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(Project No 527-0319)

MAXSALUD MID-TERM EVALUATION

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STRATEGIC OBJECTIVE

SO3 - Improved Health including Family Planning of High-Risk Populations

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It is with the utmost sincerity that the Evaluation Team expresses its appreciation to USAID, URC, MaxSalud (all levels of the institution and project), and the Chiclayo community, for the opportunity to have participated in an effort to contribute and learn from the evaluation of a project we feel is genuinely worth supporting We hope that the spirit of learning for the sake of improving performance at all levels and for all parties involved in the MaxSalud Project, will be the motivating reason behind the review of this evaluation report

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v EXECUTIVE SUMMARY

Background

The Strengthening Health Institutions Project (SHIP) was authorized by USAID on September 28, 1991 Its northern component, SHIP North, or as it is currently known, MaxSalud, was initiated in June 1994, when USAID/Peru signed a contract with University Research Corporation The total value of the contract with URC is $5,378,065

The goal of SHIP is to improve the health status of Peruvians through greater coverage of quality primary health care (PHC) services The purpose is to test the operational and financial feasibility of different PHC service delivery models

The design of the northern component called for a network of primary health care facilities to be developed in the city of Chiclayo This network of clinics would offer high-quality primary health care services to the low-income population and recuperate its operating costs through fees for service and other financing plans The network would be structured so that financial cross-subsidization would take place For example, a clinic within the city limits of Chiclayo would charge more for its services than a clinic in the periphery, thus the city clinic's revenue would be used to help cover the costs of the clinics serving lower-income populations A key goal in this design was that the PHC network would also be able to serve the indigent population, by exonerating up to 10 percent of its clients from user fees

A project design assumption was that the regional Ministry of Health in Nor-Oriental del Marañon (RENOM) would transfer nine of its centers (and potentially two land sites) to the Project This expectation was based upon the historical environment at the time of project design in September 1991 At that time the MoH had scarce resources and was thus interested in a project that could take over a portion of its responsibilities in the city of Chiclayo Although some initial dialogue took place with the regional Ministry of Health during the development of the project, no formal agreement for transferring the centers was ever signed Because no formal agreement existed when the Request for Proposals (RFP) was issued, the potential offerors were asked to budget sufficient funds to rent or lease appropriate facilities, in the event that the Ministry did not end up transferring the centers -- which is, to a great degree, what has happened

To date, the project has succeeded in legally establishing the local NGO, MaxSalud, that manages the PHC network, which presently consists of two clinics The Balta Clinic (inaugurated in May 1996) operates out of a rented space, and the Urrunaga Clinic (inaugurated in December 1996) was ceded to the project by the Ministry of Health for a period of ten years It is expected that this "cession in use" will be renewed at the end of the ten-year period Current plans call for opening three to four new clinics by the end of the 1997 calendar year The sites for the clinics will represent various types of joint ventures one is likely to be with a national university, another with the Beneficencia.[1] There also exists the possibility that the project will purchase its own physical infrastructure Further, there

_ The Bene*ficencia is* a public charity institution that falls under the auspices of the Ministry of Health

is some hope that the Ministry will transfer another clinic to the project, but no formal commitment exists as of yet

Principal Conclusions of the Evaluation

The following conclusions have been taken and condensed from the extensive information and findings provided through out the body of the text Although some recommendations also appear in the Executive Summary, a complete list of recommendations is located at the end of the report

The political reading of the promises from MINSA and the municipalities to deliver health centers and/or land respectively, was not accurate After several years, it is clear that MINSA is only interested in letting go of those health facilities that it cannot administer of which there are very few On the other hand, governmental health policies have not focused on the possibility of low-income populations achieving total payment for services, nor are they aimed at privatizing health establishments, but rather they are geared to managing these establishments

With this in mind, creating a cross-subsidy system would seem quite appropriate, since it is unlikely for a clinic to be financially self-supporting if it charges similar rates to those of MINSA This conclusion is supported by the financial analysis carried out in the evaluation and clearly points to the viability of cross-subsidy which would be possible if three of the clinics charging higher rates were to transfer part of their earnings to the other three clinics that charge rates similar to MINSA Calculations show that by doing this, it would be possible to achieve financial sustainability over a period of four years at the most

However, other changes are called for since neither the rates currently set for clinics aimed at low-income populations nor the locations for at least two of the future clinics being considered, are accessible to the target populations For example, it would be judicious at this point before implementing a cross-subsidy approach, to consider relocating the proposed sites for two of the clinics to areas of lower income where fees for services would be adjusted to MINSA levels

Both MaxSalud and the clinics are well organized and their personnel is dedicated and determined to achieve project objectives As important however as this may be, it does not guarantee that MaxSalud will achieve institutional sustainability by the end of the project There are areas which are still of major concern which need to be worked on and adjusted systematically For example, the Council of Directors is far from being consolidated and the organization lacks both strategic vision and planning to achieve its project goals and objectives In both these areas it is highly recommended that immediate steps be taken to modify the MaxSalud by-laws and institute a series of institutional strengthening exercises aimed at re-engineering the scope and membership of the Council of Directors and producing strategic and project sustainability plans

