PD-ABQ-325
96984

VISISA MANAGEMENT

EVALUATION

THIRD PHASE

DECEMBER, 1985

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# P R E F A C E

The three phases of the management evaluation of the VISISA project were conducted in October, 1984, June, 1985, and November/ December, 1985. The first phase of the evaluation assisted the TA Team and USAID project management to establish indicator systems for the Project's three major components: 1) Supply Management, 2) Transport Management, and 3) Biomedical Equipment Maintenance Management. During 1985 these indicator systems provided managers with both an evaluation and management tool to facilitate project development in accordance with its goals and objectives.

The second management evaluation utilized the indicator systems in place to measure the effectiveness of the MOH Supply System, Transport Management, and Biomedical Maintenance Management. MOH Management, assisted by USAID project management and TA, proved able to utilize project inputs effectively. Sample surveys indicated an increased availability of drugs and supplies provided by the VISISA program. The MOH was able to maintain and replenish stocking levels more consistently.

However, as discussed in this third management evaluation, there are still inventory problems due to inadequate forecasting, and

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unsystematic reporting and distribution. Transport management improved during the 1985 period. The percentage of deadlined vehicles was reduced from 40% in January 1985, to 24% in September of 1985. The transport management system developed by the TA improved control and monitoring over performance and maintenance of the MOH 453-vehicle fleet. This 1985 period was the first year the MOH remained within its annual fuel allocation.

Biomedical maintenance TA assisted the MOH Maintenance Section to put in place a maintenance management system during 1985. This system has facilitated management of corrective and preventive maintenance of MOH biomedical equipment, increasing productivity (measurement of work orders completed) from a 66% average in 1984 to a 76% average recorded in the August-October 1984 period. During 1985 the MOH Maintenance Section and the TA also installed VISISA equipment, developed a spare parts inventory, and conducted training in preventive and corrective maintenance.

Although the MOH now has a trained Executive Management Group, a more adequately focused supply management system, better management of transport and biomedical maintenance, these improvements will take additional training, management assistance, equipment, and supplies to sustain the level of development attained during the 1985 period.

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Subsequent TA should thus include the development of a data base management information system, training in supply management, administration, maintenance of vehicle and biomedical equipment, and identification of relevant new technologies and methodologies to effect transfer. The second phase TA, which began in September 1985, has already assisted the MOH in the development of a Basic Drug List and Formulary. It is currently establishing a Drug Management Unit, and has already made significant progress in the establishment of a management information system. However, delays in the procurement of such key inputs as drugs and computer hardware, caused by the congressional hold placed on project funds, have retarded project development. Also additional TA originally scheduled for the first half of 1986 has been delayed due to the uncertainty of continued funding beyond February, 1986. This uncertainty of funding has caused a loss in the project's momentum developed previously by TA and USAID project management.

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VISISA MANAGEMENT EVALUATION, THIRD PHASE

12 November to 12 December, 1985

This third and final report of the VISISA management evaluation follows the lines of analysis developed in the two prior management evaluations completed during the period September/October 1984 to December 1985, focusing on the areas of supply management, biomedical equipment maintenance, and vehicle maintenance.

The indicators established (see Charts I, II, and TA Work Plans) to assist USAID project management track project development have facilitated both continuous monitoring of implementation and management evaluation. Thus, this management evaluation has become an integral part of the VISISA project, utilizing the same indicator systems that enable USAID project management to track implementation on a continual basis.

During the 1984-85 period, USAID Project Management has been able to provide backstopping in procurement, logistics, and management, assisting the MOH move drugs and supplies through the supply system, develop plans for and install major hospital equipment, and refurbish vehicle maintenance areas and regional warehouses, and construct central level warehousing.

## I. SUPPLY MANAGEMENT TECHNICAL ASSISTANCE (Sept 1984-1985)

This section of the report contains:

1) A review of project activities (1.1);

2) an assessment of the MOH supply system (1.2);

3) an analysis of the MOH 1985 procurement (1.3);

4) an analysis of inventory movement (1.4);

5) a review of the MOH Executive Management Group (EMG) (1.5).

1.1 During 1984-85 USAID project management and TA provided assistance to the EMG to accomplish the following tasks:

1. An internal auditing system and a set of priority drug indicators were established. Regional supply managers are now using this internal auditing system to prepare monthly reports. These reports are being monitored by the EMG and are made available to project management. Although the regional supply managers had been instructed to track only 20 priority drugs, at this writing the managers are using the forms to provide inventory information on complete monthly drug movements through regional warehouses.

2. A plan to control and supervise central and regional warehouses was developed. This plan also facilitates field

visits by members of the EMG. The plan's forms are part of the above internal auditing system utilized by supply managers to monitor inventories on the regional level. The plan also requires active management auditing by the EMG and supply managers, providing the kind of hands-on supervision the MOH has not in the past utilized systematically as a management tool.

3. The Matazano warehouse utilization plan was developed by the EMG and will provide a comprehensive basis for the management of all warehousing activities.

4. With the assistance of the EMG, each regional supply manager has completed a warehouse plan. Currently, these plans are being reviewed by the EMG regional supply managers and TA. These warehousing/inventory plans are an integral part of upgrading supply management within the MOH.

5. The EMG has prepared a plan to facilitate the transfer of supplies and equipment from the antiquated IVU warehouse to the new Matazano complex. Coordination of this move will involve the MOH transport section, Department of Engineering, and PLANSABAR. The transfer should begin upon

the completion of the Matazano warehouse construction and modification. The construction completion date is now projected for 15 January. Completion of modifications, essentially the placement of exhaust fans and shelving, is projected for February.

6. A bimonthly order point system was established for each region, based on the MOH assignments of drugs and supplies. Since the system functions on a bimonthly basis, the safety stock was set at a month's supply. In effect, an order point system depends on continuous availability of inventories throughout the MOH system, based on a procurement policy that functions effectively.

However, historically the MOH management has not been able to coordinate effectively the budgeting process and organize timely procurement schedules, both being integral parts of inventory management (see section 1.3 from analysis of the 1985 procurement). Although an order point system will assist management in utilizing inventories more efficiently, until budgeting and procurement are properly coordinated the MOH inventory will continue to suffer chronic shortages of priority medicines. Also, inventory planning will be complicated continually by ad hoc

donations which the MOH receives, at times without notification, on all operating levels, which have produced unanticipated stock overages of some products during the 1985 period.

Inventory management techniques cannot replace effective budget and procurement policies, which must be developed by the MOH to ensure efficient management of its resources.

Assuming supply flows become more consistent within the MOH, and inventory patterns become more reliable on the regional level, MOH supply managers, utilizing the order point system, will be able to optimize the utilization of priority drugs and reduce holding costs. This is an area where additional TA will be valuable.

7. A study of inventory carrying costs was completed during August, 1985, using information provided by the MOH Procurement Department. Currently, supply managers are completing similar studies on the regional level. Subsequent TA will be able to put together all studies to form a basis for analyses of inventory and procurement costs.

8. During the period January 1985 through August 15, 1985, the following surveys were completed by USAID project management, establishing an information base to assist MOH planners and decision makers in the management of the drug and medical materials supply:

- inventories on central warehouse (IWU) level
- inventories on regional warehouse level
- inventories on health facility level
- drug availability survey of select VISISA drugs
- the Delphi drug formulary survey
- regional distribution plan (each regional supply manager in coordination with the health monitor has prepared a drug management plan, including a bimonthly reorder plan)
- listing of priority drugs
- field surveys of health facilities (See Chart I)
- field surveys of hospitals and regional warehouses (See Chart II)

Additional documents were collected and reviewed as part of the survey:

- MOH annual estimate of drug and material requirements
- MOH 1985 licitation for drugs and supplies
- MOH annual distribution plans for drugs and supplies

USAID health monitors have worked with the regional supply managers and other MOH personnel to develop the above work, which now forms an extensive information base. Project management thus has sufficient information to assist the MOH develop procurement plans in a timely manner. The above surveys also provide the basis for the development of an MIS based reporting system of drug and material utilization. Both MOH and project management now have a

more reliable data base to facilitate meaningful tracking of inventories on central and regional levels. Additional work on the part of USAID health monitors/assistants will be required, however, to ensure that management and communication systems become fully operational within the MOH.

9. A working manual/guidelines for warehouse operation and inventory management was completed. This draft manual on supply management was presented to the regional supply managers at a training session conducted during August, 1985. The regional managers will have the opportunity to suggest changes and/or modifications to this draft during the August-December, 1985 period. This manual should be ready for publication in March, 1986.

Observations and Recommendations

1. The USAID/TA Health Monitors/Assistants have had a major role in the implementation of this project. They have been instrumental, as noted above, in doing survey work, field audits, and assisting both the EMG and regional supply managers to develop distribution and inventory management plans. In November, 1985, they completed both field and analytical work for the MOH 1986 priority drug procurement plan, an important objective for the USAID Project Manager. It is strongly recommended that the Health Monitors/Assistants continue their work in the project.

2. It should be mentioned that in March, 1985, the MOH created the position of Regional Supply Manager, thus adding 5 professionals to its administrative staff. These managers are key players in the management of supplies and equipment. This MOH contribution should be taken into account in human resource assessments as an important input to VISISA and other MOH projects.

3. During the 1985 period extensive field work was done on the regional level, which focused primarily on determining the demand for drugs and supplies. Subsequent TA should continue this work. The MOH now has a clearer idea of total demand for drugs and supplies within the system. Additional information currently being developed by the EMG and the health assistants, including analyses of other drug and supply donors and private sector production and sales, should expand the MOH information base to facilitate more timely supply management decisions.

1.2 Assessment of the Supply Management System

a. The Cold Chain: The MOH cold chain is established and fully operational. The central units of the cold chain are located, as described in the second phase Management Evaluation, at the Matazano warehouse. This facility was in place before February 1985 and was utilized during the MOH vaccination campaign which required the coordination of

physical distribution by the EMG and regional administrators. Additional refrigeration units were installed during the month of August, September and October to complete the cold chain system. PAHO Health officials have referred to this system as the most complete cold chain in Central America.

b. Central Warehouse Matazano Construction and Modification: Although originally scheduled for June 1985 completion, the warehouse, due to delays in contract negotiations, unavailability of materials during the construction phase, and additional construction work not contemplated in the original plan (such as reinforcing the foundation due to structural deficiencies in the sub soil), will be completed in January, 1986. The original construction budget was projected at colones 1,216,877 by the MOH Architect. The construction contract was awarded to a local firm at a colon value of 1,098,839.00. Current projections indicate that the final cost will rise above 1,429,000 Colones, or 17% greater than the original estimation. This additional cost is due to higher than anticipated labor and material costs, and also additional costs involved with preparing the foundation.

c. Regional Warehouse Modifications: As reported in the second phase evaluation, both plans and budgets for regional warehouse modifications have been developed and approved. The EMG is currently putting together documents for the procurement of construction services to commence during the January and February, 1986 period.

d. Management Information Support System : Inventory tracking forms have been utilized consistently during the June through December period. The EMG has exercised a continuous review of information reported by the regions, and will be able to provide the MIS advisor with assistance during the computerization of the information systems.

e. Management of Drug and Medical Supplies: AID funded drugs and supplies have moved efficiently and effectively through the MOH supply system. This was noted in the second phase management evaluation. It should also be noted that the MOH, during the same timeframe also received drugs and supplies from such other sources as Colombia (via a special credit), and other donors. Unfortunately, the MOH annual procurement for 1985, at this writing, has still not been finalized, and no GOES purchased drugs have been received from either local or international suppliers. The 1985

procurement process was not efficiently managed, and the resulting inordinate delays in the process caused the loss of significant amounts of funds that were available during the year, which were disbursed to defray operating expenses. According to the Minister, the MOH currently (Dec. 9) has only 3.6 million colones that remain available for procurement of drugs for the 1985 period. Also, the Ministry has not as yet prepared its procurement for 1986, which should have been done during the August-September period. Similar to the 1985 budget, the MOH has 16 million colones designated in its 1986 budget for the purchase of drugs and medical supplies. An analysis of the MOH 1985 procurement follows in Section 1.3 of this management evaluation.

Although during the 1985 period USAID project management, the TA assistance team, and the MOH/EMG were able to position drugs and medical supplies within the system and maintain sufficient quantities of drugs and supplies at the different operating levels within the Ministry, the delays of the ultimate and penultimate USAID procurements, combined with the slowness of the Ministry of Health procurement system, has begun to cause a series of stockouts of priority drugs. Project management has developed a series of studies to demonstrate current stock

positions to MOH management, and is also currently assisting the MOH in the development of a short and medium term plan for the procurement of essential drugs. This plan will take into account the necessities of the MOH, available funding sources, and assign drug procurements to funding sources over the next 18 month period. This will be the first drug distribution plan that the MOH has developed, relating drug purchases to financial sources. Computation of requirements has been facilitated by project management through the development of drug and supply movement studies, an example of which (Chart II) is discussed in Section 1.4.

f. From February 1984 to November 1985 project management has tracked 5 indicator pharmaceuticals in 30 establishments throughout the country and at all levels of the system. The five phase survey was developed, using as a constant 5 of the more important pharmaceuticals, and selecting different health facilities.

The results of all the surveys are shown in the table below. Percentages indicate availability of items in the universe of 30 health facilities (example: On 11/85, penicillin was in stock in 100% of facilities surveyed):

CHART I

| Item | 2/84 | 2/85 | 4/85* | 6/85* | 11/85* |
|---|---|---|---|---|---|
| Oral Salts | 66.1 | 67.9 | 85.5 | 100.0 | 100.0 |
| Penicillin | 77.4 | 58.1. | 90.0 | 90.0 | 100.0 |
| Chloroquine | 41.9 | 51.6 | 59.5 | 95.0 | 96.6 |
| Tetanus Toxoid | 43.2 | 32.3 | 52.0 | 95.0 | 90.0 |
| I.V. Infusions | 45.2 | 60.0 | 59.5 | 52.2 | 90.0 |

*Repeat survey of facilities surveyed in 1985.

As can be seen by the above results, project management and the MOH have been able to increase and maintain availabilities from 2/85 through 11/85. Pharmaceuticals are reaching health establishments. However, Project Management reports there are still inventory problems due to lack of adequate forecasting, inappropriate distribution of pharmaceuticals and supplies, and unsystemmatic management. The internal accountability for distribution does exist at MOH facilities, however, as indicated in audits and surveys.

Project management and the MOH, assisted by TA, are aware of the above problems. Plans to resolve these problems in both short and medium terms include:

1. Redistribution of overstocks
2. Upgrading of monthly reporting system of priority drugs.

3. Additional training for warehouse personnel

4. Training for regional supply managers, regional and hospital administrators.

5. Forecasting based on actual inventory audits and distributions derived from analyses of Cardex, unfilled prescriptions, and morbidity assessments.

## 1.3 Analysis of the MOH 1985 Procurement Process

1. The performance of the supply management system and the development of the logistic support for procurement, inventory, and distribution merits special attention within the evaluation of the VISISA Project.

Although a significant portion of the MOH basic list of pharmaceuticals has been procured through USAID loan and grant funds, the GOES procurement plan originally projected at sixteen million Colones was not implemented during the 1985 period.

The MOH budgeted 16 million colones for the procurement of drugs and medical supplies. However, the 1985 tendering for drugs and medical supplies was assigned a funding level of 9.2 million colones. This represents a reduction of 6.8 million colones that were disbursed, as discussed in

section 1.2.3, during the year to cover operating costs. The drug and medical supply procurement documentation was prepared by the Procurement Department and submitted to the Director General of the MOH on the 29th of April, 1985. 173 items comprised the entire procurement. On 28 August, the Ministry of Health began to evaluate the offers presented by various local suppliers. Although the procurement committee selected from the offers a total of 8.4 million colones worth of drugs and medical supplies, the procurement department on 28 August noted that only 6 million colones were available for procurement. Of the 171 items in the original procurement list, 51 items were not selected for procurement. It is unclear if these items were not selected due to financial limitations or whether local suppliers were unable to offer these products. On 14 November, the MOH received notification from the Ministry of Finance that its credit reserve was only 5.5 million colones to support the 1985 procurement. As of December 6, during a meeting with the Minister and his staff it was found that the Ministry was contemplating the utilization of 3.6 million colones for the purchase of the drugs and supplies from the list of accepted offers. As of this writing the MOH has not received a product from the 1985

procurement. Also, of great importance, the 1986 procurement has not as yet been initiated. It is understood that the Ministry has a budget line item of 16 million colones for the purchase of drugs and medical supplies during 1986.

It should be noted here that the total contract awards for the 1984 procurement amounted to 5.6 million colones. An additional 1.5 million dollars worth of awards to international sources was not expended due to scarcity of foreign exchange (See Annex 4). The funding level in colones finally approved by Treasury for 1984 was 78% less than the estimated value of the total drug requirements for the year (25 million colones) projected by the MOH procurement department. The 25 million colon figure, as recent survey work and analysis by USAID project management indicate (See Chart II), is an underestimation of the value of drug and medical supply requirements, which is probably closer to 60 million colones annually. The MOH has been able to partially maintain its service levels through systematic donations from such organizations as Project HOPE (through its dispensary program for displaced persons), and ad hoc donations from other nations and international agencies. Also, hospitals utilize

discretionary funds generated by each patronato or local committee for drug purchases; and special credits have also been received, e.g., Colombian Government credit of 10 million dollars for purchases of pharmaceuticals, of which 7 million was utilized during 1985.

2. Preparation of the Annual Requirement Plan

As discussed in previous sections, the 1985 annual procurement plan has not generated a single drug delivery to date (6 December). The poor performance of the MOH procurement cycle has not only adversely affected inventory positions and delivery of services, but has also triggered the loss of approximately 65.5% of the budget line item for drugs and supplies which was gradually reduced by transfers to support other MOH initiatives or obligations. Thus, the 1985 drug procurement seems to have followed a pattern established in the 1984 drug procurement, which was also reduced to 65% of the original budget line item of 16 million colones.

The primary causes of the poor performance of the MOH's procurement management are:

a. No effective schedule for submission of drug use and future requirements from hospitals and regions.

b. No effective management and decision making at the MOH executive level (Office of the Director General).

c. No effective coordination among the MOH divisions and departments.

To complicate matters, as field work done by health assistants indicates in Chart II, the final procurement plan falls short of service requirements, substituting administrative and bureaucratic expectations and procedures for computation of projected consumption based on forecasting. As can be seen in Chart II, with the exception of oral salts (15) and chlorpromazine (6), the MOH annual procurement plan consistently falls short of actual consumption rates.

USAID Project Management through field work and analysis, has been able to assist the MOH develop a better understanding of consumption rates for priority drugs and supplies. The creation of a drug management unit within the MOH, assisted by USAID TA, should upgrade procurement management.

3. Budget

The MOH budget for drugs and medical supplies has remained constant, approximately 16 million colones during the years 1984, 85, and 86. Although this 16 million "cap" has been established without a rigorous budget process based on demand and morbidity patters, the budgeted amount has not been utilized effectively. USAID Project Management has assisted the MOH by providing additional financial support for drug procurements during 1985, and USAID TA is currently assisting MOH management restructure the basic drug list and develop an information base that will make material planning possible and facilitate the development of a budgeting process.

The health assistants are currently developing a system through which inventory values can be continually measured. This should assist the MOH develop cost projections for both annual and immediate procurements.

Recommendations

There have been several analyses of the supply management system, focused on structural changes that would improve its operation. However, the MOH can take into consideration some immediate and practical procedures to facilitate a better procurement performance:

1. Establish as soon as possible the unit for drug and medical supplies management. A model unit has been presented to the MOH by USAID PM for review and discussion.

2. Modify the Procurement regulations to increase levels (quantities) for procurement approval in order that the procurement manager will be able to contract through purchase orders up to, but not more than, 25,000 colones, and use direct procurement up to, but no more than 100,000 colones, with previous approval of management.

3. Establish a revolving fund of a minimum of 25,000 colones within the procurement office to be used for emergency purchases of essential drugs or other priority needs.

4. Design and implement additional training for MOH personnel in charge of supplies at central, regional, and hospital level in the handling of information (balances, consumption reports, stock levels, administrative indicators), to facilitate the development of annual drug requirement plans.

