PN-ACD-230

REPUBLIC OF EL SALVADOR C.A.

REVIEW AND ASSESSMENT OF COMMUNITY HEALTH PROMOTERS: MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOH) AND NON-GOVERNMENTAL ORGANIZATIONS (NGOs)

FINAL REPORT- VOLUME "A"

Presented by:
Investigaciones de Población y Mercado,
Sociedad Anónima de Capital Variable
(I P M, S.A. de C. V.)
(Population and Market Investigations, Inc.)

(Research by Contract between **CLAPP and MAYNE, Inc.**, **Consultants to Management and IPM, S.A. de C.V.**, and Financial by the **United States Agency for International Development-USAID**)

San Salvador, EL SALVADOR, C.A.
September, 1995

ACRONYMS

ACISAM	Investigation and Training for Mental Health Association.
ADS:	Salvadoran Demographic Association.
ADHU:	Association for Human Development.
AMSS:	Metropolitan Area of San Salvador.
ANSAL:	Analysis of the Health Sector in El Salvador
ANIS:	National Association of Salvadoran Indians.
ANTEL:	National Administration of Telecomunications.
APS:	Primary Health Attention.
APSIES:	Salvadoran Association of Research and Economic and Social Promotion.
APSISA:	"Support of Health Systems" Project
APROCSAL:	Association of Salvadoran Community Promoters
APROSAI:	Association for the Promotion of Integral Health
APF:	ASAPROSAR, PROCADES, FUNDEMUN, Consortium.
ARS:	Rural Health Assistants.
ASPS:	Salvadoran Association for the Promotion of Health
ASADEH:	Salvadoran Association for Human Development
ASAPROSAR:	Salvadoran Pro-Rural Health Association.
ASALDI:	Salvadoran Association for Integral Development.
BCR:	Central Bank of Reserve.
BID:	Interamerican Bank of Development.
BM:	World Bank.
CAM:	Microenterprise Support Center
CAPS:	Archidiocesan Pastoral of Health Commission
C. and M:	CLAPP and MAYNE, Inc. Consultants to Management
CCC:	Communities Coordinating Council.
CEL:	Executive Hydroelectric Commission of the Río Lempa.
CEDRO:	Diarrheic Diseases Control and Oral Rehydration.
CED:	Diarrheic Diseases Control.
CEE:	European Economic Community
CISI:	Intersectorial Committee of Infantile Survival
CIPHES:	Coordinating Council of Private Institutions of Human Formation.
CODECOSTA:	Coordinator of the Communities and Cooperatives for the Integral Development the Coast.
CODYDES:	Committee of the Dismissed and Unemployed of El Salvador
CONAMUS:	National Coordinator of the Salvadoran Woman
COSDECSAM:	Solidarity Committee for the Development of the Communities of San Miguel.
CODECA:	Coordinator of the Development of the

	Communities of Cacahuatique.
CREHDO:	Consciousness for the Spiritual and Economic Recovery of Man.
DAR:	Distributors of Rural Contraceptives of **ADS**.
DCA:	Communal Distribution of Rural Contraceptives of **ADS**.
DIGESTYC:	General Directorship of Statistics and Census.
DJC:	Communal Juvenile Development.
EDA:	Acute Diarrheic Diseases.
ETS:	Sexually Transmitted Diseases.
FASTRAS:	Foundation for the Self-Management and Solidarity of Salvadoran Workers.
FESAL:	National Survey of Family Health of the Salvadoran Demographic Association
FIAES:	Inteamerican Fund for El Salvador.
FNUAP:	United Nations Fund for Population Activities.
FONAES:	National Fund of El Salvador.
FOMMI:	Maternal & Infantile World Fund.
FOES:	Salvadoran Labor&Managerial Foundation.
FUMA:	Maquilishuat Foundation for Human Development.
FUNDEMUN:	Salvadoran Foundation for the Development of the Woman and the Child.
FUNDAC:	Cuscatlán Foundation Manuel Franco
FUNSODESA:	Partners in Development Foundation
FUNSALPRODESE:	Salvadoran Foundation for the Promotion of Social and Economic Development
FUCRIDES:	Christian Foundation for Development.
FUNDASIDA:	Foundation for the Prevention of AIDS.
FUSAL:	Salvadoran Foundation for Health and Social Development
GAES·	Economic and Social Advisory Group of **MPCESD**.
IDEA:	Initiative for Alternative Development.
FSMI:	International Medical Aid Fund.
INCAP:	Nutritional Institute of Central America and Panama
IPM:	Investigations in Population and Markets, Inc
IPSI:	International Psychological Institute.
IPPF:	International Federation of Family Planning.
IRA·	Acute Respiratory Infections.
ISSS.	Salvadoran Institute of Social Security.
ISTA:	Salvadoran Institute of Agrarian Transformation
MIPLAN.	Ministry of Planning and Coordination of Economic and Social Development
MI:	Mother/Child
MOH:	Ministry of Public Health and Social Assistance.
OFASA:	Adventist Philantropic and Social Assistance Work
OIM:	International Organization for Migrations.
OMS:	World Health Organization.
ONGs:	Non-Governmental Organizations
OPS:	Panamerican Health Organization

ORMUSA·	Salvadoran Women Organization.
PADECOMSM	Patronage for the Development of the Communities of Morazan and San Miguel.
PEA:	Economically Active Population.
PIB:	Gross Internal Product.
PNUD	United Nations Development Program.
PROSAMI:	Maternal and Child Health Attention Project.
PROCADES:	Salvadoran Association of Promotion, Training and Development.
PRODERE	United Nations Development Program.
PRODEPAZ.	Association for Development and Peace.
CHP	Communitary Health Promoters of MOH and MHCAP.
PSP:	Pro-Family Health Promoters of ADS.
SEMA	Environment's Executive Secretariat.
AIDS.	Adquired Immune Deficiency Syndrome.
SIG	MOH Managerial Information System.
SLS	Salvadoran Lutheran Assistance.
SPS·	Primary Health Services.
SSA·	Archidiocesan Social Secretariat.
TB	Lung Tuberculosis.
UCA	Central American University José Simeón Cañas.
UES	University of El Salvador.
UNICO·	Catholic University of the Occident.
UNFPA	United Nations Fund for Population Activities.
UNICEF	United Nations Children's Fund.
USAID	United States Agency for International Development.
VMES:	World Vision of El Salvador.

CONTENTS

Page

ACKNOWLEGEMENTS

PRESENTATION 1

I. EL SALVADOR. A DEMOGRAPHIC AND SOCIOECONOMIC OUTLINE 7

INTRODUCTION 7

1.GENERAL DEMOGRAPHIC AND SOCIOECONOMIC DESCRIPTION 7
1 1. Population Situation 1950-1979 and 1980-1992 7
1 2 Future Population of El Salvador 1993-2010 10
1 3 The Socioeconomic Framework 12

2. HEALTH SYSTEM AND COMMUNITY HEALTH 14
2.1. Brief conceptualization of the Health System in El Salvador..... 14
2.2 Health Conditioners 15
2.2 1. Key Factors (Diagram) 15
2.2 2. An outview of Prevalescent Morbidity ... 17
2.2 3 General and Child Morbility 18
2.3. Community Health Service Supply 20
2.4. Health Service Demand 22
2 5. Community Health: Origin, Evolution and Actual Situation.. 23
2 5.1 The MOH 23
2 5.2 The ADS 25
2 5.3 PROSAMI 26
2 5.4. CISI 26
2 5.5. Other ONGs/NGOs 26

II. THE METHODOLOGICAL PROCESS 28

INTRODUCTION 28

1 BACKGROUND. 28

2 OBJECTIVES 31

3 GENERAL METHODOLOGICAL FRAMEWORK 33

4. METHODOLOGICAL PHASES 35

5 IDENTIFICATION AND BASIC DEFINITION OF INSTITUTIONAL SUB-UNIVERSES 36

6. THEMATIC CONTENTS AND INSTRUMENTS OF INVESTIGATION (QUESTIONNAIRES) 41

7. PLANNING AND EXECUTION OF FIELD ACTIVITIES.. 43

Page

7 1 Application of Field Instruments **F-1 and F-2** . 44
7 2 Application of **Annex to F-1 and Annex F-2** 45
7 3 Application of Form **F-3** 47

8 **DATA PROCESSING** 49
8.1. General Sketch 49
8 2. Data Input 49
8.3. Information Processing 50

9. **PRESENTATION OF RESULTS - FINAL REPORT** 50

III. **HEALTH SERVICES WITH PROMOTERS-INSTITUTIONAL DEFINITION** . 51

INTRODUCTION 51

1 **ORGANIZATION SYSTEMS** 51
1.1 The **MOH** 51
1.1 1 General Organization 51
1.1 2. Regional Level 52
1.1 3. Administrative Relations of the **CHP** at Local Level 54
1.1 4. Criteria, Requirements and Selection Conditions of the **CHP** and Specific Supervisors 54
1.2 **ADS** 55
1.2 1 General Organization 55
1.2 2 Administratitives Relations and Basic Characteristics 56
1.3 **PROSAMI** 58
1.3 1 General Organization 58
1.3 2. Criteria, Requirements and Selection Conditions of the **CHP** 59
1.4. **CISI-General Organization** 61
1 5. **CAPS** 64
1 6. **CARITAS** 65
1.7 **Other NGOs - General Framework** 65

2 **DISTRIBUTION AND GEOGRAPHIC COVERAGE OF THE PROMOTERS** 66

3. **INSTITUTIONAL CLASSIFICATION BY RELEVANT THEMES** 71
3 1. Nationality, Legal Situation and Availability of **Promoters** 71
3.2 Affiliated Institutions and Specific Objectives... 71
3.3 Installed Capacity 72
3 4. Technical and Financial Assistance 73
3 5. Health Components and Sub-Components 76
3.5.1 **MOH** 76
3 5 2. **ADS** 77
3.5 3. **CISI** 77
3.5 4 **PROSAMI** 78
3.5.5 **CAPS** 79

Page

3 5.6. **CARITAS** 79
3.5.7 **Other NGOs**... 80
3.6 Service Rules 80
3.7. Requirements and Basic Conditions of **Promoters** . 83
3 8. Sex, Age and Level of Education of **Promoters** . . 84
3.8 1. **ADS** 84
3.8 2. The 34 **NGOs** Affiliated to **Prosami** 89
3.8.3 **CISI** 89
3.8.4 **CAPS** 90
3.8.5 **CARITAS** 90
3.8.6 Other **NGOs** 91
3.9. Working Conditions, Salary Levels and Labor Benefits of **Promoters** 91
3.10 Provision of Expendables and the Supply System 93
3.11 Community Collaboration 94

4 **TRAINING** 95

5. **SUPERVISION SYSTEMS** 97
5.1 **MOH** 97
5.2 **PROSAMI** 97
5.3 **ADS** 98
5.4 Other **NGOs** 99

6 **COORDINATION** 100

7 **EVALUATION** 102

IV **INTEGRAL DEFINITION OF THE "PROMOTERS"** 103

INTRODUCTION 103

1 **SOCIODEMOGRAPHIC CHARACTERIZATION: SEX, AGE, AND LEVEL OF EDUCATION** 104
1.1 **MOH** 104
1.2 **ADS** 104
1 3 **PROSAMI** 106
1.4 **CISI, CAPS, CARITAS AND OTHER NGOs**.. 107

2 **DELIVERY MECHANISMS OF HEALTH SERVICES: ACTIVITIES AND DUTIES OF THE PROMOTERS** 107
2 1. Reproductive Health 109
2.1 1. Care of Pregnancies at Community Level ... 109
2.1 2. Childbirth Care at Community Level . .. 110
2.1 3 Puerperal Care at Community Level 110
2.1 4. Family Planning 110
2.1.5 Prevention of Uterine and Breast Cancer .. 110
2.1.6 Tetanus Prevention 110
2 1.7 Infertility 110
2 1.8 Sexually Transmitted Diseases (**STD**) . .. 119

Page

2.2 AIDS 119
2.3 Child Care 120
2.3 1. Growth and Development 120
2.3 2. Maternal Breast Feeding 120
2.3 3. Immunizations 120
2.3.4. Acute Respiratory Infections (ARI) 120
2 3.5 Acute Diarrheic Diseases (ADD) 120
2 4. Oral Health 121
2.5 Nutrition 121
2.6. First Aid 121
2.7 Attention for Morbidity (Simplified) 121
2.8. Basic Environmental Health 121
2.9. Community Participation 121
2 10.Other Sub-Components 121

3. WORK CONTEXT OF PROMOTERS 122
3 1. Promoters and Techno-Professional Personnel .. 122
3 1.1 MOH 122
3 1.2 ADS 123
3 1.3 PROSAMI .... [illegible]
3 1.4 CISI 125
3 1 5. CAPS 125
3.1 6. Other NGOs 125
3 2. Work Distribution of Promoters 129
3 2.1 MOH 130
3 2.2 ADS 136
3.2 3. PROSAMI 137
3.2 4. CAPS, CISI, and Other NGOs 139
3 3. Specific Actions Authorized to Promoters 139
3 4. Provision of Basic Supplies, Medicines and Expendable Materials 140
3.4.1 MOH 140
3 4.2 ADS 141
3 4.3. PROSAMI 142
3.4 4. CAPS 145
3.4.5 CISI 145
3 4 6 CARITAS 145
3 4.7. Other NGOs 146
3.5 The Reports of the Promoters 146

4. COVERAGE OF THE GROUPS OF BENEFICIARIES 146

V. CONCLUSIONS AND RECOMMENDATIONS 158

1. CONCLUSIONS 158
1 1. Organization 158
1.1 1. MOH 158
1.1 2. ADS 159
1 1.3 PROSAMI 159
1 1.4 CISI 159

Page

1 1.5. **CAPS** 159
1.1.6 **Other NGOs** 159
1 2 Geographic Distribution and Coverage 159
1 3. Installed Capacity 160
1 4. Technical and Financial Assistance 160
1.5 Services..... 160
1.6 Care Norms 162
1.7. Requirements of Selection of the **Promoters** .. . 162
1 8. Sex and School Level of the **Promoters** 163
1.9 Salary Level and Benefits of the **Promoters** .. . 163
1.10.Training 163
1.11.Supervision 164
1.12.Coordination 164
1.13.Evaluation 164
1.14.Delivery Mechanisms 165
1.15.Work Context 165
1 16.Coverage of Groups of Beneficiaries 166

2. **GENERAL RECOMMENDATIONS** 166
2 1. Organization 166
2.2. Geographic Distribution and Coverage of **Promoters** 167
2.3. Installed Capacity 167
2 4. Technical and Financial Assistance 167
2 5. Services 167
2 6. Care Norms 168
2 7. Selection Requirements of the **Promoters** 168
2 8 Sex and School Level of the **Promoters** 168
2.9 Salary Level and Benefits of the **Promoters** 169
2.10 Training 169
2.11 Supervision 169
2.12 Coordination 169
2.13.Delivery Mechnisms 169
2.14.Work Context 170
2.15.Coverage of Groups of Beneficiaries 171
2.16.Follow-up of the **IPM** Investigation 171

TABLE INDEX

Title

1 A POPULATION OF EL SALVADOR IN CENSUS OF 1950, 1961,1971 AND 1972, AT NATIONAL LEVEL, ACCORDING TO SEX AND URBAN AND RURAL AREAS 9

1.B EL SALVADOR· NATIONAL ANNUAL POPULATION GROWTH RATES ACCORDING TO SEX AND URBAN AND RURAL AREAS 10

1.C POPULATION OF EL SALVADOR AS OF JUNE 30 OF THE 1993, 1994, 1995, 2000, 2005 AND 2010, ACCORDING TO SEX AND RURAL AND URBAN AREAS 12

No. Page

2. ESTIMATED CHILD MORTALITY RATES BY REGIONS IN THE YEARS 1977, 1980, 1983, 1986 AND 1987 19

3 A. NUMBER OF **NGOs** THAT RENDER HEALTH SERVICES BY DEPARTMENTAL HEADQUARTERS, ACCORDING TO INSTITUTIONAL SUB-UNIVERSES 37

3.B. NUMBER OF **NGOs** THAT RENDER HEALTH SERVICES, THROUGH PROMOTERS, ACCORDING TO CONDITION OF HEALTH PROMOTERS ... 38

3 C. NUMBER OF **NGOs** THAT RENDER HEALTH SERVICES, THROUGH PROMOTERS, BY DEPARTMENTAL HEADQUARTERS, ACCORDING TO INSTITUTIONAL SUB-UNIVERSES 39

4.A PROMOTERS GEOGRAPHIC COVERAGE, BY DEPARTMENT, ACCORDING TO RESEARCHED SUB-UNIVERSES 67

4.B NUMBER OF DISTRICTS PER DEPARTMENT, IN ACCORDANCE TO PROMOTERS AVAILABILITY 68

5 DISTRICTS WITH PROMOTERS, BY SUB-UNIVERSES, ACCORDING TO NUMBER OF PROMOTERS IN EACH DISTRICT 70

6 NUMBER OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY THE NORMS THAT THEY APPLY, ACCORDING TO ORIGEN 81

7. CLASSIFICATION OF PROMOTERS, BY TYPE OF INSTITUTION, SEX AND AGE GROUPS, ACCORDING TO APPROVED YEARS OF STUDY ... 85

8.A CLASSIFICATION OF **CHPs OF PROSAMI**, BY TYPE OF INSTITUTION, MONTHLY SALARY LEVELS, ACCORDING TO SEX AND WORK CONDITION. (FULL TIME - PART TIME) 92

8 B. CLASSIFICATION OF **CHPs OF PROSAMI**, BY TYPE OT BENEFITS, ACCORDING TO SEX AND WORKING CONDITION (FULL-TIME/ PART-TIME) 93

9 A SEX AND AGE GROUPS, ACCORDING TO APPROVED SCHOOL YEARS: **MOH** 105

9 B CLASSIFICATION OF PROMOTERS (**CHPs**), BY TYPE OF INSTITUTION, SEX AND AGE GROUPS, ACCORDING TO APPROVED SCHOOL YEARS **ADS** 106

9 C. CLASSIFICATION OF PROMOTERS (**CHPs**), BY TYPE OF INSTITUTION, SEX AND AGE GROUPS, ACCORDING TO APPROVED SCHOOL YEARS **PROSAMI** 108

10. INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY **CHPs**, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO TYPE OF INSTITUTION 111

No Page

11 A. CLASSIFICATION OF STAFF, BY TYPE, ACCORDING TO SEX AND WORK CONDITION (PART-TIME\FULL-TIME). **ADS** 124

11 B. CLASSIFICATION OF STAFF, BY TYPE, ACCORDING TO SEX AND WORK CONDITION (PART-TIME\FULL-TIME). **PROSAMI** . . 126

11 C. CLASSIFICATION OF STAFF, BY TYPE, ACCORDING TO SEX AND WORK CONDITION (PART-TIME\FULL-TIME). **CISI** 127

11 D. CLASSIFICATION OF STAFF, BY TYPE, ACCORDING TO SEX AND WORK CONDITON (PART-TIME\FULL-TIME). **CAPS** 128

11 E CLASSIFICATION OF STAFF, BY TYPE, ACCORDING TO SEX AND WORK CONDITION (PART-TIME\FULL-TIME). OTHER **NGOs** 129

12 NUMBER OF PROMOTERS BY SEX AND SURVEY CONDITIONS OF THE CENSUS WITHIN THE COMMUNITY, BY INSTITUTION 131

13 CLASSIFIED LIST OF **NGOs** THAT RENDER HEALTH SERVICES, BY FREQUENCY OF THE PROGRAMMED ACTIVITIES OF THE PROMOTERS 132

14. CLASSIFIED LIST OF **NGOs** THAT RENDER HEALTH SERVICES, BY BASIC CRITERIA APPLIED IN THE TIME ASSIGNATION OF PROMOTERS 134

15. CLASSIFICATION OF BASIC SUPPLIES, MEDICINES AND EXPENDABLE MATERIALS MANAGED "**CHPs**" BY TYPE, IN ACCORDANCE TO INSTITUTIONS AND SUPPLY FREQUENCY 143

16.A CLASSIFIED LIST OF **NGOs** THAT RENDER HEALTH SERVICES, BY PERSON ELABORATING THE PROMOTERS ACTIVITIES REPORT. ... .148

16.B. CLASSIFIED LIST OF **NGOs** THAT RENDER HEALTH SERVICES, BY FREQUENCY WITH WHICH THEY ELABORATE THE PROMOTERS REPORT.. 150

16 C. CLASSIFIED LIST OF **NGOs** THAT RENDER HEALTH SERVICES, BY PERSON SUPERVISING THE PROMOTERS ACTIVITIES REPORTS 152

17 COVERAGE CLASSIFICATION OF BENEFICIARY POPULATION GROUPS IN **MOH, ADS AND NGOs** RENDERING HEALTH SERVICES... .... .154

18. INSTITUTIONAL CLASSIFICATION BY COVERAGE OF CHARACTERISTICS OF BENEFICIARY POPULATIONS REGISTERED BY PROMOTERS.. 156

GRAPHICS INDEX

No.	Title	Page
1	GRAPH PRESENTATION OF KEY HEALTH CONDITIONING FACTORS	16 a)
2	CHILD MORTALITY RATES PER THOUSAND: 1960-1994.	20 a)
3.	SALVADORAN DEMOGRAPHIC ASSOCIATION. ORGANIZATIONAL STRUCTURE	57
4.	MATERNAL AND CHILD SURVIVAL HEALTH PROJECT (**PROSAMI**) ORGANIZATION FOR THE THIRD AND FOURTH QUARTER OF 1994	60
5	STRUCTURAL MODEL OF EACH SUB-CONTRACTOR (**NGO**) PROVIDING BASIC PRIMARY HEALTH PACKAGE IN RURAL AREAS (10,000 INHABITANTS)	61
6	ORGANIC CHART OF **CISI**	62

ACKNOWLEDGEMENTS

The nature and range of the present investigation required the application of different effort levels (professional, technical and administrative). So was it only possible to cover all the institutions that render health services by means of the different types of **Promoters (CHP, PSP, DAR and Volunteers)**, which were grouped in seven **Sub-Universes (MOH, ADS, PROSAMI, CISI, CAPS, CARITAS and other ONGOs)**. For that purpose a methodological process was designed and applied, adequately comprehensive of the previously established Aspects and Variables, within a tight schedule of activities in a relatively short period of time

In the summary, a **Technical and Administrative "Ad Hoc" Structure** was organized and implemented, with the assistance of officers of different dependencies of the **MOH (Central and Regional Level)**, of **ADS, PROSAMI, CISI, CAPS, CARITAS** and other **NGOs** considered in the investigation. Many interviews were held with officers of the aforementioned institutions which constituted a positive contribution toward a better definition of the developed operation mechanism We recognize the participation of their immediate collaborators and the personnel assigned to give information, as detailed in the **Instruments of Investigation.** All of them provided the data that was available The majority showed interest and identification with the aspect of the investigation; naturally, in some cases, there were exceptions. A specific mention of the officers in question is included in one of the annexes of this **Final Report.**

It is desirable to mention the Technical Assistance, coordination and follow-up by **CLAPP and MAYNE, Inc** through the services of Engineer Carlos Castaño, Head of the Group; Doctor Carlos E Castro Hoyos,Consultant in Planning of Community Health and Education toward Health and Doctor Carlos Muñoz Retana, Advisor in Community Health and Health. Through him, and for the specific objetives of this investigation, the **Technical Follow-Up Committee** was integrated, with representantives of the **MOH, ADS, PROSAMI**, and the **Donating Organisms** This **Committee** participated in the previous review and approval of the relevant components of this investigation, such as·

- **Classified List of Institutions (MOH, ADS and NGOs)**
- **Instruments of Investigation and Instructives.**
- **Basic Plan of Tabulations.**
- **Final Report Profile.**
- **Final Report and its Annexes.**

IPM, also wants to express its recognition for the efficient and timely participation of all the professional, technical, administrative, field and service personnel that are part of the aforesaid **"Ad Hoc" Structure** that was applied Here, the **Design Phase of the Investigation** stands out, which was diligently advised by Celia Osorio de Salazar, MD; the **Planning and Execution of the Field Work** was strictly administrated, coordinated and supervised by Licentiate Elizabeth Zavala C ; the **Electronic Data Processing** was executed by Engineer José Luis Nuila Moreno; in the structure and contents of this **Final Report**, in which all the professional group participated

A

IPM also recognizes the participation of the **Data Collecting Personnel**, selected by the **Bank of Human Resources of IPM**, specially trained for this purpose by Licentiate Elizabeth Zavala and Celia de Salazar

- Germán Alvarado González, Cartographic Technician.
- Marina de Jesús Aquino, Social Work Technician.
- Brenda Carolina Bustillo Cáceres, Social Work Technician
- Juana Elizabeth Cabeza de Avilés, B.A. in Social Work
- Vilma Mercedes de Carpio, Social Work Technician
- Arleny Marisol Claros, Third Year Law Student.
- Flor de María Flores Durán, Social Work Technician.
- Ramón Góchez Guillén, Cartographic Technician.
- Yolanda Asunción Godínez, Social Work Technician
- Doris Elizabeth Martínez Molina, Ba.A in Social Work.
- Ronald Nessin Najarro Yassin, Student, Sixth Year of Medicine
- Marina del Rosario Navarro, B.A. in Social Work.
- Grisel Dinora Orantes, Social Work Technician.
- Ana María Salazar Méndez, Social Work Technician.
- Norali Concepción Sosa, B A in Social Work

IPM expresses its special gratitude and recognition to all the aforesaid officers and personnel

Alex A. Alens Z.
Main Investigator - Director of the Investigation

PRESENTATION

With the application of the **Terms of Reference** provided by **CLAPP and MAYNE, Inc.** and the timely incorporation of the observations and commentaries of the **Technical Follow-Up Committee**, the present investigation was designed and executed between April 3 and August 31 of 1995 In function of the national conditions (vacation periods, working days and holidays) and in accordance with the type of institutional coverage that was foreseen, the referred period was reduced to 99 normal labor days; an extension is included motivated, mainly, by the expansion of the research topics and sub-topics approved by the **Technical Follow-Up Committee** Given the nature and range of the investigation, the execution time became restricted

Specifically, the main objective of the investigation is focused in the compilation and analitical evaluation of **Primary Information**, updated and with sufficient dissagregation, regarding the health services rendered by different types of **Promoters of Community Health** in the **MOH, ADS**, and a series of **NGOs** affiliated to different institutions. For the objectives of the investigation, the **NGOs** were classified in five Sub-Universes **PROSAMI, CISI, CAPS, CARITAS** and **Others.** This way, an **Institutional Diagnosis** has been realized, with emphasis in the **Definition of the Community Health Promoters**, covering all the relevant aspects related with the rendering of health services, in accordance to **Components** and **Sub-Components.** Thus a diagnostic has been reached, in quantity and quality, that is considered sufficient to define and apply future strategies of coordination and technical and financial assistance, with the objective of expanding the actual composition of health services that are rendered by **Community Health Promoters.**

In order to reach the aforesaid great objective, an adequate, timely and efficient organization and planning was required, with strict assignation of the professional, technical and administrative resources On this base, the sensitive phases of the investigation were developed, highlighting the **Design and Contents of the Instruments of the Investigation, The Compilation and Evaluation of Primary Information**, as well as this **FINAL REPORT.** This was done under the supervision, quality control and efficiency of **CLAPP and MAYNE, Inc.**, and the **Technical Follow-Up Commitee**, according to established procedures This operative mechanism introduced postergation periods but also gave positive benefits, the systematic examination evaluating determinant intermediate products and the timely introduction of correctives and/or agreed modifications, reduced the margin of inherent difficulties in the course of this type of investigation Nevertheless, it was necessary to overcome situations regarding relevant components; in that respect it is important to emphasize the following

- At the beginning of actitivities the number and identities of the **NGOs** operating in El Salvador were unknown with, although some information was available Given the unique characteristics of El Salvador during and after the conflict, the quantity and quality of the situation of the **NGOs** has been variable. At this point, great

efforts were made to correct names, accronyms, addresses and functions From an estimated number of **120 local NGOs and 20 International NGOs, a census of 302 institutions** were designed, including the **MOH**; 172 were qualified as rendering health services, in which were identified with precision, those doing it through Promoters Virtually, this fact was only detectable with the work in progress.

As result of the increased institutional **"universe"**, effort levels were incorporated within the sensitive phases (Process of Compilation , Critical Evaluation , Codification, Digital Verification, Data Base, Programmation, Elaboration of Charts, Tables and Parametric Indicators).

- With coordination and communication mechanisms, the different technical and administrative difficulties of the **NGOs** were foreseen Nevertheless, some circumstancial problems were found in the compilation proccess of the abundant information, to be gathered within a programmed period. The **NGOs** gave acceptable reasons, among them the unavailability of information at the moment of requesting it, previous engaments, red tape proceedings to provide information, etc In any case delays were reduced to a minimum.

- The introduction of changes and amplification of the proposed and approved **Instruments of Investigation** when the field application was already concluding, had repercussions This was necessary to apply a new field phase and overcome some negative reactions within the **NGOs**, as well as to clarify missinterpretations in the reformulation and/or amplification of answers, which also caused reforms in the system data collection

What is important is that the substantial activities were performed with the neceesary quality, within a realistic technical and administrative feasability, in accordance to the nature and forseen range of the investigation, and taking into account the nature of the organization of the different institutions that were investigated.

This **FINAL REPORT**, has been divided in two **Volumes**. The main text contained in **Volume "A"**, structured in **Five Chapters**, starting from a **Demographic and Socioeconomic Outline of El Salvador**, pinpointing the relevant elements of the **General System of Health and Community Health (Chapter I)**, followed by a schematization of the **Methodological Process**, with all its components **(Chapter II)** With this foundation, **Chapter III** breaks down the **Institutional Aspects Related with the Rendering of Communal Health Services**, directly related with the description of the **Integral Characterization of the Health Promoters**, detailed in **Chapter IV Chapter V** gives in detail a set of **Conclusions and Recommendations**

Nine Annexes integrate **Volume "B"** A brief relation of them is:

- **Annex N. 1** schematizes the **"Ad Hoc" Technical and Administrative Organizational Structure** that has been used in the execution of the

investigation, with assignation of the professional, technical, administrative and field personnel, according to different hierarchical and participatory levels. With this organization the **General Schedule of Activites** was developed as detailed in **Annex N. 2**, evidencing an obliged parallelism, within a restricted calendar period.

- **Annex N. 3** is constituted by a list of the **Bibliography and Reference Documents** that were used. It is necessary to make reference to precedent studies that have been realized related to **Community Health Services** and other documents directly related with the participation of **Community Health Promoters.** This material was obtained directly from the institutions that elaborated it, enlarging and updating their scope through qualified interviews with **Strategic Contacts;** the main list is presented as **Annex N.4.**

  Annex N. 5 is the inventory that was realized of the 172 institutions rendering health services **(MOH, ADS,** and **170 ONGs/NGOs**), updated as of May 31, 1995, classified in the geographic order applied by the **National Geographic Institute (NGI)** For each the **Complete Name, Acronym, Complete Address, Telephone(s) and Responsible Officer** were registered. Likewise, 80 institutions were identified (**MOH, SDA and 78 NGOs**) that dispose of some type of **Promoters**, indicating their number; this is, precisely the **"universe"** of the research. The listed 130 **NGOs** in **Annex N. 6**, included in the inventory, has only referential value for potential future use.

- **Annex N. 7** details the three **Instruments of Investigation** (**Questionnaires**) and **The Instructives**, applied in the investigation, with total coverage of **Topics and Variables**, previously determined. They are identified as **F-1, F-2 and F-3**, taking into account these reasons, two annexes were structured, respectively, for **F-1 and F-2.**

  Form F-1 and **Its Annex**, were applied individually through a process of communication and direct interview with the responsible officers, collected information regarding **Relevant Institutional Aspects (Legal Situation, Objectives, Installed Capacity, Organization, Components and Sub-Components of Health Services, Functional Defiritions of Promoters , Training, Supervision, Coordination , Service Norms , Resources , Technical and Administrative Assistance)**. As a complement of this, **Form 2** and **Its Annex** deepens the specific information regarding the work of Promoters at community level, with a thorough description of the Delivery Mechanisms applied in the respective **Components and Sub-Components of Health Services**, as contained in **F-1 and its Annex.**

  Form F - 3 was applied through direct interviews with determined groups of selected **Promoters** from the **PSP** of **ADS** and the **CHP** of the **MOH** and **PROSAMI.** Conceptually, it is a monitor of the results of **Forms F-1 and F-2**, covering some themes related directly with the performance of the **Promoters.**

In general, the **Forms** that were applied had sufficient functionality, except within a considerable number of **NGOs** that did not have the requested information, such is the case of **Classification by Age and chool Level of Promoters.** Likewise, a group of **NGOs** restricted the information related to **Origin and Amounts of Financing**, themes that have traditionally been considered as sensitive. After making all the possible efforts, it is regrettable that of the **80 Institutions with Promoters**, 12 **ONGs** did not provide information: 1 of **PROSAMI** (**CODECOSTA**, 16 **CHP**); 4 of **CARITAS** with **Volunteers** (**Chalatenango**, 20; **San Vicente**, 27 ; **Santiago de María**, 32; and **San Miguel**, 27), and 7 other **NGOs**, also with **Volunteers** (**Physicians of the World**, **International Medical Relief Fund**, 50, **ACISAM**, 6; **14 of July Association**, 10; **CREDHO**, 2; **FUCRIDES**, 2, and **UNICO**, 76).

- A fundamental result of the investigation is the **Geographic Coverage of the Promoters of MOH, SDA** and **66 NGOs**, at **District** levels, by **Municipality** and **Department**, as of May 31, 1995. This detailed classification constitutes **Annex No. 8**, that specifies the condition of **Promoter of MOH (CHP), of ADS (PSP and DAR)**, of 34 **NGOs** that have been receiving technical and financial aid from **PROSAMI**, of 11 **NGOs** of **CAPS (Volunteers)**, 7 **NGOs** of **CISI**, 3 **NGOs** of **CARITAS** (**Volunteers**) and 11 additional **NGOs**; of which 9 have **Volunteers**, and only 2 give monthly bonuses to their **Promoters: Salvadoran Lutheran Aid** (68 **Volunteers**) and **FUNSODESA** (**10 Volunteers**).

  Obvious in these results is that only 486 out of 2056 **Districts** (23 6%) do not have of any type of **Promoters.** In the remaining 1570 **Cantons**, to which another 162 **Communities and/or Settlements** are added, we found the presence of 1, 2, 3, 4, and even 5 **Promoters.** The interpretation of this reality must be integral, in order to appraise the effective work done by the different type of **Promoters**, taking into account their number per **District** and their basic functional characteristics, among others, the following ones: **Work Institution, Condition of Salaried or Unsalaried, Full-Time or Part - Time, Type (CHP, Psp, DAR, or Volunteer), Selection Requisites, Training, Specific Actions by Component and Sub-Component of Health Services, Geographic Areas Specifically Assignated within the Canton and Size of Beneficiaries** In any case, **Annex No. 8** is sufficiently detailed to appraise the geographic distribution and condition of the **Promoters**

- **Annex No. 9** was elaborated presenting the results that were obtained through the application of **Forms F-1** and **F-2**, detailing a sequence of 18 **Tables** with the descriptive interpretation of **Chapters III and IV**

For the application of this document, it is convenient to make some indications to facilitate the handling of the **Indicators and Tables** contained in the text of each **Chapter:**
In the first place, **Data Bases** have been recorded containing all the **Primary Information**, compiled in the three **Instruments of Investigation**

and their **Annexes**. The **Data Bases** are identified as follows

Form F-1 :	**CLAPPANI.DBF**	**Form F-2** :	**CLAPPF21.DBF**
	CLAPPAN2.DBF		**CLAPPF22.DBF**
	CLAPPAN3.DBF		
	CLAPPAN4.DBF	**Annex of F-2:**	**CLAPPF2A.DBF**
			CLAPPAN5.DBF
Annex of F-1:	**CLAPFA1.DBF**	**Form F-3** :	**CLAPPF31.DBF**
	CLAPF1A2.DBF		**CLAPPF32.DBF**

To sustain the main contents of this document, the **Data Bases** were processed from the **18 Tables of Annex No. 9**, from **15 Charts** incorporated in the text and a series of **Parametric Indicators**, also referred in the text Basically, coverage has been given to all the investigated variables of the three **Instruments of Investigation**, with sufficient dissagregation, which does not eliminate the future use of the **Data Bases** in order to deepen the analysis of a given theme.

In general, the **Tables** are detailed for **MOH, ADS** and each of the **66 NGOs** which provided the information by means of **Forms F-1, F-2** and their respective **Annexes**, each of them is detailed in text form, including the incorporation of principal ciphers, applied to the **MOH, ADS** and **five Sub-Universes of NGOs (PROSAMI, CISI, CAPS, CARITAS** and a residual of **Other NGOs)** The **Charts and Parametric Indicators**, directly incorporated into the text, were processed as function of the nature and importance of the variables investigated in **Forms F-1, F-2** and their **Annexes**, whenever the case, results are aggregated and compared regarding the monitored themes in the **Sub-Samples of Promoters of the MOH, PROSAMI** and **ADS**, in which **Form F-3** was applied.

It is important to highlight that the investigation covered, integrally, each of the 68 institutions (**MOH, ADS and 66 NGOs**), including their complete technical and administrative organization and structural composition of the health services rendered by means of **Promoters**. For practical reasons and in function of their principal affiliation, the five aforementioned **Sub-Universes** were classified; thus the collected information of the **NGOs** affiliated to **PROSAMI, CISI, CAPS, CARITAS** and the rest of **NGOs**, has total institutional coverage, with no particular reference to a determined program. In this sense, each institution had ample liberty and disposed of sufficient time to answer each of the questions, at their convenience, thus their answers are considered adequate and within acceptable limits

Although in some cases the nature of the investigation of diagnosis (evaluative review) reflects some limitations and institutional deficiencies, marginal to difficulties that were solved, results have been obtained that can be used with amplitude in the great purpose of betterment sustained at the level of health of the Salvadoran population, principally, within the rural conglomerates. They have special application in the direct support that community health programs require, tending to the generation of effective administration of the technical and financial resources, in order to fortify the installed institutional capacity of the **MOH, ADS and NGOs**.

I. EL SALVADOR: DEMOGRAPHIC AND SOCIOECONOMIC OUTLINE

I N T R O D U C T I O N

This chapter has been structured trying to adjust it, in extension and contents, to the nature and scope of the present research about **CHPs**. It follows that only a brief description about the basic characteristics of El Salvador will be made, especially those of a demographic and socioeconomic nature, as well as their relation with the prevailing health conditions and systems within the sociopolitical Salvadoran context.

Without profusion of numbers, the first section synthesizes the changing demographic situation between the 1950-1979 and 1980-1994 periods, as well as the influence of the events of the sociopolitical process within the economic and social framework of El Salvador.

In relation to the exposition of the initial section, an overview of the **Health Sector** follows This second section emphasizes its organization, the health conditioning factors, an overall view in relation to the supply and demand of health services, and, more specifically, in relation to **Community Health.**

All the description of the chapter is based on the use of available data on information sources at **GAES**of the Ministry of Planning, the General Directorship of Statistics and Census (**GDSC**), the Salvadoran Demographic Association (**ADS**) and the Ministry of Public Health and Social Assistance (**MOH**), as well as on the results of different studies and research works carried out in the recent past. In any case, the information sources are quoted.

1. GENERAL DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERIZATION

1.1 Population Situation 1950-1979 and 1980-1992

The regularity of population trends of El Salvador observed between 1950 and 1979, was followed by a progressive irregular process, evident in terms of the dynamics and spatial distribution of the population Particularly, the initial years of the sociopolitical conflict (1980-1992) were the setting of changes in the demographic process that turn out exceptional. In this sense, the key factor has been the spatial mobility of the population In effect, during the reference period, that mobility reaches (quantitative and qualitative) levels of great importance In a clear way, the migration movements have taken place in all directions· rural-rural, rural-urban, rural-abroad, urban-urban, and urban-abroad As a result of this spatial mobility a disorderly process

Previs

of human settlement process has taken place, most notorious in the Metropolitan Area of San Salvador **(MASS)**, but it is also relevant in the rest of the country

In the case of the internal migration it has been estimated that about 700,000 persons have been mobilized from their places of habitual residence (mainly rural) toward other places (mainly urban) At the same time, the international migration of salvadorans increases suddenly, reaching net yearly rates the are around -2% during various years of the 1980-1992 period, on average for the whole period the rate is -1 5% per year The effect is an international emigration balance that is estimated at about 1,000,000 salvadorans for the reference period, according to sources in the receiving countries (United States of America, Mexico, Central America, Canada and Australia, mainly)

Within the salvadoran demographic process the experienced decline in the frequency of births stands out, measured by the average number of children by women in child-bearing age This fecundity reached 6 5 children in 1971 1/ at a national level and drops to 4 3 children towards 1993 2/

At the same time, mortality has shown a slow and systematic slowdown Up to a point this decline has been slowed down by the effect of the deaths caused by the armed conflict. Thus, from 15 deaths per thousand inhabitants in 1971 it drops to 8 per thousand in 1993.

The integration of the effects of fecundity, mortality and territorial movements of the population leads to **Yearly Average Growth Rates of the Population** Within this principle, taking into consideration the censused populations of 1950, 1961, 1971, and 1992 **(Chart No. 1.A)**, the numbers on **Chart 1.B** have been estimated. Briefly stated, a major decline on the population growth trends of El Salvador, broken down in accordance to sex and rural and urban areas Observe that the **Yearly Average Growth Rate** during the last intercensal period (1971-1992), contrasts markedly with the rates of the two previous periods (1950-1961 and 1961-1971)

Of course , these indicators are affected by the classical differential omission errors of the 1992 Population Census, especially in the rural area This is due to the joint action of many factors. negative prevailing environment in general, result of the armed conflict;

1/ Estimation based on DYGESTIC/GDSC, National Housing and Population Censuses of 1971, (Censos Nacionales de Población y Vivienda de 1971).

2/ Estimation based on ADS/SDA, National Survey of Family Health of 1993, (Encuesta Nacional de Salud Familiar de 1993)

premeditation in not declaring certain persons of the household, traditional forgetfulness in declaring all the children below 5 years of age; type of census applied **"de jure"** or **"according to law"**, disfunctional under the prevailing socioeconomic, cultural, and political conditions of El Salvador, lack of foundation based on updated census cartographic material; limited human resources, both in quality and quantity; apparently, hasty organization and implementation process of the field work, etc.

On the other hand, the numbers quoted are national averages, differentiated according to urban and rural areas In each one of the 14 political-administrative major divisions (departments) important differences between rural and urban indicators can be observed Unfortunately, the available data by municipality are few; when their use has been essential they had to be inferred from the results given with the national overall data and/or from the total of the respective department.

CHART No. 1.A
POPULATION OF EL SALVADOR AT A NATIONAL LEVEL, ACCORDING TO SEX AND URBAN AND RURAL AREAS: CENSUS YEARS 1950, 1961, 1971, AND 1992

YEARS	POPULATION IN THE DOMINION AND INDICATED SEX a/								
	NATIONAL			URBAN			RURAL		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
1950	1855917	918469	937448	677167	314921	362246	1178750	603548	575202
1961	2510984	1236728	1274256	966899	451840	515059	1544085	784888	759197
1971	3554648	1763190	1791458	1405532	664242	741290	2149116	1098948	1050168
1992	5118599	2485613	2632986	2581834	1220024	1361810	2536765	1265589	1271176

a/ Data on the dates of the corresponding Population Censuses carried out by the General Direction of Statistics and Census (June 13 1950 May 2 1961 June 28 1971 August-September 1992)

CHART No. 1.B
EL SALVADOR: AVERAGE ANNUAL POPULATION GROWTH RATES AT NATIONAL LEVEL, ACCORDING TO SEX AND URBAN AND RURAL AREAS

PERIODS	AVERAGE ANNUAL POPULATION GROWTH RATES AT NATIONAL LEVEL IN THE DOMINION AND SEX INDICATED (%) a/								
	NATIONAL			URBAN			RURAL		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
1950-1961	2 78	2.73	2.82	3 27	3 32	3 23	2 48	2 41	2.55
1961-1971	3 42	3.49	3 35	3 68	3 79	3.58	3.25	3 31	3.19
1971-1992	1 72	1.55	1.82	2.87	2 87	2 87	0.78	0 67	0 90

a/· In each intercensus period the geometric growth trend was applied, through the relation $r = [\ln (N_t - N_o)] - t$.

1 2 Future Population of El Salvador: 1993-2010

Taking into consideration their use for measuring the population coverage levels of the health services, mainly by means of **CHPs** (community health promoters), a relatively simple methodological estimation process of the future population of El Salvador has been applied It gives results by age and urban and rural areas, for the pivotal years of the 1993-2010 period, with approximation ranks close to reality These projections are sufficient to define the future demographic potential of El Salvador, within an acceptable alternative. The (quantitative and qualitative) interrelation of this demographic potential, with social and economic aspects, is conducive to sizing the potential demand of services; in this case for health services

In the first instance, any population projection of El Salvador must take into consideration that the factors that gave way to the irregular behavior between 1980-1992 are changing. It is not regarded possible that the international migration trend will prevail at the same level, with the high ranges observed during the 1980-1992 period; equally so, signs of repopulation have been observed internally, especially in rural areas and minor urban areas Therefore, the hypothesis regarding the future behavior of the demographic components (fecundity, mortality, and migration), tend toward a recuperation of the population growth rate These hypothesis are grounded on the expected low declining trends of birth and mortality (natural growth) and mainly in a considerable decline expected in migration

Within the above considerations several basic criteria have been applied for the estimation of the future population of El Salvador·

- Certain adjustments were made to correct, partially, the classical census omission error in the population, by sex and

rural & urban areas, as of September 1 of the **1992 Population Census**

- The future estimates of the population refer to June 30 of the years 1993, 1994, and the quinquenniums of 1995, 2000, 2005 and 2010.

- As reference sources of available information, the results of the following surveys were taken into consideration **FESAL/1985, FESAL/1988** and **FESAL/1993, Demand Survey of Health Services of 1989,** and **Multiple Purpose Survey of House-holds for 1991-1992 and 1992-1993.** With the same purpose, the **Population Studies** made for El Salvador by Alens 3/, and in the determinant exceptional behavior of the internal and international migrations observed during 1980-1992 period, several specialized studies were considered 4/.

- A progressive recovery of the population growth is assumed, coherent with the composition by sex (**Male Rates**), the relative distribution (**Percentage of Urban Rural Population**) and the possible behavior of the future demographic components (**Natality, Mortality, and Migration**). Thus, on the whole, the **Yearly Average Population Growth Rate** (r) is defined

- The following **Male Indexes (Urban and Rural), the Proportions of Urban Population** (%) and the **Average Annual Population Growth Rates** are ascribed

---

3/ Alens Z , Alex A Estudios de Población Tomo I Estimaciones y Proyeciones de Población Principales Indicadores Demográficos de El Salvador (Population Studies Vol I: Population estimations and Proyections, Main Demographic Indicators of El Salvador), Unidad de Población y Recursos Humanos de MIPLAN y Fondo de Naciones Unids para Materia de Población (FNUAP) (Population and Human Resources Unit of the Ministry of Planning and United Nations Fund for Activities in Matters Concerning Population (UNFPA)

4/ Aspectos Sociodemográficos y Económicos de la Población Desplazada (Sociodemographic and Economics Aspects of the Displaced Population), 1986 study made by Alex A, Alens Z for the International Migration Organization, Geneva, Switzerland

YEARS	Masculinity Indexes a/			Urban Population (%) b/	Average Annual Population Growth Rates c/
	Total	Urban	Rural		
1992	94	90	100	50.4	
					1 8
1993	94	89	100	50.8	
					1.8
1994	94	89	100	51 3	
					1.9
1995	94	89	100	51 7	
					2.1
2000	93	87	100	53 8	
					2 2
2005	93	87	99	56.0	
					2 3
2010	92	87	99	58.1	

a/: Number of men per 100 women
b/: Lineal trend, slightly increasing
c/: Assuming geometric growth, progressively increasing in time

In conclusion, a population growth hypothesis is applied that generates the results in **Chart 1.C.** All the projected numbers have been rounded to the nearest hundred, to avoid giving the wrong impression of exactitude.

CHART N. 1.C
POPULATION OF EL SALVADOR, AS OF JUNE 30 OF THE YEARS 1993, 1994, 1995,2000,2005 AND 2010, BY SEX AND URBAN AND RURAL AREAS

YEARS	POPULATION IN THE DOMINION AND INDICATED SEX a/								
	NATIONAL			URBAN			RURAL		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
1992 (September 1)	5118599	2485613	2632986	2581834	1220024	1361810	2536765	1265589	1271176
1993	5195600	2517500	2678100	2639400	1239400	1400000	2556200	1278100	1278100
1994	5290000	2563200	2726800	2713800	1275100	1438700	2576200	1288100	1288100
1995	5391500	2612400	2779100	2787400	1310300	1477100	2604100	1302050	1302050
2000	5988400	2885600	3102800	3221800	1502300	1719500	2766600	1383300	1383300
2005	6679100	3218400	3460700	3740300	1741600	1998700	2938800	1462000	1476800
2010	7493100	3590400	3902700	4353500	2028500	2325000	3139600	1561900	1577700

Source To the populations on the base year in each dominion (**Population Census of 1992**) the corresponding ascribed indicators in each projected period is applied (**Masculinity Index, Percentage of Urban Population and Average Annual Population Growth**)

1.3 The Socioeconomic Framework

This brief demographic characterization is not independent of the

socioeconomic process that El Salvador has been experiencing. It should be pointed out here that the 1980-1989 period, during which the worst crisis in the economic history of El Salvador takes place, was characterized by outstanding aspects, such as:

- Pronounced deterioration of the productive activities

- Deficient internal savings, oriented to cover the minimum investment needs and/or replacement of the economic infrastructure, increasing the external dependency.

- Development standstill, especially of the rural areas, maintaining almost without any change the basic components of the development of the important **Agricultural Sector.**

Within the socioeconomic contraction experienced in the abovesaid decade, the following determinant facts were present

- The 3 basic reforms implemented in 1980 (**Agrarian Reform, Nationalization of the Bank System and External Trade**), the economic and political cost of which was higher than expected, with a considerable lesser (economic and social) return-rate.

- Adverse meteorologic conditions during several years, with hard impact on the country's agricultural output, particularly **Basic Cereals**

- Sociopolitical conflict that caused a great portion of the national budget resources (27%) to be dedicated to defense and public security, coupled to the systematic destruction of the important infraestructure of the country and the regrettable death of a considerable number of Salvadorans

- The earthquake of October 10, 1986, causing damages estimated in over US $1,000 Millions and with negative impact on the public reconstruction programs.

There was an attempt to design and implement strategies and policies oriented to counterbalance the rapidly deteriorating situation. However, the results were not altogether positive The implemented trade and exchange policies worsened the export capacity of the economy, reducing the competitiveness of Salvadoran products, with a decreasing trend in exports and a considerable outflow of resources in the services account of the balance of trade Likewise, the implementation of short-term economic policies did not foster the private activity; at the same time, the **Financial Public Sector** registered a high deficit, limiting its capacity to stimiulate the economic activity in general.

The sources of available information make evident the great socioeconomic deterioration experienced between 1980 and 1989 For example, the **Gross Domestic Product (GDP)**, during the 1980-1982 period,

presented high negative rates of annual growth (-8 7%, -9 0%, and -4 9%, respectively). Signs of recovery appeared in 1983, with annual growth rates between 0 63% and 2 69%; even as late as 1989 the **GDP** had not yet reached the 1979 level 5/

During the same 1980-1989 period, the **Saving Capacity (Private and Public)** was very limited Practically the output was oriented, to a great extent, to **Consumption**, only 13% was devoted to the formation of **Fixed Capital (Investment)** At this point, after the descent of **Capital Formation and Private Investment** during the 1980-1982 years, a considerable recovery followed in effect, starting in 1983 an average annual growth rate of around 5.5% was experienced In contrast, **Public Investment** decreased at a negative annual rate of -7.5%

Undoubtedly, the economic stagnation problem during the decade of the 80's was observed in all the geographic areas of the country; but with greater impact in those directly involved in the armed conflict.

Economic recovery signs were observed as of 1990 In 1992 the annual average growth rate was estimated in +4.5%, mainly due to the new **Model of Economic Stabilization**, with **Structural Adjustment Measures.** However, this model imposed restriction in relation to the distribution of the benefits of development, especially the elimination of poverty among the population in a disadvantageous economic situation (62% in 1994)

Within the slow recovery, implicit in the perspective of social and economic development of El Salvador, and with a degree of optimism, better indicators may be thought of, referred to income distribution, life conditions, education and political aspects therein related, could be considered The incidence of these factors is determinant in the health conditions of the population.

2. HEALTH SYSTEM AND COMMUNITY HEALTH

2 1 Brief Conceptualization of the Health System of El Salvador

A **Health System** is the coherent set of institutions, technical and economic standards and resources that allow attention to the population in accordance to levels of complexity In El Salvador the **Health System** has been characterized by the aggregation of several subsystems with their own characteristics, charged with the attention of different groups of the population, and imprecise relations between them In general, the system has been conforming to the evolution of society, all of which has had a decisive influence in the prevailing **Health System**

The first elements of the **Health System** are found in **Private Care** Secondly, **Hospital Health Care** began with the care organized by the religious communities. Later it was undertaken by the State, who shared

5/ Official Data from the Revista del Banco Central de Reserva (Bulletin of the Central Bank) for the corresponding years

the service in some hospitals with religious congregations. The State, thereafter, organized and expanded the **Ambulantory Health Services**, and initiated **Preventive Health Care.**

The **Health System** was integrated with the non-contributing **Public Sector** and the contributing **Private Sector** during 1940-1949 period. It is until the fifties that the Salvadoran Social Security Institute is founded **(ISSS)**, and absorbed the sector working in industry and trade under a tripartite contributing system: Labor-Private Sector-Public Sector. During the 1980s decade the ISSS incorporated the governmental employees and their children up to the age of 2 years. At present the ISSS gives health care services to children of up to 4 years of age in preventive health care

A certain number of autonomous and semi-autonomous institutions have also organized their own hospitals and/or health systems, to give health services to their employees Such is the case of ANTEL (the telephone company) that has its own hospital, the CEL (the Electric Commission of the Lempa River) which has its own clinics, the teachers union that organized a Teachers' Welfare that renders medical assistance, and the Ministry of Defense with its own system of hospitals and clinics.

The **Private Sector** has also been expanding in quality and diversifying its health services. The main concentration is found in the **MASS**, followed by the Cities of Santa Ana and San Miguel In recent years private hospitals have multiplied in these important geographical areas

Many coordination attempts have been made between the key elements of the **Health System** The most important ones have taken place between the **MOH** and the **ISSS**, achieving advances in the information systems, care standards, emergency care of patients, sale of services and the lease of infrastructure

It can be concluded, that within the **Health System of El Salvador**, with its 3 core institutional segments **(MOH, ISSS and Private Sector)**, there are coverage and access problems to the services rendered, combined with the underdevelopment problems detailed in the preceding sections

2 2. <u>Conditioning Elements of Health</u>

2 2.1 Key Factors

Undoubtedly the health condition of the communities, mainly rural, have a direct relation with their demographic, economic and social situation In effect, factors associated with the family composition and size, deficiencies in the employment situation, low income levels, undernourishment and undernutrition, housing characteristics, endowment of basic services (water, elimination of excreta, and electricity, illiteracy, and low education levels, have a decisive influence in the health problems. An overall view of the key conditioning factors of the health situation is presented in **Graph N. 1.**

As to the employment conditions, it is well known that a high percentage of the people in the rural areas have temporary low income level jobs, compeling them to live under subsistence conditions, with important repercussions on their health problems. The **Household Survey of the Ministry of Planning of 1992-1993** in the rural areas indicates a 12% Overall Unemployment and Underemployment is estimated at above 50% level

In relation to the Elimination of Excreta, a survey carried out by **IPM** in 1989 6/, found that **48%** of the rural homes did not have any type of sanitary service The **Final 1992 Regional Reports**, prepared by the **MOH**, on the **Basic Sanitation Conditions of the Managerial System of the Health Promoter**, show that only 45.5% of the rural homes had latrines In the **IPM** study the survey is representative of the country, while the second study only covers districts attended by the **CHPs** It should be expected that the results of the **MOH** would show a bigger achievement in latrinization, since this is one of the responsibilities of the **CHPs**. Directly related is the disposition of garbage 68.7% of the rural homes deposit their garbage in the open field, following a pattern of cultural habit difficult to change in the population, especially the rural population.

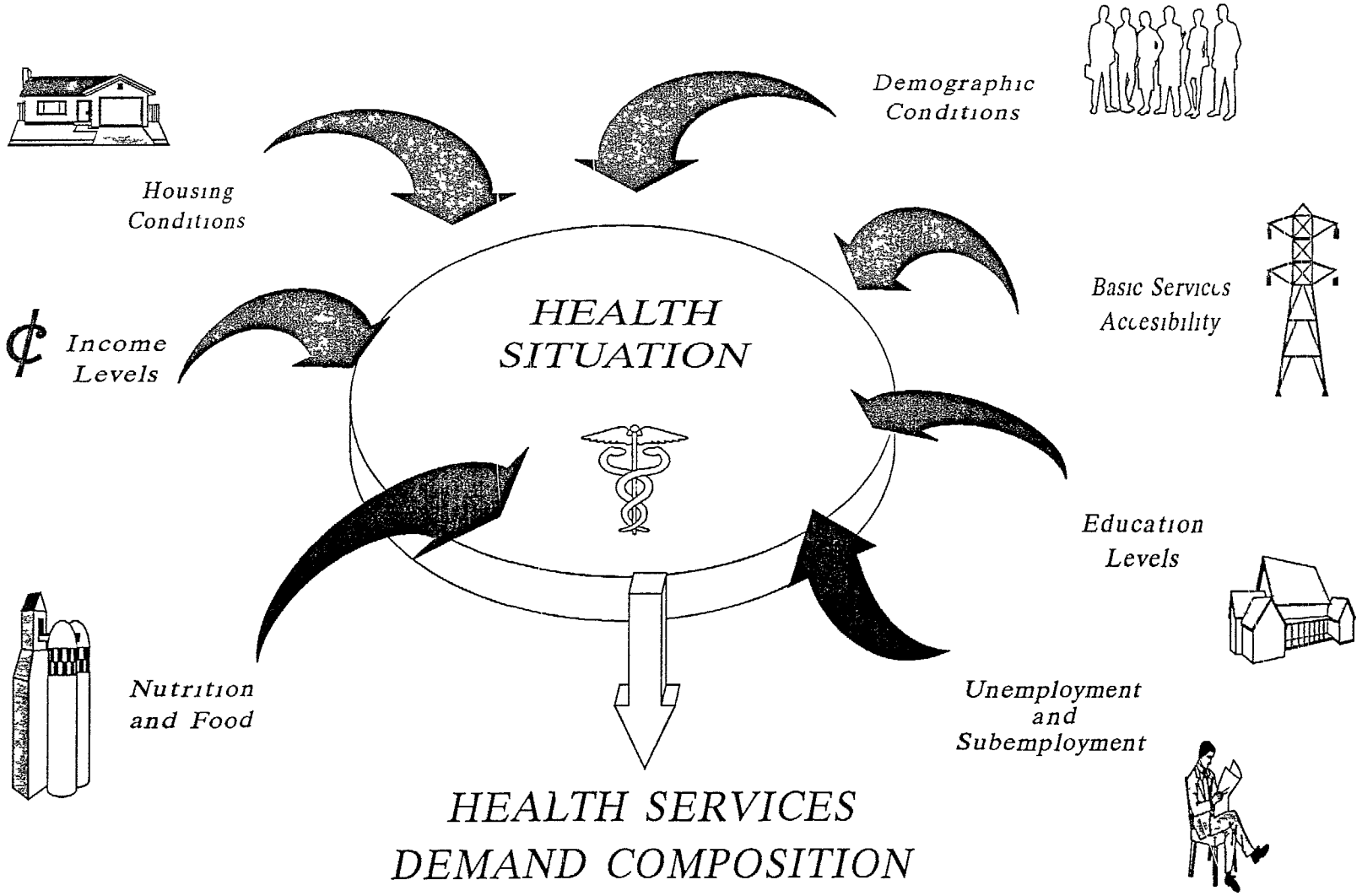
In this sense, Undernourishment is a basic problem, more frequent among children under 5 years of age, producing weight and growth deficiencies It is important to point out that the prevailing undernourishment of proteins and calories, is a consequence of the aforementioned deficient socioeconomic situation The mother-child group is the most vulnerable In pregnant women, undernourishment brings about not only risks for her health but also underweight among the newborn, contributing to the increase of perinatal mortality

Another conditioning factor of the health situation is education. Among the Economically Active Population (**EAP**), according to the **Health Plan of 1990-1994**, illiteracy in the rural areas is estimated in 57%; the national level is estimated at 50%. At the same time, the average schooling in urban areas is 4.7 grades, while in the rural areas is barely 2.8 grades.

6/ IPM S A. de C V Encuesta sobre Disponibilidad de Agua Potable y Energía Eléctrica en la Población Rural de El Salvador (Survey of the Availability of Drinking Water and Electric Energy of the Rural Population of El Salvador)

GRAPH No 1

THE HEALTH SITUATION:
KEYS FACTOR DETERMININGS IN EL SALVADOR



Water is another determinant element of the health conditions of the population, its availability, quantity and quality play a decisive role According to the study **Estimation of Infant Mortality, Prevention of Diarrhea and Sanitary Conditions (Water and Excreta)**, prepared by the **Health Regions** of the **Ministry of Health** in 1990, only 33% of the homes had water supplied through Home Piping and 20% of the population obtained water for consumption through public piping (public water takes) This indicates, at a national level, that 47% of the homes consume different types of water that do not offer sanitary guarantees (open wells, rivers, water springs, etc.) The survey quoted above carried out by **IPM** in 1989 7/ shows similar numbers in relation to the national rural area 42% of the homes have a well and 32% lack an adequate source.

Finally the Housing and Environmental Sanitation continues being precarious among the Salvadoran population Until 1990 the accumulated housing deficit was estimated in 600,000 units, without taking into account the deficient conditions in relation to the type of materials with which they are built, the state of those houses and the availability of basic services The same survey carried out by **IPM** in 1989 7/ quantified 72% of the houses as owned by their inhabitants, but 70% had dirt floors This is a classic indicator of the sanitary conditions in which the great majority of the rural population lives, taking into consideration the high level index of contamination of the soil

2.2.2 A Vision on the Prevailing Morbidity

The frequency and type of sicknesses of the population can be observed in the causes of **External Consultation.** There are ten outstanding first causes of **External Consultation** reported by the **MOH** in its statistical yearbooks These causes represent what was given through the **Ambulatory Services** of the network of the **MOH** establishments (including hospitals) Regrettably, the Ten first causes of external consultation have not been processed systematically. In this brief outline the data of three years are considered (1989, 1990 and 1991)

In first place it can be seen that the infectious and parasitary diseases predominate and are among the first ten causes of **External Consultation.** Among them, those of the Respiratory and Digestion Apparatus are the ones that have the greatest incidence among the infectious diseases, representing between 60% and 70% of the overall reported causes. It is noteworthy to point out that in 1989 the Diarrheic Diseases occupied second place The first place taken by the Normal Pregnancy consultations. This leads to think that the **Programs of Maternal Care** have grown in such a way that the coverage has increased notably. A similar situation can be observed in the care to children under 2 years of age, during the three years considered here, appears registered among the first ten causes of external consultation

7/ Op Cit, see footnote 6/

The fact that the consultation due to Diseases of the Hard Dental Tissue disappears from the group of the first ten causes also stands out, in spite of being a prevailing ailment of the Salvadoran population The explanation can be found in the fact that the **MOH** offers this service in a very limited form, thus not allowing that the records reflect its impact.

For its part, the collected information processed by the **Epidemiologic Vigilance System** shows the evolution along the 1980-1990 period of the Infectious and Parasitary Diseases, grouped according to frequency among the first ten causes. Similar to what was observed in the general causes of external consultation, the Infectious and Parasitary Diseases of the Digestion Apparatus occupy the first places thoroughout the period The emergence of Cholera in the country in 1990 stands out here; although it is not reported among the Ten first infectious diseases, it has caused deaths and put the **Health System** in alert.

Influenza (Grippe) climbs from the fourth place in 1981 to the second place in the last 3 years

It is noteworthy of attention that Pulmonary Tuberculosis (TB) is in the tenth place in 1981 and disappears in the next years from the first Ten causes of infectious diseases, in spite of the deficient socioeconomic prevailing conditions.

Malaria shows a marked descent, although it is present all along the period, falling from third place in 1981 to the eighth place in 1991.

Of the Diseases Preventable through Vaccination, only Measles is reported in the sixth place in 1982, it appears once again in the tenth place in 1984 and in the fifth place in 1989 This is one of the diseases preventable through immunization included in the national vaccination campaigns started in 1985.

The Sexually Transmitted Diseases, which occupy the next to last place at the beginning of the period, continue being present and it is necessary to point them out due to the appearance of **AIDS** In the yearly report of new **AIDS** cases a notorious increase can be observed In this respect, it has to be considered that the transmission mechanism is sexual contact and that it is a disease for which, up until now, there is no cure and causes increasing mortality.

Finally, in 1984 Scabies is reported in the sixth place. From 1988 up to 1991 it observes the same level. This parasitosis is associated with the overcrowding living conditions, as well as to inadequate personal hygiene conditions

2.2.3. General and Infant Mortality

Mortality is in direct relation to **Morbidity**; both of them dimension the health problem The **1990-1994 National Health Plan of the MOH** presents data congruous with the reality of the salvadoran mortality At a national level the following rates can be observed

Concept	Rates per 1000 Inhabitants During the Indicated Years		
	1980	1986	1990
General Mortality	11.0	10.8	8 4
Infant Mortality	73.0	58 0	56.0

In accordance with the above indicators, during the 1985-1990 period, **Life Expectancy at Birth** was estimated for the population as a whole in 62 2 years; by sex it is greater among women (66 years) than in men (58 years)

It must be observed that the **Infant Mortality** rate remains high 56 per thousand born in 1990 However, the decrease observed between 1980 and 1990 is important (from 73 to 56 per thousand live-born) For its part, in the survey carried out by the **Health Regions of the MOH** in 1990 8/ **the Infant Mortality Rates of all the regions decline from 1977 to 1987 (Chart No 2), the sharpest declines can be observed in the Central, Paracentral, and Metropolitan Regions The decrease is consistent in the Central and Paracentral Regions, which is what happens with the national average during this same period**

CHART N. 2
ESTIMATED MORTALITY RATES, BY HEALTH REGION: YEARS 1977, 1980, 1983, 1986 AND 1987

HEALTH REGIONS	INFANT MORTALITY RATE PER 1000 LIVE-BORN				
	1977	1980	1983	1986	1987
National Average	**122 5**	**103 0**	**75.4**	**69 9**	**64.9**
Western	123 6	99 0	75.0	59 0	74 9
Central	150 0	112 7	93 6	93 2	70 7
Metropolitan	101 2	101 5	66 4	70 6	35 0
Paracentral	151.0	106.0	67 0	63 0	58 0
Eastern	106.8	101.3	75 6	66 5	75 2

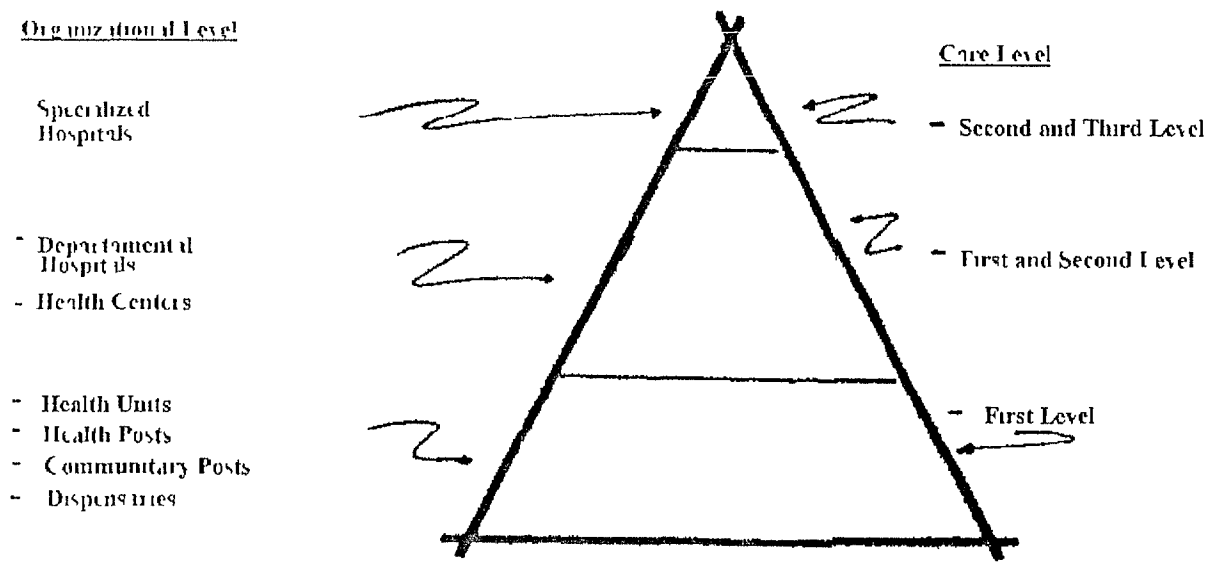
The chronological sequence of the above figures for the period 1955-1995, denotes the important decreasing tendency of the **Infantile Mortality** shown in **Graph N. 2**

8/: MOH "Census about Infantile Morbidity, Prevalence of Diarrhea, Acute Respiratory Infections and Enviromental Health 1990"

As to **Maternal Mortality**, the **MOH** has processed the information from the health establishments that attend **Births**, evidences a noticeable reduction between 1990 and 1993, although with irregular tendency Is it to be expected that in rural areas **Maternal Mortality** will be higher, taking into account that coverage for **Prenatal Care** is only 50%. In the same way the percentage of births that take place at home in the rural areas, reaches significative levels, here **Births** not attended by qualified personnel are included Another element to consider is the lack of access to adecuate care, when complications during **Birth** arise, mainly in communities distant from the health establishments, without adecuate and opportune transportation, thus, generating that the most frequent cause for maternal deaths is hemmorage. It must also be taken into account that not all establishments that attend **Births** have Blood Banks.

2 3 The Supply of Health Services and of Community Health

The model of the services rendered by the **MOH** is pyramidal. It render services as per **Attention Levels**, in accordance to the following reprentative scheme

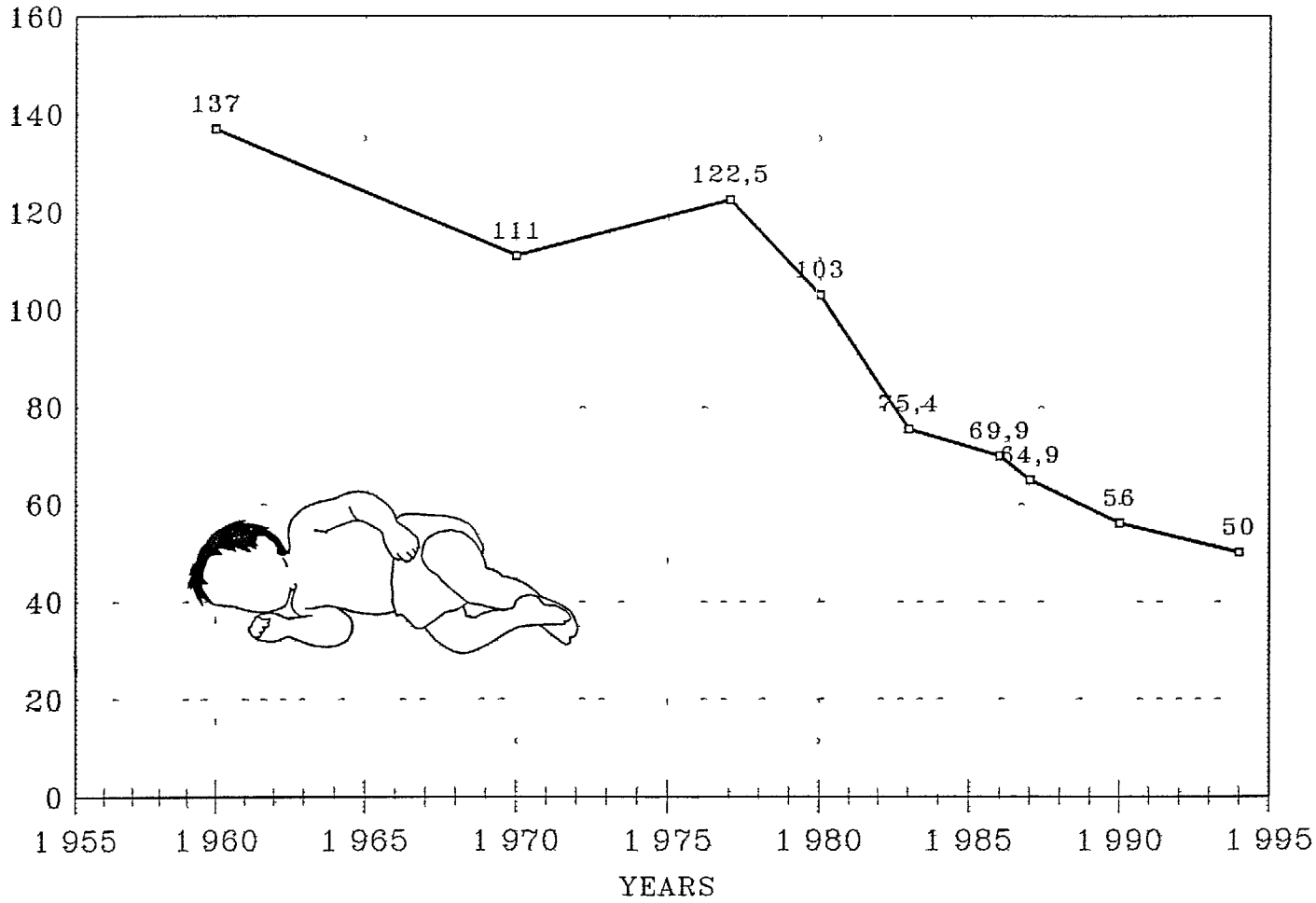


Within the **Health System** is the **MOH** that has taken the greatest responsibility in the attention of the population Therefore the **Supply of Health Services** of the **MOH** is the more representative and the one with greatest coverage To that purpose the **MOH** has the following health establishments

GRAPH No 2

Republic of El Salvador, C A

INFANT MORTALITY RATES, BY 1000 BIRTH LIVES 1960 - 1994



SOURSE UNITED NATIONS MPHSA MPCESD and NSFHSDA-93

Type of Establishments	Number
Total	381
Hospitals	15
Health Centers	15
Health Units	192
Health Posts	145
Community Posts	11
Health Dispensaries	3

Source MOH Report, 1994-1995.

Of the listed establishments, the Health Posts, the Community Posts and the Health Dispensaries are the ones that provide **Ambulatory Care**, especially to the rural population, although these populations have access to the Health Units Several Health Posts have become Health Units in order to give greater medical attention more frequently

In the Health Posts the medical care is provided from once to three times per week, depending on the demand of the population The preventive programs that the **MOH** has regulated, are offered in addition to the attention given to more frequent morbidities This Health Services Supply, could be considered of high coverage, and yet it does not reach the totality of the vulnerable groups, as demostrated in Care of Pregnant Women, Care of Births and Infantile Care

Within its structure the **MOH** has **Community Health Promoters (CHPs)**. In 1993 the canton coverage with the **CHPs** of the **MOH** reached 52 7%. For its part, PROSAMI **CHPs** during the same year added another 16 9%. Considering that 180 districts had **CHPs** of the **MOH** and of **MHCAP**, both institutions covered 1785 of the 2056 districts.

The **ADS** counts with **Pro-family Health Promoters (PHPs)** and **Rural Contraceptive Distributors (RCDs)** Their actions mainly directed to **Family Planning** They also received training to give **Mother and Child Care**, but an evaluation carried out by the **ADS** itself in 1995, shows how little identified their **PHPs** and **RCDs** are with this type of health services.

A determined group of **NGOs** also render certain modalities of health services through **Promoters**, of which the majority work for the same risk groups.

As one of the findings of the present research work, the geographic coverage levels of the **CHPs** of the **MOH**, **PROSAMI**, **ADS** and other **NGOs** are given below.

Midwives are a specific case of **Supply** A considerable proportion of births occur out of home, and a high percentage are attended by **Midwives.** Thus the relevancy that the **Midwives Capacitation Program Of the MOH** has, it is a fact that the community seeks the services of a midwife To ensure the **Care of Births** in hygienical conditions, by means of a person capable of recognizing complications and accept his limitations, the **Capacitation of Midwives** is important to diminish maternal and infantile risks.

Some **NGOs** have taken the initiative of capacitating **Midwives** in the communities they attend, with assesment of cooperation agencies and in coordination with the **MOH** These **NGOs** carry out the theoretic component of the **Capacitation** with their own resources; the **MOH** covers the practical component in its installations In 1994, of the 132 **Trainned Midwives,** 67% corresponded to this modality.

Finally, is worth mentioning that the **Rural Clinics** established by some **NGOs** (fixed and mobile) provide simplified attention.

2.4. Demand for Health Services

The **Demand for Health Services** is affected by different variables. The most clearly identified are the income levels of the population, the distance to the health establishments, levels of education, perception of the quality of the service and perception of the disease

A **Study on the Demand of Health Services** carried out in 1989 by John Snow, within the Project "REACH", registered that 53% of the studied population during the two weeks that were taken as reference perceived that some kind of sickness was affecting it, a perception that was greater among the female sex, but only 11% of the studied population underwent consultation for health or sickness reasons during the same period The same study showed that the coverage of the **Health System** reached 49% of the population. The highest consultation rate was 14.4% in the Metropolitan Area of San Salvador **(MASS)**, followed by the rest of the **Urban Areas** (11%) and lastly by the rural population with 8%

Taking into account that 48% of the population is still rural, the aforesaid **Demand of Health Services** is still very low. It must be mentioned that there are conditioning factors that can help explain to a certain degree this behavior. One of them is the level of schooling (the lower the degree of schooling, the less the health services are sought); to this me must add the traditional cultural barriers Another is the poor access to the services, since the rural population has to cover great distances with very deficient transportation It has been shown that distance is a factor that has an inverse influence. the greater the distance the lesser the **Demand** The low income level perceived by the rural population is also an important factor Poverty is more concentrated on this relevant strata of the population It is evident that a low income level represents a diminshed capacity for demanding health services

In any case, when the potential beneficiaries of a health service are estimated within a conglomerate, only the quantity of inhabitants and the distance are taken into consideration. In this way the assured **Demand** is estimated Mention must be made here of the perception of the quality of the service, including the waiting time, the personal treatment of patients, the way consultation is given, etc. These aspects make **Real Demand** not the same as the one that is planned.

In certain way, the **Demand** in the rural area has been covered by the **MOH**, that has introduced **CHPs** in the less attended **Districts** The idea is that with the promotion and education of health, the **Demand of Services** at the nearest health establishments will be stimulated At the same time, increasing the number of beneficiaries of the different health programs , including those of basic health cares at the home level, environmental conditions for the care of health and for the prevention of diseases.

As mentioned in the **Supply of Health Services**, this scheme has been adopted by several private organizations, most of which work with the same vulnerable groups.

The work modality of the **CHP**, on the other hand, is due to **Demand**, when his services are requested. However, in many cases it is due to the morbidity of the persons of the community that are under his responsibility; the **CHP** visits directly the persons at their homes to identify their attention needs

2 5 Community Health Origin, Evolution, and Present Situation

2 5 1 The MOH

Is in the 1950's decade that the **MOH** gives force to the attention of the rural communities by means of minimum health establishments called **Health Posts** Initially these establishments were attended permanently by a Nursery Assistant that provided **Simplified Care.** Additionally, the **Health Post** was visited once or more times a week, according to the demand of the beneficiaries, by a Physician and a Nurse that gave medical consultation.

The work system of the **Health Posts** (time schedules, attention days, distances and poor access to the establishments of many of the settlements) determined that a considerable part of the population was left out of the care possibilities. This population groups, left out by the health services, were the ones with the greatest risk of becoming sick or dyin given their socioeconomic conditions, the lack of basic services and the high level of prevailing illiteracy.

In consideration of the previous aspects, other penetration strategies to reach the communities were defined. This time, through **Community Agents** or **Health Promoters**, the message of education in health was carried by them directly into the homes, making **References** that result in a greater usage of the health establishments, bringing at the same time **Simplified Care** Although the **Program of Health Promoters** started

a couple of years before he **Alma Ata** declaration, the **Community Attention Program** applies in part some of its basic principles, such as

- A program addressed to special population groups (mothers, children, workers, the elderly and the handicapped)

- A general health program (feeding and nutrition, oral health, mental health, accident prevention, environmental sanitation)

- Disease prevention, protection and control programs.

Maternal-Infantile Care and Family Planning have been the strongest work components of the health promoter. Thus, the initial organization and conduction of the program was under the responsibility of the **Maternal-Infantile Division**, which at the same time administered the **Midwives' Training Program.**

At its inception in 1975, the program was timid: only 15 **Health Promoters** were trained for an equal number of districts in the **Oriental Region** Because the form of selection of this staff was not very clear and taking into account some desertions, the experience was repeated in 1976· in this year it comprised 30 **Health Promoters**, including some of 1975, which were called **Rural Health Assistants (RHA)**. Their training lasted only 2 weeks in 1975 and was extended to 8 weeks in 1976, improving the selection system By 1977 the program was extended to other **Health Regions**, with a training program that lasted 12 weeks This is the **Basic Program** that is being used now The majority of the teachers of the training teaching staff comes from the **Health Regions** with the participation, in special areas, of other teachers

Taking the above into consideration, in 1989 the **Community Health Department** is organized and put in charge of the technical management of the **CHP Program**, coordinating with technical units of the **MOH** the regulation aspects of the care delegated to the **CHP** Before the organization of this unit, in different periods of time, the **CHP Program** was carried out by the **Health Education Division** and by the **Technical Normative-Operative Directory** inasmuch as these divisions had their own functions they were unable to provide the necessary attention to assure the program's good performance.

The program of the **CHPs** of the **MOH** has been evaluated, at least, 3 times in its 20 years of existence These evaluations have given basis for its expansion and betterment

In 1976, with the full participation of the staff of the **Health Regions** a **Study on the Access and Distance to the Health Establishments** was carried out with preestablished parameters. Its results demonstrated the existence of many communities that due to distances, geographical circumstances and/or bad roads, were left out of the coverage of the health services. Thus the need to extend the coverages through the health establishments and the location of the new **CHP**

During the 80's, this is to say the years when the most important moments of the armed conflict took place, the health care in the rural areas became still more difficult. The **MOH** was compelled to close down some health establishments in the conflict areas. Some **CHPs** left their jobs, while others were relocated to provide care to other communities By then, the **Non Governmental Organizations (NGOs)** emerged and covered the uncovered communities, in accordance to their own guidelines.

Now, in May 1995, the **MOH** has 1438 **Community Health Promoters (CHP)**. From the begining the program was managed "vertically"; presently it is "horizontal," and it is integrated in all the regional and local work.

2 5.2 The ADS

The **Salvadoran Demographic Association (ADS)** has always had **Family Planning** as its basic work objective. In the 1970's it sought to penetrate the rural areas by means of existing agents in several Ministries, Home Educators, 4-C Clubs, etc. These agents were given, as training, a **Family Planning Module.** Their task was predominantly promotional. In case of acceptance by the persons, they were referred to the **ADS** clinics and/or to those of the **MOH.**

Later, the **ADS** passed the promotion in rural areas to the **Project of Satisfied Users** For the case in point, some satisfied persons with the **Family Planning** method participated working as volunteers The Oral Contraceptives were given free of charge and they earned a small amount (¢2.00) for the application of Injections

The **1978 Fertility Survey (FESAL/78)** showed the poor access that the population (mainly the rural population) had to contraceptives, due to which the **ADS** implemented in 1980 another strategy called **Community Contraceptive Distribution (CCD)**. The manner the **CCD** operated consisted in choosing people with leadership characteristics from within the communities that were identified with **Family Planning.** The selection process was carried out by a staff of **ADS**, which was responsible of the promotion in the community by means of chats to these groups and/or by taking advantage of meetings called for other matters At the same time, it supplied on a monthly basis the products, the stationery and the collected statistical information

The **DCA** agent was called **Community Distributor of Contraceptives (CDC)**, and worked on demand having as headquarters his home. As compensation for his work he received a commission on the sale of the contraceptives This way of operating started in the **Oriental Region,** and was extended to other regions of the country in 1983 However, toward the end of 1984 the **DCA** was closed down.

In 1988 the **ADS** started another kind of attention, covering **Reproductive Health and Health Care of Children** by means of **Promoters** having a more qualified profile than that of the **CDCs** This project was implemented toward 1991, with 100 **Pro-Family Health Promoters (PHP)**, located in geographic places where there was no **CHP** of the **MOH.** Initially the training was given by the staff of the **MOH**, a function assumed later on by the **ADS** itself.

Parallel to the **PHP Project, ADS** continued with the **RCDs**. In 1995 it had 1045 **PHPs** and 435 **RCDs** The **PHPs** receive a bonus of ¢460 per month while the **RCDs** receive only a small profit originating from the sale of Contraceptives. Toward the month of July of 1995, the **ADS** started a new Project exclusively with "**volunteers**" with new promotion and reward strategies.

2.5.3. PROSAMI

In 1990 the **Maternal and Child Care Project (PROSAMI)** was initiated, which also provides health services with **CHPs**. Presently, this Project is being developed by 34 **NGOs** that carry out the same health actions. For the case in point, **PROSAMI** is in charge of providing the standards to unify the work criteria; it channels the funds to finance the program and helps the **NGOs** in their administrative development. That is to say that **PROSAMI** is a regulating organism that collaborates with its associated **NGOs**, in the technical aspects of providing health services as well as in the administration and financing of the project.

In 1991, **PROSAMI** started training the **CHPs** with the **Training Program** of the **MOH** in questions related to **Maternal-Infantile Attention**, to which 3 modules were added **Training** was given by personnel from the **Regions** of the **MOH**; that year the **CHPs** received their diplomas from the **MOH** In 1994 and 1995 **Training** was given by technicians from the **NGOs**, with the support of the **MOH**; therefore, on that ocassion the **CHPs** received their diplomas signed by the **MOH** and **PROSAMI**. This project has also trained **Midwives** combined with the **MOH** Thus, the **Midwives** from the **NGOs** have been trained from 1993 to this date, by personnel from the **MOH Regions**, with the support of personnel from the **NGOs** (theory given by the **NGOs** and practice by the **MOH**). They also received their Diplomas from the **MOH**

The location of the **CHPs** of **PROSAMI** has been coordinated with the **Health Regions of the MOH**, in order not to duplicate efforts However, cases of parallel **CHPs** presence has been observed in a certain group of Districts All the **CHPs** working in the **PROSAMI Project** are payed

2 5 4. CISI

With the quantity of **NGOs** that worked in the **Maternity Childhood Health** area in 1988, the **MOH** relied on **CISI** to coordinate actions.

2.5.5. Other NGOs

More recently, several institution are in charge of grouping other **NGOs** carrying out similar activities within certain health areas, this is the case of **CAPS** and **CARITAS**. Most **NGOs** working for these associations do it within the **Mother-Child** group It is frequent for an **NGO** to be associated to more than one "umbrella institution" in order to carry out different types of activities in the community

Within the context of what has been said in the preceding sections and with the depth allowed by the collected data, in the following chapters of this research a detail on the structural compositions of the institutions (national and international) that provide health services

thorough **CHPs** is presented, with emphasis on the particular characteristics and work of their **CHPs** Throughout the research several basic premises are present, derived from the precedent appreciations, namely·

- Structural development factors accumulated through time, with the expansion of the social and economic crisis during the 1980-1992 conflict have not allowed the extreme and relative poverty levels to diminish.

- The size, composition and dynamics of the demographic and socioeconomic characteristics (present and foreseeable) of the population nuclei requiring health services is the main determinant factor of the impossibility of fully covering the **Demand for Health Services**, both in quantity and quality. Thus, systematically, the structural health factors are seriously affected by important aspects related with education, feeding and nutrition, environmental sanitation, drinking water, elimination of excreta and others

- An updated redefinition of the **Demand of Health Services** is unavoidable in order to seek a solution to the present deficiencies in the provision of services, especially for those 2/3ds of the population of El Salvador living in conditions of poverty (extreme and relative) To that purpose an institutional application (organizational and functional) is required in accordance with the reality of these population groups. The prevailing conditions on institutional organization and functioning aspects, as well as a decided influence of the aforesaid structural factors work against the efficiency of the provision of health services

- An adequate decentralization of the organic and functional componentes of the present **Health System**, would improve the efficiency and efficacy of the supply of the health services

- The **CHPs** of the several nongovernmental organizations (**NGOs**) and the **MOH**, represent an element of the **Health System** that can be better utilized to expand and enhance the **Primary Health Services** (**PHS**), in the rural communities of El Salvador In effect, the **CHPs** represent an important human resource for the provision of essential community health services However, the lack of quantitative and qualitative information, especially in the **NGOs** sector, represents an important obstacle for its full utilization

---

9/ "Análisis del Sector Salud en El Salvador (ANSAL)" - INFORME TECNICO (Borrador Avanzado)/"Analysis of the Health Sector of El Salvador (ANSAL)" - TECHNICAL REPORT (Advanced Draft), USAID-El Salvador, PAHO/WHO, WORLD BANK and IDB, January 1994.

II. METHODOLOGICAL PROCESS

INTRODUCTION

The structural contents of this chapter have been adjusted as close as possible to the interests of the users of the findings of this investigation Whenever justified, additions to the analysis have been made in the corresponding annexes.

In support of the **Methodological Process**, reference is initially made to the main features of the **Background** with a definition of the **Objectives**, followed by a general methodological description and a sequential introduction of the the main phases of the work.

1. BACKGROUND

In recent years recognition has been made of the revaluation process of the structural components of El Salvador's development, with certain emphasis on the social aspects. And in the configuration of the programs and projects the importance of their evaluation and follow-up has also been recognized and incorporated Such is the case of the development of the **Health Sector**, wich has great coverage potential, objectivity is permanently sought in relevant aspects of the health projects, including their impact on the target populations.

Undoubtedly, there is a diversified set of priorities in the **National System of Health Services**, with resources of all types that continue being limited in spite of the great efforts made by the State, with international technical and financial support. It is here where the structural conditions (demographic and socioeconomic) of the salvadoran population turn out to be determinant, conditions which are briefly presented in Chapter I In any case, the need to enhance and extend the **Primary Health Services (PHS)** is classified in the first place, services among which the **Community Health Promoters** as a resource has a considerable weight This premise is applied in the **MOH** and in the net of **NGOs** Within the **NGOs**, the **ADS (Salvadoran Demographic Association)** and 34 **NGOs** that operate under **PROSAMI (Maternal Health and Child Attention Project)** stand out. Additionally, in this moment, a group of 43 **NGOs** providing health services with their own **CHPs** and diversified in their work, is operating in El Salvador (**2 NGOs** with Promoters and 41 with **Volunteers**).

Regarding the **CHPs**, inquiries made at the central information sources verify that there is information about their number, geographic distribution, and some of their basic characteristics However, only scattered bits of information are available on little known aspects (qualitative and quantitative), that have not been properly evaluated Such is the case of the **CHPs** in the composition of the services they provide and the time devoted to them, the fields of health that are

covered, worked hours, levels of salaries, bonuses, quantity and type of training, supervision, and other aspects within the program of national community health services

In spite of the considerable numerical growth of **NGOs** during the recent years, specially in the field of health, a good periodical information system is lacking. However, several research studies previously carried out give some appreciation about the **CHPs**, of which the following two

- The **Study on Nonprofit Private Institutions Providing Health Services, 1990** (**MARCABLE, 1990**), including 75 **NGOs**, but without disaggregation of important information (municipal geographic distribution, staff and training, budgets, degree in which the **CHP** are used, etc)

- At the end of 1994, **PROSAMI** estimated 121 **NGOs** working in the field of health, of a total of 186 covering all the areas of the community services, according to the **"Directory of Private Development Institutions of El Salvador, 1992"**, prepared by the United Nations Development Program (**UNDP**). Unfortunately the study does not make reference to important aspects of staff training, size, and composition of the beneficiaries, degree of utilization of the **CHPs**, municipal geographic distribution, etc. Currently, PROSAMI has information on the **34 NGOs** it sponsors, which has been an important source in the preparation of the present study

The sociopolitical conflict that prevailed until 1992, was a negative factor in the follow-up evaluation of the **CHPs** Fortunately, differences in the political aspects show a considerable reduction, with serious efforts being made toward a greater understanding and integration of the functions between the **CHPs** of the **MOH, ADS, PROSAMI**, and the other **NGOs** However, in recent years an important limiting factor has been the reduction of the source of funds for an adequate performance of the health programs utilized by the **CHPs**

Within the preceding framework, the **Project Analysis of the Health Sector of El Salvador (ANSAL)"** 10/ is outstanding. The findings and recommendations of the **Executive Summaries** of the **9 Technical Reports (Advanced Drafts)** underline the **Community Health Programs**. Due to their incidence on and direct relation with the present research study, regardless of priorities, the text of some of the 9 **ANSAL** reports considered as relevant references are quoted:

"The five most frequent causes of death among children between 0 and 4 years of age are· diarrhea/dehydration, acute respiratory infections, low weight at birth/premature birth, congenital anomalies, and birth trauma/asphyxia".

10/ OP. CIT, footnote 9.

"The families living in extreme poverty lack in incomes and in basic services, which increases their health and nutritional problems. 84 % of the rural population does no have access to the public water system, in comparison with 13 6% of the population without access in the urban or suburban areas"

"A greater degree of coordination is required outside of the **MOH**, the **NGOs** and other formal health institutions, also within the Ministry itself"

"The actions on sexual and reproductive education need to be strengthened, specially those addressed to women, placing emphasis on the importance of spacing the pregnancies and the risks of sexually transmissible diseases and **AIDS**".

"The handling of **Accute Respiratory Infections (ARI)** at the level of the rural health promoters, presents some differences between those of the **MOH** and some of the **NGOs** of **PROSAMI** The promoters of **PROSAMI** administer antibiotics in severe and very severe cases, good commentaries were received in a recent evaluation done by consultants of the activities of **NGOs** promoters associated with **PROSAMI**, concerning the handling of **ARI** The **MOH** promoters do not handle antibiotics, the severe and very severe cases are referred to higher levels. According to data of the Community Health Department of the **MOH**, 40% of **ARI** referrals are never completed"

"Studying the relation between the staff with which the **NGOs** work and the population coverage it was determined that 68% has a high degree of efficiency".

"Active community participation is very important as a supporting factor of the programs. The communities can participate in the financing of its services, thus making themselves participants and responsible in the decision-taking process and in the control of the work or the end product (service)".

"The health promoters are another important human resource for the coverage expansion These promoters must have a formation preparing them to have a high level of problem-solving abilities and good supervision mechanisms, follow-up, reference and counter-reference systems, with permanent and continuous training"

"The clients are not able to establish a difference between the organizations that administer the basic health services According to their perception it refers to a hospital, a clinic (which may be a post, a unit, a center of the public sector, a **NGO**), or a private commercial provider. Something very important for the patients is if the the health installation is located is relatively near, whether it has a competent staff capable of dealing with health problems with efficient and available medicines, that can be purchased at reasonable prices"

"The findings of this study include the lack of access to these high quality and economic (preventive and curative) basic health services experienced by the impoverished peoples of the rural and urban areas of

El Salvador"

"The **NGOs** provide a considerable part of the community health services in the rural area of El Salvador, but unfortunately their real contribution is not well documented. This is due to the patient's habit of mentioning only that he has been given attention in a clinic, without mentioning specifically the sponsor of the installation nor providing updated information about the services received"

"The community health programs presently working (basically that of the **MOH**) cover a wide range of the Primary Health Services. To continue building on this well established foundation it will be necessary to strengthen and establish certain changes within the **System of Health Promoters** First, the time distribution among the different activities of the **Health Promoters** must be adjusted to satisfy the great need of the mother-child health programs at a community level. The **Promoters** must dedicate more time to activities related to mother and child health programs at community level They must be well trained in order to establish differences between slight and serious symptoms and to teach that ability to the members of the community. The Ministry of Health and the **NGOs** must improve and systematically apply standards, objectives and systems for the preparation of trainers and supervision of the health promoters The community health programs must include urban, marginal and rural areas unserviced or underserved. Finally, a community health program must be as good as perceived by the people It is important to guarantee that the community health services be "user friendly", that they respond to the needs of the community, and that the members of the community are conscious of the available services for them at the community level"

2. OBJECTIVES

Within the summarized background, the research work is specifically addressed to **Revise and Evaluate the Health Promoters** of the **MOH** and of the **NGOs** of **El Salvador** As a main product it arrives to an actual characterization of the **CHP**, with sufficient dissaggregation of the information, in order to reorient the work of this very important human resource, striving to provide essential community health services within the **National System of Health Services.**

The impact the **Health Promoters** can be substantial in terms of coverage and better quality of the community health services. They influence positively the improvement of the deficient living conditions of a high proportion of the population regarded as living within the poverty line (slightly over 65%). Among other aspects, the present study enables a greater utilization of the **Health Promoters**, decidedly influencing the factors inherent to their responsibilities of which the relevant ones

- Establish consensus on the definition, responsibilities, and activities of the **Health Promoters**, uniforming their standards and functions.

- Uniform the minimum standards for the composition of training classes, contents, and quantity to be given to the **Health Promoters**, with updated programs of basic training

- Standardize the types, kinds, and quantity of supervision of the **Health Promoters**

- Gravitate toward the leveling and improvement of the work conditions of the **Health Promoters**, including volunteer workers (part-time and full-time) and employees (part-time and full-time)

- Analyze the relation between the sex of the **Health Promoters** (part-time, full-time, or volunteers), wages and fulfillment of responsibilities.

- Update the contents of the **Health Promoters Manual**, ensuring its full distribution and observation

- Develop strong and institutionalized mechanisms in **GOES/MOH** and the community of **NGOs**, to coordinate and cooperate in the provision of the services of the **Health Promoters** and their practical utilization, including the referral system of patients

- Establish an adequate institutionalized coordination and cooperation between the **MOH**, the **NGOs**, and the **Health Promoters**

In accordance with what has been said, the **Objectives** of the research work concentrate on the gathering and analytic evaluation of the updated basic information, with sufficient disaggregation, on the **Health Promoters** covering the health field, as an instrument that eases health planning by means of the design of programs addressed to improve the living conditions of the poor in El Salvador This informational basis about the **Health Promoters** orients the future and needed technical and financial assistance of the **NGOs** and the **MOH** The adequate coordination between the **NGOs**, the **MOH**, and the **Donors** would improve the present utilization of the **Health Promoters**, developing some important aspects, amongst which those mentioned in the preceding paragraphs stand out

In consequence, all the efforts of gathering updated and disaggregated data is focused on the **Health Promoters** Thus patterns or trends related to key variables can be detected, e.g

- Service Areas
- Services Provided and Time Devoted to Each One
- Sources and Conditions of Employment (When They Are Not Volunteer Workers) Wages, Worked Hours, Bonuses, etc
- Benefits
- Sex, Age and Education Level.
- Training and Supervision.
- Number of Beneficiaries Under his Care.
- Budget of the Institutions to which he belongs.

Thus, the **Nature and Scope** of the studies that have been done has been defined With previous intercommunication and coordination between **CLAPP and MAYNE Inc.**, **MOH**, **NGOs** and the **Donors**, dissaggregated information regarding **Health Promoters** has been gathered, analyzed and evaluated All due attention has been given to the sensitive **Field Phase**, to attain a better feasible coverage and quality ranges. The analysis of the structural composition of the **Health Promoters** has been carried out, with its participation form' and ranks within the respective community health programs.

All the information gathered, processed, and analyzed, with the findings and recommendations, make up the core contents of the present **Report on Community Health Promoters (CHPs)**. This document will orient future technical and financial assistance toward the improvement of the current **Health Promoters'** work.

3. GENERAL METHODOLOGICAL OUTLINE

The initial step was an updated inventory of the **NGOs**, national and foreign, developing work in the field of health in El Salvador, with their geographical location and distribution, number of **Health Promoters** per **NGOs** and their working conditions (Volunteers and Salaried Promoters) With the pertinent adaptation the same information was obtained from PROSAMI, **ADS**, and **MOH**

In general, activities have been undertaken that can be classified in two great groups **Institutional and Field Activities Applied Directly to the Health Promoters.**

The **Institutional Activities** begin with the aforesaid updated inventory of all the **NGOs**, national and from abroad, officially recognized, giving health services The basic references are several studies already carried out, as well as the existant documentation and information within the institutions themselves. Efforts have been made to reach the **Universe of the Health Promoters** and the institutional organizations, through visits and direct interviews with the pertinent officials in the **NGOs** and the **MOH**

Once the **Universe** was updated, the next step was to design and implement a program of visits to each **NGO**, as well as to each of the related organizations of the **MOH**, at a central and regional level In most cases up to four visits were necessary per institution, besides repeated telephone calls Here two application forms were put into practice, with wide and disaggregated coverage of themes, through explicit questions, sequentially ordered. The **Application Form F-1 and its Annex** contains information about the institutional **Health Promoters**, whereas **Application Form F-2 and its Annex** delves more into the specific information in relation to the work of the **Health Promoters.** The application of the second questionnaire combines the collection of data at an institutional level (central and regional organizations of the **MOH**, **PROSAMI**, and **ADS**) with its individual application to each one of the remaining **ONGs**, distributed in the national territory. After defining and applying technical criteria (theoretic-conceptual and

methodological), the success of this phase of the research depends, basically, of the quality obtained in the collection of primary information This explains why a systematic supervision and follow-up was applied by the technical and professional staff

In any case, given the nature of the information contained in the **Research Instruments**, mainly by the density of **Form F-2 and its Annex**, it is always necessary to ponder about the possibility of skewed answers (omission and/or bad statement of the data) **Form F-3** was designed to try to identify and correct this type of situations, which was applied in the field through direct interviews with selected groups of **PFHPs** of the **ADS**, the **CHPs** of the **MOH** and **PROSAMI.** Conceptually, it is a monitoring research with a reduced questionnaire, containing only themes directly related with the work of the **Health Promoters** Thus, **Application Form F-3** covers what is related with Basic Characteristics, Work Composition, Training and Supervision, Provided Services and Coordination Relations

The application of **Form F-3**, **Sub-Samples of Three Sub-Universes** were designed and chosen **CHPs of the MOH** (1438), **PHPs of the ADS** (1045), and the **CHPs** of the **NGOs** sponsored by PROSAMI (649). The 3 **Sub-Samples** are representative of the basic characteristics that were investigated about the **Health Promoters** (Sex, Geographic Distribution, and the Typology of Services that are provided) For practical reasons, and foreseeing the necessity of adequate **Variation Coefficients** of the main variables, the classic difficulty of geographic distribution and dispersion was reduced to a minimum, as well as the access and timeliness of the interview Each **Sub-Sample** has variable size, according to the nature of the respective **Sub-Universe**

4. METHODOLOGICAL PHASES

With the general bases summarized, the sequence of applied methodological phases can be briefly synthesized as follows:

- Updated evaluation analysis of all type of studies, technical and administrative documents, basic statistical information, available at the **MOH**, **ADS**, **PROSAMI** and the remaining **NGOs**.

- Conceptualization of themes, variables and parameters which are the purpose of the research At this point the list of data and indicators referred to in the **Reference Terms** was checked and complemented.

- Updated inventory of resources to define the **Universe of the Health Promoters**, making a classified analysis of the corresponding geographic coverages.

- Characterization of the methodological application, in coordination with the **MOH**, **ONGs**, **CLAPP and MAYNE, Inc.**, and the **Donors**. This phase is based on a critical analysis of the methodology to be used, with its own theoretical and conceptual characterization criteria, according to the nature and the scope of the studies to be carried out

- Delimitation of themes of study in order to decide the contents and specific format of the **Research Instruments** (Questionnaires, Manuals, Control and Follow-Up Sheets, Codification, Taping Verification and other related themes).

- Application of the proceedings of **Design, Selection and Size Imputation of Sub-Samples** in the **Three Sub-Universes** of the **Health Promoters** (**MOH**, **ADS**, **PROSAMI**), with adequate geographic distribution and mainly with representativity of the strategic variables It is about the design and selection of 3 **"Sub-Samples"**, adapting variants of the **Stratified Sampling**, representing the **Health Promoters** by sex, geographic distribution and health services typology. Classic relations of the sampling theory are applied here, considering the condition of **self-weighted** relative indicators

- Planning and programming of the field work process. That is, the collection, supervision, critic, validation and codification of the information, with adequate specification regarding the gathering of the information The **Pilot Test** is included here, which facilitated the incorporation of adjustments to the **Research Instruments** and was indicative of guidelines to be considered in the communication logistics with the **MOH**, **ADS**, **PROSAMI**, and the other **NGOs**.

- Preparation of updated support material that made possible a better identification of the greatest number of institutions with **Health Promoters**

- Updated review of the analytic outline that gives basis to the preparation of a plan of statistical tables, charts, and parametric indicators

- Implementation of the institutional and field work, with programming, supervision, daily critique and control. This represents the most sensitive phase of the research work: **Gathering Primary Information**

- Computerized processing of the collected primary information (critique, codification of open questions, validation, classification of files, programming and preparation of tables, output charts and parametric indicators).

- Analytic interpretation of results and preparation of the **Health Promoters Report**, including findings and recommendations (in English and Spanish).

In brief, the sequence of the aforesaid **Methodological Phases** is comprehensive of the foreseen objectives with the implementation of the present studies. It should be underlined that the purpose is to attain the highest degree of certainty regarding the collected data (primary and secondary), and the data that was prepared methodologically (tertiary). The theoretical and conceptual framework is applied in accordance to the nature and scope of each methodological phase.

It must be reiterated that the **Methodological Process** that has been applied, is directly focused on the gathering and analysis of the representative data of the key variables, in relation to the **Health Promoters** themselves and the institutions for which they work, in order to make a qualitative and quantitative diagnosis of the **Health Promoters** and their work

5. IDENTIFICATION AND BASIC CHARACTERIZATION OF THE INSTITUTIONAL SUB-UNIVERSES

In this important activity due to its nature, organizational form and the coverage of the community health services, the cases of the **MOH** and the **ADS** are dealt with in a detailed way The rest of the **NGOs** has been classified in five **Sub-Universes: PROSAMI, CISI, CARITAS, APHC and Other NGOs**

The first step consisted in applying a rigorous procedure on the work field, including a telephone survey, until a general updated list of **300** institutions (**NGOs**) was obtained, as of May 31, 1995. However, upon carrying out the field work it was necessary to introduce certain refinements (Names, Addresses, Responsbile Officers and Number of

Promoters), an activity that was concluded on July 13, 1995

The general updated list was divided into two big groups; in each of them the **NGOs** are classified geographically, following the official order of the **National Geographical Institute.** For each **NGO** the Full Name, Acronym, Full Address of the Main Headquarters, Telephone(s) and Responsible Officer is pointed out; whenever necessary, the number of **Promoters** is added in the last column

The first group has a direct relation with the purposes of the research work. It is made up by **170 NGOs** that supply health services, according to the detail given in **Annex N. 5** Additionally, the second group identifies **130 NGOs** that do not supply health services, according to the list in **Annex N 6**

By department, for of each one of the five **Sub-Universes**, the **170 NGOs** that supply health services (**Annex No. 5**), are distributed in as follows

CHART 3 A

NUMBER OF NGOs SUPPLING HEALTH SERVICES AS INDICATED BY THE INSTITUTIONAL SUB-UNIVERSE

N.	Departments	Number of NGOs that Supply Health Services in the Indicated Sub-Universe					
		TOTAL	PROSAMI	CISI	APHC	CARITAS	OTHER's
	TOTAL	170 a/	35 b/	15	24	8	88
01	Ahuachapán	3	1	-	-	-	2
02	Santa Ana	10	1	-	-	1	8
03	Sonsonate	3	1	-	-	1	1
04	Chalatenango	2	-	-	-	1	1
05	La Libertad	17	2	2	4	-	9
06	**San Salvador**	**120**	**24**	**12**	**19**	**1**	**64**
07	Cuscatlán	3	1	-	1	-	1
08	La Paz	2	1	-	-	1	-
09	Cabañas	-	-	-	-	-	-
10	San Vicente	1	-	-	-	1	-
11	Usulután	3	2	-	-	1	-
12	San Miguel	4	-	1	-	1	2
13	Morazán	1	1	-	-	-	-
14	La Unión	1	1	-	-	-	-

a/· Does not include **MOH and ADS.**
b/ It includes 13 **NGOs** from **CISI.**

Source **Annex N 5** of this document.

The great concentration of main institutional headquarters of the **170 NGOs** in the Department of San Salvador (70.5%) is very notorious and, more specifically, in the City of San Salvador (58.2%). In order of importance and still at a distance, it is followed by the Departments of La Libertad (10%) and Santa Ana (5.9%). At the other extreme, with only 1 **NGO** are the Departments of San Vicente, Morazán, and La Unión, and finally, the Department of Cabañas, which does not have any **NGO** whatsoever. Of course, a determined group of these **NGOs** have geographic offices.

