

⑦ 各専門職種の指導科目

1) 医師 就学年限：7年、14セメスター

第1学年	正常な人間の体(Cuepo Humano Normal)、医科学の基礎(Fundamentos Cientificos de la Medicina)、人間科学、人類学および医学の倫理基礎(Fundamento Humanisticos, Antropologicca y Eticos de la Medicine)、医学の基礎概念と実践(Bases Conceptuales y Practicas de la Mdicina)
第2学年	人間組織学(Histologia Humana)、人体胎生学(Embriologia Humana)、生化学(Bioquimica)、生理学(Fisiologia)、心理学(Psicologia)、遺伝学(Genetica)、神経科学(Neurociencias)
第3学年	一般病理および病態生理学(Patologia General y Fisiopatologia)、マイクロバイオロジー(Microbiologia)、寄生虫学(Parasitologia)、症候学(Semiologia)、内科学 I (Medicina I)
第4学年	薬学(Farmacologia)、解剖病理(Anatomia Patologica)、疫学(Epidemiologia)、内科学 II (Medicina I)、外科学・外傷学(Cirurgia y Traumatologia)、神経内科学(Neurologia)
第5学年	予防・社会医学(Medicina Preventiva y Social)、小児科学(Pediatria)、産科学・婦人科学(Obstetrica y Ginecologia)、法医学(Medicina Legal)、精神医学(Psiquiatria)、皮膚科学(Dermatologia)、泌尿器科学(Urologia)、眼科学(Oftalmologia)、耳鼻咽喉科学(Otorrinolaringologia)、物理医学・リハビリテーション(Medicina Fisica rehabilitacion)
第6学年	内科インターン(Internado de Medicina)、外科インターン(Internado de Cirugia)、産科・婦人科インターン(Internado de Obstetrica y Ginecologia)、小児科インターン(Internado de Pediatria)、耳鼻咽喉科インターン(Internado de Otorrinolaringologia)、泌尿器科インターン(Internado de Urologia)、皮膚科インターン(Internado de Dermatologia)、眼科インターン(Internado de Oftalmologia)、神経科インターン(Internato de Neurologia)、地域医療インターン(Internado Rural)、救急医療インターン(Internado de Urgencia)
第7学年	内科学インターン(Internado de Medicina)

2) 歯科医師 就学年限：6年、12セメスター

第1学年	人体解剖 (Anatomia Humana)、細胞生理学・遺伝学 (Biología Celular y Genética)、組織学 (Histología)、化学概論・有機化学 (Química General y Orgánica)、生物物理学 (Bio-Física)、コンピューター (Computation)、歯科入門 (Introducción a la Odontología)
第2学年	一般病理学 (Patología General)、歯科材料学 (Materialies Dentales)、一般・口腔生化学 (Bioquímica General y Oral)、一般・口腔生理学 (Fisiología General y Oral)、一般・口腔マイクロバイオロジー (Bioquímica General y Oral)、臨床解剖 (Anatomía Clínica)、生物統計 (Bio-estadística)
第3学年	口腔外科 I (Cirugía Oral I)、臨床前歯科実習 (Pre-Clinico Odontológico Integrado(a))、口腔病理 (Patología Oral)、薬理学 (Farmacología)、一般・口腔疫学 (Epidemiología General y Odontológica)、補綴 I (Oclusión I)、歯周病学 I (Periodoncia I)、放射線学 I (Radiología I)
第4学年	口腔外科 II (Cirugía Oral II)、幼児歯科学 I (Odontológico Integral Niño I (b))、成人歯科学 I (Odontológico Integral Adulto I (c))、歯内治療学 (Endodoncia)、歯周病学 II (Periodoncia II)、放射線学 II (Radiología II)、歯科衛生教育 (Educación Odontológica)
第5学年	口腔外科 III (Cirugía Oral III)、幼児歯科学 II (Odontológico Integral Niño II)、成人歯科学 II (Odontológico Integral Adulto II)、口腔医学 (Medicine Oral)、** *(Adm. y Estrategia de Atención Odontología)、法医学 (Medicina Legal)、初級実習 (Taller Emprendimiento)、放射線学 II (Radiología III)
第6学年	臨床実習 (Internado Clínico)、選択実習 (Trabajo de Perfeccionamiento Clínico)

3) 栄養士 就学年限：5年、10セメスター

第1学年	生物統計(Biostatística)、英語ラボ(Ingles Instrumental)、寄生虫学(Parasitologia)、生物学概論(Biología General)、組織学(Histología)、化学概論・有機化学(Química General y Organica)、解剖学(Anatomía)、社会・文化人類学(Antropología Sociocultural)、数学(Matemáticas)、マイクロバイオロジー(Microbiología)、スポーツ(Unidad Deportiva)、倫理学(Etica)、食品の衛生・管理(Higiene y Control de Alimentos)
第2学年	生化学(Bioquímica)、栄養計算(Computación)、生理学概論(Fisiología Integrada)、栄養学(Alimentos)、疫学(Epidemiología)、一般心理学(Psicología General)、社会心理学(Psicología Social)、栄養材料(Producción de Alimentos)、応用栄養計算(Computación Aplicada)、経済学(Economía General)
第3学年	生理病理学(Fisiopatología)、コミュニティー開発(Desarrollo de la Comunidad)、教育心理学(psicología Educativa)、栄養摂取学(Nutrición)、分析化学・栄養分析(Análisis Químico y sensorial de los Alimentos)、食事学(Dietética)、食事学手法(Técnicas Dietéticas)、栄養経済と家族(Economía Alimentaria y Familiar)、栄養技術(Tecnología de los Alimentos)、栄養学評価(Evaluación del Estado Nutricional)、栄養プラン・食事療法(Planificación Alimentaria y Nutricional)
第4学年	食事治療(Dietoterapia)、地域の栄養と食事(Alimentación y Nutrición Comunitaria)、食事教育と栄養(Educación Alimentaria y Nutricional)、栄養管理とサービス(Administración General y de Servicios de Alimentación)、栄養プロジェクトの構成と評価(formulación y Evaluación de Proyectos Nutricionales)
第5学年	成人に関わる臨床実習(Prácticas Profesionales En Clínica de Adultos)、小児に関わる臨床実習(Prácticas Profesionales En Clínica Pediátrica)、コミュニティーにおける臨床実習(Prácticas Profesionales En Alimentación y Nutrición Comunitaria)、栄養プロジェクトの管理とサービスに関わる臨床実習(Prácticas Profesionales En Administración de Servicios de Alimentación)

