and increase accuracy of campaign targeting.
- Training in developing curricula aimed at improving skills should be provided to the personnel of the training department and additional staff should be hired to meet the needs of the expanded training program to be undertaken in the upcoming Project No. 0210.
- Follow-up procedures on media penetration and consumer satisfaction should be developed and formalized. User surveys could be conducted by training the volunteers who admit clinic visitors

to the facilities to ask a few selected questions on media usage or by interviewing pharmacists at point of purchase. In the areas of service penetration and product satisfaction studies, the SDA should investigate the feasibility of subcontracting specialized research firms to carry out the work if its own evaluation unit is unable to do so. All results of research, however preliminary, that could improve mass media campaign performance should be made available to the departments implementing such campaigns.

- Clinics' service delivery should be expanded. Given the contribution of the community based distribution program to increasing the volume of voluntary surgical acceptors, a more cost-effective referral network should be sought. This might involve information posts, an increased number of rural facilitators, a referral network of physicians not offering family planning services, or coordination of agencies offering family planning services.
- A second complete set of laparoscopic equipment should be available at each clinic.
- Commodities projections can be improved through seasonal adjustment analysis, least squares analysis, and growth factor considerations. More complex statistical analyses such as demand models and multiple equation models might be considered at a later date.
- The need for warehousing security, computerization of inventories, and the establishment of well equipped maintenance facilities suggests that technical assistance in these areas could be helpful in the rapid resolution of potential problems.

I. INTRODUCTION

In January of 1986, USAID/El Salvador contracted with Juárez and Associates, a Los Angeles based management consultant firm, to conduct an evaluation of its Expansion of Family Planning Services and Commodities Project No. 519-0275 with the Salvadoran Demographic Association (SDA). The contractor's evaluation team, working under the guidance of the USAID Human Resources and Humanitarian Assistance office, over approximately a two-month period, was to assess the project performance and impact in four major areas of the project: 1) Administration and finance; 2) Information, education, communication and training; 3) Medical activities; and 4) Logistics/maintenance. In addition to determining the efficiency of management and the success with which project activities were implemented in each of these areas, the evaluation was to make recommendations for the improvement of activities financed by the project and for the overall improvement of the SDA, as appropriate.

A. Background

El Salvador, the most densely populated country in the Western Hemisphere, has long been concerned with family planning. Much of the original support in the family planning area came from private voluntary organizations such as the International Planned Parenthood Federation (IPPF). The Salvadoran government quickly took an interest in the issue, however, and both public and private providers of family planning services have been active in the country since the mid 1960s. Initially, family planning activities were carried out by the Salvadoran Demographic Association, an affiliate of IPPF. In 1967, however, the Association turned over much of its clinical family planning services to the Ministry of Health (MOH), which presently has the major responsibility for providing such services in the country through a system of hospitals, health centers, units, posts and mobile units. As part of a national population policy announced in 1974, the SDA's responsibilities were defined as: providing information, especially through mass media channels; offering model clinical services for contraception and sterilization; undertaking training activities in the area of family planning; and carrying out evaluations.

Despite the ongoing civil war in El Salvador, the SDA has continued to carry on family planning activities in these areas, principally through its four clinics located in the largest cities of the country, which provide approximately 11 percent of the nation's clinical family planning services, and its informational mass media campaigns conducted by its Information, Education, and Communication (IEC) department. In addition, training and research/evaluation activities are carried out by the respective departments within the organization.

Support for the SDA comes from a variety of sources including the parent organization, the Association for Voluntary Sterilization (AVS), and USAID. Project 0275 builds on previous AID-funded projects with the SDA and is designed to aid the SDA in expanding its family planning efforts through a cooperative agreement between the organization and USAID, entered into on September 30, 1983. The purpose of the project was to assist the SDA in coordination with agencies of the Government of El Salvador (GOES) involved in family planning, in order to reach the national goal of reducing population growth from 3.3 percent at the time of the agreement to at least 3.0 percent by the end of 1986. The project was to expand the delivery of family planning services through programs of Community Based Distribution of Contraceptives (CBD), the Commercial Retail Sale of contraceptives (CRS), mass media campaigns, voluntary surgical contraception for both men and women of fertile age, and providing training for SDA personnel.

This project fits well within the overall AID population strategy which includes as a basic objective freedom of choice through education that will enable individuals to make informed voluntary options about their family planning options. To this end, U.S. assistance programs are to support, among other things, the dissemination of family planning information, training for service providers, and demographic and social research designed both to improve voluntary family planning programs and to assist developing countries in the development of family planning policies and programs (AID, 1982). Similarly, the project is congruent with the specific strategy of the Latin America and Caribbean Bureau which is to concentrate on policy reform, technology transfer, institutional development, and support for private and commercial initiatives (USAID, 1985).

B. Previous Evaluation Efforts

Although no overall evaluation of Project 519-0275 has been carried out prior to the present study, a number of studies have looked at specific activities of the SDA that are within the scope of the Project. An evaluation of voluntary sterilization programs conducted shortly after the implementation of Project 519-0275 (Echeverry, 1984), for example, examined these services as performed in the SDA clinics. Findings showed the staff to be highly professional and the clinics to be adequate. It was felt, however, that the clinics could be made more appealing at little cost and that each clinic should have a second laparoscope in case of damage. The study also raised questions about the completeness of the forms verifying informed consent procedures followed at the clinics. As will be shown in subsequent chapters of the present evaluation, additional laparoscopes, to be supplied by AVS, are still not available. Backup equipment does, however, exist and documentation of informed consent procedures is complete.

An evaluation of the ADS contraceptive retail sales project which took place at about the same time (April 1984) found that the decline of sales in 1983 was related to a reduction in channels due to the difficulties of doing business in El Salvador, the lack of a project manager for a substantial period, and price increases not accompanied by an aggressive marketing campaign. Also of interest to the logistical/maintenance component of the current evaluation was the finding that storage space was needed in Santa Tecla and that unserviceable materials were not always being retired from storage. A warehouse is presently under construction in Santa Tecla and inventories have been reviewed.

An additional study conducted on female sterilization (Bertrand, 1984), although not an evaluation per se, provides some tangential information on the SDA's voluntary sterilization and mass media programs. Findings showed that women were voluntarily choosing sterilization because it is widely known, culturally acceptable and highly reliable. The study also highlighted the importance of interpersonal communication, as it was found that most women made the decision after considerable communication with health personnel and other sterilized women. Finally, the study demonstrated the effectiveness of mass media, as 82 percent of the sample had heard about contraceptive methods on the radio and 67 percent had seen pamphlets or posters providing this information.

A final evaluation report assessing the management and effectiveness of AID Family Planning and Population Project No. 519-0149, conducted in March of 1984 (Edmonds, et al), has perhaps the greatest relevance for the present evaluation, as the SDA was one of the organizations being examined and the study covered some of the same departments of the organization currently being assessed. Although the administration of the Association was not examined in depth, it was generally found to be adequate, as were the provision of services at the clinics. Supplies of contraceptives at the clinics were, however, found to be inadequate, and it was suggested that social workers at the clinics were overloaded. A cost analysis to determine the feasibility of repairing vehicles in local garages rather than in the ADS shop was suggested and subsequently undertaken by the SDA. In addition, rebuilding of the Santa Tecla warehouse was recommended, and is in process. In the area of Information, Education and Communication, the authors recommended both impact and formative evaluations of the mass media campaigns, greater experimentation with production techniques, and increased cooperation with other groups developing multimedia educational projects.

Many of the major findings of the evaluation related to the CBD program which the evaluators felt should be restructured. The SDA began to implement the suggested changes. A second evaluation of the CBD program late in the same year (Correu, Oct. 1984) found, however, that the program was extremely costly and not effective and therefore recommended that it be

suspended. This recommendation was followed and the program was terminated in March of 1985. Project monies designated for the CBD program were then rechanneled into the 1985 contraceptive prevalence study and the departments of social marketing and information, education and communication.

C. Objectives of This Evaluation/Scope of Work

As mentioned, the evaluation focuses on four areas of Project 519-0275: Administration and finance; Information, education, communication, and training; Medical activities; and Logistics/ maintenance. The general objectives were: to assess the overall management of the SDA and management procedures; to review and analyze the financial activity and cost factors of the SDA program; to assess the usefulness of the current family planning information system utilized by the SDA in project planning and implementation; to assess the medical services program and its relative progress to the date of the evaluation; and to assess the quality of the family planning training programs in terms of content, duration, and methodologies utilized by the SDA.

These objectives were to be reached through a detailed analysis of the organizational structure of the organization and of each of the departments under study. The adequacy in number and experience of the individuals working in each of the departments was to be assessed, as well as the administrative procedures followed in implementing each department's activities. In addition, inter- and intra-departmental communication and delegation of authority were to be studied. Recommendations were to be made, as appropriate, for upgrading personnel performance and improving program efficiency in each of the areas under evaluation. The scope of work and the format of the evaluation were to dovetail with an independent evaluation of the social marketing department of the SDA carried out concurrently by another contractor.

D. Organization of the Report

The remainder of this document discusses the way in which the evaluation was organized to meet the objectives described above and presents the findings of the study. Chapter II describes the evaluation team and details the methodology employed to ensure depth of coverage and the quality of the data collected. Chapter III presents the study findings for each of the areas under evaluation. Although training was included as part of the IEC component in the original scope of work, it is discussed separately here, as it forms an independent department within the SDA. Chapter IV assesses the developmental impact of the project to date, whereas Chapter V summarizes the principal lessons learned from implementing the project. Chapter VI presents the conclusions of the evaluation team as to project performance and provides recommendations for improving ongoing and future activities.

II. EVALUATION DESIGN

The evaluation was designed as both a formative and an impact evaluation, as it had the overall objectives of assessing the performance of the Project at the time of the investigation and making recommendations for improving ongoing Project activities. Specifically, the evaluation examined the efficiency of program management, the competency of personnel and the success with which the activities of Project 519-0275 were implemented in the four areas of: administration and finance; information, education, communication, and training; medical services; and logistics/maintenance.

A four-member team consisting of the following individuals: Ray Chesterfield, an educator and evaluation specialist with 15 years experience working with Latin American indigenous information delivery systems (Chief of Party and Information, Education, Communication and Training Specialist); Ricardo Alvarez, President of Cambridge Consulting Corporation and an experienced manager and accountant with 12 years experience in Hispanic contexts (Administration and Finance Specialist); Miguel Pulido, an Ob-Gyn with 20 years experience working with family planning programs in Latin America (Medical Services Specialist); and Phillip Nowak, a Vice President in the payments division of the Bank of America with experience in Mexico and Central America (Logistics Specialist).

A multimethod approach was used in conducting the evaluation. Various sources of information including documents, key informants within SDA and AID, and specific events, activities, and procedures were identified and data collection strategies designed for each. The strategy of triangulation, in which two or more members of the evaluation team examined similar pieces of information from their individual perspectives and in which the same topics of information were investigated by a single evaluator through different sources, was employed to ensure the consistency of the data collected.

A. Review of Documents

A critical review of Project documents, including the cooperative agreement, implementation letters, periodic and quarterly reports prepared by SDA, previous evaluation reports, audit reports, personnel files, organizational manuals, ledgers, patient case histories, inventories, curriculum and requisition orders, was made. Historical sequencing of events and changes in external and internal factors affecting the project, as well as previous recommendations to improve project efficiency were extracted from these documents. Data capture, accuracy and utility of documents used in implementing project activities were examined. Samples of cost transactions, expenditures, and commodities requests were drawn and traced through all of the relevant documentation for each to verify information gathered from other sources.

B. Interviews with key informants.

Through discussions with the AID project officer and other AID personnel involved in the Project, a list of key informants was developed. The principal criterion in developing the list was to choose individuals who were directly involved with project implementation activities in each of the four areas under evaluation. Key informants included board members and administrative and technical personnel from the office of the executive director and each of the departments of administration and finance, information, education and communication, social marketing, training, and evaluation, as well as AID personnel in the Office of Human Resources and Humanitarian Assistance and the Controller's Office. In depth interviews covering the responsibilities, experience and areas of involvement of each set of informants were developed.

The interviews were generally conducted using a topical format which was broad enough so that the areas of common knowledge of the informants overlapped, thereby providing multiple perspectives on the same phenomenon. Interviews were generally conducted jointly by two members of the evaluation team. When detailed information on a certain Project area was needed, however, informants were reinterviewed by the appropriate evaluation team member with an interview consisting of specific open-ended questions. A total of 32 interviews were conducted with 24 different individuals. As an additional quality control measure, wherever possible, findings were reviewed with key informants to obtain their feedback and avoid ambiguities.

C. Site Visits.

Site visits were made to the four major SDA clinics in San Salvador, Santa Tecla, Santa Ana and San Miguel, and the dispensary in El Refugio, as well as to the central warehouse and the SDA automotive garage. At least two evaluation team members made visits to each site, and at those clinics within or close to San Salvador all of the team members participated in the site visits. Interview schedules were developed for doctors, nurses, facilitators, secretaries, patients, and maintenance and warehouse personnel. Those designed for physicians focused on their duties, techniques, responsibilities, experience, and training needs. Those for nurses dealt with technical and administrative duties, experience and training needs. Facilitators and secretaries were queried about their responsibilities and learning experiences while patients were asked about their knowledge of contraceptive methods. The respective duties, knowledge, procedures followed and problems encountered were investigated with maintenance and warehouse personnel. A total of 49 interviews were conducted with individuals at the different evaluation sites.

Observations were also made of the installations and the procedures followed at each site. Physical space, scheduling, usage patterns, records and inventories were examined in light of current and future needs. In addition, the surgical procedures, operating equipment and maintenance of surgical supplies were assessed through direct observation in the operating room.

Finally, the advertising agency hired by the SDA to develop the IEC mass media campaign was visited. The individuals involved in this activity were interviewed and the materials were reviewed.

D. Methodological Constraints

As the evaluation scope of work called for an assessment of the adequacy of the clinics to meet current needs, the primary methodological constraint for this investigation was the relatively low volume of use during the period in which the evaluation took place. Clinic personnel attributed the low volume to the coffee harvest which attracted large numbers of the population that the clinics normally serve. Monthly totals of services provided were reviewed to provide some information on overall clinic performance and these data were incorporated into the analysis. The adequacy of the facilities to meet the demand of peak seasons or to expand services could not, however, be directly assessed. A second constraint was the limited time that could be spent at those clinics in areas of conflict owing to reasons of security and personal safety. While, medical and paramedical personnel were observed at each site, the findings on professional competence are limited to those personnel who were on site at the time of the visits. Finally, the evaluation concentrated on four areas of Project 519-0275. While all of the departments of the SDA were visited during the course of the evaluation, emphasis was given to those which were to be examined in depth within the scope of work. Thus, assessment of the overall functioning of the SDA is heavily weighted by the bulk of information gathered in these areas. The concurrent evaluation being conducted in the social marketing department will, however, help to balance this effect.

III. STUDY FINDINGS

A. Financial Support

During the life of the project, financial support for the SDA has come largely from international donors. As can be seen from Exhibit 1, over 70 percent of the organization's operating capital for the last two years has come from foreign donors. The contribution of USAID, through Project 0275, has made up more than 44 percent of that total each year. Although there has been

EXHIBIT 1

PROPOSED AND ACTUAL OPERATING BUDGETS 1984 AND 1985 (In Colons)

	1984	% of total	1985	% of total
Proposed Budget	9,134,623		11,125,244	
Cap. Previous Year	10,066	6.2	950,234	8.7
Foreign Inputs				
IPPF	1,705,700	17.9	1,766,735	16.2
USAID	4,847,139	49.4	4,843,633	44.4
IP-AVS	676,098	6.8	874,563	8.0
Others	67,588	.7	256,054	2.2
Subtotal	7,296,525	74.3	7,740,985	71.0
Local Inputs	1,869,695	19.3	1,739,839	15.9
Accounts Rec'd	40,276	.4	467,664	4.2
Total	9,816,562	100.7*	10,898,731	99.6

*Totals may not equal 100% owing to rounding

Source: Cuadro de ingresos y egresos 1984 and 1985, ADS

a slight decrease in the percentage of total funds that were contributed by foreign donors, this is a result of a larger percentage of funds carried over from the previous year and a greater percentage of accounts received in 1985, rather than a real drop in contributions.

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The heavy reliance of the SDA on foreign donor support is understandable considering the present economic situation of El Salvador. Such a reliance, especially on one donor (in this case USAID), brings into question the viability of the organization should this funding cease. To avoid the danger of not having sufficient operating capital if one or more external donors should be lost, it would be useful for the SDA to begin studies of the possibility of internal income generation and for the purpose of identifying other potential donors which would diversify support. These studies should begin during the present time period when funding for the SDA is already available.

EXHIBIT 2

ESTIMATED COUPLE YEARS OF PROTECTION 1984 AND 1985

	1984	1985
Medical Services	76,837**	50,327
Social Marketing	15,000	20,000
CBD	6,342	1,487
Displaced Persons	452	709*
Total	98,631	72,523

*Estimates based on the contraceptives and training provided by the SDA to agencies providing information and services to the displaced

**Assumes 17 CYP for sterilization based on local studies

Sources: .Años protección pareja, ADS, Depto. Servicios Médicos
ADS Informe anual 1984 y 1985

Exhibit 2 summarizes the estimated couple years of protection (CYP) provided by the medical services, community based distribution (CBD), social marketing, and displaced persons programs over the two years of the Project. When these totals are divided by the expenses of the organization, the costs per couple year protection for the SDA as a whole are \$20 and \$30 for 1984 and 1985 respectively. The difference is due largely to the discontinuation of the CBD program, which provided temporary methods and served as one of the chief referral networks for the SDA medical clinic program, in March of 1985. The overall cost of couple year protection for the organization during the two years of the project is \$22 each. As Project funds are distributed in a number of areas within the SDA, along with funds from other sources, couple year protection for the Project could not be calculated. However, as the bulk of the funds from Project 0275 allocated to date have gone primarily to those programs directly involved in providing couple year protection (i.e. medical services, CBD, social marketing) the cost of CYP for the project can be assumed to be somewhat lower.

Exhibit 3 shows the yearly expenses by SDA department. In each year, the operating costs were substantially below the budget that had been approved. Although these figures are for each unit as a whole, rather than for Project 0275, they do reflect to some extent project activities. During the first year of the Project, the largest share of expenses went to maintaining the community-based distribution project, which received 37.6 percent of the funds. With the termination of that project in March of 1985 and the subsequent redistribution

EXHIBIT 3

YEARLY EXPENSES BY DEPARTMENT (In Colons)

Department	1984		1985	
	Expenses	% total	Expenses	% total
IEC	560,525	6.6	1,662,741	19.1
Med. Services	2,121,128	25.1	2,204,755	25.4
CBD	3,177,408	36.6	528,448	6.0
Training	203,652	2.4	277,641	3.2
Evaluation	396,181	4.6	973,945	11.2
Resource Dev.	236,925	2.8	142,432	1.6
Administr.	1,329,225	15.7	1,629,423	18.7
Social Mktg.	420,317	4.9	1,250,908	14.9
Total	8,445,361*	99.7**	8,670,293*	100.1

* Does not reflect general payments outside department expenses.

**Totals may not equal 100% owing to rounding.

Source: Cuadro de ingresos y egresos de 1984 y 1985, ADS

of funds among the IEC department, the social marketing department and the evaluation department for the contraceptive prevalence study, these divisions received a larger percentage of the funding. Similarly, the decrease in expenses by the resource development department is a result of the lack of a director for that unit. Department expenses specific to Project 0275, shown in Exhibit 4, suggest that, with the exception of the CBD project which was ended because of its lack of cost effectiveness, the different departments have sufficient funds available to meet their individual goals within the Project. As a result of the devaluation of the colon, most have currently used less than one third of the funds that have been allocated for the life of the Project and, as will be shown in subsequent sections of this report, most are close to their projected goals for this stage of the Project's development. This also raises the question of the

SDA's ability to absorb the funding that it receives within its present organizational structure. As the devaluation was relatively recent, however, the absorptive capacity of the organization remains to be assessed.

EXHIBIT 4

FUNDS ALLOCATED IN PROJECT 0275 BY DEPARTMENT, AND EXPENSE THROUGH 1985 (In Colons)

Project	Original Funding	Reprogrammed Funding	Total Expens
CBD	8,360,000*	3,553,026	3,484,084*
Refugee Program	320,000	383,587	207,216
Mass Media	978,500	6,501,150	1,436,542
Medical Serv.	1,101,000	2,318,492	976,499
Soc. Marketing	1,358,500	5,508,825	1,242,608
Evaluation	50,000	2,223,728	753,645
Observ. Trips	150,000	36,035	16,041
Administration	730,000	78,300	20,336
Maintenance	—	2,617,535	371,555
Congress(Ob-Gyn)	—	48,500	00
Training	—	355,810***	00
Other	1,147,000	2,110,467	366,639
Total	14,150,000	25,785,459	8,875,168

*Figured at 5.0 colons to one dollar

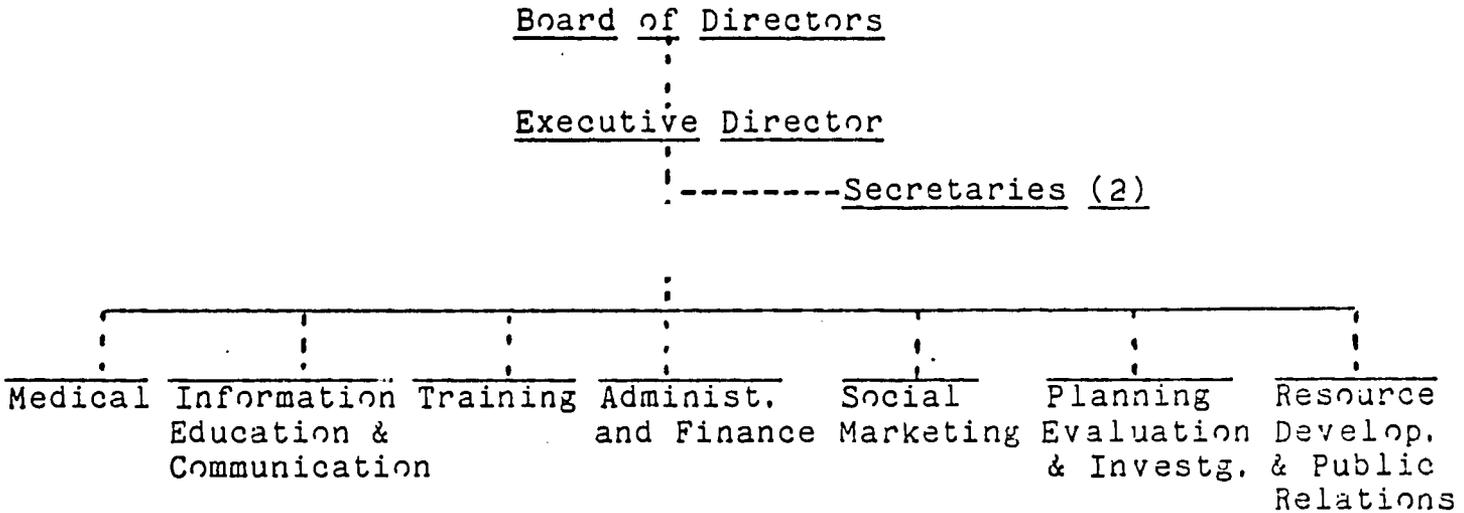
**Terminated March 1985

***Does not receive project funds until 1986

Sources: ADS cumulative budget analysis, Project 0275
AID amendment No. 1 to Project 519-0275

B. Overall Administration

The Salvadoran Demographic Association is organized as a nonprofit entity, governed by a Board of Directors and administered by an Executive Director who is supported by various departmental directors. The chart below summarizes the present management structure of SDA.



The SDA functions with a specific set of duties for company personnel and for their official interactions with others. The SDA board of directors functions as an autonomous body which oversees the overall policy of SDA. There are seven members on this board who are authorized and active. In order of importance, they are the following:

<u>Board of Directors' Title</u>	<u>Occupation</u>
President	Lawyer
Vice President	Advertising Executive
Secretary	Executive Secretary
Treasurer	Businessman
Council Member	Publishing business
Council Member	Housewife and business person
Council Member	Business person

Board guidelines are based on "SDA Bylaws" and the "Internal Rules of the SDA Board of Directors." These guidelines provide for meetings at least once a month and a general assembly of all employees every six months. Informants stated that meetings are currently held every two weeks, however, while general assemblies are held as scheduled. The objectives of biweekly board meetings, as perceived by one member of the board, include the following:

- To review information on the progress of SDA. This information is provided by the executive director.
- To form commissions which look into problems related to operations. (These commissions are formed solely of board members).
- To meet with department heads to review progress and to help find solutions to those problems.

These functions appear to be more extensive than those given to many boards. This is the result of a period of administrative flux within SDA which started in late 1984 with the assassination of one director and a threat to the lives of other SDA administrative personnel and which created generally low morale and a lack of decision-making and contributed to the board's taking an active role in operations. This role change was facilitated by the fact that while the board guidelines and rules are very specific as to the many functions of the board, they include virtually no information as to the scope of matters that can be undertaken by the board. For instance, operational matters related to SDA employee salaries and final decisions on employees hired are presently decided by the board.

The reason expressed for this policy is that, in the past, unjustified salary increases and favoritism problems took place as a direct result of department directors' control of personnel compensation. Interviews with department directors, however, showed that some feel their control of subordinate selection and compensation is important to motivate or reward good workers; they also perceive that salary structure and hiring practices are not systematic and that the process of decision making and project implementation can be more effective at the directors' level.

These individuals also indicated that, while the board functions well in many respects, they feel the board makes many operational decisions which can be more effectively made at the directors' level. That is, directors have more information at hand and technical knowhow which gives them the ability to decide quickly.

The same series of events that led to the board taking a more active role in operations also led to a change in operations management. With the resignation of the former executive

director and the situation in a state of administrative turmoil, leadership which would restore confidence was needed. Dr. Enric Henriquez, head of the medical services department, was appointed interim executive director and later confirmed as executive director of the SDA.

The role of Dr. Henriquez as executive director at the SDA is a pivotal one between the board and department directors. His background shows many years of experience as a practicing physician in the gynecology/obstetric areas. He has headed several programs within the family planning area over the last twelve years. His experience in the family planning area is certainly extremely valuable, but more important perhaps is his long history of dedication to the cause of population control in El Salvador.

The administrative situation called for immediate decisions which the executive director began to make himself. He feels hampered, however, by the lack of a clear definition of his functions. Although these have been described (see appendix A) in a prepared manual, it has not yet been approved by the board and his role definition -- that is, his job vis-a-vis the board -- is unclear. Similarly, the nature of the situation and his management style, which relies on informal interactions with subordinates as opposed to the scheduled formal staff meetings held by his predecessor, has led to the perception of some department directors that many decisions are channeled through him and that staff have less involvement in decision making.

Focusing on the individual departments within the SDA structure, the functions of each of the departments are briefly as follows:

- The Medical Department has the responsibility for all field clinics. The staffing of these clinics is as follows:
 - San Salvador Clinic, 35 employees including medical director.
 - Santa Ana Clinic, 19 employees.
 - El Refugio, 7 employees.
 - Santa Tecla, 12 employees.
 - San Miguel, 17 employees.
- The Department of Information, Education & Communication has responsibility for carrying out program requirements in the areas described. One of its many functions include the implementation of mass media campaigns. There are presently nine employees in this department (including the director).

- The Department of Training carries out family planning training of trainers and volunteers as one of its functions. It presently has five employees.
- Administration and Finance is a key department where business management and financial functions take place. It presently has 45 employees.
- Social Marketing carries out the program of contraceptive retail sales. Under this program, contraceptives are sold utilizing various commercial marketing strategies. There are 20 employees in this department.
- Planning, Evaluation and Investigation conducts studies and product investigations as well as assisting in the program planning stages. It presently has 5 employees.
- Resource Development & Public Relations is not a fully operational department at present. Its functions are fund raising and public relations for SDA. It currently has three employees.

Department directors are full time staff positions with the exception of the Medical Department, where the medical director is presently a half time position. Resource Development and Public Relations is operating without a director. Two secretaries, one of whom functions as the person in charge, and a messenger form the staff of this department. Overall there are 177 employees on the ADS payroll. Organizational charts for each department are found in appendix B.

Currently under way are minor changes to job titles within the organization. These principally involve changing the title of "chief" to "person responsible." The changes are part of an effort on the part of SDA to limit the use of titles which denote authority and represent an attempt to democratize the organizational structure. In essence, the title changes do not affect the salary levels or duties of the positions involved and for all practical purposes they are not considered structural changes.

Given the limited number of staff in most of the SDA's departments and the few managerial positions within each department, possibilities for job advancement are limited. Although career ladders are well defined, most require the resignation of an individual in a higher job category to create a promotional opportunity. As there is a policy within the SDA to encourage employees to remain with the organization, few individuals are likely to advance even if they show outstanding potential in their current positions. The executive director is accessible on an informal level and meets individually with department heads as he sees fit. Staff meetings, however, are held infrequently, as no regular schedule has been established for such meetings. This has created a negative feeling among some department directors who feel that their input is not being

taken into consideration, and that there is little integration or mutual support among departments. Interaction among department heads is felt to be largely informal or social, rather than for the overall integration of organizational decision making. Thus, despite a high degree of agreement among department heads on organizational goals and the importance of departmental integration, departments run largely isolated from one another in the sense of interdepartmental collaboration.

1. Organization and Staffing:

As indicated in the organizational chart presented earlier, authority is delegated to department directors to pursue departmental endeavors. The need for the existence of all departments is justified from both an administrative and programmatic point of view. Interviews with department directors showed that they have a clear notion of the overall organizational objectives as detailed in the SDA bylaws and, more specifically, those related to their respective functions.

Communication between directors and subordinates generally appears to be adequate in most cases as indicated by interviews. It should be noted that interviews at the clerical level disclosed some degree of animosity as a result of employees being told what to do rather than being asked in a proper way. These situations may be simply conflicts of personality. However, as a matter of general practice, these situations can be potentially troublesome to an organization such as the SDA.

The flow of communication within the departments also includes memoranda and formal requests at different levels as well as informal communication.

In general, department directors feel that they can still delegate more responsibilities to their subordinates. However, the extent or the types of information that could be delegated in specific situations was not specified.

Through a review of the personnel files it was found that most SDA personnel are capable of functioning within the organization and more specifically within their respective positions. Job descriptions made available indicate well conceptualized responsibilities for job categories. Educational levels of personnel ranked well with their duties as outlined in job descriptions. Personnel evaluations conducted over time indicate a fairly high quality of personnel. This may be due to the high stability of employment at SDA. The tendency for most SDA employees is to stay on the job for a long period of time, as they consider SDA to be a good employer. Also, devotion to the cause of family planning is part of the hiring criteria of SDA, and employees seem dedicated to this cause.

As a result of the interviews held, the review of personnel files and the examination of job descriptions, it would be fair

to conclude that SDA personnel in general are capable of performing adequately in their present positions on the basis of job experience, education and motivation. There is, however little indication that they would be able to take on new responsibilities and little possibility within the present organizational structure of expanding their skills.

SDA's organizational objectives are well understood by all personnel interviewed. Some referred to the booklet issued by the Association as their guide.

2. Coordination Among Departments:

Communication within SDA takes place in the form of meetings convened, memoranda, written communication and informal communication. Other forms of communication such as administrative forms serve specific needs (for instance, purchase requests). The channels of communication among departments are generally open on an individual basis (from department to department). Joint sessions, in which all departments meet with the executive director, have not been a consistent form of communication.

A key role within the organization is held by the Administrative Department, as many of its functions affect all departments. These functions include personnel, contracting, purchasing, supply of goods, and other activities. (The next section, entitled "Department of Administration" deals with the administrative role.) The Department of Administration has been criticized by other departments as slow to respond to the needs of the organization, particularly in the area of purchasing. According to the Administration Department, many of these allegations are due to the process of obtaining bids and to the purchase of parts which must be ordered. Although the time involved may vary, up to a month may be lost in these procedures.

3. Recordkeeping and Information System:

Correspondence files, including all incoming and outgoing mail as well as internal correspondence, are maintained at SDA in a neat and orderly fashion. This is done independently by each department.

Personnel files are kept in the Administration Department. One file is maintained for each employee, which is generally color-coded by department. Each file normally contains the employment application and contract, performance appraisals, withholding reports, status changes, insurance, social security and various correspondence or information related to the employee. These files are well organized but it was found that some were incomplete (i.e., the information was not up to date, particularly in the case of older employees). Performance evaluation forms were not included in some of the files and in some cases they were non-existent. This may be due to recent policy changes which discontinued the use of the prevailing

method or form for personnel evaluation. As of this writing, it was indicated by SDA personnel that the process of personnel evaluation will be reexamined and possibly new methods used.

An important part of the information system is the computer system that is available to the SDA. It includes the following hardware configuration:

- 1 - NCR Personal Computer, Decision Mate v with 128 KB of memory, two floppy disk drives, one 10 MB hard disk drive for storage.
- 1 - NCR Printer, Model No. 6411-1550 dot matrix type with a 15" carriage
- Auxiliary equipment such as battery backups and UPIs.

In addition, available software consists of:

- Operating system MS-DOS 2.02
- General Ledger accounting package by MSBI Real World (This software is used for preparing trial balances, financial statements and budget analyses).
- Accounts Payable module by MSBI Real World (As part of a general ledger system, this module maintains an accounts payable ledger system with capabilities to generate checks).
- Supercalc (A spreadsheet-type of program that can be used in multiple accounting applications such as budgets, listings inventory control, etc).
- Lotus 1-2-3 (It is also a spreadsheet-type of program. Lotus offers a great deal of flexibility in accounting applications and very limited word processing. It is the most popular spreadsheet program on the market. Lotus can be used for many accounting applications, planning, graphs, limited data base and word processing).
- Symphony (As a multi-function package, Symphony can be used as a spreadsheet and for word processing, graphics, limited word processing, communications, etc. It is an excellent all around package but somewhat time consuming to train on all the options).
- Wordstar (It is one of the better word-processing packages. Wordstar is very versatile for preparing letters, reports, etc).