The organizational structure of the MSU and the clinics is well designed for the division of labor and staff functions Manuals and appropriate procedures assist personnel in carrying out the daily operations of the organization The area of concern has to do with a perceived lack of capacity to monitor and adjust project development to achieve its initial goals and react appropriately to the rapid changes occurring in the health and social development sectors Strategic Planning activities with the

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participation of key planning staff - including the Council of Directors, MSU directors, advisors, clinic directors and principal line managers - should regularly assess, clarify, systematize and provide problem solving to the issues of how to achieve balance in developing the project's three central objectives Currently, as is widely noted in the report, MaxSalud's approach to project development favors financial sustainability over institutional and social sustainability

Efforts on behalf of the MSU and clinic staff to achieve community "buy-in" for the project have not been lacking In fact, it should be noted that these efforts and program specific activities have been carried out with dedication and enthusiasm Those responsible for carrying out these activities have, in a short period of time, achieved notable progress However, the issue in question here is how well have these efforts and activities assisted the MaxSalud project achieve one of its three central goals, i e , social sustainability?

It is noted frequently through out the report that community participation needs to be more effective Contact and interaction with the community at present is mostly vertical, limited to providing information, and is non-participatory, i e , does not take their real needs into account regarding local knowledge, attitudes, cultural beliefs and practices, violence and gender, among others, nor are they invited to present their ideas about community health The needs therefore, and the primary health care demands of the community must be internalized by project staff and deliberately incorporated into the design of all MaxSalud promotional activities and materials, clinic services and community relations

It is suggested that communities targeted by MaxSalud have a larger share in clinic leadership and programming Local Councils need be formed and strengthened with active community participation to assure a "community voice" in the clinics' health assessment tasks and in the planning of preventive and public health activities

The possibility of still requesting additional health centers from MINSA should not be discarded However, as stated earlier MINSA is basically interested in the management of health clinics and by establishing agreements with third parties and the community through a system they refer to as CLAS or co-administration MINSA does not wish to lose its presence in the community nor does it wish to reduce staffing, and certainly does want to be considered the most important figure in public health program development For the above reasons, it is recommended, that the project leadership consider a wide latitude of clinic management and transfer modes and not limit itself to those alone which were originally proposed by MINSA or those currently being considered by MaxSalud

Although most project personnel has been selected and trained there remain areas that need reinforcing Personnel with strong community and social development skills with extensive knowledge of and expertise in the application of participative community methodologies are needed in order to improve communication, trust and collaboration between the project, its institutions and community leaders, especially women and their local organizations Training and technical assistance are required in this area in addition to the hiring of a community liaison to head up the MSU's Community Participation and Social Marketing Unit

It was noted from interviewing a wide range of people and MINSA officials, that there exists confusion regarding MaxSalud's real mission This confusion arises from the fact that MaxSalud rates

are somewhat higher than MINSA's and MaxSalud facilities are characterized by cleanliness and a modern "good" atmosphere and are located (case of the Balta clinic) in areas where few low-income populations live This situation creates the impression that MaxSalud clinics are intended for middle-income populations, and address only curative health care

MaxSalud's work among women is quite promising A considerable portion of their patients are female as are most of their community health agents MaxSalud carries out mother-and-child health, family planning and women's health activities and programs The latter are geared toward reducing maternal morbidity and mortality Notwithstanding the above, the issue and program area of gender has not been taken seriously into account nor included in the MaxSalud proposals

Progress in national and international health policy and the reformulating of USAID gender policies, provide an opportunity for MaxSalud to take a better look at its proposals, programs and workplans in order to better adjust them to the needs of women from a gender perspective It is noted that there are no women currently serving on the Council of Directors nor are there women occupying any of the top management positions at MaxSalud

MaxSalud clinic personnel, particularly women, are sensitive to problems of sexual violence and/or abuse, however, they lack the theoretical and methodological tools that would enable them to better understand these problems and provide suitable treatment Responses have come from individuals regarding this situation but no institutional response has been forthcoming

There is lack of conceptual clarity that would allow for a more open approach in dealing with cultural differences within the community and the understanding that cultural barriers work both ways This understanding and worldview regarding cultural diversity is essential for achieving success in working with traditional midwives

The MaxSalud Clinic of Balta, after one year of operation, has been well-received and supported by the public It is developing, despite difficulties, a sustained effort to build relationships with federations and institutions in its area of operation

The MaxSalud Clinic in Urrunaga, located in an area of urban poverty and with less than six months into operation has not yet fully integrated and become a community identified institution The lower income inhabitants, which constitute the majority of the population of Urrunaga are not showing up for medical attention at the clinic

There are both public and private health services offered in Urrunaga by various government, non-government and religious institutions MaxSalud has not yet actively sought to compliment and coordinate its activities with these entities, especially with other NGOs working in the peripheral zones of Chiclayo in health projects

The Urrunaga community recognizes the importance of paying for MaxSalud's services in order to ensure the clinic's continuation Due to their self-respect as working people - with low-incomes - they do not want to be considered indigent A large majority of these people are unable to pay the

MaxSalud rates, and have expressed their desire to see these lowered to levels closer to those of MINSA

