Annexes:
History, health status and health determinants in the Osa and Golfito area

Dr. Lynne Gaffikin
Researcher
Consulting Associate Professor, Stanford University, School of Medicine
History, health status and health determinants in the Osa and Golfito area

ANNEXES

Dr. Lynne Gaffikin
Investigadora

Iniciativa Osa y Golfito, InOGo

Stanford Woods Institute for the Environment
Stanford University

San José, 22 de mayo de 2013
Annex I: Data and Denominator Sources

Data sources

A multitude of analyses and reports exist describing the country’s health situation, changing health service use and health status. Primary sources for health-related indicators include routine CCSS facility-based service statistics, documented on standardized forms, and periodic facility and household-based surveys, among others. Household-level data are updated throughout the year by facility team members (ATAPs) using the “ficha de familiar.” In addition, a nation-wide national household census is conducted every decade by INEC and special surveys are conducted periodically by the MOH (see below) or other actors involved in health (e.g. nutritional and sexuality surveys). Health indicators at national and lower levels are described in numerous official reports including the Informe Nacional Indicadores Basicos, Plan Nacional de Desarrollo, Plan Nacional de Salud, among others (see Reference).

Another key source of health indicator data is the Analysis Sectorial de Salud (ASIS) reports. The ASIS is a standardized, health situation analysis methodology, promoted by PAHO, to describe the health profile of a designated population, determinants of health and needs and priorities. Standard sections included are Biologic, Economic, Ecologic and Behavioral Dimensions of Health. It aims to provide a basis for health planning and for evaluating the collective effect of health interventions in an area. An ASIS is completed annually for each health clinic (Sede) by the team members (EBAIS) as well as for each Health Area (Area de Salud) by those staff. MOH ASIS reports are periodically prepared at national, regional and cantonal levels.

Many available health reports focus on national level trends and determining factors. A subset includes provincial and/or regional level statistics, depending on the level at which health indicators can be reliably measured. A much smaller subset of documents includes canton-level health information and only a relatively small number of documents provide information at the district or sector level.

Denominator Sources

Canton-level indicator values are provided throughout as two measures, one calculated using “Health Area/Area de Salud” denominators and one using “Census/INEC” denominators, both available in the CCSS indicator database. The former is defined by CCSS according to clinic access. The MOH, on the

1 A summary description of how health services are organized is provided in CCSS Organization section.
2 2011 Drake Clinic ASIS Report; CURSO ESPECIAL DE POSGRADO EN GESTIÓN LOCAL DE SALUD M ó d u l o 6 ANÁLISIS DE SITUACIÓN DE SALUD CON ENFOQUE DE ESPACIO-POBLACION PARA EL NIVEL LOCAL. CCSS 2004
4 http://www.ccss.sa.cr/estadisticas_salud_docs
other hand, is interested in coverage by census area.\(^5\) The two are sometimes but not always the same due to a number of factors. Specifically, Health Area population numbers derive from the ATAP “ficha familiar”, the means through which a health situational analysis is carried annually out at the household level. District population sizes derive from census counts (2000 and 2011) and, for intercensus years, from official census-based projections.\(^6\) For reference, Table 2 in the Methods section provides population totals for four time periods, 2000, 2005, 2010 and 2011 for both data sources.

For this report, canton and district denominators for the two census years (2000 and 2011) are considered the most accurate. For Osa and Golfito, denominator projections for 2010 based on 2000 census data differed markedly (30%) from the 2011 census counts. This suggests that the latter year intercensus population projections (labeled INEC denominators) for these two cantons may be inaccurate.

In terms of Health Area denominator data, field visit interviews revealed that in some areas, ATAPs are not able to reach all households in their respective area due to long distances and transportation/logistical issues. In which case, Health Area denominator counts for these areas and years could be underestimates. Of importance when comparing the two denominator sources, in some areas, for access and other reasons, parts of a district’s population are officially assigned to a Health Area in another district. This is the case in the two focal cantons (see Table A below). Also of note, Sector (the catchment area for each clinic) and District population sizes are not always the same. Table B below lists 2011 District population totals for the focal cantons and Table C shows the relationship between District and Sector size within Osa to illustrate differences between the two. The latter highlights why District denominators cannot necessarily be used to estimate Sector-level health indicators.