4) 看護 就学年限：5年、10セメスター

第1学年	生物学(Biologia)、解剖学(Anatomia)、数学(Matematicas)、化学(Quimica)、生化学(Bioquimica)、組織発生学(Histoembriologia)、英語(Ingles)、コンピューター(Computacion)、社会文化人類学(Antropologia Sociocultural)、保健環境学(Ecologia y Salud)
第2学年	保健教育(Educacion para la Salud)、寄生虫学(Parasitologia)、マイクロバイオロジー(Microbiologia)、栄養学(Nutricion Humana)、生物統計学・人口統計学(Bioestadistica y Demografia)、生理学総論(Fisiologia integrada)、疫学・公衆衛生(Epidemiologia y Salud Publica)、心理学(Sicologia)、社会学(Sociologia)、コミュニケーション(Interaccion Humana y Comunicacion)、研究技法 I (Metodologia de la Investigacion I)、発育・発達(Creciento y Desarrollo)
第3学年	看護プロセスとケアモデル(Proceso de Enfermeria y Modelos de Atencion)、地域看護 I (Enfermeria Comunitaria I)、薬理学(Farmacologia)、生理病理学(Fisopatologia)、成人・老人の内科・外科看護(Enfermeria Medico-Quirurgica del Adulto y Senescente)
第4学年	専門領域における生物倫理および法律(Bioetica y Aspectos Legales de la Profesion)、精神保健における看護(Enfermeria ed Salud Mental)、地域看護 II (Enfermeria Comunitaria II)、研究技法 II (Metodologia de la Investigacion II)、母子看護 (Enfermeria Materno Infantil)、組織社会学 (Sociologia Organizacional)、保健管理(Gestion en Salud)
第5学年	救急看護(enfermeria en Urgencia)、臨床研修(Internados)

5) 作業療法 就学年限：5年、10セメスター

第1学年	解剖学(Anatomia)、生物学(Biologia)、活動学と作業療法(Ciencias de la Ocupacion y Terapia Ocupacional)、創造性(Creatividad)、計量的手法(Metodos Cuantitativos)、一般及び進化心理学(Psicologia General y Evolutiva)、組織学(Histologia)、遊びとスポーツ(Juegos y Deportes)、哲学・倫理学(Filosofia y Etica)
第2学年	社会・職業心理学(Psicologia Social y del Trabajo)、成人精神病理学(psicopatologia de Adulto)、成人の病理(Patologia del Adulto)、病理(Patologia)、神経学(Neurologia)、外傷(Traumatologia)、生理学総論(Fisiologia Integrada)、コンピューター(computacion)、英語(Ingles)、人の活動と作業療法 I (Ocupacion Humana y Terapia Ocupacional I)、リクリエーション活動－原理と分析(Actividades Recreativas. Principio y Analisis)、リクリエーション・セラピー(Terapia Recreativa)、作業療法：手芸と革加工(Ergoterapia: Macrame y Marroquineria)、教育法および評価法(Metodologia Educativa y de Evaluacion)、環境と保健(Ecologia y Salud)
第3学年	産業衛生と人間工学(Salud Ocupacional y Ergonomia)、幼児・小児の病理及び精神病理(Patologia y Psicopatologia de niño o y adolescen)、病理学(Patologia)、精神病理(Psicopatologia)、運営と管理(Administracion y Gestion)、機能解剖とバイオメカニクス(Anatomia Funcional y Biomecaniaca)、社会労働概論(Integracion Sociolaboral)、人の活動の作業療法 II (Ocupacion Humana y Terapia Ocupacional II)、社会セラピー：集団手法とグループダイナミックス(Socioterapia, Tecnicas Corporales y Dinamicas de Grupo)、人間工学的セラピー：織物と工作(Ergoterapia, Telar y Carpinteria)、社会人類学(Socioantropologia)、研究手法(Metodologia de la Investigacion)、老人への介入モデル(Modelos de Intervencion en Senescentes)
第4学年	疫学(Epidemiologia)、精神衛生と精神科での介入モデル(Modelos de Intervencion en Salud Mental y Psiquatria)、地域での介入と実践のモデル(Modelos de Intervencion y Practica Comunitaria)、子どもへの介入モデル(Modelos de Intervencion en ninos)、幼年・青年の精神科及び精神衛生(Unidad: Psiquiatria y Salud Mental Infanto-Juvenil)、装具(Ortotica)、人の活動の作業療法 III (Ocupacion Humana y Terapia Ocupacional III)、統合実習(Taller de Integracion)、代替的なセラピーとしての創造性(Creatividad como alternativa terapeutica)、A. V. D. (A.V.D.)、選択科目(Agignatura Electiva)、身体障害における介入モデル(Modelos de Intervencion en Salud Fisca)

第5学年	生物倫理と法律(Bioetica y Aspectos Legales)、専門実習(Practica Profesional)、身体障害領域(Area de Salud Fisica)、幼児保健領域(Area de Salud Infantil)、精神保健領域(Area de Salud Mental)、特定領域(Area de Especialidad)、セミナー(Seminario de Titulo)
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6) 言語療法 就学年限：5年、10セメスター