Present utilization of this system is mostly in the accounting area. Due to limited training of SDA personnel in the use of the computer software, Supercalc is underutilized. The accounts payable module, Lotus 1-2-3, Symphony and Wordstar are not used at all. This is because the present hardware is not IBM compatible and/or, as in the case of Symphony and Lotus, because the computer memory requirements exceed that presently available. In addition, none of the current software offer the databasing capability that would be needed to develop a complete Management Information System (MIS) for the entire organization. Some difficulties are created also since there are no manuals in Spanish available for any of the software or hardware at SDA.

Much of SDA's information system is still manual. In fact, most accounting records and virtually all word processing requirements are presently manual. Given the availability of proper computer systems and adequate training, most accounting functions could be mechanized. This would mean reductions in the cost of labor, increased efficiency and accuracy.

C. Department of Administration:

As the second largest of SDA's departments (45 employees), a great deal of responsibility rests with this section. Its multi-functional operation is composed of general business administration, finance, personnel, contracting, purchasing and supply, inventory, maintenance and general services. Virtually all other departments depend on its effective performance with respect to all the functions of administration. Its formal organization and work structure specifies very appropriate sets of duties for SDA personnel and their official interactions with others; this is supported by recently-drafted SDA job descriptions.

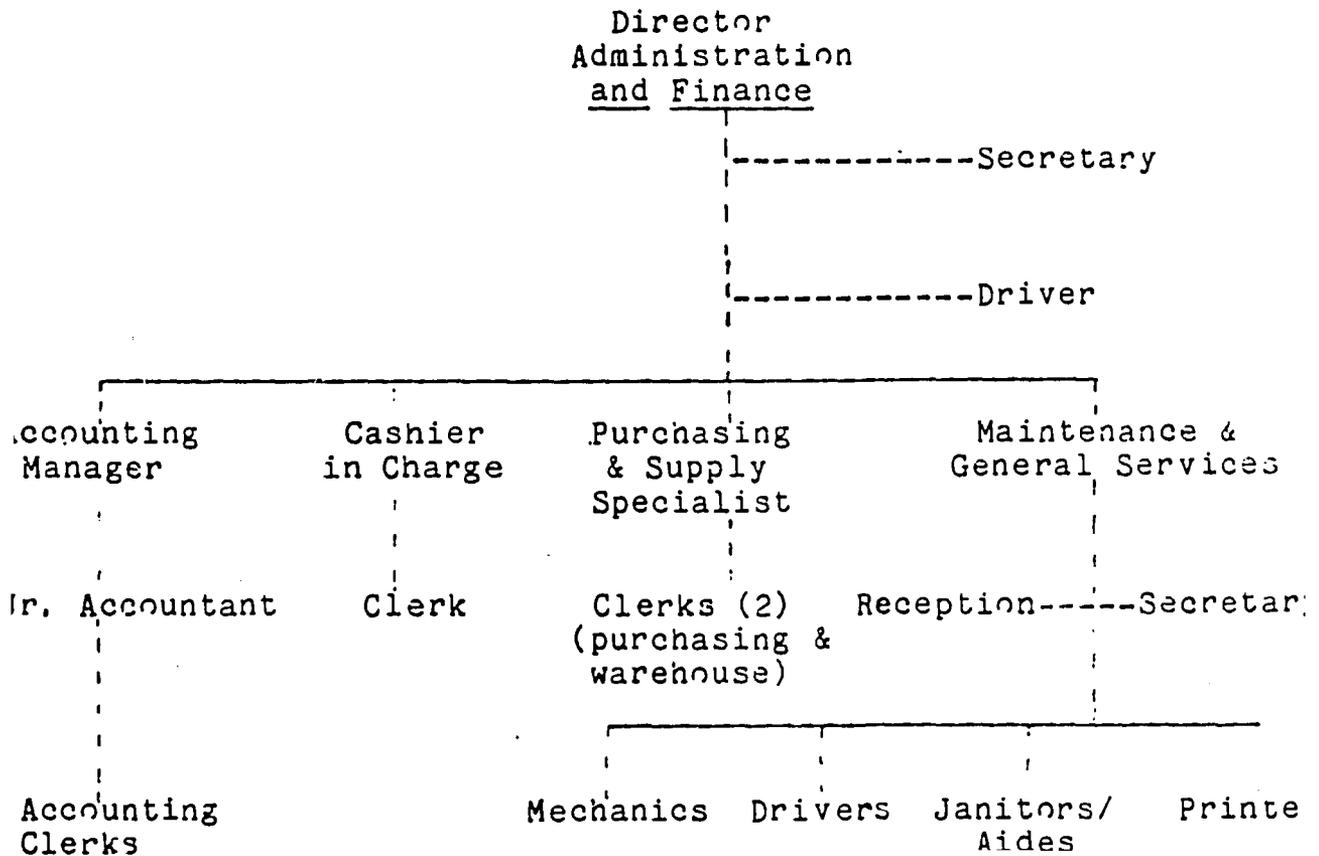
Authority is effectively delegated from the Director of Administration to those functionally responsible for accounting, cash management, purchasing, supply and maintenance, and general services. Interviews of department personnel in charge of these sections disclosed that they felt that they had enough authority to adequately perform in their respective jobs.

Within the department, communication takes place by means of meetings, memoranda, forms and by informal means. Meetings are held informally on the basis of need rather than on a scheduled basis. It would appear that regularly scheduled meetings would be of benefit to this department. Some of the issues that could be considered may be coordination of activities among sections, suggestions for operational improvement, the resolution of conflicts or problems, or perhaps just a motivational talk.

1. Organization and Staffing:

SDA's Department of Administration is run by the Director of Administration and Finance. Accounting and Finance are an integral part of many other functional areas; that is, information is generated by SDA clinics or the Medical Department, Information Education & Communication, Social Marketing, etc. This information (such as acquisition requests, cash or merchandise forms) is processed by accounting and finance to issue management and operational reports. In turn, these reports serve as input for planning and controlling a diversity of activities. Thus, this department serves as an information processing medium for SDA's functional areas; that is, information in terms of accounting, resource management, etc.

As indicated below, four sections are delegated authority to fulfill their unique requirements.



The job levels under this system range from those in charge of sections to technicians to clerical or skilled trades to unskilled aides (please refer to appendix B for organizational flow chart details) as follows:

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<u>Job Type</u>	<u>Number</u>
Professional	1
Technical	6
Clerical	12
Skilled and semi-skilled trades	10
Unskilled	16

Total.....	45

The interaction that takes place among the four administrative sections is vital to the functioning of the department. For instance, General Services frequently depends on Purchasing to acquire supplies while Purchasing depends on Accounting to confirm the availability of respective funds. Accounting, in turn, depends on the administrator to approve the purchase. Ultimately they depend on the cashier to effect payment to suppliers. The interaction of these sections can change in many respects depending on the nature of the activity; however, it can be stated that all four sections are nighly interrelated and interdependent.

Communication at this level is comprised of memoranda and forms which flow from one section of the department to others in order to fulfill work requirements. Informal communication is another important aspect of this section and, based on the interviews, it plays an important role. Also, observations of office traffic flows and related informal discussions among personnel at various levels support the former statement.

Some communication difficulties with higher levels of management exist, however. For example, rotation of clerical duties was recently instituted by the board of directors through the executive director as a measure of internal control. This program has not met the expectations of management, however, as it created some confusion and frustration on the part of those involved. Neither departmental directors nor clerical personnel were consulted about the changes and the system was felt to be inefficient since, just when secretaries began to learn the content and order of the files within a department, they were shifted to another. This program has been cancelled as of this writing.

From SDA management to clerical levels, most of those interviewed expressed an interest in being trained in computers. Also a need for the special training of venicle mechanics became evident as it was learned that they (under the general services section) have serious difficulties in repairing new vehicles which operate with diesel fuel injection systems.

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2. Experience and Training:

In light of previous discussions with reference to the experience and training of the executive director (please refer to "Organization and Staffing" for background discussion), it is recognized that Dr. Henriquez' medical and more specifically his family planning experience is very adequate and relevant for his position as executive director. This experience is adequate and relevant with respect to the medical functions of the organization, particularly in the family planning area which represents an important aspect of the service delivery system of SDA. Further data indicates his experience and involvement as medical director, member of various boards and founding member of SDA.

From an operations standpoint, however, the duties of the executive director comprise an important element of business administration. This element includes such activities as delegation of duties, administration of personnel, financial management, and a multitude of duties or responsibilities of this type which must be carried out on a day-to-day basis. His formal training does not reflect courses or seminars in business administration. Comments gathered from some of the interviews indicate a feeling that more responsibility should be delegated to department heads. Thus, based on the information presented, it is suggested that the executive director might profit from administrative training to better serve SDA.

The key position of director of administration, with control of 45 individuals, presently is held by Mr. Carlos Romero. As acting administrative director for six months, prior to being selected for the post, an opportunity was provided for management to assess whether this candidate was appropriate. He was chosen for the post by vote of department directors and the board in July 1985. His educational and formal training background show that he is a Certified Public Accountant. As administrator of one of the largest SDA divisions (in terms of personnel), he has performed well according to his peers.

As Mr. Romero's job functions are closely examined, it is noted that also business administration is one of his primary functions. Mr. Romero could benefit from furthering his training in management and the human relations aspect of this position. The control of deliverables or those tasks that must be completed within a specified time should be better planned within his department, as revealed by the interviews held. For instance, interviews revealed complaints against Mr. Romero which allege serious delays in processing purchase orders. Also, a data review indicates delays in submission of AID liquidations (vouchers) which range up to six weeks. More specifically, two areas requiring Mr. Romero's attention are (1) to obtain administrative training and (2) improve control of the timing of deliverables within his department; this may possibly be accomplished by better planning and control of his personnel.

Most individuals within the Department of Administration demonstrate adequate experience, training and professionalism. This statement is supported by the review conducted of personnel files for key positions and interviews held with personnel in the division. It can be stated also that the level of responsibility of most individuals in the department is commensurate with training and experience.

3. Information System:

The administrative and financial information system of SDA reaches all departments with information such as budgets, specific programs, guidance as to prudent methods of forecasting resources, financial statements, administrative guidelines, etc. Current systems utilize conventional planning tools for forecasting rather than sophisticated methods such as PERT, GANTT, or other quantitative methods.

At the administrative level, some of the information flow is in the form of rules and regulations, memoranda, files containing employee information, vital statistics, supplier or vendor references, correspondence, reports of activities, implementation plans, and a multitude of other sources of information. The survey conducted showed that more information is needed with reference to the computer system currently installed. The flow of information with respect to computers or related training has been virtually non-existent to many in the organization. Computers as a source of information or communication can be powerful tools. However, the present utilization of the SDA system is limited to processing and upgrading the value of information already available. That is to say, the computer is not currently adequate for the SDA requirements.

Written plans on the part of directors are a valuable source of information. Unanimously, the survey indicated that all directors plan their work and realize the value of planning. Unfortunately, bottlenecks exist which strongly indicate that operations (as for instance delays in completing requisitions) could be improved by additional planning ahead. Various administrative and bookkeeping forms (with one or more detachable parts) provide an efficient means of communicating or informing individuals within the organization (please refer to appendix C, for sample business forms).

Many of those interviewed as part of the evaluation felt that they would like more information and possibly training in the management area. This may be an important area to address, as interviews also revealed that directors used a variety of management styles. It is noted that, in the absence of formal training, an effective information system can be of much value in many areas. In general, based on observations and interviews held, it can be said that the information system of SDA provides

for the basic organizational needs within the realm of Administration and Finance.

4. Accounting System:

A double entry accounting system is used at the SDA. Presently, general ledger functions are maintained both on the computer system described earlier and manually. This duplication exists because the introduction of the new computer has created uncertainty with respect to accountability. For instance, computer-generated disbursements summaries could not be tied into bank reconciliations. This is not an unusual situation, as the normal reaction by most financially-oriented individuals would be to fear the loss of information as a result of human or machine error. It is felt by accounting personnel that the computerized system is yielding reliable information which may warrant abandoning the manual system in the very near future.

Most accounting functions outside of the general ledger, financial statements and budgets are carried out manually by accounting clerks. These functions absorb much time and effort when compared to mechanized systems. Examination of accounting records show them to be well kept in binders with proper organization and labeling and very neat.

The system of internal controls of SDA provides for the preparation of bank reconciliations monthly (of all four accounts presently held), random and scheduled counts of cash and inventory, accounting for donor expenses, etc. All deductions required by law are made and reported promptly to the appropriate government authorities. Fidelity bonds are maintained for key personnel who handle cash, however those who handle or sign checks are not covered under this bond. It is good business practice to bond these personnel, as this would protect the organization against the possibility of lost funds that might be unrecoverable from donor agencies.

The process of purchasing includes proper authorizations at various levels, requests for price quotes, issuance of orders by the purchasing specialist, and intake of merchandise in the warehouse. SDA internal rules provide for a thorough process in purchasing which supports sound internal control procedures. Control of furniture and equipment inventory is also part of the responsibility of the purchasing and supply section.

Formal contracts are drafted with suppliers of goods or services. These may include for instance advertising or publicity or maintenance. Normally, these contracts are issued on a competitive basis (bids are requested from several suppliers), taking price and quality into consideration. Contractor performance is monitored by one (or more as necessary) assigned individual(s) and subject to clauses that often provide for non-payment or payment reduction in case of non-performance.

Financial reporting takes place in interim statements prepared by SDA personnel and quarterly audited statements prepared by an outside auditor. Internal statements, as indicated earlier, are prepared both manually and by computer. The presentation of the financial statements, both internally generated and audited appears (given the confines of this evaluation) to meet sound accounting principles, with the following exceptions: fixed assets are not identified as part of SDA's assets. Fixed assets include furniture, equipment, buildings, inventory, etc. In addition, appropriate recognition of relevant depreciation or amortization on these assets should be made. This matter is pending resolution at present by the director of Administration and Finance and the Executive Director. The issue under consideration is the impression of the organization that would be created if extensive assets were declared.

Budgeting analyses are performed for each individual project on a monthly basis (see Appendix D for a sample budget analysis). According to department directors, they are generally satisfied with the budget information given them. Budget information is detailed as to line items contracted or planned, and it reflects variances from budgeted line items. The analyses are regularly updated to reflect changes in funding.

It should be noted that as of this writing an accounting manual outlining SDA procedures is not available. Such a manual would be of much help in ascertaining a level of consistency in accounting entries, defining accounts and providing a sound basis to cope with future changes in accounting personnel.

a. Reimbursement procedures. The process for reimbursement under the USAID cooperative agreement provides for the submission of Standard Form 1034 (Public Voucher) along with a control form and individual receipts. This is referred to as a liquidation. SDA receives advances which are offset against liquidations. This process is a complex one for both SDA and USAID, given the volume of receipts and information which necessarily must be included. A typical invoice, for instance, normally includes over one hundred receipts which are referenced in the control form. Requests are prepared by SDA in colons. While payment is made by USAID in colons, actual accountability at the USAID Controller's office is maintained in dollars at the prevailing rate of exchange to dollars (at the time the advance was issued). Conflict presently exists in the balances outstanding or owed to SDA by USAID. Although very small amounts are involved, this situation has remained unresolved for nearly a year. Meetings with USAID personnel revealed the following:

- SDA liquidations are sometimes incomplete
- Unallowable costs (subject to Federal Procurement Regulations) are requested by SDA

- Amounts included in balances sometimes do not correspond to previous balances
- There is a lack of communication with regard to this matter between USAID and/or the Controller's office and SDA

SDA alleges that its submissions are correct and that differences which exist are possibly due to the exchange rates applied by the USAID Controller's office.

Further review of submission dates for SDA vouchers revealed that a large number of vouchers for liquidations submitted during 1985 were dated and submitted to USAID up to six weeks past the close of the month. Possibly, as a result of these late submissions and consequent payment delays, there were occasions during 1985 when the monies advanced by USAID were not sufficient to cover SDA expenditures. This situation ultimately has forced SDA to borrow from a local bank.

IPPF reimbursement procedures provide for advances to SDA on a bimonthly basis. These advances are based on the previous year's cost information, according to administrative personnel. Financial reports are issued to IPPF quarterly and program reports accompany financial reports twice a year. A special bank account is active in a New York bank which is dedicated to receive the proceeds of the IPPF agreement and to draw checks at local banks to cover project expenditures. Payments are generally received on time, however there have been occasions in the past when payments were delayed.

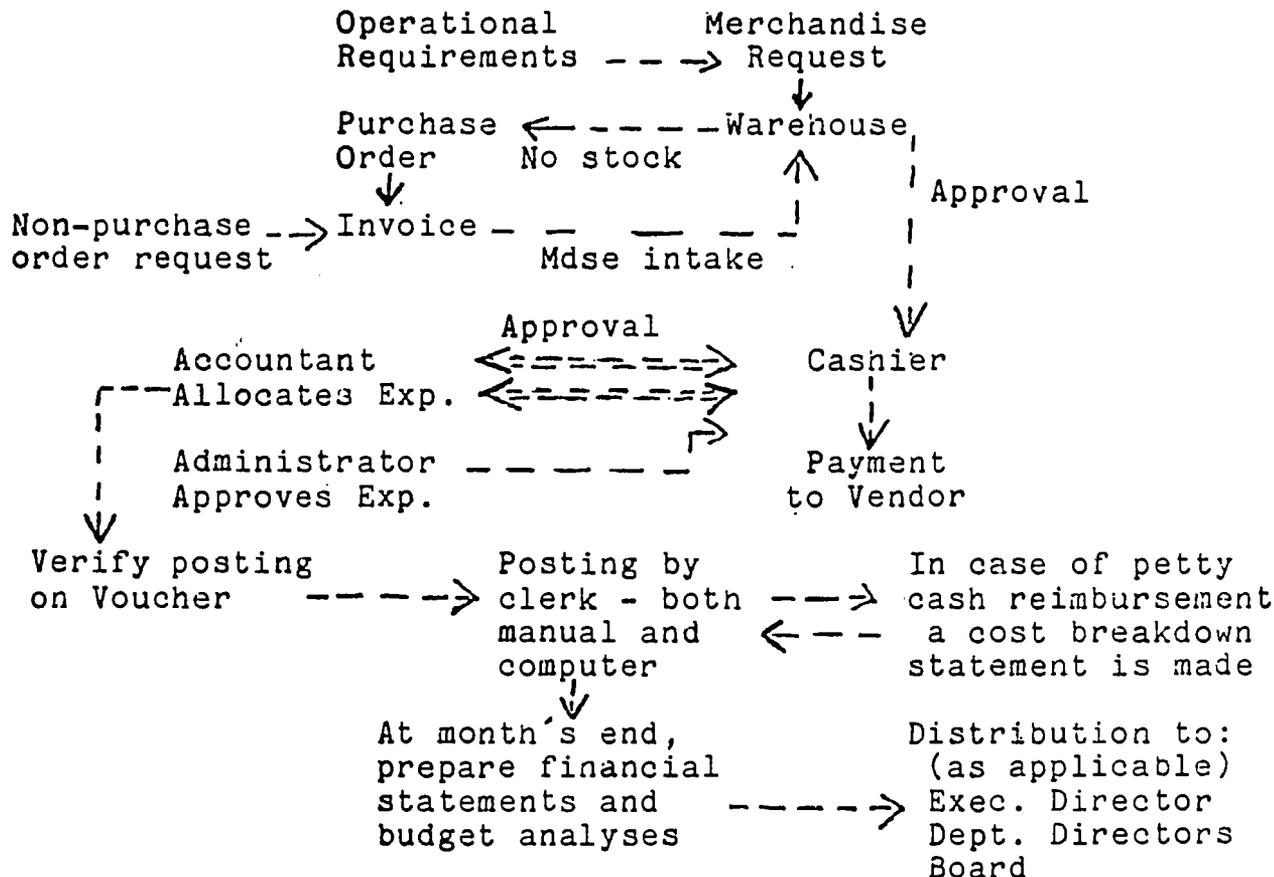
b. Bookkeeping systems. Bookkeeping activities take place at various levels of the organization. Most of the cash activity is centered at the cashier's desk, where some of the payroll is disbursed to employees, suppliers claim payments and advances are issued against future expenditures. The chart below exemplifies the accounting process of a hypothetical request for merchandise.

The process flow in this chart serves to show how an operational requirement for merchandise is processed through the different administrative and financial channels of SDA. A department request is assumed to be made at the warehouse for specific merchandise. As no stock is found in the warehouse for this item, a purchase order is generated in the purchasing section. Merchandise is subsequently received in the warehouse and the invoice is routed to the cashier for payment. The cashier forwards the invoice to accounting, which in turn reviews the invoice and purchase order (if applicable), then allocates the expense and forwards the payment request back to the cashier for check preparation. Once a check is prepared, it goes back to accounting for the signature of appropriate administrative personnel. A signed check is returned to the cashier to be forwarded to the supplier. Before posting the transaction, the amounts allocated are verified. In case of a petty cash reimbursement, a cost breakdown is prepared before final posting to manual and mechanized systems. This information is processed

and summarized at the end of each month for preparation of financial statements and analyses of expenditures. Distribution of various financial statements is ultimately made to appropriate departments, including the executive director and board of directors.

EXHIBIT 5

ACCOUNTING PROCESS - REQUEST FOR MERCHANDISE



Funds are handled methodically and accurately, normally requiring the proper prior approvals for expenditures, and requiring receipts or validation for all claims.

Disbursements are carefully allocated according to program and account number and accounting (clerical) duties are rotated periodically. This allocation process takes place at the accountant level. Reference is made to the contracts' guidelines and allocation within the Chart of Accounts (see appendix E for Chart of Accounts). Financial data, after the transactions are complete, is posted or entered to the books of account (both manually and by computer as indicated earlier). The process

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described very briefly meets sound internal control standards as stipulated in internal SDA accounting procedures.

Bookkeeping functions are performed in the sections of purchasing and supply, warehousing, local clinics, and maintenance and general services in close coordination with the accounting division. In fact, internal controls provide for surprise counts or verification of resources in all sections. All of the indicated bookkeeping functions are currently performed manually.

As part of the financial evaluation, a two-part test was conducted. This test included, first, tracing a sample of ten transactions chosen at random from cash disbursement journals. They were checked against postings, entries in the general ledger, reporting as part of a financial statement and ultimately verified in the relevant USAID voucher for reimbursement. Cancelled checks were also requested for these transactions to confirm adequate endorsement. The result showed that all of these transactions were adequately entered in the books of account, and traced correctly at every step outlined above. Also adequately endorsed cancelled checks were provided by SDA for the ten transactions tested.

The second part of this test was comprised of selecting at random a sample of ten homogeneous transactions (all paper goods transactions) for a particular month (October of 1985). Using this information, the test had the objective of determining whether adequate allocation was made, if the amounts in the financial statements included these transactions, and ultimately whether the amounts had been properly segregated for reimbursement purposes. The results of this test were adequate, as all transactions met the stipulated criteria.

D. Information, Education, and Communication

1. Organization and Staffing:

a. Individual Responsibilities. The IEC department has eight technical staff members and a secretary. The technical staff include: the director, a technical assistant in the area of education, three individuals in the area of community education (one of whom is based in Santa Ana), one individual in the area of sex education, a librarian and her assistant (who also works as a monitor for the mass media campaign spots), and an artist/photographer. There is also a position for an additional technical assistant in the area of communications in the current organizational staffing chart (see appendix B). This position, however, has not been filled. In addition, the existing technical assistant and the monitor are not supported with funds from the 0275 Project, but with those of IPPF.

The department is organized on the basis of projects which are developed in four areas. These are: 1) the projects of sex education for young people, 2) information, education and communication at the community level (each with its own coordinator and both supervised by the technical assistant), and the projects of 3) the documentation center coordinated by the librarian, and 4) that of mass media coordinated by the director himself, who also oversees both of the projects in the communications area.

Staff responsibilities are defined in a written departmental organizational manual which was developed by the director in 1984. For example, the director is responsible for planning, directing, and supervising the activities of the department as well as evaluating materials and personnel, and coordinating with the advertising agency. The technical assistant in education coordinates and supervises projects in that area, works with the director in the development of new projects, and serves as his substitute when appropriate. The librarian selects, acquires, organizes, and maintains bibliographic materials related to family planning, sex education, and population. Each individual interviewed had a good grasp of the responsibilities required for his/her job and most made reference to the manual.

Exhibit 6 provides a comparison of the performance of the projects of the IEC department other than the mass media campaign, which is discussed subsequently in this chapter. As can be seen, all projects increased their output in most areas during the second year of Project 0275. In addition, new areas of activity such as courses to train juvenile sex education facilitators were begun in the second year of the project.

EXHIBIT 6

OUTPUTS OF THE IEC DEPARTMENT OTHER
THAN MASS MEDIA, 1984 AND 1985

	1984	1985
1. Community Education		
Talks	451	545
Attendees	17135	21391
Home Visits	785	1171
Clinic Referrals	2169	903
2. Juvenile Sex Education		
Courses	-	4
Multipliers Trained	-	166
Talks	227	464
Attendees	8289	21837
Education Centers Attended	44	72
3. Documentation Center		
Distribution of Ed. Materials	160302	405926
Users Served	1339	2614
Library Subscriptions	512	828
Acquisitions	197	1751
Promotional Letters	114	1000
Review of Periodicals	1172	1298
Classification of Art.	1206	641
Production of Materials	1150	1817
Audiovisual Materials Loaned/Rented	4840	3781
Income From Services	1266	2241
Public Attended with Audiovisual	-	27902
Other Activities	43	124

Source: SDA Annual Report, 1984 and 1985

b. Training and Experience. All of the staff have appropriate education and experience for the positions they hold. Both the technical assistant and the coordinator of the sex education program, for example, have degrees in psychology, the community educators are social workers with some years experience in the field, the artist/photographer has completed a high school diploma in the integrated arts and is starting a university program in communications, and the director has a university degree in education and publicity and has taken a United Nations course in mass communications. Most of the staff have also participated in courses in the area of family planning given by the SDA and some have attended a seminar in Mexico on sex education.

All of the staff members interviewed had applied for their jobs through printed advertisements, after which they submitted resumes, were interviewed several times, and finally selected. With the exception of one staff member, all have been with the SDA at least two years. Knowledge of communication and mass media, however, is largely centered with the director of the department. Present staff are primarily interested in improving themselves in current areas of professional activity through courses in curriculum development and instructional techniques. Thus, as the position of technical assistant in communications has not been filled, there is no one to make administrative decisions related to by far the largest project in the department in the absence of the director. The lack of personnel in this area was not, however, seen as a problem by current staff. When questioned about staffing needs, all informants felt a need for additional personnel in the department but stated that the primary need was for more educators to work with the schools. Estimates of staffing needs in this area ranged from two to five additional people.

c. Intradepartmental Communication. Formal departmental staff meetings are the most common structured form of communication within the IEC department. Staff said that these took place a minimum of every two weeks. All of the staff members including the secretary take part in these meetings. Other types of formal communications such as memoranda were said to be rarely used in the department. Informal meetings were seen as an effective communication tool for department members. Staff members meet frequently with their colleagues within the department to address technical problems and exchange ideas. All staff interviewed stressed the accessibility of the director for informal meetings, and during the course of the evaluation many were observed to enter his office to discuss technical issues.

d. Management Tools. As mentioned above, the director's management style and that of the project coordinators is rather informal and the information flow appears to be good. There are also a number of explicit formal procedures under which the department operates. Such procedures or guidelines are spelled out in an organizational handbook that was developed by the director. This document describes the department's role within the organization, its structure, the responsibilities of different staff members -- including the departmental chain of command, hiring procedures, advancement and salary increase policies, and disciplinary norms.

Staff also work together to develop an annual work plan, and coordinators of projects have individual work plans for their projects. Monthly updates on the progress of each project are submitted to the director by project coordinators. Other than developing annual departmental reports for the SDA's yearly reports to international donors, this information is not used in a systematic way. The director has had no experience with PERT

charting or similar techniques for assessing project progress and making projections. He does, however, see the importance of such tools, especially for decision making during the mass media campaign, and listed courses in management techniques as important for improving the efficiency of his department.

2. Coordination of Activities with Other Departments and Agencies:

a. Number and Frequency. Staff members felt that their contact with other departments was very limited. On an individual level, they worked most closely with the training department, as many of the instructional materials are shared by the two departments. Also, members of IEC had been asked to participate in and give ideas for the adolescent orientation program (PROA) being developed by the training department. The only actual working arrangement with another department was that cited with the evaluation department. The IEC director works with the director of that unit in setting up pretests of the television and radio spots developed for the mass media campaign. Other contacts mentioned consisted primarily of requests made by other departments for films, photographs, and the like.

At the organizational level there was some feeling of isolation from the SDA decision-making structure within the IEC department. Directors' meetings involving all of the department heads were seen as taking place infrequently. Information was felt to be passed down to the department from above at times without sufficient input from the department members. This was perceived to occur both with organizational decisions and those related to technical decisions within the department. As the information branch of the Association, there was a perception that certain types of information which were communicated informally should be formalized so that the department could pass it on to others, if necessary. An example cited was the executive director's trip outside the country which occurred at the time of the evaluation. Personnel knew through informal channels that he was away, but the nature and duration of his trip as well as who was in charge in his absence had not been communicated to them formally.

Contacts with other entities outside of the SDA were felt to be extremely limited. Those working in the education projects cited the schools to be visited as part of their job responsibilities and as their main extra-agency contact. In the area of mass communications, formal contacts were again seen to be limited largely to the advertising agency involved in the campaign. The director also mentioned informal contacts with other organizations carrying out family planning endeavors in other countries and showed a record containing songs with a family planning message that he had just received from an organization in Costa Rica as an example of an innovative communication channel that he had learned about through informal means.

Solicitations from other organizations for information were said to be uncommon and were generally related to material at hand when received. If these went beyond those materials or information on hand, the request would be referred to the librarian in the case of written material and to the appropriate project coordinator in the case of other types of information. Given the direct involvement of the department director in the coordination of the mass media campaign, and the lack of staff experience in that area, it is conceivable that if requests for assistance in the development of mass media were received, the department would be unable to respond to them.

3. Mass Media Campaign:

a. Selection of the Advertising Agency. Both the IE&C and the social marketing departments' advertising accounts are handled by the Publicidad Comercial agency. This agency was chosen approximately two and one half years prior to the evaluation. It was picked after a selection process which included the IE&C director compiling documentation on leading firms, three of which then made presentations to a committee consisting of two members of the board of directors, the business manager, and the then executive director of the Association. Part of the selection criteria was the firm's attitude toward family planning and their willingness to spend time pretesting materials (Edmonds et al., 1984).

b. Knowledge of Social Marketing. The firm is not the largest in El Salvador but is well equipped and does have a number of international accounts in Central America. A single account executive handles all of the SDA's accounts and the same creative team works on all materials produced for the IE&C department. The executive and his staff seem to have a good knowledge of the purpose of the IE&C campaign as an attempt to inform rather than force acceptance, and of the present general approach which is to show the SDA as an organization concerned with all of the demographic questions of the country and not solely birth control. The account executive was also attempting to make himself more knowledgeable in the area of social marketing and had just returned from a week-long conference on that subject at the time of the evaluation. He had difficulty in identifying the target populations for the IE&C campaigns in other than general terms such as "the general population" for the television spots, and "rural dwellers" for the radio campaign, and in defining the actual social benefits that were to accrue from the campaign. This problem did not occur when discussing the social marketing department's campaign in which the product is well defined and targeted for distinct groups of consumers.

The structure and emphasis of the campaigns implemented for the IE&C department by the advertising agency have changed over the years of Project 0275. The original campaign involved three aspects: reinforcing the community based distribution program;

motivating clinic attendance; and orienting and informing the public. The 1985 campaign was designed to build a positive image of the SDA and to publicize the Association's library as well as to reach the rural population, especially illiterates, to inform them about services. The 1986 campaign has similar objectives. Obviously, however, with the termination of the CBD project in 1985, the reinforcement of this program is no longer a goal. In the period under study, the mass media campaign has included, in addition to the development and broadcasting of radio and television spots, producing and distributing program logos, posters, pamphlets, calendar and press releases. All of these are developed by the advertising agency in liaison with the director of the IEC department.

c. Product Development and Testing. Preparation of the campaigns is somewhat of a group effort on the part of the IEC department, which meets at the start of each year to discuss the concepts to be developed through the traditional mass media channels used in each campaign. All existing information is reviewed to make sure that concepts are consistent with SDA and donor policies. Other interested parties such as board members and the director of the medical department are also polled informally to elicit their ideas or determine the characteristics of the clinic visitors. There is, however, no current research available to be consulted on the target population. The concepts identified are developed into briefs for the advertising agency which include the objective, the type of message required, and when and where they will be used. The briefs reviewed were found to be somewhat vague in detail as to the type of message and the target population.

The agency uses the briefs to prepare preproduction materials which are reviewed by the IEC director and board members and pretested by the evaluation unit through the use of focus groups for TV spots and intercept surveys for other materials. From the results of these tests, production decisions are made and final campaign materials are developed. The procedure appears somewhat haphazard, but it is an attempt to make knowledgeable decisions in the face of an almost total lack of information about target population characteristics and the effect of information on them. Although the evaluation unit is well prepared, having had training in market research techniques, it must perform the evaluation and research activities for the entire organization. When interviewed, the department director recognized the importance of follow up studies on message penetration and listener satisfaction of the IEC campaigns. He stated, however, that with the present workload his staff could not perform these functions and that they were outside the present scope of the implementation plan.

d. Materials. A sample of the radio and television spots were examined in the Publicidad Comercial offices. Other media were also examined there and the use patterns observed during visits to the clinics.