Any of the above factors could affect the accuracy of calculated rates for health indicators with small numerators, as evidenced (and pointed out) throughout this report. Thus, caution should be taken in interpreting absolute report rates presented herein for the smaller geographic areas. Regardless, comments on trends over time and differences between areas, suggesting health inequities, are likely to be valid and are, in fact, the main purpose for including comparative lower-level geographic health indicator estimates in this report.

\(^5\) Personal Communication: MOH Brunca Regional Office: 2012
\(^6\) http://ccp.ucr.ac.cr/observa/CRsubnacional/pdf/distrital.pdf
### Table A. Osa/Golfito Health Area vs District Composition

<table>
<thead>
<tr>
<th>Districts</th>
<th>% of District in Golfito Health Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Golfito</strong></td>
<td></td>
</tr>
<tr>
<td>Golfito</td>
<td>100%</td>
</tr>
<tr>
<td>Puerto Jiménez</td>
<td>100%</td>
</tr>
<tr>
<td>Guaycará</td>
<td>100%</td>
</tr>
<tr>
<td>Piedras Blancas</td>
<td>5%</td>
</tr>
<tr>
<td>Sierpe</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Osas</strong></td>
<td></td>
</tr>
<tr>
<td>Palmar</td>
<td>96.92%</td>
</tr>
<tr>
<td>Sierpe</td>
<td>80%</td>
</tr>
<tr>
<td>Piedras Blancas</td>
<td>95%</td>
</tr>
<tr>
<td><em>Puerto Cortés</em></td>
<td>100%</td>
</tr>
<tr>
<td><em>Bahía Ballena</em></td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Diagnostico Socioeconomico, Region Brunca, MINISTERIO DE PLANIFICACION NACIONAL Y POLITICA ECONOMICA DIRECCIÓN REGIÓN BRUNCA, 2006 * Not in focal area

### Table B. Osa/Golfito District Population Sizes: 2011

<table>
<thead>
<tr>
<th>Districts</th>
<th>Population Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Golfito</strong></td>
<td></td>
</tr>
<tr>
<td>Golfito</td>
<td>39,150</td>
</tr>
<tr>
<td>Puerto Jiménez</td>
<td>11,284</td>
</tr>
<tr>
<td>Guaycará</td>
<td>8,789</td>
</tr>
<tr>
<td>Pavón</td>
<td>12,918</td>
</tr>
<tr>
<td><strong>Osas</strong></td>
<td></td>
</tr>
<tr>
<td>Puerto Cortés</td>
<td>6,159</td>
</tr>
<tr>
<td>Palmar</td>
<td>29,433</td>
</tr>
<tr>
<td>Sierpe</td>
<td>7,969</td>
</tr>
<tr>
<td><em>Bahía Ballena</em></td>
<td></td>
</tr>
<tr>
<td>*Piedras Blancas</td>
<td></td>
</tr>
</tbody>
</table>


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7 Not all Health Area Sectors within the two districts fall within the focal area.
8 INEC/census estimates (http://www.inec.go.cr/Web/Home/Generadorpagina.aspx)
Table C. Osa Sector vs District Population Sizes: 2011

<table>
<thead>
<tr>
<th>Sector</th>
<th>Population</th>
<th>Combined Sector totals</th>
<th>District pop (INEC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierpe</td>
<td>1639</td>
<td>2760</td>
<td>4205 (Sierpe)</td>
</tr>
<tr>
<td>Drake</td>
<td>1121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Piedras Blancas</td>
<td>2830</td>
<td>6062</td>
<td>4137 (Piedras Blancas)²⁹</td>
</tr>
<tr>
<td>Tinoco</td>
<td>3232</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palmar Norte</td>
<td>4012</td>
<td>7232</td>
<td>9816 (Palmar)</td>
</tr>
<tr>
<td>Palmar Sur</td>
<td>3220</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