第1学年	数学(Matematicas)、生物学(Biologica)、化学・生化学(Quimica y Bioquimica)、細胞・一般生物学(Biologica Celular y General)、解剖学(Anatomia)、神経解剖学(Neuro anatomia)、言語・音声(Linguistica y Fonelica)、一般、進化、社会心理学(Psicologia General, Evolutiva, y Social)、生物統計学(Biostadistica)、組織発生学(Histoembriologica)、音声言語学の基礎(Fundamentas de Fonoaudiologia)、基礎情報学(Introduccion a la Informatica)、英語(Ingles)
第2学年	音声物理(Fisica Acustica)、生理学概論(Fisiologia General)、生理病理学(Fisiopatologia)、成人神経学(Neurologia Adultos)、幼児神経学(Neurologia Infantil)、応用言語学(Linguistica Aplicada)、心理言語学(Psicolinguistica)、心理病理学(Psicopatologia)、一般教育学及び教育心理学(Pedagogia General y Psicopedagogia)、社会人類学(Socioantropologia)、地域活動(Habidades Comunitarias)、公衆衛生(Salud Publica)、英語(Ingles)
第3学年	聴覚器官(Trastomos de la Audicion)、聴覚・口腔外科(Fonestomatologia)、老人学(Gerontologia)、発声器官(Trastomos de la Voz)、神経言語学(Neuro Linguistica)、言語器官(Trastomos del Habla)、語用論(Pragmatica)、器官の発達(Trastomos del Desarrollo)、大人の言語器官(Trastomos Lenguaje Adultos)、幼児の言語器官(Trastomos Lenguaje Ninos)、運営管理 I (Administracion y Gestion I)、運営管理 II (Administracion y Gestion II)、コンピューターの応用(Computacion Aplicada)、英語(Ingles)
第4学年	音声神経学(Otoneurologia)、補聴器(Protesis Auditiva)、発声発語と失語の言語病理的介入(Intervencion Fonaudiologica en Voz Hablada y Cantada)、幼児と成人の言語病理的介入(Intervencion Fonaudiologica en Niños y Adultos)、大人の言語への言語病理学的介入(Intervencion Fonaudiologica en Lenguaje en Adolτος)、幼児の言語への言語病理学的介入(Intervencion Fonaudiologica en Lenguaje en Niños)、運営管理 III (Administracion y Gestion III)、研究手法(Metodologia de la Investigacion)、治療計画(Taller Empredimento)、生物倫理学(Bioetica)、英語(Ingles)
第5学年	臨床実習(Internado Clinico)、選択実習(Internado Electivo)

7) 理学療法 就学年限：5年、10セメスター

第1学年	解剖学(Anatomia)、生物学・遺伝学(Biologia y Genetica)、組織発生学(Histo-Embriologia)、化学・生化学(Quimica y Bioquimica)、物理学・バイオフィジックス(Fisica y Biofisica)、数学(Matematicas)、生物統計学(Bioestadistica)、一般、進化、社会心理学(Psicologica General, Evolutiva y Social)、運動学入門(Orientacion a la Kinesiologia)、応急手当(Primeros Auxilios)、情報学入門(Introduccion a la Informatica)
第2学年	生体工学(Biomecanica)、一般生理学(Fisiologia General)、神経生理学(Neurofisiologia)、心理運動機能学(Psicomotricidad)、症候学(Semiologia)、応用物理(Fisica Aplicada)、公衆衛生(Salud Publica)、応用心理学(Psicologia Aplicada)、生理病理学(Fisiopatologia)、社会人類学(Socioantropologia)、運動学管理 I (Gestion en Kinesiologia I)
第3学年	運動学(Kinesiologia)、運動生理(Fisiologia del Ejercicio)、職業衛生(Salud Ocupacional)、内科・外科の病理(Patologia Medico-Quirurgica)、薬学(Farmacologia)、幼児・大人の外傷(Traumatologia Infantil y del Adulto)、内科学(Medicine Interna)、エルゴノミクス(Ergonomia)、運動学管理 II (Gestion en Kinesiologia II)、小児科学(Pediatria)、老人学(Gerontologia)、英語(Ingles)
第4学年	運動学特論(Kinesiterapia en Especialidades)、運動学のスポーツへの応用(Kinesiologia Aplicada en el Deporte)、スポーツ療法(Terapia Deportiva)、体操・整形外科(Gimnasia Ortopedica)、理学療法(Fisioterapia)、リハビリテーション(Rehabilitacion)、研究手法 II (Metologia de la Investigacion II)、*****(Imagenologia)、義肢装具(Ortesis y Protesis)、呼吸器運動療法(Kinesioterapia Bronco Pulmonar)、運動学管理 III (Gestion en Kinesiologia III)、生物倫理学(Bioetica)、治療計画(Taller de Emprendimiento)
第5学年	成人・幼児の臨床実習(Internado Profesional Adulto-Niño)、選択実習(Internado Electivo)

8) 心理 就学年限：5年、10セメスター

第1学年	心理学概論 (Psicologia)、一般社会学の基礎 (Fundamentos de Sociologia General)、社会心理学 I (Psicologia Social I)、一般人類学の基礎 (Fundamentos de Antropologia General)、チリ・ラテンアメリカ現代史 (Realidad Chilena y Latinoamericana)、生物 I (Biologia I)、生物 II (Biologia II)、コンピューター入門 (Introduccion a la Computacion)、心理学・社会科学方法論入門 (Introduccion a la Metodologia en Psicologia y Ciencias Sociales)、数学 (Matematicas)、哲学 (Filosofia)、人間発達実習 I および II (Taller de Desarrollo Personal I y II)
第2学年	論理学 (Logica)、進化心理学 (Psicologia Evolutiva)、統計学 I (Estadistica I)、統計学 II (Estadistica II)、心理実習 (Psicologia del Aprendizaje)、人格心理学 (Psicologia de la Personalidad)、神経心理・生理学 (Neuropsicofisiologia)、社会心理学 II (Psicologia Social II)、社会心理学 III (Psicologia Social III)、心理認識論 (Epistemologia Psicologica)、人間発達実習 III および IV (Taller de Desarrollo Personal III y IV)
第3学年	異常心理学 (Psicologia Anormal)、心理検査の応用と解釈 I および II (Aplicacion e Interpretacion de Pruebas Psicologicas I y II)、心理論理学の理論とシステム (Teorias y Sistemas Psicologicos)、社会心理学 IV (Psicologia Social IV)、計量心理学の方法 (Metodologia Psicometrica)、コミュニケーション心理学 (Psicologia de la Comunicacion)、学校心理 I (Psicologia Escolar I)、質的データの研究方法 (Metodologia de la Investigacion Cualitativa)、統計学 III (Estadistica III)、神経心理学 (Neuropsicologia)、人間発達実習 V および VI (Taller de Desarrollo Personal V y VI)
第4学年	精神分析学 (Psiquiatria)、職業心理学 (psicologia Vocacional)、教育心理学 (Psicologia Educacional)、心理学研究法 (Metodologia de la Investigacion en Psicologia)、コミュニティー心理学 (Psicologia Comunitaria)、心理検査の応用と解釈 (Aplicacion e Interpretacion de Pruebas Psicologicas)、投影法 (Proyectivas)、組織心理学 (Psicologia Organizacional)
第5学年	心理療法 (Psicoterapia)、労働心理学 (Psicologia Laboral)、幼児臨床 (Clinica Infantil)、社会病理 (Patologia Social)、神経心理学 (Neuropsicologia)、選択科目 (Electivos)

