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FROM - GUATEMALA

SUBJECT - Project Evaluation Summary

REFERENCE -

Attached is Project Evaluation Summary Part I and II for "Rural Health Services I and II" - Loans 520-L-020 and 520-L-021.

BENNETT

Attachment: PES No. 79-6

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PROJECT EVALUATION SUMMARY SHEET - PART I

Report Symbol U-447

1. PROJECT TITLE

Rural Health Services I and II
(Loans)

2. PROJECT NUMBER

520-L-020
520-L-021

3. MISSION/AID/W OFFICE

USAID/Guatemala

4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 79-6

REGULAR EVALUATION SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES

A. First PRO-AG or Equivalent FY 72

B. ~~First~~ TDD ~~80~~ 80

C. Final Input Delivery FY 12/31/79

6. ESTIMATED PROJECT FUNDING

A. Total. \$ 13,900

B. U.S. \$ 5,900

7. PERIOD COVERED BY EVALUATION

From (month/yr.) 11-19-71

To (month/yr.) 11-30-78

Date of Evaluation Review

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., program, SPAR, PIC, which will present detailed request.)

B. NAME OF OFFICER RESPONSIBLE FOR ACTION

C. DATE ACTION TO BE COMPLETED

1. A second and final Loan 021 evaluation should be conducted, evaluating EOPs, NLT 3 months after TDD.

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- Project Paper
- Financial Plan
- Logical Framework
- Project Agreement

- Implementation Plan w/ CPI Network
- PIO/T
- PIO/C
- PIO/P

- Other (Specify) Annex I of Loan Agreement
- Other (Specify)

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. Continue Project Without Change
- B. Change Project Design and/or
- Change Implementation Plan
- C. Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS (AS APPROPRIATE (Names and Titles))

Norma Parker, Loan Officer, USAID/G

Dr. Romeo de León M., Chief of Implementation Unit
Ministry of Public Health

12. Mission/AID/W Office Director Approval

Signature

Typed Name

Eliseo Carrasco

Date

13. Summary

The first loan for Rural Health Services was authorized in June 24, 1971, for \$2,500,000. The loan agreement was signed on November 19, 1971 and the loan terminated on July 31, 1976, with \$2,339,243 disbursed. The remainder has been deobligated. The second loan for \$3,400,000 was authorized on June 29, 1972, and the loan agreement was signed February 14, 1973. It was ratified by the Guatemalan Congress on August 1, 1973. The loan is fully committed and the TDD, originally December 31, 1977, was extended two years to December 31, 1979. Approximately \$1,200,000 remain to be disbursed as of the date of this evaluation.

The two loans are being evaluated together because they originally were designed as one project and have been implemented jointly. In light of this, funding for various elements were switched from one loan to the other, e.g., the purchase of hospital equipment and radio communications network to reflect actual progress of the combined project elements. (See revised financial plan.) The total GOG counterpart for the two loans was originally estimated at \$5,200,000 including contributions from the municipalities. To date the GOG has contributed approximately \$8,012,000 to the project with an additional \$2.2 million budgeted for CY 1979. Most of this contribution (\$6,500,000) has financed the operating costs of the paramedical training school in Quirigua, Los Amates, in the Eastern part of Guatemala. The contribution from the municipalities was programmed to finance the construction and operating costs of 161 health posts. A \$28 million 1976 IDE loan for the construction of 159 rural health posts, 56 health centers, and five rural hospitals rendered this contribution unnecessary.

The project termination date has been extended twice and project implementation is currently proceeding in accordance with the revised schedule. Barring major problems, all activities should be completed by the approved TDD of December 31, 1979. It is anticipated that the three remaining construction activities, phase III expansion of the Quirigua training center, renovation of the Huehuetenango Regional Hospital, and construction of a new auxiliary nursing school in Jutiapa, should be fully contracted and ready for construction in early CY 1979.