Local Community Boards are not yet operating in accord with the functions outlined in the Peripheral Clinic Manual Achieving community participation at this level and thus enabling these boards to direct and administer diverse health actions in coordination with the Urrunaga clinic would be a significant step forward in MaxSalud's social organization and community health development

There lacks conceptual clarity in MaxSalud regarding the mission, roles and responsibilities of Local Community Boards Diverse concepts and understanding of community participation is at the heart of this confusion There is a need therefore for MaxSalud to achieve its own in-house clarity on this subject and then develop an approach consistent with its conceptual framework, which would characterize MaxSalud in its role to facilitate the development of community structures such as the local boards, and improve social communication and community relations

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I BACKGROUND INFORMATION

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II PURPOSE OF THE EVALUATION

The evaluation had three objectives First, it would assess progress toward achievement of project objectives and identify and analyze the reasons for any shortfalls This called for an evaluation of the changing environment and conditions and an assessment of whether the Institutional Contractor (IC) and USAID have acted adequately in their respective roles to these changes Furthermore, the evaluation team would make recommendations as to how the IC, MaxSalud and USAID can improve their management and involvement in this activity The second objective of the evaluation would be to evaluate the financial, institutional and social sustainability of the project thus far and make recommendations to enhance significant progress in all three by the end of project life The third objective would be to study the project's resources and budgets and assess any future needs for additional funds

III EVALUATION OBJECTIVES

III 1 OBJECTIVE ONE

The evaluation team would assess the Summary of Outputs to Be Achieved as they are stated in the contract and progress made by the Contractor with the outputs thus far The team would also analyze the changing environment and how this affects the outputs Are the outputs appropriate to the sector and environment now - six years after the project's design and two and one-half years into the project? The team would then make recommendations as to how the outputs might be brought up-to-date Have the parties involved in the contract acted wisely as activities have unfolded? For example, the MoH has transferred one clinic to the project instead of the nine that were planned Are the actions that have been taken by the IC, MaxSalud and USAID timely and judicious? Key to the content of this analysis would be the team's recommendations as to how the involved parties can improve their management as the project activities continue to develop

III 2 OBJECTIVE TWO

In its mid-term evaluation, SHIP South partners defined what sustainability meant to them "Financial sustainability is the capacity to recover or otherwise generate the financial resources needed for the continuity of activities without additional USAID support Institutional sustainability refers to the capacity of the NGOs to plan, manage, administer, monitor, and adjust Project activities to ensure their effectiveness and continuity Social sustainability connotes community ownership of their activities " (SHIP South Mid-term Evaluation, 1995) Using these definitions as a foundation, the evaluation team would assess the different sustainability issues as they pertain to MaxSalud

An underlying theme in all three objectives would be the issue of gender and the manner in which gender considerations are taken into account by the IC, MaxSalud and USAID Do the activities in

the project demonstrate a sensitivity to gender issues? The report would contain a section dedicated to gender that deals with gender in management, organization, client relations and IEC materials

In responding to these questions the team would then be able to judge to what extent the community feels MaxSalud is a genuine part of the community and make recommendations to improve and/or sustain this relationship

III 3 OBJECTIVE THREE

The original design for the northern component of the SHIP project called for a length of project budget of $10,158,000 As stated previously, the URC contract is for a total of $5,378,065 The URC budget was unusual, as it incorporated projected project revenues of $5,000,000 After the second year of operation, URC examined its budget and financial needs and determined that its original budget that incorporated projected revenues would not be sufficient to carry the project through termination URC has submitted a request for an amendment that would, in effect, disengage the projected revenues from the original budget and amend their budget by approximately the same amount that is the project's mortgage ($4 3 million) The evaluation team would evaluate URC's original budget, its expenditures to date and the project's future needs for funds The team would make a recommendation to the USAID Results Package Team to determine whether an increase in funds is necessary and, if so, whether an amendment to the contract is the best mechanism to achieve this Or, is MaxSalud sufficiently mature - conceptually and organizationally - to receive direct financial assistance from USAID/Peru in the form of a grant

IV ANALYSIS OF KEY ISSUES

IV 1 CHANGING ENVIRONMENT AND CONDITIONS

Members of the Government, Congress and, in general, all individuals and economic agents involved in health matters, acknowledge that it is absolutely necessary to reform this sector However, what the contents should be, what exactly to do and how to do it are topics of frequent disagreements

On this subject, the government has already made some important provisions, some of which are already in full operation, while others are still in the pipeline Nevertheless, on the basis of what has already been done, and especially taking into consideration the thrust of speeches and statements by top government officials, it is possible to outline the aims of reform in terms of financing and administration, which no doubt will be useful for the development of MaxSalud

The first indicator of change in the public sector was the mechanism that allowed health establishments to generate their own resources through "self-financing", which occurred at the start of the current government Essentially, this introduced no change in health service funding sources or mechanisms, but simply formalized an accepted and permitted practice that was quite common among Ministry of Health (MINSA) health establishments The latter charged modest sums for their services It also allowed establishments with excess supply, especially hospitals, to offer

clinic-type services for patients willing to pay in order to get more convenient health care The important thing about both services is that any resources thus generated would help cover the expenses of the establishment itself, especially for goods and services (purchase of medicines, cleaning, security, etc) Later, these resources from the sale of services could also be used to hire additional personnel and to pay certain bonuses to workers (basically, food and clothing) No provision had yet established that patients should pay the total cost of services demanded, or that the public sector should stop transferring funds to health-care establishments The norms simply required a good system to charge for and administer resources generated by the sale of services