9) ソーシャルワーク 就学年限：5年、10セメスター

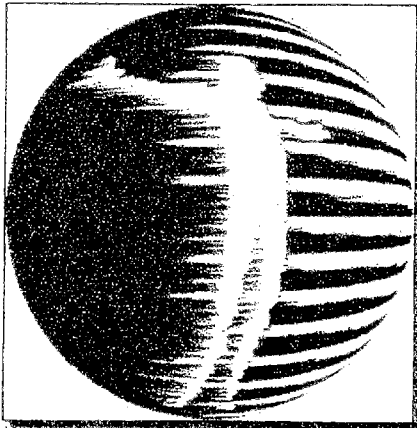
第1学年	社会福祉理論の基礎(Fundamentos Teóricos del Bienestar Social)、社会調査 I および II (Investigación Social I y II)、社会統計 I (Estadística Social I)、心理学概論(Psicología General)、社会学概論(Sociología General)、社会サービス理論の基礎(Fundamentos Teóricos del Servicio Social)、進化とパーソナリティーの心理学(Psicología Evolutiva y de la Personalidad)、家族社会学(Sociología de la Familia)
第2学年	社会サービス一般の方法(Metología General del Servicio Social)、社会心理学(psicología Social)、現代チリ社会学(Sociología del Desarrollo Chileno)、家族・未成年者の法律(Derecho de Familia y Menores)、公衆衛生(Salud Pública)、経済学(Edonomía)、社会サービス事例の理論と技術 I (Teoría y Técnicas de Servicio Social de Caso I)、保健分野での社会サービス(Servicio Social en el Sector Salud)、居住分野での社会サービス(Servicio Social en el Sector Vivienda)、労働法(Derecho del Trabajo)、文化人類学(Antropología Cultural)
第3学年	社会サービス事例の理論と技術 II (Teoría y Técnicas de Servicio Social de Caso II)、職業倫理(Etica Profesional)、教育分野での社会サービス(Servicio Social en el Sector Educación)、マイノリティー領域の社会サービス(Servicio Social en el Área de la Minoridad Irregular)、心理病理学(Psicopatología)、社会保障(Seguridad Social)、社会サービス事例演習(Práctica de Servicio Social de Caso)、集団社会サービスの理論と技術(Teoría y Técnicas de Servicio Social de Grupo)、青少年の社会問題(Problemas Sociales del Adolescente)、労働分野での社会サービス(Servicio Social en el Sector Laboral)
第4学年	コミュニティでの社会サービス実習(Prácticas de Servicio Social de Comunidad)、社会福祉サービスの運営(Administración de Servicios de Bienestar Social)
第5学年	セミナー(Seminario de Título)

10) 義肢装具士

専門学校での教育で専門職扱いされていない。チリ国内には教育機関が無く調査できていない。

⑧ 事前調査団の質問票に対するチリ側回答

**JICA EVALUATION MISSION
INTERNATIONAL COOPERATION PROJECT
"Rehabilitation Project for Disabled Persons"
Questionnaire**



Santiago, November 1999

Responsible Comission

Dr. Patricia Méndez Z. NRI PAC Director

Draft Comission

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Santiago, November 5, 1999

JICA EVALUATION MISSION
INTERNATIONAL COOPERATION PROJECT
"Rehabilitation Project for Disabled Persons"
Questionnaire
November 5 of 1999, Santiago

During Preliminary JICA Experts Evaluation Mission for the International Cooperation Project (ICP) at National rehabilitation Institute Pedro Aguirre Cerda (NRIPAC), 21 questions relatives to the disabled people situation in Chile were answered by the NRIPAC Team.

The questions were related to four main topics:

1. Actual situation of Disabled Persons (DP) in Chile.
2. Actual situation of Disabled Children.
3. NRIPAC situation.
4. Organizational structure of ICP.

1.- Actual situation of disabled people in Chile.

Until the promulgation of "Full Integration of Disabled People Law", Number 19.284 of 1994, the Chilean society faced the disability without a global policy about this specific subject.

Until that moment, good results of the global health policy, had an "non direct preventive action about discapacity" in the general population. The welfare system gave a specific coverage, only to the workers and employees, included in the labor legislation. Because of that, the care for the disabled had a strong accent in the action from the non Governmental organizations actions, specially in the infantile and juvenile range (The

TELETON, with base in the Disabled Child Help Corporation, was the main organization of this type).

By the other hand, the discapacity in Chile, isn't accurately dimensioned and / or characterized, and the actions, policies, plans of short and middle term, still have an general objective.

The 19.284 Law, define the base for future Government Social Policy about disabled persons (DP), focusing the effort in the full social integration of them.

1.1.- How is the legislation related to help action for DP?

19.284 Law, of social integration of disabled.

Define, "the way and conditions to achieve the full integration of DP". Indicates, that the prevention of disabilities and the rehabilitation are State obligation and a right and duty of the persons.