²⁹ 50% of Tinoco Sede population is assigned to Piedras Blancas from another district.
# Annex II – List of Key Informants Interviewed

<table>
<thead>
<tr>
<th>Place</th>
<th>Organization/Institution</th>
<th>Persons Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Jose</td>
<td>Ministerio de Salud</td>
<td>Dra Morice (Ex-Vice Minister of Health)</td>
</tr>
<tr>
<td>Puerto Jiménez</td>
<td>Comité de Salud</td>
<td>Estarlin Marín (Presidente), Gerardo Chaves (Fiscal), Yendry Lezcano (Colaboradora)</td>
</tr>
<tr>
<td>Rancho Quemado</td>
<td>Comité de Salud</td>
<td>3 members including Johnny Rodríguez, Don Carmen Quirós y Jeremías Ureña Granados.</td>
</tr>
<tr>
<td>Pavones</td>
<td>Comité de salud</td>
<td>4 persons including María Mendoza, Raquel Soto, Yendry Mendoza and Rosita Batista</td>
</tr>
<tr>
<td>Comte</td>
<td>Former health committee head</td>
<td>Emilce Zúñiga</td>
</tr>
<tr>
<td>Drake</td>
<td>EBAIS Comte</td>
<td>Select team members including Alicia Jimenez chief nurse and Dr. Espata</td>
</tr>
<tr>
<td>Drake</td>
<td>Comité de Salud</td>
<td>2 members- Nicole Dupont and Pedro Garro Arroyo, Vice-president, ADEINDRA.</td>
</tr>
<tr>
<td>Golfito</td>
<td>UCR Recinto Golfito</td>
<td>MSP. Maria Griselda Ugalde (ExDirectora)</td>
</tr>
<tr>
<td></td>
<td>CCSS-Area Salud de Golfito/ EBAIS Alamedas</td>
<td>Dr. Andrés Salas (Director Interino), Alfonso Mora Porras (Chief REDEs)</td>
</tr>
<tr>
<td></td>
<td>Ministerio de Salud Golfito – Area Rector Golfito</td>
<td>Dr. Fernando Mata (Director) and Carlos Luis Roldan Chacon Mercadotecnia de la Salud en Area Salud Golfito</td>
</tr>
<tr>
<td></td>
<td>Golfito Hospital</td>
<td>Dr. Guillermo Mendiesta Director (a cargo en el momento porque el Director no estaba).</td>
</tr>
<tr>
<td></td>
<td>Junta de Salud, Golfito</td>
<td>Junta member (representative of local companies) Sra. Aradelia Hernández</td>
</tr>
<tr>
<td>Palmar Sur</td>
<td>CCSS-Area Salud de Osa</td>
<td>Dr. Mario Lara (Director)</td>
</tr>
<tr>
<td></td>
<td>EBAIS Palmar Sur</td>
<td>EBAIS ATAP member</td>
</tr>
<tr>
<td>Rio Claro</td>
<td>EBAIS Rio Claro</td>
<td>EBAIS dentist, ATAP medical director (Dr. Jairo Solís) and ATAPs</td>
</tr>
<tr>
<td>Piedras Blancas</td>
<td>EBAIS Piedras Blancas</td>
<td>Dr. Francisco Cruz (EBAIS doctor) and Luis Prendas of REDES (Registro de Estadísticas y Salud)</td>
</tr>
<tr>
<td>Perez Zeledon</td>
<td>Ministerio de Salud -Región Brunca</td>
<td>Team including Dr. Cristian Valverde (Director) Guy, Julio Fernandez and 3 others</td>
</tr>
<tr>
<td></td>
<td>CCSS-Región Brunca</td>
<td>Dr. Albin Castro Acuña (Director)</td>
</tr>
<tr>
<td>Ciudad Cortes</td>
<td>Hospital Tomas Casas</td>
<td>Dr. Ricardo Vega (Director)</td>
</tr>
<tr>
<td></td>
<td>Ministerio de Salud Osa – Area Rector</td>
<td>Dr. Ronald Zúñiga Baltadano (Director)</td>
</tr>
<tr>
<td>Sierpe</td>
<td>Comité CENCENAI</td>
<td>3 members</td>
</tr>
<tr>
<td>Villa Briceno</td>
<td>EBAIS KM 37</td>
<td>EBAIS team /Doctor</td>
</tr>
</tbody>
</table>
Annex III: Maps
Map 1. INOGO Focal Area