With the specific objectives of the research work in mind, a second inquiry was carried out directly in the 170 **NGOs** that supply health services; from it the real availability of **Promoters** and their conditions as wage earners, volunteer workers, or other types were determined. A summary is contained in **Annex No. 5:**

CHART N. 3.B

NUMBER OF NGOs THAT SUPPLY HEALTH SERVICES, BY SUB-UNIVERSE, ACCORDING TO HEALTH PROMOTERS

N_	Sub-Universes	N_ of NGOs That Supaply Health Services in the Indicated Condition					
		Total	With Paid CHP	With Volunteer b/	Without Promoters (Any Type) c/		
					Sub-Total	Initially Declared	Proven in Field Work
	Total	170	37	41	92	69	23
1	**PROSAMI**	22	22	-	-	-	-
2	**CISI**	28	13a/	7	8	4	4
3	**APHC**	24	-	11	13	8	5
4	**CARITAS**	8	-	7	1	1	-
5	**Others NGOs**	88	2	16	70	56	14

a/· These 13 **NGOs** are sponsored by **PROSAMI**

b/ The concept **Volunteer** has diverse meanings, according to the characteristics of the training of the personnel of the **NGOs** and their work conditions (part time\full time, reimbursement of expenses, home visits, homework, etc,).

c/· They use different types of personnel for supplying the health services that cannot properly be regarded as **Promoters.**

Source· **Annex N. 5** of this document

Here the amount of **NGOs** that supply health services without the aid of **Promoters** is very notorious (54.1%), in the case of **CARITAS** the **NGO** that appears witout Promoters is the main institutional headquartr in the City of San Salvador that acts as a coordinator of the other 7 that have **Volunteer Workers**

In the list contained in **Annex No. 5**, the 78 **NGOs** that supply health services using some kind of **Promoters** appear highlighted, identifying the corresponding **Sub-Universe** This is the real **Universe** of the **NGOs** for the planned purposes of the present research work, to which the **MOH** and **ADS** are added, initially 23 additional **NGOs** were considered, but the field work confirmed that they did not have **Promoters** Their classification, according to the main institutional headquarters, by department and for each of the seven **Sub-Universes**, is detailed as follows

CHART N. 3.C
NUMBER OF NGOs THAT SUPPLY HEALTH SERVICES BY MEANS OF PROMOTERS, BY DEPARTAMENTAL HEADQUARTERS, ACCORDING TO INSTITUTIONAL SUB-UNIVERSES

N_	Deparments	Number of NGOs that Supply Health Services by means of Promoters, in the Indicated Sub-Universe							
		Total	MOH	ADS	PROSAMI	CISI	APHC	CARITAS	Other
	Total	80	1 a/	1 a/	22 a/	20 b/	11 c/	7 c/	18 d/
01	Ahuachapán	1	-	-	1	-	-	-	-
02	Santa Ana	3	-	-	-	1	-	1	1
03	Sonsonate	3	-	-	1	-	-	1	1
04	Chalatenango	1	-	-	-	-	-	1	-
05	La Libertad	6	-	-	1	1	2	-	2
06	**San Salvador**	**55**	**1**	**1**	**13**	**17**	**9**	**-**	**14**
07	Cuscatlán	1	-	-	1	-	-	-	-
08	La Paz	2	-	-	1	-	-	1	-
09	Cabanas	-	-	-	-	-	-	-	-
10	San Vicente	1	-	-	-	-	-	1	-
11	Usulutan	3		-	2	-	-	1	-
12	San Miguel	2	-	-	-	1	-	1	-
13	Morazán	1	-	-	1	-	-	-	-
14	La Unión	1	-	-	1	-	-	-	-

a/ They have **CHP**
b/ 13 **NGOs** with **CHP** are sponsored by **PROSAMI** the other 7 have **Volunteer Workers**
c/ They have **Volunteer Workers**
d/ 2 **NGOs** have **Promoters** with compensation of expenditures the rest work with **Volunteer Workers**
Source **Annex N° 5** of this document

The 80 institutions have a total of 5365 **Promoters**; which by **Sub-Universes** and according to type, are distributed as follows

N_	Sub-Universes	Total	N of Promoters in the Indicated Type				
			CHP	PHP	RCD	Volunteer Workers	Stimulated Volunteer Workers
	Total	5365	2087	1045	435	1720	78
1	**MOH**	1438	1438	-	-	-	-
2	**ADS**	1480	-	1045	435	-	-
3	**PROSAMI**	406	406	-	-	-	-
4	**CISI**	873	243	-	-	630	-
5	**CAPS**	44	-	-	-	44	-
6	**CARITAS**	189	-	-	-	189	-
7	**Other NGO's**	935	-	-	-	867	78

At the end of this section, some clarifications are made in relation to the data of the preceding table.

- The 243 **CHPs** of **CISI** correspond to 13 **NGOs** that are sponsored by **PROSAMI**

- The **MOH** and the 35 **NGOs** sponsored by **PROSAMI** concentrate a total of 2087 **CHPs**, of which all are payed salaries It includes **1 NGO (CODECOSTA)**, with 16 **CHP**, that separated from the **PROSAMI** on June 6, 1995.

- The 1045 **PHPs** and 435 **RCDs** belong to **ADS**

- The **Stimulated Volunteer Workers** correspond to the **Salvadoran Lutheran Help** (68) and they are given a compensation of ¢300 00 per month; similarly, the **Partners for Development Foundation (PDF)** has 10 that receive ¢1050 00 per month; these **PDF** volunteer workers are exclusively in charge of the **Garbage and Basic Environmental Sanitation Sub-component.**

- DOCTORS OF THE WORLD, included among Other **NGOs**, did not provide information

6. THEMATIC CONTENTS AND RESEARCH INSTRUMENTS (QUESTIONNAIRES)

Counting with the revision and approval of the Technical Committee of Follow-up Evaluation, integrated with representatives of the **MOH, ADS, MHCAP, CLAPP and MAYNE, Inc , and Donors**, the final versions of each of the **Three Research Instruments** were designed and structured. Each instruments gives coverage to the corresponding themes of study, through questions defined and organized in a logical sequence As far as possible the three Questionnaires have been precodified, leaving only unavoidable open questions for complementary answers and/or of qualitative type; the corresponding **Codifying Work Sheets** were prepared for the latter ones, once the field work was done.

With the comprehention of the bases established in the **Terms of Reference**, definition was made of the Themes and Variables covered in the disintegration of questions incorporated in the three **Instruments of Investigation**, and the following classification was established

- **Disintegrated** and **Specific Themes** regarding the **Health Services Covered** and **Supplied** by the **CHPs.**

  Each theme has been covered with a detailed description of the services, its methods and exact treatments, as well as other related services and their delivery mechanisms Specifically, coverage is given to variables of Reproductive Health, Family Planning, Sexually Transmitted Diseases (**STD**), **AIDS**, Child Health Care (for Children of Less than 5 Years), Vaccination, Acute Respiratory Infections (**ARI**), Control of Diarrheic Diseases (**CDD**), Oral Health, Nutrition (Children of Less than 5 Years), First Aids, Morbidity Simplified Attention, Basic Environmental Sanitation, Mental Health, Rehabilitation, Community Participation and Development In each case, the relevant details are investigated, for example, in Family Planning the methods that were used are pointed out

  Likewise, for each health theme covered by the **CHPs** the mechanism for the delivery of the service is described; for example, Family Planning also includes the utilization of certain contraceptive methods, family visits, referral of patients, individual counselling, community education, and others.

  Finally, whenever **CHPs** are supplying services unrelated to health (Credits, Teaching to Read and Write, Job Skills Training, Child Care), the information is collected and an effort is made to indicate the class of service provided and the time the **CHPs** devote to it.

- **The Division of Assigned Times and Real Times To Cover the Health Fields that Correspond to the CHP.**
  This data allows the analisis of the quantity of time and effort of the **CHPz** in the **NGOs** and **MOH** When possible, the information has

been classified according to sex and the differences are analyzed

- **Precise Location of the Geographical Area that is Being Served and the Population Served by the CHP.**
  It includes basic characteristics such as Sex, Age, Class of Requested Services and Average Number of Individuals, Families and/or Houses Assigned to the **CHP** and the Real Numbers that are Served. In each case the coverage of the main headquarters and of the branch offices of the corresponding **NGO** is indicated as well as the exact location of services that are rendered

- **Class, Frequency and Duration of Basic Training and Refreshment Training.**
  It refers to the technical contents and the type of training materials used by the **CHPs.**

- **Description of Class, Frequency and Source of the Supervision Received by the CHP.**
  It refers to the supervision tools, field observations, revision of files, evaluation of job fulfillment., etc.

- **Description of Health Service Standards and Instructions, According to Class of Service Supplied by the CHP.**
  It tries to check if the **NGOs** train the **CHP** in accordance to the **MOH** standards for the provision of the services, whether they apply the set of instructions of the **Pan American Health Organization** (**PAHO**) and/or if they have their own set of standards and instructions.

- **Description of the Official Authorizations Given to the CHP.**
  It refers to the definition of the work authorized to the **CHP.**

- **Description of the Coordination with NGOs and MOH in the Coverage of Health Services**
  This subgroup includes class and frequency of coordination activities, identification of coordinating organizations, and to the success and effectiveness of these activities

The contents of Themes and Variables was completely established with the incorporation of observations, suggestions, and additions that were made by the **MOH, ADS, NGOs, CLAPP and MAYNE, Inc and Donors.** All the listed themes, translated into specific questions and ordered in logical sequence, integrate the applied **Application Forms** that are detailed in **Annex No 7** They are identified as follows:

- **Application Form F-1 and Annex:**
  Institutional Characterization of Health Services Supplied by Means of Community Health Promoters (**CHP**)

- **Application Form F-2 and Annex·**
  Detailed Characterization of the Health Services Supplied Through the Community Health Promoters (**CHP**)

- **Application Form F-3 and Instructions**·
  Detailed Characterization of the Opinions of the Community Health Promoters (**CHP**) regarding the Technical and Administrative Aspects of their Work (Sample Survey)

The three **Research Instruments** were designed with an easy format expediting their application in accordance to the pertinent instructions.

The collected information gives support to the descriptive analysis on the utilization of the **CHPs** for **NGOs** and the **MOH**. The organization of the **CHPs** is included here to compare assigned and real functions, coverage of service areas, number of patients served, effectiveness, laboured hours, the salaried or unsalaried worker's condition, wages, benefits, training, supervision, etc. The information has been processed with this analytic purpose, obtaining a series of tables, charts, and parametric indicators that are presented below

7 PROGRAMMING AND IMPLEMENTATION OF FIELD ACTIVITIES

For the adequate research process, personnel responsible for the sensitive **Field Phase** was selected and trained Given the nature of the event this personnel was available on a full-time basis taking into account the limited time period in which the programmed activities were achieved.

It should be pointed out that in the field work process,an effort was made so that the interviews would be representative of the coverage, integrity, and consistency of the data In a considerable proportion of cases it was necessary to apply up to five interviews, when for different circumstances, the investigated unit restricted the possibilities of giving timely and trustworthy information. In accordance to this, technical criteria of communication, interview, supervision and quality control, motivation and trust were utilized, resulting in additional time of field work. In this respect, all the field personnel had a fair amount of knowledge, experience and adaptation regarding the research theme, most of it with technical and professional training in Social Work, a discipline that facilitated the application of direct interviews

Toward the efficient collection of information a **Pilot Test** was structered and developed A methodological process of planning, implementation, and analysis was used for that purpose, that allowed, in a short period, the foreseeable variability ranks in the operation mechanics of this phase, as well as putting to the test the structure of the three **Research Instruments** in function of the levels of response in accordance with the ultimate objectives sought by the research work

A description of the primary information collection phase is presented in the following sections

7 1 Application of Research Instruments F-1 and F-2.

The training of the field personnel was a previous activity, which took into consideration the objectives and the universe of the research, the type of institutions within the universe, the research issues, a rigorous detail of each one of the questions by type (semi-open, open, and closed), the range of options of the answer (exclusive or not), etc. The training was done as from June 8 through June 10 of 1995, including the implementation of the above mentioned **Pilot Test**

The **Collection of Primary Information** contained in **Application Forms F-1 and F-2** was carried out through **Daily Work Programs** for each one of the enumerators Each time the corresponding geographical location of the institutions was considered.

It should be reiterated that each investigated institution was visited with a minimum frequency of 3 and a maximum of 5 times, and systematic telephone calls were made to make appointments, clear determined concepts and criteria and/or to coordinate the final details regarding the **Application Forms** We must highlight that the persons in charge of giving information anticipated **"lack of time"** to respond to previously accorded interviews The data collection technique consisted, basically, in visiting each institution to explain to the persons in charge the nature, reach and objectives of the investigation, as well as each of the sections and questions of **Forms F-1 and F-2.**

On that opportunity, by means of a interview, questions were asked designed to be answered inmediately by the interviewed functionary Other questions, in relation to a specific theme, required a previous elaboration of the information because of their immediate unavailability or becaise they had to be requested from some other officer of the same Institution In any case, a critical revision of each questionnaire was always made, to minimize ommissions and/or inconsistencies Only 2 Institutions that rendered information for **Forms F-1** and **F-2**, expressed having no doubts or difficulties, such was the case of the **ADS**, which participated in the methodological design, including the **Instruments of Investigation**, and consequently it had no difficulty in filling out the **Forms.**

Additionally, the requested information, in many cases was given by more than one person For example, questions of an administrative nature were covered by the manager, director, and/or administrator, whereas those sections of specific contents related with the services supplied by the **Health Promoters** were covered by the Coordinators of Health Programs. Some institutions stated the unavailability of all the information, especially that related with the characteristics of the **Health Promoters**; other institutions that had the requested information did not provide it for **"reasons of confidentiality,"** as was the case with the financial sums assigned to the programs whenever they originated in a donation or loan

Strategies were applied as far as possible to overcome the summarized problems, exhausting all possibilities within the involved institutions.

At the end there always remained some situations that could only be classified as **"Refusals"**, within the classification of the results of the interviews.

For **F-1** and **F-2** four -out of seven- **NGOs** affiliated to **CARITAS** and also **FUCRIDES, UNICO**, and **PHYSICIANS OF THE WORLD** fall in this category, inasmuch as they refused to give information declaring not having joint plans with the **MOH** and **USAID**; consequently, they did not want to form part of the research. The remaining **"Omission"** situations of **F-1** and **F-2** were one **NGO** that retired from PROSAMI in June 1995 (**CODECOSTA**). In relation to **IMRF, ACISAM, CREHDO**, and the **14th July Association** efforts were exhausted in a reasonable extraordinary enumeration period, without obtaining the corresponding information

In view of the above summarized situations, it was necessary to extend the implementation period of the field work relative to the **Application Forms F-1** and **F-2**, between June 12 and July 13, 1995.

The **Institutional Coverage** finally reached with **F-1** and **F-2**, is the following .

Type of Institution	N of Institutions in the Indicated Range					
	Form F-1			**Form F-2** a/		
	Total	Coverage	Percentage (%)	Total	Coverage	Percen t-age (%)
Total	103	91	88 3	80	68 b/	85 0
MOH	1	1	100 0	1	1	100 0
ADS	1	1	100.0	1	1	100.0
PROSAMI	35	34	97 1	35	34	97.1
CISI	11	11	100 0	7	7	100.0
CARITAS	7	3	42 9	7	3	42.9
APHC	16	16	100 0	11	11	100.0
Other NGOs	32	25	78.1	18	11	61 1

a/ They have **Health Promoters**
b/ 12 **NGOs** did not provide any information

7 2. Application of the F-1 Annex and the F-2 Annex

As a result of the agreed upon reconsideration of the coverage of themes to be investigated in the institutions that supply health services through **CHPs**, and when **Application Forms F-1** and **F-2** were already being applied, two Complementary Research Instruments were designed, that were named **Annex to F-1** and **Annex to F-2**; in this sense, reforms were introduced to the **Application Form F-3** Once again, the field personnel underwent a period of training in relation to the added and/or modified contents of the **Application Forms**, in order to start another **Field Phase** that could be called "Re-Enumeration" In effect, it was necessary to

implement for a second time the **Daily Work Programs** originally defined for **F-1** and **F-2**.

It can be concluded that the difficulties of the first enumeration work for **F-1** and **F-2** described briefly were minimal in comparison with all the events following and that had to be solved for an efficient application of the **Annexes to F-1 and F-2**.

First, many of the officers in charge of coping with these requests, argued that the information had already been forwarded Notwithstanding serious problems of accessibility and communication, it was explained to them, clearly and with amplitude, that the **Annexes to F-1 and F-2** contained complementary expansions and/or modifications to the **Application Forms F-1 and F-2** In any case, upon agreeing to provide the information, the majority of them conditioned it to the delivery of a copy or the original of **Application Forms F-1 and F-2** that had already been worked out.

In some cases, due to confusion or omission, the same information of **F-1 and F-2** did not coincide with that of the **Annexes to F-1 and F-2**, situation that was corrected The fact that more than one person intervened in providing the information also had influence.

Fortunately, many of the situations described were overcome with the assignation of additional efforts of all kind, greater than initially considered for these complementary activities.

The calendar period for collecting the information in **Annexes to F-1 and F-2** was as from June 27 through July 20, 1995.

The final coverage of the application of the **Annexes to F-1 and F-2** is detailed below:

Type of Institution	N. of Institutions in the Indicated Range					
	Annex to Form F-1			**Annex to Form F-2**		
	Total	Coverage	Percentage (%)	Total	Coverage	Percentage (%)
TOTAL	103	65 a/	63.1	80	65 a/	81 3
MOH	1	1	100.0	1	1	100.0
ADS	1	1	100.0	1	1	100 0
PROSAMI	35	34	97 1	35	34	97.1
CISI	11	7	63.6	7	7	100 0
CARITAS	7	0	0 0	7	0	0.0
APHC	16	11	68 8	11	11	100 0
Other NGOs	32	11	34.4	18	11	61 1

a/ The 3 NGOs of CARITAS that provided infortmation in the F-2 did not longer provided it for the Annexes F-1 and F-2

7 3 Application of Application Form F-3

Parallel to the initiation of the field work of **Application Forms F-1 and F-2** (June 12, 1995) coordination was carried out with the **MOH, ADS,** and **NGOs** affiliated to **PROSAMI** for the application of **Form F-3** in selected groups of **CHPs**

The **MOH** offered a open and total collaboration at a **Central Level** and in the five Health Regions In effect, full support was given in order to carry out the interviews of the selected groups of **CHPs** during the programmed period from June 21 to the July 12, 1995.

The chosen **CHPs** were distributed by Health Regions, trying to obtain a good representation according to sex and geographical distribution, in the following form:

Health Regions	N. of CHP in the Indicated Range					
	Male			Female		
	Universe	Sample	Percentage(%)	Universe	Sample	Percentage(%)
Total	718	120	16 7	720	120	16 7
Western	142	25	17 7	124	25	20.2
Central	144	20	13 9	123	15	12.2
Metropolitan	48	10	20 8	56	10	17.9
Paracentral	167	40	24 0	191	40	20.9
Eastern	217	25	11.5	226	30	13,3

The coordination with **ADS** was carried out basically in the course of two work meetings. During the first meeting with the Medical Director and the Chief of the Planning, Evaluation, and Development Division, both officers expressed that access to the **PHPs** (Public Health Promoters) could be had during the **Recycling Meetings**, practically it was impossible to locate them in other dates In this way it was agreed to implement the **Sub-Sample of the PHP** during those meetings with the express recommendation of the **ADS** officers and acceptance by **IPM**, of "not interfering with the activities of the **Recycling Meetings**". Under these circumstances this option was applied considering the tight calendar for the execution of the field activities. This limited and conditioned the possibility of applying another strategy of **Primary Information Gathering in F-3** with the coverage of this **Sub-Sample**

It was precisely during the second meeting, granted and restricted to the adjournment of a training event in which the 16 **Supervisors of the ADS** were participating, that **IPM** informed them about the purposes and scope of the investigation, as well as on the logistic to be followed to implement **F-3**, during the **Recycling Meetings.**

Great efforts were made for the application of **F-3** in the **Sub-Sample** of the **PHPs** of **ADS**, for which a considerable number of interviewers were assigned to give coverage to the **Sub-Sample** during the programming of the **Recycling Meetings** forwarded by the **ADS** Although appointments were previously made, on the field the situation turned out to be completely different, on five occasions the aforesaid **Recycling Meetings** did not take place at the agreed hour and place, and the number of **PHPs** that were invited differed. These "field accidents" produced delays and inconveniences for the normal execution of the activities, mainly due to time limitations.

In spite of all, a satisfactory coverage was given to the **Sub-Sample** of the **PHPs** of **ADS**, distributed in the 4 regions: Western, Central, Paracentral, and Eastern. According to the **Sub-Universe** of the **PHPs** of **ADS** (91 7% made up by the **Female Sex**), in the **Sub-Sample** there is a notorious predomination of representation of the feminine sex (113) in relation to the masculine sex (8).

For the application of **F-3** in the **NGOs** affiliated to **PROSAMI**, in most of the cases it was agreed to make them during the monthly meetings programmed routinely by the institutions, that is, at the end and beginning of each month. Only in a small number of institutions was it necessary to make special summoning of the **CHPs** for the application of the **Application Form F-3**.

In general, all the **NGOs** showed a marked support and collaboration for an adequate execution of the work. In this case 15 of the 35 **NGOs** of **PROSAMI** were chosen from which a **Sub-Sample** of 140 **CHPs** was selected.

In the application of **Form F-3** the following coverages were attained.

Type of Institutions	N of **Promoters** Interviwed with Form **F-3**		
	Attributed in Sub-Sample	Coverage	Percentage (%)
Total	500	503	100 6
MOH a/	240	243	101.3
ADS b/	120	121	100.8
PROSAMI a/	140	139	99 3
CISI c/	-	-	-
APHC c/	-	-	-
Other NGOs c/	-	-	-

a/: They are **CHPs**
b/: They are **PHPs**
c/: **F-3** does not apply These are institutions that work with **"Volunteers"**.

8. ELECTRONIC PROCESSING OF THE DATA

8 1 General Outline

Any data system, that uses computerized mechanisms, has characteristics of its own. Thus it is necessary to seek and apply the most adequate mechanisms suited to a determined research or investigation. Presently, given the nature, structure, and contents of the **Research Instruments**, a tool connecting the different **Data Bases** was used. This is the **FOXPRO Data Base Manager**, which allows establishing the necessary relations between the **Data Bases** to derive the series of tables, charts, and parametric indicators supporting the analytic description presented in this document

To reach reliable results a set of sequenced processes was applied· **Gathering of Primary Data, Critical Revision (First Elimination of Data Inconsistencies), Codification, Data Input and Verification, Inconsistency Tests and Correction, Processing of Primary Information.**

In the sensitive **Collection Phase of Primary Information** great efforts were made, using adequate mechanisms, to reduce to a minimum the classic errors of omission and wrong declaration of data. The consistency of the electronically obtained secundary and tertiary results will depend from the veracity of this information source.

Parallel to the **Collection of Primary Information** a careful **Critical Revision** was applied and the corresponding **Codification Sheets** for the open answers (not pre-codified) were prepared; the **Codification** process was completed thus An initial practical mechanism to clean the primary data was applied here.

With the **Data Input and Verification**, the **Electronic Processing of the Data** began The mechanisms that were utilized are **Programs of Capture**, developed in the language of **FOXPRO**

The **Correction of Inconsistencies** is a process that has been used to analyze the coherence of the data in order to eliminate any illogical relation, in accordance with the objectives, structure, and relations of the collection mechanisms in each **Form.**

Finally, the **Processing of the Primary Information** was carried out designing and applying different **Data Bases.** The information has been obtained in the form of tables that will be analyzed below.

8.2. Data Input

After defining the investigation, the structural composition suggested the form of the **Primary Data Collection** through the three **Application Forms** previously described Each one containing a considerable amount of

information and for this reason the digitation and storage of all the data, by type of application, was made in a separate form. The specific contents of each application form was split in different **Data Bases**

The information of **Form F 1 Institutional Characterization of the Health Services Supplied Through Community Health Promoters (CHP)**, was distributed in five **Data Base CLAPPAN1.DBF; CLAPPAN2.DBF, CLAPAN3.DBF, CLAPPAN4.DBF, and CLAPPAN 5.DBF.**

The **Annex to Application Form F-1** was distributed in two **Data Bases: CLAPF1A1.DBF** and **CLAPF1A2.DBF**

Form F-2 Detailed Characterization of the Health Services Supplied by Means of Community Health Promoters (CHP), was distributed in two **Data Bases· CLAPPF21.DBF and CLAPPF22.DBF.**

The **Annex of Form F-2**, being brief, was digitized in one **Data Base: CLAPPF2A.DBF**

Form F-3 Characterization of the Opinions of the Community Health Promoters (CHP) About the Technical and Administrative Aspects of their Work (Survey by Sample), was entered in two **Data Bases: CLAPPF31.DBF** and **CLAPPF32.DBF**

8.3. Processing of the Information

After cleaning the information the programming of the tables continued, which is the core part of the **Electronic Data Processing** This process was carried out through programs made with the same **Data Base Manager of FOXPRO** Different structured processes were applied here, in which the variables related in the different **Data Bases** are involved, until each one of the planned tables was obtained.

9. PRESENTATION OF RESULTS- FINAL REPORT

Following what was established in the **Terms of Reference**, the present **Final Report** has been prepared, according to the focus and technical-administrative contents that were previously approved After its evaluative revision, 200 copies in Spanish and 50 in English must be prepared. Likewise, two copies in diskettes containing the full **Final Report** must be delivered for the English and Spanish versions

III. HEALTH SERVICES WITH PROMOTERS: INSTITUTIONAL CHARACTERIZATION

I N T R O D U C T I O N

Of the institutions that make up the **Health Sector**, the **MOH** and a group of **NGOs** supply health services at the rural level; the service is provided by **Promoters** of the **MOH** and a reduced group of **NGOs**.

As was pointed out, from **Annexes N°s 5** and **6** we can observe that out of 302 investigated institutions, 172 (57%) render health attention in different modalities (Stationary Clinics, Mobile Clinics, Specialized Attentions, Etc.); the **MOH** and the **ADS** are included. Of them only 80 (46.5%) penetrate the rural areas with their Promoters; in 39 (**MOH**, **ADS** and 37 **NGOs**) the **Promoters** are payed and the remaining 41 work with unpaid **Volunteers**

In **Section 5** of **Chapter II**, the 80 institutions that supply health services through **Promoters** were grouped in 7 **Sub-Universes: MOH, ADS, PROSAMI, CISI, APHC, CARITAS** and **Other NGOs**; in each case the number of institutions that compose it and the number of **Promoters** by type is indicated Likewise, in **Section 7** of **Chapter II** the effective coverages obtained with the application of the 3 **Research Instruments** and **Annexes** are detailed.

Following that order, a characterization of the 7 **Sub-Universes** is presented in the following sections, outlining their main components according to the collected and processed data, presenting quantitative and qualitative differentials Each time the information is mainly used in a descriptive form, only highlighting what corresponds to each **Sub-Universe.**

1. SYSTEMS OF ORGANIZATION

1 1. The MOH

1 1.1 General Organization

Until 1994,the **MOH** was organized in three hierarchical levels **Central, Regional** and **Local.**

The **Central Level** is formed by a set of Technical-Administrative Units, that in accordance to the needs of health, conduct, evaluate and modify programs, defining the corresponding Standards for their implementation The **Central Level** also has Support Units that allow the implementation of programs, registering the activities and providing the resources for their execution. Within this organization, the majority of units pay special attention to the service that is given to the Person, both as an Ambulatory Regime as well as with a Hospital Regime, the remaining units address their work in relation to the Environment.

The **Regional Level** had the responsibility of supervising the functioning of the health establishments so that they develop the programs according to Standards established at the **Central Level.** The observation, supervision of services and realization of investigations at this level, provided Feedback to the normative process, and at the same time, it established guidelines to improve the coverage of the services rendered to the population

The **Local Level** is still in charge of rendering direct health services to the community, Preventive as well as Curative, thus carrying out the health programs following the **Standards** established by the Technical Level According to experience, work modes and self-developed technologies feedback the normative process. All the types of health establishments are included in the **Local Level: Health Posts, Health Units, Health Centers** and **Hospitals.**

The **Community Health Promoters (CHP)** form part of the **Local Level** and are regarded as a penetration of the health establishments into the corresponding communities From the point of view of health attention, the **CHPs** are part of the **First Level of Care,** which is **Ambulatory,** its sphere is the promotion of health, prevention of diseases providing standards and methods Of **Preventive Medicine** and attention to high incidence, but of low complexity, morbidity. Given that the **CHPs** are part of the **First Level of Care,** their action within the community provides the first contact with the **Health System,** through the system the rural pupulation is in position to reach the other levels of attention.

As mentioned in **Sub-Section 2.5** of **Chapter I,** with the purpose of coordinating the actions of the **Community Health,** the **MOH** organized in 1989 the **Community Health Department** under the **General Direction of Health,** the basic functions of which are. To provide technical and administrative guidelines; design related instruments and documents that are used and establish close coordination with the Technical Departments of the **MOH** to determine the actions that can be passed to the **CHPs** according to the Standards of the health programs. The Community Health Department provided guidelines for the conduction of the program at a **Regional Level,** establishing the follow-up system of the process and the examples for the training of **CHPs** and **Supervisors;** it also carried out investigations within the program for its feedback and attention improvement.

1.1.2 Regional Level

Even though during the implementation of this investigation the **MOH** introduced a new organizational scheme at **Departmental Level,** still it is important to know what the preceding traditional organization was at **Regional Level** Until June 1995, at this level the **CHPs** Program had the following personnel 1 Physician; 1 Nurse; 1 Environmental Sanitation Inspector, 1 Educator, 3 Regional Supervisors, 1 Statistician and 1 Community Health Technician.

The **Physician** coordinated and counselled the **Community Health Staff** in the development of the Program, keeping the Regional Director informed about the progress of the programs. He also had the responsibility of supervising a certain number of health establishments, thus coming into contact with the **Local Level**

The **Nurse** estalished the coordination with the Chief Nurses of the health establishments in matters such as Injectables and Vaccines used in Community Health. Likewise, she also took part in the **Training of the CHPs** within the Injectables and Vaccination Area.

The **Sanitation Inspector** expedited the coordination in Basic Sanitation aspects and participated in the **Training of the CHPs.**

The **Educator** prepared the **Permanent Education Programs for the CHPs** and **Specific Supervisors** This activity was done in coordination with the **Regional Supervisors** It also provided education material for the CHPs and the Supervisors (Billboards, Pamphlets, Posters, etc) The **Educator** coordinated with the health establishments and headquarters of the **CHPs** the time calendar of the education activities given to the **CHPs** and the **Specific Supervisors.**

The **Regional Supervisors** supervised the **Specific Supervisors** in technical and administrative aspects. They had under their responsibility 8 to 10 **Specific Supervisors** corresponding to a determined geographical region. The Central Region already had a Branch in Chalatenango, where one of the 3 **General Supervisors** is posted, and has under his authority the Supervision of the **Specific Supervisors** of the Department of Chalatenango

The **Statistician** consolidated the monthly information of the performance of the **CHPs** and prepared the corresponding Reports He coordinated with the health establishments the submittal of the **CHPs Reports**

The **Community Health Technician** tended with matters related with the **Information System,** and trained the **Supervisors** and **CHPs** in **Administrative Aspects** His work was done in the field He had under his responsibility the distribution of Stationary Material and Medicines handled by the **CHPs**

The personnel assigned at **Regional Level** for the **Program of Community Health** had been assigned, at the same time, with other responsabilities shared with other programs

At the recent reorganization of the **MOH**, by which the traditional **Health Regions** were substituted by the **Departmental Headquarters**, the technical and administrative supervision corresponding to the health establishments of each department, will experience the changes that are necessary, with implications in the technical development of the Programs The **Program of Community Health** is included here.

1 1 3. Administrative Relations of the CHP at Local Level
The **Health Regions** were responsible of the functioning of the **Local Level** establishments. That is, hierarchically, that the health establishments depended of the respective **Health Region.** In the new organizational charter of the **MOH**, the **Departmental Director** coordinates all Community Health activities, supported by a **Technical Counselor** and by the **Departmental Supervisor** of **Specific Supervisors of CHPs**

The **CHPs** are assigned to the health establishment that is located within the municipality to which the the county where he renders his services belongs. In this case, the Director of each establishment is the Administrative Chief of the **CHPs** Each **CHP** periodically gets in touch with his health establishment; in some places he has additional responsibilities assigned during his visits.

The Health Establishment deliveries to the **CHP** the inputes it handles, like Medicaments and Expendable Materials Likewise supplies the Vaccines that the **CHP** requests, according to the necessities, in accord of this, the establishment coordinates with the **CHP** the deed of a Vaccinate at Communitary Groups levels. Thus, the establishment delegates the pursuit of pacients, attends the references sended by the **CHP** and gives asesory in the necessary cases.

A **Specific Supervisor** is charged with the **Supervision** of the activities of the **CHPs.**

The headquarters of the **Specific Supervisors**, who also work as Chief Technicians of the **CHPs**, is the Health Establishment. Each **Specific Supervisor** is assigned, until now an average of 10 to 12 **CHPs** working in a municipality, with whom he meets each end of the month at the health establishment headquarters In these meeting the **Monthly Reports** are reviewed, the activieties of the following month are programmed, and the occasion is also utilized to exchange views and opinions related to their work.

The personnel of the health establishments (Units and Health Posts) and the **CHPs** collect their salaries at the regional headquarters or in the departmental paymaster's office Very few health establishments pay within the respective place of work.

The **CHPs** work at community level, where they prioritize the risk situation cases in order to perform their visits and provide follow-up according to the type of risks

1.1 4. <u>Criteria, Requirements and Conditions for the Selection of CHP and Specific Supervisors</u>
The recruitment of the **CHP** of the **MOH** is under the responsibility of the Community Health Staff at a **Regional Level** This staff contacts Mayors, County Organizations and County Leaders in order to look for candidates that fulfill the established requirements, thus they have the opportunity of meeting the persons proposed by the community. If they meet the requirements they are interviewed in order to make, later on, the final selection at a **Regional Level.**

For its **CHPs** the **MOH** has established the following requirements and conditions:

- Candidates of both sexes and over 18 years of age.
- A minimum level of education
- They are proposed by the community where they reside and perform their work activities.
- They are interviewed, selected and hired by the respective Health Regions
- They work full time, 8 daily working hours, 5 days per week, with monthly salary of ¢2,500 00.
- Their activities are carried out mainly by home visits; they also provide attention to their own homes.

In practice the aforesaid requirements are not fully met. Among the **CHPs** of the **MOH** there are persons with different number of service years (between 1 and 18 years). Among those with a more time of service the school level tends to be low, reaching a group that has only a Third Year Elementary School Level. At the other extreme, a small group of **CHPs** have approved up to 3 Years of Higher Education.

The functions of the **CHPs** of the **MOH** are oriented basically to the **Promotion of Health** and the **Prevention of Diseases.** To a lesser extent, they give Simplified Attention due to Morbidity Here the actions of the **CHPs** are mainly directed to the more vulnerable population groups (Women in Child-Bearing Age and Children Below 5 Years of Age); with less emphasis they also cover the rest of the population Likewise, they develop **Environmental** actions.

The same Community Health Staff is responsible for the selection of the **Specific Supervisors** The requirements for this type of work are.

- To have worked previously as a **CHP**
- To be responsible and disciplined
- Having an interest in acquiring more knowledge, in general, and in his own community.
- Have leadership qualities
- Have acceptance by the community and his workmates.

Before assuming his work functions, the **Specific Supervisor** must undergo training at a **Central Level** during a two week course. The basic contents of the course are an Introduction to the Administrative Process and Supervision Techniques and Methods Besides, he takes part in Updating Courses where he receives Permanent Education Courses in accordance to identified needs

1 2 ADS

1.2.1. General Organization

Presently, **ADS** has six Divisions to implement its different activities According to the **Organizational Diagram** included below, the **Rural Program** and the **Clinical Services** depend of the **Medical Division**

The **Rural Program** is administered by a Management charged with the system's planning and organization, supplies, design of the information system and other aspects related to the Program, with previous approval of higher hierarchical levels The **Program** has been receiving technical assistance and substantial financial aid from USAID-El Salvador

For implementation purposes, the **Program** has been organized in four **Regions: Occidental** (Departments of Ahuachapán, Sonsonate and Santa Ana), **Paracentral** (Departments of Chalatenango, San Salvador, La Libertad and part of La Paz), **Central** (Departments of Cabañas, San Vicente, Cuscatlán and part of La Paz), and **Oriental** (Departments of Usulután, San Miguel, La Unión and Morazán) Each **Region** has a **Regional Supervisor** in its headquarters, from whom four **Supervision Teams** depend, formed by a **Supervisor-Promotor** and a **Nursing Assistant**

Each **Supervision Team** is charged with overseeing a group of 65 **Pro-Family Health Promoters (PFHP)** and 25 **Rural Contraceptive Distributors (DRC)** The **Supervision Team** is also charged with supplying the **Contraceptives to PHPs and DRCs.**

Promoters meet with their **Supervisor** on a monthly basis, occasion during which they are supplied with the necessary inputs and they solve problems and/or situations brought forth by them During the meetings the **Supervision Visits** are planned, which are carried out, approximately, every three months per **Promoter.**

1 2 2. Administrative Relations and Basic Characteristics
Both **PFHPs** and **DRCs** are at first charged with **Promotion** activities, to be afterwards selected and recruited by members of the staff of **ADS**, among the residents of the community where they develop their activities, in general, this process takes into account leadership characteristics and the identification of the candidates with **Family Planning.** Their actions are directed to **Children under 5 Years of Age, Women of Fertile Age and Pregnant Women.** Their functions are oriented to the **Prevention of Diseases**; more specifically, they focus on **Family Planning**

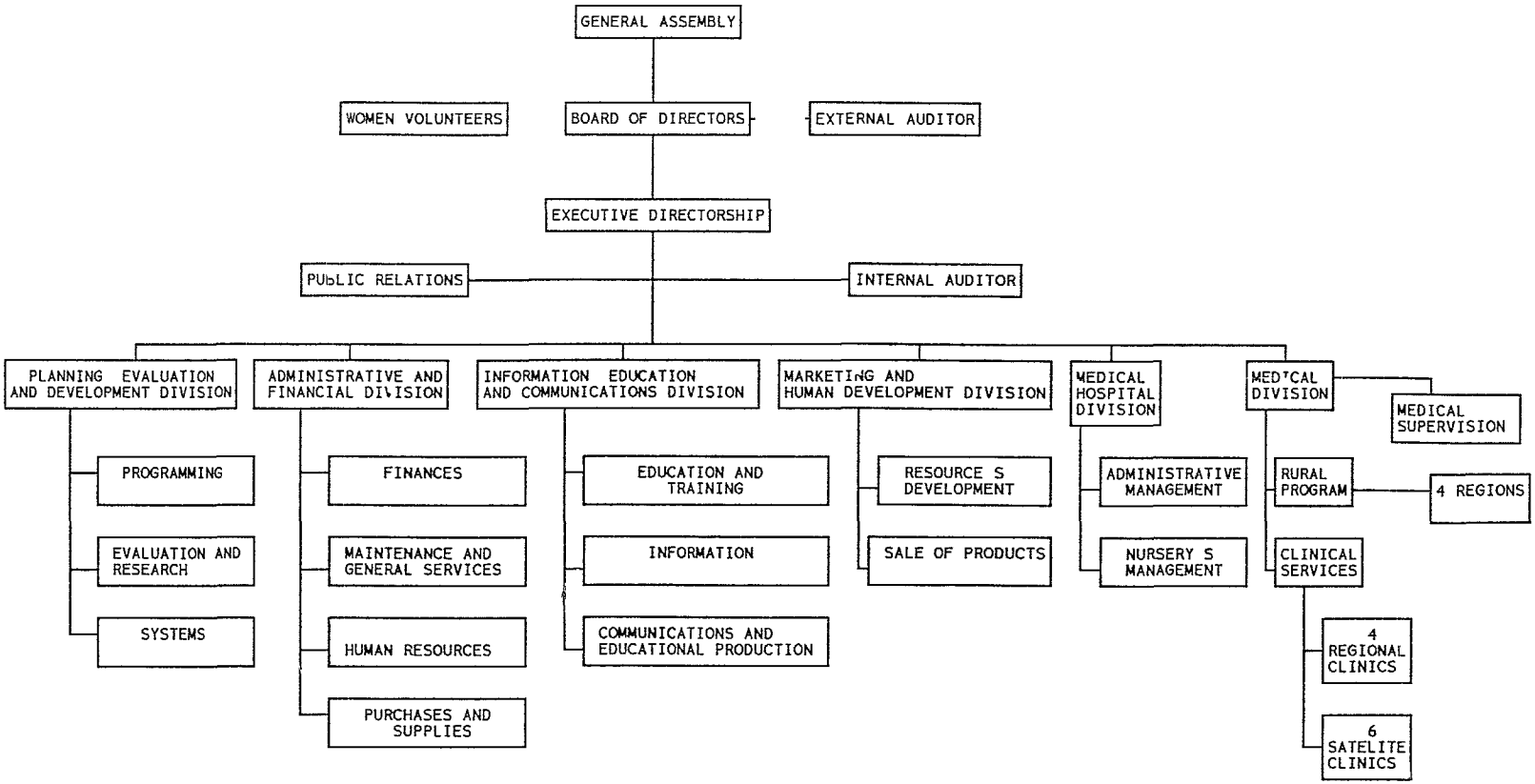
The great majority of **PFHPs** and **DRCs** have worked approximately during two years; those with more seniority have a little over three years of service. The female sex predominates. out of the 1045 **PFHPs**, 958 (91 7%) are women, and out of 435 **DRCs**, 410 (94.3%) are women Almost all have undergone between 3 and 6 years of schooling, very few have reached ninth grade or more They are over 18 and up to 55 years of age.

In relation to their activities, they work five days a week, four hours per day Until July of 1995, the **PFHPs** received a bonification of ¢ 460 00, they do not have any additional benefits Bonuses are cashed in the bank agencies, which seldomly coincide with the capital of the Department where they work, thus having to travel for that purpose The **DRCs** only receive a certain commision for the delivery of **Contraceptives**

GRAPH No 3

SALVADOREAN DEMOGRAPHIC ASSOCIATION

ORGANIZATIONAL STRUCTURE



The **PFHPs** work with the **Home Visit** system; very few give attention to their own homes The **DRCs** also distribute **Contraceptives** in their own homes according to demand.

1 3 PROSAMI

1.3 1 General Organization

Between 1991 and 1993 a number of **NGOs**, financed by **AID**, affiliated to the **Maternal Health and Child Survival Program** (**PROSAMI**), entity which is currently known as **CONSALUD/NCH** (National Council of Health) By May 1995 the number of the **NGOs** reached 35, one of them having retired in June of that same year (**CODECOSTA/CCFTIDOTC**) On average, they have 10 years of experience in community work; they have spreaded throughout the 14 Departments of the country.

The form of organization of **PROSAMI/CONSALUD** is synthesized in Graphic N_ 4 attached. As can be seen, three **Divisions** depend of the **Direction of the Project: Technical, Educational and Administrative-Financial**

The **Technical Division** is coordinated by a **Technician** and several **Advisors** This professional staff provides guidelines to the components of the program of attention; at the same time it advises between 5 and 7 **NGOs** in technical aspects, participating also in the monthly and quarterly evaluations, during which coverage and impact are measured Likewise, they collaborate in **Training.**

The **Educational Division (Training)** counts with a training specialist and a secretary, charged with planning, coordination and execution of the training of the staff of the **NGOs** As was pointed out before, it is the technical staff which collaborates with the **Educational Division** to develop **Training**

The Administrative and Financial Division collaborates with the **NGOs** in aspects of organization, financial management, and the storage and distribution of expendables utilized in the **Program**

For the provision of **Mother-Child Services**, the **NGOs** affiliated to **PROSAMI** are organized as shown in **Graphic N. 5**, attached.

The 33% of the time of the Executive Director's time is dedicated to the direct attention of the Program, with the support of the administrative and technical units.

The rendering of services is in charge of a **Technical Coordinator** from whom two **Technical Supervisors** depend: either Physicians, Nurses or Mother-Child Specialists At the same time, five **Health Promoters** depend from each **Technical Supervisor.**

A **CHP** and a **Trained Midwife** are assigned for the attention of every 1000 inhabitants per community Their work rests upon a **Health Committee**, on a net of local collaborators (**Volunteers**) and on the organization of a **Rural Dispensary.**

The low ratio of one **Supervisor** for five **CHPs** allows a frequency of visits (relations) of two or more per month.

The **NGO** charges the patient between ¢ 1.00 and ¢ 15.00 for the cares he receives, money that is destined to a **Community Circulating Fund** deposited in a banking account of the community, managed by the **CHP** and the **Health Committee** These funds are used for expenses not covered by donated subsidies.

In 1994 the net of 35 **NGOs** (currently of 34) created a legal national entity, dedicated to rural health, denominated **CONSALUD**; the Statutes have been filed before the **MOH** and the Ministry of the Interior, to obtain the status of legal entity

1 3 2. Criteria, Requirements and Selection Conditions
In the **PROSAMI** the Criteria Requirements and Selection Conditions of the **Health Promoters** are similar to those of the **MOH**; however, some differences have been observed. Some **NGOs** declare that the age criteria does not apply; the educational level for a group is the 6th grade, whereas for another it is the third grade, and for a third group no age criteria is necessary, a determined group of **NGOs** prefer that the **CHPs** be chosen by the Community. The **Female Sex** predominates (approximately 65%), on a non-discriminatory basis

The **Health Promoters** of the **NGOs** affiliated to **PROSAMI** cover both sexes, they are over 18 years of age, with different levels of education; the **CHPs** are chosen by the community where they live and the **NGO** for which they work.

Within this group of **CHPs**, the accumulated service time goes from 4 months up to 3 and a half years, the average service time being of three years.

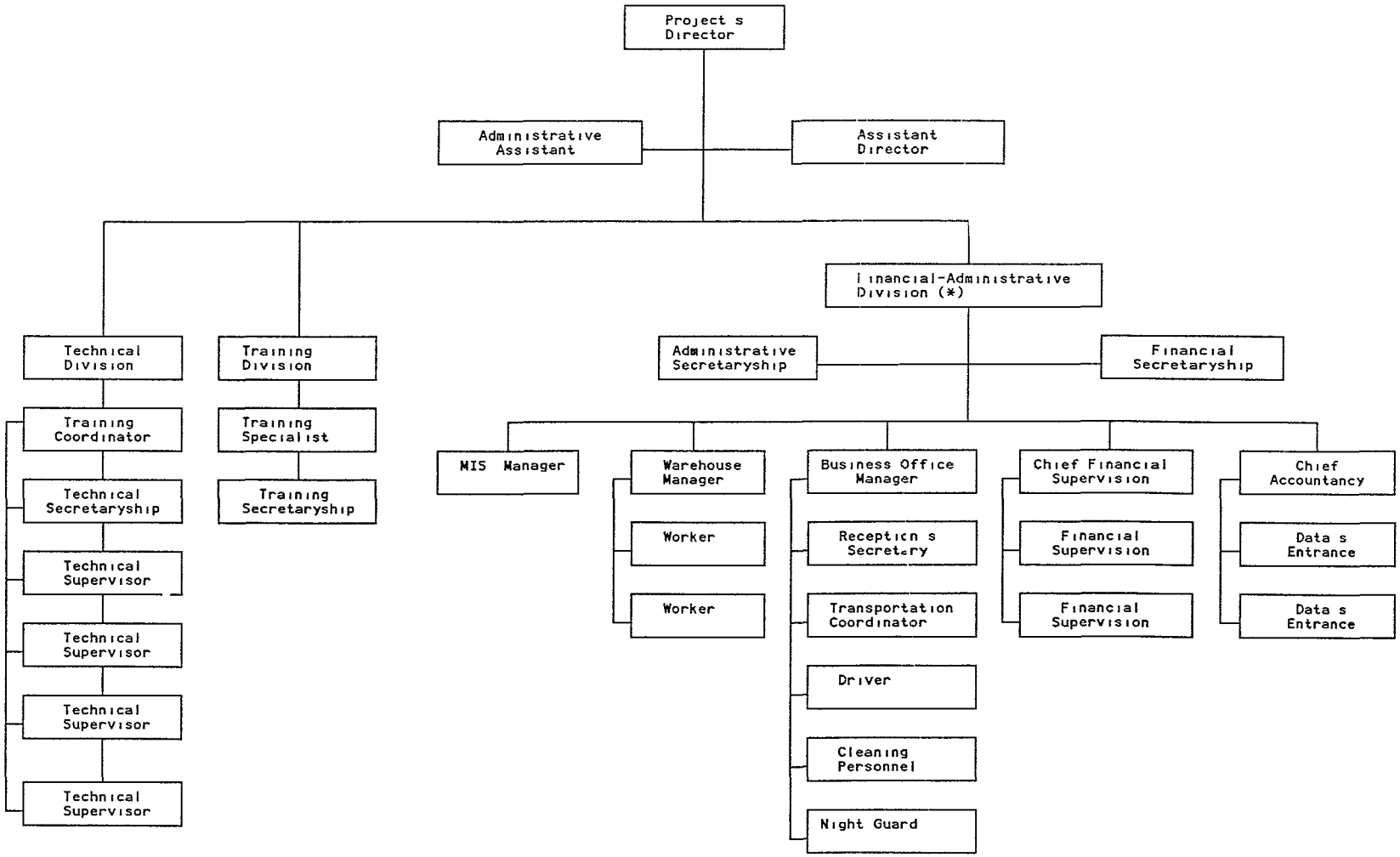
They have an assignation of some 200 houses within a population close to 1000 persons

They work 5 days a week, 8 hours per day. This timetable is nominal, sometimes they must extend it to conclude their programed activities. Additionaly and out of schedule, they attend requests they receive in their homes and dedicate time to prepare reports In reality they work over nine hours

The salary they earn varies according to the **NGO** for which they work and in some **NGOs** there are internal salary scales. There is a minimum and maximum legal salary, the application of which is demanded by the MOH from the **NGOs**. Regarding this point, the **Salary Law of the Public Sector** is taken into account, for example, the maximum salary of a **CHP** of PROSAMI is of the same order as one of the **MOH**, during a determined year Within the aforesaid limits, each **NGO** establishes the salary of its **CHP** In the application of this policy, PROSAMI approves the new annual salaries of the **NGOs**, considering the rank of responsabilities of the post, thus, it authorizes salary increments based on the condition of merit and cost-of-life variations

GRAPH NO 4

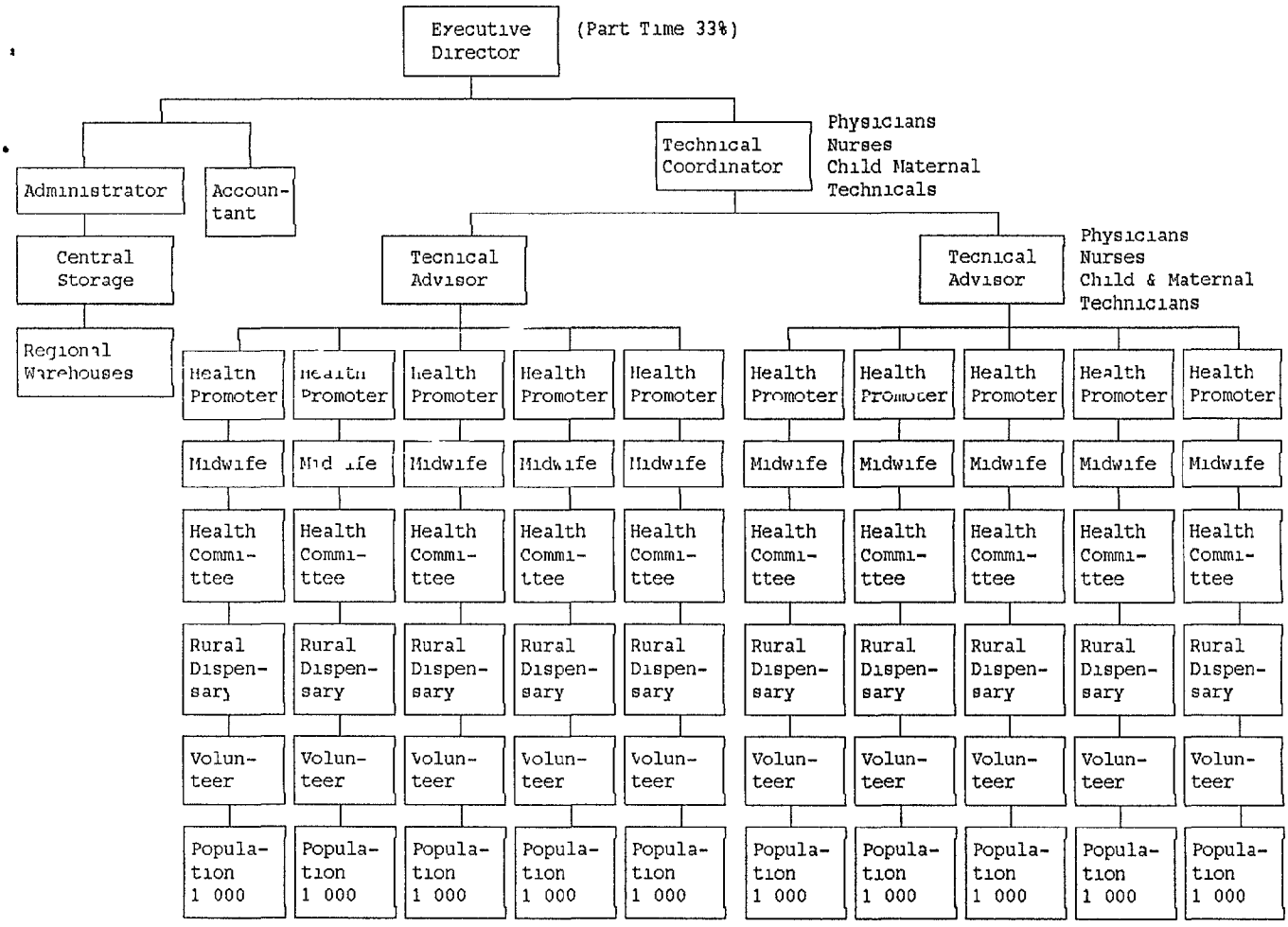
MATERNAL HEALTH AND CHILD SURVIVAL PROJECT (PROSAMI)
THIRD AND FOURTH QUARTER ORGANIZATION OF 1995



(*) Deputy Director is in charge of the Administrative and Finance Division

GRAPH N. 5

STRUCTURAL MODEL OF EACH SUBCONTRACTOR (NGOs) OF PROSAMI FOR THE PROVISION OF THE PRIMARY BASIC HEALTH BASKET IN RURAL AREAS (Population: 10,000)



The **NGOs** of **PROSAMI** pay the labor benefits established by the Salvadoran **Labor Code**

The actions of a **CHP** of PROSAMI are addressed to Children of 5 Years of Age, Women in Child-Bearing Age, Pregnant Women and Youngsters from 5 to 14 years of age. The emphasis of their actions focuses in the Mother-Child attention. Their function is oriented to the promotion of Health and the Prevention of Diseases They give Pre-Natal Care, Care of Morbidity (mainly to Children of 5 Years of Age); they are authorized to handle Antibiotics (Sulfamidized). They make on-time risk detections regarding Children and Pregnant Women, and then refer them to the corresponding health establishments

1.4 CISI-General Organization

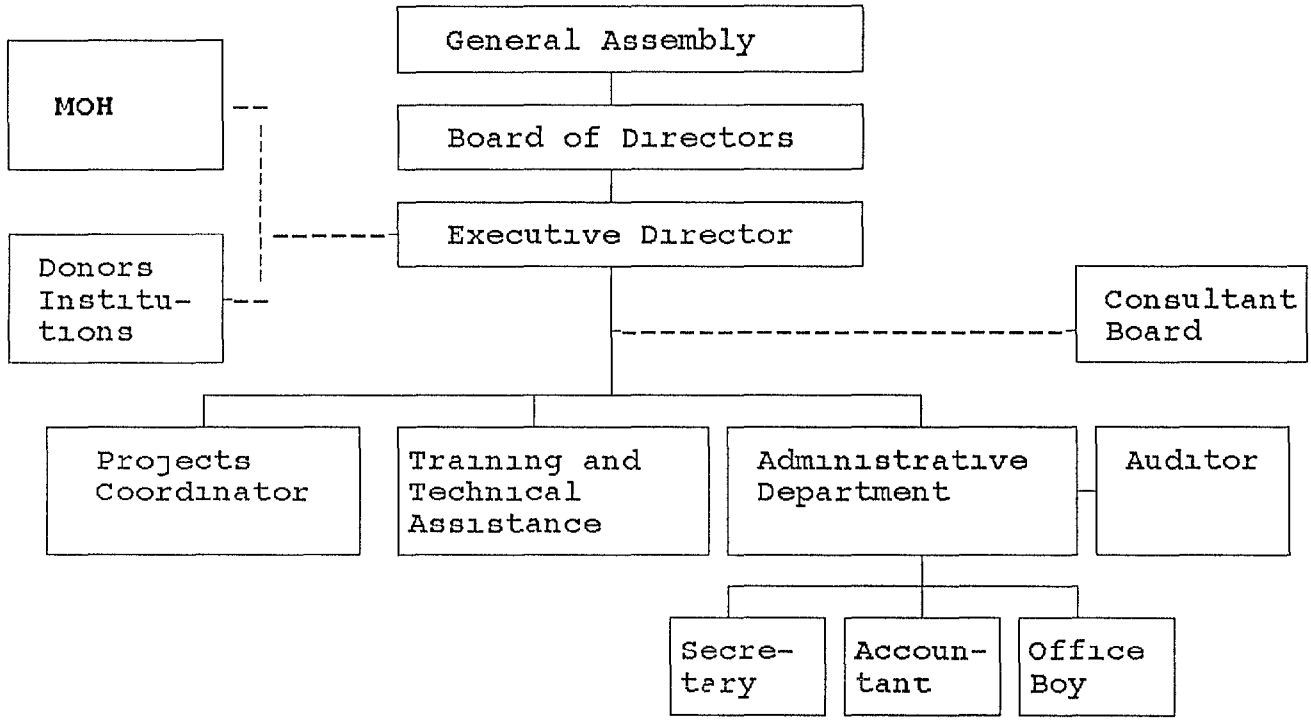
CISI is a non-profit institution, created in 1988 by Decree No 88-8610

of the **MOH**, created to support the coordination of the **NGOs** working in the field of **Mother-Child Health** As from 1993, **CISI** expanded its functions to aid unprotected communities, in the search of alternatives oriented to their integral development.

Presently **ICIS** works in accordance to the **FLOW-CHART** contained in **GRAPHIC No. 6.**

GRAPH N. 6

CHART OF CISI



32 **NGOs** are members of **CISI**, including 13 that are also affiliated to PROSAMI Their activities cover the following fields· Community Health, Integral Community Development, Support to the Communities with the creation of Micro-Enterprises and Human Rights.

With the support of UNICEF, **CISI** has established more than 900 **Community Health Houses** in rural areas and urban slums lacking in basic minimum services They have gained presence in 102 municipalities, servicing approximately, 250,000 inhabitants.

The policies of **CISI** are centered in four main pillars:

- Cooperation with the **MOH**, recognizing it as the leader in health
- Collaboration in the efforts to diminish the **Morbidity of Child Mortality**

- Promotion of the Integral Development of Communities.

- Institutional strengthening to increment its service capacity.

Therefore, the activities of **CISI** focus in the fulfillment of the following components, the purposes of which are to:

- Contribute in the promotion, planning, execution and evaluation of national plans related to Child Health

- Collaborate with the **MOH**, in the coordination of the **NGOs** working in the **Child Health** area.

- Promote preventive measures as well as adequate handling at community level of **Diarrheas and Acute Respiratory Infections.**

- Collaborate with the coverage of **Basic Health Services**

- Contribute toward a greater social participation

- Contribute with the self-sustainability of the programs in the communities.

- Contribute with projects supporting the impact of health in the communities

- Participate in projects that strenghten the expediting capacity of member **NGOs** in the integral development of the communities.

The financing of **CISI** comes from the monthly payments of the member **NGOs** and from the financial and technical cooperation of donating organizations, national and international.

Chronologically, **CISI** has developed its actions as follows:

- With the technical and financial support of **UNICEF** and **PAHO/INCAP**, in coordination with the **MOH**, it develops in 1990 the **Project "CONTROL OF DIARRHEIC DISEASE AND ORAL REHYDRATION" (DDCOR)**, covering 222 communities in the rural and marginal-rural areas, as well as in 12 **SIAT** (Salvadoran Institute of Agrarian Transformation) agrarian cooperatives

- In 1991 it trained 800 persons of 11 institutions in the **Prevention and Care of Acute Respiratory Infections (ARI)**; including managers, technicians, operators, promoters and collaborators (unpaid volunteers) of the communities

- In January 1992, with the support of **UNICEF**, it implemented the **Project "Community Health Houses"** to support related projects

- Starting in 1993 it incorporates the **"GROWTH AND DEVELOPMENT"** and **"EXTENDED IMMUNIZATION PROGRAMS"** components.

- In 1994 it carries out an internal institutional analysis, determining a new vision of **ICIS** for the 1994-1999 five-year period: **"TOWARD THE INTEGRAL DEVELOPMENT OF THE COMMUNITIES".**

1.5 CAPS

The **Archbishopric of San Salvador** carries out social work in the Departments of San Salvador, Cuscatlán, and La Libertad The different work areas border around humanitarian assistance and human promotion, such as Education, Health, Housing, Woman Promotion, Sustainable Agriculture, Legal Assistance and Social Pastoral. It is all channeled through the **Social Archdiocesan Secretaryship (SAS).**

The **Archdiocesan Pastoral Commission of Health (CAPS)**, is a **SAS** dependency working the health area in four aspects **Community Health, Community Mental Health, Support to Parrochial Clinics of the Archdiocese and Humanitarian Care During Emergency Situations.**

These services are addressed to marginal-urban and rural communities of scarce economic resources. Because of its dependency from the **Archbishopric**, it takes shelter in the legal personality of the Salvadoran Catholic Church (. by virtue of Article two of Legislative Decree N seven hundred forty-two, dated August eleven of nineteen hundred and eighty-seven, published in the Official Gazette number sixty-eight, volume two hundred ninety-six of September eleven of nineteen hundred eighty-seven).

The **Community Mental Health Promoters**, who work as **Volunteers** within their own Parishes, are trained through the Community Health and Community Mental Health Programs, in their respective Parishes These are persons with christian compromises and identified with the pastoral work of their parishes According to **CAPS** their **Promoters** do not consider themselfs as part of the staff, but as forming part of the Parish Their work is in function of the Social Pastoral of the Parishes, they answer for their work to their Parishes

The work of **CAPS** is centered in Training, Providing Company, Follow Up and Support of Small Projects born from the needs of the Community or Parish in relation to health As an institution, **CAPS** counts with the following resources 2 vehicles, 1 computer equipment, 1 T.V., 1 VHS, 1 diapositive projector, 1 acetate projector and 2 tape recorders

The components of the **Community Health Program** carried out with **Promoters**, in accordance to the needs of the Community, are **Mother and Child Health, Basic Sanitation, Curative and Preventive Health, Mental Health and Natural Medicine**

CAPS finances its programs with international donations coming from sister churches

The population that benefits from the **Promoters of CAPS** is, to a great extent, made up of Children of Less than 5 Years of Age, and selected groups of Men and Women of the Communities.

Each semester **CAPS** informs its donors about the work carried out at institutional and community level. The form of work of **CAPS** responds hierarchically to the division into sectors of the Archdiocese

Vicarships and Parishes are geographically defined territories. There is an **Institutional Promoter** responsible for each Vicarship. The **Institutional Promoter** is directly supervised by the **Officer of the Promotional Area** and indirectly by the **Coordinator and the Technical Area of CAPS.** Presently it has plans of expansion of the geographical coverage, between 1995-1997 it pretends to consolidate the processes of the Parishes already initiated Is training 23 **Promoters at a Central Level (The"Monsignor Arturo Rivera Damas" Formation Center)**, and 23 at a **Regional Level**, in Cojutepeque.

The personnel of **CAPS** is:

1 Coordinator, 1 Administrator and 1 Secretary
1 Officer of the Promotional Area.
6 Institutional Promoters of **CH** (1 Sociologist; 1 Bachelor in Health; 1 Technician in Mother and Child Health, 3 Bachelors in Woman Health.).
1 Medical Doctor (Charged with the Technical Area).
1 Technician in Natural Medicine.
1 Psychologist, Charged with the Program of Community Mental Health
1 Institutional Promoter of Mental Health.

In the majority of cases, the **Promoters** have between 4 and 6 years of schooling. The requirement to undergo training as **Promoters** is knowing how to read and write, no specific schooling requirement has to be met

1 6 CARITAS

There are seven branches (offices) of **CARITAS**, dispersed through the country, coordinated by the **Central Office**, with headquarters in San Salvador. Of the 7 dependencies, only 3 furnished partial information. When the branch office of the city of Santiago de María, Department of Usulután was visited, the verbatim answer was "...we have received orders from the **Central Office** to give no information"
Apparently they do not have interest in forming part of programs with **Promoters of Health**, like those developed by the **MOH** and **PROSAMI.**

Thus no major details to characterize this **"Sub-Universe"** were obtained The only information obtained, verified in three offices, is that they work with a personnel solely of **Volunteers".**

1 7 Other NGOs - General Framework

Of the **NGOs** that were investigated, eleven have **Promoters** working with the system of **Volunteers.** The number of **Promoters** is variable, thus while **APROCSAL, CCC and OLOF PALME** have only 2 **Promoters, PROVIDA** has 250.

Seven of these **NGOs** have **Legal Status**, 1 has filed for it and 3 are working **"De Facto"**

Each **NGO** has it's own organization, according to their objective As far as personnel, those with more **Promoters** also have larger human resources. For example, **PROVIDA** with 250 **Volunteers**, has 17 Technical Human Resources and 10 Administrative.

More details about this group of **NGOs** is referred to in the following sections, when treating each institutional medular component

2. DISTRIBUTION AND GEOGRAPHIC COVERAGE OF THE "PROMOTERS"

Within the respective **System of Organization**, hard work was implemented recollecting and identifying the information about the number of **Promoters** that render health services at community level In that task the other institutions considerated in each **Sub-Universe** of the investigation, collaborated, in each case, all the necessary measures were taken in order to obtain the most precise geographic placement of the work places of the **Promoters**. A high percentage was identified at the level of **Districts**, the proportion identified at the level of **Municipalities** is low within each **Department**. In this last case we find **CARITAS** (83), **NASI** (36), **SLA** (68) and **AFPINT** (150), in total, 337 **Volunteer Promoters**, with different forms of work and geographic coverages In 2 other **NGOs**, **PRO-VIDA** (250) and **APSAW** (200), the available information only indicates the total number of **Volunteer Promoters** they have. In the **ADS** no placement was done regarding 4 **PSP** and 4 **DRC**.

In synthesis, 5,097 **Promoters** were identified, declared by the 68 institutions, distributed as follows **CHPs** from **MOH** (1438), **CHPs** from **PROSAMI** (633), **PSPs** from **ADS** (1045), **DRCs** from **ADS** (435), **Volunteers** from **CISI** (630), **Volunteers** from **CAPS** (44), **Volunteers** from **CARITAS** (83), **Volunteers** from **PRO-VIDA** (250), **Volunteers** from **APSAW** (200) and **Volunteers** from **Other NGOs** (339). As can be seen further on in the ample description made of the **Promoters**, there are great differences in the social and demographic characteristics as well as in the working conditions, functions, service coverages and specific actions of the **CHPs** of **MOH** and **PROSAMI**, **PSPs** and **DRCs** of the **ADS** and a diversified gamut of **Volunteers**, thus the number of **Promoters** only constitutes the first basic qualitative indicator of this investigation of **Review and Evaluation of Community Health Promoters**

The detail of the geographic distribution of **Promoters** constitutes **Annex No 8**, with precise indication of geographic placement, by **Department, Municipality and Canton**, in accordance to the respective **Sub-Universe** For the geographic identification of the different types of **Promoters**, the **Manual of Codification of Departments, Municipalities and Districts**, edited officialy by the **General Directorship of Statistics and Censuses** (GDSC) was used, which was elaborated in ocassion of the **Census of**

Population and Housing of 1992. Nevertheless, in determined **Municipalities** we have added **Comunities and/or Population Settlements** covered by **Promoters of NGOs**, without official codification, the majority of which were created by the displacements caused, mainly, by the recently ended belic conflict.

Global numbers were obtained from **Annex No. 8**, summarizing information regarding some of the indicators considered important

Chart No. 4.A presents the distribution of **Promoters by Department**, in each **Sub-Universe** It can be observed, very clearly, that the total concentration of the **CHPs** is in the **MOH** (69 4%) and PROSAMI (30 6%) The **ADS** has a significant weigh of **PSPs** (70 6%) and the rest are **DRCs**); regarding this point it must be reiterated that the **PSPs** and **DRCs** from the **ADS** are regarded as forming one set, as of July of 1995, classified as **Volunteers** with new working modalities. The rest of **Sub-Universes (CISI, CAPS, CARITAS and Other NGOs)**, as a whole, represent 23 7% of the totality of **Promoters**, all with different **Volunteer** characteristics, it is relevant that the great majority work on a **Part-Time** basis (starting from 2 daily hours).

In synthesis, only the **Community Health Promoters (CHP) of MOH and PROSAMI** can be considered, conceptually, as such. The participation of **PSP, CDR and Volunteers** diminishes considerably in relevant aspects of functions, coverages of health services and specific actions for which they are trained and authorized. This is, precisely, the disintegrated characterization described in the rest of this document.

CHART N 4.A

GEOGRAPHIC COVERAGE OF THE PROMOTERS, BY DEPARTMENT, ACCORDING TO INVESTIGATED SUB-UNIVERSES

Departments	No of NGO s thatsupply Health Services in the Indicated Sub-Universes							
	MOH a/	ADS b/	PROSAMI a/	CISI c/	APHC c/	CARITAS d/	Other NGOs e/	Total
TOTAL	1438	1472	633	630	44	83	339	4639
		1041		3,112				
Ahuchapán	92	114	26	12	-	-	-	244
Santa Ana	77	147	71	24	-	25	12	356
Sonsonate	97	113	32	56	-	20	90	408
Chalatenango	108	76	32	21	-	-	17	254
La Libertad	159	176	44	45	10	-	38	472
San Salvador	104	101	49	114	34	-	64	466
Cuscatlan	79	83	65	19	-	-	38	284
La Paz	122	116	21	26	-	38	-	323
Cabañas	75	93	19	2	-	-	-	189
San Vicente	82	95	9	9	-	-	-	195
Usulutan	135	97	106	43	-	-	6	387
San Miguel	112	93	86	98	-	-	36	425
Morazan	80	86	46	56	-	-	38	306
La Unión	116	82	27	105	-	-	-	330

a/ These are **CHP** registered as of 31st of May 1995
b/ There are 1041 **PFHP** and 431 **DRC** The precise location of 4 **PFHPS** and 4 **DRC** was not identified
c/ These are **Volunteer Promoters**
d/ These are **Volunteer Promoters** in 3 of the 7 **NGOs** that facilitated information only at **Department** level
e/ Does not include 450 **Volunteers** Of **PRO-VIDA** (250) y **APSAW** (200)

Chart No 4.B has also been elaborated with the same data of **Annex No 8**, containing a summary, at **Departmental** Level, of the number of **Districts without Promoters and Districts with 1 or More Promoters**

CHART N. 4.B
NUMBER OF COUNTIES, BY DEPARTMENT, ACCORDING TO THE AVAILABILITY OF PROMOTERS

Departments	Districts of El Salvador - Total	Districts without Promoters Sub-Total	Districts with Promoters					
			Sub-Total	With 1	With 2	With 3	With 4	With 5 or More
TOTAL	2,218 a/	486	1732	671	650	200	91	120
Ahuachapán	129	17	112	33	52	17	5	5
Santa Ana	153	27	126	43	46	17	7	13
Sonsonate	133	9	124	40	55	12	9	8
Chalatenango	210	87	123	66	41	7	4	5
La Libertad	213	27	186	79	66	25	8	8
San Salvador	159	34	125	55	23	20	14	13
Cuscatlán	135	24	111	42	50	9	4	6
La Paz	192	57	135	58	53	15	6	3
Cabañas	97	16	81	26	29	16	8	2
San Vicente	123	41	82	33	29	9	4	7
Usulután	228	73	155	58	64	15	5	13
San Miguel	172	26	146	49	64	11	6	16
Morazán	118	26	92	30	34	11	8	9
La Unión	156	22	134	59	44	16	3	12

a/: There are 2056 **Districts**, plus 162 **Communities** and/or **Population Settlements** with official codification, The majority have been motivated by the sociopolitical conflict

The numbers of **Chart No 4 B** indicate, at a national level, a coverage of 78 1 of **Cantons** with **Promoters** Of them, **30 3%** have **1 Promoter, 29 3%, 2 Promoters, 9%, 3 Promoters, 4 1%, 4 Promoters** and **5 4%, 5 or More Promoters** By **Departments, Sonsonate** is at the **maximum** extreme with 93 2% and with a higher proportion with **2 Promoters** per **District** In the other extreme **(minimum)** we find the **Department of Chalatenango**, with a **58 6%** frequency of **1 Promoter per District (31 4%)**. In **7 Departments** the coverages oscillate between **82.2% and 87.3%**, while the remaining 5 have coverages of **66 7% and 78.6%** No other similar tendencies ware observed in the distribution of **Promoters per County**

It is interesting to observe the presence of **Promoters** in the respective **Sub-Universes**, in an individually and combined form, with **1 or more Cantons** This detail is also contained in **Annex No 8; Chart No. 5** has been elaborated with this data. Of 1732 **Cantons** with **Promoters**, the **MOH** is found in 1304 (75 3%), **PROSAMI** in 419 (24.2%), **ADS** in 1002 (57 6%); **CISI** in 116 (6 7%); **CAPS** and **Other NGOs** have the lesser coverage. At individual level, the institutional presence is low, **MOH**, 25.2%, **ADS**,

9 8%, **PROSAMI**, 8.3%; in a combined form, the binomial **MOH-ADS** with 34.8% of coverage and the combination **MOH-ADS-PROSAMI**, with 3, 4, 5 and More **Promoters** in 5.5% of **Districts**, is outstanding.

As said before, the presented number are qualitative referential indicators for the integral characterization of **Promoters** as detailed in this document. Without doubt that toward the interior of each **District** in function of its geographic and demographic size, the different institutions assign to their **Promoters** determined geographical areas and populational sizes, considering the subdivision of the **Districts** in **Small Villages**. Regretfully, **Small Villages** or Hamlets have not been geographically determined; from here that the duplicities of efforts are not eliminated, particularly when 2 or more institutions render the same Health Service within the **District**. In any case, the different type of activities realized by the **Promoters** must be considered, as indicated in the detail contained in **Table No. 5 of Annex No. 9**, as well as the linkages of interinstitutional coordination.

Given the dynamic of appointments, resignations, rotations and placement of **Promoters**, the aforesaid numbers are subordinated to changes from time to time. Presently, they reflect the current situation of coverage and geographical distibution, up to July 20 of 1995, when the detailed process of identification and registry of each institution, was concluded Finally, it must be considered that the work of the **Promoters** benefits from the participation of persons within the communities that give voluntary collaboration; this fact is more evident in the **CHPs** of the **MOH** and **PROSAMI**.

CHART N. 5

DISTRICTS WITH PROMOTERS, BY SUB-UNIVERSES, ACCORDING TO NUMBER OF PROMOTERS IN EACH CANTON

Sub-Universes	Nº OF THE CANTONS WITH PROMOTERS					
	Total	With 1	With 2	With 3	With 4	5 or More
TOTAL	1,732	671	650	200	91	120
MOH	437	415	21	1	-	-
ADS	170	140	24	2	3	1
PROSAMI	144	114	17	8	3	2
CISI	22	-	6	4	-	12
APHC	3	2	-	1	-	-
Other NGOs	-	-	-	-	-	-
MOH - ADS	603	-	465	97	32	9
MOH - PROSAMI	87	-	70	11	2	4
MOH - CISI	22	-	1	8	4	9
MOH - APHC	1	-	1	-	-	-
MOH - Other NGOs	1	-	-	-	-	1
ADS - PROSAMI	67	-	44	17	2	4
ADS - CISI	12	-	1	2	2	7
ADS - APHC	-	-	-	-	-	-
ADS - Other NGOs	1	-	-	1	-	-
PROSAMI - CISI	7	-	-	3	2	2
PROSAMI - APHC	-	-	-	-	-	-
PROSAMI - Other NGOs	-	-	-	-	-	-
CISI - APHC	-	-	-	-	-	-
CISI - Other NGOs	-	-	-	-	-	-
APHC - Other NGOs	-	-	-	-	-	-
MOH - ADS - PROSAMI	95	-	-	45	26	24
MOH - ADS - CISI	36	-	-	-	12	24
MOH - ADS - APHC	4	-	-	-	1	3
MOH - ADS - Other NGOs	-	-	-	-	-	-
MOH - PROSAMI - APHC	1	-	-	-	1	-
MOH - PROSAMI - CISI	5	-	-	-	-	5
ADS - PROSAMI - CISI	2	-	-	-	-	2
ADS - PROSAMI - APHC	-	-	-	-	-	-
ADS - PROSAMI - Other NGOs	-	-	-	-	-	-
PROSAMI - CISI - APHC	-	-	-	-	-	-
PROSAMI - CISI - Other NGOs	-	-	-	-	-	-
CISI - APHC - Other NGOs	-	-	-	-	-	-
MOH - ADS - PROSAMI - CISI	9	-	-	-	1	8
MOH - ADS - CISI - APHC	1	-	-	-	-	1
MOH - ADS - PROSAMI - Other NGOs	2	-	-	-	-	-

3. INSTITUTIONAL CLASSIFICATION ACCORDING TO RELEVANT TOPICS

3 1. Nationality, Legal Situation, and Availability of Promoters

Without taking the **MOH** into consideration, of the 67 **NGOs** with **Promoters** that provided information, 66 (98 5%) are National; Of which, 42 (62.7%) are **Legally Established**, 9 (13 4%), are in **Process of Being Legally Constituted**, and 16 (23.9%) carry out their work on a **De Facto** basis This information has been taken from **Table 1 of Annex No. 9**, which also includes the number of **Promoters** according to **Sex.** As was said in the preceding section, there is no discrimination by reason of **Sex** in the selection of **Promoters**, nevertheless, within the 52 NGOs that provided the information, there is a majority of **Promoters of the Femenin Sex** (75 5%)

As noted before, the **Promoters** of the **MOH** and the 67 **NGOs** are of a different type Those of the **MOH** are **CHPs; ADS** has **PHPs** and **CDRs;** those of **PROSAMI** are **CHPs** similar to those of the **MOH; 2 NGOs** have **Volunteers** that geta a bonification, the remaining **NGOs** (30) work with with different types of **Volunteers** The additional 12 **NGOs** that did not provide information, also work with **Volunteers**, as was ascertained

3.2 Affiliated Institutions and Specific Purposes

When describing the **Institutional Organization Systems** in the previous section, a brief reference was made about the **MOH, ADS, PROSAMI, CISI, CAPS, CARITAS and Other NGOs;** that is, seven Sub-Universes classified for the purposes of this investigation. That description is complemented and ratified here using the results contained on **Table 2 of Annex No. 9**, that shows the following grouping of the **NGOs**, according to their affiliation to one or more institutions

N	Institution of Affiliation	N_ of NGOs
1	PROSAMI	34 a/
2	CISI	20 b/
3	CAPS	11
4	CCPIHF	11
5	CARITAS	3
6	IPES	2
7	APPC	2
8	COM	2
9	SFPSEP	2
10	CATHOLIC RELIEF SERVICES	2
11	SEMA	1
12	MLWP	1

a/: Including 13 Affiliated to **CISI**

b/: Including 13 affiliated to **PROSAMI**

N_	Institution of Affiliation	N_ of_NGOs
13	NOVIB	1
14	CRIPDES	1
15	CCRDES	1
16	SCF	1
17	IPPF	1 c/
18	MCA	1
19	APSAL	1
20	World Vision	1
21	CNI	1
22	FSMSSW	1
23	Order of Malta	1
24	CODUES	1

c/ : It is **ADS**

The number of **Institutions of Affiliation** is notorious (25); but the majority of **NGOs** concentrate their affiliation in **PROSAMI** (50.7%), **CISI** (29 0%), **APHC** (16.4%) and **CCPIHF** (16 4%). On the other extreme we have **Institutions of Affiliation** that only have 1 or 2 **NGOs**, and 6 declared having no affiliation (**FUNSODESA, APSAW, SARESP, SLA, PRO-VIDA and NASI**).

In close relation with the **Affiliation Institutions** are the **Specific Goals of the NGOs**. From the same **Table 2 of Annex 9**, the following classification is added·

N.	Specific Goals	N. of NGOs	N.	Specific Goals	N_ of NGOs
1	Primary Healh Care	24	7	Sustainable Human Development	17
2	Care of Children	3	8	Community Organization	6
3	Health Education	12	9	Job Trainning	2
4	Alternative Medicine	3	10	Credit and Investment	3
5	Women Integral Health	7	11	Socioeconomical Development	17
6	Mental Health	1	12	Others	1

The preceding objectives are not exclusionist. Likewise, it must be said that the **NGOs** working in **Sustainable Human Development** and **Socioeconomical Development** also provide some health services, within the context of development.

Although the declared **Specific Purposes** are very general, they underline concentration on **Primary Health Attention** (35 8%), **Sustainable Human Development** (25 4%), **Socioeconomic Development** (24 4%) and **Woman's Integral Health** (10 4%). However, all of them carry out community health services with **Promoters**, with greater or lesser coverage and disintegration, as will be shown further on.

3.3. Installed Capacity

Apparently the **Installed Capacity** of the 65 **NGOs** that provided information is relatively limited in relation with the purposes of the service; **ADS** and **WVES** declared not having up-dated data.

According to the figures in **Table 3 of Annex No. 9**, of 43 **NGOs**, the **KNAPP Foundation** declared 10 **Transportation Units**; **CFMF** and **SPRHA**, 5; **SFDWO, SAHD**, and **MFHD**, 4; **PDO, NCSW, AFHD, SAPH, IAD, PRO-VIDA** and **SFHSD**, 3.

The concentration of the **NGOs** in relation to **Computer Equipment** is different. Here, out of 47 **NGOs**, **SFHSD** declared 17 units; **PDO, APHC, PRO-VIDA** and **PDCMSM**, 5; **SAID** and **AFPINT**, 4; **CJD, SAPH** and the **KNAPP Foundation**, 3.

Very few **NGOs** provided information about **Office Equipment** (17), and even less about **Audiovisual Support Equipment** (8) Thus the data registered in the aforementioned **Table** 3 only has individual representativity and very poor at that.

Finally, with regard to **Buildings** the stated dimensions are too varied amongst the 65 **NGOs**. As a generic appreciation, without knowledge regarding effective use, the following classification has been made, noting that 60% has less than 75 **Square Meters** and only 13.8% has more than 300 **Square Meters**.

Square Meters	N_ of NGOs
Less than 30	15
30 to 49	15
50 to 74	9
75 to 79	7
100 to 149	6

Square Meters	N_ of NGOs
150 to 199	1
200 to 299	3
300 to 499	5
More than 500	4

A general conclusion is that the **Installed Capacity** of the **NGOs** is heterogeneous, although with evidence of limitations in specific items In any case, the **Installed Capacity** of the **NGOs** is not exclusive of its activities with **Promoters**.

3.4. Technical and Financial Assistance

A considerable number of institutions declare different sources of **Technical Assistance**, as detailed in **Table 4.A of Annex N. 9**. The **MOH**, for the **CHPs Program** underlines the assessment of **USAID**; but, given that the **CHPs** apply **Standards** coming from different technical units, they also receive indirectly assessment from other organizations such as **PAHO, UNICEF, FNUAP**, Etc.

The **NGOs** affiliated to PROSAMI declared receiving from it the **Technical Assistance**; the **NGOs** that are also affiliated to **CISI** classify the two sources of technical assistance.

The **NGOs** that belong to **APHC** only indicate that advisory. Other **NGOs** classify national organizations that provide technical advisory; among them **MOH, UES, CAU, PRODEPAZ, AIDSF, SFHSD, UNDP and FSMSSW**

Among the international ones a long list can be found, of which those of PROSAMI outstand due to the number of affiliated **NGOs**. It is followed by **UNICEF** and **EEC** (European Economic Community); in the rest of the list, each institution is mentioned once or twice: **CARITAS, Australian Volunteers, Catholic Relief Services, IFES, FNUAP, World Vision, Horizons of Friendship, Hofam Belgium, NOVIB, NFEL, BID, Cambridge Consulting Corporation, IPPF, CDC-Atlanta, ORVIS, PAHO, L'APPEL, PPM and SHARE**

In general, the **Technical Assistance** includes Materials and Supplies, Training, Equipment, and Transfer of Technologies. Thus **Technical Assistance** is also closely related with **Financial Assistance** In this last item the **Financial Means** are also varied In that regard **Table 4.B of Annex N. 9** shows the classification of each one of the 67 **NGOs**, that have been grouped as follows:

N.	Financing Means	N. of NGOs	Percentage (%)
1	Sale of Services	25	37.3
2	National Donations	29	43.3
3	International Donations	56	83 6
4	Community Contributions	37	55.2
5	Membresy Fee	1	1.5
6	Own Resources	2	3.0
7	Volunteer Work	1	1.5
8	Own Patrimony Profits	2	3.0

As expected, due to the nature of the **NGOs**, the **International and National Donations** and the **Sale of Services** are outstanding The high percentage of **NGOs** that state as **Means of Financing** the **Contributions of the Community** is not very clear. An interpretation is that the number of communities that contribute is high, although their real contributions must be low, given their characteristic deficitary socioeconomic nature.

In fact the financial contributions of the communities are not reflected in the figures of **Table 4.C** of the same **Annex No. 9** Due to its delicate and confidential nature according to the **NGOs** themselves, the collected data is limited. Likewise, in some cases, the amounts observed give the impression of not reflecting reality. However, they constitute a reference background. In view of this they have been classified as presented in the following page. Several points can be observed in those figures:

- 66 **NGOs** present **35 Sources of Financing**, 3 **NGOs** have their own resources and there are 3 Sources of Unspecified Financing. Only one **NGO** did not declare **Source of Financing.**

- With 28 **Sources of Financing** (67.6%) the **Periods of 1 Year** predominate. Exceptionally there is 1 **Period** of **5 Years**, on the other extreme, we can observe **2 Periods** of **3 Months** and **4 Periods** of **9 Months.** The rest is concentrated as follows: **1** of **1.5 Years**, **7** of **2 Years** and **6** of **3 Years**

- The 38 **Sources of Financing** give coverage to 97 cases in 66 **NGOs** On the one hand, a reduced number of **NGOs** receive financing from up to 5 **Sources** On the other hand, one same **Source of Financing** covers a determined group of **NGOs**; such is the case of **PROSAMI** (34 **NGOs**), **CAPS** (10) and **USAID** (4)

N_	Financing Sources	N_ of NGOs	Periods (Years)	N_	Financing Sources	N_ of NGOs	Periods (Years)
1	Austria	1	1	19	Goverment of Holland	1	3
2	Alfalit International	1	1	20	ICR	3	11
3	APHC	10	1 a/	21	KAS	1	1
4	CARITAS	3	1 b/	22	International Medic	1	1
5	Catholic Relief Services	2	1 c/	23	L APPEL	1	1
6	EEC	2	1	24	POH	1	1
7	CODUES	2	1	25	ORVIS	1	1
8	Canadian Corporation	1	2	26	OXFAM, Belgium	1	2
9	ENFAM-DERMONT	1	1	27	MHCAP	34	1 d/
10	FNEL	1	1 5	28	PPM	1	1
11	FPNU	1	3	29	Skip, Germany	1	1
12	IFES	2	1	30	SHARE	2	1
13	OFES	1	1	31	Land of Men, Germany	1	1
14	Canadian Foundation	1	1	32	USAID	4	1 e/
15	Goverment of Switzerland	1	1	33	UNICEF	2	1
16	IPSI	1	3	34	World Vision	1	1 f/
17	Iniative of the Americas	1	2	35	International Churches	1	2
18	RDF	1	2	36	Own Funds	3	1
				37	Others	3	1

a/: There is 1 additional of 2 Years
b/ Additional 1 of 2 Years 1 of 3 Years
c/: There is 1 Additional of 3 Months
d/: Aditionally there are 4 NGOs of 9 Months 1 of 3 Years and 1 of 5 Years
e/: There is 1 Additional NGOs of 3 Years
f/: There is 1 Additional of 3 Months

In relation to the **Amounts, Totals and Dedicated Exclusively to Promoters**, there is a greatly varied scale in the 35 **NGOs** that appear giving information on **Table 4.C of Annex N. 9.** Here some of the features are underlined:

- There are 32 **NGOs**, which include 8 of **PROSAMI** and 9 of **MHCAP**, in which 34 **Sources of Financing** are distributed, that did not declare their **Amounts.**

- 5 **NGOs** with 15 **Sources of Financing** only declared **Total Amounts.**

- The **Total Amounts** go from a minimum of ¢11,400.00 in **CARITAS** of **Zacatecoluca** (for 3 **Months**), up to a maximum of ¢4,000,000 00 in **ASPS**, coming from **PROSAMI**, for **5 Years** The different **Amounts** are in direct relation with the qualitative and quantitative nature and scope of the services that each **NGO** renders through **Promoters** during a certain period

- In relation to the **Amounts Assigned Exclusively to Promoters**, in some cases it gives the impression that there is premeditation and/or error in the interpretation of some items that should be included In principle, according to the instructions, they should include Salaries, Benefits, Vacations, Social Security, Old Age Pension, Life Insurance, Christmas Bonuses, Expendables of All Kinds, Training, Supervision, Equipment, Per Diems, Transportation, Manuals and Illustration Material Of the 30 **NGOs** with information,

13 with equal number of **Sources of Financing**, dedicate 100% to the **Promoters**; the rest present a varied gamut of assigned sums, as follows

Ranges	N. of NGOs	N. of Sources of Financing
Less than 40%	3	5
From 40 to 49%	3	3
From 50 to 59%	1	1
From 60 to 69%	2	6
From 70 to 79%	6	8
From 80 to 89%	2	4
From 90 to 99%	-	-
100%	13	16
Total	30	43

3.5. Health Components and Sub-Components

The Coverage of Health Services provided by the **NGOs** is based in the attentions that the **MOH** gives through its **CHPs**, applying the basic principles of the **Primary Health Care (PHC)**.

The **Components (Care Areas)** are classified in **Sub-Components (Actions)**, the set of which is inclined toward integral attention. We have detected that the **NGOs** have incorporated, within the majority of **Components**, **Actions** that in some cases fully cover the attention; in other **Components** we have special projects of several **NGOs**. In the first case, in **Reproductive Health**, reference can be made to the **Care of Births at Community Level**.

Table No. 5 of **Annex N° 9**, presents in detail the **Coverage According to Components and Sub-Components of Health Services** of the institutions that have been grouped within the seven Sub-Universes: **MOH, ADS, PROSAMI, CISI, CAPS, CARITAS and Other NGOs** For each one of them a specific description is given immediately below.

3.5.1. MOH

In **Reproductive Health** the institution covers all the **Sub-Components**, except for **Childbirths at Community Level**, that is delegated to **Trained Midwifes**.

The **MOH** provides **References** to **Child Care**, which does not figure in **Table 5 of Annex N. 9**, because they are inherent to the work of the **CHPs**

Oral Health is given in all the **Sub-Components**, including **References**.

In **Nutrition** the actions, besides Detection and Follow-Up, the **CHP** make them through References **First Aid** is given in the four **Sub-Components**.

In **First Aids MOH** covers the four Sub-Components.

Simplified Care due to Morbidity covers the most common symptoms (Headaches and Gastric Acidity) and **Eye Diseases** (in general, Reddening of the Eyes and Conjunctivitis), **Diseases of the Skin and Intestinal Parasites** If the diseases do not respond to treatment given by the **CHP**, he makes Referrals, thus, in **Malaria** the patient is referred to the **Malaria Volunteer Collaborator** for a Plasmodium Examination ("Examen de Gota Gruesa") and the corresponding treatment.

The **MOH** covers the main **Sub-Components** of **Environmental Sanitation** Although **Garbage and Handling of Foodstuffs** do not appear specified, the **CHP** treats them as part of **Health Education**; his intervention is educational, teaching how to handle domestic garbage and the foodstuffs consumed by the family.

Other **Health Components** covered by the **MOH** are **Mental Health** and **Rehabilitation.**

In a complementary way, the **CHP of the MOH** participates in activities that promote the **Development of the Community**

3 5.2 ADS
The **ADS Promoter (PHP or CDR)** offers services in the majority of the **Health Components**, but in a limited way. In **Reproductive Health** during pregnancy they only provide education to the pregnant woman; they do not attend Childbirths nor Puerperae In **Family Planning** they give service to **Contraception**, but not to **Infertility**

In **Child Care** they attend the same **Sub-Components** as the **MOH.** In **Oral Health** they provide **Symptomatic Care.**

In **Nutrition** they detect undernourished children and refer them to the health establishments.

In **First Aids** only **Minor Wounds** are covered; other cases are referred. **Simplified care due to Morbidity** covers **Eye Diseases, Intestinal Parasites, and Malaria.** Finally, in **Basic Sanitation** 5 of the 7 **Basic Sub-Components** play a part, they leave out **Water Sources and Treatment.**

3.5.3. CISI
The **NGOs** affiliated to **CISI** cover the same components as the **MOH**; but there is no regularity in the comprehension of the **Sub-Components.**

In **Reproductive Health**, 4 **NGOs** give services similar to those of the **MOH**; the difference stems in the fact that they don't make **Referrals.** They don't treat **Infertility** In two of them **Child Deliveries** are attended **(ALFALIT and Konrad Adenauer)**, although they don't give **Care of Pregnancy**

Prevention of Sexually Transmitted Diseases, Cancer of the Uterus and Tetanus are common to all **NGOs.**

In **Child Health** care all the **CISI NGOs** work more or less in a uniform way The only difference was with **Konrad Adenauer** inasmuch as it does

not cover **Growth and Development.**

Only 1 **NGO** works on all the Sub-Components of Oral Health. The rest give attention in an incomplete way. **Tazumal** does not work in this field

In **Nutrition** the actions are similar to those of the **MOH**

First Aid is provided by all the **NGOs** affiliated to **CISI. Primary Care in Minor Wounds** is not given at **Tazumal** and **JDC.**

In **Simplified Care due to Morbidity,** with more or less coverage, is worked on by all **NGOs. VMES** and **Konrad Adenauer** attend all the **Sub-Components,** the remaining five attend between 2 to 5 of the six **Sub-Components Intestinal Parasites** is covered by all the **CISI NGOs.** Only one **NGO** does not offer any treatment for Headaches.

The **Sub-Components** of **Environmental Sanitation** are covered bt all the **NGOs. Green Cross** and **JCD** do not cover **Latrinization and Excreta**

Other Health Activities are attended in 3 **NGOs** that cover **Mental Health** and one that works on **Rehabilitation** All, except one, participate in **Community Development**

3.5.4. PROSAMI

In the **NGOs** affiliated to **PROSAMI** much regularity can be observed in the **Care of Reproductive Health** The pattern is similar to that of the **MOH,** with differences in attention to **Child Delivery** (24 of them give this service at community level) and **Infertility** (they make **Referrals** and 4 **NGOs** render attention). In **Prevention of Cancer of the Uterus** there is no participation of all, 5 of them have not incorporated it

Child Health care is the component worked with more uniformity by these **NGOs,** covering the same 5 **Sub-Components** covered by the **MOH** It is important to note that they provide services in **Neonatal Health,** that is included in **Growth and Development, Low Risk Pathology, Early Stimulation** and make they **References,** all of which could be observed in the **Standards of Attention and Treatment Instructions** that were provided during the research work

Oral Health is not covered by 15 **NGOs** 4 of the other **NGOs** give attention to 3 of the **Sub-Components,** of which the more constant is **Prevention of Dental Diseases.** In the other 15 **NGOs** attention to **Oral Health** is limited

Nutrition is another of the Components served by the**34 NGOs** through 4 Sub-Components· **Detection of Malnutrition, Follow-Up, Referrals** and **Nutritional Education.**

First Aids is covered by all the **NGOs** Here 24 of them attend the same **Sub-Components** as the **MOH,** in the other 10 **NGOs,** 8 skip one of the attentions and 2 skip 2 attentions.

Simplified Care due to Morbidity also is attended by all the **NGOs**, including **References**. In the majority it is given the same attentions as in the **MOH** The least attended **Sub-Components**, in order, are· **Malaria, Gastric Acidity, and Eye Diseases.**

Common to all the **NGOs** are **Care of Headaches, Skin Diseases and Intestinal Parasites.**

Environmental Sanitation is attended, likewise, by all the **NGOs**. Only 3 do not follow the pattern: **SWO** and **SCDCSM** (that does not work on **Latrinization and Vectors**) and **CDCC** does not give attention to **Water Sources**

Another component covered by all 34 **NGOs** is **Community Participation and Development.**

Finally, 7 **NGOs** of **PROSAMI** include in their work **Mental Health**, other 7 do so with **Rehabilitation**, and 5 of them attend these 2 **Sub-Components.**

3.5 5. CAPS
These **NGOs** provide care in **Reproductive Health**, leaving out **Infertility** (the real attention that they give is minimal) Only 1 **NGO** works on all the **Sub-Components**, including Care **of Child Delivery**; the rest skip one and up to 3 areas of work.

In **Child Care** all work with uniformity, covering all the **Sub-Components** that are attended by the **MOH**. The same can be observed in **Oral Health**, although here **the attention is limited; Prevention** is not covered by the **Chiltiupán Clinic.**

Nutrition is also provided by all of the **NGOs**. **Cristo Rey** declared not covering **Follow-Up**

First Aid is attended by all the **NGOs** Only 2 do not give **Primary Care of Minor Wounds**

Simplified Care due to Morbidity is tended, equally, by all the **NGOs** of **CAPS**, **Malaria** is not tended by the Chiltiupán Clinic

Environmental Sanitation is covered by all following the same scheme.

Other services are given in 9 **NGOs** (**Mental Health**) and 1 **NGO** attends **Rehabilitation.**

Community Development is covered by all, although the **Cristo Rey Clinic** covers it with limitations.

3 5.6 CARITAS
Of the 3 **NGOs** affiliated to **CARITAS**, 2 work on **Reproductive Health**, the **Sonsonate's NGO** doesn't include **Family Planning.**

Child Health is covered by all three, although **Sonsonate** does not include **Maternal Breast Feeding**

Only the **NGO** of **Santa Ana** covers **Oral Health.**

Nutrition is worked by the 3 **NGOs** in a uniform way

First Aid is not attended by the **NGO** of **Zacatecoluca.**

Simplified Care due to Morbidity is offered in **Santa Ana** and **Sonsonate,** but not by **Zacatecoluca** The same occurs with **Environmental Sanitation**

Only **Santa Ana** offers services in **Mental Health and Rehabilitation.** She is the only one that doesn't participate in **Community Development.**

3.5.7. Other NGOs
The so called **Other NGOs** render varied services, generally in a limited way.

PDF only works on **Garbage** and **ASCP** has very limited actions in health. Therefore reference will be made only to the remaining 9 **NGOs**

In 5 of them offer services in all the **Components of Reproductive Health,** with the exception of **Infertility;** 4 of them cover Childbirths In the remaining 4 these services are incomplete

In Child Health care 8 **NGOs** participate, **Olof Palme** does not have any action in this field Only 3 of them provide more complete attention and 8 **NGOs** cover **ARI** and **ADD** (Acute Diarrheic Diseases).

Only 3 participate in **Oral Health** in a very incomplete form.

7 participate in **Nutrition,** although only 3 carry out the 3 **Components** of the **MOH.**

3 **NGOs** offer **First Aid,** with the 4 **Basic Components;** the others offer 2 or 3 of them.

3 **NGOs** provide the best services in **Simplified Care due to Morbidity,** as well as in **First Aids;** all other **NGOs** only cover 3 or 4 **Sub-Components.**

Environmental Sanitation is provided by 8 **NGOs,** 6 of them work all the **Basic Sub-Components**

8 participate in **Community Development.**

3.6 <u>Service Standards</u>

For the care to the population by means of the **CHPs** the institutions apply **Standards** that strive to provide attention with uniformity and give it greater efficiency, to seek better levels of care and greater coverage of the population, as well as to achieve equity. **Chart No. 6** provide this information

The **MOH** applies its own **Standards**. This does not imply that in their preparation they did not receive assessment from different international organisms, such as **PAHO/WHO/USAID** and **UNICEF** Besides, the **MOH** has considered the experience of different countries, including research work on epidemiology.

The **ADS** applies the legal dispositions of the **MOH**. Other regulative elements are their own

CHART N. 6
NUMBER OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY APPLIED TYPE OF NORM, ACCORDING TO ORIGIN

TYPE OF NORM	NUMBER OF INSTITUTIONS THAT APPLY NORMS TO HEALTH SERVICES IN THE INDICATED ORIGIN				
	NUMBER	INTERNAL (SELF)	FROM MOH	NATIONAL EXTERNAL	EXTERNAL INTERNATI.
A. INSTITUTION· MOH					
Legal Dispositions	1	1	--	--	--
Programmatic Contents	1	1	--	--	--
Efficiency Pauses	1	1	--	--	--
Care Protocols	1	1	--	--	--
Administrative Rules	1	1	--	--	--
B. INSTITUTION ADS					
Legal Dispositions	1	--	1	--	--
Programmatic Contents	1	1	--	--	--
Efficiency Pauses	1	1	--	--	--
Care Protocols	1	1	--	--	--
Administrative Rules	1	1	--	--	--
C. INSTITUTION: PROSAMI (34 NGOs)					
Legal Dispositions	34	26	7	1	--
Programmatic Contents	34	20	10	4	--
Efficiency Pauses	34	27	1	4	2
Care Protocols	34	26	5	2	3
Administrative Rules	34	31	--	3	--
D. INSTITUTION. CISI (7 NGOs)					
Legal Dispositions	5	5	--	--	--
Programmatic Contents	7	4	3	--	--
Efficiency Pauses	5	5	--	--	--
Care Protocols	5	4	--	1	--
Administrative Rules	7	7	--	--	--

IPM

CHART N. 6 (Continued)
NUMBER OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY APPLIED TYPE OF NORM, ACCORDING TO ORIGIN

TYPE OF NORM	NUMBER OF INSTITUTIONS THAT APPLY NORMS TO HEALTH SERVICES IN THE INDICATED ORIGIN				
	NUMBER	INTERNAL (Self)	FROM MOH	EXTERNAL NATIONAL	EXTERNAL INTERNATI.
	E INSTITUTION: APHC (11 NGOs)				
Legal Dispositions	--	--	--	--	--
Programmatic Contents	--	--	--	--	--
Efficiency Pauses	--	--	--	--	--
Care Protocols	--	--	--	--	--
Administrative Rules	--	--	--	--	--
	F. INSTITUTION CARITAS E.S. (3 NGOs)				
Legal Dispositions	3	3	--	--	--
Programmatic Contents	3	3	--	--	--
Efficiency Pauses	2	2	--	--	--
Care Protocols	1	1	--	--	--
Administrative Rules	3	3	--	--	--
	G. INSTITUTION OTHER NGOs (11 NGOs)				
Legal Dispositions	4	3	1	--	--
Programmatic Contents	6	4	1	1	--
Efficiency Pauses	3	3	--	--	--
Care Protocols	4	4	--	--	--
Administrative Rules	5	5	--	--	--

IPM -

According to the declaration made by the 34 **NGOs** affiliated to **PROSAMI**, the **Type of Norms** applied are distributed as indicated in **Chart N. 6** However, PROSAMI has defined a unified system, with all the regulatory elements detailed in **Form F-1** It follows that the **34 NGOs**, that have their health programs based with PROSAMI, apply this regulatory structure; nevertheless, their answers classify the origin of each regulatory element (**Internal** or **Of Their Own**; from the **MOH**; and, **External**· **National** and **International**), according to their own interpretation of what is being considered within the regulatory composition of PROSAMI.

Not all 7 **NGOs** of **CISI** apply the same **Rules in Programatic Contents and Administrative Bylaws**; 2 of them did not make any comments in relation

to the other **Types of Norms**. In general, the **Standards** are their own (Self-Standards), 3 of them apply those of the **MOH** in what corresponds to the **Programmatic Contents**, and 1 **NGO** that under this heading applies **External: National** in **Protocols of Care.**

CAPS did not provide information on this theme.

The 3 **NGOs** of **CARITAS** apply in a uniform way **Legal Dispositions, Programmatic Contents and Administrative Bylaws. Efficiency Guidelines** are applied by 2 and only 1 applies **Care Protocols.** All are **Self-Standards.**

In 11 of the 18 **Other NGOs** the regulatory elements are not applied in a uniform way. At least, in **Programmatic Contents** it would be expected that they would be prepared and used by all the **NGOs.** In general they are **Internal Standards**, with the exception of 1 **NGO** that applies those of the **MOH** (**Legal Dispositions** and **Programmatic Contents**) and 1 **NGO** that in this last item uses **International Standards.**

3.7. Basic Requirements and Conditions of the Promoters

For the selection of their **Promoters** the **NGOs** have a table of requirements and other conditions that have to be met by aspiring **Promoters.**

In the figures of **Table 6 of Annex N. 9**, 82.1% of the **NGOs** require **Promoters Over 18 Years of Age**, the rest do not specify the minimum age. In 92.5% there is no preference at all with respect to **Sex**, although 7 5% of the **NGOs** work only with **Women** 85% demand a **Minimum Level of Education**, but the majority has not specified what that level is

In the selection of the **Promoters**, 90% of the **NGOs** make the community participate in the process Nearly 42% participate directly in it; out of that percentage, 36% does it jointly with the communities, and in the remaining 6% it is the institution itself that makes the selection.

Another requirement is the **Habitual Residency in the Community**, which is applied by 95.5% of the **NGOs.**

97% ask the **Promoter** to carry out **Home Activities** and 41 complements it with **Activities in Fixed Headquarters.**

In relation to the dedication to work, 64.1% work with Part-Time **Workers**, 53.7% have the requirement of **Volunteership** and 10.4% are **Salaried Workers.**

A little over 97% demand that the person receive **Training** before starting his work.

3.8. Sex, Age, and Educational Level of the Promoters

As said before, it can be stated that the characteristics of **Sex, Age, and Educational Level of the Promoters** are not considered as determinant in the different institutions Moreover, a considerable group of these institutions do not have an updated register about these characteristics, as backed by the figures of **Chart No. 7.**

In the first place, no information from the **MOH** is available. Only **ADS** informed about the **Sex and Educational Level** of their **PFHPs** and **CDRs.** The data of **CISI** refers to a reduced group of their **Volunteers** (39%). **CARITAS** did not give representative figures; only information relative to 25 out of 189 **Volunteers** is available In **Other NGOs** (18) the data refers to 11 **NGOs.** 153 out of 935 **Volunteers** (16%). Practically only **PROSAMI** and **CAPS** present representative information concerning the 3 characteristics.

From the results detailed in **Chart N. 7,** a summary of the basic indicators is presented below.

3.8.1. ADS

The predominance of the **Female Sex** is an evident, but not excluding, characteristic within the **ADS** 77 7% has more than **4 Years of Education,** with differences favoring the **Male Sex,** but the number of **Promoters** with 3 or **Less Years of Education** (22 3) is also relatively high, more accentuated in the **Female Sex.**

SEX	TOTAL	Percentage of Promoters in the Indicated Years of Study		
		3 or less	4 to 9	10 or more
BOTH SEXES	100.0 (100 0)	22.3	68.7	9.0
MALE	100 0 (17.6)	16.0	76.9	7.1
FEMALE	100.0 92 4	23.5	67.4	9.1

CHART N. 7.
CLASSIFICATION OF PROMOTERS, BY TYPE OF INSTITUTION, SEX AND AGE GROUPS, ACCORDING TO APPROVED YEARS OF STUDY

SEX / AGE GROUPS (YEARS)	TOTAL	YEARS OF APPROVED STUDY					
		3 or Less	4 to 6	7 to 9	10 to 12	13 to 15	16 or More
A. INSTITUTION: ADS							
BOTH SEXES a/	1472	337	648	355	115	12	5
MALE	112	18	58	28	8	0	0
FEMALE	1360	319	590	327	107	12	5
B. INSTITUTION: PROSAMI (34 NGOs)							
BOTH SEXES b/	**612**	**103**	**205**	**190**	**109**	**5**	**0**
Less than 18	17	5	8	3	1	0	0
18 to 24	263	33	84	88	56	2	0
25 to 29	181	24	57	61	37	2	0
30 to 39	97	21	34	30	11	1	0
40 to 49	47	19	17	8	3	0	0
50 to 59	7	1	5	0	1	0	0
60 and More	0	0	0	0	0	0	0
MALE	**212**	**32**	**69**	**73**	**37**	**1**	**0**
Less than 18	11	2	5	3	1	0	0
18 to 24	83	11	19	31	21	1	0
25 to 29	63	4	23	22	12	0	0
30 to 39	35	7	13	13	2	0	0
40 to 49	18	7	6	4	1	0	0
50 to 59	2	1	1	0	0	0	0
60 and More	0	0	0	0	0	0	0
FEMALE	**400**	**71**	**136**	**117**	**72**	**4**	**0**
Less than 18	6	3	3	0	0	0	0
18 to 24	180	22	65	57	35	1	0
25 to 29	118	20	32	39	25	2	0
30 to 39	62	14	21	17	9	1	0
40 to 49	29	12	11	4	2	0	0
50 to 59	5	0	4	0	1	0	0
60 and More	0	0	0	0	0	0	0

CHART N. 7. (Continued)
CLASSIFICATION OF PROMOTERS, BY TYPE OF INSTITUTION, SEX AND AGE GROUPS, ACCORDING TO APPROVED YEARS OF STUDY

SEX / AGE GROUPS (YEARS)	TOTAL	YEARS OF APPROVED STUDY					
		3 or Less	4 to 6	7 to 9	10 to 12	13 to 15	16 or More
		C. INSTITUTION: CISI (7 NGOs)					
BOTH SEXES c/	**166**	**17**	**15**	**93**	**40**	**0**	**1**
Less than 18	2	0	1	1	0	0	0
18 to 24	13	2	4	7	0	0	0
25 to 29	114	1	2	78	32	0	1
30 to 39	11	2	4	5	0	0	0
40 to 49	14	2	2	2	8	0	0
50 to 59	8	6	2	0	0	0	0
60 and More	4	4	0	0	0	0	0
Male	**102**	**8**	**11**	**83**	**0**	**0**	**0**
Less than 18	2	0	1	1	0	0	0
18 to 24	5	0	2	3	0	0	0
25 to 29	75	0	0	75	0	0	0
30 to 39	8	2	4	2	0	0	0
40 to 49	5	1	2	2	0	0	0
50 to 59	6	4	2	0	0	0	0
60 and More	1	1	0	0	0	0	0
FEMALE	**64**	**9**	**4**	**10**	**40**	**0**	**1**
Less than 18	0	0	0	0	0	0	0
18 to 24	8	2	2	4	0	0	0
25 to 29	39	1	2	3	32	0	1
30 to 39	3	0	0	3	0	0	0
40 to 49	9	1	0	0	8	0	0
50 to 59	2	2	0	0	0	0	0
60 and More	3	3	0	0	0	0	0
		D. INSTITUTION: CAPS (11 NGOs)					
BOTH SEXES d/	**29**	**6**	**4**	**9**	**8**	**2**	**0**
Less than 18	0	0	0	0	0	0	0
18 to 24	5	0	0	3	1	1	0
25 to 29	13	2	0	6	5	0	0
30 to 39	10	4	3	0	2	1	0
40 to 49	1	0	1	0	0	0	0
50 to 59	0	0	0	0	0	0	0
60 and More	0	0	0	0	0	0	0

CHART N. 7. (Continued)
CLASSIFICATION OF PROMOTERS, BY TYPE OF INSTITUTION, SEX AND AGE GROUPS, ACCORDING TO APPROVED YEARS OF STUDY

SEX / AGE GROUPS (YEARS)	TOTAL	YEARS OF APPROVED STUDY					
		3 or Less	4 to 6	7 to 9	10 to 12	13 to 15	16 or More
MALE	11	5	0	2	3	1	0
Less than 18	0	0	0	0	0	0	0
18 to 24	2	0	0	1	1	0	0
25 to 29	4	2	0	1	1	0	0
30 to 39	5	3	0	0	1	1	0
40 to 49	0	0	0	0	0	0	0
50 to 59	0	0	0	0	0	0	0
60 and More	0	0	0	0	0	0	0
FEMALE	18	1	4	7	5	1	0
Less than 18	0	0	0	0	0	0	0
18 to 24	3	0	0	2	0	1	0
25 to 29	9	0	0	5	4	0	0
30 to 39	5	1	3	0	1	0	0
40 to 49	1	0	1	0	0	0	0
50 to 59	0	0	0	0	0	0	0
60 and More	0	0	0	0	0	0	0
		E. INSTITUTION:		CARITAS E.S. (3 NGOs)			
BOTH SEXES e/	25	0	23	2	0	0	0
Less than 18	0	0	0	0	0	0	0
18 to 24	6	0	6	0	0	0	0
25 to 29	15	0	14	1	0	0	0
30 to 39	2	0	1	1	0	0	0
40 to 49	2	0	2	0	0	0	0
50 to 59	0	0	0	0	0	0	0
60 and More	0	0	0	0	0	0	0
MALE	13	0	13	0	0	0	0
Less than 18	0	0	0	0	0	0	0
18 to 24	2	0	2	0	0	0	0
25 to 29	8	0	8	0	0	0	0
30 to 39	1	0	1	0	0	0	0
40 to 49	2	0	2	0	0	0	0
50 to 59	0	0	0	0	0	0	0
60 and More	0	0	0	0	0	0	0

CHART N. 7. (Continued)
CLASSIFICATION OF PROMOTERS, BY TYPE OF INSTITUTION, SEX AND AGE GROUPS, ACCORDING TO APPROVED YEARS OF STUDY

SEX / AGE GROUPS (YEARS)	TOTAL	YEARS OF APPROVED STUDY					
		3 or Less	4 to 6	7 to 9	10 to 12	13 to 15	16 or More
FEMALE	**12**	**0**	**10**	**2**	**0**	**0**	**0**
Less than 18	0	0	0	0	0	0	0
18 to 24	4	0	4	0	0	0	0
25 to 29	7	0	6	1	0	0	0
30 to 39	1	0	0	1	0	0	0
40 to 49	0	0	0	0	0	0	0
50 to 59	0	0	0	0	0	0	0
60 and More	0	0	0	0	0	0	0
		F. INSTITUTION: OTHER NGOs					
BOTH SEXES f/	**153**	**28**	**57**	**45**	**18**	**5**	**0**
Less than 18	30	1	8	17	4	0	0
18 to 24	40	5	17	13	3	2	0
25 to 29	35	5	15	8	5	2	0
30 to 39	29	9	12	4	4	0	0
40 to 49	18	8	5	2	2	1	0
50 to 59	1	0	0	1	0	0	0
60 and More	0	0	0	0	0	0	0
MALE	**79M**	**14**	**33**	**22**	**9**	**1**	**0**
Less than 18	14	0	5	7	2	0	0
18 to 24	24	4	11	7	2	0	0
25 to 29	22	3	10	5	3	1	0
30 to 39	12	4	5	1	2	0	0
40 to 49	6	3	2	1	0	0	0
50 to 59	1	0	0	1	0	0	0
60 and More	0	0	0	0	0	0	0
FEMALE	**74**	**14**	**24**	**23**	**9**	**4**	**0**
Less than 18	16	1	3	10	2	0	0
18 to 24	16	1	6	6	1	2	0
25 to 29	13	2	5	3	2	1	0
30 to 39	17	5	7	3	2	0	0
40 to 49	12	5	3	1	2	1	0
50 to 59	0	0	0	0	0	0	0
60 and More	0	0	0	0	0	0	0

IPM -

a/ ADS does not have this information available The total does not include 4 CHPs and 4 DRCs
b/ The total is 633 CHP The difference is that some NGOs do not have this information
c/ The total is 630 Volunteers The diference is that some NGOs do not have this information
d/ The total is 44 Volunteers The difference is that some NGOs do not have this information
e/ The total is 189 Volunteers in 7 NGOs The diference is that some NGOs do not have this information
f/ The total is 935 Volunteers in 18 NGOs The diference is that some NGOs do not have this information

3.8.2. THE 34 NGOs AFFILIATED TO PROSAMI

The total number of **Promoters** is 633 corresponding to the 34 **NGOs** affiliated to PROSAMI· The majority are paid with funds of the program of **PROSAMI** The **NGOs** provided the information contained in **Chart N. 7,** from which the following summary of relative ciphers has been made. Here the predominance of the female sex is also evident (65.4%) The education levels concentrate in 4 to 9 years of education, with some differences by sex and age The number of **CHP** with 3 or more years of education is relatively high in both sexes, mainly concentrated in those below 18 years of age, that within the total has a relatively low weight. The high level of education of 5 **Promoters** (from 13 to 15 Approved Years) makes us think that they might be **Institutional Promoters.**

Sex Large Age Groups (Years)	Total	Percentage of Promoters in the Indicated Approved Years of Study		
		3 or Less	4 to 9	10 and More
BOTH SEXES	100.0 (100.0)	16.8	64.6	18 6
Less than 18	2.8	29 4	64.7	5.9
More than 18	96 2	16 5	64.5	19 0
MALE	100.0 (34 6)	15 1	67.4	17.5
Less than 18	5 2	18,2	72.7	9 1
More than 18	94.8	14.9	67.2	17 9
FEMALE	100.0 (65.4)	17.8	63 2	19.0
Less than 18	1 5	50.0	50 0	0.0
More than 18	98.5	17.3	63 5	19 2

3.8.3. CISI

The data of **CISI** only cover the 38.9% of their **Volunteers.** Their **CHPs** are included in 13 **NGOs** affiliated to **PROSAMI.** With the same classification made for the other institutions, the following relative ciphers were obtained.