5. Develop a management plan to facilitate the utilization of the MIS.

6. The MOH should study two kinds of procurement mechanisms, one oriented towards the national market and the other international. This should facilitate development of local currency budget; and foreign exchange budgets. A foreign exchange budget should focus MOH management's efforts toward securing timely approvals through the Central Reserve Bank, and would also assist the MOH define and implement an offshore procurement policy.

7. The Basic Drug list should be finalized before January for distribution to regions and hospitals, and thus facilitate collection of information for the 1986 procurement program. The tendering process should begin in February. This action should be supported by the MOH Therapeutic Committee in accordance with Ministerial Decree Number 387 of November 20, 1985, as one of its first functions.

8. The MOH should develop a donation policy for 1986. Unsolicited and unprogrammed donations can cause a number of inventory problems; also, of course, such donations, if not carefully tracked, can mask demand.

## 1.4 Inventory Movement Analysis

During the month of November the health assistants from the follow-on HID TA developed an analysis of drug movement through the MOH supply system. The health assistant team reviewed the cardexes in the 5 regional warehouses and 6 hospitals to develop a better understanding of distribution rates. Of the 41 priority drugs selected for this analysis, the health assistants were able to develop complete information on 17; due to sporadic distributions, the remaining 24 did not yield inventory patterns sufficiently consistent over a time period to serve as a basis for computation of distribution rates. Cardex monthly distribution calculations were then compared against the monthly distribution rates for the same medicines as utilised by the MOH to develop the annual procurement plan. A further comparison was then made between the cardex and the most recent MOH estimate of annual requirements. As can be seen in the following chart, the cardex monthly distribution rates for each of the drugs studied is in most cases far higher than either the estimated annual usage rate by the MOH or the figures appearing in the subsequent MOH estimate.

CHART II

| Medicine | Cardex | Annual Plan | MOH Estimate |
|---|---|---|---|
| 1) Ampicillin Anhydrate 500 mg. Capsules | 5,266 | 2,750 | 2,450 |
| 2) Ampicillin Trihydrate powder f/oral Susp. | 33,962 | 6,667 | 17,957 |
| 3) Ampicilin Sodium 1 gr. injection | 21,605 | 2,500 | 11,573 |
| 4) Cloramphenicol 250 mg. Tab. | 4,543 | 2,750 | 3,770 |
| 5) Cloramphenicol Sodium Succinate 1 gr. | 24,705 | 12,501 | 12,573 |
| 6) Chlorpromazine 25 mg. Tablets | 891 | 833 | 1,580 |
| 7) Digoxin 0.25 mg. Tab. | 1,798 | 2,083 | 990 |
| 8) Erytromycin 250 mg. Tab. | 4,465 | 3,001 | 3,430 |
| 9) Ergonovine Maleate 0.2 mg. Tab. | 1,953 | No Data | 550 |
| 10) Erytromycin 250 mg. Susp. | 23,680 | 12,501 | 14,777 |
| 11) Isoniazid 100 mg. Tab. | 2,650 | 1,250 | 1,330 |
| 12) Methyldopa 250 mg. | 3,350 | 417 | 600 |
| 13) Penicillin Procaine Potasium 4 million I.U. Amp. | 38,705 | 20,833 | 38,945 |
| 14) Rifampicin 300 mg. | 1,157 | 999 | 1,030 |
| 15) Oral Rehydration Salts | 76,250 | 70,222 | 38,275 |
| 16) Bactrim 400 mg. + 80 mg. | 4,935 | 833 | 1,760 |
| 17) Bactrim 200 mg. + 4 mg. | 5,753 | 584 | 2,180 |

## 1.5 Executive Management Group

The EMG has performed well within the context of the MOH. In fact, it has performed so well that its functions have been broadened de facto to include trouble shooting assignments within the MOH. For example, during the months of September and October, the EMG was called upon to assist the MOH prepare for the opening of the San Miguel hospital. Since the EMG has demonstrated its administrative capacity and capability, it is suggested that the MOH consider placing this group within the office of the Director General (the original organizational chart had the EMG reporting to the

Director General) would provide the Director General's office with sufficient managerial staff to monitor and supervise MOH operations. Annex 3 contains a list of the EMG's accomplishments during 1985.

## II VEHICLES

The activities of the Vehicle Maintenance Advisor during the 1984/85 period were directed to the improvement of the MOH Transport Department in the following areas:

1) Implement a vehicle preventive maintenance program,
2) Development of systems to evaluate and indicate problem areas in transport and maintenance administration.
3) Reduce the number of unserviceable vehicles,
4) Standardize equipment.
5) Reduce operational costs.
6) Reduce the number of deadlined vehicles.
7) Improve the physical infrastructure.
8) Provide training to upgrade vehicle maintenance and transport management. See completed work plan of the vehicle maintenance advisor.

1. During the September 84-85 period, a Preventive Maintenance Schedule Program (PMSP) was developed and implemented for operable vehicles. Included in the PMSP is a reporting system that can be utilized to verify preventive maintenance in accordance with a 5,000 kilometer schedule, and to monitor usage of spare parts and the cost.

2. A Management and Administrative Systems Control (MASCI) was implemented in January 31, 1985, to facilitate management of the MOH fleet. MASCI provides information to evaluate the utilization of each vehicle, maintenance performance, and to evaluate cost related to the operation, maintenance and repair of vehicles. MASCI has been computerized to facilitate evaluation of the MOH vehicle fleet by MOH managers.

The MASCI system provided information for transport managers to attain the following results during the first six months of 1985:

1) Increase of 9% in the number of running vehicles;
2) The number of repairable vehicles increased by 8.3%;
3) The number of non-repairable vehicles reduced by 81.3%;
4) The percentage of deadlined vehicles decreased by 20.8% (the number of days the vehicles were non-operative has reduced from 8.8 to 4.3 days, based on 22 working days per month).

Manual records, however, are also utilized, due to backlog of computer input work.

3. Physical Improvements to MOH Plant

During the 84/85 period the following physical improvements were completed at the MOH Matasano transport facility:

| | Date Completed |
|---|---|
| -Bathroom facilities | October 3, 1984 |
| -Radio Shop | October 9, 1984 |
| -Tire Repair Shop | November 7, 1984 |
| -Tools Storage Shop | November 22, 1984 |
| -Vehicle Reception Office | May 7, 1985 |
| -Administrative Office | August 21, 1985 |

Construction of a muffler shop and battery shop was completed on 30, October, 1985.

4. Training

During the TA period under review, the following training was provided to approximately 200 MOH transport section employees in the following three areas:

(1) Administration

The implementation of MASCI, required continual training of both administrative and technical personnel in evaluation of vehicle operation.

(2) Maintenance

The implementation of PMSP required continuous training of all MOH mechanics in preventive maintenance for each different type

of vehicle. PMSP was implemented on February 28, 1985, and required constant follow-up to ensure the adequate performance of the preventive maintenance program.

(3) Repair of Vehicles

To support the PMSP, continuous training sessions were provided by the VMA to all the MOH mechanical shop personnel in evaluating vehicle repair requirements.

5. The VMA developed a basic computerized information system using limited outdated equipment to assist the transport managers in employing the MASCI and PMSP. This system facilitates the continuous monitoring and evaluation of vehicle maintenance, cost and inventories. The experience acquired with this system should provide subsequent TA with a solid base upon which an efficient MIS can be developed.

6. During the TA the VMA identified the following factors as constraints to the optimal operation of the MOH fleet:

a. Vacancies existing in key transport positions e.g., Assistant Transport Officer, administrative aides, and secretaries, and mechanics.

b. Departures of trained MOH employees for more lucrative positions in the private sector.

c. Lack of coherent personnel management practices.

d. The slowness of the Procurement Department in the purchasing of vehicle spare parts and supplies.

e. Lack of a petty cash fund assigned to the transport manager for immediate purchasing of spare parts.

f. Delays in arrivals of vehicle spare parts and manuals.

g. Lack of salary incentives

h. The MOH has not developed a vehicle replacement policy. With 43% of the MOH vehicle fleet over 10 years old, vehicle maintenance costs cannot be contained, and vehicle down time, measured at 19% in July, 1985, will continue on an upward trend (measured at 20% for August and 24% for September). The following chart shows the percentages of down time from January 85 through September 85 (Figures for October and November were not available):

| Month | % of Vehicles Deadlined |
|---|---|
| January | 40 |
| February | 38 |
| March | 39 |
| April | 38 |
| May | 33 |
| June | 33 |
| July | 19 |
| August | 20 |
| September | 24 |

The above indicator, as percentages rise, will be more of a measure of the number of older vehicles requiring more spare parts and corrective repair, leading to longer periods of down time.

The key to increasing transport productivity and efficency is an MOH vehicle policy that takes into account a replacement schedule through which economies of operation can be achieved.

In terms of TA for the transport component, this management evaluation finds all efforts properly focused and the resulting technical and administrative changes initiated, especially the PSMP and MASCI systems, appropriate within the context of the MOH transport section.

## III. BIO-MEDICAL MAINTENANCE

1. A review of the biomedical maintenance technical assistance component indicates that in accordance with the work plan, all the activities projected for the 1985 period were completed. The TA assisted the MOH in implementing phase I of an administrative management system for the biomedical equipment repair and maintenance section (BEMS). The biomedical maintenance and repair department was consolidated and positioned at the San Esteban facility, and a plan for regional maintenance centers was developed, utilizing the facilities of San Miguel, San Vicente, and Santa Ana. These regional maintenance sections will be responsible for both preventive and corrective maintenance in each of the regions.

2. The TA developed, with counterparts, the biomedical equipment installation program which facilitated the installation of the following USAID provided equipment:

a. Three X-ray film processing machines installed at the Rosales Hospital, San Rafael Hospital and Santa Gertrudis Hospital.

b. AMSCO sterilizer installed at Rosales Hospital

c. VERNITRON sterilizer installed at Maternity Hospital

d. Blood banks installed at Rosales Hospital, Bloom Hospital, San Rafael Hospital, San Juan de Dios Hospital, and Santa Gertrudis Hospital.

e. During a 3-month period from May to August 93 sterilizers were installed. The biomedical maintenance department is currently doing a survey of these installation to ensure that all units are in fact operable. The survey includes an assessment of training conducted for staff personnel.

3. The TA assisted the maintenance department in evaluating test equipment, developing catalogue libraries and writing specifications for new test equipment.

4. The TA also reviewed with the biomedical maintenance department all equipment that had been designated as salvage. Procedures for the assessment of operational of biomedical equipment were written to assist the department in the evaluation of equipment status.

5. An assessment of training needs was developed by the TA which led to a series of recommendations on staffing and training requirements; training courses were then developed and presented on the maintenance of laboratory equipment, radiological

equipment, monitoring equipment, utilization of test equipment, maintenance of surgical equipment, sterilization equipment, and incubators. This included the translation of manuals from English to Spanish, and the development of a reference library for the Ministriy's Biomedical Maintenance Department.

6. Biomedical Maintenance Management System (BEMS):

The BEMS management system was designed, developed, tested and put into operation, as indicated in the second phase of this management evaluation, ahead of schedule. It was designed to provide an effective way of tracking all phases of the biomedical maintenance activity, including the monitoring of work orders, equipment installation, training, and time control. Using the BEMS as a management tool and a tracking system, the maintenance manager is able to track and evaluate productivity. This productivity measurement is based on the completion of work orders. During the seven month period from January to July, 1985, productivity rose from 66%, (an average for the last three months recorded during 1984) to 86% during July, 1985. Another measurement done in October of 1985, however, for the three month period of August, September and October, revealed a 76% productivity figure, which does indicate a decrease in work orders completed. This decrease could very well be due to a number of causes that are justifiable in terms

of Ministry workload. For example, the work completed on the development of the new San Miguel Hospital changed the focus of the Biomedical Maintenance Section and made unusual demands on the personnel available. The biomedical maintenance unit was called upon to dedicate a significant amount of its time to the establishment of the San Miguel Hospital, thus losing the momentum that had been developed during the June-July period. Also, the biomedical maintenance department assigned on an ad-hoc basis inspections of new equipment to its staff. These inspections, of course, reduced the time available for normal maintenance work. Subsequent TA will focus again on both preventive and corrective maintenance. It is expected that productivity will again increase as the San Miguel Hospital becomes part of the normal operation of the Ministry.

7. The TA prepared a classification guide to be utilized for an inventory of biomedical equipment. A review of this guide indicates that, in terms of procedures, it is comprehensive and certainly will assist the maintenance section in the classification, coding and assessment of equipment. The guidelines include formulas for estimating expenditure limit factors and additional replacement and/or salvage criteria. This manual is currently part of the maintenance section library and is available as a reference.

8. A spare parts program was developed and installed in the maintenance department. Spare parts lists were developed. A draft spare part policy was presented to the MOH. It is suggested that the current TA provide follow-up to ensure that the spare parts program becomes part of the MOH operating policy.

9. Another important element developed by the TA was the installation of a petty cash fund that is designed to facilitate the purchase of spare parts on the local market. The fund is presently operable. However, it is suggested that the present TA assist the Maintenance Department establish a more effective control over the utilization of this imprest fund. Delays in reimbursement have been reported, causing subsequent delays in spare part and materials purchases, thus tending to reduce productivity.

10. Procurement Committee

During the TA period aa Equipment Procurement Committee was formed, which included the Director General of Health as Chairman and the Director of the EMG and Director of the Maintenance Department as co-members. This committee should play a key role in purchasing, reviewing specifications of

equipment made available through grants and donations, and provide informed opinions concerning the procurement of this equipment. This committee should monitor and control both donations of equipment and MOH purchases in line with the policy of standardization. However at present, the committee is too loosely structured and does need additional attention from subsequent TA. The MOH does need an active committee that meets regularly to monitor and control procurement policies.

11. Regionalization of the Biomedical Maintenance

Three Biomedical Maintenance sections in accordance with the plan presented on 29 November, 1985, will be put into place at San Miguel, Santa Ana and San Vicente. Each section will have a director and 7 technicians in both biomedical equipment and electromechanical equipment. Each section will also have a spare part warehouse. The groups will work in both preventive and corrective maintenance. Each group director must relate directly to the regional administrator so that any spare part purchasing necessary to repair equipment can be secured with minimal bureaucratic delay through the region's revolving fund.

RECOMMENDATIONS:

Although the follow-on TA was able to assist the Ministry of Health in the monitoring of productivity from September through October 1985, the BEMS system was not operating efficiently. The BEMS system should operate on the basis of 11 forms that were developed to provide a control over the maintenance operation. Currently, this system and the forms are not being used systematically. The follow-on TA. is now in the process of reviewing the system with the objective of making those modifications necessary to facilitate its operation.

Perhaps the most significant product of the biomedical TA was the development of the guidelines for the acquisition of equipment and spare parts. The guidelines include a section for purchasing of equipment and various forms for the tracking of equipment placement. As new equipment is received it is entered into inventory and thereby receives identification numbers which can be entered into a computerized inventory record. This will assist the MOH in tracking all equipment available. It will also assist the MOH, of course, in making decisions concerning new acquisitions, replacement, and repair of existing equipment. It should be noted here, however, that the MOH does not currently have a universal inventory system of biomedical and capital equipment.

The most significant constraint discovered in the biomedical maintenance department is the lack of qualified trained personnel. The Ministry cannot compete with the private sector for qualified biomedical personnel. It is suggested that the Ministry assess the current biomedical and maintenance staff to determine how it can best be structured to increase productivity within the current budget constraints.

A review of the documents presented by the TA during the 12 month 84/85 period indicate that the work plan was followed. Both the scope of work and work plan, however, were too ambitious in terms of upgrading the MOH maintenance section.

The BEMS system does need additional modification from the TA to make it functional. Additional training in both technical and administrative areas are absolutely necessary. An equipment procurement policy is a crucial element in upgrading MOH maintenance efforts and should be developed by the MOH.

A thorough management review of the current maintenance structure would also prove beneficial. This review should include goals and objectives of the section, budget, job descriptions, personnel evaluation, and management structure. Although additional technical assistance is necessary, without

clearly defined goals and objectives developed by MOH management, the MOH will not be able to take full advantage of either additional equipment or training in maintenance and maintenance systems.

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - MAY-85

Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| I. Develop a Kilometer-based Preventive Maintenance Schedule Program (PMSP) with permanent records and follow-up forms in Spanish, based on approved maintenance methods on existing vehicles and newly purchased vehicles. | | | | |
| A. EXISTING VEHICLES | | | | |
| 1) Evaluate present preventive maintenance being performed throughout the country on existing MOH vehicles. | 9/17/84 | | 10/12/84 | |
| 2) Develop a 5000 kilometer PMSP. | 10/15/84 | | 11/23/84 | |
| 3) Assign a PMS folder to every vehicle in MOH and orient maintenance mechanics in all Hospitals, Regions, and Central in the performance of the new PMSP. | 12/3/84 | | 1/31/85 | |
| 4) Implement the new PMSP | 12/7/84 | 2/28/85 | 2/28/85 | |
| 5) Evaluate Implementation of PMSP | 2/11/85 | 4/19/85 | 4/30/85 | |
| B. AMERICAN MOTORS (Jeep/Pick-ups) | | | | |
| 1) Develop a 5000 kilometer PMSP | 5/15/85 | 6/15/85 | 6/20/85 | |
| 2) Assign a PMS folder to every vehicle in MOH and orient maintenance mechanics in all Hospitals, Regions, and Central in the performance of the new PMSP | 6/15/85 | 7/31/85 | 7/31/85 | |
| 3) Implement the new PMSP | 8/1/85 | 8/30/85 | 8/23/85 | |
| 4) Evaluate Implementation of PMSP | 9/1/85 | 9/30/85 | | |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - MAY-85

Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| C. AMERICAN MOTORS/AMBULANCE | | | | |
| 1) Develop a 5000 kilometer PMSP | 7 / 1 /85 | 7/31 /85 | 7/5/85 | |
| 2) Assign a PMS folder to every vehicle in MOH and orient maintenance mechanics in all Hospitals, Regions and Central in the performance of the new PMSP. | 7 /1/85 | 7 /31/85 | 7/31/85 | |
| 3) Implement the new PMSP | 8 /1/85 | 8/30 /85 | 8/23/85 | |
| 4) Evaluate Implementation of PMSP | 9 /1/85 | 9/30 /85 | | |
| D. FORD - TRUCKS (ETA DEC. /85) | | | | |
| 1) Develop a 5000 kilometer PMSP | 12 / 1 /85 | 12 /31 /85 | | |
| 2) Assign a PMS folder to every vehicle in MOH and orient maintenance mechanics in all Hospitals, Regions, and Central in the performance of the new PMSP | 1/ 1/86 | 1/15/86 | | |
| 3) Implement the new PMSP | 1/15/86 | 2/28/86 | | |
| 4) Evaluate Implementation of PMSP | 3/ 1/86 | 3/30/86 | | |
| E. INSTITUTIONALIZATION OF PMSP (ALL VEHICLES) | 4/ 1/86 | 4/30/86 | | |

Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| II. Assist MOH in implementing a Management and Administrative System with Control Indicators. (MASCI) that will assist the MOH transport officer and external evaluators in identifying improvement or problems in the vehicle maintenance systems: | | | | |
| A) Evaluate the present Data collecting and Reporting System | 9/3/84 | | 9/7/84 | |
| B) Design a MASCI | 9/10/84 | | 9/28/84 | |
| C) Implement a Pilot Study and the MASCI | 10/1/84 | | 10/31/84 | |
| D) Evaluate Results from the Pilot Study of the MASCI | 11/7/84 | | 11/16/84 | |
| E) Modify information of the MASCI | 11/19/84 | | 11/23/84 | |
| F) Implement MASCI throughout MOH | 12/3/84 | | 1/31/85 | |
| G) Follow-up evaluation of MASCI | 2/11/85 | 3/19/85 | 3/30/85 | |
| H) Review MASCI for additional changes | 4/29/85 | 5/3 /85 | 4/20/85 | |
| I) Institute Modifications to MASCI | 6/10/85 | 6/28/85 | 6/21/85 | |
| J) Institutionalize MASCI | 11/30/84 | 7/31/85 | 8/30/85 | |

Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| III. Assist in establishing/strengthening Regional, Hospitals, and Central Level vehicle maintenance shops. Include recommendations on physical layouts, staffing and training requirements. | | | | |
| A) Evaluate vehicle maintenance shops throughout MOH | 9/17/84 | | 1/31/85 | |
| B) Recommend physical improvement to the mechanical shops | | | | |
| 1) Matazanos: | | | | |
| (a) Tool shop | 9/10/84 | | 11/22/84 | |
| (b) Bathrooms - Mechanics | 9/10/84 | | 10/3/84 | |
| (c) Tire Shop | 10/4/84 | | 11/7/84 | |
| (d) Radio Shop | 9/10/84 | | 10/9/84 | |
| (e) Gasoline Station | 10/1/84 | 2/15/86 | | |
| (f) Vehicle Reception Office | 12/3/84 | 4/30/85 | 5/7/85 | |
| (g) Battery shop | 12/3/84 | 9/15/85 | | |
| (h) Administrative Office | 11/23/84 | 7/21/85 | 8/21/85 | |
| (i) Muffler shop | 12/3/84 | 9/15/85 | | |
| (j) Snack Bar | 6/15/85 | 1/31/86 | | |
| (k) Shade area | 10/1/84 * | 2/15/86 | | |
| 2) Eastern Region, San Miguel | 12/8/84 * | 12/31/85 | | |
| (a) Mechanic shop | | | | |
| (b) Tool Warehouse | | | | |
| (c) Storage of vehicles | | | | |
| (d) Lubricating Pit | | | | |

Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| 3) Central Region - Santa Tecla<br>(a) Shade area<br>(b) Lubricationg pit . | 12/26/84 * | 12/15/85 | | |
| 4) San Vicente | 1/30/85* | 12/15/85 | | |
| 5) Western Region, Santa Ana<br>(a) Elevate Roof of Maintenance Shop<br>(b) Lubricationg pit<br>(c) Enlarge shop 30% | 11/26/84* | 12/15/85 | | |
| 6) Hospital Santa Teresa, Zacatecoluca ** | 1/29/85 ** | 12/15/85 | | |
| 7) Hospital San Pedro Usulután<br>(a) Shade area<br>(b) Lubricating Pit | 1/31/85 ** | 12/15/85 | | |
| Note:<br>* Pending architectural desing<br>** Pending request for materials | | | | |
| C) Staffing and Training requirements | 9/15/84 | 9/15/85 | | |

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Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| IV. Review, on a continuing basis, vehicles in need of repairs, and assist MOH in determining vehicles that are not economically repairable and should be discarded based on cost, age, and standardization | | | | |
| A. Phase I | | | | |
| 1) Evaluate condition of all existing vehicles and recommend to MOH Transport Officer which vehicles should be discarded | 9/17/84 | | 12/21/84 | |
| 2) Ensure repairs to deadlined vehicles which are economically repairable by assisting MOH in determining vehicle spare parts needed or by utilizing old parts by means of cannibalization | 10/22/84 | | 12/21/84 | |
| 3) Recommend vehicles that should be discarded; assist MOH in carrying out these actions and recommend vehicle replacements in accordance to needs | 10/15/84 | 1/15/85 | 1/18/85 | |
| B. Phase II | | | | |
| 1) Evaluate condition of all existing vehicles and recommend to MOH Transport Officer which vehicles should be discarded | 4/1/85 | 6/30/85 | 7/23/85 | |
| 2) Ensure repairs to deadlined vehicles which are economically repairable by assisting MOH in determining vehicle spare parts needed or by utilizing old parts by means of cannibalization | 7/15/85 | 8/15/85 | 8/15/85 | |
| 3) Recommend vehicles that should be discarded; assist MOH in carrying out these actions and recommend vehicle replacements in accordance to needs | 7/29/85 | 8/30/85 | 8/25/85 | |

Advisor: VEHICLE MAINTENANCE



| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| C. PHASE III | | | | |
| 1) Evaluate condition of all existing vehicles and recommend to MOH Transport Officer which vehicles should be discarded | 7/ 1/85 | 9/30/85 | | |
| 2) Ensure repairs to deadlined vehicles which are economically repairable by assisting MOH in determining vehicle spare parts needed o by utilizing old parts by means cannabalization. | 10/14/85 | 11/15/85 | | |
| 3) Recommend vehicles that should be discarded; assist MOH in carrying out these actions and recommend vehicle replacements in accordance to needs. | 10/19/85 | 11/29/85 | | |
| V. With counterparts, develop and implement vehicle maintenance/repair training programs | | | | |
| A) Seminar for all MOH vehicle maintenance mechanics on the implementation of PMSP | 12/ 7/84 | 2/28/85 | 2/28/85 | |
| B) Training on diesel fuel system and cooling system by ITCA. | 4/13/85 | 5/11/85 | 5/11/85 | |
| C) Seminar for drivers (Lic. Pereira, Ing. López)- | 3/18/85 | 4/19/85 | 5/30/85 | |
| 1) Daily inspection of vehicle<br>2) Defensive driving<br>3) Regulations | | | | |
| D) Training on vehicle preventive maintenenace (Lic. Pereira, Mr. Loaiz) | 6/15/85 | 10/10/85 | | |
| E) Tune-ups (Lic. Pereira, Mr. Loaiz) | 6/ 1/85 | 11/30/85 | | |
| F) Brakes (Mr. Menjivar, Mr. Artiga) | 8/1/85 | 12/31/85 | | |
| G) Engine rebuilding (Mr. Artiga, Mr. Menjivar) | 6/28/85 | 7/31/85 | 7/1/85 | |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - MAY 85



Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| VI. Assist in developing Regional, Hospital, and Central libraries of Manuals for operations instructions and repairs of new vehicles. | 3/4/85 | 9/15/85 | | Need duplicating machine Catalogs on Isuzu Diesel Engine |
| VII. With counterparts, provide periodic supervision of vehicle maintenance workshops of MSPAS throughout the country - various | 9/5/84 | 9/15/85 | | |
| VIII. Assist in the designing of a Radio Communication System for the vehicles of the Central Motor Pool which will be monitored by radio from the Dispatching Section. Radios received 7/18/85. | | | | |
| A. Recommend distribution and assignment of radios by priorities | 8/1/85 | 8/31/85 | 8/20/85 | |
| B. Design a Radio Communication Control System between mobile units and base stations | 10/1/85 | 10/30/85 | | |
| C. Install radios in vehicles and in base station. | 11/1/85 | 12/31/85 | | |
| D. Evaluate the monitoring of vehicles by radio | 1/1/86 | 3/31/86 | | |
| E. Follow-up | 7/1/86 | 7/31/86 | | |

Advisor; VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| IX Assist in the development of a Mechanized Information System, utilizing present MDH computer, to minimize man-hours utilized in the evaluation of the PMSP, MASCI, and to maintain current inventories of the T.D. | | | | |
| A. Design a Mechanized Vehicle inventory System that will provide equipment description, location, source, etc. | 3/26/85 | 5/15/85 | 5/15/85 | |
| 1) Evaluate computerized inventory print out. | 5/16/85 | 6/30/85 | 7/3/85 | |
| 2) Implement supporting systems to maintain current at all times computerized inventory vehicles. | 7/1 /85 | 7/31/85 | 8/12/85 | |
| B. Desing a machanized program that will evaluate each individual vehicle's operational cost, maintenance cost, and repaired cost, by comparing similar cost to similar type of vehicles | 3/26/85 | 6/30/85 | 7/15/85 | |
| 1) Evaluate cost averages in each type of vehicle | 6/1/85 | 7/30/85 | 8/30/85 | |
| 2) Assist in the development and institutionalization of systems that will provide follow ups facts finding on vehicles that the operational cost, maintenance cost, and repair cost, are above average. | 8/1/85 | 12/31/85 | | |
| C. Assist in the development of a mechanized system that will maintain the inventory of vehicle spare parts of the VISISA Project. | 3/15/85 | 6/15/85 | | |
| 1. Identify vehicle spare parts that can be used by present vehicles. | 2/26/85 | 6/15/85 | 5/14/85 | |

Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| 2. Request approval to discard not needed vehicle spare parts. | 2/26/85 | 5/23/85 | 5/38/85 | |
| 3. Discard vehicle spare parts not needed. | 5/28/85 | 7/15/85 | | |
| 4. Implement a Pilot Mechanized System for the VISISA Spare Parts that will run parallel to the official Kardex System. This system will have all the necessary information contained in the Kardex System, plus additional information to evaluate its usage and help in determining source of expenditures. | 6/15/85 | 7/15/85 | 8/23/85 | |
| 5. Evaluate both systems (cardex and mechanized) to determined their effectivity. | 7/15/85 | 8/15/85 | | |
| 6. Make the necessary changes needed to accomplish the requirements of the MOH Kardex System, by the mechanized systems | 8/15/85 | 9/15/85 | | |
| 7. Present Mechanized Inventory Systems to the MOH for INSTITUTIONALIZATION and elimination of the cardex system. | 12/1/85 | 12/31/85 | | |
| X. Assist in the inventory of Mechanical Tools and equipment; developed policies to prevent theft and proper use, and to recommend distribution of tools and equipment throughout MSPAS in accordance to needs. | | | | |
| A. Assist in the identification and inventory of mechanical tools | 7/1/85 | 7/11/85 | 7/11/85 | |
| B. Assist in the assembly of equipment. | 7/5/85 | 7/20/85 | 7/31/85 | |
| C. Identify with special markings (engraved) tools to be distributed. | 7/17/85 | 8/16/85 | 8/18/85 | |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - MAY/85

Advisor: VEHICLE MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| D. Evaluated tools and equipment needs in the Region, Hospital, Centers. | 6/1/85 | 8/15/85 | | |
| E. Distribute tools and equipment to places designated and familiarized mechanical personnel on the proper usage of tools and equipment | 8/19/85 | 9/30/85 | | |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - Aug. 85

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| I. Assist MOH, with counterpart, in implementing phase one of an administrative management system for the Biomedical Equipment Repair/Maintenance Section (BEMS) with control indicators that will assist the MOH, Maintenance Dept. and external evaluators in measuring improvements and identifying problems. | | | | The MOH Medical Equipment Maintenance was evaluated and a new BEMS was designed and implemented. This management information system proved to be efficient, effective and functional. |
| A. Central Area | | | | |
| (1) Evaluate present data collecting system | 9/10/84 | 12/7/84 | 12/7/84 | Through better concepts and ideas the two separated BEM shops were joined into one section and became more effective from 66% to 82%. |
| (2) Design new administrative system with control indicators | 1/7/85 | 2/28/85 | | |
| (3) Implementation in above area | 3/1/85 | 3/31/85 | | |
| (4) Evaluate | 4/1/85 | 5/20/85 | | |
| (5) Modifications as required | 6/3/85 | 6/28/85 | | |
| (6) Implement modifications | 7/1/85 | | | |
| B. San Miguel | | | | |
| (1) Implement BEMS at San Miguel | 7/3/85 | 8-12-85 | 8-12-85 | The new concept to create three Regional BEMS proposed by the BEA was difficult to obtain but the Ministerial order #224 authorized the development of these three sections. They were established in August 1985. |
| C. San Vicente | | | | |
| (1) Implement BEMS at San Vicente | 7/10/85 | | 8-19-85 | |
| D. Santa Ana | | | | |
| (1) Implement BEMS at Santa Ana | 7/20/85 | | 8-23-85 | |
| E. All Areas | | | | The projected sequence of this implementation may change due to the ending of the contract. However, strong bases were established for their continuation. |
| (1) Evaluation of data for BEMS | | | Changed | |
| (2) Make modifications as required | | | | |
| (3) Implement | | | | |

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| (4) Evaluation | | | | |
| (5) Review | | | | |
| (6) Institutionalize for January 1986 | | | | |
| II. Assist counterpart in development and establishment of a biomedical equipment installation program, to include review of new equipment due in and scheduled installations on a continued basis. | | | | Designed, developed, and established and adequated new concepts and procedures for the MOH procurement of small items and capital investment planning. Wrote specifications, established a committee to direct and monitor the procurements. Developed specifications for pre-installations and installation, projects, proposals, evaluations, trainings, and other activities regarding X-Ray Units, Boilers, emergency power plants for a budget over $6 millon dollars. Inspection was conducted for all types of equipment. Damages or incompleteness, shortages were identified. Action was taken for corrections. |
| A. Evaluate present equipment (installed) | 20-Oct-84 | 30-Nov-84 | 12-Dec-84 | |
| B. Make recommendation for purchase of equipment | 2-Nov-84 | 3-Dec-84 | 14-Dec-84 | |
| C. Write specifications for equipment to be installed as X-ray systems, boilers, emergency power plants, etc. | 7-Jan-85 | 4-Feb-85 | 11-Feb-85 | |
| D. Determine requirements needed for pre-installation and installation of equipment on hand and to arrive | 21-Jan-85 | | 20-Mar-85 | |
| (1) Site | 21-Jan-85 | | 20-Mar-85 | |
| (2) Personnel | 21-Jan-85 | | 20-Mar-85 | |
| (3) Materials | 21-Jan-85 | | 20-Mar-85 | |
| (4) Special tools | 21-Jan-85 | | 20-Mar-85 | |
| (5) Other: procedures for funds and/or personnel (MSPAS or contractor) | 18-Mar-85 | | 30-Apr-85 | |
| E. Inspection of all equipment upon arrival (new/other) | | | | |
| - Damages, incompleteness (shortages, manuals, component parts, etc.) | 10-Sep-84 | 30-Aug-85 | 30-Aug-85 | |
| - Review on a continuing basis status of above conditions | 2-Oct-84 | 30-Aug-85 | 30-Aug-85 | |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - 1 Aug-85

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| F. Collaborate and/or supervise distribution of equipment with counterpart, MSPAS and GAE | 10-Sep-84 | | 30-Aug-85 | Collaborated and coordinated with MOH, GAE, Maintenance Department, AID, Service contractors, and other agencie distributing, programming installations of X-Ray Units, sterilizers, Boilers, power plants, and other equipment. |
| G. Collaborate with counterpart in installation of biomedical equipment on hand and/or due to arrive | | | | |
| - MSPAS Personnel, service contract personnel | 24-Apr-85 | | 30-Aug-85 | |
| - MSPAS personnel and/or contract for X-Ray units and other equipment | 15-Jul-85 | | 30-Aug-85 | |
| III. Assist counterpart in strengthening and establishing maintenance management programs for diagnostic test equipment, repair parts, tool sets and biomedical equipment, anesthesia, surgery equipment, and other medical equipment. | | | | |
| A. Evaluate present equipment (un-installed) | 15-Sep-84 | 30-Nov-84 | 30-Nov-84 | Evaluated, determined requirements, made recommenda tions, researched and develop specifications for MOH and AI capital equipment procurement budget for over six (6) milli dollars. |
| B. Determine requirements and make recommendation | 20-Nov-84 | 3-Dec-84 | 3-Dec-84 | |
| C. Research for catalogues and/or literature | 26-Nov-84 | 14-Dec-84 | 14-Dec-84 | |
| D. Develop and write specifications for test measurements and diagnostic equipment | 7-Jan-85 | -- | 22-Feb-85 | |
| E. Specifications written for anesthesia equipment under study by MSPAS | 25-Jan-85 | | 29-Mar-85 | |
| F. Modify specifications for anesthesia apparatus | 29-Mar-85 | | 19-Apr-85 | |
| G. Write other specifications and/or studies for test equipment, repair parts, tools and medical equipment as required by MOH/AID | 1-Apr-85 | | 30-Apr-85 | |
| IV. Review with counterpart on a continuing basis all equipment to be salvaged and/or scrapped and review documentation submitted for replacement of any unit. | 2-Oct-84 | 1-Aug-85 | 30-Aug-85 | Developed and wrote detailed guidelines for classificatior and coding since there were none established. This document needs to be implemented in several steps to support the present and future BEMS. |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - Aug.-85

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| V. Assist in establishing/strengthening of Biomedical Equipment Maintenance (BEM) units in Hospitals, Regional and Central areas by: | | | | |
| A. Determining space available to establish/ implement medical maintenance sections. | | | | Developed a detail study which contained accomplishme: for establishing and strengthening the BEMS. Upon a total country evaluat considering the present and future situation, the BEA notice the health care facil medical equipment maintenanc was not functioning. |
| B. Making recommendations on staffing and training requirements. | | | | The BEA reco-mmended several changes and improvements that were appro These are fund in the manual (study). Recommendations made are functional, effective, profitable and are regardir staffing, training and phisi areas. |
| (1) Metropolitan Region | | | | |
| Hospital Rosales | 12-Sep-84 | 30-Aug-85 | 30-Aug-85 | |
| Hospital Maternidad | 13-Sep-84 | 30-Aug-85 | 30-Aug-85 | |
| Hospital Benjamin Bloom | 14-Sep-84 | 30-Aug-85 | 30-Aug-85 | |
| Hospital Psiquiátrico | 15-Mar-85 | 30-Aug-85 | 30-Aug-85 | |
| Hospital Neurológico | 18-Sep-84 | 30-Aug-85 | 30-Aug-85 | |
| C.S. San Bartolo | 17-Sep-84 | 30-Aug-85 | 30-Aug-85 | |
| (2) Central Region | | | | |
| Hospital San Rafael | 5-Nov-84 | 30-Aug-85 | 30-Aug-85 | |
| Hospital Luis E. Vásquez | 21-Mar-85 | 30-Aug-85 | 30-Aug-85 | |
| (3) Paracentral Region | | | | |
| Hospital Santa Teresa | 26-Mar-85 | 30-Aug-85 | 30-Aug-85 | |
| Hospital Santa Gertrudis | 28-Mar-85 | 30-Aug-85 | 30-Aug-85 | |
| (4) Western Region | | | | |
| Hospital San Juan de Dios | 26-Mar-85 | 30-Aug-85 | 30-Aug-85 | |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - Aug-85

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|---|
| Hospital Francisco Menéndez | | 23-Jan-85 | | 16-Dec-85 | |
| Hospital San Juan de Dios | | 23-Jan-85 | | 16-Dec-85 | |
| (5) Eastern Region | | | | | |
| Hospital San Juan de Dios SM. | | 12-Mar-85 | | 16-Dec-85 | |
| Hospital San Pedro | | 13-Mar-85 | | 16-Dec-85 | |
| VI. Assist counterpart in development of training to strengthen the Biomedical Equipment Maintenance System. | | | | | Designed-developed and implemented training for the BEMS repair personnel to suppo the five regions of El Salvado Thirty-three (33) technicians received the Basic Repair Cou for all the equipment listed this section and other. Two hundred and fifty-six (256) we trained in functional operatio of medical equipment. Eight operator repair manuals were translated. They are being reproduced by the MOH fo distribution and are to be use for additional training and maintenance. The Instituto Tecnologico provided the training for items in this sectior |
| 1. Maintenance of laboratory equipment | | | | | |
| 1-A Operator Training | | | | Oct-84 | |
| 1-B Repair Training | | 6/15/85 | 7/27/85 | 7-28-85 | |
| - Shaking machine laboratory | 10 ea. | | | | |
| - Centrifuge laboratory | 123 ea. | (1-A) Oct/84 | Oct/84 | Oct/84 | |
| - Suction and pressure apparatus surgical portable | 26 ea. | | | 7-28-85 | |
| - Microscope, Optical Binocular | 20 ea. | (1-A) Oct/84 | Oct./84 | Oct/84 | |
| - Refrigerator blood bank | 6 ea. | | | Oct-84 | |
| 2. Maintenance of Radiological Equipment | | | | | |
| 2-A Operator - training | | | | 7-28-85 | |
| 2-B Repair - training | | 6/03/85 | 7/28/85 | 7-28-85 | |
| - X-Ray Processors | 3 ea. | | | | |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - Aug-85

