EVALUATION

FINAL EVALUATION

REHABILITATION AND RECONSTRUCTION OF THE HEALTH INFRASTRUCTURE IN SOUTHERN PERU

TARGET AREA

DEPARTAMENTS :
AYACUCHO
AREQUIPA
MOQUEGUA
TACNA

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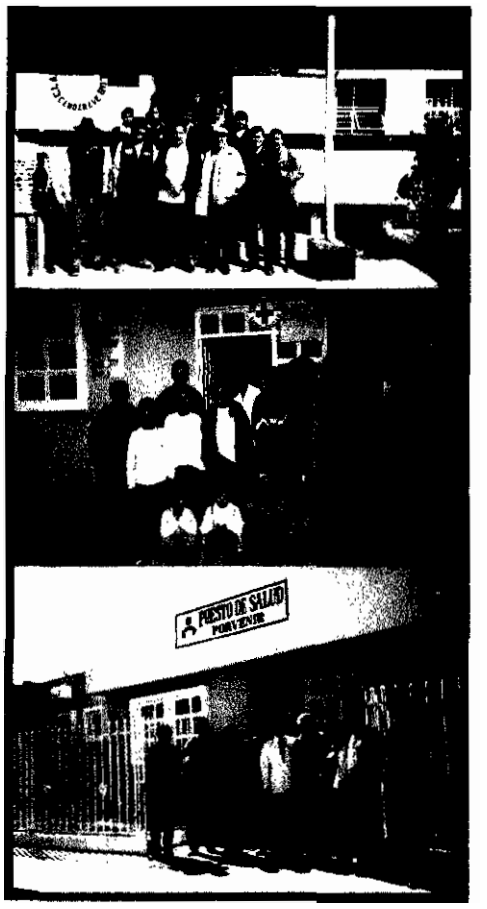
ADRA - PERÚ



PROJECT:

"REHABILITATION AND RECONSTRUCTION OF THE INFRASTRUCTURE OF HEALTH IN THE SOUTHERN PERU ".

PROJECT (RRHI)

- RRIS -

FINAL EVALUATION

Consultant:

Engº Nemesio Canelo Almeida

October, 2003
Lima - Perú

FINAL EVALUATION OF RRIS PROJECT

FINAL REPORT

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PRELIMINARY CONSIDERATIONS

The Technical Team of Evaluation, constituted by the Master Degree in Regional and Urban Planning, expert in regional development with experience in participating process in prevention and relieve of disasters, Civil Eng. Nemesio Canelo Almeida; the expert Physician in Public Health System, Dr. Víctor Manuel Cruz Boullosa; the Econ. Daniel Alberto Benvenutto Mavila, expert in projects of evaluation, and the Civil Eng. José Trujillo Cerna, expert in structural evaluation in the prevention and relieve of disasters; under the leadership of the first, assumed on June 05, 2003 the agreement with ADRA-PERU in order to carry out the final evaluation of the RRIS project in the deadline and according to the reference terms arranged and allocated in the proposal of technical services of Consultancy that the team invited by ADRA-PERÚ presented.

It is important to remark that the proposal conditions in the work plan of the team of evaluation that was agreed by ADRA-Perú, they could not be satisfied at all, insofar as almost all the personal of this field -work resident engineers and promotion facilitators of the reinforce of the base organizations- that labored in the project and which information of a good level and support in an appropriate call and preliminary coordination with the beneficiaries and authorities in the field was important, when they finished their functions nor work for the project neither lived in the work places and achievement to evaluate; except for the interviews with the Manager of the Project, Eng. Víctor Huazmán Baldeón, the coordinator of the Reinforce component of the Base Organizations, Lic. Nancy Vega, the coordinator of the Strategic Plans of Development, Eng. Henry Leiva, the Arch. Orfa Beltrán and the Eng. Ferrer Canaza Rojas, coordinator of the technical work of project field, who led and came with the team of evaluation in the inspection trip conscientiously, calling and coordinating the interviews and meetings of workshop that were required, which ones was executed without enough advance and there were not a lot of people like they thought, specially of the local authorities, the calling was at the last time without any advance and the complaint and uncomfortable of the locals everyday.

As a result of documentation exam by ADRA-PERU available to the team of evaluation, interviews with the responsible employees of the project, visual examination, surveys, field workshops with authorities and beneficiaries of the involved localities, directly executed by the technical team of evaluation in the express trip carried out on June 18 to 25, 2003 about the according sample with ADRA-Perú, **arrived to the conclusions that presents this report.**

The agreed sample covered **10** of the 30 health centers, constitute 33% of the world, statistically important number; and **8** of the 14 health nets intervened for the project; in **10 of** 23 districts of **7** of the 11 provinces of the 4 South departments of Perú damaged for the earthquake on June 23, 2001 (Ayacucho, Arequipa, Moquegua and Tacna).

This sample, agreed with ADRA-Perú, was chosen to try to inspect representatives localities in different areas that was damaged; in this way, it chose three health centers of rural localities of the southern high mountain range of Ayacucho -*CS Chaviña, PS Carhuanilla and PS Salla Salla-, one of urban area of the north low mountain range of Arequipa -*CS Caravelí- one of the urban marginal area of the Arequipa city -PS El Porvenir-, one of the rural area of the low mountain range of Moquegua -*PS Yacango-, one of the urban area of Moquegua city -*CS 28 de Julio-, one of the urban area of the north high mountain range of Tacna -*CS Candarave-, one of the rural area of the north low mountain range of Tacna -*PS Curibaya- and one of the urban marginal area of Tacna city -PS Juan Velasco Alvarado-. Furthermore, it was considered in the selection the practical convenience of the route of trip follows in the visual examination.

* CS (*Health Center*)
* PS (*Health Post*)

1. EXECUTIVE SUMMARY

1.1 MAIN FINDINGS AND CONCLUSIONS

- ADRA-Perú executed and the MINSA was in charge to the reception 28 (1) of the 30 health centers programmed in the project.
- The works delivered appear satisfactorily performed by ADRA-Perú, according to the establish specifications in the project, included plumbing, electrical installation and internal nets of water, drainage and electricity.
- The direct investment programmed in order to performe the works of the 28 centers was **US$ 677,511.89** (1); 65% of US$ 1'048,108 estimated for the infrastructure (2). The amount of the clearance sales to the works is **US$ 1'069,522.13**, including the contributions of the community, something else of that estimated for this matter.
- In the localities of the most inspected centers we observed that exists faults in the public supplies of water and/or electricity to these centers, so this affect the correct working. In none of the centers exist hot provision of water, although is not required in the specifications of the MINSA, therefore, has not been responsibility of ADRA-PERU providing it, in the high mountain ranges constitutes a necessary comfort because of climatic conditions
- In two of the reconstructed centers which ones 10 are inspected, appeared some cracks (slight cracks) (3) that would deserve a greater exam of the performance of the plot.
- ADRA-Perú have achieved to qualify, in self-construction, to beneficiaries involved of each locality and some of them are applying the knowledges and learned technical.
- ADRA-Perú have executed satisfactorily the reinforced activities of the base organizations according to the mention plan, so ADRA-Perú made an anticipated investment of **US$ 426,768** (2).
- It has achieved to constitute and/or stimulate the Local Committees of Health for each health center, committees that would have to assume also the function of development as Local Committees of Health and Development; but the majority have decreased its activity to be removed the support of the project by the period of the works. Even thus, it is noticed that ADRA-PERU achieved significantly to sow "seeds of development attitude ".
- It has achieved that all the localities count on strategic plans of development assumed by authorities. They were formulated in a participatory way under the conduction of technicians of ADRA-PERU, achieving with it the identification of the community which the same
- The beneficiaries are satisfied with all the aspects of the execution project and grateful with ADRA-PERU, expecting that the aid go on.
- In general, ADRA-Perú has executed the project satisfactorily, carrying out the activities and goals of competence and achieving the purposes of the same one. The operating organization of decentralized type and the participatory strategy that applied they have been effective, giving flexibility and capacity of answer to the project management.

1.2 LEARNED LESSONS

- Avoid to build in plots that have slope and/or a bad capacity.
- The capacity restrictions of calling are greater in urban localities and in urban peripheries than in rural areas.
- The works of repair or reconstruction constitute good elements of motivation for the beneficiaries participation and the strengthening of their base organizations, although are not enough to guarantee their sustainability. The work of support and the training requires of greater time and persistence.

1.3 RECOMENDATIONS

- Stimulate and support the health centers equipment, beginning for the rehabilitated and reconstructed.
- Stimulate and support systems of Local Nets of Health and efficient Development and rationalized, as well as the sustainability of the Local Committees of Health, the Local Committees of Development and the permanent updating of the Local Strategic Plans of Development
- Control the performance of the plot and cracks that appear in the locals of the health centers in order to check any risk before future earthquakes, in view of the fact that these centers should be the last ones to collapse in the disasters.

1.4 COMMENTS

For the team of evaluation is interesting, the fact that it will have constructed in some localities of few population and production, although the true is they were very isolated and with lack communication, local of health that have a simple framework around them, appear like out of proportion monuments that technically are not justified neither can maintain those localities by itself. In some cases there were lacked in the part of the competent authorities, a better analysis and rationalization of the health net that should attend them, something that is missed to the responsibility of ADRA-PERU in the project.

2. PURPOSE OF THE EVALUATION WORK AND REQUIRED INVESTIGATIONS

In order to evaluate the performance of objectives and goals, the efficiency in the use of the resources, taking effect in the achievement of objectives, the effects and immediate impacts of the project and conditions of sustainability for findings and conclusions can recognize the learned lessons, in order to formulate the recommendations of the case, the team of evaluation developed the activity according to a work plan that included the exam of the available documentation refering to the project, interviews with the authorities and functionaries of the same one, as well as with the authorities and beneficiaries of the inspected localities and the visual examination of field in express trip to raise in a sample, surveys and to develop workshops that allow to obtain the necessary reliable information.

To the visual examination and interviews, a sample from the world was selected to evaluate (chart1a), with the resulting route of trip and localities to visit (See Map 1), and was prepared questionnaires and charts (See appendix 10) which analyze and systematize the answers, in order to get all the findings and conclusions of evaluation required (See chart 1b).

As a result of the observations, interviews and workshops of the inspection trip, the information was obtained and that we show below.

Chart 1a
LIST OF HEALTH CENTERS INSPECTED
BY NETSS AND SUB NETSS, DISTRICTS AND DEPARTAMENTS OF LOCATION

Departa-mentos	Provincias	Distrito	Redes / Micro Redes	Establecimientos /			
				Prop. Inicial	Programados	Intervenidos	Inspeccionados
Ayacucho	Lucanas	Sancos	MR Chaviña		PS Chaquipampa	PS Chaquipampa (C)	
	Lucanas	Sancos	MR Chaviña		PS Sancos	PS Sancos (R)	
	Lucanas	Chaviña	MR Chaviña		CS Chaviña	CS Chaviña (R)	CS Chaviña (R)
	Parinacochas	Chumpi	MR Chumpi (*)	CS Chumpi			
	Parinacochas	Chumpi		PS Bellavista			
	Parinacochas	Chumpi		PS Acos			
	Parinacochas	Chumpi	MR Chumpi	PS Carhuanilla	PS Carhuanilla	PS Carhuanilla (C)	PS Carhuanilla (C)
	Parinacochas	Chumpi	MR Chumpi		PS Muchapampa	PS Muchapampa (R)	
	Parinacochas	Puyusca		PS Yuracchuasi			
	Parinacochas	Puyusca	MR Incuyo	PS Lacaya	PS Lacaya	PS Lacaya (R)	
	Parinacochas	Puyusca	MR Incuyo	PS Salla Salla	PS Salla Salla	PS Salla Salla (C)	PS Salla Salla (C)
	Parinacochas	Pullo	MR Pullo	PS Tarco	PS Tarco	PS Tarco (C)	
Arequipa	Caraveli	Caraveli	MR Caraveli	CS Caraveli	CS Caraveli	CS Caraveli (R)	CS Caraveli (R)
	Camaná	Camaná		PS La Punta			
	Arequipa	Miraflores	MR Pacificadores		PS Porvenir	PS Porvenir (C)	PS Porvenir (C)
	Caylloma	Chivay	MR Chivay	CS Chivay	CS Chivay	CS Chivay (C)	
	Caylloma	Achoma	MR Chivay	PS Achoma	PS Achoma	PS Achoma (C)	
Moquegua	Mariscal Nieto	Moquegua	R Moquegua	CS San Francisco			
	Mariscal Nieto	Moquegua ?	R Moquegua	CS 28 de Julio	CS 28 de Julio	CS 28 de Julio (R)	CS 28 de Julio (R)
	Mariscal Nieto	Moquegua	R Moquegua	PS Mariscal Nieto	PS Mariscal Nieto	PS Mariscal Nieto (R)	
	Mariscal Nieto	Torata	R Moquegua	PS Yacango	PS Yacango	PS Yacango (C)	PS Yacango (C)
	Mariscal Nieto	Cuchumbaya		CS Cuchumbaya			
	Gral. Sánchez Cerro	Puquina	MR Omate	CS Puquina	CS Puquina	CS Puquina (C)	
	Gral. Sánchez Cerro	*Omate*	*MR Omate*		*CS Omate*	*CS Omate (R)*	
	Ilo	El Algarrogal	MR Ilo	PS El Algarrogal	PS El Algarrogal	PS El Algarrogal (C)	
	Ilo	Ilo ?	MR Ilo		PS Varadero	PS Varadero (R)	
Tacna	Tacna	Alto de la Alianza	R Tacna	PS Juan Velasco	PS Juan Velasco	PS Juan Velasco (C)	PS Juan Velasco (C)
	Tacna	Tacna	MR Litoral	PS Santa Rosa	PS Santa Rosa	PS Santa Rosa (C)	
	Jorge Basadre	Locumba	R Tacna	CS Locumba	CS Locumba	CS Locumba (R)	
	Jorge Basadre	Ilabaya	MR Jorge Basadre	CS Ilabaya	CS Ilabaya	CS Ilabaya (C) ?	
	Jorge Basadre	Ilabaya	MR Jorge Basadre	PS Boroguena	PS Boroguena	PS Boroguena (R)	
	Candarave	Candarave	MR Candarave	CS Candarave	CS Candarave	CS Candarave (C)	CS Candarave (C)
	Candarave	Candarave	MR Candarave	PS Huaytire	PS Huaytire	PS Huaytire (C)	
	Candarave	Curibaya	MR Candarave	PS Curibaya	PS Curibaya	PS Curibaya (R)	PS Curibaya (R)
	Candarave	Cairani	MR Candarave	PS Cairani	PS Cairani	PS Cairani (R)	
	Candarave	Huanuara	MR Candarave	PS Huanuara	PS Huanuara	PS Huanuara (R)	
	R Tacna	Quilahuani	MR Candarave	PS Quilahuani	PS Quilahuani	PS Quilahuani (R)	

(*) En Cora cora

Mapa 1:
ubicación de establecimientos de salud inspeccionados y ruta de viaje

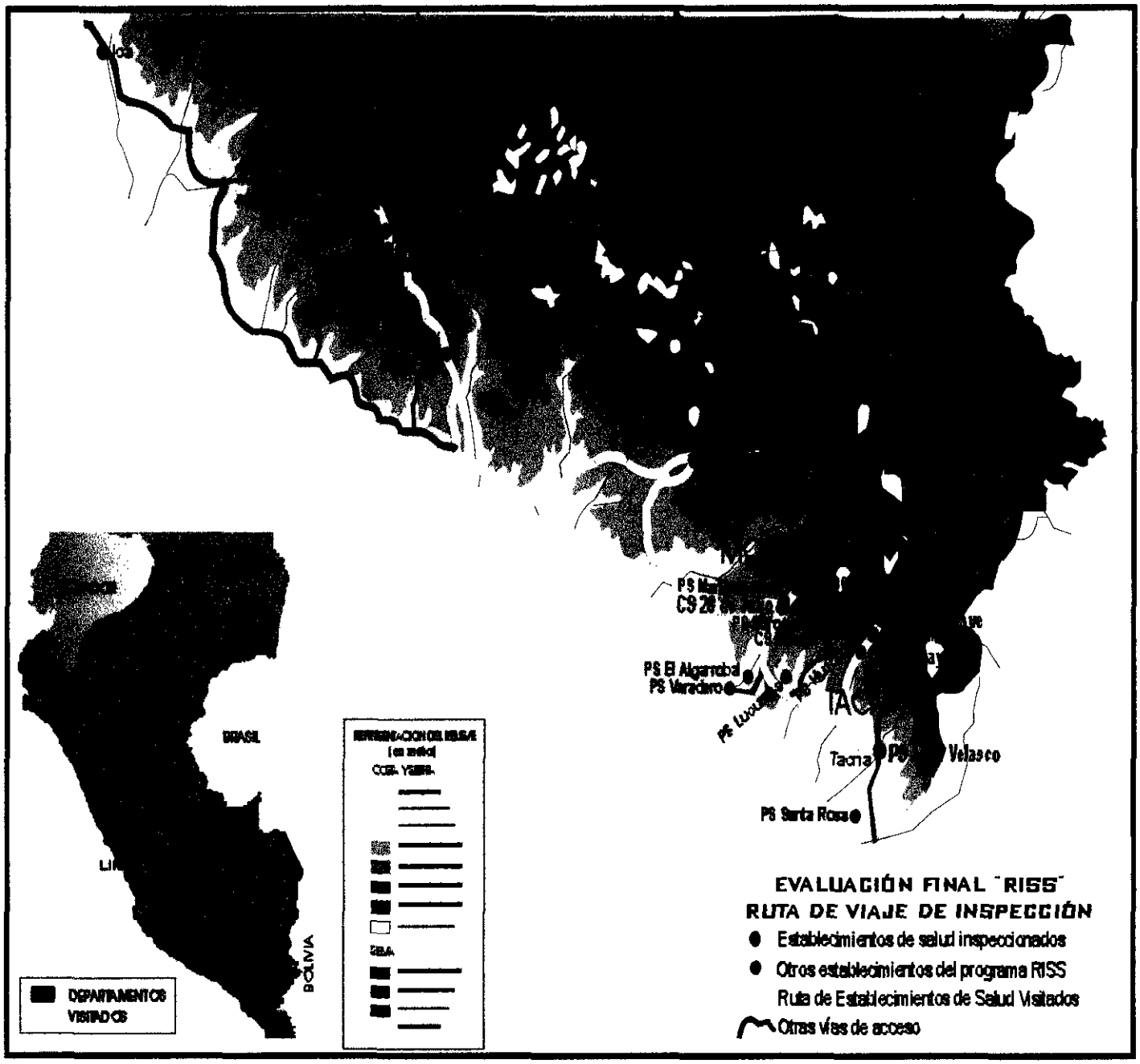


Chart 1b
FINAL EVALUATION – OPERATING CAPACITY OF INFRASTRUCTURE

HEALTH CENTER	WORK	BEFORE	AFTER		
			Prompt date	Useful life	Requirements
C.S. CHAVIÑA	Repair	• Damaged by earthquake	April 11 2003	02 months	• Lack of safety in the external supplies of water and electricity.
P.S. CARHUANILLA	Reconstruction	• Building borrowed • Damaged by earthquake	March 11 2003	03 months	• Right Building. It needs an extension. • Lack of residence and water. • Generator. Lack of light.
P.S. SALLA SALLA	Reconstruction	• Inappropriate Building • Damaged by earthquake	March 11 2003 The work is already finished the operation not begin yet	Not yet available	• Lack of light. Generator • The current is too small
C.S. CARAVELI	Repair	• There was a majority area • It fell down an objective of + 30 m2	February 22 2003	04 months	• Lack of space. • Lack of water.
P.S. EL PORVENIR	Reconstruction	• Near Building • own – operating	February 19 2003 • March 2003	04 months	• More appropriate
P.S. YACANGO	Repair	• Unsatisfactory	March 03 2003	02 months	• More appropriate
C.S. 28 DE JULIO	Reconstruction	• Operating	March 03 2003	03 months	• More appropriate
C.S. CANDARAVE	Repair	• There not modifications	April 04 2003 Infrastructure	02 months	• Built. Unoccupied • Lack of water and drain
P.S. CURIBAYA	Reconstruction	• Cracks	February 21 2003	02 months	• More appropriate
P.S. JUAN VELASCO ALVARADO	Reconstruction	• A community borrowed • A lot of faults	15 Octubre 2002	08 months	• There are not enviroment and adaptation.

3. FINDINGS AND CONCLUSIONS

As a result of: 1) the exam of the documentation refers to the project done by ADRA-PERU available to the team of evaluation; 2) the interviews that then facilitated with its authorities in the project, its two Coordinators – the component of repair and reconstruction of the infrastructure and the strengthening component-of local organizations, as well as with its coordinator of strategic plans, some of its residents engineers of work and faclititators ;and 3) the visual examination, surveys and workshops of field executed directly by the technical team of evaluation in the express trip carried out on June 18 to25 2003, about the according to sample with ADRA-Perú, covered 10 of the 30 health centers and 8 of the 14 health nets intervened for the project, in 10 of the 23 districts of the 7 which 11 provinces of the 4 South departments of Perú damaged by the earthquake June 23, 2001 (Ayacucho, Arequipa, Moquegua and Tacna) damaged by the earthquake of June 23, 2001, **it managed to the following main findings and conclusions**

3.1 COMPONENT 1 – REPAIR AND RECONSTRUCTION OF THE HEALTH INFRASTRUCTURE

3.1.1 SAMPLE AND ANALYSIS OF THE RECORD

The following charts show the obtained records and its analysis, with findings, conclusions and recommendations for each inspected health center.

1) "CHAVIÑA" Health Center

Chart 2

REPAIR – "CHAVIÑA" HEALTH CENTER
AYACUCHO – Chaviña Micro Net

REHABILITACION - CENTRO DE SALUD " CHAVIÑA "
Ayacucho - Micro Red Chaviña

INTERVENCION / AMBIENTES	ARQUITECTURA				ESTRUCTURAS			
	LOS ACABADOS EXTERIORES E INTERIORES SE ENCUENTRAN TARRAJEADOS CON MORTERO (CEMENTO ARENA) EN LAS ÁREAS DONDE SE PICO EL TARRAJEO DE MUROS	CUBIERTA DE PLANCHA DE TECNOBLOCK A MANERA DE PROTECCIÓN EN TODO EL TECHO INCLINADO (1*)	COLOCACION DE TEJA ANDINA	PINTURA (LATEX LAVABLE EN MUROS EXTERIORES Y VINILICA EN CIELO RASO)	RECONSTRUCCION DE VEREDA DE (1.0 m. DE ANCHO) (MARGEN IZQUIERDA) (HOSPITALIZACIÓN)	REPARACIÓN DE LAS FISURAS Y GRIETAS EN LOS MUROS AFECTADOS, REFORZADOS CON MALLA ELECTRO SOLDADA Y MORTERO DE CEMENTO-ARENA (1*)	REFORZAMIENTO DE TIJERALES DE MADERA QUE PRESENTARON DAÑO (1*)	
AREA DE HOSPITALIZACION	● B	● B	● B	● B	● B	● B	● B	
AREA DE CONSULTA EXTERNA	● B	● B	● B	● B	● B	● B	● B	

1* NO CONFIRMADO POR FALTA DE EL CUADERNO DE OBRAS O NO SE PUEDE OBSERVAR

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Indice	Estado
B	BUENO
R	REGULAR
M	MALO

FINDINGS: According to the Chart repairs made in Chaviña CS (Health Center) (reinforcing ceiling and cleaning up of damaged walls) have been made as stipulated in the technical file. We remark that exists finishes having faults, the restrooms have problems of lacking public supplies of water and systems, and restrictions in the electricity, **in this case that aspects of repair were not responsibility of ADRA-Perú** neither were in the technical file of them; those should be seen by other regular agents to the repair.

CONCLUSIONS: ADRA-Perú have executed satisfactorilly with the technical file stipulated. However, the center is not operating due to the faults mentioned in the findings.

LEARNED LESSONS: The partial repair of the center have not allowed to stay working correctly.

RECOMENDATIONS: To promote the repairs of damaged finishes and deficients installations with an appropriate maintenance, as well as improvement of the regular supplies of public net of water and electricity that allow the full work of the center.

2) "CARHUANILLA" Health Post

Chart 3a

ACABADOS ARQUITECTONICOS - PUESTO DE SALUD " CARHUANILLA "

ACABADOS / AMBIENTES	PISOS					MUROS				TECHOS			CIELO RASO				ZOCALO			CONTRA ZOCALO		CARPINTE. METALICA				CARPINTE. MADERA				SEÑALIZACIÓN		PINTURA	
	PARQUET	CERAMICO	MAYOLICA BLANCA	CEMENTO PULIDO	GRANITO	TARRAJEADO Y PINTADO	CERAMICO	CONTRAP. ACADOTRIPLEX)	MAYOLICA	TARRAJEADO Y PINTADO(aligerado)	MADERA Y ETERNIT	COBERTURA LIVIANA DE CALAMINON CINDI	TABLEROS DE FIBRA (ISCOPLAC)	BALDOSAS ACUSTICAS	ESCARCHADO	MADERA Y ETERNIT	MAYOLICA BLANCA(30x 30)	DE MURALETA D	CERAMICO	CERAMICO	CEMENTO COLOREADO	MAYOLICA BLANCA	VENTANA DE FIERRO TIPO V -	VENTANA DE FIERRO TIPO V-2	PUERTA MAMPARA, TUBO CUAD)	PUERTA METALICA	PUERTA CONTRAPLACADA : 45mm)	PUERTA DE MADERA CONTABLEROS	PUERTA MACH EMBERADA	PUERTA APANELADA	PREVENTIVA	ORIENTACION VERTICAL	LATEX LAVABLE	ESMALTE
AREA DE USO MULTIPLE Y ESPERA	●	●				●				●		●	●							●		●			●					●		●	●
	B	B				B				B		B	B							B		B			B					B		B	B
TOPICO	●	●				●				●		●	●				●					●					●			●		●	●
	B	B				B				B		B	B				B					B					B			B		B	B
BOTADERO	●	●				●				●		●	●				●						●				●			●		●	●
	B	B				B				B		B	B				B						B				B			B		B	B
SSHH 1	●	●				●				●		●	●				●						●				●			●		●	●
	B	B				B				B		B	B				B						B				B			B		B	B
SSHH 2	●	●				●				●		●	●				●						●				●			●		●	●
	B	B				B				B		B	B				B						B				B			B		B	B
CONSULTORIO	●	●				●				●		●	●							●		●					●			●		●	●
	B	B				B				B		B	B							B		B					B			B		B	B
ADMISION ARCHIVOS HISTORIAS	●	●				●				●		●	●							●				●		●				●		●	●
	B	B				B				B		B	B							B				B		B				B		B	B
SSHH 3	●	●				●				●		●	●				●							●			●			●		●	●
	B	B				B				B		B	B				B							B			B			B		B	B
PEPOS C	●	●				●				●		●	●							●		●					●			●		●	●
	B	B				B				B		B	B							B		B					B			B		B	B
ALMACEN			●			●				●		●	●								●	●					●			●		●	●
			B			B				B		B	B								B	B					B			B		B	B

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 3b
ELECTRICAL INSTALLATIONS OF "CARHUANILLAS" HEALTH CENTER

INSTALACIONES ELECTRICAS P.S. "CARHUANILLA"

ACABADOS / AMBIENTES	APARATOS Y ACCESORIOS								
	CENTRO DE LUZ	SALIDA PARA TOMACORRIENTES BIPOLARES SIMPLES CON PVC	POZO-CONEXION A TIERRA EN SISTEMA CIRC. BOMBEO ALUMB TOMAC. (UNI)	SALIDA PARA TELEFONO	SALIDA PARA ANTENA DE RADIO CON PVC (TUB)	PULSADOR DE TIMBRE (UNI)	FLUORESCENTE RECTO SOBREPONER INCLUYENDO EQUIPO Y PANTALLA	BRAQUETE CON FOCO INCANDESCENTE JOSFEL + LAMPARA	TABLERO ELECTRICO GENERAL (UNID)
AREA DE USO MULTIPLE Y ESPERA		● B				● B	● B		● B
TOPICO	● B	● B						● B	
BOTADERO	● B	● B							
SSHH 1	● B								
SSHH 2	● B								
CONSULTORIO	● B	● B		● B	● B				
ADMISION ARCHIVOS HISTORIAS	● B	● B							
SSHH 3	● B								
ALMACEN	● B	● B							
EXTERIOR	● B		● B						

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 3c
HEALTH INSTALLATIONS – CARHUNANILLA HEALTH POST

INSTALACIONES SANITARIAS - P.S. CARHUANILLA

ACABADOS / AMBIENTES	APARATOS Y ACCEORIOS							VARIOS							
	INODORO TANQUE BAJO C/GRIFERIA DE BRONCE	LABATORIO DE PARED C/GRIFERIA CROMADA 20X17 CM (JAMAICA O SIMIL)	LAVADERO DE ACERO INOXIDABLE	JABONERA DE LOSA COLOR BLANCO	TOALLERA C/SOPORTE DE LOSA Y BARRA PLASTICA COLOR BLANCO	PAPELERA DE LOSA Y BARRA PLASTICA COLOR BLANCO	PORTA ROLLO DE LOSA	SARDINEL DE DUCHA	MESA REVESTIDA EN MAYOLICA Y DIVISIONES	MESA DE GRANITO	BASE DE CONCRETO CLOSET	POZA DE CONCRETO BOTADERO/MAYOLICA	DUCHA SIMPLE CROMADA CON LLAVE INCLINADA	CISTERNA	TANQUE ELEVADO DE 1.00 M3
AREA DE USO MULTIPLE Y ESPERA											B				
TOPICO			B						B						
BOTADERO												B			
SSHH 1	B	B			B	B	B								
SSHH 2	B	B		B	B	B	B	B					B		
CONSULTORIO		B													
ADMISION ARCHIVOS HISTORIAS															
SSHH 3	B	B		B	B	B	B	B					B		
REPOSO		B													
EXTERIORES														B	B

Indica	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

FINDINGS: According to the charts figure the executed reconstruction in the PS Health Post) Carhuanilla have been made as stipulated in the technical file. We remark that there are not connection of water because the public net of this not reach the health Post and there are restrictions in electricity, **aspects that were not responsibility of ADRA-Perú** neither were included in the technical file of them because the reconstruction was responsibility to the other regular agents.