Sex Age Groups (Years)	Total	Percentage of Promoters in the Indicated Approved Years of Study		
		3 or Less	4 to 9	10 and More
BOTH SEXES	100 0 (100 0)	10.2	65.1	24.7
Less than 18	1.2	0.0	100.0	0.0
More than 18	98.8	11.1	63 9	25.0
MALE	100.0 (61.4)	7.8	92.2	0.0
Less than 18	2 0	0 0	100.0	0.0
More than 18	98 0	8 0	92.0	0.0
FEMALE	100.0 (38.6)	14.0	21.9	64.1
Less than 18	0 0	0.0	0.0	0.0
More than 18	100.0	14.0	21.9	64.1

Here the **Male Sex** is predominant; it also concentrates around **4 to 9 Years of Education.** The **Female Sex**, with less overall representation, on the one hand, presents a higher level of education (64.1% with 10 and More Years), on the other, it has 14.0% with **3 or Less** among the **Above 18 Years of Age.** Among those **Below 18 Years of Age** only 2 belong to the **Male Sex** and they concentrate their education in **4 to 9 Years.**

3.8.4. CAPS

Not much can be highlighted about the 29 **Volunteer Promoters of CAPS.** Given its low number, there is a notorious dispersion of frequencies. In all case, a slight predominance of the **Female Sex** can be observed (55 2%), they do not have Promoters **Below 18 Years of Age** nor over **50 Years of Age** Their education level is distributed in the different sections as follows:

Sex	Total	Percentage of Promoters in the Indicated Approved Years of Study		
		3 or Less	4 to 9	10 and More
BOTH SEXES	100.0	20.7	44 8	34.5
MALE	100.0	38.4	30.8	30 8
FEMALE	100.0	6 2	56.3	37 5

3.8.5. CARITAS

Information is limited to **3 of the 7 NGOs**, with 25 out 159 **Volunteer Promoters** (15 7%) Definitively they are not representative figures of the distribution characteristics (**Sex, Age, and Level of Education**)

3.8.6. Other NGOs
Due to its nature, this group of **NGOs** presents a heterogeneous distribution in 153 of its 935 **Volunteer Promoters** in 11 of the 18 **NGOs.** Practically, it can be regarded as a **simple random sample.**

According to this range of representativity, the following can be pointed out

- The number of **Promoters** by sex, of those below **18 Years of Age** as well as of those **Above 18 Years of Age**, is very similar.

- There are no **Promoters Over 60 Years of Age** and only 1 belonging to the **Male Sex** figures in the **50 to 59 Years of Age** rank.

- Finally, approximately 18% of **Both Sexes** has **3 or Less Years of Education**, concentrated in those **Over 18 Years of Age.** Similarly, 15% declares **10 to 15 Years of Education**, with a slight difference in favor of the **Female Sex** None has approved 16 or **More Years of Education.**

3.9. <u>Work Condition, Wage Levels, and Benefits of the Promoters</u>

The **CHPs** of the **MOH** work full time, 8 hours a day, 5 days a week Currently they earn a monthly salary of ¢2,500.00 and receive the same benefits of the workers of the **Public Sector**, that is to say, a **Christmas Bonus, Vacations, Social Security**, and **Pension Fund**

The situation of **PROSAMI CHPs** is different. The 544 **CHPs** with information in **Chart N. 8.A.** present a varied distribution by **Sex, Work Condition**, and **Monthly Wage Level** The following observations are very specific:

- 5.9% of the **Male Sex** and 14% of the **Female Sex** work Part-Time, which means that they do not work for **PROSAMI**, insamuch as its **CHPs** are all work on a **Full-Time** basis

- As expected, the **Monthly Wage Levels** of the Part-Time **CHPs** concentrate in the lower levels, including 26.7% with **Less than ¢100.00**, in the **Female Sex.** Likewise, the **Full Time CHPs** are overwhelmingly located in the levels of ¢1000.00 to ¢2,300.00 per month, with a diversified distribution between **Male and Female Sex.** It is in this last group that the **CHP's** of PROSAMI concentrate.

In relation to the benefits of **PROSAMIs CHPs, Chart N. 8.B** shows that the few **Male Sex Part-Time Workers** receive none, and those of the **Female Sex** receive only a small **Compensation**, of around ¢160.00 per year. The full time **CHPs** have most of the benefits, except for the **Health and Life Insurance**, on average, each one of these **CHPs** receive **Benefits** amounting to ¢3,384.00 per year.

As was said before, the **ADS CHPs**, until July 1995, received ¢460.00 without any additional benefit The **CDRs** only receive a small profit for **Distributing Contraceptives** in their own domiciles.

CHART N. 8.A

CLASSIFICATION OF PROSAMI PROMOTERS, BY TYPE OF INSTITUTION, MONTHLY SALARY LEVELS, ACCORDING TO SEX AND WORK CONDITION (FULL TIME- PART TIME)

MONTLY SALARIES LEVELS	NUMBER OF PSC OF THE INDICATED SEX AND WORK CONDITION (FULL TIME - PART TIME)					
	BOTH SEXES		MALE		FEMALE	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FUUL TIME	PART TIME
INSTITUTION: PROSAMI (34 NGOs)						
TOTAL a/	491	53	170	8	321	45
Lesss than 100	--	12	--	--	--	12
100 to 199	--	--	--	--	--	--
200 to 299	--	3	--	2	--	1
300 to 399	--	--	--	--	--	--
400 to 499	--	21	--	1	--	20
500 to 599	--	7	--	--	--	7
600 to 699	4	--	2	--	2	--
700 to 799	--	--	--	--	--	--
800 to 899	--	--	--	--	--	--
900 to 999	--	--	--	--	--	--
1000 to 1099	12	--	1	--	11	--
1100 to 1199	28	--	7	--	21	--
1200 to 1299	26	--	4	--	22	--
1300 to 1399	6	--	3	--	3	--
1400 to 1499	24	10	11	5	13	5
1500 to 1599	81	--	23	--	58	--
1600 to 1699	54	--	22	--	32	--
1700 to 1799	26	--	9	--	17	--
1800 to 1899	18	--	6	--	12	--
1900 to 1999	10	--	6	--	4	--
2000 to 2099	118	--	50	--	68	--
2100 to 2199	64	--	18	--	46	--
2200 to 2299	20	--	8	--	12	--
2300 to 2399	--	--	--	--	--	--
2400 to 2459	--	--	--	--	--	--
2500 to 2599	--	--	--	--	--	--
2600 to 2699	--	--	--	--	--	--
2700 to 2799	--	--	--	--	--	--
2800 to 2899	--	--	--	--	--	--
2900 to 2999	--	--	--	--	--	--
3000 and More	--	--	--	--	--	--

IPM -

a/: it refers to the Promoters of the NGOs that gave this information.

CHART N. 8 B

CLASSIFICATION OF PROSAMI CHP, BY TYPE OF BENEFITS, ACCORDING TO SEX AND WORKING CONDITION (FULL-TIME - PART TIME)

TYPE OF BENEFITS	ACTUAL AMOUNT (IN COLONES) TO PSC, BY SEX AND WORK CONDITION (FULL TIME - PART TIME)					
	BOTH SEXES		MALE		FEMALE	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FUUL TIME	PART TIME
	INSTITUTION	PROSAMI (34 NGOs)				
TOTAL	1,661,637	7,200	639,1	-		7,2
CHRISTMAS BONUS	589,026	--	269,7	-		--
SOCIAL SECURITY	699 411	--	226,0	-		--
HEALTH INSURANCE	--	--	--	--	--	--
LIFE INSURANCE	--	--	--	--	--	--
VACATIONS	212,543	--		-		--
PENSION FUND	3,478	--		-		--
CASH	2,500	--	800	-		--
HOUSING SOCIAL FUND	7,506	--		-		--
INDEMNIZATION	119,093	7,200	40,40	-		7,2
PER DIEM	28,080	--	12,96	-		--
						IPM -

The **Promoters** of **CISI** are **Volunteers** and do not receive **Remuneration** nor **Benefits** Excepcionally, **JDC** declared 3 **Institutional Promoters** as **Full Time Professional** with an undeclared **Minimum Monthly Salary.**

Similarly, **CAPS** has **Volunteers** that do not receive **Salaries** nor **Benefits,** except 6 **Institutional Promoters** that have the same characteristics as those of the **JDC.**

The **Volunteers of CARITAS** do not have **Salary** or **Benefits**

Finally, among **Other NGOs** only 2 give bonuses to their **Promoter Volunteers THE SALVADORAN LUTHERAN AID** (68 with ¢300.00 Per Month) and **FUNSODESA** (10 with ¢1,050.00 Per Month, dedicated exclusively to the function of collecting garbage).

3.10 <u>Provision of Basic Supplies and the Supply System.</u>

The **Supplies** used by **67 NGOs** for their work come from different sources By order of importance, according to the figures in **Chart 7 of Annex N° 9,** in 46 NGOs (68.7%) **Expendables** come from **International Donors, 31 NGOs** (46%) **Purchase** them; **20 NGOs** (29 9%) receive them from **National Donors; 17 NGOs** (25.3%) report **Donations** coming from **MOH,** and **4 NGOs** (6%) from **ADS.** Only **5 NGOs** did not indicate the source of their **Supplies.** Additionally, **45 NGOs** (67.2%) expressed having their own **Supply System** for their **Promoters.**

At the **MOH**, Expendables are given to the **CHPs** in the **Health Establishment**, with a 3 months periodicity. It should be noted that in the work material that the **MOH** gives to its **CHPs** it appears that **Uniforms and Identity Cards** are replaced annually and, according to the **MOH**, **Medicines and Expendable Materials** are replaced every 15 days. It seems that they have not answered in accordance to a list; effectively, it is not possible that other **Basic Supplies** necessary for the work of the **CHPs** are not delivered (**Stationery, Educational Material, Etc.**).

The **ADS** provides its **Promoters** with **Identity Cards**, and with **Medicines** and **Expendable Materials**, that are replaced every month, at the headquarters where the periodic meetings with the **Promoters** take place.

The **Promoters** of the **34 NGOs** affiliated to **PROSAMI** in addition to **Uniforms** and **Identity Cards** receive **Equipment for Maternal and Child Care** in the community, which includes a **Pressure Meter** and **Stethoscope, Scales and Measuring Tape.** The **Periodicity** (of **Replacements**) is variable, from yearly to only once. In the majority of **NGOs**, **Medicines** and **Expendable Materials**, are replaced on a monthly basis. The explanation regarding **Stationery and Educative Material** of the **MOH** also applies in this case.

In **CISI**, 6 of the **NGOs** deliver, periodically, **Medicines and Expendable Materials; Equipment**, according to declarations to that effect, is received between 1 and **5 NGOs**.

The **11 NGOs** of **CAPS** do not provide **Uniform**; they provide the same equipment provided by **PROSAMI**. **Medicines and Expendable Materials** are replaced every month.

In **CARITAS** only one **NGO** declared providing equipment for **Mother and Child Care.**

In the remaining **11 NGOs**, the majority of **Expendables** are **Medicines and Expendable Materials. Equipment** for **Child and Mother Care** is provided with different components, in accordance to the working form of each **NGO**.

3.11. Community Collaboration

At the initiation of their work the **Promoters** receive the collaboration of the communities through the **Identification Of Needs** (88%). According to the work forms of the **NGOs**, 50.7% receive an **Economic Recovery Quota** upon granting the services 31 4% of the **NGOs** report **Donations** from the **Community**

In other options of **Community Collaboration**, in 59 of the **NGOs** (88%) the activities of the **Promoters** are supported in the care of health and maintenance of the service through **Personal Participation.** 65 7 % of the **NGOs** can be found forming **Follow-up Committees.** With less impact, in **5 NGOs** (7.5%) the communities provide **Establishments** to render the health services. In a very unclear and meaningless manner, **3 NGOs** reported support of the communities in Socioeconomic Activities (4.5%).

The aforesaid indicators have been calculated with the data of **Table 8 of Annex No. 9**. They clearly point out the quantitative contribution of the communities in the work of the **Promoters**; however, the qualitative importance of the **Types of Community Collaboration** should be identified, in order to be able to evaluate their specific weight, in the health services provided by the **Promoters**.

4. TRAINING

According to the information contained in **Table 9.A of Annex N. 9**, only **2 NGOs** expressed that their **Promoters** do not receive **Training** to carry out their work **(APSAW and CCC)**.

The **MOH**, after many years of working with **Promoters**, has prepared its own **Training Program** Personnel of the Health Regions is in charge of organizing and delivering the training in convenient premises. The number of persons admitted to each course oscillates between 25 and 35; the duration is of 500 hours. The **CHPs** travel from their community to the place of **Training**. The course is permanent but is given periodically, without differences regarding sex. With respect to Methodology, Lectures, Workshops, Guided Lectures, Demonstrations, Field Practices, Laboratories, and Other Participation Techniques are employed The time dedicated to theoretical aspects is somewhere between 30% and 50%.

Initially the **CHPs** of PROSAMI **NGOs** were trained with the same program of the **MOH** and with personnel of **PROSAMI**, at the end of which they received a National Diploma of **CHP**, issued by the **MOH**. More recently, they have been jointly implementing it, at the end of **Training** a diploma is delivered crediting them as **CHPs**, signed by the **MOH** and PROSAMI.

The present **Training Program** of **PROSAMI** has experienced some modifications according to the role assigned to the **CHPs**. With the experience they have amassed the **NGOs** themselves give the **Training**. The duration varies between 300 and 480 hours.

The number of persons that are trained at each course varies, usually it is between 4 and 30, depending on the number of **CHPs** at each **NGO** **CHPs** of other **NGOs** can participate in the **Training**. In this sense, **NGOs** unite efforts toward the **Training** of their **CHPs**, which is achieved by the united efforts of many **NGOs** to cover the basic initial program

The **Training** courses of **PROSAMI** are developed permanently but periodically, in premises chosen for that purpose at the headquarters of the **NGOs**. When the courses are given in Separate Modules, the **Training** is received within the community itself, few **NGOs** give this kind of **Training**

The percentage of time assigned to **Theory** varies between 30% and 50%, participation techniques are employed and, to a lesser extent, lectures.

At **ADS** the **Training Program** has been prepared by the **Cambridge Consulting Corporation**, an entity that has also given them technical advisory. The courses are developed by the institution itself in premises chosen for the purpose. 15 to 30 persons are trained simultaneously, and the course has a duration of 32 hours. Of this period of time between 30% to 50 % goes to **Theory**, even though no theoretical classes are specified and the course is delivered via Workshops, Group Work and Guided Lectures.

The remaining **NGOs** prepare the contents of the **Training** they give They develop themselves the **Training** of their **Promoters** at the institutional headquarters. The number of **Promoters** that are **Trained** in each course is very variable (between 2 and a maximum of 60); likewise, the duration of the courses experiences great variations. What is more constant is that the courses are given permanently although periodically, with more **Theory** than **Practice.**

Especially in what corresponds to **CAPS**, the Main Office is in charge of preparing the contents of the program and delivering the training. The number of persons that are trained varies between 3 and 60, mainly groups of 5 persons per course, with a duration of 350 hours.

In relation with the **Health Components** and **Sub-components** specifically covered by the different **Training Programs, Table 9.B of Annex N. 9** presents a detail of each one of the **67 NGOs** and the **MOH**, with the Total Number of Hours. These figures support the commentaries made above, notwithstanding that a considerable proportion of **NGOs** did not declare this type of information In any case, it is evident that the contents of the **Training** courses, their coverage of **Health Components and Sub-components**, their frequency and their duration, keep a close direct relation with the extension of the services that each **NGO** delivers and the number of **Promoters** they have

5. SUPERVISION SYSTEMS

With the exception of **2 NGOs**, the work of the **Promoters** is supervised in the **MOH, ADS, PROSAMI, ICIS, APHC, CARITAS** and **Other NGOs.** On the basis of the results of **Table 10 of Annex No 9,** a description of the **Supervision** is made, by type of institution, as follows:

5.1. MOH

The **MOH** implements the **Supervision** of its **CHPs** with **Specific Supervisors** They have headquarters within a health establishment of a municipality in order to supervise the **CHP** of that municipality According to the number of **CHPs**, each **Specific Supervisor** supervises various municipalities. In general, he is assigned **10 CHPs.** Regularly, the **Supervision** takes place once per monthly; occasionally twice a month. No sexual differences are made in the **Supervision of the CHP**

The Medical and Nursing Staff at a **Regional Level**, that coordinates the **Program of CHPs**, occasionally carries out **Supervisory** duties. Such is the case when special needs of the CHPs are identified that have not been solved by the **Specific Supervisor**

During the **Supervision**, with a duration of approximately 8 hours, all **Administrative Assignments** are reviewed (**Fulfillment of Obligations, Use of Assigned Material, Preparation of Reports, Distribution of Expendables and Attainment of Targets**), as well the relations of the supervised **CHP** with the community. At the same time, the application of **Norms** and **Quality of Care** is observed. To that purpose, the **Specific Supervisor** carries out **Field Observations**, reviews the **Reports, Files,** and **Referral Cards**, in order to evaluate the work of the **CHPs.**

When the **Specific Supervisor** identifies difficulties in the aspects attended, he gives advise, writes down the difficulties in the **Supervision Report**, mentioning the arrangements that are made. He imposes sanctions, if the case merits it, according to the identified problems. All is notified to the **Director** of the health establishment, where he has his work headquarters.

5 2 PROSAMI

The **Supervision** implemented within the **NGOs** affiliated to **PROSAMI,** is done by a **Health Professional** that can be a **Physician, a Mother & Child Technician or a Nurse.**

Between 3 and 7 **CHPs** are assigned to each **Supervisor.** Some **NGOs** make the **Supervision** of their CnPs each week, others, every two weeks Some of them do it with less frequency. The **Supervision** lasts between 2 and 8 hours, with an average of 5 hours

During supervisory visits, the **Administrative Assignments** of the **CHPs** are supervised (**Fulfillment of Obligations, Use of Material, and the Preparation of Reports, Distribution of Expendables, Attainment of Targets**), as well as his relation with the community The application of Norms and the Quality of Attention are also important items of the **Supervision.**

The **Supervisor** makes **Field Observations, Reviews Reports, Files and Referral Cards**, that help him evaluate the performance of his **CHP**

In general, pregnant women and sick children that the **CHP** identifies and takes care of during the week, are referred to and attended by the **Supervisor** during his visit to the **CHPs.**

The **Supervision** visit serves, in some **NGOs**, to reinforce the **Initial Training**, that is, a feedback to the process according to needs Likewise, the visits are used to detect and correct problems or errors, which is determinant for the application of reprimands, financial sanctions and personnel changes, depending of the rank in each specific case.

Some **Supervisors** provide follow-up to the **Referrals** generated by their **CHPs**; but in general and due to the lack of cooperation of the health establishments, there is no way to check the application of the **Referral** and the applied solution, so that the **CHPs** can give it follow-up afterwards.

The chief of the **Supervisors** is the **Area Coordinator** and/or the **Director of the NGO.**

To carry out **Supervisions, PROSAMI Supervisors** receive transportation expenses, per diems, stationery, supplies, and office, medical and training equipment.

5.3. ADS

The **ADS** has staff that carries out the **Supervision** in a determined geographical area according to the zoning made by the institution, which almost always corresponds to a department.

The **Supervisor** has his headquarters at the **Regional Office** and hierarchically depends of the **Regional Supervisors.** Each **Supervisor** is assigned nearly 60 **CHPs** and some 15 **CDRs.**

The **Supervisors** meet each month with the **Promoters** in one of the headquarters. In each meeting they will inquire about realizations or activities carried out during this period; it is during these meetings that the needs of **Supervision** are identified.

The **Supervision** is directed, firstly, toward persons in whom deficiencies have been detected. The **Periodicity** of the **Supervision** is somewhere between 15 days to 3 months and has a **duration** of 1 to 2

hours. According to **ADS** during this time the **Fulfillment of Obligations**, the **Utilization of Assigned Material, the Preparation of Reports, Distribution of Expendables** and the **Attainment of Targets** are supervised, as well as the relation of the **Promoter** with the community and the application of **Norms and Quality of Attention.**

5.4. Other NGOs

This large group of **NGOs**, which includes **CAPS, CISI** and **CARITAS**, has **Volunteer Promoters Supervision** is done by a different staff integrated by Doctors, Mother-Child Technicians, Social Workers or other unspecified personnel

The **Periodicity of Supervision** is generally done once a month. During supervisions **Promoters** are given orientation but many **NGOs** acknowledge that they cannot be too demanding with **Volunteers**

These **Volunteers** vary in number from one **NGO** to the next, going as from 2 through 200 The relation between **Supervisor and Promoters** also varies going from 1/2 up to 1/85, according to the following figures

N of NGOs	Percentage (%)	Relation Supervisor/ Promoters	N. of NGOs	Percentage (%)	Relation Supervisor/ Promoters
6	9.1	1/2	3	4.5	1/15
4	6 1	1/3	1	1.5	1/19
4	6 1	1/4	2	3.0	1/20
21	31 8	1/5	1	1.5	1/22
7	10 6	1/6	1	1.5	1/36
4	6 1	1/7	1	1.5	1/38
1	1.5	1/8	1	1.5	1/40
4	6.1	1/10	1	1.5	1/50
1	1.5	1/12	1	1.5	1/68
1	1.5	1/14	1	1.5	1/85

The quoted Ratios between **Supervisors** and **Promoters** cast doubt about the frequencies declared by some **NGOs** respecting **Supervision**

In short, according to what was said in the preceding subtitles, it is worth underlining that **Supervision** in the **NGOs** is charged to as follows: **Medical Staff** (26.5%), **Special Supervisors** (20.6%), **Mother-child Technicians** (16.2%), **Nurses** (13.2%), **Social Workers** (5.9%); Coordinators (8 9%); Board of Directors (1 4%) **Other Personnel** is in charge of the **Supervision** of 3 **NGOs** (4.4%), in the remaining **NGOs** (2.9%), there is **No Supervision.**

With respect to the **Frequency**, it is carried out as follows·

- 36.8% supervises its **Promoters** once a month.
- 17.6% visits the **Promoters** every two weeks (two times a month).
- 41.2% realizes weekly supervisions.
- 1 **NGO** (1.5%) supervises every 3 days, with a frequency of 10 times per month.

The administrative dependency of the **Supervisor** can be summarized thus 70% of the **NGOs** depend of the **Coordinator**; 7.5% depend of the **Director**, 9% from the **Chief and/or President**; 4.5% from the **Program Officer**, and in one **NGO** from the **Departmental Manager**

6. COORDINATION

Of the investigated 67 **NGOs**, 71 7% have **Coordination** relations with the **MOH** The mechanisms in use are one or several, without exclusivity. Thus, the figures in **Tables 11 A and 11 B of Annex No. 9**, show that 22 3% of the **NGOs** participate in **Committees**; 28.3% have signed **Agreements**; 61.2% carry out **Periodical Meetings**; 31 3% participate in **Group Projects**, 28 3% coordinate through the **Periodical Reports**, and only one **NGO (AFPINT)** declared having a **Contract** with the **MOH**.

Coordination is carried out at an organizational level of the **MOH** that offers them better facilities. In their order, 43.3% coordinate at a Local Level; 23.9%, at a Community Level; 3% at a Central Level; 1.4% at a Regional Level, and the remaining 28 3% at no level whatsoever.

The **Frequency** with which the activities of **Coordination** are carried out is 49.2% do it once per Month; 12% in a Quarterly manner, 1.4% said having **Permanent Coordination**; 1.5% each Semester, and 7 5% whenever necessary. 19 **NGOs** (28.4%) do not have **Coordination** with the **MOH** The **Coordination** relations are rated as **Good** by 40.3% of the **NGOs**; 10 4% as **Excellent**; 17 9% are rated as **Average**, and only 3% as **Bad**. Of the 48 **NGOs** that maintain **Coordination** with the **MOH** 95 8% think it is convenient to expand it and the remaining 4.2% against.

The **NGOs** also tried to establish **Coordination Mechanisms** between them, 68.6% are doing it, as is shown in **Tables 12 and 13 of Annex No 9**. In this case the **Coordination** activities that they use are, without being exclusive: **Periodical Meetings** (49.3%), **Participation in Committees** (13.4%), **Periodical Reports** (10 4%); **Contracts** (3%), and **Participation in Joint Groups** (25.4%).

The **Frequency** with which **Coordination** activities are held among **NGOs** has been reported as follows· 4.5% do it weekly; 41.8% carry it out each month; 11 9% participate every quarter; 1.5% every two weeks, 1.5% every six months, and 31 3% do not participate in these activities Of the 46 **NGOs** that maintain **Coordination** among themselves, 71 4% consider them as

Good, 23.9% regard them **Excellent** and 4.3% rates it as **Middle-of-the-Road.**

The **NGOs** affiliated to **PROSAMI** coordinate with the **MOH**, mainly in three activities **Vaccination, Educational Material and Refferals of Patients.** And to a lesser degree, in **Counselling** regarding the work developed by the **CHPs** The **Coordination** of loans of **Equipment and Supplies** is even lower There is, practically, no coordination between **Evaluation and Supervision.**

The effectivity of coordination with the **MOH** is better in **Refferals of Patients** and less in the area of **Supplies.**

In relation to **Referrals**, some **NGOs** has expressed rejection of patients and in others the **Referrals** only work toward the **MOH** direction.

Quantity Coordination with **Other NGOs** is less. The most representative headings are **Educational Material, Equipment Loans, Counselling, Refferal of Patients, Work of the CHP and Evaluation.** There is very little **Coordination** in **Supervision and Vaccination.**

The **ADS** coordinates with the **MOH** in **Educational Material, Loan of Equipment** and **Refferals of Patients** And with other **NGOs** in **Educational Material, Loan of Equipment, Conselling** and **Refferals of Patients.**

Other NGOs, seemingly, coordinate more between them than with the **MOH;** some state they do not coordinate with the **MOH.** Some of the actions coordinated with the **MOH** are· **Educational Material, Vaccines, Counselling** and **Referrals.** And with **Other NGOs: Educational Material, Loan of Equipment, Work of the CHP** and **Counselling.**

The time dedicated to coordination is variable. With the **MOH** around 8 hours per month and with **Other NGOs**, between 2 and 12 hours a month.

The majority of **NGOs** have agreed to continue with coordination and they consider it necessary at different levels, adding the following subjects of coordination:

- Verification of Attention Norms.
- Joint Planning of Coverages.
- Decentralization Process
- Evaluation of Realized Work.
- Information System
- Training of **CHPs, Midwifes** and **Volunteers.**
- Sale of Services of **Health Primary Attention** within the **Communities Attended** by **NGOs.**

The reasons to continue and increase coordination is based in that the **MOH** must be recognized as the leading entity in health attention Low coverage of the **MOH** at the rural level has been detected, for that reason, it has been proposed that the urban and rural areas be amplified, sharing objectives and avoiding duplicity of efforts. The

need of the community to dispose of **Medicines** at available prices and of receiving more complex levels of attention has been identified. Realized work and coverages must be periodically evaluated to establish joint strategies. Unifications of **Norms** is necessary as is the search for more quality in attention. Finally, the present reforms of the **Health Sector** and the proposed policies open the field for the participation of the **NGOs** in the sale of services.

7. EVALUATION

Without exception, the 67 **NGOs** make the **Evaluation** of their own programs The staff of the **NGO** participates in these activities, the **Supervising Staff** being the more constant (82%); the **Manager and/or Director** participates in a 58 2%, and the **Board Of Directors** in 32.8%. In **Chart 14 of Annex N. 9**, we can observe that the **Organizations of Financial Cooperation** participate in **Evaluation** activities in 45 **NGOs** (67.2%); the **Community** participates in in 40 **NGOs** (59.7%); **Government Representatives** participate in 7 (10 4%), and the **Municipalities** in 4 (5 9%).

Only in 11 **NGOs** (16.4%) the **Evaluation** is done using one type of human resource. In the remaining 56 **NGOs** this activity is done with the participation of different resources that each **NGO** has.

As a result of the corresponding **Evaluations**, the **NGOs** point out in the same **Table 14 of Annex N 9** the **Difficulties** they had in developing their activities of providing health services during 1993 and 1994. These **NGOs** are very different in nature and have a different impact. In 41 **NGOs** (61.2%) there is complaint about the **Governmental Lack of Recognition.** It draws one's attention that 20 **NGOs** (29.8%) comment that the **Lack of Recognition from the Community**, in spite of working for it. Within their own work environment 27 (40.3%) stated that the **Parallel Actions with the MOH Were a Difficulty**, and 13 (19.4%), the **Competition With Other Institutions that Carry out Similar Actions.**

Financially, 46 **NGOs** (68 6%) expressed **Insufficient Funding** to develop their activities. Additionally 41 **NGOs** (61.2%) expressed having **Difficulties due to the High Cost of the Materials**, in the **High Cost of the Staff** there are 23 **NGOs** (34.3%); in **Difficulties with Transportation** 35 (52 2%), and 28 (41 8%) **Limitations** in the **Installed Capacity.** Only 2 **NGOs** see **Difficulties** in the **Community Sustainability of the Project**, and one in the **Absence of a Clinical Laboratory.**

Related with technical aspects, 28 **NGOs** (41 8%) expressed difficulties in the **Population Size of the Beneficiaries**, regarding it as too big; 21 **NGOs** (31.3%) reported **Political Restrictions** in the institution, and **20** (29.85%) found the **Information System** difficult and insufficient. Only 1 **NGO** working with **Volunteers** found difficulties in demanding fulfillment from the **Promoters** of their functions and another expressed a high desertion rate in its **CHPs.**

IV. INTEGRAL DEFINITION OF THE "PROMOTERS"

I N T R O D U C T I O N

In the general context of **Chapter III**, sytematic reference was made to the different types of **Promoters** remdering health services at community level of the **MOH**, the **ADS**, and the **NGOs** affiliated with: **PROSAMI**, **CAPS**, **CISI**, **CARITAS**, and **Other NGOs**. The core components related with the organization systems of health services through **Promoters** has been treated as applied to each one of the 7 **Sub-Universes.**

With the aforesaid basis, the present chapter deals with each theme in detail; this time with application to the disintegrated characterization of the **Promoters** of the 68 institutions that provided information (complete or partial) in the **F-1** and **F-2 Research Instruments** as well as the corresponding **Annexes.** It is worth mentioning that the in this whole characterization of the **Promoters** no relevant **Sex** differences were observed.

As in every field research, notwithstanding special care was given to the phases of promotion, enumeration, supervision, revision, critique, and correction & verification of the data, certain biased answers remain (omission and/or wrong declarations). These biases go from the simple errors due to lack of proper understanding of the different questions, to the premeditated intention of declaring incomplete data or simply not declaring it. A survey was designed and applied in three sub-samples in order to try to identify and try to improve the quality of the collected data This survey was built with automatically weighted results, representative of the **CHPs** of the **MOH**, the **PHPs** of **ADS** and the **CHPs** of the **NGOs** affiliated to **PROSAMI.** That is to say, institutions with **Salaried Promoters**, and due to that, better and more stable organizations, providing diversified coverage. **Research Instrument F-3** was used at this stage, via direct interviews with selected groups of **Promoters** As commented above, the contents of **F-3** are focuzed on the research of the main variables directly related with the **Promoters** (Sociodemographic Characterization, Work Composition and Conditions, Training and Supervision, Provided Services and Coordination Relations)

This **Chapter**, in its initial section, reiterates all matters related with the **Distribution by Sex, Age and Level of Education of the Promoters**, dealt with in **Chapter III**, comparing them with the results of the three Sub-Samples with the same characteristics.

Section 2 is fundamental. A detailed comparative matrix of the 7 **Sub-Universes** describes the work of the **Promoters** with minute detail of the **Components and Subcomponents of the Health Services**, pointing out the **Delivery Mechanism**, that is, specifying the **Activities and Tasks** carried out by the **Promoters** This description amplifies what was declared by the **NGOs** in **Chapter III**

The **Work Context of the Promoters** is described in **Section 3**, making a summary of the **Themes** contained in **Section 2** of **Chapter III**, making a comparison with similar results obtained with the application **Form F-3** to the **PFHPs** of the **ADS** and **CHPs** of the **MOH** and the **PROSAMI**.

The **Chapter** closes with **Section 4**, as an adequate complement with the other **Sections**, inasmuch as it makes a relation of the **Function of the Promoters** with the coverage of the **Serviced Population**, in accordance with the **Basic Characteristics** it has

1. SOCIODEMOGRAPHIC CHARACTERIZATION: SEX, AGE, AND EDUCATION LEVEL

1.1. MOH

The **MOH** provided a detailed list of the nationwide distribution of its **CHPs**, including names, as of May-June 1995 However, no specific information regarding **Sex, Age, and Education Level** of the **CHPs** was included. **Sex** identification was carried out making use of an exercise using the name. In any case, the **Sub-Sample** of the **CHPs** applied was sufficiently representative. The data on **Chart 9.A** were thus obtained, the outstanding features of which are the following.

- 100% of the **CHPs** have ages between **18 and 59 Years**, concentrated in the **18 to 39 Years** bracket Only small differences according to **Sex** were found, similar to those found in the general list of the **MOH**.

- Practically all the **CHPs** have over 3 and below **16 Years of study**, a notorious 73% is located in the 7 to 12 Approved **Years of Study Bracket** The differences between **Male and Female Sex** were not so determinant here, although variations were observed in the **Education Level** in the age groups with more concentration of **CHPs**.

1.2. ADS

In the case of the **ADS**, the available information refers to **Sex and Education Level** of its **PHPs** and **RCDs**, as was shown in **Chart 7.** The data is sufficiently coherent with that obtained with the **Sub-Sample** of **PHP**, detailed in **Chart 9.B**

First, a high predominance of **Female PHP** is observed, although this characteristic does not condition their selection, according to what was declared by the **ADS**. As in the **MOH**, all the **PHP** have between **18 and 59 Years of Age**, of which 85% are in the bracket as from **25 Through 49 Years of Age.**

In relation to the **Education Level**, within the **Femenine Sex** a group of approximately 20% has **3 or Less Years of Study;** possibly a similar percentage might result for the **Male Sex**, which was not registered in the **Sub-Sample** due to the aleatoric influence in its minimum absolute size The rest of **PHP** concentrate their education between **4 and 9 Years**

of Study (73%), with only 9% in the 10 to 15 Years Level, and none in the 16 or More Years Level. Once more, no relevant differences by Sex were found.

CHART N. 9.A
CLASSIFICATION OF PROMOTERS (CHPs), BY TYPE OF INSTITUTION, SEX AND AGE GROUP, ACCORDING TO YEARS OF STUDY
INSTITUTION: MOH

GROUPS BY AGE GROUPS (YEARS) SEX AND AGE (YEARS)	TOTAL	APPROVED YEARS OF STUDY					
		3 or Less	4 to 6	7 to 9	10 to 12	13 to 15	16 and More
BOTH SEXES	**243**	**1**	**31**	**79**	**99**	**31**	**2**
18 to 24	57	0	5	13	32	7	0
25 to 29	80	0	5	19	39	15	2
30 to 39	75	1	7	37	22	8	0
40 to 49	28	0	12	10	5	1	0
50 to 59	3	0	2	0	1	0	0
60 or More	0	0	0	0	0	0	0
MALE	**130**	**1**	**21**	**55**	**41**	**12**	**0**
18 to 24	25	0	2	6	13	4	0
25 to 29	38	0	5	13	16	4	0
30 to 39	45	1	3	27	10	4	0
40 to 49	20	0	9	9	2	0	0
50 to 59	2	0	2	0	0	0	0
60 or More	0	0	0	0	0	0	0
FEMALE	**113**	**0**	**10**	**24**	**58**	**19**	**2**
18 to 24	32	0	3	7	19	3	0
25 to 29	42	0	0	6	23	11	2
30 to 39	30	0	4	10	12	4	0
40 to 49	8	0	3	1	3	1	0
50 to 59	1	0	0	0	1	0	0
60 or More	0	0	0	0	0	0	0

IPM -

Source Sample Survey Applied to CHPs.

CHART N. 9.B
CLASSIFICATION OF PROMOTERS (CHPs), BY TYPE OF INSTITUTION, SEX, AND AGE GROUP, ACCORDING TO YEARS OF STUDY
INSTITUTION: ADS

GROUPS BY SEX AND AGE (YEARS)	TOTAL	NUMBER OF STUDY YEARS APPROVED					
		3 or Less	4 to 6	7 to 9	10 to 12	13 to 15	16 and More
BOTH SEXES	**121**	**22**	**57**	**31**	**8**	**3**	**0**
18 to 24	10	0	1	7	1	1	0
25 to 29	32	6	11	9	6	0	0
30 to 39	43	5	25	11	0	2	0
40 to 49	28	7	17	3	1	0	0
50 to 59	8	6	3	1	0	0	0
60 or More	0	0	0	0	0	0	0
MALE	**8**	**0**	**3**	**3**	**1**	**1**	**0**
18 to 24	2	0	1	0	0	1	0
25 to 29	4	0	1	2	1	0	0
30 to 39	1	1	0	1	0	0	0
40 to 49	1	0	1	0	0	0	0
50 to 59	0	0	0	0	0	0	0
60 or More	0	0	0	0	0	0	0
FEMALE	**113**	**22**	**54**	**28**	**7**	**2**	**0**
18 to 24	8	0	0	7	1	0	0
25 to 29	28	6	10	7	5	0	0
30 to 39	42	5	25	10	0	2	0
40 to 49	27	7	16	3	1	0	0
50 to 59	8	4	3	1	0	0	0
60 or More	0	0	0	0	0	0	0

IPM —

Source: Sample Survey Applied to CHPs

1.3 PROSAMI

Of the **Remunerated Promoters** of **PROSAMI (CHP)**, distributed in 34 **NGOs**, the data of the **Sub-Universe (CHART 7)** and the Sub-Sample applied to the **Under 18 Years (CHART 9.C)** is available. In the first place, the coherent relativity between both sources is noteworthy, with acceptables Sampling errors limits. This time the differentials by **Sex** do not apply, in virtue that on the **Sub-sample** a significant and absolute independent

representation of each **Sex** on the **NGOs** of **PROSAMI** was tried to be obtained, that allow analysis of the other two characteristics. **Age** and **Education Level.**

With respect to **Age**, in both cases a little more than 97% between **18** and **49 years** is observed, with a low Sampling Deviation **(-1.8% for Both Sexes, -0.6% for Males. and +2.7% for Females).**

The dominant **Education Level** is located between **4** and **12 Approved Years of Study**, with some differences by **Sex**, This means 89.2% for **Both Sexes (Sampling Deviation of +7.3%)**, 87.3% for **Males (+3.1% Sampling Error)** and 90.8% for **Females (+11 3% Sampling Error)** Finally the proportion of **CHPs** with **3** or **Less Years** and also with **13** or **More Years** of **Approved Education** is too low.

1.4. CISI, CAPS, CARITAS and Other NGOs

The NGOs of CISI, CAPS, CARITAS and Other have available Volunterr Promoters only, to which Form F-3 does not aooly, So the characteristics of Sex, Afe and Education Level, were obtained from the data of the respective Sub-Universes in Chapter III

The three commented sociodemographic characteristics, are distributed within the structural composition of the functions the **Promoters** render, in their different types The results by **Sex, Age** and **Education Level** ratify previous comments, in the sense that they are not determinant characteristics of the differential health services gesture of the **Promoters**; inclusive in independent form, within each addiliation **(MOH, ADS, PROSAMI, CISI, CAPS, CARITAS** and **Other NGOs)**. Although differences mainly of **Education Level** are observed, everything points out that the gesture of **CHP, PSP, DAR and Volunteers** are defined by the specific goals assigned by each Institution

2. DELIVERY MECHANISMS OF HEALTH SERVICES: ACTIVITIES AND DUTIES OF PROMOTERS

This type of information represents , practically, the essence of the Promoters gesture, in function of the integral definition they belong For each **Health Component** and **Sub-Component**, identified in **Table 5** of **Annex 6**, the greatest detail possible of the **Activities** and **Duties** has been tried to register **(Actions)** that fullfil the differen type of **Promoters**, for this follow-up **Chart N. 10** was elaborated, grouping institutions in each **Sub-Universe**, These figures are eloquent for the qualified apreciation of the gesture of **Promoters**, so only a brief description of the previous facts is presented:

CHART N. 9. C
CLASSIFICATION OF PROMOTERS (CHPs), BY TYPE OF INSTITUTION, SEX AND AGE GROUP, ACCORDING TO YEARS OF STUDY
INSTITUTION: MOH

GROUPS BY SEX AND AGE (YEARS)	TOTAL	APPROVED YEARS OF STUDY					
		3 or Less	4 to 6	7 to 9	10 to 12	13 to 15	16 and More
BOTH SEXES	**139**	**12**	**46**	**59**	**19**	**3**	**0**
18 to 24	41	2	12	24	3	0	0
25 to 29	34	2	7	16	8	1	0
30 to 39	42	5	17	12	6	2	0
40 to 49	18	3	7	6	2	0	0
50 to 59	4	0	3	1	0	0	0
60 or More	0	0	0	0	0	0	0
MALE	**63**	**7**	**21**	**27**	**7**	**1**	**0**
18 to 24	15	1	4	9	1	0	0
25 to 29	15	1	2	8	3	1	0
30 to 39	22	3	9	7	3	0	0
40 to 49	10	2	5	3	0	0	0
50 to 59	1	0	1	0	0	0	0
60 or More	0	0	0	0	0	0	0
FEMALE	**76**	**5**	**25**	**32**	**12**	**2**	**0**
18 to 24	26	1	8	15	2	0	0
25 to 29	10	1	5	8	5	0	0
30 to 39	20	2	8	5	3	2	0
40 to 49	8	1	2	3	2	0	0
50 to 59	3	0	2	1	0	0	0
60 or More	0	0	0	0	0	0	0

IPM -

Source: Sample Survey Applied to CHPs.

2.1. Reproductive Health

2.1.1 Care Pregnancy at a Community Level

a) MOH
The **CHPs** perform the function of identifying pregnant women within the community and provide them with education so that they can take care of their health. Additionally they make **Referrals for Pregnancy Control** at the health establishments. The **CHPs** are trained to Detect Risk Factors During Pregnancy and Alarm Signals. However in four areas of this subcomponent they do not give direct care of **Pregnancy Control.**

b) ADS
In relation to area coverages, the actions carried out by the **PHPs** of the **ADS** are similar to those of the **CHPs** of the **MOH**, excluding the Detection of Alarm Signs, Education on Health Care During Pregnancy and Direct Attention to Pregnancy Control Therefore, the actions of the **PHP** are developed in 10 areas of this **Sub-Component. The CRD's**, which are also of the **ADS**, are solely charged with the **Distribution of Contraceptives** according to demand, within their domiciles.

c) PROSAMI
The majority of **CHPs** of the **NGOs** affiliated to **PROSAMI** are more uniform in the comprehension of the attention areas. Their work is not limited to Identification, Education and Referrals, it also comprises **Pregnancy Control** in the community.

d) CISI
The four **NGOs** of **CISI** work with **Volunteer**; of which two declared covering with their Actions, Care of Pregnancy , except in two.

e) CAPS
The **Promoters** of APHC nine **NGOs** are also **Volunteers** In general their **Actions** are similar to those carried out by the **CHPs** of the **MOH** However, only one **NGO** declared giving direct attention in the community.

f) CARITAS
Very poor information was provided and only in relation to one **NGO** Thus, their coverage to **Pregnancies**, as reported, is minimal.

g) Other NGOs
The participation in **Care of Pregnancy** of these **Volunteers** is very irregular. Within the different areas they cover, the maximum number of participating **NGOs** is 5 and the minimum is 1 Their **Actions** concentrate in Identifying and Visiting Pregnant Women, and reffering them to places that provide **Care of Childbirth.**

There is no uniformity in the **Actions** of the **NGOs** participating, at **Community Level**, in **Care of Pregnancy**, e.g., in **Identification of Pregnant Women**, which is the keystone for the application of the following **Actions.**

2.1.2 Care of Childbirth at Community Level
Promoters do not attend **Childbirths** Their participation is limited to providing guidance to **Pregnant Women** so as to prepare them for the **Childbirth** and carrying out coordination tasks with the **Community Midwives**. On occasions they collaborate in **Emergencies of Normal Childbirths**. The **MOH**, 19 **NGOs** of **PROSAMI**, and 6 **NGOs** of other institutions participate in these actions.

2.1.3. Care of Puerperae at a Community Level
The participation in **Care of Puerperae** is less than that given to Care of **Pregnant Women** **ADS** does nor provide this service In **Referrals** to health establishments the difference between **Pregnant Women** and **Puerperae** is notorious, likewise, the **Promotion at a Community Level** is less than that of **Pregnant Women**. The **NGOs** of **PROSAMI** provide integral and complete care of **Puerperae** and **Pregnant Woman**.

2 1.4. Family Planning
The **Actions in Family Planning** carried out by the **PHPs** of **ADS** and of the **MOH** are similar. The **CHPs** of **PROSAMI** also accomplish similar **Actions** to those of the **MOH** within a different number of **NGOs**. In this area, the participation of the other **NGOs** is considerably less; **CARITAS** does not participate and **APHC** does so only in the **Promotion of Natural Methods**.

On the other hand, all the **NGOs** that participate in **Promotion** also **Deliver Contraceptives**, although these **Actions** are more complete in the **ADS**, which, in addition to Pills and Contraceptives, also provides Injectables. This method is also applied by another 4 **NGOs**

Before the **Delivery of Oral Contraceptives**, the **Promoters** of the **MOH**, **ADS**, and another 16 **NGOs** (including 13 of **PROSAMI**), refer persons for their evaluation Likewise, the **ADS** and another 15 **NGOs** of **PROSAMI** refer persons after having started a determined method.

2.1 5. Prevention of Cancer of the Uterus and Breast.
What is worth underlining in this **Sub-Component** is that the information regarding Cancer and Referrals to take Cytology Tests is greater than the Detection of Risks and Referrals for this motive.

2.1.6 Prevention of Tetanus
In the prevention of this disease, which requires Vaccination, the **MOH**, the majority of the **NGOs** of **PROSAMI** and 3 **NGOs** of **CISI** Vaccinate in the community This does not exclude, the case depending, making **Referrals** to the **Health Establishments**, in coordination with the **CHPs** of the **MOH**.

2.1.7. Infertility.
Specific Actions do not appear declared under **Infertility**, although in **Chart N 5 of Annex N. 9** this **Sub-Component** is covered by the **MOH**, **ADS**, 4 **NGOs** of **PROSAMI** and 1 **NGO**.

CHART N. 10
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT Health Sub-Component	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
	MOH	ADS	PROSAMI	CISI	APHC	CARITAS	OTHER NGOs	TOTAL
A CARE OF REPRODUCTIVE HEALTH								
CARE OF PREGNANCY AT COMMUNITY LEVEL								
Identification of Pregnant Women	1	1	34	5	11	2	7	61
Visits to Normal Pregnant Women	1	1	34	5	10	1	6	58
Visits to Pregnant Women with Risk	1	1	34	5	11	1	7	60
Motivation to Register in Maternal Care Prog	1	1	33	5	11	2	7	60
Maternal Attention	1	1	33	5	11	2	7	60
Detection of Precocious Signals of Alarm	1	-	34	5	11	1	3	55
Identification of Risk Factors	1	1	34	5	10	1	4	56
Referrals if Risk Factors are Detected	1	1	34	5	11	1	4	57
Pregnant Women s Waist Measurement	-	-	33	4	2	-	3	42
Pregnant Women s Weight	-	-	34	4	2	1	3	44
Arterial Pressure	-	-	34	3	3	1	3	44
Control of Uterine Growth	-	-	33	4	2	-	2	41
Care Instruction during Pregnancy	1	-	34	5	10	2	6	58
Provision of Prenatal Vitamins	1	1	34	2	11	1	3	53
Work Coordination with Local Midwifes	1	1	34	4	6	2	4	52
Information regarding Places for Care	1	1	34	5	11	2	7	61
Verification Assistance to Prenatal Controls	1	1	32	5	11	1	6	57
CARE OF CHILDREN AT COMMUNITY LEVEL								
Helps Midwifes if Required	1	-	23	2	1	1	3	31
Care of Emergencies in Normal Childbirths	1	-	22	2	3	2	3	33
Recommends Measures&Training for Childbirth	1	--	17	1	1	--	--	20
CARE OF PUERPERAE AT COMMUNITY LEVEL								
Follow-Up of Women Who Have Given Birth	1	-	34	5	9	1	5	55
Registration of Vital Signs of Puerperae	-	-	34	4	7	1	2	48
Identification of Alarm Symptoms	1	-	34	5	10	1	4	55
Referrals of Puerperae with Alarm Symptoms Case	1	-	34	5	10	1	5	56
When Afterpains Delivery of Acetaminophen	1	-	32	4	5	2	3	47
Delivery of Vitamins	1	-	32	4	9	2	3	51
Orientation of Puerperae during this Period	1	-	34	5	10	2	5	57
Investigation of Complications of Newborns	1	-	33	4	8	1	3	50
Registration of Birth Certificates	1	-	34	5	9	2	5	56

CHART N. 10 (Continued)
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
Health Sub-Component	MOH	ADS	PROSAM I	CISI	APHC	CARITAS	OTHER NGOs	TOTAL
A CARE OF REPRODUCTIVE HEALTH								
FAMILY PLANNING (FP) LEVEL								
Identification of Possible Beneficiaries of FP	1	1	33	5	6	-	4	50
Homes Visits of Possible Beneficiaries	1	1	31	3	6	-	3	45
Talks about the Method to Families	1	1	31	4	9	1	6	53
Talks to Women Only	1	-	20	4	8	1	3	37
Evaluation of Possible Beneficiaries of PF	1	1	31	5	2	-	5	45
Promotion of the Following Methods of FP								
- Pills	1	1	32	6	-	-	6	46
- IUD	1	1	17	1	-	-	3	23
- Condoms	1	1	32	5	-	-	6	45
- Injections	-	1	17	3	-	-	3	24
- Female Sterilization	1	1	23	4	-	-	3	32
- Male Sterilization	1	1	17	3	-	-	3	25
- Billing s Method	-	-	5	1	10	1	2	19
- Rhythm	1	-	19	3	6	1	6	36
Provision of the Following Contraceptives								
- Pills	1	1	31	2	-	-	4	39
- Condoms	1	1	31	2	-	-	5	40
- Injections	-	1	2	-	-	-	2	5
Referrals of Persons for Evaluation								
- Before Providing Contraceptives	1	1	16	1	-	-	4	23
- After Providing Contraceptives	-	1	16	1	-	-	1	19
- Detection of Complications of the Method	1	1	26	1	-	-	4	33
SEXUALLY TRANSMITTED DISEASES (STD)								
Information and Education About STD	1	1	34	7	10	2	9	64
Detection of Persons With STD s Probability	1	-	31	6	9	1	9	57
Referrals of Detected Persons Establishmenttoto	1	-	32	6	10	1	9	59
Investigation of Possible Transmission Contacts	1	-	25	4	3	1	6	40
Referrals of Contacts to Establishment	1	-	24	4	4	1	7	41

IPM

CHART N. 10 (Continued)
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
Health Sub-Component	MOH	ADS	PROSAMI	CISI	APC	CARITAS	OTHER NGOs	TOTAL
A CARE OF REPRODUCTIVE HEALTH								
PREVENTION OF UTERINE AND BREAST CANCER								
Information and Education About Cancer	1	1	28	6	9	-	5	50
Cytology Tests Referrals	1	1	27	6	9	1	5	50
Risk of Matrix Cancer Referrals	1	-	23	5	2	1	3	35
Risk Of Mammal Cancer Referrals	1	-	20	4	2	1	2	30
PREVENTION OF TETANUS								
Information and Education About the Disease	1	1	34	7	11	2	5	61
Detection of Non Vaccinated Fertile Age Women	1	1	34	7	8	2	5	58
Referrals to Health Establishments for Vaccination	1	1	23	6	11	2	5	49
Promoters Vaccinate Persons at Community Level	1	-	32	4	1	-	1	39
B EFFECTS AND PREVENTION OF AIDS								
Men s Information and Education about AIDS	1	1	30	7	9	-	7	55
Women s Information and Education about AIDS	1	1	30	7	9	-	7	55
Detection of Persons With Infection Probability	1	-	15	3	1	-	1	21
Investigation of Possible Transmission Contacts	1	-	11	3	1	-	1	17
Referrals of Detected Persons to Health Establishment	1	-	15	4	1	-	1	22

CHART N. 10 (Continued)
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
Health Sub-Component	MOH	ADS	PROSAM I	CISI	APHC	CARITAS	OTHER NGOs	TOTAL
C CHILD CARE (Under 5 Years of Age)								
GROWTH AND DEVELOPMENT								
Detection and Registration in Children s Program of Children of under 2 Years of Age	1	1	34	5	11	2	5	59
Referrals of Minors to Health Establishments	1	1	24	5	11	3	6	51
Weight of Children is Taken	1	-	34	4	5	2	4	50
Height of Children is Taken	-	-	33	4	5	1	4	47
Instruction on Simple Techniques of Child	1	1	33	6	10	3	5	59
Explanation of Control Card and Graphics	1	-	33	4	11	2	4	55
MATERNAL BREAST FEEDING								
Promotion of Breast Feeding Until 6 Months Old	1	1	34	7	11	2	6	62
Indication on How & When to Begin Breast Feeding	1	1	34	7	11	2	6	62
IMMUNIZATIONS								
Ilustration of the Importance of Vaccination	1	1	34	7	11	3	6	63
Ilustration of Importance of Completing Vaccination	1	1	34	7	10	3	6	62
Vaccination of Children within the Jurisdiction	1	-	34	5	1	1	2	44
Vaccination Referals of Children	-	1	29	6	11	3	6	56
Verification that Child has Complete Vaccination	1	1	34	7	11	2	5	61
ACUTE RESPIRATORY INFECTIONS (ARI)								
Detection of Minors Under 5 Years with ARI	1	1	34	7	11	2	8	64
Evaluation of Danger Signals	1	1	34	7	11	2	6	62
Verification of Pulmonar Respiratory Frequency	1	1	34	6	10	2	5	59
Classification of the Child s Illness	1	1	34	7	11	2	6	62
Care of Light Respiratory Infections								
- Recommendation of Home Care	1	1	34	6	10	2	7	61
- Recommendation of Home Remedies	-	1	33	6	10	2	7	59
- Provision of Children s Aspirin	-	-	6	-	1	1	3	11
- Provision of Acetaminophen	1	-	34	5	4	2	7	53
- Referral To Health Establishment	-	1	15	5	11	2	6	40

IPM —

a/ It is done in high risk municipalities

CHART N. 10 (Continued)
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT Health Sub-Component	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
	MOH	ADS	PROSA MI	CISI	APHC	CARITA S	OTHER NGOs	TOTAL
C CHILD CARE (Under 5 Years of Age)								
In Case of Moderate Respiratory Infection								
- Referral to the Health Establishment	1	1	12	6	11	2	5	38
- Treatment is provided with Antibiotics	-	-	22	2	5	2	5	36
- Recommendation Home Remedies	-	1	31	4	8	2	6	52
In Case of Severe Respiratory Infection								
- Referral to the Health Establishment	1	1	24	7	11	2	7	53
- Treatment with Antibiotics	-	-	32	2	4	2	2	42
- Treatment of Child when Referral is Impossible	-	-	31	4	2	2	3	42
Makes Follow-up Visits	-	1	34	6	10	2	4	57
Explains Preventive Measures to Relatives	1	1	34	7	11	3	6	63
Explains Alarm Signs on ARI	1	1	34	7	11	3	7	64
Explains Home Care on ARI	1	1	34	7	11	3	7	64
NEWBORNS								
- Detection of Underweight Newborns	1	-	34	4	4	2	6	51
- Newborns	-	-	34	4	5	2	4	49
- Detection of Alarm Signals	-	-	34	5	5	2	5	51
STABLE UNDERWEIGHT NEWBORNS								
- Instruction on Handling Given to Mother	1	1	34	5	4	2	3	50
- Daily Visits to the Newborn	-	-	26	3	-	2	-	31
- Referral of Newborn to Hospital	1	1	28	5	10	2	5	52
SEVERE UNDERWEIGHT								
- Instruction to Mother how to Handle at Home	1	-	18	2	4	1	2	28
- Daily Child Visit	1	-	15	2	-	2	-	20
- Referral of Child to Hospital	-	1	34	7	10	2	5	59
ACUTE DIARRHEIC DISEASES (ADD)								
Detection of Children with ADD	1	1	34	7	11	2	8	64
Follow-up of Children with Dhiarrea	1	1	32	7	11	2	8	62
Mother s Education on Diarrhea Prevention	1	1	34	7	11	3	8	65
Community Helps Informing about Children with Diarrhea	1	-	33	5	4	3	2	48
In Diarrheas without Deshydration Provision of Rehydration Salts	1	1	33	7	11	3	8	64

CHART N. 10 (Continued)
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
Health Sub-Component	MOH	ADS	PROSAMI	CISI	APHC	CARITAS	OTHER NGOs	TOTAL
C CHILD CARE (Under 5 Years of Age)								
IN CASE OF DIARRHEA WITH DEHYDRATION								
- Administration of Oral Rehydration Salts	1	1	33	7	11	3	8	64
- Referrals in All Cases	-	-	8	2	6	2	5	23
- Referral case of Non-Improval After 4 Hours	1	1	27	5	5	2	4	45
IN CASE OF DIARRHEA ACCOMPANIED WITH FEVER OR BLOOD								
- Administers Oral Rehydration Salts	1	1	33	7	11	2	6	61
- Referral of the Child to the Health	1	1	26	7	11	3	6	55
- Antibiotics Application	--	--	27	2	4	1	4	38
- Antidiarrheics Application	-	-	4	1	1	1	-	7
D ORAL HEALTH								
Explanation of Measures to Obtain Oral Health	1	-	16	6	10	1	2	36
Explanation on Brushing Techniques	1	-	10	5	4	1	2	23
In Case of Pain								
- Indication of Analgesics	1	1	10	4	9	-	-	25
- Referral to the Health Clinic	1	1	15	2	10	1	-	30
In case of Hemorrage								
- Referral to the Health Establishment	1	1	14	2	11	-	-	29
- Attempt to Control the Hemorrage	-	-	9	2	2	-	-	13
- Referral case Bleeding Persists	-	1	6	3	1	-	-	11
Referral to Establishment According to Norms	1	-	12	3	1	-	-	17
Referral to Establishment in Case of Morbidity	1	1	15	3	5	-	-	25
Provides Children Not Attending School with Fluoride	1	-	4	3	1	1	1	11

CHART N. 10 (Continued)
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
Health Sub-component	MOH	ADS	PROSAMI	CISI	APHC	CARITAS	OTHER NGOs	TOTAL
E NUTRITION (Under 5 Years)								
Identification of Children with Malnutrition Risks	1	-	34	7	11	3	7	63
Classif Nutritional Status Graph of Weight-Age	-	-	34	4	6	2	4	50
Children Under 5 Years are Weighted	-	-	34	5	2	2	4	47
Height Measurement of Children Under 5 Years	1	-	34	5	2	2	4	48
Refers Undernourished Children and at Risk	1	1	33	7	10	3	5	60
Instruction of Mother About Child s Nutrition	1	1	34	6	10	3	7	62
Instruction of the Advantages of Breast Feeding	-	1	34	7	11	2	5	60
Food Delivery to Undernourished Children	-	-	9	1	-	2	-	12
Instruction of the Family About Donated Food	1	-	11	2	-	2	2	18
Demonstration About Use of Foods	1	-	20	5	1	2	2	31
Delivery of Vitamin A to Children Under 5 Years	-	1	31	4	8	3	4	51
Delivery of Vitamin A to Women During Puerperium	-	-	27	3	7	2	2	41
Control of Undernourished Children	1	-	34	5	4	2	4	50
F FIRST AID								
Instruction on How to Avoid Accidents at Home	1	-	28	6	11	2	7	55
Application of Measures In Case of Light Wounds	1	1	33	7	11	2	9	64
Inmediate Care in Case of Severe Accidents	1	-	30	5	9	1	3	49
In case of Severe Accidents Immediate Referral	1	1	31	7	10	2	7	59
In Case of Poisoning								
- Identification of Symptoms Due to Poisoning	1	-	23	4	11	1	5	45
- Ilustration on How to Avoid Poisoning	1	-	27	5	10	1	5	49
- First Aid is Given	1	-	28	4	11	1	5	50
- Referrals to Hospital	1	1	32	6	11	2	5	58
Provision of Orientation in Case of Burns	1	-	28	6	10	2	7	54
In Case of Dogs Bites								
- Referrals of Persons to Establishment	1	1	32	6	11	2	8	61
- Animal is kept captive during 10 Days	1	-	21	2	-	1	3	28
- Animal s Behavior Observation	1	-	23	4	5	1	3	37
- Control of Visits to Bitten Persons	1	-	24	3	3	1	1	33
In Case of Deep Bleeding Wounds								
- Patient is Layed Down with Bleeding Member	1	-	31	4	4	-	3	43
- Wound is covered with Gauze and/or Clean Clotn	1	-	30	5	4	-	3	43
- Hemorrage Restrain is Tried	1	-	31	5	4	-	4	45
- Analgesics are Provided to Relieve Pain	1	-	28	5	10	1	4	49
- Referral to Establishment for Treatment	1	1	32	6	11	1	6	58
- Clamps are Applied to Close Wound	1	-	21	6	4	-	3	35

CHART No. 10 (Continued)
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT Health Sub-Component	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
	MOH	ADS	PROSAM I	CISI	APHC	CARITAS	OTHER NGOs	TOTAL
G SIMPLIFIED CARE DUE TO MORBIDITY								
In Case of Eye Diseases								
- Illustration on Prevention	1	-	24	3	10	2	3	43
- Treatment of Light Cases with Cloramphenicol	1	-	16	2	5	1	3	28
- Referral in Case of Non-Improvement	1	-	23	3	11	1	4	43
- Referral in all Cases	-	1	11	1	2	2	1	18
Aluminium Hydroxide is Provideded for Gastritis	1	-	11	4	4	1	3	24
Preventive Measures are Explained for Gastritis	1	-	24	5	10	2	6	48
Referral in Case Of Pain and Bleeding	1	-	25	5	10	1	6	48
Analgesics are Provided for Headaches	1	-	33	6	11	2	6	59
Referral After 3 Days Case of Non-Improvement	1	-	30	6	5	2	6	50
Treatment of Fungus-Caused Skin Lesions								
Treatment Explanation to Avoid Future Contagions	1	-	32	5	10	2	8	58
Illustration on Prevention of Intestinal Parasitism	1	1	34	7	11	2	9	65
Treatment of Parasitosis in Children 2 Years and	1	1	33	6	11	2	5	59
Illustration on Measures to Avoid Malaria	1	1	23	5	10	2	5	47
Referral of Persons with Suspected Malaria Symptoms	1	1	20	5	9	2	5	43
H (BASIC) ENVIRONMENTAL SANITATION								
Explanation of Sanitary Housing Conditions	1	1	34	7	11	2	8	64
Promotion of Personal Hygiene Habits	1	1	34	7	11	2	8	64
Explanation of Importance of Drinking Potable Water	1	1	33	7	11	2	7	62
Promotes Conservation of Water Sources	1	-	33	7	11	2	5	59
Explains Importance of the Protection Water Sources	1	-	33	7	9	2	5	57
Explains Ways to Potabilize Water	1	-	33	7	11	2	6	60
Illustration About Use and Maintenance of Pumps	1	-	19	4	-	1	3	28
Coordination with ANDA on Pump Maintenance Training	1	-	9	1	-	-	-	11
Identification of Homes Without Latrines	1	-	31	5	10	1	5	53
Prom of Construction Use & Maintenance of Latrines	1	1	29	5	9	2	4	51
Explanation of Contamination Danger from Excreta	1	1	32	5	10	1	6	56
Coordination of the Adquisition of Latrines	1	-	31	4	1	1	4	42
Illustration on How to Build Latrines Booths	1	-	25	5	3	1	4	39
Explaination of Measures on Garbage Elimination	1	1	34	7	11	2	8	64
Explanation of Ways to Handle Home Garbage	1	1	34	7	10	2	8	63
Illustration on Prevention and Elimanation of	1	1	32	7	11	2	7	61
Expl of Vectors Focuses Propag and Elimination	1	1	32	7	11	2	6	60

{PM

CHART No. 10 (Continued)
INSTITUTIONAL CLASSIFICATION BY DELIVERY MECHANISMS APPLIED BY CHPs, BY COMPONENTS AND SUB-COMPONENTS, ACCORDING TO THE TYPE OF INSTITUTION

COMPONENT Health Sub-Component	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
	MOH	ADS	PROSAM I	CISI	APHC	CARITAS	OTHER NGOs	TOTAL
I COMMUNITARY PARTICIPATION								
Census Elaboration of Geographical Area	1	-	33	5	7	1	6	53
Elaboration of Diagnostic With Community	1	-	33	6	10	1	5	56
Priorization of Problems with the Community	1	-	33	6	10	1	5	56
Elaboration of the Map of Risks	1	-	33	6	7	1	4	52
Discussion of Diagnostic with Community	1	-	32	6	8	1	5	53
Org of Support Commitees of Health Actions	1	-	33	6	10	1	5	56
Identification of Groups that Support Health Actions	1	-	32	6	10	1	8	58
Report About Advances Problems Health Health Plan	1	-	32	6	10	1	5	55
Promotion of Leaders Participation on Solution of Problems	1	-	32	6	10	1	6	56
Ident of Organizations & Coordination of Actions	1	-	32	6	6	1	5	51
Promotes Planning Execution, Evaluation of Projects	1	-	31	6	7	1	5	51
J DELIVERY MECHANISMS ON								
MENTAL HEALTH	1	-	7	3	9	1	1	22
REHABILITATION	1	-	7	1	1	1	1	12
COMMUNAL PARTICIPATION AND DEVELOPMENT	1	-	33	6	10	1	8	59
ALPHABETIZATION	-	-	10	3	-	1	3	17
EMPLOYMENT SKILLS TRAINING	-	-	6	2	-	-	3	11
CHILDREN S CARE	-	-	20	5	-	1	1	27
VEGETABLE HOME GARDENS	-	-	13	6	9	1	4	33
COMMUNAL MEALS (STEW-POTS)	-	-	2	1	-	-	-	3

IPM

2.1.8 Sexually Transmitted Diseases (STD)

Except for **ADS**, participation is very wide in Information, Education, Detection, and Referrals. During the Work of Investigating Contacts and their Referrals, the participation of **Promoters** descended significantly.

2 2. AIDS

Enquiries were held separately, in the **Sexually Transmitted Diseases (STD)**,

due to the relevance of this disease. Participation in this field, in general is concentrated in **Preventive Education**, as can be observed in **Chart N 10**

In short, **Actions of the Promoters in Reproductive Health** are considerably diversified, however, not all of the **Promoters** participate. The highest level of participation is observed in Information and Education about **Sexually Transmitted Diseases** (82.3%).

2.3 Child Health Care

2.3.1 Growth and Development

The **MOH** and the **NGOs** widely participate in covering this **Sub-Component** (approximately 75%). The **CHPs** of **PROSAMI** and some of **CISI, APHC** and **Other NGOs** weight and measure the children within the community. **Referrals** to health establishments are less and more selective

2.3.2 Maternal Breast-Feeding

Participation is very ample (79 4%), concentrated in the **MOH, ADS** and all the **NGOs** of **PROSAMI, CISI,** and **APHC.** It must be underlined that 1 **NGO** of **CARITAS** did not declare this information

2.3.3 Inmunizations

The task of **Vaccination** is educational and with full participation 65% of the institutions applying it, vaccinate the children of the comunity and also make **Referral** according to the case

2.3.4 Acute Respiratory Infections (ARI)

82% of the institutions take care of this morbidity in children. In Identification, Classification of Diseases and Educational **Duties,** practically all **NGOs** follow the same **Standards.** The difference can be established in Treatments The **CHPs** of the **MOH** and the **PHPs** of **ADS** intervene in Slight Infections, in other cases they make Referrals, the **Promoters** of the majority of the **NGOs** of **PROSAMI, CISI, APHC** and **Other NGOs** provide Antibiotics when the infection is Moderate or Grave; they also make Referrals. These therapeutic measures have been adopted due to the difficulties confronted for a timely fulfillment of the Referrals (Economic Conditions, Service Time Schedule, Days when Care is Given, etc.) Specifically, the participation in vigilance and attention of **Newborns** is slightly lower than in **Puerperae.** The **CHPs** of **PROSAMI** and some of **CISI, APHC** and **Other NGOs** provide **Follow-Up** and/or **Referrals** when they cannot attend them in their homes It is a case of **Acute Low Weight,** the majority make **Referrals** to hospitals.

2.3.5. Acute Diarrheic Diseases (ADS)

The majority of **Actions** for the attention of these morbidities is similar at the different institutions. Differences are observed due to the use of

Antibiotics in 26 **NGOs** of **PROSAMI**, 1 of **CISI**, 2 of **APHC**, and 3 of **Other NGOs**, that is, 47% of the institutions It draws attention one's attention that 6 **NGOs**, including 5 of **PROSAMI**, reported use of **Antidiarrheics**, when the **Norms** of **PROSAMI** forbid them; it follows that they must obtain them from other sources.

2 4. Oral Health

The greater participation in this **Sub-Component** (47%) is appreciated in Explanation of Preventive Measures, but, in other **Actions** (Brushing Techniques and/or Fluoride Application) the participation is much lower. Even in cases of morbidity, the participation is not wide.

2.5. Nutrition

The word of the **Promoters**, in general, is focused on the **Identification of the Child with Risk of Malnutrition**. This last **Action** is not carried out by the **MOH**, **ADS**, and **CARITAS**; they only provide guidance to the mothers and make **Referrals**. The set of **Actions** of the **CHPs** of **PROSAMI**.

2.6 First Aid

ADS and **CARITAS** are the two institutions with the least participation in this field. In the other institucions the maximum of these **Actions** is 70 5% and the minimum is 38%

2.7. Simplified Care Due to Morbidity

The majority of **NGOs** participate in **Symptomatic Attention of Common Diseases** and make **Referrals** to the health establishments. The greatest participation is observed in Intestinal Parasites (84%), with a descending scale down to Eye Diseases Referrals (21%)

2.8. Basic Environmental Sanitation

The majority of **NGOs** (82%) word in this field The **MOH** participates in all the Actions directly related The rest of **NGOs** participate in diversified Actions of **Environmental Sanitation**, some of them participate under Work with Water Pumps, and applies to the communities that have this system of water supply.

2.9 Community Participation

The participation of the community is important in order that the word of the **Promoters** turns out to be successful. **ADS** and **CARITAS** do not intervene in none of the **Actions**. **PROSAMI** and **CISI**, on the other hand, have an organized net with the communities.

2.10 Other Subcomponents

In this residual group, besides the **MOH**, 19 **NGOs** participate in **Mental Health** and 8 in **Rehabilitation**. **PROSAMI** presents a diversified participation in these **Sub-Components** with greater or lesser number of **NGOs**. **ADS** and

CARITAS did not declare any participation. In any case, the **Actions** carried out by the **Promoters** in these fields were not declared Once more it is observed that the participation of the **Promoters** is closely linked wit the objectives, fields of work, and installed capacity of their corresponding institutions.

As a result of what has been exposed above it can be concluded that in **Attention to Pregnant Women and the Child** there is a notorious and constant participation of the **MOH**, **NGOs** of **PROSAMI**, **CISI**, **APHC**, and **Other NGOs** **ADS** gets incorporated under **Family Planning**, where **CARITAS** does not intervene and **APHC** participates mainly in Education and Development of Natural Methods. Under **Child Care** the participation of **ADS** and **CARITAS** is extremely limited. Finally, **Oral Health** is the **Component** with the least whole participation of the **Promoters** in all institutions.

3. WORK CONTEXT OF THE "PROMOTERS"

3.1. Promoters and Technical and Professional Staff

As has been expounded above, attention of rural health services by means of **Promoters** is due to the nature and technical and administrative organization of the different institutions Therefore the number and characteristics of the formation and experience of the corresponding personel depends on these elements

In the basic objetive of the investigation, in each institution the **Type of Personnel** was listed with the greatest degree of disaggregation, indentifying those thal accomplish exclusive functions of **Promoters**, in the different types prevailing (**CHPs**, **PHPs**, **CRDs**, and **Volunteers**). The aggregate results for each of the **Sub-Universes** considered here are presented in **Charts N. 11.A to 11.E.** Due to reasons that can be attributed to its own work, **CARITAS** did not give data about the functional distribution and the technical-professional characteristics of its staff.

3.1.1. MOH

As explained above, the **MOH** applies it own organization structure for the provision of health services at the community level. Until the decentralization process at a **Departmental Level**, the **Health Regions** were responsible o the functioning of the establishments at a **Local Level**, presently, the new **Departamentals Headquarters** have already assumed this same function, within their geographical boundaries

What is a fact is that the **CHPs** are assigned according to the health establishments located in the **Municipality** to which the **County** where they give services belong. Their **Administrative Relations at a Local Level and the Basic Characteristics** already described (**Numbers 1.1.3 and 1.1.4**, of **Section 1, Chapter III**). Various appreciations emerge here.

- There 1438 **CHPs** registered as of May 31, 1995, have been selected by

Community Health Staff at a Regional Level, with **Criteria, Requirements, and Conditions**, of the **MOH**. The **CHPs** accomplish their exclusive functions with specialized trainning.

- The **CHPs** have **Specific Supervisors** that have been selected by the **Comunity Health Staff at a Regional Level**, applying their own **Requirements**. This time, the training is given to them at a **Central Level** and they are required to give it full dedication.

- Due to the **"horizontal"** organization of the work of the **CHPs**, the rest of the **Community Health Staff** participates simultaneously in other activities This does not eliminate the work-structure that has been operating, that is, a professional-technical-administrative group at a **Central Level** to attend **Community Health**, and another group at a **Regional Level** directly related with the control and follow-up of the work of the **CHPs** in the rural communities.

These changes can have effects in the application of the activities of the **CHPs** to cover the **Community Health Services**. However, this investigation reiterates the commentaries made above

3.1 2. ADS

The figures in **Chart 11.A** identify the 1472 **Promoters** (**PHP** and **CRD**), 1360 of which are Females all of them at **Part Time**, and 112 are Males. All are full time workers and are identified as such. No information was available regarding **4 PHP** and **4 CRD** to reach a total of 1480 workers.

The **PHPs** and **CRDs** are integrated to the **ADS Rural Program**, counting with support of an **Ad-Hoc Technical and Administrative Organization**, classified as follows:

- Management and Secretariat, 6 officers.

- 1 Medical Advisor and 1 Institutional **Promoter**.

- 4 Regional Supervisors (Western, Paracentral, Central, and Eastern)

- 4 Supervision Teams per Region, consisting of 1 Nursery Assistant and 1 Supervisor of **Promoters**.

- Each Supervision Team is responsible for about 65 **PHP** and 25 **CRD**.

According to the information collected, the **Rural Program** of **ADS** has undergone substantial changes. A major change is the elimination of the concept of **PHP** to adopt only that of **Voluntary**. Undoubtedly new strategies will be defined and applied in relation to the incentives for the new **Volunteer Promoters**, who will foster an efficient work in the near future.

CHART N 11 A
CLASSIFICATION OF PERSONAL, BY TYPE, SEX AND WORK CONDITIONS (PART TIME, FULL TIME)
INSTITUTION : ADS

TYPE OF PERSONAL	NUMBER OF PERSONS IN THE SEX AND WORK RANGE INDICATED								
	BOTH SEXES			MALE			FEMALE		
	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME
TOTAL	1,516	1 472	44	134	112	22	1 382	1,360	22
EXCLUSIVELY PROMOTERS	1 472	1 472	0	112	112	0	1 360	1 360	0
ADMINISTRATIVE PERSONAL	6	0	6	0	0	0	6	0	6
Managment	1	0	1	0	0	0	1	0	1
Secretary	5	0	5	0	0	0	5	0	5
DOCTORS	1	0	1	1	0	1	0	0	0
NURSE s AUXILIARIES	16	0	16	0	0	0	16	0	16
CHP SUPERVISORS	16	0	16	16	0	16	0	0	0
REGIONAL SUPERVISORS	4	0	4	4	0	4	0	0	0
INSTITUTIONAL PROMOTER	1	0	1	1	0	1	0	0	0

IPM

3.1.3. PROSAMI

The figures given on **CHART 11.B** show the distribution of all the **Technical-Administrative Personal** in the 34 **NGOs** affiliated to **PROSAMI** Of the total, 46 6% works **Part Time**, among them, 132 **Promoters** (20.8%). It must be said that not all **Technical-Administrative Personal** belong to the **PROSAMI Program**, one part financed from other sources and for other objectives is included **PROSAMI** only includes 1 **Executive Director** (**Part Time**), 1 **Coordinator** (**Full Time**), 1 **Supervisor** for each 5 to 6 of their **CHPs** (**Full Time**) and 1 **Accountant.** In some **NGOs**, **PROSAMI** also has 1 **Administrator** and several **Health Copromoters** (**Full Time**). In all of **PROSAMI NGOs**, their **CHP Program** is conducted and supervised by **Technical Personal**, most of it with university education.

The **Administrative** and **Technical Personal** condition is identified, in both categories exist personal at **Part Time** and **Full Time**, with 87 2% of **Technical Personal** In the **Administrative Personal** the one that has relation, direc or indirect, with the **Promoters** is included, as can be appreciated in tne **Board of Directors** item.

The number of **Volurteers** and persons that integrate **Commitees-Commissions** is significative, these persons are positive colaborators of the **CHPs**, at community level. In reality, it not easy to obtain **Volunteers** at **Full Time**

3.1.4. CISI (Chart N_ 11.C)

Of the 623 of **CISI** functionaries, 441 are **Volunteers** (70.8%), with **Part Time** dedication (74 1%), with no major differences by **Sex.** In the **Administrative Personal**, the situation is different 74.6% works at **Full Time.** Similar to **PROSAMI**, is determinant the **Professional Personal** In the conduction of the **Promoters, Full Time** being predominant (75%).

Also **CISI** personal include **Volunteers** and **Commitees-Commissions** that could be interpreted as colaborators to their **Promoters.**

Is important to clarify thar the refferred figures of **CISI** do not include personal of the 13 **NGOs** that are affiliated to **PROSAMI** also.

3.1.5. APHC

Of the personal total, 58% are **Volunteer Promoters**, according to the figures of **Chart N. 11.D**, of them 11 8% work **Full Time.** Of the 27 functionaries left, 6 work in the **Administrative Area** and 21 in the **Technical Area** with the **Promoters**; 3 of them only, work **Part Time.**

3.1.6. Other NGOs

Chart N. 11.E totalizes 753 **Promoters**; 64% function at **Part Time** In reality, in these **NGOs** there is some information missing about a small group of **Promoters** (36).

In the **Administrative Personnel**, the Part-Time workers form the **Board of Directors** and 1 **President**, constituting 30% of the **Technical Personnel**, of which the majority (88.3%) work **Full Time.** The **Volunteers** that work **Part Time** are also included.

CHART N. 11.B
CLASSIFICATION OF PERSONNEL, BY TYPE, SEX AND WORK CONDITIONS (PART TIME, FULL TIME)
INSTITUTION : PROSAMI (34 ONGs)

TYPE OF PERSONNEL	NUMBER OF PERSONS IN THE SEX AND WORK RANGE INDICATED								
	BOTH SEXES			MALE			FEMALE		
	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME
TOTAL	4 941	2 303	2,638	1 763	819	944	3,178	1 484	1 694
EXCLUSIVELY PROMOTERS	633	132	501	218	38	180	415	94	321
ADMINISTRATIVE PERSONAL	397	83	314	196	41	155	201	42	159
Managment	18	1	17	10	1	9	8	0	8
Directorship	30	5	25	12	3	9	18	2	16
Subdirectorship	3	0	3	1	0	1	2	0	2
Administrator	27	2	25	17	2	15	10	0	10
Presidency	17	5	12	10	3	7	7	2	5
Board od Directors	141	57	84	67	26	41	74	31	43
Secretary	44	3	41	4	0	4	40	3	37
Accounting	61	2	59	34	0	34	27	2	25
Computation	16	5	11	8	4	4	8	1	7
Transportation	23	1	22	23	1	22	0	0	0
General Services	17	2	15	10	1	9	7	1	6
DOCTORS	78	8	70	47	5	42	31	3	28
NURSES	25	0	25	5	0	5	20	0	20
NURSES AUXILIARIES	17	0	17	3	0	3	14	0	14
SOCIAL WORKERS	21	0	21	1	0	1	20	0	20
HEALTH INSPECTORS	7	0	7	6	0	6	1	0	1
MOTHER-CHILD TECHNOLOGIST	19	0	19	2	0	2	17	0	17
VOLUNTEERS	2 113	1 043	1 070	611	308	303	1 502	735	767
COMMITEES - COMISSIONS	1 473	1 026	447	595	418	177	878	608	270
CHP SUPERVISORS	61	2	59	16	1	15	45	1	44
COORDINATOR	12	1	11	2	0	2	10	1	9
AGRONOMOCAL ENGINNERSS	22	7	15	22	7	15	0	0	0
PHSYCOLOGISTS	5	0	5	2	0	2	3	0	3
SOCIOLOGY TEACHERS	2	0	2	1	0	1	1	0	1
NUTRIONISTS	9	0	9	9	0	9	0	0	0
EDUCATORS	40	1	39	26	1	25	14	0	14
ECHOTECNOLOGISTS	2	0	2	1	0	1	1	0	1
PROMOTIONAL AREA CHARGEE	4	0	4	0	0	0	4	0	4
VOCATIONAL WORKSHOP INSTRUCTOR	1	-	1	0	0	0	1	0	1

CHART N. 11.C
CLASSIFICATION OF PERSONNEL, BY TYPE, SEX, AND WORK CONDITIONS (PART TIME, FULL TIME)
INSTITUTION CISI (7 ONGs)

TYPE OF PERSONAL	NUMBER OF PERSONS IN THE SEX AND WORK RANGE INDICATED								
	BOTH SEXES			MALE			FEMALE		
	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME
TOTAL	623	373	250	308	181	127	315	192	123
EXCLUSIVELY PROMOTERS	441	327	114	230	156	74	211	171	40
ADMINISTRATIVE PERSONAL	75	19	56	50	15	35	25	4	21
Managment	4	0	4	3	0	3	1	0	1
Directorship	3	0	3	2	0	2	1	0	1
Subdirectorship	1	0	1	1	0	1	0	0	0
Administrator	3	0	3	3	0	3	0	0	0
Presidency	1	0	1	1	0	1	0	0	0
Board od Directors	12	5	7	6	3	3	6	2	4
Secretary	8	0	8	2	0	2	6	0	6
Accounting	7	0	7	4	0	4	3	0	3
Computation	10	4	6	5	3	2	5	1	4
Transportation	15	9	6	15	9	6	0	0	0
General Services	11	1	10	8	0	8	3	1	2
DOCTORS	20	9	11	11	4	7	9	5	4
NURSES	4	0	4	0	0	0	4	0	4
NURSE s AUXILIARIES	15	0	15	3	0	3	12	0	12
SOCIAL WORKERS	7	3	4	0	0	0	7	3	4
MOTHER-CHILD TECHNOLOGIST	2	0	2	0	0	0	2	0	2
VOLUNTEERS	25	15	10	6	6	0	19	9	10
COMMITEES - COMISSIONS	22	0	22	0	0	0	22	0	22
CHP SUPERVISORS	1	0	1	0	0	0	1	0	1
AGRONOMOCAL ENGINNERSS	6	0	6	6	0	6	0	0	0
NUTRIONISTS	1	0	1	0	0	0	1	0	1
ECOTECHNOLOGISTS	2	0	2	0	0	0	2	0	2
HEALTH EDUCATION B S	2	0	2	2	0	2	0	0	0

CHART N. 11.D
CLASSIFICATION OF PERSONNEL, BY TYPE, SEX AND WORK CONDITIONS (PART TIME, FULL TIME)
INSTITUTION APHC (11 ONGs)

TYPE OF PERSONNEL	NUMBER OF PERSONS IN THE SEX AND WORK RANGE INDICATED								
	BOTH SEXES			MALE			FEMALE		
	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME
TOTAL	65	38	27	20	14	6	45	24	21
EXCLUSIVELY PROMOTERS	38	34	4	12	11	1	26	23	3
ADMINISTRATIVE PERSONNEL	6	1	5	2	1	1	4	0	4
Directorship	2	1	1	2	1	1	0	0	0
Administrator	2	0	2	0	0	0	2	0	2
Secretary	2	0	2	0	0	0	2	0	2
DOCTORS	5	3	2	3	2	1	2	1	1
NURSES	2	0	2	0	0	0	2	0	2
NURSE s AUXILIARIES	3	0	3	0	0	0	3	0	3
SOCIAL WORKERS	1	0	1	0	0	0	1	0	1
HEALTH INSPECTORS	1	0	1	1	0	1	0	0	0
MOTHER-CHILD TECHNOLOGIST	1	0	1	0	0	0	1	0	1
PHSYCOLOGISTS	1	0	1	0	0	0	1	0	1
PROMOTIONAL AREA CHARGEE	1	0	1	0	0	0	1	0	1
INSTITUTIONAL PROMOTER	5	0	5	2	0	2	3	0	3
MECHANICS	1	0	1	0	0	0	1	0	1

IPM

CHART N. 11.E
CLASSIFICATION OF PERSONNEL, BY TYPE, SEX AND WORK CONDITIONS (PART TIME, FULL TIME)
INSTITUTION OTHER NGOs (11 ONGs)

TYPE OF PERSONNEL	NUMBER OF PERSONS IN THE SEX AND WORK RANGE INDICATED								
	BOTH SEXES			MALE			FEMALE		
	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME	TOTAL	PART TIME	FULL TIME
TOTAL	1 017	630	387	555	238	317	462	392	70
EXCLUSIVELY PROMOTERS	753	485	268	429	165	264	324	320	4
ADMINISTRATIVE PERSONNEL	86	20	66	42	12	30	44	8	36
Managment	12	0	12	6	0	6	6	0	6
Directorship	3	0	3	2	0	2	1	0	1
Subdirectorship	3	0	3	2	0	2	1	0	1
Administrator	3	0	3	1	0	1	2	0	2
Presidency	2	1	1	1	1	0	1	0	1
Board od Directors	32	19	13	16	11	5	16	8	8
Secretary	9	0	9	1	0	1	8	0	8
Accounting	7	0	7	4	0	4	3	0	3
Computation	4	0	4	1	0	1	3	0	3
Transportation	5	0	5	4	0	4	1	0	1
General Services	6	0	6	4	0	4	2	0	2
DOCTORS	16	1	15	13	0	13	3	1	2
NURSES	10	2	8	0	0	0	10	2	8
NURSE s AUXILIARIES	6	0	6	0	0	0	6	0	6
SOCIAL WORKERS	6	0	6	2	0	2	4	0	4
HEALTH INSPECTORS	4	0	4	2	0	2	2	0	2
MOTHER-CHILD TECHNOLOGIST	2	0	2	0	0	0	2	0	2
VOLUNTEERS	118	118	0	59	59	0	59	59	0
SUPERVISORS OF THE CHPs	3	0	3	2	0	2	1	0	1
COORDINATOR	6	2	4	3	1	2	3	1	2
ECONOMIST	1	0	1	0	0	0	1	0	1
CHEMICAL PHARMACEUTICALS	1	0	1	0	0	0	1	0	1
LABORATORY TECHNICIANS	1	1	0	0	0	0	1	1	0
ODONTOLOGISTS	4	1	3	3	1	2	1	0	1

IPM

3.2. Distribution of the Work of the Promoters

As a principle, the work relation of the Promoter begins with his acquaintance with the Community, the basic tools is to make a **Census.** With this information he elaborates a **Diagnostic of the Community** and **Risk Map,** generally with help from the **Supervisor.**

As has been characterized, the **Actions of the Promoter** are oriented mainly to the binomial **Mother-Child** and **Environmental Health**, in addition, he convers other Population groups. From here that his **Diagnostic** includes all families that are subjects of care, with emphasis in Children Less than Five Years, Pregnant Women and Women in Child Bearing Age. Finally, the **Diagnostyc** includes other Conditions Signifying risk for the health of the family and/or the Community.

In that relation, **Chart N. 12** classifies the **answers of the Sub-Samples of the CHPs of MOH** and **PROSAMI** and the **PHP** of **ADS**. The majority base their activities on the **Census and Diagnostic of the Community**, whether elaborated or to be elaborated by the **Promoter**, before the initiation of his functions and/or during its exacution.

With the collected information, the **Promoter** plannifies his activities for a determined time The **MOH, ADS, NGOs** from **PROSAMI** and the majority of **NGOs**, generally do it for a **Monthly Periodicity** Notwithstanding, some dispersion is presented in **Chart N. 13**, from **Monthly Periodicity** to **Triennial; Chart N. 14** details the **Basic Criteria** that applies to the institutions, when assigning **Time** to their **Promoters**. With the consideration of this data it must be interpreted that the time assigned for the different **Services**, is definitely not imposed by the institution; it is determined by the **Promoter** himself, according to the specific conditions of his **Community Diagnostic**

In any case, each institution has its own work conditions, with indication of **Forms of Rendering Services (Home Visits, Permanent Headquarters and/or Domicile of Promoter)** and assignation of **Ranges of Activities Tables 15.A to 15.F of Annex N. 9** detail this type of information for **MOH, ADS, 34 NGOs of PROSAMI, 7 of APHC, 5 of CISI and 7 of Other NGOs**; from this data some aspects considered relevant are highlighted

3.2.1 MOH

The **MOH**, institutionally, applies an assignation to each **CHP**, without **Sexual Discrimination**, depending on his diagnostic and the risks identified within the population, and on his planning and priorization of tne risks. His **Form of Work** is the **Home Visit**, with the following ranks:

-	No of Daily Work Hours:	8
-	No of Weekly Working Days:	5
-	No of Daily Home Visits:	8
-	No. of Monthly Visits to Health Establishmentes or Headquarters:	1
-	No. of Assigned Persons	1,000
-	No of Assigned Families:	200
-	No of Assigned Homes·	200

CHART N. 12
NUMBER OF PROMOTERS, BY SEX AND CONDITION OF CENSUS REALIZED IN THE COMMUNITY, AS PER INSTITUTION

SEX / CONDITION OF CENSUS REALIZED IN THE COMMUNITY	N of Promoters in the Indicated Institution							
	TOTAL		MOH		ADS		PROSAMI	
	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)
BOTH SEXES	503	100 0	243	100 0	121	100 0	139	100 0
-Already There Was a Community Census	132	26 2	33	13 6	48	39 7	51	36 7
-Made Census Before Offering Services	227	45 1	115	47 3	46	38 0	66	47 5
-Made Census When Services Already Offered	331	65 8	161	66 3	76	62 8	94	67 6
-Included Health Diagnostic Diagnostic	440	87 5	224	92 3	94	77 7	122	87 8
MALE	201	100 0	130	100 0	8	100 0	63	100 0
-Already There Was a Community Census	38	18 9	16	12 3	4	50 0	18	28 6
-Made Census Befor Made Services	102	50 8	69	53 1	4	50 0	29	46 0
-Made Census When Services Already Offered	132	65 7	82	63 1	4	50 0	46	73 0
-Included Health Diagnostic Diagnostic	179	89 1	119	91 5	7	87 5	53	84 1
FEMALE	302	100 0	113	100 0	113	100 0	76	100 0
-Already There Was a Community Census	94	31 1	17	15 0	44	38 9	33	43 4
-Made Census Before Offering Services	125	41 4	46	40 7	42	37 2	37	48 7
-Made Census When Services Already Offered	199	65 9	79	69 9	72	63 7	48	63 2
-Included Health Diagnostic	261	86 4	105	92 9	87	77 0	69	90 8

Source Sampling Inquest Applied to Selected CHPs of MOH ADS and PROSAMI

CHART N. 13
BY PERIODICITY OF THE PROGRAMMING OF THE PROMOTERS ACTIVITIES
CLASSIFIED LIST OF NGOs THAT RENDER HEALTH SERVICES

N_	INSTITUTION	PERIODICITY OF THE PROGRAMMING OF THE PROMOTERS ACTIVITIES						
		WEEKLY	BI-WEEKLY	MONTHLY	QUARTERLY	YEARLY	DAILY	TRIANNUAL
1	OLOF PALME			YES				
2	PDO			YES				
3	FUNDEPRENS			YES				
4	CFMF	YES						
5	ASIPES	YES		YES				
6	PROGRESO	YES	YES	YES	YES			YES
7	KONRAD ADENAUER	YES						
8	CLINIC CHILTIU	YES	YES					
9	C SAN MARCOS			YES				
10	CRISTO REY	YES				YES		
11	AMCS			YES				
12	CARITAS S ANA			YES				
13	CARITAS ZACATE		YES					
14	SFDWC			YES	YES	YES		
15	AGAPE	YES		YES		YES		
16	GREEN CROSS			YES				YES
17	FUNSODESA			YES				
18	COMUS	YES		YES		YES		
19	OEF			YES		YES		
20	CODELUM			YES				
21	TAZUMAL	YES		YES				
22	NCSW	YES		YES				
23	FUNDESO	YES		YES				
24	SAPTD	YES		YES	YES	YES		
25	SPRHA			YES				
26	ADEMUSA	YES	YES	YES	YES	YES		
27	AFHD	YES		YES	YES	YES	YES	
28	CJD	YES	YES	YES				
29	APSAW			YES				
30	ADS			YES				
31	SAID	YES		YES			YES	
32	CALMA			YES		YES		
33	SWO	YES		YES		YES		
34	MFHD			YES	YES	YES	YES	
35	AMS			YES				
36	CCC		YES					
37	CIRES			YES	YES	YES		
38	SAPH	YES	YES	YES	YES	YES		

IPM

CHART N. 13 (Continued)
BY PERIODICITY OF THE PROGRAMMING OF THE PROMOTERS ACTIVITIES
CLASSIFIED LIST OF NGOs THAT RENDER HEALTH SERVICES

N	INSTITUTION	PERIODICITY OF THE PROGRAMMING OF THE PROMOTERS ACTIVITIES						
		WEEKLY	BI-WEEKLY	MONTHLY	QUARTERLY	YEARLY	DAILY	TRI-ANNUAL
39	SAHP	YES		YES				
40	SARESP	YES						
41	MADRE-CRIA			YES	YES	YES		
42	VMES			YES	YES			
43	APHC					YES		YES
44	AFPINT			YES		YES		
45	CLINICA SAGRADO							
46	ASCP	YES		YES				
47	FSMSSW			YES				
48	CODECUS			YES	YES	YES		YES
49	ALFALIT		YES		YES			
50	ASEI			YES		YES		
51	IAD	YES		YES	YES	YES		
52	PDCMSM			YES				
53	CODECA			YES				
54	KNAPP FOUNDATION			YES		YES		
55	SLA			YES				
56	COSDECSAM	YES		YES				
57	PRO-VIDA			YES				
58	SFHSP			YES				
59	NASI			YES				
60	P SN JACINTO			YES				
61	CARITAS SONSON			YES				
62	P INMACULADA	YES		YES				
63	P SNTA LUCIA			YES				
64	P SN SEBASTIAN			YES				
65	P SN ANTONIO			YES				
66	P SNTA MARIA			YES				
67	P SN BARTOLOME			YES				
91	MOH	YES		YES	YES	YES		YE

IPM

CHART N. 14
CLASSIFIED LIST OF NGOs THAT PROVIDE HEALTH SERVICES BY BASIC CRITERIA APPLIED ON THE ASSIGNATION OF THE TIME OF PROMOTERS

N	INSTITUTION	BASIC CRITERIA THAT THE INSTITUTION APPLIES FOR THR ASIGNATION OF TIME				
		DO NOT ASSIGN TIME	PROMOTER S DIAGNOSTIC	COMMUNITARY DEMAND	EPIDEMIOLOGIC PROFILE	INSTITUTION S PROGRAMS
1	OLOF PALME		YES	YES		YES
2	PDO					YES
3	FUNDEPRENS		YES		YES	YES
4	CFMF	X				
5	ASIPES	X				
6	PROGRESO		YES	YES	YES	YES
7	KONRAD ADENAUER	X				
8	CHILTIUPAN CLINIC	X				
9	C SAN MARCOS	X				
10	CRISTO REY	X				
11	AMCS		YES	YES	YES	YES
12	CARITAS S ANA	X				
13	CARIYTA ZACATE	X				
14	SFDWC		YES	YES	YES	YES
15	AGAPE	X				
16	GREEN CROSS	X				
17	FUNSODESA			YES		
18	COMUS		YES	YES	YES	YES
19	OEF		YES	YES	YES	YES
20	CODELUM		YES	YES		
21	TAZUMAL	X				
22	NCSW	X				
23	FUNDESO		YES	YES	YES	YES
24	SAPTD		YES	YES	YES	YES
25	SPRHA	X				
26	ADEMUSA		YES	YES	YES	YES
27	AFHD		YES	YES	YES	YES
28	CJD	X				
29	APSAW	X				
30	ADS	X				
31	SAID		YES	YES	YES	YES
32	CALMA		YES	YES	YES	YES
33	SWO	X				
34	MFHD		YES	YES	YES	YES
35	AMS	X				
36	CCC	X				
37	CIRES		YES	YES	YES	YE

CHART N 14 (Continued)
CLASSIFIED LIST OF NGOs THAT PROVIDE HEALTH SERVICES BY BASIC CRITERIA APPLIED ON THE ASSIGNATION OF THE TIME OF PROMOTERS

N	INSTITUTION	BASIC CRITERIA THAT THE INSTITUTION APPLIES FOR THR ASIGNATION OF TIME				
		DO NOT ASSIGN TIME	PROMOTER S DIAGNOSTIC	COMMUNITARY DEMAND	EPIDEMIOLOGIC PROFILE	INSTITUTION S PROGRAMS
38	SAPH		YES	YES	YES	YES
39	SAHD	X				
40	SARESP	X				
41	MADRE-CRIA		YES	YES	YES	YES
42	VMES	X				
43	APHC	X				
44	AFPINT		YES	YES	YES	YES
45	CLINICA SAGRADO	X				
46	ASCP	X				
47	FSMSSW	X				
48	CODECUS	X				
49	ALFALIT	X				
50	ASEI	X				
51	IAD		YES	YES	YES	YES
52	PDCMSM		YES	YES	YES	YES
53	CODECA	X				
54	KNAPP FOUNDATATION	X				
55	SLA		YES	YES		YES
56	COSDECSAM	X				
57	PRO-VIDA	X				
58	SFHSP	X				
59	NASI	X				
60	P SN JACINTO	X				
61	CARITAS SONSON	X				
62	P INMACULADA	X				
63	P SNTA LUCIA	X				
64	P SN SEBASTIAN	X				
65	P SN ANTONIO	X				
66	P SNTA MARIA	X				
67	I SN BARTOLOME	X				
91	MOH	X				

IPM -

Nevertheless, the declarations of the interviewed **CHP** lead to a somewhat different classification In first place, they ratify the **Way of Work** through the **Home Visit**, without distinction to **Sex**, but, a representative 74 9% declared that they also realize **Work at Their Home.** On the **Work Hours the CHP** declared thus 95% from **31 to 40 Weekly Hours; 5%, more tha 40 Weekly Hours** On the **Beneficiaries Asignation, Sex** is not determinant; the relative distribution declared is the folllowing:

Groups of Persons	Percentages (%)	Groups of Families	Percentages (%)
Total	100 0	Total	100.0
300 to 599 :	8 8	60 to 119	10 7
600 to 999 :	29.2	120 to 199	35 0
1,000 to 1499 :	28.4	200 to 299	25 9
1,500 and More	33.7	300 and More	28 4

At the margin of classic **Sampling Errors**, important differences are observed between both sources of information. For example, the answers of the interviewed **CHPs** appear to be close to the reality of their work, with decided influence from the intrinsic characteristics of the communities, in relation with demographic and geographic size, as the concentration and/or dispersion of the homes.

3.2.2. ADS

Although the **IHPs** and **CDRs** are predominantly of the **Femenine Sex**, the **ADS** does not establish differences by **Sex** in the **Range of Activities** Thus, the **PSPs** work through **Home Visits** and the **DRCs** develop **Work at Home**, both working **Part Time**, with the following ranks:

RANGES	PHP	CDR
- No. of Daily Work Hours :	4	2
- No. of Weekly Work Days :	5	7
- No. of Daily Home Visits .	7	0
- No. of Weekly Visits to Headquarters	1	0
- No of Assigned Persons .	1,000	375
- No. of Assigned Families :	200	75
- No. of Assigned Homes :	200	75

For **ADS** only one **Sub-Sample** of **PHP** was selected and interviewed Their answers ratify the Home Visit, without distinction as to Sex, nevertheless, 62% added **Work at Home.** About **Work Hours**, 95% of the **PHP** declared **20 Weekly Hours**, the misaing 5%, more than **20 Weekly Hours** On the asignation of **Beneficiaries**, the **PHP** declared the following distribution:

Groups of Persons	Percentages (%)	Groups of Families	Percentages (%)
Total	100.0	Total	100 0
300 to 599	28.9	60 to 119	30 6
600 to 999	28.2	120 to 199	27 2
1,000 to 1499 :	23.1	200 to 299	24 8
1,500 and More	19.8	300 and More	17.4

The same as with the **MOH**, the data from the **PHP** results more realistic, always relating the different demographic and geographic sizes, within a larger or lesser concentration and/or dispersion of homes; for this reason; the displacement times are differents.

3.2.3. PROSAMI

The results of the **Table 15 C of the Annex N. 9**, evidence differencial assignations in the **Ways of Work** and the **Work Ranges** of the **CHPs**, within the **34 NGOs** of the **PROSAMI** The most important aspects can be summarized as follows:

- The **34 NGOs** have **Remunerated CHPs**, of which 3 work with **Volunteers.** (20), **SPRHA** (30) and **SAPH** (76).

- Even though no preference for **Sex** is evidenced within the **CHPs**, 5 **NGOs** have only **Female CHPs: AMC** (10), **NCSW** (10), **ADEMUSA** (10) **CALMA** (10) and **IAD** (10).

- The distribution of **Work Modalities** is: **34 NGOs** with **Remunerated CHPs** work **Full Time.** 2 declared working, with **Volunteers, Part Time SPRHA** and **SAPH.**

- **CHPs** covers the **3 Modalities** the **34 NGOs** make **Home Visits**; 19 work at their **Headquarters** and 15 in the **Domicile** of the **CHPs.** Making combinations, 11 **NGOs** work through **Home Visits** and **Permanent Headquarters**; **6 NGOs** through **Home Visits** and the **CHPs Domicile**, and **9 NGOs** cover all **3 Modalities.**

- In relation to the abovesaid items, **Work Schedules** vary between 2 and 10 daily hours, with a Weekly Frequency between 4 and 7 days.

- The combined application of the summarized items, points to a heterogeneous assignation of **Beneficiaries.** Thus the **Assigned Persons** oscillate between a minimun of 450 and maximum of 1200. Keeping the pertinent relation, the **Assigned Families** vary, amply, between 50 and 345, the same ocurr withthe **Assigned Homes**, (between 45 and 300).

- Finally, the **Daily Home Visits** of the **CHPs**, coordinating **Modalities, Ways** and **Work Assignations**, vary between 3 and 12, with specific irregularities in some **NGOs**.

In relation with the aspects commented, is interesting to note the direct answers of the interviewed **CHP** in the **Sub-Sample** of the **34 NGOs** of **PROSAMI**

The application of all 3 **Work Ways** is effectively proved, with predominance of the **Home Visit** that all **CHPs** realize, without distinction to **Sex** The **Weekly Hours Worked** are distributed thus 31 to 40, 75 % and More than 40, 24 5% The different assignation of **Persons** and **Families** is also proved

Groups of Persons	Percentages (%)	Groups of Families	Percentages (%)
Total	100.0	Total	100 0
300 to 599 :	15 8	60 to 119	20 1
600 to 999 :	36 0	120 to 199	39 6
1,000 to 1499	36 0	200 to 299	29.5
1,500 and More	12.2	300 and More	10.8

Always in relation to the consideration of the **Confidence Limits** that determine the **Sample Errors**, the resulting coherence of the numbers commented in the two fountains of information, is satifactory. Here also the diferentials observed between the **34 NGOs** keeps close relation with the traveling time of the **CHPs**, in function of the demographic and geographic sizes of the communities and the spatial distribution of the beneficiary population.

In relation with the points that have been treated, it should be noted that only 28 **NGOs** (20 of **PROSAMI** and 4 of **Other ONGs**) gave information regarding the distribution of **Weekly Hours for Services**, and it is not sufficiently clear if the declared amounts of time have been previously assigned by the planning of each **NGO** or if they are the product of the initiative of their **Promoters**, during a determined period Considering the precedent commentaries, it seems that the results detailed in **Table 16 of Annex N_ 9** obey more to the activities already realized by the **Promoters.** In any case, this data has some relation with the real coverage of **Services**, in function of objetives, nature, scope and availability of resources of all types of the different **NGOs**

Only as a generic reference, in **Table 16** it can be observed that the maximum percentages of **Weekly Hours for Services** concentrates in **Child Care** (maximums of 40 0% in **SAPTD**, 40.0% in **PROGRESO**, and 45.0% in DHU),

Reproductive Health (20 0% in AMCS, COMUS, OEF and MADRE CRIA), **Participation and Community Development** (PADECOMSM, 20.0%, and ADEMUSA, 20 0%). Afterwards and by their order, **Nutrition, Family Planning and Morbidity (Simplified) Attention** The lower levels are found in **Sexually Transmitted Diseases** and **AIDS**

Summarizing, although the commented data refers to only 24 **NGOs** (20 of **PROSAMI**), it determines the general framework of intensity with which the **Health Services** are rendered by the **Promoters.**

3.2.4. APHC, CISI and Other NGOs

The information regarding **7 NGOs of APHC, 5 of CISI and Other 7 NGOs** is detailed in **Tables 15.D, 15.E and 15.F of Annex 9**, respectively This group of **NGOs** keeps a series of similar characteristics, in relation to **Modalities, Forms and Ranks of Work** Some outstanding aspects are

- The majority (16 **NGOs**) work **Part Time**, with predominance of **Volunteers**, without any specific difference in relation to **Sex.** Very few **Volunteers** receive any compensation and/or retribution for their work, such is the case of **3 Full Time Institutional Promoters** of **CJD, 1 Full Time Promoter of OLOF-PALME** and 10 **Promoters** that receive stimulus from **FUNSODESA** for the collection of **garbage** (5 **Part Time** and 5 **Full Time**).

- **Home Visit** is the domineering **Work Form** (17 **NGOs**), with some combinations with the **Permanente Institutional Headquarters** (6 **ONGs**) and Work inf the **Domicile of Promoters** (9). Only 4 **NGOs** work in the **Three Forms.**

  The **Rank of Activities** varies widely, as can be observed in the following summary:

  - No of Daily Working Hours : Between 1 and 8 (the Majority 1 and 2)
  - No of Weekly Working Days : Between 1 and 7 (the Majority 1 and 2)
  - No of Daily Home Visits : Between 1 and 5 (the Majority 1 and 2)
  - No of Assigned Persons : Between 150 and 1500
  - No of Assigned Families : Between 25 and 400

As can be deduced, with the scarce available data the integral behaviour of the **Sub-Universes** of **APHC, CISI** and **Other NGOs** cannot be established, with the additional difficulty of very differenciated sizes of the **Promoters** per **NGO** (between 1 and 200). From here it is preferable to consider each **NGO** independently.