A recent decision regarding one activity under Loan 021 was made by the Minister of Health. Because there were insufficient funds in the loan to finance a nation-wide radio communications network linking rural health posts to health centers and hospitals, a design was developed by MORCOM Inc. of Washington, D.C. to include only a system between rural health posts and health centers in four departments in Guatemala at an estimated cost of \$865,000. Part of this cost (\$445,000) was to

be loan-financed. However, the frequency assignments which were finally approved by the Ministry of Communications and Public Works after the design was completed, were not the same as those upon which the design was based. Therefore, an adaptation of the current design to the assigned frequencies will have to be made before this system can be installed. Because of this, and the fact that the Minister of Health felt the MOH's capacity to maintain this system was quite limited, a decision was made to reprogram these funds and delete the installation of a radio net from the loan program. The reprogramming exercise was completed in November, and loan funding now provides for: an expanded renovation program at Huehuetenango Hospital; financing the installation costs of 5 boilers and other medical equipment purchased under Loan 020 which, to date, had not yet been installed; and technical assistance and support for a development group in the Ministry of Health which would draft a National Maintenance Plan for Health Facilities and Equipment. Equipment installation costs were included in the original financial plan of the loan. The installation of hospital equipment will be based on a joint survey to be conducted by the Ministry and A.I.D.

The project description in Annex I of the Loan Agreement has been revised because of the Ministry's decision regarding financing for the radio net and other changes made during loan implementation. A current financial plan showing loan and counterpart funding has also been completed. An implementation letter forwarding these changes has been sent to the MOH for approval and signature.

14. Evaluation Methodology

This is the second regular evaluation for these two loans. (See Capital Project Evaluation 74.4 dated July 9, 1974). Because loan 020 has terminated this evaluation will be final for the loan. An in-depth evaluation of this project at the purpose level, dealing with the Ministry's outreach capability and cost effectiveness in delivering rural health services, is the subject of a separate, grant-financed, USAID project entitled, "Evaluation of Rural Health Care Delivery System", Project Number 520-0230 for an estimated total cost of \$561,000. This regular evaluation covers only output level performance of other loan activities under 020 and 021.

15. External Factors

This Section is covered in detail by the five reports being produced under the grant-financed evaluation project mentioned above. It is further supplemented by findings and recommendations of the Mission's 1977 Health Sector Assessment (HSA). The issue of GOG and Ministry commitment to rural health outreach system is dealt with in-depth in these

documents as well as in the USAID's DAP (April 1978) and ABS (June 1978). It can be noted that the GOG's commitment to health planning is increasing. A strong interest also exists in developing a national facility and equipment maintenance system for the health sector and a health information system.

16. Inputs. (See financial plan attached to Revised Annex I of Loan 021 Agreement.)

The \$1 million available under Loan 021 for the renovation program for regional hospitals were insufficient to finance the 20 originally programmed. The original cost estimates were made in 1971 and 1972. Currently, loan funds are only sufficient to finance the renovation of eight hospitals due to increased construction costs. These hospitals are: Mazatenango; Tiquisate; Coatepeque; Melchor de Mencos; Jutiapa; Chiquimula; Zacapa; and Huehuetenango. In addition, the 1976 IDB loan will construct four new hospitals from the original A.I.D. list of 20 hospitals. The German government is building another. The GOG with its own funds has already, or will, construct another four from the list of 20. The Guatemalan Social Security Institute (IGSS) has already constructed a new hospital in Escuintla where one of the original 20 hospitals was planned. It is more cost effective for the Ministry to share this new facility with IGSS than renovate the old hospital. Therefore, three hospitals from the original list of 20 are not now being attended with funds from non-AID sources. Moreover, one of the eight AID-renovated hospitals, Melchor de Mencos, was not on the original list of 20. As of this date, one hospital remains to be renovated (Huehuetenango) under the AID-financed program. Construction is scheduled to begin in early CY 1979.

The other "input" problem under Loan 021 relates to the installation and equipping of the radio communications network. Funds under Loan 020 (\$425,000), which were subsequently transferred to Loan 021, were insufficient to cover the full costs of installing a nation-wide radio communications net. Therefore, the design was reduced to cover only four departments, and the GOG counterpart was greatly increased. This element was subsequently deleted from the loan, and the funds were reprogrammed. (See Annex I of Loan Agreement and the revised financial plan.)