CONCLUSIONS: ADRA-Perú have executed satisfactorily with the technical file stipulated.
However, the center is not operating due to the faults mentioned in the findings.

LEARNED LESSONS: The reconstruction of the center without a correct conexion to main services guaranteed have not allowed to stay working correctly.

RECOMENDATIONS: Stimulate the early extensión and conexión of the public net of drinking water to the health Post and the settle of the faults in the electricity.

3) "SALLA SALLA" Health Post

Chart 4a
ARCHITECTONICAL FINISHES- "SALLA SALLA" HEALTH CENTER

ACABADOS ARQUITECTONICOS - PUESTO DE SALUD " SALLA SALLA "

ACABADOS / AMBIENTES	PISOS					MUROS				TECHOS			CIELO RASO				ZOCALO			CONTRA ZOCALO			CARPINTE. METALICA				CARPINTE. MADERA				SEÑALIZACIÓN		PINTURA	
	PARQUET	CERAMICO	MAYOLICA BLANCA	CEMENTO PULIDO	GRANITO	TARRAJEADO Y PINTADO	CERAMICO	CONTRAPLACADO(TRIPLEY)	MAYOLICA	COBERTURA LIVIANA (CALAMINON ONDU	MADERA Y ETERNIT	TIJERAL METALICO Y ETERNIT	TABLEROS DE FIBRA (Ecoplac)	BALDOSAS ACUSTICAS	ESCARCHADO	MADERA Y ETERNIT	MAYOLICA BLANCA(.30x.30)	DE MURALETA D	CERAMICO	CERAMICO	CEMENTO COLOREADO	MAYOLICA BLANCA	VENTANA DE FIERRO TIPO V-1	VENTANA DE FIERRO TIPO V-2	PUERTA MAMPARA (TUBO CUAD)	PUERTA METALICA	PUERTA CONTRAPALACADA (45mm)	PUERTA DE MADERA CON TABLEROS	PUERTA MACHI EMBRADA	PUERTA APANELADA	PREVENTIVA	ORIENTACION	VERTICAL	LATEX LAVABLE	ESMALTE
AREA DE USO MULTIPLE Y ESPERA	●	●				●				●			●							●			●			●						●		●	
		B					B				B			B							B			B			B						B		B	
TOPICO		●					●				●			●			●						●				●					●		●	
		B					B				B			B			B						B				B					B		B	
BOTADERO		●					●				●			●			●							●			●					●		●	
		B					B				B			B			B							B			B					B		B	
SSHH 1		●					●				●			●			●							●			●					●		●	
		B					B				B			B			B							B			B					B		B	
SSHH 2		●					●				●			●			●							●			●					●		●	
		B					B				B			B			B							B			B					B		B	
CONSULTORIO		●					●				●			●						●			●				●					●		●	
		B					B				B			B						B			B				B					B		B	
ADMISION ARCHIVOS HISTORIAS		●					●				●			●						●				●		●						●		●	
		B					B				B			B						B				B		B						B		B	
SSHH3		●					●				●			●			●							●			●					●		●	
		B					B				B			B			B							B			B					B		B	
REPOSO		●					●				●			●						●			●				●					●		●	
		B					B				B			B						B			B				B					B		B	
ALMACEN				●			●				●			●							●		●				●					●		●	
				B			B				B			B							B		B				B					B		B	

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 4b

INSTALACIONES ELECTRICAS P.S. "SALLA SALLA"

ACABADOS / AMBIENTES	APARATOS Y ACCESORIOS								
	CENTRO DE LUZ	SALIDA PARA TOMACORRIENTES BIPOLARES SIMPLES CON PVC	POZO-CONEXION A TIERRA EN SISTEMA C/EQ. BOMBEO, ALUMB. TOMAC (Unid)	SALIDA PARA TELEFONO	SALIDA PARA ANTENA DE RADIO CON PVC (1 P)	PULSADOR DE TIMBRE (1 P)	FLUORECENTE RECTO 1SPE 2X40 W INCLUYENDO EQUIPO Y PANTALLA	BRAQUETE CON FOCO "WS 150R JOSFEL + LAMPARA	TABLERO ELECTRICO GENERAL (Unid)
AREA DE USO MULTIPLE Y ESPERA		● B				● B	● B		● B
TOPICO	● B	● B						● B	
BOTADERO	● B	● B							
SSHH. 1	● B								
SSHH. 2	● B								
CONSULTORIO	● B	● B		● B	● B				
ADMISION ARCHIVOS HISTORIAS	● B	● B							
SSHH 3	● B								
ALMACEN	● B	● B							
EXTERIOR	● B		● B						

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 4c

INSTALACIONES SANITARIAS - P.S. SALLA SALLA

ACABADOS / AMBIENTES	APARATOS Y ACCESORIOS							VARIOS							
	INODORO TANQUE BAJO C/GRIFERIA DE BRONCE	LAVATORIO DE PARED C/GRIFERIA CROMADA 20X17 CM. (PANAMERICA O SIMIL)	LAVADERO DE ACERO INOXIDABLE	JABONERA DE LOSA COLOR BLANCO	TOALLERA C/SOPORTE DE LOCA Y BARRA PLASTICA COLOR BLANCO	PAPELERA DE LOSA Y BARRA PLASTICA COLOR BLANCO	PORTA ROLLO DE LOSA	SARDINEL DE DUCHA	MESA REVESTIDA EN MAYOLICA Y DIVISIONES	MESA DE GRANITO	BASE DE CONCRETO CLOSET	POZA DE CONCRETO BOTADERO MAYOLICA	DUCHA SIMPLE CROMADA CON LLAVE INCLINADA	CISTERNA	TANQUE ELEVADO DE 1.00 M3
AREA DE USO MULTIPLE Y ESPERA											B				
TOPICO			B						B						
BOTADERO												B			
SSHH 1	B	B			B	B	B								
SSHH 2	B	B		B	B	B	B	B					B		
CONSULTORIO		B													
ADMISION ARCHIVOS HISTORIAS															
SSHH 3	B	B		B	B	B	B	B					B		
REPOSO		B													
EXTERIORES														B	B

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

FINDINGS: According to the charts figure that the reconstruction executed in the PS (Health Post) Salla Salla has been made as stipulated in the technical file. We remark that it has not regular electricity, replace it with a generator of restrited capacity and an operating high cost. The center was not available to the trip date of inspection, despite being delivered the work on March 11, 2003 (1).

CONCLUSIONS: ADRA-Perú has executed satisfactorily with the technical file stipulated. However, the center is not operating due to the faults of electrical public supplies, do not have responsibility of ADRA-Perú.

LEARNED LESSONS: The reconstruction of the center without a correct regular electrical supply restrict its operating capacity.

RECOMENDATIONS: To stimulate and support the early authorization of a regular electrical supply for the center.

4) "CARAVELÍ" Health Center

Chart 5

CS. CARAVELI

AMBIENTES	TIPO DE INTERVENCION						
	REFORZAMIENTO DE COLUMNAS	ACARTELAMIENTO DE VIGAS	REPARACION DE MUROS / INEPENDIZACION DE PARAPETOS (VISTA 1)	REPARACION DE MUROS / INEPENDIZACION DE PARAPETOS (VISTA 2)	REPARACION DE MUROS / INEPENDIZACION DE PARAPETOS (VISTA 3)	REPARACION DE MUROS / INEPENDIZACION DE PARAPETOS (VISTA 4)	REPARACION DE MUROS / INEPENDIZACION DE PARAPETOS (VISTA 5)
BLOQUE A	●	●	●			●	
	B	B	B			B	
BLOQUE B	●	●		●			●
	B	B		B			B
BLOQUE C	●	●			●		
	B	B			B		
BLOQUE D	●	●					
	B	B					
BLOQUE E	●	●					
	B	B					

Indice	CUMPLE CON EXPEDIENTE TECNICO Y/O CUADERNO DE OBRAS
●	SI
▲	NO

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

NOTA: LOS CAMBIOS HECHOS EN OBRA ESTAN JUSTIFICADOS POR EL CUADERNO DE OBRAS

FINDINGS: According to the chart figures that the repairs executed in the CS (Health Center) Caravelí (repair and strengthening of the structure) have not been made at all as stipulated in the technical file. The resident engineer communicate to the modifications are supported in the respective file of work. An old building was demolished through the project because the earthquake on June 23, 2003 left it in a risky conditions, reduced with it the physical area of the center in order to its function and operation, which has caused demand of the personnel of the health center. The center is working, but it has faults in space and water supply; these things are responsability of other agents nor of ADRA-PERU neither the project RRIS.

CONCLUSIONS: ADRA-Perú has repaired satisfactorily the center considered the technical file stipulated; this was modified in some parties by the responsibles of the work, who justified the changes in the respective file. The reduction of physical area caused the destruction that was executed during the implementation , it has restricted the work of possibilities in the health center and faults in the water supply need to be resolved.

LEARNED LESSONS: An exact knowledge of condition is required in the repairs structure in order to avoid modifications in the technical file of execution. The demolition of the old building answered to a technical criteria of security, this fact should be suitable socilaize in order to avoid discomfort and demand of the involved people and the repair project should be justified the neccesity and not the reconstruction.

RECOMENDATIONS: Technically it should be evaluated the essential of the replacement of the physical area demolished of the health center and resolve the faults in the water supply.

5) "EL PORVENIR" Health Post

Chart 6a

ARCHITECTONICAL FINISHES – "EL PORVENIR – MIRAFLORES" HEALTH POST

ACABADOS ARQUITECTONICOS - PUESTO DE SALUD " EL PORVENIR - MIRAFLORES "

ACABADOS / AMBIENTES	PISOS					MUROS				TECHOS			CIELO RASO				ZOCALO			CONTRA ZOCALO		CARPINTE. METALICA				CARPINTE. MADERA				SEÑALIZACIÓN		PINTURA	
	PARQUET	CERAMICO	MAYOLICA BLANCA	CEMENTO PULIDO	GRANITO	TARRAJEADO Y PINTADO	CERAMICO	CONTRAPLACADO(TRIPLEX)	MAYOLICA	LOZA ALIGERADA TARRAJEADO	MADERA Y ETERNIT	TIJERAL METALICO Y ETERNIT	TRIPLAY ENCHAPADO	PALOSAS ACUSTICAS	ESCARCHADO	MADERA Y ETERNIT	MAYOLICA BLANCA(30x 30)	DE MURALETA D	CERAMICO	CERAMICO	CEMENTO COLOREADO	MAYOLICA BLANCA	VENTANA DE FIERRO TIPO V-1	VENTANA DE FIERRO TIPO V-2	PUERTA MAMPARA (TUBO CUAD)	PUERTA METALICA	PUERTA CONTRAPLACADA (45mm)	PUERTA DE MADERA CON TABLEROS	PUERTA MACHIEMBRADA	PUERTA APANELADA	PREVENTIVA	ORIENTACION	VERTICAL	LATEX LAVABLE	ESMALTE
AREA DE USO MULTIPLE Y ESPERA	● B					● B				● B										● B		● B			● B						● B		● B	
TOPICO	● B					● B				● B							● B					● B				● B					● B		● B	
BOTADERO	● B					● B				● B							● B						● B			● B					● B		● B	
SSHH 1	● B					● B				● B							● B						● B			● B					● B		● B	
SSHH 2	● B					● B				● B							● B						● B			● B					● B		● B	
CONSULTORIO	● B					● B				● B										● B		● B				● B					● B		● B	
ADMISION ARCHIVOS HISTORIAS	● B					● B				● B										● B			● B		● B						● B		● B	
SSHH3	● B					● B				● B							● B						● B			● B					● B		● B	
REPOSO	● B					● B				● B										● B		● B				● B					● B		● B	
ALMACEN				● B		● B				● B											● B	● B				● B					● B		● B	

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 6b

INSTALACIONES ELECTRICAS P.S. "EL PORVENIR"

ACABADOS / AMBIENTES	APARATOS Y ACCESORIOS								
	CENTRO DE LUZ	SALIDA PARA TOMACORRIENTES BIPOLARES SIMPLES CON PVC	POZO-CONEXION A TIERRA EN SISTEMA C/EQ. BOMBEO, ALUMB TOMAC (Und)	SALIDA PARA TELEFONO	SALIDA PARA ANTENA DE RAD O CON PVC (Pt)	PULSADOR DE TIMBRE (Pt)	FLUORECENTE RECTO ISPE 2x40 W INCLUYENDO EQUIPO Y PANTALLA	BRAQUETE CON FOCO "WX 150R JOSFEL + LAMPARA	TABLERO ELECTRICO GENERAL (1 Und)
AREA DE USO MULTIPLE Y ESPERA		● B				● B	● B		● B
TOPICO	● B	● B						● B	
BOTADERO	● B	● B							
SSHH 1	● B								
SSHH 2	● B								
CONSULTORIO	● B	● B		● B	● B				
ADMISION ARCHIVOS HISTORIAS	● B	● B							
SSHH 3	● B								
ALMACEN	● B	● B							
EXTERIOR	● B		● B						

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 6c

INSTALACIONES SANITARIAS - P.S. EL PORVENIR - MIRAFLORES

ACABADOS / AMBIENTES	APARATOS Y ACCESORIOS							VARIOS							
	INODORO TANQUE BAJO C/GRIFERIA DE SIFONCE	LAVATORIO DE PARED C/GRIFERIA CROMADA 20X17 CM (JAMAICA O SIMIL)	LAVADERO DE ACERO INOXIDABLE	JABONERA DE LOSA COLOR BLANCO	TOALLERA C/SOPORTE DE LOSA Y BARRA PLASTICA COLOR BLANCO	PAPELERA DE LOSA Y BARRA PLASTICA COLOR BLANCO	PORTA ROLLO DE LOSA	SARDINEL DE DUCHA	MESA REVESTIDA EN MAYOLICA Y DIVISIONES	MESA DE GRANITO	BASE DE CONCRETO CLOSET	POZA DE CONCRETO BOTADERO/MAYOLICA	DUCHA SIMPLE CROMADA CON LLAVE INCLINADA	CISTERNA	TANQUE ELEVADO DE 1.00 M3
AREA DE USO MULTIPLE Y ESPERA											● B				
TOPICO			● B						● B						
BOTADERO												● B			
SSHH 1	● B	● B			● B	● B	● B								
SSHH 2	● B	● B		● B	● B	● B	● B	● B					● B		
CONSULTORIO		● B													
ADMISION ARCHIVOS HISTORIAS															
SSHH 3	● B	● B		● B	● B	● B	● B	● B					● B		
REPOSO		● B													
EXTERIORES														● B	● B

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

FINDINGS: According to the chart figures that the reconstruction executed in the PS (Health Post) El Porvenir has been made as stipulated in the technical file. The center is avalaible since April 2003 and this has its old building additionally that was not demolished, near to the new construction. The height of the boundary walls enclose the plot of the center does not offer the enough security to the area where is located.

CONCLUSIONS: ADRA-Perú has executed satisfactorily with the technical file stipulated.

LEARNED LESSONS: A right working project leads to right results, as well as it is detached of this work. But it should take in consideration the characteristics of the environment in order to expect an appropriate security.

RECOMENDATIONS: To Give to the center a great security system before robberies and intromisiones strange. Provide hot water to the restrooms.

6) "YACANGO" Health Post

Chart 7a

ACABADOS ARQUITECTONICOS - PUESTO DE SALUD " YACANGO "

ACABADOS / AMBIENTES	PISOS					MUROS				TECHOS			CIELO RASO				ZOCALO			CONTRA ZOCALO			CARPINTE. METALICA				CARPINTE. MADERA				SEÑALIZACIÓN			PINTURA	
	PARQUET	CERAMICO	MAYOLICA BLANCA	CEMENTO PULIDO	GRANITO	TARRAJEADO Y PINTADO	CERAMICO	CONTRAFLACADO(TRIPLEX)	MAYOLICA	COBERTURA LIVIANA CALAMINON ONDULADO	MADERA Y ETERNIT	TIJERAL METALICO Y ETERNIT	TABLEROS DE FIBRA (ECOPLAC)	BALOSAS ACUSTICAS	ESCARCHADO	MADERA Y ETERNIT	MAYOLICA BLANCA(30*30)	DE MURALETA D	CERAMICO	CERAMICO	CEMENTO COLOREADO	MAYOLICA BLANCA	VENTANA DE FIERRO TIPO V-1	VENTANA DE FIERRO TIPO V-2	PUERTA MAMPARA (TUBO CUAD)	PUERTA METALICA	PUERTA CONTRAPALACADA (45mm)	PUERTA DE MADERA CON TABLEROS	PUERTA MACHIEMBRADA	PUERTA APANELADA	PREVENTIVA	ORIENTACION	VERTICAL	LATEX LAVABLE	ESMALTE
AREA DE USO MULTIPLE Y ESPERA	●	●				●	●			●			●							●			●			●					●			●	●
		B				B	B			B			B							B			B			B					B			B	B
TOPICO		●				●	●			●			●				●						●				●				●			●	●
		B				B	B			B			B				B						B				B				B			B	B
BOTADERO		●				●	●			●			●				●							●			●				●			●	●
		B				B	B			B			B				B							B			B				B			B	B
SSHH 1		●				●	●			●			●				●							●			●				●			●	●
		B				B	B			B			B				B							B			B				B			B	B
SSHH 2		●				●	●			●			●				●							●			●				●			●	●
		B				B	B			B			B				B							B			B				B			B	B
CONSULTORIO		●				●	●			●			●							●			●				●				●			●	●
		B				B	B			B			B							B			B				B				B			B	B
ADMISION ARCHIVOS HISTORIAS		●				●	●			●			●							●				●		●					●			●	●
		B				B	B			B			B							B				B		B					B			B	B
SSHH3		●				●	●			●			●				●							●			●				●			●	●
		B				B	B			B			B				B							B			B				B			B	B
REPOSO		●				●	●			●			●							●			●				●				●			●	●
		B				B	B			B			B							B			B				B				B			B	B
ALMACEN				●		●	●			●			●								●		●				●				●			●	●
				B		B	B			B			B								B		B				B				B			B	B

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 7b

INSTALACIONES ELECTRICAS P.S. "YACANGO"

AMBIENTES / ACABADOS	APARATOS Y ACCESORIOS								
	CENTRO DE LUZ	SALIDA PARA TOMACORRIENTES BIPOLARES SIMPLES CON PVC	POZO CONEXION A TIERRA EN SISTEMA PASO BAMEDIO ALUMB TOMAC. (Uni)	SALIDA PARA TELEFONO	SALIDA PARA ANTENA DE RADIO CON PVC (1" Ø)	PULSADOR DE TIMBRE (1 P)	RUMBO EMPOTRADO SPE 2x40 W INCLUYENDO EQUIPO Y PANTALLA	BRAQUETE CON FOCO "MASTER JUMPER + LAMPARA	TABLERO ELECTRICO GENERAL (Uni)
AREA DE USO MULTIPLE Y ESPERA		● B				● B	● B		● B
TOPICO	● B	● B						● B	
BOTADERO	● B	● B							
SSHH 1	● B								
SSHH 2	● B								
CONSULTORIO	● B	● B		● B	● B				
ADMISION ARCHIVOS HISTORIAS	● B	● B							
SSHH 3	● B								
ALMACEN	● B	● B							
EXTERIOR	● B		● B						

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 7c

INSTALACIONES SANITARIAS - YACANGO

AMBIENTES / ACABADOS	APARATOS Y ACCESORIOS							VARIOS							
	INODORO TANQUE BAJO C/ACCESORIA DE BRONCE	LAVATORIO DE PARED C/ACCESORIA CROMADA 20X17 CM (JAMAICA O SIMILI	LAVADERO DE ACERO INOXIDABLE	JABONERA DE LOSA COLOR BLANCO	TOALLERA C/SOPORTE DE LOSA Y BARRA PLASTICA COLOR BLANCO	PAPELERA DE LOZA Y BARRA PLASTICA COLOR BLANCO	PORTA ROLLO DE LOSA	SARDINEL DE DUCHA	MESA REVESTIDA EN MAYOLICA Y DIVISIONES	MESA DE GRANITO	BASE DE CONCRETO CLOSET	POZA DE CONCRETO BOTADERO MAYOLICA	DUCHA SIMPLE CROMADA CON LLAVE INCLINADA	CISTERNA	TANQUE ELEVADO DE 1.00 M3
AREA DE USO MULTIPLE Y ESPERA											● B				
TOPICO			● B						● B						
BOTADERO												● B			
SSHH 1	● B	● B			● B	● B	● B								
SSHH 2	● B	● B		● B	● B	● B	● B	● B					● B		
CONSULTORIO		● B													
ADMISION ARCHIVOS HISTORIAS															
SSHH 3	● B	● B		● B	● B	● B	● B	● B					● B		
REPOSO		● B													
EXTERIORES														● B	● B

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

FINDINGS: According to the chart figures that the reconstruction PS (Health Center) Yacango has been executed at all and the center is available. We remark some slight craks in the walls of the back center, which apparently structure was not implicated. The reconstruction has been made on a plot unresolved. It has not had an enough pressure in the water supply, also is not constant, and this is not responsability of ADRA-Perú.

CONCLUSIONS: ADRA-Perú has executed satisfactorily with the technical file stipulated.

LEARNED LESSONS: In order to execute a right work, it should have in consideration all the characteristics of the plot, not only its admisible capacity but also its leveling, consider the technical regulations that exist for it. (4).

RECOMENDATIONS: It is convenient to carry out a regular control of the crack conditions found in order to discover if these increase in time and check the performance of the retaining wall.

7) "28 DE JULIO" Health Center

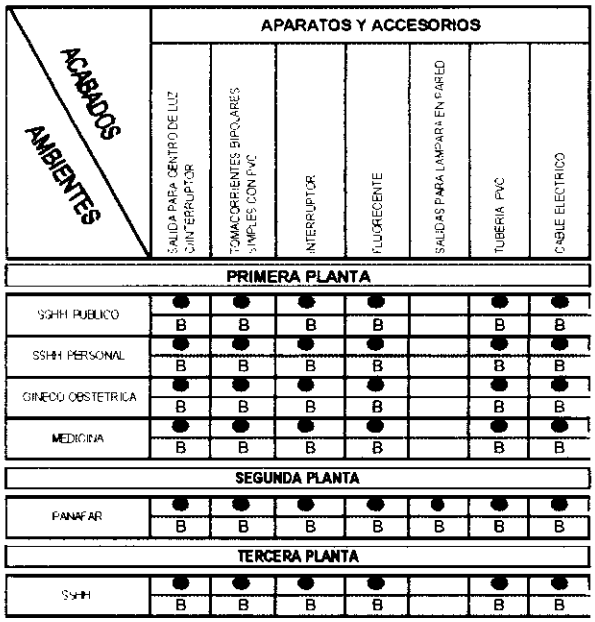
Chart 8a
ARCHITECTONICAL FINISHES - "28 DE JULIO" HEALTH CENTER

ACABADOS ARQUITECTONICOS - CENTRO DE SALUD " 28 DE JULIO "

ACABADOS / AMBIENTES	PISOS					MUROS				TECHOS			CIELO RASO				ZOCALO			CONTRA ZOCALO			CARPINTE. METALICA				CARPINTE. MADERA				SEÑALIZACIÓN			PINTURA	
	PARQUET	CERAMICO	MAYOLICA BLANCA	CEMENTO PULIDO	GRANITO	TARRAJEADO Y PINTADO	CERAMICO	CONTRAPLACADO(TRIPLEY)	MAYOLICA	TARRAJEADO Y PINTADO(aligeR	MADERA Y ETERNIT	TIJERAL METALICO Y ETERNIT	TRIPLAY ENCHAPADO	BALDOSAS ACUSTICAS	ESCARCHADO	MADERA Y ETERNIT	MAYOLICA BLANCA(.30x.30)	DE MURALETA D	CERAMICO	CERAMICO	CEMENTO COLOREADO	MAYOLICA BLANCA	VENTANA DE FIERRO TIPO V-1	VENTANA DE FIERRO TIPO V-2	PUERTA MAMPARA (TUBO CU	PUERTA METALICA	PUERTA CONTRAPALACADA (	PUERTA DE MADERA CON TAB	PUERTA MACHI EMBERADA	PUERTA APANELADA	PREVENTIVA	ORIENTACION	VERTICAL	LATEX LAVABLE	ESMALTE
SEGUNDA PLANTA																																			
ODONTOLOGIA	●					●				●										●			●			●								●	
	B					B				B										B			B			B								B	
ORIENTACION Y CONSEJERIA	●					●				●							●						●				●							●	
	B					B				B							B						B				B							B	
ALMACEN	●					●				●							●							●			●							●	
	B					B				B							B							B			B							B	
SSHH	●					●				●							●							●			●							●	
	B					B				B							B							B			B							B	
HOSPITALIZACION																																			
PANFAR																																			
SALA DE PARTOS																																			
SSHH SALA DE PARTOS	●					●				●							●							●			●							●	
	B					B				B							B							B			B							B	
PATIO	●					●				●										●			●				●							●	
	B					B				B										B			B				B							B	
ESCALERA				●		●				●											●		●				●							●	
				B		B				B											B		B				B							B	

Chart 8b

INSTALACIONES ELECTRICAS C.S. "28 DE JULIO"



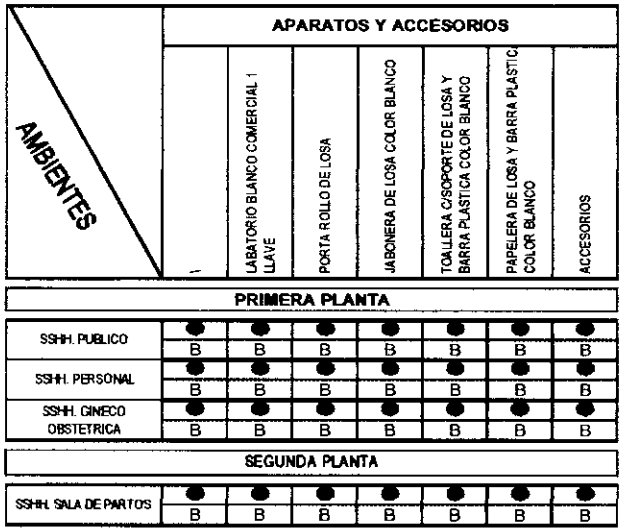
ACABADOS / AMBIENTES	APARATOS Y ACCESORIOS						
	SALIDA PARA CENTRO DE LUZ CON INTERRUPTOR	TOMACORRIENTES BIPOLARES SIMPLES CON PVC	INTERRUPTOR	FLUORESCENTE	SALIDAS PARA LAMPARA EN PARED	TUBERIA PVC	CABLE ELECTRICO
PRIMERA PLANTA							
SSHH PUBLICO	● B	● B	● B	● B		● B	● B
SSHH PERSONAL	● B	● B	● B	● B		● B	● B
GINECO OBSTETRICA	● B	● B	● B	● B		● B	● B
MEDICINA	● B	● B	● B	● B		● B	● B
SEGUNDA PLANTA							
PANAFAR	● B	● B	● B	● B	● B	● B	● B
TERCERA PLANTA							
SSHH	● B	● B	● B	● B		● B	● B

Indice	CUMPLE CON EXPEDIENTE TECNICO
●	SI
▲	NO

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 8c

INSTALACIONES SANITARIAS - C.S. 28 DE JULIO



AMBIENTES / APARATOS Y ACCESORIOS		LABATORIO BLANCO COMERCIAL 1 LLAVE	PORTA ROLLO DE LOSA	JABONERA DE LOSA COLOR BLANCO	TOALLERA C/SOPORTE DE LOSA Y BARRA PLASTICA COLOR BLANCO	PAPELERA DE LOSA Y BARRA PLASTICA COLOR BLANCO	ACCESORIOS
PRIMERA PLANTA							
SSHH. PUBLICO	● B	● B	● B	● B	● B	● B	● B
SSHH. PERSONAL	● B	● B	● B	● B	● B	● B	● B
SSHH. GINECO OBSTETRICA	● B	● B	● B	● B	● B	● B	● B
SEGUNDA PLANTA							
SSHH. SALA DE PARTOS	● B	● B	● B	● B	● B	● B	● B

Indice	CUMPLE CON EXPEDIENTE TECNICO
●	SI
▲	NO

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

FINDINGS: The repair of the 28 de Julio CS (Helath Center) is finished, the building is available and according to the charts figure that have been executed following the stipulated in the technical file. We remark some faults in the sanitary installations, aspects that in this case of repair does not have responsibility of ADRA-Perú neither were included in the technical file of them; those should be seen by other regular agents to the repair.