3 3. <u>Specific Actions Authorized to Promoters</u>

Regarding this point, the institutions were asked to give a brief description of the **Specific Actions** that the **Promoters** can realize, when

authorized in each one of the services that they render to the community, the question included in **Form-1** was an open question.

In relation with the **Work Context**, an open question was made to know the **Authorizations** that the different institutions give to their **Promoters**. In **Specific Actions**, the answers that were obtained are detailed in **Table 17 of Annex N. 9**. In these results it could be interpreted that the institutions develop determined activities in the services they render to the community; but not all **Actions** required by the activites are authorized to the **Promoters** In the 68 **NGOs**, the majority of authorizations is given in **Prenatal Care, Care of Puerperae and Newly Born** (40), **Growth Contral and Development** (39), **Reference to Patients** (35), **ARI** (31) and **Community Participation** (30).

The summarized behaviour keeps close relation the the **Components and Sub-Components of Health Services** covered by the different **NGOs**; nevertheless, the frequencies of **Specific Authorized Actions** are of low intensity, which leads us to think of the influence of the differential aspects of formation, experience and specific training, as well as their different **Forms and Ranges of Work**.

3 4. Provision of Expendables, Medicines and Expendable Materials

3.4.1. MOH

At the initiation of his work, the **CHP** of **MOH** receives, in the corresponding health establishment, **Uniform, Shoes, Identity Card, Backpack, Locker, Desk, File and Manual**. Through a special program, a determined group of **CHPs** has received a **Hanging Child Scale**. On the other side, in order to perform, the **CHPs** of the **MOH** receive **Medicines, Expendable Materials, Educational Material and Stationery**. The **periodicity** of the deliveries is as follows **Equipment** is given only once; the **Uniform** is replaced every year; **Medicines and Expendable Materials**, every 15 days, **Stationery**, every month, and **Educational Material**, every 3 months. All the detail about **Medicines and Expendable Materials** is included in **Table 18 of Annex 9**. In the case of **Medicines**, the origin is **SFHSD**.

In great measure, the preceding data was ratified by the **CHPs** that were interviewed in the **Sub-Sample** Effectively, 100% declared having received **Uniform**, the **Manual of the CHP** and **Stationery, Identity Card**, 98.3%; **Backpack**, 89 3% and **Cap**, 54.7%. In addition to that they received: **Raincoat** (47.8%), **Thermos** (25.5%) and **Furniture** only 14.8%. **Furthermore**, 47 7% received a **Scale** and 28 8%, a **Calculator** 97 1 of the interviewed **CHPs** reported **Medicines; Expendable Materials**, 90.5%; **Educational Material**, 95.5% and **Contraceptives**, 67.5% In other items, the frequencies declared by the **CHPs** of the **MOH** are low, such is the case of **Thermometers** (1.2%), **Shoes and Watches** (1 **CHP** of the interviewed 243).

Specifically, in **Medicines and Expendable Materials**, the frequencies that were declared by the **CHPs** of the **MOH** are as follows.

MEDICINES AND EXPENDABLE MATERIALS	N OF CHPs
Total Sub-Sample	243
- Analgesics	161
- Antitussives	59
- Parasiticides	173
- Eye Drops	99
- Oral Rehydration Salts	228
- Antibiotics	6
- Antihistamines	45
- Oral Contraceptives	114
- Preservatives (Condoms)	157

MEDICINES AND EXPENDABLE MATERIALS	N OF CHPs
- Injectable Contraceptives	2
- Vitamins	107
- Iron	108
- Dermathologic Medicines	102
- Cotton	213
- Adhesive Tape	201
- Antiseptic Solution	110
- Alcohol	91
- Gentian Violet	104

With some exceptions, the **CHPs** of the **MOH** provide the **Medicines** and **Expendable Materials** free of charge, 37.7% declared **selling** them and/or receiving **voluntary contributions.**

3.4.2. ADS

The **Promoters** of **ADS** are provided with **Cap, Backpack, Identity Card, Manual, Stationery, Educational Material and Contraceptives** In general, they receive monthly replacements, when necessary. A small proportion receives **Parasiticides** and **Oral Rehydration Salts.**

The **ADS Promoters** that were directly inteviewed in the respectiv **Sub-Sample** also ratify what they receive as follows: **Identity Card** (90.9%), **Briefcase or Backpack** (90.1%), **Cap** (63.6%) and **Manual** (92.6%). Periodically, they receive **Contraceptives** (99 2%), **Educational Material** (90.1%) and **Stationery and Forms** (92 6%)

Their declarations about **Medicines** and **Expendable Materials** can be summarized as follows:

MEDICINES AND EXPENDABLE MATERIALS	N OF CHPs
Total Sub-Sample	121
- Parasiticides	14
- Eye Drops	1
- Oral Rehydration Salts	47
- Antihistamines	1
- Oral Contraceptives	120
- Preservatives (Condoms)	121
- Injectable Contraceptives	120

MEDICINES AND EXPENDABLE MATERIALS	N OF CHPs
- Vitamins	6
- Dermathologic Medicines	2
- Cotton	2
- Adhesive Tape	1
- Antiseptic Solution	2
- Alcohol	1

In the case of the **ADS**, the **CHPs** declared giving the **MEDICINES** free of charge, but that **Contraceptives**, with very few exceptions, were sold. Their answers are coherent with the detail contained in **Table 18 of Annex N. 9**, in relation to **Medicines and Expendable Materials.**

3.4.3. PROSAMI

The information contained in **Chart N. 15** was obtained from the **NGOs** of **PROSAMI**. The **CHPs** receive initial equipment, with different replacement **periodicity**, according to the **Type of Expendables**. In general, the **Equipment** of this group of **CHPs** is bigger than **MOH** and **ADS**; and what is more important, it corresponds to the direct rendering of the services And yet, only **Stethoscope** and **Measuring Tape** are delivered to the **CHPs** of the 34 **NGOs**; in other type of **Equipment** the frequencies are variable.

100% of the **NGOs** also provide **Medicines and Expendable Materials**, with variable **periodicity** In **Medicines**, 11 8% makes it **Fortnightly**, 79.4% **Monthly**, 5.9% **Annually** and one **NGO** reports **Only Once**. In **Expendable Materials** it is similar, with small differences.

CHART N. 15

CLASSIFICATION BY BASIC SUPPLIES, MEDICINES AN EXPENDABLE MATERIALS HANDLED BY THE CHP, AS PER NUMBER OF INSTITUTIONS AND PERIODICITY

TYPE OF SUPPLIES	NUMBER OF INSTITUTIONS THAT DELIVER THE INDICATED SUPPLIES TO THE CHPs AND PERIODICITY				
	NUMBER	BI-WEEKLY	MONTHLY	YEARLY	ONCE ONLY
A INSTITUTION: PROSAMI (34 NGOs)					
UNIFORMS	31	--	--	29	2
CREDENTIALS	28	--	--	13	13
STETHOSCOPE	34	--	--	9	25
TENSIONMETER	33	--	--	7	26
HANGING CHILD SCALE	33	--	--	8	25
TABLE CHILD SCALE	5	--	--	1	4
ADULT SCALE	32	--	1	8	23
HEIGHT METER	33	--	2	7	24
MEASURING TAPE	34	--	1	12	21
MEDICINES	34	4	27	1	1
EXPENDABLE MATERIALS	34	3	26	4	1
BACK PACK	3	--	--	--	3
RAINCOATS	2	--	--	1	1
FLASHLIGHTS	1	--	--	--	1
SHOES	3	--	--	3	--
EDUCATIONAL SUPPORT MATERIAL	1	--	1	--	--
STATIONARY	3	1	2	--	--
MEDICAL EQUIPMENT	1	--	--	--	1
THERMOS BOTTLE	1	--	--	1	--
B INSTITUTION: CISI (7 NGOs)					
UNIFORMS	3	--	--	1	2
CREDENTIALS	5	--	--	1	4
STETHOSCOPE	3	--	--	1	2
TENSIONMETER	2	--	--	1	1
HANGING CHILD SCALE	2	--	--	--	2
TABLE CHILD SCALE	1	--	--	--	1
ADULT SCALE	4	--	--	1	3
HEIGHT METER	3	--	--	--	3
MEASURING TAPE	2	--	--	--	2
MEDICINES	6	3	3	--	--
EXPENDABLE MATERIALS	6	3	3	--	--
STATIONARY	1	--	--	--	1

CHART N. 15
CLASSIFICATION BY BASIC SUPPLIES, MEDICINES AN EXPENDABLE MATERIALS HANDLED BY THE CHP, AS PER NUMBER OF INSTITUTIONS AND PERIODICITY

TYPE OF SUPPLIES	NUMBER OF INSTITUTIONS THAT DELIVER THE INDICATED SUPPLIES TO THE CHPs AND PERIODICITY				
	NUMBER	BI-WEEKLY	MONTHLY	YEARLY	ONCE ONLY
C INSTITUTION: CAPS (11 NGOs)					
STETHOSCOPE	11	--	--	--	11
TENSIONMETER	11	--	--	--	11
HANGING CHILD SCALE	1	--	--	--	1
TABLE CHILD SCALE	11	--	--	--	11
ADULT SCALE	11	--	-	--	11
HEIGHT METER	11	--	--	--	1
MEASURING TAPE	11	--	--	1	10
MEDICINES	11	--	11	--	--
EXPENDABLE MATERIALS	31	--	11	--	--
FLASHLIGHTS	7	--	--	--	1
EDUCATIONAL SUPPORT MATERIAL	1	1	--	4	--
STATIONARY	1	--	1	--	--
THERMMETER	1	--	--	--	1
D INSTITUTION: OTHER NGOs (11 NGOs)					
UNIFORMS	3	--	--	3	--
CREDENTIALS	6	--	--	3	1
STETHOSCOPE	5	--	--	1	2
TENSIONMETER	5	--	--	1	2
HANGING CHILD SCALE	1	--	1	--	--
TABLE CHILD SCALE	1	--	--	--	1
ADULT SCALE	3	--	--	--	3
HEIGHT METER	1	--	--	--	1
MEASURING TAPE	6	--	--	--	2
MEDICINES	7	--	4	--	1
EXPENDABLE MATERIALS	8	2	4	--	--

IPM

A detailed classification of **Medicines** and **Expendable Materials**, of the 34 **NGOs** of **PROSAMI**, is presented in **Table 18 of Annex N. 9.** It is important to undeline that the majority of components of these two items are delivered by the **NGOs** of **PROSAMI** through three modalities, with variable relative weights. **Sold, Free of Charge** and **Voluntary Contribution.**

Additionally, some **NGOs** (3, as maximum) provide their **CHPs** with other **Expendables**, probably as an answer to necessities that are declared by the **CHPs.**

The **CHPs** interviewed in the respective **Sub-Sample** ratify receiving the **Equipment** indicated by the **NGOs** of **PROSAMI.** In addition, they include ot her elements such as **Watch, Calculator, Cap, Transportation, Fetal Stethoscope and Scissors.** All answered receiving **Speculum, Chronometer, Succion Pump and Surgery Equipment.**

The percentage of answers of the **CHPs** equipment is very high in **Uniform,** 74%, **Identity Card,** 79 9%, **Briefcase,** 88.5% and **Shoes,** 56.1%. In the rest, percentages are very inferior and very variable

Summarizing, the results of both sources of information are coherent. High percentages of the **CHPs** that were interviewed indicated receiving what has been said from the **NGOs**

3.4.4 CAPS

The behaviour of these 11 **NGOs** in **Expendables of the Promoters** is very uniform according to the numbers of **Chart N. 15** They are not provided **Uniform;** but they receive **Equipment** for direct attention. In 5 **Expendables (Hanging Child Scale, Height Meter, Flashligths, Thermometer and Stationery)** only 1 **NGO** is registered

Medicines and Expendable Materials are received by the **Promoters** of the 11 **NGOs**, and some of them provide them with other **Expendables**, of which **Educative Support Material** is relevant The detail of these two items is included in **Table 18 of Annex N. 9**

3.4.5. CISI

These 7 **NGOs** do not provide equally the **Expendables (Chart N. 15);** but, at least 3 of them provide similar **Equipment** to that of the **NGOs** of **PROSAMI**, with **Annual Periodicity or Only Once.** 6 **NGOs** provide their **Promoters** with **Medicines and Expendable Materials;** 3 replace them every month and 3 every 3 months, as detailed in **Table 18 of Annex N. 9.**

3.4 6. CARITAS

There is only partial data of the 2 **NGOs** reporting **Stethoscope, Tension Meter, Hanging Child Scale and Adult Scale,** as the only materials received. Besides this, the **Promoters** from **CARITAS** receives **Medicaments and Expendables Materials,** as detailed in **Table 18** of **Annex N. 9.**

3 4.7. Other NGOs
Chart 15 puts in evidence a high dispersion of these 11 **NGOs**, in relation to the provision of **Equipment.** 5 report **Stethoscope and Tension Meter**, the rest of the **Equipment** is provided by, between 1 and 3, **NGOs.** Some give it **Only Once** and others replace it every **Year.**

Medicines and Expendable Materials are also delivered in varied form by 8 **NGOs**, with **Fortnightly** and **Monthly** replacements; the detailed classification of these Expendables is also included in **Table 18 of Annex N 9.**

3.5. The Reports of the Promoters

Charts N 16.A, 16.B and 16.C characterize the **Reports of the Promoters**, with sufficient objectivity In first place it is to be observed that the **Promoters** themselfs make the **Reports** in the **MOH, ADS** and 55 **NGOs** (83 3%); the **Supervisors** make them in 5 **NGOs**; the **Director** in 1 **NGO**, the **Coordinator** in 1 **NGO**, and in the remaining 4 **NGOs** no **Reports** were made.

The frequency with which the **Reports** are made is variable. A summary of **Chart N. 16.B** is as follows:

-Daily	:	20
-Weekly	:	10
-Monthly	:	54
-Quarterly	:	21
-Annually	.	13

The **Monthly Reports** prevail, with different combinations It can be noted that 2 **NGOs** cover the **5 Frequencies**; 6 cover 4; 8 combine 3, and 8 have **2 Frequencies**

Finally, in accordance to **Chart N. 16.C**, the **Supervision** of the **Reports** of the **Promoters**, in general, is made by the **Supervisors** themselfs (48 **NGOs**, 70.6%). In a lesser degree, the **Coordinator** (10 3%), **Director** (4 4%), **Technical Team** (2.9%), and **Board, Educator, Departmental Manager** and **Team** in only 1 **NGO** (1.5%)

4. COVERAGE OF KEY GROUPS OF BENEFICIARIES

In general, the groups towards which the attentions are directed have been explored by the institutions, considering their vulnerability and the existence of specific actions within their respective work programs. A a result the data contained in **Chart N. 17** was obtained

Practically, **Children Under 5 Years, Pregnant Women and Women in Child Bearing Age** are the groups with more coverage, which in the lesser case is 95% 75% tends to **Youngsters** from 5 to 14 Years; some **NGOs** have specific actions for problems originating in these ages, such is

case of **OLOF-PALME**, although they do not render integral attention. It is noticeable that 34 **NGOs** (50%) cover all the population groups without any **Sex** distinction. In other cases, some groups are excluded in varied forms, presenting the following distribution·

Population Groups	N. of NGOs	Population Groups	N. of NGOs
- Less than 5 Years	1	- Third Age (60 and More Years	29
- Young between 5 to 14 Years	17		
- Pregnant Women	2	- All women	21
- Women in Chilbearing Age	1	- All men	28

Within the coverage of the different groups of the beneficiaries of the services of health, by means of **Promoters**, the majority of institutions register determined characteristics of the same; but, only in few cases these registers can be viewed as **Systems of Information.** The majority of characteristics registered by the **Promoters** are of demographic and socioeconomic character, a summary of **Chart N. 18** indicates the different register frequencies:

Beneficiaries Characteristcs	N. of NGOs	Beneficiaries Characteristcs	N. of NGOs
- Sex	58 (85.3%)	- Educational Activities	1 (1.5%)
- Age Group	60 (88 2%)	Geographical Care Area	2 (2.9%)
- Educational Level	30 (44.1%)	- Economical Situation	1 (1.5%)
- Service Requested	62 (91 2)	- Housing	1 (1.5%)
- Organizational Level	1 (1.5%)	- Weight	1 (1.5%)

CHART N. 16.A

CLASSIFIED LIST OF NGOs THAT RENDER HEALTH SERVICES, BY PERSONS ELABORATING THE ACTIVITIES REPORT OF PROMOTERS

N.	INSTITUTION	PERSON WHO ELABORATES THE REPORT OF THE PROMOTER's ACTIVITIES				
		THE PROMOTER	THE SUPERVISOR	THE DIRECTOR	THE COORDINATOR	NOBODY
1	OLOF PALME	YES	--	--	--	--
2	PDO	YES	--	--	--	--
3	FUNDEPRENS	YES	--	--	--	--
4	CFMF	--	YES	--	--	--
5	ASIPES	YES	--	--	--	--
6	PROGRESO	--	--	--	YES	--
7	KONRAD ADENAUER	YES	--	--	--	--
8	CHILTIU CLINIC	--	--	YES	--	--
9	C SAN MARCOS	YES	--	--	--	--
10	CRISTO REY	YES	--	--	--	--
11	AMCS	YES	--	--	--	--
12	CARITAS S ANA	YES	--	--	--	--
13	CARITAS ZACATE	YES	--	--	--	--
14	SFDWC	YES	--	--	--	--
15	AGAPE	YES	--	--	--	--
16	GREEN CROSS	--	YES	--	--	--
17	FUNSODFDA	--	--	--	--	YES
18	COMUS	YES	--	--	--	--
19	OEF	YES	--	--	--	--
20	CODELUM	YES	--	--	--	--
21	TAZUMAL	YES	--	--	--	--
22	NCSW	YES	--	--	--	--
23	FUNDESO	YES	--	--	--	--
24	SAPID	TES	--	--	--	--
25	SPRHA	YES	--	--	--	--
26	ADEMUSA	YES	--	--	--	--
27	AFHD	YES	--	--	--	--
28	CJD	YES	--	--	--	--
29	APSAW	--	--	--	--	YES
30	ADS	YES	--	--	--	--
31	SAID	YES	--	--	--	--
32	CALMA	YES	--	--	--	--
33	SWO	YES	--	--	--	--
34	MFHD	YES	--	--	--	--
35	AMS	YES	--	--	--	--
36	CCC	YES	--	--	--	--
37	CIRES	YES	--	--	--	--

CHART N. 16.A (Continued)
CLASSIFIED LIST OF NGOs THAT RENDER HEALTH SERVICES, BY PERSONS ELABORATING THE ACTIVITIES REPORT OF PROMOTERS

N	INSTITUTION	PERSON WHO ELABORATES THE REPORT OF THE PROMOTER's ACTIVITIES				
		THE PROMOTER	THE SUPERVISOR	THE DIRECTOR	THE COORDINATOR	NOBODY
38	SAPH	YES	--	--	--	--
39	SAHD	YES	--	--	--	--
40	SARESP	YES	--	--	--	--
41	MADRE-CRIA	YES	--	--	--	--
42	VMES	YES	--	--	--	--
43	CAPS	YES	--	--	--	--
44	AFPINT	YES	--	--	--	--
45	CLINICA SAGRAD	YES	--	--	--	--
46	ASCP	--	--	--	--	YES
47	FSMSSW	YES	--	--	--	--
48	CODECUS	YES	--	--	--	--
49	ALFALIT	YES	--	--	--	--
50	ASEI	YES	--	--	--	--
51	IAD	YES	--	--	--	--
52	PDCMSM	YES	--	--	--	--
53	CODECA	--	YES	--	--	--
54	KNAPP FOUNDATION	YES	--	--	--	--
55	SLA	YES	---	--	--	--
56	COSDECSAM	YES	--	--	--	--
57	PRO-VIDA	--	YES	--	--	--
58	SFHSP	YES	--	--	--	--
59	NASI	--	YES	--	--	--
60	P SN JACINIO	YES	--	--	--	--
61	CARITAS SONSON	--	--	--	--	YES
62	P INMACULADA	YES	--	--	--	--
63	P SNTA LUCIA	YES	--	--	--	--
64	P SN SEBASTIAN	YES	--	--	--	--
65	P SN ANTONIO	YES	--	--	--	--
66	P SNTA MARIA	YES	--	--	--	--
67	I SN BARTOLOME	YES	--	--	--	--
91	MOH	YES	--	--	--	-

IPM

CHART N. 16 B

CLASSIFIED LIST OF NGOs THAT RENDER HEALTH SERVICES, BY FREQUENCY OF PROMOTERS REPORT ELABORATION

N.	INSTITUTION	FREQUENCY OF PROMOTERS REPORT ELABORATION					
		DAILY	WEEKLY	MONTLY	QUATERLY	YEARLY	NONE
1	OLOF PALME	--	--	--	YES	--	--
2	PDO	--	--	YES	--	--	--
3	FUNDEPRENS	--	--	YES	--	--	--
4	CFMF	--	YES	--	--	--	--
5	ASIPES	--	--	YES	--	--	--
6	PROGRESO	--	YES	--	--	--	--
7	KONRAD ADENAUER	--	YES	--	--	--	--
8	CHILTIU CLINIC	--	--	YES	--	--	--
9	C SAN MARCOS	--	--	YES	--	--	--
10	CRISTO REY	--	YES	--	--	--	--
11	AMCS	--	--	YES	YES	--	--
12	CARITAS S ANA	--	--	YES	--	--	--
13	CARITAS ZACATE	--	--	YES	--	--	--
14	SFDWC	--	--	YES	YES	YES	--
15	AGAPE	YES	--	YES	--	--	--
16	GREEN CROSS	--	--	YES	--	--	--
17	FUNSODESA	--	--	--	--	--	--
18	COMUS	--	--	YES	--	--	--
19	OFF	YES	--	YES	YES	YES	--
20	CODELUM	YES	--	YES	--	--	--
21	TAZUMAL	--	--	YES	--	--	--
22	NCSW	--	YES	YES	YES	--	--
23	FUNDESO	YES	YES	YES	--	--	--
24	SAPTD	--	--	YES	YES	YES	--
25	SPRHA	--	--	YES	--	--	--
26	ADEMUSA	YES	YES	YES	YES	YES	--
27	AFHD	YES	--	YES	YES	YES	--
28	CJD	--	--	YES	--	--	--
29	APSAW	--	--	--	--	--	--
30	ADS	--	--	YES	--	--	--
31	SAID	YES	--	YES	YES	--	--
32	CALMA	YES	--	YES	YES	YES	--
33	SWO	YES	--	YES	--	--	--
34	MFHD	--	--	YES	YES	YES	--
35	AMS	--	--	YES	--	--	--
36	CCC	YES	--	--	--	--	--

CHART N. 16 B (Continued)
CLASSIFIED LIST OF NGOs THAT RENDER HEALTH SERVICES, BY FREQUENCY OF PROMOTERS REPORT ELABORATION

N	INSTITUTION	FREQUENCY OF PROMOTERS REPORT ELABORATION					
		DAILY	WEEKLY	MONTLY	QUARTERLY	YEARLY	NONE
37	CIRES	YES	--	YES	--	--	--
38	SAHD	YES	YES	YES	YES	--	--
39	SARESP	--	--	YES	--	--	--
40	APSIES	--	--	YES	--	--	--
41	MADRE-CRIA	YES	--	YES	YES	YES	--
42	VMES	--	--	YES	--	--	--
43	CAPS	--	--	YES	--	YES	--
44	AFPINT	YES	--	YES	--	--	--
45	CLINICA SAGRAD.	--	--	--	YES	--	--
46	ASCP	--	--	--	--	--	--
47	FSMSSW	YES	--	YES	YES	YES	--
48	CODECUS	YES	--	YES	YES	YES	--
49	ALFALIT	--	--	YES	--	--	--
50	ASEI	YES	YES	YES	YES	YES	--
51	IAD	YES	--	YES	YES	--	--
52	PADFCOMSM	YES	YES	--	--	--	--
53	CODFCA	--	--	--	YES	--	--
54	KNAPP FOUNDATION	--	--	--	YES	--	--
55	SLA	--	--	YES	--	--	--
56	COSDESAM	--	--	YES	--	--	--
57	PRO-VIDA	--	--	YES	--	--	--
58	SFHSP	--	--	YES	--	--	--
59	NASI	--	--	YES	--	--	--
60	P SN JACINTO	--	--	YES	--	--	--
61	CARITAS SONSON	--	--	--	--	--	--
62	P INMACULADA	--	--	YES	--	--	--
63	P SNTA LUCIA	--	--	YES	--	--	--
64	P SN SEBASTIAN	--	--	YES	--	--	--
65	P SN ANTONIO	--	--	YES	--	--	--
66	P SNTA MARIA	--	--	YES	--	--	--
67	I SN BARTOLOME	--	--	YES	-	--	--
91	MOH	YES	--	YES	YES	YES	-

IPM

CHART N. 16.C

CLASSIFIED LIST OF NGOs BY PERSONS THAT SUPERVISES THE ACTIVITIES OF THE CHP OF PROMOTERS REPORT ELABORATION

N	INSTITUTION	PERSON THAT SUPERVISES PROMOTERS ACTIVITIES							
		THE COORDINATOR	THR SUPERVISOR	THE DIRECTRESS	THE BOARD OF DIRECTORS	THE EDUCATOR	YHE DEPARTAMENTAL MANAGER	THE TECHNICAL TEAM	NOBODY
1	OLOF PALME	YES	--	--	--	--	--	--	--
2	PDO	--	YES	--	--	--	--	--	--
3	FUNDEPRENS	--	YES	--	--	--	--	--	--
4	CFMF	--	YES	--	--	--	--	--	--
5	ASIPES	--	YES	--	--	--	--	--	--
6	PROGRESO	--	YES	--	--	--	--	--	--
7	KONRAD ADENAUER	--	YES	--	--	--	--	--	--
8	CHILTIU CLINIC	--	--	YES	--	--	--	--	--
9	SAN MARCOS	--	YES	--	--	--	--	--	--
10	CRISTO REY	--	--	--	YES	--	--	--	--
11	AHCS	--	YES	--	--	--	--	--	--
12	CARITAS S ANA	YES	--	--	--	--	--	--	--
13	CARITAS ZACATE	--	YES	--	--	--	--	--	--
14	SEDWC	--	YES	--	--	--	--	--	--
15	AGAPE	--	YES	--	--	--	--	--	--
16	GREEN CROSS	YES	--	--	--	--	--	--	--
17	FUNCODESA	--	--	--	--	--	--	--	YES
18	COMUS	--	YES	--	--	--	--	--	--
19	OEF	--	YES	--	--	--	--	--	--
20	CODELUM	--	YES	--	--	--	--	--	--
21	TAZUMAL	--	YES	--	--	--	--	--	--
22	NCSW	--	YES	--	--	--	--	--	--
23	FUNPESO	--	YES	--	--	--	--	--	--
34	SAPTD	--	YES	--	--	--	--	--	--
25	SERHA	--	YES	--	--	--	--	--	--
26	ADEMUSA	--	YES	--	--	--	--	--	--
27	AFHD	--	YES	--	--	--	--	--	--
28	CJD	--	--	--	--	YES	--	--	--
29	APSAW	--	--	--	--	--	--	--	YES
30	ADS	--	YES	--	--	--	--	--	--
31	SAID	--	YES	--	--	--	--	--	--
32	CALMA	--	YES	--	--	--	--	--	--
33	SWO	--	YES	--	--	--	--	--	--
34	MFHD	--	YES	--	--	--	--	--	--
35	AMS	--	YES	--	--	--	--	--	--
36	CCC	--	--	--	--	--	--	--	YES
37	CIRES	--	--	--	--	--	--	YES	--
38	SAHD	YES	--	--	--	--	--	--	--

CHART N. 16.C (Continued)
CLASSIFIED LIST OF NGOs BY PERSONS THAT SUPERVISES THE ACTIVITIES OF THE CHP OF PROMOTERS REPORT ELABORATION

N	INSTITUTION	PERSON THAT SUPERVISES PROMOTERS ACTIVITIES							
		THE COORDINATOR	THE SUPERVISOR	THE DIRECTRESS	THE BOARD OF DIRECTORS	THE EDUCATOR	THE DEPARTAMENTAL MANAGER	THE TECHNICAL TEAM	NOBODY
39	SARESP	--	YES	--	--	--	--	--	--
40	APSIES	--	--	YES	--	--	--	--	--
41	MADRE-CRIA	--	YES	--	--	--	--	--	--
42	VMES	--	YES	--	--	--	--	--	--
43	CAPS	--	YES	--	--	--	--	--	--
44	AFPINT	--	YES	--	--	--	--	--	--
45	CLINICA SAGRAD	--	YES	--	--	--	--	--	--
46	ASCP	--	--	--	--	--	--	--	YES
47	FSHSSW	--	YES	--	--	--	--	--	--
48	CODECUS	--	YES	--	--	--	--	--	--
49	ALFALIT	YES	--	--	--	--	--	--	--
50	ASEI	--	YES	--	--	--	--	--	--
51	IAD	--	YES	--	--	--	--	--	--
52	PADECOMSM	--	YES	--	--	--	--	--	--
53	CODECA	YES	--	--	--	--	--	--	--
54	KNAPP FOUNDATION	--	YES	--	--	--	--	--	--
55	SLA	--	YES	--	--	--	--	--	--
56	COSDECSAM	--	YES	--	--	--	--	--	--
57	PRO-VIDA	--	--	--	--	--	YES	--	--
58	SFHSP	YES	--	--	--	--	--	--	--
59	NASI	--	--	YES	--	--	--	--	--
60	P SN JACINTO	--	YES	--	--	--	--	--	--
61	CARITAS SONSON	--	--	--	--	--	--	--	YES
62	P SNTA LUCIA	--	YES	--	--	--	--	--	--
63	P SNTA LUCIA	--	YES	--	--	--	--	--	--
64	P SN SEBASTIAN	--	YES	--	--	--	--	--	--
65	P SN ANTONIO	--	YES	--	--	--	--	--	--
66	P SNTA MARIA	--	YES	--	--	--	--	--	--
67	I SN BARTOLOME	--	YES	--	--	--	--	--	--
91	MOH	--	--	--	--	--	--	YES	--

IPM -

CHART N. 17

COVERAGE CLASSIFICATION OF POPULATION GROUPS DIRECTLY BENEFITTED BY THE MOH, ADS AND NGOs RENDERING HEALTH SERVICES

N	INSTITUTION	BENEFICIARY POPULATION GROUPS COVERED						
		LESS THAN 5 YEARS	FROM 5 TO 14 YEARS	WOMEN IN FERTILE AGE	PREGNANT WOMEN	THIRD AGE 60 OR MOREYEARS	ALL WOMEN	ALL MEN
1	OLOF PALME	--	YES	YES	YES	--	--	--
2	PDO	YES	YES	YES	YES	--	--	--
3	FUNDFPRFNS	YES	YES	YES	YES	YES	YES	YES
4	CIMF	YES	YES	YES	YES	--	--	--
5	ASIPES	YES	YES	YES	YES	YES	YES	YES
6	PROGRFSO	YES	YES	YES	YES	YES	YES	YES
7	KONRAD ADFNAUER	YES	YES	YES	YES	YES	YES	YES
8	CHILTIU CLINIC	YES	YFS	YES	YES	YES	YES	YES
9	C SAN MARCOS	YES	YES	YES	YES	YES	YES	YES
10	CRISTO RFY	YFS	YFS	YES	YES	YES	YES	YES
11	AMCS	YES	YES	YES	YES	YES	YES	YES
12	CARITAS S ANA	YES	YES	YES	YES	YES	YES	YES
13	CARITAS ZACATE	YES	--	--	--	--	--	--
14	SFDWC	YES	YES	YES	YES	--	YES	YES
15	AGAPE	YES	--	YES	YES	--	--	--
16	GREEN CROSS	YES	YES	YES	YES	YES	YES	YES
17	FUNSODESA	YES	YES	YES	YES	YES	YES	YES
18	COMUS	YES	--	YES	YES	--	--	--
19	OFF	YES	YES	YES	YES	YES	YES	YES
20	CODFLUM	YES	--	YES	YES	--	--	--
21	TAZUMAL	YES	YES	YES	YES	YES	YES	YES
22	NCSW	YES	--	YES	YES	--	YES	--
23	FUNDESO	YES	YES	YES	YES	--	--	--
24	SAPTD	YES	YES	YES	YES	YES	YES	YES
25	SPRHA	YES	YES	YES	YES	YES	YES	YES
26	ADEMUSA	YES	YES	YES	YES	YES	YES	YES
27	AFHD	YES	--	YES	YES	--	--	--
28	CJD	YES	YES	YES	YES	--	--	--
29	APSAW	YES	YES	YES	YES	YES	YES	YES
30	ADS	YES	--	YES	YES	--	--	--
31	SAID	YES	YES	YES	YES	YES	YES	YES
32	CALMA	YES	--	YES	YES	--	YES	--
33	SWO	YES	--	YES	YES	--	YES	--
34	MFHD	YES	YES	YES	YES	--	--	--
35	AMS	YES	YES	YES	YES	YES	YES	YES

CHART N. 17 (Continued)
COVERAGE CLASSIFICATION OF POPULATION GROUPS DIRECTLY BENEFITTED BY THE MOH, ADS AND NGOs RENDERING HEALTH SERVICES

N	INSTITUTION	BENEFICIARY POPULATION GROUPS COVERED						
		LESS THAN 5 YEARS	FROM 5 TO 14 YEARS	WOMEN IN FERTILE AGE	PREGNANT WOMEN	THIRD AGE (60 OR MORE YEARS)	ALL WOMEN	ALL MEN
36	CCC	YES	YES	YES	YES	YES	YES	YES
37	CIRES	YES	YES	YES	YES	--	YES	--
38	SAPH	YES	YES	YES	YES	--	YES	YES
39	SARESP	YES	YES	YES	YES	YES	YES	--
40	APSIES	YES	YES	YES	--	YES	YES	YES
41	MADRE-CRIA	YES	--	YES	YES	--	--	--
42	VMES	YES	YES	YES	YES	--	--	--
43	CAPS	YES	YES	YES	YES	YES	YES	YES
44	APROSAI	YES	YES	YES	YES	--	--	--
45	CLINICA SAGRAD	YES	YES	YES	YES	YES	YES	YES
46	ASCD	YES	YES	YES	YES	YES	YES	YES
47	FSMSSW	YES	YES	YES	YES	--	--	--
48	CODECUS	YES	--	YES	YES	--	YES	--
49	ALFALIT	YES	YES	YES	YES	YES	YES	YES
50	ASEI	YES	--	YES	YES	--	--	--
51	IAD	YES	YES	YES	YES	YES	YES	YES
52	PADFCOMSM	YES	--	YES	YES	--	YES	YES
53	CODLCA	YES	--	YES	YES	--	--	--
54	KNAPP FOUNDATION	YES	YES	YES	YES	YES	YES	YES
55	SLA	YES	YES	YES	YES	--	YES	YES
56	COSDECSAM	YES	--	YES	YES	--	--	--
57	PRO-VIDA	YES	--	YES	YES	--	YES	--
58	SFHSP	YES	YES	YES	YES	YES	YES	YES
59	NASI	YES	YES	YES	YES	YES	YES	YES
60	P SN JACINTO	YES	YES	YES	YES	YES	YES	YES
61	CARITAS SONSON	YES	--	YES	TES	--	--	--
62	P INMACULADA	YES	YES	YES	YES	YES	YES	YES
63	P SNTA LUCIA	YES	YES	YES	YES	YES	YES	YES
64	P SN SEBASTIAN	YES	YES	YES	YES	YESA	YES	YES
65	P SN ANTONIO	YES	YES	YES	YES	YES	YES	YES
66	P SNTA MARIA	YES	YES	YES	YES	YES	YES	YES
67	I SN BARTOLOME	YES	YES	YES	YES	YES	YES	YES
91	MOH	YES	YES	YES	YES	YES	--	--

IPM -

CHART N. 18

INSTITUTIONAL CLASSIFICATION BY GROUPS OF REGISTERED CHARACTERISTICS BY CHP OF BENEFITTING POPULATION

N	IN STITUTION	REGISTERED CHARACTERISTICS COVERED BY CHP OF BENEFICIARY POPULATION									
		SEX	AGE GROUP	LEVEL OF EDUCATION	REQUIRED SERVICE	LEVEL OF ORGANIZATION	EDUCATIONAL ACTIVITY	GEOGRAPHIC AREA	ECONOMIC SITUATION	HOUSING	WEIGHT
1	OLOF PALME	YES	YES	YES	YES	YES	YES	--	--	--	--
2	PDO	YES	YES	YES	YES	--	--	--	--	--	--
3	FUNDEPRENS	YES	YES	YES	YES	--	--	--	--	--	--
4	CFMF	YES	YES	YES	YES	--	--	--	--	--	--
5	ASIPES	YES	YES	--	YES	--	--	--	--	--	--
6	PROGRESO	YES	YES	--	YES	--	--	--	--	--	--
7	KONRAD ADENAUER	YES	YES	--	YES	--	--	--	--	--	--
8	CHILTIU CLINIC	--	--	--	YES	--	--	--	--	--	--
9	C SAN MARCOS	YES	YES	--	YES	--	--	--	--	--	--
10	CRISTO REY	YES	YES	--	YES	--	--	--	--	--	--
11	AICS	YES	YES	YES	YES	--	--	--	--	--	--
12	CARITAS S ANA	YES	YES	YES	YES	--	--	--	--	--	--
13	CARITAS ZACATE	YES	YES	--	YES	--	--	--	--	--	--
14	SEDWC	YES	YES	YES	YES	--	--	--	--	--	--
15	AGAPE	YES	YES	--	YES	--	--	--	--	--	--
16	GREEN CROSS	YES	YES	--	YES	--	--	YES	--	--	--
17	FUNSODESA	--	--	--	--	--	--	--	--	--	--
18	COMUS	YES	YES	YES	YES	--	--	--	--	--	--
19	OEF	YES	YES	YES	YES	--	--	--	--	--	--
20	CODELUM	--	YES	--	YES	--	--	--	--	--	--
21	TAZUMAL	YES	YES	--	YES	--	--	--	--	--	--
22	NCSW	YES	YES	--	YES	--	--	--	--	--	--
23	FUNDESO	YES	--	--	--	--	--	--	--	--	--
24	SAPTD	YES	YES	YES	YES	--	--	--	--	--	--
25	SPRHA	YES	YES	--	YES	--	--	--	--	--	--
26	ADEMUSA	YES	YES	YES	YES	--	--	YES	--	--	--
27	AEHD	YES	YES	YES	YES	--	--	--	--	--	--
28	CJD	--	YES	YES	YES	--	--	--	--	--	--
29	APSAW	--	--	--	--	--	--	--	--	--	--
30	ADS	YES	--	--	YES	--	--	--	--	--	--
31	SAID	YES	YES	YES	YES	--	--	--	--	--	--
32	CALMA	YES	YES	YES	YES	--	--	--	--	--	--
33	ORMUSA	YES	YES	YES	YES	--	--	--	--	--	--
34	MEHD	YES	YES	YES	YES	--	--	--	--	--	--
35	AMS	YES	YES	--	--	--	--	--	--	--	--
36	CCC	--	--	--	YES	--	--	--	--	--	--
37	CIRES	YES	YES	YES	YES	--	---	--	--	--	--
38	ASPS	YES	YES	YES	YES	--	--	--	--	--	--
39	SARESP	YES	YES	--	YES	--	--	--	--	--	--
40	APSIES	YES	YES	YES	YES	--	--	--	--	--	--

CHART N. 18 (Continued)

INSTITUTIONAL CLASSIFICATION BY GROUPS OF REGISTERED CHARACTERISTICS BY CHP OF BENEFITTING POPULATION

	INSTITUTION	REGISTERED CHARACTERISTICS COVERED BY CHP OF BENEFICIARY POPULATION									
		SEX	AGE GROUPS	LEVEL OF EDUCATION	REQUESTED SERVICE	LEVEL OF ORGANI ZATION	EDUCA TIONAL ACTIVITY	GEOGRA-PHIC AREA	ECONOMIC SITUA TION	HOUSING	WEIGHT
41	MADRE-CRIA	YES	YES	--	YES	--	--	--	--	--	--
42	VMES	--	--	--	YES	--	--	--	--	--	--
43	CAPS	YES	YES	--	YES	--	--	--	--	--	--
44	APROSAI	YES	YES	YES	YES	--	--	--	YES	--	--
45	CLINICA SAGRAD	YES	YES	--	YES	--	--	--	--	--	--
46	ASCD	--	YES	--	YES	--	--	--	--	--	--
47	FSMSSW	YES	YES	YES	YES	--	--	--	--	--	--
48	CODECUS	YES	YES	--	YES	--	--	--	--	YES	--
49	ALFALIT	YES	YES	--	YES	--	--	--	--	--	--
50	ASEI	YES	YES	YES	YES	--	--	--	--	--	YES
51	IAD	YES	YES	YES	YES	--	--	--	--	--	--
52	PADFCOMSM	YES	YFS	YES	YES	--	--	--	--	--	--
53	CODECA	YES	YES	YES	YES	--	--	--	--	--	--
64	KNAPP FOUNDATION	YES	YES	YES	YES	--	--	--	--	--	--
55	SLA	YES	YES	YES	YES	--	--	--	--	--	--
56	COSDECSAM	YES	YES	YES	--	--	--	--	--	--	--
57	PRO-VIDA	YES	YES	--	--	--	--	--	--	--	--
58	SFHSP	YES	YES	--	YES	--	--	--	--	--	--
59	NANSI	--	--	--	YES	--	--	--	--	--	--
60	P SN JACINTO	YES	YES	--	YES	--	--	--	--	--	--
61	CARITAS SONSON	--	--	--	YES	--	--	--	--	--	--
62	P INMACULADA	YES	YES	--	YES	--	--	--	--	--	--
63	P SNTA LUCIA	YES	YES	--	YES	--	--	--	--	--	--
64	P SN SEBASTIAN	YES	YES	--	YES	--	--	--	--	--	--
65	P SN ANTONIO	YES	YES	--	YES	--	--	--	--	--	--
66	P SNTA MARIA	YES	YES	--	YES	--	--	--	--	--	--
67	I SN BARTOLOME	YES	YES	--	YES	--	--	--	--	--	--
91	MOH	YES	YES	YES	YES	--	--	--	--	--	--

V. CONCLUSIONS AND RECOMMENDATIONS

1. CONCLUSIONS

A series of **Conclusions** and some **Recommendations**, classified by areas, are presented below within the context of the present **Final Report.** They are based on the information collected at the investigated institutions; the information provided by their corresponding officers is regarded here as truthful In this sense practically all the possible forms of communications were exhausted through repeated visits to the institutions, trying to obtain the best results, applying strictly the supervision and follow-up procedures However, some **NGOs** did not provide the information that was requested from them, arguing different reasons ("lack of time," "no data is available, "confidentiality").

In each area the main findings are highlighted following a classified order by type of institution

1.1. Organization

1.1.1. MOH

The **MOH** has been applying an **Organization** around the **CHPs**, identified in its three **Levels (Central, Regional, and Local)** In it, the **Department of Reproductive Health** is responsible for the **Trained Midwifes** that form part of the attention given to the community, working under the norms of the **MOH.**

The **Rural Promoter** is an answer to the conditions of placement of the population and the limited access that the health establishments have.

A **"horizontalization"** process has been applied to the **Program of the Promoters,** leaving the administrative responsibilities to the corresponding health establishment. Thus, the **Director** of the health establishment is the **Chief of the Promoter.** However, the **CHPs** regard the **Supervisor as their Chief,** because he is the person with whom they have more contact.

The **Specific Supervisor** depends of the respective corresponding health establishment.

The **CHPs** of the **MOH** count with the personal voluntary collaboration of the communities of work, which makes their work easier; likewise, they are considered as an extension of the health establishment that renders, basically, **Health Education** referring persons to the preventive programs, for attention of risks or morbidity Nothwithstanding, in the course of time, continuity of attention has not been achieved.

1.1.2. ADS

Due to its size of 1480 **Promoters** (**PHP and CRD**), the amount of human resources assigned to manage and give them attention is small. It follows that the relations between these resources is very ample.

1.1.3. PROSAMI
At the central level, **PROSAMI** has developed an **Organization** to support its **NGOs** in the execution of the **Maternal Health and Child Survival Health Project** These **NGOs** have a more or less uniform **structure** that enables them to face the management of funds that will supply the health services at a community level by means of **CHPs**

In principle, this modular organization of the agents that intervene in rendering the services, is functional to accomplish the purposes and goals adopted. It follows that this experience is worthy of being shared by other **NGOs.**

It is notable that in this **Organization** the **Conductors and Technical Supervisors** are professionals with college studies.

1.1.4. CISI
Its organization fosters and coordinates 32 affiliated **NGOs** that develop different activities In general, it does not intervene as a link in providing the services of **Technical Assistance.** As from its inception, by delegation of the **MOH, CISI** coordinates the **NGOs** that work in **Child Attention;** however, the number of its **NGOs** outside this coordination is greater than the number of NGOs inside it. It is surprising that they can carry out such a substantial set of activities with the limited resources they have declared receiving

1.1.5. CAPS
This is a group of **NGOs** managed by **CAPS** that apply a **central organization,** with a staff that plans the lines of action and carries out an indirect supervision It has **6 Institutional Promoters** that are in charge of coordinating, directing, and, in part, supervising the **Promoters.**

1.1.6 Other NGOs
In the residual group of **Other NGOs,** each has its own **organization** In some of them a relevant number of **Volunteers** can be found. That is the case of **PROVIDA** Regretfully, no more information was obtained about the organized forms of work with their **Volunteers.**

1.2 Distribution and Geographic Coverage

The **Coverage of Districts** served by **Promoters** is close to 78%, including the 162 not typified **Settlements,** nor coded as **Districts.** The remainding 22 % of **Districts** are distributed in all the **Departments;** the majority of them in **Chalatenango** and **Usulutan**

Of the 1732 **Districts** that are served, the **MOH** has **CHPs** in 1304, that is, 75%, it is the institution presenting the largest **Coverage** It is

followed by **ADS** with 56.1% and **PROSAMI** with 24.2%. It is important to interpret that the **Coverage of Districts** does not signify, necessarily, **Coverage** for all the population in risk, taking into account that the populations are of different size and that the attention of the **Promoter** is limited. Also, **Coverage of Districts** does not signify **Coverage of Services**. For example, in the case of the **PSP** and **DRC** of **ADS**, the attention is directed, specially, to **Family Planning**, with a small complement of activities; the work schedules are limited, specially those of **DRC**

1.3. Installed Capacity

In general, the **Installed Capacity** of **NGOs** is heterogeneous, although with evidence of limitations in the main headings. In any case, the **Installed Capacity** of the **NGOs** is not exclusive in the development of their activities with **Promoters**, because they serve other programs.

1.4. Technical and Financial Assistance

Most of the financing of the **NGOs** that provide health attention services by means of **Promoters** comes from external sources Only 2 finance their work with their own resources and domestic sources. At least 35 of the 67 **NGOs** are financed by **USAID ADS** plus 34 through **PROSAMI**. These **NGOs**, together with the **MOH**, concentrate the greatest number of **Promoters** (69%)

The **International Financial Assistance** to the **NGOs** is notorious. Not so with the **International Technical Assistance** of which a considerable proportion is received isolated and in low proportion. It must be highlined that each of the 34 **NGOs** of **PROSAMI** count with 1 Technical Advisor in the Maternal-Child Area, 1 Financial Advisor and 1 Investment Advisor

Within financing, many **NGOs** receive **Inputs** from different sources. Thus its working sustainability depends on the continuity of these contributions. The **CHPs** of the **MOH** also receive donated inputs not distributed by the **Ministry**; here we must include the inputs they receive (share) with the **CHPs** of **PROSAMI** Thus they respond to the initiative of their **CHPs**, due to the lack of the necessary **Inputs** to serve the population. The supply system of the **MOH** has been very irregular.

1.5. Services

Almost all the **NGOs** work, primarily, for vulnerable groups focused on the **Mother and the Child**, with actions of **Identification, Referral, and Follow-up** Thus they render **Reproductive Health, Child Attention, and Nutrition**, components that are directly related In general, other population groups receive symptomatic attention in **Simple Morbidity** and First Aid.

In attention to **Women** during **Pregnancy**, the **NGOs** of **PROSAMI** have adopted the modality of **Home Pregnancy Control**; they have endowed their **CHPs**

with the necessary equipment. At this point the competent Supervision staff supports the work of the **CHPs**, it gives him help to solve his doubts and trains him in this service

In **Attention to the Child** the participation is wide in **Diarrheic and Respiratory Diseases.** The **NGOs** of **PROSAMI** have included for its treatment the use of **Trimetropin Sulpha**, with which they pretend to prevent complications (for example **Grave Neumonia**) and diminish the mortality due to these causes Therefore, **Referrals** to the health establishments is only done in the case of **Grave Neumonia.**

For **Newly Borns** the attention is also ample, principally for those of **Low Weight**, although these work forms with children and the results that are obtained do not apply standarized norms in favor of this risk group.

The **Referrals** made by the **Promoter** are only attained in approximately 40%; **in Prenatal Attention**, the health establishments only register approximately 50% of **Pregnant Women** Due to this, the modality must be assessed in order to design a strategy to increase the attention to this risk group.

Participation in **Oral Health** is relatively low. When covered, it does not encompass all the aspects that can be worked out at community level. On the other hand, the response that the health establishments give to **Referrals** is poor. In effect, not all the establishments provide this service and those who do, only make extractions of damaged pieces.

Although the **MOH** and 21 **NGOs** declared working in **Mental Health**, the **Actions** delegated to the **Promoter** are not clear. Something similar can be said about **Rehabilitation** There are **11 NGOs** that give services in this area, besides the **MOH**

Basic Sanitation is worked by the institutions with different emphasis. A closer coordination between them and their **Promoters** is desirable, as well as with other organisms, in order to seek for permanent solutions to problems of this nature faced by the communities

In general, the health services (sometimes very limited) covered by the different types of **Promoters**, are diversified. Their population coverages are of different sizes and characteristics, in these coverages, an unequal service quality (efficiency and efficacy) are to expected, in function of the organization to which they pertain, of the resources of all types and the institutional performance.

Within the investigation of **Components and Sub-Components of the Health Services** by means of **Promoters**, the residual open category of **"Others"** was systematically included in the **Instruments of the Investigation.** It follows that group of **NGOs**, very particularly, registered answers in **"Others"**, according to their own criteria. In the majority of the cases their answers were immersed or included in the aforesaid classification of **Components and Sub-Components** Other answers, although important, do not correspond to the work of the **Promoters**; such is the case of **Training of Midwifes** done by the **Institutional Promoters** of **CJD.** Other

items were also registered in **"Others"**, unrelated directly with **Services of Health** rendered by **Promoters** (Soy Bean Sowing and Consumption, **CJD**, Centers of Nutrition, **PDO**, Air and Acuatic Rescue, **CRUZ VERDE**; Audition Project, **CJD**; Reforestation, **MFHD** and **SFHSD**; Ecology, **CAPS**; Chefina Kitchens, **PDCMSM**; Organic Fertilizers, the **San Jacinto Parish**; Sowing of Medicinal Plants, the **San Jacinto Parish**; Alternative Medicine, **ADEMUSA** and **ASCP**) Finally, there are some isolated answers: Food Programs, **TAZUMAL**, Nutricional Education, **SFHSD**; Training of Volunteers, CRUZ VERDE and OEF; Management of Foods, **FUNDESO** and the **San Bartolomé Church**, Alcoholism and Drug Addiction, **KONRAD ADENAUER**; Inscription of Children in CDI, **SAPTD**; Gender Equalness, **ADEMUSA**.

The preceding cases, even though referential, are not considered in the set of **Tables, Charts and Parametric Indicators**, so as to maintain the comparative sequency between the **MOH**, **ADS** and the 66 **NGOs**. In any case, they are registered in the **Data Bases**.

1.6. Care Norms

The **Standards** applied by the **CHPs** of the **MOH** originate in that institution.

PROSAMI applies the **Standards** of the **MOH**, but with modifications introduced according to **International Standards**, particularly, in the cases of **Neumonia** in children of less than 5 years.

In **CISI** the same **Attention Standards** of the **MOH** are applied, with some variations.

ADS uses its own **Standards** and those of the **MOH**.

In general, the rest of **NGOs** apply the **Standards** of the **MOH** with variations. Thus, they consider them as **Self-Standards**.

Taking into account the role of the **MOH** in this field, it is convenient that it assume its role of dean and coordinator. Of course without curtailing initiatives, and assuring that the attention given to the population meets the quality requirements. Besides, new modalities and changes in the **Standards** must be investigated and discussed in order the group to whom they are addressed is not endangered.

1.7. Selection Requirements of the Promoters

The **MOH** and the majority of **NGOs** make the community participate in the selection of the **Promoters** in order to have its approval and access to their homes, assuring the acceptance of the attentions that they offer.

Other **Selection Requirements** applied by more than 80% of the **NGOs** are: **Age (Over 18 Years of Age), Minimum Education Level (Variable), and Habitual Residency in the Community.**

1.8. Sex and Education Level of the Promoters

In the answers given by the institutions no preference appears for the work of the **Promoters** of a determined Sex. However, at **ADS** the percentage of women is much higher than that of men Likewise, a some **NGOs** work with women, in accordance with the specifics of programs unrelated to health

The **Education Level** does not seem to be important nor determinant in the selection of the **Promoters**, according to school ranges. The majority of the **Promoters**, without including **MOH**, have attained a 4th and 6th grade of education; this is the case of a high proportion in the **PHP** and **CRD** from **ADS**. A lower percentage is between 7th and 9th grades of school.

1 9. Wage Level and Benefits of the Promoters

The **Promoters** that work **Full-Time** receive wages and benefits according to the law. This is the condition of the **CHPs** of the **MOH** and **PROSAMI**. In **PROSAMI** the wage scale is very varied, although within the maximum and minimum wage levels of **PROSAMI** taking as a referential the **Law of Wages** When the **Promoters** work **Part-Time** the wage situation is very different and varied. The case of the **PHP** of **ADS** is notorious: up until July 1995 they received a bonus of ¢ 460 00 without any benefits, likewise, the **CRD** of **ADS** received some profit for the sale of **Contraceptives**. In other **NGOs** the **Volunteer Promoters** do not receive a salary, nor benefits.

1.10. Training

All the **Promoters** receive **Training** before commencing their activities In the **MOH** and **PROSAMI**, at the beginning, the training program was the same The program of **PROSAMI** has changed in some aspects In the rest of the **NGOs** the duration varies according to the corresponding work program and the way of implementing it.

ADS, with the advisory of an International Consulting Firm, organized its own **Training Program**. They have been developing it in one week. Initially it applied the **Training Program** of the **MOH** The **Training** received by the **Promoter of ADS**, due to its duration, could develop extensively the themes of **Family Planning**. However, they have adopted a simplified methodology, still more simplified in relation to other attention components indicated as fields of work of their **Promoters**.

All the **NGOs** include theoretical and practical activities in their **Training**; the relation between the two varies according to the nature of the service of each institution In general, the modality of the **Training** is to carry out courses in a continuous way.

In the cases where a **Training Program** identical or similar to that of the **MOH** was used, homologation was achieved among the **CHP**. However, other **NGOs** prepare the contents of their own training programs without any coordination with the **MOH**.

None of the institutions carries out **Continuous Education** in a

periodical way. The **MOH** does not have specific budgetary appropriations. That is the reason why its activities in this field has been carried out sporadically Nevertheless, the **NGOs** affiliated to **PROSAMI**, besides the periodical meetings, utilize the **Supervision** to teach **Continous Education.**

1.11. Supervision

The **Specific Supervisor** of the **CHP** of the **MOH** is chosen among themselves. Although he receives additional training in administrative affairs, the support that he can give to the **CHP** has limitations, requiring the participation of a more competent staff

In the case of **ADS**, the number of **Promoters** assigned to the **Supervisor** is extremely high, making **Supervision** in the community very sporadic. Given the limited time devoted to **Supervision**, it is not possible to check the fulfillment of all the assignments given to the **PHP** and **CRD.** On the other hand, there are statements of some **Promoters** of not having received **Supervision** at all.

The **Supervision** in **PROSAMI** is made by professionals. They include in their functions the inspection of patients cared by the **CHP** and take advantage of their visits to complete their **Training.** The relation between **Supervisor** and **CHP** is very close and the periodicity is short.

The **NGOs** working with **Volunteers** do not define the presence and/or work of **Supervisors** Besides, it is unclear if the assignments given to the **Promoter** are carried out according to previous indications. It also cannot be deduced if the **Supervision** is individual or collective (by groups), and if it is made on the field or at special headquarters

In general, if the **Promoter** depends of a health establishment, it is convenient that staff of this participate in some way or another in checking the work of the **Promoters** and the **Supervisors**

1.12. Coordination

The attention of the **NGOs** to marginal communities and settlements appears during the period of the conflict Some have been very jealous of the privacy of their work, however, in this epoch a greater coordination and communion of efforts was required, counting for that with the mission corresponding to the **MOH.**

The **Coordination** of the **NGOs** and the **MOH** is facilitated more and is greater at the Local Level, that is, within the establishments of health themselfs At **Level of Region Coordination** is not so obvious.

The majority of **NGOs** think it is convenient to promote more **Coordination** with the **MOH** and other **NGOs.**

1.13. Evaluation

The **Evaluation** of achievements at the **NGOs** is carried out by the

institution's staff, mainly by the **Team of Supervision** In this process some 40 **NGOs** make the community participate.

The financial organisms also participate in **Evaluation** activities, jointly with the staff of the **NGOs**.

1.14. Mechanisms of Delivery

The breakdown of **Attentions in Health Components and Subcomponents** declared by the **Promoters** coincides almost entirely with what was stated by their respective work institutions Therefore, the **Mechanisms of Delivery** are directly related with the nature of the institutions and the scope of their work programs according to the installed capacity of all type of resources.

1.15. Work Context

In general, the implementation of the program in organizations that have **Full-Time Promoters**, is in the hands of personnel with studies at the university level.

ADS has a reduced number of technical and administrative resources to manage their high number of **PHP** and **CRD**, their **Education Level** also differs from the rest.

The **PROSAMI** declared having a type of **"Volunteers"** among its staff and other persons that form part of **County Committees and/or Commissions** This group can be regarded as integrated by collaborators of the **CHP**, without forming part of the institutional staffs. In fact, the community organization has its own routine activities.

For the assignment of **Homes and Families Coverage** the majority of the institutions apply a basic standard However, the final assignment is done according to the community census lifted by the **Promoter**, which in different percentages goes beyond the established standard.

Programming of the **Promoters** activities, mainly for a month, is done according to the **Risks** detected through **Follow-Ups** that have to be made in determined situations Therefore they require that a **Supervisor** check the existence of these **Risks** in the corresponding **District** according to the knowledge of it

NGOs, in general, do not assign a specific time to the types of attention that the **Promoter** gives; they do take into account that his **Actions** be directed mainly to the **Mother-Child** and **Women in Child-Bearing** age groups. The **CHP** devote most of their time to **Reproductive Health** and **Child Health Care.**

The **Expendables** received by the **CHP** of the **MOH** are not uniformly registered Some medicines not provided by the **MOH**, such as **Antibiotics**, appear in **Medicines** and **Expendable Materials.** However, some **CHPs** declared having them.

PROSAMI is the organization that delivers more **Equipment** at the initiation of the work of their **CHP. CAPS** and **CISI** have a similar pattern in **Equipment.**

The majority of **Promoters** make **Monthly Reports** that are the summary of the **Daily Activity Reports** Over seventy percent of this information is reviewed by the **Supervisors.**

1.16. Coverage of Key Groups of Beneficiaries

Basically the register make by the **Promoter** of his **Beneficiaries** include: **Sex, Age and Type of Service Given.** A considerable proportion also register **Education Level.**

Finally, in Coverage of the Key Groups the centralization of attention in **Children Below 5 Years of Age, Pregnant Women, and Women in Child-Bearing Age** is ratified

2. GENERAL RECOMMENDATIONS

2.1 Organization

- The **MOH** is the senior institution in systematically giving health services by means of **Rural Promoters** (18 years). At the same time, through the years it has chosen this staff with the Highest/Standards and has given them less attention activities at the Community Level It follows that its organization system should operate strictly at a **Local Level**; in that way its **Promotion** activities would help attend more people in the **Risk** groups for attention in the health establishments. However, it is once more necessary to assess the effectiveness of the **Referrals**, since they are less than 40%; to increase this coverage and protect a greater proportion of the population, it would be convenient to redefine the role of the **CHP** and the work systems of the health establishments to attract and attend the **Referrals** that are generated by the **CHP**. The present work system in the health establishments diminishes the work efficiency of the **CHP** of the **MOH**. Many of the **Referrals** are lost because of this. Priority should be given to make the staff of the health establishments respond to the needs of the community in its area of influence

- An integral appreciation of the exclusive **Program of CHP of the PROSAMI** qualifies it as the most complete in technical and administrative terms. Effectively, the 34 **NGOs** cover a wide range of **Components and Subcomponents of Health Services** through their **CHP**, even though their geographic coverage of **Cantons** is not very extended It follows that it is advisable that this experience be shared by the rest of **NGOs**, it is in this sense that the systematization of activities foreseen by **PROSAMI** in the forseable future must be considered.

- Recognition must be made of the efforts of the remaining **NGOs (ADS, PROSAMI, CISI, CARITAS** and **Others)**, in the coverage of the basic services. In terms of a qualitative and quantitative improvement of their work, it is advisable that in the near future the inter-sectorial coordination links are improved between the **NGOs** and the **MOH.**

2.2. Distribution and Geographic Coverage of the Promoters

- The quantity of **NGOs** taking part in the attention of health at the level of rural communities is notable, although with some innovative modalities, which should be supported and imitated, given their positive results.

- Coverage of attention has increased with the participation of **NGOs**, no so much in the number of **Districts**, but in the coverage of inhabitants per **County** and in the attention of **Risks.** The action of the **NGOs**, therefore, must be considered complementary, and not substitutive of the labor done by the **MOH.**

2.3. Installed Capacity

In general, an improvement of the availability of the **Installed Capacity** of many **NGOs**, especially **CAPS, CISI, CARITAS and Other NGOs**, is required.

2 4. Technical and Financial Assistance

- Detection was made in the course of the investigation that many **ONG's** have a Cost Recovery System; others count with financial aid for their services A thorough study of these systems is convenient, in addition to the solutions that might be applied when attention at greater levels is required, given the implied additional cost.

- Due to the importance of the work of **Promoters** working **Full Time** in many **NGOs**, it is advisable to continue with the financial aid that is required, in order to not interrupt their important community service. Regarding this last point, given the deficit of the socioeconomic conditions of rural communities, it is very difficult that the services rendered by the **NGOs** could be supported, financially, by the communites themselfs.

2.5. Health Services

- The work of the **CHPs** in the field of **Environmental Health** should be supported by the institution in order that promotion be effective. The promotion of latrines is ineffective is they are unavailable.

- It is advisable that **NGOs** include **Oral Health** in the attention given by the **Promoters**, specially, in preventive services that can be realized at community level.

- There are **NGOs** that are working in problems of **Nutrition** The exchange of experiences is advisable, in order to find more positive forms of tackling this serious problem.

- Taking into account the considerable quantity of **Underweigh Newly-Borns**, it is advisable that both the **MOH** and the **NGOs** give a greater coverage in this field, putting emphasis in the mother's instruction of house handling and the close follow-up of the evolution of the child. In these cases **Referrals** are ineffectual.

- Given the great importance of **ARI**, it is advisable that the **MOH** and the **OPS\PAHO**, jointly with **PROSAMI**, evaluate the case of the **"Standard Protocol to Handle Cases of ARI"**, in order to coordinate effiency and effectivity with the **CHP**

- A more profound and consistent investigation must be made regarding the reasons of why the population does not make use of the health establishments of the jurisdiction of their communities And something similar has to be done regarding the reasons of non-compliance with all the **Referrals** made by the **Promoters** With such a foundation, changes could be introduced to improve accessibility to services

2.6. Norms of Attention

- A very ample discussion and evaluation must be made of **Standards of Attention** to update them, in order to give more effiency in the services rendered by the **Promoters** The changes that are introduced in the **Standards** should be considered experimental and the effectivity of the change must be evaluated, with the goal of applying the gained experience towards the benefit of the population.

- Quality of attention of the **Promoters** could be evaluated when investigating the applied **Standards**; e.g. the identification of the parts that have been delegated and levels of compliance. This labor could be done by means of **Coordination** between **MOH**, **NGOs** and **Supervision**.

2.7. Requisites of Selection of the Promoters

In general, within the process of selection of the **Promoters**, the participation of the community must be adopted by all **NGOs**.

2.8. Sex and Educational Level of Promoters

Even when the **Educational Level of Promoters** does not same to have been a serious obstacle for the realization of their activities, it needs a more periodic **Supervision** and a defined reinforcement of their knowledges.

2.9. Salary Level and Benefits of the Promoters

With the "**horizontalization**" of the **Program of CHP of the MOH** it would be convenient to adopt a payment of salary system avoiding unnecessary displacements of **Promoters** and work absences The present payment of salary system for the **Promoters** of **ADS** makes **Promoters** travel considerable distances and in not very convenient routes, which means a cost deducted from the small salary they receive. Time will tell how the new strategies of **ADS** starting on July 1995 will deal with this problem.

2.10. Training

- It is necessary that all **Promoters and Supervisors** receive **Continuous Education**, periodically, **Initial Training** is insufficient to comply satisfactorily with all the assigned tasks. In the case of **MOH** the participation of the Director of the Health Establishments would be determinant in the subject, previous standardization and agreement at the correponding level.

- The attention of **Normal Births**, at community level, is the continuation of **Control of Pregnancy**, thus the **Promoter** and **Midwife** constitute a good attention binomial For the same reason, **Training of Midwifes** should be coherent with that of the **Promoters**, taking into account the population coverage that the first might have

- The majority of **Promoters** state not having difficulties in their jobs. Some answers are general and applicable to **Promoters** of any institution; for example, the difficulties of continuous education inasmuch as "**it is difficult to change the thinking patterns and costums of persons**" There are specific answers applicable to **NGOs** of **PROSAMI**, where the **CHP** have difficulties, specially, in **Pregnancy Control** Therefore it is necessary to reinforce **CHP** in the themes with which they have difficulties, previously making the suggested exploration.

2.11. Supervision

In the **MOH** and in the **NGOs** with **Supervisors** assigned to a group of **Promoters** in specific zones, a rotation of **Supervisors** could be applied to diminish the "personal relation" factor from their activities

2.12 Coordination

It is necessary to tighten the **Coordination** between the **MOH** and **NGOs**; it should be more extensive regarding other **NGOs** working with **CHP**, covering a greater number of topics, in order to establish a standarized form of working and mutual help.

2.13. Delivery Mechanisms

- The community requests from the **Promoter** a series of additional

services, such as Wound Sutures, Application of Pre-Natal Physiological Saline Solutions, Suministration of other Medicaments, etc An exploration of such petitions from the community and the feasability that the **Promoter** might have to realize them with safety would be convenient.

- On the other hand, the **Promoters** express the necessity of extending their services to some fields, given the necessities they detect in the community. Most of them coincide in relation to the petitions they receive from the community, including **Childbirth Attention.**

- The assignation of new actions to the **Promoters** must be in accord with the necessities identified within the population, the risks they represent and the real possibility of the **Promoter** to render the service within safe conditions

- **Vaccination** made by the **Promoter** is a good example of delegation of **Actions**; through this mean minors of less than 5 years can be assured that they will be vaccinated and the immunization scheme be thus achieved The **Normal Birth**, whose follow-up of which is not complex, can be delegated to the **Promoters**, backed-up by the Health Establishment and the **Midwife** of the community. Here, the considerable percentage of **Pregnancies** without **Prenatal Control** is taken into account

2 14. Context of Work

- To obtain positive results in the promotion of health and prevention of diseases, a continuous action at the community level is necessary Therefore, the work of the **Promoters** must be realized in normal and complete working shifts (8 daily hours) The partial dedication in many **NGOs** of 1, 2 or 3 hours, does not have much impact in the population, and only allows for sporadic actions in each family

- In relation to what has been said, the effectivity of the **Promoter** cannot be fully evaluated The 2 hour working shifts and the labor days depending on the availability of his time, are great handicaps. **NGOs** that work with **Volunteers** have declared that they cannot be demanding with them, given their condition and meagre labor benefits.

- **The network of Volunteers and Committees of Support** around the **Promoter**, is convenient to maintain and promote it They play an important rol, helping the effectivity of **Actions**; for example, in the Detection and Timely Treatment of Diarrheas, as a diminishing factor of infantile morbidity due to this cause.

- The **Promoter** is an agent accepted by the community, he expresses himself similarly to them and comprehends their way of life His activities are continuous and benefit the persons assigned and other persons that seek them demanding similar attention. Thus, the

Promoter is an agent of rural attention and penetration who has opened a breach for the attention of health, basically in the field of prevention. Therefore, his work must be supported and expanded, in quantity and quality.

- The performance of the **Promoter** induces to recommend the inclusion of other resposibilities, which can be delegated to him, first as pilot experiences and afterwards generalizing them according to results. In this aspect, it is convenient to analize carefully the number of homes the **Promoter** has been assigned and the capacity he has of to serve them, considering the possibility of burdening him with other responsabilities Here, more than numbers, what is interesting is the real coverage of his activities with the families under his responsibility. The same institutions are conscient that the assignations are high and underline it as one of the basic problems.

- The Diagnostic of the Community made by the **Promoter**, at the initiation of his work, constitutes a valuable element that will show the basic condition or situation and the possible changes that can be expected after a determined period of time. Likewise, it is convenient to give this Diagnostic of the Community more utility; in time and with the Diagnostic, indicators can be designed with which the effectivity of actions could be measured.

- The planning of his work and the asignation of time to serve the different risks, is made by the **Promoter** himself, that is, he has been given freedom to make this activity. It would be convenient to exercise more supervision of this planning so that it really is coherent with the elaborated diagnostic.

- Even when the **Promoter** is chosen for his leadership qualities, to gain the effective participation of the community in his **Actions of Promotion and Prevention of Health**, the initial help of persons with experience in this type of participational work is necessary Many **Promoters** complain of the little or inexistent participation of the community.

2 15. Coverage of the Key Groups of Beneficiaries

The quantity of attentions realized by the **NGOs** in the field of health could be subjected to accountancy in order to make a better estimate of **Coverages**. That would require that they have a similar **System of Information**. The realizations of the **Promoters** are registered in the report form that some **ONGs** have, the **MOH** has one. If a simplified and similar **System of Information** could be established for all of them, the real **National Coverage** could be appreciated, not only with base upon the presence in a determined community, but considering the penetration of the **Preventive Programs**.

2.16. Follow-Up of the Investigation Realized by IPM

Without doubt that the results of the present investigation are of

relative importance and practical utility, in addition to findings that identify deficitary situations in structural aspects of a group of **NGOs**, typical of diagnostic studies (review and evaluation). Therefore, it is recommendable to form a **"work group"**, integrated by the **MOH** and selected **NGOs**, with the specific object of providing follow-up to the foundation and application of the results of the investigation, for the definition of the 8 great key factors, inherent in the performance of the **Promoters of Community Health**, to wit:

- Establishment of consensus over definition, responsibilites and activities of the **HEALTH PROMOTERS**, standarizing norms and functions that they have.

- Standarization of minimum standards for the compositions of classes, contents and quantity of training that must be supplied to the **HEALTH PROMOTERS**, with a actualized program of basic training and review.

- Standarization of types, classes and quantity of supervision supplied to **HEALTH PROMOTERS**

- Propension toward levelling and betterment of the working conditions of the **HEALTH PROMOTERS**; including (part-time and full-time) volunteers and employees.

- Analisis of the relation between the sex of the Health Promoters (part-time, full-time or volunteers), salary and performance

- Updating of the contents of the **Manual for HEALTH PROMOTERS**, assuring its total distribution and compliance.

- Development of strong and institutionalized mechanisms with the **GOES/MOH** and the community of **NGOs**, to coordinate and cooperate with the provision of the services of the **HEALTH PROMOTERS** and their practical application, including the patients referral system.

- Establishment of appropriate institutionalized coordination and cooperation between the **MOH**, the **NGOs** and the **HEALTH PROMOTERS**.

PN-ACD-230

REPUBLIC OF EL SALVADOR, C.A.

REVIEW AND ASSESSMENT OF COMMUNITY HEALTH PROMOTERS: MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOH) AND NON-GOVERNMENTAL ORGANIZATIONS (NGOs)

FINAL REPORT - Volume "B"

Presented by:

Investigaciones de Población y Mercado, Sociedad Anónima de Capital Variable.
(I P M, S. A. de C. V.)
Population and Market Investigations, Inc.

(Research by Contract between **CLAPP and MAYNE, Inc.**, **Consultants to Management**, and **IPM, S.A. de C.V.**, financied by the United States Agency for International Development - USAID)

San Salvador, **EL SALVADOR, C.A.**
September, 1995.

173

ANNEX INDEX

Nº	Title	Page
1	ORGANIZATIONAL STRUCTURE	1
2	CHRONOGRAM OF GENERAL ACTIVITIES	5
3	BIBLIOGRAPHY AND REFERENTIAL DOCUMENTATION	11
4	KEY CONTACTS AND INTERVIEWED OFFICERS: PROFESSIONAL, TECHNICAL AND ADMINISTRATIVE PERSONNEL IN MOH, SDA, MHCAP, ICIS, APHC, CARITAS AND OTHER NGO's	15
5	LIST OF ONG's INTITUTIONS THAT RENDER HEALTH SERVICES THROUGH MAY 31, 1995	19
6	LIST OF OTHER NGO INSTITUTIONS UP TO MAY 31, 1995	33
7	INSTRUMENTS OF INVESTIGATION	43
	- Instruments for the Gathering of the Information ...	45
	- Form 1: Institutional Characterization of Health Services Rendered by Means of Comunity Health Promoters (CHPs)	52
	- Annex to Form 1	69
	- Form 2: Detailed Characterization of the Health Services Rendered by Through Comunity Health Promoters (CHPs)	76
	- Annex to Form 2	90
	- Form 3: Characterization Opinion of Comunitary Health Promoters (CHPs) about Technical - Administrative Aspects of Their Resture (Poll by Sampling)	95
	- Instructive for Instrument F - 3	102
8	GEOGRAPHIC COVERAGE OF THE PROMOTERS OF MOH, SDA, MHCAP AND OTHER NGOs, BY DEPARTAMENTS, MUNICIPALITIES, AND CANTONS, IN ACCORDANCE TO THE TYPE OF INSTITUITON	107
9	TABLES 1 TO 18	159

124

TABLES INDEX
(Annex Nº 9)

Nº	Title	Page
1.	CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS, BY TYPE OF INSTITUTION, NATIONALITY AND LEGAL SITUATION, ACCORDING NUMBER OF CHP BY NAME	161
2.	CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS" BY TYPE OF INSTITUTION TO WICH IS AFFILIATED AND ESPECIFIC GOALS	163
3.	CLASIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS", BY INSTALLED CAPACITY (TANSPORT UNITS, BUILDINGS, COMPUTATION EQUIPMENT, ETC)	166
4.A.	CLASSIFIED LIST OF INSTITITIONS THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS", ACCORDING TO FINANCING MEANS	170
4.B.	CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES, BY FINANCING AMOUNTS, SOURCE PERIOD AND AMOUNT DESTINED EXCLUSIVELY TO CHP	172
5.	INSTITUTIONAL CLASSIFICATION BY COVERAGE OF HEALTH AND OTHER SERVICES RENDERED BY MEANS OF "PROMOTERS" (HEALTH AND OTHERS LARGE COMPONENTS AND SUB-COMPONENTS.	175
6.	CLASSIFIED LIST OF NGO's, ACCORDING TO REQUIREMENTS AND BASIC CONDITIONS OF THEIR PROMOTERS	183
7.	CLASSIFIED LIST OF INSTITUTIONS TAH RENDER HEALTH SERVICES BY MEANS OF PROMOTERS ACCORDING TO EXPENDABLES SUPPLIERS AND LOGISTICS SYSTEM	187
8.	CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS" BY TYPE OF COMMUNITARY COLABORATION	189
9.A.	CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS, BY BASIC CAPACITATION CHARACTERISTICS	192

175

N°	Title	Page

9.B. INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB-COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS 194

10. CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS BY BASIC SUPERVISION CHARACTERISTICS 210

11.A. CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY COORDINATION MECHANISMS WITH THE MPHSA 212

11.B. CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY BASIC CHARACTERISTICS IN COORDINATION WITH MOH 214

12. CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY BASIC COORDINATION CHARACTERISTICS WITH OTHER NGO's 216

13. CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY COORDINATION MECHANISMS APPLIED WITH OTHER NGO's ... 218

14. CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS" BY PARTICIPATING ENTITIES IN EVALUATION OF ACTIVITIES AND DIFFICULTIES IN 1993 AND 1994 220

15.A DISTRIBUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)- INSTITUTION : MOH 227

15.B. DISTRIBUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)- INSTITUTION : DSA 228

15 C. DISTRIBUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)- INSTITUTION : OPRODE (PROSAMI) 229

15.D. DISTRIBUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)- INSTITUTION : CAPS 263

Nº	Title	Page

15.E. DISTRIBUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)- INSTITUTION : KONRAD ADENAHUER 270

15.F. DISTRIBUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)- INSTITUTION : OLOF PALME (OTHER NGO's) 275

16. DISTRIBUTION OF TIME ASIGNED TO THE CHP, BY SERVICES ACCORDING TO THE WEEKLY HOURS (Absolute and Relative : %) 282

17. CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP 287

18. INSTITUTIONS BY TYPE OF MEDICINES AND EXPENDABLE MATERIALS, ACCORDING TO CONDITION OF DISTRIBUTION 295

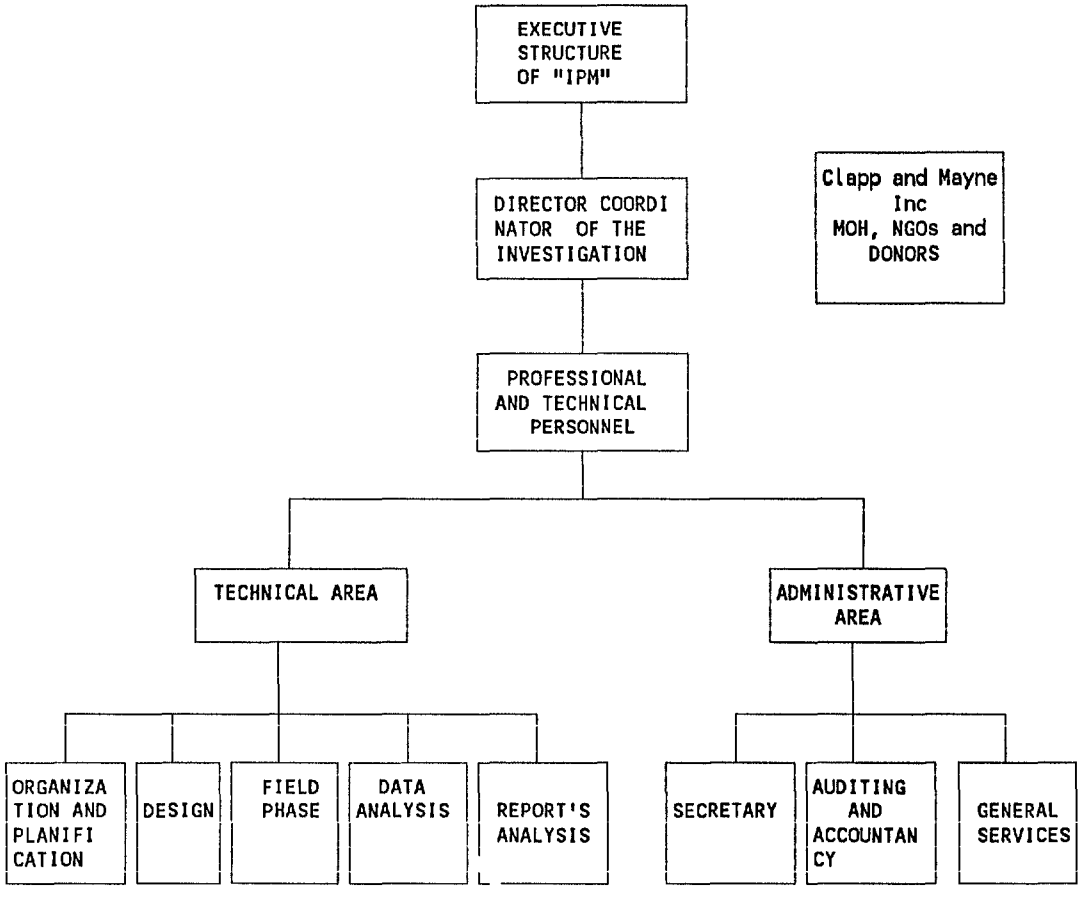
Annex Nº 1

ORGANIZATIONAL STRUCTURE

República de El Salvador, C.A.

REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHPS) IN THE MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOH) AND NON-GOVERNMENTAL ORGANIZATIONS (NGOS)

ORGANIZATIONAL STRUCTURE



Annex Nº 2

CHRONOGRAM OF GENERAL ACTIVITIES

Republic of El Salvador C A

REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHPs) IN THE

MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSITANCE (MOH) AND NON-GOVERNMENTAL ORGANIZATIONS (NGOs) IN EL SALVADOR

GENERAL CHRONOGRAM OF ACTIVITIES

(April 3 to August 31/05)

No	Substantial Activities	Activities in the Indicated Calendar Months				
		1	2	3	4	5
1	Coordination and Follow-Up Meetings with Personnel of Clapp and Mayne Inc MOH MHCAP SDA NGOs and DONORS					
2	Evaluative Collection of Documents and Related Investigations (MHCAP SDA UNDP MARCABLE Dependencies of MOH NGOs)					
3	Evaluative Collection of Information and Statistics of NGOs and System of the CHPs of MOH - Geographic Distribution al Municipal Level Urban and Rural					
4	Review of Study Themes regarding CHPs					
5	Final List of Themes Variables Basic Data to be Researched					
6	Geographic Areas Coverage Definition of CHPs of MOH MHCAP SDA and Other NGOs					
7	Contents and Final Formats of the Research Instruments					
8	Plan of Tables Charts Graphics and Analysis for the Final Report of CHPs					

CROCLAPP

Republic of El Salvador C A

REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHPs) IN THE

MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSITANCE (MOH) AND NON-GOVERNMENTAL ORGANIZATIONS (NGOs) IN EL SALVADOR

GENERAL CHRONOGRAM OF ACTIVITIES

(April 3 to August 31/95)

(Continuation)

No	Substantial Activities	Activities in the Indicated Calendar Months				
		1	2	3	4	5
9	Statistical Methodology - Samples to Adequate Representation of Themes and Strategic Variables in Sub-Samples of CHPs (MOH MHCAP and SDA)					
10	Final Approval and Training of Research Assistants and Field Critic Codification Recording Verification Personnel					
11	Preview Test of Research Instruments (Pilot-Test) - Adjustments - Instructives					
12	Presentation Review Evaluation Adjustment and Approval of Activities Nos 4 to 10 by the MOH NGOs and Donors					
13	Field Work Programation - Collection - Supervision and Follow-Up					
14	Collection of Primary Information in F-1 and F-2 - Program of Visits (Interviews)					
15	Reception of Amplifications and/or Modifications of Forms F-1 F-2 and F-3 Coverage					
16	Elaboration and Evaluation Proceedings-Approval of Annexes to F-1 F-2 and Reforms of F-3					

CROCLAPP

182

Republic of El Salvador C A

REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHPs) IN

MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOH) AND NON-GOVERNMENTAL ORGANIZATIONS (NGOs) IN EL SALVADOR

GENERAL CHRONOGRAM OF ACTIVITIES

(April 3 to August/95)

(Continuacion)

No	Substantive Activities	Activities in the Indicated Calendar Months				
		1	2	3	4	5
17	Reprogramation of Field Work - Reformed Annexes F-1 F-2 and F-3					
18	Collection of Information (Reprogramed)					
19	Review Critic and Codification of Collected Information					
20	Coherence between Institutional Inforamation (Census) and Field Work (Inquiry by Sampling)					
21	Data Analysis Reformulation of Data Bases Flow Charts and Parametric Indicators					
22	Data Analysis (Flow Charts and Parametric Indicators) - Final Report Elaboration CHPs in Spanish)					
23	Presentation of Activity 22 for Review by MOH NGOs and Donors					
24	Reception and Incorporation of Observations to Complete the Final Report CHPs in Spanish					
25	Translation into English of the Spanish Version of the Final Report CHPs					
26	Reproduction and Delivery of 200 Copies in Spanish and 50 in English of the Final Report plus 2 Complete Copies (Spanish and English) Diskettes in Word Perfect 6 0					

CROCLAPP

183

Annex Nº 3

BIBLIOGRAPHY AND REFERENTIAL DOCUMENTATION

BIBLIOGRAPHY AND REFERENCIAL DOCUMENTATION

1. SDA: "National Survey of Family Health (NSFH)" (Years 1985, 1988 and 1993).

2. SDA: "Satisfaction Indicators of the Services rendered by PRO-FAMILY Health Promoters ". May of 1995.

3. ALEX A. ALENS Z.: "Population Estimations and Projections; Principal Demographic Indicators of El Salvador". MIPLAN y FNUAP, 1979.

4. ALEX A. ALENS Z.: "Sociodemographic and Economic Aspects of the Displaced Population". International Organization for Migrations (IOM). 1984.

5. DIGESTYC: "Population and Housing Census" (Years 1950, 1961, 1971 and 1992).

6. IPM, S.A. de C.V.: "Drinking Water and Electric Energy Availability of the Rural Population of El Salvador". 1989.

7. JOHN SNOW, Inc.: "Survey of the Demand of Health Services". "REACH" Project. 1989.

8. MARCABLE, S.A. de C.V.: "Study of Non-Profit Private Institutions that render Health Services". June of 1990.

9. MPCESD: "Multiple-Purpose Homes Surveys" (Years 1991-1992 and 1992-1993).

10. MOH: "Yearly Statistics" (Years 1989, 1990 and 1991).

11. MOH: "National Consolidation of Communities". July of 1994.

12. MOH: "Infantile Morbility, Diahrrea Prevalence and Sanitation Conditions Survey" (Water and Excreta". 1990.

185

13. MOH: "Survey of Infantile Morbility, Diarrhea Persistence and Acute Respiratory Disease, Maternal Lactancy and Environmental Sanitation". 1990.

14. MOH: "Regional Reports regarding the Basic Conditions of the Basic Sanitation Conditions of the Managerial System of Health of the Health Promoter". 1992.

15. MOH: "The Health Promoter s Manual". 1992.

16. MOH: "The Managerial System of the Health Promoter's Manual". 1994.

17. MOH: "Labor Report". 1993-1994.

18. MOH: "Attention Model in Community Health". First International Congress of Community Health. October of 1994.

19. MOH: "National Health Plan 1990-1994".

20. MOH: "Relations between the MOH and Health NGO's of El Salvador". (Executive Summary). Agust of 1994.

21. MHCAP: "Risk Analysis in Health per Canton". 1994.

22. MHCAP: "Middle Term Evaluation". November of 1994.

23. MHCAP: "Operation Manual of the Data Base System of the NGO's". June of 1994.

24. MHCAP: "Health Promoters' Modules Basic Course. 1995.

25. UNDP: "Directory of Private Development institutions of El Salvador". 1992.

26. Magazines of the CRB (Years 1980-1992).

27. USAID-El Salvador, PHO/WHO, WORLD BANK and IDB: "Analysis of the Health Sector in El Salvador (ANSAL)". January of 1994.

Annex Nº 4

KEY CONTACTS AND INTERVIEWED OFFICERS: PROFESSIONAL, TECHNICAL AND ADMINISTRATIVE PERSONNEL IN THE MOH, SDA, MHCAP, ICIS, APHC, CARITAS AND OTHER NGO'S

LIST OF KEY CONTACTS AND INTERVIEWED PERSONS

1. Licentiato Angola Sánchoz de Larín
   Chief, International Cooperation Office, MOH.

2. Licentiate Margarita de Monroy
   Technical Collaborator, International Cooperation Office, MOH.

3. Doctor Patricia de Quinteros
   Community Health Coordinator, MOH.

4. Licentiato Gicola de Guorrero
   Rosoarch and Community Health Information Technician, MOH.

5. Licentiate Zoila Marina de Guadrón
   Community Health Training Technician, MOH.

6. Doctor Alfrodo Salvador Galán Avalos
   Chief of the Research Department, DPSS, MOH.

7. Licentiate Celia Hernández
   Technical Collaborator, Mother and Child Health Department, MOH.

8. Doctor Luis Alvaro Velásquez
   Director, Occidental Health Region, MOH.

9. Mister Juan Antonio Deleón Gutiérrez
   Regional Supervisor, Occidental Health Region, MOH.

10. Mrs. Mirka Elvira de Hernández
    Community Health Technician, Occidental Health Region, MOH.

11. Doctor Ricardo Ernesto Funes
    Community Health Coordinator, Central Health Region, MOH.

12. Mr. Balmore Baires Aguilar
    Departmental Supervisor, Central Health Region, MOH.

13. Doctor Silvio Armando Portillo
    Community Health Coordinator, Metropolitan Health Region, MOH.

14 Mrs. Ana Virginia Bernal de Rivera
   Community Health Technician, Metropolitan Health Region, MOH.

15. Mr. Juan Alonso Deras Lemus
    Regional Supervisor, Metropolitan Health Region, MOH. MSPAS.

16 Doctor Andrés Remberto Guzmán
   Paracentral Health Region Director, MOH.

188

17 Mr. Alejandro Lazo
Regional Supervisor, Paracentral Health Region, MOH.

18. Doctor María Elizabeth Z. de Vidaurre
Director, Oriental Health Region, MOH.

19. Mr. Daniel Moreira Méndez
Community Health Technician, Oriental Health Region, MOH.

20. Doctor Samuel Castro
Medical Director, SDA.

21. Mr. Mario Cacéres
Chief of Division, Planning, Evaluation and Development, SDA.

22. Mr. Gilberto Zelaya Delgado
Interim Manager, Rural Program, SDA.

23. Doctor Elizabeth Burleigh
Director, MHCAP.

24 Licentiate Flor de María de Ramírez
Training Technician, MHCAP.

25 Doctor Richard Allan Dale
Executive Director, ICIS.

26. Doctor Vicky de Luna
Executive Director, ASAPROSAR.

ANNEX Nº 5:

LIST OF ONG'S INSTITUTIONS THAT RENDER HEALTH SERVICES-THROUGH MAY 31, 1995

Republic of El Salvador, C.A.
REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHPs): MINISTRY OF HEALTH (MOH) AND NON-GOVERNMENTAL ORGANIZATIONS (NGOs)
List of the Institutions (NGOs) that render Health Services Through May 31 1995

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	PERSON IN CHARGE	Nº OF PROMOTERS
1	MINISTRY OF PUBLIC HEALTH (MOH)	Calle Arce Nº 827, San Salvador	221 0966	Dr Eduardo Interiano	1,438 a/
2	SALVADORAN DEMOGRAFIC ASSOCIATION (SDS)	25 Av Nte No 583 Edificio Profamilia, San Salvador	225 0737	Lic Jorge E Hernandez I	1,480 b/
	1. AHUACHAPAN				
3	SALVADORAN ASSOCIATION OF FEMALE PEASANTS (SAFP) 1/	Ave Francisco Menendez Sur Pje Concordia #1 2 (Frente a Colegio Josefino), Ahuachapan	443 0537	Mrs Adela Lopez Moran	10 a/
4	COMMUNITY DEVELOPMENT ASSOCIATION OF ATACO (CDAA)	Final 5ª Av Sur Bo Santa Lucía, Ataco, Ahuachapan	450 5283 y 450 4531	Mr Oscar A Chicas	0
5	CHRISTIAN CHURCH CASA LA ATARRAYA INFANTILE JUVENILE MINISTRY (LAH)	Lotificacion Altos del Pino, Calle a Canton Ashapuco, Ahuachapan	443 1582	Mrs Roberto Hamilton	0
	2. SANTA ANA				
6	SALVADORAN ASSOCIATION PRO RURAL HEALTH (ASAPROSAR) 2/	Km 62½, Calle Panamerica na Col El Mora, Santa Ana	447-7216 y 441-0646	Dr Vicky de Luna	63 a/
7	CARITAS OF EL SALVADOR, DIOCESE OF SANTA ANA 5/	9ª Av Nte No 52 Contiguo a Iglesia Santa Barbara, Santa Ana	441-1948	Mr Hugo Revelo	25 c/
8	SOCIETY OF FAMILY FATHERS FRAY FELIPE DE JESUS' HOME FOR GIRLS	Av Jose Matías Delgado y 3ª Calle Pte , Santa Ana	441 1728	Sister María L Oliva	0
9	CATHOLIC UNIVERSITY OF THE OCCIDENT (OCU) 6/	1ª C Pte Nº 32, Santa Ana	441 2668	Lic Moises A Martínez Z	76 c/
10	SANTA ANA'S HOME CLINIC	29ª C Pte entre 24ª y 26ª Av Sur Col Buenos Aires, Santa Ana	440 2905	Sister Vincenzina Renella	0
11	SAN JOSE CLINIC	10ª Calle Pte Hogar de Anciano San Jose, Santa Ana	440 7689	Presbyter Jose A Guevara	0
12	EL CONGO'S DIVINE PROVIDENCE PARISH CLINIC	Barrio San Antonio, El Congo, Santa Ana	446 9415	Presbyter Jose Luis Gamero	0
13	GODFATHER'S CLUB OF THE INTEGRAL REHABILITATION CENTER OF THE OCCIDENT (GCOIRCO)	17ª Av Sur 1ª y 3ª C Ote , Santa Ana	447 7635	Mr Rafael A Martínez	0

(CONTINUES)

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMOTERS
14	COOPERATION AND SUPPORT ASSOCIATION FOR THE DEVELOPMENT OF SOLIDARITY AND ENVIRONMENT (CSADSE)	Residencial Santa Lucía, 11ª Calle Pte Bis Nº 30, Santa Ana	440 3368	Dr Jorge A Alarcon Lemus	0
15	FRIENDLY FATHERS' ASSOCIATION OF PATIENTS OF THE REHABILITATION CENTER OF THE OCCIDENT (FFAPRCO)	17ª Avenida Sur, Santa Ana	447 3675	Mrs Sonia de Jubis	0
	3. SONSONATE				
16	AGAPE ASSOCIATION OF EL SALVADOR 1/	Km 63, Carretera a Sonzacate, Sonsonate	451-2667 y 451-1456	Father Flavian Mucci	17 a/
17.	CARITAS OF EL SALVADOR, DIOCESE OF SONSONATE 5/	3ª Av Nte y 3ª Calle Pte. Fte ,a ANTEL de Sonzacate, Sonsonate	451-4033	Monsignor Jose Adolfo Mojica	20 c/
18	NATIONAL ASSOCIATION OF SALVADORAN NATIVES (NASN) 6/	Calle Obispo Marroquín Antigua Aduana Ferrea 5-1, Sonsonate	451 0742 y 451 1721	Mr Adrian Esquina Lisco	36 c/
	4. CHALATENANGO				
19	CARITAS DE EL SALVADOR, DIOCESE DE CHALATENANGO 5/	Casa Episcopal, Calle San Martín No 4, Chalatenango	335-2060	Mr. René Chicas	20 c/
20	CHALATENANGO'S INTERNATIONAL PLAN	Barrio San Antonio, por Iglesia San Antonio, Antigua Sede de ONUSAL, Chalatenango	335 2104	Engineer Ernesto Moran	0
	5. LA LIBERTAD				
21	PARISH OF THE IMMACULATE CONCEPTION 4/	Puerto de La Libertad	335-3047	Presbyter Esteban Vellenga	4 c/
22	SAN JOSE'S CHURCH	Barrio El Centro, San Jose Villanueva, La Libertad	110 (ANTEL)	Sister of the Charity of the Incarnate Verb	0
23	EL SALVADOR'S NATIONAL DEVELOPMENT AND REACTIVATION ASSOCIATION (ESNDRA) 2/	Condominio San Martín D-1, 2da Planta 6ª Av Sur y 6ª Calle Pte , Santa Tecla	228-6452	Lic Miguel A Aguirre	10 a/
24	CHILDREN'S PRO INTEGRAL HELP ASSOCIATION (CPIHA)	Av Padre Segundo Montes No 30 Col Quezaltepeque, Santa Tecla	228 2312	Lic Sineccio Rodríguez Elías	0
25	SALVADORAN LUTHERAN AID 6/	Av Ateos Pol "S", Casa No 13 A Urb Jardines de La Libertad, Ciudad Merliot, Santa Tecla	278-2203	Engineer Benjamín Alas	68 c/
26	SANTA TECLA'S LION CLUB	Final Ave Melvin Jones, Contiguo Col Utila, Santa Tecla	228 0862	Dr Nelson Medina Monroy	0
27	THE DIVINE PROVIDENCE CHILDREN'S HOME	Calle Real Col Quezaltepeque, Santa Tecla	228 3132 y 228 2762	Hna Magdalena Cuellar García	0
28	SALVADORAN INTERCOMMUNITY HEALTH AND SOCIAL SERVICE ASSOCIATION (SIHSSA) 6/	EL Col San Antonio Las Palmeras 12ª Av Nte y 15ª Calle B #D-15, Santa Tecla	228 4952	Sr Santiago Díaz	66 c/

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMO TORES
2º	INTERNATIONAL PLAN LA LIBERTAD (SANTA TECLA)	Col Utila Avenida Dr Jose Zablah Touche Nº 6 6, Santa Tecla	229 1756	Ing Ernesto Moran	0
30	SOCIAL DEVELOPMENT FOUNDATION (SDF) 1/	Calle Cuscatlan Ote y Pje 2, Antiguo Cuscatlan, La Libertad	223 5599 y 224-1887	Licda Lindaura de Cea	7 a/
31	SALVADORAN FOUNDATION FOR HEALTH AND SOCIAL DEVELOPMENT (SFHSD) 3/	Urb Bosques de Sta Elena Blvd Sur No 10 Antiguo Cuscatlan, La Libertad	278 9727 y 278 9728	Licda Celina de Choussy	52 c/
32	EL SALVADOR'S NATIONAL ASSOCIATION OF THE SOVEREIGN MILITARY ORDER OF MALTA	Urb Santa Elena Blvd Sur, Lote #3, Antiguo Cuscatlan La Libertad	278 0255	Sr Gerard Coughlin	0
33	ANTIGUO CUSCATLAN'S CHRISTIAN MISSION	2ª C Pte y Av Navas Sur #9, Antiguo Cuscatlan, La Libertad	278 9627	Sr Eduardo Rodríguez M	0
34	PARISH OF CHILTIUPAN 4/	Chiltiupan, La Libertad		Sra Emilia García	6 c/
35	PARISH OF SAN ESTEBAN	Tepecoyo, La Libertad		Sra Sofia Duran	0
36	SOCIAL WORK JOHN PAUL II	Colonia Libo Contiguo a Fabrica DELCO, Quezaltepeque, La Libertad	331 2249	Hna Cecilia D Santamaría	0
37	VILLA COLON'S COMMUNITY DEVELOP MENT ASSOCIATION (VCCDA COLON)	Avenida Manuel Gallardo Contiguo a Escuela "Sor Clara Quiroz", Colon	223 4162	Sr Leandro A Mercado	0
	6. SAN SALVADOR				
38	HUMAN DEVELOPMENT ASSOCIATION (ADHU) 2/	Col San Mateo Pje Quito Nº39, San Salvador	224 0224	Lic Humberto Rivera	10 a/
39	ASSOCIATION FOR THE ORGANIZATION AND BUSINESS EDUCATION OF WOMEN (A W B E OF EL SALVADOR) 1/	Final 25 Av Sur y Calle Central #1407 Col Cucumacayan, San Salvador	221 0957	Dra Ildiko de Tesak	25 a/
40	SALVADORAN ASSOCIATION OF PROMO TION, TRAINING AND DEVELOPMENT (SAPTD) 2/	11ª Calle Pte Nº 4030 Col Escalon, San Salvador	223 7875	Licda Claudia Caceres	18 a/
41	SALVADORAN INTEGRAL DEVELOPMENT ASSOCIATION (SIDA) 2/	23ª Ave Norte Pje San Ernesto #1314 San Salvador	226-6524 y 225-2317	Lic Lorenzo R Quintanilla	13 a/
42	SALVADORAN FOUNDATION FOR THE DE-VELOPMNET OF WOMEN AND CHILD (SFDWC) 1/	Jardines de Serramonte # 2 Ave Bernal, Senda Nº 1, Casa Nº 18, San Salvador	274-1800	Licda Sara del Carmen Ventura	19 a/
43	DEVELOPMENT'S PROFESSIONAL ORGANIZATION (OPRODE) 2/	Ave Sierra Nevada y Pje Chaparrastique Nº 45 Col Miramonte, San Salvador	226-6927	Dra Cecilia Melendez	27 a/
44	SALVADORAN ASSOCIATION FOR HUMAN DEVELOPMENT (ASADEH) 2/	Reparto Miralvalle, Calle Amsterdam Pje Berna #475 San Salvador	274 0171	Lic Modesto A Rebollo	10 a/
45	SALVADORAN HEALTH'S PROMOTION ASSOCIATION (SHPA) 1/	Urbanizacion Buenos Aires 4, Ave Alvarado Nº 112, San Salvador	226-1341	Dr Miguel A Orellana	91 a/

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMO TORES
46	CENTER FOR THE SUPPOPT OF BREAST FEEDING (CSBF) 2/	Calle Aconcagua Nº 5 Col Miramonte, San Salvador	226 8389	Licda Josefa de García	16 a/
47	NATIONAL COORDINATOR OF SALVADORAN WOMEN (NCSW) 1/	Boulevard de Los Heroes y Pje Las Palmeras Nº 130 Urbanizacion Florida, San Salvador	226 2080	Sra Isabel Ramírez	10 a/
48	INTEGRATION AND RECONSTRUCTION COMMITTEE OF EL SALVADOR (CIRES) 2/	41ª Ave Sur y 12ª C Pte #2137 Colonia Flor Blanca, San Salvador	222 4334 y 222-6630	Sra Betty A de Reyes	16 a/
49	CUSCATLAN FOUNDATION " MANUEL FRANCO " (CFMF) 1/	25 Av Nte y 27 Calle Pte Edif Panamericano Local Nº 202, San Salvador	226 7622	Lic Vinicio Peñate	10 a/
50	MAQUILISHUAT FOUNDATION (MF) 1/	Calle y Col Santa Teresa Nº 22, San Salvador	284 1266 y 284 1435	Dr Hector R Silva	25 a/
51	SALVADORAN WOMEN'S ASSOCIATION (SWA) 2/	Calle Los Almendros Nº 15 Colonia El Rosal Sur, San Salvador	224 1045	Sra Marina Peña	10 a/
52	ASSOCIATION FOR THE AUTODETERMINATION AND DEVELOPMENT OF SALVADORAN WOMEN (SWA) 2/	Col Centroamerica Calle Guatemala Pje 9 Nº 110, San Salvador	225-2452	Sra Yanira Argueta	10 a/
53	SALVADORAN ASSOCIATION OF ENTRE PRENEURIAL PROPAGATORS GRADUATED FROM INCAE (SAEPGI) 2/	Condominio Plaza Monterrey #302 1ª Diagonal, Urb La Esperanza, San Salvador	226-9819	Ing Ricardo A Segovia	10 a/
54	SALVADORAN ASSOCIATION OF SOCIO-ECONOMIC RESEARCH AND PROMOTION (SASERP) 1/	27 Calle Pte Nº1233 entre 21 y 23 Av Nte Col Layco, San Salvador	225-9753	Lic Luis A Mejía	10 a/
55	COMMUNITY DEVELOPMENT COUNCIL OF USULUTAN (CODECUS) 1/	Col Satelite Calle Constitucion Pje Constelacion No 5 J, San Salvador	274 0370 y 662 2912	Sr Isidro J Trejo Campos	10 a/
56	WORKER'S SELF MANAGEMENT AND SOLIDARITY FOUNDATION (WSMSF) 1/	Urb Buenos Aires Avenida Alvarado Nº 28, Polig "A", San Salvador	225 8008	Sr Oscar A Rodríguez C	10 a/
57	COMMUNITIES AND COOPERATIVES COORDINATOR FOR THE DEVELOPMENT OF THE COAST (CCCDC) 1/	Calle Talamanca #2908 Col Miramonte San Salvador	226 6070 y 226-6328	Sr Antonio Rodríguez G	16 a/
58	ALTERNATIVE DEVELOPMENT INICIATIVE (ADI) 1/	Calle Managua #12 Colonia Centroamerica, San Salvador	226-1119	Sr Leandro Uzquiano	10 a/
59	ORGANIZATION OF SALVADORAN WOMEN (OSW) 1/	Urb Universitaria 9469 Calle Las Rosas No 29, San Salvador		Sra Jeannette Urquilla	20 a/
60	PATRONAGE FOR THE DEVELOPMENT OF THE COMMUNITIES OF MORAZAN AND SAN MIGUEL (PDCMSM) 1/	Final 39ª Ave Norte Pje Maya Nº 4 Col Libertad, San Salvador	226 5492 y 110-3 Perquín	Sr Cristobál Benitez	16 a/
61	"ALFALIT OF EL SALVADOR", CHARITY AND CULTURAL ASSOCIATION 3/	Boulevard Universitario Nº 2034, Col San Jose, San Salvador	226 4144	Prof Santiago Flores Amaya	15 c/
62	CITY HALL OF SAN SALVADOR, DEPARTMENT OF SOCIAL DEVELOPMENT (AMSS)	Av Alvarado, Diagonal C A Calle Angora, San Salvador	226 3367	Licda Carolina Flores Meza	0
63	THE TAZUMAL FOUNDATION 3/	Col Malaga Edificio "B" Tercer Nivel Nº 33, San Salvador	222-0494	Sra Alma Ochoa de Hernandez	60 c/

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMOTORES
64	SCHOOL OF MEDICINE OF THE UNIVERSITY OF EL SALVADOR (UES)	Final 25ª Avenida Norte, San Salvador	225 8318	Dr Rafael Monterrosa	0
65	INTERNATIONAL WORLD VISION OF EL SALVADOR 3/	23 Calle Pte No 1005 Col Layco, San Salvador	225 2384 y 226 8803	Lic Rafael Narváes	200 c/
66	THE JOHN GOOD CHRISTIAN CLINIC	Avenida España Nº 620, San Salvador	225 0534 y 225 4077	Dr Carlos T Peñate	0
67	LIFE CORPORATION MINISTRIES	Edif Avila entre 13ª Av Sur y Calle Rubén Darío, San Salvador	222 1641 y 222 1876	Dr José Víctor Rivera	0
68	RESCUE COMMANDS ASSOCIATION INDEPENDENT LIFEGUARDS OF EL SALVADOR 3/	9ª C Ote y 16 Av Nte Pje Letona Nº834, San Salvador	221 1310 y 222 0187	Dra Guadalupe Somoza	111 c/
69	COMMUNITY JUVENILE DEVELOPMENT (CJD) 3/	35 Av Sur No 626 Col. Flor Blanca, San Salvador	271 4900	Lic James D Criste	3 c/
70	ANTEL'S HOSPITAL	Blvd Venezuela y Calle El Progreso Colonia Roma, San Salvador	271 5655	Dr Juan Ramon Umaña Cerros	0
71	TECHNICAL OFFICE OF DEVELOPMENT	Blvd Los Héroes Edif FQ Local B 4, San Salvador	226 6037	Dr Luis Palma Lopez	0
72	CATHOLIC RELIEF SERVICES USCC(CRS)	73 Av Sur No 221 Colonia Escalon Fte Instituto del Corazón, San Salvador	298 4220	Sr Jose Maguiña	0
73	THE MOTHER OF THE POOR PARISH (SANTA MARIA) 4/	Calle El Porvenir, Col Francisco Morazan La Chacra, San Salvador	280 1364	Pbro Daniel Sanchez	4 c/
74	PARISH OF SAN JACINTO 4/	10ª Av Sur Nº 1127 Barrio San Jacinto, San Salvador	270 1532	Pbro Omar Calix Majano	2 c/
75	PARISH OF SAINT MARY OF THE ROAD	Col Brisas de Candelaria, San Salvador	220 3511	Pbro Jose Tobías Alberto	0
76	PASTORAL FOR HEALTH ARCHDIOCESAN COMMISSION (PHAC) 4/	Urb Isidro Menendez Calle San Jose y Avenida Las Americas, San Salvador	226-1943 y 225-3866	Pbro Etienne Jules Alliet	6
77	CARITAS OF THE ARCHDIOCESES	27 C Pte Nº1126 entre 19ª y 21ª Av Nte Col Layco, San Salvador	226 4581	Sra María T Ruano de Castro	0
78	BAPTIST ASSOCIATION OF EL SALVADOR (BAOES)	Av Sierra Nevada No 922 Col Miramonte, San Salvador	226 6287	Rdo Manuel Novoa	0
79	THE MARCO ANTONIO VAZQUEZ FOUNDATION (FUNDAMAV)	31 Calle Pte y 21 Av Nte No 1205 Colonia Layco, San Salvador	226 5613	Dr Mariano Alegría	0
80	MEDICOS DEL MUNDO 6/	Calle Lima Casa Nº 21 Polígono F, Col San Mateo, San Salvador	223 2284	Sr Lanny Smith	d/
81	THE " MARIA AUXILIADORA" PAROCHIAL CLINIC SALESIAN FATHERS	3ª Av Nte 23ª Calle Pte No 1403 y Pje Don Rua, San Salvador	226 0749	Pbro Oscar Rodríguez B	0
82	PARISH CLINIC OF CONCEPCION	Av Independencia No 139, San Salvador	222 6916	Sra Guadalupe Martínez	0