The MaxSalud Project arose in this context as an alternative MINSA would obtain the resources to finance services solely through the sale of services - after rebuilding, equipping and consolidating the establishments

The second indicator of reform was the creation of the OSSs, which never worked This mechanism eliminated the "Instituto Peruano de Seguridad Social" (IPSS - Peruvian Social Security Institute) monopoly over health insurance contributions by workers This meant that workers could purchase their health insurance from either the IPSS or an OSS This measure never intended to privatize IPSS and MINSA health establishments, or phase them out However, it was manipulated politically, and therefore came to nothing

The third element of reform was the creation of the "Comites Locales de Administracion de Salud" (CLASs - Local Health Administration Committees), essentially a joint venture between the public and private sectors When a health establishment becomes a CLAS, the public sector does not stop providing funds to finance the services, but rather signs their administration over, by contract, to an organized community, as private agent, who in turn generates additional resources through the sale of services at modest rates

The fourth element of reform is a newly-enacted mechanism referred to as the "Modernization of Social Security" which opened up the possibility of reforming MINSA This makes it possible to form "Empresas Prestadoras de Salud" (EPSs - Health-Care Providing Companies), clinics or hospitals qualifying under the regulations, which will offer health insurance to workers and the public in general This appears to be an interesting option for MaxSalud to consider

Moreover, in coordination with the Ministry of Economy and Finance, MINSA is establishing financial reforms that will be applied to the 1998 budget One of these reforms is that the subsidy for the poorest sectors will not be offered on the supply side, i e , establishments will no longer be funded by budget allocations, but rather through service provisions initially under "Management Agreements" Later on, MINSA will pay the establishment for the cost of each medical service provided to a low-income individual Patient payments would be treated as a deductible, as with private insurance

During the 1990s, MINSA has gradually overcome its financial crisis and is now stronger in terms of both resources and administrative capacity This has resulted in new developments in service administration - basically the creation of networks with referral and re-referral systems MINSA is

now strengthening the largest health centers to turn them into network nodes This is already happening in Chiclayo, which is why MINSA is less willing to hand over their more important establishments, which are already consolidated and offer a variety of services as well as having already built-up good relationships with the people

Consequently, government health-sector reforms tend not to encourage low-income patients to pay the total cost of services they require On the contrary, the reforms are aimed at minimizing spending so as to be able to allocate more resources to financing health services

The MaxSalud Project, as currently conceived, has withdrawn from this arrangement to establish an independent cross-subsidy system, creating clinics for middle-income families which will generate a cash surplus to be spent on financing the health services of clinics aimed at low-income populations

The proposed initial project goals in terms of affordability for the target population differ somewhat from the current project orientation As we know, it was initially proposed for the nine clinics turned over by MINSA to the project to focus on low-income populations, and therefore establish service rates similar to MINSA's For this to happen it would be necessary to receive cash grants after project completion Currently, only one of the two clinics implemented is targeting low-income populations and only one of the four to be implemented in the near future would target lower-income populations However, the latter would still charge twice the MINSA rates

Thus, MaxSalud has re-interpreted health-sector reforms Perhaps, this is why it has changed its initial pricing and clinic location strategy

IV 2 ORGANIZATIONAL STRUCTURE

To predict whether an institution is capable of growing, developing and standing the test of time, it is important to analyze its **organizational** structure When a company, institution or NGO is formed, one of the first actions its board of directors takes is to approve the organizational structure and sketch out the top management positions

The first aspect to study within the organization is the membership, duties and obligations of the general assembly and especially its board of directors or, in the case of MaxSalud, its Council of Directors

The Council of Directors'members stated, in two meetings with the evaluation team, that they feel they have little to do with MaxSalud They are unaware of MaxSalud project activities, of where the next clinics are to be implemented, and are not apprised of the institution's programs and plans Moreover, the directors have not been introduced as such to the diverse organizations or institutions in Chiclayo and complain that even the institution's workers fail to recognize them as directors nor do they show them due respect

At the time of the evaluation only three official Council meetings have been held since project commencement over two years ago Council members do not feel responsible for the institution's activities They did not participate in developing the by-laws and expressed that they would like to introduce a few major changes in the latter

MaxSalud's by-laws establish the institution's agencies the General Assembly, Council of Directors and Executive Director

The by-laws also clearly state the General Assembly and Council of Directors' membership duties and responsibilities According to the MaxSalud Constitution, regarding institutional management, the Council has major responsibilities such as approving plans budgets, financial statements, and appointing the Executive Director However, the Council is not directly responsible for managing the Institution, since none of its members, except for the one named as manager or executive director, has powers over its daily operations The Council meets only once every three months, according to the by-laws

Further, the only duty of the MaxSalud's president that differs from those of the other Council members is to call and chair its meetings Consequently, this position entails little responsibility for the institution