CONCLUSIONS: ADRA-Perú has executed satisfactorily with the technical file stipulated. The faults in the sanitary installations were not a reason of the stipulation. Due to the old building and faults in the pipes might be caused by the damp in some walls.

LEARNED LESSONS: In the case of repairs should take in consideration the old building and check the condition of healh installations.

RECOMENDATIONS: In the maintenance of the building will be identify the reasons of the damp of walls damaged in order to be repaired.

8) "CANDARAVE" Health Center

Chart 9a

ACABADOS ARQUITECTONICOS - CENTRO DE SALUD " CANDARAVE "

ACABADOS / AMBIENTES	PISOS					MUROS				TECHOS			CIELO RASO			ZOCALO			CONTRA ZOCALO			CARPINTE. METALICA				CARPINTE. MADERA				SEÑALIZACIÓN		PINTURA	
	PARQUET	CERAMICO	MAYOLICA BLANCA	CEMENTO PULIDO	GRANITO	TARRAJEADO Y PINTADO	CERAMICO	CONTRAPLACADO(TRUPLEY)	MAYOLICA	COBERTURA LIVIANA (TEJA ANDINA)	MADERA Y ETERNIT	TIMERAL METALICO Y ETERNIT	REVESTIMIENTO SOBRE PERFIL OMEGA	BALDOSAS ACUSTICAS	ECOARCHIVADO	MADERA Y ETERNIT	MAYOLICA BLANCA(30x30)	DE MURALETA D	CERAMICO	CERAMICO	CEMENTO COLOREADO	MAYOLICA BLANCA	VENTANA DE FIERRO TIPO V-1	VENTANA DE FIERRO TIPO V-2	PUERTA MAMPARA (TUBO CUAD)	PUERTA METALICA	PUERTA DE MADERA CON TABLEROS	PUERTA CONTRAPLACADA (45mm)	PUERTA MACHI EMBERADA	PUERTA APANELADA	PREVENTIVA	ORIENTACION	VERTICAL	LATEX LAVABLE	ESMALTE
AREA DE USO MULTIPLE Y ESPERA	●					●				●			●						●			●			●						●		●	
	B					B				B			B						B			B			B						B		B	
TRIAJE	●					●				●			●						●			●					●				●		●	
	B					B				B			B						B			B					B				B		B	
CUARTO DE LIMPIEZA	●					●				●			●			●						●					●				●		●	
	B					B				B			B			B						B					B				B		B	
SSHH DISCAPACITADOS 1	●					●				●			●			●							●				●				●		●	
	B					B				B			B			B							B				B				B		B	
SSHH DISCAPACITADOS 2	●					●				●			●			●							●				●				●		●	
	B					B				B			B			B							B				B				B		B	
TOPICO	●					●				●			●						●			●					●				●		●	
	B					B				B			B						B			B					B				B		B	
SSHH TOPICO	●					●				●			●			●							●				●				●		●	
	B					B				B			B			B							B				B				B		B	
OBSTETRICIA	●					●				●			●						●				●				●				●		●	
	B					B				B			B						B				B				B				B		B	
SSHH OBSTETRICIA	●					●				●			●			●						●					●				●		●	
	B					B				B			B			B						B					B				B		B	
MEDICINA	●					●				●			●						●			●					●				●		●	
	B					B				B			B						B			B					B				B		B	
PEDIATRIA	●					●				●			●						●			●					●				●		●	
	B					B				B			B						B			B					B				B		B	
SSHH HOMBRES	●					●				●			●			●							●				●				●		●	
	B					B				B			B			B							B				B				B		B	
SSHH MUJERES	●					●				●			●			●							●				●				●		●	
	B					B				B			B			B							B				B				B		B	
DENTAL	●			●		●				●			●						●			●					●				●		●	
	B					B				B			B						B			B					B				B		B	

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

FINDINGS: According to the chart figures that the reconstruction executed in the Candarave CS (Health Post) has been made as stipulated in the technical file. This is completely finished, although is not available, because of lacking of drain and water supply. It is located around five hundred meters of distance from the old, survival and operating health center; in advanced place to the construction of a future support hospital of the Candarave net and there are not yet nets of drink water and drain of the localities. The people refer to have the technical file for its extension, but its execution is not finished.

CONCLUSIONS: ADRA-Perú has executed satisfactorily with the technical file stipulated.

LEARNED LESSONS: A right working project leads to right results, as well as it is detached of this work, but it should not ignore the conexions requiredto the nets of mainservices.

RECOMENDATIONS: Implement to shorter term the extension of public nets of drain and water required by the center. Without use and any maintenance this building is damaged very fast.

9) "CURIBAYA" Health Post

Chart 10

REHABILITACION - PUESTO DE SALUD " CURIBAYA "
Tacna - Micro Red Candarave

INTERVENCION / AMBIENTES	ARQUITECTURA	
	LOS ACABADOS EXTERIORES E INTERIORES SE ENCUENTRAN TARRAJEADOS CON MORTERO (CEMENTO, ARENA) EN LAS ÁREAS DONDE SE PICO EL TARRAJEO DE MUROS PARA REHABILITACION (1°)	PINTURA (LATEX LAVABLE EN MUROS EXTERIORES Y VINILICA EN CIELO RASO)
CONSULTORIO ADULTO ADOLECENTE	● R	● R
FARMACIA	● R	● R
CONSULTORIO MUJER GESTANTE	● R	● R
CONSULTORIO NIÑO	● R	● R
RESIDENCIA	● R	● R
DORMITORIO	● R	● R
COCINA	● R	● R
02 SSHH	● R	● R

Indice	EXPEDIENTE TECNICO
●	CUMPLE
	NO CUMPLE

Indice	Estado
B	BUENO
R	REGULAR
M	MALO

FINDINGS: The repair of the Curibaya PS (Health Post) is finished and the center is working. According to the charts, figure that the repair executed has been made as stipulated in the technical file; but there are lacking of appropriate and regular water supplies and electricity, do not have responsability of ADRA-Perú. It shows damp and frost in the external surface sand of some walls and there are cracks which apparently structure was not implicated.

CONCLUSIONS: ADRA-Perú has executed satisfactorily with the technical file stipulated.

LEARNED LESSONS: In the case of repairs should consider the old of the factory and check the right conditions of their installations, specially the sanitary.

RECOMENDATIONS: Provide an appropriate and regular water supplies and electricity to this center. It is convenient to watch the evolution of the cracks detected to a possible rectify and check the reason of damp in order to be repaired.

10) "JUAN VELASCO ALVARADO" Health Post

Chart 11a
ARCHITECTONICAL FINISHES – "JUAN VELASCO" HEALTH CENTER

ACABADOS ARQUITECTONICOS - PUESTO DE SALUD "JUAN VELASCO "

ACABADOS / AMBIENTES	PISOS					MUROS				TECHOS			CIELO RASO				ZOCALO			CONTRA ZOCALO			CARPINTE. METALICA				CARPINTE. MADERA				SEÑALIZACIÓN		PINTURA	
	PARQUET	CERAMICO	MAYOLICA BLANCA	CEMENTO PULIDO	GRANITO	TARRAJEADO Y PINTADO (1°)	CERAMICO	CONTRAPLACADO(TRIPLEY)	MAYOLICA	TARRAJEADO Y PINTADO(4pierads)	MADERA Y ETERNIT	TIJERAL METALICO Y ETERNIT	TRIPLAY ENCHAPADO	BALDOSAS ACUSTICAS	ESCARCHADO	MADERA Y ETERNIT	MAYOLICA BLANCA(.30x.30)	DE MURALETA D	CERAMICO	CERAMICO	CEMENTO COLOREADO	MAYOLICA BLANCA	VENTANA DE FIERRO TIPO V-1	VENTANA DE FIERRO TIPO V-2	PUERTA MAMPARA (TUBO CUAD)	PUERTA METALICA	PUERTA CONTRAPALACADA (.45mm)	PUERTA DE MADERA CON TABLEROS	PUERTA MACHI EMBRADA	PUERTA APANELADA	PRVENTIVA	ORIENTACION	VERTICAL	LATEX LAVABLE	ESMALTE
AREA DE USO MULTIPLE Y ESPERA	●	●				●				●										●			●			●						●		●	
	B	B				R				B										B			B			B						B		B	
TOPICO	●	●				●				●							●						●				●					●		●	
	B	B				R				B							B						B				B					B		B	
BOTADERO	●	●				●				●							●							●			●					●		●	
	B	B				R				B							B							B			B					B		B	
SSHH. 1	●	●				●				●							●							●			●					●		●	
	B	B				R				B							B							B			B					B		B	
SSHH. 2	●	●				●				●							●							●			●					●		●	
	B	B				R				B							B							B			B					B		B	
CONSULTORIO	●	●				●				●										●			●				●					●		●	
	B	B				R				B										B			B				B					B		B	
ADMISION ARCHIVOS HISTORIAS	●	●				●				●										●				●	●							●		●	
	B	B				R				B										B				B	B							B		B	
SSHH 3	●	●				●				●							●							●			●					●		●	
	B	B				R				B							B							B			B					B		B	
REPOSO	●	●				●				●										●			●				●					●		●	
	B	B				R				B										B			B				B					B		B	
ALMACEN				●		●				●											●		●				●							●	
				B		R				B											B		B				B							B	

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

(1°) : Los muros se enuentran fisurados, dos de ellos tienen grietas

Chart 11b

INSTALACIONES ELECTRICAS P.S. "JUAN VELASCO"

ACABADOS / AMBIENTES	APARATOS Y ACCESORIOS								
	CENTRO DE LUZ	SALIDA PARA TOMACORRIENTES BIPOLARES SIMPLES CON PVC	POZO-CONEXION A TIERRA EN SISTEMA C/EQ BOMBEO ALUME, TOMAC (Und)	SALIDA PARA TELEFONO	SALIDA PARA ANTENA DE RADIO CON PVC (1 p)	PULSADOR DE TIMBRE (1 P)	FLUORECENTE RECTO SPE 2X40 W INCLUYENDO EQUIPO Y PANTALLA	BRAQUETE CON FOCO "WASTER" JOSFEL + LAMPARA	TABLERO ELECTRICO GENERAL (1 Und)
AREA DE USO MULTIPLE Y ESPERA		● B				● B	● B		● B
TOPICO	● B	● B						● B	
BOTADERO	● B	● B							
SSHH 1	● B								
SSHH 2	● B								
CONSULTORIO	● B	● B		● B	● B				
ADMISION ARCHIVOS HISTORIAS	● B	● B							
SSHH 3	● B								
ALMACEN	● B	● B							
EXTERIOR	● B		● B						

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

Chart 11c

INSTALACIONES SANITARIAS - P.S. JUAN VELASCO

ACABADOS / AMBIENTES	APARATOS Y ACCESORIOS							VARIOS							
	INODORO TANQUE BAJO C/GRIFERIA DE BRONCE	LAVATORIO DE PARED C/GRIFERIA CROMADA 20X17 CM (JAMAICA O SIMIL)	LAVADERO DE ACERO INOXIDABLE	JABONERA DE LOSA COLOR BLANCO	TOALLERA C/SOPORTE DE LOSA Y BARRA PLASTICA COLOR BLANCO	PAPELERA DE LOSA Y BARRA PLASTICA COLOR BLANCO	PORTA ROLLO DE LOSA	SARDINEL DE DUCHA	MESA REVESTIDA EN MAYOLICA Y DIVISIONES	MESA DE GRANITO	BASE DE CONCRETO CLOSET	POZA DE CONCRETO BOTADERO/MAYOLICA	DUCHA SIMPLE CROMADA CON LLAVE INCLINADA	CISTERNA	TANQUE ELEVADO DE 1.00 M3
AREA DE USO MULTIPLE Y ESPERA											● B				
TOPICO			● B						● B						
BOTADERO												● B			
SSHH 1	● B	● B			● B	● B	● B								
SSHH 2	● B	● B		● B	● B	● B	● B	● B					● B		
CONSULTORIO		● B													
ADMISION ARCHIVOS HISTORIAS															
SSHH 3	● B	● B		● B	● B	● B	● B	● B					● B		
REPOSO		● B													
EXTERIORES														● B	● B

Indice	
●	CUMPLE NORMA
▲	NO CUMPLE NORMA

Estado	Conservación y funcionamiento
B	BUENO
R	REGULAR
M	MALO

FINDINGS: The reconstruction of the Juan Velasco Alvarado PS (Health Post) has been finished and the center looks new and completely finished, it is in intense use. According to the charts figure that the reconstruction executed has been made as stipulated in the technical file. Nevertheless, it has appeared cracks in the work that deserve to be checked.

CONCLUSIONS: ADRA-Perú has executed satisfactorily with the technical file stipulated; but it is neccesary check if the cracks remarked are origined by settling that could damage the structure in prediction of earthquake.

LEARNED LESSONS: To look for the best plots for the centers, as the health centers just in cases of emergency must be the last in standstill and in the case of lacking options, maximize the cautions about the floor suitability and lay the foundations required.

RECOMENDATIONS: Doing an inspection more specified about the cracks remarked in order to stablish their reasons and if they could compromise possibly the structure contidions before future earthquakes.

MAIN DISCOVERIES IN THE COMPONENT 1

In general, for the Component 1 we obtained the followinfgs findings:

1. It has repaired and MINSA has received the **15** center stipulated (5 health center and 10 health Posts) and it has **reconstructed** and MINSA has received, **13** of 15 centers stipulated (2 of 4 health centers and 11 health Posts). The Health Center of Ilabaya, province Jorge Basadre of Tacna has not been reconstructed yet, and it concerns to Health Center of Puquina in the province Gral. Sánchez Cerro de Moquegua, it has not been authorized to the team of evaluation the respective agreement of work reception by MINSA.

2. According to the agreement of work reception, for **28** certers executed and delivered to MINSA, the investment stipulated was **US$ 677,511.89,** with US$ 199.330,69 being allocated to repairs and US$ 478.181,20 to reconstructions (average of US$ 293.33 per roofed square meter). This amount represents the 65% of the **investment US$ 1'048,108** that ADRA-Perú budget for this component. The total amount of the final payment of the work rise to **US$ 1'069,522.13**, belong 80% to direct costs, 15% to indirects costs and 4% of community contributions. The 77% of this final payment are covered by the reconstruction work, which is registered a direct total cost of US$ 571,452.84, with an average cost of US$ 350.54 per roofed square meter. See Charts 12a, 12b y 12c.

3. There was a sample inspected, the **6 reconstructed look better than the 4 rehabilitated.** The reconstructed appear completely news and finished, with appropriate and right finishes (5 are in use and one expect to be inagurated); as long as the rehabilitated appear strengthen in the actual infrastructure, but some faults are showed in the finishes, in the sanitary services and in parts not structural, **elements that have not been stipulated to rehabilitate with the project.**

4. Two of the centers reconstructed from 10 inspected, there have been appeared some cracks on the walls.

Chart 12.a

Prices of estimated investment in Repair, Reconstruction and indicators od disposal - cost

COSTOS DE INVERSIÓN PRESUPUESTADA EN REHABILITACIÓN Y RECONSTRUCCIÓN E INDICADORES DE COSTO-EFECTIVIDAD

No.	Tipo (a)	DEPARTAMENTO	LOCALIDAD / DISTRITO	ESTABLECIMIENTO DE SALUD	Presupuesto S/.	Presupuesto US$ (b)	Beneficiarios	US$/ beneficiario
1	rh	Arequipa	Caravelí	CS Caravelí	55,275.94	15,929.67	3,604	4.42
2	rh	Ayacucho	Puyusca	PS Lacaya	18,682.97	5,384.14	1,165	4.62
3	rh	Ayacucho	Coracora	PS Muchapampa	23,079.71	6,651.21	1,104	6.02
4	rh	Ayacucho	Chaviña	PS Chaviña	31,392.05	9,046.70	1,662	5.44
5	rh	Ayacucho	Sancos	PS Sancos	30,386.86	8,757.02	1,623	5.40
6	rh	Moquegua	Moquegua	CS 28 de Julio	48,425.45	13,955.46	829	16.83
7	rh	Moquegua	Moquegua	CS Mariscal Nieto	41,057.49	11,832.13	763	15.51
8	rh	Moquegua	Ilo	PS Varadero	121,255.59	34,943.97		
9	rh	Moquegua	Omate	CS Omate	63,733.85	18,367.10	3,250	5.65
10	rh	Tacna	Locumba	CS Locumba	63,658.70	18,345.45	996	18.42
11	rh	Tacna	Ilabaya	PS Borogueña	57,646.56	16,612.84	490	33.90
12	rh	Tacna	Curibaya	PS Curibaya	45,494.85	13,110.91	283	46.33
13	rh	Tacna	Cairani	PS Cairani	30,898.20	8,904.38	1,311	6.79
14	rh	Tacna	Huanuara	PS Huanuara	32,387.39	9,333.54	867	10.77
15	rh	Tacna	Quilahuani	PS Quilahuani	28,301.89	8,156.16	1,064	7.67
				SUB-TOTALES	**691,677.50**	**199,330.69**	**19,011**	**8.65 (c)**
1	rc	Arequipa	Miraflores	PS El Porvenir	124,510.74	35,882.06	3,708	9.68
2	rc	Arequipa	Chivay	CS Chivay	192,151.87	55,375.18	4,289	12.91
3	rc	Arequipa	Achoma	PS Achoma	115,134.41	33,179.95	1,542	21.52
4	rc	Ayacucho	Puyusca	PS Salla-Salla	134,365.96	38,722.18	1,439	26.91
5	rc	Ayacucho	Chumpi	PS Carhuanilla	134,802.60	38,848.01	3,193	12.17
6	rc	Ayacucho	Sancos	PS Chaquipampa	23,840.00	6,870.32	1,623	4.23
7	rc	Ayacucho	Pullo	PS Tarco	136,167.22	39,241.27	1,240	31.65
8	rc	Moquegua	Mariscal Nieto	PS Yacango	112,614.15	32,453.65	1,983	16.37
9	rc	Moquegua	El Algarrobal	PS El Algarrobal	126,362.44	36,415.69	217	167.81
10	rc	Moquegua	Puquina	CS Puquina		0.00	2,953	0.00
11	rc	Tacna	Tacna	PS Santa Rosa	109,382.88	31,522.44	752	41.92
12	rc	Tacna	Alto Alianza	PS Juan Velasco	135,414.12	39,024.24	4,662	8.37
13	rc	Tacna	Ilabaya	CS Ilabaya		0.00	2,500	0.00
14	rc	Tacna	Candarave	CS Candarave	204,058.92	58,806.61	3,603	16.32
15	rc	Tacna	Candarave	PS Huaytire	110,483.45	31,839.61	378	84.23
				SUB-TOTALES	**1,659,288.76**	**478,181.20**	**34,082**	**16.70 (d)**
				TOTALES	**2,350,966.26**	**677,511.89**	**53,092**	**13.49**
				Área promedio por establecimiento reconstruido (m2) =		125.40		
				Área total por 13 establecimientos reconstruidos (m2) =		1,630.20		
				US$ / m2 de área techada de establecimiento reconstruido =		**293.33**		

NOTAS:

(a) Tipo de obra: rc = reconstrucción; rh = rehabiltación.
(b) Tipo de cambio al 15 de agosto de 2003 = 3,47 S/. / US$
(c) Descontando PS Varadero por falta de datos.
(d) Descontando CS Puquina y CS Ilabaya.

FUENTE:

Actas de recepción de obras.
Proyecto de Rehabilitación y Reconstrucción de Infraestructura de Salud en la Zona Sur del Perú. Programa inicial.
Estadísticas de población de DISAS 2004. MINSA, Oficina de Estadística e Informática.
Normas de construcción de establecimientos de salud de primer nivel. MINSA.

Chart 12.b

LIQUIDATIONS VALUE OF REPAIR AND RECONSTRUCTION WORK OF HEALTH CENTERS

VALOR DE LIQUIDACIONES DE OBRAS DE REHABILITACIÓN Y RECONSTRUCCIÓN DE ESTABLECIMIENTOS DE SALUD

Departamentos / establecimientos de salud	Expediente Técnico		Liquidación de obras						
	Costo Directo (S/.)	Fecha aprobación	Fecha inicio	Fecha Término	Costo Directo (S/.)	Gasto Indirecto (S/.)	Aporte Comunidad (S/.)	Valor Total (S/.)	Destino / Beneficiarios
AYACUCHO									
PS Carhuanilla	134,802.60	31-Jul-02	11-Ago-02	14-Feb-03	164,622.02	30,763.76	4,720.00	200,105.78	615
PS Chaquipampa	23,840.00	10-Jul-02	04-Jul-02	27-Sep-02	21,858.32	4,084.78	2,190.00	28,133.10	947
CS Chaviña	31,392.05	13-Dic-02	01-Feb-03	10-Abr-03	66,292.65	12,388.45	790.00	79,471.10	Infraest. Sanit.
PS Lacaya	18,682.97	27-Sep-02	27-Nov-02	06-Feb-03	31,722.81	5,928.20	1,330.00	38,981.01	411
PS Muchapampa	23,079.71	10-Jul-02	29-Sep-03	07-Feb-03	29,413.38	5,496.63	310.00	35,220.01	812
PS Salla Salla	134,365.96	24-Jul-02	14-Ago-02	25-Feb-03	144,299.06	29,900.28	12,365.00	186,564.34	495
PS Sancos	30,386.86	11-Jul-02	02-Jul-02	22-Oct-02	27,565.86	5,151.37	2,900.00	35,617.23	812
PS Tarco	136,167.22	23-Jul-02	13-Ago-02	24-Feb-03	152,746.46	28,544.52	15,890.00	197,180.98	556
Sub Total	**532,717.37**				**638,520.56**	**122,257.99**	**40,495.00**	**801,273.55**	**4,648**
AREQUIPA									
PS Achoma	115,134.41	23-Jul-02	08-Ago-02	16-Ene-03	134,301.03	24,953.80	23,500.00	182,754.83	1,431
CS Caraveli	55,275.94	10-Jun-02	19-Jul-02	31-Dic-02	52,612.75	9,832.01	0.00	62,444.76	Local seguro
CS Chivay	192,152.36	-	-	-	277,707.60	51,896.65	0.00	329,604.25	-
PS El Porvenir	124,510.74	27-Sep-02	24-Oct-02	07-Feb-03	135,347.09	25,293.01	6,292.00	166,932.10	5,930
Sub Total	**487,073.45**				**599,968.47**	**111,975.47**	**29,792.00**	**741,735.94**	**7,361**
MOQUEGUA									
CS 28 de Julio	48,425.45	10-Jul-02	23-Jul-02	26-Nov-02	51,419.43	9,609.01	1,785.50	62,813.94	3,254
PS El Algarrobal	126,372.44	22-Jul-02	23-Ago-02	31-Dic-02	128,021.52	23,924.04	7,284.20	159,229.76	650
CS Mariscal Nieto	41,057.49	10-Jul-02	22-Jul-02	28-Nov-02	51,664.99	9,654.90	2,313.00	63,632.89	5,590
CS Omate	63,736.85	27-Sep-02	16-Oct-02	05-May-03	74,900.28	13,997.00	0.00	88,897.28	2,649
CS Puquina	179,749.09	-	12-Nov-02	30-Abr-03	268,041.88	50,090.36	4,510.00	322,642.24	1,938
PS Varadero	39,759.88	12-Jul-02	20-Oct-02	13-Abr-03	146,734.75	27,421.08	0.00	174,155.83	650
PS Yacango	112,614.15	24-Jul-02	15-Ago-02	15-Ene-03	133,868.50	25,016.69	9,040.00	167,925.19	965
Sub Total	**611,715.35**				**854,651.35**	**159,713.08**	**24,932.70**	**1,039,297.13**	**15,696**
TACNA									
Boroguena	57,464.56	27-Sep-02	19-Nov-02	15-Ene-03	43,544.23	8,137.33	0.00	51,681.56	379
Cairani	26,184.91	27-Sep-02	15-Nov-02	10-Ene-03	28,708.28	5,079.70	2,750.00	36,537.98	678
Candarave	204,058.92	27-Sep-02	01-Oct-02	31-Ene-03	213,151.94	39,832.80	9,770.00	262,754.74	4,662
Curibaya	45,496.85	16-Feb-02	01-Oct-02	20-Dic-02	29,593.43	5,530.28	1,700.00	36,823.71	268
Huanuara	32,387.39	27-Sep-02	14-Oct-02	10-Ene-03	34,398.46	6,428.22	1,730.00	42,556.68	814
Huaytire	110,483.45	24-Jul-02	19-Ago-02	13-Mar-03	130,869.93	24,456.34	5,313.13	160,639.40	388
Ilabaya	143,893.08	-	-	-	161,730.30	30,063.68	19,291.00	211,084.98	-
Juan Velasco	135,414.12	10-Jul-02	10-Jul-02	10-Oct-02	117,112.17	21,885.35	9,230.00	148,227.52	4,662
Locumba	63,658.70	12-Jul-02	19-Ago-02	30-Nov-02	20,978.58	3,920.38	785.00	25,683.96	1,378
Quilahuani	28,301.89	17-Sep-02	10-Oct-02	26-Nov-02	18,397.14	3,437.97	2,400.00	24,235.11	475
Santa Rosa	109,382.82	23-Jul-02	07-Oct-02	15-Ene-03	103,178.11	19,281.42	6,250.00	128,709.53	366
Sub Total	**956,726.69**				**901,662.57**	**168,053.47**	**59,219.13**	**1,128,935.17**	**14,070**
TOTAL	**2,588,232.86**				**2,994,802.95**	**562,000.01**	**154,438.83**	**3,711,241.79**	**41,775**
TOTAL US$	**745,888.43**				**863,055.61**	**161,959.66**	**44,506.87**	**1,069,522.13**	

Tipo de cambio S/. / $ = 3.47

FUENTE: Liquidaciones de obras. Proyecto RRIS - ADRA-Perú. Octubre, 2003.