The television spots showed a progressive evolution in quality from those used originally which were borrowed from APROFAM in Guatemala and were somewhat grainy and uneven. Emphasis was on the importance of new life and good health in the context of responsibility in creating a better El Salvador, as opposed to an individual family living better by practicing birth control, which had been the message of earlier campaigns. Underlying themes of the economic and social contribution of women, and responsible parenthood come through clearly. The situation of high school children running to the Association's library to find a theme for a school project seemed somewhat contrived, but shots of the library itself were well done. Acting, color, sound, and music seemed adequate until contrasted with the social marketing department's spots and those of commercial entities. The IEC spots seemed slow paced, dull and overly verbal by comparison.

All of the radio spots reviewed were related to providing information on the CBD program. They used characters with names common to the rural areas who spoke colloquially. Music was typical of rural areas of the country. The sixty-second spot seemed to provide more information than could adequately be taken in at one time.

Pamphlets were well developed and available for both literate and illiterate individuals. Subjects covered in different pamphlets included the pill, condoms, the IUD, tablets, male and female sterilization, and nutrition. Illustrations were of adequate quality in that they were simple, colorful, well-drawn representations. Those for illiterates had captions for the illustrations on the back. Their utility could be improved by placing the captions under the illustrations thereby not singling out illiterates from others and also attracting those who can read. When this was discussed with the IEC director he stated that such a change was already planned for the 1986 versions. Pamphlets were usually found on shelves near the reception area of the clinics. Despite their ready availability there was nothing to attract users for them (such as a poster) and they were seldom used. Over a four hour observation period in three different clinics, pamphlets were picked up by only two clinic visitors.

Posters were well drawn with colorful illustrations providing information such as the location of the clinics (with a picture of the front of each). All materials had the program logo clearly displayed. The calendar for 1986 was also reviewed. It used the clever theme of a baby playing with blocks, each of which contained the days of a different month, and was attractively produced. It was, however, of limited utility as a calendar, as both the size of the blocks and their positioning made it very difficult to read. It was suggested that these difficulties were recognized by the technical staff within both the IEC department and the advertising agency, but that it was still judged the best of three options presented by those higher up in the SDA. The other choices were no longer available for evaluation.

e. Product Penetration. As mentioned previously, a system of follow up activities to monitor the penetration of the media campaigns and user satisfaction has not been developed. The IEC department has a part time monitor, who also serves as assistant librarian, to listen to radio and television to conduct spot checks on placement. The evaluation department also conducts periodic post checks of message permanence through telephone interviews. Given that the target audience of much of the campaign is unlikely to have telephones, this type of follow-up is not sufficient to provide the information needed for planning and calibrating media efforts. Personnel at the advertising agency stated that with the present difficulties in the country people are hesitant to provide information of any kind. They have, therefore, relied largely on their knowledge of the audience and of listener preferences in positioning spots during the last two years. They also were provided some general information by the stations in terms of data on listener response to promotions that they executed.

f. Effectiveness of the Campaign. Although an impact evaluation of the mass media campaigns has been in the implementation plan since 1984, it has yet to be carried out. The questionnaire used in the 1985 contraceptive prevalence survey was examined and it was found that a number of questions were included in the survey which would be of use in planning the IEC mass media campaigns. Preliminary reports have been developed that include tables on knowledge of modern contraceptive methods in terms of such variables as marital status and residence, knowledge and use of contraceptive methods by women in unions, current use among women in unions by education, use of SDA and other family planning facilities, knowledge of information sources, and fertility preference by age among users and nonusers.

Much of this information could be used as indicators of the effectiveness of the IEC campaign. Perhaps more importantly, these data would be useful in identifying the potential population segments and specific targets for the mass media campaigns. The reports, however have not yet been shared with the IEC department and were not provided to the evaluation team, as they are considered too preliminary for dissemination. An impact evaluation to be carried out by the evaluation unit is planned for 1986. In the meantime evidence as to the effectiveness of the campaign is largely indirect. This includes complaints made to the department when a campaign is unpopular and information provided by independent surveys such as that of Bertrand (1984) or the Prevalence studies, which show that high percentages of women have heard mass media messages about family planning. Such information does not provide the type of formative information that will aid in the calibration and integration of the different components of the IEC department's activities. This is recognized by the personnel of the department, as is the interplay between the information provided by the media campaign and the interpersonal contact that actually brings people to seek out family planning information, and they

are hopeful that the impact of the campaigns will be assessed in the current year.

The small sample of clinic users (18) interviewed at two different SDA clinics as part of the present evaluation and as an indicator of media effectiveness showed results consistent with other studies. Women had heard family planning messages on the radio, but all said they came to the clinic as a result of encouragement by friends.

g. Coordination with the Advertising Agency. Lines of communication between the IEC department and the advertising agency are well developed and are structured around at least bi-weekly meetings between the director and the agency's account executive. The concentration of the technical expertise of the department in the area of mass media communications in one person, however, limits the possibility of interchange of ideas that might result in greater activity. The executive director takes a part in reviewing campaign materials and it is felt that this has at times delayed the decision making process from two weeks to a month owing to this individual's other responsibilities.

Additional delays in launching past campaigns were attributed to delays in funding and to the extensive review of the advertising agency's budget by the SDA's administrative department prior to approval. Also, the lack of information on the target populations and their media habits seems to have prevented the IEC department from giving as much direction to the advertising agency as might otherwise be possible. Thus, the campaign strategy appears to be largely one of volume in which the spots, which have the same basic message, are rotated to prevent audience boredom. There appears to date to have been little attempt at phasing messages to build on one another or aiming messages at particular segments of the target populations.

h. Incorporation of Previous Evaluation Results into IEC Activities. The IEC department and its mass media campaign were examined as part of an evaluation of the management and effectiveness of the Family Planning and Population Project No. 519-0149 (Edmonds et al., 1984). That study found the staffing configuration to be adequate with the exception of an overload of supervisory duties on the part of the assistant director, who had nine persons to supervise. Supervisory duties appear to be better distributed among staff at present, although the department director still has overall responsibility for the nine individuals making up his staff.

Recommendations for the mass media campaign included establishing linkages with agencies such as the Ministry of Health and The Ministry of Agriculture which were also developing multimedia campaigns in family planning. It appears that such coordination has not taken place, as no attempt at synchronization of activities was mentioned by informants in the IEC department. It was also suggested that ongoing monitoring and

evaluation of the campaign, including the establishment of goals such as an increase in couple years of protection as a result of a campaign, be implemented. Such goals have not been established or are at least not explicit in the implementation plans reviewed, and neither monitoring through product penetration or listener satisfaction studies, nor an impact evaluation has taken place for the reasons mentioned above. Liaison with the advertising agency was also seen as highly desirable. This recommendation has been implemented by means of the formal and informal contact between the IEC director and advertising agency mentioned previously.

5. Performance of the IEC Department:

The IEC department of the SDA is staffed by dedicated individuals who are well qualified for the positions they hold. Those working in education and information have generally been able to meet their yearly goals as established in the implementation plan. They have not, however, been able to cover the demand at the community level and present staff feel that additional staff are needed in this area.

Exhibit 7 illustrates the success of the IEC department in reaching Project goals for the mass media campaigns. As can be

EXHIBIT 7

OUTPUTS FOR MASS MEDIA PROJECT, 1984 AND 1985

Output	1984	1985	Cumulative (12/85)	Planned (12/85)	Planned LOP
Radio spots	16,337	45,202	61,539	50,000	75,000
TV spots	66	5,152	5,816	3,800	4,800
Pamphlets	139,000	390,000	529,000	575,000	900,000
Posters	35,350	-	35,350	130,000	130,000
Calendars	40,000	50,000	90,000	75,000	75,000
Press	39	49	88	180	234
Newsletters	-	7,400	7,400	8,000	-

Sources: SDA quarterly report submitted to USAID 12/35
SDA informe anual 1984 and 1985

seen, there has been an increase in the production of all materials except posters from the first to the second year of project implementation. The exhibit also highlights the emphasis being placed television and radio as the former has already passed project dissemination goals and the latter is approaching them. Calendar production has also passed planned production. Pamphlets are slightly behind Project goals, whereas the development of press releases, and posters lag relatively far behind the planned goals for 1985.

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Delays in initiating campaigns were attributed to the state of flux within the administration of the SDA in 1985, to funding problems, to time needed to review the advertising agency's budget, and to delays in approval by the executive director and the board. In addition, production problems sometimes delayed printed media. All such problems were viewed as normal in the course of mass media campaigns. The lack of technical expertise in the area of communications beyond that of the department director also slows the implementation process by limiting manpower and creative exchange of ideas. Although other studies suggested that the Project's goal of reaching 100 percent of the fertile population by mass media is close to being met, the influence of such media on behavior and attitudes which could contribute to the calibration of the multimedia effort is unknown as product penetration, consumer satisfaction, and impact studies have not been carried out.

E. Training

The training component of the SDA came under the funding of Project 0275 in January of 1986. Thus, the evaluation objectives were not to assess the performance of the training department, but rather to assess the quality of existing programs and to determine the capability of the training department to accomplish the tasks required under Project 0275 and the new Project 0210, planned for 1986.

1. Individual Responsibilities:

The training department is a relatively new unit within the SDA, having been created in 1982. At the time, it was to function primarily to train Association staff and volunteer workers in the community based distribution program and to develop upgrading and skill actualization courses for other Association staff. Since that time its activities have expanded to include courses in family planning for the medical and paramedical personnel of other agencies such as CESAD, CONDADES and HOPE, courses in sex education for teachers aimed at creating a multiplier effect, seminars on family planning for sellers of contraceptives, and courses in nutrition and the care of domestic fowl for young rural women.

At the time of the evaluation the actual department staff consisted of a director, two technical assistants and a secretary. An additional technical assistant and secretary were scheduled to be hired and start work at the beginning of 1986. These individuals, however, had not yet begun work at the time of the evaluation. Existing personnel had a well defined sense of their job responsibilities, with the director seeing her duties as: to coordinate department personnel, plan and maintain an effective working environment, build confidence in department personnel and evaluate department products. The technical

assistants coordinate general training activities and programs for volunteer workers, respectively. The operationalization of these responsibilities are primarily in the form of determining training needs for SDA personnel, arranging sites for the courses, obtaining professional staff to teach the courses and developing curricula for the training activities. All of the technical staff also participate in training activities in their areas of expertise.

All of the staff have had relatively long experience in the area and the department director has been with the SDA for 15 years. They are motivated and see the importance of their work in helping to prepare personnel within the organization and in other organizations with similar objectives to deal with the demographic problems of El Salvador. All have taken special courses such as a seminar in sex education given in Mexico in 1983. Present staffing may be at its limits of productivity, however, as the 26 courses and 153 informational activities carried out in 1985 (ADS, 1985) demonstrate a similar level of production to the 26 courses and 145 informative activities completed in 1983 (Edmonds et al., 1984).

Interviews with staff confirmed that it would be difficult to increase programming without the additional technical assistant who was to begin work as part of Project 0210. It was also felt that the new technical staff member would help relieve the extensive paperwork in the form of reports and correspondence that at times cut into the time available for the preparation of new curricula.

Even with the additional technical and secretarial staff already programmed, however, it was felt that for the extensive training activities required under Project 0210, additional human resources might be needed. These would be in the form of a fourth technical assistant to aid in identifying additional instructors and contracting them and in developing additional curriculum. The identification of additional training staff was seen as especially crucial in the areas outside of San Salvador, as many of the individuals used currently were unable to travel out of the city. It was felt that human resources to serve as instructors were available, and graduates from a recent two year course in health given by the Ministry of Health were mentioned as an example, but that appropriate individuals within such groups would have to be identified and provided with a course in training methods.

In terms of the needs of the training department's own staff to better implement the tasks required under Projects 0275 and 0210, additional professional preparation was seen as of fundamental importance. Staff members have taken courses both in El Salvador and in other countries in the area of family planning. Two methodological areas were, however, identified: 1) curriculum development and instructional techniques; and 2) techniques for training instructors. It was felt that the former would aid in creating more flexibility in the structure of the

training activities being offered, whereas the latter would assure that the content of the educational experiences would be adequately communicated by the professional staff contracted to teach the courses. Secondary areas recognized as useful to staff members were courses in communication theory and techniques and program management skills. There was also a feeling, especially by the director, that staff should participate in giving appropriate courses to keep current on the types of participants and group needs. She felt, however, that this was becoming more difficult for her owing to increasing administrative duties and paperwork.

The existing infrastructure for carrying out the project training activities was generally felt to be adequate with the exception of certain audio visual materials. Movie projectors were in very poor condition and many of the films were outdated or damaged. Also, if activities continued to expand in rural areas as they had under Project 0275 and as projected under Project 0210, access to additional vehicles for staff will be needed.

2. Courses:

Five types of training activities are undertaken by the training department. These are: courses which provide content over a designated period of time ranging from three days to one month; seminars which involve participants in arriving at conclusions and recommendations about some topic or issue and lasting one to five days; workshops which generally last one half to a full day and are designed to reinforce a theme developed previously in a course or seminar; talks which reinforce a previous learning experience through presentation and discussion; and interviews in which members of the women's volunteer group have individual discussions with patients or other clients of family planning providers.

Training needs are identified by the staff by means of the evaluation forms filled out by participants at the end of training, discussions with personnel at agencies requesting training, visits to the SDA clinics, and by asking department heads within the SDA to identify training needs of their staffs. This final method of needs assessment was seen as problematic in that department heads often did not supply the needed information.

The curriculum developed for courses and seminars was reviewed by examining a random sample of ten activities carried out over the previous two years. Curricula were found to be well developed. They included complete course plans describing the objectives of the course, the themes to be developed, the content to be presented, method of presentation, instructors, the time to be devoted to each module within the course, and evaluation procedures. Printed materials to be utilized were generally included with the course plans and these were well developed and adequate graphically. Other teaching aids such as the audio

visual material to be employed in the course were also described and course administrative materials such as enrollment, attendance, and evaluation forms were included with the package. The content of the courses, however, was heavily weighted toward cognitive learning as opposed to skills training in all of the curricula examined.

The self expressed needs of department staff were reflected to some degree in the curricula. Specific objectives generally remained at an abstract level and were not operationalized in terms of specific behaviors. In addition, objectives dealt only with cognition or knowledge to be imparted, although affective or attitudinal change was part of the general objectives of each course. Similarly, while courses used techniques to involve participants and their knowledge in the learning process, the instructional techniques and format -- consisting of a lecture by the professor followed by a group participation activity and discussion -- was similar for all. This suggests that staff would profit from instruction in developing behavioral objectives which could be used to assess student progress and to calibrate the curriculum over time and from exposure to a wide variety of instructional techniques which would increase flexibility in adapting learning experiences to the needs of the different trainees served by the department.

The professional staff contracted to teach the courses is composed of SDA personnel and other recognized professionals in the areas of family planning and reproductive health within El Salvador. There is not a formal selection process, rather the training department has developed an informal network of individuals from which staff are drawn depending on the population to be served and the content area to be developed. Individuals are sought who know how to apply teaching techniques called for in the course plans and who are in agreement with the philosophy of the SDA. Stature within educational, government, and private institutions is also an important criteria in searching for instructors.

Although a file of curricula vitae was not available in the training department, the director provided a list of those professionals used most often in training activities (see Appendix F). All appear to be well qualified to provide instruction in the content areas in which they are used, as they generally have both theoretical and practical experience in the subject matter. Discussions with SDA personnel who had received courses suggested, however, that in some cases training in teaching techniques might be needed. This was felt to be especially true of doctors who were seen to often provide discussions and use vocabulary that would lose trainees or have little value for them in their day-to-day needs.

Training activities are undertaken throughout the year. Activities with rural teachers and youth are concentrated during the school year. Those with SDA personnel are generally given three times during the year, in the periods immediately

preceding the holiday seasons of Christmas, Easter week, and Independence Day. During these periods the clinics suspend services and staff have the opportunity to take courses. Courses for volunteers occur frequently to maintain volunteer motivation and increase their skills.

Training activities are generally viewed favorably by participants. It was noted, however, that it is difficult to organize courses for physicians, as these individuals' busy schedules often take them away during a course. It was also felt that greater input by the various departments within the SDA could aid in providing course offerings of greater relevance to Association needs.

As mentioned previously, training department staff defined its functions in the area of training very clearly. In most instances, trainers prepare individuals through a somewhat in-depth treatment of a subject, as opposed to the informative functions provided by the department of IEC. Staffs of the two departments see their functions as overlapping only in the use of some of the same instructional materials, the IEC department developing new materials when requested, and in some common participation in the new program for the orientation of adolescents (PROA). This difference in role definition and approach, combined with the relatively smooth functioning of both departments in their present states and the recent visit of a consultant who suggested that there were six disadvantages and only one advantage to combining the departments, suggest that at the present time there would be no support or organizational advantage to incorporating the information component of the IE&C into the training department.

F. Medical Services

This section of the report details the evaluation findings for the Medical Services Department of the SDA. The initial subsection describes the organization of this department, whereas subsequent subsections assess the adequacy of management and the quality of the medical services provided by the SDA clinics which form the major component of the Medical Services Department.

1. Organization of the Medical Services Department:

a. Responsibilities. The Medical Services Department is made up of four clinics and one dispensary located in the cities of San Salvador, Santa Tecla, San Antonio, San Miguel, and the displaced persons camp of El Refugio, respectively. The department is headed by a part-time medical director with offices in the San Salvador clinic (see appendix B). The medical director reports directly to the Executive Director. He is responsible for the overall administration of the five clinics and the supervision of clinic personnel, for determining the training needs of clinic personnel, and for monitoring the condition and maintenance of all medical equipment. He visits the clinics within the proximity of San Salvador on a weekly basis and those of Santa Ana and San Miguel once a month, and performs surgery at the Santa Tecla clinic. Two days a week are devoted to administrative duties which include planning, reviewing the information that he receives weekly from the clinics, and preparing monthly reports to the executive director. He meets monthly with paramedical personnel, generally the head nurses, during his visits to the clinics to exchange ideas, inform them of upcoming activities, and discuss problems encountered.

The director stated that scheduling meetings with the doctors on a regular basis was difficult as a result of demands made on their time outside of the clinics, and that contact with them generally took place on an individual basis. Doctors interviewed did not, however, mention the lack of formal contact with the medical director as a difficulty, as they felt their duties so well defined that unforeseen problems necessitating support of this type were unlikely to arise.

The medical director follows a series of standard procedures in hiring new personnel. These include advertising positions in the newspaper, reviewing resumes, interviewing candidates, and establishing a shortlist of acceptable candidates. The final selection of candidates, however, rests with the SDA's board of directors. The head of the medical services department is also involved in the organization of courses for paramedical personnel. For the coming year, he has planned courses in advances in contraception and in the administration of family planning programs, but requires further information from USAID prior to scheduling them.

Thus, the medical director carries out a wide range of responsibilities. His half time position within the organization may be somewhat insufficient for the completion of them all, and he has expressed his interest in having his position expanded to full time to increase his efficiency.

b. Training and Experience. Through an interview and a review of the medical director's curriculum vitae, it was established that he is an Ob-Gyn with seven years of practice. He was trained at the Social Security hospital in San Salvador. He has worked for the SDA since June of 1985 and, in addition to his administrative duties, he performs an average of eight female sterilizations per week and four vasectomies per month at the Santa Tecla clinic. His ability to carry out his surgical responsibilities was confirmed by direct observation of three female sterilizations by laparoscopy, during which he showed himself to be a capable and efficient surgeon. The medical director himself suggested that his administrative skills could be improved through a course on the administration of family planning programs.

c. Ability of the SDA Medical Department to offer pharmacy or laboratory services in the clinics. The SDA Medical Department appears to have sufficient infrastructure to offer pharmacy or laboratory services to produce income which could offset expenses. The medical director and other doctors at the clinics were highly favorable toward these activities. Respondents considered it important that if pharmacy services were offered, they must extend beyond the basic products of family planning such as condoms, pills, vaginal tablets, and the like, and should include other types of drugs related to obstetrics and gynecology. Among these would be drugs to treat urinary and vaginal infections, antiinflammation drugs, antibiotics, analgesics, and vitamins.

As patients now have to pay for these in local pharmacies, it was felt that they could be sold equally well through the clinics, possibly at a somewhat reduced price. These services could also be offered to the general public, but given the relatively light use made of the clinics during the evaluation, this may require some sort of informational campaign to attract clients. There is sufficient physical space in all of the clinics for a pharmacy and it could be attended by one of the clinic volunteers after a short training period consisting of product merchandising and inventory.

The laboratory situation is more complex. The doctors felt that to be of utmost utility a laboratory should be a complete facility, offering a wide range of services to the public. Again, physical space exists for the installation of such a service. However, it would require the donation of a variety of laboratory equipment and the hiring of a bacteriologist or laboratory technician. If such a large investment had to come entirely from SDA funds, it might not be worth the outlay, as success of the endeavor could not be

guaranteed. Simple laboratory tests related to family planning such as pregnancy tests could, however, be offered for sale under the existing infrastructure and with minimal training of the assistant nurses.

2. Organization and Staffing of the Clinics:

a. Physical Space. The four major clinics of the SDA operate in large old houses that have been adapted to program needs. Each consists of a reception area, an office for the head nurse and an office for the secretary. In some cases the archives are housed in the secretaries' offices, while in others a separate room is dedicated to archives. Each clinic also contains a large operating room (with the exception of the San Salvador clinic where this area seems to be somewhat small), recovery areas with sufficient beds to easily handle the average number of daily patients, a dressing room for the surgeon and nurses with the necessary surgical clothes, cubicles for individual interviews with patients, a sterilization room which in some cases is contiguous with the surgical area and in others is in a different part of the clinic, a laundry room, bathrooms, and a garage. In the San Miguel clinic, there is also an emergency electrical plant, but it is in poor condition. The other clinics don't have such a system, and considering the frequent losses of power throughout the country as a result of guerilla activity and rationing, backup power in good working order is a necessity for all clinics. This is especially critical for the female sterilization program.

b. Staffing and Staff Responsibilities. The clinics are generally staffed by a fulltime head nurse, a secretary, and six assistant nurses -- two of whom are rural facilitators (promotoras). Each examining physician attends patients for two hours a day. Surgeons also attend patients from two to three hours a day and oversee post-operative procedures. Doctors occasionally give talks to clinic personnel or staffs of other institutions. The only doctor with additional responsibilities is the surgeon at the Santa Tecla clinic who is also the SDA medical services department director and has the administrative duties described previously.

Each head nurse, after completing her high school education, attended the National School of Nursing, then worked in local hospitals and in family planning training programs. The head nurses are responsible for the day-to-day administration of the clinics and, in the absence of the doctors, they provide temporal family planning services to clinic users. All of the head nurses have worked for the SDA at least two years, and one has eighteen years of service with the organization. They have all taken courses in family planning, sex education, and human relations, and some have had a course in the administration of family planning programs. Interviews and direct observation of their work showed them to be highly motivated, knowledgeable, and efficient. All, however, expressed a desire for additional training in management techniques and administrative procedures.

Two assistant nurses in each clinic are responsible for assisting the surgeon by providing instruments and circulating the room. Each has been prepared in each of these functions so that they can alternate duties. If either of the nurses misses work, she is replaced in the operating room by the head nurse. Additional duties of these individuals are to make sure that all of the necessary instruments are available in clean and sterile condition. When they are not working in the operating room they assist in the recovery area.

Two other assistant nurses help the consulting physicians by taking patients' histories and maintaining the equipment used during the examination (gloves, speculum, clamps, plates for cytologies, and the like). They also go over appointments with the patients and explain the doctor's diagnoses to them. These nurses help prepare patients for surgery by dressing them, washing and disinfecting the surgical area and assisting in immediate post-operative controls.

Assistant nurses have completed at least ninth grade and some have a high school degree. All have been with the SDA for at least six months and some as long as twelve years. They have attended seminars and courses on contraceptive methods and sex education, and those working in the operating room have been trained locally in instrumentation and the maintenance of equipment. Observation of the nurses showed them to be adequately trained to carry out their duties.

Rural facilitators have the responsibility of visiting rural areas to inform potential users about both temporal birth control methods and surgical contraception. They also help to keep track of those who miss appointments. Social workers perform similar informative functions in urban areas. As with the assistant nurses, these individuals must have completed at least ninth grade. They have been with the SDA an average of six years and have received courses through the organization in family planning, sex education, and breast feeding. Although they appear competent in their work, most complained that they were insufficient in number to provide an adequate coverage for the rural areas in which they work, especially since the termination of the community based distribution project. That is, as there are only two per clinic, they are often busy with paperwork or in following up on patients who do not keep appointments and are unable to provide extensive referrals as was possible with the CBD program.

With the exception of the San Salvador clinic which has additional archivists, there is generally only one secretary per clinic. They have the responsibility for preparing correspondence, filing records, and at times receiving clinic users. All have a secretarial diploma and have attended courses in family planning and human relations through the SDA. Each has been with the organization a minimum of three years. All appear to perform their duties adequately.

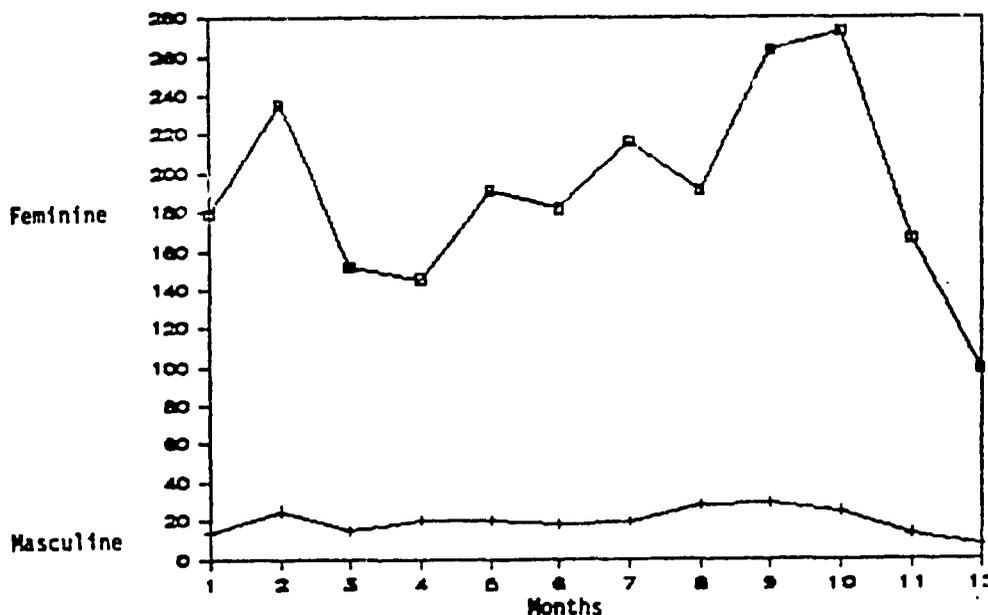
Orderlies are responsible for transporting correspondence, cleaning, and guarding the clinics. They have at least a sixth grade education and have received courses in family planning and human relations from the SDA. The two or three orderlies per clinic are adequate to meet present needs.

Volunteers are also active in the clinics. The group, consisting of ninety women, aids in receiving patients into the clinic, supplying information on the services offered, keeping lists of appointments, caring for patients in recovery, and organizing talks and courses in family planning. Although at least a primary education is required of the volunteers, many are professional women and most have participated in courses offered by the Association.

c. Schedules. All of the clinics follow the same schedule. They are open from 7:30 a.m. to 4:00 p.m., Monday through Friday, and on Saturdays a single nurse is available at each clinic to distribute contraceptives and take cytologies from 8:00 a.m. to 10:00 a.m. All doctors are at the clinics for two to three hours per day. The clinic at San Salvador has six examining physicians and four surgeons available. The other clinics have only one or two doctors. However, as the head nurse at each clinic is qualified to carry out all of the family planning services with the exception of surgery, the scheduling was adequate at the time of the evaluation. As can be seen from Exhibit 8, which shows the monthly trends in voluntary sterilizations among men and women clinic users in 1985, the clinics were visited in January which is traditionally a low point in clinic volume. At other points in time when demand is

EXHIBIT 8

MONTHLY VOLUME OF STERILIZATIONS AT SDA CLINICS - 1985



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greater or if the program is able to expand its reach, it seems that additional hours would have to be scheduled for the doctors or, perhaps, a second nurse with the experience of the current head nurses would have to be hired.

d. Records and Services. The clinical histories contain all of the basic data needed for providing family planning services. On the front page are found identification data on the patient: date of admission, clinic number, and patient number (which is also found on the services card carried by the patient). This is followed by the characteristics of the patient such as sex, age, education, marital status, and reproductive status (living male and female offspring, age of the youngest child and the last contraceptive method employed), all of which are filled in by the admitting nurse. Subsequent information is filled in by the doctor and includes general and gynecological antecedents dealing with such issues as whether the last pregnancy terminated in a birth or a miscarriage, and the number of miscarriages that the patient has had.

The results of the physical examination follow, and the final set of data is concerned with the services provided -- nonsurgical methods listed one by one, surgical method utilized, the technique employed, and any immediate post-operative complications. The data regarding the physical examinations were found to be complete. Those on the surgical procedures, however, lacked the date on which the surgery was carried out. On the back page is the date, the reason for the exam, the contraceptive method being used at that point in time, and the date of the next appointment. In addition to completing the missing data mentioned previously, forms might be coded so that data can be more easily used.

The clinics were found to be in compliance with the informed consent procedures required by the SDA's major donors, such as USAID, IPPF, and AVS. A sample of approximately ten histories were reviewed in each clinic and a form with the signature or fingerprint of all of the patients, both masculine and feminine, authorizing the surgical procedures and showing the patients' understanding of the fact that they could no longer have children once the surgery was performed, was found to accompany each. The forms also explained that the procedure involved certain risks and that there were other methods available if one decided against the operation. These findings differ somewhat from those encountered in a previous evaluation (Echeverry, 1984). This may be a result of the fact that the informed consent forms were not found in the file containing the clinical history but rather in a separate archive.

Services provided by the clinics include informational and motivational materials in the form of pamphlets. They also offer the temporal methods of pills, IUD, injectables, vaginal tablets, jellies and condoms. These are supplied through consultation with the examining doctor and the assistant nurses. In the absence of a doctor, this service is given by the head

nurses, who have been trained to provide it and who were observed to perform it with skill and care.

Fees are charged for medication and range from .05 colons for aspirin to 12.50 colons for vaginal cream (see appendix G). If the client cannot pay, the nurses list the medication as a donation. Funds raised from these fees are reinvested in new medicines or enter part of the general funds of the organization.

Sterilization services are provided by the surgeons with the help of two assistant nurses. The recovery of surgical patients is attended to by two assistant nurses with the help of the head nurse. A sufficient number of beds and emergency equipment (manual respirator and intravenous solutions) are available to meet current needs.

The two assistant nurses who serve as facilitators travel to rural areas in the clinic's vehicle. There they meet with community leaders and interview potential clients. Patients opting for temporal methods are given a card referring them to the clinic, whereas those desiring sterilization are informed about that method then taken to the clinic for treatment and subsequently returned to their place of origin. As each clinic has only one vehicle at its disposal, the clinic itself is generally without transportation when the facilitators are in the field. This means that the clinics could be without a vehicle if an emergency occurred with surgery patients or others at the clinic. Thus it is suggested that each clinic should have at least one additional vehicle at its disposal. The facilitators also provide the followup activity of visiting patients who have not kept appointments and familiarizing them with the need to follow through.

e. Medical Equipment. All of the clinics have adequate equipment to perform examinations. This includes speculum, clamps, cervical hooks, gloves, plates for cytologies with their applicators, blood pressure apparatus, and stethoscopes. All have one sterilizer and disinfectant solution for the sterilization of material. Vasectomy equipment is also sufficient and includes: a knife (bisturi), Kelly clamps, Allis clamps, needle holders, scissors, and suture material.

There are, however, some problems with the laparoscopic equipment. The Santa Tecla clinic only has one operating lens, while the Santa Ana clinic lacks a trocar and has only one Varres needle for the creation of pneumoperitoneum. The clinic does have Touni needles, but the doctors don't use them. The San Miguel clinic needs batteries to produce the laparoscopic light. Each clinic has two minilaparotomy kits for back-up purposes. As all sterilizations to date have been performed by laparoscopy with the existing laparoscope (this is the preferred method of the surgeons), these kits have not been needed. There is additional surgical equipment not related directly to the needs of the clinics stored in the SDA warehouse. This equipment might be put to better use if given or sold to another installation

involved in a wider range of surgical services. Other equipment such as clothes for doctors, nurses, and patients, surgical tables, and recovery beds are in good condition and of sufficient number.

The maintenance of the medical equipment is in the hands of a technician with ample experience in the area. He has thirteen years experience as the head of maintenance in the local maternity hospital, and was trained in the handling of laparoscopic equipment by an engineer from the U.S. He has been working with the SDA for two years under an agreement with the AVS, which pays his salary and is to provide necessary parts for equipment repair. The principal problems with maintaining the equipment, according to this technician, are in the lack of certain parts such as bushings for the trocars which were requested from the AVS in June of 1985, but have not yet arrived in San Salvador. Batteries for the laparoscope in San Miguel, which are not in working order, must also be replaced.

Each of the clinics has a sterilizer in good condition with which staff sterilizes clothes, gloves, and instruments. The laparoscopic instruments are sterilized in a liquid solution of "Quirosep" which generally seems adequate. In some cases, however, when only one lens is available, the sterilization time appears to be insufficient.

3. Medical Personnel:

a. Experience and Training. The five doctors interviewed in the clinics were all specialists in obstetrics and gynecology. They were observed to have excellent clinical and surgical skills. All have received training in family planning through the SDA either in San Salvador or in other countries such as in Colombia, Costa Rica or the United States. All have had more than five years of experience in family planning, and with the exception of the director of medical services, they have worked with the SDA for at least three years. As mentioned, all work for SDA for two to three hours a day. The rest of their time is spent in other institutions or in private practice.