17. Outputs

A. Loan 020 (Project - Part I)

<u>Output Indicator</u>	<u>Target</u>	<u>Accomplishments</u>
1. <u>Renovation of Quirigua School and Equipping</u>	Phase I*	Phase I completed.
2. <u>Paramedical Training (TSRs and Aux. Nurses)</u>	120 TSRs trained annually until a total of 320 is reached (ITSR per 1 health post in each of 320 rural municipalities.) 90 Aux. Nurses trained annually until at least 160 trained.	269 graduated to date - average 50/yr. with Phase III should rise to 120 per year, until at least 600 are trained. 470 is the current inventory of health posts and 159 are being constructed under IDB loan) for total of 629. 110 graduated to date; 100 graduate annually.
3. <u>Maintenance Training</u>	12 technicians trained annually until a total of 40 is reached.	65 trained until 1977, when program ceased.
4. <u>Equipping Health Posts</u>	161	161 health posts equipped.
5. <u>Equipping of Rural Hospitals</u>	20	3 hospitals fully equipped as programmed, BID or GCG substituted if not programmed. 12 received partial complement, 3 programmed equipment, one hospital received none of programmed equipment. GCG to make up short falls in CY 1979 with own funds based on survey to be conducted.

* Phase I included electrical system, sewerage, water system, painting, structural rehabilitation and renovation of main building, and construction of new staff houses.

<u>Output Indicator</u>	<u>Target</u>	<u>Accomplishments</u>
6. <u>Construction of Health Posts</u>	161	1976 IDB loan will construct and equip 159 health posts. None constructed under loan.
7. <u>Radio Communications Network</u>	Radios installed in: 300 health posts, 65 health centers, and 16 hospitals. 42 replacement sets on hand.	Switched to Loan 021: design completed for linking 117 health posts and 27 rural health centers in 4 departments.
8. <u>Supervisory Vehicles and TSR Motocycles</u>	357 motos for TSRs - 30 jeeps for area medical supervisors of TSRs and health post personnel.	Approximately 150 Japanese motorcycles have been purchased to date with GOG funds. The supervisory vehicles were purchased under Loan 021 and 25 ambulances for rural hospitals were purchased instead at the request of GOG.
9. <u>Health Planning Strengthened</u>	MOH's Division of Planning, Evaluation, and Statistics.	Output switched to Loan 021 which established and strengthened Health Sector Planning Unit of National Economic Planning Council.
B. <u>Loan 021 (Project - Part II)</u>		
1. <u>Renovation of Rural Hospitals</u>	20	Reduced to eight. Seven are completed as of this date. (See Implementation Letter No. 14).
2. <u>Equipping Rural Hospitals</u>	20	Output indicator changed to Loan 020.
3. <u>Renovation and Expansion of Quirigua School</u>	Phase II and III	Phase II is finished. Phase III is scheduled to begin CY-1979 and be completed by the TDD.

Output Indicator	Target	Accomplishments
4. <u>Technical Assistance</u>		
a. National Economic Planning Council/ Health Sector Unit	Establish and Strengthen	Established in CY-1974. Loan is providing financing for 3 of the 4 staff members and technical assistance. GOG will assume funding of all staff in CY-1980.
b. MOH/Maintenance Development Group	(New target)	Loan is providing one year's support for the Unit, including technical assistance. GOG will assume funding in CY-1980.
5. <u>Equipment for University of San Carlos Dental School</u> \$300,000		Deleted from loan at request of GOG.
6. <u>Supervisory Vehicles</u>	20 jeeps for supervisory personnel of health post staffs.	20 GMC type purchased and in use by area health chiefs.
7. <u>Construction of Auxiliary Nursing School in Jutiapa</u>	X	Construction is scheduled to begin in CY-1979 and be completed by the TDD. MOH is in the process of awarding the construction contract.
8. <u>Design of a Radio Communications Network</u>	Nationwide design.	Design completed for 4 departments.

18. Purpose

Loan 020/021: "To assist in the improvement of the health care delivery system of Guatemala." (Statement from first PP).

Evaluation of progress towards EOPS is the subject of a separate, grant financed USAID project, "Evaluation of Rural Health Care Delivery System", scheduled to terminate December, 1980. One study has been completed and four other component studies are due by December 31, 1978. These component studies are: (1) review of information and information needs of the Ministry of Health; (2) activity analysis of the rural health outreach team; (3) community studies; (4) analysis of logistic and support systems of the Ministry; and (5) economic analysis. These studies, when completed, will contain survey and other data, analysis, and recommendations by which EOPS can be determined. The project will provide information on the efficiency and effectiveness of the MOH's rural health team and make recommendations for its improvement. Copies of all evaluation reports will be forwarded to AID/W as completed to complement this PES.