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| - Tank Master, X-Ray 10 ea. | | | | |
| 3. Maintenance of ECG and Monitor Equipment | | | | |
| 3-A Operator - training | 7/01/85 | 7/26/85 | 7-27-85 | Manuals were translated. |
| 3-B Repair - training | 7/01/85 | 7/26/85 | 7-27-85 | |
| - Defibrillator and cardioscope 10 ea. | | | 7-27-85 | |
| - Electrocardiograph 4 ea. | | | 7-27-85 | |
| 4. Utilization of Test Equipment | | | | |
| 4-A Operator - training | | | 7-27-85 | |
| 4-B Repair - training | 6/15/85 | 8-30-85 | 7-27-85 | Programed. |
| - TMDE (Calibration System for X-Ray units) 4 ea. | | | | |
| 5. Training of Biomedical Equipment | | | | |
| 5-A Operator - training | | | | |
| 5-B Repair - training | | | Programed Training for anesthesia machines and X-Ray Systems | (Equipment being purchased). |
| - Anesthesia and other kind of Biomedical Equipment | | | | |
| 6. Maintenance of Surgical Equipment | | | | |
| 6-A Operator - training | | | 7-27-85 | |
| 6-B Repair - training | 5/01/85 | 5/26/85 | 7-27-85 | |
| - Light Surgical field 18 ea. | | | | |
| - Table operating, hospital, pedestal 3 ea. | | | | |

HEALTH SYSTEM (MISISA) - AMENDMENT TO WORK PLAN - Aug-85

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| 7. Maintenance and Sterilization | | | | |
| 7-A Operators - training | (7-A) Oct/84 | Oct/84 | Oct/84 | |
| 7-B Repair - training | 6-15/85 | 7/28/85 | April-85<br>May-85<br>June-85<br>July-85 | Manuals were translated. |
| - Sterilizer, Surgical Dressing, Electrical 2 ea. | | | 7-27-85 | |
| - Sterilizer, Surgical Dressing, Steam 2 ea. | | | | |
| 8. Maintenance of Incubators | | | | |
| 8-A Operator - training | | 7-27-85 | 7-27-85 | Manuals were translated. |
| 8-B Repair - training | 6/18/85 | 7/27/85 | 7-27-85 | |
| - Incubator 24 ea | | | | Continued coordination, collaboration and established excellent rappor with ITCA regarding present and future training, not only for the MOH but also training development for the civilian population. |
| 9. Maintenance of other Biomedical Equipment as required by MOH/AID due in or on hand. | | | | |
| 9-A Operator - training | | 7-27-85 | 7-27-85 | |
| 9-B repair - training | 6/15/85 | 7/28/85 | 7-27-85 | |
| 10. Coordinate medical equipment maintenance training programs with counterpart, ITCA and P.A.H.O. | 4/08/85 | 8-30-85 | 8-30-85 | |

HEALTH SYSTEM (VISISA) - AMENDMENT TO WORK PLAN - Aug/85

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| VII. Assist in the development and establishment of units and central level libraries with manuals of operating instructions and/or repair maintenance for new biomedical equipment in Spanish. | | | | An evaluation was conducted regarding technical libraries and none were found. Collections and translations of manuals were completed. The recommendations for the technical libraries were approved, the manuals were translated and, MOH received the originals for reproduction and distribution. |
| A. Evaluate present system. | 10/05/84 | 10/31/84 | 10/31/84 | |
| B. Determine requirements; construct instructional information (operator/repair) for laboratory equipment | 10/29/84 | 12/10/84 | 12/10/84 | |
| C. Translate Biomedical Equipment manuals (ECG, Defib., Processors, etc.) | 2/25/85 | 6/30/85 | 7/30/85 | |
| D. Review translations and classifications | 6/01/85 | 7/17/85 | 8/30/85 | |
| E. Reproduction of material as required | 7/ 1/85 | 7/31/85 | 8/30/85 | |
| NOTE: Above will be done on continuing basis for new equipment with frequent updates. | | | | |
| VIII. OTHER ACTIVITIES ADDED | | | | All other activities were completed with extensive assistance and colaboration with Equipment installation distributions of TMDE, tools, materials, equipment etc. |
| A. MSPAS sterilize and other equipment installations. | 1/5/85 | 31/7/85 | 8/30/85 | |
| B. Distribution of TMDE, equipment, tools, etc. | 1/7/85 | 31/7/85 | 8/30/85 | |
| C. TMDE (Six Test Units used at Repair Shop) Training Course. | 1/7/85 | 31/7/85 | 8/30/85 | |
| D. Laboratory Equipment (PH meter, colorimeter) Training Course. | 1/7/85 | 31/7/85 | 8/30/85 | |

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| ACTIVITIES | Starting Date | Target Completion Date | Date Completed | REMARKS |
|---|---|---|---|---|
| E. Development and implementation of repair parts Program (for new essential equipment | | | | |
| 1. Evaluation of present program | 6/17/85 | | 6/29/85 | Evaluation of the repair parts program was conducted. The system employed was inadequate and a new one was developed. It was established beyond what was require for this TA due to a request from MOH and AID. |
| 2. Development policy or criteria of repair parts/ spare parts | 7/1/85 | | 31/7/85 | |
| 3. Development of repair parts/spare parts list: | | | | |
| 3-a Suction pressure apparatus | 5/6/85 | | 7/31/85 | This program was established and repair parts and materials for the BEMS were ordered (over $60.000 a card index system was implemente and a detailed Manual was written, the BEA designed this program to be easily and readily introduced for the MOH Computer System. |
| 3-b Incubator infant | 5/6/85 | | " " " | |
| 3-c Defibrillator/Monitor | 5/6/85 | | " " " | |
| 3-d Electrocardiograph | 6/1/85 | | " " " | |
| 3-e Centrifuge, Laboratory | 6/10/85 | | " " " | |
| 3-f Processor, Film | 6/17/85 | | 8/19/85 | |
| 4. Implementation of repair parts and spare parts list | | | | |

Advisor: BIOMEDICAL EQUIPMENT MAINTENANCE

| | Quantity | Estimated Date of Arrival | Develop Data Control System | | IMPLEMENT | | FOLLOW-UP | | Review | REMAR |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Start | Completed | Start | to be Completed | Start | to be Completed | | |
| IX. Develop implement and review with counterpart a schedule of preventive maintenance programs and training on new key biomedical equipment in hospitals, medical centers and/or regions. | | | | | | | | | | Developmen and stabli ment of a scheduled ventive ma nance/info tion progr was corple to include training f repair and operator te nicians. |
| Light Surgical Field | 18 each | 4-Mar-85 | 1/7/85 | 31/7/85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | 1°-Feb-86 | May-86 | |
| Centrifuge Laboratory | 123 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| Suction and Pressure apparatus Surgical Portable | 26 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| Tank Master, X-Ray | 10 each | 4-Mar-85 | 1/7/85 | 31/7/85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | 1°-Feb-86 | May-86 | |
| Microscope, Optical Binocular | 20 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| Shaking Machine Laboratory | 10 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| Table operating, Hospital, Pedestal | 3 each | 4-Mar-85 | 1/7/85 | 31/7/85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | 1°-Feb-86 | May-86 | |
| Refrigerator Blood Bank | 6 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| Defibrillator and cardioscope | 10 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| Electrocardiograph | 4 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| Calibration System for X-Ray Units | 2 each | 4-Apr-85 | 1/7/85 | 31/7/85 | 1°-Dec-85 | 1°-Jan-86 | 1°-Feb-86 | 1°-Mar-86 | Jun-86 | |
| Incubator | 24 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| TMDE (Test Measurement Diagnostic Equipment) | 4 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |
| X-Ray Processors | 3 each | | 1/7/85 | 31/7/85 | 1°-Oct-85 | 1°-Nov-85 | 1°-Dec-85 | 1°-Jan-86 | Apr-86 | |

annex 3

FUENTE· PL-480/84
PROGRAMA ASISTENCIA HUMANITARIA
PROYECTO FORTALECIMIENTO DEL SISTEMA DE ABASTECIMIENTO DE MEDICAMENTOS, SUMINISTROS MEDICOS ESENCIALES Y EQUIPO HOSPITALARIO DE EMERGENCIA
UNIDAD EJECUTORA GAE-VISISA
DESEMBOLSO RECIBIDO ¢2,575,000,000

PERIODO QUE SE INFORMA ENERO 8 A LA FECHA
FECHA. 30 DE OCTUBRE DE 1985
REPONSABLE·

| METAS | U. DE M | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 1. Adquirir y distribuir 1000 camas y 250 camas cunas para internación hospitalaria<br>2. Adquirir medicamentos esenciales para abastecer a los diferentes establecimientos de salud (antibióticos, dermatológicos, quimioterápicos, analgésicos y antídotos antialérgicos y antihestamínicos y gastrointerológicos).<br>3. Adquisición de material e instrumental médico-quirúrgico (alcohol, suturas, gaza, descartables para suero, etc.) | 1) Asignar camas y camas-cunas para internación hospitalaria, el 40% a los hospitales de Nva. San Salvador y el 60% al Hosp.de San Miguel<br>2) Proveer de medicamentos y materiales médico-quirúrgicos esenciales a 10 hospitales y 12 centros de salud. | Realizar los respectivos trámites de -- compra para adquirir medicamentos, material médico y equipo hospitalario, de acuerdo a las metas establecidas, así:<br>1. Camas y cunas para internación de pacientes ¢1,525,000.<br>2. Medicamentos ¢850,000.<br>Suministros Médicos ¢425,000.<br>Actividades:<br>- Preparación de listado con sus especificaciones.<br>- Prepar.de carteles de licitación.<br>- Análisis de ofertas.<br>- Adjudicación y contratación<br>- Recepción y almacenamiento.<br>- Distribución a hospitales y regioens. | 1. Adquisión de camas y cunas en proceso de licitación pública.<br>2. Adquisición de medicamentos y material médico quirúrgico, en preparación de listados con sus respectivas especificaciones técnicas. | 35<br>15 | |

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FUENTE: PL-480/84
PROGRAMA ASISTENCIA HUMANITARIA
PROYECTO: MEJORAMIENTO DE LOS TALLERES REGIONALES E INFRAESTRUCTURA HOSPITALARIA Y SERVICIOS DE SALUD

UNIDAD EJECUTORA· GAE-VISISA
DESEMBOLSO RECIBIDO Ø535,000.

PERIODO QUE SE INFORMA ENERO/84 A LA FECHA

SUB-PROGRAMA:

ACTIVIDAD:

FECHA· 30 DE OCTUBRE DE 1985
RESPONSABLE·

| M E T A S | U. DE M. | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 1. Ampliación y remodelaciones en sala de partos del Hospital de Maternidad<br>2. Adquisición de lotes de herramientas para los talleres de equipo bio-médico, básico, automotríz, carpintería y fontanería.<br>3. Remodelación de techo de cocina del Hospital Rosales, y techo de sombras de Laboratorio Central.<br>4. Cambio del sistema de distribución de agua potable del Hospital Neumológico.<br>5. Adquisición de lote de repuestos para equipo automotríz y básico<br>6. Reforzar talleres regionales, dotándolos de euqipo de oficina | 1.Mejor prestación de los servicios en sala de partos.<br>2. Mejor operatividad en los talleres de mantenimiento de equipo médico, bio-médico, automotríz, carpintería y fontanería, mediante la dotación de equipo necesario.<br>3. Techos remodelados en Hosp Rosales y Laboratorio Central.<br>4. Sistema de distribución de agua potable reparado del Hospital Neumológico | 1. Efectuar trámites de licitación y contratación para realizar la remodelación en Sala de partos del Hosp Maternidad por un monto de Ø450,000.<br>2. Efectuar trámties de licitación y contratación p/la compra de herramientas, máquinas y equipo de oficina para talleres regionales de mantenimiento Ø115,000<br>3. Compra de materiales de construcción necesarios para realizar pequeñas obras en Hosp. Rosales, Neumológico y Laboratorio Central Ø235,000. | 1. Se han iniciado -- los trámites de licitación de la remod de sala de partos de Hosp.Maternidad La adjudicación se hará la última semana de Oct.<br>2.Se han elaborado -- listados de herramientas y equipo de oficina de talleres regionales para iniciar el proceso de compra.<br>- Se han adquirido -- los materiales de construcción para realizar pequeñas obras así: Hos´Rosales,Neumológico y lab.Central, por un monto de Ø52,330.16<br>Las obras serán iniciadas la primera semana de Noviembre/85. | 20%<br>15%<br>40% | |

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FUENTE: PRESTAMO AID No. 519-U-033 (Moneda Local)

PERIODO QUE SE INFORMA. ENERO/84 A LA FECHA

PROGRAMA: ASISTENCIA HUMANITARIA

SUB-PROGRAMA

PROYECTO· VITALIZACION DE LOS SISTEMAS DE SALUD

ACTIVIDAD

UNIDAD EJECUTORA· GAE-VISISA

DESEMBOLSO RECIBIDO SETEFE ₡1,589,403.36
AID ₡1,985,686.25

FECHA: 30 DE OCTUBRE DE 1985

RESPONSABLE·

| METAS | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 1) Reforzar la estructura del GAE-VISISA | Reorganizar la estructura actual del GAE, implementando la Unidad Financiero/contable. | Contratar con fondos de la contrapartida PL-480/85 un jefe de la Unidad Financiero Contable y dos auxiliares. | Está pendiente de ejecución, dado que se está elaborando el Plan de Acción de la PL-480/85 | 15% | |
| 2) Instalar equipos médicos en hospitales, centros, unidades y puestos de salud. | Instalar 123 esterilizadores pequeños, 3 autoclaves, 3 reveladores de películas radiográficas. | a) Adquisic. de materiales<br>b) Realizar pre-instalaciones.<br>c) Instalar los equipos. | a) Compra de materiales p/ instalac (₡30,000)<br>b) Pre-instalaciones terminadas<br>c) Instaladas. 3 autoclaves, 3 rev.películas y 50 esterilizadores | 100%<br>100%<br>40% | |
| 3) Instalación de cuartos fríos en el Plantel El Matazano | Instalar 2 cuartos fríos | a) Adquisición materiales<br>b) Realizar pre-instalac.<br>c) Instalac. de equipos | a) Compra mat p/instalación por ₡3,016.<br>b) Pre-instalaciones terminadas<br>c) Instalación realizada | 100%<br>100%<br>100% | |
| 4) Desarrollar programas de adiestramiento al personal de mantenimiento automotríz, - equipo bio-médico y suministros. | Adiestrar personal de los niveles hospitalario, regional y central en las áreas de biomédico, trasporte y suministros. | a) 6 cursos en el área de suministros.<br>b) 4 cursos para mecánicos y 2 para conductores<br>c) 7 cursos para bio-médica | a) Se llevó a cabo un curso para Guardalmacenes de regiones, hospitales, centros de salud y nivel central.<br>b) Se implementaron 2 cursos p/mecánicos en motores Diesel y 1 p/conductores localizados a nivel central<br>c) Se desarrolla un curso de orientación para mantenimiento de equipo bio-medico p/personal de hospitales, regiones y nivel central | 30% | |

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| METAS | U DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 5) Apoyar el sistema de distribución de medicamentos y material médico quirúrgico, mediante la contratación de -- transporte comercial. | Apoyar el sistema de suministro en 5 regiones, 14 hospitales y 12 centros de salud. | Elaboración del instructivo para los trámites de contratación de transporte comercial.<br>Contratación de transporte comercial en caso de emergencia o falta de unidades al servicio del MSPAS | Contratación de transporte comercial por un monto de ₡30,000 | 60% | |
| 6) Adquirir equipo de estantería para el almacén de medicamentos construído con fondos del préstamo | Equipar el nuevo almacén de suministros médicos, dotándolo de estantería necesaria y adecuada para el almacenamiento de medicamentos, material médico quirúrgico, odontológico y radiológico | - Preparar un detalle de la estantería con sus especificaciones técnicas y sus costos estimados<br>- Proceder al trámite de compra.<br>- Equipar el almacén. | - Se ha preparado el listado del equipo y actualmente se encuentra en trámite de autorización en la AID. | 30% | |
| 7) Apoyar la ampliación del Laboratorio Central para la fabricación de Vacuna de Cerebro de Ratón Lactante. | Dotar al Laboratorio de estantería, equipo de aire acondicionado para el bioterio y de equipo necesario para un cuarto frío para la conservación de vacuna de Cerebro de Ratón Lactante.. | - Coordinar con Laboratorio la adquisición del equipo y los materiales para su instalación.<br>- Tramitar la compra. | Actualmente se han instalado los equipos de aire para el bioterio y la estantería, por un monto de ₡57,586.<br>Lo referente al cuarto frío ya fue adjudicado se estima su finalización para la primera semana de Enero/86 ₡21,000. | 80% | |
| 8) Proveer equipo de oficina para el Encargado del Fondo Rotativo del Proyecto. | Equipar la oficina del Encargado del Fondo Rotativo con archivo/caja de seguridad, calculadora. material para registros financieros | a) Preparar especificaciones del equipo<br>b) Proceder a la compra. | Se prepararon las especificaciones.<br>Se obtuvieron los equipos | 100% | |

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| METAS | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 9) Equipar a los laboratorios a nivel central y regional | Ampliar los servicios de laboratorio en 97 unidades a nivel central y regional. | a) Coordinar con regiones para obtener listados de necesidades.<br>b) Consolidado y análisis de los listados.<br>c) Solicitar autorización de compra a la AID<br>d) Tramitar compra | Hasta la fecha se han obtenido los listados de necesidades de las regiones | 15% | |
| 10) Dotar de repuestos, materiales y accesorios para los talleres de mantenimiento automotríz y Manto de equipo médico, básico y de prueba para hospitales. | Mantener los stock como mínimo en 60% de repuestos y accesorios en los talleres de manto automotríz, equipo médico y básico en 4 regiones y nivel central. | a) Coordinar con los talleres regionales y nivel central para conocer los niveles de stock mínimo para la reposición de repuestos y accesorios<br>b) Coordinar con Proveeduría Específica (MSPAS) las compras. | Como resultado de las dos acciones, se han adquirido repuestos y accesorios por un monto de ₡423,412. | 90% | |
| 11) Apoyar los talleres de mantenimiento de sistemas de radio-comunicación del MSPAS | Dotación de equipos de prueba, materiales y accesorios al taller de equipo de radiocomunicación, ubicado en el Plantel El Matazano | - Coordinar con técnicos del taller para establecer las necesidades de materiales y equipos de prueba.<br>- Tramitar ls compra. | Determinación de listado de necesidades y adquisición de los mismos por un monto de ₡21,000 | | |
| 12) Fortalecer la operatividad del taller de baterías en el Plantel El Matazano con materiales y accesorios. | Dotación de materiales y accesorios para fabricar baterías semanales. | a) Determinar listado de necesidades de materiales y accesorios.<br>b) Adquisición de los materiales y accesorios. | Adquisición de materiales y accesorios por un monto de ₡42,400<br>Fabricación de baterías semanales. | | |

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| METAS | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 13) Construir un almacén central para almacenar medicamentos y suministros médicos. | Construir 1,500 M2 para almacenar medicamentos y suministros médicos. | - Elaboración de especificaciones, licitación y adjudicación de la obra.<br>- Ejecución de la obra. | Obras preliminares<br>- Terracería<br>- Concreto estructural<br>- Albañilería y acabado<br>- Electricidad<br>Monto pagado a la fecha ₡581,252 | 100%<br>100%<br>84.78%<br>26 73%<br>25% | |
| 14) Construir áreas para la recepción de vehículos, talleres de fabricación de escapes de baterías y área de administración en el Plantel El Matazano. | - Construcción de 160 M2 para taller de radiocomunicación.<br>- Construcción de 65 M2 para área de administración.<br>- Construcción e 35 M2 para la fabricación de escapes | - Adquirir materiales de construcción.<br>- Ejecución de las obras por administración | Finalizado taller de radiocomunicación, administración<br>Construcción del área para la fabricación de escapes | 80% | |
| 15) Remodelar las bodegas a integrarse a la construcción del Almacén Central | Remodelar techos y oficinas en un área de 1,728 M2 de bodegas. | Elaboración de especificaciones.<br>Licitación, adjudicación de la obra.<br>Ejecución de la obra | Documentos de licitación preparados para la aprobación de la A.I.D. | 20% | |
| 16) Remodelar los talleres regionales de mantenimiento automotriz y bio-médico. | - Remodelar talleres de Mantenimiento automotriz en 4 regiones de salud.<br>- Remodelar talleres de equipo bio-médico en 3 regiones | - Elab. de especificaciones<br>- Licitación, adjudicación de las obras.<br>- Ejecución de las obras. | Documentos preparados para trámites de contratación. | 10% | |
| 17) Construir sombras para estacionamiento de vehículos en el Plantel Matazano | Construcción de 1,218 10 M2 de asbesto en estructura metálica. | - Elab. de Cartel Licitación<br>- Invitación a Concurso<br>- Análisis de ofertas y adjudicación.<br>- Autorización de AID para contratación<br>- Contratación<br>- Ejecución de la obra | Actualmente se ha adjudicado y se ha enviado la documentación para su autorización. | 25% | |

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| METAS | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 18) Construir obra complementaria de la estación de servicio de combustible. | Construcción de la obra faltante en Plantel El Matazano que garantice su perfecto -- funcionamiento El proyecto está constituído por<br>- Obra civil<br>- Obra eléctrica<br>- Obra mecánica<br>- Limpieza | - Elaboración de cartel de licitación.<br>- Invitación a concursar<br>- Análisis de ofertas y adjudicacion<br>- Autorización de la AID para contratación<br>- Contratación<br>- Ejecución de la obra | Se ha adjudicado y enviado la documentación a la AID para la autorización de la contratación. | 25% | |

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FUENTE: PRESTAMO AID No 519-U-033 (MONEDA EXTRANJERA)

PROGRAMA: ASISTENCIA HUMANITARIA

PROYECTO. VISISA

UNIDAD EJECUTORA GAE-VISISA

PERIODO QUE SE INFORMA: ENERO/84 A LA FECHA

SUB-PROGRAMA.