As an NGO that markets health services and will eventually be sustained financially, MaxSalud's responsibilities are similar to those of a private sector business Therefore, the President, the Council as a whole, and the Executive Director must be assigned real functions The Council of Directors, as its name suggests, is the highest body of leadership in an organization The General Assembly members entrust Council members to responsibly and efficiently manage MaxSalud and account to the Assembly for its successes and failures The Council of Directors not only approves accounting documents, plans and budgets, but is also under obligation to make daily decisions to achieve the goals and objectives set forth in the Council's decisions The Executive Director's job is to execute and administer the Council's decisions

The Council of Directors should take over the actual leadership of MaxSalud, taking direct responsibility for its macro-management This also implies that it should meet at least twice a month

The Council President should be in charge of overseeing the institution's operations and is the spokesperson for the decisions and policies made by the Council The General Assembly has entrusted the direction of MaxSalud to the President, who should be empowered to act executively by the Council of Directors and be accountable to the Council

Therefore, in the MaxSalud by-laws, the Council President should be given the utmost responsibility to make decisions and work together with the Executive Director He or she must be responsible for expenses or investments above a certain level Therefore, among other things, only the President should sign checks or other financial documents or contracts involving large sums This brings us to an analysis of the Council membership

The MaxSalud Council of Directors were recruited from long-standing social service institutions such as the Lions Club Rotary Club and Chamber of Commerce of Chiclayo MaxSalud should now elicit a formal commitment in writing from the institutions represented on its Council of Directors to establish that they agree to continually oversee its proper operation and assure the achievement of its goals The Council must participate in the growth and development of MaxSalud and take a more active role in decision-making This implies among other things, the naming of a proactive president, who will work side by side with the Executive Director and who will dedicate quality time and commitment to directing its affairs and who will accept responsibility for the failures and successes of the institution

This also calls for amendments to be made to the MaxSalud by-laws, eliciting greater commitment from the institutions represented on the Council, and getting them to appoint representatives who are knowledgeable of MaxSalud's social, institutional and economic goals

Another important item to review in the by-laws is MaxSalud's relationship to the clinics and how the Board of Directors for each clinic should be set up, if this is deemed necessary We feel that each clinic should have a decentralized Administrative Council made up of two or three members of the MaxSalud Council of Directors, in addition to representatives of two or three grass-roots' organizations The latter would be carefully selected in order to avoid politicizing the clinics' work As with the MaxSalud Council of Directors, the by-laws should guarantee a controlling majority, so that administration is not distorted and decision-making more efficient

The MaxSalud project is financed by USAID and URC is responsible for the project's implementation, therefore, both institutions should have an active presence on the Council of Directors We propose increasing the number of Council members to include one more member from a Chiclayo institution active in social work and to incorporate one representative from AID and another from URC on the Council

In order to monitor and meet project goals, two categories of associates should be established on the Council of Directors USAID as donor and URC as project implementor would enter into category "A" The other Council members would enter into category "B" Category "A" status would provide 51% of the votes on the Council and veto power The President of the Council, at least during the development stage of the new Council, should be an "A ' category associate

This Council would elect the President, who would be made responsible for overall MaxSalud operations The Council would also appoint the Executive Director whose administrative duties would be centered in the enforcement of Council decisions

An important issue is the payment of a regular "allowance" to each director who attends the Council meetings In Peru, payment per meeting varies depending on the institution Decentralized agencies such as ministries and public welfare institutions pay 120 soles per meeting Public organizations are paying from S/ 500 to 1,000 Some municipalities pay up to S/ 1,000, while private institutions pay up to US$ 1,000 per session

In the case of MaxSalud, due to the volume of money to be managed and the institution's responsibility, it could consider paying S/ 800 to 1,000, with a maximum of four sessions per month

Organizational Design

Organizational design responds to the institutional mission and its specific operational objectives The organizational design of MaxSalud is well conceived in relation to its operational approach Conceptually, the areas that have been established are relevant and appropriately designed Personnel assigned to each area or department, were well selected on the basis of their specific expertise and this correlates well with the job scope envisioned for each area This fact is one of MaxSalud's significant strengths

MaxSalud's mission and objectives have also been well defined A fundamental tool for putting these into practice is the institution's organization, which must be designed to avoid impeding or distorting MaxSalud's goals

An organization begins by defining the functions and locations of staff and their relations to one another on an organizational chart According to MaxSalud's objectives, management positions have been established as follows Administration and Finance, Health Services, Marketing, Training and Informatica (See Attachment A 5 Organization Chart) Administrative procedures are well designed for MaxSalud and staff functions are clearly defined in the administrative manuals we reviewed

We have observed that in developing the diverse procedures, special emphasis has been placed on ensuring that the organization's obligations are met and that patients are satisfied This is of course essential and we might say that this activity amounts to half of what is required The other half, however, is to give importance to and establish procedures that are aimed at encouraging the public to buy into MaxSalud's activities or ideas This activity is at the heart of what we consider to be MaxSalud's future approach to fulfilling its social sustainability objectives

Another concern is the absence of internal mechanisms or structures that facilitate and assure quality communication, coordination and collaboration between the different departments of the organization The lack of vision regarding an integrated approach, teamwork and shared leadership is a key problem with the structures of MaxSalud As a consequence, the organizational behavior observed is one of employees working in isolation and carrying on with their specific tasks independent and uninformed of what is happening elsewhere in the organization