195

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMO TORES
83	PAROCHIAL CLINICS "OUR LADY OF GUADALUPE"	La Ceiba de Guadalupe sobre Carretera a Santa Tecla Km 6½, San Salvador	223 0623	Pbro Federico Sanjiano	0
84	SALVADORAN ASSOCIATION OF HUMANI TARIAN AID (PRO VIDA) 6/	Urb Universitaria Norte Calle Las Violetas No 93, San Salvador	225-1906	Dr. Eduardo A Espinoza	250 c/
85	CHILDREN'S SURVIVAL INTERSECTORIAL COMMITTEE (CSIC)	Plaza Monterrey 2ª Planta Local 206 1ª Diagonal Urb La Esperanza, San Salvador	226 9917	Sr Richard Allan Dale	0
86	CREA INTERNATIONAL OF EL SALVADOR	Ave La Capilla y Pje El Espino No 543 (atras del Colegio Emiliani), San Salvador	298 2713/ 224 2020 y 223 5743	Sr Harold Sibaja	0
87	THE SALVADORAN RED CROSS	1ª C Pte y 23ª Av Nte No 215 Centro de Gobierno, San Salvador	222 5155 y 227 7758	Dr Francisco Rene Hernandez	0
88	THE SALVADORAN PROTESTANT COMMI TTEE (SPC)	Col Flor Blanca, 45ª Av Sur No 423, San Salvador	223 2954 y 224 4418	Sr Jose Leon Lemus	0
89	SALVADORAN ASSOCIATION OF INTEGRAL DEVELOPMENT (SAID)	6ª C Pte entre 43ª y 45ª Av Sur Nº 2318 Col Flor Blanca, San Salvador	271 2465	Sra Samaria Chavarría	0
90	THE "OLOF PALME" FOUNDATION FOR THE PROTECTION OF CHILDREN 6/	Col El Roble Pje #4 Casa No 114, San Salvador	225 4138	Lic Ricardo A Quiñonez	2 a/
91	THE SALVADORAN GREEN CROSS	27ª Calle Pte y 15ª Av Sur Bis,Barrio Sta Anita, San Salvador	222 6480	Dr Oscar Ben jamín Figueroa	0
92	THE "MARIA AUXILIADORA" CONSULTING CLINIC	2ª Av Nte #1236 Barrio San Miguelito, San Salvador	225 1193	Sor María C Sagastizado	0
93	ASSOCIATION OF SALVADORAN COLLEGE WOMEN (AMUS)	Antigua Calle Ferrocarril Contiguo a la Universal Colonia La Sultana, San Salvador	273 3780	Arq Juana S de Pacheco	0
94	SALVADORAN ASSOCIATION OF CO-MMUNITY PROMOTERS (SACP) 6/	Col El Refugio Av San Jose Nº 322, San Salvador	225 7168	Sra Margarita Posada	2 c/
95	PRO CHILDREN'S NATIONAL ASSOCIATION	Avenida España Nº 635, San Salvador	222 1070	Sra Concepcion Colocho de Díaz	0
96	BROTHER PETER'S FOUNDATION	Km 8½ Carret a Los Planes de Renderos, Desvio a Casa de Piedra, San Salvador	280 8292	Pbro Carlo Vito Guarato	0
97	THE WHITE CROSS CORPS OF VOLUNTEER STRETCHER BEARERS OF EL SALVADOR	12ª C Pte #231 2ª Planta Apto No 1, San Salvador	222 2506	Sr Juan Carlos Arias	0
98	HOSPITAL OF THE DIVINE PROVIDENCE	Final Calle Toluca y Pje "B" Col Miramonte, San Salvador	226 0240 y 226 0715	Hna Genoveva Rivas	0
99	NATIONAL LEGUE AGAINST CANCER OF EL SALVADOR	1ª C Pte y 3ª Av Nte , San Salvador	223 8769	Dr Narciso Díaz Bazán	0
100	ADVENTIST PHILANTROPIC AND SOCIAL ASSISTANCE WORK (APSA) 6/	19ª C Pte y 33ª Ave Nte Nº 246, San Salvador	226 8522	Lic Francisco Aguilar	200 c/

196

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMO TORES
101	INTERNATIONAL GODFATHERS PLAN EL SALVADOR INTERNATIONAL PLAN	Pje Itsmania Nº 316 entre 77ª y 79ª Av Norte, Col Escalon, San Salvador	223 7608	Sra Nidia de Rodríguez	0
102	COORDINATING COUNCIL OF COMMUNITIES (CCC) 6/	5ª C Pte Nº 316 (atras de Maquinsal), San Salvador	221-5398	Licda Guadalupe Ortíz	2 c/
103	CHRISTIAN ASSISTANCE CENTER	1ª Av Norte y Pje Lindo No 111 Avenida España, San Salvador	225 6261	Dr Jose Moris Liborio R	0
104	COORDINATING CENTER OF ALTERNATIVE HEALTH PROGRAMS (CPAS)	Final 27ª C Pte No 1425 Col Layco, San Salvador	226 3941	Licda Roxana Abrego	0
105	COMMITTEE OF JOBLESS AND DISPLACED PERSONS OF EL SALVADOR (CJDPOES)	1ª Av Norte y 19ª C Pte Edif NIZA No 104 San Miguelito, San Salvador	226 7018	Sr Alcides Alfaro	0
106	FEED THE CHILDREN	Av Los Espliegos No 650 Colonia Las Mercedes, San Salvador	298 3171	Sra Ana María Estrada	0
107	PROGRAM OF NUTRITION AND SOYBEAN FOUNDATION (PNSF)	Calle del Marmara y Av Río Lempa #44 Col Jardines de Guadalupe, San Salvador	223 7431	Sra Teresa Tario	0
108	THE "FATHER OCTAVIO" COMMITTEE OF CHRISTIAN MOTHERS AND RELATIVES FOR THE DEFENSE OF HUMAN RIGHTS (FOCCMRDHR)	Calle Gabriela Mistral No 614 Col Centroamerica, San Salvador	226 2483 y 226 7989	Sra Antonia de Cabrera	0
109	ASSOCIATION OF AQUATIC AID AND RESCUE (AAAR)	17ª C Pte y Av Henry Dunan Centro de Gobierno, San Salvador	222 6471	Dr Jose Rivas Salazar	0
110	SALVADORAN FOUNDATION OF INTEGRAL AID (SFIA)	Calle Nueva Nº 1 No 3733 Col Escalon, San Salvador	224 3310 y 279 1813	Sr Antonio Castillo	0
111	VINCULO DE AMOR/LOVE LINK	Urb Isidro Menendez Col San Jorge #36,San Salvador	225 3549	Sr Sam Hawkins	0
112	ANTIDRUGS FOUNDATION OF EL SALVADOR (AFES)	61ª Avenida Nte Nº 169, San Salvador	298 2233	Sr Giuseppe Dpila	0
113	PROGRAM OF PRODUCTIVE REINSERTION OF DISABLED VETERANS (PPRDV)	9ª Calle Pte # 4049 entre 77ª y 79ª Av Nte Colonia Escalon, San Salvador	298 1143	Dr Lazaro Jimenez	0
114	MOVEMENT OF SALVADORAN WOMEN (MSW)	1ª Av Nte No 1120 Barrio San Miguelito,San Salvador	225 0906	Sra Isabel de Guevara	0
115	ASSOCIATION OF TRAINING AND RESEARCH FOR MENTAL HEALTH (ATRMH) 6/	Urb Universitaria 39ª Av Norte y Calle Las Rosas Nº 2216, San Salvador	225-3232	Sr. Raul Durán	6 e/
116	WOMEN FOR DIGNITY AND LIFE	Calle Gabriela Mistral No 224, San Salvador	226 1879	Sra Morena Herrera	0
117	SALVATION DOOR OF THE ALCOHOLIC WOMAN	Calle a Monserrat y Pje El Recreo Nº109, Col Sta Ursula, San Salvador	222 1105	Sra Marta E Cordero	0
118	INSTITUTE OF RESEARCH, TRAINING AND DEVELOPMENT OF WOMEN (IMU)	27ª Av Nte No 1141 por el Colegio Guadalupano, San Salvador	226 0543	Sra Daysi Cheyne	0

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMO TORES
119	EPISCOPAL DIOCESAN CENTER	47ª Av Sur Nº723 Col Flor Blanca, San Salvador	223 7952	Sra Virginia de Cabezas	0
120	THE JOSIAS BAPTIST PROJECT	23ª Calle Pte No 1033, San Salvador	225 3339	Dr Mario Alvarado	0
121	THE 14 OF JULY ASSOCIATION 6/	Col y Calle La Campiña # 2 Casa # 2, San Salvador	276 5483	Dr Pedro R. Herrera	10 e/
122	THE SALVADORAN ECOLOGICAL MOVE MENT (SEM)	Calle El Progreso Pasaje Peralta Nº 43, Col Flor Blanca, San Salvador	223 1451 y 223 1443	Sr Alberto Hellebuyck	0
123	SALVADORAN FOUNDATION OF EN VIRONMENTAL COMMUNICATION (SFEC)	Urb Buenos Aires 3 Calle Maquilishuat No 208, San Salvador	226 5514	Lic Alexander Vasquez	0
124	INTERNATIONAL MEDICAL AID FUND (IMRF) 6/	Colonia Miralvalle, Calle El Algodon Pje Nº1 Casa No 2, San Salvador	274-2080	Sra Deborah Abramsky	50 e/
125	EL TULE'S NAZARENE CHURCH	Col Miramonte Pje Chapa rrastique #45,San Salvador	226 6927	Dra Ana C Melendez	0
126	PARTNERS FOR DEVELOPMENT FOUNDA-TION (PDF) 6/	Pasaje Olímpico Nº 3 Entre 55 y 57 Avenida Sur Urb Olímpica, San Salvador	224-0694 y 233-8275	Sr Edgar Saul Romero	10 e/
127	HUMAN RIGHTS COMMISSION OF EL SALVADOR (NON GOVERNMENTAL) (HRCES)	Urbanizacion La Esperanza Pje Nº 1 Nº 119, San Salvador	225 9906 y 225 0086	Lic Orlando Villacorta	0
128	THE SAN VICENTE DE PAUL WOMEN'S SOCIETY	Hogar San Vicente de Paul Colonia La Sultana, San Salvador	224 6229	Sra María I de Betalio	0
129	THE CORAZON DE MARIA'S CLINIC	Calle Circunvalacion # 186 Col Escalon, San Salvador	224 6624	Sra Elba de Guzman	0
130	CONCIENTIOUSNESS FOR THE SPIRITUAL AND ECONOMIC RECUPERATION OF MAN (CSERM) 6/	47ª Av Sur y 12ª C Pte No 705 Col Flor Blanca, San Salvador	298 3426	Sr Jose Elías Rodríguez	2 e/
131	THE SEGUNDO MONTES FOUNDATION	Urb San Ernesto Pje San Carlos # 139, San Salvador	225 4624	Lic Juan Mejía	0
132	COORDINATING COUNCIL OF PRIVATE INSTITUTIONS FOR HUMAN PROMOTION (CCPIHP)	Urb Isidro Menendez Av Las Americas Pasaje San Antonio # 120,San Salvador	226 2334	Sra Elena de Velasquez	0
133	CHRISTIAN FOUNDATION FOR DEVELOP-MENT (CFD) 6/	1ª C Pte #2904 Condominio Monte María Edif "C" 2ª Piso No 4, San Salvador	298-0150	Ing Roberto Figueroa	2 e/
134	SALVADORAN FOUNDATION FOR SOCIAL PROMOTION (FUNSALPRODESE)	27ª C Pte y 17ª Av Nte No 1434 Col Layco, San Salvador	225 2722	Lic Orlando Mata	0
135	THE MELIDA AMAYA MONTES WOMEN ASSOCIATION (MAM)	Urb Monte Bello Calle Sierramonte Av Urales H 5 San Salvador	274 0908	Sra Irma Amaya	0
136	PARISH OF SAN ANTONIO ABAD 4/	Calle La Granjita Nº 14 El Despertar,San Antonio Abad San Salvador	274-1428	Pbro Jaime Mcpolin	3 c/

198

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMO TORES
137	PARISH OF SAN SEBASTIAN 4/	Calle Independencia, Ayu tuxtepeque, San Salvador	272 2517	Pbro Jorge E Salinas	7 c/
138	ASSOCIATION FOR THE PROMOTION OF INTEGRAL HEALTH (APIH) 6/	Col San Antonio Calle al Volcán Nº76 Ayutuxtepeque, San Salvador	272 1246	Dr. Gilberto Meléndez	150 c/
139	THE SACRADO CORAZON PARISH 4/	Col San Antonio Bvd La Reyna Km 11 Carretera Troncal de Norte Sector Montecarmelo, Cuscatancingo, San Salvador		Pbro Fernando Pacheco	1 c/
140	CHURCH OF SAN BARTOLOME 4/	Col San Pablo No 1, Lote No 17 San Bartolo, Ilopango San Salvador	227 4191	Pbro Francisco O'Canaire	2 c/
141	PARISH OF SANTA LUCIA 4/	Calle Segunda, Ctguo a ANTEL Col Santa Lucía, Ilopango, San Salvador	227 0142	Pbro José Oscar Ramos	2 c/
142	PARISH OF SAN CRISTOBAL	Ilopango, San Salvador	295 0337	Pbro Fabian Amaya Torres	0
143	THE KNAPP'S FOUNDATION 2/	Calle a Cuscatancingo Pje Las Margaritas Quinta San Jo e Mejicanos, San Salvador	276 7104 y 276 6427	Dr Jose Eliseo Orellana	30 a/
144	PARISH OF SAN FRANCISCO DE ASIS	Col Delicias del Norte, Pje Cantizano #1 Mejicanos San Salvador		Pbro Santiago Díez	0
145	PARISH OF SAN LUIS MARIONA	Calle Principal Ctguo Grupo Escolar Mariona, Mejicanos, San Salvador		Pbro Fernando Pacheco	0
146	PARISH OF EL BUEN PASTOR	Pje Toledo #24, Col Mon tebello Pte San Ramon, Mejicanos, San Salvador	274 1686	Pbro Guillermo Bouteler	0
147	CLINIC EL HERMANO DE ASIS	Calle El Progreso No 46 y Ave Montreal Mejicanos, San Salvador	282 2453	Sor Noemy Perez	0
148	MEJICANOS' LION CLUB	Col María Auxiliadora Pje Los Abetos, Mejicanos, San Salvador	226 2249 y 226 7476	Sr Carlos A Galeas	0
149	SAN MARCOS' COMMUNITY CLINIC 6/	Col Santa María Calle Principal Ave Mexico Nº 1 San Marcos San Salvador	220-0159	Dra Patricia de Alvarado	3 a/
150	SAN MARTIN PARISH	San Martín San Salvador	338 0012	Pbro Andres Alvarenga	0
151	MATERNITY HOSPITAL LA DIVINA PROVIDENCIA	Calle a Ilopango Canton Asino, Santiago Texacuangos		Hna Cecilia Schamp	0
152	PARISH OF LA SANTA CRUZ	Col Florencia, Soyapango, San Salvador		Pbro Luis E Salazar	0
153	SAN MARTIN DE PORRES' CLINIC	Colonia 22 de Abril, Ciudad Credisa, Soyapango, San Salvador	227 3008	Pbro Gerardo Potter	0

189

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMO TORES
154	CRISTO REY'S PARISH 4/	Canton El Limon, Soyapango San Salvador		Pbro Timoteo B , Mc'Covillo	7 c/
155	EL CARMELO'S SOCIAL WORK	El Carmelo, Col Prados de Venecia 2ª Etapa Soyapango San Salvador	227 0014	Hna María D Guerra	0
156	PARISH OF SAN SEBASTIAN	5ª Av Sur y C Texincal No 1 Ciudad Delgado, San Salvador	276 0388	Pbro Sigfredo Salazar	0
157	PARISH OF SAN JOSE OBRERO	Plan del Pino, Ciudad Delgado, San Salvador		Pbro Julio Orellana Melgar	0
	7. CUSCATLAN				
158	CHURCH OF SANTA CRUZ MICHAPA	Barrio El Centro, Santa Cruz Michapa, Cuscatlan		Hermanas Agustinas de San Nicolas	0
159	PROMOTION & MANAGEMENT OF SOLIDARY RESETTLEMENTS (PMSR) 1/	Calle Principal, Nº 72 Barrio La Cruz, Suchitoto, Cuscatlan	335 1037	Sr Inocente Orellana	40 a/
160	"GUADALUPANO'S" MATERNITY HOSPITAL	Calle Jose Matías Delgado y 3ª Avenida Norte No 5, Cojutepeque, Cuscatlan	332 0453	Hna Josefina Mullie	0
	8. LA PAZ				
161	CARITAS OF EL SALVADOR, DIOCESE OF ZACATECOLUCA 5/	Calle Rafael Osorio h Nº 8 Bis, Zacatecoluca, La Paz	334-0684	Sr Luis Hernandez	38 c/
162	DIOCESE OF ZACATECOLUCA 1/	1ª Calle Oriente No 3, Zacatecoluca, La Paz	334-0081	Dr Leonel A. Azucena	20 a/
	9. SAN VICENTE				
163	CARITAS OF EL SALVADOR, DIOCESE OF SAN VICENTE 5/	6ª Avenida Norte No 10, San Vicente	333 0131	Sr. David Bonilla	27 e/
	10. USULUTAN				
164	SOLIDARITY COMMITTEE FOR THE DEVELOPMENT OF THE COMMUNITIES OF SAN MIGUEL (SCDCSM) 1/	Barrio El Centro, Contiguo a Iglesia Catolica El Triunfo, Usulutan	110(ANTEL)	Sr Carlos M Castro Cornejo	10 a/
165	UNITED COMMUNITIES OF USULUTAN (UCU) 1/	San Francisco Javier, Fte a ANTEL, Usulutan	110(ANTEL)	Sr Israel Gonzalez Ramos	10 a/
166	CARITAS OF EL SALVADOR, DIOCESE OF SANTIAGO DE MARIA 5/	Av Mariscal Gonzalez #1, Santiago de María,Usulutan	663-0152	Sr Miguel A Ramírez E.	32 e/
	11. SAN MIGUEL				
167	CARITAS OF EL SALVADOR, DIOCESE OF SAN MIGUEL 5/	15ª Calle Ote No 401, San Miguel	661 3185	Sr Fidel Mendoza	27 e/

200

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE (S)	RESPONSIBLE PERSON	Nº OF PROMO TORES
168	UNIVERSITY OF THE PEACE(FUNDACION KONRAD ADENAUER) 3/	4ª Avenida Sur No 606 A, San Miguel	661-0813 y 661-3149	Dr Javier Urrutia García	200 c/
169	SAN JOSE'S DISPENSARY	Hermanas Carmelitas de San Jose, Ciudad Barrios San Miguel	665 9074	Madre Rufina Orellana	0
170	PATRONAGE FOR THE DEVELOPMENT OF THE COMMUNITIES OF EL SALVADOR	5ª Av Nte Nº 800 Barrio San Francisco, San Miguel	661 1155	Sr Carlos Castro	0

12. MORAZAN

171	COORDINATOR FOR THE DEVELOPMENT OF THE COMMUNITIES OF CACAHUATIQUE (CDCC) 1/	Barrio El Centro, Clínica Familiar Guatajiagua, Morazan	110(ANTEL)	Sr Candelario Argueta Romero	10 a/

13. LA UNION

172	COORDINATION FOR COMMUNITY DEVELOPMENT OF LA UNION (CCDLU) 1/	Antiguo Ruta Militar,Calle al Cementerio, Barrio El Calvario, Santa Rosa de Lima, La Union	664 2436	Sr Reynaldo A Fuentes	10 a/

SUB-TOTAL 2458 f/

1/ 22 NGO's are sponsored by PROSAMI

2/ 13 NGO's of CISI are also sponsored by PROSAMI

3/ There are 7 additional NGO's of CISI

4/ 11 NGO's are of CAPS

5/ 7 NGO's are of CARITAS

6/ There are Other 18 NGO's

a/ The CHP's are in accordance to the established criteria within the Investigation

b/ 1,045 are PHSP's and 435 DRC's

c/ The Voluntary Promoters are according to the characterization of each NGO

d/ Did not provide information

e/ Did not provide information allowing the classification of its Promoters, which initially were declared as Volunteers

f/ Does not include the MOH (1438 CHP's) and SDA (1045 CHP's y 435 DRC's)

ANNEX Nº 6

LIST OF OTHER NGO INSTITUTIONS UP TO MAY 31, 1995

Republic of El Salvador, C.A.
REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHPs): MINISTRY OF HEALTH AND SOCIAL ASSISTANCE (MOH) AND NON-GOVERNMENTAL ORGANIZATIONS (NGOs)

LIST OF OTHER INSTITUTIONS (NGOs) UP TO MAY 31, 1995

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE	RESPONSIBLE PERSON
1	SANTA ANA'S MILKING COOPERATIVE	25ª C Pte y 18 Av Sur, Santa Ana	440 1771	Mr Joaquín Macal
2	SACRED FAMILY FOUNDATION	31ª C Pte y 14ª Av Sur, Santa Ana	440 3900	Mr Oscar Pinto
3	SALVADORAN MANAGERIAL AND SCIEN TIFIC PROMOTION ASSOCIATION (SMSPA)	3ª Av Sur Nº 2 4 Col San Antonio, Sonsonate		Mr Ivan Ramon Barrientos
4	GREAT UNIVERSAL FRATERNITY	5ª C Pte Nº 7 A, Sonsonate		Mr Selin Trigueros
5	CULTURAL, ECONOMIC AND SOCIAL DEVELOPMENT ASSOCIATION	Barrio El Transito, Hotel La Palma, Chalatenango	335 9202	Sr Salvador Zepeda
6	FAITH AND HAPPINESS (FE Y ALEGRIA)	Calle del Mediterraneo Col Jardines de Guadalupe Antguo Cuscatlán, La Libertad	279 2890 279 2891	Father Angel Pedrosa
7	ADALBERTO GUIROLA'S PRO HOME ASSOCIATION	Av Eduardo Guirola Nº 1 2, Santa Tecla, La Libertad	228 1461	Mr Alex Christense
8	PRO HEALTH, DEVELOPMENT AND RE SEARCH OF THE MOTHER AND HER CHILD ASSOCIATION	12ª Av Nte Nº 907 Col San Antonio Las Palmeras, Santa Tecla, La Libertad	228 1408	Lic Mario Valdez G
9	FOUNDATION OF AGRARIAN REFORM COOPERATIVES IN THE CENTRAL RE GION (FARCCR)	1ª Av Nte Nº 3 11, Santa Tecla, La Libertad	228 2333	Mr German Castanera
10	WOMEN'S ORIENTATION THROUGH RADIO CENTER (WOTRC)	Col Jardines de la Libertad T 19 Ciudad Merliot, La Libertad	278 0324	Mrs Hernandez
11	MANUEL GALLARDO FOUNDATION	Av Manuel Gallardo 1 6 Santa Tecla, La Libertad	228 0324	Mr Miguel Gallardo
12	SALVADORAN ECOLOGICAL UNITY	1ª Calle Poniente Nº 44 Santa Tecla, La Libertad	226 7165	Mr Nelson Nuila
13	SOUTH SANTA TECLA'S DEVELOPMENT FOUNDATION (SSTDF)	3ª Calle Pte 1 2 Santa Tecla, La Libertad	228 0805	Mr Jose Bondanza
14	JUVENILE PRO IMPROVEMENT ASSOCIATION (JUVENILE ENTPEPRENEURS)	Final 11 Av Sur y Carretera al Puerto de La Libertad, Col Utila, Santa Tecla, La Libertad	228 3462	Mr Jaime Aquino
15	ECONOMIC AND SOCIAL DEVELOPMENT ASSOCIATION (ESDA)	Urb y Boulevard Santa Elena Calle Chaparratique, Antiguo, Cuscatlan, La Libertad	278 3366	Mr Ricardo Hill

(CONTINUATION)

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE	RESPONSIBLE PERSON
16	SALVADOREAN ACTIVE WOMEN	Av del Cantábrico Nº 23 B Col Jardines de Guadalupe Antiguo Cuscatlán, La Libertad	273 4367	Mrs Lilián Díaz Sol
17	CENTER OF DEMOCRATIC STUDIES (CEDEM)	Calle y Cond del Mediterraneo Eif B Nº 44 B Jardines de Guadalupe Antiguo Cuscatlan, La Libertad	298 2156	Mr Luis Cardenal Debayle
18	TEPECOYO'S DEVELOPMENT FOUNDATION (TDF)	Calle Chaparrastique, Urb y Blvd Santa Elena Contiguo a FUSADES, La Libertad	278 3366	Mr Eduardo Nuñez Iraheta
19	PROMOTION OF COOPERATIVES FOUNDATION (PCF)	12ª Calle Pte Nº 2422 Col Flor Blanca, San Salvador	223 0453	Mr Nicolas Barrera
20	ECONOMIC COORDINATION OF EL SALVADOR DIACONIA	1ª Calle Pte Nº 3510 Col Escalon, San Salvador	298 2740	Mr Dimas Vega
21	ZARAGOZA'S DEVELOPMENT FOUNDATION	Av La Revolucion 3 390 Edif Nolgal Local 3 C Col San Benito, San Salvador	224 0504 279 0657	Mr Eduardo Peñate
22	SALVADORAN RURAL DEVELOPMENT FOUNDATION (SRDF)	Calle 2, Pje Las Brumas Nº 3 Lomas de San Francisco, San Salvador	273 6682	Lic Dinora Arias
23	PROMOTION OF THE SALVADORAN COMMUNITY DEVELOPMENT ASSOCIATION	Calle y Pje Constelacion Nº 5 J Col Satelite, San Salvador	274 0370	Mr Victorino Gonzalez
24	TRAINING PROGRAM FOR THE RE CONSTRUCTION OF EL SALVADOR	Av Bernal Nº 8 Colonia Carmita, San Salvador	226 8614	Mrs Berta Aguirre
25	APPROPRIATE TECHNOLOGY CENTER (ATC)	1ª Av Norte Nº 824, San Salvador	221 0336	Dr Ricardo Navarro
26	FOUNDATION FOR THE DEVELOMENT OF THE COMMUNITIES (FFTDOTC)	Prolongacion Calle Arce Nº 1920 Edif Suvillaga 2ª Planta, San Salvador	223 7151	Engineer Ramon Manzano
27	JAYAQUE'S DEVELOPMENT FOUNDATION	Edif Altamira Nº 4 67ª Av Nte y Boulevard Constitución San Salvador	224 1130	Lic Vicki de Díaz
28	TALNIQUE'S DEVELOPMENT FOUNDATION	13ª C Pte y 89ª Avenida Nte Nº 4608 Col Escalon, San Salvador	223 8476	Lic Guillermo Dordono
29	INTERINSTITUTIONAL COORDINATION (IIC)	12ª Calle Pte Nº 2650, San Salvador	223 6576	Mr Gorka Garatte
30	INTEGRAL COMMUNITY FOUNDATION OF EL SALVADOR (ICFOES)	Cond Centro Roosevelt Edif "C" Nº 24, 55ª Av Sur, San Salvador	279 3249	Dr Arturo Grimaldi
31	COMMITTEE OF PEASANT HOUSEWIFES	Calle Padres Aguilar entre 83ª y 85ª Av Sur Nº 444, Col Escalon, San Salvador	224 6825	Mrs Gladis de Salguero

(CONTINUATION)

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE	RESPONSIBLE PERSON
32	AUDUBON ASSOCIATION	Cond Monte María Edif "A" 2ª Planta, San Salvador	298 0811	Lic María I Rivera
33	INSTITUTE FOR THE ECONOMIC AND SOCIAL DEVELOPMNET OF EL SALVADOR (IESDES)	Jardines de Miramonte, Senda "A" Nº 110, San Salvador	274 7715	Lic Luis Argueta
34	WOMEN'S STUDIES CENTER (COSOTW)	Urb La Esperanza, Blvd María Cristina Nº 144, San Salvador	226 5466	Engineer Alba A Guirola
35	AMERICAN INSTITUTE FOR THE DEVELOP MENT OF FREE TRADE UNIONISM (AIDFTU)	Entre 6ª y 10ª Calle Pte y 49ª Av Sur Nº 25 27 Villa Galicia Col Flor Blanca, San Salvador	223 2529	Mr Gordon F Ellison
36	CENTRAL AMERICAN INSTITUTE OF BUSINESS ADMINISTRATION (CAIBA)	Cond Torremolinos Local Nº 6 79ª Av Nte y 3ª C Pte Col Escalon, San Salvador	223 4423	Mrs Mabel de Serarols
37	CENTRAL AMERICAN STUDIES INSTITUTE (CASI)	4ª C Pte Nº 2512 entre 43 y 45 Avenida Sur, Colonia Flor Blanca, San Salvador	223 7315	Mr Roberto Escobar G
38	LATIN AMERICAN STUDIES INSTITUTE (LASI)	Edif A y M 2ª Planta B 20 1ª C Pte y 63ª Av Nte , San Salvador	279 1870	Mr Mauricio Santamaría
39	CENTER OF INVESTIGATION AND SOCIAL ACTION (CIASA)	Av Washington Nº 402, Col Libertad, San Salvador	226 9428	Mr Francísco Lazo
40	CENTRO OF PROTECTION FROM DISASTER (CPD)	Calle los Cedros Nº 52, La Floresta, San Salvador	273 0680	Miss Lidia Castillo
41	COMMITTEE OF ALPHABETIZING ASSO CIATIONS (COAA)	Urb Buenos Aíres Avenida Alvarado, Nº 7, San Salvador	226 5293	Mr Nicolas Foroni
42	FAITH AND WORK CORPORATION	Col Santa Eugenia Pasaje Nº 1 Casa Nº 135 sobre 2ª Av Nte Barrio San Migue lito, San Salvador	221 0352	Mr Francísco Aguilar
43	FUND FOR THE RESEARCH AND DEVELOP MENT OF COOPERATIVES (FRDC)	1ª C Pte Nº 2904 Cond Monte María Edif "D" 2ª Planta Local 7 D, San Salvador	298 0887	Mr Max A Cabrera
44	SALVADOREAN ECOLOGICAL FOUNDATION ACTIVO 20 30 (FESA 20 30)	79ª Av Nte Nº 509 Col Escalon, San Salvador	223 3620	Mr Juan Marco Alvarez
45	INTERSECTORIAL COOPERATION FOR ECONOMIC DEVELOPMENT AND SOCIAL PROGRESS (ICEDSP)	Urb Elisa Pje "A" Nº 23 Col Layco, San Salvador	225 1567	Mr Manuel Vanegas
46	EDUCATION FOR THE FINE ARTS FOUNDATION (EFFAF)	Av Olímpica Nº 3571, San Salvador	223 7424	Mr Ruben Ventura
47	SALVADORAN ASSOCIATION OF SOCIAL SCIENTISTS (SAOSS)	Residencial San Luis I Av "A" Block "A" Nº 105, San Salvador	274 6443	Mr Adolfo Flores

205

(CONTINUATION)

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE	RESPONSIBLE PEPSON
48	SALVADORAN ASSOCIATION OF SOCIAL SCHOLARS (SASS)	Pje Nº 1 Casa Nº 122 Col Las Terrazas, San Salvador	224 1164	Mr Napoleon Campos
49	SALVADORAN ASSOCIATION OF WORKERS OF THE ARTS AND CULTURE (SAWAC)	Calle Gabriela Mistral Nº 578 Col Centroamerica, San Salvador	226 3050	Mr Carlos Osegueda
50	SALVADORAN CULTURAL CENTER (SCC)	Av Los Sisimiles y Blvd Los Héroes fte a Metro centro, San Salvador	226 9032	Mrs Erlinda H de Abrego
51	SUPPORT CENTER OF MICROENTERPRISES (SCOM)	83ª Av Nte y 15 Calle Pte Nº 4238 Col Escalon, San Salvador	224 0032	Mr José D Polanco
52	CENTER OF STUDIES FOR THE APPLICA TION OF THE LAW (COSFIAOHL)	25 C Pte Nº 904 y 15ª Av Norte, Colonia Layco, San Salvador	226 1204	Mr Francisco Díaz
53	ENTREPRENEURAL FOUNDATION FOR EDUCATIONAL DEVELOPMENT	Av Masferrer Sur Nº 701 Col Maquilishuat, San Salvador	279 2350	Mr Roberto Palomo
54	HABITAT FOUNDATION	Av Sierra Nevada Nº 815 Colonia Miramonte, San Salvador	225 1859	Mr Roberto Siman
55	HERBERT DE SOLA'S FOUNDATION	Blvd Constitucion Nº 339 Col Escalon, San Salvador	279 3666	Mr Francisco Choriego
56	JOSE NAPOLEON DUARTE'S FOUNDATION (FJND)	3ª Calle Pte Nº 945, San Salvador	271 6063	Engineer Jose N Duarte D
57	LEONOR MENDEZ DE GUIROLA'S FOUNDATION	Av La Capilla Nº 659 Col San Benito, San Salvador	223 8938	Mrs Leonor de Guirola
58	THE MONTE CRISTO ECOLOGICAL AND SUSTAINED DEVELOPMENT FOUNDATION	Calle 5 de Noviembre Nº 932 San Salvador	225 2235	Mrs Daysi E Dinardi
59	CHILTIUPAN'S DEVELOPMENT FOUNDATION	23ª Av Sur y 12ª C Pte , San Salvador	271 5555	Mr Ernesto Iraheta
60	PRESCHOOLERS' EDUCATION WORLD ORGA GANIZATION CHAPTER OF EL SALVADOR (PSEWO)	Av Los Sisimiles Metro centro Nte Ctguo Centro Cultural Salvadoreño, San Salvador	224 4375	Mrs Antonia Portillo
61	REGIONAL RESEARCH PROGRAM REGARDING EL SALVADOR (RRPRES)	Avenida Medirerraneo Nº 21 Jardines de Guadalupe, San Salvador	224 0610	Mr Roberto Codas F
62	SALVADORAN INSTITUTE OF MUNICIPAL ADMINISTRATION (ISAM)	Calle 2, Pje Las Brumas Nº 3, Lomas de San Francisco, San Salvador	273 6682	Lic Dinora Arias
63	SALVADORAN INSTITUTE OF COOPERATIVE EDUCATION AND ADVISORY (SICEA)	Colonia y Calle La Mascota Nº 156, San Salvador	225 7768	Mr Jose R Maida
64	SALVADORAN INSTITUTE OF SOCIAL RESEARCH AND DEVELOPMENT (SISRD)	Blvd Universitario Nº 1951, San Salvador	225 1803	Mr Julio C Alfaro
65	PRO SPECIAL EDUCATION FOUNDATION (PSEF)	Pje Carbonell Nº 172 Rpto Roma, San Salvador	224 6383	Mr Manuel Arrieta
66	SALVADORAN THIRD AGE FOUNDATION (STAF)	Av Masferrer Sur Nº 2111 Col Campestre, San Salvador	223 8030	Mrs Olga de Miranda

(CONTINUATION)

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE	RESPONSIBLE PERSON
67	SALVADORAN FOUNDATION OF MARITIME AND LIMNOLOGICAL RESOURCES (SFMLR)	Col Montebello Pte , Pje Toledo Nº 7, San Salvador	274 1579	Mr Ricardo Ibarra
68	SALVADORAN WORK AND EDUCATION FOUNDATION (SWEF)	Final Calle Renovacion Comunidad Iberia, Costado Pte Col Don Bosco y Avenida Peralta, San Salvador	221 4770	Mr Jose Morataya
69	FRIENDS OF THE TREE (FOTT)	Calle los Granados Nº 9 Col Las Mercedes, Ceiba de Guadalupe, San Salvador	223 1441	Mr Francisco Rivas
70	YOUNG MEN'S CHRISTIAN ASSOCIATION OF EL SALVADOR (YMCA ES)	Urb San Ernesto, Pje San Carlos Nº 128 San Salvador	225 8569	Mrs Meybel de Lopez
71	CHRISTIAN ASSOCIATION FOR DEVELOP MENT (CAFD)	1ª C Pte Cond Monte María Edif D 2º Nivel Nº 4, San Salvador	298 0648	Miss Elena Friedman
72	NEW ACROPOLIS CULTURAL ASSOCIATION OF EL SALVADOR (ACNA)	Av La Capilla Pje 8 Nº 144 Col San Benito, San Salvador	223 2781	Mr Rein G Blumenberg
73	AIDMEN EAGLE ASSOCIATION OF EL SALVADOR (SALVADORAN BLUE CROSS)	Calle 5 de Noviembre Pje A Nº 1004, Col Guatemala, San Salvador	225 3752	Mr Santiago Calderon
74	FRIENDS OF THE BEACHES ECOLOGICAL ASSOCIATION	Blvd El Hipodromo Nº 711 Colonia San Benito, San Salvador	223 6015	Nrs Rosy de Marchessini
75	ASSOCIATION FOR THE PROMOTION OF COMMUNITY DEVELOPMENT OF CENTRAL AMERICA (AFTPOCDOCA)	Pje Jose Vicente Menendez Nº 408 Col America, San Salvador	222 3347	Mr Armando Mejía
76	ARCHDIOCESAN SOCIAL SECRETARYSHIP (ASS)	Av Las Americas y Calle San Jose, Urb Isidro Menendez, Edif ACUS, San Salvador	226 6066	Mr Rafael Urrutia
77	INTERNATIONAL UNION FOR THE CONSER VATION OF NATURE (IUCN)	Calle Nva Nº 2, Casa Nº 9 Col Escalon, San Salvador	223 5385	Mr Manuel Benitez A
78	TECHNOSERVE EL SALVADOR'S PROGRAM	81ª Av Nte y 11ª C Pte Nº 4216, San Salvador	279 3577	Mr Carlos Abarca G
79	WORLD RELIEF / EL SALVADOR (WRES)	73ª Av Sur y Calle Nva Nº 360, Col Escalon, San Salvador	279 0156	Mr Douglas W Basset
80	ARCHBISHOPRIC'S LEGAL TUTELAGE	Av Las Americas y Calle San Jose Urb Isidro Menendez, San Salvador	226 2085	Mrs María J Hernandez
81	INSTITUTE OF JURIDICAL STUDIES OF EL SALVADOR (IOJSOEL)	Urb y Pje Italia Nº 3 Calle San Antonio Abad, Sa Salvador	225 4016	Mr Félix Ulloa
82	EDUCATION FOR EVERYBODY CENTER	Calle a Ciudad Metropolis Centro Urbano Jose Simeon Cañas Col Zacamil, Mejicanos, San Salvador	272 5766	Lic Silvia de Peña

281

(CONTINUATION)

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE	RESPONSIBLE PERSON
83	INFANTILE VILLAGES S O S OF EL SALVADOR	21ª C Pte Nº 1523, San Salvador	228 3414	Lic Sonia Hasbun F
84	MARIST EX STUDENT'S ASSOCIATION	Alameda Juan Pablo II y 39ª Av Norte, San Salvador	223 3358	Lic Salvador Morales
85	ASSOCIATION OF LIFESAVERS OF EL SALVADOR	17ª Av Sur Nº 1120, San Salvador	222 6229	Mr Hector M Loo Kung Nuñez
86	SALVADORAN ASSOCIATION OF FATHERS AND FRIENDS OF EXCEPCIONAL DOWNS	31ª Av Sur Nº 639 Col Flor Blanca, San Salvador	222 5526	Mrs Lorena de Escalante
87	CENTER OF INFANTILE COEXISTENCE (COIC)	Av Cuba Nº 1532 Barrio San Jacinto, San Salvador		Mr Cesar H Lopez
88	FAMILY AND COMMUNITY REORIENTATION CENTER (FACRC)	Calle Monserrat y Calle Prado Nº 27 Col Malaga, San Salvador	221 3026	Mrs Celina de Monterrosa
89	LION'S CLUB OF SAN SALVADOR	1ª Diagonal y Calle Club de Leones, Urb La Esperanza, San Salvador	225 6726	Mr Alejandro Mixco Pinto
90	ROTARY CLUB OF NORTHEAST SAN SALVADOR	45ª Av Sur y Alameda Roose velt Cond Flor Blanca Apto 14, San Salvador	279 1519	Lic Carlos E Castillo
91	ROTARY CLUB OF SOUTH SAN SALVADOR SUR	Calle y Colonia La Mascota Nº 258, San Salvador		Engineer Jorge A Quillén
92	SCHOOL HOME VIA TO LOS ANGELES	Pjo San Carlos Nº 36 Resid. San Carlos, San Salvador	226 3842	Dr Marina de Arocha
93	FOUNDATION FOR THE SALVADORAN WOMAN'S DEVELOPMENT (FFTSWD)	Calle Lorena Nº 138 Col Roma, San Salvador	298 5373	Lic Celia M de Rivas
94	"ROBERTO CALLEJAS MONTALVO'S" HOME FOR CEREBRAL PARALYSIS	Final Calle Los Viveros Col Nicaragua, San Salvador	222 4145 222 9693	Mrs Geraldina de Interiano
95	CENTRAL AMERICAN MISSION OF THE EN HACORE EVANGELICAL CHURCH	Calle Zacamil Fte Escuela Metropolitana Col Zacamil, San Salvador	226 4904	Mr Carlos R Martínez
96	SALESIAN INSTITUTION	3ª Av Nte y 23ª C Pte Nº 1403, San Salvador	226 0749	Reverend Oscar Rodríguez
97	PRO HOME OF THE CHILDREN BOARD	Final 67ª Av Sur y Calle El Progreso Cond Roma 3ª Planta C 31, San Salvador	223 9115 223 9820	Mrs Ana A de Santos
98	PRO INTEGRATION OF THE WOMAN TO DEVELOPMENT BOARD (PIOTWTDB)	45ª Av Sur Nº 405 Col Flor Blanca, San Salvador	223 1490 271 0725	Lic Margarita Zelaya
99	INTERNATIONAL PRO VISION	Av Los Andes Nº 2844 Col Miramonte, San Salvador	226 3940	Dr Julio E Contreras
100	PARENT'S ASSOCIATION OF THE CENTER OF AUDITION AND LANGUAGE	Calle Los Viveros Col Nicaragua, San Salvador	270 0743	Mr Americo Alvaro
101	PARENT'S ASSOCIATION OF THE CENTER OF SPECIAL EDUCATION	Final Av Irazu Contiguo Asilo Sara Col Costa Rica,	270 0251	Mrs Cecilia de Molina

(CONTINUED)

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE	RESPONSIBLE PERSON
102	NEIGHBORS OF MY HOMETOWN	Apartado Postal Nº 2885, San Salvador	221 0002	Mr Gilberto Mendoza Ochoa
103	CENTER FOR INTEGRAL HEALTH AND FAMILY PROMOTION (SIPROF)	Col El Bosque Calle "B" Nº 215, San Salvador	225 3617	Mr Duban Villabos Q
104	CHRTISTIAN COUNSELLING CENTER (CLUB 700)	Blvd y Cond Los Heroes Local 1 F 1º Nivel Apto Postal 884, San Salvador	226 7244	Lic Alejandro Amaya
105	PROJECT CONCENTS INTERNATIONAL	Calle El Progreso Nº 206 Colonia San Benito, San Salvador		Lic Charles Complet
106	SALVADORAN ASSOCIATION FOR INTEGRAL DEVELOPMENT (SAFID)	43ª Av Sur Nº 626, Col Flor Blanca, San Salvador	271 0581	Lic Francisco Méndez
107	WOMAN'S PROMOTION COMMITTEE (WPC)	Calle Arce, Edif Alfaro Monge Nº 1280, 2ª Planta, San Salvador	222 1105	Dr Clelia de Amaya
108	GIRL SCOUT'S ASSOCIATION OF EL SALVADOR	Av Maracaibo Nº 621, Col Miramonte, San Salvador	226 7913	Mrs Nelly de Esquivel
109	BAHAI COMMITTEE OF EL SALVADOR	Pje San Carlos Nº 154, San Salvador	225 8417	Mr Rafael García
110	CONFRAS	Calle y Col Centroamérica Nº 110, San Salvador	225 8568	Mr Guillermo Denaux
111	SALVADORAN WORKERS AND ENTRE PRENEURS FOUNDATION (SWEF)	Paseo General Escalon Nº 4649, Edif Repinter Col Escalon, San Salvador	223 3972	Lic Otto Eric Vidaurre
112	FOUNDATION FOR THE TRAINING, PRE VENTION AND RESEARCH OF THE CHILD (FFTTPAROTC)	Depto de Pediatría Social H B Bloom, San Salvador	225 4470 225 4481	Dr María E de Rodríguez
113	SALVADORAN FOUNDATION FOR RECON STRUCTION AND DEVELOPMENT (SFFRAD)	Calle Atitlan y Calle Colima Nº 809, Col Miramonte, San Salvador	226 9716	Mr Carlos Ríos
114	FOUNDATION 16 OF JANUARY (F 16)	Calle San Antonio Abad Nº 3005, San Salvador		Mrs Veronica Villalta
115	SETIA GROUP	P St 1 Nº 39 Pje Toluca Col Miramonte, San Salvador	226 2217	Mrs Wanda Amory
116	PRIVATE AGENCIES COLABORATING TOGETHER	1ª Av Nte y 3ª C Pte Col Escalon, San Salvador	223 6146	
117	ZONAL INTEGRATION AND DEVELOPMENT PROMOTION (PAIZ)	Pje El Rosal Nº 25 Col Las Rosas Nº 1, San Salvador	274 0907	Dr Violeta Delgado
118	FOUNDATION DOCTOR GUILLERMO MANUEL UNGO (FOUNDAUNGO)	Cond Fountaine Blue, Modulo E, Apto 3, 87ª Av Norte entre 7ª y 9ª Calle Pte , San Salvador	223 0838	Lic Carlos M Lopez Grande

(CONTINUATION)

Nº	NAME OF THE INSTITUTION	ADDRESS	TELEPHONE	RESPONSIBLE PERSON
119	FEDERACION MUNDIAL LUTERANA LUTHERAN WORLD FEDERATION	Blvd Los Heroes Pje San Carlos Nº 6, San Salvador	225 5287	Mr. Narciso A Edillo
120	INDUSTRIAL FOUNDATION FOR THE PREVENTION OF OCCUPATIONAL RISKS	Calle Padres Aguilar Nº 525 Col. Escalon, San Salvador	279 2786 279 2787	Engineer José R Serrano L.
121	NATIONAL ASSOCIATION OF PEASANTS	19ª C Pte Nº 234 Centro de Gobierno, San Salvador		Mr. José B. Trejo
122	ASSOCIATION FOR THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE COUNTRY (AFTEASDOTC)	Edif Rivas Sierra, Calle Arce 707 Nº 203, San Salvador	222 1473	Lic Patricia Moran
123	EL SALVADOR'S INTEGRAL DEVELOPMENT CENTER (ESIDC)	5ª Av Nte 3 B, Final Barrio Belem Zona 8, San Salvador	226 6236	Mr Cesar A Ramirez A
124	DEVELOPMENT AND PEACE ASSOCIA TION FOR DEVELOPMENT (DAPAFD)	Avenida Victor M Lara Nº 4 Col Campestre, San Salvador	279 3131	Lic Mauricio Escalante
125	CHRISTIAN REBORN MINISTRY	2ª Av Sur Nº 22, Suchitoto, Cuscatlan	335 1054	Mr Jose S Mendoza
126	ASSOCIATION FOR SOCIAL DEVELOP MENT (AFSD)	Av Simon Bolívar Nº 8, Berlín, Usulutan	663 3007	Mr Jorge M Butter
127	BERLIN'S BOARD FOR THE UNITY OF HEALTH	Barrio El Centro, Berlín, Usulutan	263 2104	Engineer Juan P Rubio
128	SALVADORAN ORIENTAL REGION FOUN DATION FOR INTEGRAL RECONSTRUCTION AND DEVELOPMENT (SORFFIRAD)	Av Roosevelt Sur Nº 702, San Miguel	661 1303	Mr Francisco Merino
129	ORIENTAL REGION COORDINATING COMMITTEE FOR ECONOMIC DEVELOPMENT	Av Roosevelt Sur Fte Hotel Tropico Inn, San Miguel	661 0321	Lic Luis A Zelaya
130	APOSTOLIC MISSION CHURCH OF EL SALVADOR	Lotificacion Kury, Calle a Monte Grande, San Miguel		Mr Jose D Sibrian

ANNEX N° 7

INSTRUMENTS OF INVESTIGATION

Republic of El Salvador, C.A.
REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHPs): MINISTRY OF PUBLIC HEALTH AND SOCIAL ASISSTANCE (MOH) AND NON GOVERNMENTAL ORGANIZATIONS (NGOs)

INSTRUCTIONS FOR THE GATHERING OF THF INFORMATION

I. INTRODUCTION

The existence of a varied gamut of priorities is evident in the **"National System of Health Services"**, with resources that are still limited, in spite of considerable governmental and non-governmental efforts and with international techinical and financial assistance In this context, one of the priorities is that of widening and expanding the **"Primary Health Services"**, where the **Community Health Promoters** acquire, as a resource, relevant importance within the **MOH, SDA** and other diversified gamut of **NGOs** rendering services at the community level

From the preceding reference framework, the **MOH, SDA** and **NGOs** involved in community health programs through **CHPs**, constitute the sources providing disintegrated information about the coverage of basic themes referred to the work the **CHPs** themselves develop at the community level

For the objectives of this study, a **Community Health Promoter (CHP)** is an agent that renders his services at community level, basically through home visits His main activities are the promotion of health, prevention of diseases and rendering attention to simple morbidity In the performance of his work he depends of an institution that trains him to develop his activities, according to established guidelines and standards This institution stimulates him with a salary, gratifications, bonuses, etc However, there are non-payed CHPs working as **"Volunteers"** For the fullfilment of his activities and projects he coordinates work with related governmental and non-governmental institutions The provision of health services at community level implies fostering the organization itself in order to stimulate a responsible participation in the identification, analysis, determfination of priorities and in finding the appropriate solution to the health problems of the community In this sense, they act as **"channels"** and **"access doors"** of people within the multiple levels and services

provided by the national health system This way, **CHPs** allow for the integral attention of health problems For the case in point, persons with a defined technical and professional formation (physicians, nurses, etc), are not considered **Community Health Promoters (CHPs)**

II. OBJECTIVES

The information to be collected refers specifically to the review and evalutaion of the work of the **CHPs** of the **MOH, SDA** and **NGOs** of El Salvador As main product it will have an updated characterization of the CHPs, with sufficiente disintegrated information about them in order to guide the work of this essential human resource, inclined to provide basic community health services within the **National System of Health Services**

In accordance with the abovesaid, the analytic collection and evaluation of basic updated information about the **CHPs** covering health fields would be the instruments expediting planning through the design of programs addressed to improve the health conditions of the population of El Salvador living in conditions of poverty This data-base regarding **CHPs** would guide the future technical and financial assistance for the improvement of the present work of the **CHPs** in the **NGOs** and the **MOH**

III. CONTENTS OF INSTRUMENT F-1

Instrument F-1 has been designed so that its application is easy and expedite, with a series of questions ordered in section and in a sequential form with the purpose of obtaining the information corresponding to the following areas

A) BASIC CHARACTERIZATION AND IDENTIFICATION.
B) FUNCTIONAL CHARACTERIZATION OF THE COMMUNITY HEALTH PROMOTERS (CHPs).
C) TRAINING.
D) SUPERVISION.
E) COORDINATION WITH OTHER NGOs AND THE MOH.
F) RESOURCES, TECHNICAL AND FINANCIAL ASSISTANCE.
G) ACCREDITATION LEVELS OF THE CHPs.

A. BASIC IDENTIFICATION AND CHARACTERIZATION

The answers to the questions contained in this Section (Nos. 1 to 23) allow characterizing each of the researched institutions with the technical and administrative aspects of its functioning In accordance to the investigated variable the majority of questions, as far as possible, are precodified in order to expedite answers The questions of qualitative nature have been structured to allow for different answering options The following ones are outstanding

- Question 9 The **Specific Medular Goals** of the Institution, **DIRECTLY** related to health are requested For example **Mother-Child Health Care, Provision of Family Planning Services, Basic Environmental Sanitation, Etc.**

- Question 11 a)· It requests that the institution answer **YES** (1) or **NO** (2), if the Requisite or Condition to identify laboring officers, specifically as **CHPs**, applies or not.

- Question 11 b) If the case should arise of institutions declaring not having **CHPs**, examine once more the answers in 11 a) before concluding this form

- Question 23 It specifically requests the names of Hamlets, Cantons, Municipalities and Departments where the institution deploys its activities through **CHPs**, indicating the number of **CHPs** in each geographic delimitation. Please attach the information with the greatest possible detail

The rest of questions are in general precodified For example, when the answer is **YES**, Code 1 is noted down, conversely, if the answer is **NO**, Code 2 is noted down, taking care in checking answers in all the boxes

B. FUNCTIONAL CHARACTERIZATION OF COMMUNITY HEALTH PROMOTERS (CHPs)

This Section (Questions 24 to 32) is oriented toward the characterization of the CHPs of each institution **(Sex, Age, Work Conditions, Deployed Activities, Etc.)**.

- <u>Answers 24, 25 and 26</u> Request information about each of the CHPs in relation to Sex, Age, Educational Level, Hired Time

(Part Time or Full Time) Likewise, information is requested regarding all the staff of the institution (Question No 25), by Sex and Hired Time, this same infomation is required to classify those considered by the institution as CHPs, in accordance to their Technical and Professional training (Question No 26)
IF THE INSTITUTION DOES NOT HAVE THE INFORMATION AVAILABLE, REQUEST THE BASIC DATA TO BE PROCESSED AFTERWARDS.

- Question 27: It requests information about the Health Themes in which the institutions develops activities through CHPs Check "1" or "2", in accordance to the rendered service, taking care in considering all the boxes

- Question 29 It is oriented to gain knowledge of the form and work time that the CHP applies in his activities, by Sex, Salary Conditions (Volunteers or Salaried), and Hired Time (Part Time or Full Time) As in questions 24, 25 and 26, **IF THE INSTITUTION DOES NOT HAVE THE INFORMATION AVAILABLE, REQUEST THE BASIC DATA TO BE PROCESSED AFTERWARDS.**

At the end of the section there is a space denominated OBSERVATIONS, note down any aspect of the institutions considered convenient, expanding and/or clarifying the information related to the themes covered by this section

C. TRAINING

This Section (Questions Nos 33 to 51) has as objective the knowledge of everything related with the **TRAINING** given to the **CHPs**, in order to deploy their community activities.

All questions are precodified They accept **YES** (1) or **NO** (2), according to the case As with the preceding sections, special care must be taken to check the answers in all the corresponding boxes. At the end, in the space called Observations, note down all information extending and/or clarifying aspects of this section

D. SUPERVISION

This Section (Questions Nos 52 to 68) has as objective to collect information to all aspects related to the **Supervision** of the work of the CHPs, and of the training given to the **CHPs' Supervisors.**

The majority of questions are precodified Check Code 1 if the answer is YES; conversely, check Code 2 if the answer is NO. In the Open Questions (55, 58, and 62) note down, cleary and concisely, what is requested

E. COORDINATION WITH OTHER NGOs AND THE MOH

This Section (Questions Nos 69 to 80) seeks all aspects and/or coordinating mechanisms with othe NGOs and the MOH, used by the Institution for the PERFORMANCE OF THE CHPs' ACTIVITIES Similarly to the preceding section, most answers are precodified, checking Code 1 if the answer is YES and Code 2 if the answer is NO

F. RESOURCES, TECHNICAL AND FINANCIAL ASSISTANCE

This Section (Questions Nos 81 to 86) collects information related to the Technical and Financial Assistance received by the national institutions and/or from abroad, for the development of their activities Similarly, it also examines **THE AMOUNT (IN COLONES) DESTINED TO ALL INSTITUTIONAL WORK AND SEPARATELY, THE AMOUNTS OF DIRECT COSTS UTILIZED EXCLUSIVELY FOR THE SPECIFIC WORK OF THE "CHPs".** Include in DIRECT COSTS of the work of the CHP Salary Bonifications, Vacations, Social Insurance, Retirement Fund, Life Insurance and Rewards, Expendables; Training, Supervision, Equipment, Per Diems and Transportation, Manuals and Ilustrative Materials. In any case specify items applied by the institution in DIRECT COSTS of their CHPs.

G. SERVICE STANDARDS AND INSTRUCTIONS

Questions Nos 87 and 88 seek information of the Service Standards and Instructions used by the CHPs in the development of their work **REQUEST IS MADE TO ANNEX ALL RELATED DOCUMENTS AVAILABLE IN THE INSTITUTION**

H. ACCREDITATION LEVELS OF THE CHPs

Question 89 Description is required of all authorized CHPs activities in the deployment of their work, as, for example, Antibiotics Delivery Within OBSERVATIONS note any aspect considered related and relevant to the information that is seeked.

IV. CONTENTS OF INSTRUMENT F-2

Instrument F-2 has been designed with the primordial objective of knowing, in **Section C**, the **Delivery Mechanisms (Specific Actions)** applied to the **CHPs** within the community, by Health Services Components and Subcomponents

In Section C (Questions Nos. 9.a) to 9.i) , the Institutions will solely answer aspects referred to Health Service Components and Subcomponents, as declared in Question No 27 of **Instrumento F-1**, as follows

- 9 a) Attention to Reproductive Health
- 9 b) Infantile Attention (Minors Under 5 Years)
- 9 c) Bucal Health
- 9 d) Nutrition (Minors Under 5 Years)
- 9 e) First Aids
- 9 f) Simplified Attention for Morbidity
- 9.g) (Basic) Environmental Sanitation
- 9.h) Community Participation
- 9 i) Delivery Mechanisms in Mental Health, Rehabilitation, Participation and Community Development, Alphabetization, Employment Preparation and Training, Children Care, Home Gardens, Communal Meals and Other(s).]

If the **CHPs** are assigned a specific amount of time for the development of each of the Health Components and Subcomponents, check in Question No 12 c) the **WEEKLY ASSIGNED HOURS** for each one, and the corresponding relative weight (percentage).

In Section D **INFORMATION SYSTEM**, the objective is to know the **Information Mechanisms** managed by the institution regarding **ALL THE ACTIVITIES REALIZED BY THE CHPs**, and the practical application of this knowledge There is a space for **OBSERVATIONS**, allowing the institution to elaborate and/or clarify the theme

V. CONTENTS OF INSTRUMENT F-3

Instrument F-3 has been designed to be applied in a **SAMPLE of CHPs** working in the different institutions covered by the investigation (**MOH, SDA** and other **NGOs**) Its main objective is to complement, as

is possible, Personal Characteristics, Work, Training, Supervision and Services Rendered by the CHPs. The information thus obtained allows the establishment of a comparative analysis between what is planned by the institutions in its programs and the perception and practical application in the terrain by the CHPs. This instrument is applied by direct interview with the CHPs in accordance Special Instructions

52

REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHP'S) MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOH) AND NON-GUVERNMENTAL ORGANIZATIONS (NGO'S)

Detailed Characterization of the Health Services Rendered by Through Community Health Promoters (CHP's)

THE FUNDAMENTAL OBJECTIVE OF THIS RESEARCH IS TO COLLECT AND ANALYSE QUALITATIVE AND QUANTITATIVE DATA OF "COMMUNITLY HEALTH PROMOTERS (CHP's)" THAT RENDER HELATH SERVICES IN THE "MOH", "ADS", "PROSAMI", AND OTHER NGOs, WHICH CAN BE UTILIZED TO FACILITATE IMPROVEMENTS IN THE HEALTH PROGRAMS DIRECTLY RELATED WITH COMMUNITY HEALTH, BETTERMENT OF THE HEALTH CONDITIONS OF THE POPULATION OF EL SALVADOR LIVING WITHIN POVERTY CONDITIONS LIKEWISE, THE INFORMATION THAT IS REQUESTED IS EXCLUSIVELY REFERRED TO HEALTH SERVICES THAT ARE RENDERED UTILIZING THE RESOURCE OF "COMMUNITARY HEALTH PROMOTERS (CHP's)"

Thank You for Your Qualified Collaboration

CONTROL OF CRITIQUE, CODIFICATION, DIGITATION AND VERIFICATION

- Criticized and Codified by (Name)
- Date of Critique - Codification
- Data Input and Verified by (Name)
- Date of Data Input - Verification

A IDENTIFICATION AND BASIC DEFINITION

1 Form No 1

2 COMPLETE Name of the institution (Dependency)

3a Representative, Manager, Director, President and/or Chargee of the Intitution

Names

Surnames

Post

3b Name and Function(s) of the Person of the Institution Related to the CHP Program Who Completed this Form

Full Name

Function(s)

Date (Day) (Month) (Year)

4 Nationality of the Institution

National Foreign

Other (Specify)

5 Domicile (Main)

- Department
- Municipality
- District

6 Complete Address of Main Domicile

Post Office Box

Telephone(s)'

Fax

7 List Other Institutional Sub-Sees

(IF NECCESARY, WRITE ON BACK OF PAGE OR ANNEX LIST)

DO NOT HAVE ANY SUB-SEE 0 0

8 Constitution and Legal Situation of this Institution

		(Day)	(Month)	(Year)
De-Facto - Date of Initiation of Labors	1			
In Process of Legalization - Date of Application	2			
Legally Established Date	3			
Guvermental .	4			

9 Specific MEDULAR Goals of the Institution

.. . .

10 Complete Name(s) of the Institutions to Which is Affiliated

11 a) In Accord with the Self Conceptualization of this Institution, Specify the Basic Requirements and/or Conditions that Your COMMUNITY HEALTH PROMOTERS (CHP) Have

- Of Age (18 Years and Older)
- Both Sexes . .. .
- Masculine Sex ,,,,,,,,,,,,,,,,,,,,,,
- Femenine Sex
- Have a Minimun Level of Education
- Selected by the Own Community
- Selected by the Institution
- Habitually Reside at the Community
- Domiciliary Activities
- Fixed See Activities
- Part Time Volunteer
- Full Time Volunteer
- Part Time Salaried
- Full Time Salaried .
- Receive Specific Capacitation
- Other(s)

(SPECIFY)

11 b) In Accord with the Self Conceptualization of this Institution, How Many Members of Your Personnel are Specifically Identified as CHP?

- No of CHP .....
- None .. (ENDS THIS FORM)

12 Identify the Own Resources that this Institution Actually Counts, for the Rendering of Health Services by Means of Your CHP

- Number of Transportation Units ...
- Buildings (m^2) ....
- Computing Equipment ....
- Other(s) ....
  .....

(SPECIFY)

13 Presently, How is this Institution Finnanced for the Work of Its CHP?.

	Yes 1/no 2
- National Donations . ..	
- Sale of Services	
- Community Contributions .. .	
= International Donations .	
- Other(s)	
. . ... (SPECIFY) . ..	

14 Presently, What is the Period that You Are Planning for the Work of Your CHP?

	Yes 1/no 2
- Twice Yearly . .	
- Anually	
- Every Two Years .	
- Every Five Years .	
- Other . (SPECIFY) .	

15 Presently, to What Other Institutions (NGOs or Other, is Your Institution Rendering Collaboration?

Name of Institution	Type of Collaboration
	.

None 9

2.20

F-1

16 a) Presently, is Your Institution Distributing Periodically Medicines, Contraceptives and\or Other Basic Supplies to the Communities that You Tend?

	YES		NO
	FREE	SOLD	
Medicines	☐	☐	☐
Contraceptives	☐	☐	☐
Basic Supplies	☐	☐	☐
Other(s) ☐☐	☐	☐	☐

16 b) Who Are Your Providers of Medicines, Contraceptives and/or Other Basic Supplies \hat You Distribute Periodically?

Yes 1/No 2

- MOH ☐
- ADS ☐
- National Donnors . . . ☐
- International Donnors . ☐
- Sellers (Buy Them) ☐
- Other(s) ☐☐

(SPECIFY)

16 c) Presently, Does Your Institution Have a System for the provision and Distribution of Medicines, Contraceptives and/or Other basic Supplies?

Yes [1] No [2]

17 Which of the Following Population Groups are Direct Beneficiaries of the Services that this Institution Renders by Mean of its CHP?

- Minors Under 5 Years ☐
- Youngsters from 5 to 14 years ☐
- Women of Fertile Age ☐
- Pregnant Women ☐
- Third Age (60 and Morew Years) ☐
- All Women ☐
- All Men ☐

18 With what Frequency Does this Institution Elaborate Activities Reports about the Work of the CHP?

Yes 1/No 2

- Weekly ☐
- Bi-Weekly ☐
- Monthly ☐
- Quarterly ☐
- Yearly .... ☐
- Do not Elaborate Re [9]

19 Who Participate in the Evaluation of the Activities of the CHP of this Institution?

- Manager/Director ☐
- Community Representatives . ☐
- Municipality . ☐
- Supervising Team . . ☐
- Board of Directors .... ☐
- Representatives of the Finnancing Cooperation Organism .... ☐
- Guvernamental Representative ☐
- Other' . . . ☐☐

(SPECIFY)

20 Do Tou have Plans to Increase your Work Programs with the CHP, in the Following Components?

Yes 1/No 2

- Geographic Coverage ☐
- Capacitation of the CHP . . . ☐
- Other Health Services ☐
- Other Services (Non-Health) ☐

21 What type of Collaboration from the Community Where they render their Services do the CHP Receive?

Yes 1/No 2

- Identification of Needs ☐
- Personal Participation ☐
- Economical Recuperation Fees ☐
- Follow-Up Commitee ☐
- Donations . . ☐
- Other(s) . . ☐☐

(SPECIFY)

22 In General, During the years of 1993 and 1994, Which have Been the Main Difficulties for the Development of Your Activities?

	Yes 1/No 2		Yes 1/No 2
- Paralelism with Similar Activities of MOH	☐	- High Cost of Personnel salaries .	☐
- Competence with Other Instituttions)NGOs, Cooeperatives, etc,) .	☐	- Problems of Own Installed Capacity	☐
- Population Sizes too Large	☐	- Political Type Rstrictions in the Institutional Actuation	☐
- Lack of Recognition by the Community of the Actuation .	☐	- Insufficiency of a Information and Administrative System	☐
- Lack of Recognition by the State of the Actuation	☐	- Transportation Problems .	☐
- Finnancial Insufficiency .	☐	- Other(s)	☐
- High Cost of Material and/or Equipment .	☐	.... (SPECIFY)	☐

23 List of Geographic Places (Departments, Municipalities, Districts and Villages) in Which this Institution Develops Health Services By Means of Communitary Health Promoters (CHP.

(PLEASE ANEX LIST)

A FUNCTIONAL DEFINITION OF COMMUNITARY HEALTH PROMOTERS (CHP)

PLEASE FACILITATE ALL TYPES OF INFORMATION ABOUT YOUR "CHP", THAT ALLOW THE POSTERIOR ELABORATION OF THE TABLES CONTAINNING THE QUESTIONS FROM 24 TO 29

24 Classification of the CHP of this Institution, by Sex and Age Groups, According to Educational Level

SEXO Age Groups (Years)	3 or Less	4 to 6	7 to 9	10 to 12	13 tp 15	16 or More
CHP - MEN						
Less than 18						
18 to 24						
25 to 29						
30 to 39						
40 to 49						
50 to 59						
60 Years or More						
CHP - WOMEN						
Less than 18						
18 to 24						
25 to 29						
30 to 39						
40 to 49						
50 to 59						
60 Years or More						

F-1

25 Classification of All Personnel of this Institution, According to Type, By Assigned Time and Sex

TYPE OF PERSONNEL	PART TIME		FULL TIME	
	MALE	FEMALE	MALE	FEMALE
1 COMMUNITARY HEALTH PROMOTERS EXCLUSEVELY (Not included the following Types)				
2 Doctors				
3 - Nurses				
4 - Nurses Auxiliaries				
5 - Social Workers				
6 - Health Inspectors				
7 - Mother-Child Technicians				
8 - Administrative Personnel				
▶ Secretary				
▶ Accounting				
▶ Computing				
▶ Transportation				
▶ General Services				
9 - Other Personnel (SPECIFY)				

25 Within the First Item of the Prior Classification (CHP Exclusively) of All Personnel, Qualification According to Technical-Profesional Formatio, by Sex and Time Assignrd to the CHP

(NOTE THAT THE EXCLUSIVELY FUNCTION OF THE COMMUNITARY HEALTH PROMOTERS (CHP) IS EMPHAZISED INDEPENDANTLY OF ITs TECHNICAL-PROFESIONAI FORMATION

TECHNICAL-PROFESIONAL FORMATION OF THE "CHP"	PART TIME		FULL TIME	
	MALE	FEMALE	MALE	FEMALE
- COMMUNITARY HEALTH PROMOTERS EXCLUSEVELY (Selection and Formation Exclusevely))				
Doctors				
- Nurses				
- Nurses Auxiliaries				
- Social Workers				
- Health Inspectors				
- Mother Child Technicians				
- Other Personnel (SPECIFY)				

27 Specify the Large Health Components and Sub-Components and Others, in Which this Institution Presently Renders Services, Utilizing Its Own Communitary Health Promoters (CHP):

CARE OF REPRODUCTIVE HEALTH	Yes: 1/No: 2
- Care of Pregnancy at Comunitary Level	
- Care of Birth at Communitary Level	
- Care Puerperae at Communitary Level	
- Family Planning	
- Infertility	
- Prevention of Sexually Transmitted	
- Prevention of Uterine and Breast Cancer at Communitary Level	
- Prevention of Tetanus	
- Other(s)	
(SPECIFY)	

CARE OF CHILDREN (Under 5 Years)	
- Growth and Development	
- Maternal Breast Feeding	
- Inmunizations	
- Acute Respiratory Infections (ARI)	
- Acute Diarrheic Diseases (ADD)	
- Other(s)	
(SPECIFY)	

ORAL HEALTH	
- Prevention Of Tooth Diseases	
- Fluoride applications	
- Symptomatic Attention	
- Other(s)	
(SPECIFY)	

NUTRITION (Minors Under 5 Years)	
- Detection of Undernourishment	
- Follow-Up	
- Referrals	
- Other(s)	
(SPECIFY)	

FIRST AID	Yes: 1/No: 2
- Prevention of Accidents	
- Treatment of Light Wounds	
- Primary Care to Severe Wounds	
- Referrals	
- Other(s)	
(SPECIFY)	

CARE (SIMPLIFIED) OF MORBIDITY	
- Eye Diseases	
- Gastric Acidity	
- Head and Body Pains	
- Skin Diseases	
- Intestinal Parasitism	
- Other(s)	
(SPECIFY)	

ENVIROMENTAL HEALTH (BASIC)	
- Home Hygiene	
- Personal Hygiene	
- Water Sources and Treatment	
- Latrinization abd Excreta	
- Disease Vectors	
- Trash	
- Other(s)	
(SPECIFY)	

- MENTAL HEALTH	
- REHABILITATION	
- PARTICIPATION AND COMUNITARY DEVELOPMENT	
- ALPHABETIZATION	
- JOB SKILLS TRAINNING	
- CARE OF CHILDREN	
- HOME ORCHARDS	
- COMMUNITY POTS	
- OTHER(S)	
(SPECIFY)	

28 Within the FORMS of Health Services Rendering of this Institution, by Mean Of COMUNITARY HEALTH PROMOTERS (CHP), Specify the Number of CHP available in Each One

- N of Fixeed Clinics , (ANY APPROPIATE PLACE) [ ][ ]
- N of Mobile Clinics [ ][ ]
- N of Persons that Move to the Communities [ ][ ]
- N of Permanent Persons in the Own Communities ..... [ ][ ]
- Other(s) Form(s) [ ][ ]

(SPECIFY)

29 How is the Work of the CHP Distributed, by Ranges of Activity, According to Sex and Work Condition and Salary?

RANGE OF ACTIVITY FOR EACH CHP	MALE				FEMALE			
	SALARIED		VOLUNTEER		SALARIED		VOLUNTEER	
	FULL TIME	PART TIME	FULL TIME	PART TIME	ULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)								
N of Daily Work Hours								
- N of Weekly Work Days								
- N of Daily Domiciliary Visits								
- N of Monthly Visits to Health Establishment or Fixed See								
- N of Assigned Persons								
- N of Assigned Families								
- N of Assigned Homes								
WORK AT FIXED INSTITUTIONAL SEES (N of CHP)								
N of Daily Work Hours								
- N of Weekly Work Days								
- N of Daily Domiciliary Visits								
- N of Monthly Visits to Health Establishment or Fixed See								
- N of Assigned Persons								
- N of Assigned Families								
- N of Assigned Homes								
WORK AT HOME (N of CHP)								
- N of Daily Work Hours								
- N of Weekly Work Days								
- N of Daily Domiciliary Visits								
- N of Monthly Visits to Health Establishment or Fixed See								
- N of Assigned Persons								
- N of Assigned Families								
- N of Assigned Homes								

30 Which of the Following Basic Supplies are Given to Each CHP, for the Realization of Their Work?

TYPE OF SUPPLIES	Yes 1 No 2	Periodicity - Biweekly 1 - Montly 2 - Yearly 3 - Once only 4	Delivery - Institutional See 1 - At Home' 2	Who Delivers Them
- Uniforms				
- Credentials				
- Stethoscope				
- Tensionmeter				
- Hanging Child Scale				
- Table Child Scale				
- Adult Scale				
- Height Meter				
- Measuring Tape				
- Medicines				
- Expendable Materials				
- Other(s) (SPECIFY)				

31 What medicines and Expendable Materials are Given to Each of Your CHP?. Sells Them? Gives Free? Voluntary Fee?

Medicines and Expendable Materials	Yes 1 No 2	Sells Them Yes 1 No 2	Gives Free Yes 1 No 2	Voluntary Fee Yes 1 No 2
- Analgesics				
- Antitusives				
- Antiparasites				
- Ophtalmic Drops				
- Oral Rehydration Salts				
- Antibiotics				
- Antihystamines				
- Oral Contraceptives				
- Preservatives (Condoms)				
- Vitamins				
- Iron				
- Skin Medicines				
- Cotton				
- Adhesive Tape				
- Antiseptic Solution				
- Alcohol				
- Gentians Violet				
- Other(s) (SPECIFY)				

F-1

32 How are Your CHP Distributed, According to Monthly Salary, Including Benefits of All Type, by Sex and Full Time and Part Time Condition?

Monthly Salary Levels and Benefits	NUMBER OF CHP IN THE INDICATED ITEM			
	MALE		FEMALE	
	Full Time	Part Time	Full Time	Part Time
Less than ¢ 300				
¢ 300 to ¢ 499				
¢ 500 to ¢ 699				
¢ 700 to ¢ 999				
¢ 1,000 to ¢ 1,249				
¢ 1,250 to ¢ 1,999				
¢ 2,000 to ¢ 2,499				
¢ 2,500 to ¢ 2,999				
¢ 3,000 and More				

Observations

C CAPACITATION

33 a) Do You Have CHP Working Acredited by MOH

Yes' [1] No [2]

33 b) Do the CHP that Work in this Institution Receive Specific Capacitation, About the Services They Render?

Yes [1] No [2]

34 Who Elaborates The Specific Contents of the Capacitation of the CHP of this Institution?

- The Institution Itself [ ]
- The MOH ... [ ]
- Both (Jointly) [ ]
- Other Institution [ ]
- (SPECIFY) [ ]

35. Who Imparts the Capacitation to the CHP of this Institution?

- The Institution Itself [ ]
- The MOH [ ]
- Both (Jointly) [ ]
- Other Institution [ ]
- (SPECIFY) [ ]

36 In What Place(s) is the Capacitation Imparted to your CHP?

- At the Main Institutional See [ ]
- At Ad-Hoc Locals [ ]
- At Health Establisments of the Area of Reference [ ]
- At the Own Work Community of the CHP [ ]
- Other(s) [ ]
- (SPECIFY) [ ]

37 How Many CHP are Capacitated in Each Course?

- Maximun Number [ ][ ][ ]
- Minimun Number [ ][ ][ ]

38 How Long (hours) does the Initial Capacitation Course of the CHP Last?

Hours [ ][ ][ ] Calendar Period (Days) [ ][ ]

39 Do Male CHP Receive the Same Capacitation as Female CHP?

Yes [1] (GO TO 41) No [2]

40 Main Reason for Establishing Differences by Sex In the Capacitation?

[ ][ ]

41 In What Form is the Capacitation to the CHP Imparted?

- Complete Basic Initial [ ]
- Modular Iterative [ ]
- Other(s)' ..... [ ]
- (SPECIFY) [ ]

42 With What Frequency are the Initial (Basic) Capacitation Modules Imparted?

- Monthly .... [ ]
- Bimontly .. [ ]
- Quarterly .. [ ]
- Bianually ... [ ]
- other(s) . [ ]
- (SPECIFY) [ ]

43 What Percentage is Assigned to Teaching of Theoretical Activities?

Less Than 20/ ... [ ]
20/ to 29% .... [ ]
30% to 49% .... [ ]
50/ to 69/ [ ]
70/ and More [ ]

44 Specify the Teaching Techniques Utilized in the Capacitation of Your CHP

	Yes'1\No 2
- Teaching Courses	[ ]
- Seminars .. .	[ ]
- Workshops ..	[ ]
- Wprk Groups ...	[ ]
- Lectures	[ ]

Other(s)' . .. .. [ ][ ]
[ ][ ]
[ ][ ]
.. (SPECIFY).. [ ][ ]

45 Are Continued Education Courses Imparted to the CHP?

Yes [1] No [2] (GO TO 51)

46 What is the Basic Content of the Continued Education Courses of the CHP?

- Equipment Handling [ ]
- New Techniques [ ]
- New Topics [ ]
- Actualization of Norms [ ]
- Other(s) [ ]
- (SPECIFY) [ ]

47 How Long do the Continued Education Courses Last?

Hours [ ][ ][ ]

228

48 With What Frequency are the Continued Education Courses Imparted?

- Quarterly
- Bianually
- Anually
- Other (SPECIFY)

49 Who Imparts the Continued Education Courses?

- The Institution Itself
- The MOH
- Both (Jointly)
- Another Institution (SPECIFY)

50 At What Place(s) are the Continued Capacitation Courses to the CHP Imparted?

- At the Main Institutional See
- At Ad Hoo Locals
- At Health Establishments of the Reference Area
- At the Own Work Community of the CHP
- Other(s): (SPECIFY)

50 Specify the Health Large Components and Sub-Components Covered by the Capacitation Program of the CHP

REPRODUCTIVE HEALTH	Ye '1/No 2
- Pregnancy Process at Communitary Level	
- Birth Process at Communitary Level	
- Evolution of Puerperae at Communitary Level	
- Family Planning	
- infertility	
- Prevention of Sexually transmitted Diseases	
- Prevention of Uterine and Breast Cancer at Communitary Level	
- Prevention of Tetanus	
- Other(s)' (SPECIFY)	

CARE OF CHILDREN (Less than 5 Years)	
- Growth and Development	
- Maternal Breast Feeding	
- Inmunizations	
- Acute Respiratory Infections (ARI)	
- Acute Diarrheic Diseases (ADD)	
- Other(s) (SPECIFY)	

ORAL HEALTH	
- Prevention of Tooth Diseases	
- Fluoride Applications	
- Symptomatic Attention	
- Other(s((SPECIFY	

NUTRITION (Less than 5 Years)	Yes 1/No 2
- Detection od Undernourishment Level	
- Follow-Up	
- Referrals	
- Other(s)' (SPECIFY)	

FIRST AID	
- Prevention od Accidents	
- Treatment of Light Wounds	
- Primary Care of Severe Wounds	
- Referrals	
- Other(s)' (SPECIFY)	

CARE (SIMPLIFIED) OF MORBIDITY	
- Eye Diseases	
- Gastric Acidity	
- Head and Body Pains	
- Skin Diseases	
- Intestinal Parasitism	
- Malaria	
- Other(s): (SPECIFY)	

229

51 (Continued)

ENVIROMENTAL HELTH (BASIC)	Yes 1/No 2
- Home Hygiene	
- Personal Hygiene	
- Water Sources and Treatment	
- Latrinization and Excreta	
- Diseases Vectors	
- Trash	
- Other(s) (SPECIFY)	
PARTICIPATION AND COMMUNITARY DEVELOPMENT	

MENTAL HEALTH	
REHABILITATION	
ALPHABETIZATION	
JOB SKILLS TRAINNING	
CARE OF CHILDREN	
HOME ORCHARDS	
COMMUNITY POTS	

OBSERVATIONS

F-1

C SUPERVISION

52 Does this Institution Supervises the Work of its CHP?

Yes [1] No [2] (GO TO 69)

53 Who Realizes the Supervision Labors?

- Medical Personnel ... [1]
- Nursing Personnel [2]
- Social Workers [3]
- Special Supervisors [4]
- other(s) [ ]

(SPECIFY)

54 Are There Differences in the Supervision of Male CHP and Female CHP?

Yes [1] No [2] (GO TO 56)

55 Main Reason for Establishing Difference in the Supervision of the CHP, by Sex

[ ][ ]

56 With What Frequency is the Supervision of the Work of the CHP Applied?

- Weekly . [1]
- Biweekly [2]
- Montly [3]
- Other [ ]

(SPECIFY)

57 How Many CHP has Assigned Each Supervisor?

[ ][ ][ ]

58 Hierarchically, of Whom do the CHP Depend?

[ ][ ]

59 Do the Supervisors Receive Capacitation Courses?

Yes [1] No [1] (GO TO 69)

60 Who Capacitates the Supervisors

- Personnel from the Institution [1]
- Personnel from Another Institution [2]
- Personnel from MOH . . . [3]
- Other(s) .. .. [ ]

.... . (SPECIFY)

61 a) What Aspects of the Work of the CHP are Supersed?

- Application of Norms [1]
- Relation with the Community [2]
- Fullfilment of Obligations [3]
- Usage of Assigned Material [4]
- Elaboration of Reports [5]
- Distribution of Supplies [6]
- Goals Achievement [7]
- Quality of Care [8]
- Other(s) [ ]

(SPECIFY)

61 b) How is the Supervision of the Work of the CHP Realized?

- Field Observations . [1]
- Review of Files . [2]
- Review of Reports . [3]
- Evaluation of Performance [4]
- Qualified Opinion [5]
- Review Referrals Card [6]
- Other(s) .. . . [ ]

(SPECIFY)

62 What Type of Corrective Measures are Applied as Product of the Supervised Aspects?

. . .

63 What is the Duration of the Capacitation Courses of the Supervisors?

Hours: [ ][ ][ ] Calendar Period (Days): [ ][ ]

64. What is the Basic Content of the Capacitation for the Supervisors?

- Functions of the CHP [1]
- Supervision Techniques [2]
- Supervision Instruments . [3]
- Formation in Technical Areas of primary Health Care [4]
- Other . (SPECIFY) [ ][ ]

65. What Education Techniques are Utilized in the Capacitation of Your Supervisors?

	Yes 1\No 2
- Courses with Teachers	[ ]
- Seminars	[ ]
- Workshops	[ ]
- Group Works	[ ]
- Lectures	[ ]

Other(s) . . (SPECIFY) [ ][ ]

66 Do the Supervisor Receive Continued Education Courses?

Yes [1] No [2] (GO TO 69)

67 Frequency of the Continued Education Capacitation Received by the Supervisors:

- Weekly . ... [1]
- Bi Monthly [2]
- Quarterly . . . [3]
- Half-Yearly . . .. [4]
- Yearly . [5]
- Other(s) . . (SPECIFY) [ ]

68 Specify the Fundamental Requisites that Must Meet a Supervisor of your CHP?

	Yes 1/No:2
- Have been a CHP ..	[ ]
- Both Sexes	[ ]
- Male Sex Only .	[ ]
- Female Sex Only . . .	[ ]
- Other(s):	[ ][ ]

(SPECIFY) [ ][ ]

E COORDINATION WITH OTHER NGOs AND MOH

69 In Relation to the Work of Your CHP, What Coordination (Some Type) Mechanisms are Applied With MOH?

	Yes 1\No 2
- Commitees	[ ]
- Contracts	[ ]
- Covenants	[ ]
- Periodical Meetings	[ ]
- Joint Project Groups	[ ]

	Yes 1\No 2
- Periodical Reports With Feedback	[ ]
- Other(s) . . (SPECIFY)	[ ][ ]
- None (GO TO 75)	[ ]

70 Which of the Following Activities do You Coordinate with the MOH?

- Work Norms [1]
- Service Rendering Areas [2]
- Geographic Distribution [3]
- Capacitation [4]
- Supplies [5]
- Other(s) (SPECIFY) [ ][ ]

71 In What level of the MOH is the Coordination Easier?

- Communitary Level [1]
- Local Level . [2]
- Regional Level [3]
- Central Level [4]

72 With What Frequency are Coordination Activities Effected?

- Monthly [1]
- Quarterly [2]
- Half-Yearly [3]
- Other (SPECIFY) [4]

73 How do You Qualify the Coordination Activities With the MOH?

- Excellent [1]
- Good . [2]
- Regular . [3]
- bad [4]

74 Do You Consider Convenient to your Institution to Amplify The Coordination Relations with MOH?

Yes [1] No [2]

232

75 Has this NGO some Type of Coordination with Other NGO'S?

Yes [1] , No [2] (GO TO 81)

76 Which of the Following Activities are Coordinated with other NGO's?

- Work Norms ..... [1]
- Services Rendering Areas ..... [2]
- Geographic Distribution ... .. [3]
- Capacitation . [4]
- Supplies ... . [5]
- Others) ---- ---------- [ ][ ]
  --- -- ---- -- -- [ ][ ]

(SPECIFY)

77 How is this Coordination Effected?

- Periodical Meetings . [1]
- Commitess [2]
- Periodic Reports (Informs) [3]
- Contracts [4]
- Treaties [5]
- Joint Groups .. . [6]
- Others) -- ---------- [ ][ ]
  ---------- [ ][ ]

(SPECIFY)

78. With what Frequency are the Coordination Activities with Other NGO'S Effected??

- Monthly [1]
- Quarterly [2]
- Biannual . . .. [3]
- Other' [ ]

(SPECIFY)

79 How do You Qualify the Coordination Activities with Other NGO'S?

- Excellent [1]
- Good . .. . . [2]
- Regular .... . [3]
- Bad ... [4]

80 In Which Areas has the Coordination Labor with the MOH and Other NGO'S has been Effective?

Yes 1\No 2	MPHSA	Other Ngo's
- Service Norms		
- Services Rendering Areas ,,,,,,.		
- Geographical Distribution . .		
- Capacitation .		
- Supply of Vaccines ..		
- Teaching Material		
- Equipment Loan		
- Execution of the Work of the CHP		
- Consulting		
- Supervision . .		
- Evaluacion		

F RESOURCES, TECHNICAL AND FINNANCIAL ASSISTANCE

81 Do You Actually Receive national Technical Assistance?

Yes [1] , No [2] (GO TO 83)

82 Especifically, from Which Institutions do You Receive Technical Assistance?

- ---------- [ ][ ]
- ---- -- ---- -- -------- -- ---- [ ][ ]
- --- --- ---- ---------- -------- [ ][ ]
- ------- ---------- [ ][ ]
- -------- ---- --- --- ----- ------- [ ][ ]

83 Do You Actually Receive International Technical Assistance?

Yes [1] , No [2] (GO TO 86)

84 Especifically, from Which Institutions do You Receive Tecnical Assistance?

- - -- ------- ---------- --- -- [ ][ ]
- ---------- --- ---------- [ ][ ]
- ---------- ---------- [ ][ ]
- ------ --- ---------- -------- [ ][ ]

85 Basically, what Constitutes the Technical Assistance?

- Assigned Personal [1]
- Capacitation . .. . [2]
- Materials and/or Supplies [3]
- Technology .. .. . [4]
- Equipment . .. .. . [5]
- Others) -- --------- --- ---- [ ][ ]
  ------ ---- -- ------- [ ][ ]

(SPECIFY)

86 Actually, What is the Amount of Finnancing, by Source, Coverage Period and Condition? Specify for Each Source of Finnancing nanciamiento How Much is Destined for the Exclusive Activities of Your CHP INCLUDE IT'S Salaries, Bonifications, Vacations, Social Security, Retirement Pension, Life Insurance and Grastifications, Expendables of all Types, Capacitation; Supervision; Equipment, Allowances; Transport, Manuals and Illustrative Materials In all Cases, apply the Specific Amount Budgeted by This Institution to the Work of the CHP, specifying them on the reverse page

Amount (Colones C)	Source	Period	Condition		Destined Exclusively to CHP (Colones C)
			Donation	Loan	

G NORMS OF SERVICE AND INSTRUCTIVES

87 Apply this Institution Norms for the Health Services in the Gesture of It's CHP?

TYPES OF NORmS	Yes. 1 No 2	- Intern (Own) . .. .. 1 - From MOH .... 2 - National Exterior . 3 - International Exterior 4
- Legal Dispositions		
- Programmable Contents		
- Efficiency Pauses		
- Attention Protocols		
- Administrative Rules		
- Others)' (SPECIFY)		

DO NOT APPLY NORMS' [ ] (GO TO 89)

(PLEASE ANNEX RESPECTIVE DOCUMENTATION)

88 Do Your CHP Utilize Specific Instructives for the Health Services they Render at Communitary Level?

Yes [1] , No [2]

(PLEASE, ANNEX THE INSTRUCTIVES OF YOUR CHP)

H ACCREDITATION LEVEL OF THE "CHP" (Authorization)

B9 Describe, Briefly, the Specific Actions that Your CHP May Realize, by Being Authorized in every one od the Services they Render to the Community:

Observations

ANNEX F-1

Republic of El Salvador, C. A.

REVISION AND EVALUATION OF COMMUNITARY HEALTH PROMOTERS (CHP): MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOH) AND NON GOVERNMENTAL ORGANIZATIONS (NGO'S)

Institutional Definition of Health Services Rendered by Means of Communitary Health Promoters (CHP)

THIS IS AN ANNEX OF FORM IDENTIFIED AS "F-1", IN WHICH YOUR INSTITUTTION HAS GIVEN US VALUABLE INFORMATION ABOUT THRE HEALTH SERVICES THEY RENDER BY MEANS OF "COMMUNITARY HEALTH PROMOTERS (CHP)". THIS TIME WE ARE REQUESTING SOME COMPLEMENTARY FACTS ABOUT THE SAME THEMES

Thank You For Your Qualified Collaboration.

CONTROL OF CRITIQUE, CODIFICATION DIGITATION AND VERIFICATION

- Criticised and Codified by (Name): .....
- Date of Critique - Codification
- Data Input and Verification by (Name): .....
- Date of Data Input-Verification.

IDENTIFICATION

Form N 1

COMPLETE Name of Institution (Dependency) .....

Initials

Domicile (Main):

- Departament:
- Municipality:
- District:

Complete Address of Main Domicile: .....

Post Office Box:

Telephones :

Fax:

Observations .....

Question 17 a) In What Relation with the Population Groups that are Direct Beneficiaries of this Institution, by Means of CHP, Could You Indicate if the Following Group Ages are Attended in the Following Indicated Services?

SERVICES	MALE			FEMALE		
	15 To 19 Years	20 To 24 Years	25 Plus Years	15 To 19 Years	20 To 24 Years	25 Plus Anos
- Sexually Transmitted Diseases						
- AIDS (Effects and Prevention)						
- Family Planning						
- Others)						
(SPECIFY)						

Question 25.a) In the Classification of All Personnel of this Institution, According to Type, Time Assigned, please Complement the Following Information

TYPE OF PERSONNEL	PART TIME		FULL TIME	
	MALE	FEMALE	MALE	FEMALE
1 - EXCLUSIVELY, COMMUNITARY HEALTH PROMOTERS (CHP) (Not Included in the Following Types))				
2- Administrative Personal'				
▶ Management				
▶ Direction				
▶ Subdirection				
▶ Administrator				
▶ Presidency				
▶ Board of Directors				
▶ Secretarial				
▶ Accounting				
▶ Computation				
▶ Transport				

TYPE OF PERSONNEL	PART TIME		FULL TIME	
	MALE	FEMALE	MALE	FEMALE
▶ General Services.				
3 -Doctors				
4 -Nurses				
5 -Nurses Auxiliaries				
6 -Social Workers				
7 -Health Inspectors				
8 -Maternal-Infantile Tech.				
9 -Volunteers				
10 -Commitees-Commisions				
11 -Supervisores of CHP				
12 -Other Personnel (SPECIFY)				

Question 31 a) Respect to the Contraceptives Given to each of Your CHP, are there "Injectables" Included? Yes' [1] , NO [2] (Go To 32 a)

Question 31 b) If the answer is "Yes"· [1]" in the Question 31 a) YES 1/NO·2

- Sell Them? [ ] , - Give Free? [ ] , - Receive Voluntary Fee? [ ]

Question 32.a) PLease, Facilitate the Available Information to Complement the Following Table About Monthly Salary levels of your CHP, WITHOUT Considering Benefits of All Types, by Sex and full or Part Time Condition:

Monthly Salary Ranges (Colones)	NUMBER OF "CHP"				Monthly Salary Ranges (Colones)	NUMBER OF "CHP"			
	MALE		FEMALE			MALE		FEMALE	
	Full Time	Part Time	Full Time	Part Time		Full Time	Part Time	Full Time	Part Time
Less than C100					C1500 to C1599				
C100 to C199					C1600 to C1699				
C200 to C299					C1700 to C1799				
C300 to C399					C1800 to C1899				
C400 to C499					C1900 to C1999				
C500 to C599					C2000 to C2099				
C600 to C699					C2100 to C2199				
C700 to C799					C2200 to C2299				
C600 to C899					C2300 to C2399				
C900 to C999					C2400 to C2499				
C1000 to C1099					C2500 to C2599				
C1100 to C1199					C2600 to C2699				
C1200 to C1299					C2700 to C2799				
C1300 to C1399					C2800 to C2899				
C1400 to C1499					C2900 to C2999				
					C3000 and More				

Question 32 b) Could You Specify the Yearly Amounts that this Institution Invests in Each One of the Benefits for All of It's CHP, by Sex and Full or Part Time Condition?

TYPE OF BENEFITS	YEARLY AMOUNT (IN COLONES)				TIPE OF BENEFITS	YEARLY AMOUNT (IN COLONES)			
	MALE		FEMALE			MALE		FEMALE	
	Full Time	Part Time	Full Time	Part Time		Full Time	Part Time	Full Time	Part Time
- Yearly Bonus					- In Species				
- Social Security					- Others)				
- Health Insurance									
- Life Insurance									
- Vacations									
- Retirement Fund					(SPECIFY)				

Question 44 a) Indicate if the Following Education Techniques are Included in the Capacitation Courses of your CHP

Yes'1/No'2

- Field and/or Observation Visits ☐
- Direct Paractices ☐
- Participative Techniques ☐

ANNEX F-1

Question 51 a) Please, Indicate if the Capacitation Courses of CHP include the Following Heal Sub-Components and the Number of Hours Assigned to Each One

REPRODUCTIVE HEALTH	Yes 1/ No 2	N of Hours
- Pregnancy Process at Communitary Level		
- Birth Proccess at Communitary Level		
- Evolution of Puerpurae at Communitary Level		
- Family Planning		
- Oral Contraceptives		
- Injectables		
- Rithm		
- Billing		
- Coitus Interrupt		
- Condom		
- Male Sterilization		
- Female Sterilization		
- Sexually Transmitted Diseases Prevention		
- AIDS (Effects and Prevention)		
- Infertility		
- Sexually Transmitted Diseases Prevention		
- Prevention of Uterine and Breast Cancer at Communitary Level		
- Prevention of Tetanus		
- Others) ______ *SPECIFY)		

CARE OF CHILDREN (Under 5 years)	Yes 1/ No 2	N of Hours
- Growth and Development		
- Maternal Breast Feeding		
- Inmunizations		
- Acute Respiratory Infections (Ari)		
- Acute Diarrheic Diseases (ADD)		
- Others) ______ (SPECIFY)		

ORAL HEALTH	Yes 1/ No 2	N of Hours
- Prevention of Tooth Diseases		
- Fluoride Applications		
- Symptomatic Care		
- Others) ______ (SPECIFY)		

NUTRITION (Under 5 Years)	Yes 1/ No 2	N of Hours
- Detection of Undernourishment Level		
- Follow-Up		
- Referencrs		
- Others) ______ (SPECIFY)		

FIRST AID	Yes 1/ No 2	N of Hours
- Prevention of Accidents		
- Treatment of Light Wounds		
- Primary care to Severe Wounds		
- References		
- Others) ______ (SPECIFY)		

CARE (SIMPLIFIED) OF MORBIDITY	Yes 1/ No 2	N of Hours
- Eye Diseases		
- Gastric Acidity		
- Head and Body Pains		
- Skin Diseases		
- Intestinal Parasitism		
- Malaria		
- Other : ______ (SPECIFY)		

ENVIROMENTAL HEALTH (BASIC)	Yes 1/ No 2	N of Hours
- Home Hygiene		
- Personal Hygiene		
- Water Sources and Treatment		
- Latrinization And Excreta		
- Diseases Vectors		
- Trash		
- Other) ______ (SPECIFY)		

Question 51 a) Continued

	Yes 1/ No 2	N of Hours		Yes 1/ No 2	N of Hours
PARTICIPATION AND COMMUNITARY DEVELOPMENT			CARE OF CHILDREN		
MENTAL HEALTH			HOME ORCHARDS		
REHABILITATION			COMMUNITY POTS		
ALPHABETIZATION					
JOB SKILLS TRAINNING			OTHER(S)' .... (SPECIFY)		

Question 54 a) If there are Differences In the Supervision of the Male CHP and Female CHP, Could You Indicate the Main Classes of Differences?

1. ....
2. .....
3. .....

There are No Differences 9 9

Question 54 b) Within the Frequency of the Supervision that This Institution applies to Its CHP, Please Indicate How Long does the Supervision of Each CHP Lasts:

Hours:

Observations

Question 60 a) Who Imparts the Capacitation of the Supervisors of this Institution?

- The Institution Itself ..... ☐
- The MOH ☐
- Both (Jointly) ☐

Another Institution! ☐
(SPECIFY) ☐

Question 65 a) Please Indicate if the Following Educational Techniques are included in the Capacitation Courses of Your Supervisors!

	Yes!1/No!2
Field and/or Observation Visists	☐
- Guided Practices	☐
- Participative Techniques . .	☐

Question 67 a) Accordingly to the Frequency of Continued Education Courses for Supervisors, How many Hours do they Last?

- Number of Hours .. .. ☐☐
- Do not Receive Continued Education 9 9

Question 68 a) What Work Equipment is Given to the Supervisors of Your CHP' Men and Women Full Time and Part Time?

WORK EQUIPMENT	MALE		FEMALE		WORK EQUIPMENT	MALE		FEMALE	
	FULL TIME	PART TIME	FULL TIME	PART TIME		FULL TIME	PART TIME	FULL TIME	PART TIME
- Bicycle					- Briefcase				
- Motorcycle					- Other(s)				
- Automobile									
- Uniform									
- Backpack					(SPECIFY)				

Question 70 Could You Indicate Which of the Following Activities are Coordinated with MOH?

	Yes 1/No'2
- Vaccines Provisioning	☐
- Educational Material . .	☐
- Equipment Loan	☐
- Execution of the Work of the CHP	☐
- Supplies	☐
- Consulting . .	☐
- Supervision	☐
- Evaluation . . .	☐
- Referral of Patients to Clinics and Hospital of MOH .	☐
- None	9 (GO TO 76a)

Question 72 a) How Much Time (Hours) does this Institution Dedicate to Coordination Labors with the MOH in the Indicated Periods?

		N. of Hours				N. of Hours
- Weekly	1		- Quarterly	4		
- Bi-Weekly	2		- Half-Yearly	5		
- Monthly	3		- Other (SPECIFY) .			

Question 74 a) How do You Think to Amplify the Coordination Relations with the MOH?

Question 74 a) On what Main Reasons is Your Answer to 74 a) Based?

Question 76.a) And With Other NGOs, Could You Indicate Which of the Following Activities are Coordinated?

	Yes'1/No'2		Yes'1/No'2
- Vaccine provisioning		- Consulting .	
- Educational Material		- Supervision	
- Equipment Loan		- Evaluation	
- Execute the work of the CHP		- Referral of Patients to Clinics or Hospital of MOH	

Question 78 a) With the NGOs, How Much Time (Hours) does this Institution Dedicate to Coordination Activities in the Indicated Priods?

		N. of Hours				N. of Hours
- Weekly ..	1		- Quarterly	4		
- Bi-Weekly	2		- Half-Yearly	5		
- Monthly	3		- Other (SPECIFY)			

Question 80 a) Specifically in Supplies (of All Types) and Referral of Patients to the Clinics, has it been Effective the labor of Coordination of this Institution with MOH and other NGOs?

	Yes 1/No 2			Yes 1/No 2	
	MOH	Other NGOs		MOH	Other NGOs
- Supplies			- Referral of patients to Clinics and Hospital		

242

MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOH) AND NON-GUVERNMENTAL ORGANIZATIONS (NGO'S)

Detailed Characterization of the Health Services Rendered by Through Community Health Promoters (CHP's)

THE FUNDAMENTAL OBJECTIVE OF THIS RESEARCH IS TO COLLECT AND ANALYSE QUALITATIVE AND QUANTITATIVE DATA OF "COMMUNITLY HEALTH PROMOTERS (CHP's)" THAT RENDER HELATH SERVICES IN THE "MOH", "ADS", "PROSAMI", AND OTHER NGOs, WHICH CAN BE UTILIZED TO FACILITATE IMPROVEMENTS IN THE HEALTH PROGRAMS DIRECTLY RELATED WITH COMMUNITY HEALTH, BETTERMENT OF THE HEALTH CONDITIONS OF THE POPULATION OF EL SALVADOR LIVING WITHIN POVERTY CONDITIONS LIKEWISE, THE INFORMATION THAT IS REQUESTED IS EXCLUSIVELY REFERRED TO HEALTH SERVICES THAT ARE RENDERED UTILIZING THE RESOURCE OF "COMMUNITARY HEALTH PROMOTERS (CHP's)"

Thank You for Your Qualified Collaboration

A IDENTIFICATION

1 Formulario No 2 [ ][ ][ ]

2 COMPLETE name of the Institution (Dependency)

3 Representative and/or Chargee of the Institution (Dependency)
Names'
Surnames
Post

4 Domicile (Main)
- Departament'
- Municipality'
- District'

5 Complete Information of the Main Domicile

Telephone (s)

6 Other Institutional Branches'

(IF NECCESSARY WRITE ON BACK OR ANNEX DETAILED LIST)

B CONTROL OF CRITIQUE, CODIFICATION, DIGITATION, VERIFICATION

7 Criticized and Codified by (Name)

Date of Critic - Codification

8 Data Input by (Name)'

Date of Data Input - Verification

Observations

C DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE "CHP" IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS

9 Specify With The Greatest Detail Possible, All The Actions (Delivery Mechanisms) That Your CHP Apply in Their Geographical Work Area, by Each Component and/or Sub-Component and Others, in Which This Institution Actually Render Services

9 a) Care of Reproductive Health

Care of Pregnancy at Community Level — Yes 1/No: 2

- Identify Pregnant Women
- Visits the Normally Pregnant
- Visits pregnant with Risk
- Motivate the Pregnant to Register in the Maternal Care Program
- Detect, Precosciously Alarm Signs
- Identify Risk Factors
- Make references, When Detecting Risk Factors or Alarm Signs
- Register Size of Pregnant
- Registran Weight of Pregnant
- Take Arterial Pressure
- Control Uterine Growth
- Educate Pregnant and Families on Care During Pregnancy
- Deliver Prenatal Vitamins
- Coordinate Their Gesture with Midwives in Their Area
- Indicate Pregnant the Birth Care Places
- Verify if the pregnant Assist to the Prenatal Controls
- Other _____ (SPECIFY)

Care of Birth at Community Level

- Aids Midwives When Required
- Attends Emergencies at Normal Birth
- Recommends Ways and preparations for Birth Attention at Home or at Hospital
- Other _____ SPECIFY)

Care of Puerperae at Community Level

- Follows-Up on Pregnants that Have Given Birth
- Registers Vital Signs on Puerperae (Temperature,Pulse,Arterial Pressure)

Care of Puerperae at Community Level (Continued) — Yes' 1/No' 2

- Identify Alarm Signs
- Refers Puerperae to The Corresponding Level in the Case of Alarm Signs
- Gives Acetaminophen in Case of After Pains
- Delivers Vitamins
- Guides Puerperae and Their Families About Care During this Period
- Investigate Presence of Complications of the New Born
- Refers Child, in the Company of the Mother or Relative, to Health Establishment in Case of Complications
- Guides Fathers about the Registation of the Child at City Hall
- Other' _____ (SPECIFY)

FAMILY PLANNING

- Identify Possible Users of Family Planning
- Visits Homes of Possible Users
- Imparts Talks About Methods to the Family
- Imparts Talks About Methods to Women Only
- Evaluates The ossible User of Family Planning
- Promotes the Following Methods of Family Planning
  - Pills
  - IUD's
  - Condoms
  - Injections
  - Female Sterilization
  - Male Sterilization
  - Billings Method
  - Rithm
  - Other(s) _____ (SPECIFY)

Family Planning (Continued) — Yes 1/No 2

- Gives the Following Methods of Family Planning (Contraceptives)
  - ▶ Pills . . . . ☐
  - ▶ Condoms ☐
  - ▶ Injections . . .. ☐
  - ▶ Other' ' ..... ☐☐
  - ..... ☐☐
  - (SPECIFY)
- Refers Persons for Their Evaluation in a Health Establishment
  - ▶ Before Giving Contraceptives ..... ☐
  - ▶ ASfter Giving Contraceptives . .. . ☐
- Does Follow-Up to Detect Complications of Method . . ☐
- Other ☐☐
  - (SPECIFY)

Sexually Transmitted Diseases

- Informs and Educates about Sexually Transmitted Diseases . . ☐
- Detects Persons with Probabilty of Presenting Sexually Transmitted Diseases . . . . ☐
- Refers to Health Establishment all Persons Detected ..... ☐
- Investigates Possible Contacts of Transmission ☐
- Refers the Contacts to the Health Establisment ☐
- Other ☐☐
  - (SPECIFY)

Yes 1/No 2

Prevention of Cervical-Uterine and Breast Cancer

- Informs and Educates about Cervical-Uterine and Breast Cancer ..... ☐
- Refers All Women to Citology Tests to Health Establishment ..... ☐
- Detects and Refers All Women in Accord to Established Factors, for being at Risk of Cancer of the Womb . . ☐
- Detects and Refers All Women in Accord to Established Factors. for being at Risk of Cancer of the Mamma . ☐
- Other: ☐☐
  - (SPECIFY)

Prevention of Tetanus

- Informs and Educates about this Disease ,,, ... ☐
- Detects Women In Fertile Age not Vaccinated .... ☐
- Refers for Vaccination to Health Establishment .. .. ☐
- Does the Promoter Vaccinates All Persons in the Community . ☐
- Other ☐☐
  - (SPECIFY)

Observations

C DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE CHP IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS

9 Specify With The Greatest Detail Possible, All The Actions (Delivery Mechanisms) That Your CHP Apply in Their Geographical Work Area, By Each Health Component And/or Sub-Component And Others, In Which This Institution Actually Render Services

9 b) CARE OF CHILDREN (Under 5 Years)

Yes 1/No 2

Growth and Development

Yes 1/No 2

- Detects the Under 2 years for Registration in The Infantile Program ,,,,,,,
- Refers the Minors to the Health Establishment
- Takes Weigth Of the Children
- Takes Heigth of the Children
- Teaches Mothers Simple Techniques about Child Stimulation
- Interprets the Child's Card to the Mother and Explains the Growth and Weight Chart
- Other _____ (SPECIFY)

Breast Feeding

- Promote Exclusive Breast Feeding until 6 months
- Orients Mother about How and When Introduce Food to child
- Other _____ (SPECIFY)

Inmunizations

- Ilustrates Mothers about the Importance of Vaccination
- Ilustrates Head of Family about the importance of Completing Vaccination scheme
- Vacinates Children that are under his Jurisdiction
- Refiers Children to Health Establishment for Vaccination
- Verifies that the Child has the Complete Vaccination
- Other _____ (SPECIFY)

Acute Respiratory Infections (ARI)

- Detects Under 5 years with ARI
- Evaluates Danger Signs
- Verifies the Presence of and Counts the Respiratory Frequency
- Classifies the Child Illness

Acute Respiratory Infections (ARI)

- In Case of Ligth Respiratory Infection (Cold and or Cough) without Pneummonia
  - ▶ Recommends Home Care
  - ▶ Recommends Home Remedies
  - ▶ Gives Infantils Aspirin
  - ▶ Give Acetominophen
  - ▶ Refers to the Health Establishment
- In Case of Moderate Respiratory Infection (Without Pnemmonia)
  - ▶ Refers to the Health Establishment
  - ▶ Treats with Antibiotics
  - ▶ Recommends Home Remedies
- In Case of Severe Respiratory Infection (With Pneummonia)
  - ▶ Refers to the Health Establishment
  - ▶ Treats with Antibiotics
  - ▶ Treats Child when cannot make References ,,,,,,,,,
- Makes Follow-Up Visits to Watch over the Sate of the Child
- Explains Preventive Measure to the Relatives
- Explains to Mothers and Relatives Alarm Signs in Case of Acute Respiratory Illness (ARI)
- Explains to Mothers and Relatives the Care at Home of the Child with Acute Respiratory Iness (ARI)
- In Relation to the New Born
  - ▶ Detects Low Weight new Born
  - ▶ Weights the New Born
  - ▶ Detecta Alarm Signs
- If of stable Low Weight
  - ▶ Instructs the Mother how to Handle
  - ▶ Visits Daily The Low Weight New Born
  - ▶ Refers Low Weight New Born to Hospital

246

C DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE CHP IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUBCOMPONENTS

9 Specify With The Greatest Detail Possible, All The Actions (Delivery Mechanisms) That your CHP Apply In Their Geographical Work Area, For Each Health Component, Sub-Component And Others In Which This Institution Actually Render Services.

9.b) CARE OF CHILDREN (Under 5 Years)

(Continued)

ARI (Continued) — Yes: 1/No: 2

- If severe Low Weigth:
  - ▶ Instructs the Mother how to handle at Home ..... ☐
  - ▶ Visits Him Daily . .. . . ☐
  - ▶ Refers Him to Hospital ... . ☐
- Other ..... ☐☐
  (SPECIFY)

Acute Diarrheic Infections (ADI)

- Detects Children with ADI ..... ☐
- Follows-Up on Child with Diarrhea ☐
- Educates Mother and Family how to Prevent Diarrhea .. .. ☐
- The Community helps warning of Children with Diarrhea .... ☐

ADI (Continued) — Yes: 1/No: 2

- In Case of Diarrhea without Dehydration, Administer Oral Dehydration Salts ... . ☐
- In Case of Diarrhea with Dehydration
  - ▶ Administer Oral Dehydrtion Salts ☐
  - ▶ Refers in All Cases ..... ☐
  - ▶ Refers Only if it does not Improve after 4 Hours . ..... ☐
- In Case of Diarrhea Accompanied with Fever or Blood:
  - ▶ Administers Oral Dehydration Salts ☐
  - ▶ Refers the Child to the Health Establishment ..... ☐
  - ▶ Uses Antibiotics .... ☐
  - ▶ Uses Antidiarrheics .... . ☐
- Other: ..... ☐☐
  (SPECIFY)

Observations

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

C DELICERY MECHANISMS (Specific Actions) APPLIED BY YOUR CHP IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS

9 Specify With The Greatest Detail Possible, All The Actions (Delicery mechanisms) That Your CHP Apply, In Their Geographical Work Area, By Each Health Components And/or Sub-Component and Others, In Which This Institution Actually Render Services

9 c) ORAL HEALTH — Yes 1/No 2

- Explains Measures to Mantain or Achieve Oral Health . .. ☐
- Explains Brushing Techniques ☐
- In Case of Pain
  - ▶ Recommendas Analgesics ..... ☐
  - ▶ Refers to Healt Clinic . ..... ☐
- In Case of Hemorrage:
  - ▶ Refers to Health Establishment .. ☐
  - ▶ Tries to Control the Hemorrage . . ☐
  - ▶ Refers only when the Bleeding Persists .... ☐

Yes 1/No' 2

- Refers Persons to Health Establishment, Acoording to Norms ..... ☐
- Refers to Health Establishment in Case of Morbidity . ☐
- Attends Children from to 3 to 15 Years that do not Assist School on the Fluoride Applications ..... . ☐
- Other: ..... ☐☐

.... ☐☐

(SPECIFY)

Observations'

..... - .. - ....

- - ... ...

.. ..

.. - - ... - ... - - .. ... - ... ... - -

- .... .. - ..... - .. ..

....

....

.. - ... . - .. ..

..... - - ... - - ... ... - - .. .. -

.....

....

.....

.....

....

....

2457

C DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE CHP IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS.