Definitions:

Disabled Person (DP): The persons who as result of one or more: physic, mental or sensorial deficiency, acquired or congenital, with permanent character, restricting, at list 1/3 of educational, labor or social integration capacity.

Technical aids: All necessary devices for the treatment of the disability of deficiency, related to achieve the recuperation or rehabilitation or stop the progress of the deficiency, or addition of a new discapacity. Also, are the devices related to the compensation of functional, motor, cognitive or sensorial handicaps.

Is responsibility of the Disability and Preventive Medical Commissions (COMPIN) of each Service of Health, the assessment, qualification, certification and formalization of disabled condition. The COMPIN, make a report about the type and degree of disability, the

In the 13th Article define that the main number of that task are responsibility of the health system.

The 14th Article define rehabilitation and the 4th Title resume the concept of Equal Chances, all basic definitions in the specific frame of condition of DP.

In the 47th Article was defined the National Record of Disability, who have an important role in the activities link with the equal chances approach and the COMPIN role.

The basic legislation define legal frame about the DP, focusing in social integration of DP. The 19.284 Law define two main roles of National Found for Disabled (FONADIS):

1. To give financial resources for the acquisition of Technical Aids for DP (5th and 40th ,Annex 1)
2. To give financial resources for plans, programs and projects, executed for third persons, having as beneficiaries DP.
3. Administration expenditures.

1.2. There is an development plan for DP?

In health sector exist the Rehabilitation and Transplants Unit of MINSAL. That unit defines the action as a transversal objective, crossing all the Country Health Priorities. In that sense, every program must consider as activity the prevention and rehabilitation of disabilities as part of the action sphere.

The general health policy is show in Annex N°.

FONADIS make and annual program of technical Aids financing, specified in the 55th Article, point A (Annex 1).

FONADIS has a program of project financing, in the defined four actions lines, 55th Article, point B (Annex 1).

1.3.- Insurance system for DP?

For health services, the rules are the same than general population. The disabled has an income group classification, the payment for the health services depends of the group.

a) FONASA beneficiary classification

Group	Payment
A	Free
B	Free
C	10% FONASA level one
D	20 % FONASA level one

b) In the case of Previsional Health Institutes (ISAPRES), private companies for health insurance, is link with the coverage of health plan of each person. Link with:

- i) Kind of Plan, individual or group (company).
- ii) Income level of beneficiary (more income, best plan, better coverage of health expenditures).

2.- Actual situation of disabled children.

2.1.- How is recognition system for disabled including the severity classification?

The system is based on the COMPIN assessment (19.284 Law and DS 24th of 1986), and the Medical Commission of Pension Found Administrators (AFP, private companies for pension administration) 19.284 Law, 7th Article, Title 2, Annex N° 1).

2.2.- How is the Educational System for DP?

The social integration criteria, is the primary focus in the educational system for DP. In that context DP must be integrated to the normal educational system and the system must adapt the special educational necessities of DP. There are differences between at list three types of educational approaches:

- General Educational Policy: Integration of disabled in normal school adapting basic conditions for the educational process of DP.
- Special schools for specific disabilities, as mental or sensorial damage, were the specific condition isn't compatible with normal education.
- NRIPAC school: This school has a different objective the orientation is focus in the studies habits of the long permanency patient. After discharge the patients of the hospitalization period, they must go back to their original school.

Also exist some private organizations and special schools with Government agreement (19.284 Law, 4th Title, Chapter 2, 26th to 32th Articles).

2.3.- Labor system and employment of DP?

Don't exist a formal employment system in the country for DP.

The Law only promotes the training of DP for the labor insertion but don't describes a specific system (19.284 Law, Chapter III, 33th to 38th Articles).

For the parents of DP, don't exist any program, in short or middle term. There exist some isolated initiatives without global impact in the general frame. The "Work's Accidents and Professional Diseases LAW" (N° 16.744), consider a system for their specific group of workers disabled because of the work (Annex N° 4).

2.4.- How is the insurance system for discapacity?

The social system in Chile gives a pension to the disabled worker who acquired the disability as result of the work (Annex N°4), and duple family assignation for the kids. If the person isn't included in any insurance system or have an income superior to the range fix for the Law, has no state support (Annex N° 1).

2.5.- How is the training system for the professionals in the rehabilitation field?

The health professionals as: Medical Doctors, Physiotherapist PT, Occupational Therapist (OT), Speech Therapist (ST), Psychologist, Social Workers, Nutricians, and Nurses, have a training in the Chilean Universities (at list 5 years).

The Rehabilitation Professionals as: PT, OT, ST, have a training link mainly with the motor, mental or sensorial discapacity (Annex N° 10).

The Psychologist and Social Workers, have a relative training considering the emotional and social impact of disability (Annex N° 10).

The specialization after the University, of non-medical professionals is because of the professional action itself, in the rehabilitation field, adding short courses, seminars, workshop activities. The most of them are made for the Universities, professionals Associations and Scientific Societies.

The only professional who has a formal training in the field is the Physical Doctor, if the Phisiatry is the specialty (Annex N°10).

2.6.- NGO's role in DP benefit?

The support system of NGOs is reducing because of the development level of the country, at the moment the focus is in the family self support groups creation, using family, friends or volunteers (Annex N° 8, FONADIS).

The traditional role of the Chilean NGOs related to the rehabilitation of disabled and / or social integration of them, is focus in the community campaigns for collect money. The most important institution of this kind is TELETON Foundation, supported in an extensive and massive communicational campaign. This foundation, use the resources of TV channels and other communicational massive media, to stimulate the emotional sensibility of persons and convince them to give more money every year for the operation of seven TELETON centers, distributed all over the country.

Another institutions, as Lions Clubs and Masonic Loggias, offer some reduced support for technical aids and community activities.

In Chile the NGOs don't have important relationship with international agencies for financial support in the social development projects context. Because of the

development level of the country, isn't probable the organization of this kind of entities in the future.

3.- NRIPAC situation.

3.1.- Number of patients, kind of disease, treatment and rehabilitation?