ACTIVIDAD:

FECHA. 30 DE OCTUBRE DE 1985.

| METAS | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 1) Dotar de medicamentos y material médico quirúrgico esenciales para los establecimientos de salud. | Proveer de medicamentos y material médico quirúrgico esenciales a las 5 regiones de salud y 14 hospitales. | - Preparar listados.<br>- Solicitar compra a la AID<br>- Recibir y preparar cuadros de distribución.<br>- Distribuir los suministros según programas. | Se han abastecido los establecimientos de salud de los suministros adquiridos por un monto de ₡7,441.601. medicamentos, y ₡3,858,130 Mayerial médico quir | 100 | |
| 2) Peforzar la infraestructura de la cadena de frío en las Regiones Oriental y Occidental de Salud. | Instalar 2 cuartos fríos uno en la Región Oriental y otro en la R. Occidental, para la conservación de medicamentos. | - Preparar especificaciones técnicas de los equipos.<br>- Solicitar compra a la AID.<br>- Recepción e instalación de los equipos. | Se recibieron los equipos y su instalación se encuentra pendiente. Está sujeto a las remodelaciones en bodegas regionales, dado que en dichas regiones se ha considerado la adecuacion de las áreas donde deberán ser instalados los equipos ₡42,000 | 40 | |
| 3) Apoyar el sistema de transporte, dotando de vehículos a las regiones de salud, - hospitales y nivel central. | Distribuir 67 equipos de transporte en las 5 regiones, 14 hospitales y nivel central. | - Preparar especificaciones de los equipos.<br>- Solicitar compra a la AID.<br>- Preparar cuadros de asignación.<br>- Recibir y distribuir los equipos | Se recibieron y distribuyeron 55 vehículos, 112 jeep, 19 pick-up y 24 ambulancias, quedando pendientes 12 Ford de los cuales se espera su llegada a finales de Noviembre/85. | 80 | |
| 4) Apoyar los programas de control de la Malaria, dotándolos de medicamentos antimaláricos, insecticidas y equipo. | Adquirir medicamentos antimaláricos para prevenir la malaria en las zonas rurales del país, insecticidas para combatir la malaria y equipo de rociado,y entregarlo al Depto. de Malariología para usarlo en los programas regulares. | - Coordinar con los técnicos del Depto de Malaria, a fin de determinar listados de los suministros necesarios.<br>- Enviar solicitud a la AID.<br>- Recepción y entrega de los suministros.<br>- Corodinación para su adecuada utilización | Se recibieron los suministros y actualmente se están utilizando en actividades de rociado.<br>Medicamentos ₡ 701,290<br>Insecticidas ₡3,446.125<br>Equipo ₡ 381,250 | 90 | |

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| METAS | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 5) Apoyar el sistema de impresiones y reproducciones, dotándolo del equipo necesario para cumplir su funcionamiento. | Ampliar el sistema de impresiones y reproducciones ubicado en Plantel El Matazano, dotándolo de 1 prensa Offset, 1 guillotina, 1 cámara fotomecánica y 1 engrapadora cosedora. | - Preparar especificaciones técnicas del equipo.<br>- Solicitar compra a la AID.<br>- Recibir e instalar los equipos en el lugar designado.<br>- Instalar los equipos | Se recibieron los equipos y serán instalados. | 60 | |
| 6) Integrar la implementación de un proyecto que permita la creación de un laboratorio de control de calidad de medicamentos. | Instalar un laboratorio de control de calidad, en cumplimiento al Convenio MSPAS/CENTA | - Preparar listado del equipo necesario para el lab.<br>- Solicitar su comrpa a AID.<br>- Recibir el equipo.<br>- Llevar a cabo el equipamiento del laboratorio. | Actualmente se ha solicitado el equipo, su llegada se espera la última semana de Noviembre ₡417,500. | 15% | |
| 7) Apoyar los talleres de mantenimiento de equipo bio-médico y básico, dotándolo de herramientas y equipo de prueba necesarios. | Distribuir herramientas y equipo de prueba para hospitales al nivel central y regional para el buen funcionamiento de los talleres de equipo biomédico y básico | - Coordinador con el Depto de Mantto. para la preparación de especificaciones técnicas del equipo<br>- Solicitar compra a la AID<br>- Recibir el equipo y preparar cuadro de asignación.<br>- Distribuirlos a las regiones y nivel central | Se han recibido los suministros y actualmente se están preparando los cuadros de asignación para su respectiva distribución<br>₡196,922 50<br>₡133,662.50 | 60% | |
| 8) Apoyar los talleres de mantenimiento automotriz, dotándolo de herramientas y equipo manual, repuestos para vehículos y llantas. | Distribuir a nivel central y regional un lote de repuestos para vehículos, herramientas y llantas para darles mantenimiento a los vehículos en cada una de las regiones. | - Preparar listado para su compra.<br>- Solicitar compra a AID.<br>- Recibir suministros.<br>- Preparar cuadros de asignación.<br>- Efectuar distribución de suministros a las diferentes regiones.<br>- Controlar su utilización | Se han recibido los suministros y actualmente se están preparando los cuadros de asignación para efectuar la respectiva distribución<br>Repuestos ₡ 62,471 25<br>Herramientas ₡249,187 50<br>Llantas· ₡377,910 00 | 80% | |

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| METAS | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 9) Apoyar al sistema de radiocomunicación, dotándolo de equipos de radio para las regiones de salud a nivel central. | Distribuir 43 equipos de radio en las diferentes regiones y nivel central, para que sean instalados en algunos vehículos y ambulancias. | Coordinar con los técnicos de radiocomunicación sobre las especificaciones técnicas de los equipos de radio y preparar listado para su compra.<br>Solicitar compra a la AID.<br>Recibir los equipos.<br>Coordinar con la casa representante para su revisión.<br>Preparar cuadros de asignac.<br>Distribuir los equipos y coordinar su instalación | Se han recibido los equipos y enviado a revisión a la Cía. Motorola.<br>Actualmente se está elaborando un cuadro de asignación para proceder a su distribución e instalación. | 80 | |
| 10) Apoyar el nivel hospitalario, dotándolo de equipo biomédico, radiográfico, básico y de prueba para su mejor funcionamiento | Distribuir entre los diferentes hospitales 30 equipos de anestesia, 9 calderas, 7 plantas de emergencia, 100 bombas de agua, 109 equipos de prueba, para mejorar su funcionamiento, 4 tubos de rayos X y 3 equipos para rayos X. | - Coordinar con el Depto. de mantto. para preparar especificaciones técnicas<br>- Preparar listados de equipos.<br>- Recibir, inspeccionar e instalar los equipos. | Se ha recibido los equipos de anestesia y se han distribuído 22 a hospitales y 4 a centros de salud, para el uso de estos equipos será impartido un adiestramiento del 25 al 29 de Nov 1985 Ø1,444,637. | 70 | |
| | | | Se han recibido 9 calderas las cuales se encuentran en la aduana terrestre. Su retiro e instalación se está coordinando con la AID, ya que será contratada una Cía. quien instalará los equipos en los lugares correspondientes. Ø465,000. | 40 | |
| | | | Se han recibido 7 plantas de emergencia las cuales se encuentran en la aduana terrestre y serán retiradas la 2a. semana de Noviembre/85. Su distribución está sujeta a trabajos de pre-instalación para lo cual se contrataron | 40 | |

| METAS | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 10) Cont..... | | | los servicios de una firma especializada en la materia. ₡437,970. | | |
| | | | Las bombas para agua se espera su llegada al país la 3a. semana de Noviembre/85. ₡275,000 | 20% | |
| | | | Se recibieron 3 tubos de rayos X, los cuales serán instalados en los equipos de rayos X de los hospitales de Sta.Ana, Rosales y San Miguel. Actualmente se han revisado y la 2a. semana de noviembre se efectuará su instalación. | 60% | |
| | | | El equipo médico radiográfico se espera su llegada la última semana de noviembre. | 10% | |
| 11) Apoyar al Hospital Rosales en las áreas de oftalmología y Urología, dotándolo del instrumental necesario para su funcionamiento. | Equipar los Departamentos de Urología y Oftalmología del Hospital Rosales | - Preparar listados de necesidades.<br>- Solicitar compra a la AID.<br>- Preparar cuadros de asignación.<br>- Distribuir los suministros | La recepción de estos suministros se espera para la última semana de Noviembre ₡1,453,757.50. | 25% | |
| 12) Instalación de cuarto frío en Plantel El Matazano, como apoyo a los programas de Epidemiología. | Instalar 2 cuartos fríos para almacenar vacunas | - Coordinar con la División de Epidemiología las especificaciones técnicas del equipo.<br>- Solicitar su compra a la AID<br>- Recibir el equipo.<br>- Coordinar su instalación y funcionamiento. | Los equipos se encuentran instaladas y funcionando La instalación fue financiada con fondos de moneda local. | | |

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| M E T A S | U. DE MEDIDA | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 13) Fortalecer la ceneda de frío a nivel regional, como apoyo a la campaña nacional de vacunación. | Datos de equipos de refrigeración a las diferentes regiones para apoyar la campaña nacional de vacunación . | - Preparar listado con especificaciones técnicas.<br>- Solicitar compra a la AID.<br>- Cuadros de asignación.<br>- Recepción y distribución a las regiones, en coordinación con la División de Epidemiología | Estas actividades fueron realizadas en su totalidad | 100 | |

JL*plb
7/11/85

FUENTE: PL-480/83
PROGRAMA. ASISTENCIA HUMANITARIA
UNIDAD EJECUTORA· GAE-VISISA
DESEMBOLSO RECIBIDO. ₡2,000,000

PERIODO: ENERO 84 A LA FECHA
FECHA: 30 DE OCTUBRE DE 1985.
RESPONSABLE.

| METAS | U. DE M. | PROGRAMADO | REALIZADO | % | OBSERVACIONES |
|---|---|---|---|---|---|
| 1. Adquirir y apastecer de medicamentos y material médico quirúrgico a los hospitales y regiones de salud | Distribuir medicamentos y material médico-quirúrgico en un 40% a los hospitales y 60% a las regiones de salud. | Adquirir medicamentos y material médico-quirúrgico por un monto de ₡ 1,850,000, de acuerdo a listado calificado de urgente por la SETEFE, el cual contiene 25 items para material y 19 items para medicamentos. | - Se adquirieron medicamentos y material médico-quirúrgico por un monto de ₡1,871,-890, los cuales fueron distribuidos a hospitales y regiones de salud, de acuerdo a lo programado. | 100% | |
| 2. Apoyar la Campaña Nacional de Vacunación, realizada en 3 jornadas· Febrero, Marzo y Abril/85, dotándola de repuestos para mantenimiento automotríz, llantas, tubos y baterías para reparación de vehículos a nivel central y regional. | Reparar un 20% de los vehículos localizados en cada una de las regiones de salud. | Adquirir los siguientes suministros por un monto de ₡150,000·<br>-1 lote de repuestos para vehículos.<br>-342 llantas de diferentes medidas.<br>-97 tubos de diferentes medidas.<br>-40 baterías<br><br>Distribuir los suministros a las diferentes - regiones de salud para reparación de vehículos para ser utilizados en las jornadas de vacunación. | Se adquirieron los suministros programados por un monto de ₡107,125, reparándose el 40% de los vehículos de cada región. | 100% | |

JI*plb

# M E M O R A N D U M

PARA: Mr. George Kraus

DE: HID/KRAUS

ASUNTO: A) Precio unitario de medicamentos y material médico-quirúrgico
B) Concurso año 1984 MSPAS
C) Concurso año 1985 MSPAS,

FECHA: 11 de diciembre de 1985

A) Precio unitario de medicamentos y material médico-quirúrgico

Con el objeto de poder calcular el valor de inventarios en las diferentes bodegas y almacenes regionales del MSPAS, adjuntamos un listado de productos con su respectiva unidad de medida y precio unitario (ver anexo 1 color verde). Esta información proviene esencialmente del concurso 4/84 promovido por la Proveeduría del MSPAS y comprende los productos distribuidos en el presente año. La lista incluye un total de 257 medicinas y 111 rubros de material médico quirúrgico. Adjuntamos además dos PIO/C de compras pendientes de ingresos con sus respectivos precios proporcionados por AID.

Lógicamente es necesario para determinar el valor exacto del inventario de cualquier bodega en particular: un inventario de existencia, los precios de productos comprados localmente con fondos propios, los precios de existencia anteriores al presente año; además debe conocerse la fuente de abastecimiento (AID, Colombia, GOES, etc.) por posible diferencia de precios entre los mismos productos. Todo lo anterior variará según las circunstancias propias de cada establecimiento.

B. Concurso año 1984 - MSPAS

1. En lo relativo a la estructura del concurso (ver Anexo 2), las actividades del 1 al 7 comprende la preparación de un programa de compras que culmina con la determinación de las cantidades necesarias por comprarse.

2. En lo relacionado con las ofertas, se contó con 102 participantes en el concurso entre nacionales y extranjeros. (Ver Anexo 3) Cabe destacarse que de este total solamente 63 fueron los que recibieron concretamente adjudicación.

| Total Oferentes | Total Oferentes Adjudicados | Total productos Adjudicados | Total productos fuera de adjudicación |
|---|---|---|---|
| 102 | 63 | 332 | 24 |

Oferentes con mayor adjudicación:

| Nombre: | Rubros | % | Monto | % Monto Total Adjudicados |
|---|---|---|---|---|
| 1. Lab. CAROSA, S.A. de C.V. | 37 | = 100% | ₡ 661,880.50 | (4.7%) |
| 2. Industrias Químicas S.A. | 31 | = 84% | ₡ 2,684.798.00 | (19.1%) |
| 3. Drog. PROMEDICI, S.A. de C.V. | 22 | = 59% | ₡ 451,254.00 | (3.2%) |
| 4. Laboratorio FARMEDIC | 20 | = 54% | ₡ 450,576.00 | (3.2%) |
| 5. Laboratorios ARSAL, S.A. | 16 | = 43% | ₡ 376,960.00 | (2.7%) |
| 6. Dade Medical, E.S.-ALMAC INTERNAC. | 15 | = 41% | ₡ 431,573.77 | (3.08%) |
| 7. Laboratorio y Droguería Laínez, S.A. | 13 | = 35% | ₡ 564,524,00 | (4.0%) |

3. Lo referente a comprado y entregado se investigó que del total del concurso (lo adjudicado) todo fué objeto de compra con excepción de los contratos por "Cartas de Crédito", esencialmente por la limitante relacionada con la autorización de divisas que aún se encuentran pendientes de autorización, lo cual asciende a ₡3,936,049.50 (US$1,574,519.80) Ver Anexo 4.

4. Del total de productos comprados, solamente seis (6) se encuentran pendientes de entrega. (ver color rosado en Anexo 1).

5. El tiempo requerido en la estructuración del concurso hasta la entrega en Bodegas, teóricamente es de 12 meses, pero la adjudicación del concurso 4/84 fué otorgada con 5 meses de desfase. (Ver Anexo 2).

C. Concurso año 1985 - MSPAS

Cabe mencionar que este concurso aún se encuentra pendiente de autorización la respectiva adjudicación, por lo que presenta un desfase de 12 meses.

SV/plg

73

ANNEX 5

# M E M O R A N D U M

PARA: Sr. George Kraus

DE: Sonia de Valenzuela

ASUNTO: Niveles de distribución y consumo de algunas drogas esenciales en regiones, hospitales principales y bodega de IVU.

FECHA: 20 de noviembre de 1985

A continuación presento un estudio de monitoreo realizado por los asistentes de salud,que reflejan la distribución y meses de consumo proyectados para drogas esenciales que han sido seleccionadas para ser compradas por medio de AID, así como también consultas, ingresos y egresos realizados durante tres meses del año 1985, en el Hospital Rosales, Hospital Santa Ana y Hospital San Rafael.

SV/plg

cc: file

| Nombre de la medicina | Unidad de medida | Kardex | Cuadro Asignación | MSPAS | |
|---|---|---|---|---|---|
| Ampicilina cápsula 500 mg cápsulas | Ciento | 5,266 | 2,750 | 2,450 | ✓ |
| Ampicilina polvo susp. 250 mg | Fco. | 33,962 | 6,667 | 17,957 | ✓ |
| Ampicilina sódica polvo Inyección 500mg | Vial | - | - | - | |
| Ampicilina sódica 1 gr inyección | Vial | 21,605 | 2,500 | 11,573 | ✓ |
| Atropina 1 mg inyección 1ml | Vial | - | - | - | |
| Benzatina bencilpenicolina 1-2 millones | Vial | - | - | - | |
| Bencilpenicilina Penicilina G Potásica 1mi. | Vial | - | - | - | |
| Cloranfenicol 250 mg Tab | Ciento | 4,543 | 2,750 | 3,770 | ✓ |
| Cloranfenicol succinato sódico 1 gr | Vial | 24,705 | 12,501 | 12,573 | ✓ |
| Clorfeniramina 8 mg Tab | Ciento | - | - | - | |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | - | - | - | |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | - | - | - | |
| Cloroquina 150 mg Tab | Ciento | - | - | - | |
| Clorfeniramina 10 mg Inyección | Amp. | - | - | - | |
| Clorpromacina 25 mg / 2 ml | Amp. | - | - | - | |
| Clorpromacina 25 mg Tab | Ciento | 891 | 833 | 1,580 | ✓ |
| Diazepam 5mg/ml Iny. | Ampolla | - | - | - | |
| Digoxina 0.25 mg Tab | Ciento | 1,798 | 2,083 | 990 | ✓ |
| Difenhidramina 250 mg Tab | Ciento | 4,465 | 3,001 | 3,430 | ✓ |
| Etambutol 400 mg Tab | Ciento | - | - | - | |
| Ergometrina maleato 0.2mg Tab | Ciento | 1,953 | No Datos | 550 | ✓ |
| Difenhidramina 250mg susp. | Fco. | 23,680 | 12,501 | 14,777 | ✓ |
| Furosemida 10 mg 1 ml 2 ml | Amp. | - | - | - | |
| Furosemida 20 mg 1 ml 2 ml | Amp. | - | - | - | |
| Glibenclamina 5 mg Tab | Ciento | - | - | - | |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | - | - | - | |
| Insulina simple cristalina 80 U.I | Vial | - | - | - | |
| Insulina simple cristalina 100 U.I | Vial | - | - | - | |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | - | - | - | |
| Insulina Porcina NPA 100 U.I | Vial | - | - | - | |
| Isoniazida 100 mg Tab | Ciento | 2,650 | 1,250 | 1,330 | ✓ |
| Kilidoqua 250mg. Tab | Ciento | 3,350 | 417 | 600 | ✓ |
| Metronidazole 125 mg/ml 100ml | Lts | - | - | - | |
| Metronidazole 500mg Tab | Millar | - | - | - | |
| Penicilina Procaínica Potásica 4 millon.U.I | Amp | 38,705 | 20,833 | 38,945 | ✓ |
| Primaquina 15 mg Tab | Ciento | - | - | - | |
| Primaquina 5 mg Tab | Ciento | - | - | - | |
| Rifampicina 300 mg Tab | Ciento | 1,157 | 999 | 1,030 | ✓ |
| Sales de Rehidratación Sobres | c/u | 76,250 | 70,222 | 38,275 | ✓ |
| Sulfametoxazol Trimetropin 400 mg+80mg | Ciento | 4,935 | 833 | 1,760 | ✓ |
| Sulfametoxazol Trimetroprin 200mg+40 mg | Lts | 5,753 | 584 | 2,180 | ✓ |
| Salbutamol 2mg Tab | Ciento | - | - | - | |
| Salbutamol 2mg/5ml Jarabe | Fco. | - | - | - | |