All of the physicians were interested in additional courses or new methodologies in family planning. One doctor expressed interest in a course in tubal microsurgery in order to be able to recanalize the tubes of those women who have been sterilized but wish to regain their fertility. During the evaluation patients were observed requesting this service and such a course would be useful to meet what might be a growing need, in keeping with the image of the SDA as being concerned with all respects of demography.

The director of the medical services department could profit by a program in business administration as he feels that such a course would increase his efficiency in working with the clinics.

b. Techniques Employed. The techniques used in supplying patients with temporary contraceptive methods were those commonly used and these were being employed correctly. For vasectomies, patients (at least those who appear nervous) should receive some sort of sedation such as Valium (10 Mg. orally) (Diazepan) in the preoperative phase and a local anesthetic such as Xilocaine at two percent should be used during surgery.

In female sterilizations by laparoscopy, all of the surgeons use the same surgical technique, which is that commonly employed in most of the countries where this type of surgery is practiced. The analgesic used -- Diazepan (5 Mg., i.v.), Demerol (50 Mg. i.v.), and the injection of a local anesthetic, Xilocaine, with the intravenous drugs being given prior to the patient entering the operating room -- is producing an adequate effect. There were no major complications, and only a few respiratory depressions, which were handled correctly, were noted. It might be useful to maintain in each room a sufficient amount of Narcan, a universally known drug, to handle severe respiratory depressions should these occur. The amount of CO 2 (carbon dioxide) used for pneumoperitoneum is from one half to two liters, which is normal, and the patients recover rapidly and adequately. The circulating nurse monitors the patient for vital signs during the operation and this is also adequately continued in the recovery room.

Some doctors have problems with post-operative vaginal bleeding produced by the cervical hook. This is especially common in patients who have recently given birth. This problem can be corrected by checking the patient immediately after the surgery, while she is still on the table, and utilizing the Hulka cannula instead of the cervical hook. All of the doctors do a vaginal tap immediately before the operation when the patient is placed on the table. It is, however, recommended that the same procedure be used some days prior to the operation so that the doctor can determine if the patient is menstruating in order to avoid the possibility of pregnancy. This applies only to women who have recently given birth and those who are not using the IUD. A review of partial results of a study being done by the SDA on failure rates in female sterilizations showed this was a problem in two of forty cases. Finally, in some cases, used instruments were being washed within the operating room which is contrary to the rules of asepsis and antiseptis.

c. Overall reach of medical services. As shown in Exhibit 9, voluntary surgical contraceptions provided by the clinics during Project No. 519-0275 were behind the projected targets at the time of the evaluation. Cumulative sterilizations total 5,884 against a planned total of 13,200. This situation appears to be a result of the ongoing civil war in the countryside which has reduced the number of potential patients and the termination of the CBD program. For example, the four clinics are theoretically strategically located to provide coverage to 14 departments of the country. Few clients, however, come from the departments of Chalatenango, San Vicente, La Union, and Morazan, where guerilla activity is heaviest. Coverage has also been

affected by the termination of the Community Based Distribution program which had approximately 1,400 posts country-wide, and served as one of the chief referral networks for the SDA medical program. Indicators such as new acceptors, continuing acceptors, and pap smears, however, suggest that in some areas the SDA is increasing the volume of its medical services.

EXHIBIT 9

OUTPUTS - MEDICAL SERVICES IN 1984 AND 1985

Output	1984	1985	Cumulative (12/85)	Planned (12/85)	Planned LOP
Female Voluntary Sterilization	3600	2284	5884	13200	20000
Male Voluntary Sterilization	321	236	557	800	1200
New Acceptors	1779	2622	4401	-	-
Continuing Acceptors	23199	26314	-	-	-
Pap Smears	7909	9001	16910	12000	26167

Sources: SDA quarterly report to USAID 12/85
SDA annual reports 1984 and 1985

Although cost estimates of couple year protection for the medical program alone are \$5.50 in 1984 and \$8.70 in 1985, medical services relies on a number of other inputs for the volume of its clientele. Thus, more meaningful estimates of CYP would include the expenses for the IEC and CBD programs. The estimates of \$14.80 per CYP for the medical and CBD programs in 1984 and of \$15.30 for the medical and IEC programs in 1985, when the CBD was terminated, suggest relatively similar degrees of cost-effectiveness. Again, these figures should be considered as illustrative, as other inputs for which the individual costs related to the medical program (i.e., administration, evaluation) cannot be determined directly. Given the importance of the CBD in increasing clinic volume, however, it seems that a study of alternative forms of outreach should be made. (See appendix d for a breakdown of the couple years of protection supplied by the clinics in 1984 and 1985.)

6. Logistics and Maintenance

1. Current Records System:

a. Clinics. Four categories of records were identified: 1. patient, 2. statistical, 3. inventory, and 4. accounting. Each record category is maintained at the clinic and is sent in either detail or summary form to the SDA. Patient records are maintained in manila folders and labelled with numbers which correspond to patient name cards. Patient admission forms are sent on a monthly basis to SDA for consolidation.

Statistical data on patient services being provided are captured by the clinic personnel on a daily basis from individual records, consolidated and submitted on a monthly basis to SDA. Medical personnel use a standardized tally sheet to record the daily statistics; this is a good technique to achieve accuracy and completeness of the periodic statistics. The most comprehensive report is the monthly report, "Informe Mensual de Trabajo Realizado en el Departamento de Servicios Medicos."

Data for inventory control are captured from the same form, (i.e., the prescription given to the patient at the time a clinical service is rendered). Individual forms are consolidated for tracking and periodic inventory balancing using a ledger system. A ledger is maintained on cards in a book for each article the clinic stocks within the inventory control. The clinics order all medical and office supplies from the central warehouse in San Salvador. Clinics place regular supply orders on an eight day cycle; medical supply orders are approximately once per quarter. Emergency telephone orders may be made at any time when quick turnaround is needed.

Accounting parallels inventory control procedures. A stub is given to each patient whether or not a fee is collected. The clinic uses the remaining stub half to balance cash received and free services to total services rendered. Audits are conducted every three months by the clinics to balance inventory and money totals.

There are several notable aspects of the records systems within the clinics. First, there is a high degree of forms standardization. The various SDA forms used for patients, statistical, inventory, and accounting data capture are accepted and used consistently by all of the clinics. All of the data capture for reporting purposes and ordering is done manually. On site review of the data recording and consolidations indicate that the procedures work well and do not result in untimely data. Reporting cycles are weekly or monthly and are not extremely time critical; further, there appears to be no difficulty in meeting the capture and reporting requirements on a timely basis. The volume of order entry is low so that manual procedures are not a burden to clinics.

The same findings regarding data capture apply to update procedures. Update of patient records depends on the nurses and doctors. Interviews with these medical personnel in every clinic indicate a high level of professionalism and dedication to patient care. Consequently, consistent, complete updating of patient records should not be considered an issue of concern. Updating of non-patient records for inventory and accounting depends on a specific individual in each clinic. These individuals are subject to two levels of explicit controls on the accuracy and completeness of their work. First, within each clinic, the head nurse enforces periodic balancing and accounting either as part of monthly SDA reporting or, in at least one case (Santa Tecla), independent of the SDA requirement. Second, SDA administration reconciles the monthly clinic financial and inventory data. As a result of these procedures, there does not appear to be a significant update and control problem at the individual clinic level.

Ongoing statistical reporting to SDA is well established and adequate in the clinics. The head nurses at each clinic utilize the summary level monthly report to indicate activity levels and trends. The data, which feed the monthly reporting, trail directly from the daily loop maintained by the medical personnel, so the head nurse, doctor or SDA can reconstruct or verify results when necessary. With the exception of the San Salvador clinic, there is a single person dedicated to handling patient records, statistical reporting, accounting, and inventory. In addition, the individual performs secretarial and receptionist duties. Thus, while the records system is entirely manual, the total potential labor savings from local automation in the four clinics outside San Salvador appears minimal.

The San Salvador clinic should be treated as a separate case. It is by far the largest of the clinics (having provided 2,637 initial examinations and 10,339 return examinations in 1985 compared to the 1,082 and 2,744 first and second examinations provided by the clinic with the second highest volume). This clinic has three staff assigned to its Archives section. Its overall staffing is also larger, so that the effort needed to maintain the other aspects of the manual records system is greater than in the outlying clinics. Multiple people performing similar, repetitive jobs in the same location indicates a possible opportunity for more efficient division of labor or automation. Based on comparative resources needed to automate initially and then to maintain, it seems preferable that management at the San Salvador clinic review the job assignments related to records management. For example, shifting one person from patient archives would provide additional resources for reporting, clerical, or perhaps office management support. One specific situation we observed while visiting the clinic: a supply order from the warehouse was left unattended in the corridor. Orders should be signed in immediately and moved into the storeroom for later inventorying if an immediate check off is not possible.

Records retention among the clinics for patient records is indefinite. That is, none have been discarded or moved to a different site. Patients who have stopped coming to the clinic are kept in active status for one year, though this appears to be an informal policy. Given the growing total patient base and associated space requirements within the clinics, attention should be given to centralizing storage of old inactive files for a period to be established by SDA. Depending on its design, the ideal location for records storage would be a secure area of the new Santa Tecla warehouse. An additional alternative would be to microfiche copy the records and avoid the storage space requirements. The choice of alternatives is a matter of policy for SDA. The most important short term need is to have clear, continuing communication regarding retention requirements.

Within the clinics, patient files are stored on open shelves. In the case of San Salvador, there is a room dedicated to patient records. In others, they are within the secretary (reception) area. This area is also where other records are kept, either in file cabinets or desk drawers. To best protect privacy and guard against loss or damage, patient records and administrative files should be kept in closed, lockable file cabinets; the personnel who handle the records should receive the basic training needed to control access to patient records. This training should incorporate general records management.

b. Warehouse. The SDA warehouse is located on the first floor of the SDA Administration building. It is accessed through the central entry hall of the building. The warehouse area has a solid windowless door. The building maintains an armed guard. Security seems adequate, although battery powered smoke alarms should be installed within the warehouse floor area. This should also be done in the new warehouse facility in Santa Tecla. The warehouse is the central supply source for articles and supplies used by the five clinics, SDA administration, and most of the automotive workshop. Some of the contraceptives are stored in rented space, but ordering and management is the responsibility of the central warehouse. When the Santa Tecla facility is completed (current target is April 1985) all contraceptive inventories from the rented space, as well as many articles from the central warehouse, will be relocated and consolidated.

The inventory and record system in use at the warehouse is an extension of the procedures visible in the clinics. The distinction is that the warehouse tracks shipments of products by clinic. Individual clinics are only concerned with receipt of orders and inventory for their own needs. Orders are sent to the warehouse by the clinics and the sections of SDA Administration on the standard forms. The orders are logged onto individual product inventory ledgers as the order is assembled. The warehouse supervisor signs the receipt form which accompanies the order back to the requestor. When the requestor has received, inspected, and found the order to be complete, he signs the other side of the receipt form, and returns one copy to the warehouse.

This closes the order transaction at both ends: the warehouse will have shipped the goods and subtracted from its inventory; the clinic or other order point will have received the goods and added to its inventory. When the warehouse receives a shipment of items from the outside, it follows the same basic procedures as a clinic: it checks the packing list against the shipment contents, updates the appropriate product inventory card, and places the items on the shelf. Order forms, reports and receipts are stored in filing cabinets, the product ledgers are kept in a flat card file. The records are kept orderly and neat.

The warehouse uses descriptions for its inventory. At some point, notably when SDA considers an computerized inventory management system, a numbering scheme and simple catalog listing would be useful. A numbering scheme becomes increasingly important as the number of items expands. For indexing purposes, it is almost essential for computerized management.

As noted in the discussion of the clinic record system, the entire ordering, update, and control process is handled manually. This arrangement is acceptable for the clinics, it is far less so for the warehouse. Individual clinics issue small numbers of orders and generally consume their inventory between delivery periods. By contrast, the warehouse manages the combined total of incoming orders, a full year's inventory, and replenishment orders. Up until 1985 a single individual processed the approximately 170 monthly orders, manually updated the 428 product ledgers, prepared the monthly reporting, worked with the purchasing agent within SDA Administration to procure articles, and helped the various users to determine annual procurement needs.

The number of articles and ordering volume is a heavy responsibility for one person, given the manual records systems. No doubt the addition of an assistant, has eased the immediate problem; however, from this point forward, the warehouse is not the area where additional personnel should be used to address inventory management needs. The warehouse is a "leveraged" facility; thus, improvements to its management resources will be felt throughout SDA. For this reason, the warehouse is ideally suited for a microcomputer based inventory control system. Unlike other administrative or operating areas which typically need relatively powerful, flexible computing resources, the warehouse needs a basic off-the-shelf inventory management package. A free standing microcomputer with inventory management software would:

- Increase the order processing capability of existing warehouse personnel. Clinic personnel currently cite order turnaround time as too slow, ranging from one to three weeks. So improvement is needed.
- Permit rapid, routine inventory reporting. Better reporting will support better projections which should, in turn, reduce the number of short-term filler orders by clinics.

Provide time for physical inventory balancing (note: physical inventory balancing is not currently being done; the warehouse supervisor estimates two to three days to perform this activity).

Upgrade quality of inventory management, i.e., date checking the shelf life of sensitive articles. Attention to this point will prevent the possibility of wastage or ineffective contraception due to date expiration.

One additional subgrowth of the warehouse productivity and quality improvement would be to enable the existing warehouse staff to manage a greater number of inventory articles. Observations and interviews with medical staff highlighted the need for the addition of key biomedical back up parts to the inventory. Additionally automotive and equipment spare parts could be expanded in order to facilitate back-up and faster turnaround service.

However, the basic business requirements for an microcomputer based inventory management system should be carefully defined prior to mechanizing the present system. One possible cost saving point to consider in the hardware solution: utilize the SDA's existing NCR computer for the warehouse (assuming an acceptable inventory software package is available for the unit) and acquire an IBM computer for SDA Administration. Warehouse system requirements are static, so the single package on the NCR would be adequate. The more flexible unit, with appropriate software, would serve the more diverse, variable needs of SDA Administration.

c.Repair workshop. The biomedical workshop is located in a room within the San Salvador clinic. The two men who handle equipment repair work on a request basis, (i.e., fix something when needed) and provide regularly scheduled preventive maintenance. They do not maintain records of service activity or calls. They use the same order form as the clinic for parts requests from the warehouse.

As part of either the manual or recommended computerized inventory management systems, all equipment in the clinics and any servicing performed should be recorded. This information would be provided to the warehouse by the workshop technician performing the work. The technician should also retain a copy of the information for reference. This kind of information would help track servicing individual equipment, improve the SDA's ability to determine spare parts needs, and to project future purchasing needs, thereby improving cost management.

d.Vehicle workshop. A single standard form is used to assess vehicle condition, to indicate work performed, and to list the parts used in repairs together with their cost.

In addition to the repair form, the basic parts use and cost information should be maintained by vehicle. This will help to anticipate parts requirements since vehicles age at different rates. The parts which are purchased for the highest mileage vehicles should guide inventory purchases for the "younger" vehicles with lower mileage. This type of record keeping will be useful when considering future vehicle acquisitions. Vehicle brands which deliver low cost service and have good parts availability should receive first consideration.

e. Medical Services. Medical services is the general consolidation point for much of the logistics and records information captures in other areas of SDA. Most notable are the individual patient admission forms and clinic monthly reports. In addition, the inventory reports automotive usage, and a wide variety of expense data are received, prepared, or modified by Medical Services as necessary to help control and manage SDA.

On a much broader scale, Medical Services is analogous to the warehouse and the clinics. As the warehouse has central responsibility for physical inventory, Medical Services has central responsibility for information. It is the most highly leveraged point in the organization to provide efficient information management resources. In brief, Medical Services does not have the necessary tools to fully manage its records and inventory. As a minimal approach, it should obtain a more powerful microcomputer capable of integrating and reporting information more flexibly. For example, specific opportunities to improve SDA projection methodology are discussed below.

2. Delivery of Commodities from Central Warehouse to Clinic Warehouses:

A two-step delivery system currently operates between the central warehouse and the clinics. For contraceptive and medical supplies, planned deliveries are made on a quarterly basis. For office and paper supplies there is an approximate monthly schedule. In addition, urgent orders may be placed as needed with response as soon as practicable. Interviews with personnel in each of the clinics indicated general satisfaction with the delivery arrangement and delivery performance. The single exception was the San Salvador clinic. The administrator voiced dissatisfaction with the time between order and receipt - sometimes stretching to three weeks. This experience is contrary to any in the other clinics and is particularly surprising since the San Salvador clinic is also the closest to the warehouse.

3. Degree of Training of Warehouse Personnel in Managing Contraceptive Commodities:

Warehouse personnel are required to pass a basic stock clerk proficiency test. The test measures ability to use the product ledger system for inventory control. There is no training or testing specifically related to contraceptive commodities. The main requirements for SDA warehouse training need not relate specifically to contraceptive commodities. The necessary training should include quality control (checking packages for signs of tampering, expiration dates), inventory management techniques, and communications skills.

4. SDA Commodities Projection Methodology:

SDA Administration and Finance prepares an annual projection of contraceptive commodities that will be needed by the clinics. The projection is prepared through the following methodology: using combined quarterly data from each clinic, Administration and Finance marks up the total by 10 to 15 percent. This total constitutes the annual projection. The annual projection is recalibrated each quarter based on actual usage data from the clinics.

In practice, Administration and Finance has found its methodology to be satisfactory. However, based on the annual variance between projection and actual need, particularly at the individual commodity level, there is room for improvement.

The current methodology is a rolling quarterly average or trend model with an assumed annual growth factor. The assumption for growth reflects a combination of intuition and overall experience. This methodology would work well in a very static closed environment. It is not appropriate for a complex social setting such as that in which the SDA functions. Accordingly, the following recommendations proceed in order of increasing complexity. In practice, SDA should proceed only to the point that the accuracy of its projections attain an acceptable margin of error.

Within the existing trend model. Interviews at the clinics and review of the monthly family planning data confirms that there is significant seasonality in patient activity. For example, San Miguel clinic is in an agricultural region. During the coffee or cotton harvest, activity at the clinic drops significantly. December also represents a period of low activity. With some variations, individual summer months are when activity in the clinics is high. Applying a seasonal adjustment factor to each month and also monitoring year to year changes, SDA will tighten its trend forecast. The method for performing seasonal adjustment to data is found in most statistical texts.

Least squares. The next level of refinement would be to employ the least squares method to project a line for each commodity. Use of this statistical technique would require only the existing commodity usage data by month, and should take advantage of as long a historical period as possible to increase accuracy.

Growth factor. This is not a projection technique per se. Rather, the object would be to consider more overall growth factors than SDA uses in its commodity projection at present. Since there are a number of individual commodities being projected, there is no reason to apply such a high and generalized growth factor. A best estimate or subjective growth factor should be applied selectively, per commodity based on external information from the personnel in clinics, advertising agencies, or other sources which suggest an exception to the regular projection line. For example, if the company that manufactures Panther condoms is planning to conduct a major product promotion, it would be reasonable to increase the projected demand for Panther relative to say, Perla. This is still a subjective process, but it is more informed and focused than an across-the-board growth factor.

Demand model. This technique would permit any number of additional factors to be brought into the SDA commodity projections. In brief, the model would utilize multiple regression analysis and simple correlations to develop demand equations for commodity needs. Due to the amount of effort needed to define, collect, test, and refine the data for the approach, it does not seem practical for individual commodity demand projections. Instead, as an alternative, it may be useful to consider a more general demand model for clinic services (i.e., variables which best predict total patient activity). From a projection of total patient activity, it would then be possible to use existing commodity usage per patient in order to derive individual commodity projections. This is a somewhat indirect methodology, but one which provides a basic utility: what demographic, social, or other identified factors influence the number of people coming through the clinic doors. Once one understands this basic dynamic, it is possible in turn to project requirements for physical space, future location opportunities, and to the question at hand: apply average usage profiles to determine commodity needs.

Multiple equation model. This technique is like the fourth or demand model, only more extensive. The object is still to have a final predictive equation; however, there may be dozens of subequations beneath it. This may be considered a long run objective given the amount of data computing resources and cost involved with this development effort. In sum, for the near future, the seasonal adjustments, least squares, and growth factor models are very feasible and worthwhile for the SDA to pursue. With greater familiarity and computer resources, demand

modeling will become feasible. The analytical skill and data that would accompany reaching point four will provide an exemplary projection capability.

5. Spare Parts:

The object was to assess the adequacy of spare parts stocked by SDA and the maintenance schedule developed by SDA for preventive maintenance and emergency repair of the biomedical equipment.

The SDA does routinely stock spare parts for some of its biomedical equipment. When a problem occurs, clinic personnel call the repair workshop, and one of the two staff members attempt to repair the article. If repair cannot be made, workshop personnel attempt to obtain a replacement. The evaluation team found that the most critical spare parts not currently stocked are replacement seals for the laparoscope. Some parts are stocked for the autoclaves. The items and the packing slips are kept in their shipping cartons. Due to the importance of the biomedical equipment, individual parts should be inventoried and monitored, rather than relegated to packing lists. This will minimize the chance of being out of stock at a time of need.

Based on interviews with clinic personnel and direct observation of repair work by Dr. Pulido, repair workshop personnel provide good quality repair work. They are also responsive to repair requests for other equipment. The preventive maintenance schedule is approximately every fifteen days per clinic: to date there has not been a case where biomedical equipment failure has impacted medical operations in process at any clinic.

The preventive maintenance program is adequate, based on clinic perceptions and time-critical disruptions. However, based on the circumstances, this seems to be more luck than design. The lack of key biomedical equipment parts is the problem. In addition, the repair workshop should have tools and a working environment consistent with the importance of its work. One possibility we recommend be considered is to locate dedicated workspace for the repair workshop within the new Santa Tecla warehouse. When the proper spare parts are stocked, they would be right at hand for use. As with the delivery of supplies, the Santa Tecla location would be more convenient to three of the five clinics, with minimal increase in distance to one (San Salvador), and no impact to the fifth (San Miguel).

6. Sale of Maintenance Services:

The issue for consideration is the feasibility of selling maintenance services to private physicians currently offering sterilization services.

SDA and its clinics are self contained with respect to the maintenance of its equipment. As discussed previously, independent of possible sale of maintenance services, SDA needs to take corrective steps in order to meet its own needs. SDA services its equipment with a crew of two men from a central workshop at the San Salvador clinic.

Discussions with the medical personnel at each clinic, as well as with the Chief of SDA Medical Services, confirmed the following information regarding maintenance services. First, the number of private physicians performing sterilizations with laparoscopes in the SDA clinic cities outside San Salvador is miniscule. Second, to the extent that private operations are being performed in and outside of San Salvador, the physicians are utilizing local hospitals which have both the equipment and the maintenance capability. Consequently, the evidence is conclusive that sale of maintenance services is not an opportunity.

7. Transportation Fleet:

The objective was to assess SDA's current transportation fleet regarding its transport needs and the performance of its maintenance program for vehicles.

The SDA's fleet presently consists of 51 vehicles. These are primarily jeeps complemented by vans. Informants generally felt that the number of vehicles was insufficient, especially for providing outreach from the clinics to rural areas. It was generally estimated that an additional vehicle would be needed for each clinic. However, the present number of vehicles may be sufficient to meet these needs if a careful study of transportation needs were to be made.

SDA's current fleet of vehicles is serviced by its workshop. The workshop is located in rented space adjacent to the building formerly occupied by SDA administration. Property near the current SDA administration building is earmarked as the relocation site for the workshop. However, to date SDA has not been able to obtain a building permit for the site. The site is used as a parking lot for vehicles not in immediate use.

The workshop provides service on demand, schedules routine service, and, as of 1985, performs preventive maintenance on all SDA vehicles. These procedures include vehicles in use at the clinics when a clinic vehicle comes in for service. The shop provides a replacement vehicle so the driver can return immediately to the clinic. Maintenance services are scheduled per vehicle as follows: preventive: oil change/routine maintenance, one visit per 4000 kilometers (time in shop 1/2 to 1 day); 15,000 kilometer brake check (1 day in shop); 25,000 kilometer decarbonization of diesel motors (2 days in shop); 50,000 kilometer check (3 days); and 100,000 kilometer overhaul (1 week every two years). There are generally two vehicles in preventive

maintenance and at least one in repair in the workshop at any given time throughout the year.

Maintenance costs vary by vehicle, but the average cost of maintenance of a vehicle in 1984 was 2788 colons or approximately \$560. Figures were not available for 1985. They can, however, be assumed to be somewhat lower as, with the termination of the CBD program, vehicles spent less time in rural areas. Costs would also appear to be higher if the SDA did not do its own repairs. Exhibit 10 provides figures from a study conducted by the SDA, which found all types of repairs to be more economical in its own workshop than in private garages.

EXHIBIT 10

COMPARISON OF SELECTED VEHICLE REPAIR COSTS

	SDA (colons)	Private Garage (colons)
Brakes	449.10	625.00
Alternator	384.60	548.00
Electric system	331.90	445.00
Lubrication	95.94	226.00
Suspension	987.00	1210.00

Source: ADS, Estudio Comparativo de Costos y Reparaciones de Vehiculos.

The workshop is staffed by four fulltime mechanics. Based on a site visit, there are a number of obvious deficiencies in the current workshop. First, it is not properly equipped: it has neither lifts nor pits for the mechanics to operate in. It has no grease guns nor true service bays for compressed air connections, electrical outlets, or lighting. In addition, the lack of service bays contributes to poor work area organization. The organization is inefficient in that tools are not easily kept at hand; it is dangerous in that there are obstacles and articles which are left so that they are easily tripped over. The only parts in the shop are in a small cabinet and include small pieces such as washers, nuts, bolts, and a few bearings. Sr. Romero estimates the total value of the parts to be 4,000 colons. This means that almost every part must be acquired on a case-by-case basis.

Sometimes parts are acquired through the central warehouse. Most often, however, this is accomplished by a purchase request through the Purchasing Department and then to outside vendors. The lack of a minimally equipped and organized workshop is the single major impediment to the workshop's operations. The

accompanying need for spare parts is a problem, but can be minimized when the central warehouse stocks more frequently-used items. The necessary stock items should become well known as experience with the preventive maintenance program increases.

The preceding analysis concerns the conditions and limitations currently affecting the workshop. There is no intended inference that the personnel are not qualified or dedicated. Based on site interviews, they are qualified and take their work seriously. They do, however, need training in the repair of diesel fuel injection systems, which at present must be repaired by the dealer and is both expensive and time consuming. The main problem is that they simply do not have the tools to easily do the job. Until either relocation or substantial improvements are made, it is unrealistic to anticipate any significant sale of services to outside clients or productivity improvements. Based on the interviews, the rotating maintenance program is a good idea and will help to make the best of the situation; our only recommendation then is to expand the record keeping.

IV. DEVELOPMENT IMPACT

A. Beneficiaries

Primary beneficiaries of Project 0275 to date have been those individuals who have acquired information on family planning and other demographic issues and who have gained contraceptive protection through the Association's services. A total of 43,899 individuals have visited the clinics to request contraceptives or sterilization since the implementation of the Project. As shown in chapter III, sterilizations decreased somewhat from 1984 to 1985, owing in part to the termination of the CBD program. The clinics have, however, provided 127,164 couple years of protection during the two years of Project implementation. The organization as a whole has provided more than 170,000 CYPs at an average cost of 22 dollars each during the same period.

As shown in the discussion of the findings on the activities of the IEC department, outputs of that department's various projects have grown substantially over the life of the Project. The number of talks given and the total number of participants in the community education program have both risen in the last year. Similarly, the number of participants in the sex education program for the young through the use of peer facilitators has nearly tripled (8,289 to 21,837). In addition, in its first year as part of the IEC program, the library served more than 2,000 readers, and observers saw a notable rise in the use of the facility after a television spot promoting its use.

Direct beneficiaries of the mass media campaign are difficult to identify, as no impact evaluation has been conducted. The increase in diffusion of radio and television messages (16,337 to 45,202), together with the general increase in most other media, suggests a wider coverage and an associated greater impact.

Training activities also increased during the Project. The emphasis of training, however, appears to be changing from that of upgrading the skills of SDA staff to reaching other individuals including paramedical staffs of other organizations and adolescents.

B. Institutional Strengthening

Given the period of flux in the administration of the SDA during the period in which the Project has been implemented, and given the ongoing activities of the Project, institutional strengthening is difficult to assess. It is to the credit of the organization, however, that it was able to continue to function effectively during such a period of administrative uncertainty, and therefore the increase in most project endeavors cited above suggests a certain institutional strength.

All informants cited the added infrastructure in terms of equipment and vehicles as important factors in institution building. Similarly, the courses and observational visits provided under the Project have been seen as useful in improving family planning knowledge for many staff members.

V. LESSONS LEARNED

A number of lessons for the future expansion of Project 0275 and for the implementation of future projects can be learned from this evaluation. These can be divided into two main areas. The first is concerned with overall financial support and organizational management and the role of the latter in Project implementation. The second relates to technical procedures in carrying out the tasks assigned to individual departments within the SDA.

A. Financial Support and Organizational Management

The heavy reliance of the SDA on a single donor brings into question the viability of the organization should this funding cease. To avoid the danger of not having sufficient operating capital if one or more external donors were lost, the SDA should study ways of increasing internal income generation and of attracting other potential donors. This would diversify financial support.

The ambiguity found in the decision-making roles among the different levels of management involved in the Project suggests that well defined procedures for determining authority and chains of command are important for smooth organizational functioning. Obviously, management styles will change within an organization as top management changes. A consistent communication system which informs managers and employees of the reasons behind management decisions and solicits their input in a formal way can help to avoid misperceptions of management's intent.

The relative efficiency with which the SDA was found to operate suggests that administrators can learn management skills on the job if they are dedicated and have been selected based on appropriate technical skills. It appears, however, that when an organization expands in certain areas, specific management acumen is needed for the most effective management. In the case of the SDA, administrators at most levels have recognized this need and feel they would profit from management training.

B. Technical Procedures

The study showed that attempts to computerize a management system, especially in the area of finance, require adequate planning to be efficient. Practical hardware to meet current and future needs should be sought and software that is adequate for the job at hand and compatible with the hardware is necessary. Systems that are user-friendly, have manuals written in the language of the country in which they will be used, and provide adequate training so that users feel comfortable with the systems will help avoid the duplication of effort found in the SDA accounting system at the time of the evaluation.

There should be clear lines of communication with international donors with respect to reimbursement. Differences in outstanding budget balances must be resolved at the time that they occur. The continued carrying over of such balances, as in the case of the SDA dealings with USAID, creates frustration and may necessitate a large manpower investment to resolve.

Sufficient manpower should be made available in each department to carry out the tasks which are to be implemented under the Project. This is especially crucial for those tasks demanding large capital outlays, such as the IEC media campaigns. Additional technicians in that department could help to make planning and implementation of the campaigns more efficient, whereas additional evaluation personnel either within or outside of the organization could ensure ongoing monitoring and timely information to be used in making the campaign more effective.

If training programs are to be of the utmost utility, they must have information to accurately assess organizational training needs. The lack of feedback from managers within the SDA appears to have limited training activities to personnel within the organization. In addition, those involved in designing training programs must be prepared in both curriculum development and instructional techniques, as well as in a content area such as family planning, if training is to be highly relevant.

If the clinics are to expand their services, better coverage through interpersonal communication is needed. This is not to suggest that the CBD program should be restructured, but that cost-effective means of informing and attracting potential users within the target populations must be found. These might include information posts, an increased number of rural facilitators, or a referral network among doctors not involved in family planning activities.

Finally, the interaction of the contributions made by different international donors must be carefully monitored. For example, the communication problems found between the AVS and the individual in charge of maintaining the medical equipment can create difficulties in the overall functioning of clinics and thereby the medical services program.

VI. CONCLUSIONS AND RECOMMENDATIONS

A. Administration and Finance

1. Conclusions:

The SDA was found to be supported largely by international donors, with over 70 percent of the organization's operating capital of approximately two million dollars per year, at current rates of exchange, coming from these sources. USAID is the largest single donor, supplying over 44 percent of the total funding. This reliance on foreign donor support is understandable considering the present economic situation of the country. Regardless of the economic situation, however, diversification of support, which would increase the financial viability of the organization if funding from one or more of the existing donors is lessened or terminated, should be an organizational objective.

During the life of the Project, the SDA has provided 171,154 couple years of protection to Salvadorans. This translates into an average cost of 22 dollars per each couple year of protection for the organization as a whole. Costs were somewhat higher in the second year of the Project as the termination of the Community Based Distribution program contributed to fewer voluntary sterilizations, which had accounted for over 75 percent of the total CYPs each year.

The different departments within the SDA appear to have sufficient funds available to meet their individual goals within the Project. As a result of a recent devaluation of the colon, most have currently used less than one third of the funds that have been allocated to them for the life of the Project.

Owing to a period of administrative flux resulting from a tragedy and life-threatening situations for some administrators, there are some negative perceptions among staff about the decision-making structure within the organization. The board of directors takes an active role in many operational decisions, whereas others are made by the executive director. The lack of regular staff meetings for directors have added to the impression that key staff have little decision-making power, and to a feeling of departmental isolation.

Most SDA administrators have learned on the job. They have not had formal training in delegation of authority, development of organizational objectives, time management, management information system design and utilization, organizational structuring, or personnel management.

A key role is played by the Department of Administration; as such, it must improve the timing of its deliverables both to USAID and to other departments.