5.000 is the total number of patients in control at NRIPAC, the distribution of that patients is:

**Percentage Distribution of NRIPAN
by sex**

Range	Women	Man	Total
Less than 1 year	1.8	1.8	3.6
1 to 2 years	9.2	4.2	13.4
2 to 5 years	7.1	8.7	15.8
6 to 14 years	25.4	26.1	51.5
15 to 18 years	5.5	4.2	9.7
19 or more	3.2	2.8	6.0
TOTAL	52.2	47.8	100.0

Source: NRIPAC files

Distribution by Income

Social security for health	Percentage
A	45.3
B	20.6
C	7.9
D	17.2
Traffic accidents	0.3
DIPRECA (Police insurance)	1.4
ISAPRE	4.4
Private without insurance	1.8
Students insurance for accidents	0.1
No data	1.0
TOTAL	100.0

Source: NRIPAC files

Percentual Distribution by Diagnosis

Pathology	Age						Total
	- 1	1 to 1.11	2 - 5	6 - 14	15 - 18	19 +	
Cerebral Palsy	0.5	3.9	4.2	11.3	2.2	1.3	23.4
Traumatic	0.0	0.3	1.0	3.3	0.6	0.6	5.8
Multi factor	0.1	1.1	1.8	3.4	1.1	1.0	8.5
Congenital	3.6	6.5	4.0	24.4	4.9	2.8	45.6
Developmental	0.0	1.6	4.7	8.3	0.8	0.3	15.7
Others	0.0	0.0	0.1	0.8	0.1	0.0	1.0
Total	3.6	13.4	15.8	51.5	9.7	6.0	100.0

Source: NRIPAC files

Percentual Distribution by rehabilitation department

Department	Total
Physio Therapy	51.2
Speech Therapy	25.4
O. Therapy	27.6
Psicology	23.1
Social Service	55.6

Source: NRIPAC files.

Percentual distribution by surgery

Surgery	Percentage
Yes	36.4
No	63.6
Total	100.0

Source: NRIPAC files.

Percentual distribution. in-patients/out-patients relation

Hospitalization	Percentage
Yes	31.6
No	68.4
Total	100.0

Source: NRIPAC files.

3.2.- Derivation system and percentage distribution?

Administrative rules are the same for all health centers of the East Metropolitan Service of Health (SSMO) (Annex N°11).

95% of the requirements are made for Hospitals or Primary Health Centers, and 5% from Schools and Private Institutions.

3.3.- Personnel Administration System, salaries, promotions, etc?

Legal Base:

It exists a several legal normative for regulation in the public sector, in matters corresponding to the Administration of Personal, of which it is necessary to highlight the following ones:

1. The most important in the legal norms is the Administrative Statute Law 18.834 of 1.989 (it is attached in Annex N° 12) who regulates the following aspects:
 - Career
 - Requirements for employment
 - Work duties
 - Officials rights
 - Administrative Responsibility
 - Terms of Functions
 - Administrative Responsibility delegation.

2. The D.L. N° 249 Establishes the Unique Scale of Salaries for the Public Administration. (extract of this norm is attached in Annexed N° 13)

2. the Resolution N°2227/98 of Delegation of Functions, gives attributions to the Directors of the establishments for the Personnel's Administration. (it's attached in Annexed N° 14).

SYSTEM OF ADMINISTRATION OF PERSONAL

The system embraces the following aspects:

1. Selection.
2. Recruiting.
3. Salaries.
4. Training.
5. Qualifications.
6. Ascents or promotions.
7. Institutional support for employees.
8. Register and Recognition of benefits.
9. Delegation of functions.

1. - SELECTION: Previous to this stage, they are defined the requirements and characteristic of the position to provide, in order to determine the profile of the applicant. Later on he/she calls himself to competition through warnings in the press, in the Municipalities, in the Universities. Once revised the curriculum received, is selected to the applicants who are interviewed the directive as for the Director of the Establishment, and then he/she undergoes a psychological examination. With the obtained antecedents, it is selected to the most suitable, I process that the Director carries out from the Establishment to proposal of the Direct Boss.

2. - RECRUITING: All new official, it is hired on approval for a period of three months, at the end of which their yield is evaluated, to extend the contract ,o for

its contract term. All the recruiting have duration from January 1 to December of every year 31 and he/she is renewed according to the information emitted by the Direct Boss.

3. - REMUNERATION: The remuneration of the public sector, included the Health Sector, they are regulated by the Ordinance N° 249 who establishes a scale of salaries from the Degree 1^a that is the highest, until the degree 31. In the case of the East Metropolitan Service of Health (EMSH), the scale goes from the Degree 2, until the Degree 27. The assignment of degree, is made according to the scales. Exist 5 scales: Directive, Professional, Technical Paramedic, Office worker and Assistants. In this Law they also settle down, the majority assignments to which are entitled the officials. The remuneration and assignments increase exclusively by Law. (Scale of Salaries is attached in Annexed N°14-15).

All the recruiting are carried out in the last degree of the corresponding scale, since, it is not possible, in general, to hire in superior degrees, mainly because agreement should exist among the personnel's degrees.

4. - TRAINING: The establishment makes a diagnosis of necessities of improvement of the acting that embraces all the officials, the one that gives origin to a Program of Annual Training, according to the priorities of the organization. This training program is elaborated by the Local Committee of Training. Inside this Program of activities are made for other entities public or private, in relation to the specific topics of specialty of the Institute.

The Program of Training is a correspondent to the Bipartisan Committee of the EMSH, composed by three representatives of the Service of Health and the officials' three representatives, those which inside its objectives, they give the approval of all the Programs of Training of the dependent establishments of the Service of Health it guides. With this approval, the Section dependent Training of the Department of human resources of the EMSH Direction, establishes the program of actions to carry out in gratuitous form for the officials, and all actions

that they are not possible of being given by the Training Section, it is necessary to carry out them with other private or public entities and to finance them for the establishment and in some cases, a contribution percentage is requested the own official.

Legally 1% of the salaries is contemplated that can be dedicated to training activities, for that which the article corresponding to Training exists in the budget of Expense.