9 Specify With The Greatest Detail Possible, All The Actions (Delivery Mechanisms) That Your CHP Apply, in Their Geographical Work Area, for Each Health Component, Sub-Component And/or Others , in Which this Institution Actually Render Services

9.d) NUTRITION (Less Than 5 Years) Yes' 1/No' 2

- Identifies Children at Risk of Undernourishment .... ☐
- Classifies the Nutritional State of the Child, per Age-Weigth Graph . .. ☐
- Weights the Under 5 Years .... ☐
- Measures (Height) the Under 5 Years
- Refers Undernourished Children and at Risk to Health Establishment ☐
- Orients, Mother and Family, about the Food of the Child .. . . .. ☐
- Promotes and Teaches Advantages of Maternal Breast Feeding . . . . ☐
- Deals Food to Undernourished Children ☐

Yes' 1/No' 2

- Orients, the family about the Use of Donated Food .... ☐
- Makes Demonstratios about Use of Food ... . ☐
- Gives Vitamin "A" to Children Under 5 years . .. . ☐
- Gives Vitamin "A" to all Women During Puerperae .... ☐
- Controls Undernouridhed Children .. ☐
- Other' . ------------------- ----- ☐☐

------------------- ----- ☐☐

(SPECIFY)

Observations --

C DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE "CHP" IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS.UD

9 Specify With The Greatest Detail Possible, All Actions (Delivery Mechanisms) That Your CHP Apply In Their Geographical Work Area, for Each Health Component, Sub-Component And/or Others, in Which this Institution Actually Render Services.

9 e) FIRST AID — Yes 1/No 2

- Orients the Family in How to Avoid Accidents at Home, Mainly on Children ☐
- Applies Measures in Case Of Ligth Wounds ☐
- Renders Immediate Care in Severe Accidents ☐
- Refers Immediately to Hospital in Case of Severe Accidents ☐
- In Case of Poissoning:
  - ▶ Identifies Manifestations Caused by Poissoning ☐
  - ▶ Orients the Family in How to Avoid Poissoning ☐
  - ▶ Gives Primary Attention ☐
  - ▶ Gives Reference to Hospital ☐
- Orients the Family in the Handling of Burns ☐
- In Case of Dog Bite
  - ▶ Refers Person to Health Establishment ☐
  - ▶ Mantains Animal Captive during 10 Days ☐
  - ▶ Observes The Conduct of Animal ☐
  - ▶ Makes Control Visits To the Bitten Person ☐
- In Case of Deep and Bleeding Wounds:
  - ▶ Lays the Patient Down and Raises the Bleeding Member ☐
  - ▶ Covers the Wound with Gauze and Clean Rags ☐
  - ▶ Tries to Stop the Hemmorrage with the Methods Learned ☐
  - ▶ Gives Analgesics to relieve Pain ☐
  - ▶ Refers to Health Establishment for treatment ☐
  - ▶ Fixes Clamps to close Wound ☐
  - ▶ Other ☐ ☐ (SPECIFY)
- Other ☐ ☐ (SPECIFY)

Observations:

C DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE "CHP" IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS

9 Specify With the Gratest Detail Possible, All the Actions (Delivery Mechanisms) that Your CHP Apply, in Their Geographical Work Area, for Eacha Health Component And/or Sub-Component and Others. in Which this Institution Actually Renders Services

9.f) CARE OF MORBIDITY

Yes: 1/No: 2

- In Case of Eye Diseases
  - ▶ Explains How to Prevent Them .... ☐
  - ▶ Treats with Chloramphenicol ☐
  - ▶ Refers When does not Improve ☐
  - ▶ Refers in All Cases . ☐
- Give Alumminun Hydroxide for Gastric Acidity ... . ☐
- Explains Preventive Measures for Gastric Acidity . ☐
- Refers where there is Vommit with Blood or Strong and Persistent Pain ☐
- Gives Analgesics for Headaches ☐
- Refers when does not Get Better After 3 days , ... ☐

Yes: 1/No: 2

- Gives Treatmen for Skin Lessions caused by Fungus . ... ☐
- Explains Measures for Treatment and Avoid Future Contagion ..... ☐
- Orients the Community about the Prevention of Instestinal Parasitism ☐
- Give Treatment for Parasitosis in Children 2 years and more . . .. . ☐
- Refers to the Malaria Collaborator All Feveridh Person Suspect Of Sufferinf Malania . . .. ☐
- Other ------ --- ------- ------- ☐☐
  ---------- ☐☐
  (SPECIFY)

Observations ------- ---------- ------ ----------

- - - - -- -- - -- --- -- - -- - -- - -- --- -- - -- --- -- -- - -

----- ---------- ------- ------- ---------- ---------- ---------- -

- -- - -- - - -- -- ------- -- --- - --------- - ---------- ----------

-- -- - - - - --- --- -- --- --- -- -- -- --- ------- -- ------ --------- --- -- --- -- ---

-- --- -- ---------- --- -- --- --- ---------- ------ ------ -- -- ------ ---------- ------

---------- ----------

------- ---- ------- ---------- ----------

------- ------- ----------

-- --- ---------- -- ---------- ---------- --- ---------- ------

------- -- ----------

------- -- --- ---------- ----------

---------- ------- ---------

--------- --- -- ---------- --------- ---------- --- -- -- --- -- -- --- - ----------

C. DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE "CHP" IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS.

9. Specify with The Greatest Detail Possible, All Actions (Delivery Mechanisms) that Your CHP Apply in Their geographical Work Area, for Each Health Component And/or Sub-Component and Others, in Which this Institution Actually Render Services.

9 g) ENVIROMENTAL HEALTH (BASIC) — Yes 1/No 2

- Explains Sanitary Conditions That Must Meet the Home and Surroundings to Conserve the Health ☐
- Promotes Personal Gygiene Habits ☐
- Explains the Importance of Ingesting Potable Water ☐
- Promotes Vigilance and Maintenance, in Clean Ways, of the Supplying Water Sources ☐
- Explains Ways how to Keep Clean and Protected the Water Sources in their Community ☐
- Explains Water Potabilization Norms in Their Community (According to Feasibilty) ☐
- In Communities with Hand Pumping, Orients about Use and Maintenance of Pumpss ☐
- Coordinates with ANDA the Capacitation of the Community on the Maintenance and Administrstion of the Pumping and Water Chlorination Equipment ☐
- Identifies Homes that Lack Latrines ☐

Yes 1/No 2

- Promotes Construction, Use and Maintenance of Latrines ☐
- Explains Danger of Contamination by Excreta ☐
- Coordinates With Establishment or Institution that Develops the Latrinization Programs the Acquisition of Latrines ☐
- Orients how to Construct Houses for the Latrines ☐
- Explains Coorect Measures for the Elimination of Trash ☐
- Explains Ways of Handling Domestic Trash ☐
- Orients for the Prevention and Elimination of Vectors ☐
- Explains the Foccus (Breeding Places) of Vectors and Their propagation and Way to Eliminate Them ☐
- Other' ________________ ☐☐

________________ ☐☐

(SPECIFY)

Observations ____

____

____

____

____

____

____

____

____

____

____

C DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE "CHP" IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS.

9 Specify With The Greatest Detail Possible, All Actions (Delivery Mechanisms) that Your CHP Apply in Their Geographical Work Area, for Each Health Component, And/or Sub-Component and Others in Which this Institution Actually Render Services

9.h) COMMUNITARY PARTICIPATION — Yes: 1/No: 2

- Whe Innitiating His Work in the Community, takes a Census Of his Geographical Area ☐
- Elaborates a Diagnostic with the Community ☐
- Priorizes, with the Community the Problems Found ☐
- Elaborates Risk Map ☐
- Discusses the Diagnostic with the Community ☐
- Organizes Commitees or Help Groups for the Development of Health Actions ☐
- Identifies the Existing Organizations or Groups in the Community so they Favor the Health Actions ☐

Yes: 1/No: 2

- Informs, at Communitary Assemblies, about Advances and Problems of the Health Plan ☐
- Identifies and Promotes Participation of the Communal Leaders in the Solving of Problems of the Community ☐
- Identifies Goverment Organizations, Private and Others to Coordinate Actions ☐
- Promotes Active participation of the Community in Diagnostic Activities, Planning, Execution and Evaluation of Projects ☐
- Other' ☐☐

(SPECIFY)

Observations

C DELIVERY MECHANISMS (Specific Actions) APPLIED BY THE "CHP" IN THE COMMUNITY, BY HEALTH COMPONENTS AND SUB-COMPONENTS,

9 Specify with the Greatest Detail Possible, All Actions (Delivery Mechanisms) That Your CHP Apply in Their Geographical Work Area, for Each Health Component And/or Sub-component and Others, in Which this Institution Actually Render Services

(PLEASE WRITE the "Actions (Delivery Mechanisms)" in Observations or Separate Pages)

9 1) DELIVERY MECHANISMS IN	Yes 1/No 2		Yes 1/No 2
- MENTAL HEALTH		- CARE OF CHILDREN	
- REHABILITATION		- HOME ORCHARDS	
- PARTICIPATION AND COMMUNITARY DEVELOPMENT		- COMMUNITY POTS	
- ALPHABETIZATION		- Other.	
- JOB SKILLS TRAINNING .		..... (SPECIFY)	

Observations'

- -- --- --- -- -- -- --- ----- - - -- - ------ - -- ---- ------ -- -- --

------ --- -------- ---------- ----------

--- -- ---------- ---------- ---------- ----------

-------- ---- ---------- ----------

----- --- ----- --- ---- ---------- ---------- -- --

- ---------- ----------

---------- ---------- ----------

---------- ----------

-- ----------

---------- ---------- ----------

- ---- ---------- ---------- --- --- ----------

--- ---------- ---------- ----------

-- ------- - -- ---- --- -------- -------- -- ---- ------- ---------- -- --- ------ ------ --- -- --

--- ---- ---- -- --- -- ------- ---- -- ---------- ------ ------ -- ---- --- -- --------- -

254

10 In Relation with the Persons Attended (Benefitted Population), What Characterists the CHP Registers of this Institution.

	Yes: 1/No: 2
- Sex	
- Age Groups	
- Education Level	
- Services Requested	
- Other:	

(SPECIFY)

PLEASE ANNEX COPY OF REGISTERS OF PERSONS ATTENDED, FOR THE FIRST TIME AND SUBSEQUENT, REFERRING TO THE LAST PERIOD THAT YOU HAVE PROCCESED (Year, Semester, Quarter, Month)

11 For What Period does the CHP Program His Activities?

	Yes: 1/No 2
- Weekly ..	
- Bi-Monthly .	
- Monthly	
- Quarterly	
- Anual	
- Otro ---- - -- ---- --	

(ESPECIFIQUE)

12 a) Does this Institution Assign Times to Each of the Services of It's CHP?

Yes: [1] , No: [2] (Go to 13)

12 b) What Basic Criteria does This Institution Apply for Assigning Time to the Services of It's CHP?

	Yes 1/No 2
- Diagnóstic of the PGC	
- Communitary Demand	
- Epidemiologic Profile	
- Programss of the Institution.	
- Other: : ---------- -- ---	
----- --- -- --	

(SPECIFY)

12.c) For the Yearly Period, How Distributes the Assignation of Times of the CHP for Services?

SERVICES	Percentage (%)	N. of Weekly Hours
- Reproductive Health		
- Attention to Children		
- Oral Health		
- Nutrition		
- First Aids		
- Simplified Attention to Morbidity		
- Basic Enviromental Health		
- Participation and Communitary Development		
- Group Education		
- Mental Health		
- Other Activities :		
- -- -- ----------		

(SPECIFY)		

Observaciones.

D. INFORMATION SYSTEM

13 Does this Institution function under an Information System about the Work of Their CHP in the Community?

Yes. [1] , No' [2]

14 a) Who Elaborates the Report of the Activities of the CHP?

- The CHP [1]
- The Supervisor . [2]
- Other' [ ]

(SPECIFY)

14.b) With What Frequency the Reports of the CHP Elaborated?

- Daily ... . [1]
- Weekly ..... . [2]
- Monthly ..... [3]
- Quarterly . [4]
- Yearly .. . . [5]
- Other: [ ]

(SPECIFY)

15 Who Supervises the Reports of the CHP?

[ ]

16 What is the Basic Content of the Report (Daily, Weekly, Monthly, Other)

(Annex Report)

17 How does the CHP delivers the Report?

- Delivers Personally to the Office ... . [1]
- Delivers to the Supervisor [2]
- Other) [ ]

(SPECIFY)

18 What are the Steps that the Report of the CHP Takes, Before Reaching the Final Destination?

19. Who (or Whom) use the Information Gathered by the CHP?

Observations'

ANNEX F-2

Republic of El Salvador, C A

REVISION AND EVALUATION OF COMMUNITARY HEALTH PROMOTERS (CHP): MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MPHSA) AND NON GUVERMENTAL ORGANIZATIONS (NGO'S)

Institutional Characteriztion of Health Services Rendered by Means of Communitary Health Promoters (CHP)

THIS IS AN ANNEX OF THE FORM IDENTIFIES AS "F-2", IN WHICH YOUR INSTITUTION HAS GIVEN US VALUABLE INFORMATION ABOUT THE HEALTH SERVICES THAT THEY RENDER BY MEANS OF " COMMUNITARY HEALTH PROMOTERS (CHP)". THIS TIME REQUEST SOME COMPLEMENTARY FACTS ABOUT THE SAME THEMES

Thank You For Your Qualified Collaboration.

CRITIQUE CONTROL, CODIFICATION, DIGITATION AND VERIFICATION

- Criticized and Codified by (Name) ... . ☐
- Date of Critique - Codification ☐☐ ☐☐
- Data Input and verified by (Name) .... ☐
- Date of Data-Input-Verification ☐☐ ☐☐

IDENTIFICATION

Form 2 ☐☐☐

COMPLETE Name (Legal) of the Institution (Dependency) ....

Initials ☐☐☐☐☐☐☐☐☐☐☐☐☐

Domicile (Main)

- Departament' ☐☐
- Municipality ☐☐
- District' ☐☐

Complete Address of Main Domicile. . . . .

Post Office Box ☐☐☐☐☐☐

Telephones ☐☐☐☐☐☐☐; ☐☐☐☐☐☐☐

Fax ☐☐☐☐☐☐☐

Question 9 j) With the Greatest Detail Possible, Verify All the Actions (Delivery Mechanisms) That Your CHP Apply, in Their Geographical Work Area, about Effects and Prevention of AIDS

	Yes'1/No'2
- Informs and Educates Men About AIDS	☐
- Informs and Educates Women About AIDS .. .	☐
- Detects Persons with Probability of Presenting the Disease	☐
- Investigates Possible Transmission Contacts	☐
- Refers Detected Persons to Health Establishment	☐
- Other):	☐☐
.... (SPECIFY)	☐☐

Question 9 k Specify, with the Greatest Detail Possible all the Actions (Delivery Mechanisms) that Your CHP Apply, in Their Gegraphical Work Area, About Group Education, Specifically for the Following Blocks

Groups (All Ages)	1	Groups by Ages	2	At Home	3
- Women Only		- Women Only, 15 to 19 Years		- Women Only	
- Men Only		- Men Only, 15 to 19 Years		- Men Only	
Both Sexes		Both Sexes, 15 to 19 Years		- Both Sexes	
		- Women Only, 20 to 24 Years			
		- Men Only, 20 to 24 Years			
		- Both Sexes, 20 to 24 Years			
		- Women Only, 25 and More Years			
		- Men Only, 25 and More Years			
		- Both Sexes, 25 and More Years			

(IF NECCESSARY, USE BACK OF PAGE TO DETAILS ALL THE ACTIONS BY THEMES)

'92

Question 9 : Specify, with the Greatest Detail Possible all the Actions (Delivery Mechanisms) that Your CHP Apply, in Their Gegraphical Work Area, About the Care they Render to Youth, By Sex and Age Groups

15 to 19 Years : ☐
20 to 24 Years : ☐
25 and More Years : ☐

(IF NECCESSARY, USE BACK OF PAGE TO DETAIL ALL THE ACTIONS BY THEMES)

Question 12 c For the yearly Period, How do You Distribute The Assignation of Time of the CHP by Services?

S E R V I C E S	Percentage (%)	N of Weekly Hours
- Reproductive Health		
- Family Planning		
- Sexually Transmitted Diseases		
- AIDS (Effects and Prevention)		
- Care of Children (Less than 5 Years)		
- Oral Health		
- Nutrition (Less than 5 Years)		
- First Aid		
- Care (Simplified) of Morbidity		
- Envitromental Health (Basic)		
- Mental Health		
- Rehabilitation		
- Participation and Communitary Development		
- Alphabetization		
- Job Skills Trainning		
- Care of Children		
- Home Orchards		
- Community Pots		
- Other(s)' -- --- --- ---- ------ --- - --- -- -- -- ------- --- (SPECIFY)		

Question 12 d Thinking that Your Institution Offer Services in Reproductive Health, in Average, How many Weekly Hours do Your CHP Dedicate to the Following Services, in Each of the Detailed Blocks?

	N. of Weekly Hours		
	Family Planning	Sexually Transmitted Diseases	AIDS Effects and Prevention
Groups (All Ages)	0 1	0 1	0 1
- Women Only'			
- Men Only			
- Both Sexes			
Groups By Ages	0 2	0 2	0 2
- Women Only, 15 to 19 Years			
- Men Only, 16 to 19 Years			
- Both Sexes, 15 to 19 Years			
- Women Only, 20 to 24 Years			
Men Only, 20 to 24 Years			
- Both Sexes, 20 to 24 Years			
Women Only, 25 and More Years			
Men Only, 25 and More Years			
Both Sexes, 25 and More Years			
At Home	0 3	0 3	0 3
- Women Only			
- Men Only			
- Both Sexes			

(IF NECCESSARY, USE BACK OF PAGE TO DETAIL AAL THE ACTIONS BY THEMES)

REVISION AND EVALUATION OF COMMUNITARY HEALTH PROMOTERS (CHP):

MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCD (MOH) AND NON GOBERMENTAL ORGANIZATIONS (NGO'S)

Characterization Opinion of Communitary Health Promoters (CHP) about Technical-Administrative Aspects of their Desture (Poll by Sampling)

THE FUNDAMENTAL OBJECTIVE OF THIS INVESTIGATION IS TO GATHER AND ANALIZE QUALITATIVE AND QUANTITATIVE INFORMATION ABOUT "COMMUNITARY HEALTH PROMOTERS) THAT RENDER HEALTH SERVICES IN THE "MOH", THE "ADS" "PROSAMI" AND OTHER NGO'S, WHICH COULD USED TO FACILITATE THE IMPROVEMENT OF HEALTH PROGRAMS DIRECTLY RELATED WITH COMMUNITARY HEALTH, TENDING TO IMPROVE THE HEALTH CONDITIONS OF THE POPULATION IN EL SALVADOR IN CONDITION OF POVERTY BY THIS, THE INFORMATION SOLICITED REFERS EXCLUSIVELY TO HEALTH SERVICES RENDERED UTILIZING THE RESOURCE OF "COMMUNITARY HEALTH PROMOTERS" (CHP)

Tank you for Your Qualified Collaboration

A. CONTROL OF CRITIQUE, CODIFICATION, DIGITATION AND VERIFICATION.

1 Form No [3]

MOH [1]

ADS . [2]

PROSAMI . [3]

CISI [4]

CARITAS . [5]

PROVIDA ... [6]

Other NGO's [7]

2 Criticized and Codified By (Name) .

Date of Critique-Codification .

3 Data Input and verified by (Name)

Date of Data Input Verification:

B BASIC CHARACTERISTICS OF THE "CHP"

4 Complete Name of the Work Institution of the CHP

5 Domicile (Main) of the Work Institution of the PSC

- Departament
- Municipality:
- District

6 Institutional Headquarters of the Work of the CHP

7 a) Geographic Work Place(s) of the PCHP

- Departament
- Municipality:
- district(s):
- Village(s)

7 b) Habitual Place of Residence

- Departament
- Municipality
- District

262

F-3

8 Sex and Age of the CHP

Male [1] , Female' [2]

Age (Years Cumplidos) [ ][ ]

9 Time (Months) of Work as CHP

N of Months [ ][ ]

10 Highest Degree of School Approved'

- Basic Education [1][2][3][4][5][6][7][8][9]
- Medium Education [1][2][3]
- Superior Education [1][2][3][4][5][6]
- None .... [0]

C ABOUT WORK OF THE CHP

11 Daily Work Hours' [ ][ ]

12. Weekly Work Days [ ]

13 a) Salary, Bonuses, Social Benefits and/or Gratifications for his Monthly Work (Total)

C [ ][ ][ ][ ]

Does not receive any (is Volunteer) [9][9] → (ENDS THIS FORM)

13 b) Social Benefits — Yes'1/No'2

- Yearly Bonus . [ ]
- Social Security [ ]
- Vacations . . [ ]
- Retirement Pension . . [ ]
- Life Insurance [ ]
- Other [ ]

(SPECIFY)

13 c) Where is your Salary Paid?

-- -- ---------- ------- [ ][ ]

14 Position of Functionary considered as immediate superior of the CHP such as; to whom does the PSC reports on his Work'

- -- - -- - - - - [ ][ ]

15 Where Does (Develops) His work?

- At Institutional See [1]
- At Home [2]
- Domiciliary Visits [3]
- Combining Above [4]

16 In Relation with the Census Taking in Your Work Community(ies) Please Answer the Following Aspects — Yes:1/No'2

- Thee was a Census in The Community(ies) [ ]

16 (Continued) — Yes:1/No'2

- Took Census Before offering Your Services . . .. [ ]
- Took Lensus when Offering Your Services . . . . . [ ]
- Date of Census Taking . [ ][ ] (Day) [ ][ ] (Month) [ ][ ] (Year)
- Duration (Days) of taking . [ ][ ] Days
- Number of Persons Censused by Sex

Male [ ][ ][ ][ ][ ] ; Female [ ][ ][ ][ ][ ]

- N of Homes (Houses) Censused' [ ][ ][ ][ ]
- Did You include the Population Health Diagnostic of tyhe Community in the Census

Yes' [1] ; No' [2] (Go To 17.a)

- What Main Components did the Population Health Diagnostic included?

- -- -- ----- -- ------ ---------- -----

(IF NECCESSARY AMPLIFY ON REVERSE)

17 a) In Total, How Many Families do You Have under Your Work Responsibility

N of families' [ ][ ][ ] N of Persons [ ][ ][ ][ ]

17 b) In Average, How Many Homes, Do You Have to Visit Monthly ' N. of Homes: [ ][ ][ ]

18 a) What Materials are You Given to do Your Work? Where are they Delivered?

	Yes 1/No 2	Place of Delivery
- Medicines	[ ]	[ ]
- Expendable Materials .	[ ]	[ ]
- Manual of the PSC	[ ]	[ ]
- Stationary-Forms	[ ]	[ ]
- Teaching Material	[ ]	[ ]
- Other	[ ]	[ ]

(SPECIFY)

18.b) What Medicines and Expendable Materials are You Given for Their Use on the Population of the Community? Sell Them?, Give Them Free?. Voluntary Fee?.

Medicines and Expendable Materials	Yes: 1 No: 2	Sell Them Yes' 1 No' 2	Give Them Free Yes: 1 No' 2	Voluntary Fee Yes: 1 No' 2
- Analgesics				
- Antitusives				
- Antiparasitaries				
- Ofthalmic Drops				
- Oral Rehydration Salts				
Antibiotics				
- Antihistamines				
- Oral Contraceptives				
- Preservatives (Condoms)				
- Injectable Contraceptives				
- Vitamins				
- Iron				
- Dermatological Medicines				
- Cotton				
- Adhesive Tape				
- Antiseptic Solution				
- Alcohol				
- Gentian Violet				
- Other: (SPECIFY)				

19 What Equipmemnt are You given to Work? Where is Delivered?

	Yes 1/No 2	Place of Delivery
- Scale for Adults		
- Scale for Children ..		
- Sthetoscope		
- Tensiometer		
- Otro(s)		

If ANSWER IS "YES" IN 18 a)

20 How often are Medicines replaced?

Days [ ][ ]

21 Are You Given Uniform and/or Credential (ID Card?

- Uniform : Yes [1] , No [2]
- ID Card : Yes' [1] ; No' [2]

22 What else are You given for Your Work? ?

[ ][ ]
[ ][ ]
[ ][ ]

23 Do You have First Aid Kit at Home?

Yes [1] , No [2]

24 Do Persons that Need Services look for You at Home?

Yes' [1] ; No' [2]

264

D CAPACITATION

25 Were You Given Capacitation Before Commencing Work?
Yes: [1] , No [2] (GO TO 33)

26. How long Did Your Initial Capacitation last (N of Hours)
N. of Hours: [ ][ ][ ] Do not remember: [9][9]

27. Where Did You Receive Initial Capacitation? [ ][ ]

28 How was Imparted Your Initial Capacitation Course?
- At one Time ..... [1]
- By Separate Modules ..... [2]

29 Were You Awarded Diploma At The End Of Your Initial Capacitation?
Yes [1] , No [2]

30.a) What Aspects Seemed Easy Of The Initial Capacitation Course? [ ][ ]

30 b) What Aspects Seemed Harder Of Your Initial Capacitation Course? [ ][ ]

31 a) What Themes Were You Taught In Your Capacitation That Have Been Useless In Your Work? [ ][ ]
1 .....
2.
3.
None ..... [9][9]

31.b) What Themes Were Not Taught In Your Capacitation And Are Needed In Your Work? [ ][ ]
1. .....
2 .....
3. .....
None ..... [9][9]

32.a) Have You Assisted Refreshinning Courses Of Your Capacitation Yes: [1] ; No: [2] (GO TO 33)

32.b) How Often (Months) Do You Assist Refreshinning Courses of Your Capacitation?
- N. of Months: [ ][ ]

32 c) How Long Do The Refreshinning Courses Last?
Number of Hours [ ][ ]

Observations .....

E. SERVICES RENDERED BY THE CHP

11 In Relation with the Distribution of your Work Please Indicate If You Work In the Following Health Services Could You Estimate an Average by each Component of Patients Attended and References Made by Sex, Activities Reported and the Duration In Hours during your Monthly Labor Journal?

SERVICES	Yes 1 No 2	Nuber of Patients Attended		Number of References		Number of Activities Reported	Duration (Monthly Hours)
		Male	Female	Male	Female		
- Care of Reproductive Health							
- Family Planning							
- AIDS							
- Care of Children (Under 5 Years)							
- Oral Health							
- Nutrition (Under 5 Years)							
- First Aid							
- Care (simplified) of Morbidity							
- Enviromental Health (Basic)							
- Mental Health							
- Rehabilitation							
- Participation and Communitary Development							
- Alphabetization							
- Job Skills Trainning							
- Care of Children							
- Home Orchards							
- Communty Pots							
- Group Education							
- Other Activities							
(SPECIFY)							

34 a) What Part of Your Work Seems Easier?

34 b) What part of Your Work Seems Harder?

35 Besides the Services You Render, What other Services are Solicited by Persons in Your Community?

36 a) Are There Clinics in Your Community (District)?

Yes' [1] ; No' [2] (GO TO 37)

36.b) To Which Institution or NGO belongs the Clinic in Your Community (District)?

- MOH [1]
- ISSS [2]
- NGO'S

(Name)

37 How many Times in the Month do You Visit the Nearest Health Establishment of the MPHSA by reasons of Your Work?

N of Monthly Times

Do not Visit Them [9]

38 a) Besides the Care of health. What other Areas of Work do You Cover?

Ninguna [9 9] → (GO TO 39)

38 b) The Previous Complementary Activities Depend of the Organization for Which You Work?

Yes [1] , No [2]

38 c) Who Gives Finnancing for Those Complementary Activities?

38 d) How many Weekly Hours these Complementary Activities take?

- Weekly Hours'

39. In Relation to Your work Reports:

- In Total, How many Hours takes You to do Them

- With what Frequency do You Present Reports?

- Daily [1]
- Weekly [2]
- Biweekly [3]
- Monthly [4]
- Quarterly [5]
- Other: (SPECIFY)

- To Whom do You Give Your Reports?

- To the Supervisor [1]
- To the Inmediate Superior [2]
- To The Clinic's Director [3]

DO NOT ELABORATE REPORTS [9 9]

40.a) For which Calendar Period do You Program Your Work?

- Weekly [1]
- Byweekly [2]
- Monthly [3]
- Quarterly [4]
- Yearly [5]
- Other (SPECIFY)

40 b) Who Helps You Plan Your Work?

F. SUPERVISION

41 a) Are the Works that You Develop in the Community Supervised?

Yes [1] , No [2] (GO TO 45 a)

41 b) Does the same Person Always Supervises?

Yes: [1] ; No: [2]

42 a) How Many days Between Visits of Supervisor?

N of Days: [ ][ ]

42 b) How Many Hours, Aproximately, does the Supervisor Work with You in Each Visit?

- N of Hours: [ ]

43 What Aspects of Your Work are Supervised?

	Yes 1/No 2
- How do You Apply the Norms	[ ]
- Your Relation with the Community	[ ]
- The Fulfillment of Your Obligations	[ ]
- How do You Utilize the Materials Assigned	[ ]
- The Elaboration of Reports	[ ]

43 Continued

	Yes 1/No 2
- Distribution of Expendables	[ ]
- Achievement of Goals . .	[ ]
- Quality of Care	[ ]
- Other):	[ ][ ]
(SPECIFY)	

44. What Actions the Supervisor Realize to Check Your Work?

	Yes: 1/No: 2
- Accompanies You On Visits (Field Observations)	[ ]
- Revises the Files	[ ]
- Revises Your Reports	[ ]
- Aks About the Realized (Evaluation of Work Done)	[ ]
- Gives Technical and Administrative Qualified Opinions	[ ]
- Revises Reference Cards . . .	[ ]
- Resolves Doubts to You, When You Have Them	[ ]
- Explains to You When You are Wrong in Something	[ ]
- Helps You Solve Problems . .	[ ]

G. COORDINATION RELATIONS

45 a) Do You Receive Help from the Different Health Institutions?

Yes [1] ; No: [2] (GO TO 46)

45 b) At the Local Level, What Type of Help do You Receive from the Different Institutions

TIPE OF HELP	INSTITUTIONS							Yes 1 No 2
	MOH	ADS	PROSAMI	CISI	CARITAS	PROVIDA	Other)	(SPECIFY)
- Technical	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	.....
- Administrative	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	.....
- Logistic	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	.....
- Educative	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	.....
- Other (SPECIFY)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	.....
.....	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	.....
.....	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	.....
.....	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	.....

46 And From Part of the Community, What Type of Help do You Receive for the Development of Your Work?

..... [ ][ ]

Republic of El Salvador, C.A.
REVIEW AND EVALUATION OF COMMUNITY HEALTH PROMOTERS (CHPs):
MINISTRY OF PUBLIC HEALTH AND SOCIAL ASISSTANCE (MOH) AND
NON GOVERNMENTAL ORGANIZATIONS (NGOs)

INSTRUCTIONS FOR INTRUMENT F-3

Space 1: It indicates to which institutional group the interviewed CHP belongs.

Spaces 2 and 3: To be filled afterwards in the office.

Space 4: Register the specific name of the institution of the CHP If it has an Accronym, write it down

Space 5: Check exactly the placement of the work institution of the CHP, declared in Space 4.

Space 6: Work institutions might have a main office and several branches placed in different locations Indicate the direct place of work of the CHP.

Space 7.a) Indicate EXACTLY the working placements of the CHP. Start with the "Hamlets" up to "Department" If he works in "Hamlets" placed in different "Cantons", note it down If more space is required write in the reverse side, indicating it.

Space 7.b) It wants to establish the placement of the home of the CHP, and compare with the previous Space if he lives within the "Canton" where he works or if he has to travel to other places.

Space 8: Indicate the exact Age of the CHP, in accordance to last birthday.

Space 9: Indicate the exact amount of time he has worked, If necessary convert it into months

Space 10: It implies an answer in one educative level option, that is, the highest year of study approved.

Space 11 and 12: Establish the working schedule to estimate the daily working hours and the working days.

Spaces 13.b) and 13.c) Data, by its own nature, is sensitive. Note that 13.a) includes the total of monthly income of the CHP. In relations to benefits of 13.b), inquire, before making notes, if he has documents. In 13.c) establish exactly the place where he is paid (Institution, Canton, City and/or department).

Space 14. Check the complete name of the POST of the officer considered by the CHP as his immediate boss, to which he deems he is responsible for his work.

Space 15: Answers to this question are not EXCLUDING.

Space 16: Before checking answers, ask if the CHP made a house census Please establish this as exactly as possible for it bears relation with the work of the CHP.

Space 17 a) and 17 b): It seeks to establish the work-size of the CHP in the assigned geographic areas.

Space 18.a): Medicines refer exclusively to Medicines. Expendables are Cotton, Gauze, Sticking Plaster, Etc. Educational Material includes Posters, Brochures, Etc. Place of Delivery includes Home, Health Establishment, Etc.

Space 18.b): It applies if the answer to 18.a) is "YES". Inquire each item until exhausting the table. If positive check "1"; if negative, check "2". In case of other Medicines, note them down

Space 19: The CHP might demand an explanation of what is the Equipment referred to by the list Place of Delivery is where the Institution delivered it to him

Space 20: Periodicity of Medicine Restocking can be weekly, monthly or other If so, convert into "Days".

Space 21 and 22: Some institutions deliver, besides Uniform and Credential, other items such as Shoes, Raincoat, Backpack, Etc Investigate and note down

Space 23: The answer must be linked tothat of 18 b); if Medicines are delivered to him, his house should have a functional space to that effect.

Space 24: Ask the CHP if besides domicile visits, if -when requested- he renders services within his house.

Space 25: It refers to a Training Course received before initiation of work.

Space 26: Ask the number of weeks and days per week that Training took, and what was the daily schedule. Then, calculate and note down the "Hours" of the course.

Space 27: Note down the exact place where Initial Training, taken before initiation of work, took place.

Space 28: It is important to establish if the contents of the course were given uninterruptedly or if they were given between the modules

Space 29: It wants to establish if after the course is receive a Diploma will be received.

Space 30.a) and 30.b): It tries to identify the easiest and hardest educational contents.

Space 31.a) and 32.b): It tries to identify which educational contents have been more useful in his work, and those he did not receive but needs in his work.

Space 32.a) and 32b.): Establish if the CHPs are called to participate in aditional updating Training activities. If the answer is yes, establish which courses are given on a regular basis and every how many months.

Space 33: According to the programation made by the CHP and his experience, make an estimate of the time dedicated to each service in his monthly schedule Note down the detail of the table by sex Make an estimate of the Masculin and Femenin Patients served for each of the Types of Attention. Likewise, how many References he makes per month, to reach a total of the reported activities In the

last column note down the estimated Number of Hours taken by each Type of Attention per one month.

Space 34.a) and 34.b): Estalish the degree of application of the functions of rthe CHP. It is related to answers of Form No. 2 (F-2).

Space 35: It refers to any type of services, no necessarily linked to health It is related to the answer of Spaces 38 a) and 38 d).

Space 36.a): Note down the answer, positive or negative, in function of any Clinic, not necessarily that of the work institution of the CHP.

Space 36.b): Note on the box belonging to the Clinic.

Space 37: Exclusively, when does he make visits to the MOH's establishment related to his work.

Space 38.a) and 38.b): It refers to activity realized by the CHP in his regular working day as a CHP.

Space 39: The time dedicated to make Reports refers to all the frequencies, which are NOT exclusive. The officers to which the CHP delivers his Reports are also not exclusive.

Space 40.a) and 40.b): Note down only the most frequent Period. The person helping the CHP Program his Work can be anyone, note it down textually.

Space 41.a): Establish if the CHP's work receives Supervision If not received, go to Space 45

Space 41.b): Ask if a persons is charged with his supervision

Space 42.a) and 42.b): Ask the Number of Days and then the Number of Hours to establish a Total of Hours of Supervision

Space 43: Ask about each answer component in accordance to the positive or negative initiative of the CHP

Space 44: Establish if the Supervision is realized in the CHP's house or whether the Supervisor accompanies him during part of his work itinerary. Also note wown each supervised element.

<u>Space 45.a) and 45.b):</u> When it is established that the CHP receives support from other institutions, also establish from which institutions and the type of local level support.

Space 46: As with 45.b), ask about support lines, mainly of known persons or liders. Establish if there is a support network to serve some diseases, such as Children's Diarrhea.

ANNEX Nº 8

GEOGRAPHIC COVERAGE OF THE "PROMOTERS" OF MOH, SDA, MHCAP AND OTHER NGOs, BY DEPARTAMENTS, MUNICIPALITIES AND CANTONS, IN ACCORDANCE TO THE TYPE OF INSTITUTION

ANNEX Nº 8

GEOGRAPHIC COVERAGE OF THE "PROMOTERS" OF MOH, SDA, MHCAP AND OTHER NGOs, BY DEPARTAMENTS, MUNICIPALITIES AND CANTONS, IN ACCORDANCE TO THE TYPE OF INSTITUTION

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
01	AHUACHAPAN	92	114	26	12	-	-	-	244
01	AHUACHAPAN	21	36	12	4				73
01	Ahuachapán		2 b/						2
02	Ashapuco	1	1 b/	1					3
03	Chancuyo	1	1	2					4
04	Chipilapa	1	2						3
05	Cuyanauzul	1	1 b/						2
06	El Anonal		1						1
07	El Barro	1	2 c/	1					4
08	El Junquillo	1		1					2
09	El Roble	1	3 c/						4
10	El Tigre	1	2 c/	1	2	.			6
11	Guayaltepec	.	.	.	.	.	.	.	.
12	La Coyotera		1 b/	1					2
13	La Danta	1	1 b/						2
14	La Montañita		2 c/						2
15	Las Chinamas		1						1
16	Llano de Doña María	1	1	1					3
17	Llano de la Laguna	1	3 c/	1					5
18	Loma de la Gloria	1	1						2
19	Los Huatales	1	2						3
20	Los Magueyes	1	1	3					5
21	Los Tolos	1	1		2				4
22	Nejapa								
23	Palo Pique	1	1						2
24	Río Frío	1	1						2
25	San Lazaro	1	1						2
26	San Ramón								
27	Santa Cruz	1	2 c/						3
28	Santa Rosa Acacalco	1	1						2
29	Suntecumat		1						1
30	Tacubita	1							1
02	APANECA	5	5						10
01	Apaneca					.	.		
02	Palo Verde	1	1				.	.	2
03	Quezalapa	1	1	.	.	.	.	.	2
04	Saltillal						.	.	
05	San Ramoncito	1	1						2
06	Taltapanca	1	1						2
07	Tizapa	1	1						2
08	Tulapa	a/							
03	ATIQUIZAYA	10	10	1					21
01	Atiquizaya								
02	El Chayal	1	2 c/						3
03	El Tortuguero								
04	Izcaquilío	1	1						2
05	Joya del Platanar	1	1						2
06	Joya del Zapote	1	1						2
07	La Esperanza	1							1
08	Loma del Alarcon		1	1					2
09	Pepenance	1	1						2
10	Rincon Grande								
11	El Salitrero	1	1						2
12	San Juan El Espino	1							1
13	Santa Rita	1	1						2
14	El Tapiro						.		
15	[illegible]	1	1						2

275

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
04	CONCEPCION DE ATACO	8	3						11
01	Concepcion de Ataco								
02	El Arco	1							1
03	El Limo	1							1
04	El Molino	1							1
05	El Naranjito	a/							
06	El Tronconal								
07	La Ceiba	1	1						2
08	La Joya de los Apantes	1							1
09	Los Tablones	1	1						2
10	San Jose	1							1
11	Shucutitan	1	1						2
12	Chirizo								
05	EL REFUGIO		4						4
01	El Refugio		1 b/						1
02	Comapa		1						1
03	El Rosario		1						1
04	San Antonio		1						1
06	GUAYMANGO	12	15	1					28
01	Guaymango		1 b/						1
02	Cauta Abajo	1	1						2
03	Cauta Arriba			1					1
04	El Carmen	1	1						2
05	El Rosario	1	1						2
06	El Zarzal	1	1						2
07	El Escalon	1	1						2
08	Istagapan	1	1						2
09	La Esperanza	1	1						2
10	La Paz	1	1						2
11	Platanares	1	2 c/						3
12	Los Puentecitos		1						1
13	Morro Grande	1	1						2
14	San Andrés	1	1						2
15	San Martín	1	1						2
07	JUJUTLA	6	8	3	4				21
01	Jujutla								
02	Barra de Santiago		1						1
03	El Diamante	1							1
04	Faya	1							1
05	Guayapa Abajo		2						2
06	Guayapa Arriba	1	1	1					3
07	Las Mesas	1			2				3
08	Los Amates	1	1		2				4
09	Rosario Abajo								
10	Rosario Arriba	1							1
11	San Antonio		1	2					3
12	San José El Naranjo		1						1
13	Tihuicha	a/							
14	Zapua	a/	1						1
08	SAN FRANCISCO MENENDEZ	6	9	7					22
01	San Francisco Menendez								
02	Cara Sucia		1 b/						1
03	El Corozo								
04	El Jocotillo	1	1						2
05	El Sacramento	1		1					2
06	El Zapote		1						1
07	Garita Palmera	2	1						3
08	La Ceiba	1	1	4					6
09	La Hachadura		2 c/						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	BDA	MHCAP	IDIB	APHO	CANTIAN	OTHER NGOs	TOTAL
10	San Benito	1	2	2		.	.	.	5
09	SAN LORENZO	4	7	1			.		12
01	San Lorenzo								
02	El Conacaste	1							1
03	El Jicaral		1 b/						1
04	El Portillo		1 b/						1
05	La Guascota	1	1 b/						2
06	Las Pozas	1	2						3
07	San Juan Buena Vista	1	2 c/						3
*	El Triunfo			1					1
10	SAN PEDRO PUXTLA	5	3		2				10
01	San Pedro Puxtla		1 b/						1
02	El Cortez	1							1
03	El Durazno	1	1				.		2
04	Guachipilín	1	1						2
05	La Concepcion	a/							
06	Pululapa	1							1
07	Texispulco	1			2				3
11	TACUBA	15	12	1	2				30
01	Tacuba		2 c/		2				4
02	Agua Fría	1							1
03	El Chaguite	1							1
04	El Jícaro	1	1						2
05	El Níspero	1	1						2
06	El Rodeo	1	1						2
07	El Rosario	1	1						2
08	El Sincuyo	1	1						2
09	La Montaña								
10	La Pandeadura	1	1 b/	1					3
11	La Puerta	1							1
12	Loma Larga	1	1						2
13	Monte Hermoso	2	1						3
14	San Juan	1	1						2
15	San Rafael	2	1						3
12	TURIN		2	.		.	.		2
01	Turín						.		
02	El Jobo		.	.	.	.	.	.	.
03	El Paraíso		2 c/			.			2
02	SANTA ANA	77	147	71	24	-	25	12	356
01	SANTA ANA	20	52	7	11		25 g/	12	127
01	Santa Ana		1 b/		4			12	17
02	Aldea San Antonio								
03	Ayuta	2	3 d/		2				7
04	Calzontes Abajo	1	1						2
05	Calzontes Arriba		1						1
06	Cantarrana		2		2				4
07	Chupaderos								
08	Comecayo		3 c/						3
09	Cutumay Camones	2	6 f/						8
10	El Portezuelo		1						1
11	Flor Amarilla Abajo	1							1
12	Flor Amarilla Arriba	1							1
13	La Empalizada		1						1
14	La Montañita		1	1					2
15	Las Aradas	1	1						2
16	Loma Alta	1	1						2
17	Lomas de San Marcelino	1	1						2

271

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
18	Los Apoyos		2 c/						2
19	Monte Largo	1							1
20	Nancintepeque	2	3 c/	1					6
21	Natividad		5 f/						5
22	Ochupse Abajo								
23	Ochupse Arriba		1						1
24	Palo de Campana	1							1
25	Pinalito	1							1
26	Pinalon		1	2					3
27	Planes de la Laguna	1	2						3
28	Potrerillos de la Laguna	1	1		.	.	.	.	2
29	Potrerillos del Matazano	.	.	.	.	.	.	.	.
30	Potrero Grande Abajo		1						1
31	Potrero Grande Arriba		1	1					2
32	Primavera	1	4 d/						5
33	Ranchador		5 d/		3				8
34	San Juan Buenavista	1	2	2					5
35	Tablon del Matazano								
36	Valle del Matazano	1	1						2
02	CANDELARIA DE LA FRONTERA	5	9	15	2				31
01	Candelaria de la Frontera								
02	Casas de Teja		1 b/	5					6
03	El Jute		1	1					2
04	Zacamil		1	1					2
05	La Criba	1	1						2
06	La Parada		1		2				3
07	Monte Verde	1	1						2
08	Piedras Azules	1	1 b/						2
09	San Jeronimo	1		8					9
10	San Jose Pinalito								
11	San Vicente	1	1						2
12	Tierra Blanca		1						1
03	COATEPEQUE	10	11	5					26
01	Coatepeque								
02	Caña Brava	1	1						2
03	Conacaste	1							1
04	Concepcion	1		1					2
05	El Cerro		3 c/	1					4
06	El Jocoton								
07	El Junquillo			1					1
08	El Resbaladero	1	1						2
09	El Tinteral	1	1						2
10	El Zacatal		1 b/	1					2
11	La Joya	1	2						3
12	La Piletas	1							1
13	Palo Negro								
14	San Felipe	1							1
15	San Jacinto	1	1 b/	1					3
16	Siete Principes		1						1
17	Soliman	1							1
04	CHALCHUAPA	10	23	1	2				36
01	Chalchuapa		3 d/						3
02	Ayutepeque		1						1
03	Buenos Aires	1	1 b/						4
04	El Arado	1							1
05	El Coco	1	3						4
06	El Cuje		2 c/						2
07	Duraznillo	1							1
08	El Pnate	1	1						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
09	El Tanque	1	1	•	•	•	•	•	2
10	Galeano	1	1						2
11	Gunchipilín								
12	La Libertad	1	2 c/						3
13	Las Cruces		1	1					2
14	Las Flores		1						1
15	La Magdalena	1	3 c/						4
16	Ojo de Agua								
17	Piedra Rajada								
18	Porvenir Jocotillo								
19	San José	•	1	•	•	•	•	•	1
20	San Sebastián	1	1			•		•	2
21	Zacamil		1			•		•	1
05	EL CONGO	4	10			•		•	14
01	El Congo		1 b/						1
02	El Guineo		1						1
03	El Pezote	1	1	•	•	•	•	•	2
04	El Rodeo	1	•		•	•	•	•	1
05	La Laguna		1						1
06	La Piedra	1	1		•	•		•	2
07	Los Pinos		2 b/						2
08	Monte Bello		1 b/						1
09	San Jose Las Flores	1	2 c/						3
06	EL PORVENIR	1	4		2				7
01	El Porvenir				2				2
02	El Rosario								
03	San Cristobál	1	2 c/						3
04	San Juan Chiquito		1						1
05	Santa Rosa Benca		1		•			•	1
07	MASAHUAT	5	1	5	2				13
01	Masahuat								
02	El Carmen	1	1						2
03	Honduritas	1							1
04	La Joya	1		2	2				5
05	La Ruda	1		1					2
06	San Sebastián	1		2					3
08	METAPAN	11	16	30	3	•			60
01	Metapán		3 d/						3
02	Aldea Zapote					•		•	
03	Belen Guijat	1	3 d/	3	3				10
04	Cañas Dulces			1					1
05	Camulinn								
06	Carrizalio								
07	Cuyuiscat			3					3
08	El Brujo								
09	El Capulín	1							1
10	El Limo	1	1						2
11	El Malpaso			3					3
12	El Panal			2					2
13	El Rosario			2					2
14	El Shiste	1							1
15	La Ceibita			1					1
16	La Isla	1	1	1					3
17	La Joya	1	1						2
18	Las Pavas			1					1
19	Las Piedras	1	3 c/	6					10
20	Matalapa	1							1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub-Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
21	Montenegro	1							1
22	San Antonio La Junta			1			.	.	1
23	San Antonio Masahuat	.	.	.		.	.	.	.
24	San Jeronimo		2						2
25	San José Ingenio		1	2					3
26	San Juan								
27	San Miguel Ingenio	1		1					2
28	Santa Rita			2				.	2
29	Tahuilapa		1	1					2
30	Tecomapa	1		.			.	.	1
09	SAN ANTONIO PAJONAL		2	3				.	5
01	San Antonio Pajonal		1 b/						1
02	El Tablon		1 b/						1
03	La Piedrona			3					3
04	Los Angeles								
10	SAN SEBASTIAN SALITRILLO	3	4						7
01	San Sebastian Salitrillo								
02	Los Amates	1	2 c/						3
03	San Luis	1	1 b/						2
04	Santa Barbara								
05	Santa Rosa	1	1						2
11	SANTA ROSA GUACHIPILIN	3	1		2				6
01	Santa Rosa Guachipilín								
02	El Despoblado	1	1 b/						2
03	El Matazano		.	.	.	.	.	.	.
04	Llano de las Majadas	1			2				3
05	Palo Galán					.		.	
06	San Francisco Apanta								
07	San José Capulín	1							1
12	SANTIAGO DE LA FRONTERA	2	2						4
01	Santiago de la Frontera	.	.		.	.	.	.	.
02	El Flor	1	1					.	2
03	Guacamaya		.					.	
04	La Danta								
05	Las Piletas	1							1
06	Los Chilamates		1 b/						1
07	Santa Cruz								
13	TEXISTEPEQUE	3	12	5					20
01	Texistepeque		1 b/						1
02	Chilcuyo	1	2 c/	2					5
03	Costa Rica		1	1					2
04	Cujuruyo	1	1 b/						2
05	El Jute			2					2
06	San Miguel		4 d/						4
07	Santo Tomás	1	3 d/					.	4
03	SONSONATE	97	113	12	56		20	90	408
01	SONSONATE	13	18	5	2		20 g/	90 g/	148
01	Sonsonate		5 f/						5
02	Chiquihuat	2	1						3
03	El Cacao	1	1						2
04	El Eden	1	1						2
05	El Presidio	1	2 b/						3
06	La Ensenada	1	1						2
07	Las Delicias	1	2 c/						3
08	Las Tablas	1	1	3	2				7
09	Loma del Muerto	1	1						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	N° of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
10	Miralvalles	1	1	2					4
11	Salinas de Ayacachapa	1							1
12	Santa Emilia	1	1						2
13	Tonalá	1	1						2
02	ACAJUTLA	5	17	9	4				35
01	Acajutla		3 b/	•	4	•		•	7
02	El Coyol			1					1
03	El Sálamo	1	1	1	•	•		•	3
04	Suncita	1	1	1					3
05	Metalío	1	6 d/	1		•	•	•	8
06	Morro Grande	1	1						2
07	Punta Remedios		2	3					5
08	San Julián	1	3 c/						4
09	Valle Nuevo			1					1
*	San Pedro			1				•	1
03	ARMENIA	4	8	7					19
01	Armenia		1 b/						1
02	Azacualpa		1	2					3
03	El Cerro	1							1
04	El Guayabo	1	1						2
05	El Rosario		1	2					3
06	La Puerta	1	1	1					3
07	Las Crucitas			1					1
08	Los Mangos	1	1						2
09	Tres Ceibas		2 b/						2
10	Valle Nuevo			1					1
04	CALUCO	3	5	1					9
01	Caluco		1 b/						1
02	Agua Caliente								
03	Cerro Alto	1							1
04	El Castaño		1						1
05	El Zapote	1	1						2
06	Cerro de las Flores	a/							
07	Los Gramales	1	1						2
08	Plan de Amayo			1					1
09	Suquiat		1						1
05	CUISNAHUAT	5	3		5				13
01	Cuisnahuat				2				2
02	Agua Shuca	1	1						2
03	Apancoyo	1							1
04	Coquiama	1	1						2
05	El Balsamar	1							1
06	San Lucas	1	1		3				5
06	IZALCO	12	18	7					37
01	Izalco								
02	Cangrejera								
03	Ceiba del Charco								
04	Chorro Abajo								
05	Chorro Arriba	1							1
06	Cruz Grande	1	1						2
07	Cuntan	1	1						2
08	Cuyagualo	1							1
09	El Sunza	1	1	2					4
10	Huiscoyolate								
11	Joya de Cerén	1	1 b/						2
12	La Chapina	1	1						2
13	Las Higueras		1	1					2
14	Las Lajas		2 c/						2

281

(Continuod)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
15	Las Marías	1	1 b/						2
16	Los Tunalmiles	1	1						2
17	Piedras Pachas	1	1						2
18	Quebrada Española			1					1
19	San Isidro	1	3						4
20	San Luis		1	1					2
21	Shon Shon			1					1
22	Talcomunca	1	1						2
23	Tapalshucut		1	1					2
24	Tecuma								
25	Teshcal		1						1
26	Tres Ceibas								
07	JUAYUA	10	7		6				23
01	Juayua		1 b/						1
02	Buenos Aires	1							1
03	La Puente	1			4				5
04	La Union	1	1						2
05	Los Apantes	1							1
06	Los Cañales	1	1		2				4
07	Los Naranjos	1	1						2
08	Ojo de Agua	1	1						2
09	San José la Majada	1	1						2
10	San Juan de Dios	1	1						2
11	Valle Nuevo	1							1
08	NAHUIZALCO	15	14		2				31
01	Nahuizalco		1 b/						1
02	Anal Abajo	1	1						2
03	Anal Arriba	1	1						2
04	Cusamaluco	1							1
05	El Arenal	1	1						2
06	El Canelo	1	1						2
07	El Carrizal	1	1						2
08	El Cerrito	1							1
09	El Chaparron	1	1						2
10	La Guacamaya	1	2						3
11	Pushtan	1	1		2				4
12	Sabana Grande	1	1						2
13	Sabana San Juan Abajo	1	2 c/						3
14	Sabana San Juan Arriba	1							1
15	Sisimetepec	1	1						2
16	Tajcuilujlan	1							1
09	NAHULINGO	4	2						6
01	Nahulingo		1 b/						1
02	Alemán	1	1						2
03	Conacaste Herrado	1							1
04	El Guayabo	1							1
05	Piedra de Moler	1							1
10	SALCOATITAN	2	2						4
01	Salcoatitan								
02	El Puente	1	1						2
03	Anizal	1	1						2
11	SAN ANTONIO DEL MONTE	6	3	1					10
01	San Antonio del Monte								
02	Agua Santa	1							1
03	El Castaño	1	1						2
04	Cuyuapa Abajo	1		1					2
05	Cuyuapa Arriba	1							1

282

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIB	APHC	CARITAS	OTHER NGOs	TOTAL
06	Las Hojas	1	1			•			2
07	San Ramon	1	1 b/			•	•		2
12	SAN JULIAN	5	6		33	•	•	•	44
01	San Julián		1 b/						1
02	Agua Shuca				2	•	•		2
03	Chilata		1		3				4
04	El Achiotal				3				3
05	El Bebedero				2				2
06	Los Lagartos	2	2 c/		7				11
07	Palo Verde	1			3				4
08	Peña Blanca	1	1		2				4
09	Petacas	1	1		3				5
10	Tierra Colorada				3				3
*	Balsamar				5				5
13	SANTA CATARINA MASAHUAT	4	1						5
01	Santa Catarina Masahuat								
02	Cuyuapa	1							1
03	El Matazano	1							1
04	Las Peñas	1	1			•			2
05	San Rafael	1					•		1
14	SANTA ISABEL ISHUATAN	5	6	1	2				14
01	Santa Isabel Ishuatan				2	•			2
02	Acachapa	1	1						2
03	Apancoyo		1						1
04	Atiluya		1	1					2
05	El Coroyal	1		•	•	•	•	•	1
06	El Paraíso	1							1
07	Las Flores	1	1						2
08	Miramar	1	1						2
09	Paso de Canoas		1						1
15	SANTO DOMINGO	4	2	1	2				9
01	Santo Domingo de Guzmán		1		2				3
02	El Carrizal	1							1
03	El Caulote	1							1
04	El Zarzal	1	1						2
05	El Zope	1		1		•			2
16	SONZACATE		1						1
01	Sonzacate								
02	El Almendro								
*	El Mojón		1						1
04	CHALATENANGO	108	76	32	21	-	-	17	254
01	CHALATENANGO	8	13		4			17 g/	42
01	Chalatenango		3 b/		4				7
02	Chiapas	1	1						2
03	Guarjila								
04	Las Minas		2						2
05	San Bartolo	1	1						2
06	San José	2	2						4
07	Upatoro	1	1						2
*	El Limón	1	1						2
*	Los Amates	1							1
*	El Matazano		1						1
*	El Dorado	1	1 b/						2
02	AGUA CALIENTE	8	2		2				12
01	Agua Caliente								
02	Agua Fría	1							1
03	Agua Zarca	1	1		2				4

282

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	N° of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
04	Cerro Grande	1							1
05	Encumbrado	1							1
06	Obrajuelo	1	1						2
07	Ojos de Agua	1							1
08	Santa Rosa	2							2
03	ARCATAO								
01	Arcatao								
02	Cerro Grande								
03	El Sitio								
04	Tequeque								
05	Gualcimaca								
06	Las Vegas								
07	Los Filos								
08	Teosinte								
09	Zazalapa								
04	AZACUALPA	1	1						2
01	Azacualpa								
02	Cuesta de Marina								
03	El Llano	1	1						2
05	CANCASQUE	1							1
01	San José El Cancasque								
02	Candelaria								
03	Concepcion								
04	Los Guillen	1							1
05	Portillo del Norte								
06	CITALA	3	1	4					8
01	Citalá		1 b/						1
02	Gualcho								
03	Lagunetas			1					1
04	Llano de la Vírgen	1							1
05	Los Planes	1		1					2
06	San Francisco								
07	San Lorenzo			1					1
08	San Ramon	1							1
09	Talquezalar			1					1
07	COMALAPA	4	4						8
01	Comalapa								
02	Candelaria	1	1						2
03	El Morro	1	1						2
04	Guachipilín	1	1						2
05	La Junta	1	1						2
08	CONCEPCION QUEZALTEPEQUE	3	6	3					12
01	Concepción Quezaltepeque								
02	El Conacaste		1	1					2
03	El Jocotillo								
04	Llano Grande	1	1						2
05	El Rosario		1	1					2
06	Monte Redondo	1	1						2
07	Olosingo	1	2 c/						3
*	El Pepeto			1					1
09	DULCE NOMBRE DE MARIA	6	2						8
01	Dulce Nombre de María								
02	Chorro Blanco								
03	Cuevitas	1							1
04	El Comun								
05	El Ocotal	1							1

284

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MILAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
06	EL Rosario								
07	Los Gutierrez	1	1						2
08	Los Achiotes	1	1						2
09	Los Encuentros								
10	Los Sitios	2							2
10	EL CARRIZAL	4	1						5
01	El Carrizal								
02	La Trinidad	1							1
03	Petapas	1							1
04	Potrerillos	1							1
05	Vainillitas	1	1						2
11	EL PARAISO	5	4						9
01	El Paraiso		1 b/						1
02	El Tablon	2	1						3
03	Santa Barbara	3	2						5
04	Valle Nuevo								
12	LA LAGUNA	2	1						3
01	La Laguna								
02	La Cuchilla								
03	Las Pacayas	1							1
04	Los Prados	1							1
05	Plan Verde								
06	San José		1						1
13	LA PALMA	6	2	4	3				15
01	La Palma								
02	El Aguacatal	1	1						2
03	El Gramal	1		2	3				6
04	Las Granadillas			1					1
05	Los Horcones	1		1					2
06	Los Planes	1							1
07	San José Caleras								
08	San José Sacare	1	1						2
09	El Tunel	1							1
14	LA REINA	9	2						11
01	La Reina	1							1
02	El Pepeto	1							1
03	El Tigre	1							1
04	Las Cañas		1						1
05	Las Peñas								
06	Los Tecomates	1							1
07	Talchaluya	1							1
08	Tilapa		1						1
*	San José Carao	1							1
*	Aguacayo	1							1
*	Jardín	1							1
*	El Barrancon	1							1
15	LAS FLORES	2							2
01	San Jose Las Flores								
02	Aldea Vieja								
03	Hacienda								
04	Hacienda Vieja	1							1
05	La Lagunita								
06	Las Limas	1							1
07	Llano Verde								
16	LAS VUELTAS								
01	Las Vueltas								

285

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the indicated Sub Universe							
		MOH	SDA	MILAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
02	Comacante								
03	El Sicahuite								
04	La Ceiba								
05	La Laguna								
06	Los Naranjos								
07	San Jose								
17	NOMBRE DE JESUS	2	2						4
01	Nombre de Jesus		1 b/						1
02	Escalante								
03	Los Henríquez								
04	Patanera								
05	Plazuelas								
06	Potrerillos	1	1						2
07	Quipure	1							1
18	NUEVA CONCEPCION	12	13	6	4				35
01	Nueva Concepcion	2	3 b/						5
02	Chilamates	1	3		2				6
03	El Gavilan			1					1
04	El Zapote	1							1
05	Laguna Seca	1		1					2
06	Las Tablas								
07	Potenciana	2	1						3
08	Potrero Sula		3	1	2				6
09	Santa Rita Cimarron	1							1
10	Santa Rosa	2	1	1					4
11	Sunapa	1	1						2
*	Las Canas		1						1
*	Las Brisas	1							1
*	El Conacastillo			1					1
*	El Vado			1					1
19	NUEVA TRINIDAD	2							2
01	Nueva Trinidad								
02	Calasque	1							1
03	El Sitio								
04	El Zacamil								
05	Hacienda Vieja	1							1
06	Huizucar								
07	Jaguatalla								
08	Managuil								
20	OJOS DE AGUA	2							2
01	Ojos de Agua								
02	Coyolar								
03	El Portillo	1							1
04	El Sitio	1							1
05	El Tablon	a/							
06	El Zapotal								
07	La Montañita	a/							
08	Yurique								
21	POTONICO	1	2						3
01	Potonico		1 b/						1
02	Corral Falso								
03	La Montañ								
04	Monte Redondo	1	1						2
05	Santa Teresa								
22	SAN ANTONIO DE LA CRUZ	1	1						2
01	San Antonio de la Cruz								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
02	Copalío								
03	El Zapote								
04	San Benito	1	1						2
05	Santa Ana								
23	SAN ANTONIO LOS RANCHOS								
01	San Antonio Los Ranchos								
02	El Gramal								
24	SAN FERNANDO	1							1
01	San Fernando								
02	Jocotón								
03	Los Llanitos								
04	Nuevo San Fernando o el Robinal								
05	San Juan de la Cruz								
06	Valle de Jesus	1							1
25	SAN FRANCISCO LEMPA	1	1						2
01	San Francisco Lempa								
02	Los Menjívar		1						1
*	El Pital	1							1
26	SAN FRANCISCO MORAZAN								
01	San Francisco Morazán								
02	Higueral								
03	Las Comitas								
04	Las Parvitas								
05	Los Naranjos								
06	Plan del Horno								
07	San Miguelito								
08	Sumpul de Avelar								
09	Sumpul de Chacon								
10	Teosinte								
11	Tremedal								
27	SAN IGNACIO	4		6	2				12
01	San Ignacio					-	-		-
02	El Carmen	1		1					2
03	El Centro	1		1		-	-		2
04	El Pinar			1					1
05	El Rosario	1							1
06	Las Pilas				2				2
07	Río Chiquito			1					1
08	Santa Rosa	1		1					2
*	Los Planes			1					1
28	SAN ISIDRO LABRADOR								
01	San Isidro Labrador						-		
02	Alvarenga								
03	El Mojon								
04	El Sicahuite								
05	La Montana								
06	Los Amates								
29	SAN LUIS DEL CARMEN	1	1						2
01	San Luis del Carmen								
02	El Pital		1						1
03	El Sitio								
04	Los Naranjos	1							1
05	San Juan								
06	Santa Cruz								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
30	SAN MIGUEL DE MERCEDES	2	2						4
01	San Miguel de Mercedes								
02	Cerro de la Cruz								
03	El Matazano		1						1
04	El Salitre	1	1						2
05	Los Guardado								
06	Piedras Gordas	1							1
31	SAN RAFAEL	3	3	2					8
01	San Rafael								
02	Guardado o Los Desamparados	1	1	1					3
03	Ojos de Agua	1	1						2
04	San Antonio Buenavista	1							1
05	San Jose Los Sitios		1	1					2
32	SANTA RITA	2	4	5					11
01	Santa Rita								
02	Barrillas			1					1
03	El Chilamate		2 c/	1					3
04	San Miguel Tobías	1		1					2
05	San Nicolas Piedras Gordas	1	2	1					4
*	Jocotillo			1					1
33	TEJUTLA	12	8	2	6				28
01	Tejutla		1 b/						1
02	Aguaje Escondido	1		2					3
03	Aldeita	1							1
04	Los Aposentos	2	1						3
05	Concepcion								
06	El Carrizal								
07	El Cerron								
08	El Salitre	1	1						2
09	El Transito								
10	Estanzuelas		1						1
11	El Izotal								
12	Los Martínez	1							1
13	Quitasol	2	3		6				11
14	Río Grande de Alvarado	1	1						2
15	Río Grande de Cardoza								
16	San José	1							1
*	El Coyolito	2							2
05	LA LIBERTAD	159	176	44	45	10	-	38 g/	472
01	NUEVA SAN SALVADOR	13	10						23
01	Nueva San Salvador		1 b/						1
02	Alvarez	1	1						2
03	Ayagualo	1	1						2
04	Buena Vista		1						2
05	El Limon	1							1
06	EL Matazano		1						1
07	EL Progreso	1	1						1
08	Quequeisque								
09	El Zacazil	1	1						2
10	El Triunfo	1	1						2
11	Las Granadillas	1	1						2
12	Loma Larga	1							1
13	Los Amates	1							1
14	Los Pajales	1							1
15	Victoria	1							1
*	Santa Eduviges	1							1
*	Guadalupe # 1	1	1 b/						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MILCAP	ICTB	APHC	CARITAS	OTHER NGOs	TOTAL
02	ANTIGUO CUSCATLAN	2	3						5
01	Antiguo Cuscatlan		2 b/						2
02	El Espino	1	1 b/						2
03	La Labranza	1							1
04	La Puerta de la Laguna								
05	Soledad								
06	Santa Elena								
03	CIUDAD ARCE	12	14	1	2				29
01	Ciudad Arce		1 b/						1
02	El Conacaste	1	1						2
03	La Esperanza								
04	La Joyita	1	2						3
05	La Reforma								
06	Las Cruces		1						1
07	Las Lomas		1						1
08	Los Acosta	1							1
09	San Andrés	1	1						2
10	Santa Lucía	1	2						3
11	Santa Rosa	2	1		2				5
12	Veracruz		1	1					2
13	Zapotitan	2	2						4
*	San Antonio Abad	1							1
*	Loma Andalucía	1							1
*	Flor Amarilla	1	1						2
04	COLON	7	14	3	8				32
01	Colon				4				4
02	Botoncillal	1	1 b/						2
03	Cuyngualo		1						1
04	El Capulín	1	2 c/						3
05	El Cobanal		1						1
06	El Limon								
07	El Manguito		1 b/						1
08	Entre Ríos	2	1 b/						3
09	Hacienda Nueva		1						1
10	Las Angosturas	1							1
11	Las Brisas								
12	Las Moras	2	3 d/	1					6
13	Loma Larga								
14	Lourdes		3 d/	2	4				9
05	COMASAGUA	7	10						17
01	Comasagua		1						1
02	El Conacaste	1	1						2
03	El Faro	1	1						2
04	El Matazano	1	2 c/						3
05	El Peñon	1							1
06	El Rosario	1	1						2
07	La Shila	1	1						2
08	San Antonio	1	1						2
09	San Francisco Potrerón		1						1
10	San José El Porvenir								
*	Los Amates		1						1
06	CHILTIUPAN	7	5	2		6			20
01	Chiltiupan		1 b/			1			2
02	Cuervo Abajo	1	1						2
03	Cuervo Arriba	1							1
04	El Regadillo	1							1
05	El Tecolote								
06	El Zonte	1	1						2

249

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	N° of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
07	Julupe			1					1
08	Las Flores	1							1
09	Las Termópilas			1					1
10	Santa Lucía					1			1
11	Santa Marta					1			1
12	Siberia	1	1			3			5
13	Taquillo	1	1						2
07	HUIZUCAR	6	6		9				21
01	Huizucar		1 b/		9				10
02	Amaquilco	1							1
03	La Lima	1	1						2
04	Nazareth	1	1						2
05	Ojos de Agua	1	1						2
06	San Juan Buena Vista	1	1						2
07	Tilapa	1	1						2
08	JAYAQUE	5	8		4				17
01	Jayaque		1 b/		4				5
02	Juan Higinio a la Cumbre	1	1						2
03	La Labor	1	1						2
04	Las Flores	1	4 c/						5
05	Las Minas	1	1						2
06	Curacao	1							1
09	JICALAPA	3	2						5
01	Jicalapa								
02	El Níspero								
03	La Argentina	1							1
04	La Perla	2	2						4
05	San Jose El Tablon								
06	El Carrizo								
10	LA LIBERTAD	11	14		7	4			36
01	La Libertad		3 b/		4	3			10
02	Cangrejera	1	2		3	1			7
03	El Cimarron	1	1						2
04	El Majahual	2	1						3
05	Melara	1	2 c/						3
06	San Alfredo	1							1
07	San Diego	1	2						3
08	San Rafael	1	1						2
09	Santa Cruz	1	1						2
10	Tepeagua	1	1						2
11	Toluca	1							1
11	NUEVO CUSCATLAN	2	2						4
01	Nuevo Cuscatlan	1	2 b/						3
*	Florencia	1							1
12	OPICO	30	26	5					61
01	San Juan Opico	1	2 c/						3
02	Agua Escondida	2	2 c/						4
03	Barranca Honda		1						1
04	Buena Vista			1					1
05	Chanmico	1							1
06	Chantusnene	1							1
07	El Angel Talcualuya	2	1						3
08	El Castillo	2	1 b/						3
09	El Jabalí	2	2						4
10	El Matazano								
11	Joya de Ceren	1	2						3

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	No. of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
12	La Nueva Encarnacion	1		1					2
13	Las Delicias	1	2	1					4
14	Las Granadillas	1	1						2
15	Lomas de Santiago	1							1
16	Los Amates	1							1
17	Minas de Plomo	1	1						2
18	Nombre de Dios	1							1
19	Pitichorro	1							1
20	San Antonio	1	1 b/	1					3
21	San Felipe	1	1						2
22	San Jose La Cueva	1							1
23	San Nicolas La Encarnacion	2	1						3
24	San Nicolas Los Encuentros								
25	San Pedro Martir	1	1						2
26	San Pedro Oriente	1							1
27	Sitio del Niño		4 c/						4
28	Sitio Grande	1	2 c/						3
29	Tehuicho		1	1					2
*	Valle Nuevo	1							1
*	El Consumidero	1							1
13	QUEZALTEPEQUE	11	14		4				29
01	Quezaltepeque		3 b/		4				7
02	Valle del Señor	1	1						2
03	Giron		1 b/						1
04	Las Mercedes	1							1
05	Macance	1							1
06	Platanillos	1							1
07	Primavera	1	1						2
08	El Puente	2	4 d/						6
09	San Francisco		1						1
10	San Juan Los Planes	1	1 b/						2
11	Santa Rosa	1	2 c/						3
12	Segura								
13	Sitio Los Nejapa	1							1
14	Tacachico	1							1
14	SACACOYO	4	6						10
01	Sacacoyo		1 b/						1
02	Ateos	1	3 c/						4
03	Buena Vista	1	1						2
04	La Montañita	1	1						2
*	El Tigre	1							1
15	SAN JOSE VILLANUEVA	3	2					38 g/	43
01	San Jose Villanueva								
02	El Escalon	1	1						2
03	El Matazano								
04	El Palomar	1							1
05	Las Dispensas	1	1						2
06	Tula								
16	SAN MATIAS	5	3	2	9				19
01	San Matías				9				9
02	El Jícaro	1							1
03	El Jocote		1						1
04	La Puebla	1							1
05	Las Anonas			1					1
06	Masajapa	1	1						2
07	San Pedro Las Flores	1							1
08	Santa Rosa			1					1
09	Santa Teresa	1	1						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
17	SAN PABLO TACACHICO	6	10	5					21
01	San Pablo Tacachico	1	1 b/						2
02	Atiocoyo		1						1
03	Campana								
04	El Transito	1							1
05	San Juan Mesas	1	2						3
06	Mogotes	1	2 c/						3
07	Moncagua	1							1
08	Obraje Nuevo		2	1					3
09	San Isidro Lempa	1	2	2					5
*	Huisisilapa			1					1
*	Las Pavas			1					1
18	TALNIQUE	3	6	4					13
01	Talnique								
02	El Transito	1							1
03	Las Quebradas		1	1					2
04	Los Cipreses		1	1					2
05	Los Laureles	1							1
06	San Carlos		1	1					2
07	San José Los Sitios	1	2 c/						3
08	Santa Lucía		1	1					2
19	TAMANIQUE	9	5	3	2				19
01	Tamanique				2				2
02	Buenos Aires								
03	El Cuervo								
04	El Palmar	1	1						2
05	El Pinal	1							1
06	El Sunzal	1	1						2
07	San Alfonso	1	1						2
08	San Benito	1							1
09	San Emilio	1							1
10	San Isidro	1	1						2
11	Santa Lucía	1							1
12	Tarpeya	1	1						2
13	San Antonio								
*	Corral de Piedra			3					3
20	TEOTEPEQUE	8	6	3					17
01	Teotepeque		1 b/						1
02	El Angel	1	1						2
03	El Matazano			1					1
04	El Níspero	1							1
05	Los Izotes								
06	Mizata								
07	San Benito	1	1						2
08	San Isidro	1							1
09	San Marcos	1	1	1					3
10	Santa María Mizata	2	1						3
11	Sihuapilapa	1	1	1					3
21	TEPECOYO	2	4	16					22
01	Tepecoyo		1 b/						1
02	El Carrizo		1	1					2
03	El Guamo			1					1
04	El Mojon								
05	El Zacamil			2					2
06	La Javia			1					1
07	Las Flores		1	1					2
08	Los Alpes		1	1					2
09	Los Laureles			1					1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
10	San Antonio	1		2					3
11	Tierra Colorada	1		2					3
*	El Castillo			4					4
22	ZARAGOZA	3	6						9
01	Zaragoza		3 b/						3
02	El Barrillo	1	1						2
03	Guadalupe								
04	San Francisco El Jiote	1	1						2
05	San Sebastian	1	1						2
06	SAN SALVADOR	104	101	49	114	34	-	64	466
01	SAN SALVADOR	2	6	2	16	20		22	68
01	San Salvador		5 b/		16	17		22	60
02	El Carmen	1	1 b/						2
03	El Tejar								
04	Lomas de Candelaria								
05	Planes de Renderos								
06	San Antonio Abad					3			3
07	San Isidro Los Planes								
*	Altos de Jardines	1							1
*	Natividad			2					2
02	AGUILARES	3	5		6				14
01	Aguilares	1	2 b/						3
02	La Florida								
03	Las Tunas	1	1						2
04	Los Mangos		1		6				7
05	Piñalitos								
06	Pishishapa								
*	El Paísnal	1							1
*	Shihuatan		1						1
03	APOPA	6	9	6	8			30	59
01	Apopa		5 b/		8			30	43
02	El Angel	1	1 b/	1					3
03	Guadalupe	1		1					2
04	Joya Galana	1	1	1					3
05	Joya Grande								
06	Las Delicias	1	1						2
07	San Nicolas	1	1 b/						2
08	Suchinango	1							1
09	Tres Ceibas								
*	San Martín de Porres			1					1
*	Santa Maria			1					1
*	Los Juarez			1					1
04	AYUTUXTEPEQUE	2		1					3
01	Ayutuxtepeque								
02	El Zapote	2		1					3
03	Los Llanitos								
05	CUSCATANCINGO	3	1						4
01	Cuscatancingo		1 b/						1
02	San Luis Mariona	1							1
*	Los Unidos	1							1
*	Argentina	1							1
06	DELGADO	5	6	2	10	4			27
01	Ciudad Delgado		2 b/		10				12

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
02	Calle Real								
03	El Arenal			1					1
04	El Callejon								
05	La Cabaña								
06	Milingo			1					1
07	Plan del Pino	2	2						4
08	San José Cortéz	2	1			2			5
09	San Laureano	1	1			2			4
07	EL PAISNAL	4	7	1	48				60
01	El Paísnal		1 b/						1
02	El Jicarón			1	6				7
03	El Matazano				6				6
04	El Tronador								
05	La Cabaña	1	2 c/		6				9
06	Las Delicias		1		6				7
07	Las Ventanas								
08	San Francisco Los Dos Cerros								
09	Natividad								
10	Potrero Grande	2	1		6				9
11	San Antonio Grande		1						1
12	San Diego				6				6
13	San Rafael	1	1 b/						2
*	Las Huertas				6				6
*	Parcelación Cabaña				6				6
08	GUAZAPA	6	5	5	9				25
01	Guazapa				9				9
02	Calle Nueva	1							1
03	Loma de Ramos								
04	Nance Verde								
05	San Cristobál								
06	San Gerónimo	1	1	2					4
07	San Lucas	2	2						4
08	Santa Barbara	1	1	1					3
09	El Zacamil	1	1						2
*	Nueva Esperanza			1					1
*	Teberinto			1					1
09	ILOPANGO	4	8						12
01	Ilopango		4 b/						4
02	Changallo	1	1 b/						2
03	Dolores Apulo	1	3 c/						4
04	San Bartolo	1							1
*	Amatitan	1							1
10	MEJICANOS	5		5	4	3		10	27
01	Mejicanos				4			10	14
02	Chancala	1				1			2
03	San Miguel	1							1
04	San Roque	1		1		2			4
*	Sector Unido	1							1
*	La Paz	1							1
*	El Laurel			1					1
*	Buenos Aires			1					1
*	Zacamil Norte			1					1
*	La Fortuna			1					1
11	NEJAPA	7	8	7	2				24
01	Nejapa		1 b/						1
02	Aldea Mercedes	1	1	1					3
03	El Bonete	1							1
04	Camotepeque	1	2	1					4
05	El Conacaste	1	1 b/	1					3

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
06	El Salitre			1					1
07	Galera Quemada	1	2	1					4
08	San Jeronimo Los Planes	1			2				3
09	Tutultepeque	1	1						2
*	El Cambio			1					1
*	Granja Mataderos			1					1
12	PANCHIMALCO	18	11	16	2				47
01	Panchimalco				2				2
02	Amayon	2	1						3
03	Azacualpa	1		2					3
04	El Cedro	1		2					3
05	El Divisadero	1	1	2					4
06	El Guayabo	1	1						2
07	Loma y Media	2							2
08	Pajales	1	1	2					4
09	Los Palones	2	1						3
10	Troncones	1	1	2					4
11	Panchimalquito	1		2					3
12	Quezalapa	2	1	2					5
13	Planes de Renderos								
14	San Isidro	2	1	2					5
15	Las Crucitas	1	1						2
*	Veracruz		1						1
*	Los Huezos		1						1
13	ROSARIO DE MORA	6	3		2			1	12
01	Rosario de Mora				2			1	3
02	El Jutillo	1	1						2
03	Cerco de Piedra								
04	El Carrizal	1	1 b/						2
05	Las Barrosas	1							1
06	Plan del Mango	1							1
07	Palo Grande	1							1
08	San Ramón	1							1
*	Amate Blanco		1						1
14	SAN MARCOS		7					1	8
01	San Marcos		1 b/						1
02	Cuan de Piedra								
03	El Pepeto		1						1
04	Guadalupe El Mango								
05	Planes de Renderos								
06	San Jose Ahuacatitan								
*	San Antonio Guadalupe		1						1
*	Tecualuya		2					1	3
*	Zambombera		1						1
*	Comalapa		1						1
15	SAN MARTIN	6	6		3				15
01	San Martín		1 b/		1				2
02	La Flor	1	2 c/						3
03	El Rosario	1							1
04	El Sauce								
05	La Palma								
06	Las Animas	1	1		2				4
07	Las Delicias	2	1						3
08	San José Primero	1	1						2
09	San Jose Segundo								
16	SANTIAGO TEXACUANGOS	7	3						10
01	Santiago Texacuangos								
02	Asino	2							2

295

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
03	El Morro	1	1						2
04	Joya Grande	1	1						2
05	La Cuchilla	1							1
06	Shaltipa	2	1						3
17	SANTO TOMAS	8	6						14
01	Santo Tomas								
02	Caña Brava	1	2						3
03	Chaltepa	1							1
04	Cuapa	1	1						2
05	El Carmen	1							1
06	Cipres	1	1						2
07	El Guaje	1							1
08	El Porvenir								
09	San Jose Casitas	1							1
10	Potrerillos	1							1
*	Casitas Norte		1						1
*	Casitas Sur		1						1
18	SOYAPANGO	3	5		4	7			19
01	Soyapango		2 b/		4				6
02	Buenavista								
03	El Gunje	1							1
04	El Limón	1	1			7			9
05	El Transito								
06	Prusia		2 c/						2
07	Venecia								
*	Las Cañas	1							1
19	TONACATEPEQUE	9	5	4					18
01	Tonacatepeque								
02	El Rosario	1							1
03	El Sauce	1							1
04	El Tránsito	1	2	1					4
05	La Fuente	2	1	1					4
06	La Union	1							1
07	Las Flores	1	1	1					3
08	Malacoff	1	1	1					3
09	Veracruz	1							1
10	El Triunfo								
07	**CUSCATLAN**	**79**	**83**	**65**	**19**	**-**	**-**	**38 g/**	**284**
01	COJUTEPEQUE	4	11	3	7				25
01	Cojutepeque		4 b/		2				6
02	Cojutepe	1	1						2
03	El Carrizal	2	3		5				10
04	Jiñuco								
05	La Palma			1					1
06	Los Naranjos		1 b/	1					2
07	Ojo de Agua	1	2 c/	1					4
02	CANDELARIA	8	7						15
01	Candelaria		1 b/						1
02	Concepcion	1	1 b/						2
03	El Rosario	1	1						2
04	San Antonio	1	1						2
05	San Jose La Ceiba	1							1
06	San Juan Miraflores Abajo	1	1						2
07	San Juan Miraflores Arriba	1	1						2
08	San Miguel Nance Verde	1	1						2
09	San Rafael La Loma	1							1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
03	EL CARMEN	7	3						10
01	El Carmen	1							1
02	Candelaria	1							1
03	Concepción	1	1						2
04	El Carmen								
05	La Paz	1	1 b/						2
06	San Antonio	1							1
07	San Sebastián	1							1
08	Santa Lucía	1	1 b/						2
04	EL ROSARIO	4	4						8
01	El Rosario								
02	El Amatillo	1	1						2
03	El Calvario	1	1						2
04	San Martín	1	1						2
05	Veracruz	1	1						2
05	MONTE SAN JUAN	10	4						14
01	Monte San Juan								
02	Candelaria	1	1						2
03	Concepcion	1	1 b/						2
04	El Carmen	1	1 b/						2
05	El Rosario	1							1
06	La Soledad	1	1						2
07	San Andres	1							1
08	San Antonio	1							1
09	San Jose	1							1
10	San Martín	1							1
11	San Nicolás	1							1
06	ORATORIO DE CONCEPCION	1	3	2					6
01	Oratorio de Concepción		1 b/						1
02	Palacios		1	1					2
03	Jacamaguá	1	1	1					3
07	SAN BARTOLOME PERULAPIA		2						2
01	San Bartolome Perulapia		1 b/						1
02	El Triunfo		1						1
03	Las Lomas								
08	SAN CRISTOBAL	3	3						6
01	San Cristobal								
02	La Virgen	1	1						2
03	San Antonio		1 b/						1
04	San Francisco	1	1 b/						2
05	San José	1							1
06	Santa Anita								
07	Santa Cruz								
09	SAN JOSE GUAYABAL	6	2	4					12
01	San Jose Guayabal								
02	Las Animas	1	1	1					3
03	El Salitre								
04	La Cruz								
05	Llano Grande	1	1	1					3
06	Melendez	1		1					2
07	Palacios	1							1
08	Piedra Labrada	1							1
09	Ramírez								
10	Rodríguez	1		1					2
10	SAN PEDRO PERULAPAN	17	14	13	7				51
01	San Pedro Perulapán		1 b/						1

297

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
02	Buena Vista	1	1						2
03	Buenos Aires	1	1	1					3
04	El Carmen			2	2				4
05	El Espino	2	2						4
06	El Limon			1					1
07	El Paraíso	1	1	3					5
08	El Rodeo	1							1
09	Huisiltepeque	1	1						2
10	Istagua	1	1	5					7
11	La Esperanza	2	1 b/		3				6
12	La Loma	2	2 c/						4
13	Miraflores	1	1						2
14	San Agustín	1	1						2
15	San Francisco	1							1
16	Tecolica	1	1						2
17	Tecomatepeque	1			2				3
18	Santa Cruz			1					1
11	SAN RAFAEL CEDROS	5	6						11
01	San Rafael Cedros		1 b/						1
02	Cedro Colorado	1	1						2
03	Copinol	1	1						2
04	El Espinal	1	1 b/						2
05	Jiboa								
06	Palacios	1	1						2
07	Soledad	1	1 b/						2
12	SAN RAMON	4	5						9
01	San Ramon		1 b/						1
02	San Agustín	1	1						2
03	San Pablo	1	1						2
04	San Pedro	1	1						2
05	Santa Isabel	1	1						2
13	SANTA CRUZ ANALQUITO		2						2
01	Santa Cruz Analquito		1 b/						1
02	Barrio Abajo		1						1
14	SANTA CRUZ MICHAPA	2	5	4					11
01	Santa Cruz Michapa		1						1
02	Las Animas	1							1
03	Buena Vista		1	1					2
04	Las Delicias		1	1					2
05	El Centro		1	1					2
06	Michapa	1							1
07	Rosales		1	1					2
15	SUCHITOTO		6	32	5			38	81
01	Suchitoto		1 b/		3			38 g/	42
02	El Aguacayo								
03	Buena Vista			1					1
04	Caulote			3					3
05	Colima		1	5					6
06	Consolacion			1					1
07	Copapayo		1	2					3
08	El Corozal								
09	El Molino								
10	El Roble								
11	El Zapote								
12	Estanzuelas								
13	Guadalupe								
14	Haciendita								
15	Ichanquezo		1 b/	2					3

(Continuod)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
16	La Bermuda			1					1
17	La Trinidad								
18	Delicias		1						1
19	Milingo			2					2
20	Mirandilla								
21	Montepeque			2					2
22	Palacios			1			•		1
23	Palo Grande								
24	Pepeshitenango			1			•		1
25	Platanar								
26	San Cristobál								
27	San Lucas			1	2				3
28	Tenango								
29	San Juan			1		•			1
*	Agua Caliente		1	1					2
*	Apolinario Serrano			1					1
*	El Barío			2					2
*	Las Americas	•		1		•		•	1
*	Laura Lopez			1					1
*	Papaturro			1					1
*	Primavera			1					1
*	Puertas de San Antonio			1					1
16	TENANCINGO	8	6	7					21
01	Tenancingo			3					3
02	Ajuluco	1							1
03	Copalchan	1							1
04	Corral Viejo	1	1						2
05	El Pepeto	1		1					2
06	Huisiltepeque	1	1 b/						2
07	Jiñuco	1	1						2
08	La Cruz								
09	Rosario Peñico			1					1
10	Rosario Tablón	1	2	2					5
11	Santa Anita	1							1
*	San Rafael Arcángel		1			•			1
08	LA PAZ	122	116	21	26		38 g/	-	323
01	ZACATECOLUCA	15	20		6				41
01	Zacatecoluca		2 b/		4				6
02	Agua Zarca								
03	Amayo								
04	Animas Abajo								
05	Animas Arriba	1	1						2
06	Azacualpa								
07	Buena Vista Abajo								
08	Buena Vista Arriba								
09	Buena Vista Arrinconado								
10	El Amate	1	1 b/						2
11	El Callejon	1							1
12	El Carmen								
13	El Copinol	1	1						2
14	El Despoblado								
15	El Espino Abajo								
16	El Espino Arriba		1						1
17	El Meneadero								
18	El Socorro								
19	Tepechame								
20	Hato de los Reyes	1							1
21	El Zapote								
22	La Joya								
23	La Lucha	2	3						5
24	Las Isletas								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
25	Las Tablas	2	1						3
26	Liévano								
27	Los Marranitos								
28	Platanares								
29	Penitente Abajo		2 c/						2
30	Penitente Arriba		1 b/						1
31	Piedra Grande Abajo								
32	Piedra Grande Arriba								
33	Pineda								
34	San Francisco Los Reyes	1	1						2
35	Joseito		2 c/						2
36	San Jose La Montaña	1	1						2
37	San Lucas								
38	San Marcos de la Cruz	1	1						2
39	San Rafael	1							1
40	San Sebastian La Zorra								
41	Santa Lucía	1							1
42	Tierra Blanca	1	2						3
43	Ulapa								
*	Santa Cruz Porrillo				2				2
02	CUYULITIAN	1	2						3
01	Cuyultitan	1	1 b/						2
02	San Antonio		1 b/						1
03	San Isidro								
03	EL ROSARIO		6						6
01	Rosario La Paz		1 b/						1
02	Asuncion Amatepec		1 b/						1
03	El Cerro		1						1
04	El Pedregal		3 c/						3
05	Tilapa								
04	JERUSALEN	2	1						3
01	Jerusalén								
02	El Comecate								
03	El Espino	1							1
04	Los Romero		1						1
05	Veracruz	1							1
05	MERCEDES LA CEIBA	1	1						2
01	Mercedes La Ceiba								
02	San Antonio								
03	San Luis	1	1						2
06	OLOCUILTA	7	10						17
01	Olocuilta		1 b/						1
02	Cupinco								
03	El Chilamate								
04	Jayuca	1	1						2
05	Joya de Giron		1						1
06	La Esperanza	2	2						4
07	Guachipilines	1	1						2
08	Planes de las Delicias	1	2 b/						3
09	San Antonio Giron	1							1
10	San Jose Buenavista		1						1
11	San Sebastián	1	1						2
12	Santa Fé								
13	Santa Lucía La Barranca								
14	Santo Tomas								
07	PARAISO DE OSORIO	2	1						3
01	Paraíso de Osorio		1 b/						1
02	El Copinol	1							1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promotors in the Indicated Sub Universe							
		MOH	SDA	MUCAP	IPIB	APHB	PARTIAS	OTHER NGOs	TOTAL
03	Los Zacatales	1							1
08	SAN ANTONIO MASAHUAT	2	2						4
01	San Antonio Masahuat		1 b/						1
02	Belén								
03	El Socorro	1	1 b/						2
04	San Antonio La Loma	1							1
05	San Jose La Instancia								
06	San Jose Los Solares								
09	SAN EMIGDIO	1	2						3
01	San Emigdio		1 b/						1
02	Concepción Lourdes	1							1
03	San José Costa Rica		1						1
10	SAN FRANCISCO CHINAMECA	4	4	2					10
01	San Francisco Chinameca								
02	Candelaria		1	2					3
03	Concepcion Los Planes	1	1						2
04	San Antonio Panchimilama	1	1						2
05	San Jose La Montaña	1	1						2
06	Santa Cruz La Vega	1							1
11	SAN JUAN NONUALCO	7	4	4					15
01	San Juan Nonualco		1 b/						1
02	El Chile	1							1
03	El Golfo		1	2					3
04	El Pajal		1	2					3
05	El Salto								
06	La Laguneta								
07	La Longaniza	1							1
08	Las Delicias								
09	Las Piedronas								
10	Los Zacatillos								
11	Tehuiste Abajo	1							1
12	Tehuiste Arriba	1							1
13	Tierra Colorada	1	1						2
*	San Antonio Laguneta	1							1
*	San Jose El Salto	1							1
12	SAN JUAN TALPA	2	3		3				8
01	San Juan Talpa		1 b/		2				3
02	Comalapa	1							1
03	Tobalon		1		1				2
04	Veracruz								
*	San Juan Buena Vista	1							1
*	Valle Nuevo		1 b/						1
13	SAN JUAN TEPEZONTES	3	2						5
01	San Juan Tepezontes		1 b/						1
02	La Cruz	1							1
03	La Esperanza	1	1						2
04	Los Laureles	1							1
14	SAN LUIS	6	8		2				16
01	San Luis Talpa								
02	Amatecampo	1	1 b/						2
03	Cuchilla de Comalapa								
04	El Pimiental		1 b/						1
05	El Porvenir	1							1
06	Nuevo Edén	1	1						2
07	San Francisco Amatepec	1	1						2
08	Tecualuya		4 d/						4
09	Zambombara								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
*	Chanhuiton	1			2				3
*	Santo Tomás	1							1
15	SAN LUIS LA HERRADURA	10	8	2	2	•	•		22
01	San Luis La Herradura		1 b/						1
02	Cordoncillo								
03	El Escobal	1							1
04	El Llano	1	1			•	•		2
05	El Zapote	1	1			•			2
06	Guadalupe La Zorra	1	1						2
07	La Anona	1							1
08	La Calzada	1	1						2
09	San Antonio Los Blancos	1	1	2					4
10	San Rafael Tasajera	1	1		2				4
11	San Sebastián El Chingo	1	1						2
*	La Zarcera	1							1
16	SAN MIGUEL TEPEZONTES	2							2
01	San Miguel Tepezontes								
02	San Bartolo	1							1
03	Soledad Las Flores	1							1
17	SAN PEDRO MASAHUAT	16	15	4	4				39
01	San Pedro Masahuat		1 b/						1
02	Barahona	1	1						2
03	Buenavista	1	1						2
04	Dulce Nombre	1	1 b/						2
05	EL Achiotal	1	1 b/						2
06	El Angel								
07	El Carmen	3	2	2	2				9
08	Santa Lucía El Paredón	1							1
09	El Pimiental	1	1						2
10	El Porvenir		1						1
11	El Sicahuite	1							1
12	Las Delicias								
13	Las Flores	1	1						2
14	Las Hojas	1	1 b/		2				4
15	Las Isletas	1	2 c/						3
16	Marcelino	1	1						2
17	Santa María La Sabana								
18	San Jose Luna	1	1						2
*	San Antonio Masahuat	1		2					3
18	SAN PEDRO NONUALCO	6	2		9				17
01	San Pedro Nonualco				9				9
02	El Lazareto	1	1						2
03	El Roble	1							1
04	Hacienda Vieja	1							1
05	La Carbonera								
06	La Comunidad	1							1
07	Nahuilstepeque	1	1 b/						2
08	San Ramon	1							1
19	SAN RAFAEL OBRAJUELO	2	5						7
01	San Rafael Obrajuelo		1 b/						1
02	El Carao								
03	La Longaniza		2						2
04	La Palma	1	1						2
05	San Jeronimo								
06	San Rafael Obrajuelo (San José Obrajuelo)								
07	San Pedro Martir	1	1						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
20	SANTA MARIA OSTUMA	6	4	2					12
01	Santa María Ostuma								
02	Concepcion	1	1						2
03	El Chaperno	1	1						2
04	El Tranaito	1							1
05	Loma Larga								
06	San Antonio	1	1						2
07	San Isidro	1							1
08	San Jose Carrizal	1	1	2					4
21	SANTIAGO NONUALCO	25	13	7					45
01	Santiago Nonualco		2 b/						2
02	Amulunco	1	1						2
03	Chanchuyo								
04	Concepción Jalponga	1	1						2
05	El Sauce	3							3
06	Jalponguita	1							1
07	La Cruz del Mojon	1							1
08	Las Animas	1		1					2
09	Las Guarumas	2	1						3
10	San Antonio Abajo	1							1
11	San Antonio Arriba	1		2					3
12	San Francisco El Porfiado	1	1						2
13	San Francisco La Hacienda	1	1						2
14	San Antonio								
15	San José Arriba	1	2 c/						3
16	San José Loma	1							1
17	San Jose Obrajito	2	1						3
18	San Sebastian Abajo	1							1
19	San Sebastián Arriba	1							1
20	Santa Cruz Chacastal								
21	Santa Cruz La Loma	1	1						2
22	Santa Rita Almendro	1	1						2
23	Santa Teresa	2	1 b/	2					5
*	San José Abajo	1							1
*	Utopa			2					2
22	TAPALHUACA	2	3						5
01	Tapalhuaca		1 b/						1
02	La Basa	1	1						2
03	Las Lajas		1						1
04	San Pedro La Palma	1							1
09	CABAÑAS	75	93	19	2	-	-	-	189
01	SENSUNTEPEQUE	24	30	3					57
01	Sensuntepeque		2 b/						2
02	El Chunte	1	1						2
03	Copinolapa	1	3	1					5
04	Cunchique	1	2						3
05	Cuyantepeque	1	1						2
06	El Aguacate	1							1
07	El Volcan	1	1						2
08	La Trinidad	2	1						3
09	Las Marias	2	1						3
10	Llano Grande		1						1
11	Los Llanitos		2						2
12	Nombre de Dios	2							2
13	Pie de La Cuesta								
14	Río Grande	1	3						4
15	Rojas	2	2						4
16	San Gregorio	1	1						2
17	San Lorenzo	1	2						3
18	San Marcos	1							1
19	San Matías	1	2						3

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
20	San Nicolas	1	2 c/	1					4
21	Santa Rosa La Maraña	2							2
22	Tempisque	1	2						3
23	Tronalaga	1	1						2
24	Santa Cruz			1					1
02	CINQUERA		1						1
01	Cinquera								
02	El Cacao o El Tránsito								
03	Huilihuiste								
04	La Escopeta o Dulce Nombre								
05	San Antonio								
06	San Benito								
07	San José El Tule								
08	San Nicolás		1						1
09	Valle Nuevo								
03	DOLORES	4	5						9
01	Villa Dolores		1						1
02	Cañafístula								
03	Chapelcoro	1	1						2
04	Curarén								
05	El Rincón	1	1						2
06	Nicuiraque	1	1						2
07	San Carlos	1	1						2
04	GUACOTECTI	3	5	2					10
01	Guacotecti		1 b/						1
02	Agua Zarca	1	2						3
03	El Banadero	1	1 b/						2
04	Tempisque	1	1	1					3
*	San Fidel			1					1
05	ILOBASCO	24	28	6					58
01	Ilobasco		6 g/						6
02	Agua Zarca	2	1						3
03	Azacualpa	1	1						2
04	Calera			1					1
05	Cerro Colorado	1	1						2
06	Mestizo	1	1						2
07	Potrero El Carmen	1	3						4
08	La Labor	1	1						2
09	Las Huertas	3	1						4
10	Los Hoyos	1	2						3
11	Los Llanitos	2	2						4
12	Maquilishuat	2	3	1					6
13	Nanastepeque	1		1					2
14	Oratorio	1	1	1					3
15	San Francisco del Monte	1							1
16	San Francisco Iraheta	1	1						2
17	San José El Mestizo	1	2						3
18	Santa Cruz	1	1	1					3
19	Sitio Viejo	1	1 b/						2
*	Cerro Miguel	1							1
*	Quesera	a/		1					1
*	Sayulapa	1							1
06	JUTIAPA	3	4	2					9
01	Jutiapa								
02	Caleras								
03	Carolina	1	1 b/						2
04	El Platanar		1						1
05	Llano Largo	1							1
06	Palacios	1	1						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
07	San Sebastián		1						1
08	Santa Barbara								
*	Caragal			1					1
*	Huiscoyol			1					1
07	SAN ISIDRO	5	8	4	2				19
01	San Isidro		2 b/						2
02	El Amate	1	1						2
03	Izcatal	1	1	1					3
04	Llano de la Hacienda	1	1						2
05	Los Jobos	1	2	1					4
06	Potrero Los Batres	1	1						2
07	Potrero y Tabla			1					1
*	San Francisco			1	2				3
08	TEJUTEPEQUE	1	4	1					6
01	Tejutepeque		1 b/						1
02	Concepcion	1	1						2
03	El Zapote		1 b/						1
04	San Antonio Buenavista								
05	San Francisco Echeverría		1						1
06	Santa Olaya								
07	Santa Rita								
08	Santa Eduviges			1					1
09	VICTORIA	11	8	1					20
01	Villa Victoria		1 b/						1
02	Azacualpa	2							2
03	El Caracol	1							1
04	El Zapote		1						1
05	La Bermuda	1							1
06	La Uvilla	1							1
07	Aparatao	2							2
08	Peña Blanca								
09	Rojitas	1							1
10	San Antonio	1	2						3
11	San Pedro	2	2						4
12	Santa Marta		2						2
*	Filon			1					1
10	SAN VICENTE	82	95	9	9				195
01	SAN VICENTE	13	19	2	3				37
01	San Vicente		5 b/		3				8
02	Canton Flores	2	2						4
03	Chucuyo	1	1						2
04	Dos Quebradas	2	2						4
05	El Caracol								
06	El Rebelde	1	1						2
07	La Joya								
08	La Soledad		1 b/						1
09	Leon de Piedra								
10	Llano de Achichilco	1	1						2
11	Los Laureles								
12	Los Pozos								
13	Obrajuelo Lempa	1	1						2
14	Parras Lempa	1	2						3
15	San Antonio Achichilquito								
16	San Antonio Caminos	1	2 c/	1					4
17	San Antonio Tras El Cerro								
18	San Bartolo Ichanmico								
19	San Diego	1	1						2
20	San Francisco Chamoco	2		1					3
21	San Jacinto								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
22	San Jose Río Frío								
23	San Juan Buenavista								
24	San Rafael San Diego								
25	Santa Gertrudis								
26	Volcan Opico								
27	El Marquezado								
02	APASTEPEQUE	16	14	4	3				37
01	Apastepeque		2 b/						2
02	Calderas	2	1						3
03	Cutumayo	2							2
04	El Quayabo	1	1						2
05	Las Minas		1 b/						1
06	San Felipe	2	2	1	3				8
07	San Jacinto	2	2						4
08	San José Los Almendros	1							1
09	San Juan Los Merinos Abajo	1	1						2
10	San Nicolas	2	1	2					5
11	San Pedro	3	3 c/	1					7
03	GUADALUPE	4	3						7
01	Guadalupe		1 b/						1
02	Joya de Munguía								
03	San Antonio Los Ranchos	1							1
04	San Benito Piedra Gorda	1	1						2
05	San Emigdio El Tablón	1	1						2
06	San Francisco Aguas Agrias	1							1
07	San José Carbonera								
04	SAN CAYETANO ISTEPEQUE	4	4						8
01	San Cayetano Istepeque		1						1
02	Candelaria	2	3						5
03	Cerro Grande	1							1
*	Santa Elena	1							1
05	SAN ESTEBAN CATARINA		2						2
01	San Esteban Catarina								
02	Amatitan Abajo								
03	Amatitan Arriba		1						1
04	Cerro de San Pedro								
05	San Esteban		1						1
06	San Ildefonso								
07	San Jacinto La Burrera								
*	Santa Catarina								
06	SAN ILDEFONSO	7	9	3					19
01	San Ildefonso		2 b/						2
02	Candelaria Lempa	2	1						3
03	Guachipilín	1							1
04	Lajas y Canoas	1	1	1					3
05	San Francisco	1	1						2
06	San Lorenzo	1	2	2					5
07	San Pablo Cañales	1	1						2
*	San Jose Almendro		1						1
07	SAN LORENZO	3	6						9
01	San Lorenzo		1 b/						1
02	La Cruz	1							1
03	Las Animas		1						1
04	San Francisco	1	1						2
05	Santa Lucía	1	1						2
*	El Refugio		1						1
*	Talpetates		1						1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
08	SAN SEBASTIAN	8	7						15
01	San Sebastián		1 b/						1
02	El Paraíso	1	1						2
03	El Porvenir Aguacayo	1	1						2
04	La Esperanza	1							1
05	San Jose La Labor								
06	Las Rosas	1							1
07	Los Laureles	1	2						3
08	San Francisco	1							1
09	Santa Elena								
10	Santa Teresa	1	1						2
*	La Labor	1	1						2
09	SANTA CLARA	3	4						7
01	Santa Clara		1 b/			.		.	1
02	Agua Helada								
03	El Rosario								
04	El Tortuguero	1	1		.	.	.	.	2
05	San Jerónimo		1						1
06	San Juan Merinos	1							1
07	Santa Rosa	1	1						2
10	SANTO DOMINGO	4	2						6
01	Santo Domingo		1 b/						1
02	El Refugio	1							1
03	San Antonio Izcanales	1	1						2
04	Los Rodríguez	1							1
05	San Juan Talpetates	1							1
11	TECOLUCA	12	17		3				32
01	Tecoluca		2 b/						2
02	Barrio Nuevo	1	2 c/						3
03	El Arco	1	2						3
04	El Campanario								
05	El Carao	1	1						2
06	El Coyolito								
07	El Pacun								
08	El Palomar								
09	El Perical								
10	El Porrillo (Portillo)	1							1
11	El Puente								
12	El Socorro								
13	La Esperanza	1	1						2
14	Las Anonas								
15	Las Mesas								
16	San Andres Los Achiotes								
17	San Benito								
18	San Carlos		2						2
19	San Fernando								
20	San Francisco Angulo		1						1
21	San Jose Llano Grande	1							1
22	San Nicolas Lempa	1	1		3				5
23	San Ramon Grifal	2	1						3
24	Santa Barbara								
25	Santa Cruz	2	3 c/						5
*	Las Pampas		1						1
*	Tehuacan	1							1
12	TEPETITAN	2	1						3
01	Tepetitan								
02	Concepcion Las Cañas	1							1
03	La Vírgen	1							1
04	Loma Alta		1						1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	N° of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
13	VERAPAZ	6	7						13
01	Verapaz		1 b/						1
02	El Carmen	1							1
03	Molineros	1	1						2
04	San Antonio Jiboa	1	1						2
05	San Isidro	1	1						2
06	San Jeronimo Limon	1	1						2
07	San Jose Borja								
08	San Juan Buena Vista	1	1						2
09	San Pedro Agua Caliente								
*	Veracruz Arriba		1						1
11	USULUTAN	135	97	106	43	-	-	6	387
01	USULUTAN	14	5	10	8				37
01	Usulutan		1 b/						1
02	El Cerrito	1		1					2
03	El Ojushte			1					1
04	El Trillo	1	1	1					3
05	Joya de Tomasito	1							1
06	La Laguna	1							1
07	La Peña	1		1					2
08	La Presa	1			2				3
09	Las Salinas	1	1	1	2				5
10	Obrajuelo	1	1	1					3
11	Ojo de Agua			1					1
12	Palo Galan	1	1	1					3
13	Santa Barbara	1							1
14	Talpetate								
15	Los Desmontes	1							1
16	Capitan Lazo	1							1
*	Puerto Parada	1			4				5
*	El Flor	1							1
*	El Ojushte II			1					1
*	Paraizal			1					1
02	ALEGRIA	7	7						14
01	Alegría								
02	Apastepeque	1	1						2
03	La Peña	1	1						2
04	Las Casitas	1	1						2
05	San José La Montañita								
06	Quebracho	1	1						2
07	San Juan	1							1
08	Yomo	1	2						3
09	El Zapotillo	1	1						2
03	BERLIN	9	7						16
01	Berlín								
02	Colon	1	1						2
03	Concepción	1	1						2
04	El Cororal								
05	El Tablón	1							1
06	La Union								
07	Las Delicias	1	1						2
08	Las Piletas								
09	Talpetates	1	1						2
10	San Felipe								
11	San Francisco	1	1						2
12	San Isidro								
13	San José	1	1						2
14	San Juan Loma Alta	1							1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
15	San Lorenzo	1	1						2
16	Santa Cruz								
17	Virginia								
04	CALIFORNIA	1	2						3
01	California		1 b/						1
02	El Pozón	1	1						2
05	CONCEPCION BATRES	8	4	15					27
01	Concepcion Batres		1 b/						1
02	El Cañal	1	1						2
03	El Paraísal		1						1
04	El Porvenir	1							1
05	Hacienda Nueva	1							1
06	La Anchila	1	1	7					9
07	La Danta	1		1					2
08	San Antonio	1							1
09	San Felipe	1		4					5
10	San Ildefonso	1							1
*	Samuria			3					3
06	EL TRIUNFO	1	1	3					5
01	El Triunfo		1 b/						1
02	El Jícarito			1					1
03	El Palon			1					1
04	Las Palmeras								
05	San Antonio	1		1					2
07	EREGUAYQUIN	2	2	1					5
01	Ereguayquín		1 b/						1
02	Analco	1							1
03	La Ceiba								
04	Los Encuentros	1	1						2
05	Maculis			1					1
06	Piedra Ancha								
08	ESTANZUELAS	4	6	1					11
01	Estanzuelas								
02	Condadillo	1	2						3
03	El Caragual								
04	El Ojushte								
05	El Tecomatal	1	1						2
06	El Escribadero	1	1						2
07	La Cruz								
08	Potrero de Joco	1	1						2
09	San Pedro								
10	Sitio de San Antonio								
*	El Puente Cuscatlán			1					1
*	Caulote		1						1
09	JIQUILISCO	18	12	29	7				66
01	Jiquilisco		1 b/						1
02	Aguacayo								
03	Bolívar								
04	Cabos Negros	1	1						2
05	California								
06	El Carrizal								
07	Ceiba Gacha								
08	Cruzadilla de San Juan	1	1 b/						2
09	Las Delicias								
10	El Carmen								
11	El Castaño								
12	El Coyolito	1	1						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIB	APHG	CARITAS	OTHER NGOs	TOTAL
13	El Marillo			3					3
14	El Paraíso	1	1						2
15	Hule Chacho	1							1
16	Isla de Mendez				2				2
17	La Canoa	1		4					5
18	La Concordia	1	1						2
19	La Montaña								
20	La Noria	1							1
21	La Tirana								
22	Las Flores								
23	Los Campos								
24	Los Limones								
25	Los Tres Chorros								
26	Nueva California								
27	Puerto Avalos	1	1 b/						2
28	El Roquinte	1	1		3				5
29	Salinas de Sisiguayo								
30	Salinas El Potrero	1							1
31	San Antonio Potrerillos								
32	San Jose o La Carrera		1 b/	13					14
33	San Juan de Letran								
34	San Juan del Gozo	1	1	5	2				9
35	San Judas								
36	San Marcos Lempa	2							2
37	San Pedro								
38	Taburete Jagual	1	1						2
39	Taburete Los Claros	1							1
40	Tierra Blanca o Nueva Esperanza		1 b/						1
41	Zamoran	2		2					4
42	Las Mesitas								
*	San Juan Potrerillo			2					2
10	JUCUAPA	7	5	1	4				17
01	Jucuapa		2 c/		4				6
02	El Amaton	1							1
03	El Chaguite	1	1						2
04	El Níspero	1	1						2
05	Llano El Chilamate	1							1
06	Llano Grande de las Piedras	1							1
07	Loma de la Cruz	1	1						2
08	Plan Grande								
09	Tapesquillo Alto	1		1					2
10	Tapesquillo Bajo								
11	JUCUARAN	9	5	23					37
01	Jucuarán		1 b/	17					18
02	El Jícaro		1						1
03	El Jutal	1	2						3
04	El Llano	1							1
05	El Progreso	1							1
06	El Zapote			6					6
07	La Cruz								
08	Samuria	1	1 b/						2
*	La Ringlera	1							1
*	Arcos del Espino	2							2
*	Majague	1							1
*	Chaparral	1							1
12	MERCEDES UMAÑA	9	7						16
01	Mercedes Umaña		1 b/						1
02	El Caulote	1							1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
03	El Jícaro		1						1
04	El Jocotillo	2	1						3
05	La Montañita	1	1						2
06	La Puerta	1							1
07	Los Horcones	1	1						2
08	Los Talnetes								
09	San Benito	1	1						2
10	Santa Anita	2	1						3
13	NUEVA GRANADA	2	4						6
01	Nueva Granada		1 b/						1
02	Azacualpia de Gualcho	1	1						2
03	Azacualpia de Joco		1						1
04	El Amatillo								
05	Jocomontique								
06	La Isleta								
07	La Palomilla								
08	Las Llaves								
09	Lepaz								
10	Nuevo Carrizal								
11	Potrero de Joco								
12	San Jose	1	1						2
14	OZATLAN	7	4	2	2				15
01	Ozatlan		1 b/						1
02	Delirios	1	1						2
03	Palmital	1	1						2
04	Joya del Pilar	1		1					2
05	La Breña	1		1					2
06	La Poza	2	1		2				5
07	Las Trancas	1							1
15	PUERTO EL TRIUNFO	6	4		9				19
01	Puerto El Triunfo		3 b/						3
02	Corral de Mulas	1	1		3				5
03	El Espíritu Santo	1			4				5
04	Isla Madresal	1			2				3
05	Sitio de Santa Lucía	1							1
*	El Milagro	1							1
*	El Vaticano	1							1
16	SAN AGUSTIN	1	2	1					4
01	San Agustín		1 b/						1
02	Buenos Aires		1						1
03	El Cerro								
04	El Corozo								
05	El Jícaro			1					1
06	El Jocote								
07	Galingagua	1							1
08	Jobal Arrozales								
09	Las Ceibas								
10	La Mora								
11	La Quesera								
12	Los Linares o Caulote								
13	Los Arrozales								
14	Los Eucaliptos								
15	Los Planes								
16	Nombre de Dios								
17	Las Tres Calles								
17	SAN BUENAVENTURA	2	3					6	11
01	San Buenaventura		1 b/						1
02	El Aceituno								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIB	APHC	CARITAS	OTHER NGOs	TOTAL
03	El Semillero	1	1						2
04	La Caridad	1						6	7
05	La Tronconada								
06	Las Charcas		1						1
07	Los Espinos								
18	SAN DIONISIO	4	1	3	10				18
01	San Dionisio								
02	Iglesia Vieja	1							1
03	Mundo Nuevo	1			1				2
04	San Francisco	1	1 b/	1	1				4
*	La Pirraya	1			3				4
*	Isla San Sebastian			1	3				4
*	Madre Selva			1	2				3
19	SAN FRANCISCO JAVIER	6	2	6					14
01	San Francisco Javier		1						1
02	El Palmo	1		1					2
03	El Tablon		1 b/	1					2
04	El Zungano	1		1					2
05	Jobal Hornos	1		1					2
06	La Cruz	1							1
07	La Peña								
08	Los Horcones								
09	Los Hornos	1		1					2
10	Los Ríos	1		1					2
20	SANTA ELENA	9	6	2	3				20
01	Santa Elena		1 b/						1
02	El Amate	1	1						2
03	El Nanzal	2	1						3
04	El Nísperal	1	1 b/						2
05	El Volcan	1			3				4
06	Joya Ancha Abajo	1		1					2
07	Joya Ancha Arriba	1	1 b/						2
08	Las Cruces	1		1					2
09	Piedra de Agua								
10	El Rebalce	1	1						2
21	SANTA MARIA	3	2						5
01	Santa María								
02	Mejicapa	1	1						2
03	San Francisco	2	1						3
22	SANTIAGO DE MARIA	3	5						8
01	Santiago de María		2 b/						2
02	Los Batres	1							1
03	El Marquezado	1	1						2
04	El Tigre	1	1						2
05	Las Flores								
06	Playitas								
07	Loma Los Gonzalez		1						1
23	TECAPAN	3	1	9					13
01	Tecapan		1 b/	8					9
02	Cerro Verde	1							1
03	El Jícaro								
04	Los Chapetones	1							1
05	Los Horcones								
06	Paso de Gualacha(Guacamae)	1							1
*	Arenales			1					1