Chart 12.c

COSTOS DE LIQUIDACIÓN DE OBRAS EN REHABILITACIÓN Y RECONSTRUCCIÓN E INDICADORES DE COSTO-EFECTIVIDAD

No.	Tipo (a)	DEPARTAMENTO	LOCALIDAD / DISTRITO	ESTABLECIMIENTO DE SALUD	Liquidación de obras en S/.	Liquidación en US$ (b)	Costo Directo (S/.)	Costo Directo US$	Destino / beneficiarios (c)	US$ Directo/ beneficiario
1	rh	Arequipa	Caraveli	CS Caraveli	62,444.76	17,995.61	55,275.94	15,929.67	*3,604*	*4.42*
2	rh	Ayacucho	Puyusca	PS Lacaya	38,981.01	11,233.72	18,682.97	5,384.14	411	13.10
3	rh	Ayacucho	Coracora	PS Muchapampa	35,220.01	10,149.86	23,079.71	6,651.21	812	8.19
4	rh	Ayacucho	Chaviña	PS Chaviña	79,471.10	22,902.33	31,392.05	9,046.70	*1,662*	*5.44*
5	rh	Ayacucho	Sancos	PS Sancos	35,617.23	10,264.33	30,386.86	8,757.02	812	10.78
6	rh	Moquegua	Moquegua	CS 28 de Julio	62,813.94	18,102.00	48,425.45	13,955.46	3,254	4.29
7	rh	Moquegua	Moquegua	CS Mariscal Nieto	63,632.89	18,338.01	41,057.49	11,832.13	5,590	2.12
8	rh	Moquegua	Ilo	PS Varadero	174,155.83	50,189.00	39,759.88	11,458.18	650	17.63
9	rh	Moquegua	Omate	CS Omate	88,897.28	25,618.81	63,736.85	18,367.97	2,649	6.93
10	rh	Tacna	Locumba	CS Locumba	25,683.96	7,401.72	63,658.70	18,345.45	1,378	13.31
11	rh	Tacna	Ilabaya	PS Borogueña	51,681.56	60,831.41	57,464.56	16,560.39	379	43.69
12	rh	Tacna	Curibaya	PS Curibaya	36,823.71	10,612.02	45,496.85	13,111.48	268	48.92
13	rh	Tacna	Cairani	PS Cairani	36,537.98	10,529.68	26,184.91	7,546.08	678	11.13
14	rh	Tacna	Huanuara	PS Huanuara	42,556.68	12,264.17	32,387.39	9,333.54	814	11.47
15	rh	Tacna	Quilahuani	PS Quilahuani	24,235.11	6,984.18	28,301.89	8,156.16	475	17.17
				SUB-TOTALES	**858,753.05**	**247,479.27**	**605,291.50**	**174,435.59**	**23,436**	**7.44**
1	rc	Arequipa	Miraflores	PS El Porvenir	166,932.10	48,107.23	124,510.74	35,882.06	5,930	6.05
2	rc	Arequipa	Chivay	CS Chivay	329,604.25	94,986.82	192,152.36	55,375.32	*4,289*	*12.91*
3	rc	Arequipa	Achoma	PS Achoma	182,754.83	52,667.10	115,134.41	33,179.95	1,431	23.19
4	rc	Ayacucho	Puyusca	PS Salla-Salla	186,564.34	53,764.94	134,365.96	38,722.18	495	78.23
5	rc	Ayacucho	Chumpi	PS Carhuanilla	200,105.78	57,667.37	134,802.60	38,848.01	615	63.17
6	rc	Ayacucho	Sancos	PS Chaquipampa	28,133.10	8,107.52	23,840.00	6,870.32	947	7.25
7	rc	Ayacucho	Pullo	PS Tarco	197,180.98	56,824.49	136,167.22	39,241.27	556	70.58
8	rc	Moquegua	Mariscal Nieto	PS Yacango	167,925.19	48,393.43	112,614.15	32,453.65	965	33.63
9	rc	Moquegua	El Algarrobal	PS El Algarrobal	159,229.76	45,887.54	126,372.44	36,418.57	650	56.03
10	rc	Moquegua	Puquina	CS Puquina	322,642.24	92,980.47	179,749.09	51,800.89	1,938	26.73
11	rc	Tacna	Tacna	PS Santa Rosa	128,709.53	37,092.08	109,382.82	31,522.43	366	86.13
12	rc	Tacna	Alto Alianza	PS Juan Velasco	148,227.52	42,716.86	135,414.12	39,024.24	4,662	8.37
13	rc	Tacna	Ilabaya	CS Ilabaya	211,084.98	60,831.41	143,893.08	41,467.75	*2,500*	*16.59*
14	rc	Tacna	Candarave	CS Candarave	262,754.74	75,721.83	204,058.92	58,806.61	4,662	12.61
15	rc	Tacna	Candarave	PS Huaytire	160,639.40	46,293.78	110,483.45	31,839.61	388	82.06
				SUB-TOTALES	**2,852,488.74**	**822,042.86**	**1,982,941.36**	**571,452.84**	**30,394**	**18.80**
				TOTALES	**3,711,241.79**	**1,069,522.13**	**2,588,232.86**	**745,888.43**	**53,830**	**13.86**

Área promedio por establecimiento reconstruido (m2) =	125.40
Área total por 13 establecimientos reconstruidos (m2) =	1,630.20
US$ directo / m2 de área techada de establecimiento reconstruido =	**350.54**

NOTAS:

(a) Tipo de obra: rc = reconstrucción; rh = rehabiltación.

(b) Tipo de cambio al 31 de octubre de 2003 = 3,47 S/. / US$

~~(c) Se consideran los datos del Cuadro 12a en los casos de Caraveli, Chaviña, Chivay e Ilabaya.~~

FUENTE:

Actas de recepción de obras.

Proyecto de Rehabilitación y Reconstrucción de Infraestructura de Salud en la Zona Sur del Perú. Programa inicial.

Estadísticas de población de DISAS 2004. MINSA. Oficina de Estadística e Informática.

Normas de construcción de establecimientos de salud de primer nivel. MINSA

Informes de liquidación de obras.

5. In 7 of the 0 centers inspected have been remarked that **the regular public supplies of water and electricity have not been provided correctly**, specially 3 of the South of Ayacucho to not be connected to the respective localities in the transmission lines of the Mantaro system (See Chart 1b); all these requeriments do not responsibility of ADRA-Perú, just to the other regular agents in the project

6. In the centers inspected figure that has not exist hot water supply, although it has not been required in the specifications of MINSA and, so, it has not been the responsibility of ADRA-Perú provided it, in the high mountains constitute a necessary confort to the climatic conditions.

7. In none of the health centers inspected do not exist preventive signs of security areas and evacuation before the risk of earthquake or fire.

8. In order to do the works it had to face up to the risk of proceed in some cases with the plots nor finished neither authorize with the connection to the nets of necessary mainsystems.

9. There was not complaints about the logistical support has been inappropriate and that it has been affected to the project results.

10. According to the references received the PRONIEN of MINSA has executed its function to authorize the approval of the technical files to the works, as well as the supervision of these and reception, but the delay as in the approval of the technical files as in the appointment of the supervisors, damaged the begining of the works and that has originated delays in the execution.

11. The execution of the works counted on not much participation of the development and health local committees stimulated to the project, as well as the support of the local authorities and the health center motivated to the project.

12. There was not any financial attendance of the development and health local committees and the local authorities, to the works, but they help in some many cases, provide labor not qualified necessary and also offering food to the workers.

13. There was not any reference of difficulties with providing financial and material resources to the works. Las ejecutadas fueron concluidas en los plazos previstos como consta en las actas de entrega y recepción de obras.

14. It has been verified that the components of the project worked with a correct join level, as it shows the narrow contribution of the development and health and the support of the local authorities and the health centers. Just it has been filed an imbalance as to the sub component of self construction, that was initiated late.

15. According to the PRONIEM certification, all the interviews and researches done by beneficiaries involved in works, the materials and technology used for them as well as the health centers authorities, who received good statements with regard to the currently rules of the hospital architecture.

16. In general, there were statements of the inspected community of health localities that consider the work profits are adjustable to initials prospects and that deserves to feel proud of the successful changes.

17. According to the self-construction subcomponent, the registered statements of the volunteers express satisfaction with the innovative technology they learned and they also feel sorry for the suspension of the project and they still want to be supported.

18. There was an information about training in self-construction, that stated the good use of methodology to the target that has the same necessities and priorities, but it started late as well as the support material ready for the effect

19. The explanation and graphic illustration of why the abutments should be spaced in the structural frame of the columns that state in the manual prepared as a support for the training in self- construction with brick, led them into a technical mistake of wrong spacing.

20. The volunteers express that the measurement of proportions for the construction mixing taught in the training should be also expressed in useful units of measure for them; for example, cans instead of bags or wheelbarrows.

21. In general, there were statements that the committees of self-construction was built, but they do not continue working.

22. In general, there were some statements expressed, that the training volunteers apply the acquired knowledge in the construction of area, in the housing program as the material bank, using the technical construction with brick as a favorite.

3.1.3. CONCLUSIONS OF THE EVALUATION OF COMPONENT 1

1. In general terms, according to the reviewed sample, the infrastructure component has been done satisfactory by ADRA – Perú. The beneficiaries and their representatives think that generated profits by works coincide with their initial expectancies, they feel proud of the acquired changes and show satisfied because of executed works, used materials and technology,claiming to the continue support. Likewise,MINSA is satisfied by the suitable architectonical regulation performanced.

2. The works were done according to the scheduled technical files, except the work did in Health Center of " Caravelí ", where there were justified changes, assumed by the resident engineer of the work.

3. The cracks on walls of some inspected reconstructed health centers could be caused by the ground behaviour and it will require a major exam in order to determine if it offers a risk.

4. The health centers that were inspected cannot guarantee hygiene, asepsis, air conditioning that require a good working because of the current faults in the mainservices supplies (water, electricity and the indisposition of hot water, that it is necessary in some geographical areas.

5. The health centers that were inspected do not offer enough security because of the lack of preventive signs of its security and evaluated zones in case of disasters.

6. The work execution suffers a surcharge of non-scheduled labor, so in some cases it has to be replaced the deficiencies or slowness delivery of cleaned up plot.

7. The logistic support was suitable for the activities, that we did, answering with requeriments for the work execution, except in the training for the self building, where the manuals were given late.

8. PRONIEM affords consultancy for the performance of technical files when it is necessary, with the approval of themselves, also with the work supervision, and receipt, however its delay in the approval of files and its delay in the appointment of supervisors, affected the work beginning and delayed its execution.

9. The local committees of health and development establishments stimulated for the project, participated closely in the work execution. The local authorities of the local establishment gave their support regularly.

10. Even though neither local autorities nor local committees of health and development gave financial support to the work execution , the last ones colaborated with non qualified labor and with food supply for workers.

11. The works in general, were finished in certain period and there weren't difficulties in the appropiate provision of human, financial material resources; even though in some cases were delays in the beginning of some works and day pay becauseof reorganization that was the result of delays from PRONIEM in the approval of technical files and tha appointment of supervisors.

12. We can reasure that the projet achieved its goals satisfactory relative to the cost. In 13 of the 15 built establishments budgeted a total direct investment of US$ 478.181,20 for an average roofted area of 125.4 m2 per establishment with an average investment of US$ **293.33 m2** per roofted area. In the final payment of works, the total direct cost was US$ 350.54 per roofted m2, so this cost is reazonable considering the construction rules and the dificulty of material transportation. See chart 12a, 12b and 12c.

13. Checking these gauges with respect of the total quantity of benificiaries of reconstruction subcomponent. There is also a suitable result : considering a total of 30.394 beneficiaries. We obtain an average cost per place, that ranges between US$ 6.05 in Porvenir PS (Health Post) (Miraflores, Arequipa) and US$ 86.13 in Santa Rosa PC (Tacna, Tacna). Tthis variability is explained byy the differences of concentration of beneficiary people of each town. (see chart 12c).

14. The cost of the restoration subcomponent amounts to US$ 174,435.59; there is also suitable gauges of effectivity per beneficiary according to the cost. Whereas for a benefiary population of 23.436 people, the cost per beneficiary is US$ 4.29 in Health Center the 28th july (Moquegua, Moquegua) and US$ 48.92 in Curibaya PS (Curibaya, Tacna).

15. The project components work with a good grade of incorporation, despite an initial imbalance of activities because of other causes unware of ADRA-Perú, such as the delivery delay of educational material of self-construction and the change of local authorities.

16. . The self-construction component did more or less its goal; it trained the beneficiaries with new technology , that apply the lessons in their locality, but the self-construction committees did not continue working. The support manuals for the training did not arrive on time, so there was not enough time in order to obtain sustainable results.

17. The support manual for the training with brick has a technical mistake in the spacing of gauges for the structural framework of columns that is important to correct.

3.2 COMPONENT 2 –STRENGTHENING OF BASE ORGANIZATIONS

3.2.1 REGISTER OF SAMPLE AND ANALYSIS

The following diagrams show the analysis result of 82 surveys, that were inspected in workshops, so there was an opportunity to see that members of Health Local Committees, local authorities, health centers staff and involved beneficiaries answered questionaries, specially for them. (See appendixs 8,9 and 10).

The questionaries look for information, that allow to evaluate the achievements by RRIS project in order to reinforce local committees of development CLS, local net of development CLD, local committees of self-construction CAC, local strategic plan PEL and possibly, local programs of housing self-construction PACL, even though those are not specific goals of project; its creation, reinforcement in the training, energy of working and solidness.

With master copies for the analysis of survey results we stimated the grade (from 0 – does not exist or null demonstration – to 5 – total consequence or maximum demonstration -) of symptomatic specific aspects; such as :

To **CLS:** 1 If there was before the project and with what solidness and energy
2 If it laid down or revived in the project
3 If the members were elected in assemblys or meetings of involved beneficiaries
4 If there was cooperation and how was the magnitude with the repair and reconstruction of the health center
5 If there was cooperation and in what magnitude with others health programs its ES (Local Center), development and PEL (Local Strategic Plans)of its locality
6 If it still works with regularity and dedication
7 If it coordinates efficiently with the staff and authorities
8 If it participates and cooperates in the working of local nets of health
9 If it receives effective trainning of the project.

To **RLS:** 10 If iit exists
11 If it is well-structured
12 If it works and
13 If the project contributedd to get better.

To **CLD:** 14 If it exists before the project and with what solidness and energy.
15 If it establish or reborn with the project.
16 If it cooperates in the reality studies and contributes to PEL.
17 If it works with regularity and dedication.
18 If it receives effective training of the project.

To **RLD:** 19 If it exists
20 If it is well-structured
21 If it works
22 If it contributes to PEL (Local Strategic Plans) and
23 If the project contributed to establish them or got them better

To **PEL:** 24 If it exists
25 If it is published and delivered
26 If the CLD (Local Committees of Development) participated in the production
27 If it prepared the project with technicians
28 If the project gave effective training to the effect
29 If PEL (Local Strategic Plans) proposed investment projects and
30 Until what level get those projects

To **CAC:** 31 If is was created with the project
32 If it subsists
33 If it works and how good
34 If the project gave effective training and
35 If the knowledge they acquired is applied to their locality

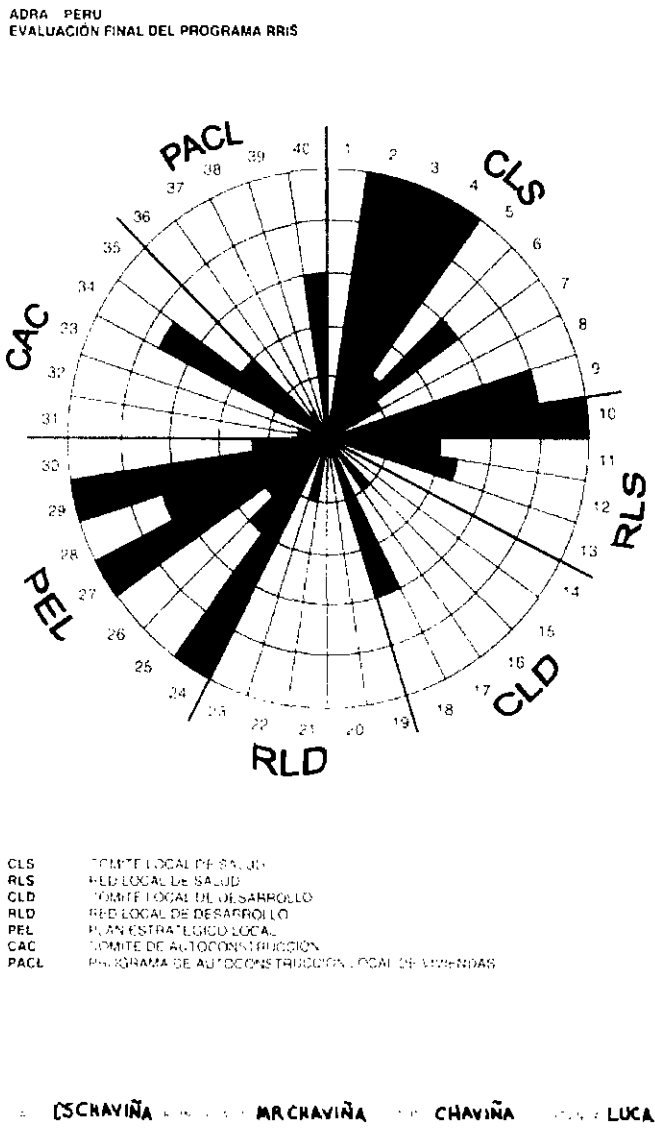
To **PACL:** 36 If it exists from before the project
37 If it exists because of the project
38 If it started to build houses
39 If it still exists constructed houses by them and
40 If it uses local resources.

For each one of the above specific aspects and as a result of its examinations, surveys, inquires, workshops and analysis of the survey results, the evaluated staff graded its weight from 0 to 5 using their criterias and prefessional experience in the subject.

This qualification was objectified in graphics *butterfly diagram* for each one of 10 inspected localities that were the sample and that its reading allows to check the goals of the project in each one of them and stated below.

Estimated results in the strengthering of base organizations in different places around the inspected health centers:

1) "Chaviña" Health Center, district of Sancos , province of Lucana, department of Ayacucho.

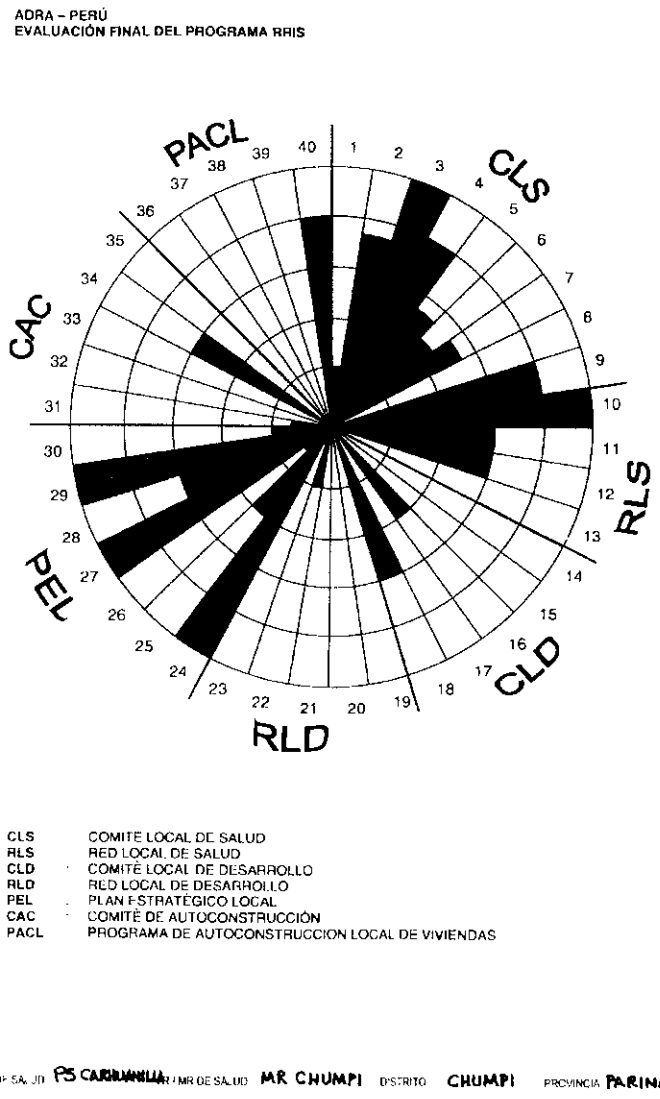


CLS (Local Committees of Health) were already created by RRIS Project in Chaviña because of the acquired motivation, training and the selection by vote of the assembly. It contributed in the rehabilitation of CS (Health Centers) and in others health and development programs. It survives and works not so good because of the withdrawal of the project; its coordination with the authorities and CS (Health Centers) staff is occasionally. In the place exists health net, but seems neither good structured nor functional. The project has not a particular intervention in this area, that it is exclusive jurisdiction of MINSA. It cannot make the CLD (Local Committees of Development) and RLD (Local Nets of Development) up; in spite of the imparted motivation and training by the project. It was substituted for the CLS (Local Committees of Health) helping in the studies of reality and its contributions to PEL (Local Strategic Plans). The authorities assumed it with an active participation. The project has been prepared, published and given to the authorities and there was a publishment process when it was inspected. This plan prevents all the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.

Neither CAC (Local Committees of Self-construction) nor PACL (Local Programs of Houses Self-construction) exists, but with the given training in this area by the project, some involved beneficiaries are applying their knowledge as local constructions or in housing programs such as Materials Bank.

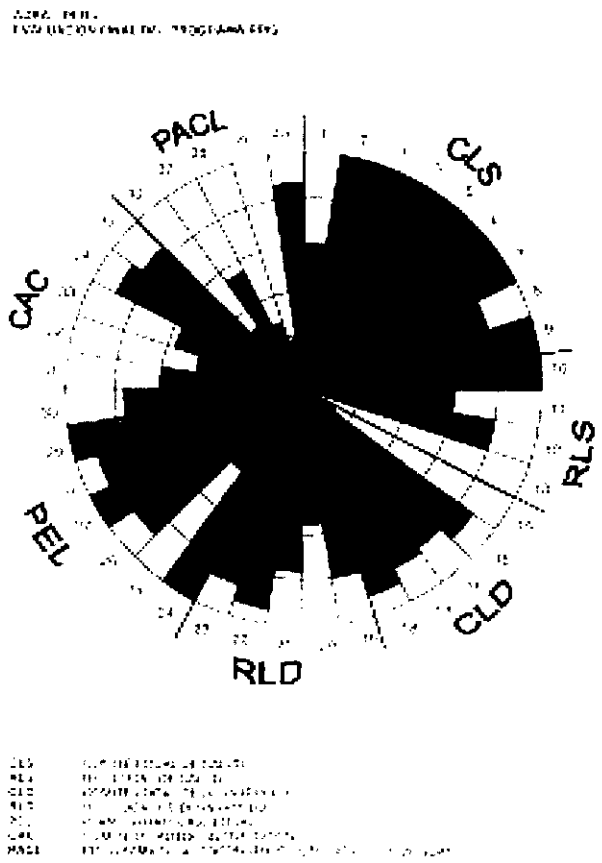
2) "Carhuanilla" Health Center, district of Chumpi , province of Parinacochas, department of Ayacucho.

CLS (Local Nets of Health) were already created by RRIS Project in **Carhuanilla** because of the acquired motivation, training and the selection by vote of the assembly. It contributed a little in the reconstruction of PS (Health Posts) and in others health and development programs. It survives and works not so good because of the withdrawal of the project; its coordination with the authorities and CS (Health Centers) staff is occasionally. In the place exists health net, but seems neither good structured nor functional. It belongs **to the existing health net,** that seems insufficiently functional. The project has not a particular intervention in this case because it is an area of direct jurisdiction of MINSA. It cannot make the CLD (Local Committees of Development) and RLD (Local Committes of Self-construction) up; in spite of the imparted motivation and training by the project. It was substituted for the CLS (Local Nets of Health) helping in the studies of reality and its contributions to PEL (Local Strategic Plans). The authorities assumed it with an active participation. The project has been prepared, published and given to the authorities and there was a publishment process when it was inspected. This plan prevents all the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.



Neither CAC (Local Committees of Self-construction) nor PACL (Local Committees of Houses Self-construction) exists, but with the given training in this area by the project, some involved beneficiaries are applying their knowledge as local constructions or in housing programs such as Materials Bank.

3) "Salla Salla" Health Post, district of Puyusca , province of Parinacochas, department of Ayacucho.

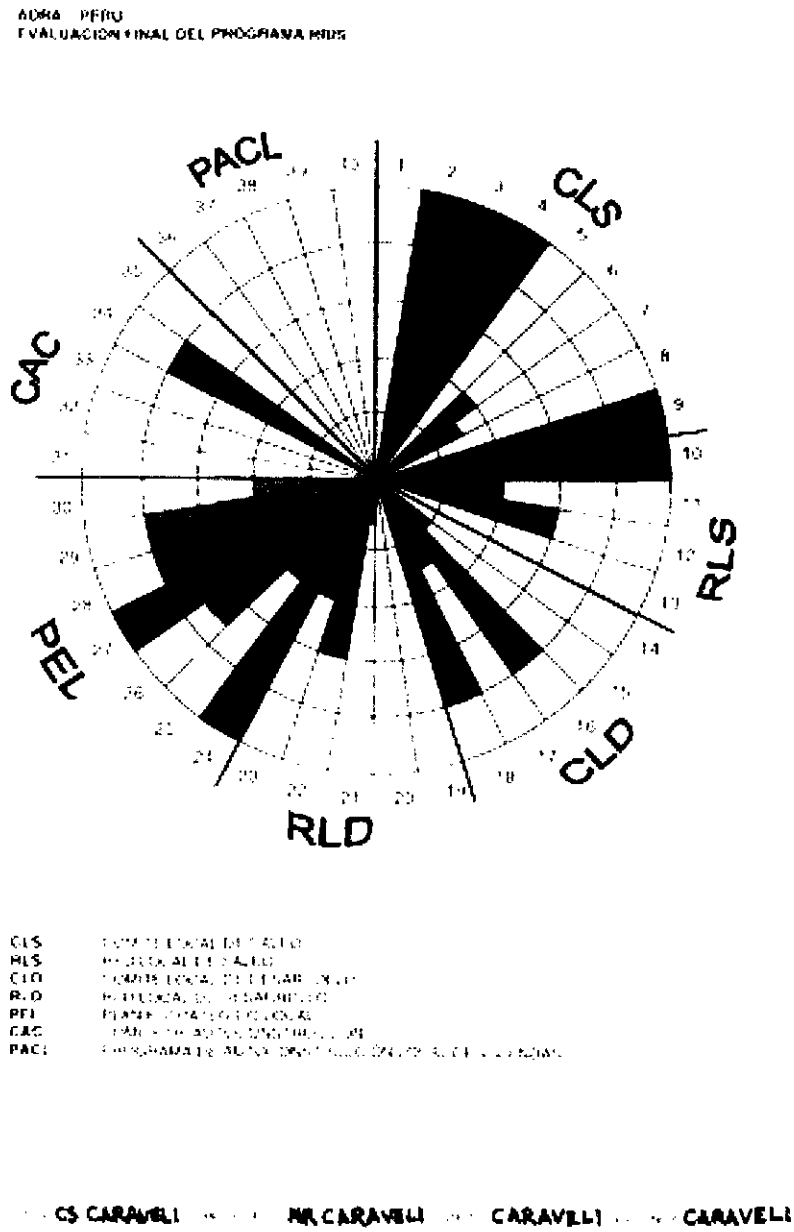


CLS (Local Committees of Health) were already created by RRIS Project in **Salla Salla** because of the acquired motivation, training and the selection by vote of the assembly. It contributed closely and actively in the reconstruction of PS Health Post) and in others health and development programs. It survives and works regularly and enthusiastic because of the withdrawal of the project; its coordination with the CS (Health Centers) staff is regular and constant.It counts on a well-known local team leaders and respected by the community. In the place exists health net, but seems neither good structured nor functional.It belongs to the existing health net, that seems not at all functional because of restrictions in its communication system. The project has not a particular intervention in this area, that it is exclusive jurisdiction of MINSA..

The CLD (Local Committees of Development) began to structure on the active local comminity organization, that was there for these goals, thanks to the given intervention and training by the project. Its contribution to districtal RLD (Local Nets of Development) setting-up began to shape up and activate at the same time.The CLS (Local Committees of Health) participation and the incipient participation of RLD (Local Nets of Development) colaborated carefully in the reality studies and contributed with PEL (Local Strategic Plans), that was assumed by local authorities with an active participation.The project has been prepared, published and given to the authorities and there was a publishment in process when it was inspected. This work prevents all the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.

Neither CAC (Local Committees of Self-construction) nor PACL (Local Committees of Houses Self-construction) exist, but with the given training in this area by the project, some involved beneficiaries are applying profitaly their knowledge as local constructions or in housing programs sach as Materials Bank.

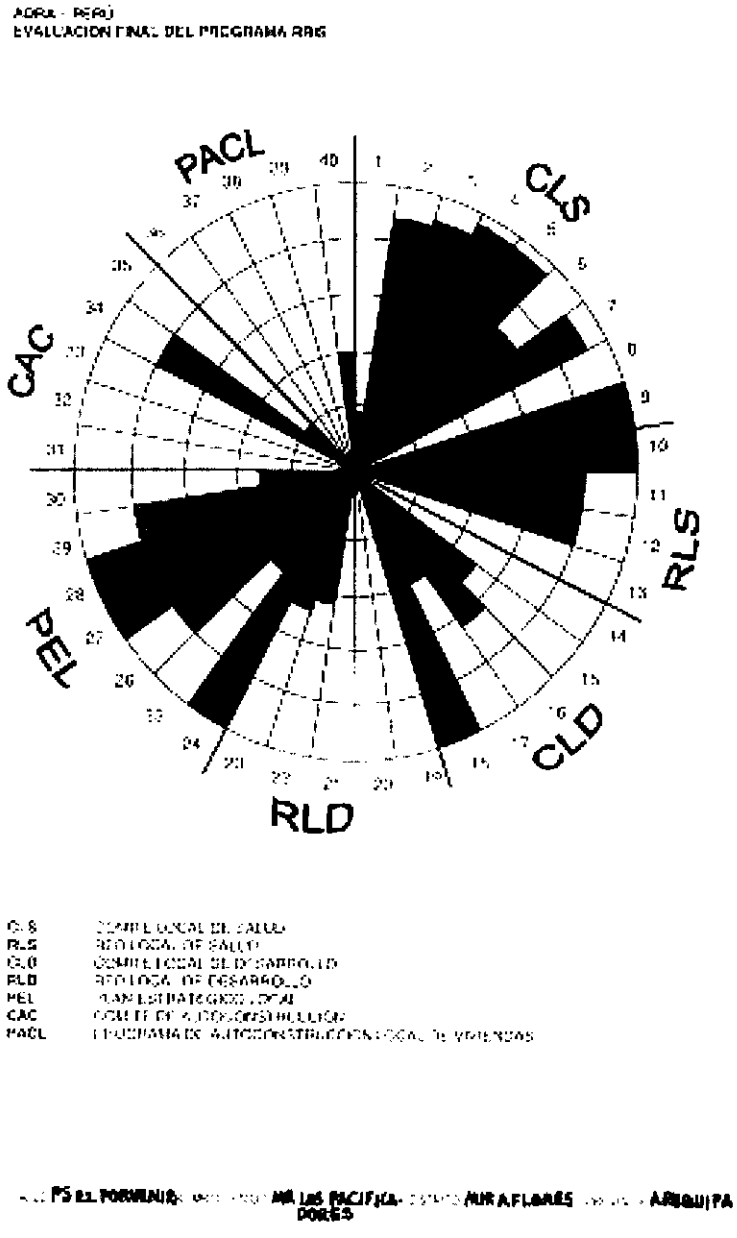
4) "Caravelí" Health Center, district of Caravelí , province of Caravelí, department of Arequipa.