5. - QUALIFICATIONS: The System contemplates evaluations twice a year by means of Reports of Acting of each one of officials, which are made by the Direct Boss. These reports together with a Leaf of Pre-qualification (they are attached in Annexed N° 12)en which evaluation are assigned to the evaluated factors, they are correspondents to the Examining Committee, which is conformed by the Director of the establishment who presides over it, 2 officials of the highest hierarchy in the establishment, the officials' 1 representative chosen by direct voting and a representative of more important official's association inside the Institution. This Examining Committee evaluates the documents corresponding to each one of the officials and it determines the final qualification. If the official meets disagree with the qualification, he is entitled the of appeal to the EMSH Director, who will be able to welcome or to refuse this appeal, with that which you proceeds to make other procedures, according to the resolution of the maximum authority.

The qualifications carried out by each one of the Examining Committee of the dependent establishments of the EMSH, give origin to the Scale of Merit, which is used to carry out the promotions or ascents, inside the scale and respective plants, as well as for the determination of the Voucher of Acting that assigns amount of money according to tracts and to the antiquity of each one of the evaluated officials. (scale is attached of in Annexed N°).

ASCENTS: The ascents take place in vacant positions in each one of the defined scales. These ascents take place degree to degree, not being able to any official to jump degrees in the scale. The ascents take place whenever the official fulfills the established requirements for the position and assigned degree and whenever it is the first place in the scale of defined Merit according to the qualifications.

The promotions of they make habitually once a year. And this it is an activity that is not decentralized in the establishments, but rather it is made at level of the whole EMSH as an everything.

INSTITUTIONAL SUPPORT FOR EMPLOYEES: A Service of Well-being exists at level of the whole EMSH, which is financed with the officials' contributions and of the Institution. This Service grants a series of such benefits as: voucher from birth, mortuary quota, loans, scholarships to the officials that study, etc. All the officials can consent to these benefits, whenever they gather the requirements for them. The Service of Institutional support for employees has a Regulation of Operation.

REGISTRATION: The function registration carries out it the Personnel Register Section of Personal who takes a database with information it has more than enough vacant positions, busy positions, Leaf of the officials' Life, control of attendance, registration of absences had traded legal, record of the qualifications, training courses, certificates, etc. Its functions are governed by the Supreme Ordinance N° 42 1.986 the one that is attached in Annex N° 14.

RECOGNITION OF BENEFITS: The Personnel Register Section, makes the Resolutions that recognize the rights and benefits to the officials that fulfill the requirements. This Resolutions are signed by the maximum authorities of the establishment. The benefits are by way of example, the following ones: Voucher of Acting, assignment of antiquity, family assignment, etc.

DELEGATION OF FUNCTIONS: Inside the Politics of decentralization of the Government, the delivery of Abilities has been prioritized to make effective this decentralization, and that in EMSH, the Director of the Service of Health by means of Resolution N° 2227/98 Annexed N°) he/she has given capacities to the Directors of the Establishments Hospital clerks, in a series of matters, including the matters corresponding to the Administration of Personnel. These abilities have been delegated at level of the Director of the Establishment, Administrative Subdirector.

3.5.- There exist a connection with specialized educational institutions ?

Don't exist a formal connection program with specialized educational institutions, except the agreement between the EMSH and two Universities (U. Of Chile and U. Gabriela Mistral). But that agreement is relate about university students training in EMSH institutions, in clinic practice.

3.6.- What kind of support activities exist in the community?

At NRIPAC, there exist different levels of support activities for the disabled people in the community, some of them are show in the next table:

Kind of activity	Group
Daily voluntary work	DAMAS DE ROSADO DAMAS DE LA FRATERNIDAD
Financial Support	CENTRO FEMENINO JUANITA AGUIRRE CERDA CENTRO FEMENINO ALTAS CUMBRES LOGIA PEDRO AGUIRRE CERDA LOGIA ALTAS CUMBRES

Recreational	GRANGE School ANDREE School MANUEL DE SALAS School
Another activities (low frequency)	RELIGIOSOS EDUCACIONALES CENTROS DE MADRES

Also, some activities belong under the Municipality control (recreational, cultural, self-care and prevention), but are focus in the general population and some vulnerable groups, not only for disabled people.

4. Organizational Structure of the Project.

4.1.- Receptive institution of the project (responsible institution and department in-charge), executor institution of the project (institution responsible for the running and administration of the project).

The receptive Institution of the cooperation is "The Ministry of Health (MINSAL)". In representation of MINSAL, at local level, the responsible is "Eastern Metropolitan Service of Health (SSMO)".

The executor of the project is The National Rehabilitation Institute Pedro Aguirre Cerda (INRPAC)".

4.2.- Organization chart of executor institution of the project (relationship with the project. If there is a direct relationship with Ministry of Planning, Education or Cooperation).

The Organization Chart of NRIPAC will be see in the Annex N° 16. The NRIPAC don't have a direct link with the mentioned Ministries.

4.3.- Budget for the project.

The establishment annually establishes the internal distribution of the global amount assigned by the EMSH Direction. To the Budget of Expenses of the National Rehabilitation Institute. Once received this global amount it is made, like it was pointed out the internal distribution and agreement in general, to the historical behavior. In the article Maintenance, he/she has worn out annually around 7% in this item. Nevertheless and considering the project, the incremental costs that it will mean this, should be considered in this new distribution, they can be financed them with a redistribution of the budget assigned to the other items and with contributions of the Service Direction. Distribution of budget of expenses

is attached in Goods and Services of Consumption (it is excluded Personal) according to the budget assigned for the year 1999.

1. Counterpart personnel.

From the Chilean side, basically it has been considered two Teams, Administration of the Project and the Technician in Rehabilitation:

1. Project Administration Team (PAT)

The EGP this conformed by rehabilitation professionals that have been linked to the writing of the project of Cooperation with JICA and to the organization, planning, execution and evaluation of the visits or activities of international cooperation carried out with Japan along the last 5 years.