19. Goal

Loan 020/021: No quantifiable goals were explicitly developed for this project, although it was designed to assist the GOG in addressing the basic health needs of rural Guatemala. Statistics quoted in the Project Papers of 1971 and 1972, which could be considered indicators for goal achievements, included the high rate of infant mortality (89 per 1,000 in 1960), high death rate (16.2 per 1,000 rising to 23.6 per 1,000), high rates of malnutrition (.80% of children under 5 in 1965-1967), widespread prevalence of communicable diseases (respiratory infections = 23% of all deaths; gastro-enteritis = 17% of all deaths, infections and parasitic diseases = 10% of all deaths) and 40% of the rural population with no access to modern medical care of any order.

Clearly, the strengthening of the rural health system was intended to impact on these indicators. However, using data from the 1977 HSA one can see the goal level indicators have not improved much. The infant mortality rate hovers around 80/1,000 as of 1975, the latest figure available, and is much higher for the rural areas. INCAP estimates this rate at 100/1,000 in 1975 if adjustments are made for under-registration. "A decline has been observed in the infant mortality rate since 1960, but the decrease has stabilized during the last 5 years." (HSA, page 243). If more sensitive goal indicators are used, one can summarize as follows, "Neonatal mortality appears high (25.6/1,000 in 1975) with a general trend towards improvement... while post-neonatal mortality does not show any tendency to improve. Post neonatal mortality (mortality in 1-2 years) is the one most influenced

by nutritional status of children." (HSA, P. 245.) During the period 1973-1974, the mortality rate for 2 years old was 33.5/1,000. (HSA p. 246.) The death rate was estimated at 14/1,000 as of 1977. As of 1975, according to INCAP, 85% of the population under five had either first, second, or third degree (Gomez) malnutrition. The leading causes of death remain respiratory illness (20.8% of all deaths in 1973) and diarrheas and intestinal parasites (21.9% of all deaths in 1973). The HSA estimated that 65-70% of the rural population did not have access to readily available, modern medical services (HSA, p. 90).

The reasons for the shortfall in goal achievement are fully analyzed and summarized in the 1977 HSA (p. 23-28.) Basically lack of improvement is largely due to the still defective and inefficient rural health delivery system and grossly inadequate water and sanitary facilities in the rural areas.

20. Beneficiaries

In terms of Section 102 (d) the direct beneficiaries of Loans 020/021 were and are the rural, mostly low-income families in Guatemala, especially mothers and children. As of 1977 it is estimated that about 30% of rural families have access to the formal medical system, most of which is managed by the MOH. These families are being reached with basic, preventive health services.

21. Unplanned Effects

The increased contribution on the part of the GOG required to finance the operating costs of the paramedical training school in Quirigua was not foreseen. Approximately \$1,000,000 each year is being budgeted for this school. The annual operating costs were originally estimated around \$200,000 in 1971-1972. This has dramatically increased the total GOG contribution made to date for the combined project. Increased construction costs, resulting from implementation delays and the earthquake, have necessitated requests for additional GOG contribution for activities where no counterpart was planned (Phase III Quirigua) and a higher GOG contribution on other items (hospital renovation and equipment).

The earthquake caused the Ministry to provide loan-financed equipment, programmed for specific hospitals, to be sent to non-project hospitals. However, the GOG has agreed to use counterpart funds programmed in CY-1979 to make up this shortfall. A hospital survey detailing equipment requirements is scheduled to be conducted in CY 1979 prior to the purchase and installation of this new equipment.

22. Lessons Learned

- Purchase equipment with installation costs included in the contract.

- Because of GOG procurement problems, it is better not to set up a separate, implementation unit, off-line, for loans. The project needs to be bureaucratically located within the executing ministry or agency.

- Most of the constraints on improving the GOG's rural health delivery system could be addressed by policy changes and not by a "bricks and mortar" approach, as was Loan 020/021.

- Coordination with IDB and other donors is essential to effecting changes in the health sector in Guatemala.

23. Special Comments

List of attachments:

A. Revised Annex I of 021 Loan Agreement

B. Revised Financial Plan

C. 1977 HSA (on file in LAC/DR)

D. USAID DAP, April, 1978 (on file in LAC/DP)

E. USAID ABS for FY 1980, June 1978 (on file in LAC/DP).

MEMORANDA AL NIEHO I

El Proyecto proporciona financiamiento con fondos provenientes del préstamo para: la renovación y equipamiento de ocho hospitales regionales que sirven a la población rural de Guatemala (incluyendo la instalación de equipo pesado como calderas) y servicios de arquitectura e ingeniería. Se apoyará el desarrollo institucional de planificación del sector salud por medio de la creación de una Unidad para el Desarrollo del Mantenimiento dentro del Ministerio de Salud y la asistencia técnica relacionada requerida para diseñar un Plan Nacional de Mantenimiento. El reforzamiento físico y la asistencia técnica apropiada para la Unidad Sectorial de Planificación de la Salud del Ministerio de Salud Pública y Asistencia Social, cuyas funciones incluirán planificación, investigación de operaciones y recopilación de datos.