Source: INOGO INICIATIVA PARA OSA Y GOLFITO Reporte sobre las Proyecciones Demograficas: GeoAdaptive LLC, May 2012
Map 2. CCSS primary care clinics and peripheral hospitals in INOGO focal area

Source: GeoAdaptive LLC, January 2013
Map 3. Population Density INOGO Focal Area

Source: INOGO INICIATIVA PARA OSA Y GOLFITO Reporte sobre las Proyecciones Demograficas: GeoAdaptive LLC, May 2012
Map 4. Geographic Features affecting Access

Source: INOGO INICIATIVA PARA OSA Y GOLFITO Reporte sobre las Proyecciones Demograficas: GeoAdaptive LLC, May 2012
Map 5: Roads in the INOGO focal area

Source: INOGO INICIATIVA PARA OSA Y GOLFITO Reporte sobre las Proyecciones Demograficas: GeoAdaptive LLC, May 2012
Map 6. Distance to the closest outpatient facility (Costa Rica 2000)

Map 7. Distance to the closest hospital (Costa Rica 2000)

Map 8. Density index of health care facilities (Costa Rica 2000)

Map 9. Driving time to CCSS clinics and peripheral hospitals in INOGO focal area

Source: GeoAdapative 2012
Map 10. Walking time to CCSS clinics and peripheral hospitals in INOGO focal area

Source: GeoAdaptive 2012
Map 11. INOGO Social Survey Populations Sampled

Map 12. Aqueducts in Osa

Source: MOH Osa Office: 2012 INOGO Summit presentation
Annex IV: CCSS Beneficiary Groups

- Direct (employer-employees)
- Indirect family (relatives of the other categories)
- Self-insured
- Pensioner
- State insured

These beneficiaries fall under one of three social security regimes:

1) Illness and Maternity Insurance (the Seguro de Enfermedad y Maternidad regime [SEM])
2) (Disability, Old Age, and Death (Invalidiz, Vejez y Muerte [IVM]),
3) the Non-contributive regime.

SEM covers direct, self and associated indirect beneficiaries and the following integrated services:

a) Health promotion, prevention, treatment, and rehabilitation
b) Specialized and surgical medical assistance
c) Outpatient and hospital assistance
d) Pharmacy distribution of medicines
e) Clinical laboratory service and medical examinations
f) Oral health
g) Social, individual, and family assistance.

The IVM covers pensioners and includes the following services:

a) old age pension
b) disability pension
c) orphanhood and widowhood pension

The Non-contributive regime funded soley by the State covers anyone (and their dependent relatives) that does not contribute to the system due to poverty or a disability. It provides healthcare insurance for all integrated services in the SEM regime.