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
12	SAN MIGUEL	112	93	86	98	-	-	36	425
01	SAN MIGUEL	28	28	1	17				74
01	San Miguel		o b/						6
02	Altomiro	1							1
03	Anchico	2	1						3
04	Cerro Bonito	1							1
05	Concepcion Cerezal	1							1
06	El Amate	2							2
07	El Brazo	1	1						2
08	El Delirio		1						1
09	El Divisadero								
10	El Hovillal	1							1
11	El Jute								
12	EL Niño	1	1		2				4
13	El Papalon		2 c/						2
14	El Progreso	1		1					2
15	El Sitio								
16	El Tecomatal	1	2						3
17	El Volcán	3	1						4
18	El Zamoran o Zamorano								
19	Hato Nuevo	1	1						2
20	Jalacatal		1 b/						1
21	La Canoa	1	1						2
22	La Puerta	1	1 b/						2
23	La Trinidad								
24	Las Delicias	2			6				8
25	Las Lomitas	2	1 b/		2				5
26	Miraflores		2 c/						2
27	Monte Grande								
28	San Andres								
29	San Antonio Chavez	1							1
30	San Antonio Silva		2 c/						2
31	San Carlos		1		7				8
32	San Jacinto	1	1						2
33	Santa Ines	1	1						2
*	El Tiangue	1							1
*	Los Ranchos Miraflores	1							1
*	El Rebalse	1	1						2
02	CAROLINA	6	2	3					11
01	Carolina		1 b/						1
02	La Ceibita	1		1					2
03	La Orilla	1		1					2
04	Miracapa	1							1
05	Rosas Nacaspilo	2	1						3
06	Soledad Terrero	1		1					2
03	CIUDAD BARRIOS	9	3	2	23				37
01	Ciudad Barrios								
02	Belén	1							1
03	Guanacaste	2							2
04	La Montañita								
05	Llano El Angel	1	1		7				9
06	Nuevo Porvenir			1					1
07	San Cristobál	1		1	6				8
08	San Juan	1							1
09	San Luisito	1			10				11
10	San Matías	1	1						2
11	Teponahuaste	1	1						2
12	Las Torrecillas								
04	COMACARAN	1	2	2	14				19
01	Comacarán								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	BDA	MHCAP	ICIB	APHO	CARITAS	OTHER NGOs	TOTAL
02	Candelaria								
03	El Colorado		1	1					2
04	El Hormiguero	1	1						2
05	El Jícaral			1	7				8
06	Platanarillo								
*	El Terrero				7				7
05	CHAPELTIQUE	4	5	6					15
01	Chapeltique		1 b/						1
02	Cercas de Piedra			1					1
03	Hualama	1	2						3
04	La Trinidad		1	2					3
05	Los Amates								
06	San Jeronimo		1	1					2
07	San Pedro	2							2
*	Potosí	1		1					2
*	San Carlos			1					1
06	CHINAMECA	13	8	16	4				41
01	Chinameca		1 b/		4				5
02	El Boqueron	1		1					2
03	Chambala	1	1						2
04	Comecate		2 b/	1					3
05	Copinol Primero	1		1					2
06	Copinol Segundo	1							1
07	El Jocote								
08	Jocote Dulce			1					1
09	La Cruz Primera	1		1					2
10	La Cruz Segunda	1		1					2
11	Las Marías			1					1
12	La Peña			1					1
13	Las Mesas	1		1					2
14	Ojos de Agua								
15	Oromontique		1	1					2
16	San Antonio	1		1					2
17	San Pedro Arenales	2	1	1					4
18	Zaragoza		1	1					2
*	Los Planes 1ª	1		1					2
*	Los Planes 2ª	1		1					2
*	Los Planes 3ª	1	1	1					3
07	CHIRILAGUA	7	6	21	3				37
01	Chirilagua		2 c/		3				5
02	El Capulín								
03	Chilanguera	1							1
04	Guadalupe	1							1
05	Hoja de Sal								
06	La Estrechura	1		10					11
07	Nueva Concepcion	1	1						2
08	San Jose Gualozo	1	1	2					4
09	San Pedro		1	2					3
10	Tierra Blanca		1	2					3
*	Playa Grande	1							1
*	La Ceiba	1							1
*	El Cuco			4					4
*	Puerto Viejo			1					1
08	EL TRANSITO	5	5	2	22				34
01	El Transito		1 b/						1
02	Calle Nueva	1	1						2
03	Llano El Coyol	1	1	1	7				10
04	Moropala	1	1		5				7
05	Primavera	1	1 b/						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
*	El Borbollón	1			10				11
*	Piedra Pacha			1					1
09	LOLOTIQUE	2	3	8				36	49
01	Lolotique								
02	Amaya	1	1	1				30	33
03	Concepción			1					1
04	El Jícaro			1					1
05	El Nancito		1	1					2
06	El Palón	1	1	1				6	9
07	Las Ventas			1					1
08	San Francisco			1					1
09	Santa Barbara								
10	Valencia			1					1
10	MONCAGUA	7	9	7	2				25
01	Moncagua		1 b/		2				3
02	El Cerro	1	1						2
03	El Jobo	1	2 c/						3
04	El Papalon			2					2
05	Platanar		1 b/	1					2
06	El Rodeo			2					2
07	Estancia	1							1
08	La Fragua		1	1					2
09	Los Fjidos			1					1
10	Salamar								
11	Santa Barbara	1							1
12	Tongolona	1	1 b/						2
13	Valle Alegre	2	2 b/						4
11	NUEVA GUADALUPE	3	1						4
01	Nueva Guadalupe		1 b/						1
02	Los Planes de San Sebastian	2							2
03	San Luis	1							1
12	NUEVO EDEN DE SAN JUAN	1		3					4
01	Nuevo Edén de San Juan								
02	Cucurucho	1							1
03	El Ojeo								
04	Jardín			1					1
05	Los Laureles			1					1
06	Montecillos								
07	Queseras								
08	San Sebastian			1					1
13	QUELEPA	2	3						5
01	Quelepa		1 b/						1
02	Obrajuelo	1	1 b/						2
03	El Tamboral								
04	San Jose	1	1						2
05	San Antonio								
14	SAN ANTONIO	2		2	2				6
01	San Antonio del Mosco				2				2
02	San Diego	1		1					2
03	San Marcos	1		1					2
15	SAN GERARDO	4	1	5	2				12
01	San Gerardo		1 b/		2				3
02	La Laguna	1		1					2
03	La Joya	1		1					2
04	El Quebracho	1		1					2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
05	San Geronimo	1	-	1					2
06	San Juan			1					1
16	SAN JORGE	4	7		4				15
01	San Jorge		2 b/						2
02	Candelaria	1	1						2
03	Joya de Ventura	1	1						2
04	La Ceiba	1	1						2
05	Morita		1		4				5
06	San Julián	1	1 b/						2
17	SAN LUIS DE LA REINA	4	1	1					6
01	San Luis de la Reina		1 b/						1
02	El Junquillo	1							1
03	Ostucal	1							1
04	San Antonio	1							1
05	San Juan	1		1					2
18	SAN RAFAEL	4	4	1					9
01	San Rafael Oriente		1 b/						1
02	Los Zelaya	1	1	1					3
03	Piedra Azul	1	1						2
04	Rodeo de Piedron	1							1
05	Santa Clara	1	1						2
19	SESORI	4	1	6	5				16
01	Sesorí								
02	Charlaca			2					2
03	El Espíritu Santo								
04	El Tablon	1		1					2
05	Las Mesas	1		1	5				7
06	Managuare			1					1
07	Mazatepeque	1							1
08	Minitas			1					1
09	Petacones								
10	San Jacinto								
11	San Sebastian	1							1
12	Santa Rosa		1						1
20	ULUAZAPA	2	4						6
01	Uluazapa		2 b/						2
02	Juan Yanez	1	1						2
03	Los Pilones		1 b/						1
04	Río Vargas	1							1
13	MORAZAN	80	86	46	56	-	-	38 g/	306
01	SAN FRANCISCO (GOTERA)	10	8						18
01	San Francisco Gotera								
02	Cacahuatalejo	1							1
03	El Norte	2	2						4
04	El Triunfo	2	3 c/						5
05	San Francisquito	1	2						3
06	San Jose	1	1						2
*	El Campo	1							1
*	El Rosario	1							1
*	El Tiangue	1							1
02	ARAMBALA		1	3					4
01	Arambala		1 b/	1					2
02	El Carrizal								
03	Nahuaterique			2					2
04	Pueblo Viejo								
05	Tierra Colorada								

316

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
03	CACAOPERA	5	4	6					15
01	Cacaopera		1 b/						1
02	Agua Blanca			1					1
03	Calavera	1	2	2					5
04	Guachipilín			1					1
05	Junquillo								
06	La Estancia	2		2		.			4
07	Osotillo					.		.	.
08	Sunsulapa	2	1						3
04	CORINTO	4	5	4					13
01	Corinto		1 b/						1
02	Corralito	1	2	1					4
03	Hondable	1		1					2
04	La Laguna	1	1	1					3
05	San Felipe	1							1
06	Varilla Negra		1	1					2
05	CHILANGA	6	3		8				17
01	Chilanga		1 b/			.		.	1
02	El Chaparral	1	1		8				10
03	El Pedernal	2							2
04	Joya del Matazano								
05	Lajitas	2							2
06	Piedra Parada	1	1						2
06	DELICIAS DE CONCEPCION	2	4						6
01	Delicias de Concepción		2 b/						2
02	El Volcan	1							1
03	La Cuchilla	1	2						3
07	EL DIVISADERO	5	7						12
01	El Divisadero		2 c/						2
02	Llano de Santiago	1	1						2
03	Loma Larga								
04	Loma Tendida								
05	Nombre de Jesus		1 b/						1
06	San Pedro Río Seco	1							1
07	Santa Anita	1	1					.	2
08	Villa Modelo	1						.	1
*	El Rosario		2 g/			.		.	2
*	San Pedro Carrizal	1							1
08	EL ROSARIO		1	2					3
01	El Rosario								
02	La Laguna			2					2
03	Ojo de Agua		1						1
09	GUALOCOCTI	2	2						4
01	Gualococti		1						1
02	La Joya	1							1
03	San Lucas	1	1						2
10	GUATAJIAGUA	6	4	4	10				24
01	Guatajiagua		2 b/						2
02	Sirigual	1							1
03	El Volcán	1	1	1					3
04	Los Abelines	1		1					2
05	Maiguera	1		1					2
06	Pajigua	1		1					2
07	San Bartolo	1	1						2
*	Guayabo				10				10
11	JOATECA		2	4	2				8
01	Joateca				2				2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
02	Volcancillo			4					4
03	El Zapotal								
04	Paturla		2						2
12	JOCOAITIQUE		4	2					6
01	Jocoaitique		2 c/						2
02	El Rodeo		1	2					3
03	El Volcancillo								
*	El Quebracho		1						1
13	JOCORO	6	7		8				21
01	Jocoro		2 b/						2
02	Flamenco	1							1
03	Guachipilín	1	1						2
04	Lagunetas		1						1
05	Las Marías	1	1 b/						2
06	Los Laureles	1							1
07	San Felipe		1						1
08	San Jose	1	1						2
09	San Juan	1			8				9
14	LOLOTIQUILLO	3	4		7				14
01	Lolotiquillo		1 b/						1
02	Gualindo	2	2		7				11
03	La Manzanilla	1	1						2
15	MEANGUERA		1	10					11
01	Meanguera								
02	Cerro Pando		1						1
03	Guacamaya								
04	La Joya								
05	Soledad								
*	Segundo Montes			10					10
16	OSICALA	4	4						8
01	Osicala								
02	Agua Zarca	2	2						4
03	Cerro Coyol	1	1						2
04	Huilihuiste								
05	La Montaña	1	1						2
06	Llano Alegre								
17	PERQUIN			1					1
01	Perquín								
02	Casa Blanca			1					1
03	Las Trojas								
04	Sabanetas								
18	SAN CARLOS	3	1						4
01	San Carlos								
02	La Jagua								
03	San Diego	1							1
04	San Marcos								
05	Valle Nuevo	1							1
*	Santa Barbara	1	1						2
19	SAN FERNANDO			2					2
01	San Fernando								
02	Azacualpa			2					2
03	Cañaverales								
20	SAN ISIDRO	2	2		2				6
01	San Isidro								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	N° of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
02	El Rosario	1	1						2
03	Piedra Parada	1	1		2				4
21	SAN SIMON	6	7		17				30
01	San Simon		1 b/		2				3
02	El Carrizal	1							1
03	Las Quebradas	1	2		7				10
04	Potrero Adentro	1	1						2
05	Valle Grande	1	1		8				10
06	El Cerro	1							1
*	San Francisco	1	2						3
22	SENSEMBRA	1	2	2					5
01	Sensembra		1 b/						1
02	El Limon			1					1
03	El Rodeo	1	1						2
*	Guarumal			1					1
23	SOCIEDAD	8	7	1	2			38 g/	56
01	Sociedad								
02	Animas	1	1						2
03	El Bejucal	1	2						3
04	Calpules								
05	Candelaria	1	1						2
06	El Peñon	1	1						2
07	El Tablon	1	1		2				4
08	Labranza	1	1 b/						2
09	La Joya	1		1					2
*	La Trompina	1							1
24	TOROLA		1	3					4
01	Torola		1 b/						1
02	Agua Zarca			3					3
03	Cerritos								
04	El Progreso								
05	Tijeretas								
25	YAMABAL	4	4	2					10
01	Yamabal		1 b/						1
02	Joya del Matazano	2							2
03	Loma del Chile	1	1	1					3
04	San Francisquito								
05	San Juan de la Cruz	1	2	1					4
26	YOLOAIQUIN	3	1						4
01	Yoloaíquin								
02	El Aceituno	2	1						3
03	El Volcan	1							1
04	Las Venturas								
14	LA UNION	11o	82	27	105	-	-	-	330
01	LA UNION	7	8	1	27				43
01	La Union				5				5
02	Agua Caliente		1						1
03	Agua Escondida	1	2						3
04	Amapalita		1		7				8
05	El Coyolito	1	1						2
06	El Jícaro	1							1
07	Islas del Golfo								
08	La Quezadilla	1	1						2
09	Las Chachas		1						1
10	Loma Larga		1						1
11	Sirama	1		1					2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
12	Tihuilotal				6	•			6
13	Isla Zacatillo				3				3
*	Volcancillo	1							1
*	Las Maderas	1							1
*	Punta Chiquirin				6				6
02	ANAMOROS	8	4	2	6	•	•	•	20
01	Anamoros	•	1	•	•	•	•	•	1
02	Agua Blanca	2		1	2				5
03	El Carbonal	1		1					2
04	Cordoncillo								
05	El Cedro	1	1						2
06	Ilizate	•	1 b/		2	•			3
07	Huertas Viejas	2	1		2				5
08	Terrerito	1							1
09	Tulima	1							1
03	BOLIVAR	5	2						7
01	Bolívar		1 b/						1
02	Albornoz	1							1
03	Candelaria Albornoz		1						1
04	El Transito	1							1
05	Guadalupe	1							1
06	La Paz	1							1
07	La Rinconada								
08	Nueva Guadalupe								
09	Santa Lucía	1							1
04	CONCEPCION DE ORIENTE	5	1	2					8
01	Concepcion de Oriente								
02	El Guayabo	1		1					2
03	El Molino	1		1					2
04	El Zapote	1							1
05	Guaripe	2	1						3
05	CONCHAGUA	9	12	12	11				44
01	Conchagua		2 c/						2
02	Cerro El Jiote								
03	Conchaguita	1							1
04	El Cacao	1							1
05	El Cipres	1	1 b/	1					3
06	El Faro	1			3				4
07	El Pilon	1	1	1					3
08	El Tamarindo		1	1					2
09	El Huisquil		1 b/	1					2
10	Llano de Los Patos		3 d/	1					4
11	Los Angeles	1	1	1					3
12	Maquiguo			1					1
13	Piedra Blanca	1	1	1					3
14	Piedra Rayada			1					1
15	Yologual		1	1					2
16	Isla de Conchaguita			1					1
*	El Jaguey	1		1					2
*	Gualpirque				6				6
*	Playas Negras	1							1
*	El Carreto				2				2
06	EL CARMEN	8	7		9				24
01	El Carmen		1 b/		2				3
02	Alto El Roble	1	1			•			2
03	Caulotillo	1	1						2
04	El Gavilan	1							1
05	El Piche	1	1						2
06	El Tejar								

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
07	El Zapotal	1	1						2
08	La Cañada								
09	Las Pitas	1							1
10	Los Conejos	1							1
11	Olomega		2 c/		4				6
12	Salalagua	1							1
*	El Coyolito				3				3
07	EL SAUCE	4							4
01	El Sauce								
02	Canaire	1							1
03	El Rincon								
04	Talpetate	1							1
05	San Juan Gualare	1							1
06	Santa Rosita	1							1
08	INTIPUCA	3	3	3					9
01	Intipuca		1 b/						1
02	Chichipate								
03	El Carao	1	1	1					3
04	La Leona	1	1	1					3
*	El Amate	1		1					2
09	LISLIQUE	6	2	2	2				12
01	Lislique				2				2
02	Agua Fría	1	1	1					3
03	El Derrumbado	1							1
04	Guajiniquil	1							1
05	El Terrero	1	1						2
06	Higueras	1		1					2
07	Pilas o Centro	1							1
10	MEANGUERA DEL GOLFO	1							1
01	Meanguera del Golfo	1							1
02	Conchaguita								
03	El Salvador								
04	Guerrero								
05	Conacatal								
06	Guanacastal								
07	La Periquera								
08	El Corazal								
09	La Negra								
11	NUEVA ESPARTA	7	4	4					15
01	Nueva Esparta		1 b/						1
02	El Portillo	1	1						2
03	Honduritas	1							1
04	Las Marías	1	1	1					3
05	Monteca	1		1					2
06	Ocotillo	1		1					2
07	Talpetate	2	1	1					4
12	PASAQUINA	11	10		36				57
01	Pasaquina		2 b/						2
02	Cerro Pelon	1							1
03	El Rebalse	1	1						2
04	El Tablon	1							1
05	Horcones	1	2 c/		7				10
06	Piedras Blancas	1	2 c/		12				15
07	San Eduardo	1							1
08	San Felipe	1	1 b/						2
09	Santa Clara	1	1						2
10	Valle Afuera	1	1						2
*	Barrancones	1			11				12

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
*	Santa Clarita	1							1
*	Camotes				6				6
13	POLOROS	6	5	1					12
01	Poloros								
02	Boquín		1 b/						1
03	Carpintero	1	1						2
04	Ocote	1	1						2
05	El Rodeo	1	1						2
06	Lajitas	1		1					2
07	Mala Laja	1							1
08	Pueblo	1	1						2
14	SAN ALEJO	14	12		8				34
01	San Alejo		2 c/						2
02	Agua Fría	1							1
03	Bobadilla								
04	Celbillas	1	1						2
05	Cerco de Piedra	1							1
06	El Caragon								
07	El Copalío	1							1
08	El Tamarindo	1							1
09	El Tizatillo	1	1						2
10	Hato Nuevo	1	1 b/						2
11	Las Queseras	1	2						3
12	Los Jiotes	1	1						2
13	Mogotillo	1	1 b/						2
14	San Jerónimo	1							1
15	Santa Cruz	1	1						2
16	Terrero Blanco	1	2 b/						3
*	San Jose	1							1
*	Barahona				8				8
15	SAN JOSE	2	3						5
01	San Jose		1 b/						1
02	Chaguitillo	1	1 b/						2
03	El Zapote								
04	La Joya	1	1						2
05	Sombrerito								
16	SANTA ROSA DE LIMA	10	3						13
01	Santa Rosa de Lima		1 b/						1
02	Copetillos	1							1
03	El Algodon	2	1						3
04	El Portillo	1							1
05	La Chorrera	1	1						2
06	Las Cañas	1							1
07	Los Mojones	1							1
08	Pasaquina	1							1
09	San Sebastian	2							2
17	YAYANTIQUE	3	1		6				10
01	Yayantique								
02	Centeno	1							1
03	El Pastor	1							1
04	El Socorro	1			6				7
05	Los Amates		1						1
18	YUCUAIQUIN	7	5						12
01	Yucuaíquin		1 b/						1
02	Candelaria	1							1
03	Ciricuario	1	1						2
04	La Cañada	1	1						2

(Continued)

Codes	DEPARTMENTS MUNICIPALITIES Cantons	Nº of Promoters in the Indicated Sub Universe							
		MOH	SDA	MHCAP	ICIS	APHC	CARITAS	OTHER NGOs	TOTAL
05	Las Marias	1							1
06	Los Hatillos		1						1
07	Tepemechín	1	1 b/						2
08	Valle Nuevo	1							1
09	Las Cruces	1							1
10	El Carmen								
	TOTAL	1438	1472	633	630 h/	44 h/	83 h/	339 i/	4639 j/

a/ These Cantons are covered by a Promoter also covering another Canton

b/ They are DRCs

c/ It includes 1 DRC

d/ It includes 2 DRCs

e/ It includes 3 DRCs

f/ Includes 4 DRCs

g/: The institutions do not include geographic disintegration.

h/: They are Volunteers

i/ They are Volunteers, except 78 that receive bonuses

j/ Not including 4 DRCs and 4 PFHPs of the SDA, 250 Volunteers from APSAW and 250 Volunteers of PRO VIDA

ANNEX N° 9

TABLES 1 TO 18

Table 1

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS, BY TYPE OF INSTITUTION, NATIONALITY AND LEGAL SITUATION, ACCORDING NUMBER OF CHP BY SEX

N	INSTITUTION	NATIONALITY	LEGAL SITUATION	NUMBER OF PROMOTERS OF DIFFERENT TYPE		
				MALE	FEMALE	TOTAL
1	OLOF PALME	National	Legally Established	1	1	2
2	OPRODE	National	Legally Established	15	12	27
3	FUNDEPRENS	National	In Process of Legalization	1	9	10
4	FUNDAC	National	Legally Established	3	7	10
5	ABIPEB	National	Legally Established	5	5	10
6	PROGRESO	National	In Process of Legalization	2	38	40
7	KONRAD ADENAUER	National	Legally Established	120	80	200
8	CLINICA CHILTIU	National	De Facto	5	1	6
9	C SAN MARCOS	National	Legally Established	3	0	3
10	CRISTO REY	National	De Facto	2	5	7
11	AMCS	National	Legally Established	0	10	10
12	CARITAS S ANA	National	Legally Established	13	12	25
13	CARITAS ZACATE	National	Legally Established	a/	a/	38
14	FUNDEMUM	National	Legally Established	1	18	19
15	AGAPE	National	Legally Established	11	6	17
16	CRUZ VERDE	National	De Facto	61	39	100
17	FUNSODESA	National	De Facto	9	1	10
18	COMUS	National	In Process of Legalization	6	4	10
19	OEF	National	Legally Established	8	17	25
20	CODELUM	National	In Process of Legalization	8	2	10
21	TAZUMAL	National	Legally Established	0	60	60
22	CONAMUS	National	Legally Established	0	10	10
23	FUNDESO	National	Legally Established	3	4	7
24	PROCADES	National	Legally Established	7	11	18
25	ASAPROSAR	National	Legally Established	20	43	63
26	ADEMUSA	National	In Process of Legalization	0	10	10
27	ADHU	National	Legally Established	6	4	10
28	DJC	Foreign	Legally Established	0	3	3
29	OFASA	National	Legally Established	0	200	200
30	ADS	National	Legally Established	112	1368	1480
31	ASALDI	National	Legally Established	6	7	13
32	CALMA	National	Legally Established	0	16	16
33	ORMUSA	National	Legally Established	3	17	20
34	TUMA	National	Legally Established	14	11	25
35	AMS	National	Legally Established	5	5	10
36	CCC	National	In Process of Legalization	1	1	2
37	CIRFS	National	Legally Established	7	9	16
38	ASPS	National	Legally Established	35	56	91
39	ASADEH	National	Legally Established	1	9	10
40	APSIES	National	Legally Established	32	34	66
41	MADRE CRIA	National	Legally Established	7	13	20
42	VMES	National	Legally Established	a/	a/	200
43	CAPS	National	Legally Established	2	4	6
44	APROSAI	National	Legally Established	a/	a/	150
45	CLINICA SAGRAD	National	In Process of Legalization	0	1	1
46	APROCSAL	National	Legally Established	2	0	2
47	FASTRAS	National	Legally Established	6	4	10
48	CODECUS	National	De Facto	6	4	10
49	ALFALIT	National	De Facto	6	9	15
50	ASEI	National	De Facto	5	5	10
51	IDEA	National	Legally Established	0	10	10
52	PADECOMSM	National	Legally Established	3	13	16
53	CODECA	National	In Process of Legalization	5	5	10
54	FUNDACION KNAPP	National	Legally Established	14	16	30
55	SLS	National	Legally Established	31	37	68

IPM

Table 1

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS, BY TYPE OF INSTITUTION, NATIONALITY AND LEGAL SITUATION, ACCORDING NUMBER OF CHP BY SEX

N	INSTITUTION	NATIONALITY	LEGAL SITUATION	NUMBER OF PROMOTERS OF DIFFERENT TYPE		
				MALE	FEMALE	TOTAL
56	COSDECSAM	National	In Process of Legalization	5	5	10
57	PRO VIDA	National	De Facto	a/	a/	250
58	FUSAL	National	Legally Established	30	22	52
59	ANIS	National	De Facto	a/	a/	36
60	P SN JACINTO	National	De Facto	0	2	2
61	CARITAS SONSON	National	Legally Established	a/	a/	20
62	P INMACULADA	National	De Facto	0	4	4
63	P SNTA LUCIA	National	De Facto	2	0	2
64	P SN SEBASTIAN	National	De Facto	2	5	7
65	P SN ANTONIO	National	De Facto	0	3	3
66	P SNTA MARIA	National	De Facto	1	3	4
67	I SN BARTOLOME	National	De Facto	0	2	2
91	MSPAS	National		832	606	1438
	T O T A L					5,097 b/

IPM

a/: Do not have information by sex available
b/: Does not include 262 Volunteer Promoters distributed in 12 NGO'S that did not provide information

Table 2

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY TYPE OF INSTITUTION TO WHICH IS AFFILIATED AND SPECIFIC GOALS

N	INSTITUTION	AFFILIATED INSTITUTIONS	SPECIFIC GOALS
1	OLOF PALME	CIPHES	Primary Attention to Health To Watch for Childhood
2	OPRODE	PROSAMI CISI	Health Education Other
3	FUNDEPRENS	CISI PROSAMI	Primary Attention to Health Health Education Sustainable Human Developmet
4	FUNDAC	CIPHES PROSAMI NOVIB	Sustainable Human Developmet Job Skills Trainning Alternative Medicine
5	ASIPES	CIPHES PROSAMI	Contribute to Socioeconomic Development Primary Attention to Health
6	PROGRESO	CRIPDES CCRDES PROSAMI	Primary Attention to Health Health Education Integral Health of the Woman
7	KONRAD ADENAUR	CISI Catolic Relief Services	Health Education
8	CLINICA CHILTI	Clínica Orden de Malta CAPS	Sustainable Human Developmet
9	C SAN MARCOS	CODYDES	Mental Health To Watch for Childhood
10	CRISTO REY	CAPS	Primary Attention to Health Health Education
11	AMCS	PROSAMI	Integral Health of the Woman
12	CARITAS S ANA	CARITAS NACIONAL	Sustainable Human Developmet
13	CARITAS ZACATE	Catolic Relief Services	Sustainable Human Developmet
14	FUNDEMUM	PROSAMI APF	Sustainable Human Developmet
15	AGAPE	PROSAMI	Primary Attention to Health
16	CRUZ VERDE	CISI FIAES	Primary Attention to Health
17	FUNSODESA	None	Sustainable Human Developmet Investment and Credit Health Education
18	COMUS	PROSAMI	Sustainable Human Developmet
19	OEF	PROSAMI	Investment and Credit Health Education Primary Attention to Health
20	CODELUM	PROSAMI FOMMI FIAES	Primary Attention to Health
21	TAZUMAL	CIPHES CISI SEMA	Contribute to Socioeconomic Development Health Education Promote Communitary Organization

IPM

Table 2 (Continued)

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY TYPE OF INSTITUTION TO WHICH IS AFFILIATED AND SPECIFIC GOALS

N	INSTITUTION	AFFILIATED INSTITUTIONS	SPECIFIC GOALS
22	CONAMUS	COM PROSAMI	Primary Attention to Health Integral Health of the Woman
23	FUNDESO	PROSAMI	Contribute to Socioeconomic Development
24	PROCADES	PROSAMI APF	Investment and Credit Contribute to Socioeconomic Development
25	ASAPROSAR	PROSAMI FUNSALPRODESE APF	Contribute to Socioeconomic Development
26	ADEMUSA	PROSAMI	Integral Health of the Woman
27	ADHU	PROSAMI CISI	Sustainable Human Developmet
28	DJC	SCF CISI	Contribute to Socioeconomic Development To Watch for Childhood
29	OFASA	None	Sustainable Human Developmet
30	ADS	'PPr	Primary Attention to Health
31	ASALDI	CISI PROSAMI	Primary Attention to Health
32	CALMA	PROSAMI CISI	Primary Attention to Health
33	ORMUSA	MCA PROSAMI	Integral Health of the Woman
34	FUMA	PROSAMI CIPHES	Contribute to Socioeconomic Development
35	AMS	COM PROSAMI	Integral Health of the Woman
36	CCC	FUNSALPRODESE	Sustainable Human Developmet
37	CIRES	PROSAMI	Primary Attention to Health Health Education Alternative Medicine
38	ASPS	PROSAMI CIPHES	Primary Attention to Health
39	ASADEH	CISI PROSAMI	Primary Attention to Health
40	APSIES	None	Primary Attention to Health
41	MADRE CRIA	PROSAMI	Primary Attention to Health
42	VMES	Visión Mundial Internac CIPHES CISI	Health Education
43	CAPS	Arzobispado	Contribute to Socioeconomic Development
44	APROSAI	CIPHES	Sustainable Human Developmet

IPM

Table 2 (Continued)

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF #PROMOTERS"
BY TYPE OF INSTITUTION TO WHICH IS AFFILIATED AND SPECIFIC GOALS

N	INSTITUTION	AFFILIATED INSTITUTIONS	SPECIFIC GOALS
45	CLINICA BAGRAD	CAIB	Primary Attention to Health
46	APROCSAL	CIPHES APSAL	Contribute to Socioeconomic Development Sustainable Human Developmet
47	FASTRAS	CIPHES PROSAMI	Promote Communitary Organization
48	CODECUR	PROSAMI	Contribute to Socioeconomic Development
49	ALFALIT	CNI CISI CIPHES	Job Skills Trainning Primary Attention to Health
50	ASEI	PROSAMI CISI	Contribute to Socioeconomic Development
51	IDEA	CISI PROSAMI	Primary Attention to Health Health Education Promote Communitary Organization
52	PADECOMSM	FASTRAS PROSAMI	Sustainable Human Developmet Promote Communitary Organization
53	CODECA	PROSAMI	Primary Attention to Health
54	FUNDACION KNAPP	PROSAMI CISI	Sustainable Human Developmet
55	SLS	None	Primary Attention to Health Health Education Alternative Medicine
56	COSDICSAM	PROSAMI	Promote Communitary Organization Sustainable Human Developmet
57	PRO VIDA	None	Contribute to Socioeconomic Development
58	FUSAL	CISI	Primary Attention to Health Promote Communitary Organization Job Skills Trainning
59	ANIS	None	Sustainable Human Developmet
60	P SN JACINTO	CAPS	Primary Attention to Health
61	CARITAS SONSON	CARITAS NACIONAL CARITAS INTERNACIONAL	Sustainable Human Developmet
62	P INMACULADA	CAPS	Contribute to Socioeconomic Development
63	P SNTA LUCIA	CAPS	Sustainable Human Developmet
64	P SN SEBASTIAN	CAPS	Contribute to Socioeconomic Development
65	P SN ANTONIO	CAPS	Contribute to Socioeconomic Development
66	P SNTA MARIA	CAPS	Contribute to Socioeconomic Development
67	I SN BARTOLOME	CAPS	Contribute to Socioeconomic Development

IPM

Table 3

CLASSIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS", BY INSTALLED CAPACITY (TRANSPORT UNITS, BUILDINGS, COMPUTATION EQUIPMENT, ETC.)

N	INSTITUTION	INSTALLED CAPACITY				
		TRANSPORT UNITS (VEHICLES)	BUILDINGSS (m^2)	COMPUTATION EQUIPMENT	OFFICE EQUIPMENT	AUDIOVISUAL EQUIPMENT
1	OLOF PALME		10			
2	OPRODE	3	80	5	1	1
3	FUNDEPRENS	1	48	1	1	
4	FUNDAC	5	45	2		1
5	ASIPES	2	300	2	2	
6	PROGRESO	1	100	1		
7	KONRAD ADENAUER		30			
8	CLINICA CHILTIU		20			
9	C SAN MARCOS		9			
10	CRISTO REY		400			3
11	AMCS	2	27	2	1	
12	CARITAS S ANA		50	1	2	
13	CARITAS ZACATE		120	1		
14	FUNDEMUM	4	250	2		
15	AGAPE	2	80	1		
16	CRUZ VERDE		120	1		
17	FUNSODESA		6	1		
18	COMUS	1	40			
19	OEF	2	131	2	5	
20	CODELUM	1	24	1		1
21	TAZUMAL		16	1		
22	CONAMUS	3	46	1		
23	FUNDESO	1	140	1		
24	PROCADES	4	999	1	4	2
25	ASAPROSAR	5	65	1		
26	ADEMUSA	1	990	1	3	
27	ADHU	3	207			
28	DJC	1	999	3	3	
29	OFASA	1	40	1	4	
30	ADS					
31	ASALDI	1	8	4		
32	CALMA	2	90	2		
33	ORMUSA	2	60	1		
34	FUMA	4	2	7	1	
35	AMS	1	50	1		
36	CCC	1	90	1	2	
37	CIRES	2	100	1		
38	ASPS	3	460	3		
39	ASADEH	4	80	1	2	
40	APSIES		72	1		
41	MADRE CRIA	1	80	1		
42	VMES					
43	CAPS	2	175	5	6	3
44	APROSAI	2	90	4		
45	CLINICA SAGRAD		20			
46	APROCSAL	1	38	2		
47	FASTRAS	1	200	1		
48	CODECUS	1	60			
49	ALFALIT		60	1		
50	ASEI	1	11	1		
51	IDEA	3	300	1	1	2
52	PADECOMSM	2	30	5		
53	CODECA	1	45			
54	FUNDACION KNAPP	10	80	3		
55	SLS	2	300	1		

IPM —

230

Tabla 3 (Continued)

CLASSIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS", BY INSTALLED CAPACITY (TRANSPORT UNITS, BUILDINGS, COMPUTATION EQUIPMENT, ETC,)

N	INSTITUTION	INSTALLED CAPACITY				
		TRANSPORT UNITS (VEHICLES)	BUILDINGSS (m^2)	COMPUTATION EQUIPMENT	OFFICE EQUIPMENT	AUDIOVISUAL EQUIPMENT
56	COSDECSAM	1	50	1		
57	PRO VIDA	3	72	5		
58	FUSAL	3	999	17		2
59	ANIS		40		1	
60	P SN JACINTO		15			
61	CARITAS SONSON		40	1	1	
62	P INMACULADA		25			
63	P SNTA LUCIA		48			
64	P SN SEBASTIAN		40			
65	P.SN ANTONIO		30			
66	P SNTA MARIA		20			
67	I SN BARTOLOME		40			
91	MSPAS					

IPM

Table 3 (Continued)

CLASSIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS", BY INSTALLED CAPACITY (TRANSPORT UNITS, BUILDINGS, COMPUTATION EQUIPMENT, ETC,)

N	INSTITUTION	INSTALLED CAPACITY				
		MEDICAL EQUIPMENT	OTHER TRANSPORT MEANS	COMMUNITARY HEALTH HOUSES	RADIO COMMUNICATION SYSTEMCION	FIRST AID KIT
1	OLOF PALME					
2	OPRODE					
3	FUNDEPRENA		1			
4	FUNDAC	1				
5	ASIPES					
6	PROGRESO					
7	KONRAD ADENAUER					
8	CLINICA CHILTIU					
9	C SAN MARCOS					
10	CRISTO REY					
11	AMCS					
12	CARITAS S ANA					
13	CARITAS ZACATE					
14	FUNDEMUM					
15	AGAPE					
16	CRUZ VERDE					
17	FUNSODESA					
18	COMUS					
19	OEF					
20	FUDETUM					
21	TAZUMAI					
22	CONAMUS					
23	FUNDESO					
24	PROCADES					
25	ANALROBAR		5			
26	ADEMUSA	1				
27	ADHU					
28	DJC		6			
29	OFASA					
30	ADS					
31	ASALDI					
32	CALMA					
33	ORMUSA					
34	FUMA		4			
35	AMS					
36	CCC					
37	CIRES					
38	ASPS		13			
39	ASADEH					
40	APSIES					
41	MADRE CRIA					
42	VMFS					
43	CAPS					
44	APROSAI					
45	CLINICA SAGRAD					
46	APROCSAL					
47	FASTRAS					
48	CODECUS					
49	ALFALIT			6		
50	ASEI					
51	IDEA					
52	PADECOMSM				5	
53	CODECA		4			
54	FUNDACION KNAPP					

IPM

Table 3 (Continued)

CLASSIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS", BY INSTALLED CAPACITY (TRANSPORT UNITS, BUILDINGS, COMPUTATION EQUIPMENT, ETC.)

N.	INSTITUTION	INSTALLED CAPACITY				
		MEDICAL EQUIPMENT	OTHER TRANSPORT MEANS	COMMUNITARY HEALTH HOUSES	RADIO COMMUNICATION SYSTEMCION	FIRST AID KIT
55	SLS	1				50
56	COSDECSAM					
57	PRO VIDA					
58	FUSAL					
59	ANIS					
60	P SN JACINTO					
61	CARITAS SONSON					
62	P INMACULADA					
63	P SNTA LUCIA					
64	P SN SEBASTIAN					
65	P SN ANTONIO					
66	P SNTA MARIA					
67	I SN BARTOLOME					
91	MSPAS					

IPM

Table 4.A

CLASSIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS", ACCORDING TO FINNANCING MEANS

N	INSTITUTION	MEANS OF FINNANCING							
		SALE OF SERVICES	NATIONAL DONATIONS	INTER NATIONAL DONATIONS	COMMUNITYY CONTRI BUITIONS	MEMBERSHIP FEES	OWN RESOURCES	OWN VOLUNTARY WORK	PATRIMONY PROFITABILTY
1	OLOF PALME			YES					
2	OPRODE			YES					
3	FUNDEPRENS	YES		YES	YES				
4	FUNDAC		YES	YES	YES				
5	AYESPES	YES		YES	YES	YES			
6	PROGRESO			YES					
7	KONRAD ADENAUER	YES	YES	YES	YES				
8	CLINICA CHILTIU		YES	YES	YES				
9	C SAN MARCOS	YES		YES					
10	CRISTO REY	YES	YES	YES					
11	AMCS	YES		YES	YES				
12	CARITAS S ANA		YES	YES					
13	CARITAS ZACATE			YES					
14	FUNDEMUM	YES	YES	YES	YES				
15	AGAPE			YES	YES				
16	CRUZ VERDE		YES	YES	YES				
17	FUNSODESA				YES				
18	COMUS	YES		YES	YES				
19	OEF	YES		YES	YES				
20	CODFLUM			YES					
21	TAZUMAL		YES	YES	YES				
22	CONAMUS			YES					
23	FUNDESO			YES	YES		YES		
24	PROCADES	YES	YES	YES					
25	ASAPROSAR	YES		YES	YES				
26	ADEMUSA			YES					
27	ADHU		YES	YES	YES				
28	DJC	YES			YES				
29	OFASA		YES						
30	ADS	YES		YES	YES				
31	ASALDI	YES		YES	YES				
32	CALMA	YES	YES	YES	YES				
33	ORMUSA	YES		YES					
34	FUMA		YES	YES	YES				
35	AMS		YES	YES					
36	CCC		YES		YES				
37	CIRES			YES	YES				
38	ASPS	YES	YES	YES	YES				
39	ASADEH			YES	YES				
40	APYESES			YES					
41	MADRE CRIA	YES		YES	YES				
42	VMES		YES	YES	YES				
43	CAPS			YES					
44	APROSAI		YES	YES	YES				YES
45	CLINICA SAGRAD	YES	YES	YES					
46	APROCSAL	YES		YES	YES				
47	FASTRAS		YES	YES	YES				
48	CODECUS			YES					
49	ALFALIT			YES					
50	ASEI			YES					
51	IDEA	YES		YES					
52	PADECOMSM			YES	YES				

IPM

Table 4 A

CLASSIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS", ACCORDING TO FINNANCING MEANS

N	INSTITUTION	MEANS OF FINNANCING							
		SALE OF SERVICES	NATIONAL DONATIONS	INTER NATIONAL DONATIONS	COMMUNITYY CONTRI BUITIONS	MEMBERSHIP FEES	OWN RESOURCES	OWN VOLUNTARY WORK	PATRIMONY PROFITABILTY
53	CODECA	YES		YES					
54	FUNDACION KNAPP			YES	YES				YES
55	SLS	YES		YES					
56	COSDECSAM			YES					
57	PRO VIDA		YES	YES					
58	FUSAL	YES	YES	YES	YES				YES
59	ANIS						YES		
60	P SN JACINIO		YES		YES				
61	CARITAS SONSON			YES	YES				
62	P INMACULADA	YES	YES		YES				
63	P SNTA LUCIA		YES	YES					
64	P SN SEBASTIAN		YES						
65	P SN ANTONIO		YES						
66	P SNTA MARIA		YES						
67	I SN BARTOLOME		YES						
91	MSPAS			YES					
	T O T A L S	25	29	57	36	1	2	1	2

IPM

335

Table 4 B

CLASSIFIED LIST OF NGO'S THAT RENDER HEALTH SERVICES, BY FINNANCIED AMOUNTS, SOURCE PERIOD AND AMOUNT DESTINED EXCLUSIVELY TO CHP

N	INSTITUTION	AMOUNT (Colones ¢)	SOURCE	PERIOD	DESTINED EXCLUSIVUVELY TO CHP (Colones ¢)
1	OLOF PALME	UNKNWON	ICR	1 YEAR	
		UNKNWON	TIERRA DE HOMBRES, ALEMANIA	1 YEAR	
		UNKNWON	SKIP SUIZA	1 YEAR	
		UNKNWON	ENFAM DERMONT	1 YEAR	
2	OPRODE	765,000	PROSAMI	1 YEAR	405,000
		3,914,440	DONANIE NO ESPECIFICADO	3 YEARS	3,522,996
3	FUNDEPRENS	638,597	PROSAMI	9 MONTHS	188,377
4	FUNDAC	765,000	PROSAMI	1 YEAR	390,000
5	ASIPES	640,000	AID	1 YEAR	640,000
		UNKNWON	ICR	1 YEAR	
6	PROGRESO	604,708	PROSAMI	1 YEAR	604,708
7	KONRAD ADENAUER	1,000,000	KAS	1 YEAR	a/
		100,000	AUSTRIA	1 YEAR	a/
		100,000	FOES	1 YEAR	a/
		3,000,000	IPSI	3 YEARS	a/
		808,800	INICIATIVA DE LAS AMERICAS	2 YEARS	a/
8	CLINICA CHILTIU	2,706,700	CAPS	2 YEARS	2,706,700
9	C SAN MARCOS	UNKNWON	CODYDES	1 YEAR	
10	CRISTO REY	UNKNWON	CAPS	1 YEAR	
11	AMCS	150 000	PROSAMI	3 YEARS	68,941
12	CARITAS S ANA	UNKNWON	CARITAS DE EL SALVADOR	1 YEAR	
13	CARITAS ZACATE	11,400	CATOLIC RELIEF SERVICES	3 MONTHS	11,400
14	FUNDEMUM	1,310,000	PROSAMI	1 YEAR	1,113,500
		600,000	FONDOS PROPIOS	3 YEARS	360,000
15	AGAPE	1,312,654	PROSAMI	1 YEAR	651,380
16	CRUZ VERDE	UNKNWON	AID	1 YEAR	
17	FUNSODESA	UNKNWON	APORTES DE COMUNIDAD		
18	COMUS	UNKNWON	PROSAMI	1 YEAR	
19	OEF	705,229	PROSAMI	1 YEAR	a/
20	CODELUM	845,772	PROSAMI	1 YEAR	605,772
21	TAZUMAL	350,000	AID	1 YEAR	a/
		35,000	CEE	1 YEAR	a/
22	CONAMUS	UNKNWON	PROSAMI	1 YEAR	
23	FUNDESO	765,000	PROSAMI	1 YEAR	765,000
24	PROCADES	1,268,555	PROSAMI	9 MONTHS	848,044

Table 4.B (Continued)

CLASSIFIED LIST OF NGO's THAT RENDER HEALTH SERVICES, BY FINANCIED AMOUNTS, SOURCE PERIOD AND AMOUNT DESTINED EXCLUSIVELY TO CHP

No	INSTITUCION	MONTO (Colones ¢)	FUENTE	PERIODO	DESTINADO EXCLUSIVAMENTE A CHP (Colones ¢)
25	ASAPROSAR	1,797,738	PROSAMI	1 YEAR	1,797,738
		685,420	FIAES	1 YEAR	380,606
		UNKNWON	ORVIS	1 YEAR	
		UNKNWON	CEE	1 YEAR	
26	ADEMUSA	839,999	PROSAMI	1 YEAR	648,999
27	ADHU	822,342	PROSAMI	1 YEAR	336,439
28	DJC	784,000	DONANTE NO ESPECIFICADO	1 YEAR	784,000
29	OFASA	UNKNWON	APORTES DE COMUNIDAD		
30	ADS	11,722,905	AID	1 YEAR	11,722,905
31	ASALDI	300,762	PROSAMI	1 YEAR	300,762
32	CALMA	1,080,000	PROSAMI	1 YEAR	830,000
33	ORMUSA	319,916	PROSAMI	1 YEAR	319,916
		204,941	PROSAMI	9 MONTHS	204,941
34	FUMA	1,147,472	PROSAMI	1 YEAR	500,000
		592,452	FIAES	18 MONTHS	130,000
		466,440	FONAES	18 MONTHS	40,500
35	AMS	839 998	PROSAMI	1 YEAR	599,632
		25,000	DONANTE NO ESPECIFICADO	1 YEAR	10,000
36	CCC	UNKNWON	APORTES DE COMUNIDAD		
37	CIRES	1,112,284	PROSAMI	1 YEAR	827,218
38	ASPS	4,000,000	PROSAMI	5 AÑOS	2,800,000
		1,200,000	GOBIERNO DE HOLANDA	3 YEARS	840,000
		500,000	CARITAS ALEMANAS	2 YEARS	350,000
		250,000	HOF	2 YEARS	175,000
		250,000	OXFAM BELGICA	2 YEARS	125,000
39	ASADEH	754,991	PROSAMI	1 YEAR	275,200
40	APSIES	UNKNWON			
41	MADRE CRIA	UNKNWON	PROSAMI	1 YEAR	
42	VMES	UNKNWON	VISION MUNDIAL INTERNACIONAL	1 YEAR	
43	CAPS	UNKNWON	IGLESIAS INTERNACIONALES	2 YEARS	
44	APROSAI	873,045	COOPERACION CANADIENSE	2 YEARS	a/
		271,147	FPNU	3 YEARS	a/
		132,900	FUNDACION CANADIENSE	1 YEAR	a/
		226,200	GOBIERNO DE SUIZA	1 YEAR	a/
45	CLINICA SAGRAD	UNKNWON	CAPS	1 YEAR	
46	APROCSAL	UNKNWON	FONDOS PROPIOS	1 YEAR	

IPM

Table 4 B

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES, BY FINNANCIED AMOUNTS, SOURCE PERIOD AND AMOUNT DESTINED EXCLUSIVELY TO CHP

No	INSTITUCION	MONTO (Colones ¢)	FUENTE	PERIODO	DESTINADO EXCLUSIVAMENTE A CHP (Colones ¢)
47	FABINAS	299,658	PROSAMI	9 MONTHS	299,658
48	CODELUS	277,980	PROSAMI	1 YEAR	277,980
49	ALFALIT	UNKNWON	ALFALIT INTERNACIONAL	1 YEAR	
50	ASEI	UNKNWON	PROSAMI	1 YEAR	
51	IDEA	UNKNWON	PROSAMI	1 YEAR	
52	PADECOMSM	360,079	PROSAMI	1 YEAR	360,079
		84,466	MEDICO INTERNACIONAL	1 YEAR	84,466
53	CODECA	UNKNWON	PROSAMI	1 YEAR	
54	FUNDACION KNAPP	UNKNWON	PROSAMI	1 YEAR	
		UNKNWON	FONDOS PROPIOS	1 YEAR	
55	SLS	UNKNWON	L'APPEL	1 YEAR	
		UNKNWON	PPM	1 YEAR	
		UNKNWON	SHARE	1 YEAR	
		UNKNWON	CEE	1 YEAR	
56	COSDECSAM	UNKNWON	PROSAMI	1 YEAR	
57	PRO VIDA	UNKNWON	FONDOS PROPIOS		
58	FUSAL	1,261,308	OPS	1 YEAR	1,261,308
		547,731	UNICEF	1 YEAR	547,731
59	ANIS	UNKNWON	FONDOS PROPIOS		
60	P SN JACINTO	UNKNWON	CAPS	1 YEAR	
61	CARITAS SONSON	227,000	CATOLIC RELIEF SERVICES	1 YEAR	a/
		40,000	UNICEF	3 MONTHS	a/
		200,000	CARITAS INTERNACIONAL	3 YEARS	a/
62	P INMACULADA	UNKNWON	CAPS	1 YEAR	
63	P SNTA LUCIA	UNKNWON	CAPS	1 YEAR	
64	P SN SEBASTIAN	UNKNWON	CAPS	1 YEAR	
65	P SN ANTONIO	UNKNWON	CAPS	1 YEAR	
66	P SNTA MARIA	UNKNWON	ICR	1 YEAR	
67	I SN BARTOLOME	UNKNWON	CAPS	1 YEAR	

IPM

a/ Did not declare this information

Table 5

INSTITUTIONAL CLASSIFICATION BY COVERAGE OF HEALTH AND OTHERS SEVICES RENDERED BY MEANS OF "PROMOTERS"
(HEALTH AND OTHERS LARGE COMPONENTS AND SUB COMPONENTS)

HEALTH COMPONENTS	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION								
			COMITE INTERSECTORIAL DE SUPERVIVENCIA INFANTIL (CISI)						
	MPHSA	ADS	ALFALIT	FUSAL	TAZUMAL	VMES	CRUZ VERDE	DJC	KONRAD ADENAUER
ATTENTION TO REPRODUCTIVE HEALTH									
Attention to Pregnancy at Community Level	YES	YES		YES	YES	YES	YES	YES	
Attention to Childbirth at Community Level						YES	YES		
Attention to Purprae at Community Level	YES			YES	YES	YES	YES	YES	
Family Palnning	YES	YES	YES		YES	YES	YES	YES	YES
Infertility	YES								
Prevention of Sexually Transmitted Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Prevention of Uterine and Mammarian Cancer	YES	YES	YES	YES	YES	YES	YES	YES	YES
Prevention of Tetanus	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATTENTION TO CHILDREN									
Growth and Development	YES	YES	YES	YES	YES	YES	YES	YES	YES
Maternal Breat Feeding	YES	YES	YES	YES	YES	YES	YES	YES	YES
Immunizations	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Diarrheic Diseases (ADD)	YES	YES	YES	YES	YES	YES	YES	YES	YES
ORAL HEALTH									
Prevention of Tooth Diseases	YES		YES	YES		YES	YES	YES	YES
Fluoride Applications	YES		YES	YES				YES	
Symptomatica attention	YES	YES	YES				YES	YES	YES
Case Referal								YES	
NUTRITION									
Detection of Undernourihment Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Follow Up	YES	YES	YES	YES	YES		YES	YES	YES
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
Prevention of Accidents	YES		YES	YES	YES	YES	YES	YES	YES
Light Wounds Treatment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Severe Wounds primary Attention	YES		YES	YES		YES	YES	YES	YES
ATTENTION (SIMPLIFIED) TO MORBIDITY									
Eye Disease	YES	YES				YES		YES	YES
Gastric Acidity	YES		YES	YES		YES	YES		YES
Head and Body Pains	YES		YES	YES	YES	YES	YES		YES
Skin Diseases	YES		YES		YES	YES			YES
Intestinal Parasitism	YES	YES	YES	YES	YES	YES	YES	YES	YES
Malaria		YES	YES	YES	YES	YES			YES
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Personal Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Water Sources and Treatment	YES		YES	YES	YES	YES	YES	YES	YES
Latrinization and Ecrota	YES	YES	YES	YES	YES	YES			YES
Diseases Vectors	YES	YES	YES	YES	YES	YES	YES	YES	YES
Trash	YES	YES	YES	YES	YES	YES	YES	YES	YES
MENTAL HEALTH	YES					YES		YES	YES
REHABILITATION	YES					YES			
PARTICIPATION AND COMMUNITY DEVELOPMENT	YES			YES	YES	YES	YES	YES	YES
ALPHABETIZATION			YES			YES			YES
JOB SKILLS TRAIONNING									
CARE OF CHILDREN				YES	YES	YES			
HOME ORCHARDS			YES	YES	YES	YES			
COMMUNITY POTS									

IPM

INSTITUTIONAL CLASSIFICATION BY COVERAGE OF SERVICES RENDERED
(HEALTH AND OTHERS LARGE COMPONENTS AND SUB COMPONENNT)

HEALTH COMPONENTS Health Sub Components	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION								
	PROYECTO DE SALUD MATERNA Y SUPERVIVENCIA INFANTIL (PROSAMI)								
	AMCS	ASA PROSAR	AGAPE	FUNDE PRENS	ADHU	OEF	PROCADES	ASALDI	FUNDEMUN
ATTENTION TO REPRODUCTIVE HEALTH									
Attention to Pregnancy at Community Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Attention to Childbirth at Community Level	YES	YES	YES	YES	YES	YES			YES
Attention to Purpurae at Community Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Family Planning	YES	YES	YES	YES	YES	YES	YES	YES	YES
Infertility	YES								YES
Prevention of Sexually Transmitted Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Prevention of Uterine and Mammarian Cancer	YES	YES	YES		YES	YES	YES	YES	
Prevention of Tetanus	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATTENTION TO CHILDREN									
Growth and Development	YES	YES	YES	YES	YES	YES	YES	YES	YES
Maternal Breast feeding	YES	YES	YES	YES	YES	YES	YES	YES	YES
Inmunizations	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Respiratory Infections (IRA)	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Diarrheic Diseases (ADD)	YES	YES	YES	YES	YES	YES	YES	YES	YES
ORAL HEALTH									
Prevention of Tooth Diseases	YES	YES	YES	YES		YES	YES	YES	
Fluoride Applications	YES						YES		
Symptomatic Attention	YES		YES	YES		YES			
Case Referal					YES		YES	YES	
NUTRITION									
Detection of Undernourisment Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Follow Up	YES	YES	YES	YES	YES	YES	YES	YES	YES
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
FIRST AID									
Prevention of Accidents	YES	YES	YES	YES		YES	YES	YES	YES
Light Wounds Treatment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Severe Wounds Treatment	YES	YES	YES	YES	YES	YES	YES	YES	YES
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATTENTION (SIMPLIFIED) TO MORBIDITY									
Eye Diseases	YES	YES		YES		YES	YES	YES	
Gastric Acidity	YES	YES		YES	YES	YES	YES	YES	YES
Head and Body Pains	YES	YES	YES	YES	YES	YES	YES	YES	YES
Skin Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Instestinal Parasitism	YES	YES	YES	YES	YES	YES	YES	YES	YES
Malaria		YES				YES	YES	YES	YES
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Personal Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Water Sources and Traetment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Latrinization and Excreta	YES	YES	YES	YES	YES	YES	YES	YES	YESI
Diseases Vectors	YES	YES	YES	YES	YES	YES	YES	YES	YES
Trash	YES	YES	YES	YES	YES	YES	YES	YES	YES
MENTAL HEALTH								YES	
REHABILITATION								YES	
PARTICIPATION AND COMMUNITY DEVELOPMENT	YES	YES	YES	YES	YES		YES	YES	YES
ALPHABETIZATION	YES	YES							YES
JOB SKILLS TRAINNING	YES							YES	
CARE OF CHILDREN		YES	YES		YES			YES	YES
HOME ORCHARDS	YES	YES			YES				YES
COMMUNITY POTS									

INSTITUCIONAL CLASSIFICATION BY COVERAGE OF SERVICES RENDDRED
(HEALTH AND OTHERES LARGE COMPONENTS AND SUB COMPONENTS)

HEALTH COMPONENTS	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION								
	PROYECTO DE SALUD MATERNA Y SUPERVIVENCIA INFANTIL (PROSAMI)								
Health Sub Components	OPRODE	ASADEH	ASPS	CALMA	CONAMUS	CIRES	FUNDAC	FUNDESO	KNAPP
ATTENTION TO REPRODUCTIVE HEALTH									
Attention to Pregnancy at Community Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Attention to Childbirth at Community Level	YES	YES	YES	YES	YES	YES		YES	
Attention to Purpurae at Community Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Family Planning	YES	YES	YES	YES	YES	YES	YES	YES	YES
Infertility							YES		
Prevention od Sexually Transmitted Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Prevention of Uterine and Mammarian Cancer		YES		YES	YES	YES	YES	YES	
Preventio of Tetanus	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATTENTION TO CHILDREN									
Growth and Development	YES	YES	YES	YES	YES	YES	YES	YES	YES
Maternal Breast Feeding	YES	YES	YES	YES	YES	YES	YES	YES	YES
Inmunizations	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Respiratory Infections (IRA)	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Diarrheic Diseases (ADD)	YES	YES	YES	YES	YES	YES	YES	YES	YES
ORAL HEALTH									
Prevention of Tooth Diseases		YES		YES				YES	
Fluoride Applications									
Symptomatic Attention		YES		YES	YES				
Case Referal									
NUTRITION									
Detection of Undernourishment Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Follow Up	YES	YES	YES	YES	YES	YES	YES	YES	YES
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
FIRST AID									
Prevention of Accidents	YES	YES	YES	YES	YES	YES	YES	YES	YES
Light Wounds Treatment	YES	YES		YES	YES	YES	YES	YES	YES
Severe Wounds Primary Attention	YES	YES	YES	YES	YES	YES	YES	YES	
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATTENTION (SIMPLIFIED TO MORBIDITY									
Eye Diseases	YES	YES		YES	YES	YES	YES		YES
Gastric Acidity		YES		YES	YES	YES	YES	YES	YES
Head and Body Pains	YES	YES	YES	YES	YES	YES	YES	YES	YES
Skin Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Instestinal Parasitism	YES	YES	YES	YES	YES	YES	YES	YES	YES
Malaria		YES	YES	YES	YES	YES	YES		YES
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Personal Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Water Sources and Treatment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Latrinization and Excreta	YES	YES	YES	YES	YES	YES	YES	YES	YES
Diseases Vectors	YES	YES	YES	YES	YES	YES	YES	YES	YES
Trash	YES	YES	YES	YES	YES	YES	YES	YES	YES
MENTAL HEALTH		YES	YES						
REHABILITATIONN			YES						YES
PARTICIPATION AND COMMUNITY DEVELOPMENT	YES	YES	YES	YES	YES	YES	YES	YES	YES
ALPHABETIZATION					YES		YES		YES
JOB SKILLS TRAINNING								YES	
CARE OF CHILDREN		YES	YES				YES	YES	
HOME ORCHARDS					YES		YES	YES	
COMMUNITY POTS							YES		

IPM

INSTITUTIONAL CLASSIFICATION BY COVERAGE OF SERVICES RENDERED
(HEALTH AND OTHERS LARGE COMPONENTS AND SUB COMPONENTS)

HEALTH COMPONENTS Health Sub Components	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION PROYECTO DE SALUD MATERNA Y SUPERVIVENCIA INFANTIL (PROSAMI)								
	FUMA	ADFMURA	AMS	ARBI	ASIPES	CODECUS	FASIRAS	IDFA	ORMURA
ATTENTION TO EPRODUCTIVE HEALTH									
Attention to pregnancy at Community Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Attention to Childbirth at Community Level	YES				YES			YES	
Attention to Puerpuras at Community Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Family Planning	YES	YES	YES	YES	YES	YES	YES	YES	YES
Infertility		YES							
Prevention of Sexually Transmitted Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Prevention od Uterine and Mammarian Cancer	YES	YES	YES	YES	YES	YES	YES	YES	YES
Prevention of Tetanus	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATTENTION TO CHILDREN									
Growth and Development	YES	YES	YES	YES	YES	YES	YES	YES	YES
Maternal Breast Feeding	YES	YES	YES	YES	YES	YES	YES	YES	YES
Inmunizations	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Respiratory Infections (ARI)	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Diarrheic Diseases (ADD))	YES	YES	YES	YES	YES	YES	YES	YES	YES
ORAL HEALTH									
Prevention of Tooh Diseases	YES	YES							
Fluoride Applications									
Symptomatic Attention	YES	YES							YES
Case Referal									
NUTRITION									
Detection of Undernourishment Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Follow Up	YES	YES	YES	YES	YES	YES	YES	YES	YES
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
FIRST AID									
Prevention of Accidents	YES	YES	YES		YES	YES		YES	
Light Wounds Treatment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Severe Wounds Primary Attention	YES	YES	YES	YES	YES	YES	YES	YES	
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATTENTION (SIMPLIFIED) TO MORBIDITY									
Eye Diseases	YES	YES	YES	YES	YES	YES	YES		YES
Gastric Acidity	YES	YES			YES	YES	YES		YES
Head and Body Pains	YES	YES	YES	YES	YES	YES	YES	YES	YES
Skin Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Instestinal Parasitism	YES	YES	YES	YES	YES	YES	YES	YES	YES
Malaria			YES			YES	YES	YES	
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Personal Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Water Sources and Treatment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Latrinization and Excreta	YES	YES	YES	YES	YES	YES	YES	YES	
Diseases Vectors	YES	YES	YES	YES	YES	YES	YES	YES	
Trash	YES	YES	YES	YES	YES	YES	YES	YES	YES
MENTAL health		YES							
REHABILITAtionN		YES							
PARTICIPATION AND COMMUNITY DEVELOPMENT	YES	YES	YES	YES	YES	YES	YES	YES	YES
ALPHABETIZATION	YES				YES				
JOB SKILLS TEAINNING					YES				
CARE OF CHILDREN	YES	YES				YES		YES	YES
HOME ORCHARDS		YES							YES
COMMUNITY POTS	YES								

IPM

INSTITUTIONAL CLASSIFICATION BY COVERAGE OF SERVICES RENDERED
(HEALTH AND OTHERS LARGE COMPONENTS AND SUB COMPONENTS)

HEALTH COMPONENTS Health Sub Componentsw	COVERAGE OF SFRVICES IN THE INDICATED INSTITUTION PROYECTO DE SALUD MATERNA Y SUPERVIVENCIA INFANTIL (PROSAMI)						
	PADE COMSM	PROGRESO	MADRE CRIA	COSDE CSAM	COMUS	CODECA	CODELUM
ATTENTION TO REPRODUCTIVE HEALTH							
Attention to Pregnancy At Community Level	YES	YES	YES	YES	YES	YES	YES
Attention to Childbith at Community Level	YES	YES	YES	YES	YES	YES	YES
Attention to Purpurae at Community Level	YES	YES	YES	YES	YES	YES	YES
Familyt Planning	YES	YES	YES	YES	YES	YES	YES
Infertility							
Prevention of Sexually Transmitted Diseases	YES	YES	YES	YES	YES	YES	YES
Prevention of Uterine and Mammarian Cancer	YES	YES	YES	YES	YES	YES	
Prevención od Tetanus	YES	YES	YES	YES	YES	YES	YES
CHILD ATTENTION							
Growth and Development	YES	YES	YES	YES	YES	YES	YES
Maternal Breast Feeding	YES	YES	YES	YES	YES	YES	YES
Immunizations	YES	YES	YES	YES	YES	YES	YES
Acute Respiratory Infections (ARI)	YES	YES	YES	YES	YES	YES	YES
Acute Diarrheic Diseases (ADD))	YES	YES	YES	YES	YES	YES	YES
ORAL HEALTH							
Prevention of Tooth Diseases		YES		YES	YES	YES	
Flouride Applications		YES			YES		
Symptomatica attention		YES			YES		
Case Referal							
NUTRITION							
Detection of Undernourishment Level	YES	YES	YES	YES	YES	YES	YES
Follow Up	YES	YES	YES	YES	YES	YES	YES
References	YES	YES	YES	YES	YES	YES	YES
FIRST AID							
Prevention of Accidents		YES		YES	YES	YES	YES
Light Wounds Treatment	YES	YES	YES	YES	YES	YES	YES
Severe Wounds Primary Attention	YES	YES	YES		YES		YES
References	YES	YES	YES		YES	YES	YES
ATTENTION (SIMPLIFIED) TO MORBIDITY							
Eye Diseases		YES	YES		YES	YES	YES
Gastric Acidity	YES	YES			YES		YES
Head and Body Paina	YES	YES	YES	YES	YES	YES	YES
Skin Diseases	YES	YES	YES	YES	YES	YES	YES
Intestinal Parasitism	YES	YES	YES	YES	YES	YES	YES
Malaria		YES	YES		YES		YES
ENVIROMENTAL HEALTH (BASIC)							
Home Hygiene	YES	YES	YES	YES	YES	YES	YES
Personal Hygiene	YES	YES	YES	YES	YES	YES	YES
Water Sources and Treatment	YES	YES	YES	YES	YES		YES
Letrinización y Excretas	YES	YES	YES		YES	YES	YES
Diseases Vectors	YES	YES	YES		YES	YES	YES
Trash	YES	YES	YES	YES	YES	YES	YES
MENTAL HEALT		YES			YES		
REHABILITATION	YES	YES					
PARTICIPATION AND COMMUNIOTY DEVELOPMENT	YES	YES	YES	YES	YES	YES	YES
ALPHABETIZATION					YES		
JOB SKUILLS TRAINNING		YES					
CARE OF CHILDREN	YES	YES	YES			YES	YES
HOME ORCHARDS	YES	YES			YES		
COMMUNITY POTS							

IPM

INSTITUtIONAL CLASSIFICATION BY COVERAGE OF SERVICES RENDERED
(HEALTH AND OTHERS LARGE COMPONENTS AND SUB COMPONENTS)

HEALTH COMPONENTS Sub Componentes de Salud	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION								
	COMISION ARQUIDIOCESANA DE PASTORAL DE LA SALUD (CAPS)								
	CAPS	P INMA CULADA	CLINICA CHILTIUP	P SNTA MARIA	P SN JACINTO	I SN BAR TOLOME	CRISTO REY	CLINICA SAGRADO	P SNTA LUCIA
ATTENTION TO REPRODUCTIVE HEALTH									
Attention to Pregnancy at Community Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Attention to Childbirth at Community Level			YES				YES	YES	
Attention to Purpurae at Community Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Family Planning	YES	YES	YES	YES	YES	YES		YES	YES
Infertility									
Prevention of Sexually Transmitted Diseases	YES	YES	YES	YES	YES	YES		YES	YES
Prevention of Uterine and Mammary Cancer	YES	YES		YES	YES	YES		YES	YES
Prevention of Tetanus	YES	YES	YES	YES	YES	YES	YES	YES	YES
CHILD ATTENTION									
Growth and Develpopment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Maternal Breas Feeding	YES	YES	YES	YES	YES	YES	YES	YES	YES
Inmunizations	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Respiratoty Infections (ARI)	YES	YES	YES	YES	YES	YES	YES	YES	YES
Acute Diarrheic Diseases (ADD)	YES	YES	YES	YES	YES	YES	YES	YES	YES
ORAL HEALTH									
Prevention of Tooth Diseases	YES	YES		YES	YES	YES	YES	YES	YES
Flouride Applications							YES		
Synptomatic Attention			YES				YES	YES	
Case Referal					YES				
NUTRITION									
Detection of Undernourishment Level	YES	YES	YES	YES	YES	YES	YES	YES	YES
Follow Up	YES	YES	YES	YES	YES	YES		YES	YES
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
FIRST AID									
Prevention of Accidents	YES	YES	YES	YES	YES	YES	YES	YES	YES
Light Wound Treatment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Severe Wound Primary Attention	YES	YES	YES	YES		YES	YES		YES
References	YES	YES	YES	YES	YES	YES	YES	YES	YES
ATTENTION (SIMPLIFIED) To MORBIDITY									
Eye Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Gastric Acidity	YES	YES	YES	YES	YES	YES	YES	YES	YES
Head and Body Pains	YES	YES	YES	YES	YES	YES	YES	YES	YES
Skin Diseases	YES	YES	YES	YES	YES	YES	YES	YES	YES
Intestinal Parasitism	YES	YES	YES	YES	YES	YES	YES	YES	YES
Malaria	YES	YES		YES	YES	YES	YES	YES	YES
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Personal Hygiene	YES	YES	YES	YES	YES	YES	YES	YES	YES
Water Souecrs and Tratment	YES	YES	YES	YES	YES	YES	YES	YES	YES
Latrinization and Excreta	YES	YES	YES	YES	YES	YES	YES	YES	YES
Diseases Vectors	YES	YES	YES	YES	YES	YES	YES	YES	YES
Basura	YES	YES	YES	YES	YES	YES	YES	YES	YES
MENTAL HEALTH	YES	YES	YES	YES	YES	YES			YES
REHABILITATION			YES						
PARTICIPATION AND COMMUNITY DEVELOPMENT	YES	YES	YES	YES	YES	YES		YES	YES
ALPHABETIZATION									
JOB SKILL TRAINNING									
CARE OF CHILDREN									
HOME ORCHARDS	YES	YES	YES	YES	YES	YES			YES
COMMUNITY POTS									

IPM

INSTITUTIONAL CLASSIFICATION BY SERVICES RENDERED
(HEALTH AND OTHERS LARGE COMPONENTS AND SUB COMPONENTS)

HEALTH COMPONENTS / Health Sub coponents	COVERAGE OF SERVICES IN THE INDICATED INSTITUTION							
	CAPS		CARITAS OF EL SALVADOR			OTHER NGO S		
	P SN ANTONIO	P SN SE BASTIAN	SANTA ANA	SONSO NATE	ZACATE COLUCA	ANIS	SLS	APSIES
ATENTION TO REPRODUCIVE HEALTH								
Atenttion to Pregnancy at Community Level	YES	YES	YES	YES		YES	YES	
Atenttion to Childbirth at Community Level			YES	YES		YES	YES	
Atenttion to Purpurae at Community Level	YES	YES	YES	YES		YES	YES	
Family Planning	YES	YES	YES				YES	
Infertility						YES		
Prevention of Sexually Transmitted Diseases	YES	YES	YES	YES		YES	YES	YES
Prevention of Uterine and Mammary Cancer	YES	YES	YES					
Prevención of Tetanus	YES	YES	YES	YES			YES	
CHIL ATTENTION								
Growth and Development	YES	YES	YES	YES	YES	YES	YES	
Maternal Breast Feeding	YES	YES	YES		YES	YES	YES	
Inmunizations	YES	YES	YES	YES	YES		YES	YES
Acute Respiratory Infections (ARI)	YES	YES	YES	YES	YES	YES	YES	YES
Acute Diarrheic Diseases (ADD)	YES	YES	YES	YES	YES	YES	YES	YES
ORAL HEALTH								
Prevention of Tooth Diseases	YES	YES	YES				YES	
Flouride Applications			YES					
Symptomastic Attention								
Case Referal								
NUTRITION								
Detection of Undernourishent State	YES	YES	YES	YES	YES	YES	YES	YES
Follow Up	YES	YES	YES	YES	YES	YES	YES	YES
References	YES	YES	YES	YES	YES	YES	YES	
FIRST AID								
Accident Prevention	YES	YES	YES	YES		YES	YES	YES
Light Wounds Treatment	YES	YES	YES	YES		YES	YES	YES
Severe Wounds Primary Attention	YES	YES		YES		YES		YES
References	YES	YES	YES	YES		YES	YES	YES
ATTENCION (SIMPLIFIED) TO MORBIDITY								
Eye Diseases	YES	YES	YES	YES		YES	YES	YES
Gastric Acidity	YES	YES	YES	YES		YES	YES	YES
Head and Body Pains	YES	YES	YES	YES		YES	YES	YES
Skin Diseases	YES	YES	YES	YES		YES	YES	YES
Instestinal Parasitism	YES	YES	YES	YES		YES	YES	YES
Malaria	YES	YES	YES	YES		YES	YES	YES
ENVIROMENTAL HEALTH (BASIC)								
Home Hygiene	YES	YES	YES	YES		YES	YES	YES
Personal Hygiene	YES	YES	YES	YES		YES	YES	YES
Water Sources and Tratment	YES	YES	YES	YES		YES	YES	YES
Latrinization ann Excreta	YES	YES	YES	YES		YES	YES	YES
Disease Vectors	YES	YES	YES	YES		YES	YES	YES
Trash	YES	YES	YES	YES		YES	YES	YES
MENTAL HEALTH	YES	YES	YES					YES
REHABILITATION			YES					YES
PARTICIPATION AND COMMUNITY DEVELOPMENT	YES	YES	YES				YES	YES
ALPHABETIZATION			YES					
JOB SKILLS TRAINNING								
CARE OF CHILDREN			YES					
HOME ORCHARDS	YES	YES	YES				YES	YES
COMMUNITY POTS								

IPM

INSTITUTIONAL CLASIFICATION FOR COVERAGE BY SERVICES RENDERED
(HEALTH AND OTHERS LARGE COMPONENTS AND SUB COMPONENTS)

HEALTH COMPONENTS Health Sub components	COVERAGE OF SERVICESS IN THE INDICATED INSTITUTION							
	OTHER NGO s							
	PRO VIDA	OLOF PALME	APRO DECSAL	OFASA	CCC	FUNSO DESA	C SAN MARCOS	APROSAI
ATTENTION TO REPRODUCTIVE HEALTH								
Attention to Pregnancy at Community Level	YES	YES			YES		YES	YES
Attention to Childbirth at Comminity Level		YES						YES
Attention to Purpurae at Community Level		YES					YES	YES
Family Planning	YES	YES		YES			YES	YES
Infertility								
Prevention of Sexually Transmitted Diseases	YES	YES	YES	YES			YES	YES
Prevention of Uterine and Mammary Cancer	YES	YES		YES			YES	YES
Prevention of Tetanus	YES	YES					YES	YES
CHILD ATTENTION								
Growth and Developmente	YES			YES	YES		YES	YES
MaternaL Breast Feeding	YES			YES			YES	YES
Inmunizations				YES	YES		YES	YES
Acute Respiratory Infections (ARI)	YES		YES		YES		YES	YES
Acute Diarrheic Diseases (ADD)	YES		YES		YES		YES	YES
ORAL HEALTH								
Prevention of Tooth Diseases								YES
Fluoride Applications								YES
Symptomatic Attention								
Case Referal								
NUTRITION								
Detection of Undernourishment State	YES			YES	YES			YES
Follow Up	YES				YES			
References	YES			YES				YES
FIRST AID								
Accident Prevention		YES			YES		YES	YES
Light Wounds Treatment	YES	YES		YES	YES		YES	YES
Severe Wounds Primary Attention							YES	YES
References	YES	YES		YES				YES
ATTENTION (SIMPLIFIED) TO MORBIDITY								
Eye Diseases							YES	YES
Gastric Acidity				YES			YES	YES
Head and Body Pains	YES			YES	YES		YES	YES
Skin Diseases	YES			YES	YES		YES	YES
Intestinal Parasitism	YES	YES		YES	YES		YES	YES
Malaria	YES							YES
ENVIROMENTAL HEALTH (BASIC)								
Home Hygiene	YES	YES			YES		YES	YES
Personal Hygiene	YES	YES			YES		YES	YES
Water Sources and Treatment	YES	YES			YES			YES
Letrinization and Excreta	YES				YES			YES
Disease Vectors	YES				YES		YES	YES
Trash	YES	YES			YES	YES	YES	YES
MENTAL HEALTH								
REHABILITATION								
PARTICIPATION AND COMMUNITY DEVELPPMENT	YES	YES			YES	YES	YES	YES
ALFPHABETIZATION					YES			YES
JOB SKILLS TRAINNING					YES	YES		
CARE OF CHILDREN								
HOME ORCHARDS	YES		YES					
COMMUNITY POTS								

IPM

Table 6

CLASSIFIED LIST OF NGO S, ACCORDING TO REQUIREMENTS AND BASIC CONDITIONS OF THEIR PROMOTER

N	INSTITUTION	REQUIREMENTS AND BASIC CONDITIONS OF PROMOTERS							
		OLDER THAN 18 YEARS	BOTH SEXES	MALE ONLY	FEMALE ONLY	MINIMUN LEVEL OF EDUCATION	SELECTS OWN COMMUNITY	SELECTS THE INSTITUTION	HABITUAL RESIDENCE COMMUNITY
1	OLOF PALME	YES	YES			YES		YES	
2	OPRODE	YES	YES			YES		YES	
3	FUNDEPRENS	YES	YES			YES	YES		YES
4	FUNDAC	YES	YES			YES	YES	YES	YES
5	AYESPES	YES	YES			YES	YES	YES	YES
6	PROGRESO	YES	YES			YES	YES	YES	YES
7	KONRAD ADENAUER		YES			YES	YES		YES
8	CLINICA CHILTIU	YES	YES			YES	YES	YES	YES
9	C SAN MARCOS	YES	YES			YES	YES	YES	YES
10	CRISTO REY	YES	YES			YES		YES	YES
11	AMCS	YES	YES			YES	YES	YES	YES
12	CARITAS S ANA	YES	YES			YES	YES		YES
13	CARITAS ZACATE		YES				YES	YES	YES
14	FUNDEMUM	YES			YES	YES	YES		YES
15	AGAPE		YES			YES	YES		YES
16	CRUZ VERDE	YES	YES				YES	YES	YES
17	FUNSODESA	YES	YES				YES	YES	YES
18	COMUS	YES	YES			YES	YES		YES
19	OEF	YES	YES			YES	YES	YES	YES
20	CODELUM		YES				YES	YES	YES
21	TAZUMAL		YES				YES		YES
22	CONAMUS	YES			YES	YES	YES	YES	YES
23	FUNDESO	YES	YES			YES	YES	YES	YES
24	PROCADES	YES	YES			YES	YES		YES
25	ASAPROSAR	YES	YES			YES	YES	YES	YES
26	ADEMUSA	YES			YES	YES	YES		YES
27	ADHU	YES	YES			YES	YES	YES	YES
28	DJC	YES	YES			YES		YES	
29	OFASA	YES			YES	YES	YES	YES	YES
30	ADS	YES	YES			YES		YES	YES
31	ASALDI	YES	YES			YES	YES		YES
32	CALMA	YES			YES	YES	YES	YES	YES
33	ORMUSA	YES	YES			YES	YES		YES
34	FUMA	YES	YES			YES	YES		YES
35	AMS	YES	YES			YES	YES		YES
36	CCC	YES	YES			YES		YES	YES
37	CIRES		YES				YES		YES
38	ASPS		YES			YES	YES		YES

Table 6 (Continued)

CLASSIFIED LIST OF NGO S, ACCORDING TO REQUIREMENTS AND BASIC CONDITIONS OF THEIR PROMOTER

N	INSTITUTION	REQUIREMENTS AND BASIC CONDITIONS OF PROMOTERS							
		OLDER THAN 18 YEARS	BOTH SEXES	MALE ONLY	FEMALE ONLY	MINIMUN LEVEL OF EDUCATION	SELECTS OWN COMMUNITY	SELECTS THE INSTITUTION	HABITUAL RESIDENCE COMMUNITY
39	ASADEH	YES	YES			YES	YES	YES	YES
40	APYESES	YES	YES			YES	YES		YES
41	MADRE CRIA	YES	YES			YES	YES		YES
42	VMES	YES	YES			YES	YES		YES
43	CAPS	YES	YES			YES	YES		YES
44	APROSAI		YES			YES	YES		YES
45	CLINICA SAGRAD	YES	YES			YES	YES		YES
46	APROCSAL		YES			YES	YES		YES
47	FASTRAS	YES	YES			YES	YES	YES	YES
48	CODECUS	YES	YES				YES	YES	YES
49	ALFALIT		YES			YES	YES		YES
50	ASEI	YES	YES			YES	YES		YES
51	IDEA	YES	YES			YES	YES		YES
52	PADECOMSM	YES	YES			YES	YES		YES
53	CODECA	YES	YES			YES		YES	YES
54	FUNDACION KNAPP	YES	YES			YES	YES		YES
55	SLS		YES			YES	YES		YES
56	COSDECSAM	YES	YES			YES	YES	YES	YES
57	PRO VIDA	YES	YES				YES		YES
58	FUSAL		YES				YES		YES
59	ANIS	YES	YES				YES		YES
60	P SN JACINTO	YES	YES			YES	YES		YES
61	CARITAS BONBON	YES	YES			YES	YES		YES
62	P INMACULADA	YES	YES			YES	YES		YES
63	P SNTA LUCIA	YES	YES			YES	YES		YES
64	P SN SEBASTIAN	YES	YES			YES	YES		YES
65	P SN ANTONIO	YES	YES			YES	YES		YES
66	P SNTA MARIA	YES	YES			YES	YES		YES
67	I SN BARTOLOME	YES	YES			YES	YES		YES
91	MSPAS	YES	YES			YES	YES		YES
	T O T A L S	56	63	0	5	58	61	28	65

IPM

Table 6 (Continued)

CLASSIFIED LIST OF NGO S, ACCORDING TO REQUIREMENTS AND BASIC CONDITIONS OF THEIR PROMOTER

N	INSTITUTION	REQUIREMENTS AND BASIC CONDITIONS OF PROMOTERS						
		DOMICILIARY ACTIVITIES	ACTIVITIES AT FIXED SEESS	VOLUNTEER PART TIME	VOLUNTEER FULL TIME	EMPLOYED PART TIME	EMPLOYED FULL TIME	RECEIVES SPECIFIC TRAINING
1	OLOF PALME	YES	YES	YES			YES	YES
2	OPRODF	YES					YES	YES
3	FUNDEPRENS	YES	YES				YES	YES
4	FUNDAC	YES	YES	YES	YES		YES	YES
5	AYESPES	YES	YES	YES	YES	YES	YES	YES
6	PROGRESO	YES	YES	YES			YES	YES
7	KONRAD ADENAUER	YES	YES	YES				YES
8	CLINICA CHILTIU	YES		YES				YES
9	C SAN MARCOS	YES				YES		YES
10	CRISTO REY	YES	YES	YES				YES
11	AMCS	YES	YES	YES			YES	YES
12	CARITAS S ANA	YES			YES			YES
13	CARITAS ZACATE	YES	YES		YES			YES
14	FUNDEMUM	YES	YES				YES	YES
15	AGAPE	YES	YES				YES	YES
16	CRUZ VERDE	YES	YES	YES	YES			YES
17	FUNSODESA	YES				YES	YES	YES
18	COMUS	YES					YES	YES
19	OEF	YES	YES				YES	YES
20	CODELUM	YES	YES				YES	YES
21	TAZUMAL	YES	YES	YES				YES
22	CONAMUS	YES	YES				YES	YES
23	FUNDESO	YES	YES	YES	YES		YES	YES
24	PROCADES	YES	YES				YES	YES
25	ASAPROSAR	YES		YES		YES	YES	YES
26	ADEMUSA	YES					YES	YES
27	ADHU	YES	YES				YES	YES
28	DJC	YES	YES		YES		YES	YES
29	OFASA	YES		YES	YES			YES
30	ADS	YES		YES		YES		YES
31	ASALDI	YES	YES				YES	YES
32	CALMA	YES					YES	YES
33	ORMUSA	YES	YES				YES	YES
34	FUMA	YES	YES				YES	YES
35	AMS	YES					YES	YES
36	CCC			YES				
37	CIRES	YES	YES				YES	YES

IPM

Table 6 (Continued)

CLASSIFIED LIST OF NGO S, ACCORDING TO REQUIREMENTS AND BASIC CONDITIONS OF THEIR PROMOTER

N	INSTITUTION	REQUIREMENTS AND BASIC CONDITIONS OF PROMOTERS						
		DOMICILIARY ACTIVITIES	ACTIVITIES AT FIXED SEESS	VOLUNTEER PART TIME	VOLUNTEER FULL TIME	EMPLOYED PART TIME	EMPLOYED FULL TIME	RECEIVES SPECIFIC TRAINING
38	ASPS	YES	YES	YES		YES	YES	YES
39	ASADEH	YES					YES	YES
40	APYESES	YES		YES			YES	YES
41	MADRE CRIA	YES						YES
42	VMES	YES		YES				YES
43	CAPS	YES	YES	YES				YES
44	APROSAI	YES		YES				YES
45	CLINICA SAGRAD	YES	YES	YES				YES
46	APROCSAL	YES	YES	YES				YES
47	FASTRAS	YES	YES				YES	YES
48	CODECUS	YES	YES	YES			YES	YES
49	ALFALIT	YES		YES				YES
50	ASEI	YES					YES	YES
51	IDEA	YES					YES	YES
52	PADECOMSM	YES					YES	YES
53	CODECA				YES	YES		YES
54	FUNDACION KNAPP	YES					YES	YES
55	SLS	YES	YES	YES				YES
56	COSDECSAM	YES	YES				YES	YES
57	PRO VIDA	YES		YES				YES
58	FUSAL	YES	YES	YES				YES
59	ANIS	YES		YES				YES
60	P SN JACINTO	YES	YES	YES				YES
61	CARITAS SONSON	YES	YES	YES				YES
62	P INMACULADA	YES	YES	YES				YES
63	P SNTA LUCIA	YES	YES	YES				YES
64	P SN SEBASTIAON	YES	YES	YES				YES
65	P SN ANTONIO	YES	YES	YES				YES
66	P SNTA MARIA	YES	YES	YES				YES
67	I SN BARTOLOME	YES	YES	YES				YES
91	MSPAS	YES					YES	YES
	T O T A L	66	41	36	9	7	37	67

IPM

Table 7

CLASSIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS ACCORDING TO EXPENDABLES SUPPLIERS AND LOGISTICS SYSTEM

N	INSTITUTION	EXPENDABLES SUPPLIERS					EXPENDABLES HAS LOGISTICS SYSTEM
		MOH	DSA	NATIONAL DONORS	INTER NATIONAL DONORS	VENDORS (THEY BUY THEM)	
1	OLOF PALME					YES	
2	OPRODE	YES		YES	YES	YES	YES
3	FUNDEPRENS				YES		YES
4	FUNDAC	YES			YES		YES
5	AYESPES	YES			YES		YES
6	PROGRESO		YES		YES		
7	KONRAD ADENAUER			YES	YES	YES	YES
8	CLINICA CHILTIU			YES	YES	YES	
9	C SAN MARCOS		YES			YES	YES
10	CRISTO REY					YES	YES
11	AMCS			YES	YES		YES
12	CARITAS S ANA			YES			
13	CARITAS ZACATE					YES	
14	FUNDEMUM	YES			YES	YES	YES
15	AGAPE	YES			YES	YES	YES
16	CRUZ VERDE	YES		YES	YES	YES	YES
17	FUNSODESA						
18	COMUS			YES	YES		YES
19	OEF		YES		YES		YES
20	CODELUM				YES		YES
21	TAZUMAL						
22	CONAMUS	YES			YES		YES
23	FUNDESO				YES	YES	YES
24	PROCADES			YES	YES		YES
25	ASAPROSAR				YES	YES	YES
26	ADEMUSA	YES			YES		YES
27	ADHU			YES	YES		YES
28	DJC					YES	YES
29	OFASA						
30	ADS				YES	YES	YES
31	ASALDI	YES			YES	YES	YES
32	CALMA				YES		YES
33	ORMUSA	YES			YES		YES
34	FUMA			YES	YES		YES
35	AMS				YES		YES
36	CCC						

IPM

Table 7 (Continued)
CLASSIFIED LIST OF INSTITUTIONS THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS
ACCORDING TO EXPENDABLES SUPPLIERS AND LOGISTICS SYSTEM

N	INSTITUTION	EXPENDABLES SUPPLIERS					EXPENDABLES HAS LOGISTICS SYSTEM
		MOH	DSA	NATIONAL DONORS	INTER NATIONAL DONORS	VENDORS (THEY BUY THEM)	
37	CIRES				YES	YES	YES
38	ASPS	YES			YES	YES	YES
39	ASADEH				YES	YES	YES
40	APYESES						
41	MADRE CRIA	YES		YES	YES	YES	
42	VMES				YES	YES	
43	CAPS					YES	YES
44	APROSAI			YES	YES	YES	YES
45	CLINICA SAGRAD				YES	YES	YES
46	APROCSAL				YES		YES
47	FASTRAS				YES		YES
48	CODECUS	YES			YES		YES
49	ALFALIT					YES	
50	ASEI				YES	YES	YES
51	IDEA	YES			YES		YES
52	PADECOMSM	YES			YES		
53	CODECA				YES		YES
54	FUNDACION KNAPP			YES		YES	YES
55	SLS	YES	YES		YES	YES	YES
56	COSDECSAM				YES		YES
57	PRO VIDA	YES			YES	YES	YES
58	FUSAL				YES	YES	YES
59	ANIS					YES	YES
60	P SN JACINTO			YES			
61	CARITAS SONSON				YES	YES	
62	P INMACULADA			YES			
63	P SNTA LUCIA			YES	YES		
64	P SN SEBASTIAN			YES			
65	P SN ANTONIO			YES			
66	P SNTA MARIA			YES			
67	I SN BARTOLOME			YES			
91	MSPAS	YES					YES
	T O T A L S	18	4	20	46	31	4

IPM —

Table 8
CLASSIFIED LIST OF NGO'S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY TYPE OF COMMUNITARY COLLABORATION

N	INSTITUTION	TYPES OF COMMUNITARY COLLABORATION	
1	OLOF PALME	Identification of Needs,	Personal Participation
2	OPRODE	Identification of Needs ,	Personal Participation Follow Up Commitee
3	FUNDEPRENS	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee Allow Premises
4	FUNDAC	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee Allow Premises
5	ASIPES	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee
6	PROGRESO	Identification of Needs,	Personal Participation
7	KONRAD ADENAUR	Follow Up Commitee, Economic Recuperación Allotments	Personal Participation
8	CLINICA CHILTI	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
9	C SAN MARCOS	Identification of Needs,	Personal Participation
10	CRISTO REY	Identification of Needs,	
11	AMCS	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee Socioeconomic Activities
12	CARITAS S ANA	Identification of Needs,	Personal Participation Follow Up Commitee
13	CARITAS ZACATE	Identification of Needs,	Personal Participation
14	FUNDEMUM	Identification of Needs, Economic Recuperación Allotments, Donations	Personal Participation Follow Up Commitee
15	AGAPE	Identification of Needs, Economic Recuperación Allotments	Personal Participation
16	CRUZ VERDE	Identification of Needs,	Personal Participation
17	FUNSODESA	Economic Recuperación Allotments	
18	COMUS	Identification of Needs, Economic Recuperación Allotments	Personal Participation
19	OEF	Identification of Needs, Economic Recuperación Allotments Donations	Personal Participation Follow Up Commitee
20	CODELUM	Identification of Needs,	Personal Participation
21	TAZUMAL	Identification of Needs, Allow Premises,	Personal Participation Follow Up Commitee
22	CONAMUS	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
23	FUNDESO	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee Feedback Handling

Table 8 (Continued)
CLASSIFIED LIST OF NGO'S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY TYPE OF COMMUNITARY COLLABORATION

N	INSTITUTION	TYPES OF COMMUNITARY COLLABORATION	
24	PROCADES	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee Allow Premises
25	ASAPROSAR	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
26	ADEMUSA	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee Allow Premises
27	ADHU	Identification of Needs,	Personal Participation Follow Up Commitee
28	DJC	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee
29	OFASA	Identification of Needs, Donations	Personal Participation
30	ADS	Personal Participation,	Economic Recuperación Allotments
31	ASAIDI	Identification of Needs, Economic Recuperación Allotments, Identificación de Riesgos,	Personal Participation Follow Up Commitee Socioeconomic Activities
32	CALMA	Identification of Needs, Donations,	Personal Participation Follow Up Commitee
33	ORMUSA	Identification of Needs,	Personal Participation Follow Up Commitee
34	FUMA	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee
35	AMS	Identification of Needs,	Personal Participation Follow Up Commitee
36	CCC	Ninguna	
37	CIRES	Identification of Needs , Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
38	ASPS	Identification of Needs,	Personal Participation Follow Up Commitee
39	ASADEH	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
40	APSIES	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
41	MADRE CRIA	Identification of Needs, Economic Recuperación Allotments, Donations	Personal Participation Follow Up Commitee
42	VMES	Identification of Needs, Economic Recuperación Allotments, Donations	Personal Participation Follow Up Commitee
43	CAPS	Identification of Needs,	Personal Participation Follow Up Commitee

Table 8 (Continued)
CLASSIFIED LIST OF NGO'S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY TYPE OF COMMUNITARY COLLABORATION

N	INSTITUTION	TYPES OF COMMUNITARY COLLABORATION	
44	APROSAI	Identification of Needs, Realización de Asambleas, Donations,	Personal Participation Follow Up Commitee Socioeconomic Activities
45	CLINICA SAGRAD	Identification of Needs,	Personal Participation
46	APROCSAL	Identification of Needs, Donations	Personal Participation Follow Up Commitee
47	FASTRAS	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
48	CODECUS	Identification of Needs, Economic Recuperación Allotments, Donations,	Personal Participation Follow Up Commitee Allow Premises
49	ALFALIT	Identification of Needs,	Personal Participation Follow Up Commitee
50	ASEI	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
51	IDEA	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Donations
52	PADECOMSM	Identification of Needs, Economic Recuperación Allotments,	Personal Participation Follow Up Commitee
53	CODECA	Identification of Needs,	Personal Participation
54	FUNDACION KNAPP	Identification of Needs, Economic Recuperación Allotments, Donations	Personal Participation Follow Up Commitee
55	SLS	Identification of Needs,	Personal Participation Follow Up Commitee
56	COSDECSAM	Identification of Needs, Economic Recuperación Allotments, Donations	Personal Participation Follow Up Commitee
57	PRO VIDA	Economic Recuperación Allotments,	Follow Up Commitee
58	FUSAL	Identification of Needs,	Personal Participation
59	ANIS	Economic Recuperación Allotments	
60	P SN JACINTO	Ninguna	
61	CARITAS SONSON	Donations, Economic Recuperación Allotments,	Personal Participation
62	P INMACULADA	Identification of Needs,	Personal Participation
63	P SNTA LUCIA	Identification of Needs	Personal Participation
64	P SN SEBASTIAN	Identification of Needs, Donations,	Personal Participation Follow Up Commitee
65	P SN ANTONIO	Identification of Needs,	Personal Participation Follow Up Commitee
66	P SNTA MARIA	Identification of Needs	
67	I SN BARTOLOME	Identification of Needs,	Personal Participation Follow Up Commitee

Table 9 A

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS, BY BASIC CAPACITATION CHARACTERISTCS

No	INSTITUTUTION	RECEIVE SPECIFIC CAPACITATION	WHO ELABOTARES THE SPECIFIC CONTENTS OF THE CAPACITATION	WHO IMPARTS THE CAPACITATION TO THE CHP	NUMBER OF CHP THEY CAPACITATE		TIME DURATION OF THE COURSE	
					MINIMUM	MAXIMUN	HOURS	PERIOD (DAYS)
1	OLOF PALME	YES	The Same Institution	UNICEF	2	2	40	7
2	OPRODE	YES	The Institution & MPHSA	The Institution & MPHSA	3	19	999	90
3	FUNDEPRENS	YES	The Same Institution	The Same Institution	10	10	60	30
4	FUNDAC	YES	MSCI (PROSAMI)	The Institution & MPHSA	3	5	480	60
5	AYESPES	YES	The Institution & MPHSA	The Institution & MPHSA	10	10	480	60
6	PROGRESO	YES	The Institution & MPHSA	The Same Institution	9	13	480	60
7	KONRAD ADENAUER	YES	The Same Institution	The Same Institution	25	40	40	3
8	CLINICA CHILTIU	YES	CAPS	CAPS	6	6	40	10
9	C SAN MARCOS	YES	The Same Institution	The Same Institution	3	3	48	4
10	CRISTO REY	YES	CAPS	CAPS	10	14	300	100
11	AMCS	YES	The Same Institution	The Same Institution	10	10	900	90
12	CARITAS S ANA	YES	The Same Institution	The Same Institution	15	25	360	45
13	CARITAS ZACATE	YES	The Same Institution	The Same Institution	38	38	12	5
14	FUNDEMUM	YES	The Institution & MPHSA	The Same Institution	6	30	630	70
15	AGAPE	YES	MSCI (PROSAMI)	The Same Institution	3	6	480	60
16	CRUZ VERDE	YES	The Same Institution	The Same Institution	25	25	28	3
17	FUNSODESA	YES	The Same Institution	The Same Institution	6	10	1	50
18	COMUS	YES	The Same Institution	APROCSAL	10	10	24	3
19	OEF	YES	MSCI (PROSAMI)	The Institution & MPHSA	5	15	480	60
20	CODELUM	YES	The Institution & MPHSA	The Institution & MPHSA	10	10	720	90
21	TAZUMAL	YES	The Same Institution	The Same Institution	10	30	24	8
22	CONAMUS	YES	MSCI (PROSAMI)	El MSPAS	2	10	420	90
23	FUNDESO	YES	The Same Institution	The Same Institution	7	7	720	90
24	PROCADES	YES	The Same Institution	The Same Institution	2	2	320	40
25	ASAPROSAR	YES	The Same Institution	The Same Institution	15	25	480	60
26	ADEMUSA	YES	The Institution & MPHSA	The Institution & MPHSA	12	30	660	90
27	ADHU	YES	MSCI (PROSAMI)	PROSAMI	4	10	240	90
28	DJC	YES	The Same Institution	The Same Institution	3	3	24	3
29	OFASA	NO						
30	ADS	YES	CAMBRIDGE CONSULTING	The Same Institution	15	30	32	4
31	ASALDI	YES	The Institution & MPHSA	The Institution & MPHSA	1	10	360	90
32	CALMA	YES	The Same Institution	The Same Institution	16	16	540	90
33	ORMUSA	YES	MSCI (PROSAMI)	PROSAMI	10	60	600	60
34	FUMA	YES	MSCI (PROSAMI)	The Institution & MPHSA	25	150	540	90
35	AMS	YES	The Same Institution	The Same Institution	10	10	480	90
36	CCC	NO						
37	CIRES	YES	The Same Institution	The Same Institution	2	10	720	90

IPM —

Table 9 A (Continued)
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS, BY BAYESC CAPACITATION CHARACTERISTCS

No	INSTITUTUTION	RECEIVE SPECIFIC CAPACITATION	WHO ELABOTARES THE SPECIFIC CONTENTS OF THE CAPACITATION	WHO IMPARTS THE CAPACITATION TO THE CHP	NUMBER OF CHP THEY CAPACITATE		TIME DURATION OF THE COURSE	
					MINIMUM	MAXIMUN	HOURS	PERIOD (DAYS)
38	ASPS	YES	The Same Institution	The Same Institution	10	20	16	2
39	ASADEH	YES	The Institution & MPHSA	PROSAMI	10	20	480	60
40	APYESES	YES	The Same Institution	The Same Institution	30	40	60	6
41	MADRE CRIA	YES	The Same Institution	The Same Institution	3	20	480	60
42	VMES	YES	The Same Institution	The Same Institution	15	50	400	40
43	CAPS	YES	The Same Institution	The Same Institution	20	60	350	56
44	APROSAI	YES	The Same Institution	The Same Institution	20	25	336	42
45	CLINICA SAGRAD	YES	CAPS	CAPS	1	4	248	46
46	APROCSAL	YES	The Same Institution	The Same Institution	10	10	24	3
47	FASTRAS	YES	MSCI (PROSAMI)	The Same Institution	10	10	480	60
48	CODECUS	YES	MSCI (PROSAMI)	PROSAMI	5	10	720	90
49	ALFALIT	YES	The Same Institution	The Same Institution	5	15	80	10
50	ASEI	YES	The Same Institution	The Same Institution	1	10	600	60
51	IDEA	YES	The Same Institution	The Same Institution	5	10	720	90
52	PADECOMSM	YES	MSCI (PROSAMI)	The Institution & MPHSA	5	10	80	10
53	CODECA	YES	The Institution & MPHSA	The Same Institution	5	10	480	60
54	FUNDACION KNAPP	YES	The Same Institution	The Institution & MPHSA	25	30	480	90
55	SLS	YES	The Same Institution	APROCSAL	15	20	480	60
56	COSDECSAM	YES	The Same Institution	The Same Institution	5	10	480	90
57	PRO VIDA	YES	The Same Institution	The Same Institution	12	22	384	60
58	FUSAL	YES	The Same Institution	The Same Institution	25	36	600	60
59	ANIS	YES	The Same Institution	The Same Institution	9	16	288	96
60	P SN JACINTO	YES	CAPS	CAPS	20	60	350	56
61	CARITAS SONSON	YES	The Same Institution	The Same Institution	15	20	20	8
62	P INMACULADA	YES	CAPS	CAPS	5	5	350	56
63	P SNTA LUCIA	YES	CAPS	CAPS	8	10	350	56
64	P SN SEBASTIAN	YES	CAPS	CAPS	10	15	350	56
65	P SN ANTONIO	YES	CAPS	CAPS	3	5	350	56
66	P SNTA MARIA	YES	CAPS	CAPS	5	5	350	56
67	I SN BARTOLOME	YES	CAPS	CAPS	3	5	350	56
91	MSPAS	YES	THE MPHSA	THE MPHSA	25	35	500	60

IPM —

Table No 9 B
INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPACITACION PROGRAM INTHEINDICATEDINSTITUTION								
	MSPAS	ADS	INTERSECTORIAL COMMITEE OF INFANTILE SURVIVAL (ICIS)						
			ALFALIT	FUSAL	TAZUMAL	VMES	CRUZ VERDE	DJC	KONRAD ADENAUER
ATTENTION TO REPRODUCTIVE HEALTH									
Pregnancy Process at Community Level	*	3		*	1	*	*	6	*
Birth Process at Community Level	*			*		*	*	4	*
Puerperas Evolution at Community Level	*			*	1	*	*	4	*
Family Planning Methods									
Oral Contraceptives	*	3	4		1	*	*	2	
Injectables	*	3				*		2	
Rithm	*		4		1	*		2	
Billing	*					*		2	
Coitus Interrupt	*		4		1	*		2	
Condom	*	2	4		1	*	*	2	
Male Sterilization	*	2			1	*		2	
Female Sterilization	*	3			1	*		2	
Sexually Transmitted Diseases Prevention	*	2	16	*	1	*	*	1	*
AIDS (Efects and Prevention))	*	1	8	*	1	*	*	1	*
Infertility	*							1	
Prevention of Uterine and Mammarian Cance	*	2		*	1	*	*	1	*
Prevention of Tetanus	*	1	2	*	1	*	*	1	*
ATTENTION TO CHILDREN									
Growth and Development	*	2	*	*	1	*	*	1	*
Maternal Breast Feeding	*	3	*	*	1	*	*	1	*
Inmunizations	*	3	*	*	1	*	*	1	*
Acute Respiratory Infections (ARI)	*	3	*	*	2	*	*	1	*
Acute Diarrheic Diseases (ADD)	*	3	*	*	2	*	*	1	*
ORAL HEALTH									
Prevention of Tooth Diseases	*		*	*		*	*	2	*
Fluoride Applications	*			*				2	*
Symptomatic Attention	*	1	*				*	2	*
References	*								
NUTRITION									
Detection of Undernourishment Level	*	2	*	*	3	*	*	1	*
Follow Up	*	1	*	*	1	*		1	*
References	*	1	*	*	1	*	*	1	*

IPM
*) Institutions that did not specify the duration of the capacitation courses

Table No 9 B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS / Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPACITACION PROGRAM INTHEINDICATEDINSTITUTION								
	MSPAS	ADS	INTERSECTORIAL COMMITEE OF INFANTILE SURVIVAL (ICIS)						
			ALFALIT	FUSAL	TAZUMAL	VMES	CRUZ VERDE	DJC	KONRAD ADENAUER
FIRST AID									
Prevention of Accidents	*		*	*		*	*	1	*
Ligth Wounds Treatment	*	1	*	*	2	*	*	1	*
Severe Wounds Primary Attention	*		*	*			*		*
References	*	1	*	*	1		*	1	*
ATTENTION (SIMPLIFIED) TO MORBIDITY									
Eye Diseases	*	1					*	2	*
Gastric Acidity	*		*	*		*	*		*
Head and Body Pains	*		*	*	1	*	*		*
Skin Diseases	*		*		1				*
Instestinal Parasitism	*	1	*	*	1	*		1	*
Malaria		1	*	*	1	*	*		*
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	*	1	*	*	1	*	*	1	*
Personal Hygiene	*	1	*	*	1	*	*	1	*
Water Sources and Treatment	*	..	*	*	1	*	*	1	*
Latrinization and Excretas	*	1	*	*	1	*			*
Disease Vectors	*	1	*	*	1	*	*	1	*
Trash		1	*	*	1	*	*	1	*
PARTICIPATION AND COMMUNITY DEVELOPMENT	*			*	2	*	*	2	*
MENTAL HEALTH	*		*			*	*	2	*
REHABILITATION	*						*		*
ALPHABETIZATION			*			*			
JOB SKILLS TRAINNING								1	
CARE OF CHILDREN				*	1			2	*
HOME ORCHARDS			*	*	3	*		2	*
COMMUNITY POTS								1	

IPM

*) Institutions that did not specify the duration of the capacitation courses

Tabla No 9 B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS / Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPACITATION PROGRAM IN THEINDICATEDINSTITUTION								
	MATERNAL HEALTH AND CHILD ATTENTION PROJECT (MHCAP)								
	AMCS	ASA PROSAR	AGAPE	FUNDE PRENS	ADHU	OEF	PROCADES	ASALDI	FUNDEMUN
ATTENTION TO REPRODUCTIVE HEALTH									
Pregnancy Process at Community Level	30	*	*	5	40	16	*	4	16
Birth Process at Community Level	10	*	*	2	10	16			40
Puerperas Evolution at Community Level	20	*	*	4	40	16	*	4	18
Family Planning Methods									
Oral Contraceptives	5	*	*	24	12	4	*	1	16
Injectables		*		4	12	2	*		
Rithm		*		4	12	4	*		
Billing		*		4		2			
Coitus Interrupt		*		3	8	2		*	4
Comdom	5	*		2	8	4	*	1	10
Male Sterilization		*		1	12	1	*	1	
Female Sterilization	5	*		3	12	1	*	1	12
Sexually Transmitted Diseases Prevention	10	*	*	3	36	8	*	4	16
AIDS (Efects and Prevention))	5	*	*	2	36	8	*	4	8
Infertility	5	*	*					2	3
Prevention of Uterine and Mammarian Cancer	10	*	*		40	4	*	4	
Prevention of Tetanus	5	*	*	1	24	8	*	2	6
ATTENTION TO CHILDREN									
Growth and Development	1	*	*	12	24	16	*	20	6
Maternal Breast Feeding	1	*	*	4	24	8	*	6	4
Inmunizations	1	*	*	2	24	24	*	16	3
Acute Respiratory Infections (ARI)	1	*	*	8	24	24	*	16	12
Acute Diarrheic Diseases (ADD)	1	*	*	8	16	24	*	16	18
ORAL HEALTH									
Prevention of Tooth Diseases	1	*	*	3		8	*	8	
Fluoride Applications	1	*					*		
Symptomatic Attention	1	*	*	2		8	*		
References						1			
NUTRITION									
Detection of Undernourishment Level	1	*	*	2	24	16	*	8	8
Follow Up	1	*	*	1	24	16	*	1	4
References	1	*	*	1	16	16	*	1	6