Interviews held and observations of the work process in the administration and finance department indicate that the number and types of personnel currently working are adequate in light of operational requirements. These same personnel were found to be capable of performing adequately, with a level of responsibility that is appropriate for the organization. Employees appear to be highly motivated and dedicated to the organization's purpose and goals, and most have been with SDA for a relatively long period of time. Staff members generally do not have the experience to take on more demanding positions and, as management training is unavailable, must learn on the job

The present organizational structure and policy directives may prove to be a detriment to ongoing motivation, as advancement depends largely on replacing an individual higher up in any given department and staff are encouraged to remain with the organization. The incentives which were identified by informants consisted of twice yearly meetings at which gifts were given for length of service. These incentives were seen as inadequate for the dedication given by most staff members.

The accounting system of the SDA is sound; however several generally accepted good business practices are not being followed. These include: the lack of bonding for personnel who sign checks; the failure to list fixed assets in financial statements or the recognition of relevant depreciation or amortization on these assets; and the lack of an accounting manual to ensure consistent procedures.

Records are generally well organized in most departments; however, record keeping and information systems are not presently completely mechanized. The accounting department is using a double bookkeeping system which means duplicating all computer entries manually, and this is unnecessary. Although the computer system is being used by the accounting department, additional hardware is necessary to improve the utility of the system by allowing it to run more flexible existing accounting software such as Lotus 1-2-3. The acquisition of additional software, once the needed hardware is acquired, would permit business projections and databasing that are not possible with the present configuration.

Communication among the Department of Administration, USAID, and the Controller's office has failed to resolve differences in liquidation balances. Additionally, there is a lack of communication between the USAID Controller's office and the SDA regarding amounts for vehicle and merchandise transactions which were paid by the Controller's office.

2. Recommendations:

a. The heavy reliance on a single foreign donor for much of its funding could put the SDA in a vulnerable position if funding should be lessened or ceased. The organization should undertake studies to determine the feasibility of increasing internal revenue generation and to develop a plan for attracting other potential donors.

b. Evaluations of the Community Based Distribution program found that it was not cost-effective, and the program was terminated in March of 1985. As one of the primary referral networks for the SDA medical clinic program, however, it contributed to a higher volume of voluntary surgical acceptors in 1984 than in 1985. Thus, a more cost-effective referral network should be sought to replace the CBD. Possible options for this network are discussed under the recommendations for the medical services program found subsequently in this chapter.

c. Better communication, both vertically and horizontally, among management personnel of the SDA is needed, and the responsibilities of the board of directors, executive director, and department directors must be clarified. This can be accomplished through technical assistance to the organization provided by specialists in organizational administration.

d. As most SDA management personnel have learned on the job, they could profit from training in business management techniques. This training could take the form of courses, seminars, or short-term technical assistance in the areas of operations management, organizational structuring, management information system design and utilization, and personnel management.

e. Computer hardware that will allow the organization to run presently underutilized software and thereby increase efficiency should be acquired. This could be accomplished by upgrading the existing system through the purchase of a memory expansion card and an IBM emulation card. We recommend, however, that the existing NCR hardware be transferred to the warehouse and used for inventory management. A more flexible system, for which adequate maintenance can be obtained in El Salvador, such as an IBM-XT or AT, should then be acquired by the organization. Additional software such as the dBASE-III, R:base 5000, or Revelation packages which would provide the databasing capability necessary for an MIS system should also be purchased. Technical manuals in Spanish for both the hardware and software should be sought, and appropriate personnel should be trained on the system so that it can be fully utilized.

f. In the area of accounting, good business practice suggests that the SDA should develop an accounting manual, provide fidelity bonds to those employees handling checks, and report fixed assets and relevant depreciation or amortization on these assets in financial statements.

B. Information, Education and Communication

1. Conclusions:

The IEC department of the SDA is staffed by dedicated individuals who have appropriate training and knowledge for the positions they hold. Knowledge and interest in mass media utilization is, however, limited. Only the director of the department has experience in this area, including familiarity with modern communications methodologies by means of a course given by the United Nations.

IEC personnel have well defined tasks, a departmental chain of command, and open communication channels which allow them to carry out these tasks effectively. The community education project, teenage sex education project, and documentation center have all increased their outputs over the two years of Project implementation. Those involved in community education feel, however, that while they are meeting the program goals, they cannot meet the demand in the area and that additional staff would be helpful. In addition, personnel involved in education projects feel that they could be more effective with training in curriculum development and instructional techniques.

A number of tools such as an organizational manual, monthly plans, and systematic formal and informal communication channels have been developed for effective departmental management. There is, however, a need for training in the use of information for project planning and goals projection. The director recognizes this need and feels that he could be a more effective administrator by means of courses in management techniques.

A general improvement in the quality of the campaign materials over the course of the Project was found. This in part appeared to be a result of greater understanding of the social aspects of the advertising campaign on the part of the advertising agency. Knowledge of the objectives of the IEC campaign still appears to be rather general on the part of advertising agency personnel. This is reflected in the materials created for the IEC campaign which are well developed and reflect campaign objectives. They suffer, however, particularly in the area of pacing, in comparison to materials developed for the social marketing department and for commercial entities where target populations have been clearly identified and segmented. The calendar for the current campaign, while having an attractive theme, was found to be inadequate, as the placement of the dates reduces its utility as a calendar.

The outputs of the mass media campaigns reflect the emphasis placed on broadcasting, as production is ahead of Project projections in this area. The production of printed materials is above Project goals for calendars and close to projections for pamphlets and newsletters. Posters and press releases, however,

are well behind Project projections. The development of these campaigns is subject to delays because of the informal procedures followed in the development of concepts and briefs, delays in the allocation of funds, and the time sometimes taken by reviewers as a result of their busy schedules in approving preproduction materials. It would appear that this process could be improved somewhat by contracting the additional technical person in the area of communications listed in the department organizational chart. This individual could help systematize the process of concept and brief development.

The pretesting of products by the SDA evaluation unit is adequate. Although the individuals in this department are trained in market research techniques, they have been unable to carry out product follow-up research because of heavy work loads. An impact evaluation of the media campaign originally planned for 1984 has not been carried out for similar reasons. Data from the 1985 contraceptive prevalence survey are in the possession of the evaluation unit in preliminary form. These data would be useful in planning the IEC mass media campaigns. However, they have not yet been made available to that department.

Finally, previous evaluations of the unit have made a series of recommendations to improve the performance of the IEC unit. While those relating to staffing have generally been adopted, those relating to the mass media campaign (including working closely with other agencies involved in family planning mass media, greater segmentation of the population in the targeting of messages, follow-up research, and evaluation in terms of specific goals of increased couple years of protection) have not been implemented.

2. Recommendations:

a. In order to develop more efficient campaigns and to coordinate the phasing of the different media involved, the IEC department needs more personnel trained in communications and mass media utilization. At a minimum, a technical assistant in the area of communications should be recruited to fill the existing but vacant job slot in that area and aid the department director in the mass media campaign.

b. Existing staff should develop a greater awareness of the interactional effects of different components of an IEC effort, and could profit from courses or technical assistance in communications and the mass media to provide this perspective. Such assistance could also improve the quality of the products used in the mass media campaigns. There is a felt need for additional courses in curriculum development and instructional techniques on the part of staff working in the education area and this should be addressed. A course in management which stressed techniques for projecting and monitoring of project implementation such as PERT charting would be useful for the department director and may increase the efficiency of the mass media campaign.

c. Formal ties, at least for the exchange of information, should be established and maintained with other national and international institutions involved in family planning mass media campaigns.

d. Communications between technical staff and decision makers regarding the technical adequacy of the mass media materials should be improved. This might be accomplished by providing decision makers with greater documentation on the product, by involving technical staff to a greater degree in the selection process, or by providing technical assistance to the SDA in organizational administration.

e. Follow-up procedures on media penetration and consumer satisfaction should be developed and/or formalized. User surveys could be conducted by training the volunteers who admit clinic visitors to the facilities to ask a few selected questions on media usage or by interviewing pharmacists at point of purchase. In the areas of service penetration and product satisfaction studies, the SDA should investigate the feasibility of subcontracting specialized research firms to carry out the work if its own evaluation unit is unable to do so. All results of research, however preliminary, that could improve mass media campaign performance should be made available to the departments implementing such campaigns.

f. An evaluation of program impact in which specific measures of impact are operationally defined should be carried out. Given the flux in demographics within El Salvador and the lack of precise information on target population characteristics a baseline survey would also be useful in calibrating the mass media campaign.

C. Training

1. Conclusions

Additional technical staff to complement the director, two present technical staff, and two secretaries are needed if the training department of the SDA is to have sufficient human resources to accomplish the tasks of Projects 0275 and 0210. It appears that at least two more technical staff are required. These individuals will aid in planning and scheduling training activities, developing curricula, and identifying, contracting, and monitoring instructors.

Curricula are well developed, adequate for existing needs, and use dynamic techniques for involving trainees. Better specification of both behavioral and attitudinal objectives would, however, aid in assessing students' grasp of material and in calibrating the course to different audiences and future needs. More emphasis on skills training is needed and greater

variety in course structure and activities would make courses more effective for different audiences. Audio visual material, especially movie projectors and films, do not seem adequate for current or future needs.

The professional staff that has been identified is well qualified to conduct courses and has been used in areas appropriate to its expertise. Although the list of instructors is fairly extensive, it needs to be expanded as training activities are developed in other regions of the country. Students suggested that some instructors could profit by training in teaching methodology and techniques in the presentation of information.

The staff of the training department sees its responsibility as providing learning experiences which will contribute to behavior and attitude change. Staff feels that this is somewhat different than the responsibilities of the information section of the IEC department. This perception, combined with a recent consultant's analysis of the possibility of joining the two departments together (a consensus was reached that there was no organizational advantage in the move) makes it unfeasible at present.

2. Recommendations:

a. In order to ensure sufficient staff to carry out the tasks of Project 0275 and 0210, additional technical staff should be added to the training department as the latter Project is implemented, and training in the development of curricula for improving skills should be provided.

b. The quality of training activities can be improved by providing the technical staff of the department with technical assistance or courses in curriculum development, instructional techniques, and the training of instructors. Audio visual materials, especially movie projectors and films, should be reviewed and those in poor condition replaced.

c. Potential instructors should be identified from among the graduates of current courses dealing with the appropriate subject matter and from among qualified professionals living in regions of the country outside of San Salvador.

D. Medical Services

1. Conclusions:

All of the SDA's four major clinics are well staffed, have a well developed medical records system, adequate schedules, and sufficient manpower to meet existing needs. Each has an abundance of physical space for the expansion of existing activities or the development of additional activities. However, greater outreach appears to be needed if expansion is to take place over the next three years.

Reviews of curricula vitae, interviews and direct observation of medical and paramedical personnel working in the clinics showed the staff to be motivated, highly competent professionals. Although the clinics appeared to run smoothly, there was a general feeling from those involved in the management of both the medical services department and the clinics that courses in general management and in the management of family planning programs would help to improve their efficiency. Similarly, while staff seemed generally well versed in family planning methods, there was a general demand on the part of the physicians for courses updating their knowledge in the area. This included in one case an interest in training in tubal microsurgery, an area which would seem to fit well within the SDA's current campaign to develop an image as an organization concerned with all of the demographic problems of the country.

The number of medical personnel was found to be adequate for existing needs. It must be remembered, however, that the SDA is not meeting its projected goals in the medical service area. If demand were to increase or an aggressive expansion program were undertaken, it would be necessary to extend the hours per day in which doctors are involved in the program or hire additional staff.

Surgical procedures were found to be those normally employed in male and female sterilizations and they were carried out professionally. Efficiency could be increased, however, with the addition of a second complete set of laparoscopic equipment. This would facilitate the surgery when there are a large number of patients to be served and cut down on the danger of infection. Similarly, a lack of communication between the AVS which sponsored the equipment maintenance program and the personnel involved in its implementation resulted in delays in the receipt of replacement parts and deterioration of some equipment, which negatively affected surgery. Although the sterilization procedures followed with the laparoscopic equipment are adequate, there appears to be danger that the liquid disinfectants used can enter the optic systems and ruin the equipment; therefore other methods should be explored.

Finally, the clinics have the infrastructure to offer both pharmacy and laboratory services in order to produce income to offset expenses, and staff were generally favorable toward such activities. A pharmacy could be established at a relatively low cost and perhaps staffed by current clinic volunteers. A laboratory offering complete services, as envisioned by respondents at the clinics, would require a large initial investment that may be difficult to recoup. Simple services such as pregnancy tests could, however, be offered within the existing infrastructure.

2. Recommendations:

a. In order to expand services, the clinics must increase their coverage. Even considering the present situation of conflict, this might be accomplished in a number of ways. One would be to install information posts at heavy traffic points (pharmacies, stores, etc.) in at least the fourteen department capitals of the country. This could provide an increase of specific knowledge about the clinics in a relatively effective manner. A second would be to increase the number of rural facilitators from two to four at each clinic. A third would be to develop a referral network of doctors within the catchment area of a clinic who are not themselves involved in providing family planning services. A final method which could be effective if the conflict were resolved is the establishment of a system of mobile units. These units would be located at a clinic and, when provided with the names of a sufficient number of patients at a specific site within the clinic catchment area, would relocate to that site to perform needed services.

b. Although medical and paramedical personnel were found to perform their professional duties adequately, clinic efficiency could be improved by providing the medical director and head nurses with appropriate courses in general management and family planning program administration.

c. Record keeping could be improved by coding socio-demographic, therapeutic, and clinical data which could then be computerized for more rapid evaluation. Also case histories should include information such as the date of the operation, which is missing at present. Informed consent documentation should be kept with the patient's case history rather than in a separate file.

d. A study of the cost effectiveness and safety implications for patients in having two vehicles per clinic as opposed to the single vehicle presently available should be undertaken.

e. Patients, especially post-partum patients that are to be sterilized should be examined during their menstrual cycle and supplied with an IUD to avoid pregnancies of the luteal phase.

f. Vasectomy patients should be lightly sedated (Diazepam 10 Mg. oral, or another tranquilizer) to avoid agitation prior to the operation.

g. Female sterilization patients should be examined while still on the operating table to avoid vaginal hemorrhages in recovery caused by the cervical hook, or the Hulka cannula should be employed.

h. Each clinic should be equipped with two complete sets of laparoscopic equipment: two lenses, two trocars and two ring hooks as well as two cauterizing pincers. This would help to avoid the possibility of infection and also facilitate surgery at times when the number of patients is large.

i. There should be greater communication between the maintenance technician and his sponsoring agency to assure that adequate replacement parts are available.

j. Instruments for laparoscopy should be washed in a room contiguous to the operating room rather than within it to decrease the danger of infection.

k. Given the possibility of liquid disinfectants entering into the optic system of the laparoscope and destroying it, the use of an ultraviolet ray sterilizer should be explored.

E. Logistics and Maintenance

1. Conclusions:

The manual recording system used by the clinics is sufficient for their needs. Both the central warehouse and the medical services department could profit from a computerized system of record keeping. Forms and data capture procedures are generally adequate throughout the system.

With the exception of the San Salvador clinic, where personnel expressed dissatisfaction with the elapsed time between order and receipt, commodity delivery was considered adequate. Warehouse personnel are required to pass a stock clerk proficiency test, but could profit by training in quality control, inventory management techniques, and communication skills.

Current commodities projection methods using a rolling quarterly average or trend model could be improved. This method generally assumes a static closed environment which is not the case with the SDA situation.

The preventive maintenance personnel and scheduling of maintenance activities are adequate. The workshop, however, is underequipped, and key biomedical spare parts are lacking.

The selling of maintenance services to private physicians is not feasible at the present time. The few physicians outside of San Salvador who perform sterilization operations generally have ongoing relationships with local hospitals who supply their own maintenance. Thus, there is no demand for such services.

With the exception of the additional vehicle for the provision of medical services recommended for each clinic in the previous section, the transportation fleet appears adequate. The

auto repair workshop appears to be staffed by dedicated competent individuals. Repairs were found to be generally cheaper when performed in the workshop than when performed by private garages. The workshop is, however, underequipped and as it is in a rented area improvements cannot be made in the physical layout. Difficulties in obtaining permission to build a workshop on land near the SDA main offices have contributed to the existing workshop inadequacy.

2. Recommendations:

a. Storage of inactive files from the clinics should be for a set period of time established by the SDA. The ideal location would be a secure area of the new Santa Tecla warehouse. Consideration should also be given to microfiche copies of these records if storage space becomes a problem in the future.

b. The warehouse is ideally suited for a free standing microcomputer with inventory management software. This might best be accomplished by utilizing the SDA's existing NCR computer in the warehouse, if acceptable software is available, and replacing it with a more flexible system for the administration department.

c. Appropriate training should be provided to warehouse personnel in utilizing the computer system. Warehouse personnel could also profit from technical assistance in the area of warehousing security.

d. A list of all equipment, as well as basic parts used and relevant cost information, should be maintained by the vehicle repair shop. This will help to anticipate parts requirements since vehicles age at different rates. A study should be made of vehicle allocation to determine if the best use possible is being made of existing vehicles.

d. The accuracy of commodities projections could be improved through seasonal adjustments, least squares, and growth factor methodological considerations. More complex statistical projections that might be considered as the SDA increases its technical and infrastructural capacities would be a demand model and a multiple equation model for making projections.

e. Consideration should be given to establishing an adequate biomedical workshop in the new Santa Tecla warehouse.

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APPENDIX A

JOB FUNCTIONS OF THE EXECUTIVE DIRECTOR

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ASOCIACION DEMOGRAFICA SALVADOREÑA
MANUAL DE FUNCIONES DEL
DIRECTOR EJECUTIVO Y/O GERENTE GENERAL

AREAS

*Prepared by:
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- I OBJETIVOS
- II LINEAMIENTOS BASICOS
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I OBJETIVOS:

GENERALES

Este manual se propone establecer las funciones del Director Ejecutivo y/o Gerente General de la Asociación Demográfica Salvadoreña; en sus relaciones con la Junta Directiva de la ADS, como autoridad inmediata superior y con toda la organización de la ADS como subordinados inmediatos inferiores.

ESPECIFICOS

Se pretende establecer con este manual, además de los lineamientos, responsabilidades y obligaciones del Director Ejecutivo y/o Gerente General; también las políticas dentro del tipo de administración que mejor se ajuste a la Institución de la ADS, la cual se define como una administración por objetivos.

LA ADMINISTRACION POR OBJETIVOS

Es el empleo de una estrategia para formular planes y obtener resultados encauzados a lo que la Dirección o Gerencia desea y necesita para conquistar las metas, dejando satisfechos a los superiores quienes establecen las políticas y a los subalternos que ejecutan los programas para alcanzar tales metas.

PROGRAMAS

Como su nombre lo indica la administración por objetivos, debe establecer como punto de destino, los distintos objetivos para cada unidad de la organización, lo que viene a constituir las metas de cada unidad, grupo o individuo; para ello es necesario que cada unidad prepare un programa de como se propone alcanzar sus objetivos, que puede ser uno o varios; especificando recursos necesarios tales como financieros, humanos y materiales dentro del factor tiempo estipulado.

II LINEAMIENTOS BASICOS:

Se implantará el sistema de administración por objetivos, como base de la dirección o administración general.

2. Podrá establecer Comités Asesores, para cada una de las divisiones principales de la organización, a nivel de departamentos. Estos comités integrados por 3 ó 5 miembros del departamento de que se trate, serán siempre presididos por el Director Ejecutivo y/o Gerente General. Las decisiones serán tomadas siempre por el Director Ejecutivo y/o Gerente General; pero deberá constar en acta de cada sesión, las recomendaciones del comité.
3. Mantendrá la división de la organización por departamento; pero esta está limitada a la consecución de los objetivos, cuando estos requieran de la cooperación de dos o s.
4. Evaluará los éxitos y fracasos de los programas en el logro de los objetivos por departamento, a fin de conocer la eficiencia o ineficiencia de la dirección del departamento, seccionando los procesos de ejecución de programas, tanto para tomar medidas correctivas como para estimular.
5. La Dirección o Gerencia, deber ser preventiva en todo sentido, tratando de anticiparse a los resultados, por medio de la información que obtenga de los comités y de la copia de los informes periódicos de la Auditoría Interna.

III DE LA ORGANIZACIÓN:

1. La Dirección Ejecutiva y/o Gerencia General es una unidad de organización que en línea recta depende de la Junta Directiva.
2. El Director Ejecutivo y/o Gerente General, adoptará un sistema de organización descentralizada.
3. La Dirección Ejecutiva y/o Gerencia General, definirá la política de adecuar la persona al puesto y no el puesto a la persona.
4. Definirá líneas de autoridad, a fin de que el Director Ejecutivo y/o Gerente General mantenga control en línea recta con todos los departamentos de la organización.
5. Definirá líneas de enlace entre los departamentos, para facilitar la cooperación en la ejecución de los programas.
6. Dispondrá para que se preparen o actualicen, manuales de organización, funciones por puestos y carta de organización (organigrama).
7. Determinará mediante memorandums los niveles de poder de decisión de los jefes de departamento, de acuerdo con la estructura de organización descentralizada.

IV DEBERES Y RESPONSABILIDADES PARA CON LA JUNTA DIRECTIVA:

1. Cumplirá y hará cumplir las Leyes de la República.
2. Cumplirá y hará cumplir los estatutos, reglamentos y acuerdos de la Junta Directiva de la ADS.
3. Elaborará la memoria anual y la presentará a la aprobación de la Junta Directiva.
4. Presentará presupuesto anual de la ADS, a aprobación de la Junta Directiva.
5. Previamente convocado, asistirá a sesiones de Junta Directiva.
6. Cuando hubiera asuntos de urgencia que deben ser resueltos por la Junta Directiva; convocará a ésta de inmediato.
7. Solicitará su presencia en la Junta Directiva, para rendir informes mensuales, semestrales, anuales y especiales o requeridos por la Junta Directiva.
8. Presentará a la Junta Directiva los estados financieros mensuales de la Institución.
9. Todo programa nuevo deberá someterlo a la aprobación de la Junta Directiva.
10. Toda modificación a las partidas presupuestarias la someterá a la autorización de la Junta Directiva.
11. Toda prestación sea esta de sueldo, aumento de sueldo, bonificación, aguinaldo no legal, horas extras, gastos de representación, gasolina, uso de vehículos, motorista, guarda espaldas o seguridad para el Director Ejecutivo y/o Gerente General debe ser autorizado específicamente en cada caso por la Junta Directiva.

12. Hará del conocimiento de la Junta Directiva, todo conflicto laboral desde su inicio.
13. Someterá a la aprobación de la Junta Directiva, la contratación de nuevo personal.
14. Toda compra o suministros de mobiliario y equipo que exceda de ¢ 25.000.00, debe ser aprobado por la Junta Directiva.
15. Las ausencias del Director Ejecutivo y/o Gerente General, por cualquier causa deben tener la anuencia de la Junta Directiva.
16. El Director Ejecutivo y/o Gerente General, podrá representar a la ADS o a la Junta Directiva en actos sociales y protocolarios.
17. Para el Director Ejecutivo y/o Gerente General la autoridad inmediata superior, radica en la Junta Directiva y ninguno de los directores en lo individual, puede ejercerla, sin embargo podrá dirigirse al Presidente, Tesorero o Secretario para resolver problemas relacionados con las funciones de estos, siempre que expresamente no sea necesaria, la autorización de la Junta Directiva para decidir sobre el particular.

V DEL PERSONAL

1. El Director Ejecutivo y/o Gerente General, designará a una persona para que en forma adscrita ejecute las funciones de Jefe de Personal, en cada departamento.
2. Con la anuencia de la Junta Directiva, implantará un reglamento in terno de trabajo, conforme a la ley.
3. No deberá permitir entre el personal, el nombramiento de parientes en el cuarto grado de consanguinidad y segundo de afinidad.
4. Sólomente el Director Ejecutivo y/o Gerente General autorizará cambios dentro y entre los departamentos.
5. Autorizará sanciones, destituciones y sustituciones.
6. Los aumentos de sueldo, bonificaciones y pagos fuera de lo legal, deberán ser sometidos a la aprobación de la Junta Directiva.
7. Los viáticos y gastos de viaje dentro del territorio nacional se ma nejarán mediante instructivo que al respecto aprobará el Director Ejecutivo y/o Gerente General.
8. Los viáticos y gastos de viaje fuera del país para cualquier empleado o para el Director Ejecutivo y/o Gerente General deben ser someti dos a la aprobación de la Junta Directiva.
9. Los conflictos laborales de cualquier índole serán tratados por el Director Ejecutivo y/o Gerente General en segunda instancia, después de que el Jefe de Personal, haya agotado sus recursos.
10. Someterá sin pérdida de tiempo al conocimiento de la Junta Directiva los conflictos laborales que no hayan sido resueltos por la primera y segunda instancia.

VI DE LOS PRESUPUESTOS:

1. Los presupuestos deben elaborarse por programas en cada departamento, bajo los lineamientos dados por el Director Ejecutivo y/o Gerente General, dividiendo el gasto en operación y capital.
2. Los presupuestos serán aprobados en principio por el Director Ejecutivo y/o Gerente General y luego por la Junta Directiva.
3. Los presupuestos serán anuales, pero divididos en trimestres, para los efectos de los ingresos y por programas para los efectos de los gastos.
4. Todo gasto debe enmarcarse en el presupuesto.
5. Habrán presupuestos especiales que comprendan más de un año, los cuales se dividirán por años para su ejecución y evaluación.
6. Todo presupuesto deberá ser evaluado al clausurarse el programa a que corresponda.
7. Los presupuestos nuevos deben ser sometidos a la aprobación de la Junta Directiva con 60 días de anticipación al inicio de su ejecución.
8. Los cambios en las partidas presupuestarias o los refuerzos a los mismos deberán ser aprobados por la Junta Directiva a propuesta del Director Ejecutivo y/o Gerente General.
9. Los bienes adquiridos como gastos de capital en un presupuesto, pasarán al patrimonio de la ADS, al concluir el programa en donde se hará la adecuada disposición de éste.
10. La liquidación de un presupuesto no podrá exceder de 90 días después de concluido el programa, período en que se hará del conocimiento de la Junta Directiva.

II DE LAS FINANZAS Y LOS ESTADOS FINANCIEROS:

1. Mensualmente el Director Ejecutivo y/o Gerente General, recibirá del departamento de contabilidad el balance general, estado de resultados y estado financiero de cada programa, los cuales aprobará o desaprobará; los aprobados los calzará con su firma y pasará a la Junta Directiva para su conocimiento.
2. No es permitido que el Director Ejecutivo y/o Gerente General, autorice préstamos del fondo general o del fondo circulante, ni el cambio de cheques personales, para sí mismo o para cualquier otro funcionario o empleado de la Institución.
3. Determinará mediante memorándum el número y la cuantía de los fondos circulantes necesarios para cada programa o uso administrativo.
4. Autorizará gastos mayores de ₡ 1.000.00 y todo cheque por más de ₡ 5.000.00, con su firma como librador, conjuntamente con la de otro funcionario designado a tal efecto.
5. Ordenará arquezos a los fondos cuando lo estime conveniente.
6. Deberá recibir una copia de las conciliaciones bancarias para su información y archivo.
7. Diariamente revisará un estado de los fondos generales y fondos específicos para su información y archivo.
8. Autorizará la liquidación de los fondos circulantes y los reembolsos a los mismos.
9. Designará mediante memorándum previa aprobación de la Junta Directiva las personas que tendrán firma autorizada para firmar cheques.
10. Mensualmente presentará a la Junta Directiva un informe de los ingresos recibidos e ingresos esperados dentro de los próximos 12, 6 y 3 meses.

VIII DE LOS INVENTARIOS Y LAS COMPRAS:

1. Autorizará toda compra para fines de inventario cuando estas pasen de ¢ 5.000.00.
2. Deberá exigir para las compras que pasen de ¢ 25.000.00, se lleve a cabo una licitación pública.
3. Para las compras menores exigirá por lo menos 3 cotizaciones y la calificación de calidad del departamento que solicita la compra.
4. Mediante memorándum, determinará los mínimos de reorden de los inventarios.
5. Negociará directamente las compras al exterior.
6. Toda compra de más de ¢ 15.000.00, no comprendida en un presupuesto necesita la aprobación de la Junta Directiva.
7. Las pérdidas en los inventarios por cualquier causa y su descargo en los mismos necesitan la aprobación de la Junta Directiva

IX DE LOS ACTIVOS FIJOS - INMUEBLES MOBILIARIO Y EQUIPO:

1. Toda compra venta, hipoteca o enajenación de inmuebles, necesita la autorización de la Junta Directiva.
2. La asignación del uso permanente de vehículos propiedad de la ADS, será autorizada por el Director Ejecutivo y/o Gerente General.
3. Velará por el buen estado de los inmuebles, mobiliario y equipo de la ADS.
4. Las adiciones y mejoras en los inmuebles, aunque estas sean de cualquier cuantía necesitan de la autorización de la Junta Directiva.
5. Por medio de memorándum, determinará con auxilio de técnicos internos, la vida útil de cada bien y base a ello, el valor residual de los mismos y su porcentaje de depreciación anual.
6. Toda venta y/o descargo de bienes destruidos, inutilizados o extraviados deber ser autorizado por la Junta Directiva previo informe y a solicitud del Director Ejecutivo y/o Gerente General.
7. Los préstamos de bienes de la ADS, aún para la consecución de sus programas deben ser autorizados por la Junta Directiva, a solicitud del Director Ejecutivo y/o Gerente General.
8. Con la anuencia de la Junta Directiva, representará a la ADS en las operaciones de compra o venta de bienes muebles, que necesiten la autorización de la primera.

X DE LA INVESTIGACION:

1. Deberá proponer a la Junta Directiva planes de investigación de mercado, campo y laboratorio.
2. Con la anuencia de la Junta Directiva, iniciará investigaciones que deberá implementarse vía administración o por contrato.
3. Los contratos de investigaciones, estarán sujetos a los establecidos en el área de compras, en cuanto a valores y procedimientos.
4. Toda investigación, tendrá un plazo para conocer resultados, los que se harán del conocimiento de la Junta Directiva en el plazo estipulado.
5. Cuando no sean confidenciales los resultados de la investigación, se harán del conocimiento del o los departamentos interesados, después que hayan sido conocidos por la Junta Directiva.

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XI DE LA PLANIFICACION:

1. Toda actividad de planificación de programas, proyectos y obras, deberá tener la autorización de la Junta Directiva.
2. El Director Ejecutivo y/o Gerente General, es el único funcionario por medio de quién los jefes de departamento pueden proponer planes de cualquier índole.
3. La implementación de los planes aprobados por la Junta Directiva, corresponde a la Dirección Ejecutiva y/o Gerencia General.
4. La evaluación en la realización de los programas en proceso corresponde al Director Ejecutivo y/o Gerente General, quién la hará del conocimiento de la Junta Directiva cada 30 días o cuando esta lo requiera.
5. Cuando un programa aprobado no pueda ser realizado por razones externas o internas, esto se hará del conocimiento de la Junta Directiva, sin pérdida de tiempo.
6. Toda información sobre planificación entre la Junta Directiva y el Director Ejecutivo y/o Gerente General, se hará por escrito.

XII DE LOS SERVICIOS:

1. La responsabilidad directa ante la Junta Directiva, de la eficiencia de los servicios que presta la ADS, corresponde al Director Ejecutivo y/o Gerente General.
2. Todo servicio debe estar enmarcado dentro de un programa y un presupuesto.
3. Es su responsabilidad la evaluación de la calidad de los servicios que se prestan, utilizando los medios a su alcance.
4. Debe informar a la Junta Directiva cada 30 días sobre su evaluación de la calidad de los servicios que se prestan o cuando la Junta Directiva lo requiera.
5. Los conflictos que surjan con el público, los tribunales o el gobierno, a raíz de los servicios que se presten, serán confrontados directamente por el Director Ejecutivo y/o Gerente General; pero deberá actuar con instrucciones expresas de la Junta Directiva en cada caso.

XIII DE LAS COMUNICACIONES:

1. Velará porque se editen libros, folletos o carteles de acuerdo con las políticas dictadas por la Junta Directiva, de conformidad al artículo 3 de los estatutos vigentes de la ADS.
2. Presentará proyectos de propaganda y promoción a la Junta Directiva para su aprobación.
3. Velará porque se organicen cursos y seminarios para difundir los objetivos de la ADS, establecidos en el artículo 3 de los estatutos.
4. Cuidará porque se mantengan las mejores relaciones con el gobierno de la República como apoyo necesario en el desarrollo de los objetivos y políticas de la ADS.
5. Autorizará programas de Relaciones Públicas, enmarcados en los objetivos de la ADS.
6. Dos veces al año informará al personal de los logros y avances de los programas que esté desarrollando la organización.
7. Mantendrá personalmente la comunicación con organismos internacionales, en lo relativo al desarrollo de programas, financiamiento, asistencia técnica y asuntos sociales, debiendo informar a la Junta Directiva de estas actividades, a priori cuando necesite su autorización y a posteriori en caso contrario.
8. Tratará de encontrar al nivel que le sea posible, la comprensión de los objetivos de la ADS, entre los distintos sectores de la población.

DE LOS DONANTES Y SUBSIDIANTES:

1. Mantendrá relación directa con los donantes y subsidiantes para los efectos de implementar proyectos y programas.
2. Con la aprobación de la Junta Directiva, presentará proyectos, programas y presupuestos a los donantes y subsidiantes a efecto de obtener su aprobación y patrocinio.
3. Velará porque se cumplan las cláusulas de los convenios suscritos con donantes y subsidiantes.
4. Es de su responsabilidad mantener las relaciones con las filiales u organismos que tengan el mismo objetivo de la ADS.
5. Informará a la Junta Directiva de los resultados de su gestión con donantes y subsidiantes.
6. Con la anuencia de la Junta Directiva, proporcionará información financiera y de evaluación de programas en proceso al donante o subsidiante directamente relacionado con el mismo.
7. Atenderá a los socios, en lo que a información del desarrollo de proyectos y programas se refiere.
8. La solicitud de información financiera de parte de un socio será canalizada a través de la Junta Directiva.
9. Con la anuencia de la Junta Directiva presentará liquidación de presupuestos y evaluación de programas a donantes y subsidiantes, directamente relacionados con el mismo.