CLS (Local Commitytees of Health) were already created by RRIS Project in **Caravelí** because of the acquired motivation, training and the selection by vote of the assembly. It contributed in the rehabilitation of CS (Health Centers) and a little in others health and development programs. It survives and works not so good because of the withdrawal of the project; its coordination with the authorities and CS (Health Centers) staff is occasionally. In the place exists health net, but seems neither good structured nor functional. The project has not a particular intervention in this area, that it is exclusive jurisdiction area of MINSA. It cannot make tthe CLD (Local Committees of Development) and RLD (Local Nets of Development) up; in spite of the imparted motivation and trainig by the project. It was substituted for the CLS (Local Committees of Health) helping in the studies of reality and its contributions to PEL (Local Strategic Plans). The authorities assumed them with an active participation. The project has been prepared, published and given to the authorities and there was a publishment process when it was inspected. This plan prevents all the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.

Neither CAC (Local Committees of Self-construction) nor PACL (Local Programs of Houses Self-construction) exist, but with the given training in this area by the project

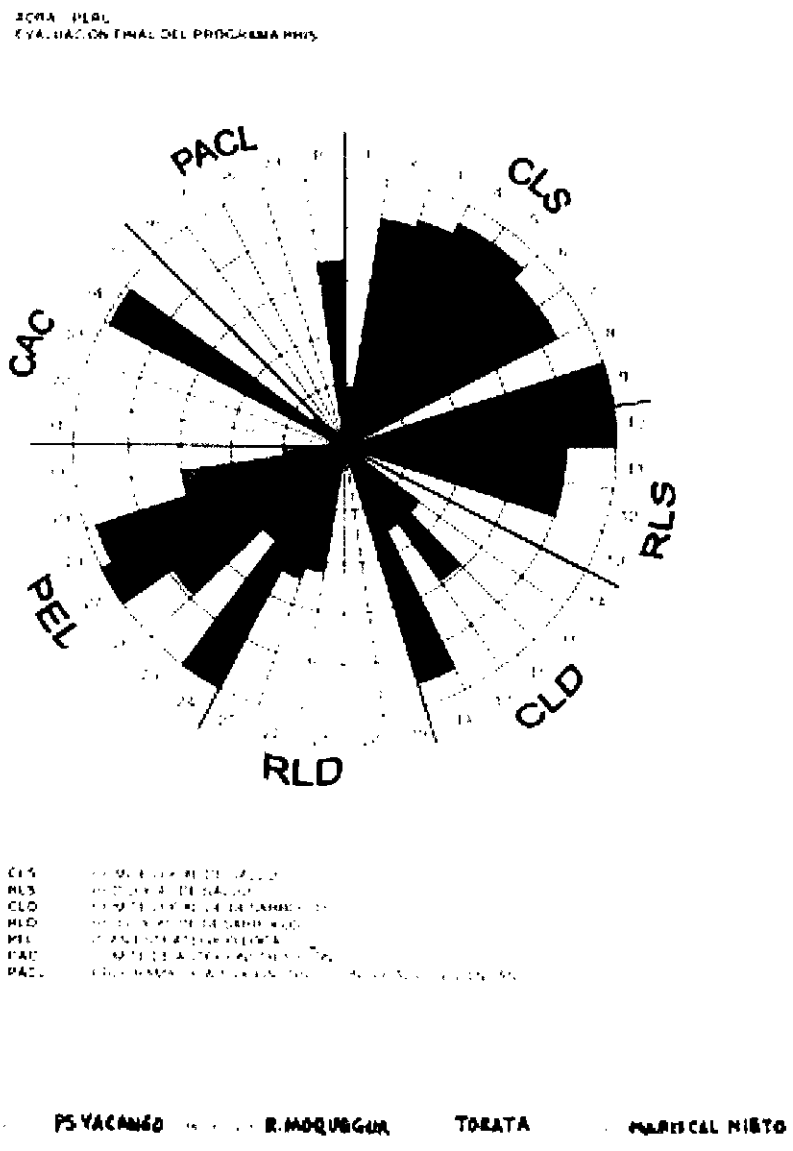
5) "El Porvenir" Health Post, district of Miraflores , province of Arequipa, department of Arequipa.



CLS (Local Committees of Health) were already created by RRIS Project in **Miraflores** because of the acquired motivation, trainning and the selection by vote of the assembly. It contributed actively in the reconstruction of PS (Health Post) and in others health and development programs. It survives and works not so good because of the withdrawal of the project; its coordination with the authorities and CS (Health Center) staff is regular and close. It belongs to the existing health net, that seems good structured and functional. It cannot make the CLD (Local Committees of Development) and the local setting-up RLD (Local Nets of Development) up; in spite of the imparted motivation and training by the project. It was substituted for the CLS (Local Committees of Health) helping in the studies of reality and its contributions to PEL (Local Strategic Plans). The authorities assumed it with an active participation. The project has been prepared, published and given to the authorities and there was a publishment process when it was inspected. This plan prevents alll the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.

Neither CAC (Local Committees of Self-construction) nor PACL (Local Programs of Houses Self-construction) exist, but with the given training in this area by the project, some involved beneficiaries are applying their knowledge as local constructions or in housing programs sach as Materials Bank.

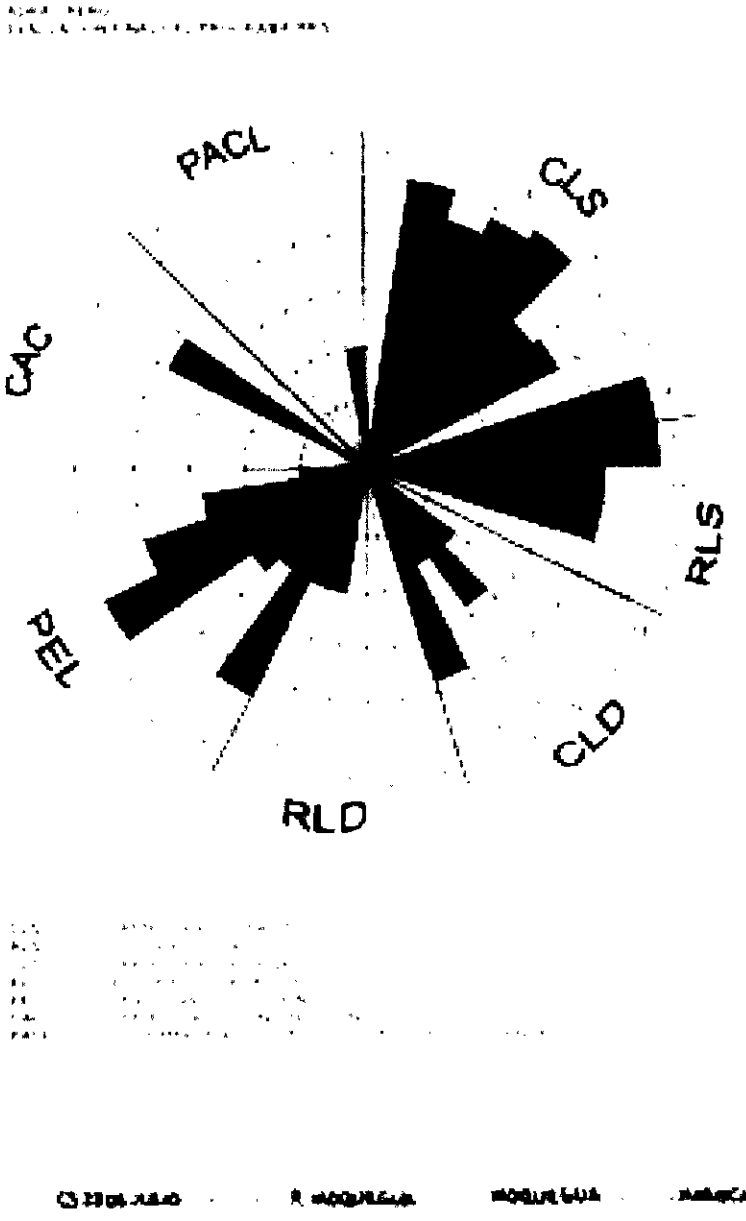
6) "Yacango" Health Post, district of Torata , province of Mariscal Nieto, department of Moquegua.



CLS (Local Committees of Health) were already created by RRIS Project in **Yacango** because of the acquired motivation, training and the selection by vote of the assembly. It contributed in the reconstruction of PS and in others health and development programs. It survives and works regularly because of the withdrawal of the project; its coordination with the authorities and CS (Health Center) staff is regular.They count with some well-known and active local leaders. The PS (Health Post) belongs to the health net seems well-structured and functioonal. It cannot make the CLD (Local Committees of Development) and the setting-up RLD (Local Nets of Development) up; in spite of the imparted motivation and training by the project. It was substituted for the CLS (Local Committees of Health) helping in the studies of reality and its contributions to PEL Local Strategic Plans). The authorities assumed it with an active participation. The project has been prepared, published and given to the authorities and there was a publishment process when it was inspected. This plan prevents all the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.

Neither CAC (Local Nets of Self-construction) nor PACL (Local Programs of Houses Self-construction) exist, but with the given training in this area by the project, some involved beneficiaries are applying their knowledge using the local resources.

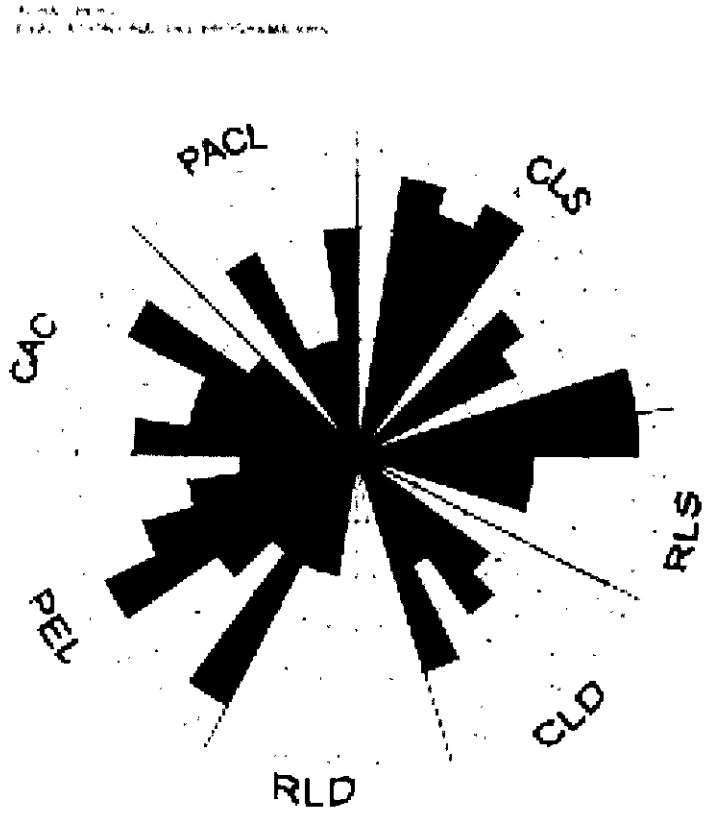
7) "28 de Julio" Health Center,district of Moquegua , province of Mariscal Nieto, department of Moquegua..



CLS (Local Committees of Health) were already created by RRIS Project in **Moquegua** because of the acquired motivation, trainning and the selection by vote of the assembly. It contributed in the rehabilitation of CS (Health Center) and actively in others health and development programs. It survives and works not so good because of the withdrawal of the project; its coordination with the authorities and CS (Health Center) staff is occasionally. It belongs to the existing health net, that well-structured and functional. It cannot make tthe CLD (Local Committees of Development) and RLD (Local Nets of Development) up; in spite of the imparted motivation and training by the project. It was substituted for the CLS Local Committees of Health) helping in the studies of reality and its contributions to PEL (Local Strategic Plans). The authorities assumed it with an active participation. The project has been prepared, published and given to the authorities and there was a publishment process when it was inspected. This plan prevents all the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.

Neither CAC (Local Committees of Self-construction) nor PACL (Local Programs of Houses Self-construction) exists, but with the given training in this area by the project, some involved beneficiaries are applying their knowledge as local constructions or in housing programs sach as Materials Bank.

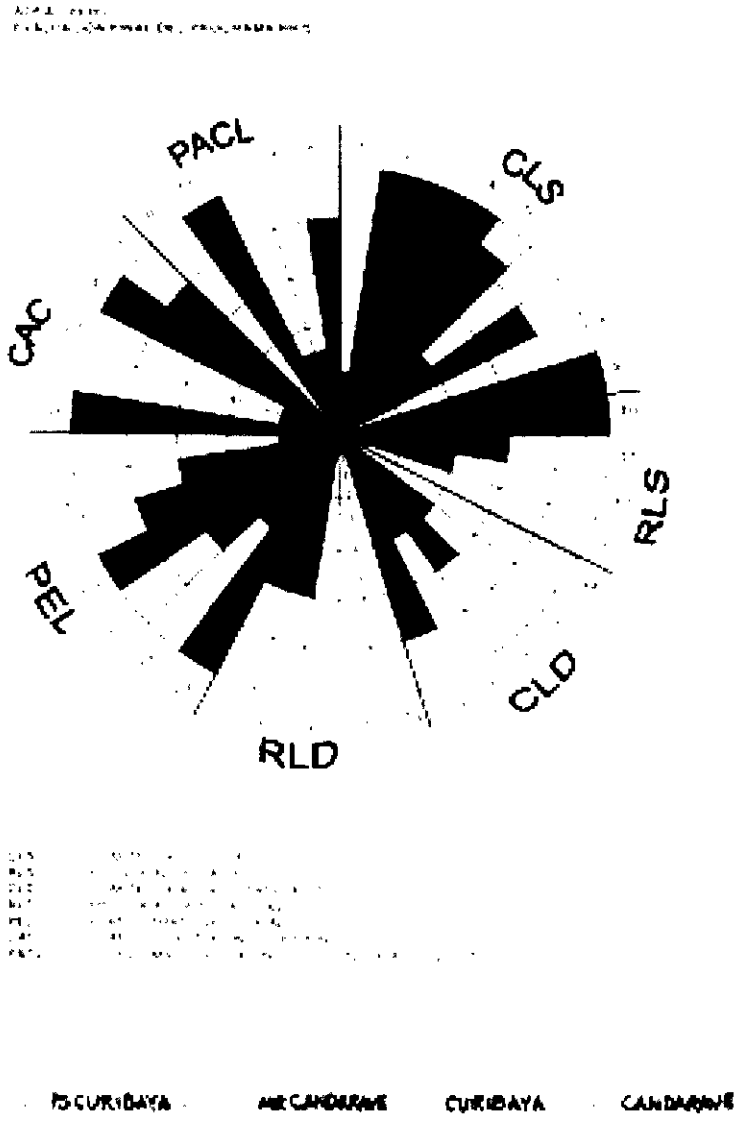
8) "Candarave" Health Center, district of Candarave , province of Candarave, department of Tacna.



CLS (Local Committees of Development) were already created by RRIS Project in **Candarave** because of the acquired motivation, training and the selection by vote of the assembly. It contributed actively in the reconstruction of CS (Health Center) and in others health and development programs. It survives and works not so good because of the withdrawal of the project; its coordination with the authorities and CS (Health Center) staff is occasionally. In the place exists health net, but seems more or less structured and partiality functional. The project has any intervention in this area, that it is exclusive jurisdiction of MINSA. It can make tthe CLD (Local Committees of development) and RLD (Local Nets of Development) up, thanks to the imparted motivation, training by the projectand the active participation of local authorities in the trainning of PEL (Local Strategic Plans). The project has been prepared, published and given to the authorities and there was a publishment process when it was inspected. This work prevents all the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.

Neither CAC (Local Committees of Self-construction) nor PACL (Local Programs of Houses Self-construction) exist, but with the given training in this area by the project, some involved beneficiaries are applying their knowledge using more the local resources in the construction of houses.

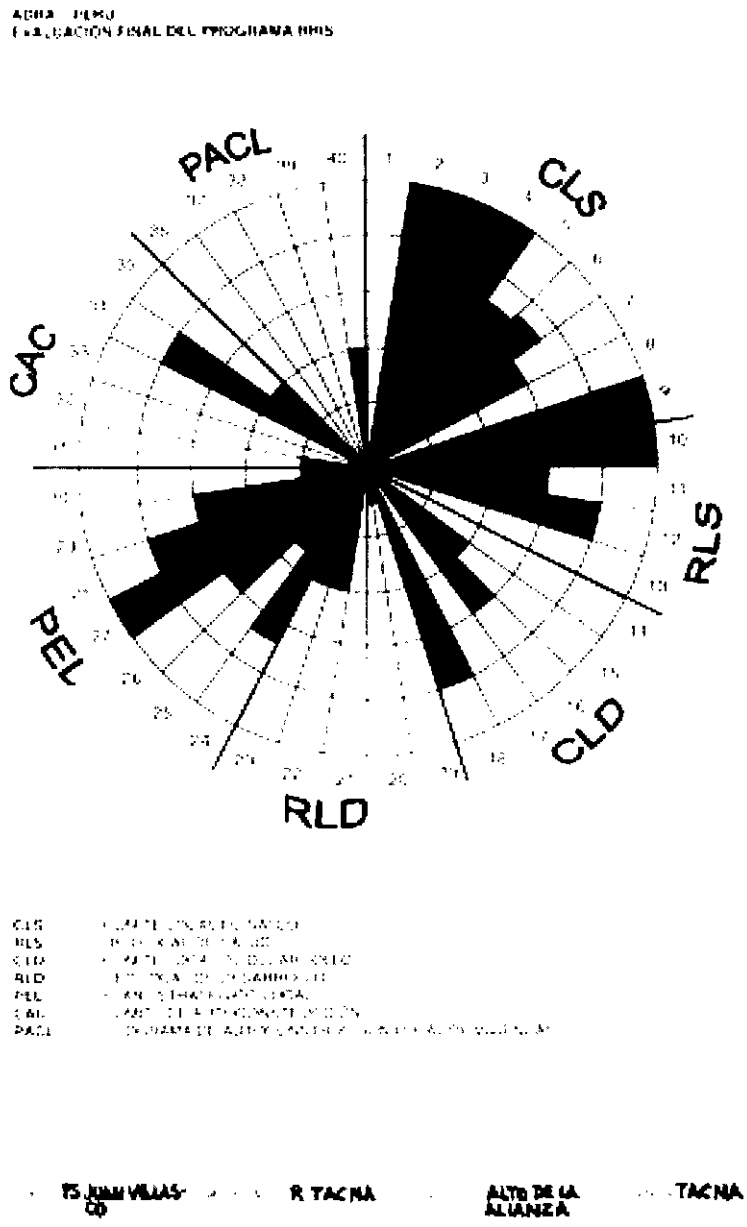
9) "Curibaya" Health Post ,district of Curibaya , province of Candarave, department of Tacna.



CLS (Local Committees of Health) in **Curibaya** were already created by RRIS Project in Curibaya because of the acquired motivation, training and the selection by vote of the assembly. It contributed actively in the rehabilitation of CS (Health Center) and a little in others health and development programs. It survives and works because of the withdrawal of the project; its coordination with the authorities and CS (Health Center) staff is occasionally and weak. In the place exists health net, but seems well-structured and partiality functional. The project has any intervention in this area, that it is a responsability of MINSA. It cannot make the CLD (Local Committees of Development) and RLD (Local Nets of Development) up;in spite of the imparted motivation and training by the project. It was substituted a little bit for the CLS (Local Committees of Health) together with the colaboration in the reality studies and its contribution to PEL (Local Strategic Plans), that were assumed by local authorities with an active participation. The project has been prepared, published and given to the authorities and there was a publishment process when it was inspected. This work prevents all the prioritized projects by the population in the participating workshops, with the team contribution of ADRA in order to add technical specifications of the project and/or profiles.

It was possible to establish, but it declined and worked weakly, The PACL (Local Programs of Houses Self-construction) do not exist anymore, but with the acquired training in this area, they applied their knowledge in construction in order to build some houses using more the local resources.

10) "Juan Velasco Alvarado",Health Post ,district of alto de la Alianza , province of Tacna, department of Tacna.



CLS (Local Committees of Health) were already created by RRIS Project in **Alto de la Alianza** because of the acquired motivation, training and the selection by vote of the assembly. It contributed actively in the reconstruction of PS and a little in others health and development programs. It survives and works not so good because of the withdrawal of the project; its coordination with the CS staff is occasionally. The PS belongs to the current haelth net, that seems neither well-structured nor functional. The project has any participation in this area, that it is exclusive jurisdiction of MINSA. It cannot make strongly the CLD (Local Committees of Development) and local RLD (Local Nets of Development) up; in spite of the motivation, training by the projectIt was substitute by CLS, together with contribution in reality studies and the contributions to PEL.

We can constitute more or less the CAC (Local Committees of Self-construction) and the PACL (Local Programs of Houses Self-construction) do not exist anymore. Thanks to the taught training through the project in this area, some involved beneficiaries are applying their knowledge using more the local resources in local constructionsof houses as the Materials Bank.

3.2.2 MAIN FINDINGS IN COMPONENT 2

Considering the restrictions in some areas, it is important to strengthen and create essential base organizations.

Taking this point into consideration, the evaluated team caused good impression, because through the workshops and surveys we realized the aims project for the results stated below:

a) With respect to the smooth running of the health center:

1. In the sample we realized that with the project t, MINSA increased in 20% the number of staff welfare in the health centers. (See Chart 13).

2. On the other hand, in the own production we realized an increase of 30% , that confirms more attention, that will constitute an important effect of the project.(See Chart 14).

3. With respect to the nets system of health, with the project the relations between the health centers of differents levels of complexity of attention , did not change. Within the project functions was not consider any activity of health nets. It is recommendable to make suggestions that allow a good operating capacity of local nets of health (See Chart 15).

4. On the contrary, the health centers have been reconstructed and have increased its staff, but they did not have enough minimum equipments that make possible a suitable and efficient work. (See Chart 16)

The analysis of comparison list of functional health centers and the chapters of results hold these conclusions; as well as interviews and surveys to the health satff and the community members.

Chart 13
FINAL EVALUATION – HUMAN RESOURCES

HEALTH CENTER	USEFUL LIFE OF WORK	STIMATED NUMBER OF POPULATION	BEFORE				AFTER				REAL NECESSITIES			
			DOCTORS	NURSES	OBSTETRICIANS	TECHNICIANS	DOCTORS	NURSES	OBSTETRICIANS	TECHNICIANS	DOCTORS	NURSES	OBSTETRICIANS	TECHNICIANS
C.S. CHAVIÑA		1662	1	1	1	1	1	1	1	1				
P.S. CARHUANILLA	03 MONTHS	478				1				1				
P.S. SALLA SALLA	NOT YET IN USA	206				1				1				
C.S. CARAVELI	01 YEAR	3907	3	2	2	3	3	2	2	3				
C.S. EL PORVENIR	02 MONTHS	3708		1		1	1	1	1	2				
C.S. YACANCO	02 MONTHS	743		1		2	0.5	1	ONCE A WEEK	3	1		1	Dentist
P.S. SAN FRANCISCO	06 MONTHS	3357	1	1	1	3	1	2	3	4	1	0	0	Dentist
C.S. CANDARAVE	0	2150	3	3	2	5	3	3	2	5				
P.S. CURIBAYA		204		1		1		1		1				
P.S. JUAN VELASCO ALVARADO	08 MONTHS	4772	1	1	1	2	1	1	1	3	1			
TOTAL:			9	11	7	20	10.5	12	10	24	3	0	1	0

NOTE: After all the works are ready, the Ministery of Health will contribute giving more human resources in some inspected establishments in order to develop welfare performance, such as El porvenir CS (Health Center), Yacango PS (Health Post), San Francisco PS (Health Post) and Juan Velasco Alvarado PS (Health Post). To sum up, the health staff have been increased in the inspected establishments.

Chart 14

HEALTH CENTERS	USEFUL LIFE OF WORK	STIMATED NUMBER OF POPULATION	BEFORE			AFTER			BEFORE – AFTER DIFFERENCE		
			ATTENTION /DAY	CHILBIRTHS (a)	DECEASES (a)	ATTENTION /DAY	CHILDBIRTHS (a)	DECEASES (a)	ATTENTIONS /DAY	CHILDBIRTHS (a)	DECEASES (a)
CHAVIÑA H.C.		1662	8	29/ES 22/D	13	10	5P/MONTH	9 UP DATE	2		
CARHUANILLA H.S.	03 MONTHS	478	7	11		9	4	2	2		
SALLA SALLA H.S.		206	4	3/HC 2/A		4 (b)					
CARAVELI H.C.	01 YEAR	3907	40	5/M/HC 1/M/A	21	40	32	14			
EL PORVENIR H.C.	02 MONTHS	3708	15			20			5		
YACANCO H.C.	02 MONTHS	743	4			4					
SAN FRANCISCO H.S.	06 MONTHS	3357	8	5 2002	8 –10/A	12	3 2003		4		
CANDARAVE H.C.		2150	10	24		10 (*)	11/HC 2/A	1			
CURIBAYA H.S.		204	3 (FROM 3 TO 4)	2		6	2		3		
JUAN VELASCO ALVARADO H.S.	08 MONTHS	4772	20			40			20		
TOTAL:			**119**			**155**			**36**		

(a) Belongs to a reference information of health center. It is impossible to compare them because they show different period of times and do not have direct relation with the offered attention.
(*) There is attention in old health centers.
HC = Health Center
A = Address
NOTE: There is an increase of 30% in the production of health centers of sample, that is comfirms the extensive coverage of attention, considering as an important effect of the project.

Chart 15
FINAL EVALUATION – NET SYSTEM

ESTABLECIMIENTO DE SALUD	NIVEL DE COMPLE-JIDAD	SITUACION EN LA RED	DISTANCIA A ESTABLEC. DE SALUD DE MAYOR COMPLEJIDAD	ANTES				DESPUES				NECESIDADES REALES			
				TELE-FONO	RADIO	AMBU-LANCIA	OTRO	TELE-FONO	RADIO	AMBU-LANCIA	OTRO	TELE-FONO	RADIO	AMBU-LANCIA	OTRO
C.S. CHAVIÑA	II	HOSP. CORACORA CABEZA REU	1 HORA/CARRO									SI	SI	SI	
P.S. CARHUANILLA	I	MICRO RED CHUMPI	2 HORAS/CARRO HOSP. CORACORA										SI		
P.S. SALLA SALLA	I	INCUYO	01 HORA/CARRO	COMUNI-TARIO		EXISTE EN INC	MOTO	COMUNI-TARIO		EXISTE EN INC		SI	SI		
C.S. CARAVELI	II	CABEZA MICRORED RED CABANA	CAMANA: 02 H.	SI	SI	SI		SI	SI	SI					
C.S. EL PORVENIR	II		30' HOSP. AREQUIPA			EN LA MICRO RED				EN LA MICRO RED		SI	SI		
P.S. YACANGO	II	RED MOQUEGUA	5'		SI				SI				RED ES OPERATIVA	RED ES OPERATIVA	RED ES OPERATIVA
C.S. 28 DE JULIO	II	RED MOQUEGUA	10' HOSPITAL MOQUEGUA	SI		AMBULANCIA RED		SI		AMBULANCIA RED			SI		
C.S. CANDARAVE	II	CABEZA MICRO RED	06 HORAS		SI	SI			SI	SI				AMBULANCIA OPER/COMBUSTIBLE	
P.S. CURIBAYA	I	RED CANDARAVE REF. A TACNA	04 HORAS		SI	SI			SI	SI				FALTA COMBUSTIBLE	
P.S. JUAN VELASCO ALVARADO	I	MICRO RED TACNA	7 '	SI	SI	RED		SI	SI	RED					PERFIL ES OPERATIVO

TOTAL:

NOTA:

Considerando el nivel de complejidad de los establecimientos de la muestra y su relacion dentro de la red de salud, apreciamos que con el proyecto esto no ha variado sustancialmente. Es importante que en futuros proyectos se considere el accionar de los establecimientos intervenidos como formando parte de una red de salud que es muy importante operativizar.