Annex V: Comparison of Health Sector, System and Social Production System

<table>
<thead>
<tr>
<th>Health Sector</th>
<th>Health System</th>
<th>Social Production System for Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCSS</td>
<td>Community members</td>
<td>Ministry of Environment and Energy</td>
</tr>
<tr>
<td>Ministerio de Salud</td>
<td>Community organizations</td>
<td>MEP</td>
</tr>
<tr>
<td>Instituto Costarricense de Acueductos y Alcantarillados (AyA)</td>
<td>Private clinics</td>
<td>Ministerio de la Vivienda</td>
</tr>
<tr>
<td>Auditoría General de Servicios de Salud</td>
<td>Universities</td>
<td>MOPT</td>
</tr>
<tr>
<td>Consejo de Atención Integral de la Niñez</td>
<td>Municipalities</td>
<td>Otros ministerios,</td>
</tr>
<tr>
<td>Consejo de la Persona Joven</td>
<td>Companies,</td>
<td>INA</td>
</tr>
<tr>
<td>Instituto de Alcoholismo y Farmacodependencia (IAFA)</td>
<td>PAHO/OPS</td>
<td>Cámaras de comercio,</td>
</tr>
<tr>
<td>Instituto Costarricense de Investigación Enseñanza en Nutrición y Salud (INCIENSA)</td>
<td>UNICEF, among others</td>
<td>industrias,</td>
</tr>
<tr>
<td>Instituto Costarricense Contra el Cáncer (ICCC)</td>
<td></td>
<td>Grupos organizados de la comunidad,</td>
</tr>
<tr>
<td>Instituto Nacional de Seguros</td>
<td></td>
<td>Gobiernos locales,</td>
</tr>
<tr>
<td>Instituto Costarricense del Deporte (ICODER)</td>
<td></td>
<td>Organizaciones religiosas</td>
</tr>
</tbody>
</table>

Source: Taken from: Análisis de la Oferta y Demanda de la Sede del EBAIS Puerto Jiménez del Área de Salud Golfito de la Dirección Regional de Servicios de Salud Brunca de la CCSS. AGOSTO 2012. CAJA COSTARRICENSE DEL SEGURO SOCIAL GERENCIA MÉDICA DIRECCIÓN PROYECCIÓN DE SERVICIOS DE SALUD

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10 The Costa Rican Institute on Alcoholism and Drug Dependency (IAFA) administers programs for the prevention and care of addictions.
11 The Costa Rican Institute for Research and Education in Health and Nutrition (INCIENSA) performs the functions of a national public health reference laboratory. INCIENSA comprises 85 laboratories and a national reference center. This center is in the last stages of reorganizing as a national network of reference centers and may eventually include a national health institute.
12 The Costa Rican Cancer Institute (ICCC) was created to develop human resources, promote research, and coordinate the national cancer program.
13 Professional Risk section
Annex VI: Governmental Agencies Involved in Food/Nutritional Security (SAN)\textsuperscript{14}

SAN Policies

- Secretaría de la Política Nacional de Alimentación y Nutrición SEPAN
- Secretaría Ejecutiva de Planificación Sectorial Agropecuaria SEPSA
- Ministerio de Planificación Nacional y Política Económica (MIDEPLAN)

Vulnerability

- El Instituto Nacional de Estadística y Censos

Food Availability

- Consejo Nacional de Producción CNP
- Programa de Ferias del Agricultor
- Instituto de Desarrollo Agrario IDA
- Programa de Seguridad Alimentaria, antes Programa Pro Infancia y Desarrollo Rural (PROINDER)
- Ministerio de Agricultura y Ganadería MAG
- Dirección Nacional de Extensión Agropecuaria del MAG
- Programa de Desarrollo Rural del MAG
- Instituto Nacional de Innovación y Transferencia en Tecnología Agropecuaria (INTA)
- Unidad de Manejo de Cuencas
- SENARA

Food Consumption and Nutritional Status

- Centros de Nutrición y Desarrollo Infantil
- División de Alimentación y Nutrición del Escolar y del Adolescente (DANE
A)
- Ministerio de Educación Pública (MEP)
- CORECA-CAC
- RUTA

Food Access

- Fondo de Desarrollo Social y Asignaciones Familiares (FODESAF)
- Instituto Mixto de Ayuda Social (IMAS)

\textsuperscript{14} Taken from: http://www.fao.org/alc/legacy/iniciativa/pdf/sancr.pdf
Annex VII: Exemplary actions 2013-2108 Brunca Region MOH Strategy & Plan

Water

In collaboration with two universities, the MOH/Brunca is undertaking an inventory of 200+ aqueducts in the region (including georeference points and water quality samples) to subsequently inform water security plans. The MOH is training municipalities and ASADA agents and is looking for community organizations to be involved in maintaining local aqueducts and water quality as very few of the ASADAS in the region are actually functioning.