APPENDIX B

SDA ORGANIZATIONAL CHARTS

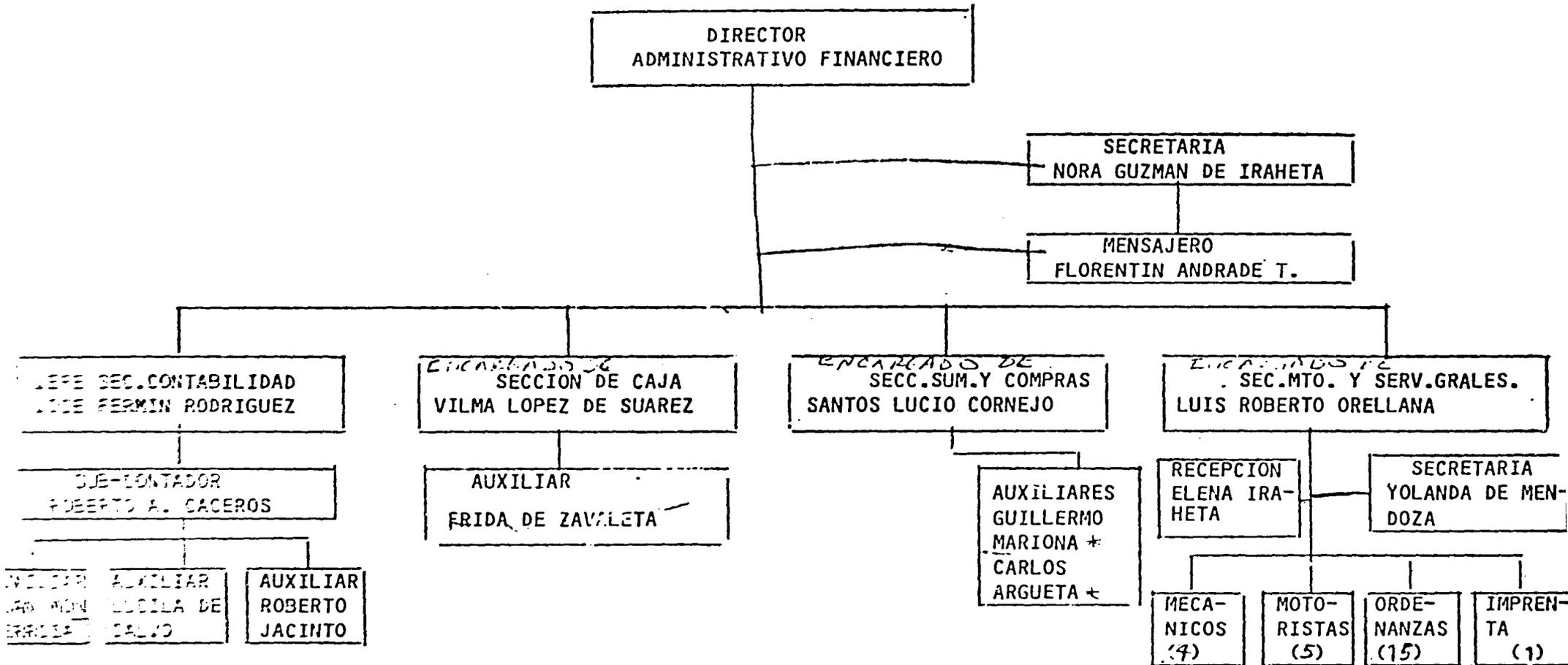
DIRECCION EJECUTIVA

ORGANIGRAMA



100

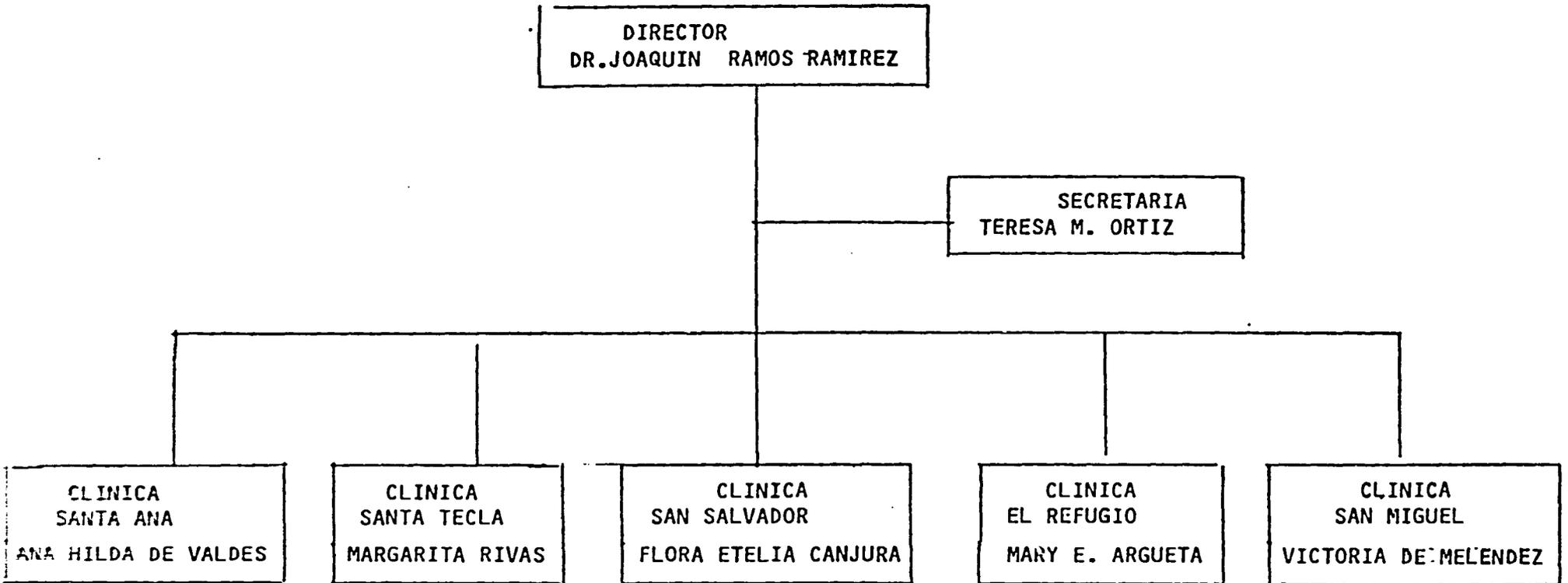
ORGANIGRAMA



NOTA: SE ANEXA HOJA CON NOMINA DE MECANICOS, MOTORISTAS, ORDENANZAS E IMPRENTA.

DEPARTAMENTO MEDICO

ORGANIGRAMA



202

CLINICA SAN SALVADOR

ORGANIGRAMA

ENFERMERA GRADUADA
FLORA E. CANJURA

MEDICOS DE CONSULTA
6

MOTORISTA
LORENZO A. AYALA

MEDICOS CIRUJANOS
3

TRABAJADORA SOCIAL
MARTA NERY AMADOR
(1/2 TIEMPO)

TRABAJADORA SOCIAL
ESLY C. ALVARADO

ARCHIVO
3

ARSENALISTA
1

ENFERMERAS
GRADUADAS (3)

TECNICOS QUIRURGICOS
2

LAVANDERIA
1

LABORATORIO
2

AUXILIARES DE
ENFERMERIA
3

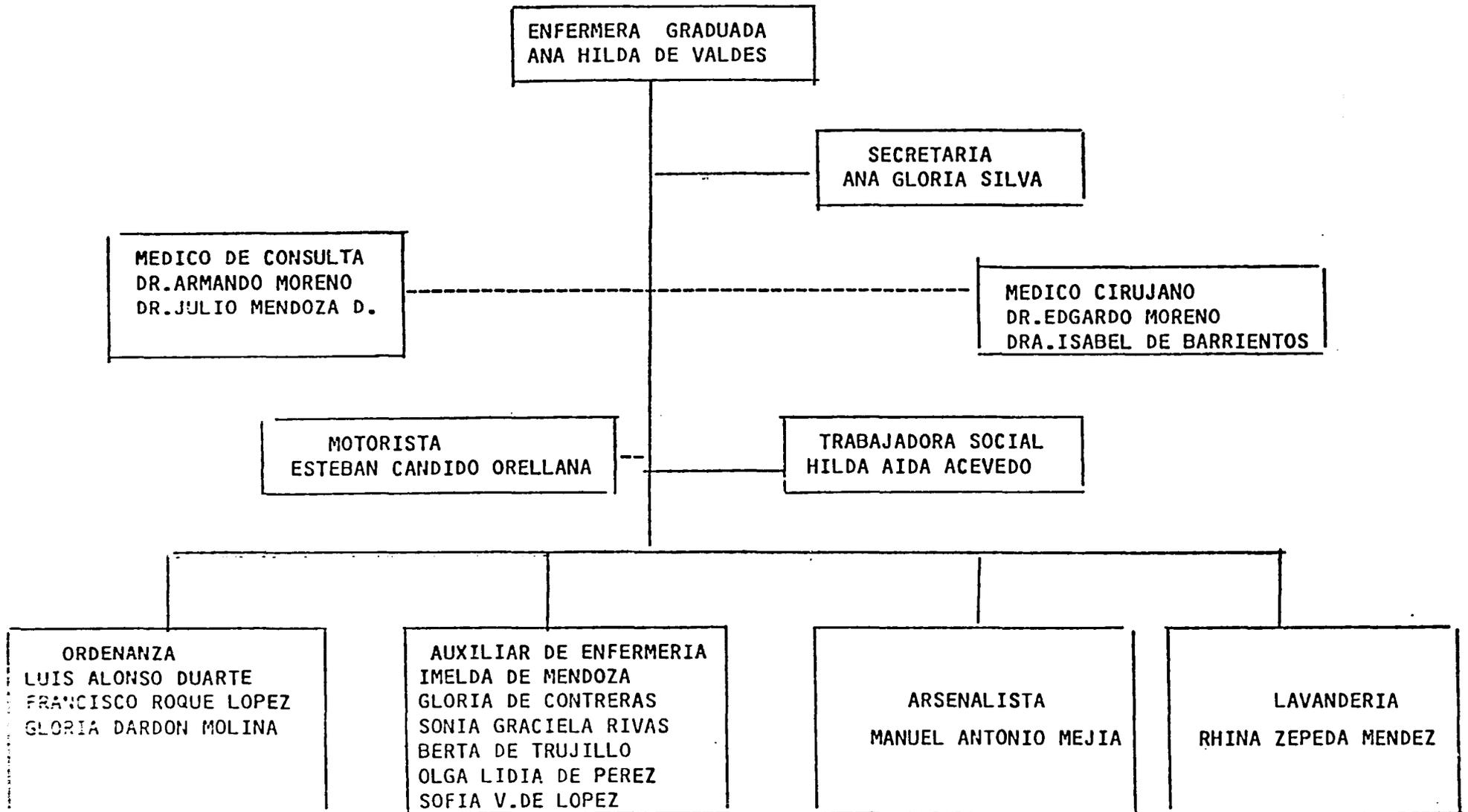
NOTA 1: PARA EFECTOS DE CONTROL SE INCLUYEN LOS MEDICOS, PERO ELLOS ESTAN RELACIONADOS DIRECTAMENTE CON EL DIRECTOR MEDICO.

NOTA 2: LOS MEDICOS CIRUJANOS DE ESTA CLINICA PRESTAN SERVICIOS TAMBIEN EN SANTA TECLA.

NOTA 3: SE ANEXA LISTA CON LOS NOMBRES DE CADA CARGO.

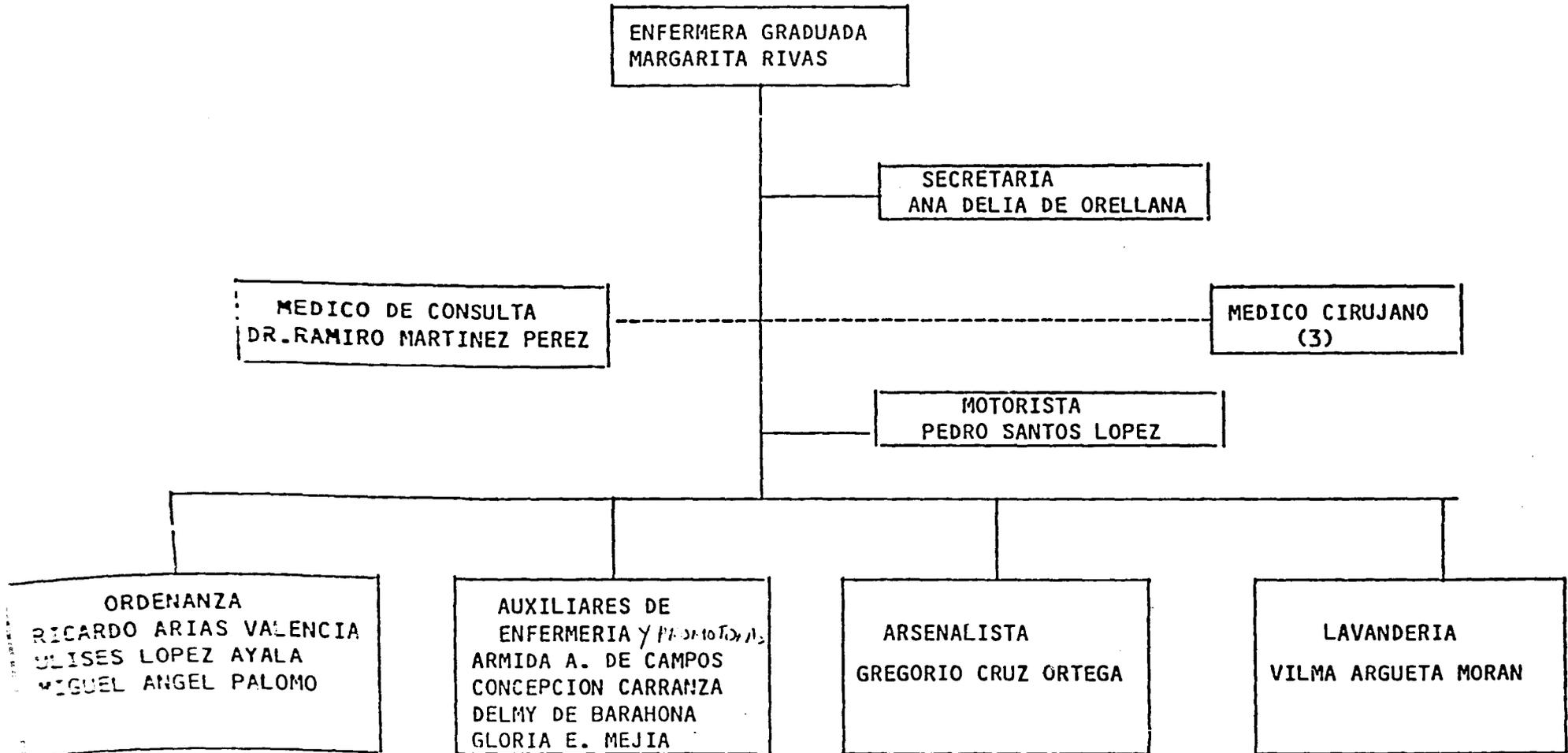
CLINICA SANTA ANA

ORGANIGRAMA



CLINICA SANTA TECLA

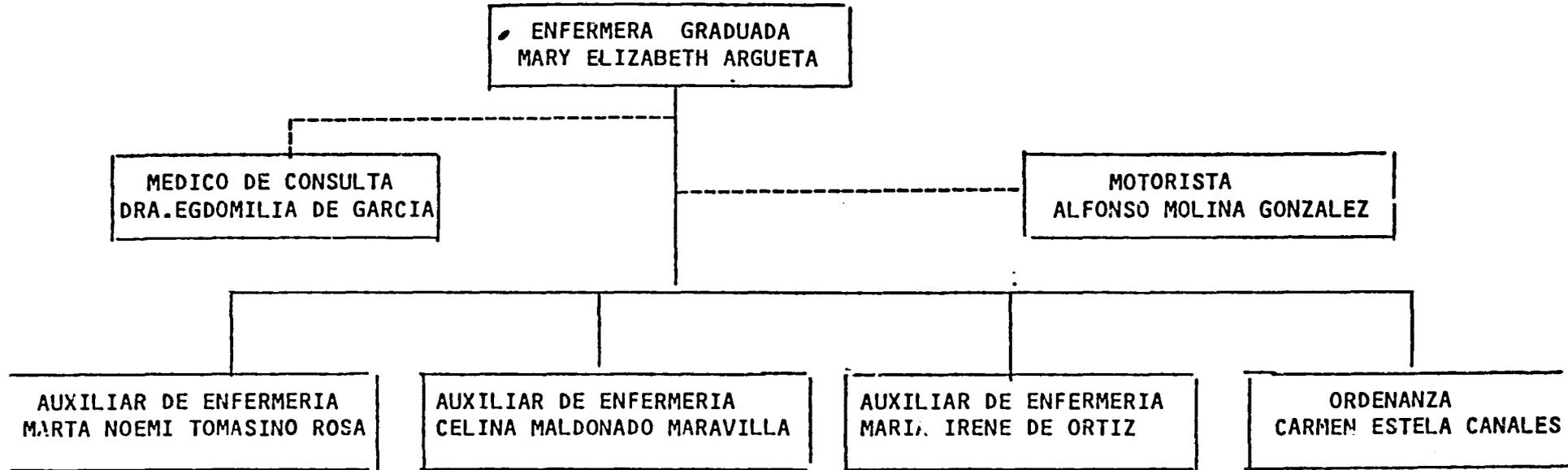
ORGANIGRAMA



NOTA: LOS MEDICOS CIRUJANOS SON LOS MISMOS QUE PRESTAN SERVICIOS EN CLINICA CENTRAL.

CLINICA EL REFUGIO

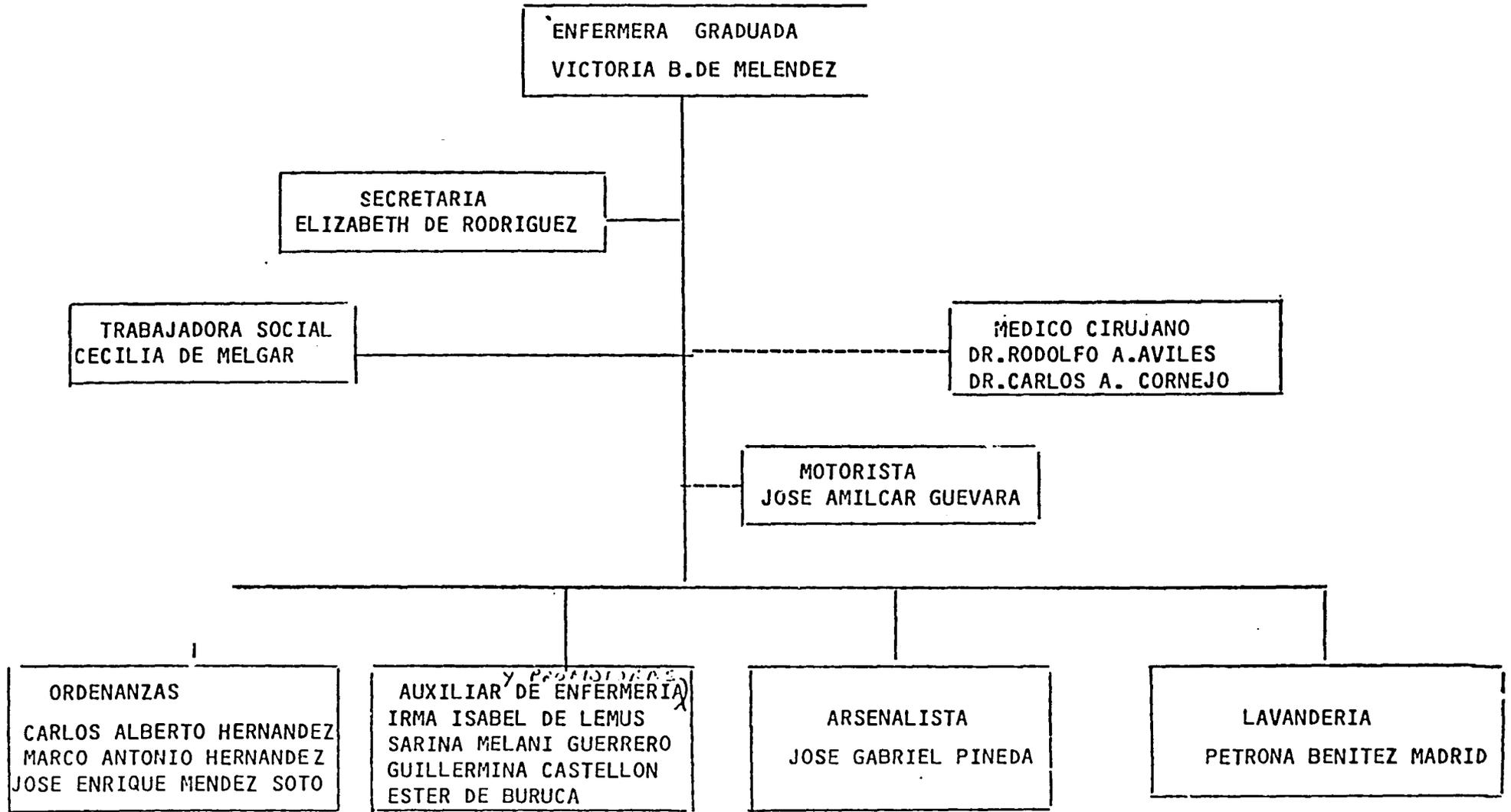
ORGANIGRAMA



10/11

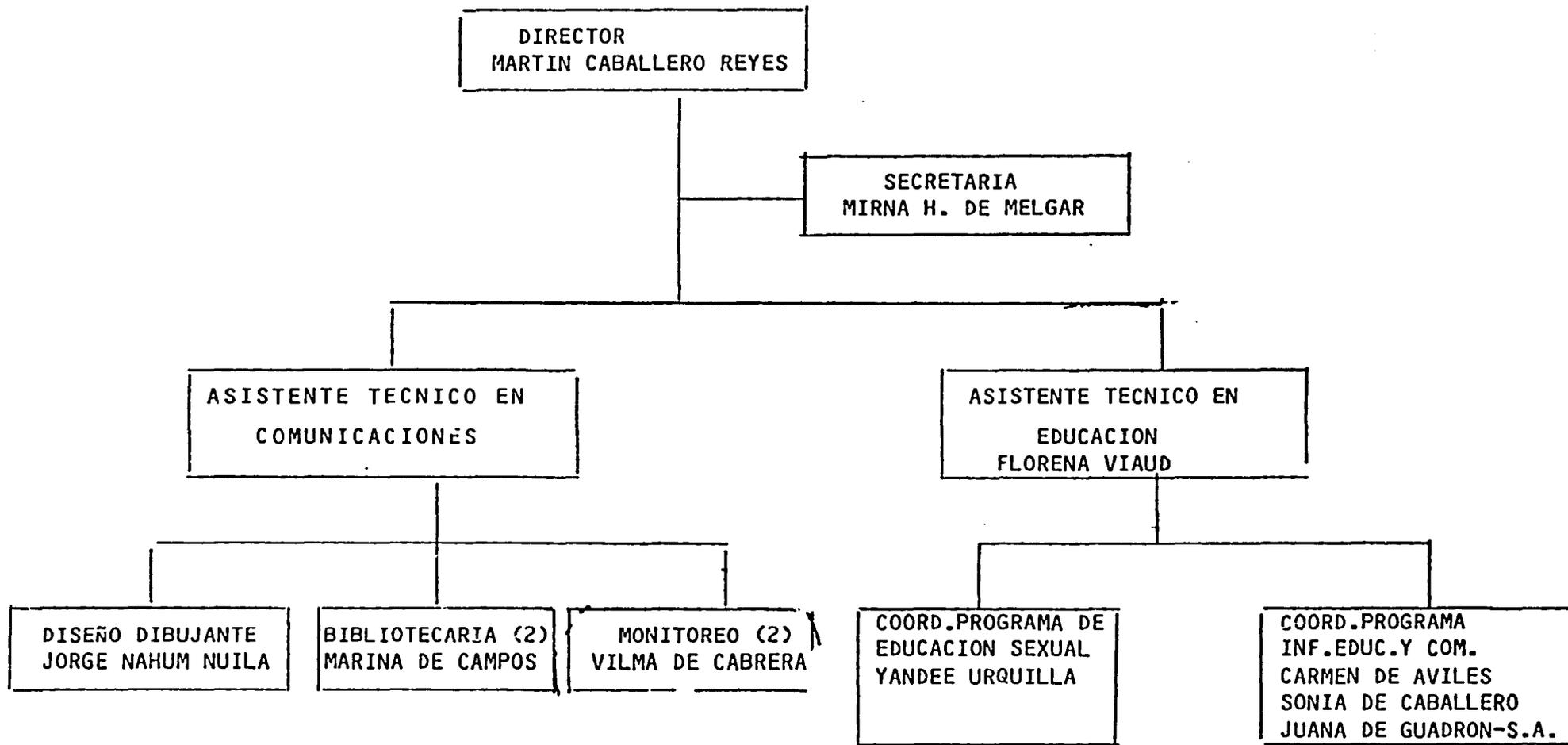
CLINICA SAN MIGUEL

ORGANIGRAMA



INFORMACION, EDUCACION Y COMUNICACIONES

ORGANIGRAMA



ORGANIGRAMA

DIRECTOR
DEPARTAMENTO
SRA. DORA DE ESCOLAN

SECRETARIA
SRTA. JULIA ELENA HERNANDEZ

~~ASISTENTE TECNICO~~
~~GERENTE DE PRODUCTO~~
LIC. ALBERTO RODAS (1)

~~CONTADOR~~

SECRETARIA (1)
SRA. MERCEDES DE MARROQUIN

DISTRIBUIDORES EN
TIENDAS (1)
FAUSTO A. HUEZO.

MAQUINAS
1-1
MANUEL GARCIA
REMBERTO AYALA

1V

1V

1V

1V

Roberto
Henriquez

Rigoberto
Soriano

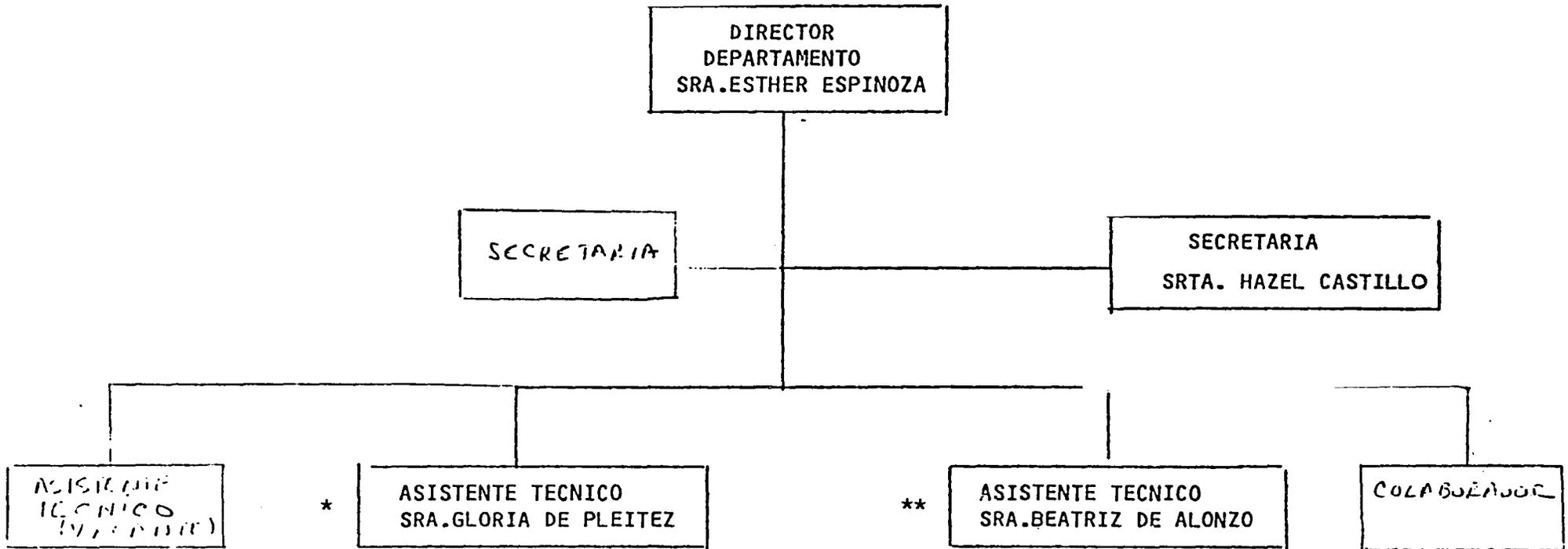
Oscar David S.
de la Cruz

1-2-4
EMPACADORES
FREDY RODRIGUEZ
FREDY HUEZO
HECTOR ESCOBAR

AVL

UNIDAD DE ADIESTRAMIENTO

ORGANIGRAMA



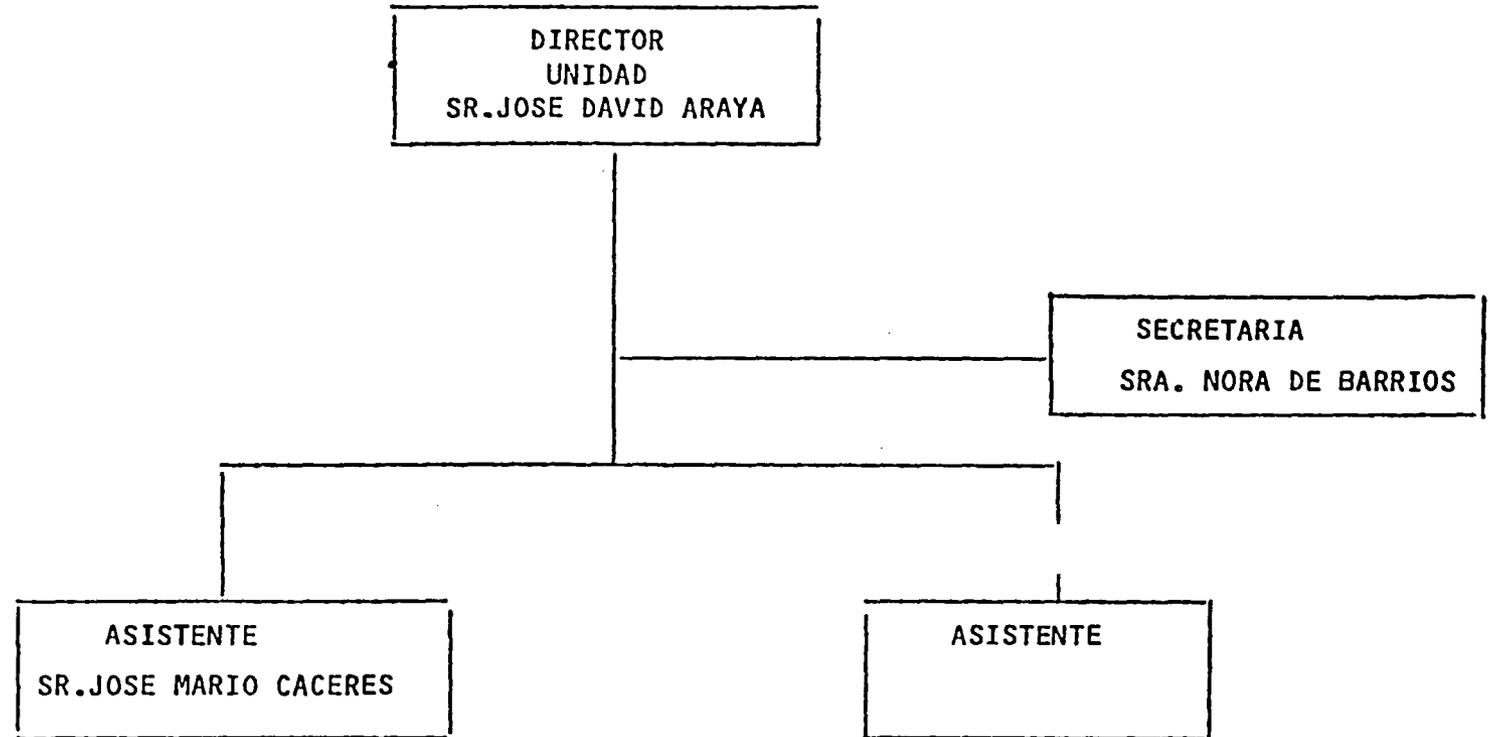
*: Coordinador de Programas de Servicios Voluntario San Salvador.

** : Coordinador de Programas de Adiestramiento.

12

UNIDAD DE PLANIFICACION, EVALUACION E INVESTIGACIONES

ORGANIGRAMA



APPENDIX C

SAMPLE BUSINESS FORMS

Asociación Demográfica Salvadoreña

Nº 1979

n Salvador, _____ de _____ de 19 _____

EGRESO DE CAJA

POR ₡ _____

A: CTA. CORRIENTE No. _____ FONDO _____ BANCO _____

A: CTA. AHORROS No. _____ FONDO _____ BANCO _____

SON: _____

Especificaciones: _____

Imp. Offset Salvadoreña 1011, 301, 8-83

CAJERA

CONTABILIZADO POR

798

ASOCIACION DEMOGRAFICA SALVADOREÑA

INGRESO A CAJA

Por ₡ _____

Recibimos de _____

En concepto de: _____

San Salvador, _____ de _____

_____ de 198____.

Nº .17789

Recibido por: _____

Imp. Asteca SOB. 507.11-8.