All the members of this team manage basic knowledge - means about design and execution of projects and they have experience average, superior to two years, in coordination and extension activities.

Exist a Technical Coordinator, assume functions of Leader of the Team of Coordination, which can be summarized in:

1. responsible for the planning of activities of the ICP, bound to the International Cooperation.
2. responsible for the flow of information and documentation from and toward superiors hierarchical levels at NRIPAC.
3. responsible for the coordination and distribution of responsibilities and work coordination team (CT) in order to cover all the thematic areas and to avoid duplicity of functions.
4. responsible the coordination with bound institutions to the international cooperation: JICA, AGCI, OCAI.

Also exist Operative Coordinators. This are professional in charge of the execution of the coordination actions required in each thematic area of the project. These actions are summarized as:

1. responsible for gathering of pertinent information for thematic area in-charge.
2. responsible for the generation of the relative documentation to the thematic area in-charge.
3. responsible for specific administrations (meetings and coordination) relative to the area in-charge.
4. responsible for technical advisory in international cooperation, to the professionals involved in activities from the thematic area in-charge.
5. responsible for the administration of the technical support for the professionals involved in activities from the thematic area in-charge.

Name	Profession	Charge in Coordination	Description
Sra. María Soledad Astorga	Social Worker	Operative Coordinator (OC) Based on Community Area	Coordination of relative activities to rehabilitation in community and with community. TRAINED IN JAPAN in "Comprehensive Community Care System for Elderly"
Sra. Angélica Gutiérrez	Fonoaudióloga ST	OC Clinic Extension Area	Coordination of relative activities to the Project of International Cooperation (ICP) in exchange, diffusion and transfer of clinical experience in rehabilitation.
Srta. Natasha Oberreuter	Kinesióloga PT	OC Personnel Training Area	Coordination of relative activities to the PCI in function of the technical personnel's training and professional of INRPAC, linked to: 1. Habitual courses JICA. 2. Special courses I JICA. 3. other Courses. TRAINED IN JAPAN in "Sports Instructor of DP"
Srta. Patricia Miranda	Kinesióloga PT	OC Rehabilitation's Technology Area	Coordination of relative activities to the PCI in function of the evaluation, diagnosis, identification and introduction of appropriate technologies to the therapeutic requirements in the INRPAC.

			<p>TRAINED IN JAPAN in "Sports Instructor for DP"</p>
Sr. Rodrigo Morales	Fonoaudiólogo ST	OC Research and Teaching Area	<p>Coordination of relative activities to the PCI in function of technical training and external professional to the INRPAC, linked to:</p> <ol style="list-style-type: none"> 1. courses Pregrado. 2. courses Graduate degree. <p>Coordination of relative activities to the PCI in function of the development of the clinical research in the INRPAC.</p>
Sr. Hernán Soto	Fonoaudiólogo ST	Technical Coordinator of International Cooperation	<p>General coordination of relative activities to the PCI, in function of the execution of the specific objectives of the project and the attainment of the outlined goals.</p> <p>It participates in the evaluation, control and pursuit of the evolution of the project.</p> <p>Responsible to assign tasks and responsibilities (work distribution) to the members of the coordination team and he/she supervises their execution.</p> <p>TRAINED IN JAPAN in "Community Care System Linking a Regional Core Hospital"</p>

6. Technical Counterpart in Rehabilitation (TCR).

The TCR this constituted by all the professionals and technicians that conform the team of rehabilitation of the INRPAC. It should be mentioned especially that the professional team in its entirety has university formation that at the moment has a duration to 5 years like as minimum.

Profession	Name	Charge	A	I
Médico Fisiatra	Dra. Patricia Méndez	Director INRPAC	28	U.Chile
	Dra. Patricia Martínez	Jefe Servicio de Rh.	17	
Cirujano Dentista	Dra. Rose Marie Jessen	Subdirector INRPAC	28	U.Chile
Cirujano Ortopedista	Dr. Claudio Alegría	Cirujano Ortopedista	31	
Kinesiólogo (PT)	Srta. Patricia Miranda	Jefe Kinesiterapia	28	U.Chile
	Sra. Marta Villalón	Kinesióloga	22	U.Chile
	Sra. Isabel Soza	Kinesióloga	20	U.Chile
	Srta. Natasha Oberreuter	Kinesióloga	8	U.Chile
	Sr. Rodrigo	Kinesiólogo	2	
Terapeuta Ocupacional (OT)	Sr. Jorge López	Jefe T. Ocupacional	20	U.Chile
		Jefe TAOR	5	
	Srta. Silvana Navarrete	T. Ocupacional	8	U.Chile
	Sr. Francisco Olmos	T. Ocupacional	7	U.Chile
Fonoaudiólogos (ST)	Sr. Hernán Soto	Jefe Fonoaudiología	10	U.Chile
		Coordinador Cooperación Internacional	5	
	Sr. Rodrigo Morales	Fonoaudiólogo	2	U.Chile
	Sra. Angélica Gutiérrez	Fonoaudiólogo	1	U.Chile
Asistente Social	Sra. María Soledad Astorga	Jefe Servicio Social	11	
	Sra. Marcela	Asistente Social	17	
Psicólogo	Srta. Jessica Menay	Psicóloga	7	U.Chile
Enfermera	Sra. Rebeca Martínez	Enfermera Supervisora Paramédica	22	
	Sra. Pabla Peña	Enfermera	22	
	Sra. Patricia Gálvez	Jefe de SOME	17	
	Srta. Matisol Rojas	Enfermera	11	
Nutricionista	Sra. Irma Cubillos	Jefe Servicio de Alimentación	25	U.Chile
Técnico Ortesista	Sr. Hernán Ibacache	Técnico Ortesista	18	
	Sr. Luis Jara	Técnico Ortesista	1	

Rh.	Rehabilitation
TAOR	Orthotic Workshop
SOME	Statistic and Medical orientation Service
A	Years as professional
I	Institution
	Professional trained in Japan

2. Support structure (AGCI, MIDEPLAN y MINEDUC)

Annex 16

3. JICA Expert allocations.

Annex 17