Sanitation

These actions will ultimately be supported throughout the region but currently the MOH/Brunca is focusing where the incidence of dengue is the highest. Unlike other locations in the country where mosquitos breed in tires, the main breeding site in Brunca is septic tanks and communal water sources. Therefore, a key need is to link water and sewage disposal to households where this currently does not exist. FONDESAP has funds to obtain water tanks and latrines but due to the soil type in many areas (including Osa and Golfito cantons), alternative models/options have to be considered.

Food and Nutritional Security

There are many farmers producing food in the region but mainly for export, not local consumption. The MOH/Brunca aims to address this, in part by helping to establish a technical institute as a center for transferring technology (job skills training) in Palmar Sur - to open within a year or so. Working collaboratively with INA to open up new careers and IMAS that has some funding (possibly also IMAEC), the center will be affiliated with the Instituto de Tecnologia de Costa Rica. Additionally, while a lot people in the region have been trained, the MOH/Brunca feels there is need for retraining to meet the requirements of future new job niches. They are looking to identify a job market-related project such as training of hotel owners once the latter have committed to buying local food products so they become a secure market for local producers. They are also looking to set up a “centro de transferencia” so that small food producers have somewhere to store their food products (e.g., possibly a regional granary in Rio Claro). This strategy is considered to also address regional “competetiveness” as the area also needs a reliable granary for export purposes.

Trash

This is a big problem throughout the country. A lot of technology exists but they are not that easy to implement in the Brunca region. The MOH/Brunca is looking to establish small but geographically appropriate trash recycling centers in a few cantons including Golfito and Osa. They also plan to support an initiative to educate people how to who make things from recycled

15 Personal Communication: MOH Brunca Regional Office: 2011
16 In INOGO focal areas, the idea is to establish a center in Puerto Jimenez and Drake linked to a larger center in Golfito Centro. A group is already active in Puerto Jimenez and the idea there is to retrain them so they can earn more income (Personal Communication, MOH Brunca Regional Office: 2012)
goods. Under this plan, in collaboration with INA, they will train/retrain people in these technical skills as well as in administration (i.e., how to run a company).

Health and Development Education

The MOH/Brunca is working with NGOs from Colombia and Spain to train local professionals to provide a different type of education. They are focusing first on areas where the issues are greatest (e.g. adolescent pregnancy, delinquency and addiction such as in Corredores), where they can have a major impact and influence others. The approach is to emphasize positive behaviors e.g. sports, physical activity and healthy lifestyle versus negative ones and to develop a relationship of trust and respect for people’s individuality. As expected, they are working with the Ministry of Education on this initiative. The MOH plans to support a training of trainers cascade approach, bringing trained professionals (from Corredoes) to other cantons including Golfito and Osa where they are starting this year. The objective for 2015 is for all educators in the region to have these specific skills. The current need is for training materials (e.g. visual aids, training manuals etc). ¹⁷

Health information System

The MOH/Brunca is working with CONARE and faculty from UCT to provide training in how to obtain environmental information (including on dengue mosquito vectors).

¹⁷Nationally, the MOH has been piloting a curriculum focusing on important local health issues such as dengue fever, nutrition and physical abuse coupled with teen mother support groups targetting self-esteem, discipline, breast-feeding and childbirth (http://www.ph.ucla.edu/fieldstudies/chs_2005/center_ed_nutrition.html)
Annex VIII: Golfito Health-related Strengths and Weaknesses\textsuperscript{18}