299

Asociación Demográfica Salvadoreña

Nº 1094

San Salvador, ____ de ____ de 19__

TRASPASO DE FONDOS

POR ¢ _____

DE: CTA. CORRIENTE No. _____ FONDO: _____ BANCO: _____

DE: CTA. AHORROS No. _____ FONDO: _____ BANCO: _____

A: CTA. CORRIENTE No. _____ FONDO: _____ BANCO: _____

A: CTA. AHORROS No. _____ FONDO: _____ BANCO: _____

SON: _____

Especificaciones: _____

Jefe Depto. de Contabilidad

Director Administrativo
y de Finanzas

IMP. AEROGRAFIA S.A. S. R. L.

202

APPENDIX D

SAMPLE BUDGET ANALYSIS

ASOCIACION DEMOGRAFICA-SALVADORENA
 DEPARTAMENTO ADMINISTRATIVO
 CIFRAS EN COLONES SALVADORENOS

CONTROL PRESUPUESTARIO DEL DPTO. DE INFORMACION Y EDUCACION Y COMUNIC.

PROYECTOS: INFORMACION Y EDUCACION A LA COMUNIDAD
 MULTIPLICADORES JUVENILES EN EDUCACION SEXUAL
 CENTRO DE DOCUMENTACION (A.D.S.)
 PUBLICIDAD I.E.C.
 CENTRO DE DOCUMENTACION A.I.D.

APOYO A PROYECTOS I.E.C.

PERIODO: 12/01/85 TO 12/31/85

BUDGETED

	CURRENT-PERIOD		YEAR-TO-DATE		CURRENT-PERIOD		YEAR-TO-DATE	
	AMOUNT	RATIO	AMOUNT	RATIO	AMOUNT	RATIO	AMOUNT	RATIO
INFORM. Y EDUC. A LA COMUNIDAD								
SALARIOS Y PRESTAC. SOCIALES	5,400.00	.97	64,470.00	3.88	6,551.00	3.15	78,612.00	3.19
VIATICOS Y TRANSPORTES	4.00	.00	255.40	.02	333.00	.14	3,996.00	.14
ATENCIONES	.00	.00	120.00	.01	.00	.00	.00	.00
TOTAL INF. Y E. A LA COMUNIDAD	5,404.00	.97	64,845.40	3.90	6,884.00	3.31	82,608.00	3.35
MULT. JUW. EN EDUCACION SEXUAL								
SALARIOS Y PRESTAC. SOCIALES	1,960.00	.35	15,680.00	.94	1,500.00	.72	12,000.00	.49
HONORARIOS	480.00	.09	1,410.00	.08	300.00	.14	2,400.00	.10
VIATICOS Y TRANSPORTE	144.00	.03	143.00	.01	348.00	.17	2,784.00	.11
PAPELERIA Y UTILES	.00	.00	792.50	.05	.00	.00	2,816.00	.11
ATENCIONES	525.00	.09	2,141.89	.13	.00	.00	.00	.00
MISCELANEOS	198.90	.04	198.90	.01	.00	.00	.00	.00
TOTAL MULT. JUW. EN EDUC. SEXUAL	3,307.90	.69	20,406.29	1.23	2,148.00	1.03	20,000.00	.81
CENTRO DE DOCUMENTACION								
SALARIOS Y PRESTAC. SOCIALES	1,750.00	.31	20,125.00	1.21	2,000.00	.94	24,000.00	.97
VIATICOS Y TRANSPORTE	6.00	.00	201.00	.01	.00	.00	.00	.00
MTO. MOB-EQ.E. INSTALACIONES	.00	.00	151.55	.01	.00	.00	.00	.00
PAPELERIA Y UTILES	.00	.00	595.00	.04	.00	.00	.00	.00
MATERIAL BIBLIOGRAFICO	.00	.00	25.00	.00	.00	.00	3,200.00	.13
PUBLICIDAD, RADIO, PRENSA Y T.V.	.00	.00	528.00	.03	500.00	.24	6,000.00	.24
TELEFONO, CORREO, LUZ Y AGUA	1.05	.00	1,391.65	.08	.00	.00	.00	.00
COMPRA DE MOBILIARIO Y EQUIPO	.00	.00	334.90	.02	165.00	.08	2,000.00	.08
MISCELANEOS	19.95	.00	438.95	.03	.00	.00	.00	.00
TOTAL CENTRO DE DOCUMENTACION	1,777.00	.32	23,791.05	1.43	2,665.00	1.28	35,200.00	1.43
PUBLICIDAD I.E.C.								
SALARIOS Y PRESTAC. SOCIALES	1,225.00	.22	12,617.37	.76	18,519.00	8.90	80,400.00	3.51
VIATICOS Y TRANSPORTES	.00	.00	766.25	.05	.00	.00	.00	.00
PUBLICIDAD, RADIO, PRENSA Y T.V.	375,774.71	66.62	1,091,174.73	65.63	151,677.00	72.93	1,060,729.00	43.08
IMPRESOS PUBLICITARI, Y ENPAQUE	138,040.00	24.47	258,035.35	15.52	10,000.00	4.81	744,464.00	29.23

PERIODO: 12/01/85 TO 12/31/85

BUDGETED

	CURRENT-PERIOD		YEAR-TO-DATE		CURRENT-PERIOD		YEAR-TO-DATE	
	AMOUNT	RATIO	AMOUNT	RATIO	AMOUNT	RATIO	AMOUNT	RATIO
TOTAL PUBLICIDAD I.E.C.	515,039.71	91.31	1,362,593.70	81.95	180,194.00	86.64	1,891,593.00	76.82
CENTRO DE DOCUMENTACION (A.I.D.)								
VIATICOS Y TRANSPORTE	.00	.00	3,435.35	.22	.00	.00	.00	.00
MTO.MOBILIARIO Y EQUIPO	1,644.95	.30	13,204.86	.79	1,000.00	.48	8,000.00	.32
PAPELERIA-Y-UTILES	100.00	.02	2,706.50	.16	.00	.00	10,000.00	.41
IMPRESOS PUBLIC. Y EMPAQUE	.00	.00	.00	.00	1,000.00	.48	8,000.00	.32
COMPRA DE MOBILIARIO Y EQUIPO	24,560.00	4.35	27,989.75	1.68	2,000.00	.96	262,000.00	10.64
MISCELANEOS	451.04	.08	696.19	.04	.00	.00	.00	.00
TOTAL CENTRO DE DOCUMENT. AID.	26,775.99	4.75	48,232.65	2.90	4,000.00	1.92	288,000.00	11.70
APOYO A PROYECTOS I.E.C.								
SALARIOS Y PRESTAC. SOCIALES	10,990.00	1.95	128,407.39	7.73	11,483.00	5.52	197,796.00	5.60
VIATICOS Y TRANSPORTE	.00	.00	480.65	.03	50.00	.02	600.00	.02
MTO.MOB.EQ. E INSTALACIONES	36.00	.01	3,050.80	.18	.00	.00	.00	.00
PAPELERIA-Y-UTILES	.00	.00	2,346.40	.14	250.00	.12	3,000.00	.12
ATENCIONES	40.00	.01	433.10	.03	50.00	.02	600.00	.02
PUBLICIDAD(RAD.PRENSA Y TV.)	300.00	.05	4,239.41	.25	.00	.00	.00	.00
TELEFONO,CORREO,LUZ Y AGUA	21.20	.00	705.10	.04	.00	.00	.00	.00
COMPRA DE MOBILIARIO Y EQUIPO	.00	.00	131.89	.01	250.00	.12	3,000.00	.12
REPUESTOS APARATOS Y EQUIPO	.00	.00	50.50	.00	.00	.00	.00	.00
MISCELANEOS	325.00	.06	2,826.50	.17	.00	.00	.00	.00
TOTAL APOYO PROYECTOS I.E.C.	11,712.20	2.08	142,871.74	8.59	12,083.00	5.81	144,996.00	5.89
TOTAL GASTOS DPTO. I.E.C.	564,078.80	100.00	1,662,740.83	100.00	207,976.00	100.00	2,462,397.00	100.00

SAN SALVADOR, 9 DE ENERO DE 1986

JOSE-FERMIN RODRIGUEZ
JEFE DE CONTABILIDAD

11

APPENDIX E

CHART OF ACCOUNTS

DATE: 01/21/86

ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO RANGE: 1100-000 THRU 7102-345

BUDGETS AND COMPARATIVES ARE NOT SHOWN

PROFIT CENTER: ALL

FINANCIAL STATEMENT TYPES: P = PROFIT AND LOSS B = BALANCE SHEET

AF. TYPES: C = CASH N = NON-CASH CHARGE AGAINST INCOME A = CURRENT ASSET

PARENTHESIS CONTROL CODES: D = ENCLOSE WHEN DEBIT C = ENCLOSE WHEN CREDIT

COMPRESSION CODES: N = NO COMPRESSION P = BY PERIOD D = BY DATE

ACCOUNT NO	DESCRIPTION	T/B-SUBTOT LEVEL	FIN-STMNT TYPE	SAF TYPE	PAREN CODE	CO
1100-000	EFFECTIVO		B		C	
1101-101	CAJA GENERAL		B	C	C	
1101-301	CAJA A.I.D.		B	C	C	
1102-101	CAJA CHICA SAN SALVADOR		B	C	C	
1103-101	CAJA CHICA CLINICA SANTA TECLA		B	C	C	
1104-101	CAJA CHICA CLINICA SANTA ANA		B	C	C	
1105-101			B		C	
1106-101	CAJA CHICA CLINICA SAN MIGUEL		B	C	C	
1107-101			B		C	
1108-101			B		C	
1109-101	CAJA CHICA CLINICA DESPLAZADOS		B	C	C	
1110-101	CAJA CHICA CLINICA S. SALVADOR		B	C	C	
1111-101	FONDO CIRCULANTE DE COMPRAS		B	C	C	
1131-102	BCO. CUSC. CTA. CTE. ADS 0101-0659	✓	B	A	C	
1132-302	BCO. CUSC. CTA. CTE. AID 0101-1883	✓	B	A	C	
1133-402	B.COM.C.CTE. IP-AVS 0801-100481	x	B	A	C	
1134-102			B		C	
1135-102	CITIBANK C.CTE. HADS 27038049	✓	B	A	C	
1136-102	BANCO DE DES. E INVERSION	x	B	A	C	
1137-102	B. CUSC. C. AHORRO ADS 0105169-4	x	B		C	
1138-102	BCO. CUSC. CTA. PLAZO FIJO	✓	B	A	C	
1139-102			B		C	
1140-102			B		C	
1141-302	BCO. CUSC. CTA. CTE. AID PROY. 210	✓	B	A	C	
1200-000	CUENTAS A COBRAR		B		C	
1201-100	ANTICIPOS A EMPLEADOS		B	A	C	
1202-100	TRABAJOS A EJECUTAR		B	A	C	
1203-100	DONANTES INTERNACIONALES		B	A	C	
1203-300	DONANTES INTERNACIONALES		B	A	C	
1203-400	DONANTES INTERNACIONALES		B	A	C	
1204-100	PRESTAMOS A OTROS FONDOS		B	A	C	
1204-300	PRESTAMOS A OTROS FONDOS		B	A	C	
1204-400	PRESTAMOS A OTROS FONDOS		B	A	C	
1205-100	OTROS-A.D.S.		B	A	C	
1205-300	OTROS-A.I.D.		B	A	C	
1205-400	OTROS-IP-AVS		B	A	C	

*d banco
alic*

N DATE: 01/21/86

ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B-SUBTOT LEVEL.	FIN-STMT TYPE	SAF TYPE	PAREN CODE	CO
220-100	MERCADEO SOCIAL		B		C	
220-101	VENDEDOR ROBERTO HENRIQUEZ		B	A	C	
220-102	MERCADEO SOCIAL (C.H. PORTILLO)		B	A	C	
220-103	VENDEDOR CARLOS A. RAMIREZ		B	A	C	
220-104	VENTAS OFICINAS		B	A	C	
220-105	VENDEDOR RIGOBERTO SORIANO		B	A	C	
220-106	VENDEDOR HECTOR PAZ		B		C	
220-107	VENDEDOR OSCAR SANTOS		B	A	C	
220-108	VENDEDOR RICARDO PINEDA		B		C	
220-109	VENDEDOR OSWALDO GUADRON		B		C	
220-110	VENDEDOR ENNIO MARTINEZ		B		C	
230-100	CARGOS A EMPLEADOS		B	A	C	
235-100	RESERVAS P/CUENTAS INCOBRABLES	1	B		C	
300-000	ACTIVO FIJO		B		C	
301-100	INMUEBLES	1	B	A	C	
500-000	OTROS ACTIVOS		B		C	
511-100	DEPOSITOS EN GARANTIA		B	A	C	
512-300	CUPONES DE GASOLINA		B	A	C	
513-300	CUPONES DE DIESEL		B	A	C	
514-100	GASTOS PAGADOS POR ADELANTADO		B		C	
514-400	GASTOS PAGADOS POR ADELANTADO		B		C	
515-100	OTROS		B	A	C	
518-100	DIFERENCIAL DE CAMBIO	1	B	A	C	
519-300	GTOS. PAGADOS PTES. DE COBRO		B	A	C	
520-100	RECUPERACIONES Y GASTOS		P		D	
520-300	RECUPERACIONES Y GASTOS		P		D	
520-400	RECUPERACIONES Y GASTOS		P		D	
2000-000	CUENTAS POR PAGAR		B		D	
2101-100	PROVEEDORES LOCALES-ADS		B		D	
2101-300	PROVEEDORES LOCALES-AID		B		D	
2101-400	PROVEEDORES LOCALES		B		D	
2102-100	IMPUESTO SOBRE LA RENTA-ADS		B		D	
2102-300	IMPUESTO SOBRE LA RENTA-AID		B		D	
2102-400	IMPUESTOS SOBRE LA RENTA		B		D	
2103-100	I.S.S.S.-ADS		B		D	
2103-300	I.S.S.S.-AID		B		D	
2103-400	I.S.S.S.-IP-AVS		B		D	
2104-100	TIMBRES		B		D	
2104-300	TIMBRES		B		D	
2104-400	TIMBRES		B		D	
2105-100	PLANILLAS PENDIENTES DE PAGO		B		D	
2106-100	COOPERATIVA		B		D	
2107-100	INPEP		B		D	
2108-100	I.V.U.		B		D	
2109-100	BANOS		B		D	
2110-100	PROCURADURIA GENERAL DE POBRES		B		D	
2111-100	LA POPULAR, S.A.		B		D	
2112-100	OTROS-ADS		B		D	
2113-300	OTROS		B		D	
2114-100	FONDO SOCIAL PARA LA VIVIENDA		B		D	
2200-000	DNAC. RECIB. POR ADELANTADO		B		D	

IN DATE: 01/21/86

ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B SUBTOT LEVEL	FIN STMT TYPE	SAF TYPE	PAREN CODE	CC
201-100	PROGRAMA A DESARROLLAR(SALDO)		B		D	
202-300	PROGRAMAS A DESARROLLAR		B		D	
203-400	PROGRAMAS A DESARROLLAR		B		D	
300-000	OTROS PASIVOS		B		D	
301-100	RVAS.PARA PRESTAC.SOCIALES		B		D	
302-300	PRESTAMOS A CORTO PLAZO-AID.		B		D	
303-400	PRESTAMOS A CORTO PLAZO-IP.AVS		B		D	
305-100	PRESTAMOS DE OTROS FONDOS-ADS		B		D	
305-300	PRESTAMOS DE OTROS FONDOS AID		B		D	
305-400	PRESTAMOS DE OTROS FONDOS		B		D	
306-100	FONDOS TRANSITORIOS		B		D	
307-100	GASTOS ACUMULADOS A PAGAR-ADS		B		D	
307-300	GASTOS ACUMULADOS A PAGAR-AID.	1	B		D	
300-000	PATRIMONIO		B		D	
401-100	FONDO LIBRE	1	B		D	
400-000	INGRESOS		P		D	
400-000	DONACIONES DEL EXTERIOR		P		D	
401-100	FIPE/RHO-PROGRAMA GENERAL		P		D	
402-300	A.I.D.		P		D	
403-100	DEVELOPMENT ASSOCIATTES		P		D	
404-400	IP-AVS CONSOLIDADO		P		D	
405-100	OTROS DEL EXTERIOR		P		D	
406-300	A.I.D._CONADES-HOPE-CESAD		P		D	
407-300	A.I.D. EVAL.PROG.PLAN.FAMILIAR		P		D	
408-300	REGULARIZ. EJERCI. ANTERIORES	1	P		D	
409-100	UNIVERSIDAD DE WESTINGHOUSE		P		D	
410-100	CIDA		P		D	
4200-000	DONACIONES E INGRESOS LOCALES		P		D	
4201-100	CUOTAS DE SOCIOS		P		D	
4202-100	CONTRIBUCIONES ESPECIALES		P		D	
4203-100	INGRESOS POR EVENTOS		P		D	
4204-100			P		D	
4205-100	CUOTAS PTES. ESTER. Y CONSULTA		P		D	
4206-100			P		D	
4207-100	REINTEGROS INSTITUCIONAL-CASOS		P		D	
4208-100	CONTRIBUCIONES P/MEDICAMENTOS		P		D	
4209-100	INTERESES GANADOS		P		D	
4210-100	GANANCIA EN CAMBIO		P		D	
4211-100			P		D	
4212-100	CONTRIB.POR ANTICONCEPT.(C.P.)		P		D	
4213-100	CONTRIB.POR ANTICONEPT.D.C.A.		P		D	
4214-100	MISCELANEOS		P		D	
4215-100	OVERHEAD EXPENSES		P		D	
4216-100	INGRESOS POR SERV. DE TALLER		P		D	
4217-100	INGRESOS PARA PAGO DE EDIFICIO		P		D	
4218-100	OTROS INGRESOS DES.RECURSOS		P		D	
4219-100	REGULARIZACION EJERC.ANTERIOR	1	P		D	
4230-100	MERCADEO SOCIAL FARM.CONTADO		P		D	
4231-100	MERCADEO SOCIAL FARM.CREDITO		P		D	
4232-100	MERCADEO SOCIAL-MAQUINAS		P		D	
4233-100	MERCADEO SOCIAL TIENDAS		P		D	

N. DATE: 01/21/86

ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B-SUBTOT LEVEL	FIN-STMNT TYPE	SAF TYPE	PAREN CODE	CC
234-100	INGRESOS I.E.C.		P		D	
200-000	GASTOS DE ESTRATEGIA II		P		C	
201-100	INFORM.Y EDUC.A LA COMUNIDAD		P		C	
201-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
201-103	VIATICOS Y TRANSPORTES		P		C	
201-107	ATENCIONES	1	P		C	
202-100	MULT.JUVENI.EN EDUC.SEXUAL		P		C	
202-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
202-102	HONORARIOS		P		C	
202-103	VIATICOS Y TRANSPORTE		P		C	
202-106	PAPELERIA Y UTILES		P		C	
202-107	ATENCIONES	1	P		C	
202-123	MISCELANEOS	1	P		C	
203-100	CENTRO DE DOCUMENTACION		P		C	
203-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
203-103	VIATICOS Y TRANSPORTE		P		C	
203-105	MTO.MOB-EQ.E.INSTALACIONES		P		C	
203-106	PAPELERIA Y UTILES		P		C	
203-109	MATERIAL BIBLIOGRAFICO		P		C	
203-110	PUBLICIDAD,RADIO,Prensa Y T.V.		P		C	
203-111	IMPRESOS PUBLICITAR.Y EMPAQUE		P		C	
203-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
203-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
203-123	MISCELANEOS	1	P		C	
204-300	PUBLICIDAD I.E.C.		P		C	
204-301	SALARIOS Y PRESTAC.SOCIALES		P		C	
204-303	VIATICOS Y TRANSPORTES		P		C	
204-310	PUBLICIDAD,RADIO,Prensa Y T.V.		P		C	
204-311	IMPRESOS PUBLICITAR.Y EMPAQUE	1	P		C	
205-100	CAPAC.EN PLANIF.F.A MAESTROS		P		C	
205-102	HONORARIOS		P		C	
205-103	VIATICOS Y TRANSPORTES		P		C	
205-106	PAPELERIA Y UTILES		P		C	
205-107	ATENCIONES		P		C	
205-103	MISCELALANEOS	1	P		C	
206-300	CENTRO DE DOCUMENTACION(A.I.D)		P		C	
206-302	HONORARIOS		P		C	
206-303	VIATICOS Y TRANSPORTE		P		C	
206-305	MTO.MOBILIARIO Y EQUIPO		P		C	
206-306	PAPELERIA Y UTILES		P		C	
206-307	ATENCIONES		P		C	
206-310	PUBLICIDAD,RADIO,Prensa Y T.V.		P		C	
206-311	IMPRESOS PUBLIC. Y EMPAQUE		P		C	
206-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
206-323	MISCELANEOS	1	P		C	
207-100	SEMIN.A LIDERES Y PROMOTORES		P		C	
207-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
207-102	HONORARIOS		P		C	
207-103	VIATICOS Y TRASPORTES		P		C	
207-106	PAPELERIA Y UTILES		P		C	
207-107	ATENCIONES		P		C	

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ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B SUBTOT LEVEL	FIN STMT TYPE	SAF TYPE	PAREN CODE	CG
207-114	TELEFONO, CORREO, LUZ Y AGUA		P		C	
207-115	ALQUILERES		P		C	
207-123	MISCELANEOS	1	P		C	
208-100	CAP. EN MANEJO GRANJAS AVICOLAS		P		C	
208-101	SALARIOS Y PRESTAC. SOCIALES		P		C	
208-102	HONORARIOS		P		C	
208-103	VIATICOS Y TRANSPORTES		P		C	
208-104	MTO. DE VEHICULOS Y COMBUSTIBLE		P		C	
208-105	MTO. MOB. Y EQ. E INSTALACIONES		P		C	
208-106	PAPELERIA Y UTILES		P		C	
208-107	ATENCIONES		P		C	
208-114	TELEFONO, CORREO, LUZ Y AGUA		P		C	
208-123	MISCELANEOS	1	P		C	
300-000	GASTOS ESTRATEGIA III		P		C	
301-100	SEM. S/P, F. Y TECNICAS DE VENTAS		P		C	
301-102	HONORARIOS		P		C	
301-103	VIATICOS Y TRANSPORTES		P		C	
301-104	PAPELERIA Y UTILES		P		C	
301-107	ATENCIONES		P		C	
301-109	MATERIAL BIBLIOGRAFICO	1	P		C	
302-100	SERVICIOS MEDICOS SAN SALVADOR		P		C	
302-101	SALARIOS Y PRESTAC. SOCIALES		P		C	
302-103	VIATICOS Y TRANSPORTES		P		C	
302-104	MTO. DE VEHICULOS Y COMBUSTIBLE		P		C	
302-105	MTO. MOB. EQ. E INSTALACIONES		P		C	
302-106	PAPELERIA Y UTILES		P		C	
302-107	ATENCIONES		P		C	
302-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
302-109	MATERIAL BIBLIOGRAFICO		P		C	
302-113	ALQUILERES		P		C	
302-114	TELEFONO, CORREO, LUZ Y AGUA		P		C	
302-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
302-121	ROPERIA		P		C	
302-123	MISCELANEOS	1	P		C	
303-100	SERVICIOS MEDICOS SANTA TECLA		P		C	
303-101	SALARIOS Y PRESTAC. SOCIALES		P		C	
303-103	VIATICOS Y TRANSPORTES		P		C	
303-104	MTO. DE VEHICULOS Y COMBUSTIBLE		P		C	
303-105	MTO. MOB. EQ. E INSTALACIONES		P		C	
303-106	PAPELERIA Y UTILES		P		C	
303-107	ATENCIONES		P		C	
303-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
303-114	TELEFONO, CORREO, LUZ Y AGUA		P		C	
303-121	ROPERIA		P		C	
303-123	MISCELANEOS	1	P		C	
304-100	SERVICIOS MEDICOS SANTA ANA		P		C	
304-101	SALARIOS Y PRESTAC. SOCIALES		P		C	
304-103	VIATICOS Y TRANSPORTES		P		C	
304-104	MTO. DE VEHICULOS Y COMBUSTIBLE		P		C	
304-105	MTO. MOB. EQ. E INSTALACIONES		P		C	
304-106	PAPELERIA Y UTILES		P		C	

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ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B-SUBTOT LEVEL	FIN-STMNT TYPE	SAF TYPE	PAREN CODE	CL
304-107	ATENCIONES		P		C	
304-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
304-113	ALQUILERES		P		C	
304-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
304-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
304-120	SERVICIOS DE LABORATORIO		P		C	
304-121	ROPERIA		P		C	
304-123	MISCELANEOS	1	P		C	
305-100	SERVICIOS MEDICOS SAN MIGUEL		P		C	
305-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
305-102	HONORARIOS		P		C	
305-103	VIATICOS Y TRANSPORTES		P		C	
305-104	MTO.VEHICULOS Y COMBUSTIBLE		P		C	
305-105	MTO.MOB.EQ.E INSTALACIONES		P		C	
305-106	PAPELERIA Y UTILES		P		C	
305-107	ATENCIONES		P		C	
305-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
305-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
305-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
305-121	ROPERIA		P		C	
305-123	MISCELANEOS	1	P		C	
306-100	SERVICIOS MEDICOS DESPLAZADOS		P		C	
306-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
306-103	VIATICOS Y TRANSPORTES		P		C	
306-104	MTO.VEHICULOS Y COMBUSTIBLE		P		C	
306-105	MTO.MOB.EQ.E INSTALACIONES		P		C	
306-106	PAPELERIA Y UTILES		P		C	
306-107	ATENCIONES		P		C	
306-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
306-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
306-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
306-121	ROPERIA		P		C	
306-123	MISCELANEOS	1	P		C	
307-300	SERVICIOS MEDICOS DESPLAZADOS		P		C	
307-301	SALARIOS Y PRESTAC.SOCIALES		P		C	
307-303	VIATICOS		P		C	
307-304	MTO.VEHICULOS Y COMBUSTIBLE		P		C	
307-305	MTO.MOB.EQ.E. INSTALACIONES		P		C	
307-307	ATENCIONES		P		C	
307-308	MEDICAMENTOS		P		C	
307-314	TELEFONO,CORREO,LUZ Y AGUA		P		C	
307-323	MISCELANEOS	1	P		C	
308-100	PROYECTO CONSOLIDADO ESTERILIZ		P		C	
308-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
308-102	HONORARIOS		P		C	
308-103	VIATICOS Y TRANSPORTES		P		C	
308-104	MTO.VEHICULOS Y COMBUSTIBLES		P		C	
308-105	MTO.MOB.EQ.E INSTALACIONES		P		C	
308-106	PAPELERIA Y UTILES		P		C	
308-107	ATENCIONES		P		C	
308-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	

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ASOCIACION DEMOGRAFICA SALVADOREÑA

C H A R T O F A C C O U N T S

COUNT NO	DESCRIPTION	T/B-SUBTOT LEVEL	FIN-STMNT TYPE	SAF TYPE	PAREN CODE	CO
308-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
308-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
308-120	SERVICIOS DE LABORATORIO		P		C	
308-121	ROPERIA		P		C	
308-123	MISCELANEOS	1	P		C	
309-400	PROYECTO CONSOLIDADO ESTERILIZ		P		C	
309-401	SALARIOS Y PRESTACIONES		P		C	
309-402	HONORARIOS		P		C	
309-403	VIATICOS Y TRANSPORTES		P		C	
309-404	MTO.EQUIPO DE TRANSPORTE		P		C	
309-406	PAPELERIA Y UTILES		P		C	
309-407	ATENCIONES		P		C	
309-408	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
309-413	ALQUILERES		P		C	
309-414	TELEFONO,CORREO,LUZ Y AGUA		P		C	
309-423	MISCELANEOS		P		C	
309-446	PROYECTO PILOTO DE VASECTOMIA	1	P		C	
310-100	ESTERILIZACIONES		P		C	
310-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
310-103	VIATICOS Y TRANSPORTES		P		C	
310-104	MTO.VEHICULOS Y COMBUSTIBLES		P		C	
310-105	MTO.MOB.EQ.E. INSTALACIONES		P		C	
310-107	ATENCIONES		P		C	
310-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
310-120	SERVICIOS DE LABORATORIO		P		C	
310-123	MISCELANEOS	1	P		C	
311-300	PROGRAMA MEDICO A.I.D.		P		C	
311-301	SALARIOS Y PRESTAC. SOCIALES		P		C	
311-303	VIATICOS Y TRANSPORTES		P		C	
311-304	MTO.VEHICULOS Y COMBUSTIBLES		P		C	
311-305	MTO.MOB.EQ.E. INSTALACIONES		P		C	
311-306	PAPELERIA Y UTILES		P		C	
311-307	ATENCIONES		P		C	
311-308	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
311-313	ALQUILERES		P		C	
311-314	TELEFONO,CORREO,LUZ Y AGUA		P		C	
311-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
311-321	ROPERIA		P		C	
311-323	MISCELANEOS	1	P		C	
312-100	COMERCIALIZ.DE ANTICONCEPTIVOS		P		C	
312-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
312-103	VIATICOS Y TRANSPORTE		P		C	
312-104	MTO.VEHICULOS Y COMBUSTIBLE		P		C	
312-105	MTO.MOB.EQ.E INSTALACIONES		P		C	
312-106	PAPELERIA Y UTILES		P		C	
312-107	ATENCIONES		P		C	
312-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
312-111	IMPRESOS PUBLIC.Y EMPAQUE		P		C	
312-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
312-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
312-118	BONIFICACION FARMACIAS		P		C	

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ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B-SUBTOT LEVEL	FIN-STMNT TYPE	SAF TYPE	PAREN CODE	CI
5312-121	ROPERIA		P		C	
5312-123	MISCELANEOS		P		C	
5313-300	COMERCIALIZ. DE ANTICONCEPTIVOS		P		C	
5313-301	SALARIOS Y PRESTAC.SOCIALES		P		C	
5313-302	HONORARIOS		P		C	
5313-303	VIATICOS Y TRANSPORTE		P		C	
5313-305	MTO.MOB.EQ.E INSTALACIONES		P		C	
5313-306	PAPELERIA Y UTILES		P		C	
5313-310	PUBLICIDAD, RADIO, PRENSA Y T.V.		P		C	
5313-311	IMPRESOS PUBLIC.Y EMPAQUE		P		C	
5313-314	TELEFONO, CORREO, LUZ Y AGUA		P		C	
5313-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
5313-322	COMISIONES		P		C	
5313-323	MISCELANEOS	1	P		C	
5314-100	MAQUINAS DE ANTICONCEPTIVOS		P		C	
5314-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
5314-103	VIATICOS Y TRANSPORTE		P		C	
5314-104	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C	
5314-105	MTO.MOB.EQ. E INSTALACIONES		P		C	
5314-106	PAPELERIA Y UTILES		P		C	
5314-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
5314-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
5314-123	MISCELANEOS	1	P		C	
5315-300	MAQUINAS DE ANTICONCEPTIVOS		P		C	
5315-301	SALARIOS Y PRESTAC.SOCIALES		P		C	
5315-303	VIATICOS Y TRANSPORTES		P		C	
5315-304	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C	
5315-305	MTO.MOB.EQ.E INSTALACIONES		P		C	
5315-306	PAPELERIA Y UTILES		P		C	
5315-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
5315-323	MISCELANEOS	1	P		C	
5316-100	D.C.A. REGION CENTRAL		P		C	
5316-101	SALARIOS Y PRESTAC.SOCIALES		P		C	
5316-103	VIATICOS Y TRANSPORTES		P		C	
5316-104	MTO.VEHICULOS Y COMBUSTIBLE		P		C	
5316-105	MTO.MOB.EQ.E INSTALACIONES		P		C	
5316-106	PAPELERIA Y UTILES		P		C	
5316-107	ATENCIONES		P		C	
5316-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
5316-114	TELEFONO, CORREO, LUZ Y AGUA		P		C	
5316-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
5316-121	ROPERIA		P		C	
5316-123	MISCELANEOS	1	P		C	
5317-300	D.C.A.REGION CENTRAL		P		C	
5317-301	SALARIOS Y PRESTAC.SOCIALES		P		C	
5317-303	VIATICOS Y TRANSPORTES		P		C	
5317-304	MTO.VEHICULOS Y COMBUSTIBLE		P		C	
5317-305	MTO.MOB.EQ.E INSTALACIONES		P		C	
5317-306	PAPELERIA Y UTILES		P		C	
5317-307	ATENCIONES		P		C	
5317-313	ALQUILERES		P		C	

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ASOCIACION DEMOGRAFICA SALVADOREÑA