Chart 16
FINAL EVALUATION – EQUIPMENT

HEALTH CENTER	WORK	BEFORE	EFTER	REAL NECESSITIES
CHAVIÑA H.C.	REHABILITATION			
CARHUANILLA H.S.	RECONSTRUCTION			- Gyneocological table - Sterilizer - Refrigerator
SALLA SALLA H.S.	RECONSTRUCTION			- Scales – sizemeter - Tensemeter - Sterilizer – refrigerator
CARAVELI H.C.	REHABILITACION			
EL PORVENIR H.C.	RECONSTRUCTION		- Equiped with own sources - Stretcher, local for external application, paediatrician,pantocope.	
YACANCO H.C.	REHABILITATION		- Furniture (donation) - Pantocope (donation) - Radio (donation)	
28 DE JULIO H.C.	RECONSTRUCTION		- Tensiometer - Nebulazers	
CANDARAVE H,C.	REHABILITACIÓN			- Not yet in use
CURIBAYA H.S.	RECONSTRUCTION			
JUAN VELASCO ALVARADO H.S.	RECONSTRUCTION			

b) **As far the strengthering of the own base organizations is concerned:**

1. The project achieved that the Local Committees of Health CLS could establish, get done and continue to work for each inspected health centers, selected by vote of the assembly of the own involved beneficiaries. Some committees work more than others on the health center reconstruction or repair as well as on health campaigns promoted by the own staff and expand their functions with the Local Committees of Health and Development name. There were supported by ADRA – Perú facilitators in order to study the reality and development necessities of their communities; for example, census, surveys, workshops of reality to fill them in details about "Recognizing our Comminity" (5), and the channeling of contributions for strategic plans of local development PLD, that together with their provincial local authorities of districtal participation, the technical staff of ADRA – Perú favored, leaded right now is in process of publishment.

2. **In most of the cases, specially in rural areas, a close and constant participation of CLSD (Local Nets of Health and Development) with the authorities of their respective health centre was successful.** On the other hand, in some rural and urban cases were not successful because the health centers did not understand the advantage to count on their support, interact with them or by ordinary changes, own situations or lack of time of CLSD (Local Nets of members of Health and Development).

3. While personal care of ADRA-Perú lasted in the area during the repair and reconstruction works, **most of the CLS (Local Committees of Health) members declined.**

4. **There are Strategic Plans of Local Development in 22 health center** (2 provincials and 20 locals) (6), one more of the 21 scheduled, all the time assumed and led by local authorities, who were encouraged and given, except for the additional one that it is in the process of publishment.

5. **Because of the work experience in the area, there were not Specific Local Committees of Development – CLD. So they extend their functions and assumed them the with Local Committees of Health and Development CLSD. Their participated successful together with those purposes as showing the real situation registered in the "Recognizing Our Community" records, in the contributions to strategic plans with the local authorities and in the offes of development projects, etc. We acquired a good training, through; most of the involved people did not keep in mind, understand and develop Local Nets of Development – RLD. The training was not enough bacause it needs more time in order to aim strongly this goal.** In "El Porvenir" CLSD in Arequipa, their well- educated members are preparing replacements and are going to achieve functions with the health committees in order to conzentrate in the devolpment tasks.

6. **The self-construction committees neither establish nor work,** even though the resident engineers, facilitators and developers were trained with manuals (7 and 8) prepared for the effect by ADRA-Perú, for the same reason of lack of support. Nevertheless, in some health centers, involved people are applying the acquired knowledge as local constructors or housing programs as Material Banks.

7. The strategic plans of local development consign all the prioritized projects in the participating workshops by the pupulation, **with an important contribution of ADRA-Perú.**

8. According to the results of workshops, surveys and statements, ADRA – Perú worked satisfactorily with the training program anticipated by the project; but were not enough to achive the followed objectives. They require more persistence and training time in the areas in order to achive them.

9. According to the final workshop reports, and information of ADRA - Perú staff, there were training courses-workshops in 21 centers about "Stablish Development Nets", "Design and Participate Formulation of Development Project" (9),"Administrative and Finance Management of Local Nets of Development"(10), "Patrol System of Community Health" and " Relieve of Disasters", as well as for organization and installation of 30 Local committees of Health (CLS). According to that information, the workshops had the participation of 116 people for "Design and Participate Formulation of Development Project" (32 in Ayacucho, 27 in arequipa, 28 in Moquegua and 29 in Tacna). 100 people for "Patrol System of Community Health" (32 people in Ayacucho, 24 in Arequipa, 19 in Moquegua and 25 in Tacna). On the other hand, ADRA-Perú staff reported that in workshops of " Patrol System of Community Health"y "Relieve of Disasters" in each one of them participated 110 people (45 in Ayacucho, 15 in Arequipa, 22 in Tacna and 28 in Moquegua).

3.2.3 CONCLUSIONS OF THE EVALUATION OF COMPONENT 2

1. The programed goals were achieved on time in the plan implementation plan, showing **efficiently** in the execution , even though it experimented imbalance respect to the initial purposes. This happened because it was a problem to begin it during the process of local vote, out of ADRA - Perú willpower.

2. The generated beneficy satisfies the initial **expectancies** of the community, that thanks to ADRA –Perú for the support.

3. At the end its contribution was **effective** and satisfactory by competitive action of health area; even though there in no evidence of contribution for local development, that effects are early to wait.

4. The project makes to achieve all the goals and we consider that the way of management was not good enough for achieving the goals, because of the flexivity that all the work team offers in order to do the tasks.

5. The community sensibilization had a strong effect for the subcomponent development Community Participation , that based on the strengthening for the health organization.

6. The strengthening organization in health was effective and had an important contribution for the project objectives; even though the development aspects and the establishment of development nets are not yet strongly consolidated and constituded a great potenciality that has to be taken advantage reasonable.

7. In most of the cases, the comminity participation in health centers is satisfactory; in view of the reached organization.With it there were promoted a lot of preventive promotional program attention of health together with the community participation.

8. The attention coverage witth a risk focus raised with the project; as well as welfare attention bacause the inspected staff health centers increased almost 20%.

9. The project **impact** is prematute to identify if the conditions of level life of beneficiary community got better by the project action; even though as an inmediately impact we can realized that a motivation and security atmosphere in the management of ideas and local development goals.

10. We can notice that the project through ADRA - Perú facilitators. It sowed "seeds of development attitude" in these communities, that success will depend on guidance in the use of technical instruments of developed planning and others that will require in time.

11. The development and strategic plans represent good instruments of moves for the local development, as the participate community "made them own"and involved its interests ; nevertheless we will require other complementary instruments for the project realizations and considered activities.

12. The "base lines" were established for the respective establishments, expressed in "Recognizung Our Community"records, that they have to be compared through suitable instruments with results we see for the future.

13. The project results of health centers and community organization for health support were satisfactory; being priority the community participation. We consider that the project had lots of activities and suitable development that it is showed in the complementary results.

14. In the strengthening of base organizations with budget of US$ 426.768 and part of US$ 184.665 was destinated to workshop development of " Design and Participate Formulation of Development Projects" and "Administrative and Finance Management of Locall nets of Developmemt", participaited 116 people in the first one and 100 people in second one, as a total of 216 people-workshop. Moreover, there were performed "Patrol System of Community Health" and "Disasters Relieve" workshops with 110 participants in each one, as a total result of 220 people-workshop. Considering that workshops were performed in 15 days (5 of projects, 5 of management, 3 of vigilance and 2 of disasters), there was a US$ 28.24 cost per day-workshop- participant.

15. The project execution was affected by the local authorities elections, the delay of reception of educational material for self-construction and the inadequate and late of ground cleaning-up by MINSA., considering the first aspect in the complementary strategic.This forced to change dates of trainning components for the strenghtening of local organizations, self-construction and the beginning of some works that affected the resuts in the self-construction.

16. The operative support was suitable for the performance of execution activities and implementation project, bringing the appropiate and efficient resources availavility. The operative organization kind of decentralizied and participative strategic were effective, given flexibility and answer availability of a project management.

17. To guarantee the **support** of project interventions, the communities did not participate in the identification and design of program activities but they participied in the impletation with final results that deeply satified the expectancies.

18. The participants expressed that the different activities favored them a lot in different ways and are interested in negociating the projectsin their development plans.

19. The beneficiaries are well-organized with the Local Committees of Health and Development and they are able to support and argue the project effect in long-term, that it is a solid base in order to maintain the project, this is a necessary but insufficient term. It is necessary to maintain a permanent support and orientation labor for the design and application of management instruments of local development.

20. During the implementation, the project was linked with MINSA to support the substructure and health component, working with local goverments in order to maintain project goals for the future.

4. LEARNED LESSONS

- According to the substructure, in the case of Juan Velasco Alvarado in Tacna, shows that even though we did the studies of specialized grounds and followed the recomendations for the work execution, the field shows sign of setting-up.

- The difficulties with mass media and the different economical activities of involved people, limit the audience of notifications done without previous time. It happened to announced the community participation in advance and stated different strategic of attraction in order to the setters go and stay in the events.

- The limit capacity are major in urban areas than in rural, so that deserves a different treatment. In urban areas people do not count with the same flexibility of time use, sense of integration and cooperation. In the community the work requires suitable motivation and incentives to their expectancies.

- In all the cases, the works of repair and reconstruction contituted motivation elements to the beneficiaries participation during the performance.At the end, the community participation began to weak, so the work does not guarantee the support of community participation for the local development. The works could worsen and to prevent these in necessary to maintain the orrganization strongly.

- Even though, there was sowed "seeds of development attitude", there is a weakness when we apply the knowledge and instruments of local development management and the ability to manage them. The beneficiaries of the project count with instruments, such as current development plans and project records, but they do not have specific tools to allow working these plans very good. The project objective performed by ADRA-Perú never arise to that level, it only limits to find and prioritizes problems and necessities of health and others features that contribute to the communal development that all the social characters, local authorities would have an important and complementary role that gives a great number of tools in order to do the plans.

- The acquired community organization by RRIS project was a great contribution to be close of the population in health centers through CLSD ((Local Committees of Health and Development) and for the solutions of problems during the communal operative plans, decreased a deep division between the community and health centers.

- In those problems that projects have in the procedures and coordinations by the participation of different features in the process of execution, the function decentralization, dynamic and flexivility processes of Logistic and Accounting of ADRA - Perú was very effective for the good work and implementation of the project.

5. RECOMENDATIONS

- To bring the files, data and project information up date in order to control and evaluate efficiently.

- To promote and contribute the MINSA in the project creation in order to implement and maintain efficient and rationalized a system of Local Nets of Health, considering quantity and composition population, place, access and distance between health centers, considering also the geographical and social atmosphere where the health centers are.

- To stimulate and contribute the suitable health centers, beginning with the repaired and contructed ones.

- For the infrastructured componenet, it is important that the repair counts with efficient public service of water and electricity, that in most of the cases the repair and reconstruction had not provided.

- To promote and support efficient and rationalized Local Nets of Health and Development, the support of Local Committees of Health and the current up date of Local Strategic Plans of Development that allow to execute, evaluate and bring the strategic plans up date; specially in the net components: transport road, road link,water supply, electricity supply, drainage system and disponibility of solid waste.

- To motivate the staff in the differents health centers in order to keep the same close intensity to the involved population, achieved in the acquired methodology for the project.

- To motivate the specific instruments making of local development management and the use as strategic to reinforce the organization and actions of Local Committees of Development.

- To control the ground behaviour and cracks, that appear in the buildings of the health centers in order to check any risk before future earthquakes, as those centers should be last ones to collapse in the disasters.

- To promote and support the improvement and the adaptation of hospitable architectural regulations up date, according to new tendencies of health attendants of people per ethereal group and per processes.

- To instutionalize procedures and proceedings, fast, flexible and decentralized in the Logistic and Accounting of ADRA-Perú for those kind of projects.

6. GLOSSARY OF TERMS

1. **PLOT SETTLING:** Behaivour grounds that gives into building weight superficial charge of buildings.
2. **CARRIED CAPACITY OF GROUND:** The grounds feature related to the capacity of support the superficial charges of building weight.
3. **COST-EFFECTIVITY:** Indicator related to total cost of a kind of specific participation with goals and results that expected to achieve with that intervention.
4. **FILE WORK:** File that every day registered in detail the given experiences.
5. **BUTTERFLY DIAGRAM:** Graphic concentric and radial representation of many variables; the center generally shows low level and concentric circles and the high level according to the distance of the center.
6. **FROSTING:** The decay outcropof concret mixing to damp and salinity action.
7. **TECHNICAL FILE:** Group of specific documents and studies before the work performance.
8. **CRACK:** Longitudinal hole in walls and/or smaller structural elements to 02 mm. of wide (page 145, F-3AL1 "Reduction of Disastes", Author Julio Kuroiwa).
9. **CREVICE:** Longitudinal hole in walls and/or bigger structural elements 02 mm. Of wide(page 145, F-3AL1 "Reduction de Disasters", Author Julio Kuroiwa).
10. **IMPACT:** Change that generates a specific social situation by an indirect action of an interventionor group of actions.
11. **BASE LINE:** Related to an initial situation of a group of people and/or conditions before to execute an invest project, expressed in indicators values designed and it it compared to the results that generate with the project execution.
12. **WORK LIQUIDATION:** Organized record of costs and expenses that generated the construction and preparing of the building or part of it.
13. **HEALTH PREVENTION:** Related to actions that give health services in order to prevent deterioration risks of health people.
14. **HEALTH ADVERTISEMENT:** Related to actions that promote practices and attitudes of people in order to keep a good people health.
15. **PURPOSE:** Specific objective that achieves a process or activities.
16. **WORK RECEPTION:** Act by which the person or proprietary institution of the work gives conformity to the conclusion of the same one and the "receives" for its use. This it is registered in a "file of work reception".

17. **REINFIRCEMENT:** Any operation that increases the structural behaviour of an element structure according to the original behaviour.
18. **FIXING:** Any operation in order to re-stablish the structured behaviour of an element/structure with a damage in the original behaviour.
19. **RESTORATION:** To achieve that the construction is useful and has to use same material or compatibles with the buildings.
20. **RESULT:** Changes that generate as direct effects of one or more actions.
21. **SUPPORT:** Project quality in that post-investment stage or the enough condition for its operation .

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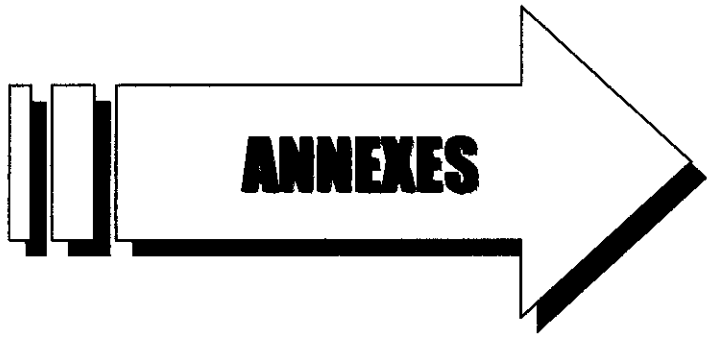
ANNEXES

Annex 1

Terms of Reference
(Spanish version)

Final Evaluation: Rehabilitation and Reconstruction of the Health Infrastructure in Southern Peru

2001- 2003

Lima, Perú
Abril 2003

Términos de Referencia
Para la Evaluación Final del Proyecto de ADRA OFASA, Rehabilitación y Reconstrucción de Infraestructura de Salud en el Sur del País

I. ANTECEDENTES

El 23 de Junio del 2001 a las 3:33 p.m, un terremoto, que alcanzó una magnitud de 6.9 en la escala de Richter, azotó el Sur del Perú, y se sintió hasta Arica, Chile, La Paz, Bolivia. El epicentro del terremoto fue 82 km al noroeste de Ocoña en el departamento de Arequipa. Inmediatamente después del terremoto, un tsunami azotó las costas de Arequipa penetrando hasta media milla y destruyó la comunidad de Camaná. Los departamentos más afectados por este desastre fueron Arequipa, Moquegua, Tacna y Ayacucho.

Según las estadísticas del momento, los daños que sufrió la infraestructura básica de salud fue: 30% en Arequipa, 84% in Moquegua, 49% en Tacna, y 10% in Ayacucho. El 29 de Agosto del 2001 el MINSA informó a la USAID que la magnitud de los daños causados por el terremoto a la infraestructura básica de salud y de saneamiento en la región era de 230 establecimientos de salud dañados y 58 estaban totalmente destruidos, incluyendo: 2 hospitales, 10 centros de salud y 46 postas de salud.

El siguiente cuadro muestra el daño a la infraestructura causado a los establecimientos de salud en los departamentos del sur del Perú:

DEPARTAMENTOS	HOSPITALES	CENTROS DE SALUD	POSTAS DE SALUD	TOTAL
Arequipa	4	39	48	91
Moquegua	1	29	29	59
Tacna	1	8	31	40
Ayacucho	2	1	28	31
TOTAL	**7**	**80**	**150**	**230**

FUENTE: Dirección Regional de Salud en Arequipa, Moquegua, Tacna y Ayacucho (17 de Julio, 2001)

Como respuesta a este desastre ADRA Perú con financiamiento de la USAID implementó el Proyecto de Rehabilitación y Reconstrucción de Infraestructura de Salud en el Sur del País durante el período de Noviembre 2001 al 15 de Mayo del 2003. El objetivo principal del proyecto es "Ayudar a la población del Perú que fueron afectados por el terremoto del 23 de Junio del 2001. Este proyecto comprende dos objetivos estratégicos que han sido implementados por sus dos componentes complementarios: El componente de infraestructura y el componente de fortalecimiento de las organizaciones de base. El primer objetivo estratégico es rehabilitar y reconstruir los establecimientos de salud en el Sur del Perú (Tacna, Moquegua, Arequipa y Ayacucho) que fueron afectados pro el terremoto tsunami. Bajo este objetivo se han desarrollado actividades de (1) reconstrucción y rehabilitación de aproximadamente 10 establecimientos de salud y un aproximado de 20 postas; (2) la creación y capacitación de aproximadamente de 30 comités de construcción.

El objetivo estratégico 2, implementado por el segundo componente del proyecto, tiene por finalidad fortalecer a las organizaciones de base para gerenciar los temas de desarrollo y prevención de desastres. Las actividades que se desarrollaron bajo este objetivo fue el establecimiento de aproximadamente 21 redes locales de desarrollo en operación y 30 comités locales de salud en operación.

La meta primaria del componente de fortalecimiento es fortalecer la organización de los servicios de salud de los centros de salud tanto reconstruidos como rehabilitados. El objetivo especifico mensurable del componente de fortalecimiento es: ...

Para lograr el impacto deseado, el proyecto a través de su componente fortalecimiento, realiza la capacitación con el personal del MINSA, miembros de organizaciones de base y autoridades locales en elaboración de planes participativos de desarrollo y planes estratégicos a nivel distrital en las localidades donde se está implementando el proyecto.

Los resultados del componente de infraestructura son definidos como sigue: 1) Rehabilitación y reconstrucción de 10 establecimientos y 2) reconstrucción y rehabilitación de 20 postas y 3) capacitación en autoconstrucción de viviendas utilizando ladrillo y adobe.

II. PROPOSITOS DE LA EVALUACION

La evaluación cubrirá todo el período de implementación del proyecto, Noviembre del 2001 hasta la fecha. La evaluación del programa RISS de ADRA Perú es requerida tanto por ADRA Perú como la USAID/Perú para que la administración del proyecto pueda evaluar el logro de los objetivos establecidos, a la vez que la eficiencia con la que la agencia implementó el proyecto y entender los efectos e impactos a largo plazo del proyecto. Así mismo, la evaluación debe identificar las lecciones aprendidas durante el período de implementación del proyecto que permitan a ADRA mejorar el diseño de proyectos futuros similares.

Otra dinámica clave que la evaluación debe analizar es el grado de sostenibilidad que se ha logrando con el proyecto, ej. , si los impactos positivos en los que respecta a organización comunal y mejora en la prestación de los servicios de salud en los centros construidos tienen posibilidad de ser mantenidos más allá de la duración del proyecto. Se debe analizar las estrategias de sostenibilidad, y se deben incluir dentro del informe de evaluación algunas recomendaciones para cambios o adiciones a aquellas estrategias.

ADRA Perú intenta no sólo utilizar la evaluación tanto como un medio para verificar si las metas y objetivos originales planteados en el proyecto han sido o no logrados, sino busca también utilizarla como una herramienta de planificación que permita a ADRA Perú, mejorar el diseño de proyectos futuros similares y así ampliar el impacto de sus intervenciones de salud y mitigación desastres, incorporando en estos las actividades y estrategias más exitosas del proyecto RISS. La evaluación, por lo tanto, debe analizar adicionalmente las estrategias del proyecto comparándolas con las prioridades de desarrollo de la USAID Perú y los objetivos, y las estrategias de desarrollo del Gobierno del Perú.

Los objetivos de evaluación que deben ser abordados en la evaluación incluyen los

siguientes:

$ ***Efectos e Impactos del proyecto***: Identificar las determinantes claves del impacto del proyecto o la falta de este.

$ ***Efectividad del proyecto:*** Identificar en que medida el proyecto ha producido los productos esperados y si estos han permitido lograr los objetivos estratégicos y objetivo final del proyecto.

$ ***Eficiencia del Proyecto***: En que medida el proyecto suministró y gerenció los insumos necesarios para la implementación de las actividades del proyecto y si las actividades de implementación fueron organizadas en la forma más apropiada. Finalmente, si todo lo anterior se ejecutó al menor costo para producirlos productos esperados.

$ ***Sostenibilidad***: Identificar los determinantes importantes de la sostenibilidad del impacto de la presente intervención y hacer las recomendaciones para ser incluidas en el diseño de futuras intervenciones similares de ADRA para incrementar el grado de sostenibilidad del impacto a través de los cambios que se puedan hacer en la composición del proyecto, al igual que en los aspectos técnicos y administrativos del mismo.

$ ***Costo Efectividad***: Compare y haga contraste de los méritos relativos a las diferentes actividades realizadas por el proyecto de acuerdo a su costo efectividad. Esto debe incluir el costo por centro de salud rehabilitado o reconstruido.

Las preguntas ilustrativas que cubren cada uno de estos objetivos están adjuntas como un apéndice a este documento.

III. NIVEL DE ESFUERZO DEL EQUIPO DE EVALUACION (NDE) Y COMPOSICION

El equipo de evaluación estará constituido por tres personas que estarán contratadas por ADRA por el espacio de 30 días, de los cuales no menos de 15 días se pasarán en las áreas de los proyectos. Los miembros del equipo serán como sigue: un experto en mitigación de desastres con experiencia (con experiencia comprobada en evaluación de estructural y de vulnerabilidad de establecimientos de salud de primer nivel) y en evaluación participativa como líder del equipo, un especialista en salud pública o áreas afines con experiencia en organización administrativa es servicios de salud, post desastre y evaluación de procesos participativos comunales.

Especialista en planificación de desarrollo regional con experiencia en procesos participativos de desarrollo post desastre.
Además del equipo contratado, el Coordinador de la Unidad de Monitoreo y Evaluación de ADRA Perú formará parte del equipo de evaluación como supervisor de la misma.

El papel que desempeñarán y las habilidades específicas/experiencia de cada miembro del equipo evaluador deben ser como se describe a continuación. El líder del equipo planificará y supervisará el trabajo de campo, proporcionará guía técnica, hará el borrador del informe

final, y proporcionará el control de calidad general. El/ella debe ser un profesional ejecutivo con amplia experiencia en desarrollo, debe tener experiencia en programas de mitigación de desastres (de preferencia programas en América Latina), debe tener excelente de redacción en castellano y tener experiencia de trabajo previo en proyectos similares. El/ella también debe ser un especialista en monitoreo y evaluación de impacto con amplia experiencia en evaluación estructural de centros de salud de primer nivel y sistemas de vigilancia y mitigación de desastres. Experiencia en diseñar y operar sistemas de M&E, preferentemente en proyectos de mitigación de desastres en establecimientos de primer nivel(puestos y centros de salud). Además, la persona que sirva como líder del equipo debe tener experiencia en facilitar evaluaciones participativas, incluyendo el desarrollo de los planes de acción del proyecto en respuesta al informe final de evaluación.

El especialista en salud pública tendrá como primera responsabilidad la evaluación del componente de fortalecimiento del proyecto. El/ella debe tener amplia experiencia en ámbitos rurales y urbano marginales, de preferencia en Perú, y debe tener un amplio conocimiento de la provisión de servicios de salud en el ámbito comunal, diseño, monitoreo y evaluación de proyectos de salud, incluyendo experiencia en métodos de evaluación rápida. Esta persona debe tener excelente redacción en castellano y trabajará en coordinación del líder del equipo.

El equipo de evaluación contratado trabajará en coordinación con el coordinador de la Unidad de M&E de ADRA quien estará a cargo de la supervisión de la evaluación.

IV. PRODUCTOS DE LA EVALUACIÓN

El equipo evaluador contratado deberá producir los siguientes productos durante el proceso de evaluación:

- Un plan de trabajo de todo el proceso de evaluación.
- Un informe preliminar
- Un taller participativo sobre el contenido de la evaluación
- Un informe final.

V. METODOLOGIA DE LA EVALUACION

Se arreglarán juntamente con los miembros del equipo las entrevistas, citas y viajes de campo para facilitar el recojo de la información. Se proporcionará toda la ayuda necesaria para hacer que ellos cumplan con los requisitos preparación de informe. Esto incluirá proporcionar al equipo de evaluación el documento de la propuesta original, informes de resultados, perfiles de proyectos, Liquidaciones de obra, y cualquier otra documentación del proyecto pertinente a la evaluación. Estos serán proporcionados al momento de seleccionar al equipo evaluador para permitir que los miembros del equipo se familiaricen con el proyecto.

La evaluación será de carácter participativo, involucrando a los principales agentes que participaron del proyecto eje. El personal de ADRA Perú, la USAID/Perú, y los beneficiarios del proyecto. La participación de los agentes involucrados será organizada de acuerdo a dos grupos:

1) el personal de ADRA y representante(s) de la USAID y 2) miembros de la población beneficiaria. USAID también participará en la revisión del equipo de evaluación de los principales aspectos del proyecto y sus problemas. El equipo contratado hará saber sus inquietudes a estos agentes involucrados y buscará retro alimentación de ellos antes de preparar su informe. Al segundo grupo de agentes involucrados, beneficiarios (incluye representantes de organizaciones de base, personal del MINSA y autoridades locales) se les consultará separadamente y su retro alimentación se hará saber al personal del proyecto, permitiendo a ADRA Perú analizar y responder a las inquietudes de la comunidad.

Esta retro alimentación se buscará a través de las entrevistas que se haga en las diferentes áreas de intervención donde se realice el trabajo de campo. Esta retroalimentación será incluida en el borrador del informe final, el cual será presentado tres días después del taller a ADRA Perú y la USAID/Perú.

VI. CRONOGRAMA DE LAS ACTIVIDADES DE LA EVALUACION

Firma de contrato con el equipo evaluador.....Abril 29, 2003
Equipo de evaluación prepara borrador plan de trabajo.....Abril 22-25, 2003
Metodología presentada para aprobación.....Abril 28, 2003
Trabajo de campo.....Mayo 5-16, 2003
Preparación del informe preliminar .....Mayo 17-23, 2003
Taller con personal de ADRA .....Mayo 26, 2003
Respuesta de ADRA Perú al taller.....Mayo,27-30, 2003
Borrador del informe final.....Junio 6 ,2003
Entrega del Informe Final .....Junio 10, 2003

VII. REQUERIMIENTOS DEL INFORME

Aparte de los informes orales semanales al supervisor de la Evaluación del Proyecto, el contratado enviará lo siguiente:

Plan de trabajo: El equipo contratado preparará un plan de trabajo detallado el cual incluirá la metodología que se va a utilizar, herramientas para recojo y análisis de datos y la enviará a ADRA Perú para su aprobación el tercer día de la evaluación.

Taller: El equipo de evaluación presentará un resumen oral de sus recomendaciones en un taller donde estarán incluidos representantes de ADRA Perú (personal de administrativo y de campo del proyecto), y la USAID. La discusión que siga a esta presentación será considerada en los informes preliminares y finales.

Informe Preliminar: El equipo de evaluación enviará a ADRA Perú diez copias del informe preliminar, el cual incluirá los hallazgos y recomendaciones claves y la retroalimentación del taller, y los presentará en una sesión de resumen a ADRA Perú y la USAID tres días después del taller. ADRA Perú enviará sus comentarios al equipo de evaluación y se hará el cierre de las acciones al siguiente día. El equipo evaluador abordará los comentarios en el borrador del informe final.