COMPARACION DE DISTRIBUCIONES MENSUALES

| Nombre de la medicina | Unidad de medida | Distribución Mensual MSPAS | Distribución Mensual Kardex |
|---|---|---|---|
| [illegible]cilina adulto 500 mg cápsulas | Ciento | 2,450 | 5,266 |
| [illegible]cilina polvo susp. 250 mg | Fco. | 17,957 | 33,962 |
| [illegible]picilina sódica polvo Inyección 500mg | Vial | - | - |
| [illegible]cilina sódica 1 gr inyección | Vial | 11,573 | 21,605 |
| [illegible]quina 1 mg inyección 1ml | Vial | - | - |
| [illegible]enzatina bencilpenicilina 1-2 millones | Vial | - | - |
| [illegible]nilpenicilina Penicilina G Potásica 1mi. | Vial | - | - |
| [illegible]ranfenicol 250 mg Tab | Ciento | 3,770 | 4,543 |
| [illegible]ranfenicol succinato sódico 1 gr | Vial | 12,573 | 24,705 |
| [illegible]rfenilamina 8 mg Tab | Ciento | - | - |
| [illegible]quina + Primaquina 75mg+7.5 mg | Ciento | - | - |
| [illegible]quina (Primaquina 150 mg+15 mg | Ciento | - | - |
| [illegible]quina 150 mg Tab | Ciento | - | - |
| [illegible]rfenilamina 10 mg Inyección | Amp. | - | - |
| [illegible]rpromacina 25 mg / 2 ml | Amp. | - | - |
| [illegible]romacina 25 mg Tab | Ciento | 1,580 | 891 |
| [illegible]zepam 5mg/ml Iny. | Ampolla | - | - |
| [illegible]quina 0.25 mg Tab | Ciento | 990 | 1,798 |
| [illegible]tromicina 250 mg Tab | Ciento | 3,430 | 4,465 |
| [illegible]butol 400 mg Tab | Ciento | - | - |
| [illegible]ncefalina [illegible]lato 0.2mg Tab | Ciento | 550 | 1,953 |
| [illegible]tromicina 250mg susp. | Fco. | 14,777 | 23,680 |
| [illegible]cosamida 10 mg 1 ml 2 ml | Amp. | - | - |
| [illegible]cosamida 20 mg 1 ml 2 ml | Amp. | - | - |
| [illegible]dazolamina 5 mg Tab | Ciento | - | - |
| [illegible]cortizona succinato sódico 500mg 1ml | Vial | - | - |
| [illegible]ulina simple cristalina 80 U.I | Vial | - | - |
| [illegible]lina simple cristalina 100 U.I | Vial | - | - |
| [illegible]ulina Porcina N.P.H. 80 U.I. 10 ml | Vial | - | - |
| [illegible]ulina Porcina NPA 100 U.I | Vial | - | - |
| [illegible]tazida 100 mg Tab | Ciento | 1,330 | 2,650 |
| [illegible]dqua 250mg Tab | Ciento | 600 | 3,350 |
| [illegible]ronidazole 125 mg/ml 100ml | Lts | - | - |
| [illegible]ronidazole 500mg Tab | Millar | - | - |
| [illegible]cilina Procainica Potasica 4 millon.U.I | Amp | 38,945 | 38,705 |
| [illegible]quina 15 mg Tab | Ciento | - | - |
| [illegible]quina 5 mg Tab | Ciento | - | - |
| [illegible]mpicina 300 mg Tab | Ciento | 1,030 | 1,157 |
| Sales de Rehidratación Sobres | c/u | 38,275 | 76,250 |
| [illegible]fametoxazol Trimetropin 400 mg+80mg | Ciento | 1,760 | 4,935 |
| [illegible]fametoxazol Trimetropin 200mg+40 mg | Lts | 2,180 | 5,753 |
| Salbutamol 2mg Tab | Ciento | - | - |
| [illegible]butamol 2mg/5ml Jarabe | Fco. | - | - |

Comparación mensual de distribución de algunas drogas esenciales reportadas por el MSAPAS [illegible]s. distribución obtenida del kardex.

| Nombre de la medicina | Unidad de medida | 5 Regiones | 6 Hospitales | 14 Hospitales | TOTAL |
|---|---|---|---|---|---|
| Ampicilina anhidra 500 mg cápsulas | Ciento | 2,276 | 1,354 | 2,990 | 5,266 |
| Ampicilina polvo susp. 250 mg | Fco. | 9,997 | 10,854 | 23,965 | 33,962 |
| Ampicilina sódica polvo Inyección 500mg | Vial | - | - | - | - |
| Ampicilina sódica 1 gr inyección | Vial | 3,191 | 8,340 | 18,414 | 21,605 |
| Atropina 1 mg inyección 1ml | Vial | - | 6,218 | 13,729 | - |
| Benzatina Bencilpenicolina 1-2 millones | Vial | - | - | - | - |
| Bencilpenicilina Penicilina G Potásica 1mi. | Vial | - | - | - | - |
| Cloranfenicol 250 mg Tab | Ciento | 2,739 | 817 | 1,804 | 4,543 |
| Cloranfenicol succinato sódico 1 gr | Vial | 4,205 | 9,285 | 20,500 | 24,705 |
| Clorfenramina 8 mg Tab | Ciento | - | - | - | - |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | - | - | - | - |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | - | - | - | - |
| Cloroquina 150 mg Tab | Ciento | - | 1,996 | 4,407 | - |
| Clorfenramina 10 mg Inyección | Amp. | - | 900 | 1,987 | - |
| Clorpromacina 25 mg / 2 ml | Amp. | - | - | - | - |
| Clorpromacina 25 mg Tab | Ciento | 346 | 247 | 545 | 891 |
| Diazepam 5mg/ml Iny. | Ampolla | - | - | - | - |
| Digoxina 0.25 mg Tab | Ciento | 502 | 587 | 1,296 | 1,798 |
| Eritromicina 250 mg Tab | Ciento | 3,165 | 589 | 1,300 | 4,465 |
| Etambutol 400 mg Tab | Ciento | - | 858 | 1,894 | - |
| Fenoterol hidrato 0.2mg Tab | Ciento | 1,690 | 119 | 263 | 1,953 |
| Eritromicina 250mg susp. | Fco. | 12,342 | 5,135 | 11,338 | 23,680 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | - | 1.249 | 2,757 | - |
| Furosemida 20 mg 1 ml 2 ml | Amp. | - | 3,012 | 6,650 | - |
| Halenclamina 5 mg Tab | Ciento | - | - | - | - |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | - | 2,052 | 4,531 | - |
| Insulina simple cristalina 80 U.I | Vial | - | 1,073 | 2,369 | - |
| Insulina simple cristalina 100 U.I | Vial | - | 1,770 | 3,908 | - |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | - | - | - | - |
| Insulina Porcina NPA 100 U.I | Vial | - | - | - | - |
| Isoniazida 100 mg Tab | Ciento | 1,431 | 552 | 1,219 | 2,650 |
| Metildopa 250mg. Tab | Ciento | 111 | 1,467 | 3,239 | 3,350 |
| Metronidazole 125 mg/ml 100ml | Lts | - | 361 | 797 | - |
| Metronidazole 500mg Tab | Millar | - | 484 | 1,069 | - |
| Penicilina Procaínica Potasica 4 millon.U.I | Amp | 21,571 | 7,760 | 17,134 | 38,705 |
| Primaquina 15 mg Tab | Ciento | - | 671 | 1,482 | - |
| Primaquina 5 mg Tab | Ciento | - | - | - | - |
| Rifampicina 300 mg Tab | Ciento | 360 | 361 | 797 | 1,157 |
| Sales de Rehidratación Sobres | c/u | 61,143 | 6,842 | 15,107 | 76,250 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 2,672 | 1,025 | 2,263 | 4,935 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 4,709 | 473 | 1,044 | 5,753 |
| Salbutamol 2mg Tab | Ciento | - | - | - | - |
| Salbutamol 2mg/5ml Jarabe | Fco. | - | - | - | - |

"DISTRIBUCION MENSUAL DE ALGUNOS MEDICAMENTOS ESENCIALES A NIVEL NACIONAL (segun monitoreo

2,491 camas para un total de 6 hospitales

5,500 camas para un total de 14 hospitales

| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| [illegible]icilina anhidra 500 mg cápsulas | Ciento | 400 | 200 | 2 |
| Ampicilina polvo susp. 250 mg | Fco. | 1100 | * | *** |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | * | *** |
| [illegible]icilina sódica 1 gr inyección | Vial | 0 | 1000 | 0 |
| Atropina 1 mg inyección 1ml | Vial | 0 | 3500 | 0 |
| Benzatina bencilpenicilina 1-2 millones | Vial | 0 | + | 0 |
| Bencilpenicilina Penicilina G Potásica 1mi. | Vial | 1008 | * | *** |
| Cloranfenicol 250 mg Tab | Ciento | 360 | 200 | 1.8 |
| Cloranfenicol succinato sódico 1 gr | Vial | 3300 | 2000 | 1.6 |
| Clorfeniramina 8 mg Tab | Ciento | 0 | + | 0 |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | + | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 0 | + | 0 |
| Cloroquina 150 mg Tab | Ciento | 0 | 300 | 0 |
| Clorfeniramina 10 mg Inyección | Amp. | 900 | * | *** |
| Clorpromacina 25 mg / 2 ml | Amp. | 0 | + | 0 |
| Clorpromacina 25 mg Tab | Ciento | 130 | 50 | 2.6 |
| Diazepan 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| Digoxina 0.25 mg Tab | Ciento | 506 | 200 | 2.5 |
| Eritromicina 250 mg Tab | Ciento | 450 | 150 | 3 |
| Etambutol 400 mg Tab | Ciento | 210 | 100 | 2.1 |
| Ergometrina maleato 0.2mg Tab | Ciento | 110 | 15 | 7.3 |
| Eritromicina 250mg susp. | Fco. | 0 | 2000 | 0 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | 0 | 250 | 0 |
| Furosemida 20 mg 1 ml 2 ml | Amp. | 0 | 250 | 0 |
| Glibenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | 500 | 0 |
| Insulina simple cristalina 80 U.I | Vial | 350 | * | *** |
| Insulina simple cristalina 100 U.I | Vial | 0 | + | 0 |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 200 | 100 | 2 |
| Isoniazida 100 mg Tab | Ciento | 0 | + | 0 |
| Metildopa 250mg Tab | Ciento | 0 | 250 | 0 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | + | 0 |
| Metronidazole 500mg Tab | Millar | 0 | 200 | 0 |
| Penicilina Procaínica Potasica 4 millon.U.I | Amp | 29.063 | 3.000 | 9.6 |
| Primaquina 15 mg Tab | Ciento | 0 | + | 0 |
| Primaquina 5 mg Tab | Ciento | 0 | + | 0 |
| Rifampicina 300 mg Tab | Ciento | 0 | 200 | 0 |
| Sales de Rehidratación Sobres | c/u | 11.875 | ** | *** |
| Sulfametoxazol/Trimetropin 400 mg+80mg | Ciento | 400 | 50 | 8 |
| Sulfametoxazol/Trimetroprin 200mg+40 mg | Lts | 210 | 30 | 7 |
| Salbutamol 2mg Tab | Ciento | 0 | + | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 0 | + | 0 |

+ No han recibido este pto en el año /85

* Tenemos inventario pero no movimiento del Pto.

** Este producto es distribuído directamente a los establecimientos

*** Tenemos inventario pero no conocemos distribución mensual

HOSPITAL SAN JUAN DE DIOS SANTA ANA

| Nombre de la medicina | Unidad de medida | 15/NOV/85 | PROMEDIO MENS | COBERTURA |
|---|---|---|---|---|
| Penicilina benzatínica 500 mg cápsulas | Ciento | 100 | 150 | 0.6 |
| Penicilina polvo susp. 250 mg | Fco. | 500 | 500 | 1 |
| Penicilina sódica polvo Inyección 500mg | Vial | 0 | + | 0 |
| Penicilina sódica 1 gr inyección | Vial | | | |
| Pirogina 1 mg inyección 1ml | Vial | 0 | 500 | 0 |
| Penzatina Benzilpenicolina 1-2 millones | Vial | 0 | + | 0 |
| Benzilpenicilina Penicilina G Potásica 1ml. | Vial | 100 | + | |
| Cloranfenicol 250 mg Tab | Ciento | 400 | 100 | 4 |
| Cloranfenicol succinato sódico 1 gr | Vial | 500 | 700 | 0.7 |
| Difenhidramina 8 mg Tab | Ciento | | | |
| Cloroquina + Primaquina 7mg+7.5 mg | Ciento | 0 | ** | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 0 | ** | 0 |
| Cloroquina 150 mg Tab | Ciento | 100 | 50 | 2 |
| Difenhidramina 10 mg Inyección | Amp. | 500 | 50 | 10 |
| Clorpromacina 25 mg / 2 ml | Amp. | 0 | + | 0 |
| Clorpromacina 25 mg Tab | Ciento | 60 | 10 | 6 |
| Diazepam 5mg/ml Iny. | Ampolla | 200 | 300 | 0.6 |
| Digoxina 0.25 mg Tab | Ciento | 150 | 50 | 3 |
| Dextrometorfan 250 mg Tab | Ciento | 50 | 50 | 1 |
| Dimetindato 400 mg Tab | Ciento | 0 | + | 0 |
| Difenoxilina maleato 0.2mg Tab | Ciento | 0 | 50 | 0 |
| Dextrometorfan 250mg susp. | Fco. | 3000 | 500 | 6 |
| Dopamina 10 mg 1 ml 2 ml | Amp. | 0 | + | 0 |
| Dopamina 20 mg 1 ml 2 ml | Amp. | 200 | 150 | 1.3 |
| Difenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | 500 | 0 |
| Insulina simple cristalina 80 U.I | Vial | 0 | 25 | 0 |
| Insulina simple cristalina 100 U.I | Vial | 120 | 20 | 6 |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 120 | 10 | 12 |
| Isoniazida 100 mg Tab | Ciento | 30 | 60 | 0.5 |
| Metildopa 250mg Tab | Ciento | 80 | 10 | 8 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | 100 | 0 |
| Metronidazole 500mg Tab | Millar | 0 | 50 | 0 |
| Penicilina Procaínica Potásica 4 millon.U.I | Amp | 6000 | 1000 | 6 |
| Primaquina 15 mg Tab | Ciento | 0 | 150 | 0 |
| Primaquina 5 mg Tab | Ciento | 30 | 10 | 3 |
| Rifampicina 300 mg Tab | Ciento | 0 | 30 | 0 |
| Sales de Rehidratación Sobres | c/u | 9000 | 500 | 18 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 750 | 150 | 5 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 0 | 150 | 0 |
| Salbutamol 2mg Tab | Ciento | 50 | 50 | 1 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 0 | 150 | 0 |

+ No han recibido este pto en el año /85

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** Este producto es distribuído directamente a los establecim

*** Tenemos inventario pero no conocemos distribución mensual

HOSPITAL DE SONSONATE

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| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| Ampicilina anhidra 500 mg cápsulas | Ciento | 180 | 222 | 0.8 |
| Ampicilina polvo susp. 250 mg | Fco. | 0 | + | 0 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 430 | * | *** |
| Ampicilina sódica 1 gr inyección | Vial | 8655 | 3500 | 2.5 |
| Atropina 1 mg inyección 1ml | Vial | 314 | * | *** |
| Benzatina Bencilpenicolina 1-2 millones | Vial | 316 | * | *** |
| Bencilpinicilina Penicilina G Potásica 1ml. | Vial | | | |
| Cloranfenicol 250 mg Tab | Ciento | 3710 | 247 | 15 |
| Cloranfenicol succinato sódico 1 gr | Vial | 9500 | 4000 | 2.4 |
| Clorfeniramina 8 mg Tab | Ciento | 0 | 146 | 0 |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | ** | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 1000 | * | *** |
| Cloroquina 150 mg Tab | Ciento | 690 | 120 | 5.8 |
| Clorfeniramina 10 mg Inyección | Amp. | 929 | * | *** |
| Clorpromacina 25 mg / 2 ml | Amp. | 2800 | 50 | 56 |
| Clorpromacina 25 mg Tab | Ciento. | 290 | 25 | 11.6 |
| Diazepam 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| Digoxina 0.25 mg Tab | Ciento | 150 | 237 | 0.6 |
| Eritromicina 250 mg Tab | Ciento | 663 | 92 | 7.2 |
| Etambutol 400 mg Tab | Ciento | 60 | 30 | 2 |
| Eritromicina Inhalato 0.2mg Tab | Ciento | 0 | + | 0 |
| Eritromicina 250mg susp. | Fco. | 0 | + | 0 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | 2000 | 233 | 8.6 |
| Furosemida 20 mg 1 ml 2 ml | Amp. | 5500 | 1860 | 3 |
| Glibenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | 26 | 0 |
| Insulina simple cristalina 80 U.I | Vial | 13 | 501 | 0 |
| Insulina simple cristalina 100 U.I | Vial | 5675 | 855 | 6.3 |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 0 | + | 0 |
| Isoniazida 100 mg Tab | Ciento | 10 | 100 | 0 |
| Metildopa 250mg Tab | Ciento | 0 | 205 | 0 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | + | 0 |
| Metronidazole 500mg Tab | Millar | 330 | 32 | 10.4 |
| Penicilina Procaínica Potasica 4 millon.U.I | Amp | 6154 | 1957 | 3.1 |
| Primaquina 15 mg Tab | Ciento | 0 | ** | 0 |
| Primaquina 5 mg Tab | Ciento | 0 | ** | 0 |
| Rifampicina 300 mg Tab | Ciento | 118 | 3.3 | 35.8 |
| Sales de Rehidratación Sobres | c/u | 1500 | 400 | 3.8 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 3259 | 295 | 11.0 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 0 | + | 0 |
| Salbutamol 2mg Tab | Ciento | 0 | + | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 350 | * | *** |

+ No han recibido este pto en el año /85

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** Este producto es distribuído directamente a los establecimientos

*** Tenemos inventario pero no conocemos distribución mensual

HOSPITAL ROSALES

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| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| Ampicilina anhidra 500 mg cápsulas | Ciento | 750 | * | *** |
| Ampicilina polvo susp. 250 mg | Fco. | 264 | 480 | 4.7 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | + | 0 |
| Ampicilina sódica 1 gr inyección | Vial | 3400 | 550 | 6.2 |
| Atropina 1 mg inyección 1ml | Vial | 0 | + | 0 |
| Benzatina Bencilpenicolina 1-2 millones | Vial | 5600 | 300 | 18.7 |
| Bencilpenicilina Penicilina G Potásica 1mi. | Vial | | | |
| Cloranfenicol 250 mg Tab | Ciento | 940 | 70 | 13.4 |
| Cloranfenicol succinato sódico 1 gr | Vial | 400 | 500 | 0.8 |
| Clorfeniramina 8 mg Tab | Ciento | 120 | * | *** |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | ** | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 0 | ** | 0 |
| Cloroquina 150 mg Tab | Ciento | 150 | * | *** |
| Clorfeniramina 10 mg Inyección | Amp. | 1500 | * | *** |
| Cloptomicina 25 mg / 2 ml | Amp. | 600 | * | *** |
| Cloptomicina 25 mg Tab | Ciento | 110 | * | *** |
| Diazepam 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| Digoxina 0.25 mg Tab | Ciento | 10 | 20 | 0.5 |
| Eritromicina 250 mg Tab | Ciento | 440 | 47.5 | 9.3 |
| Etambutol 400 mg Tab | Ciento | 80 | 20 | 4 |
| Etamovina maleato 0.2mg Tab | Ciento | 170 | * | |
| Eritromicina 250mg susp. | Fco. | 2304 | 932 | 2.5 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | 1520 | 200 | 7.6 |
| Furosemida 20 mg 1 ml 2 ml | Amp. | 0 | + | 0 |
| Difenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | + | 0 |
| Insulina simple cristalina 80 U.I | Vial | 80 | 10 | 8 |
| Insulina simple cristalina 100 U.I | Vial | 40 | 10 | 4 |
| Insulina Porcina I.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 0 | + | 0 |
| Isoniazida 100 mg Tab | Ciento | 50 | 50 | 1 |
| Metildopa 250mg. Tab | Ciento | 0 | 27 | 0 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | + | 0 |
| Metronidazole 500mg Tab | Millar | 0 | + | 0 |
| Penicilina Procaínica Potásica 4 millon.U.I | Amp | 180 | 1100 | 0.7 |
| Primaquina 15 mg Tab | Ciento | 80 | 20 | 4 |
| Primaquina 5 mg Tab | Ciento | 80 | * | *** |
| Rifampicina 300 mg Tab | Ciento | 60 | 50 | 1.2 |
| Sales de Rehidratación Sobres | c/u | 7100 | 500 | 14.2 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 635 | 70 | 10 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 1135 | 44 | 25.8 |
| Salbutamol 2mg Tab | Ciento | 100 | 25 | 4 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 0 | 100 | 0 |