\textsuperscript{18} Golfito Health Area ASIS report: 2011
Golfito Canton

ARBOL DE VALORES DEL CANTON DE GOLFITO

LEALTAD

COLABORADORES

RESPETO

HONRÁTEZ

HONESTIDAD

RESPONSABILIDAD

INTEGRIDAD

HUMANISMO

SOLIDARIDAD

LIBERTAD

COMPROMISO

GENTE AMIGABLE

PROTECCION Y CONSERVACIÓN AMBIENTAL

EBAIS

ÁREA DE SALUD GOLFITO

C.C.S.S
Golfito Centro/ EBAIS Alamedas, San Martin, San Andres
Villa Bruceno / EBAIS KM 37

FODA DE LAS DIFERENTES COMUNIDADES DEL CANTON DE GOLFITO.

EBAIS: VILLA BRUCEÑO

Poco apoyo municipalidad

Comunidad de

Falta de involucramiento

de la comunidad

Mejora deficiencia en la accesibilidad

d e agua potable

Dificultad económica en pago servicios

Públicos del puesto de Salud

Falta de mantenimiento

EBAIS - actores - casa de Salud

Falta de alcantarillado

Inundaciones

Falta de comunicación del Área- Comunidad

Comunidad desconocida de la poca

atención de la salud.

AMENAZAS

FORTALEZAS

Buen espíritu de la Comunidad

Cuenta con un Comité de Salud conificado

Buena infraestructura para laborar

Poca delincuencia y consumo drogas

Comunidad Sana

OPORTUNIDADES

Cuenta con casa de Salud

Cuenta con visitas de voluntariado extranjero

Escuelas alberga

Cuenta con la visita de diferentes equipos disciplinarios

Cuenta con algunas nacientes de agua potable

Mayor atención al adulto mayor y adolescente
Rio Claro EBAIS

FODA DE LAS DIFERENTES COMUNIDADES DEL CANTON DE GOLFITO.

- Information de grupos Negativos
- Ausencia reuniones mensuales
- Ausencia Mantenimiento EBAIS
- EBAIS: RIO CLARO
- Falta de un coordinador en el EBAIS
- Falta de confianza personal
- Falta de señalización DEBAIS
- Deficiente iluminación EBAIS
- Hacinamiento
- Recorte de presupuesto 2012
- Falta Unidad Transporte
- Falta Seguridad 1° turno EBAIS
- Falta de motivación
- Faltas de capacitación personal
- Falta de Comunicación y resolución entre los servicios y jefaturas administrativas
- Faltas en la atención de las comunidades

OPORTUNIDADES

- Crecimiento y cambio de la Comunidad
- Geografía de fácil acceso servicios
- Construcción nuevo modulo en edificio CCSS
- Ubicación estratégica
- Apoyo Instituciones privadas en actividades Sociales del EBAIS

1° Nivel de Atención

- Buena Infraestructura del EBAIS
- Bienes Organización de Actividades
- Colaboración del comercio
- Empresa de prestigio CCSS
- Contar con un comité de Salud
- Contar con servicio Enfermería Obstétrico
- Servicio de Odontológico

Distrito en pleno desarrollo y crec. Comercial Apoyo Instituciones Públicas

Comité Salud puede capacitar
Puerto Jimenez EBAIS
Foda de las diferentes comunidades del cantón de Golfito.

Comte EBAIS

Falta de comunicación

Camino difícil acceso

Falta transporte disponible a nivel local

Deficiente infraestructura

Transporte público limitado

Falta coordinación con jefaturas

Deficiencias materiales

Falta mantenimiento

Deficiencias abastecimiento de agua

Falta rapidez de la consulta externa

Deficiencias transporte para urgencias

Deficiencia comunicación y transporte en urgencias calificadas

Camino en mal estado

Falta agua potable

Falta mantenimiento al EBAIS

Zona de difícil acceso, con medio transporte público deficiente

Forteza

Planta física y personal apto para laborar.

Unión de equipo, para laborar.

Buena atención

Buena organización

Personal desprendido

Oportunidades

Capacitación personal

Oportunidades desarrollo de actividades.

Plan educativo comunidad.