También se proporcionan fondos del Préstamo para: renovación y ampliación, incluyendo servicios de arquitectura e ingeniería para el instituto de adiestramiento de personal paramédico, IMEPPS, en Quirigua, Los Amates, para técnicos en salud rural, inspectores de salud, enfermeras auxiliares, y técnicos en mantenimiento de equipo médico en el área rural, así como un programa de post grado y de educación continua.

El Préstamo financiará toda la construcción, el equipo y los costos de supervisión de ingeniería para la escuela de adiestramiento para auxiliares de enfermería en Jutiapa.

Finalmente, el Proyecto financiará los vehículos para el personal del Ministerio de Salud, quienes supervisan el equipo de salud rural.

REVISED ANNEX I

The project provides loan financing for: the renovation and equipment of eight regional hospitals serving rural Guatemala (including the installation of heavy equipment such as boilers) and related architect and engineering services. Institutional Development in health planning will be carried out by the establishment of a Maintenance Development Unit within the Ministry of Health and related technical assistance required to design a National Maintenance Plan. The strengthening and technical assistance of the Sectorial Planning Unit within the Ministry of Public Health whose functions will include planning, operations research, and data collection.

Loan funds are also provided for: renovation and expansion, including related architect and engineering services, of a paramedical training facility, IMEPPS, in Quirigua, Los Amates, for rural health technicians, sanitary inspectors, auxiliary nurses, and such medical equipment maintenance requirements, as well as a program of postgraduate and continuing education.

The Loan will finance all construction, equipment, and supervisory engineering costs for a school for training auxiliary nurses in Jutiapa.

Finally, the Project will finance vehicles for Ministry of Health personnel who will supervise the health services in rural areas.

incluyendo a los técnicos en salud rural, auxiliares de enfermería, promotoras de salud y comadronas de las áreas rurales; y para el uso del personal de INDAPS en Quirigua.

La contrapartida del Gobierno de Guatemala financiará parte de los costos de renovación de los hospitales regionales, la compra de equipo adicional para hospitales, y los costos de la instalación del equipo, así como los costos de mantenimiento de las instalaciones y del equipo para los 8 hospitales a ser renovados; los costos de operación de la Unidad de Mantenimiento del Ministerio una vez que ésta se haya establecido; y los costos de operación para el desarrollo Institucional de Planificación del Sector Salud. Los fondos del Gobierno de Guatemala también pueden ser utilizados para financiar estudios adicionales e investigación de operaciones llevados a cabo por la Unidad Sectorial de Planificación de la Salud del Ministerio de Salud Pública y Asistencia Social.

La contribución del Gobierno de Guatemala también financia parte de los costos de construcción de la Fase III de INDAPS, así como todos los costos del equipo de la Fase III y todos los costos de mantenimiento para la escuela.

Finalmente, la contrapartida del Gobierno de Guatemala financia los costos de viajes y viáticos del personal del Ministerio de Salud quienes supervisan al equipo de salud rural y utilizan los vehículos comprados con fondos provenientes del préstamo.

health technicians, auxiliary nurses, health promoters, and midwives in the rural areas; and for use by INDAPS staff in Quirigua.

The GOG counterpart will finance part of the costs of renovating the regional hospitals, the purchase of additional hospital equipment, and equipment installation costs, as well as all facility and equipment maintenance costs for the 8 renovated hospitals; the operating costs of the Ministry's Maintenance Unit once established; and the operating costs for Institutional Development in health planning. GOG funds may also be used to finance additional studies and operational research conducted by the Sectorial Planning Unit of the Minister of Public Health and Social Assistance.

The GOG contribution also finances part of the Phase III construction costs for INDAPS, as well as all Phase III equipment costs and all maintenance costs for the school.

Finally, the GOG counterpart finances the travel and per diem costs of Ministry of Health personnel who supervise the health team and use the vehicles purchased under the loan.