+ No han recibido este pto en el año /85

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** Este producto es distribuído directamente a los establecimientos

*** Tenemos inventario pero no conocemos distribución mensual

HOSPITAL SANTA GERTRUDIS

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| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| Ampicilina anhidra 500 mg cápsulas | Ciento | 1150 | 412 | 2.8 |
| Ampicilina polvo susp. 250 mg | Fco. | 11268 | 4447 | 2.5 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | + | 0 |
| Ampicilina sódica 1 gr inyección | Vial | 3900 | 1400 | 2.8 |
| Atropina 1 mg inyección 1ml | Vial | 445 | 46 | 9.7 |
| Benzatina Bencilpenicolina 1-2 millones | Vial | 15900 | 225 | 70.7 |
| Bencilpinicilina Penicilina G Potásica 1mi. | Vial | 0 | | 0 |
| Cloranfenicol 250 mg Tab | Ciento | 1735 | 162 | 10.7 |
| Cloranfenicol succinato sódico 1 gr | Vial | 7260 | 1185 | 6.1 |
| Clorfeniramina 8 mg Tab | Ciento | 1800 | * | |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | ** | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 0 | ** | 0 |
| Cloroquina 150 mg Tab | Ciento | 560 | 860 | 0.6 |
| Clorfeniramina 10 mg Inyección | Amp. | 354 | 200 | 1.8 |
| Clorpromacina 25 mg / 2 ml | Amp. | 1500 | 325 | 4.6 |
| Clorpromacina 25 mg Tab | Ciento. | 1660 | 80 | 20.7 |
| Diazepan 5mg/ml Iny. | Ampolla | 120 | * | |
| Digoxina 0.25 mg Tab | Ciento | 890 | 55 | 16 |
| Eritromicina 250 mg Tab | Ciento | 1325 | 185 | 7.2 |
| Etambutol 400 mg Tab | Ciento | 220 | 540 | 0 |
| Fenoxyline maleato 0.2mg Tab | Ciento | 340 | 10 | 34 |
| Eritromicina 250mg susp. | Fco. | 7501 | 631 | 20.5 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | 200 | 150 | 1.3 |
| Furosemida 20 mg 1 ml 2 ml | Amp. | 4700 | 200 | 23.5 |
| Glibenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | + | 0 |
| Insulina simple cristalina 80 U.I | Vial | 0 | + | 0 |
| Insulina simple cristalina 100 U.I | Vial | 0 | + | 0 |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 0 | + | 0 |
| Isoniazida 100 mg Tab | Ciento | 0 | 200 | 0 |
| Metildopa 250mg Tab | Ciento | 500 | 935 | 0.5 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | 31 | 0 |
| Metronidazole 500mg Tab | Millar | 0 | 81 | 0 |
| Penicilina Procaínica Potasica 4 millon.U.I | Amp | 15976 | 803 | 20 |
| Primaquina 15 mg Tab | Ciento | 15 | 275 | 0 |
| Primaquina 5 mg Tab | Ciento | 0 | ** | 0 |
| Rifampicina 300 mg Tab | Ciento | 190 | 58 | 3.3 |
| Sales de Rehidratación Sobres | c/u | 3200 | 1094 | 2.9 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 633 | 310 | 2 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 570 | 204 | 2.8 |
| Salbutamol 2mg Tab | Ciento | 0 | + | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 0 | + | 0 |

+ No han recibido este pto en el año /85

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*** Tenemos inventario pero no conocemos distribución mensual

HOSPITAL SAN JUAN DE DIOS (SAN MIGUEL)

BEST AVAILABLE COPY

| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| mpicilina anhidra 500 mg cápsulas | Ciento | 290 | 145 | 2 |
| ampicilina polvo susp. 250 mg | Fco. | 0 | + | 0 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 500 | 250 | 2 |
| mpicilina sódica 1 gr inyección | Vial | 1000 | 500 | 2 |
| tropina 1 mg inyección 1ml | Vial | 175 | 100 | 1.7 |
| Benzatina Bencilpenicolina 1-2 millones | Vial | 0 | + | 0 |
| encilpinicilina Penicilina G Potásica 1mi. | Vial | 0 | + | 0 |
| loranfenicol 250 mg Tab | Ciento | 1200 | 138 | 8.7 |
| Cloranfenicol succinato sódico 1 gr | Vial | 2500 | 900 | 2.8 |
| Clorfeniramina 8 mg Tab | Ciento | 0 | + | 0 |
| loroquina + Primaquina 75mg+7.5 mg | Ciento | 8.8 | * | *** |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 11 | 0.3 | 32 |
| loroquina 150 mg Tab | Ciento | 2 | *** | *** |
| lorfeniramina 10 mg Inyección | Amp. | 100 | 200 | 0.5 |
| Clorpromacina 25 mg / 2 ml | Amp. | 0 | + | 0 |
| Clorpromacina 25 mg Tab | Ciento | 0 | + | 0 |
| iazepan 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| igoxina 0.25 mg Tab | Ciento | 360 | 25 | 14.4 |
| Eritromicina 250 mg Tab | Ciento | 310 | 65 | 4.7 |
| tambutol 400 mg Tab | Ciento | 180 | 25 | 7.2 |
| rgometrina maleato 0.2mg Tab | Ciento | 20 | 4 | 5 |
| Eritromicina 250mg susp. | Fco. | 0 | 216 | 0 |
| urosemida 10 mg 1 ml 2 ml | Amp. | 0 | + | 0 |
| urosemida 20 mg 1 ml 2 ml | Amp. | 0 | 50 | 0 |
| Glibenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| idrocortizona succinato sódico 500mg 1ml | Vial | 0 | + | 0 |
| nsulina simple cristalina 80 U.I | Vial | 0 | + | 0 |
| Insulina simple cristalina 100 U.I | Vial | | | |
| nsulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| nsulina Porcina NPA 100 U.I | Vial | 0 | | 0 |
| Isoniazida 100 mg Tab | Ciento | 0 | 50 | 0 |
| etildopa 250mg Tab | Ciento | 0 | 40 | 0 |
| etronidazole 125 mg/ml 100ml | Lts | 0 | 50 | 0 |
| Metronidazole 500mg Tab | Millar | 60 | 40 | 1.5 |
| enicilina Procaínica Potasica 4 millon.U.I | Amp | 912 | 900 | 1 |
| Primaquina 15 mg Tab | Ciento | 9 | 2 | 4 |
| Primaquina 5 mg Tab | Ciento | 2.5 | 0.2 | 8.9 |
| Rifampicina 300 mg Tab | Ciento | 110 | 20 | 5.5 |
| Sales de Rehidratación Sobres | c/u | 12322 | 3208 | 3.8 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 430 | 150 | 2.9 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 339 | 45 | 7.5 |
| Salbutamol 2mg Tab | Ciento | 0 | + | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 0 | + | 0 |

\+ No han recibido este pto en el año /85

* Tenemos inventario pero no movimiento del Pto.

** Este producto es distribuído directamente a los establecimientos

*** Tenemos inventario pero no conocemos distribución mensual

HOSPITAL SAN RAFAEL

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| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| Ampicilina anhydra 500 mg cápsulas | Ciento | 242 | 1000 | 0.2 |
| Ampicilina polvo susp. 250 mg | Fco. | 2549 | 3000 | 0.8 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | 400 | 0 |
| Ampicilina sódica 1 gr inyección | Vial | 1225 | 600 | 2 |
| Atropina 1 mg inyección 1ml | Vial | 0 | 250 | 0 |
| Benzatina bencilpenicolina 1-2 millones | Vial | 0 | + | 0 |
| Bencilpenicilina Penicilina G Potásica 1mi. | Vial | 0 | + | 0 |
| Cloranfenicol 250 mg Tab | Ciento | 1504 | 2000 | 0.7 |
| Cloranfenicol succinato sódico 1 gr | Vial | 300 | 700 | 0.4 |
| Clorfeniramina 8 mg Tab | Ciento | 0 | 150 | 0 |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | ** | ** |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 0 | ** | ** |
| Cloroquina 150 mg Tab | Ciento | 80 | 30 | 2.7 |
| Clorfeniramina 10 mg Inyección | Amp. | 0 | + | 0 |
| Clorpromacina 25 mg / 2 ml | Amp. | 0 | + | 0 |
| Clorpromacina 25 mg Tab | Ciento | 225 | 105 | 2 |
| Diazepan 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| Digoxina 0.25 mg Tab | Ciento | 269 | 400 | 0.5 |
| Eritromicina 250 mg Tab | Ciento | 561 | 1000 | 0.6 |
| Etambutol 400 mg Tab | Ciento | 105 | 50 | 2.1 |
| Ergometrina maleato 0.2mg Tab | Ciento | 0 | 150 | 0 |
| Eritromicina 250mg susp. | Fco. | 50 | 6000 | 0 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | 0 | 200 | 0 |
| Furosemida 20 mg 1 ml 2 ml | Amp. | 2000 | + | *** |
| Glibenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | + | 0 |
| Insulina simple cristalina 80 U.I | Vial | 0 | 10 | 0 |
| Insulina simple cristalina 100 U.I | Vial | 120 | 20 | 6 |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 0 | + | 0 |
| Isoniazida 100 mg Tab | Ciento | 232 | 500 | 0.5 |
| Metildopa 250mg Tab | Ciento | 31 | 15 | 2 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | + | 0 |
| Metronidazole 500mg Tab | Millar | 2 | 500 | 0 |
| Penicilina Procaínica Potasica 4 millon.U.I | Amp | 26,840 | 5000 | 5.4 |
| Primaquina 15 mg Tab | Ciento | 0 | 20 | 0 |
| Primaquina 5 mg Tab | Ciento | 0 | 20 | 0 |
| Rifampicina 300 mg Tab | Ciento | 35 | 250 | 0.1 |
| Sales de Rehidratación Sobres | c/u | 53,625 | 200 | 268 |
| Sulfametoxazol Trimetropin 400 mg+80mg | Ciento | 707 | 500 | 1.5 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 755 | 850 | 0.9 |
| Salbutamol 2mg Tab | Ciento | 0 | + | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 50 | * | *** |

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REGION OCCIDENTAL

BEST AVAILABLE COPY

| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| Ampicilina anhidra 500 mg cápsulas | Ciento | 2090 | 271 | 7.7 |
| Ampicilina polvo susp. 250 mg | Fco. | 6347 | 1700 | 3.7 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | + | 0 |
| Ampicilina sódica 1 gr inyección | Vial | 4980 | 1536 | 3.7 |
| Atropina 1 mg inyección 1ml | Vial | 0 | 70 | 0 |
| Benzatina Bencilpenicolina 1-2 millones | Vial | 200 | + | * |
| Bencilpiperacilina Penicilina G Potásica 1mi. | Vial | 0 | + | 2.7 |
| Cloranfenicol 250 mg Tab | Ciento | 985 | 168 | 5.9 |
| Cloranfenicol succinato sódico 1 gr | Vial | 140 | 2605 | 0 |
| Clorfeniramina 8 mg Tab | Ciento | 0 | + | 0 |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | ** | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 0 | ** | 0 |
| Cloroquina 150 mg Tab | Ciento | 0 | ** | 0 |
| Clorfeniramina 10 mg Inyección | Amp. | 1502 | +++ | 0 |
| Clorpromacina 25 mg / 2 ml | Amp. | 1300 | +++ | |
| Clorpromacina 25 mg Tab | Ciento | 365 | 48 | 7.6 |
| Diazepan 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| Digoxina 0.25 mg Tab | Ciento | 0 | 25 | 0 |
| Eritromicina 250 mg Tab | Ciento | 3481 | 1033 | 3.4 |
| Etambutol 400 mg Tab | Ciento | 180 | 86 | 2 |
| Ergometrina Maleato 0.2mg Tab | Ciento | 9.96 | 800 | 0 |
| Eritromicina 250mg susp. | Fco. | 52 | 509 | 0 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | 0 | + | 0 |
| Furosemida 20 mg 1 ml 2 ml | Amp. | 9 | 123 | 0 |
| Glibenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | + | 0 |
| Insulina simple cristalina 80 U.I | Vial | 0 | + | 0 |
| Insulina simple cristalina 100 U.I | Vial | 0 | + | 0 |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 0 | + | 0 |
| Isoniazida 100 mg Tab | Ciento | 531 | 175 | 3 |
| Metildopa 250mg Tab | Ciento | 0 | + | 0 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | + | 0 |
| Metronidazole 500mg Tab | Millar | 0 | 0.25 | 0 |
| Penicilina Procaínica Potásica 4 millon.U.I | Amp | 37877 | 5316 | 7.1 |
| Primaquina 15 mg Tab | Ciento | 0 | ** | 0 |
| Primaquina 5 mg Tab | Ciento | 0 | ** | 0 |
| Rifampicina 300 mg Tab | Ciento | 469 | 79 | 5.9 |
| Sales de Rehidratación Sobres | c/u | 226370 | 20639 | 10.9 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 1172 | 1474 | 0.8 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 1973 | 2659 | 0.7 |
| Salbutamol 2mg Tab | Ciento | 0 | + | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 0 | + | 0 |

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REGION ORIENTAL

BEST AVAILABLE COPY

| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| Ampicilina anhidra 500 mg cápsulas | Ciento | 0 | 212 | 0 |
| Ampicilina polvo susp. 250 mg | Fco. | 1414 | 950 | 1.5 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | + | 0. |
| Ampicilina sódica 1 gr inyección | Vial | 0 | 317 | 0 |
| Atropina 1 mg inyección 1ml | Vial | 0 | + | 0 |
| Benzatina Bencilpenicolina 1-2 millones | Vial | 0 | + | 0 |
| Bencilpiricilina Penicilina G Potásica 1ml. | Vial | 0 | + | 0 |
| Cloranfenicol 250 mg Tab | Ciento | 385 | 220 | 1.7 |
| Cloranfenicol succinato sódico 1 gr | Vial | 0 | 250 | 0 |
| Clorfeniramina 8 mg Tab | Ciento | 0 | + | 0 |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | ** | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 90 | *** | 0 |
| Cloroquina 150 mg Tab | Ciento | 9 | ** | 0 |
| Clorfeniramina 10 mg Inyección | Amp. | 300 | *** | *** |
| Clorpromacina 25 mg / 2 ml | Amp. | 275 | 42 | 6.5 |
| Clorpromacina 25 mg Tab | Ciento | 0 | + | 0 |
| Diazepan 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| Digoxina 0.25 mg Tab | Ciento | 0 | 34 | 0 |
| Eritromicina 250 mg Tab | Ciento | 990 | 412.5 | 2.4 |
| Etambutol 400 mg Tab | Ciento | 0 | + | 0 |
| Ergonovina maleato 0,2mg Tab | Ciento | 0 | + | 0 |
| Eritromicina 250mg susp. | Fco. | 175 | 108 | 1.6 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | 20 | 150 | 0.1 |
| Furosemida 20 mg 1 ml 2 ml | Amp. | 0 | + | 0 |
| Glibenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | + | 0 |
| Insulina simple cristalina 80 U.I | Vial | 0 | + | 0 |
| Insulina simple cristalina 100 U.I | Vial | 0 | + | 0 |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 0 | + | 0 |
| Isoniazida 100 mg Tab | Ciento | 0 | + | 0 |
| Metildopa 250mg Tab | Ciento | 0 | 22 | 0.6 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | + | 0 |
| Metronidazole 500mg Tab | Millar | 0 | + | 0 |
| Penicilina Procaínica Potasica 4 millon.U.I | Amp | 15880 | 2355 | 6.7 |
| Primaquina 15 mg Tab | Ciento | 0 | ** | 0 |
| Primaquina 5 mg Tab | Ciento | 0 | ** | 0 |
| Rifampicina 300 mg Tab | Ciento | 90 | 10 | 9 |
| Sales de Rehidratación Sobres | c/u | 123.754 | 21,706 | 5.7 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 260 | 105 | 2.5 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 153 | 190 | 0.8 |
| Salbutamol 2mg Tab | Ciento | 0 | + | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 195 | * | 0 |

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REGION PARACENTRAL

BEST AVAILABLE COPY

| Nombre de la medicina | Unidad de medida | SALDO 15/NOV/85 | DISTRIBUCION PROMEDIO MENS | MESES DE COBERTURA |
|---|---|---|---|---|
| mpicilina anhidra 500 mg cápsulas | Ciento | 0 | + | 0 |
| mpicilina polvo susp. 250 mg | Fco. | 8106 | 2847 | 2.8 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | + | 0 |
| mpicilina sódica 1 gr inyección | Vial | 0 | + | |
| trropina 1 mg inyección 1ml | Vial | 50 | + | 0 |
| Benzatina bencilpenicolina 1-2 millones | Vial | 5550 | 4500 | 1.2 |
| Bencilpenicilina Penicilina G Potásica 1mi. | Vial | 0 | + | 0 |
| loranfenicol 250 mg Tab | Ciento | 1440 | 185 | 7.8 |
| Cloranfenicol succinato sódico 1 gr | Vial | 1000 | 300 | 3.3 |
| Clorfeniramina 8 mg Tab | Ciento | 0 | + | 0 |
| loroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | + | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 0 | + | 0 |
| Cloroquina 150 mg Tab | Ciento | 100 | *** | |
| lorfeniramina 10 mg Inyección | Amp. | 0 | + | 0 |
| Clorpromacina 25 mg / 2 ml | Amp. | 0 | + | 0 |
| Clopromacina 25 mg Tab | Ciento | 0 | + | 0 |
| azepan 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| igoxina 0.25 mg Tab | Ciento | 3 | 40 | 0 |
| Eritromicina 250 mg Tab | Ciento | 310 | 375 | 1 |
| tambutol 400 mg Tab | Ciento | 90 | * | |
| rgometrina maleato 0,2mg Tab | Ciento | 10 | 64 | 0 |
| Eritromicina 250mg susp. | Fco. | 3460 | 1090 | 3.2 |
| urosemida 10 mg 1 ml 2 ml | Amp. | 0 | + | 0 |
| urosemida 20 mg 1 ml 2 ml | Amp. | 0 | + | 0 |
| Glibenclamina 5 mg Tab | Ciento | 0 | + | 0 |
| idrocortizona succinato sódico 500mg 1ml | Vial | 0 | + | 0 |
| nsulina simple cristalina 80 U.I | Vial | 0 | + | 0 |
| Insulina simple cristalina 100 U.I | Vial | 43 | + | *** |
| nsulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| nsulina Porcina NPA 100 U.I | Vial | 0 | + | 0 |
| Isoniazida 100 mg Tab | Ciento | 480 | 100 | 4.8 |
| Metildopa 250mg Tab | Ciento | 0 | 30 | 0 |
| etronidazole 125 mg/ml 100ml | Lts | 0 | + | 0 |
| Metronidazole 500mg Tab | Millar | 0 | + | 0 |
| Penicilina Procaínica Potasica 4 millon.U.I | Amp | 17190 | 7900 | 2.2 |
| Primaquina 15 mg Tab | Ciento | 0 | + | 0 |
| Primaquina 5 mg Tab | Ciento | 0 | + | 0 |
| Rifampicina 300 mg Tab | Ciento | 516 | 8 | 64.5 |
| Sales de Rehidratación Sobres | c/u | 141875 | 15600 | 9 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 740 | 293 | 2.5 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 3299 | 810 | 4 |
| Salbutamol 2mg Tab | Ciento | 0 | + | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 0 | + | 0 |