IPM

*) Institutions that did not specify the duration of the capacitation courses

Table No. 9.8 (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPACITATION PROGRAM IN THEINDICATEDINSTITUTION								
	MATERNAL HEALTH AND CHILD ATTENTION PROJECT (MHCAP)								
	AMCS	ASA PROSAR	AGAPE	FUNDE PRENS	ADHU	OEF	PROCADES	ASALDI	FUNDEMUN
FIRST AID									
Prevention of Accidents	1	*	*	6		4	*	8	6
Ligth Wounds Treatment	1	*	*	3	16	8	*	8	8
Severe Wounds Primary Attention	1	*	*	2	16	8	*	8	4
References	1	*	*	1	16	4	*	4	2
ATTENTION (SIMPLIFIED) TO MORBIDITY									
Eye Diseases	1	*		1		8	*	4	
Gastric Acidity	1	*		1	8	4	*	2	4
Head and Body Pains	1	*	*	1	8	8	*	2	4
Skin Diseases	1	*	*	3	8	16	*	3	4
Intestinal Parasitism	1	*	*	3	16	8	*	3	8
Malaria	1	*		2			*	2	8
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	1	*	*	2	16	16	*	4	6
Personal Hygiene	1	*	*	2	16	16	*	4	6
Water Sources and Treatment	1	*	*	3	24	16	*	4	8
Latrinization and Excretas	1	*	*	3	24	16	*	4	8
Disease Vectors	1	*	*	2	16	16	*	4	10
Trash	1	*	*	3	16	4	*	4	8
PARTICIPATION AND COMMUNITY DEVELOPMENT	1	*	*	6	32	24	*	24	32
MENTAL HEALTH						8			
REHABILITATION									
ALPHABETIZATION	1	*				4			12
JOB SKILLS TRAINNING	1		*			24			
CARE OF CHILDREN		*			24	24		16	6
HOME ORCHARDS	1	*			16	8			8
COMMUNITY POTS									

IPM

*) Institutions that did not specify the duration of the capacitation courses

Table No. 9.B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS	NUMBER OF HOURS COVERED BY THE CAPACITATION PROGRAM INTEINDICATEDINSTITUTION								
	MATERNAL HEALTH AND CHILD ATTENTION PROJECT (MHCAP)								
Health Sub Components	OPRODE	ASADEH	ASPS	CALMA	CONAMUS	CIRES	FUNDAC	FUNDESO	KNAPP
ATTENTION TO REPRODUCTIVE HEALTH									
Pregnancy Process at Community Level	8	*	4	8	*	*	*	16	*
Birth Process at Community Level	8	*	4	8	*	*		16	
Puerperas Evolution at Community Level	8	*	12	6	*	*	*	16	*
Family Planning Methods									
Oral Contraceptives	2	*	4	2	*	*	*	4	*
Injectables	2	*		1	*	*	*		
Rithm	1	*	4			*	*		
Billing	1	*				*			
Coitus Interrupt	1	*	4			*	*		*
Condom	2	*	4	1	*	*	*	4	*
Male Sterilization	1	*		1	*	*	*		
Female Sterilization	1	*		1	*	*	*		
Sexually Transmitted Diseases Prevention	8	*	6	1	*	*	*	8	*
AIDS (Efects and Prevention))	8	*		1	*	*	*	4	*
Infertility		*					*		
Prevention of Uterine and Mammarian Cancer		*		2	*	*	*	4	
Prevention of Tetanus	2	*	8	4	*	*	*	4	*
ATTENTION TO CHILDREN									
Growth and Development	8	*	*	8	*	*	*	48	*
Maternal Breast Feeding	8	*	*	8	*	*	*	40	*
Inmunizations	8	*	*	16	*	*	*	40	*
Acute Respiratory Infections (ARI)	16	*	*	8	*	*	*	40	*
Acute Diarrheic Diseases (ADD)	16	*	*	8	*	*	*	40	*
ORAL HEALTH									
Prevention of Tooth Diseases		*		1				10	
Fluoride Applications									
Symptomatic Attention		*		1					
References									
NUTRITION									
Detection of Undernourishment Level	16	*	12	6	*	*	*	16	*
Follow Up	8	*	12	8	*	*	*	8	*
References	4	*	12	1	*	*	*	8	*

IPM

*) Institutions that did not specify the duration of the capacitation courses

362

Table No. 9.8 (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS	NUMBER OF HOURS COVERED BY THE CAPACITATION PROGRAM INTHEINDICATEDINSTITUTION								
	MATERNAL HEALTH AND CHILD ATTENTION PROJECT (MHCAP)								
Health Sub Components	OPRODE	ASADEH	ASPS	CALMA	CONAMUS	CIRES	FUNDAC	FUNDESO	KNAPP
FIRST AID									
Prevention of Accidents	4	*	4	8	*	*	*	8	*
Ligth Wounds Treatment	4	*		8	*	*	*	8	*
Severe Wounds Primary Attention	8	*	4	4	*	*	*	6	
References	2	*	4	1	*	*	*	2	*
ATTENTION (SIMPLIFIED) TO MORBIDITY									
Eye Diseases	4	*		1	*	*	*		*
Gastric Acidity		*		1	*	*	*	4	*
Head and Body Paina	4	*	*	1	*	*	*	4	*
Skin Diseases	4	*	*	1	*	*	*	4	*
Intestinal Parasitism	4	*	*	4	*	*	*	4	*
Malaria		*	*	1	*	*	*		*
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	4	*	8	6	*	*	*	8	*
Personal Hygiene	4	*	8	4	*	*	*	8	*
Water Sources and Treatment	4	*	8	6	*	*	*	10	*
Latrinization and Excretas	4	*	8	6	*	*	*	16	*
Disease Vectors	4	*	8	6	*	*	*	8	*
Trash	4	*	8	8	*	*	*	8	*
PARTICIPATION AND COMMUNITY DEVELOPMENT		*	6	8	*	*	*	60	*
MENTAL HEALTH		*	6						
REHABILITATION			6						*
ALPHABETIZATION					*		*		*
JOB SKILLS TRAINNING								4	
CARE OF CHILDREN		*	8				*	4	
HOME ORCHARDS					*		*	4	
COMMUNITY POTS							*		

IPM

*) Institutions that did not specify the duration of the capacitation courses

Table No 9 B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS / Health Sub Components	NUMER OF HOURS COVERED BY THE CAPACITATION PROGRAM IN THE INDICATED INSTITUTION								
	MATERNAL HEALTH AND CHILD ATTENTION PROJECT (MHCAP)								
	FUMA	ADEMUSA	AMS	ASFI	ASIPES	CODECUS	FASIRAS	IDEA	ORMUSA
ATTENTION TO REPRODUCTIVE HEALTH									
Pregnancy Process at Community Level	16	6	4	20	48	*	*	8	10
Birth Process at Community Level	16				48	*		8	
Puerperas Evolution at Community Level	16	5	2	20	24	*	*	8	8
Family Planning Methods									
Oral Contraceptives	8	4	1	4	6	*	*	2	2
Injectables		4		1		*			
Rithm	8	4		1	6	*			1
Billing		4							
Coitus Interrupt	8	4		1				1	1
Comdom	8	4	1	4	4	*	*	2	1
Male Sterilization	8	4		2	4	*		1	
Female Sterilization	8	4		4	4	*		1	
Sexually Transmitted Diseases Prevention	16	4	2	4	24	*	*	1	7
AIDS (Efects and Prevention))	8	4	1	8	12	*		1	1
Infertility		4				*			
Prevention of Uterine and Mammarian Cancer	16	4	1	4	12	*	*	1	2
Prevention of Tetanus	2	4	1	4	24	*	*	1	1
ATTENTION TO CHILDREN									
Growth and Development	40	6	*	40	96	*	*	8	20
Maternal Breast Feeding	40	6	*	8	24	*	*	2	10
Immunizations	40	6	*	20	96	*	*	8	24
Acute Respiratory Infections (ARI)	40	6	*	32	96	*	*	8	24
Acute Diarrheic Diseases (ADD)	40	6	*	32	96	*	*	8	24
ORAL HEALTH									
Prevention of Tooth Diseases	2	4							
Fluoride Applications									
Symptomatic Attention	2	4							
References		4							
NUTRITION									
Detection of Undernourishment Level	40	6	*	32	12	*	*	2	10
Follow Up	40	4	*	8	12	*	*	2	10
References	40	4	*	4	12	*	*	2	10

IPM

*) Institutions that did not specify the duration of the capacitation courses

Table No 9 B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS / Health Sub Components	NUMER OF HOURS COVERED BY THE CAPACITATION PROGRAM IN THE INDICATED INSTITUTION								
	MATERNAL HEALTH AND CHILD ATTENTION PROJECT (MHCAP)								
	FUMA	ADEMUSA	AMS	ASEI	ASIPES	CODECUS	FASTRAS	IDEA	ORMUSA
FIRST AID									
Prevention of Accidents	8	6	*		12	*		1	
Ligth Wounds Treatment	8	6	*	8	12	*	*	1	10
Severe Wounds Primary Attention	8	6	*	8	12	*	*	1	
References	8	6	*	2	6	*	*	1	10
ATTENTION (SIMPLIFIED) TO MORBIDITY									
Eye Diseases	16	2	*	8	6	*	*		6
Gastric Acidity	16	2		2	6	*	*		6
Head and Body Pains	16	4	*	2	6	*	*	2	6
Skin Diseases	16	4	*	2	6	*	*	2	6
Instestinal Parasitism	16	6	*	2	6	*	*	2	6
Malaria	16	4	*	2	6	*		2	
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	80	4	*	2	4	*	*	2	6
Personal Hygiene	80	3	*	2	6	*	*	2	6
Water Sources and Treatment	80	3	*	2	6	*	*	2	6
Latrinization and Excretas	80	4	*	2	4	*	*	2	
Disease Vectors	80	4	*	2	4	*	*	2	
Trash	80	4	*	2	4	*	*	2	6
PARTICIPATION AND COMMUNITY DEVELOPMENT	80	40	*	16	96	*	*	8	36
MENTAL HEALTH		8							
REHABILITATION		6							
ALPHABETIZATION	40				6				
JOB SKILLS TRAINNING					10				
CARE OF CHILDREN	40	6				*		4	4
HOME ORCHARDS		6							4
COMMUNITY POTS	16								

IPM

*) Institutions that did not specify the duration of the capacitation courses

365

Table No 9 B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARCE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPACTATION PROGRAM IN THE INDICATED INSTITUTION						
	MATERNAL HEALTH AND CHILD ATTENTION PROJECT (MHCAP)						
	PADE COMSM	PROGRESO	MADRE CRIA	COSDE CSAM	COMUS	CODECA	CODELUM
ATTENTION TO REPRODUCTIVE HEALTH							
Pregnancy Process at Community Level	*	*	10	*	16		*
Birth Process at Community Level	*	*	4	*	16	*	
Puerperas Evolution at Community Level	*	*	6	*	8	*	*
Family Planning Methods							
Oral Contraceptives	*	*		*	4	*	*
Injectables					4		
Rithm	*	*	1		2	*	
Billing	*		1				
Coitus Interrupt	*				2		
Comdom	*	*		*	2	*	*
Male Sterilization		*			1		
Female Sterilization	*	*			1		
Sexually Transmitted Diseases Prevention	*	*	1	*	16	*	*
AIDS (Efects and Prevention))	*	*	1	*	4		*
Infertility							
Prevention of Uterine and Mammarian Cancer	*	*		*	4	*	
Prevention of Tetanus	*	*	2	*	2	*	*
ATTENTION TO CHILDREN							
Growth and Development	*	*	10	*	40	*	*
Maternal Breast Feeding	*	*	2	*	8	*	*
Immunizations	*	*	4	*	8	*	*
Acute Respiratory Infections (ARI)	*	*	8	*	40	*	*
Acute Diarrheic Diseases (ADD)	*	*	8	*	40	*	*
ORAL HEALTH							
Prevention of Tooth Diseases		*		*	8	*	
Fluoride Applications		*			2		
Symptomatic Attention		*			1		
References							
NUTRITION							
Detection of Undernourishment Level	*	*	4	*	40	*	*
Follow Up	*	*	4	*	24	*	*

IPM

*) Institutions that did not specify the duration of the capacitation courses

Table No 9 B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPACTATION PROGRAM IN THE INDICATED INSTITUTION						
	MATERNAL HEALTH AND CHILD ATTENTION PROJECT (MHCAP)						
	PADE COMSM	PROGRESO	MADRE CRIA	COSDE CSAM	COMUS	CODECA	CODELUM
References	*	*	1	*	4	*	*
FIRST AID							
Prevention of Accidents		*		*	40	*	*
Ligth Wounds Treatment	*	*	1	*	24	*	*
Severe Wounds Primary Attention	*	*	1		8		*
References	*	*	1		8	*	*
ATTENTION (SIMPLIFIED) TO MORBIDITY							
Eye Diseases		*	1		2	*	*
Gastric Acidity	*	*					*
Head and Body Pains	*	*	1		2	*	*
Skin Diseases	*	*	1	*	2	*	*
Instestinal Parasitism	*	*	1	*	4	*	*
Malaria		*	1		4		
ENVIROMENTAL HEALTH (BASIC)							
Home Hygiene	*	*	2	*	8	*	*
Personal Hygiene	*	*	2	*	8	*	*
Water Sources and Treatment	*	*	2	*	24		*
Latrinization and Excretas	*	*	2		24	*	*
Disease Vectors	*	*	2		24	*	*
Trash	*	*	2	*	8	*	*
PARTICIPATION AND COMMUNITY DEVELOPMENT	*	*	10	*	20	*	*
MENTAL HEALTH		*			10		
REHABILITATION	*	*					
ALPHABETIZATION					6		
JOB SKILLS TRAINNING			10				
CARE OF CHILDREN	*	*	10			*	*
HOME ORCHARDS	*	*			4		
COMMUNITY POTS							

IPM —

*) Institutions that did not specify the duration of the capacitation courses

Table No 9 B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OH HOURS COVERED BY THE CAPACITATION PROGRAM IN THE INDICATEDIHSTITUTION								
	ARCHIDIOSESAN PASTORAL OF HEALTH COMISSION (APHC)								
	CAPS	P. INMA CULADA	CLINICA CHILTIUP	P SNTA MARIA	P. SN JACINTO	I.SN BAR TOLOME	CRISTO REY	CLINICA SAGRADO	P SNTA LUCIA
ATTENTION TO REPRODUCTIVE HEALTH									
Pregnancy Process at Community Level	8	8	*	8	8	8	*	*	8
Birth Process at Community Level			*				*	*	
Puerperas Evolution at Community Level	3	3	*	3	3	3	*	*	3
Family Planning Methods									
Oral Contraceptives	1	1		1	1	1		*	1
Injectables	1	1	*	1	1	1		*	1
Billing	2	2	*	2	2	2		*	2
Coitus Interrupt	1	1		1	1	1		*	1
Comdom	1	1		1	1	1		*	1
Male Sterilization	1	1		1	1	1		*	1
Female Sterilization	1	1		1	1	1		*	1
Sexually Transmitted Diseases Prevention	10	10	*	10	10	10		*	10
AIDS (Efects and Prevention))	6	6	*	6	6	6		*	6
Infertility									
Prevention of Uterine and Mammarian Cancer	3	3	*	3	3	3		*	3
Prevention of Tetanus	3	3	*	3	3	3	*	*	3
ATTENTION TO CHILDREN									
Growth and Development	16	16	*	16	16	16	*	*	16
Maternal Breast Feeding	6	6	*	6	6	6	*	*	6
Inmunizations	12	12	*	12	12	12	*	*	12
Acute Respiratory Infections (ARI)	10	10	*	10	10	10	*	*	10
Acute Diarrheic Diseases (ADD)	10	10	*	10	10	10	*	*	10
ORAL HEALTH									
Prevention of Tooth Diseases	2	2	*	2	2	2		*	2
Fluoride Applications									
Symptomatic Attention			*					*	
References									
NUTRITION									
Detection of Undernourishment Level	6	6	*	6	6	6	*	*	6
Follow Up	2	2	*	2	2	2		*	2
References	1	1		1	1	1	*	*	1

IPM

*) Institutions that did not specify the duration of the capacitation courses

Table No 9 B (Continued)
INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPACITATION PROGRAM IN THE INDICATED INSTITUTION ARCHIDIOSESAN PASTORAL OF HEALTH COMISSION (APHC)								
	CAPS	P INMA CULADA	CLINICA CHILTIUP	P SNTA MARIA	P SN JACINTO	I SN BAR TOLOME	CRISTO REY	CLINICA SAGRADO	P SNTA LUCIA
FIRST AID									
Prevention of Accidents	10	10		10	10	10	*	*	10
Ligth Wounds Treatment	20	20	*	20	20	20	*	*	20
Severe Wounds Primary Attention	10	10	*	10	10	10	*		10
References	2	2		2	2	2	*	*	2
ATTENTION (SIMPLIFIED) TO MORBIDITY									
Eye Diseases	4	4	*	4	4	4		*	4
Gastric Acidity	4	4		4	4	4	*	*	4
Head and Body Pains	4	4	*	4	4	4	*	*	4
Skin Diseases	8	8	*	8	8	8	*	*	8
Instestinal Parasitism	8	8	*	8	8	8	*	*	8
Malaria	3	3		3	3	3	*	*	3
ENVIROMENTAL HEALTH (BASIC)									
Home Hygiene	4	4	*	4	4	4	*	*	4
Personal Hygiene	6	6		6	6	6	*	*	6
Water Sources and Treatment	10	10		10	10	10	*	*	10
Latrinization and Excretas	10	10	*	10	10	10	*	*	10
Disease Vectors	10	10	*	10	10	10	*	*	10
Trash	6	6		6	6	6	*	*	6
PARTICIPATION AND COMMUNITY DEVELOPMENT	10	10	*	10	10	10	*	*	10
MENTAL HEALTH	25	25	*		25	25			25
REHABILITATION									
ALPHABETIZATION									
JOB SKILLS TRAINNING									
CARE OF CHILDREN									
HOME ORCHARDS	6	6	*	6	6	6			6
COMMUNITY POTS									

IPM

*) Institutions that did not specify the duration of the capacitation courses

Table No 9 B (Continued)

INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPCAITATION PROGRAM IN THE INDICATED INSTITUTION							
	CAPS		CARITAS DE EL SALVADOR			OTHER NGO S		
	P SN ANTONIO	P SN SE BASTIAN	SANTA ANA	SONSO NATE	ZACATE COLUCA	ANIS	SLS	APSIES
ATTENTION TO REPRODUCTIVE HEALTH								
Pregnancy Process at Community Level	8	8				*	*	
Birth Process at Community Level						*	*	
Puerperas Evolution at Community Level	3	3				*	*	
Family Planning Methods								
Oral Contraceptives	1	1					*	
Injectables	1	1						
Rithm	1	1					*	
Billing	2	2						
Coitus Interrupt	1	1						
Comdom	1	1					*	
Male Sterilization	1	1						
Female Sterilization	1	1						
Sexually Transmitted Diseases Prevention	10	10				*	*	16
AIDS (Efects and Prevention))	6	6					*	
Infertility								
Prevention of Uterine and Mammarian Cancer	3	3						
Prevention of Tetanus	3	3					*	
ATTENTION TO CHILDREN								
Growth and Development	16	16				*	*	
Maternal Breast Feeding	6	6				*	*	
Inmunizations	12	12					*	4
Acute Respiratory Infections (ARI)	10	10				*	*	4
Acute Diarrheic Diseases (ADD)	10	10				*	*	4
ORAL HEALTH								
Prevention of Tooth Diseases	2	2					*	
Fluoride Applications								
Symptomatic Attention								
References								
NUTRITION								
Detection of Undernourishment Level	6	6				*	*	4
Follow Up	2	2				*	*	4
								IPM

*) Institutions that did not specify the duration of the capacitation courses

Table No. 9.8 (Continued)
INSTITUTIONAL CLASSIFICATION BY HEALTH LARGE COMPONENTS AND SUB COMPONENTS AND OTHERS COVERED BY THE CAPACITATION, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY THE CAPCAITATION PROGRAM IN THE INDICATED INSTITUTION							
	CAPS		CARITAS DE EL SALVADOR			OTHER NGO S		
	P SN ANTONIO	P SN SE BASTIAN	SANTA ANA	SONSO NATE	ZACATE COLUCA	ANIS	SLS	APSIES
References	1	1				*	*	
FIRST AID								
Prevention of Accidents	10	10				*	*	40
Ligth Wounds Treatment	20	20				*	*	40
Severe Wounds Primary Attention	10	10				*		40
References	2	2				*	*	40
ATTENTION (SIMPLIFIED) TO MORBIDITY								
Eye Diseases	4	4				*		18
Gastric Acidity	4	4				*	*	18
Head and Body Pains	4	4				*	*	18
Skin Diseases	8	8				*	*	18
Instestinal Parasitism	8	8				*	*	18
Malaria	3	3				*	*	18
ENVIROMENTAL HEALTH (BASIC)								
Home Hygiene	4	4				*	*	20
Personal Hygiene	6	6				*	*	20
Water Sources and Treatment	10	10				*	*	20
Latrinization and Excretas	10	10				*	*	20
Disease Vectors	10	10				*	*	20
Trash	6	6				*	*	20
PARTICIPATION AND COMMUNITY DEVELOPMENT	10	10					*	40
MENTAL HEALTH	25	25						20
REHABILITATION								20
ALPHABETIZATION							*	
JOB SKILLS TRAINNING							*	20
CARE OF CHILDREN							*	
HOME ORCHARDS	6	6					*	24
COMMUNITY POTS								

IPM —

*) Institutions that did not specify the duration of the capacitation courses

Table N 9 B (Contiuued)

INSTITUTTIONAL CLASSIFICATION OF HEALTH LARGE COMPONENTS AND SUB COMPONENTS AMD OTHRES COVERED BY THE CAPACITATION PROGRAM, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY YHE CAPACITATIO PROGRAM IN THE INDICATED INSTITUTION							
	OTHER NGO S							
	PRO VIDA	OLOF PALME	APRO DECSAL	OFASA	CCC	FUNSO DESA	C SAN MARCOS	APROSAI
ATTENTION TO REPRODUCTIVE HEALTH								
Pregnancy Process at Community Level	3	2					*	
Bith process at Community Level	4	2					*	
Purpurae Evolution at Community Level	4	2					*	
Family Planning Methods								
Oral Contraceptives	2	1					*	
Inyectables	8	1						
Rithm	2	1						
Billing		1						
Coitus Interrumpt	1	1						
Condom	1	1					*	
Male Sterilization		1						
femal Sterilization		1						
Sexually transmitted Diseases Prevention	4	2	*				*	
AIDS (Efects and Prevention)	4	2					*	
Infertility								
Uterine and Mammarian Cancer Prevention	2	1					*	
Prevention of Tetanus	1	1					*	
ATTENTION TO CHILDREN								
Growth and Development	30						*	
Maternal Breast Feeding	10						*	
Inmunizations	10						*	
Acute Respiratory Infections (ARI)	20		*				*	
Acute Diarrheic Diseases (ADD)	20		*				*	
ORAL HEALTH								
Prevention of Tooth Diseases								
Fluoride Applications								
Symptomatic Attention							*	
References								
NUTRITION								
Detection od Undernourishment Level	15							
Folow Up	10							

IPM —

*) Institutions that did not specify duration of capacitacion courses

Table N 9 B (Continued)

INSTITUTTIONAL CLASSIFICATION OF HEALTH LARGE COMPONENTS AND SUB COMPONENTS AMD OTHRES COVERED BY THE CAPACITATION PROGRAM, ACCORDING TO TYPE OF INSTITUTION AND NUMBER OF HOURS

HEALTH COMPONENTS Health Sub Components	NUMBER OF HOURS COVERED BY YHE CAPACITATIO PROGRAM IN THE INDICATED INSTITUTION							
	OTHER NGO'S							
	PRO VIDA	OLOF PALME	APRO DECSAL	OFASA	CCC	FUNSO DESA	C SAN MARCOS	APROSAI
References	5							
FIRST AID								
Prevention of Accidents		2					*	
Ligth Wounds Treatment	14	2					*	
Severe wounds Primary Attention							*	
References	5	1					*	
ATTENTION SIMPLIFIED) FOR MORBIDITY								
Eye Diseases							*	
Gastric Acidioty							*	
Head and Body Pains	2						*	
Skin Diseases	6						*	
Intestinal Parasitism	2	2					*	
Malaria	2							
ENVIROMENTAL HEALTN (BASIC)								
Home Hygiene	6	2					*	
Persona Hygiene	6	2					*	
Water Sourdes and Treatment	6	2						
Latrinization and Excreta	6							
Disease Vectors	6						*	
Trash	6	1				*	*	
PARTICIPATION AND COMMUNITARY DEVELOPMENT	22	4				*	*	
MENTAL HEALTH							*	
REHABILITATION								
ALFKABETIZATION								
JOB SKILLS TRAINNINGLIDADES PARA EMPLEO						*		
CARE OF CHILDREN								
HOME ORCHARDS	16		*					
COMMUNITY POTS								

IPM

*) Institutions that did not specify duration of capacitacion courses

Table 10
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS
BY BASIC SUPERVISION CHARACTERISTICS

N	INSTITUTION	REALIZE WORK SUPERVISION OF THE CHP	WHO REALIZES THE SUPERVISION LABOR	FREQUENCY OF SUPERVISION	NUMBER OF CHP ASSIGNED TO SUPERVISOR	HIERARCHIC DEPENDENCY OF THE SUPERVISOR
1	OLOF PALME	YES	Coordinator	Monthly	2	Director
2	OPRODE	YES	Medical Personnel	Biweekly	7	Coordinator
3	FUNDEPRENS	YES	Maternal Infantile Tech	Weekly	5	Coordinator
4	FUNDAC	YES	Medical Personnel	Weekly	5	Coordinator
5	AYESPES	YES	Medical Personnel	Weekly	5	Coordinator
6	PROGRESO	YES	Special Supervisors	Weekly	7	President
7	KONRAD ADENAUER	YES	Medical Personnel	Biweekly	68	Coordinator
8	CLINICA CHILTIU	YES	Nursing Personnel	Monthly	6	Director
9	C SAN MARCOS	YES	Medical Personnel	Biweekly	3	Board of Directors
10	CRISTO REY	YES	Board of Directors	Weekly	7	Board of Directors
11	AMCS	YES	Trabajadores Sociales	Weekly	5	Coordinator
12	CARITAS S ANA	YES	Coordinator	Weekly	12	Director
13	CARITAS ZACATE	YES	Maternal Infantile Tech	Monthly	38	De Nadie
14	FUNDEMUM	YES	Nursing Personnel	Biweekly	6	Gerente General
15	AGAPE	YES	Other Personal	Weekly	6	Coordinator
16	CRUZ VERDE	YES	Nursing Personnel	Biweekly	20	President
17	FUNSODESA	YES	Coordinator	Weekly	10	President
18	COMUS	YES	Trabajadores Sociales	Weekly	3	Coordinator
19	OEF	YES	Maternal Infantile Tech	Biweekly	8	Coordinator
20	CODELUM	YES	Nursing Personnel	Weekly	5	Coordinator
21	TAZUMAL	YES	Medical Personnel	Weekly	40	Director
22	CONAMUS	YES	Maternal Infantile Tech	Weekly	5	Coordinator
23	FUNDESO	YES	Medical Personnel	Weekly	4	Coordinator
24	PROCADES	YES	Other Personal	Monthly	6	Coordinator
25	ASAPROSAR	YES	Maternal Infantile Tech	Weekly	6	Coordinator
26	ADEMUSA	YES	Maternal Infantile Tech	Weekly	5	Coordinator
27	ADHU	YES	Coordinator	Weekly	5	Coordinator
28	DJC	YES	Medical Personnel	Monthly	3	Coordinator
29	OFASA	NO				
30	ADS	YES	Special Supervisors	Monthly	85	Gerente General
31	ASALDI	YES	Coordinator	Weekly	6	Coordinator
32	CALMA	YES	Social Workers	Every 3 Days	4	Coordinator
33	ORMUSA	YES	Maternal Infantile Tech	Weekly	5	Coordinator
34	FUMA	YES	Medical Personnel	Weekly	5	Coordinator
35	AMS	YES	Nursing Personnel	Biweekly	5	Coordinator
36	CCC	YES	Coordinator	Monthly	2	President
37	CIRES	YES	Maternal Infantile Tech	Weekly	5	Coordinator
38	ASPS	YES	Medical Personnel	Weekly	2	Coordinator
39	ASADEH	YES	Medical Personnel	Biweekly	5	Coordinator
40	APYESES	YES	Special Supervisors	Monthly	15	Coordinator
41	MADRE CRIA	YES	Maternal Infantile Tech	Weekly	10	Coordinator
42	VMES	YES	Medical Personnel	Monthly	50	Coordinator
43	CAPS	YES	Special Supervisors	Monthly	15	Coordinator
44	APROSAI	YES	Maternal Infantile Tech	Weekly	22	Coordinator
45	CLINICA SAGRAD	YES	Other Personal	Monthly	15	Coordinator
46	PROCSAL	NO				
47	FASTRAS	YES	Medical Personnel	Weekly	5	Coordinator
48	CODECUS	YES	Maternal Infantile Tech	Monthly	5	Coordinator
49	ALFALIT	YES	Social Workers	Monthly	5	General Mgr
50	ASEI	YES	Nursing Personnel	Weekly	5	Coordinator
51	IDEA	YES	Nursing Personnel	Weekly	5	Coordinator
52	PADECOMSM	YES	Special Supervisors	Weekly	5	Coordinator
53	CODECA	YES	Medical Personnel	Biweekly	5	Coordinator
54	FUNDACION KNAPP	YES	Special Supervisors	Biweekly	14	Coordinator
55	SLS	YES	Medical Personnel	Monthly	20	Program Official

IPM

Table 10 (Continued)
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF PROMOTERS
BY BASIC SUPERVISION CHARACTERISTICS

N	INSTITUTION	REALIZE WORK SUPERVISION OF THE CHP	WHO REALIZES THE SUPERVISION LABOR	FREQUENCY OF SUPERVISION	NUMBER OF CHP ASSIGNED TO SUPERVISOR	HIERARCHIC DEPENDFANCY OF THR SUPERVISOR
56	COSDECSAM	YES	Medical Personnel	Biweekly	5	Coordinator
57	PRO VIDA	YES	Nursing Personnel	Monthly	19	Departamental Mgr
58	FUSAL	YES	Nursing Personnel	Biweekly	0	President
59	ANIS	YES	Medical Personnl	Monthly	36	President
60	P SN JACINTO	YES	Special Supervisors	Monthly	2	Coordinator
61	CARITAS SONSON	YES	Medical Personnel	Monthly	6	Director
62	P INMACULADA	YES	Special Supervisors	Monthly	4	Coordinator
63	P SNTA LUCIA	YES	Special Supervisors	Monthly	2	Coordinator
64	P SN SEBASTIAN	YES	Special Supervisors	Monthly	7	Coordinator
65	P SN ANTONIO	YES	Special Supervisors	Monthly	3	Coordinator
66	P SNTA MARIA	YES	Special Supervisors	Monthly	4	Coordinator
67	I SN BARTOLOME	YES	Special Supervisors	Monthly	2	Coordinator
91	MSPAS	YES	Special Supervisors	Monthly	10	Coordinator

IPM

Table 11.A

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES, BY COORDINATION MECHANISMS WITH THE MPHSA

N	INSTITUTION	COORDINATION MECHANISMS APPLIED WITH THE MPHSA						
		NONE	COMITTES	CONTPACTS	TREATIES	PERIODIC MEETINGS	PROJECT GROUPS	PERIODIC REPORTS
1	OLOF PALME	X						
2	OPRODE		YES		YES	YES	YES	YES
3	FUNDEPRENS					YES	YES	YES
4	FUNDAC					YES		YES
5	AYESPES				YES	YES		YES
6	PROGRESO					YES		YES
7	KONRAD ADENAUER					YES	YES	
8	CLINICA CHILTIU	X						
9	C SAN MARCOS				YES			
10	CRISTO REY	X						
11	AMCS		YES			YES	YES	
12	CARITAS S ANA		YES			YES		
13	CARITAS ZACATE	X						
14	FUNDEMUM				YES	YES		YES
15	AGAPE					YES		
16	CRUZ VERDE		YES		YES	YES	YES	
17	FUNSODESA	X						
18	COMUS					YES		
19	OEF					YES	YES	YES
20	CODELUM					YES		
21	TAZUMAL		YES			YES	YES	
22	CONAMUS				YES	YES		
23	FUNDESO					YES		
24	PROCADES					YES	YES	YES
25	ASAPROSAR		YES			YES	YES	
26	ADEMUSA		YES		YES	YES	YES	YES
27	ADHU					YES		
28	DJC		YES		YES	YES	YES	YES
29	OFASA	X						
30	ADS					YES		
31	ASALDI		YES			YES	YES	YES
32	CALMA		YES		YES	YES	YES	YES
33	ORMUSA					YES		
34	FUMA					YES	YES	
35	AMS		YES				YES	
36	CCC					YES		
37	CIRES				YES	YES	YES	YES
38	ASPS				YES	YES	YES	
39	ASADEH				YES	YES		YES

IPM

Table 11.A (Continued)

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES, BY COORDINATION MECHANISMS WITH THE MPHSA

N	INSTITUTION	COORDINATION MECHANISMS APPLIED WITH THE MPHSA						
		NONE	COMITTES	CONTRACTS	TREATIES	PERIODIC MEETINGS	PROJECT GROUPS	PERIODIC REPORTS
40	APYESES		YES		YES	YES	YES	
41	MADRE CRIA				YES			YES
42	VMES		YES			YES		
43	CAPS	X						
44	APROSAI			YES	YES	YES		YES
45	CLINICA SAGRAD	X						
46	APROCSAL	X						
47	FASTRAS				YES			
48	CODECUS					YES	YES	YES
49	ALFALIT					YES		
50	ASEI		YES				YES	
51	IDEA				YES	YES		
52	PADECOMSM		YES			YES		YES
53	CODECA					YES		
54	FUNDACION KNAPP	X						
55	SLS					YES		
56	COSDECSAM					YES	YES	
57	PRO VIDA				YES			
58	FUSAL				YES			YES
59	ANIS	X						
60	P SN JACINTO	X						
61	CARITAS SONSON	X						
62	P INMACULADA	X						
63	P SNTA LUCIA	X						
64	P SN SEBASTIAN	X						
65	P SN ANTONIO	X						
66	P SNTA MARIA	X						
67	I SN BARTOLOME	X						
	T O T A L E S	19	15	1	19	41	21	19

IPM

Table 11 B

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY BASIC CHARACTERISTICS
IN COORDINATION WITH MOH

N	INSTITUTION	LEVEL OF MOH THAT MOST FACILITATES COORDINATION	FRREQUENCY AT WICH COORDINATION ACTIVITIES ARE EFFECTEDN	QUALIFICATION OF COORDINATION ACTIVITIES WITH MPHSA	CONVENIENT AMPLIFY COORDINATION RELATIONS WITH MPHSA
1	OLOF PALME	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
2	OPRODE	Community Level	Monthly	Good	YES
3	FUNDEPRENS	Local Level	Monthly	Excellent	YES
4	FUNDAC	Community Level	Monthly	Good	YES
5	AYESPES	Community Level	Quarterly	Excellent	YES
6	PROGRESO	Local Level	Monthly	Regular	YES
7	KONRAD ADENAUER	Community Level	Monthly	Mala	YES
8	CLINICA CHILTIU	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
9	C SAN MARCOS	Local Level	As Needed	Good	YES
10	CRISTO REY	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
11	AMCS	Community Le el	Monthly	Good	YES
12	CARITAS S ANA	Community Leve	Monthly	Regular	YES
13	CARITAS ZACATE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
14	FUNDEMUM	Community Level	Permanent	Excellent	YES
15	AGAPE	Local Level	Monthly	Good	YES
16	CRUZ VERDE	Local Level	Monthly	Good	YES
17	FUNSODESA	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
18	COMUS	Local Level	Monthly	Good	YES
19	OEF	Community Level	Monthly	Excellent	YES
20	CODELUM	Community Level	Monthly	Good	YES
21	TAZUMAL	Nivel Central	Quarterly	Regular	NO
22	CONAMUS	Local Level	Quarterly	Regular	YES
23	FUNDESO	Nivel Regional	Monthly	Regular	YES
24	PROCADES	Local Level	Monthly	Good	YES
25	ASAPROSAR	Community Level	Monthly	Good	YES
26	ADEMUSA	Local Level	Monthly	Good	YES
27	ADHU	Local Level	Monthly	Regular	YES
28	DJC	Local Level	Monthly	Good	YES
29	OFASA	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
30	ADS	Community Level	As Needed	Good	YES
31	ASALDI	Local Level	Monthly	Excellent	YES
32	CALMA	Nivel Central	As Needed	Excellent	YES
33	ORMUSA	Local Level	Monthly	Regular	YES
34	FUMA	Local Level	Biannual	Excellent	YES
35	AMS	Local Level	As Needed	Regular	YES
36	CCC	Community Level	Quarterly	Good	YES
37	CIRES	Local Level	Quarterly	Good	YES

IPM —

3B

Table 11 B (Continued)

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY BASIC CHARACTERISTICS
IN COORDINATION WITH MOH

N	INSTITUTION	LEVEL OF MOH THAT MOST FACILITATES COORDINATION	FRREQUENCY AT WICH COORDINATION ACTIVITIES ARE EFFECTEDN	QUALIFICATION OF COORDINATION ACTIVITIES WITH MPHSA	CONVENIENT AMPLIFY COORDINATION RELATIONS WITH MPHSA
38	ASPS	Local Level	Monthly	Good	YES
39	ASADEH	Local Level	Monthly	Good	YES
40	APYESES	Local Level	Monthly	Regular	YES
41	MADRE CRIA	Local Level	Monthly	Good	YES
42	VMES	Community Level	Monthly	Good	YES
43	CAPS	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
44	APROSAI	Local Level	Monthly	Good	YES
45	CLINICA SAGRAD	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
46	APROCSAL	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
47	FASTRAS	Local Level	Quarterly	Good	YES
48	CODECUS	Community Level	Monthly	Regular	YES
49	ALFALIT	Local Level	Quarterly	Bad	YES
50	ASEI	Local Level	Monthly	Good	YES
51	IDEA	Community Level	Monthly	Good	YES
52	PADECOMSM	Local Level	Monthly	Good	YES
53	CODECA	Community Level	Monthly	Good	NO
54	FUNDACION KNAPP	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
55	SLS	Local Level	Quarterly	Regular	YES
56	COSDECSAM	Local Level	Monthly	Good	YES
57	PRO VIDA	Local Level	Monthly	Regular	YES
58	FUSAL	Local Level	As Needed	Good	YES
59	ANIS	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
60	P SN JACINTO	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
61	CARITAS SONSON	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
62	P INMACULADA	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
63	P SNTA LUCIA	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
64	P SN SEBASTIAN	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
65	P SN ANTONIO	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
66	P SNTA MARIA	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
67	I SN BARTOLOME	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

IPM

Table 12

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY BASIC COORDINATION CHAPACTERISTICS WITH OTHER NGO S

N	INSTITUTION	HAS RELATIONSN WITH OTHER NGO'S	FREQUENCY AT WHICH COORDINATION ACTIVITIES ARE EFFECTED	QUALIFICATION OF COORDINATION ACTIVITIES EFFECTED WITH OTHER NGO'S
1	OLOF PALME	YES	Weekly	Good
2	OPRODE	YES	Weekly	Good
3	FUNDEPRENS	YES	Monthly	Excellent
4	FUNDAC	YES	Weekly	Good
5	ASIPES	YES	Monthly	Good
6	PROGRESO	YES	Monthly	Good
7	KONRAD ADENAUER	YES	Monthly	Excellent
8	CLINICA CHILTIU	NO	NOT APPLICABLE	NOT APPLICABLE
9	C SAN MARCOS	NO	NOT APPLICABLE	NOT APPLICABLE
10	CRISTO REY	YES	Monthly	Good
11	AMCS	YES	Biweekly	Good
12	CARITAS S ANA	NO	NOT APPLICABLE	NOT APPLICABLE
13	CARITAS ZACATE	NO	NOT APPLICABLE	NOT APPLICABLE
14	FUNDEMUM	YES	Monthly	Good
15	AGAPE	YES	Biannual	Good
16	CRUZ VERDE	YES	Quarterly	Excellent
17	FUNSODESA	NO	NOT APPLICABLE	NOT APPLICABLE
18	COMUS	NO	NOT APPLICABLE	NOT APPLICABLE
19	OEF	YES	Monthly	Excellent
20	CODELUM	YES	Monthly	Good
21	TAZUMAL	YES	Monthly	Good
22	CONAMUS	YES	Monthly	Excellent
23	FUNDESO	YES	Monthly	Good
24	PROCADES	YES	Monthly	Excellent
25	ASAPROSAR	YES	Monthly	Good
26	ADEMUSA	YES	Monthly	Good
27	ADHU	YES	Monthly	Regular
28	DJC	YES	Quarterly	Good
29	OFASA	NO	NOT APPLICABLE	NOT APPLICABLE
30	ADS	YES	As Needed	Good
31	ASALDI	YES	Monthly	Excellent
32	CALMA	YES	Weekly	Excellent
33	ORMUSA	YES	Monthly	Good
34	FUMA	YES	Quarterly	Good
35	AMS	YES	Monthly	Good
36	CCC	YES	NOT APPLICABLE	NOT APPLICABLE
37	CIRES	YES	Monthly	Excellent
38	ASPS	YES	As Needed	Good

IPM —

Table 12 (Continued

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY BASIC COORDINATION CHARACTERISTICS WITH OTHER NGO S

N	INSTITUTION	HAS RELATIONSN WITH OTHER NGO'S	FREQUENCY AT WHICH COORDINATION ACTIVITIES ARE EFFECTED	QUALIFICATION OF COORDINATION ACTIVITIES EFFECTED WITH OTHER NGO'S
39	ASADEH	YES	Quarterly	Good
40	APSIES	NO	NOT APPLICABLE	NOT APPLICABLE
41	MADRE CRIA	YES	Quarterly	Good
42	VMES	YES	As Needed	Good
43	CAPS	YES	As Needed	Regular
44	APROSAI	YES	Monthly	Excellent
45	CLINICA SAGRAD	NO	NOT APPLICABLE	NOT APPLICABLE
46	APROCSAL	YES	Monthly	Good
47	FASTRAS	YES	Monthly	Good
48	CODECUS	YES	Monthly	Good
49	ALFALIT	YES	Monthly	Good
50	ASEI	YES	Monthly	Good
51	IDEA	YES	Montly	Excellent
52	PADECOMSM	NO	NOT APPLICABLE	NOT APPLICABLE
53	CODECA	NO	Quarterly	Good
54	FUNDACION KNAPP	NO	NOT APPLICABLE	Not Applicable
55	SLS	YES	Quarterly	Good
56	COSDECSAM	NO	Quarterly	Good
57	PRO VIDA	YES	Montly	Good
58	FUSAL	YES	As Needed	Good
59	ANIS	NO	NOT APPLICABLE	NOT APPLICABLE
60	P SN JACINTO	NO	NOT APPLICABLE	NOT APPLICABLE
61	CARITAS SONSON	NO	NOT APPLICABLE	NOT APPLICABLE
62	P INMACULADA	NO	NOT APPLICABLE	NOT APPLICABLE
63	P SNTA LUCIA	NO	NOT APPLICABLE	NOT APPLICABLE
64	P SN SEBASTIAN	NO	NOT APPLICABLE	NOT APPLICABLE
65	P SN ANTONIO	NO	NOT APPLICABLE	NOT APPLICABLE
66	P SNTA MARIA	NO	NOT APPLICABLE	NOT APPLICABLE
67	I SN BARTOLOME	NO	NOT APPLICABLE	NOT APPLICABLE
91	MSPAS	NO	NOT APPLICABLE	NOT APPLICABLE

IPM

Table 13

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY COORDINATION MECHANISMS APPLIED WITH OTHER NGO S

N	INSTITUTION	COORDINATION MECHANISMS APPLIED WITH OTHER NGO S					
		PERIODIC MEETINGS	COOMITEES	PERIODIC REPORTS	CONTRACTS	TREATIESS	JOINT GROUPS
1	OLOF PALME						
2	OPRODE	YES		YES		YES	YES
3	FUNDEPRENS	YES		YES		YES	
4	FUNDAC	YES					YES
5	ASIPES	YES	YES				YES
6	PROGRESO	YES					
7	KONRAD ADENAUER						
8	CLINICA CHILTIU						
9	C SAN MARCOS						
10	CRISTO REY						
11	AMCS	YES	YES	YES		YES	
12	CARITAS S ANA						
13	CARITAS ZACATE						
14	FUNDEMUM	YES	YES			YES	
15	AGAPE	YES					YES
16	CRUZ VERDE					YES	
17	FUNSODESA						
18	COMUS						
19	OEF	YES		YES			YES
20	CODFIUM	YES					SI
21	TAZUMAL	YES					
22	CONAMUS	YES					
23	FUNDESO	YES					
24	PROCADES	YES		YES	YES		
25	ASAPROSAR	YES	YES				
26	ADEMUSA	YES		YES		YES	YES
27	ADHU	YES		YES		YES	
28	DJC						
29	OFASA						
30	ADS						YES
31	ASALDI	YES	YES			YES	YES
32	CAIMA	YES	YES			YES	YES
33	ORMUSA	YES				YES	
34	FUMA	YES				YES	YES
35	AMS						
36	CCC						
37	CIRES	YES					
38	ASPS	YES				YES	

IPM

Tabla 13 (Continued)

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY COORDINATION MECHANISMS APPLIED WITH OTHER NGO S

N	INSTITUTION	COORDINATION MECHANISMS APPLIED WITH OTHER NGO S					
		PERIODIC MEETINGS	COOMITEES	PERIODIC REPORTS	CONTRACTS	TREATIESS	JOINT GROUPS
39	ASADEH	YES					YES
40	APSIES						
41	MADRE CRIA					YES	YES
42	VMES					YES	
43	CAPS	YES					
44	APROSAI						
45	CLINICA SAGRAD	YES				YES	
46	APROCSAL						
47	FASTRAS	YES					YES
48	CODECUS						
49	ALFALIT	YES	YES				
50	ASEI	YES				YES	YES
51	IDEA	YES			YES	YES	
52	PADECOMSM						
53	CODECA						
54	FUNDACION KNAPP						
55	SLS	YES	YES				
56	COSDECSAM	YES				YES	YES
57	PRO VIDA	YES	YES			YES	
58	FUSAL					YES	YES
59	ANIS						
60	P SN JACINTO						
61	CARITAS SONSON						
62	P INMACULADA						
63	P SNTA LUCIA						
64	P SN SEBASTIAN						
65	P SN ANTONIO						
66	P SNTA MARIA						
67	I SN BARTOLOME						
91	MSPAS						
	T O T A L E S	33	9	7	2	20	17

IPM

Table 14

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS" BY PARTICIPATING ENTITIES IN EVALUATION OF ACTIVITIES AND DIFFICULTIES IN 1993 AND 1994

N	INSTITUTION	PARTICIPANTS IN EVALUATION	MAIN DIFFICULTIES IN 1993 AND 1994
1	OLOF PALME	Manager/Director Supervising Team	Lack of Measure Acknowledgement by The State High Cost of Materials and/or Equipment Insufficiency of an Information System Finnancing Insufficiency
2	OPRODE	Supervising Team Financial Cooperation Organism	Political Restrictions on the Institutional Measure Lack of Measure Acknowledgement by The State Finnancing Insufficiency Limitations of Own Installed Capacity
3	FUNDEPRENS	Manager/Director Supervising Team Board of Directors Financial Cooperation Organism	Finnancing Insufficiency Parallelism of Similar Activities of MPHSA Lack of Acknowledgemt by the Community Lack of Measure Acknowledgement by The State High Cost of Materials and/or Equipment Limitations of Own Installed Capacity
4	FUNDAC	Manager/Director Representatives of the Community Supervising Teamr Board of Directors Financial Cooperation Organism	Limitations of Own Installed Capacity High Cost of Personnel Salaries High Cost of Materials and/or Equipment Lack of Measure Acknowledgement by The State Finnancing Insufficiency
5	ASIPES	Manager/Director Representatives of the Community Financial Cooperation Organism	Parallelism of Similar Activities of MPHSA Transportation Problems Population Sizes too Large
		Supervising Team Board of Directors	Limitations of Own Installed Capacity Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost of Materials and/or Equipment High Cost of Personnel Salaries
6	PROGRESO	Manager/Director Representatives of the Community Financial Coordination Organism Supervising Team Board of Directors	Parallelism of Similar Activities of MPHSA Transportation Problems Population Sizes too Large Lack of Acknowledgemt by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost of Materials and/or Equipment Limitations of Own Installed Capacity Political Restrictions on the Institutional Measure
7	KONRAD ADENAUR	Supervising Team	Parallelism of Similar Activities of MPHSA Political Restrictions on the Institutional Measure Lack of Measure Acknowledgement by The State
8	CLINICA CHILTI	Manager/Director Supervising Team	MPHSA Wants Data on Clinic Operation Population Sizes too Large Lack of Acknowledgemt by the Community Finnancing Insufficiency High Cost of Materials and/or Equipment High Cost of Personnel Salaries Limitations of Own Installed Capacity Political Restrictions on the Institutional Measure Transportation Problems
9	C SAN MARCOS	Manager/Director Representatives of the Community Supervising Team Board of Directors	LimiTations of Own Installed Capacity Information System Insufficiency
10	CRISTO REY	Representatives of the Community Board of Directors Financial Coordination Organism	Competition with Other Institutions Population Sizes too Large k of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment Information System Insufficiency Transportation Problems Lack of Laboratory

Tabla 14 (Continued)
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY PARTICIPATING ENTITIES IN EVALUATION OF ACTIVITIES AND DIFFICULTIES IN 1993 AND 1994

N	INSTITUTION	PARTICIPANTS IN EVALUATION	MAIN DIFFICULTIES IN 1993 AND 1994
11	AMCS	Representatives of the Community Financial Coordination Organism Supervising Team Board of Directors	Limitations of Own Installed Capacity Population Sizes too Large Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State High Cost of Personnel Salaries
12	CARITAS S ANA	Representatives of the Community Financial Coordination Organism Supervising Team	Transportation Problems Population Sizes too Large Limitations of Own Installed Capacity Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment High Cost of Personnel Salaries
13	CARITAS ZACATE	Manager/Director Representatives of the Community Municipality	
14	FUNDEMUM	Manager/Director Representatives of the Community Municipality Supervising Team Goverment Representative	High Cost or Materials and/or Equipment High Cost of Personnel Salaries Transportation Problems
15	AGAPE	Manager/Director Representatives of the Community Financial Coordination Organism Supervising Team	Parallelism of Similar Activities of MPHSA High Cost of Personnel Salaries Population Sizes too Large High Cost or Materials and/or Equipment Finnancing Insufficiency
16	CRUZ VERDE	Manager/Director Representatives of the Community Financial Coordination Organism Supervising Team	Transportation Problems Information System Insufficiency Population Sizes too Large Limitations of Own Installed Capacity Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost of Personnel Salaries
17	FUNSODESA	Manager/Director	Transportation Problems Population Sizes too Large Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment Limitations of Own Installed Capacity Political Restrictions on the Institutional Measure Information System Insufficiency
18	COMUS	Financial Coordination Organism Supervising Team	Parallelism of Similar Activities of MPHSA Information System Insufficiency Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment High Cost of Personnel Salaries Limitations of Own Installed Capacity
19	OEF	Manager/Director Representatives of the Community Supervising Team Board of Directors Financial Coordination Organism	High Cost of Personnel Salaries Lack of Acknowledgement by the Community
20	CODELUM	Manager/Director Representatives of the Community Supervising Team	Transportation Problems Lack of Measure Acknowledgement by The State Lack of Acknowledgement by the Community
21	TAZUMAL	Manager/Director Representatives of the Community Supervising Team Board of Directors	Parallelism of Similar Activities of MPHSA Natural Enviroment Conditions Limitations of Own Installed Capacity High Cost or Materials and/or Equipment Finnancing Insufficiency

Table 14 (Continued)
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY PARTICIPATING ENTITIES IN EVALUATION OF ACTIVITIES AND DIFFICULTIES IN 1993 AND 1994

N.	INSTITUTION	PARTICIPANTS IN EVALUATION	MAIN DIFFICULTIES IN 1993 AND 1994
22	CONAMUS	Manager/Director Equipo Supervisor Financial Coordination Organism	Desertion of Promoters Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State
23	FUNDESO	Manager/Director Representatives of the Community Supervising Team Board of Directors Financial Coordination Organism	High Cost or Materials and/or Equipment High Cost of Personnel Salaries
24	PROCADES	Representatives of the Community Alcaldía Municipal Supervising Team Representante Gubernamental Organismo de Cooperación Financiera	Transportation Problems Population Sizes too Large Information System Insufficiency Lack of Measure Acknowledgement by The State Political Restrictions on the Institutional Measure
25	ASAPROSAR	Manager/Director Representatives of the Community Supervising Team Financial Coordination Organism	Transportation Problems Political Restrictions on the Institutional Measure High Cost of Personnel Salaries Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment
26	ADEMUSA	Manager/Director Representatives of the Community Financial Coordination Organism Supervising Team Board of Directors	Parallelism of Similar Activities of MPHSA Political Restrictions on the Institutional Measure Population Sizes too Large Limitations of Own Installed Capacity Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment
27	ADHU	Financial Coordination Organism Representatives of the Community Board of Directors Supervising Team	Parallelism of Similar Activities of MPHSA High Cost or Materials and/or Equipment Population Sizes too Large Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency
28	DJC	Representante Gubernamental	Competition with Other Institutions Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State High Cost or Materials and/or Equipment Political Restrictions on the Institutional Measure
29	OFASA	Manager/Director	Transportation Problems Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment
30	ADS	Manager/Director Financial Coordination Organism Supervising Team	Parallelism of Similar Activities of MPHSA Population Sizes too Large Lack of Operational Population Policy High Cost of Personnel Salaries High Cost or Materials and/or Equipment
31	ASALDI	Manager/Director Representatives of the Community Supervising Team Board of Directors Financial Coordination Organism	Delinquency Transportation Problems
32	CALMA	Manager/Director Representatives of the Community Alcaldía Municipal Supervising Team Board of Directors Financial Coordination Organism Representante Gubernamental	Communitary Proyect Suuport Limitations of Own Installed Capacity Population Sizes too Large

Tabla 14 (Continued)
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY PARTICIPATING ENTITIES IN EVALUATION OF ACTIVITIES AND DIFFICULTIES IN 1993 AND 1994

N	INSTITUTION	PARTICIPANTS IN EVALUATION	MAIN DIFFICULTIES IN 1993 AND 1994
33	ORMUSA	Representatives of the Community Supervising Team Financial Coordination Organism	Lack of Measure Acknowledgement by The State Finnancing Insufficiency
34	FUMA	Manager/Director Representatives of the Community Supervising Team Board of Directors Financial Coordination Organism	Transportation Problems High Cost of Personnel Salaries Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment
35	AMS	Supervising Team Representatives of the Community	Parallelism of Similar Activities of MPHSA Information System Insufficiency Population Sizes too Large Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment High Cost of Personnel Salaries Limitations of Own Installed Capacity Political Restrictions on the Institutional Measure
36	CCC	Manager/Director Board of Directors	Parallelism of Similar Activities of MPHSA Competition with Other Institutions Transportation Problems Finnancing Insufficiency High Cost or Materials and/or Equipment High Cost of Personnel Salaries Limitations of Own Installed Capacity Information System Insufficiency
37	CIRES	Representatives of the Community Financial Coordination Organism Supervising Team Goverment Representative	Transportation Problems Population Sizes too Large Information System Insufficiency Lack of Measure Acknowledgement by The State Political Restrictions on the Institutional Measure Limitations of Own Installed Capacity
38	ASPS	Manager/Director Representatives of the Community Supervising Team Financial Coordination Organism	Transportation Problems High Cost of Personnel Salaries High Cost or Materials and/or Equipment Lack of Measure Acknowledgement by The State Finnancing Insufficiency
39	ASADEH	Manager/Director Representatives of the Community ESupervising Team Board of Directors Financial Coordination Organism	High Cost or Materials and/or Equipment Finnancing Insufficiency Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State
40	APSIES	Representatives of the Community Financial Coordination Organism Supervising Team Board of Directors	Transportation Problems Population Sizes too Large Information System Insufficiency Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment High Cost of Personnel Salaries Limitations of Own Installed Capacity Political Restrictions on the Institutional Measure
41	MADRE CRIA	Manager/Director Representatives of the Community Supervising Team Board of Directors Financial Coordination Organism	Parallelism of Similar Activities of MPHSA Political Restrictions on the Institutional Measure Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment Limitations of Own Installed Capacity

386

Tabla 14 (Continued)
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY PARTICIPATING ENTITIES IN EVALUATION OF ACTIVITIES AND DIFFICULTIES IN 1993 AND 1994

N	INSTITUTION	PARTICIPANTS IN EVALUATION	MAIN DIFFICULTIES IN 1993 AND 1994
42	VMES	Representatives of the Community Supervising Team	Competition with Other Institutions Population Sizes too Large Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment High Cost of Personnel Salaries Limitations of Own Installed Capacity Transportation Problems
43	CAPS	Supervising Team	Parallelism of Similar Activities of MPHSA Competition with Other Institutions Population Sizes too Large Finnancing Insufficiency Information System Insufficiency Transportation Problems Restrictions of a Religious Nature Can Not be Asked Becasuse They are Volunteers
44	APROSAI	Manager/Director Representatives of the Community Financial Coordination Organism Goverment Representative	Parallelism of Similar Activities of MPHSA Transportation Problems Finnancing Insufficiency Political Restrictions on the Institutional Measure
45	CLINICA SAGRAD	Manager/Director Representatives of the Community Financial Cooperation Organism	High Cost of Materials and/or Equipment High Cost of Personnel Salaries Population Sizes too Large Finnancing Insufficiency
46	APROCSAL	Representatives of the Community Financial Cooperation Organism Supervising Team	Competition with Other Institutions Population Sizes too Large Transportation Problems Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost of Materials and/or Equipment Limitations of Own Installed Capacity Political Restrictions on the Institutional Measure
47	FASTRAS	Representatives of the Community Supervising Team Financial Cooperation Organism	Competition with Other Institutions Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment Limitations of Own Installed Capacity Political Restrictions on the Institutional Measure Transportation Problems
48	CODECUS	Manager/Director Coordinador Supervising Team	Parallelism of Similar Activities of MPHSA Population Sizes too Large Lack of Acknowledgement by the Community Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment Limitations of Own Installed Capacity Political Restrictions on the Institutional Measure Information System Insufficiency Transportation Problems
49	ALFALIT	Manager/Director Representatives of the Community Financial Cooperation Organism Supervising Team Board of Directors	Parallelism of Similar Activities of MPHSA Transportation Problems Population Sizes too Large Political Restrictions on the Institutional Measure Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost or Materials and/or Equipment High Cost of Personnel Salaries Limitations of Own Installed Capacity
50	ASEI	Manager/Director Supervising Team Financial Cooperation Organism	Parallelism of Similar Activities of MPHSA Lack of Acknowledgement by the Community Political Restrictions on the Institutional Measure

Tabla 14 (Continued)
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY PARTICIPATING ENTITIES IN EVALUATION OF ACTIVITIES AND DIFFICULTIES IN 1993 AND 1994

N	INSTITUTION	PARTICIPANTS IN EVALUATION	MAIN DIFFICULTIES IN 1993 AND 1994
51	IDEA	Manager/Director Representatives of the Community Supervising Team Board of Directors Financial Cooperation Organism	High Cost or Materials and/or Equipment Finnancing Insufficiency Lack of Measure Acknowledgement by The State
52	PADECOMSM	Financial Cooperation Organism Supervising Team Board of Directors	Parallelism of Similar Activities of MPHSA Transportation Problems Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost of Materials and/or Equipment Political Restrictions on the Institutional Measure
53	CODECA	Manager/Director Supervising Team	
54	FUNDACION KNAPP	Manager/Director Representatives of the Community Financial Cooperation Organism Supervising Team	Parallelism of Similar Activities of MPHSA Information System Insufficiency Population Sizes too Large High Cost of Materials and/or Equipment Lack of Measure Acknowledgement by The State Finnancing Insufficiency
55	SLS	Coordinator Supervising Team Board of Directors	Population Sizes too Large Transportation Problems Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost of Materials and/or Equipment High Cost of Personnel Salaries
56	COSDECSAM	Manager/Director Representatives of the Community Supervising Team Board of Directors Financial Cooperation Organism	Political Restrictions on the Institutional Measure Limitations of Own Installed Capacity Lack of Measure Acknowledgement by The State
57	PRO VIDA	Representatives of the Community Supervising Team Financial Cooperation Organism	Transportation Problems High Cost of Materials and/or Equipment Lack of Measure Acknowledgement by The State Finnancing Insufficiency
58	FUSAL	Supervising Team Coordinator Goverment Representative	Sostenibilidad Comunitaria del Proyecto Finnancing Insufficiency High Cost of Materials and/or Equipment High Cost of Personnel Salaries Information System Insufficiency
59	ANIS	Manager/Director	Transportation Problems Population Sizes too Large Lack of Acknowledgement by the Community Finnancing Insufficiency High Cost of Materials and/or Equipment High Cost of Personnel Salaries' Limitations of Own Installed Capacity Information System Insufficiency
60	P SN JACINTO	Financial Cooperation Organism	Parallelism of Similar Activities of MPHSA Competition with Other Institutions Population Sizes too Large Finnancing Insufficiency Limitations of Own Installed Capacity
61	CARITAS SONSON	Manager/Director Representatives of the Community Financial Cooperation Organism	Transportation Problems Information System Insufficiency Population Sizes too Large Lack of Measure Acknowledgement by The State Finnancing Insufficiency High Cost of Materials and/or Equipment

Tabla 14 (Continued)
CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY MEANS OF "PROMOTERS"
BY PARTICIPATING ENTITIES IN EVALUATION OF ACTIVITIES AND DIFFICULTIES IN 1993 AND 1994

N	INSTITUTION	PARTICIPANTS IN EVALUATION	MAIN DIFFICULTIES IN 1993 AND 1994
62	P INMACULADA	Financial Cooperation Organism	Parallelism of Similar Activities of MPHSA Competition with Other Institutions Population Sizes too Large Finnancing Insufficiency Insufficiency of an Information System Transportation Problems
63	P SNTA LUCIA	Supervising Team	Parallelism of Similar Activities of MPHSA Competition with Other Institutionss Population Sizes too Large Finnencing Insufficiency
64	P SN SEBASTIAN	Supervising Team	Parallelism of Similar Activities of MPHSA Competition with Other Institutionss Population Sizes too Large Finnancing Insufficiency Insufficiency of an Information System Transportation Problems
65	P SN ANTONIO	Supervising Team	Parallelism of Similar Activities of MPHSA Competition with Other Institutionss Population Sizes too Large Finnancing Insufficiency Insufficiency of an Information System Transportation Problems
66	P SNTA MARIA	Financial Cooperation Organism Supervising Team	Parallelism of Similar Activities of MPHSA Competition with Other Institutionss Population Sizes too Large Finnancing Insufficiency Insufficiency of an Information System Transportation Problems
67	I SN BARTOLOME	Supervising Team	Parallelism of Similar Activities of MPHSA Competition with Other Institutionss Population Sizes too Large Finnancing Insufficiency Insufficiency of an Information System Transportation Problems

IPM

Table 15 A

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION MOH

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIMEAL	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	852				606			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	8				8			
N Monthly Visits to Healh Establish or See	1				1			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 B

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION DSA

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)		87				958		
N of Daily Work Hours		4				4		
N of Weekly Work Days		5				5		
N of Daily Domiciliary Visits		7				7		
N Monthly Visits to Healh Establish or See		1				1		
N of Persons Assigned		1,000				1,000		
N of Families Assigned		200				200		
N of Homes Assigned		200				200		
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)				22				412
N of Daily Work Hours				2				2
N of Weekly Work Days				7				7
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned				1				1
N of Families Assigned				75				75
N of Homes Assigned				75				75

IPM

Table 15 C

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION OPRODE (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIMEAL	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	15				12			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	8				8			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	720				720			
N of Families Assigned	180				180			
N of Homes Assigned	160				160			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish. or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N. OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

392

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION FUNDEPRENS (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	1				9			
N of Daily Work Hours	6				6			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	5				5			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	908				900			
N of Families Assigned	195				220			
N of Homes Assigned	195				220			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	1				9			
N of Daily Work Hours	3				3			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	5				5			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION FUNDAC (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	3				7			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	7				7			
N Monthly Visits to Healh Establish or See	3				3			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	155				155			
N of Homes Assigned	143				143			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION ASIPES (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	5				5			
N of Daily Work Hours	4				4			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	6				6			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	500				500			
N of Families Assigned	85				85			
N of Homes Assigned	105				105			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	5				4			
N of Daily Work Hours	4				4			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	6				6			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	500				500			
N of Families Assigned	85				85			
N of Homes Assigned	105				105			
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION PROGRESO (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	2				18			20
N of Daily Work Hours	8				8			2
N of Weekly Work Days	6				6			5
N of Daily Domiciliary Visits	5				5			2
N Monthly Visits to Healh Establish or See	1				1			1
N of Persons Assigned	500				500			200
N of Families Assigned	71				71			50
N of Homes Assigned	71				71			45
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	2				18			20
N of Daily Work Hours	2				2			2
N of Weekly Work Days	5				5			5
N of Daily Domiciliary Visits	1				1			1
N Monthly Visits to Healh Establish or See	200				200			200
N of Persons Assigned	50				50			50
N of Families Assigned	45				45			45
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION AMCS (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)					10			
N of Daily Work Hours					3			
N of Weekly Work Days					5			
N of Daily Domiciliary Visits					5			
N Monthly Visits to Healh Establish or See					2			
N of Persons Assigned					1,000			
N of Families Assigned					150			
N of Homes Assigned					150			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)					10			
N of Daily Work Hours					5			
N of Weekly Work Days					5			
N of Daily Domiciliary Visits					10			
N Monthly Visits to Healh Establish or See					2			
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.C (Continued)
DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION : FUNDFMUM (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIMEAL	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	1				18			
N of Daily Work Hours	6				6			
N of Weekly Work Days	7				7			
N of Daily Domiciliary Visits	12				12			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,100				1,100			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	1				17			
N of Daily Work Hours	3				3			
N of Weekly Work Days	6				6			
N of Daily Domiciliary Visits	12				12			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

398

Table 15 C (Continued)
DISTRIBUTUTION OF THE WORK OF THE CH BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION : AGAPE (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	11				6			
N of Daily Work Hours	6				6			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	3				3			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,068				513			
N of Families Assigned	202				100			
N of Homes Assigned								
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)	11				6			
N of Daily Work Hours	2				2			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	3				3			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,068				513			
N of Families Assigned	202				100			
N of Homes Assigned								

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION COMUS (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	6				4			
N of Daily Work Hours	8				8			
N of Weekly Work Days	6				6			
N of Daily Domiciliary Visits	8				8			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	450				450			
N. of Families Assigned	100				100			
N. of Homes Assigned		..	..	..	..	..	.	.
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)			.	.				
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

400

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION OEF (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	7				17			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	8				8			
N Monthly Visits to Healh Establish or See	1				1			
N of Persons Assigned	800				800			
N of Families Assigned	125				125			
N of Homes Assigned	108				108			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	7				17			
N of Daily Work Hours	8				8			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits	8				8			
N Monthly Visits to Healh Establish or See	1				1			
N of Persons Assigned	7				17			
N of Families Assigned	108				108			
N of Homes Assigned	125				125			
WORK AT THEIR OWN HOME (N OF CHP)	7				17			
N of Daily Work Hours	2				2			
N of Weekly Work Days	7				7			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned	800				800			
N of Families Assigned	125				125			
N of Homes Assigned	108				108			

IPM

401

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CODELUM (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	8				2			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	5				5			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	150				150			
N of Homes Assigned	150				150			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)	8				2			
N of Daily Work Hours	2				2			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	150				150			
N of Homes Assigned								

IPM

402

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CONAMUS (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)					10			
N of Daily Work Hours					8			
N of Weekly Work Days					6			
N of Daily Domiciliary Visits					7			
N Monthly Visits to Healh Establish or See					2			
N of Persons Assigned					1,000			
N of Families Assigned					200			
N of Homes Assigned					200			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)					10			
N of Daily Work Hours					2			
N of Weekly Work Days					6			
N of Daily Domiciliary Visits					7			
N Monthly Visits to Healh Establish or See					2			
N of Persons Assigned					1,000			
N of Families Assigned					200			
N of Homes Assigned					200			
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.C (Continued)
DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION ADEMUSA (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)					10			
N of Daily Work Hours					8			
N of Weekly Work Days					5			
N of Daily Domiciliary Visits					8			
N Monthly Visits to Healh Establish or See					4			
N of Persons Assigned					1,000			
N of Families Assigned					345			
N of Homes Assigned					275			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)					10			
N of Daily Work Hours					8			
N of Weekly Work Days					1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See					4			
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N. OF CHP)								
N. of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION ASAPROSAE (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N. OF CHP)	10			10	19	4		20
N of Daily Work Hours	8			2	8	4		2
N of Weekly Work Days	5			4	5	5		4
N of Daily Domiciliary Visits	8			3	10	6		3
N Monthly Visits to Healh Establish or See	2			1	2	2		1
N of Persons Assigned	900			200	1,000	650		200
N of Families Assigned	180							
N of Homes Assigned	180							
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	10			10	19	4		20
N of Daily Work Hours	8			8	8	8		8
N of Weekly Work Days	1			1	1	1		1
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See	1			1	1	1		1
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)	10			10	19	4		20
N of Daily Work Hours	1			1	1	1		1
N of Weekly Work Days	7			7	7	7		7
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

405

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEx AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION PROCADES (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	7				11			
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N. of Families Assigned								
N of Homes Assigned								
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION FUNDESO (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	2				4			
N of Daily Work Hours	8				8			
N of Weekly Work Days	6				6			
N of Daily Domiciliary Visits	6				6			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	2,000				2,000			
N of Families Assigned	300				300			
N of Homes Assigned	300				300			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	1							
N of Daily Work Hours								
N of Weekly Work Days	6							
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See	2							
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION COSDECSAM (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	5				5			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits								
N Monthly Visits to Health Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N. of Families Assigned	250				250			
N of Homes Assigned	250				250			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Health Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Health Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

408

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION FUNDACION KNAPP (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	14				16			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	5				5			
N Monthly Visits to Health Establish or See	2				2			
N of Persons Assigned	750				750			
N of Families Assigned	120				120			
N of Homes Assigned	120				120			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Health Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Health Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CODECA (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	5				5			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	6				6			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,200				1,200			
N of Families Assigned	275				275			
N of Homes Assigned	275				275			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	5				5			
N of Daily Work Hours	8				8			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See	2				2			
N. of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

410

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION PADECOMSM (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	3				13			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	4				4			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	350				350			
N of Homes Assigned	350				350			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

411

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION : IDEA (PROBAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)			.	.	10			
N of Daily Work Hours					8			
N of Weekly Work Days					5			
N of Daily Domicilliary Visits					5			
N Monthly Visits to Healh Establish or See					4			
N of Persons Assigned					1,000			
N of Families Assigned					100			
N of Homes Assigned					95			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)					10			
N of Daily Work Hours	.		..	..	2	..		
N of Weekly Work Days					1			
N. of Daily Domicilliary Visits	.	.	..	.		.		
N Monthly Visits to Healh Establish or See					4			
N of Persons Assigned			.		1,000			
N of Families Assigned					100			
N of Homes Assigned					95			
WORK AT THEIR OWN HOME (N OF CHP)					10			
N of Daily Work Hours					2			
N. of Weekly Work Days	.		.		7	.		
N. of Daily Domicilliary Visits	.		..	..	.	..		
N Monthly Visits to Healh Establish. or See					4			
N of Persons Assigned				..	1,000			
N of Families Assigned					100			
N of Homes Assigned					95			

IPM —

412

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION ASEI (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	5				5			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	10				10			
N Monthly Visits to Healh Establish or See	4				4			
N of Persons Assigned	1,200				1,200			
N of Families Assigned	300				300			
N of Homes Assigned	300				300			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)	5				5			
N of Daily Work Hours	2				2			
N of Weekly Work Days	7				7			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See	4				4			
N of Persons Assigned	1,200				1,200			
N of Families Assigned	300				300			
N of Homes Assigned	300				300			

IPM

413

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CODECUS (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	6				4			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	5				5			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)	6				4			
N of Daily Work Hours	2				2			
N of Weekly Work Days	7				7			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			

IPM —

414

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION FASTRAS (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	6				4			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	7				7			
N Monthly Visits to Healh Establish or See	4				4			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM —

Table 15.C (Continued)
DISTRIBUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION MADRE CRIA (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	7				13			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	7				7			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	7				13			
N of Daily Work Hours	8				8			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)	7				13			
N of Daily Work Hours	1				1			
N of Weekly Work Days	7				7			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

416

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES PENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION ASADEH (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	1				9			
N of Daily Work Hours	6				6			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	9				9			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	185				185			
N of Homes Assigned	185				185			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	1				9			
N of Daily Work Hours	2				2			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.C (Continued)

DISTRIBUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION : ASPS (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	7	2		26	6			50
N of Daily Work Hours	8	4		5	8			4
N of Weekly Work Days	6	6		5	6			5
N of Daily Domiciliary Visits	7	3		3	7			3
N Monthly Visits to Healh Establish or See								
N of Persons Assigned	900	450		450	900			450
N of Families Assigned	225	100		100	225			100
N of Homes Assigned	225	100		100	225			100
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	7				6			
N of Daily Work Hours	8				8			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

418

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CIRES (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	7				9			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	5				5			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	166				166			
N of Homes Assigned	166				166			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	7				9			
N of Daily Work Hours	1				1			
N of Weekly Work Days	2				2			
N of Daily Domiciliary Visits	5				5			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	166				166			
N of Homes Assigned	166				166			
WORK AT THEIR OWN HOME (N OF CHP)	7				9			
N of Daily Work Hours	8				8			
N of Weekly Work Days	2				2			
N of Daily Domiciliary Visits	5				5			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	166				166			
N of Homes Assigned	166				166			

IPM

419

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION AMS (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	5				5			
N of Daily Work Hours	8				8			
N of Weekly Work Days	4				4			
N of Daily Domiciliary Visits	10				10			
N Monthly Visits to Healh Establish or See	3				3			
N of Persons Assigned	800				800			
N of Families Assigned	160				160			
N of Homes Assigned	160				160			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)	5				5			
N of Daily Work Hours	8				8			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See	3				3			
N of Persons Assigned	800				800			
N of Families Assigned	160				160			
N of Homes Assigned	160				160			

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION FUMA (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	14				11			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	9				9			
N Monthly Visits to Healh Establish or See	3				3			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			
WORK AT FIXED INSTITUTIONAL SCES (N OF CHP)	14				11			
N of Daily Work Hours	4				4			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			
WORK AT THEIR OWN HOME (N OF CHP)	14				11			
N of Daily Work Hours	8				8			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	200				200			

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION : ORMUSA (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	3				17			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	6				6			
N Monthly Visits to Healh Establish or See	3				3			
N of Persons Assigned	950				950			
N of Families Assigned	179				179			
N of Homes Assigned	179				179			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	3				17			
N of Daily Work Hours	8				8			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See	3				3			
N of Persons Assigned	950				950			
N of Families Assigned	179				179			
N of Homes Assigned	179				179			
WORK AT THEIR OWN HOME (N OF CHP)	3				17			
N of Daily Work Hours	1				1			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned	950				950			
N of Families Assigned	179				179			
N of Homes Assigned								

IPM

422

Table 15.C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CALMA (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)					16			
N of Daily Work Hours					8			
N of Weekly Work Days					5			
N of Daily Domiciliary Visits					6			
N Monthly Visits to Healh Establish or See					2			
N of Persons Assigned					1,000			
N of Families Assigned					250			
N of Homes Assigned					250			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)					16			
N of Daily Work Hours					8			
N of Weekly Work Days					1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned					16			
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)					16			
N of Daily Work Hours					8			
N of Weekly Work Days					1			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See					2			
N of Persons Assigned					1,000			
N of Families Assigned					250			
N of Homes Assigned					250			

IPM

423

Table 15.C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION ASALDI (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	6				7			
N of Daily Work Hours	7				7			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	10				10			
N Monthly Visits to Healh Establish or See	2				2			
N of Persons Assigned	800				800			
N of Families Assigned	130				130			
N of Homes Assigned	130				130			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	6				7			
N of Daily Work Hours	1				1			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)	6				7			
N of Daily Work Hours	1				1			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 C (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION ADHU (PROSAMI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	6				4			
N of Daily Work Hours	8				8			
N of Weekly Work Days	5				5			
N of Daily Domiciliary Visits	7				7			
N Monthly Visits to Healh Establish or See	4				4			
N of Persons Assigned	1,000				1,000			
N of Families Assigned	200				200			
N of Homes Assigned	180				180			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	6				4			
N of Daily Work Hours	2				2			
N of Weekly Work Days	1				1			
N of Daily Domiciliary Visits	7				7			
N Monthly Visits to Healh Establish or See	4				4			
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.D

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CLINICA CHILTIUPAN (CAPS)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				5				1
N of Daily Work Hours				3				3
N of Weekly Work Days				2				5
N of Daily Domiciliary Visits				3				3
N Monthly Visits to Healh Establish or See				15				15
N of Persons Assigned				150				150
N of Families Assigned				30				30
N of Homes Assigned								
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 D (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CLINICA SAGRAD (CAPS)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)								1
N of Daily Work Hours								2
N of Weekly Work Days								6
N of Daily Domiciliary Visits								2
N Monthly Visits to Healh Establish or See								6
N of Persons Assigned								1,500
N of Families Assigned								300
N of Homes Assigned								300
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								1
N of Daily Work Hours								
N of Weekly Work Days								6
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								2
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								1
N of Daily Work Hours								1
N of Weekly Work Days								7
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 D (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION P SN JACINTO (CAPS)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				2				
N of Daily Work Hours				2				
N of Weekly Work Days				5				
N of Daily Domiciliary Visits				5				
N Monthly Visits to Healh Establish or See				1				
N of Persons Assigned				600				
N of Families Assigned				90				
N of Homes Assigned				90				
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)				2				
N of Daily Work Hours				2				
N of Weekly Work Days				5				
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See				1				
N of Persons Assigned				600				
N of Families Assigned				90				
N of Homes Assigned				90				

IPM

428

Table 15 D (Continued)
DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION P SN SEBASTIAN (CAPS)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				2				5
N of Daily Work Hours				2				2
N of Weekly Work Days				6				6
N of Daily Domiciliary Visits				2				2
N Monthly Visits to Healh Establish or See				4				4
N of Persons Assigned				1,200				1,200
N of Families Assigned				400				400
N of Homes Assigned				400				400
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)				2				5
N of Daily Work Hours				2				2
N of Weekly Work Days				5				5
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 D (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION P SN ANTONIO (CAPS)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)								3
N of Daily Work Hours								1
N of Weekly Work Days								6
N of Daily Domiciliary Visits								1
N Monthly Visits to Healh Establish or See								8
N of Persons Assigned								900
N of Families Assigned								200
N of Homes Assigned								200
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								3
N of Daily Work Hours								4
N of Weekly Work Days								5
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 D (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION I SN BARTOLOME (CAPS)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)								2
N of Daily Work Hours								2
N of Weekly Work Days								6
N of Daily Domiciliary Visits								2
N Monthly Visits to Healh Establish or See								4
N of Persons Assigned								1,200
N of Families Assigned								300
N of Homes Assigned								300
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								2
N of Daily Work Hours								2
N of Weekly Work Days								2
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								2
N of Daily Work Hours								1
N of Weekly Work Days								7
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 D (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CAPS (CAPS)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				2				4
N of Daily Work Hours				2				2
N of Weekly Work Days				3				3
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See				1				1
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)				2				4
N of Daily Work Hours				2				2
N of Weekly Work Days								
N of Daily Domiciliary Visits				1				1
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

432

Table 15.E

DISTRIBUTUTION OF THF WORK OF THE CHP, BY WAYS OF SFRVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION KONRAD ADENAUER (CISI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)				100				100
N of Daily Work Hours				1				1
N of Weekly Work Days				7				7
N of Daily Domiciliary Visits				2				2
N Monthly Visits to Healh Establish or See				2				2
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 E (Continued)
DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION : TAZUMAL (CISI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				20				40
N of Daily Work Hours				2				2
N of Weekly Work Days				6				6
N of Daily Domiciliary Visits				2				2
N Monthly Visits to Healh Establish or See				1				1
N of Persons Assigned								
N of Families Assigned				60				60
N of Homes Assigned				60				60
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)				20				40
N of Daily Work Hours				1				1
N of Weekly Work Days				6				6
N of Daily Domiciliary Visits				2				2
N Monthly Visits to Healh Establish or See				1				1
N of Persons Assigned								
N of Families Assigned				60				60
N of Homes Assigned				60				60

IPM

Table 15 E (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION DJC (CISI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)					3			
N of Daily Work Hours					8			
N of Weekly Work Days					5			
N of Daily Domiciliary Visits					5			
N Monthly Visits to Healh Establish or See					4			
N of Persons Assigned					800			
N of Families Assigned					200			
N of Homes Assigned					200			
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.E (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION ALFALIT (CISI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				6				9
N of Daily Work Hours				3				3
N of Weekly Work Days				6				6
N of Daily Domiciliary Visits				5				5
N Monthly Visits to Healh Establish or See				1				1
N of Persons Assigned				1,500				1,500
N of Families Assigned				300				300
N of Homes Assigned				300				300
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

V36

Table 15 E (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION FUSAL (CISI)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				30				22
N of Daily Work Hours				2				2
N of Weekly Work Days				7				7
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See				3				3
N of Persons Assigned				300				300
N of Families Assigned				55				55
N of Homes Assigned				50				50
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 F

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION OLOF PALME (OTHER NGO S)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	1				1			
N of Daily Work Hours	6				6			
N of Weekly Work Days	6				6			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned	400				450			
N of Families Assigned								
N of Homes Assigned								
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	1				1			
N of Daily Work Hours	2				2			
N of Weekly Work Days	6				6			
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

428

Table 15 F (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION c san marcos (OTHER NGO S)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	3							
N of Daily Work Hours	4							
N of Weekly Work Days	5							
N of Daily Domiciliary Visits	8							
N Monthly Visits to Healh Establish or See	5							
N of Persons Assigned	300							
N of Families Assigned	40							
N of Homes Assigned	40							
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)	3							
N of Daily Work Hours	4							
N of Weekly Work Days	5							
N of Daily Domiciliary Visits	5							
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.F (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION FUNSODESA (OTHER NGO S)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)	5	4				1		
N of Daily Work Hours	10	6				5		
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned	400	100				100		
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15 F (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK COND''IONS (TIME AND SALARY)

INSTITUTION OFASA (OTHER NGO S)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								200
N of Daily Work Hours								4
N of Weekly Work Days								6
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								

IPM

Table 15.F (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION CCC (OTHER NGO S)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				1				1
N of Daily Work Hours				2				2
N of Weekly Work Days				6				6
N of Daily Domiciliary Visits				3				3
N Monthly Visits to Honlh Establish or Soo				4				4
N of Persons Assigned				200				200
N of Families Assigned				50				50
N of Homes Assigned				50				50
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours								
N of Weekly Work Days								
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)				1				1
N of Daily Work Hours				1				1
N of Weekly Work Days				7				7
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See								
N of Persons Assigned				200			200	
N of Families Assigned				50			50	
N of Homes Assigned				50			50	

IPM

402

Table 15 F (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION APROSAI (OTHER NGO S)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)								
N of Daily Work Hours				2				2
N of Weekly Work Days				3				3
N of Daily Domiciliary Visits				2				2
N Monthly Visits to Healh Establish or See								
N of Persons Assigned				150				150
N of Families Assigned				25				25
N of Homes Assigned				25				25
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)								
N of Daily Work Hours				4				4
N of Weekly Work Days				5				5
N of Daily Domiciliary Visits								
N Monthly Visits to Healh Establish or See				1				1
N of Persons Assigned				8				8
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N OF CHP)								
N of Daily Work Hours				2				2
N of Weekly Work Days				3				3
N of Daily Domiciliary Visits				2				2
N Monthly Visits to Healh Establish or See								
N of Persons Assigned				110				110
N of Families Assigned				20				20
N of Homes Assigned				20				20

IPM

Table 15 F (Continued)

DISTRIBUTUTION OF THE WORK OF THE CHP, BY WAYS OF SERVICES RENDERING AND RANGES OF ACTIVITIES ACCORDING TO SEX AND WORK CONDITIONS (TIME AND SALARY)

INSTITUTION 1 APROCSAL (OTHER NGO'S)

RANGES OF ACTIVITIES OF THE CHP	MALE				FEMALE			
	REMUNERATED		VOLUNTEERS		REMUNERATED		VOLUNTEERS	
	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME	FULL TIME	PART TIME
DOMICILIARY WORK (N OF CHP)				2				
N of Daily Work Hours				2				
N of Weekly Work Days				6				
N of Daily Domiciliary Visits				2				
N Monthly Visits to Health Establish. or See				2				
N of Persons Assigned				1,000				
N of Families Assigned				200				
N of Homes Assigned				200				
WORK AT FIXED INSTITUTIONAL SEES (N OF CHP)				2				
N of Daily Work Hours				2				
N of Weekly Work Days				6				
N of Daily Domiciliary Visits								
N Monthly Visits to Health Establish or See								
N of Persons Assigned								
N of Families Assigned								
N of Homes Assigned								
WORK AT THEIR OWN HOME (N. OF CHP)				2				
N of Daily Work Hours				1				
N of Weekly Work Days				7				
N of Daily Domiciliary Visits								
N Monthly Visits to Health Establish or See								
N of Persons Assigned				1,000				
N of Families Assigned				200				
N of Homes Assigned				200				

IPM

444

Table No 16
DISTRIBUTION OF TIME ASIGNED TO THE CHP, BY SERVICES
ACCORDING TO THE WEEKLY HOURS (Absolute and Relative %)

SERVICES	NUMBER OF WEEKLY HOURS IN INDICATED NGO S a/									
	PROSAMI (20 NGO'S)									
	OPRODE		FUNDEPRENS		PROGRESO		AMCS		FUNDEMUN	
	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)
TOTAL	40	100 00	40	100 00	40	100 00	40	100 00	40	100 00
1 Reproductive Health	4	10 00	2	5 00	4	10 00	8	20 00	4	10 00
2 Family Planning	2	5 00	2	5 00	2	5 00	2	5 00	4	10 00
3 Sexually Transmitted Diseases	1	2 50	2	5 00	1	2 50	2	5 00	1	2 50
4 AIDS (Efects and Prevention)	1	2 50	2	5 00	1	2 50	4	10 00	1	2 50
5 Attention to Children	16	40 00	12	30 00	16	40 00	4	10 00	8	20 00
6 Oral Health			4	10,00			1	2 50		
7 Nutrition (Under 5 Years)	6	15 00	4	10 00	4	10 00	4	10 00	6	15 00
8 Give First Aid	2	5 00	4	10 00	2	5 00	3	7 50	2	5 00
9 Attention (Simplified) to Morbidity	2	5 00	4	10 00	2	5 00	2	5 00	2	5 00
10 Enviromental Health (Basic)	4	10 00	4	10 00	4	10 00	2	5 00	4	10 00
11 Mental Health										
12 Rehabilitacion										
13 Participatión and Community Development					2	5 00	4	10 00	4	10 00
14 Alfabetization										
15 Job Skills Trainning										
16 Care of Children										
17 Home Orchards										
18 Commnunity Pots										
19 Groups Education	2	5 00			2	5 00	4	10 00	4	10 00
20 Interinstitutional Coordinationcional										
21 Gender										
22 Natural Medicine										

IPM

445

Table No 16 Continued)
DISTRIBUTION OF TIME ASIGNED TO THE CHP, BY SERVICES
ACCORDING TO THE WEEKLY HOURS (Absolute and Relative %)

SERVICES	NUMBER OF WEEKLY HOURS IN INDICATED NGO S a/									
	PROSAMI (20 NGO'S)									
	COMUS		OEF		CODELUN		FUNDESO		PROCADES	
	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)
TOTAL	40	100 00	40	100 00	40	100 00	40	100 00	40	100 00
1 Reproductive Health	8	20 00	8	20 00	5	12 50	6	15 00	2	5 00
2 Family Planning	3	7 50	6	15 00	2	5 00	2	5 00	2	5 00
3 Sexually Transmitted Diseases	1	2 50	1	2 50	2	5 00	2	5 00	2	5 00
4 AIDS (Efects and Prevention)			1	2 50	1	2 50	2	5 00	2	5 00
5 Attention to Children	8	20 00	1	2 50	8	20 00	10	25 00	16	40 00
6 Oral Health	2	5 00	2	5 00			2	5 00		
7 Nutrition (Under 5 Years)			2	5 00	4	10 00	4	10 00		
8 First Aid	2	5 00	3	7 50	2	5 00	2	5 00	2	5 00
9 Attention (Simplified) to Morbidity	4	10 00	2	5 00	4	10 00	2	5 00		
10 Enviromental Health (Basic)			4	10 00	2	5 00	2	5 00		
11 Mental Health	4	10 00	2	5 00						
12 Rehabilitación										
13 Participation and Communty Development	4	10 00	6	15 00	8	20 00	2	5 00	4	10 00
14 Alfabetization										
15 Job Skills Trinning										
16 Care of Children										
17 Home Orchards							2	5 00		
18 Community Pots										
19 Goups Education	4	10 00	2	5 00	2	5 00	2	5 00	4	10 00
20 Interinstitutional Coordinationcional									6	15 00
21 Gender										
22 Natural Medicne										

IPM

146

Table No 16 Continued)

DISTRIBUTION OF TIME ASIGNED TO THE CHP, BY SERVICES
ACCORDING TO THE WEEKLY HOURS (Absolute and Relative %)

SERVICES	NUMBER OF WEEKLY HOURS IN INDICATED NGO S a/									
	PROSAMI (20 NGO'S)									
	ADEMUSA		ADHU		ASALDI		CALMA		FUMA	
	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)
TOTAL	40	100 00	40	100 00	40	100 00	40	100 00	40	100 00
1 Reproductive Health	2	5 00	4	10 00	7	17 50	6	15 00	2	5 00
2 Family Planning	2	5 00	1	2 50	6	15 00	2	5 00	2	5 00
3 Sexually Transmitted Diseases	1	2 50	1	2 50	3	7 50	2	5 00	2	5 00
4 AIDS (Efects and Prevention)	1	2 50			3	7 50	2	5 00	2	5 00
5 Attention to Children	6	15 00	18	45 00	7	17 50	6	15 00	8	20 00
6 Oral Health	2	5 00	1	2 50			1	2 50	1	2 50
7 Nutrition (Under 5 Years)	4	10 00	5	12 50	2	5 00	5	12 50	4	10 00
8 First Aid	2	5 00	1	2 50	1	2 50	1	2 50	1	2 50
9 Attention (Simplified) to Morbidity	4	10 00	2	5 00	2	5 00	5	12 50	2	5 00
10 Enviromental Health (Basic)	4	10 00	4	10 00	2	5 00	5	12 50	8	20 00
11 Mental Health					1	2 50				
12 Rehabilitación					1	2 50				
13 Participation and Comunity Development	8	20 00	2	5 00	2	5 00	5	12 50	4	10 00
14 Alfabetization										
15 Job Skills Trinning										
16 Care of Children					2	5 00				
17 Home Orchardsos										
18 Community Potss										
19 Educación a Grupos			1	2 50					4	10 00
20 Interinstitutional Coordination										
21 Gender	2	5 00			1	2 50				
22 Natural Medicine	2	5 00								

IPM

Table No. 16 Continued)
DISTRIBUTION OF TIME ASIGNED TO THE CHP, BY SERVICES
ACCORDING TO THE WEEKLY HOURS (Absolute and Relative : %)

SERVICES	NUMBER OF WEEKLY HOURS IN INDICATED NGO S a/									
	PROSAMI (20 NGO'S)									
	CIRES		ASPS		MADRE CRIA		IDEA		PADECOMSM	
	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)
TOTAL	40	100 00	40	100 00	40	100 00	40	100 00	40	100 00
1 Reproductive Health	4	10 00	2	5 00	8	20 00	4	10 00	4	10 00
2 Family Planning	2	5 00	2	5 00	4	10 00	2	5 00	2	5 00
3 Sexually Transmitted Diseases	1	2 50	2	5 00	2	5 00	2	5 00	1	2 50
4 AIDS (Efects and Prevention)	1	2 50			1	2 50	2	5 00	1	2 50
5 Attention to Children	10	25 00	6	15 00	8	20 00	8	20 00	6	15 00
6 Oral Health	1	2 50								
7 Nutrition (Under 5 Years)	5	12 50	6	15 00	4	10 00	4	10 00	4	10 00
8 First Aid	1	2 50	6	15 00	2	5 00	2	5 00		
9 Attention (Simplified) to Morbidity	3	7 50			1	2 50	4	10 00	4	10 00
10 Enviromental(Basico) Ambiental	4	10 00	4	10 00	4	10 00	4	10 00	6	15 00
11 Salud Mental										
12 Rehabilitación										
13 Participación y Desarrollo Comunitario	4	10 00	6	15 00	6	15 00	4	10 00	8	20 00
14 Alfabetización										
15 Capacidad en Habilidades para Empleo										
16 Cuidado de Niños										
17 Huertos Caseros										
18 Ollas Comunales										
19 Educación a Grupos	4	10 00	6	15 00			4	10 00	4	10 00
20 Coordinación Interinstitucional										
21 Género										
22 Medicina Natural										

IPM

Table No 16 Continued)
DISTRIBUTION OF TIME ASIGNED TO THE CHP, BY SERVICES
ACCORDING TO THE WEEKLY HOURS (Absolute and Relative %)

SERVICES	NUMBER OF WEEKLY HOURS IN INDICATED NGO S a/							
	OTHER NGO S (4)							
	OLOF PALME		FUNDODESA		APROSAI		SLS	
	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)	Absolute	Relative (%)
TOTAL	40	100 00	40	100 00	40	100 00	40	100 00
1 Reproductive Health	4	10 00			4	10 00	4	10 00
2 Family Planning	4	10 00			2	5 00	1	2 50
3 Sexually Transmitted Diseases	2	5 00			1	2 50	1	2 50
4 AIDS (Efecta and Prevention)	2	5 00			1	2 50		
5 Attention to Children					8	20 00	6	15 00
6 Oral Health							2	5 00
7 Nutrition (Under 5 Years)					8	20 00	4	10 00
8 First Aid	8	20 00					2	5 00
9 Attention (Simplified) to Morbidityad	4	10 00			1	2 50	2	5 00
10 Enviromental Health) (Basic)	2	5 00	36	90 00	5	12 50	8	20 00
11 Mental Health								
12 Rehabilitation								
13 Participation and Community Development	14	35 00	4	10 00	5	12 50	4	10 00
14 Alfabetization								
15 Job Skills Trainning								
16 Care of Children								
17 Home Orchards							4	10 00
18 Community Potss								
19 Groups Education					5	12 50	2	5 00
20 Interinstitutional Coordination								
21 Gender								
22 Natural Medicine								

IPM —

a/ Only 20 NGO S of PROSAMI and another 4 NGO S declared this information ADS, CISI and CARITAS did not assign Times for services The MPHSA leaves this assignation or Times for Services to the criteria of the CHP, in coordination with the communities, they establish priorities for calendarization per Year, Month and Week It is not an standadr data for the CHP of the MPHSA

Table 17

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP

No	INSTITUTION	SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP
1	OLOF PALME	Communitary Participation Meetings with Boys, Girls and Mothers Denounce Mistreatment, Abuse and Violations Visitsto Schools to Investigate
2	OPRODE	Communitary Participation Patients Referals
3	FUNDEPRENS	Pre Natal Control, Attention to Purpurae and Just Born Stopping of Acute Respiratory Infections (ARI)
4	FUNDAC	Growth Control and Child Development Stopping of Acute Respiratory Infections (ARI) Communitary Participation
5	ASIPES	Pre Natal Control, Attention to Purpurae and Just Born Inmunization Health Education Stopping of Acute Respiratory Infections (ARI)
6	PROGRESO	Patients Referals Stopping of Acute Respiratory Infections (ARI) May Attend Births
7	KONRAD ADENAUER	May Attend Births Minor Surgery Parenterals ,Medications Applications
8	CLINICA CHILTIU	Patients Referals Use of Antibiotics
9	C SAN MARCOS	Pre Natal Control, Attention to Purpurae and Just Born Inmunization Growth Control and Child Development Give First Aid
10	CRISTO REY	Give First Aid May Attend Births Trainning About Natural Medine Preparation Handling of First Aid Kit
11	AMCS	Communitary Participation Stopping of Acute Respiratory Infections (ARI) Pre Natal Control, Attention to Purpurae and Just Born
12	CARITAS S ANA	Growth Control and Child Development Pre Natal Control, Attention to Purpurae and Just Born Trainning About Natural Medine Preparation
13	CARITAS ZACATE	
14	FUNDEMUM	Inmunization Pre Natal Control Attention to Purpurae and Just Born Patients Referals Give First Aid Health Education

IPM

Table 17 (Continued

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP

No	INSTITUTION	SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP
15	AGAPE	Stopping of Acute Respiratory Infections (ARI)) Administering of Oral Rehydration Salts Intestinal Parasitism Growth Control and Child Development Pre Natal Control, Attention to Purpurae and Just Born Inmunization Communitary Participation Attention at the Dispensaries
16	CRUZ VERDE	Minor Surgey Dar Primeros Auxilios Stopping of Acute Respiratory Infections (ARI) Promoting maternal ast Feeding Administering of Oral Rehydration Salts
17	FUNSODESA	
18	COMUS	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Women in Fertile Age Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI)) Enviromental Health Education
19	OEF	Health Education Growth Control and Child Development Enviromental Health Education Gender Communitary Participation
20	CODELUM	Growth Control and Child Development Pre Natal Control, Attention to Purpurae and Just Born Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI) Communitary Participation
21	TAZUMAL	Must Follow the Estabkished in the Manual
22	CONAMUS	Taking of Census, Croquis, and Risk Maps on Each Community Communitary Participation Patients Referalss Stopping of Acute Respiratory Infections (ARI) Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Inmunization
23	FUNDESO	Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI) Growth Control and Child Development Pre Natal Control, Attention to Purpurae and Just Born Inmunization Communitary Participation
24	PROCADES	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Nutrition Give First Aid Patients Referal Enviromental Health Education Communitary Participation
25	ASAPROSAR	Enviromental Health Education Growth Control and Child Development Pre Natal Control, Attention to Purpurae and Just Born Patients Referal

IPM —

43

Table 17 (Continued

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICES BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP

No	INSTITUTION	SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP
26	ADEMUSA	Health Education Pre Natal Control, Attention to Purpurae and Just Born Stopping of Acute Respiratory Infections (ARI) Administering of Oral Rehydration Salts Pregnant Women and kildren Under 5 Years of Age Growth Control and Child Development
27	ADHU	Taking of Census, Croquis, and Risk Maps on Each Community Communitary Participation Patients Referal Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Nutrition Give First Aid Enviromental Health Education
28	DJC	
29	OFASA	Promoting Family Planning Growth Control and Child Development Nutrition Patients Referal
30	ADS	Promoting Family Planning
31	ASALDI	Communitary Participation Stopping of Acute Respiratory Infections (ARI)) Administering of Oral Rehydration Salts Growth Control and Child Development Pre Natal Control, Attention to Purpurae and Just Born Inmunization Enviromental Health Education Promoting the Mental Health of the Communty Rehabilitation
32	CALMA	Enviromental Health Education Communitary Participation Pre Natal Control, Attention to Purpurae and Just Born Kealth Education Nutrition Growth Control and Child Development Inmunization Give First Aid Stopping of Acute Respiratory Infections (ARI)) Administering of Oral Rehydration Salts
33	ORMUSA	Stopping of Acute Respiratory Infections (ARI))
34	FUMA	Stopping of Acute Respiratory Infections (ARI) Growth Control and Child Development Inmunization Communitary Participation Health Education Use of Antibiotics

Table 17 (Continued

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICEQ BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP

No	INSTITUTION	SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP
35	AMS	May Attend Births Use of Antibiotics
36	CCC	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Enviromental Health Education
37	CIRES	Pre Natal Control, Attention to Purpurae and Just Born Inmunization Promoting Family Planning Stopping of Acute Respiratory Infections (ARI) Administering of Oral Rehydration Salts Patients Refera Meetings with Boys, Girls and Mothers Communitary Participation
38	ASPS	Patients Referal Inmunization Enviromental Health Education Pre Natal Control, Attention to Purpurae and Just Born Health Education
39	ASADEH	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Inmunization Give First Aid Patients Referal Enviromental Health Education
40	APSIES	Patients Referal Enviromental Health Education Administering of Oral Rehydration Salts Meetings with Boys, Girls and Mothers
41	MADRE CRIA	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Nutrition Give First Aid Patients Referals Enviromental Health Education Communitary Participation
42	VMES	Coordinate With the Closer Health Establishment Promote Domiciliriy Visits Health Education Meetings with Boys, Girls and Mothers Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI) Patients Referal Nutrition Inmunization
43	CAPS	Give First Aid Patients Referal Growth Control and Child Development Promote the Alternative Medicine (Natural) Stopping of Acute Respiratory Infections (ARI) Suministro de Sales de Rehidratacion Oral Health Education Enviromental Health Education

IPM

Table 17 (Continued

CLASSIFIED LIST OF NGO'S THAT RENDER HEALTH SERVICES BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP

No	INSTITUTION	SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP
44	APROSAI	Communitary Participation Enviromental Health Education Promote the Mental Health of the Community Patients Referal
45	CLINICA SAGRAD	Growth Control and Child Development Enviromental Health Education Health Education Patients Referal Give First Aid Communitary Participation
46	APROCSAL	Promote Family Planning Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI) Promote the Alternative Medicine (Natural)
47	FASTRAS	Communitary Participation Health Education Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI) Inmunization Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Patients Referal Give First Aid
48	CODECUS	Health Education Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI) Pre Natal Control, Attention to Purpurae and Just Born Communitary Participation Growth Control and Child Development Promote Family Planning
49	ALFALIT	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Oral Health Nutrition Give First Aid Patients Referal Health Education
50	ASEI	Pre Natal Control, Attention to Purpurae and Just Born Nutrition Growth Control and Child Development Inmunization Communitary Participation Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI)
51	IDEA	Pre Natal Control Attention to Purpurae and Just Born Growth Control and Child Development Inmunization Stopping of Acute Respiratory Infections (ARI) Administering of Oral Rehydration Salts Health Education Enviromental Health Education Communitary Participation Patients Referal

IPM

454

Table 17 (Continued

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICEQ BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP

No	INSTITUTION	SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP
52	PADECOMSM	Pre Natal Control, Attention to Purpurae and Just Born Administering of Oral Rehydration Salts Stopping of Acute Respiratory Infections (ARI) Communitary Participation Growth Control and Child Development Inmunization
53	CODECA	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Oral Health Nutrition Give First Aid Patients Referal Enviromental Health Education Communitary Participation
54	FUNDACION KNAPP	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Give First Aid Patients Referal Enviromental Health Education Rehabilitation Communitary Participation
55	SLS	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Oral Health Nutrition Growth Control and Child Development Give First Aid Patients Referal Enviromental Health Education Communitary Participation
56	COSDECSAM	Stopping of Acute Respiratory Infections (ARI) Administering of Oral Rehydration Salts Patients Referal Women at Fertile Age Pre Natal Control, Attention to Purpurae and Just Born Communitary Participation Enviromental Health Education Growth Control and Child Development Inmunization
57	PRO VIDA	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Nutrition Give First Aid Patients Referal Trainning on the Preparation of Natural Medice Communitary Participation
58	FUSAL	Stopping of Acute Respiratory Infections (ARI) Growth Control and Child Development Pre Natal Control, Attention to Purpurae and Just Born Inmunization Enviromental Health Education
59	ANIS	

IPM

455

Table 17 (Continued

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICEQ BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP

No	INSTITUTION	SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP
60	P SN JACINTO	Give First Aid Patients Referal Growth Control and Child Development Stopping of Acute Respiratory Infections (ARI) Administering of Oral Rehydration Salts Health Education Enviromental Health Education
61	CARITAS SONSON	Pre Natal Control, Attention to Purpurae and Just Born Administering of Oral Rehydration Salts Patients Referal Use of Antibiotics
62	P INMACULADA	Pre Natal Control, Attention to Purpurae and Just Born Control Growth Control and Child Development Oaral Health Nutrition Give First Aid Patients Referal Enviromental Health Education Promote the Mental Health of the Community Communitary Participation
63	P SNTA LUCIA	Pre Natal Control, Attention to Purpurae and Just Born Control Growth Control and Child Development Nutrition Give First Aid Patients Referal Enviromental Health Education Communitary Participation
64	P SN SEBASTIAN	Give First Aid Patients Referal Growth Control and Child Development Nutrition Stopping of Acute Respirator, Infections (ARI) Administering of Oral Pehydration Salts Health Education Enviromental Health Education Trainning on the Preparation of Natural Medice
65	P SN ANTONIO	Patients Referal Give First Aid Growth Control and Child Development Stopping of Acute Respiratory Infections (ARI Administering of Oral Rehydration Salts Health Education Enviromental Health Education Trainning on the Preparation of Natural Medice
66	P SNTA MARIA	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Oral Health Nutrition Give First Aid Patients Referal Enviromental Health Education Communitary Participation

IPM

456

Table 17 (Continued

CLASSIFIED LIST OF NGO S THAT RENDER HEALTH SERVICEQ BY SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP

No	INSTITUTION	SPECIFIC ACTIONS FOR WHICH HAVE BEEN AUTHORIZED THE CHP
67	I SN BARTOLOME	Pre Natal Control, Attention to Purpurae and Just Born Growth Control and Child Development Oral Health Nutrition Give First Aid Patients Referal Enviromental Health Education Communitary Participation Promote Home Orchards
91	MSPAS	Patients Referal Pre Natal Control, Attention to Purpurae and Just Born Promote Family Planning Stopping of Acute Respiratory Infections (ARI Administering of Oral Rehydration Salts Promote the Mental Health of the Community Nutrition Inmunization

IPM

Table 18
INSTITUTIONS BY TYPE OF MEDICINES AND EXPENDABLE MATERIALS, ACCORDING TO CONDITION OF DISTRIBUTION

MEDICINE AND EXPENDABLE MATERIALS	Nº OF INSTITUTIONS	SALES	FREE OF CHARGE	VOLUNTARY CONTRIBUTIONS
MOH				
Analgesics	1		1	
Antitusives				
Parasiticides	1		1	
Eye Drops	1		1	
Oral Rehidratation Salts	1		1	
Antibiotics				
Antihistamines				
Oral Contraceptives	1		1	
Preservatives (Condoms)	1		1	
Injectable Contraceptives				
Vitamins	1		1	
Iron	1		1	
Dermathologic Medicines	1		1	
Cotton	1		1	
Adhesive Tape	1		1	
Antiseptic Solution	1		1	
Alcohol	1		1	
Gentian Violet	1		1	
DSA				
Analgesics				
Antitusives				
Parasiticides	1		1	
Eye Drops				
Oral Rehidratation Salts	1		1	
Antibiotics				
Antihistamines				
Oral Contraceptives	1	1		
Preservatives (Condoms)	1	1		
Injectable Contraceptives	1	1		
Vitamins	1	1		
Iron				
Dermathologic Medicines				
Cotton				
Adhesive Tape				
Antiseptic Solution				
Alcohol				
Gentian Violet				
MCHAP				
Analgesics	34	9	11	19
Antitusives	12	5	3	6
Parasiticides	32	7	11	17
Eye Drops	15	4	4	9
Oral Rehidratation Salts	34	4	20	12
Antibiotics	33	7	10	20
Antihistamines	28	8	8	15
Oral Contraceptives	31	3	15	15
Preservatives (Condoms)	32	3	17	14
Injectable Contraceptives	1	1		
Vitamins	33	6	13	17
Iron	32	6	12	17
Dermathologic Medicines	31	8	8	18
Cotton	32	3	19	12
Adhesive Tape	32	3	19	12
Antiseptic Solution	32	3	20	12
Alcohol	32	3	19	13
Gentian Violet	20	4	10	7

IPM

Table 18 (Continued)
INSTITUTIONS BY TYPE OF MEDICINES AND EXPENDABLE MATERIALS, ACCORDING TO CONDITION OF DISTRIBUTION

MEDICINE AND EXPENDABLE MATERIALS	Nº OF INSTITUTIONS	SALES	FREE OF CHARGE	VOLUNTARY CONTRIBUTIONS
ICIS				
Analgesics	4	1		3
Antitusives	3	1		2
Parasiticides	3			3
Eye Drops	3	1		2
Oral Rehidratation Salts	6	1	3	2
Antibiotics	1			1
Antihistamines	1			1
Oral Contraceptives	2		1	1
Preservatives (Condoms)	3	1	1	1
Injectable Contraceptives				
Vitamins	5	1		4
Iron	5	1		4
Dermathologic Medicines	2	1		1
Cotton	4	1	1	2
Adhesive Tape	4	1	1	2
Antiseptic Solution	4	1	1	2
Alcohol	4	1	1	2
Gentian Violet	3	1	1	1
APCH				
Analgesics	11	1		10
Antitusives	11	1		10
Parasiticides	11	1		10
Eye Drops	11	1		10
Oral Rehidratation Salts	11	1		10
Antibiotics	11	1		10
Antihistamines	11	1		10
Oral Contraceptives				
Preservatives (Condoms)				
Injectable Contraceptives				
Vitamins	11	1		10
Iron	11	1		10
Dermathologic Medicines	10	1		9
Cotton	11	2		9
Adhesive Tape	11	2		9
Antiseptic Solution	11	2		9
Alcohol	10	1		9
Gentian Violet				
CARITAS				
Analgesics	2			2
Antitusives	1			1
Parasiticides	2			2
Eye Drops				
Oral Rehidratation Salts	2			2
Antibiotics	1			1
Antihistamines	1			1
Oral Contraceptives				
Preservatives (Condoms)				
Injectable Contraceptives				
Vitamins	2			2
Iron	1			1
Dermathologic Medicines				
Cotton				
Adhesive Tape				
Antiseptic Solution	1			1
Alcohol				
Gentian Violet				

IPM

Table 18 (Continued)
INSTITUTIONS BY TYPE OF MEDICINES AND EXPENDABLE MATERIALS,
ACCORDING TO CONDITION OF DISTRIBUTION

MEDICINE AND EXPENDABLE MATERIALS	Nº OF INSTITUTIONS	SALES	FREE OF CHARGE	VOLUNTARY CONTRIBUTIONS
	Other NGO's			
Analgesics	6	4	2	1
Antitusives	3	2	1	
Parasiticides	6	4	2	1
Eye Drops	4	3	1	1
Oral Rehidratation Salts	5	3	2	1
Antibiotics	4	3	1	1
Antihistamines	4	2	2	
Oral Contraceptives	4	3	1	1
Preservatives (Condoms)	5	3	2	1
Injectable Contraceptives				
Vitamins	5	4	1	1
Iron	5	4	1	1
Dermathologic Medicines	4	3	1	1
Cotton	7	3	2	3
Adhesive Tape	7	3	2	3
Antiseptic Solution	5	2	1	2
Alcohol	6	3	1	3
Gentian Violet	4	3	1	1

IPM