Borrador de Informe Final: El equipo evaluador enviará diez copias del informe, el cual incluirá los comentarios y observaciones del informe preliminar. Se harán reuniones con la USAID y ADRA para discutir el informe del borrador final.

Informe Final: El equipo evaluador contratado enviará 15 copias del informe final de evaluación y su versión en diskette (mínimo Word 98) a ADRA Perú, de acuerdo al cronograma establecido anteriormente en estos términos de referencia, después de haberse entregado los comentarios al borrador del informe final. El informe final incluirá las modificaciones y justificaciones para las variaciones del diseño original, metas, actividades y estructura del presupuesto recomendada por el equipo y acordada con la USAID/Perú y ADRA Perú. El informe final no debe ser más de 50 páginas, incluyendo las siguientes secciones:

Resumen Ejecutivo

Cuadro de Contenidos
Cuerpo del informe, el cual incluirá:

- El propósito y las preguntas hechas para la evaluación
- Hallazgos y conclusiones
- Lecciones Aprendidas
- Recomendaciones

Los datos de apoyo se deben incluir en los apéndices. Los apéndices deben incluir, entre otra documentación pertinente técnica o de apoyo:

- El marco de trabajo del equipo de evaluación
- La metodología empleada
- La composición del equipo de evaluación y su experiencia profesional
- Una lista de los lugares visitados
- Una lista de documentos revisados
- Una lista de las personas entrevistadas

Además el informe deberá cumplir con las siguientes normas de lenguaje y presentación y técnicas.

a. Normas de lenguaje y presentación

- Carátula indicando el nombre del proyecto, autor y fecha.
- Estar escrito de manera clara, suscinta y de buen estilo y toda la información debe estar completa y exacta sobre toda referencia efectuada.

b. Normas Técnicas

- Describe el propósito de la evaluación y anexa los términos de referencia
- Contesta las preguntas planteadas en los términos de referencia.
- Describe la metodología empleada para recopilar y analizar los datos.
- Indica las limitaciones de la evaluación o su metodología.
- Indica la confiabilidad y validez de los datos utilizados.

- Describe cualquier muestra tomada por el método de muestreo, número de elementos seleccionados y disponibles.
- Incluye los datos principales, debidamente analizados, en que se basan sus conclusiones.

VIII. METODO DE PAGO

Ya que la evaluación incluirá viajes al interior del país, recomendamos que los miembros del equipo de evaluación entreguen una propuesta a todo costo incluyendo los gastos por transporte a los lugares a evaluar, tasas de aeropuerto, hospedaje, comida y honorarios profesionales. El monto total del contrato será pagado de la siguiente manera:

- 30% al momento de la aceptación por escrito de parte de ADRA Perú del plan de trabajo.
- 30% a la presentación del informe final.
- 40% a la aceptación del informe final por parte de ADRA Perú y la USAID /Perú.

Lista de Preguntas de Evaluación

COMPONENTE DE REHABILITACION Y RECONSTRUCCION DE INFRAESTRUCTURA DE SALUD

REHABILITACION Y RECONSTRUCCION

EFICIENCIA

1. ¿Qué tipo de amenazas ha encontrado el proyecto durante su implementación que afectó los resultados finales?
2. ¿En que medida el apoyo logístico ha sido apropiado para las actividades de implementación del programa? ¿Cómo ha contribuido en los resultados obtenidos?
3. ¿En que medida apoyó el PRONEIM en el asesoramiento y la aprobación de expedientes técnicos? ¿Cómo ha contribuido en el cumplimiento de metas?
4. ¿En que medida apoyó el MINSA en las entregas de terreno debidamente saneadas? ¿Cómo ha contribuido en el cumplimiento de metas?
5. ¿En que medida apoyó la Supervisión por parte del PRONEIM en la ejecución de obras? ¿Cómo ha contribuido en el cumplimiento de metas?
6. ¿Durante la implementación, en que medida el programa se ha vinculado con los gobiernos locales, comité locales de salud y desarrollo (CLSD), para implantar las diferentes actividades del proyecto? ¿En que medida apoyaron con sus recursos financieros?
7. ¿Los recursos financieros y materiales requeridos por los residentes de obra en el campo se proporcionaron a tiempo? Si es NO ¿Cuáles fueron las principales dificultades?
8. ¿Cuál fue el grado de integración de las componentes del proyecto?
9. ¿En que medida las DIRESAS de las áreas de intervención cumplieron con la entrega de los terrenos saneados?

EFECTIVIDAD

1. ¿Los beneficiarios están satisfechos con la tecnología utilizada en la rehabilitación y reconstrucción de la infraestructura de salud?
2. ¿Las infraestructuras de salud cumple con las normas vigentes de arquitectura hospitalaria?
3. ¿Los beneficiarios están satisfechos con los materiales usados en las construcciones de las obras?

IMPACTO

1. ¿Los beneficiarios están satisfechos con la tecnología utilizada en la rehabilitación y reconstrucción de la infraestructura de salud?
2. ¿Cómo se comparan los beneficios del programa con las expectativas originales de la comunidad?
3. ¿Cómo se siente la comunidad acerca de estos cambios?
4. ¿En que medida motivó a los beneficiarios en los aportes comunales por la infraestructura propuesta por el proyecto?

AUTOCONSTRUCION

EFICIENCIA

1. ¿Los voluntarios están satisfechos con la innovación de tecnología que han aprendido?
2. ¿Los recursos financieros y materiales requeridos por los capacitadotes en el campo se proporcionaron a tiempo? Si es NO ¿Cuáles fueron las principales dificultades?

EFECTIVIDAD

1. ¿El proyecto formó los comités de Autoconstrucción? Sí es así, ¿estos siguen funcionando?
2. ¿Los voluntarios capacitados están aplicando las técnicas aprendidas en sus actividades de construcción de viviendas?
3. ¿La metodología de capacitación empleada fue apropiada para el grupo objetivo?
4. ¿Los temas de capacitación que se realizaron coincidió con las necesidades sentidas y prioridades de las comunidades participantes?

IMPACTO/ EFECTIVIDAD

1. ¿Los beneficiarios manifiestan que le es útil para sus necesidades, el programa de capacitación desarrollado?
2. ¿Qué técnicas están aplicando con mayor énfasis en sus actividades?
5. ¿Los voluntarios están satisfechos con la innovación de tecnología que han aprendido?
6. ¿Los participantes han aprendido las técnicas desarrolladas?

COMPONENTE DE FORTALECIMIENTO DE ORGANIZACIONES LOCALES

EFICIENCIA

1. ¿En que medida las metas del proyecto se han ejecutado en el tiempo programado de acuerdo al plan de implementación aprobado?

EFECTIVIDAD

1. En que medida el beneficio causado del proyecto ha satisfecho las expectativas originales de la comunidad?
2. En que grado se está contribuyendo al logro del objetivo General
2. En que medida el proyecto ha logrado las metas trazadas
3. En qué medida el estilo de manejo gerencial ha sido efectivo para el logro de las metas.

EFECTO DEL PROYECTO

1. ¿Qué actividades desarrolladas por el programa contribuyeron al impacto planificado en Participación Comunitaria y cuales fueron las limitantes para alcanzar el impacto deseado?
2. ¿Qué contribución tuvo el componente de fortalecimiento de las organizaciones locales en sus dos fases, tanto en Fortalecimiento de Organizaciones Locales y Conformación de las redes locales de Desarrollo?
3. ¿En qué grado se está dando actualmente la participación comunitaria con los establecimientos de salud para contribuir en la solución de los problemas de salud de las zonas de intervención?
4. ¿En qué grado se ha promocionado los diferentes programas de atención preventivo-promocional a la población beneficiaria?
5. ¿En qué grado se han elevado las coberturas de atención gracias a la atención con enfoque de riesgo?

IMPACTO DE TODO EL PROYECTO

¿Se pueden identificar diferencias entre las condiciones previas y actuales de los participantes del programa? ¿Cómo ha cambiado el estándar de vida de los beneficiarios?

1. ¿En que medida se ha incrementado el valor bruto de las ventas de los agricultores?
2. ¿Cuán efectivos son los planes de desarrollo elaborados por las comunidades participantes? Los proyectos son identificados en los planes que se están desarrollando? Qué nivel de pertenencia de la comunidad se desarrolla a través de la facilitación de la formulación de los planes de desarrollo?
3. Los resultados logrados entre las comunidades son los que el programa esperaba? De acuerdo a las prioridades, cual de los resultados son mas relevantes al diseño original del programa? ¿Cómo se refleja esto en términos de costo / efectividad? ¿El programa ha tenido un número apropiado de actividades? Si no es así, que actividades se podrían cambiar o eliminar en futuras intervenciones?

4. ¿Que tipo de amenazas ha encontrado el programa durante su implementación que afectó los resultados finales? ¿Estos problemas fueron considerados en la estrategia de implementación? En que grado estos han afectado los resultados obtenidos?
5. ¿En que medida el apoyo operativo ha sido apropiado para las actividades de implementación del programa? ¿Cómo ha contribuido en los resultados obtenidos?

SOSTENIBILIDAD DE LAS INTERVENCIONES DEL PROYECTO

1. En que medida las comunidades han participado en identificar, diseñar e implementar las actividades del programa? ¿Los resultados finales respondieron a sus expectativas?
2. Los participantes del programa sienten que las diferentes actividades del programa los han beneficiado? ¿Ellos desean continuar gestionando los proyectos que resultaron de los planes de desarrollo elaborados con ayuda del proyecto?
3. ¿Cómo se han organizado los participantes para mantener los impactos del programa en el largo plazo? ¿Las diferentes organizaciones creadas por el programa proporcionan apoyo para la Sostenibilidad del impacto del programa?
4. Durante la implementación, en que medida el programa se ha vinculado con otras organizaciones gubernamentales y privadas para implementar las diferentes actividades para ampliar la Sostenibilidad y proporcionar el soporte necesario para los beneficiarios una vez que el proyecto RISS haya terminado?

Annex 2

FRAMEWORK OF THE TECHNICAL TEAM OF ASSESSMENT

The Technical team of assessment is made for this purpose according to USAID Requirements and Terms of Consultancy Reference, in this aspect on the execution and results of the Project of Rehabilitation and Reconstruction of the Health Infrastructure --- RRIS in charge of ADRA-PERÚ.

The work is organized on the basis of a plan and work program with enough local logistical support that would allow to call and to meet in appropriate way the main agents that take place in the development of the project in order to participate in the advance workshops.

For this, the work began with the training in charge of the evaluation team plan and the program of work in order to be referred to Coordinators of the Area and field Auxiliary Technicians, that parallel there would be to appoint with exact instruction of functions, days of the work, places and dates of the contributed workshops and dates of trips and that in general lines, would consist in the preparation of assessment questionnaires, guides in order to be filled, quality control and handbooks and chronograms of work.

All the activities have been realized in narrow coordination with ADRA-PERÚ employees, thus proceeded to select a sample to evaluate 10 rehabilitated or reconstructed health's establishments and 7 networks or local sub networks of development.

The elaboration of reports counted on the active contribution of personnel of ADRA PERU, that contribute in the check of the documents, in emit its observations and comments and to reach the appropriate additional reports.

Annex 3

METHODOLOGY USED TO EVALUATION

The Methodology applied to execute the respective evaluations enclosed:

- Application to ADRA PERU and reception of all the documentation according to development of the project and results in the components that make it up:

  - ❖ Component N° 1
    Rehabilitation and Reconstruction of the Infrastructure of Health.

  - ❖ Component N° 2
    Strengthening of locals organizations.

- Checking the received documentation, contrasting with it required by the RRIS and the regulations for the case (flats, technical files, reception of works, etc.)

- Preparation of the instruments to apply in the field of work, to evaluate (surveys, masters of evaluation, comparison lists).

- Selection of a sample of 10 establishments of health rehabilitated or reconstructed, its respective local committees of health and self construction committees; and 7 networks or sub networks and its respective local committees of development.

- This selection is elaborated having in count the available time for the evaluation, the accessibility to the localities, the volume of the benefited population and its location in a network or sub network, being the interest of the evaluation to act inside of all the Health Institutions that belong at the influence's area of a same network or sub network.

- In the work's field the evaluation of the networks and its respective local committees of development was given calling to all the agents linked of all the health establishments articulated to each one of them in a workshop that was realized in the health's main center of the network or sub network; and the evaluation of rehabilitation and reconstruction of the health establishments carried out visiting each one of them and calling to workshops to the respective committees of health. The opportunity was considered to evaluate with the facilitating and resident engineers the committees of self construction, which was not possible because they was not in field when the project finished.

- Preparation and Programs of the trip with that the team of evaluation realized the work of field, setting with precision the route to follow and itinerary to fulfill, of such form that the arrival of each locality they have already called all the agents of the locality that participated in the development of the project in their two components (rehabilitation of infrastructure and institutional strengthening). It was expected that this action will carry out by the resident engineers, developers and facilitating, but they were not found for it; so it was assumed by the component's coordinator of rehabilitation and reconstruction of the health infrastructure. By the universe wide of the sample to evaluate and the short available time for the evaluation, it agreed in preliminary meetings with the Supervisor of the Team of Evaluation, The Coordinator of Evaluation Unit and Monitoring of ADRA-PERU, that all the team of evaluation travel together, in a good vehicle done by ADRA PERU, traveling through the route and the indicated itinerary.

- Record of the information answers got in workshops or meetings in each locality visited by the team of evaluation.

- Interviews to local authorities, DISA employees, of health establishments and representatives of base organizations, Health's Local Committees, of self construction and of other local institutions linked to the project.

- To the return to Lima, analysis of the information obtained in the work of field and preparation of a rough draft with the main conclusions and recommendations of the evaluation that served of reference to the workshop with representatives of ADRA-PERU and USAID.

- Presentation of an oral summary of its discoveries and recommendations to the workshop with representatives of ADRA-PERU and USAID.

- Preparation of the preliminary report, including the discoveries and key recommendations of the supply network of the workshop, in order to present it in a summary session to ADRA PERU and USAID (Cabinet Work).

- Preparation of the rough draft of the final report, including the comments and observations of ADRA PERU and USAID to the preliminary report and its diffusion in meetings with USAID and ADRA PERU.

- Preparation of the final report, including the modifications, justifications and recommendations obtained in the discussions.

Annex 4

COMPOSITION OF THE TECHNICAL TEAM OF EVALUATION AND PROFESSIONAL EXPERIENCE

A. TECHNICAL TEAM OF EVALUATION

NAME	CHARGE	SPECIALITY	FUNCTIONS
Eng. Nemesio Canelo Almeida	Leader of the team Specialist in planning of regional development.	Civil Eng. Master Degree in Regional and Urban Planning	• Development of work plans. • Data gathering instruments design. • Indicators' Design. Analysis and evaluation of contributed processes in prevention and relieve of disasters.
Dr. Víctor Manuel Cruz Boullosa	Specialist in Public Health	Physician Gynecology Obstetrician. Master Degree in Social Management. Director of Planning	• Data gathering instruments design. • Indicators' Design. • Analysis and evaluation of organization and contributed processes of health services.
Eng. José Trujillo Cerna	Specialist in structural evaluation and vulnerability of establishments on first level health.	Civil Eng. Specialist in prevention and relieve of disasters	• Data gathering instruments design. • Indicators' Design. • Analysis and evaluation of contributed processes of construction.
Eco. Daniel Alberto Benvenuto Mavila	Expert in evaluation, systematization and documentation.	Formulation and evaluation of investment projects.	• Data gathering instruments design. • Indicators' Design • Analysis and evaluation of results, effects and impact. • Analysis and evaluation of institutional development on the basis of contributed processes. • Systematization and documentation of data.

Annex 5

Relation of visited places

Department	Net/Micro Net	Health Post/Health Center
Ayacucho	• Micro Net Chumpi	• HC Chaviña • HP Carhuanilla
	• Micro Net Incuyo	• HP Salla Salla
Arequipa	• Micro Net Caravelí	• HC Caravelí
	• Micro Net Pacificadores	• HP El Porvenir
Moquegua	• Net Moquegua	• HC 28 de Julio • HP Yacango
Tacna	• Micro Net Candarave	• HC Candarave • HP Curibaya
	• Net Tacna	• HP Juan Velasco Alvarado

Annex 6

Reviewed document relation

(1) Acta de recepción de la obra / Acta de entrega y recepción de obra. Localidades. Convenio MINSA/ADRA-OFASA PERU/PRONAME. 2002-2003.

(2) Acta de Constitución del Comité Local de Salud y Desarrollo. P.J. El Porvenir, distrito de Miraflores, Arequipa

(3) Formulación del Proyecto "Rehabilitación y Reconstrucción de Infraestructura de Salud en la Zona Sur del Perú": Departamentos de Ayacucho, Arequipa, Moquegua y Tacna. ADRA-Perú, Lima.

(4) Reglamento Nacional de Construcciones. Cámara Peruana de la Construcción – CAPECO. Lima - Perú, 1997.

(5) Normas Técnicas para la Elaboración de Proyectos Arquitectónicos: Centros de Salud. Ministerio de Salud. Dirección General de Salud de las Personas. Dirección Ejecutiva de Normas Técnicas para Infraestructura en Salud. Lima-Perú. Noviembre, 1994.

(6) Normas Técnicas para la Conceptualización de Proyectos Arquitectónicos y Constructivos del Primer Nivel de Atención: Centros de Salud. Ministerio de Salud. Dirección General de Salud de las Personas. Dirección Ejecutiva de Normas Técnicas para Infraestructura en Salud. Lima-Perú. Abril, 1994.

(7) Reconociendo Nuestra Comunidad. ADRA OFASA DEL PERÚ. Proyecto RRIS, Lima 2002. Localidades: San Francisco y Yacango (Mcal. Nieto, Moquegua), Chaviña (Lucanas, Ayacucho), Carhuanilla y Salla Salla (Parinacochas, Ayacucho), Caravelí (Arequipa), Curibaya (Candarave, Tacna).

(8) Planes Estratégicos 2003-2013 de Distritos. ADRA-PERÚ, 2002. Planes Estratégicos de Desarrollo Local.

(9) Manual de Capacitación en la Autoconstrución de Viviendas: Ladrillo. Proyecto de Rehabilitación y Reconstrucción de la Infraestructura de Salud – RRIS. USAID-ADRA PERÚ-CISMID. Lima – Perú, 2003.

(10) Manual de Capacitación en la Autoconstrución de Viviendas: Adobe. Proyecto de Rehabilitación y Reconstrucción de la Infraestructura de Salud – RRIS. USAID-ADRA PERÚ-CISMID. Lima – Perú, 2003

(11) Taller Programa de Capacitación en "Diseño y Formulación Participativa de Proyectos de Desarrollo". Informe Final. FORMACIÓN CONTINUA S.A. Lima, Mayo 2003.

(12) Taller "Gestión Administrativa y Financiera de las Redes Locales de Desarrollo". Informe Final. PACT PERÜ. Lima, Mayo 2003.

(13) Rehabilitation and Reconstruction of Health Infraestructura in Southern Peru Project (RRHI). Interim Project Report 527-A-00-02-00012. ADRA PERU, Sep. 2002.

Annex 7

Relation of Strategic Plans of Development – RRIS Project

DEPARTMENT	PROVINCE	DISTRICT	PERSON IN CHARGE
AYACUCHO	Parinacochas	Puyusca	Lic. Noemí Roque
		Chumpi	
		Cora Cora	Ing. David Díaz
		Pullo	
		Chaviña	Eco. Max Arroyo
AREQUIPA	Caravelí	Caravelí	Lic. José Altamirano
	Arequipa	Miraflores	
	Caylloma	Achoma	Ing. Armando Villa
		Chivay	
MOQUEGUA	Sánchez Cerro	Omate	Ing. Narciso Pino
		Puquina	
	Ilo	El Algarrobal	Lic. Patricia Suárez
	Mcal. Nieto	Torata	Arq. José Nina
		Moquegua	
TACNA	Tacna	Alto de la Alianza	Lic. Ángela Sandoval / Lic. Patricia Suárez
	Candarave	Candarave	Lic. Ángela Sandoval
		Quillahuani	
		Cairani	Lic. Rosario Maquera
		Huanuara	
		Curibaya	Lic. Patricia Suárez
	Jorge Basadre	Locumba	Eco. Max Arroyo

Annex 8

Relation of people interviewed

AYACUCHO

LOCALIDAD / ESTABLECIMIENTO DE SALUD	CATEGORÍA	CARGO	NOMBRE
CS Chaviña	Autoridades	Teniente Alcalde	Mariano F. Mocheco Ocahuay
	Miembros del Comité Local de Salud	Vocal del CLS.	Mariano F. Mocheco Ocahuay
		Secretario del Comité. Profesor de CE	Wilfredo Falcón Palacios
PS Carhuanilla	Miembros del Comité Local de Salud	Vicepresidente del Comité Local de Salud	Gabriel Orosco Villegas
	Autoridades	Teniente Gobernador	Antonio Baldeón Olivo
	Involucrados en el Proyecto	Peón	Alberto Montes R.
		Docente	Lucio Oreste Baldeón López
PS Salla Salla	Miembros del Comité Local de Salud	Vocal de CLSD	Jaime Arenas Benites
		Presidente de CLSD y Agente Municipal	Santiago Hilarión Murga
		Vocal. Agente Comunitario de Salud	Oreste L. Mitma Huarcaya
		Tesorero de CLSD	Humberto Hilarión Taboada
	Autoridades	Técnica Enfermería	Nancy Flores Cuadros
		Presidente C.C. Salla Salla	Angel Taboada Prado
		Agente Municipal Y Presidente del CLSD	Santiago Hilarion Murga.
		Segundo Teniente Gobernador	Feliz Huarcaya Mitma
		Teniente Gobernador	Basilio Mitma Huarcaya
	Dirigentes	Presidenta de Club de Madres	Esidora Hilarión Murga
		Director Club Deportivo	Edwin Inca P.

LOCALIDAD / ESTABLECIMIENTO DE SALUD	CATEGORÍA	CARGO	NOMBRE
	Involucrados en el Proyecto	Comunidad	César Canales Espinoza
		Comunidad	Norma Bernaola Carbajal
		Comunidad	Lino Baez Mitma
		Comunidad	Augusto Hilarión Murga
		Comunidad	Félix Bonifacio Baez Mitma
		Comunidad	Humberto Prado
		Tesorero de la Agencia	Adalberto Ramos Catano
		Comunero	Rosalino Orlando Hilarión Hilarión
		Comunero	Cirilo Mitma Quispe
		Integrante del Pueblo	Rubén William Hilarión Hilarión

AREQUIPA

LOCALIDAD / ESTABLECIMIENTO DE SALUD	CATEGORÍA	CARGO	NOMBRE
CS Caravelí	Autoridades	Médico Encargado de la Jefatura del CS Caravelí	Oswaldo Molina Telles
	Miembros del Comité Local de Salud	Presidente del CLSD	Ángel Anibal Montoya Negrillo
PS El Porvenir	Autoridades	Médico Jefe del PS El Porvenir	Pedro Zevallos Carazas
	Miembros del Comité Local de Salud	Presidenta del CLSD	Lic. Modesta Medina Gonzáles
		Secretaria de Actas del CLS	Hugo Condori Chambilla
		Vocal Representante de Municipio	Apolinario L. Quispe Apaza
		Enfermera del PS El Porvenir	Ruth Román Delgado

MOQUEGUA

LOCALIDAD / ESTABLECIMIENTO DE SALUD	CATEGORÍA	CARGO	NOMBRE
PS Yacango	Autoridades	Enfermera del PS Yacango	Rosario Luz Gonco Pino
		Médico SERUMS equivalente	Érika Yessenia Carcía Pérez
		Teniente Gobernador del Centro Poblado Menor de Yacango	Manuel Toala Espinoza
	Miembros del Comité Local de Salud	Presidenta del CLSD	Vicentina Arocutipa Arcos
		Secretaria del CLSD	Edina Susana López Jorge
		Promotora de Salud	Silveria R. De Valdez
		Fiscal del Comité	Manuel Toala Espinoza
	Dirigentes	Comité	Silveria R. De Valdez
		Promotora de Salud	Fidelina Martina Cuayla Díaz
		Directivo de Frente de Defensa	Henry Valonia Romero
		Presidenta de la Organización Social de Base "Dos de Julio"	Vicentina Arocutipa Arcos
	Involucrados en el Proyecto	Tesorero del AA.HH Cerro Baúl.	Rildo Valdez Ramos
		Agente Municipal del Anexo de Alegama.	Eloy Quispe Ramos.
		Secretaria CLSD.	Edina Susana López Jorge.
	Capacitados en Autoconstrucción		William Felix Valdez Ramos.
		Tesorero del AA.HH Cerro Baúl.	Rildo Valdez Ramos
		Agente Municipal del Anexo de Alegama.	Eloy Quispe Ramos.
		Secretaria CLSD.	Edina Susana López Jorge.
C.S. 28 de Julio	Autoridades	Jefe de Establecimiento	Victor Jorge Loaiza Vela
		Medico	Gerardo Calderón Escobedo.
	Miembro del Comité Local de Salud.	Presidenta	María Vásquez de Delgado.
		Tesorera	Lucia Lupaca Flores.
		Vocal	Leoncio Olvianina
		Primer Vocal	Ambrosio Pari Pari.
		Técnico de Enfermería	Ysabel Nina Tintaya.

TACNA

LOCALIDAD / ESTABLECIMIENTO DE SALUD	CATEGORÍA	CARGO	NOMBRE
C.S. Candarave.	Autoridades	Medico Gerente	Miguel Angel Del Carpio Torres.
	Dirigentes	Secretario del CLAS	Gregorio Justo Aduvire.
		Presidente Clas - Candarave.	Salomón Laqui Mamani.
	Miembro del Comité Local de Salud	Presidente del Comité de Salud	Salomón Laqui Mamani.
	Involucrados en el Proyecto.	Enfermera Jefe.	Vicky Cerna Araos.
		Enfermera	Carlisa Gilma Coaquira Carpio.
		Obstetriz Asistencial.	Dilcia Manzano G.
P.S. Curibaya	Autoridades	Enfermera del Puesto de Salud de Curibaya.	Paula Hideki Huacanmamani.
		Ex Teniente Alcalde.	Fredy Mamani Rejas.
	Miembro del Comité Local de Salud.	Secretario del Comité Local de Salud	Daniel Gutiérrez Maldonado
	Capacitados en Autoconstrucción.	Maestro de Obra.	Isidoro Aguilar Mamani.
P.S. Juan Velasco A.	Autoridades	Gerente del CLAS P.S. Juan Velasco A.	Hugo Ballón Moscoso.
		Enfermera	Juana Adrianzén Villalobos
		Jefe de la Oficina de Administración Tributaria.	Lic. José Luis Carhuamaca Paria.
	Miembro del Comité Local de Salud.	Presidente	Gabino Alave Ticona.
		Tesorera	Adela Maquera Calisaya.
	Ingenieros Residentes.	Facilitadora ADRA-Perú.	Angela Sandoval Llanos.
	Dirigentes	Presidente de J.V. INTIORKO	Gabino Alave Ticona
		Tesorera.	Adela Maquera Calisaya.

Annex 9

Photo Report

Annex 9

Photo Report

HP Salla Salla - Ayacucho

HP El Porvenir- Arequipa

HP Yacango -Moquegua

HP Juan Velasco Alvarado- Tacna

Anexo 10

INDEX CARD FORMAT OF SURVEYS
(spanish version)

FECHA:___/___/_____

A

PREGUNTAS PARA LOS **DIRIGENTES*** DE LA LOCALIDAD

LOCALIDAD: _____ **RED / MICRO RED:** _____

ESTABLECIMIENTO DE SALUD: _____

Marque con una equis (X) la respuesta que corresponde y escriba en los espacios en blanco.