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REGION METROPOLITANA

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| Nombre de la medicina | Medida | 15/NOV/85 | PROMEDIO MENS | COBERTURA |
|---|---|---|---|---|
| Ampicilina anhidra 500 mg cápsulas | Ciento | 100 | 338 | 0.2 |
| Ampicilina polvo susp. 250 mg | Fco. | 690 | 1500 | 0.5 |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | | 0 |
| Ampicilina sódica 1 gr inyección | Vial | 340 | 100 | 3.4 |
| Atropina 1 mg inyección 1ml | Vial | 0 | + | 0 |
| Benzatina Bencilpenicolina 1-2 millones | Vial | 630 | 1870 | 0.3 |
| Bencilpenicilina Penicilina G Potásica 1ml. | Vial | 0 | 71 | 0 |
| Cloranfenicol 250 mg Tab | Ciento | 130 | 166 | 0.8 |
| Cloranfenicol succinato sódico 1 gr | Vial | 2000 | 350 | 5.7 |
| Clorfeniramina 8 mg Tab | Ciento | 0 | 0 | 0 |
| Cloroquina + Primaquina 75mg+7.5 mg | Ciento | 0 | 0 | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 0 | 0 | 0 |
| Cloroquina 150 mg Tab | Ciento | 40 | 95 | 0.4 |
| Clorfeniramina 10 mg Inyección | Amp. | 0 | + | 0 |
| Clorpromacina 25 mg / 2 ml | Amp. | 260 | * | |
| Clorpromacina 25 mg Tab | Ciento | 0 | 5.5 | 0 |
| Diazepan 5mg/ml Iny. | Ampolla | 0 | + | 0 |
| Digoxina 0.25 mg Tab | Ciento | 8 | 3 | 2.7 |
| Eritromicina 250 mg Tab | Ciento | 225 | 345 | 0.6 |
| Etambutol 400 mg Tab | Ciento | 0 | 0 | 0 |
| Fenoximetilpenicilina 0.2mg Tab | Ciento | 0 | + | 0 |
| Eritromicina 250mg susp. | Fco. | 273 | 53 | 5.1 |
| Furosemida 10 mg 1 ml 2 ml | Amp. | 120 | | |
| Furosemida 20 mg 1 ml 2 ml | Amp. | 0 | + | 0 |
| Difenelamina 5 mg Tab | Ciento | 0 | + | 0 |
| Hidrocortizona succinato sódico 500mg 1ml | Vial | 0 | + | 0 |
| Insulina simple cristalina 80 U.I | Vial | 0 | + | 0 |
| Insulina simple cristalina 100 U.I | Vial | 0 | + | 0 |
| Insulina Porcina N.P.H. 80 U.I. 10 ml | Vial | 0 | + | 0 |
| Insulina Porcina NPA 100 U.I | Vial | 82 | 0 | |
| Lomizida 100 mg Tab | Ciento | 560 | 370 | 2.4 |
| Metildopa 250mg Tab | Ciento | 0 | 0 | 0 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | 0 | 0 |
| Metronidazole 500mg Tab | Millar | 0 | 33 | 0 |
| Penicilina Procaínica Potasica 4 millon.U.I Amp | | 4800 | 1000 | 4.8 |
| Primaquina 15 mg Tab | Ciento | 0 | 0 | 0 |
| Primaquina 5 mg Tab | Ciento | 0 | 0 | 0 |
| Rifampicina 300 mg Tab | Ciento | 40 | 13 | 3 |
| Sales de Rehidratación Sobres | c/u | 19625 | 2998 | 6.5 |
| Sulfametoxazol+Trimetropin 400 mg+80mg | Ciento | 49800 | 300 | 166 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 30 | 200 | 0 |
| Salbutamol 2mg Tab | Ciento | 0 | 0 | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco. | 0 | 0 | 0 |

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REGION CENTRAL

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MESES PROYECTADOS DE CONSUMO PARA REGIONES Y ALGUNOS HOSPITALES BASADOS EN SALDO A 15/12 /85 Y

DISTRIBUCIONES EFECTUADAS DURANTE EL PRIMER SEMESTRE /85

| Nombre de la medicina | Unidad de medida | IVU Meses de Cobertura | Región Oriental Meses de Cobertura | Región Paracentral Meses de Cobertura | Región Central Meses de Cobertura | Región Metropolit Meses de Cobertura | Región Occidental Meses de Cobertura | San Miguel Hosp San Juan Dios Meses de Consumo | Hosp Sta Gert Meses Consumo | Hosp Rosales Meses Consumo | Hosp San Rafael Meses Consumo | Hosp Sonsonate Meses Consumo | Hosp Santa Ana Meses de Consumo |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ampicilina anhidra 500 mg cápsulas | Ciento | 0 | 7 7 | 0 | 0 2 | 0 | 0 4 | 2 8 | *** | 0 8 | 2 | 0 6 | 2 |
| Ampicilina polvo susp 250 mg | Fco | 2 | 3 7 | 1 5 | 0 5 | 2 8 | 0 8 | 2 5 | 4 7 | 0 | 0 | 1 | *** |
| Ampicilina sódica polvo Inyección 500mg | Vial | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | *** | 2 | 0 | 0 |
| Ampicilina sódica 1 gr inyección | Vial | 0 | 3 7 | 0 | 3 4 | 0 | 2 | 2 8 | 6 2 | 2 5 | 2 | | 0 |
| Atropina 1 mg inyección Iml | Vial | 0 | 0 | 0 | 0 | 0 | 0 | 9 7 | 0 | *** | 1 7 | 0 | 0 |
| Benzatona Bencilpenicolina 1-2 millones | Vial | 4 | * | 0 | *** | 1 2 | 0 | 70 7 | 18 7 | | 0 | 0 | * |
| Bencilpiricilina Penicilina G Potásica | Vial | 0 | 2 7 | 0 | 0 | 0 | 0 | 0 | | | 0 | 4 | *** |
| Cloranfenicol 250 mg Tab | Ciento | 1 | 5 9 | *** | 0 8 | 7 8 | 0 7 | 10 7 | 13 4 | 15 | 8 7 | 0 7 | 1 8 |
| Cloranfenicol succinato sódico 1 gr | Vial | 3 | 0 | 0 | 5 7 | 3 3 | 0 4 | 6 1 | 0 8 | 2 4 | 2 8 | | 1 6 |
| Clorferniramina 8 mg Tab | Ciento | 0 | 0 | 0 | 0 | 0 | 0 | *** | *** | 0 | 0 | | 0 |
| Cloroquina + Primaquina 75mg+7 5 mg | Ciento | 2 | ** | ** | ** | ** | ** | ** | ** | 0 | *** | 8 | 0 |
| Cloroquina +Primaquina 150 mg+15 mg | Ciento | 2 8 | ** | ** | ** | ** | 2 7 | ** | ** | *** | *** | 0 | 0 |
| Cloroquina 150 mg Tab | Ciento | 0 7 | ** | ** | ** | ** | ** | 0 6 | ** | 5.8 | 0 5 | 10 | *** |
| Clorfeniramina 10 mg Inyección | Amp | 0 | *** | *** | *** | 0 | 0 | 1 8 | * | *** | 0 | 0 | 0 |
| Clorpromazina 25 mg / 2 ml | Amp | 0 | *** | 6 5 | *** | 0 | 0 5 | 4 6 | * | 56 | 0 | 6 | 2 6 |
| Clorpromazina 25 mg Tab | Ciento | 2 | 7 6 | 0 | 0 | 0 | 0 | 20 7 | * | 11 6 | 0 | 0 6 | 0 |
| Dexmedan 5mg/ml Iny | Ampolla | 0 | 0 | 0 | 0 | 0 | 0 | *** | 0 | 0 | 0 | | 2 5 |
| Digoxina 0 25 mg Tab | Ciento | 16 | 0 | 0 | 2.7 | 0 | 0 5 | 16 | 0 5 | 0 6 | 14 4 | 3 | 3 |
| Eritromicina 250 mg Tab | Ciento | 0 | 3 4 | 1 6 | 0.6 | 1 | 0 6 | 7 2 | 9.3 | 7.2 | 6.7 | 1 | 2 1 |
| Dextrotol 400 mg Tab | Ciento | 0 | 2 | 0 | 0 | * | 2 1 | 0 | 4 | 8 | 7 2 | 0 | 7.3 |
| Ergonovina maleato 0 2mg Tab | Ciento | 0 | 0 | 0 | 0 | 0 | 0 | 34 | * | 0 | 5 | 0 | 0 |
| Eritromicina 250mg susp | Fco | 2 | 0 | 0 | 5 1 | 3 2 | 0 | 20 5 | 2 5 | 0 | 0 | 6 | 0 |
| Furosemida 10 mg 1 ml 2 ml | Amp | 9 | 0 | 0 | *** | 0 | *** | 1 3 | 7.6 | 8.6 | 0 | 0 | 0 |
| Furosemida 20 mg 1 ml 2 ml | Amp | 0 | 0 | 0 | 0 | 0 | 0 | 23 5 | 0 | 3 | 0 | 1 3 | 0 |
| Glibenclamida 5 mg Tab | Ciento | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hidrocortizona succinato sódico 500mg Iml | Vial | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Insulina simple cistalina 80 U I | Vial | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 0 | 0 | *** |
| Insulina simple cristalina 100 U I | Vial | | 0 | 0 | * | *** | 0 | 0 | 4 | 6.3 | | 6 | 0 |
| Insulina Porcina N P H 80 U I 10 ml | Vial | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Insulina Porcina NPA 100 U I | Vial | | 0 | 0 | *** | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 2 |
| Isoniazida 100 mg Tab | Ciento | 2 | 3 | 0 | *** | 4 8 | 0 5 | 0 | 0 | 0 | 0 | 0 5 | 0 |
| Metildopa 250mg Tab | Ciento | 0 | 0 | 0 6 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 8 | 0 |
| Metronidazole 125 mg/ml 100ml | Lts | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Metronidazole 500mg Tab | Millar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 4 | 1.5 | 0 | 0 |
| Penicilina Procaínica Potasica 4 millon U I | Amp | 1 | 7 1 | *** | 4 8 | 2 2 | 5 4 | 20 | 0 7 | 3.1 | 1 | 6 | 9 6 |
| Primaquina 15 mg Tab | Ciento | 2 | ** | ** | ** | ** | ** | ** | 4 | 0 | 4 | 0 | 0 |
| Primaquina 5 mg Tab | Ciento | 0 9 | ** | ** | ** | ** | ** | ** | * | 0 | 8 9 | 3 | 0 |
| Rifampicina 300 mg Tab | Ciento | 4 | 5 9 | 9 | 3 | 64 5 | 0 1 | 3 3 | 1 2 | 35.8 | 5 5 | 0 | 0 |
| Sales de Rehidratación Sobres | c/u | 0 | 10 9 | *** | 6 5 | 9 | 268 | 2 9 | 14.2 | 1.8 | 3 8 | 18 | *** |
| Sulfametoxazol+Trimetroprin 400 mg+80mg | Ciento | 50 | 0 | 2 5 | 166 | 2 5 | 1 4 | 2 | 10 | 11 | 2 9 | 5 | 8 |
| Sulfametoxazol+Trimetroprin 200mg+40 mg | Lts | 3 | 0 7 | *** | 0 | 4 | ! | 2.8 | 25 8 | 0 | 7 5 | 0 | 7 |
| Salbutamol 2mg Tab | Ciento | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 1 | 0 |
| Salbutamol 2mg/5ml Jarabe | Fco | 14 | 0 | *** | 0 | 0 | *** | 0 | 0 | — | 0 | 0 | 0 |

* Tenemos inventario pero no movimiento del Pto

** Este producto es distribuído directamente a los establecimientos de Salud

*** Tenemos inventario pero no conocemos distribución mensual

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| | | USAGE RAT MONTH | STOCK 10/31/85 | STOCK NOV /85 | STOCK DEC /85 | STOCK JAN /86 | STOCK FEB /86 | STOCK MARCH/86 | STOCK APRIL/86 | STOCK MAY/86 | STOCK JUN/86 | STOCK JULY/86 | STOCK AUG /86 | STOCK SEPT/86 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | DISTRIBUTION FROM MAIN W | | | | | | DISTRIBUTION FROM MAIN W | | | | | |
| Sales de Rehidratación sobres | C/U | 38275 | 8719 | 0 | | | | | | | | | | |
| Eritromicina 250 mg tabletas | Millar | 343 | 16 | 0 | 4452 | | | | | | | | | |
| Atropina Iny 1 mg sulfato ml | Vial | 6385 | 35 | 0 | 25400 | | | | | | | | | |
| Etambutol 400 mg Tabletas | Millar | 85 | 63 | 0 | | | | | | | | | | |
| Furosemida 10mg/ml 2ml | Ampollas | 5725 | 54595 | 48870 | 43145 | 37420 | 31695 | 25970 | 20245 | 14520 | 8795 | 3070 | 0 | |
| Furosemida 20mg/ml 2ml | Ampollas | 2863 | 0 | | 7000 | | | | | | | | | |
| Glibenclamina 5mg Tabletas | Millar | 4 | 0 | | | | | | | | | | | |
| Hidrocortizona polvo Succirato sodico 500mg/ml 10ml | Vial | 2195 | 0 | | | | | | | | | | | |
| Insulina Iny simple cristalina 80 U I 10ml | Vial | 157 | 0 | | | | | | | | | | | |
| Insulina Porcina tipo NPH 80 U I. 10ml | Vial | 833 | 0 | | | | | | | | | | | |

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DISTRIBUTION FROM MAIN W.

| | | USAGE RAT MONTH | STOCK 10/31/85 | STOCK NOV./85 | STOCK DEC./85 | STOCK JAN./86 | STOCK FEB./86 | STOCK MARCH/86 |
|---|---|---|---|---|---|---|---|---|
| Ampicilina anhidra 500 mg. -Capsulas | Millar | 245 | 8 | 0 | | | | |
| Ampicilina polvo susp. 250 mg. | Frasco | 17957 | 38457 | 20500 | 2543 | 0 | | |
| Ampicilina sodica polvo inyección 500 mg. | Vial | 5787 | 0 | | | | | |
| Ampicilina sodica 1 gr. inyección | Vial | 11573 | 298 | 0 | | | | |
| Benzatina Bencil-penicolona. Penicilina G Benzatínica 1.2 millones. | Vial | 15896 | 72050 | 561514 | 40258 | 24362 | 8466 | 0 |
| Penicilina G Potasica. 1 millón | Vial | 78795 | 0 | | | | | |
| Cloranfenicol 250 mg. | Millar | 377 | 448 | 71 | 0 | | | |
| Cloranfenicol Succinato sodico 1 gr. | Vial | 12573 | 50355 | 37782 | 25209 | 12636 | 0 | |
| Clorfeniramina 8 mg. tabletas | Millar | 241 | 0 | | | | | |

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DISTRIBUTION FROM MAIN W.

| | | USAGE RAT MONTH | STOCK 10/31/85 | STOCK NOV./85 | STOCK DEC./85 | STOCK JAN./86 | STOCK FEB./86 | STOCK MARCH/86 |
|---|---|---|---|---|---|---|---|---|
| Ergonovina maleato 0.2mg. Tabletas | Millar | 55 | 0 | | | | | |
| Eritromicina Suspensión 250mg. Frasco. | Frasco | 14777 | 39260 | 24483 | 9706 | 0 | | |
| Eritromicina Polvo 250mg. | Frasco | 14777 | 0 | | | | | |

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| | | USAGE RAT MONTH | DISTRIBUTION FROM MAIN W | | | | | | DISTRIBUTION FROM MAIN A | | | | | | | DISTRIBUTION FROM MAIN | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | STOCK 10/31/85 | STOCK NOV /85 | STOCK DEC /85 | STOCK JAN /86 | STOCK FEB /86 | STOCK MARCH/86 | STOCK APRIL/86 | STOCK MAY/86 | STOCK JUNE/86 | STOCK JULY/86 | STOCK AUG /86 | STOCK SEPT./86 | STOCK OCT /86 | STOCK NOV./85 | STOCK DEC /86 | S |
| Insulina Porcina NPH 100 U I | Vial | | 2355 | | | | | | | | | | | | | | | |
| Isoniazida 100mg tabletas | Millar | 133 | 280 | 147 | 14 | 0 | | | | | | | | | | | | |
| Metildopa 250mg Tabletas | Millar | 60 | 7 | 0 | | | | | | | | | | | | | | |
| Metronidazole 125mg/ml 100ml Frasco | Litros | 1263 | 0 | | | | | | | | | | | | | | | |
| Metronidazole 500mg Tabletas | Millar | 274 | 0 | | | | | | | | | | | | | | | |
| Sulfametoxazol Trimetropin 400mg + 80mg Tabletas | Millar | 176 | 8814 | 8638 | 8462 | 8286 | 8110 | 7934 | 7758 | 7582 | 7406 | 7230 | 7054 | 6878 | 6702 | 6526 | 6350 | |
| Sulfametoxazol + Trimetropon 200mg + 40mg Frasco | Litros | 2180 | 7225 | 5045 | 2865 | 685 | 0 | | | | | | | | | | | |
| Rifampicina 300mg Capsulas | Millar | 103 | 427 | 324 | 221 | 118 | 15 | 0 | | | | | | | | | | |
| Salbutamol 2mg. Tabletas | Millar | 11 | 34 | 23 | 12 | 0 | | | | | | | | | | | | |
| Salbutamol 2mg / 5m.. Jarabe | Frasco | 921 | 1300 | 12079 | 11158 | 10237 | 9316 | 8395 | 7474 | 655 3 | 5632 | 4711 | 3790 | 2869 | 1948 | [illegible]27 | 106 | |

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| | | | DISTRIBUTION FROM MAIN W. | | | | | | DISTRIBUTION FROM MAIN W. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | USAGE RATE MONTH | STOCK 10/31/85 | STOCK NOV /85 | STOCK DEC./85 | STOCK JAN /86 | STOCK FEB /86 | STOCK MARCH/86 | STOCK APRIL/86 | STOCK MAY/86 | STOCK JUNE/86 | STOCK JULY/86 | STOCK AUG /86 | STOCK SEPT /86 | STOCK OCT /86 | STOCK NOV /86 | STOCK DEC /86 |
| Penicilina Procaínica Potasica 4000 000 U I | Ampollas | 38945 | 57864 | 18919 | 20026 | 0 | | | | | | | | | | | |
| Primaquina 15mg Tabletas | Millar | 67 | | | | | | | | | | | | | | | |
| Primaquina 5mg. Tabletas | Millar | 66 | | | | | | | | | | | | | | | |
| Cloroquina + Primaquina 75mg + 7 5 mg Tabletas | Millar | 129 | 360 | 231 | 102 | 0 | | | | | | | | | | | |
| Cloroquina + Primaquina 150mg + 15mg Tabletas | Millar | 339 | 331579 | | | | | | | | | | | | | | |
| Cloroquina 150mg Tabletas | Millar | 149 | | | 200 | | | | | | | | | | | | |
| Cloifeniramina 10mg Iny ml | Ampollas | 3353 | 0 | | | | | | | | | | | | | | |
| Clorpromazina 25mg zml | Ampollas | 2784 | 2300 | 0 | | | | | | | | | | | | | |
| Clorpromazina 25mg Tabletas | Millar | 158 | 418 | - 260 | 102 | 0 | | | | | | | | | | | |
| Diazepan 5mg /nl Inyección | Ampollas | 8442 | 10 | 0 | | | | | | | | | | | | | |
| Digoxina 0.25mg. Tabletas | Millar | 99 | 1611 | 1512 | 1413 | 1314 | 1215 | 1116 | 1017 | 918 | 819 | 720 | 621 | 522 | 423 | 324 | 225 |

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