We do not view the above as a deliberate approach but rather a lack of experience and conceptual clarity regarding the need to integrate efforts and to use human relations techniques designed to facilitate effective interpersonal communication and coordination

From interviews and observations it can be concluded that staff at both clinics appreciate the technical support they receive from the COP and the MSU staff in relation to their specific fields of expertise This was a clearly visible strength of the institution expressed by personnel from both clinics during the SWOC exercises (See Attachment A 6 SWOC Analysis Results)

Adjustments

The areas requiring further strengthening in the MaxSalud organizational structure and which are sustained by the conclusions of the evaluation team are the following

1) **Department of Preventive Health Services**
2) **Department of Health Education**
3) **Training Unit**
4) **Social Marketing Unit**

In the first two of the above we can say briefly that greater emphasis and conceptual clarity is needed regarding these areas in addition to further knowledge of cultural and community education processes which lead to wider participation of women and children in the project In a PHC project such as MaxSalud, especially in regards to its Urrunaga clinic and its future clinics situated in low-income peri-urban zones of Chiclayo, preventive health services need be linked intimately with the institution's health education strategies and programs These activities must in fact be the main thrust of a community education and preventive health service approach in the Chiclayo communities served by MaxSalud Further analysis of these two areas and the points needing strengthening can be found in Section IV 4 3 on Social Sustainability

In regards to the Training and the Social Marketing Units, it has been observed that, **a)** training agendas for workshops are well organized and activity specific A fine example of this was the recent TBA training agenda which was used to conduct an almost 30 day workshop carried out at the Urrunaga clinic, **b)** the objectives that are designed for the training events that the MSU and clinic staff carry out are highly technical and lack dynamic training techniques and participative methodologies aimed at consolidating conceptual elements through hands-on practice and the development of social skills and teamwork, **c)** the objectives of the training in all cases we observed, respond entirely to the Unit's training objectives rather than to the participant's learning and performance objectives This focus has produced a teacher-centered rather than a learner-centered approach to training in MaxSalud, which is another example of how the institution has developed a supply-oriented rather than a demand-oriented culture, **d)** analysis of the latter in order to determine participant's roles and capabilities in the community or within the institution is absent from the design of the training objectives, **e)** of the 16 courses or workshops listed to date which the Training Unit has organized, only four workshops have been directed to participants from the community (level III) Seven workshops were given to health personnel (level II) and five workshops were offered to MSU personnel (level I) since the beginning of the Project

The Social Marketing Unit contemplated originally as a separate unit was merged with the Training Unit after INSAP's withdrawal from the project It is this Unit that needs to now be strengthened to assume the major social and community liaison responsibilities together with the Training Unit and the Departments of Preventive Services and Health Education It is at this level that a professional specializing in Social Communication, preferably a woman due to the strong MCH/Community focus of the project, needs to be recruited and provide proactive direction to this area

IV 3 PROJECT STRATEGIES

Strategies are designed to move an institution toward the fulfillment of its objectives MaxSalud's strategies include defining its geographical areas (population areas where low-income people reside) and getting the latter to visit MaxSalud's facilities as well as defining and diversifying its products and services offered

A complete and sound strategy design would assist MaxSalud identify the best way to operate in Chiclayo Although MaxSalud's strategies have been clearly defined, there seems to be confusion regarding how to attain the objectives which said strategies are supposed to achieve For example, its financial and institutional sustainability strategies have far outweighed in terms of design and effort, those concerned with achieving social sustainability This is clearly visible in the case of its clinic pricing strategy, which has made services unaffordable for the majority of the lower-income populations

Another key strategy issue involves contracts and relations with the health promoters and the rest of the staff This includes defining how labor arrangements will be made with physicians and people responsible for working with the community, including a review of the terms that all parties must comply with This is a vital issue for efficient strategy implementation, as the quality of MaxSalud health-care services and how community work is carried out, will determine the attainment of its objectives

In conclusion, it is clear that MaxSalud has not fully gone through the strategic planning process They have well-formulated goals but lack clear, decisive and balanced thinking as to how to achieve these goals through the integration and implementation of effective strategies

IV 4 SUSTAINABILITY

IV 4 1 FINANCIAL SUSTAINABILITY

Financial Sustainability of MaxSalud in Low-Income Areas

One project objective stated that MaxSalud, a private entity, must achieve financial sustainability by offering high-quality health services in areas of the city of Chiclayo where low-income groups reside Based on the cumulative experience of the two MaxSalud clinics currently operating, it is too early to say whether the project design was suited to achieving this goal or not The reasons

being that 1) the Balta clinic is located in a middle-income area, and 2) the Urrunaga clinic is indeed located in a predominantly low-income area, but charges for most services twice the amount that MINSA facilities charge As shown below this means that only the highest quintile (Leonardo Ortiz, Chiclayo Province) of residents can afford to go to the Urrunaga clinic

MaxSalud clinics now operating, will soon be financially sustainable In fact, according to the MaxSalud document entitled "Levels of Sustainability May 96 through March 97" the Balta clinic has reached 92% cost recovery, whereas the Urrunaga clinic after only three months' operation, has already recovered 62 3% of its operational costs