1. ¿SABE LO QUE ES UNA **RED LOCAL DE DESARROLLO**? **(SI) (NO)** ¿PARA QUÉ SIRVE? _____

   ¿LE PARECE ÚTIL Y CONVENIENTE? **(SI) (NO)** ¿POR QUÉ? _____

   ¿EXISTE EN SU LOCALIDAD? **(SI) (NO)** ¿QUIÉN LA ORGANIZÓ? _____

   ¿EN QUÉ OCASIÓN? _____

   ¿ESTÁ USTED INCORPORADO A LA RED DE SU LOCALIDAD? **(SI) (NO)** ¿CÓMO SE INCORPORÓ? _____

   ¿QUÉ FUNCIÓN CUMPLE USTED EN LA RED? _____

   ¿ALGUIEN LE EXPLICÓ LA LABOR DE LA RED? **(SI) (NO)** ¿QUIÉN? _____

2. ¿SABE USTED LO QUE ES UN **COMITÉ LOCAL DE DESARROLLO**? **(SI) (NO)** ¿PARA QUÉ SIRVE? _____

   ¿ALGUIEN LE EXPLICÓ SOBRE EL PARTICULAR? **(SI) (NO)** ¿QUIÉN? _____

   ¿LE PARECE ÚTIL Y CONVENIENTE UN **COMITÉ LOCAL DE DESARROLLO**? **(SI) (NO)** ¿POR QUÉ? _____

   ¿EXISTE EN SU LOCALIDAD? **(SI) (NO)** ¿CUÁNDO SE FORMÓ? _____

   ¿QUIÉNES LO INTEGRAN? _____

   ¿QUIÉN COORDINA? _____

   ¿SE COMUNICAN CON FRECUENCIA? **(SI)(NO)** ¿SÓLO CON EL COORDINADOR? **(SI)(NO)** ¿ENTRE TODOS? **(SI)(NO)**

   ¿CON QUÉ FRECUENCIA SE REUNE EL COMITÉ? _____

3. ¿QUÉ HA HECHO HASTA AHORA EL COMITÉ EN SU LOCALIDAD? _____

   ¿HA DESARROLLADO ALGUNA CAMPAÑA ESPECIAL? **(SI) (NO)** ¿CUÁL O CUÁLES? _____

¿CON QUÉ RESULTADOS? _____

4. ¿TIENEN UN **PLAN ESTRATEGICO O DE DESARROLLO** PARA SU LOCALIDAD? **(SI) (NO)** ¿EN SU FORMULACIÓN PARTICIPÓ LA COMUNIDAD? **(SI) (NO)** ¿LE PARECE QUE ES BUENO? **(SI) (NO)** ¿PROPONE PROYECTOS IMPORTANTES PARA EL DESARROLLO DE LA LOCALIDAD? **(SI) (NO)** ¿CUÁLES? _____

¿ESTÁN A NIVEL DE IDEA O ESTÁN DESARROLLADOS PARA FINANCIARSE Y EJECUTARSE? _____

¿APROVECHAN LOS RECURSOS LOCALES DISPONIBLES? **(SI) (NO)** ¿ALGUNAS DE LAS **ACCIONES O PROYECTOS** PROPUESTOS EN EL PLAN ESTRATEGICO O DE DESARROLLO SE HAN REALIZADO O SE ESTÁN REALIZANDO? **(SI) (NO)** ¿CUÁLES? _____

¿HAY RESULTADOS? **(SI) (NO)** ¿CUÁLES? _____

5. ¿QUÉ PROPUESTAS DE **ACCIONES O PROYECTOS** DE SU PLAN ESTRATEGICO O PLAN DE DESARROLLO SE ENCUENTRAN A NIVEL DE IDEA? _____

DE PERFIL? _____

DE PRE-FACTIBILIDAD? _____

DE FACTIBILIDAD? _____

6. ¿QUÉ PROYECTOS SE ENCUENTRAN EN GESTIÓN PARA SU FINANCIAMIENTO Y EJECUCIÓN? _____

¿CUÁLES YA CUENTAN CON FINANCIAMIENTO Y ESTÁN PENDIENTES DE EJECUCIÓN? _____

¿CUÁLES YA ESTAN EN EJECUCIÓN? _____

7. ¿QUÉ PROYECTOS QUE NO ESTÁN CONSIDERADOS EN LOS PLANES DE DESARROLLO SE ESTÁN EJECUTANDO? _____

¿QUIÉNES LO ESTAN EJECUTANDO? _____

¿ESTOS PROYECTOS SON IMPORTANTES PARA EL DESARROLLO DE LA LOCALIDAD Y SE AJUSTAN A LA REALIDAD? **(SI)(NO)**

8. ¿TIENE ALGÚN COMENTARIO O SUGERENCIA QUE HACER? _____

Nombre: _____

Cargo: _____

* Directivos de las organizaciones de base de la sociedad civil que han intervenido o son beneficiarios del Proyecto.

FECHA:__/__/_____

B

LOCALIDAD: _____ **RED / MICRO RED:** _____

ESTABLECIMIENTO DE SALUD: _____

PREGUNTAS PARA LOS **MIEMBROS DEL COMITÉ LOCAL DE SALUD**

Marque con una equis (X) la respuesta que corresponde y escriba en los espacios en blanco.

1. ¿CÓMO SE ENTERÓ LO QUE ES **EL COMITÉ LOCAL DE SALUD**? _____ _____ ¿PARA QUÉ SIRVE? _____ _____ _____ _____
2. ¿QUIÉN LE EXPLICÓ DE QUÉ SE TRATA?_____
3. ¿EN UNA SOLA OCASIÓN O EN VARIAS? **(SI) (NO)** ¿CÓMO SE INCORPORÓ AL COMITÉ?_____
   ¿LE PARECE ÚTIL Y CONVENIENTE O ES PÉRDIDA DE TIEMPO? _____
4. ¿QUIÉNES MÁS LO INTEGRAN? _____ _____ _____ _____ _____
   ¿QUIÉN LO COORDINA?_____
   ¿CÓMO FUE NOMINADO?_____
   ¿CUÁNDO SE FORMÓ EL **COMITÉ LOCAL DE SALUD** AL QUE PERTENECE? _____
5. ¿SE COMUNICAN CON FRECUENCIA? **(SI)(NO)** ¿SÓLO CON EL COORDINADOR? **(SI)(NO)** ¿ENTRE TODOS? **(SI)(NO)** ¿SE REUNEN CON FRECUENCIA? **(SI)(NO)** ¿CUÁNTAS REUNIONES HAN TENIDO HASTA LA FECHA? _____
6. ¿QUÉ HA HECHO HASTA AHORA EL COMITÉ LOCAL DE SALUD EN SU LOCALIDAD? _____ _____ _____
   ¿PARTICIPÓ O COLABORÓ USTED EN LA REHABILITACIÓN O RECONSTRUCCIÓN DE SU ESTABLECIMIENTO DE SALUD? **(SI) (NO)** ¿EN QUÉ FORMA? _____ _____ _____

¿HA DESARROLLADO EL COMITÉ ALGUNA CAMPAÑA ESPECIAL? **(SI) (NO)** ¿CUÁL O CUÁLES? _____

_____

_____

¿EL COMITÉ APOYA LA EJECUCIÓN DE LOS PROGRAMAS DE SALUD PREVENTIVOS PROMOCIONALES? **(SI) (NO)** ¿CUÁL O CUÁLES? _____

_____

¿CON QUÉ RESULTADOS?_____

¿CON QUÉ APOYO CONTÓ?_____

_____

¿QUÉ FALLAS U OBSTÁCULOS SE PRESENTARON? _____

_____

_____

7. ¿EXISTE COORDINACIÓN ENTRE EL COMITÉ LOCAL DE SALUD Y EL ESTABLECIMIENTO DE SALUD DE SU JURISDICCIÓN? **(SI) (NO)** ¿EN QUÉ FORMA COORDINAN? _____

   _____

   ¿SE COORDINAN FRECUENTEMENTE? **(SI) (NO)** ¿HAY DIFICULTADES PARA COORDINAR CON EL ESTABLECIMIENTO DE SALUD? **(SI) (NO)** ¿CUÁLES SON LOS PRINCIPALES INCONVENIENTES? _____

   _____

8. ¿QUÉ RECOMENDARÍA PARA UN MEJOR DESEMPEÑO DEL COMITÉ LOCAL DE SALUD?

   _____

   _____

   _____

9. ¿SABE EL COMITÉ LOCAL DE SALUD LO QUE ES **UNA RED LOCAL DE DESARROLLO**? **(SI) (NO)** ¿SE INTERESA EN FORMAR PARTE DE ELLA? **(SI) (NO)** ¿EN PROMOVERLA SI NO EXISTE AÚN? **(SI) (NO)**

10. ¿ALGÚN COMENTARIO O SUGERENCIA _____

    _____

    _____

    _____

Nombre:_____

Cargo: _____

FECHA: ___/___/_____

C

PREGUNTAS PARA LAS **AUTORIDADES*** DE LA LOCALIDAD

LOCALIDAD: _____ **RED / MICRO RED:** _____

ESTABLECIMIENTO DE SALUD: _____

Marque con una equis (X) la respuesta que corresponde y escriba en los espacios en blanco.

9. ¿EN LA REHABILITACIÓN/RECONSTRUCCIÓN DEL ESTABLECIMIENTO DE SALUD HA PARTICIPADO UN **COMITÉ LOCAL DE SALUD**? (SI) (NO) ¿HACIENDO QUÉ? _____

   ¿FUE ÚTIL? (SI) (NO) ¿EN QUÉ? _____

10. ¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO RRIS? _____

    ¿SUBSISTE? (SI)(NO) ¿CON VITALIDAD? (SI)(NO) ¿SE REUNE PERIODICAMENTE U OCASIONALMENTE? _____

    _____ ¿CADA QUÉ TIEMPO? _____

    ¿QUIÉNES LO INTEGRAN? _____

    _____

11. ¿RECIBIERON ALGUNA CAPACITACIÓN? (SI) (NO) ¿DE QUIÉN? _____

    ¿CON QUÉ RESULTADOS? _____

12. ¿QUIÉN COORDINA AL COMITÉ LOCAL DE SALUD? _____

    _____

    ¿CÓMO FUE NOMINADO EL COORDINADOR? _____

13. ADEMÁS DE PARTICIPAR EL COMITÉ EN LA REALIZACIÓN DE LA OBRA, ¿SE INTERESA EN EL MANTENIMIENTO DE LA MISMA? (SI) (NO) ¿CÓMO? _____

    _____

    ¿Y EN SU FUNCIONAMIENTO Y EL SERVICIO DE SALUD QUE EL ESTABLECIMIENTO DEBE PRESTAR? (SI) (NO) ¿CÓMO? _____ ¿Y EN GENERAL, EN EL DESARROLLO DE SU LOCALIDAD? (SI) (NO) ¿CÓMO? _____

    _____

14. ¿SE HA CONSTITUIDO **UN COMITÉ LOCAL DE DESARROLLO** PARA SU LOCALIDAD? (SI) (NO) ¿YA EXISTÍA O SE CONSTITUYÓ CON OCASIÓN DEL PROYECTO RRIS? _____ ¿FUNCIONA? (SI) (NO) ¿QUÉ HACE? _____

    _____

    ¿CON QUÉ RESULTADOS? _____

    _____

15. ¿SE HA LOGRADO ESTABLECER UNA **RED LOCAL DE DESARROLLO**? (SI) (NO) ¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO? _____ ¿QUIÉN LA IMPULSA Y ARTICULA? _____

    _____

    ¿QUIÉNES LA INTEGRAN? _____

    _____

    ¿FUNCIONA? (SI) (NO) ¿BIEN? (SI) (NO) ¿REGULAR? (SI) (NO) ¿MAL? (SI) (NO) ¿POR QUÉ? _____

    _____

    ¿QUÉ SERÍA RECOMENDABLE? _____

    _____

16. ¿TIENEN UN **PLAN ESTRATÉGICO O DE DESARROLLO** PARA SU LOCALIDAD? (SI) (NO) ¿EN SU FORMULACIÓN PARTICIPÓ LA COMUNIDAD? (SI) (NO) ¿LE PARECE QUE ES BUENO? (SI) (NO) ¿PROPONE **ACCIONES O PROYECTOS** IMPORTANTES PARA EL DESARROLLO DE LA LOCALIDAD? (SI) (NO) ¿CUÁLES? _____

    _____

    _____

    ¿ESTÁN A NIVEL DE IDEA O ESTÁN DESARROLLADOS PARA FINANCIARSE Y EJECUTARSE? _____

¿APROVECHAN LOS RECURSOS LOCALES DISPONIBLES? **(SI) (NO)** ¿ALGUNAS DE LAS **ACCIONES O PROYECTOS PROPUESTOS** EN EL PLAN ESTRATÉGICO O DE DESARROLLO SE HAN REALIZADO O SE ESTÁN REALIZANDO? ¿CUÁLES?

¿HAY RESULTADOS? **(SI) (NO)** ¿CUÁLES? _____

17. ¿QUÉ PROPUESTAS DE **ACCIONES O PROYECTOS** DE SU PLAN ESTRATÉGICO O PLAN DE DESARROLLO SE ENCUENTRAN A NIVEL DE IDEA? _____

DE PERFIL? _____

DE PRE-FACTIBILIDAD? _____

DE FACTIBILIDAD? _____

18. ¿QUÉ PROYECTOS SE ENCUENTRAN EN GESTIÓN PARA SU FINANCIAMIENTO Y EJECUCIÓN? _____

¿CUÁLES YA CUENTAN CON FINANCIAMIENTO Y ESTÁN PENDIENTES DE EJECUCIÓN? _____

¿CUÁLES YA ESTÁN EN EJECUCIÓN? _____

19. ¿QUÉ PROYECTOS QUE NO ESTÁN CONSIDERADOS EN LOS PLANES DE DESARROLLO SE ESTÁN EJECUTANDO? _____

¿QUIÉNES LO ESTÁN EJECUTANDO? _____

¿ESTOS PROYECTOS SON IMPORTANTES PARA EL DESARROLLO DE LA LOCALIDAD Y SE AJUSTA A LA REALIDAD? **(SI) (NO)**

20. ¿SE INICIÓ ALGÚN **PROGRAMA DE AUTOCONSTRUCCIÓN DE VIVIENDAS ANTISÍSMICAS** EN LA LOCALIDAD? **(SI) (NO)**

¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO? _____ ¿YA CONCLUYÓ? **(SI) (NO)**

¿CON QUÉ LOGROS? _____

¿SUBSISTE? **(SI) (NO)** ¿CONTARON CON ALGÚN APOYO? **(SI) (NO)** ¿DE QUÉ CLASE? _____

21. ¿FALLÓ EL PROGRAMA EN ALGO O SE AFRONTARON OBSTÁCULOS? ¿EN QUÉ? _____

22. ¿CONTARON CON UN **COMITÉ DE AUTOCONSTRUCCIÓN DE VIVIENDAS?** **(SI) (NO)** ¿HACIENDO QUÉ? _____

¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO? _____ ¿FUE ÚTIL? **(SI) (NO)**

¿EN QUÉ? _____

23. ¿RECIBIERON LOS AUTOCONSTRUCTORES ALGUNA CAPACITACIÓN? **(SI) (NO)** ¿DE QUIÉNES? _____

¿CONTARON CON ALGÚN APOYO? **(SI) (NO)** ¿CUÁLES? _____

24. ¿QUÉ RECOMENDARÍA PARA UN MEJOR LOGRO DE AUTOCONSTRUCCIÓN DE VIVIENDAS ANTISÍSMICAS EN LA LOCALIDAD?

25. ¿COMENTARIOS O SUGERENCIAS? _____

Nombre: _____

Cargo: _____

*Autoridades públicas de la sociedad civil que han intervenido o están relacionados con el Proyecto

FECHA:__/__/_____

D

LOCALIDAD: _____ **RED / MICRO RED:** _____

ESTABLECIMIENTO DE SALUD: _____

PREGUNTAS PARA LOS INGENIEROS RESIDENTES* DE LA LOCALIDAD

Marque con una equis (X) la respuesta que corresponde y escriba en los espacios en blanco.

PREGUNTAS PARA LOS DE APOYO

1. ¿EN LA **REHABILITACIÓN/RECONSTRUCCIÓN** DEL ESTABLECIMIENTO DE SALUD HA PARTICIPADO UN **COMITÉ LOCAL DE SALUD**? **(SI) (NO)** ¿HACIENDO QUÉ? _____

   ¿FUE ÚTIL? **(SI) (NO)** ¿EN QUÉ?_____

   _____
2. ¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO? _____ ¿SUBSISTE? **(SI) (NO)** ¿CON VITALIDAD? **(SI) (NO)** ¿SE REUNE PERIODICAMENTE U OCASIONALMENTE? _____ ¿CADA QUÉ TIEMPO? _____
3. ¿*QUIÉNES LO INTEGRAN*?_____

   _____

   ¿RECIBIERON ALGUNA CAPACITACIÓN? **(SI) (NO)** ¿DE QUIÉN? _____

   ¿CON QUÉ RESULTADOS?_____
4. ¿QUIÉN COORDINA AL COMITÉ? _____

   ¿CÓMO FUE NOMINADO EL COORDINADOR?_____
5. ¿SE INTERESA EL COMITÉ LOCAL DE SALUD EN EL **MANTENIMIENTO DE LA OBRA**? **(SI) (NO)** ¿CÓMO? _____

   _____

   ¿Y EN **SU FUNCIONAMIENTO** Y EL SERVICIO DE SALUD QUE EL ESTABLECIMIENTO DEBE PRESTAR? **(SI) (NO)** ¿CÓMO? _____

   _____

   ¿Y EN GENERAL, EN **EL DESARROLLO DE SU LOCALIDAD**? **(SI) (NO)** ¿CÓMO? _____

   _____
6. ¿SABE EL COMITÉ LOCAL DE SALUD LO QUE ES **UN COMITÉ LOCAL DE DESARROLLO** Y LO QUE ES **UNA RED LOCAL DE DESARROLLO**? **(SI) (NO)** ¿SE INTERESA EN FORMAR PARTE DE ÉSTA? **(SI) (NO)** ¿EN PROMOVERLA SI NO EXISTE AÚN? **(SI) (NO)**
7. ¿SE INICIÓ ALGÚN **PROGRAMA DE AUTOCONSTRUCCION** DE VIVIENDAS ANTISÍSMICAS EN LA LOCALIDAD? **(SI) (NO)** ¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO? _____ ¿YA CONCLUYÓ? **(SI) (NO)**

¿CON QUÉ LOGROS?_____

¿SUBSISTE? **(SI) (NO)** ¿CONTARON CON ALGÚN APOYO? **(SI) (NO)** ¿DE QUÉ CLASE?

_____

8. ¿FALLÓ EL PROGRAMA EN ALGO O SE AFRONTARON OBSTÁCULOS? **(SI) (NO)** ¿EN QUÉ?

_____

_____

_____

9. ¿CONTARON CON ALGÚN **COMITÉ DE AUTOCONSTRUCCIÓN DE VIVIENDAS**? **(SI)(NO)**

¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO? _____

FUE ÚTIL? **(SI) (NO)** ¿EN QUÉ?_____

10. ¿RECIBIERON LOS AUTOCONSTRUCTORES ALGUNA CAPACITACIÓN? **(SI) (NO)**

¿DE QUIÉNES? _____

¿CON QUÉ RESULTADOS? _____

11. ¿QUÉ RECOMENDARÍA PARA UN MEJOR LOGRO DE AUTOCONSTRUCCIÓN DE VIVIENDAS ANTISÍSMICAS EN LA LOCALIDAD? _____

_____

12. ¿SE HA LOGRADO ESTABLECER **UN COMITÉ LOCAL DE DESARROLLO**? **(SI) (NO)**

¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO? _____

¿QUIÉN LA IMPULSA Y ARTICULA? _____

¿QUIÉNES LA INTEGRAN? _____

_____

_____

13. ¿FUNCIONA? **(SI) (NO)** ¿BIEN? **(SI) (NO)** ¿REGULAR? **(SI) (NO)** ¿MAL? **(SI) (NO)** ¿POR QUÉ? _____

_____

¿QUÉ SERÍA RECOMENDABLE?_____

_____

14. ¿SE HA LOGRADO ESTABLECER **UNA RED LOCAL DE DESARROLLO**? **(SI) (NO)**

¿YA EXISTÍA O SE CONSTITUYÓ DEBIDO AL PROYECTO? _____

¿QUIÉN LA IMPULSA Y ARTICULA? _____

¿QUIÉNES LA INTEGRAN? _____

_____

_____

Nombre: _____

Cargo: _____

FECHA:__/__/_____

E

LOCALIDAD: _____ **RED / MICRO RED:** _____

ESTABLECIMIENTO DE SALUD: _____

PREGUNTAS PARA LOS **INVOLUCRADOS EN EL PROYECTO**

Marque con una equis (X) la respuesta que corresponde y escriba en los espacios en blanco.

1. ¿QUÉ TIPO DE AMENAZA HA ENCONTRADO EN EL PROYECTO DURANTE SU IMPLEMENTACIÓN EN LA REHABILITACIÓN O RECONSTRUCCIÓN DE SU PUESTO O CENTRO DE SALUD (CLIMA, SUELO, UBICACIÓN, NIVELES DE IDENTIFICACIÓN, OTROS)?_____

_____

_____

_____¿EN QUÉ MEDIDA EL APOYO LOGÍSTICO HA SIDO APROPIADO PARA LAS ACTIVIDADES DE IMPLEMENTACIÓN? ¿CÓMO HA CONTRIBUIDO EN LOS RESULTADOS OBTENIDOS?

DEL PERSONAL

	¿HUBO APOYO APROPIADO?	¿CÓMO CONTRIBUYÓ A LOS RESULTADOS OBTENIDOS?
PERSONAL	(SI) (NO)	
PROFESIONALES	(SI) (NO)	
ESPECIALISTAS	(SI) (NO)	
TÉCNICOS, OPERARIOS	(SI) (NO)	
CAPATAZ, OFICIALES, PEONES	(SI) (NO)	
COMUNIDAD	(SI) (NO)	

MAQUINARIA Y EQUIPO

	¿HUBO APOYO APROPIADO?	¿CÓMO CONTRIBUYÓ A LOS RESULTADOS OBTENIDOS?
MAQUINARIA	(SI) (NO)	
INSUMOS Y MATERIALES A TIEMPO	(SI) (NO)	
OTROS.....	(SI) (NO)	

APOYO FINANCIERO

	¿HUBO APOYO APROPIADO?	¿CÓMO CONTRIBUYÓ A LOS RESULTADOS OBTENIDOS?
PARTIDAS A TIEMPO	(SI) (NO)	
JORNALES PAGADOS A TIEMPO	(SI) (NO)	
DE LA COMUNIDAD	(SI) (NO)	
OTROS	(SI) (NO)	

2. ¿EN QUÉ MEDIDA HUBO APOYO DE DIVERSAS INSTITUCIONES?

APOYO DEL PRONAME

	¿HUBO APOYO APROPIADO?	¿CÓMO CONTRIBUYÓ A LOS RESULTADOS OBTENIDOS?
ASESORAMIENTO A TIEMPO	(SI) (NO)	

APROB. DE EXP. TÉC. A TIEMPO	(SI) (NO)	
RECEPCIÓN DE OBRA A TIEMPO	(SI) (NO)	
SUPERVISIÓN DE OBRA A TIEMPO	(SI) (NO)	
OTROS	(SI) (NO)	

APOYO DEL MINSA

	¿HUBO APOYO APROPIADO?	¿CÓMO CONTRIBUYÓ A LOS RESULTADOS OBTENIDOS?
TERRENOS SANEADOS A TIEMPO	(SI) (NO)	
ASESORÍA TÉCNICA	(SI) (NO)	
APROB. DE EXP. TÉC. A TIEMPO	(SI) (NO)	
RECEPCIÓN DE OBRA A TIEMPO	(SI) (NO)	
INSCRIPCIÓN DE LA PROPIEDAD	(SI) (NO)	
OTROS APOYOS	(SI) (NO)	

3. ¿CUÁL FUE EL GRADO DE PARTICIPACIÓN DE INVOLUCRADOS EN EL PROYECTO?

	¿HUBO GRAN PARTICIPACION?	¿CÓMO CONTRIBUYÓ A LOS RESULTADOS OBTENIDOS?
COMITÉ LOCAL DE DESARROLLO	(SI) (NO)	
COMITÉ LOCAL DE SALUD	(SI) (NO)	
GOBIERNOS LOCALES	(SI) (NO)	
DIRECCIONES REGIONALES DE SALUD	(SI) (NO)	
OTRAS INSTITUCIONES.....	(SI) (NO)	

4. ¿SE ENCUENTRA SATISFECHO CON LA TECNOLOGÍA UTILIZADA EN LA REHABILITACIÓN Y/O RECONSTRUCCIÓN DE LA INFRAESTRUCTURA DE SALUD? (SI) (NO) ¿CONOCE USTED LAS NORMAS VIGENTES DE ARQUITECTURA HOSPITALARIA? (SI) (NO) ¿SABE USTED SI LA INFRAESTRUCTURA DE SALUD CUMPLE CON DICHAS NORMAS? (SI) (NO)
5. ¿SE ENCUENTRA SATISFECHO CON LOS MATERIALES USADOS EN LA CONSTRUCCIÓN DE LA OBRA? (SI)(NO) ¿CON LA MANERA DE COMO SE CONSTRUYÓ? (SI) (NO) ¿CON LOS CAMBIOS HECHOS? (SI) (NO)
6. ¿LOS BENEFICIOS ALCANZADOS CUBREN SUS EXPECTATIVAS ORIGINALES? (SI) (NO)
7. ¿ESTÁ SATISFECHO CON LA EJECUCIÓN DEL PROYECTO? (SI) (NO) ¿POR QUÉ? _____

   _____

   _____¿ALGUNA SUGERENCIA O COMENTARIO? _____

   _____

   _____

Nombre: _____

Cargo: _____

FECHA:__/__/_____

F

LOCALIDAD: _____ **RED / MICRO RED:** _____

ESTABLECIMIENTO DE SALUD: _____

PREGUNTAS PARA LOS CAPACITADOS EN AUTOCONSTRUCCION

Marque con una equis (X) la respuesta que corresponde y escriba en los espacios en blanco.

¿ESTÁ SATISFECHO CON LA INNOVACIÓN TECNOLÓGICA QUE HA APRENDIDO EN LA CAPACITACION EN AUTOCONSTRUCCIÓN DE VIVIENDAS? **(SI) (NO)** ¿SABE SI SE LLEGÓ A FORMAR LOS COMIT'ÉS DE AUTOCONSTRUCCIÓN? **(SI) (NO)** ¿ÉSTOS SE ENCUENTRAN FUNCIONANDO? **(SI) (NO)**

¿ESTÁ APLICANDO LAS TÉCNICAS APRENDIDAS EN ACTIVIDADES DE CONSTRUCCIÓN DE VIVIENDAS? **(SI) (NO)**, ¿DE QUÉ FORMA LO ESTÁ APLICANDO?

_____

_____

¿SABE SI OTROS CAPACITADOS LO ESTÁN APLICANDO? **(SI) (NO),** ¿EN QUÉ OBRAS?

_____

_____

¿EL MODO DE DAR LA CAPACITACIÓN LE PARECE QUE FUE CLARA Y APROPIADA? **(SI) (NO)**. ¿USTED CREE QUE LOS TEMAS DE CAPACITACIÓN QUE REALIZARON COINCIDIERON CON LAS NECESIDADES SENTIDAS DE SU COMUNIDAD? **(SI) (NO)**

¿QUÉ SISTEMA DE CONSTRUCCIÓN UTILIZARÍA PARA CONSTRUIR SU VIVIENDA?

- ADOBE **(SI) (NO)**
- LADRILLO **(SI) (NO)**

¿LOS MANUALES QUE LE ENTREGARON SON ENTENDIBLES? **(SI) (NO)**

¿SE SIENTE CAPACITADO PARA PODER ENSEÑAR LA AUTOCONSTRUCCIÓN A OTRAS PERSONAS DE SU COMUNIDAD? **(SI) (NO).**

¿SABE CÓMO SE UBICA EL TERRENO PARA QUE NO SEA AFECTADO POR ALGÚN FENÓMENO NATURAL? **(SI) (NO).**

RESPONDA LAS SIGUIENTES PREGUNTAS SOBRE AUTOCONSTRUCCIÓN:

¿DÓNDE NO SE DEBE CONSTRUIR?
EN ZONAS PRÓXIMAS A LOS PANTANOS **(SI) (NO)**
EN TERRENOS CON MUCHA PENDIENTE **(SI) (NO)**
CERCA A QUE A LAS MÁRGENES DEL RÍO **(SI) (NO)**
CERCA A QUEBRADAS SECAS **(SI) (NO)**

LA PROPORCIÓN DE MEZCLA PARA CIMIENTO ES:

UNA BOLSA DE CEMENTO + DIEZ BOLSAS DE HORMIGON + 30% DE PIEDRA DE 8" **(SI)**
UNA BOLSA DE CEMENTO + CINCO BOLSAS DE HORMIGON + 30% DE PIEDRA DE 8" **(SI)**
UNA BOLSA DE CEMENTO + OCHO BOLSAS DE HORMIGON + 30% DE PIEDRA DE 8" **(SI)**

EL FIERRO PARA LAS COLUMNAS ES DE:

5/8" **(SI)** ½" **(SI)** 3/8" **(SI)** ¼" **(SI)**

EL FIERRO PARA LOS ESTRIBOS ES DE:

5/8" **(SI)** ½" **(SI)** 3/8" **(SI)** ¼" **(SI)**

LOS ESTRIBOS SE DEBEN COLOCAR CADA:

20cm. **(SI)** 25 cm. **(SI)** 30 cm. **(SI)**

¿TIENE ALGUNA SUGERENCIA O COMENTARIO?_____

_____

_____

Nombre: _____

Cargo: _____