Un plan financiero detallando el financiamiento estimado del préstamo y de la contrapartida aparece a continuación.

REPUBLICA DE GUATEMALA

Dr. J. Roquelino Recinos H.
Ministro de Salud Pública y
Asistencia Social

A financial plan showing estimated loan and counterpart financing is given below.

UNITED STATES OF AMERICA

Eliso Carrasco
Director A.I.
A.I.D./Guatemala

ANEXO I Revisado

PLAN FINANCIERO DEL PROYECTO
SERVICIOS RURALES DE SALUD II
AID 520-L-021 al 31/1/79
 (000s)

Renglon	A I D			G O G		
	CY 73-78	CY 79	TOTAL	CY 77-78*	CY 79	TOTAL
<u>1. Hospitales Nacionales</u>	<u>1,530</u>	<u>425</u>	<u>1,955</u>	<u>216</u>	<u>575</u>	<u>791</u>
a. Renovación de 8 hospitales (+ supervisión)	<u>1,219</u>	<u>135</u>	<u>1,354</u>	<u>183</u>	<u>25</u>	<u>208</u>
b. Equipamiento de 8 hospitales (+ propiedad exced.)	<u>311</u>	<u>290</u>	<u>601</u>	<u>-</u>	<u>350</u>	<u>350</u>
c. Mantenimiento	<u>-</u>	<u>-</u>	<u>-</u>	<u>33</u>	<u>200</u>	<u>233</u>
<u>2. Escuela Paramédica en Quiriguá</u>	<u>165</u>	<u>377</u>	<u>542</u>	<u>2,453</u>	<u>1,485</u>	<u>3,938</u>
a. Construcción (inc. equipo y supervisión - Fase III)	<u>165</u>	<u>377</u>	<u>542</u>	<u>-</u>	<u>150</u>	<u>150</u>
b. Costos de Operación	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,429</u>	<u>1,309</u>	<u>3,738</u>
c. Equipamiento/Mantenimiento	<u>-</u>	<u>-</u>	<u>-</u>	<u>24</u>	<u>26</u>	<u>50</u>
<u>3. Desarrollo Institucional de Planificación del Sector Salud</u>	<u>226</u>	<u>252</u>	<u>478</u>	<u>131</u>	<u>149</u>	<u>230</u>
a. Asistencia Técnica	<u>183</u>	<u>200</u>	<u>383</u>	<u>-</u>	<u>-</u>	<u>-</u>
b. Costos de Operación	<u>-</u>	<u>-</u>	<u>-</u>	<u>100</u>	<u>100</u>	<u>200</u>
c. Estudios e Investigación de Operaciones	<u>43</u>	<u>52</u>	<u>95</u>	<u>31</u>	<u>49</u>	<u>80</u>
<u>4. Vehículos para Supervisión</u>	<u>102</u>	<u>-</u>	<u>102</u>	<u>25</u>	<u>5</u>	<u>30</u>
a. Compra de vehículos	<u>102</u>	<u>-</u>	<u>102</u>	<u>-</u>	<u>-</u>	<u>-</u>
b. Viáticos	<u>-</u>	<u>-</u>	<u>-</u>	<u>25</u>	<u>5</u>	<u>30</u>
<u>5. Escuela de Enfermería de Jutiapa</u>	<u>-</u>	<u>190</u>	<u>190</u>	<u>-</u>	<u>-</u>	<u>-</u>
a. Construcción	<u>-</u>	<u>138</u>	<u>138</u>	<u>-</u>	<u>-</u>	<u>-</u>
b. Equipamiento	<u>-</u>	<u>52</u>	<u>52</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>6. Red de Comunicaciones</u>	<u>36</u>	<u>-</u>	<u>36</u>	<u>-</u>	<u>-</u>	<u>-</u>
a. Diseño	<u>36</u>	<u>-</u>	<u>36</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>7. Imprevistos para Construcción</u>	<u>-</u>	<u>97</u>	<u>97</u>	<u>-</u>	<u>-</u>	<u>-</u>
Suma Total	<u>\$2,059</u>	<u>\$1,341</u>	<u>\$3,400</u>	<u>Q2,825</u>	<u>Q2,214</u>	<u>Q5,039</u>

*Fondos de con. apartada del Gobierno de Guatemala para los años calendario 72-76 asignados al Préstamo C20 de AID.
 (Estimado: Q2,973,000)