By forecasting Balta clinic revenues, assuming a 3% monthly increase in the use of services, with 10 to 20% depreciation (depending on the item), 1% bad debts, a 5% subsidy on sales and gradual increase in spending as a function of production i e , increasing outlays for health professionals and pharmacy, laboratory and the like, we find (See Attachment A 9 Tables F 1a - F 1d) that 100% cost recovery would be achieved by July or August 1997, with a usage rate of nearly 50%

Similarly, forecasting cash flows for the Urrunaga clinic, considering 3% monthly increase in income and in spending proportionately, with the same suppositions as above, we find that 100% cost recovery is achieved by July 1998, with an average of almost 60% use of services This is shown in Tables F 2a - F 2d of the attachments

The focus group results have shown that the "high" price of services is one of the main reasons that people living nearby the Urrunaga clinic do not go there, preferring instead, to commute downtown to the MINSA health center Therefore, a cash flow run has been calculated for Urrunaga's pricing to half as much, i e , only 5% over what MINSA charges considering the same suppositions The findings in Tables F 3a-F 3f show that the sale of services would never actually cover expenses That is, with MINSA level health-care service charges, an additional subsidy will always be required to cover operational costs, whether from the government or from another source

At this point in the analysis, it should be pointed out that a steady increase in revenues from sales and finally achieving a sustained level of income will require that management work constantly to promote services in both curative (accidents, births) and preventive services

Public - Private Venture

Joint public/private-sector administration under current social and economic conditions in Peru, could also be a way to develop future MaxSalud clinics In this regard, it will be relevant to analyze the latest developments in financing and administration within MINSA

It is noted here that in 1990 Peru's public sector underwent a financial crisis, and MINSA health-care establishments, especially health centers and health posts located in outlying areas, were short on personnel, medicines and other materials As a way to generate resources to finance these establishments, they were allowed to charge modest sums for their services and create "clinics" in public hospitals Revenues from these charges were managed by the corresponding health

subregion, to transfer resources from the best earners to those with insistent deficits Hospitals generated the most income and part of these funds were transferred to peripheral establishments which began to operate more normally

A few years later, when Peru improved its relations with international banks and other institutions the health sector received two major loans from the World Bank the IDB and financial cooperation from AID via Project 2000 The bulk of these resources have been used to upgrade MINSA and subregional health administration

Some years later, the creation of CLASs made it possible to further reinforce first-level establishment administration, fundamentally due to the active participation by organized communities, which bolstered their income and therefore enhanced services

Most recently, a new mode of administering health establishments as a group has involved the so-called "Health Networks" These networks provide integrated management for a group of establishments, with one of them serving as the head node This approach has strengthened health authorities in subregions and at the facility level

Health authorities in the Lambayeque health subregion are involved in a more active policy which gives establishments new roles to assume They do not currently wish to turn establishments over to MaxSalud when MINSA is already solidly working there nor do they wish to turn over those that are able to join the "establishment networks" The health subregion is willing to share the administration of some health centers with MaxSalud, especially those that cannot currently provide suitable staffing or medical supplies, such as was the case of the Urrunaga clinic The latter is indeed viable but under an arrangement in which MINSA personnel and health programs are under the subregion's control and oversight, leaving the establishment's administration for the counterpart institution especially in regard to curative health-care services

From the time the Urrunaga health center was turned over to MaxSalud, it has become clear to the regional health authorities that the facility is not being used to serve low-income residents (because of high pricing) in spite of complying with MINSA prevention programs This experience has kept the subregion's health authorities from turning over other health centers to MaxSalud if no other MINSA facility is located nearby These authorities expressed their fear that the high rates charged by MaxSalud would prevent neighbors from using the services Therefore, they feel that a MINSA center must be available at a convenient distance to provide services at affordable prices

Consequently, with the recent developments and consolidation of MINSA in general and in health-care establishments in particular, there is still a possibility of sharing establishment administration between MaxSalud and MINSA Basically, this would mean a continuation of funding from the public treasury Otherwise, the idea of shared administration has already been accepted by MINSA authorities to promote and develop CLASs Under this arrangement, administration is turned over to the organized community but ownership and usage remain in the hands of MINSA while the CLAS is obligated to carry out MINSA health programs When the CLAS administers the facility,

it is empowered to handle its own resources, charge for services and use the money generated to hire more health-care professionals, expand infrastructure and purchase equipment

MaxSalud Quality Services for Low-Income Residents

Understandably, offering high-quality services at rates similar to MINSA's (4 50 soles per visit) and targeting low-income population groups, such as those at the Urrunaga clinic, does not lead to financial sustainability for the establishment This shows us that it is necessary to establish additional funding mechanisms for this type of facility and that these resources will need to be generated externally

During its more than two and-a-half years of work, MaxSalud has established a strategy to finance part of the cost for health-care services demanded by low-income residents, such as those living around the Urrunaga clinic The strategy consists of establishing clinics in places where higher prices can be charged for services and transferring the financial surplus of these facilities to clinics located in low-income neighborhoods One clinic can be located where middle-class residents live, charging relatively higher prices, and another in zones where income levels are low, charging rates similar to MINSA's This strategy is about to be implemented by MaxSalud with its two Clinics at Balta and Urrunaga The prices charged at the former are approximately 30% higher than at the latter