C H A R T O F A C C O U N T S

ACCOUNT NO	DESCRIPTION	T/B-SUBTOT LEVEL	FIN-STMNT TYPE	SAF TYPE	PAREN CODE
317-314	TELEFONO,CORREO,LUZ Y AGUA		P		C
317-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C
317-321	ROPERIA		P		C
317-323	MISCELANEOS		P		C
317-324	GTO.ADIESTRAM.PERS.VOLUNTARIO	1	P		C
318-101	SALARIOS Y PRESTAC.SOCIALES		P		C
318-103	VIATICOS Y TRANSPORTES		P		C
318-104	MTO.VEHICULOS Y COMBUSTIBLE		P		C
318-105	MTO.MOB.EQ. E INSTALACIONES		P		C
318-106	PAPELERIA Y UTILES		P		C
318-107	ATENCIONES		P		C
318-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C
318-114	TELEFONO,CORREO,LUZ Y AGUA		P		C
318-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C
318-120	SERVICIOS DE LABORATORIO		P		C
318-121	ROPERIA		P		C
318-123	MISCELANEOS	1	P		C
318-300	DISTRIBUCION EN TIENDAS		P		C
318-301	SALARIOS Y PRESTAC.SOCIALES		P		C
318-302	HONORARIOS		P		C
318-303	VIATICOS Y TRANSPORTES		P		C
318-304	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C
318-306	PAPELERIA Y UTILES		P		C
318-310	PUBLICIDAD RADIO PRENSA Y T.U.		P		C
318-311	IMPRESOS PUBLICAC.Y EMPAQUE		P		C
318-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C
318-323	MISCELANEOS	1	P		C
319-300	NO SE USA DE MOMENTO		P		C
319-301	SALARIOS Y PRESTAC-.SOCIALES		P		C
319-303	VIATICOS Y TRANSPORTES		P		C
319-304	MTO.VEHICULOS Y COMBUSTIBLE		P		C
319-305	MTO.MOB.EQ.E INSTALACIONES		P		C
319-313	ALQUILERES		P		C
319-314	TELEFONO,CORREO,LUZ Y AGUA		P		C
319-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C
319-324	GTO.S.ADIESTRAM.PERS.VOLUNTARIO	1	P		C
320-100	NO SE USA DE MOMENTO		P		C
320-101	SALARIOS Y PRESTAC.SOCIALES		P		C
320-103	VIATICOS Y TRANSPORTES		P		C
320-104	MTO.VEHICULOS Y COMBUSTIBLE		P		C
320-105	MTO.MOB.EQ.E INSTALACIONES		P		C
320-106	PAPELERIA Y UTILES		P		C
320-107	ATENCIONES		P		C
320-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C
320-114	TELEFONO,CORREO,LUZ Y AGUA		P		C
320-121	ROPERIA		P		C
320-123	MISCELANEOS	1	P		C
321-300	NO SE USA DE MOMENTO		P		C
321-301	SALARIOS Y PRESTAC.SOCIALES		P		C
321-303	VIATICOS Y TRANSPORTES		P		C
321-304	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C

C H A R T O F A C C O U N T S

ACCOUNT NO	DESCRIPTION	T/B SUBTOT LEVEL	FIN STMT TYPE	SAF TYPE	PAREN CODE	C
321-305	MTO.MOB.EQ.E INSTALACIONES		P			C
321-306	PAPELERIA U UTILES		P			C
321-307	ATENCIONES		P			C
321-308	MEDICAMENTOS Y MATERIAL CLINIC		P			C
321-313	ALQUILERES		P			C
321-314	TELEFONO,CORREO,LUZ Y AGUA		P			C
321-315	COMPRA DE MOBILIARIO Y EQUIPO		P			C
321-321	ROPERIA		P			C
321-324	GROS.ADIESTRAM.PERS.VOLUNTARIO	1	P			C
322-100	NO SE USA DE MOMENTO		P			C
322-101	SALARIOS Y PRESTAC.SOCIALES		P			C
322-103	VIATICOS Y TRANSPORTES		P			C
322-104	MTO.VEHICULOS Y COMBUSTIBLE		P			C
322-105	MTO.MOB.EQ. E INSTALACIONES		P			C
322-106	PAPELERIA Y UTILES		P			C
322-107	ATENCIONES		P			C
322-108	MEDICAMENTOS Y MATERIAL CLINIC		P			C
322-114	TELEFONO,CORREO,LUZ Y AGUA		P			C
322-115	COMPRA DE MOBILIARIO Y EQUIPO		P			C
322-121	ROPERIA		P			C
322-123	MISCELANEOS	1	P			C
323-300	NO SE USA DE MOMENTO		P			C
323-301	SALARIOS Y PRESTAC.SOCIALES		P			C
323-303	VIATICOS Y TRANSPORTES		P			C
323-304	MTO.VEHICULOS Y COMBUSTIBLE		P			C
323-305	MTO.MOB.EQ.E INSTALACIONES		P			C
323-306	PAPELERIA Y UTILES		P			C
323-307	ATENCIONES		P			C
323-308	MEDICAMENTOS Y MATERIAL CLINIC		P			C
323-315	COMPRA DE MOBILIARIO Y EQUIPO		P			C
323-321	ROPERIA		P			C
323-323	MISCELANEOS		P			C
3400-000	GASTOS ESTRATEGIA IV		P			C
3401-100	EST.FUEN.MOTIV.P/ESTERILIZ.		P			C
3401-101	SALARIOS Y PRESTAC. SOCIALES		P			C
3401-103	VIATICOS Y TRANSPORTE		P			C
3401-104	MTO.DE VEHICULOS Y COMBUSTIBLE		P			C
3401-106	PAPELERIA Y UTILES		P			C
3401-114	TELEFONO,CORREO,LUZ Y AGUA		P			C
3401-123	MISCELANEOS	1	P			C
3500-000	GASTOS ESTRATEGIA V		P			C
3501-100	CAP.VOLUNT.COMO PERS.DE APOYO		P			C
3501-101	SALARIOS Y PRESTAC. SOCIALES		P			C
3501-102	HONORARIOS		P			C
3501-103	VIATICOS Y TRANSPORTE		P			C
3501-105	MTO.MOB.EQ.E INSTALACIONES		P			C
3501-106	PAPELERIA Y UTILES		P			C
3501-107	ATENCIONES		P			C
3501-113	ALQUILERES		P			C
3501-114	TELEFONO,CORREO,LUZ Y AGUA		P			C
3501-123	MISCELANEOS	1	P			C

FIN DATE: 01/21/86

ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B-SUBTOT LEVEL	FIN-STMNT TYPE	SAF TYPE	PAREN CODE
5502-100	CAPAC.P.F.PER.MEDICO Y PARAMED		P		C
5502-102	HONORARIOS		P		C
5502-103	VIATICOS Y TRANSPORTE		P		C
5502-106	PAPELERIA Y UTILES		P		C
5502-107	ATENCIONES		P		C
5502-123	MISCELANEOS	1	P		C
5503-100	RIFAS Y PRESENTAC.ARTISTICAS		P		C
5503-101	SALARIOS Y PRESTAC.SOCIALES		P		C
5503-112	PROMOCIONES	1	P		C
5504-100	MEMBRESIA Y EMPRESAS LOCALES		P		C
5504-106	PAPELERIA Y UTILES		P		C
5504-107	ATENCIONES		P		C
5504-110	PUBLICIDAD		P		C
5504-111	IMPRESOS PUBLIC.Y EMPAQUE		P		C
5504-114	TELEFONO,CORREO,LUZ Y AGUA		P		C
5504-123	MISCELANEOS	1	P		C
5505-100	PROMOCIONES EVENTUALES		P		C
5505-102	HONORARIOS		P		C
5505-103	VIATICOS Y TRANSPORTE		P		C
5505-106	PAPELERIA Y UTILES		P		C
5505-107	ATENCIONES		P		C
5505-110	PUBLICIDAD		P		C
5505-111	IMPRESOS PUBLIC. Y EMPAQUE		P		C
5505-123	MISCELANEOS	1	P		C
5506-300	EVALUACION PROGR.PLANIF.FAM.		P		C
5506-302	HONORARIOS		P		C
5506-303	VIATICOS Y TRANSPORTES		P		C
5506-323	MISCELANEOS	1	P		C
5507-300	FESAL/85		P		C
5507-301	SALARIOS Y PRESTAC.SOCIALES		P		C
5507-302	HONORARIOS		P		C
5507-303	VIATICOS Y TRANSPORTE		P		C
5507-304	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C
5507-305	MTO.MOBILIARIO Y EQUIPO		P		C
5507-306	PAPELERIA Y UTILES		P		C
5507-307	ATENCIONES		P		C
5507-308	MEDICAMENTOS Y MAT.CLINICO		P		C
5507-311	IMPRESOS PUBLICITAR.Y EMPAQUE		P		C
5507-314	TELEFONO,CORREO,LUZ Y AGUA		P		C
5507-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C
5507-323	MISCELANEOS	1	P		C
5508-300	ESTUDIO USUARIAS		P		C
5508-301	SALARIOS Y PRESTAC.SOCIALES		P		C
5508-303	VIATICOS Y TRANSPORTES		P		C
5508-304	MTO.VEHICULOS Y COMBUSTIBLE		P		C
5508-306	PAPELERIA Y UTILES		P		C
5508-314	TELEFONO,CORREO,LUZ Y AGUA		P		C
5508-323	MISCELANEOS	1	P		C
5509-100	UNIVERSIDAD WESTINGHOUSE-FESAL		P		C
5509-101	SALARIOS Y PRESTAC.SOCIALES		P		C
5509-102	HONORARIOS		P		C

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AN DATE: 01/21/86

ASOCIACION DEMOGRAFICA SALVADOREÑA

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B SUBTOT LEVEL	FIN STMT TYPE	SAF TYPE	PAREN CODE	CI
509-103	VIATICOS Y TRANSPORTE		P		C	
509-105	MTO.MOB.EQ.E INSTALACIONES		P		C	
509-106	PAPELERIA Y UTILES		P		C	
509-107	ATENCIONES		P		C	
509-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C	
509-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
509-123	MISCELANEOS	1	P		C	
510-301	SALARIOS Y PRESTAC.SOCIALES		P		C	
510-302	HONORARIOS		P		C	
510-303	VIATICOS Y TRANSPORTE		P		C	
510-304	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C	
510-306	PAPELERIA Y UTILES		P		C	
510-307	ATENCIONES		P		C	
510-323	MISCELANEOS	1	P		C	
600-000	GASTOS APOYO A PROYECTO		P		C	
6101-100	APOYO A PROYECTO IEC		P		C	
6101-101	SALARIOS Y PRESTAC. SOCIALES		P		C	
6101-103	VIATICOS Y TRANSPORTE		P		C	
6101-105	MTO.MOB.EQ. E INSTALACIONES		P		C	
6101-106	PAPELERIA Y UTILES		P		C	
6101-107	ATENCIONES		P		C	
6101-110	PUBLICIDAD(RAD.PRENSA Y TV.)		P		C	
6101-111	IMPRESOS PUBLIC.Y EMPAQUE		P		C	
6101-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
6101-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
6101-116	REPUESTOS APARATOS Y EQUIPO		P		C	
6101-121	ROPERIA		P		C	
6101-123	MISCELANEOS	1	P		C	
6102-100	APOYO A PROYECTO MEDICO CLINIC		P		C	
6102-101	SALARIOS Y PRESTAC. SOCIALES		P		C	
6102-103	VIATICOS Y TRANSPORTE		P		C	
6102-104	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C	
6102-105	MTO.MOB.EQ. E INSTALACIONES		P		C	
6102-106	PAPELERIA Y UTILES		P		C	
6102-107	ATENCIONES		P		C	
6102-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
6102-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C	
6102-123	MISCELANEOS	1	P		C	
6103-000			P		C	
6103-100	APOYO PROYECTO EST.EVALUACION		P		C	
6103-101	SALARIOS Y PRESTAC. SOCIALES		P		C	
6103-102	HONORARIOS		P		C	
6103-103	VIATICOS Y TRANSPORTE		P		C	
6103-104	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C	
6103-105	MTO.MOB.EQ. E INSTALACIONES		P		C	
6103-106	PAPELERIA Y UTILES		P		C	
6103-107	ATENCIONES		P		C	
6103-108	MEDICAMENTO Y MATERIAL CLINICO		P		C	
6103-111	IMPRESOS PUBLICITAR.Y EMPAQUE		P		C	
6103-114	TELEFONO,CORREO,LUZ Y AGUA		P		C	
6103-123	MISCELANEOS	1	P		C	

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/R-SUBTOT LEVEL	FIN-STMT TYPE	SAF TYPE	PAREN CODE
6104-100	APOYO PROYECTO ADIESTRAMIENTO		P		C
6104-101	SALARIOS Y PRESTAC. SOCIALES		P		C
6104-102	HONORARIOS		P		C
6104-103	VIATICOS Y TRANSPORTE		P		C
6104-105	MTO.MOB.EQ. E INSTALACIONES		P		C
6104-106	PAPELERIA Y UTILES		P		C
6104-107	ATENCIONES		P		C
6104-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C
6104-114	TELEFONO,CORREO,LUZ Y AGUA		P		C
6104-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C
6104-123	MISCELANEOS	1	P		C
6104-304	MTO.VEHICULOS Y COMBUSTIBLE		P		C
6105-100	APOYO PROYECTO DES. Y RECURSOS		P		C
6105-101	SALARIOS Y PRESTAC. SOCIALES		P		C
6105-103	VIATICOS Y TRANSPORTE		P		C
6105-104	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C
6105-105	MTO.MOB.EQ. E INSTALACIONES		P		C
6105-106	PAPELERIA Y UTILES		P		C
6105-107	ATENCIONES		P		C
6105-110	PUBLICIDAD (RAD.PRENSA Y TV.)		P		C
6105-111	IMPRESOS PUBLIC. Y EMPAQUE		P		C
6105-114	TELEFONO,CORREO,LUZ Y AGUA		P		C
6105-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C
6105-121	ROPERIA		P		C
6105-123	MISCELANEOS	1	P		C
6106-300	APOYO A PROYEC.MTO.Y ERV.GRLS.		P		C
6106-301	SALARIOS Y PRESTAC.SOCIALES		P		C
6106-303	VIATICOS Y TRANSPORTES		P		C
6106-304	MTO.VEHICULOS Y COMBUSTIBLE		P		C
6106-305	MTO.MOB.E. INSTALACIONES		P		C
6106-306	PAPELERIA Y UTILES		P		C
6106-313	ALQUILERES		P		C
6106-314	TELEFONO,CORREO,LUZ Y AGUA		P		C
6106-321	ROPERIA		P		C
6106-323	MISCELANEOS	1	P		C
7000-000	GASTOS DE ADMINISTRACION		P		C
7101-100	ADMINISTRACION Y SERV.GRALES		P		C
7101-101	SALARIOS Y PRESTAC. SOCIALES		P		C
7101-102	HONORARIOS		P		C
7101-103	VIATICOS Y TRANSPORTE		P		C
7101-104	MTO.DE VEHICULOS Y COMBUSTIBLE		P		C
7101-105	MTO.MOB.EQ. E INSTALACIONES		P		C
7101-106	PAPELERIA Y UTILES		P		C
7101-107	ATENCIONES		P		C
7101-108	MEDICAMENTOS Y MATERIAL CLINIC		P		C
7101-110	PUBLICIDAD		P		C
7101-113	ALQUILERES		P		C
7101-114	TELEFONO,CORREO,LUZ Y AGUA		P		C
7101-115	COMPRA DE MOBILIARIO Y EQUIPO		P		C
7101-117	AUDITORIA		P		C
7101-121	ROPERIA		P		C

CHART OF ACCOUNTS

ACCOUNT NO	DESCRIPTION	T/B SUBTOT LEVEL	FIN STMT TYPE	SAF TYPE	PAREN CODE
101-123	MISCELANEOS		P		C
101-142	COMTRIB. Y DONACIONES (SEGREG)		P		C
101-144	MULTAS Y PENALIDADES (SEGREG)		P		C
101-145	REGULARIZACION DE EJERC.ANTER.	1	P		C
102-300	ADMINISTRACION Y SERV. GRALES		P		C
102-301	SALARIOS Y PRESTAC. SOCIALES		P		C
102-302	HONORARIOS		P		C
102-303	VIATICOS Y TRANSPORTE		P		C
102-305	MTO.MOB.EQ. E INSTALACIONES		P		C
102-306	PAPELERIA Y UTILES		P		C
102-310	PUBLICIDAD,RADIO,Prensa Y T.V.		P		C
102-314	TELEFONO,CORREO,LUZ Y AGUA		P		C
102-315	COMPRA DE MOBILIARIO Y EQUIPO		P		C
102-321	ROPERIA		P		C
102-323	MISCELANEOS		P		C
102-325	ASESORIA TECNICA		P		C
102-345	REGULARIZACION DE EJERC.ANTER.	1	P		C

665 ACCOUNTS PRINTED

APPENDIX F

TRAINING STAFF

3/8/11

NOMINA DE RECURSO HUMANO PARA ACTIVIDADES DE
ADIESTRAMIENTO (Instructor-Facilitador).

1. Dr. Ramiro Martínez Pérez. Médico - Cirujano, Ginecobstetra, con amplia experiencia de trabajo en las clínicas de ADS y el Hospital de Maternidad de San Salvador, dirigente de la Asociación de Médicos Cristianos.

Temas con los que ayuda:

- "Planificación Familiar"
- "Aspectos médicos, éticos y religiosos de la Planificación Familiar"
- "Métodos Anticonceptivos Reversibles"
- "Métodos Anticonceptivos Irreversibles"
- "Reproducción Humana"
- "El aborto como problema médico-social".
- "Enfermedades Sexualmente Transmisibles"
- "Virginidad y Castidad"
- "La Moral Familiar"
- "Diagnóstico y Manejo de Resultados de Citología", etc.

2. Dra. Martha Beneth. Médico-Ginecóbstetra, con amplia experiencia de trabajo bajo en las clínicas de ADS y Unidades de Salud del Ministerio de Salud Pública y Asistencia Social (MSPAS).

Temas:

- "Planificación Familiar"
- "Reprnducción Humana"
- "Métodos Anticonceptivos Temporales y Definitivos"
- "Desarrollo biológico del Adolescente"
- "La Moral Familiar"

3. Dr. Miguel Molina Clará. Médico Ginecobstetra, con experiencia de trabajo en las clínicas de ADS Y EL Instituto Salvadoreño del Seguro Social (ISSS).

Tema: "Lactancia Materna y Anticoncepción".

4. Dr. Edgardo Moreno. Médico Cirujano, Ginecobstetra, con amplia experiencia de trabajo en la Clínica de ADS de Santa Ana y en el MSPAS.
Temas:
 - "Reproducción Humana"
 - "Métodos Anticonceptivos Temporales y Permanentes"

5. Sra. Flora E. Canjura. Enfermera-Ginecobstetra. Jefe del Consultorio Central de ADS.
Temas:
 - "Paternidad Responsable"
 - "Planificación Familiar"
 - "Métodos Anticonceptivos Reversibles e Irreversibles"
 - "Cuidados de la Madre y del Recién Nacido"
 - "Parto y Puerperio"
 - "Reproducción Humana"
 - "La Entrevista"
 - "La Charla", etc.

6. Dr. Oscar Antonio Rodríguez. Abogado, actual Presidente de Asociación Demográfica Salvadoreña.
Temas:
 - Aspectos Jurídicos del Aborto" y otros relacionados con Población.

7. Lic. Martha Nery Amador. Psicóloga y Trabajadora Social, con varios años de trabajo en el Consultorio Central de ADS.
Temas:
 - Varios relacionados con Educación Sexual. Buen recurso como facilitador.

8. Sra. Ana Hilda de Valdez. Enfermera Jefe del Consultorio de ADS en Santa Ana, con varios años de trabajo en la Institución.
Temas:
 - "Paternidad Responsable"
 - "Planificación Familiar,
 - "Métodos Anticonceptivos Temporales y Definitivos"
 - "Reproducción Humana"
 - "Cuidados de la Madre y del Recién Nacido, etc. Buen recurso como facilitador.

9. Srita. Mary Elizabeth Argueta. Enfermera Jefe de Clínica "El Refugio", de ADS. (Programa de atención a desplazados)
Temas:
- "Paternidad Responsable"
- "Planificación Familiar"
- "Reproducción Humana,
- "Métodos Anticonceptivos Temporales y Definitivos", etc.
Buen recurso como facilitador.
10. Lic. Alberto Rodas Alvarez. Con estudios de Economía y Administración de Empresas, Asistente del Departamento de Mercadeo Social de Anticonceptivos y docente de UMA, UCA y la Einstein (Universidades).
Temas:
- A.D.S. y varios relacionados con Administración y Mercadeo Social.
11. Sr. José David Araya. Con estudios de Sociología, Jefe de la Unidad de Planificación, Evaluación e Investigación de ADS.
Temas:
- Asociación Demográfica Salvadoreña, varios sobre Población.
12. Sr. José Mario Cáceres. Con estudios de Sociología, Asistente de UPEI.
Temas:
- "Asociación Demográfica Salvadoreña" y varios temas sobre Población.
13. Dr. Rodolfo Antonio Avilés. Médico Ginecobstetra y Cirujano del Consultorio de ADS en San Migueo.
Temas:
- "Reproducción Humana"
- "Métodos Anticonceptivos Temporales y Definitivos"
- "El Aborto como Problema Médico Social"
14. Dr. Carlos Adolfo Cornejo Fortis. Médico-Ginecobstetra y Cirujano del Consultorio de ADS en San Miguel.
Temas:
- "Reproducción Humana"
- "Métodos Anticonceptivos Temporales y Definitivos"
- "El Aborto como Problema Médico Social"

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15. Dra. Egdomilia C. de García. Médico Ginecobstetra de la Clínica El Refugio de ADS en Santa Tecla.
- Temas:
- "Reproducción Humana"
 - "Métodos Anticonceptivos Temporales y Definitivos"
16. Dr. Vernon Madrigal. Médico-Ginecobstetra y Cirujano, Ex-Director del Departamento Médico de ADS, fundador del Programa de Esterilización Quirúrgica Voluntaria en esta Asociación; investigador que añadió a los métodos anticonceptivos el hormonal con el nombre de Vermagés.
- Temas:
- "Reproducción Humana"
 - "Métodos Anticonceptivos Reversibles e Irreversibles"
 - "Estimulación del Desarrollo"
 - "Diagnóstico y Manejo de Resultados de Citología"
 - "Respuesta Sexual Humana"
 - "Disfunciones Sexuales"
 - "El Aborto como Problema Médico Social"
 - "Desarrollo Biológico del Adolescente", etc.
17. Lic. Mario Ernesto Nóchez. Psicólogo - Orientador de la Escuela Mary Paul.
- Temas:
- "Conceptualización de la Educación Sexual"
 - "Desarrollo Psico-sexual del Adolescente"
 - "Virilidad, Femenidad, Machismo y Hembrismo"
 - "Virginidad y Castidad"
 - "La Moral Familiar"
18. Lic. Leonidas Aparicio. Sociólogo, docente de la Escuela Nacional de Agronomía y de la Universidad Evangélica.
- Temas:
- "La Familia"
 - "La Familia Rural"
 - "Aspectos Sociológicos de la Planificación Familiar"
 - "Perfil del Promotor"

19. Lic. Martha Lidia de Quevedo. Psicólogo Clínico, atiende la Clínica de Conducta del Ministerio de Justicia en Santa Ana, docente de la Universidad Nacional y otras privadas de Santa Ana.

Temas:

- "Planificación Familiar"
- "Aspectos Psicológicos de la Planificación Familiar"
- "Desarrollo Psicosexual del Niño"
- "Desarrollo Psicosexual del Adolescente"
- "Sexualidad en el Adulto", etc.

20. Lic. Dinorah Ruth de Mariño. Jefe de la Oficina de Comunicaciones, del Consejo Salvadoreño de Menores; docente de la Universidad Pedagógica y de la Universidad Modular Abierta; y del Ministerio de Educación en la capacitación que brinda a profesionales sobre Educación en Población. Estudia Licenciatura en Letras.

Temas:

- "Conceptualización de la Educación Sexual"
- "Desarrollo Psicosexual del Adolescente"
- "Selección de la pareja"
- "Matrimonio"
- "La Moral Familiar"
- "Relaciones Humanas"
- "Análisis Transaccional y Comunicaciones", etc.

21. Lic. Eugenio Acosta Rodríguez. Psicólogo Clínico, docente de la Universidad Leonardo Da Vinci, Universidad Nueva San Salvador; UCA, Politécnica; Maestro y Director de Teatro, Radio y Televisión, Escritor y Actor.

Temas:

- "Teoría de la Comunicación"
- "Relaciones Humanas"
- "Relaciones Públicas"
- "Técnicas de Ventas", etc.

22. Dr. Rodolfo Ventura. Médico Ginecobstetra del Ministerio de Salud Pública.

Temas:

- "Enfermedades Sexualmente Transmisibles"
- "Respuesta Sexual Humana"
- "Métodos Anticonceptivos Temporales y Definitivos".
- "El Aborto como Problema Médico-Social", etc.

23. Dra. Virginia de Menéndez. Psicólogo Clínico.

Temas:

- "Respuesta Sexual Humana"
- "Disfunciones Sexuales"
- "Desarrollo Psicosexual del Niño"
- "Desarrollo Psicosexual del Adolescente", etc.

24. Lic. Ruth Candray de Martí. Psicóloga con especialidad en Criminología.

Temas:

- "Desarrollo Psicosexual del Niño"
- "Desarrollo Psicosexual del Adolescente"
- "Psicología de la Personalidad"
- "Problemática del Adolescente en El Salvador", etc.

25. Dr. Julio Menjívar Rubio. Médico Ginecobstetra, ex-director del Hospital San Rafael, con experiencia en programas de Planificación Familiar y docencia en varias Universidades.

Temas:

- "Planificación Familiar"
- "Población y Desarrollo en El Salvador"
- "El Aborto como Problema Médico-Social"
- "La Política Nacional de Población en El Salvador"
- "Femineidad, Virilidad y Machismo"
- "Desajustes Sexuales en el Matrimonio como generadores de la Neurosis"
- "Prevención del Cáncer Uterino"
- "Reproducción Humana"
- "Métodos Anticonceptivos Temporales y Definitivos", etc.

26. Dr. Inf. Carlos Meléndez. en proceso de graduación, terminando su año social con el Ministerio de Salud Pública.

Temas:

- "Cuidados del Paciente Pre-Trans y Post-Operatorio del Programa de Esterilización Voluntaria"
- "Enfermedades Sexualmente Transmisibles"
- "El SIDA"
- "Evaluación del Recién Nacido"
- "Genética y Planificación Familiar"
- "Selección de la Pareja y Planificación Familiar"
- "Reproducción Humana"
- "Métodos Anticonceptivos Temporales y Definitivos", etc.

27. Dr. Inf. Alex Molina. en proceso de graduación, terminando su año social con el Ministerio de Salud Pública.

Temas:

- "Cuidados del Paciente Pre-Trans y Post-Operatorio del Programa de Esterilización Voluntaria"
- "Enfermedades Sexualmente Transmisibles"
- "El SIDA"
- "Evaluación del Recién Nacido"
- "Genética y Planificación Familiar"
- "Selección de la Pareja y Planificación Familiar"
- "Reproducción Humana"
- "Métodos Anticonceptivos Temporales y Definitivos", etc.

28. Sra. María Elena Claros. Trabajadora Social de la División Materno-Infantil (Programa de Educación para Desarrollo) del Ministerio de Salud Pública.

Temas:

- "Filosofía de la Planificación Familiar"
- "Técnicas de Comunicación en Planificación Familiar (La Entrevista, La Charla, Visita domiciliaria)"
- "El Programa de Salud Materno-Infantil", etc.

29. Lic. Carlos King. Psicólogo, docente de las Universidades UCA y José Ma
tías Delgado. Asesor de PROA en ADS.

Temas:

- "Intervención en Crisis"
- "Filosofía y Tratamiento de Casos"
- "Psicoterapia Breve"
- "Técnicas de Entrevista"
- "Valores Morales y Sexualidad"
- "Aspectos Psicológicos del Aborto", etc.

30. Lic. Emma Posada de King. Psicóloga, docente de las Universidades UCA y
José Matías Delgado. Asesor de PROA en ADS.

Temas:

- "Intervención en Crisis"
- "Filosofía y Tratamiento de Casos"
- "Psicoterapia Breve"
- "Técnicas de Entrevista"
- "Valores Morales y Sexualidad"
- "Aspectos Psicológicos del Aborto", etc.

31. Lic. Ana de Salomone. Psicóloga del Departamento de Psicología de la
Universidad Nacional y docente de la misma.

Temas:

- "Sexualidad en la Infancia"
- "Sexualidad en la Adolescencia"
- "Deprivación Afectiva y Planificación Familiar"
- "Definición Ambiental y Planificación Familiar", etc.

32. Lic. Ruth Linares de Melara. Enfermera y Psicóloga, trabaja con el Centro de Apoyo de Lactancia Materna (CALMA).

Temas:

- "Lactancia Materna en El Salvador"
- "Ventajas de la Lecha Materna para el niño y para la madre"
- "Estimulación del Desarrollo y Planificación Familiar"
- "Desarrollo Psicosexual del Niño y del Adolescente"
- "Estimulación del Desarrollo y Lactancia Materna", etc.

33. Lic. Silvia López. Nutricionista, trabaja con la Universidad Nacional.

Temas:

- "Lactancia Materna en El Salvador"
- "Lactancia Materna y Planificación Familiar"
- "Ventajas de la leche materna para el niño y la madre", etc.

34. Lic. Alex Alens. Demógrafo con varios años de ayudar a ADS, FESAL y otras investigaciones.

Temas:

- Diversos relacionados con Población.

35. Adrián Mendoza. Maestro con especialidad en Educación de Adultos y amplia experiencia en ese campo, en el Ministerio de Educación.

Temas:

- Diversos relacionados con el proceso de enseñanza aprendizaje y con educación de adultos.

36. Sr. Angel María Paz. Agrónomo de la División de Extensión Agrícola de CENTA.

Temas:

- Diversos con educación de jóvenes y adultos en el área rural, especialmente Metodología y Proceso enseñanza-aprendizaje.

37. Lic. Carbilio Mejía. Maestro terminando estudios de Psicología, ejecutivo de AGROTECNIA, con amplia experiencia de trabajo en el área educativa y promoción de la familia campesina.

Temas:

- "Desarrollo de la Comunidad"
- "Programas de Desarrollo Rural en El Salvador" etc.

38. Sr. Leonel Márquez. Maestro, Educador en Salud y Educador en Población, trabaja con la Escuela de Capacitación Sanitaria del Ministerio de Salud Pública y Asistencia Social.

Temas:

- Diversos sobre proceso enseñanza-aprendizaje, ayudas audiovisuales, Saneamiento ambiental, Población, Educación Sexual, Planificación Familiar.

39. Lic. Raymundo Alvarado. Economista, Director Ejecutivo del Depto. de Población en el Ministerio de Planificación.

Temas:

- Diversos relacionados con Población y Educación Sexual.

40. Lic. Ricardo Alfredo Hernández. Demógrafo. Trabaja con el Ministerio de Planificación.

Temas:

- Diversos relacionados con Educación en Población.

41. Lic. Bertila Girón. Educadora del Hogar, Jefe del Programa de Educación para el Hogar, en CENTA (Ministerio de Agricultura y Ganadería).

Temas:

- Diversos relacionados con Nutrición y Educación de la Familia Campesina (principalmente).

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APPENDIX G

MEDICATION FEES

13/3/2

ASOCIACION DEMOGRAFICA SALVADOREÑA

CONSULTORIO DE: _____

INVENTARIO FISICO DE MEDICAMENTOS Y EFECTIVO AL _____ de _____ de 19__.

CLASE DE MEDICAMENTO	SALDO MES ANTERIOR	MEDICINA RECIBIDA EN EL MES	MEDICINA VENDIDA EN EL MES	INVENTARIO FINAL PARA COMPRA	VALOR UNIT	VALOR TOTAL
CANESTEN OVULOS					12.--	
NOMESTROL					3.--	
METRONIDAZOL ORAL					0.20	
METRONIDAZOL VAGINAL					0.20	
TETRACICLINA					0.10	
ASPIRINA					0.05	
VAGINEX-OVULOS					12.50	
VAGINEX-CREMA					12.50	
PROGESTIN AMPOLLAS					12.50	
NOMESTROL-AMPOLLAS					12.50	
VALOR TOTAL DE MEDICAMENTOS						
TOTAL EFECTIVO A LA FECHA						
S A L D O T O T A L						

DETALLE DE MEDICAMENTOS "D O N A D O S" DURANTE EL MES DE _____ de 19__.

CANTIDAD	PRODUCTO	DONACION AUTORIZADA POR	VALOR UNITARIO	VALOR TOTAL
S A L D O T O T A L				

PERSONA RESPONSABLE. F: _____

NOMBRE: _____

FECHA: _____

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APPENDIX H

CYP FOR SDA CLINICS - 1984 and 1985

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AÑOS PROTECCION PAREJA
SEGUN ANTICONCEPTIVOS DISTRIBUIDOS
CLINICAS PRO FAMILIA

Anticonceptivos Distribuidos:	Diciembre 1985	Año a la fecha	APP según anticoncepti- vos distribuidos:	
			Diciembre 1985	Año a la fecha
T.O.	2.006	23.290	154	1.792
Diu	44	1.329	110	3.323
Condón	1.007	33.724	10	337
Tabletas y Ovulos Vag.	350	17.985	4	180
Jaleas	11	218	2	33
Inyectables	230	3.373	38	562
SUB TOTAL			318	6.227
<u>Métodos Permanentes</u>				
Esteriliz. Femenina	99	2.284	1.733	39.970
Esteriliz. Masculina	7	236	123	4.130
SUB TOTAL			1.856	44.100
GRAN TOTAL.....			2.174	50.327

Nota: En base al Estudio de Características de Aceptantes de Planificación Familiar llevado a cabo en nuestra Asociación en 1984, los índices para calcular el APP se tomó de la siguiente manera:

- * Diu 30 meses
- * Jaleas y espumas Vag. 15 aplicaciones por tubo
- * Métodos permanentes 17.5 años

San Salvador, 20 de diciembre de 1985

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AÑOS PROTECCION PAREJA
SEGUN ANTICONCEPTIVOS DISTRIBUIDOS
CLINICAS PRO FAMILIA

Anticonceptivos Distribuidos:	Año 1984	APP año de 1984
T.O.	17.277	1.329
Diu	1.251	3.128
Condón	34.107	341
Tabletas y Ovulos Vaginales	16.831	168
Jaleas	223	33
Inyectables	209	35
SUB TOTAL		5.034
<u>Métodos Permanentes</u>		
Esteriliz. Femenina	3.782	66.185
Esteriliz. Masculina	321	5.618
SUB TOTAL		71.803
GRAN TOTAL.....		76.837

NOTA: En base al Estudio de Características de Aceptantes de Planificación Familiar llevado a cabo en 1984, por nuestra Asociación, los índices para calcular el APP se tomó de la siguiente manera:

- * Diu 30 meses
- * Jaleas y espumas vag. 15 aplicaciones por tubo
- * Métodos permanentes 17.5 años