The above cross-subsidy strategy has been chosen and we feel that it will work quite effectively, leading soon to financial sustainability for the services of both clinics (Balta and Urrunaga), as shown below by a forecast that joins together the two clinics' income and expenditure flows

Tables F 4a to F 4d in the attachments show the findings of this exercise The rates currently charged in the two clinics will make it possible to achieve financial sustainability under a cross-subsidy arrangement In fact, 100% cost recovery will be achieved by July 1997, with a 60% facility usage rate Items have been included such as subsidies, bad debts, equipment and facility administration and depreciation of 15-20% (under the heading of maintenance)

Because the current pricing level at the Urrunaga clinic prevents low-income people from using the clinic's services, the same exercise has been conducted cutting the Urrunaga clinic's prices in half The findings are shown in Tables F 5a to F 5f Financial flows have been run using the same assumptions as in the preceding cases Financial sustainability is achieved, and the cross-subsidy works, while charging MINSA-level health-care prices at the Urranaga clinic The tables show that 100% of expenditures are covered by sale of services by approximately September 1997

Consequently, the existing tension between providing high-quality services at prices similar to those charged by MINSA can be resolved through a cross-subsidy arrangement

Experiences with Cross-Subsidies in Peru

Cross-subsidy arrangements have been a traditional practice in Peru The most notable experiences are the hospitals belonging to social service organizations, such as Loayza, 2 de Mayo, Goyeneche Las Mercedes in Chiclayo, and others

By the late 1970s, these hospitals were funded by offering two types of services Hospital and Clinic Clinical services were scheduled in the afternoons Rooms were for one or two people and visitors' hours were open Hospital services were for outpatients in the morning with multi-bed rooms, sometimes as many as 20 beds to a room At that time, and in these hospitals, the government provided no financial input - so the funding was through cross-subsidy

At present, Peru's financial crisis has led to authorization again for clinics to operate in public hospitals The most successful example of this funding arrangement is in the Cancer Hospital, where charges for clinical services largely finance the hospital's operating costs Another hospital that has been relatively successful with this arrangement has been the Callao Public Hospital

An institution that has always been funded through a cross-subsidy arrangement is the Hogar de la Madre clinic, a maternity ward This institution was created over 50 years ago by Mrs Rosalia de Lavalle and was always geared toward two types of public The upper class, who went to the "clinic" and lower-income people, who went to the "hospital" By the late 1980s, the Hogar de la Madre was a facility where both upper, middle and lower children were delivered

In the mid-1970s, the Hogar de la Madre was donated by the Lavalle family to the Public Beneficence Organization of Lima, with the condition that it continue with the same cross-subsidy financing arrangement In the Hogar de la Madre, the "clinic" section no longer sees upper-class women, but mid-and lower-class patients with private insurance still come, and the "hospital" part continues to serve low-income people

The Hogar de la Madre has a broad fee spread, ranging from 3,000 soles for private-room deliveries with a cot for company and a television, down to 250 soles for a 20-bed room They have also developed programs such as the "Happy Baby Program" which allows payment for deliveries in nine installments, normally throughout the gestation period

Another example of cross-subsidies, although not as developed, is practiced by the Popular Health Institute (Instituto de Salud Popular, INSAP) This institute had created two outpatient centers, one in Jesus Maria and the other in the district of Vitarte in Lima The former saw mid-income people and charged accordingly, whereas in Vitarte, a low-income area, the rates were similar to those charged in MINSA establishments INSAP also received donations and part of these resources were used to fund Vitarte facilities

Administrative, Accounting and Financial Systems of MaxSalud

In its few years of operation, the MaxSalud NGO has developed adequate accounting and financial administration The people handling these tasks are well-chosen, sufficiently trained, and experienced in such activities with other institutions

Moreover, accounting procedure manuals, logistical manuals and others regarding administration are well-developed and structured These documents make it possible to clearly monitor the activities carried out in each MaxSalud administrative office

The institution's accounting books and balances are kept according to generally-accepted accounting practices, satisfactory to government authorities Settlements accounting entries and payments of various taxes are properly done and paid on a timely basis All these documents are kept according to SUNAT provisions

The payroll and other personnel records are kept up to date according to Ministry of Labor requirements

The following documents are kept
- Daily income
- Sales records
- Purchasing records
- Accounts receivable
- Accounts payable
- Inventory and balance books
- Daily journal
- Bank book
- General ledger
- Test balance sheet
- General balance sheet
- Surplus and expenditures statement
- Adjusted financial statements
- Cash flow statement
- Reconciliation of results
- Bank reconciliations
- Payroll book
- Wage payment record
- Inventory of goods and equipment
- Suppliers register
- Material balance records

All these documents are properly handled, which ensures proper management for the institution

The two clinics currently operating are also properly organized to the necessary degree They have a billing and supply system that enables them to maintain adequate stock of all sorts of inputs

The administrative and accounting system that has been developed makes it possible to properly manage multiple services in various establishments It is quick and efficient, which will enable

MaxSalud to develop without complications The institution is financially and administratively prepared to receive direct USAID grants

Further, the administrative and accounting system will be supported significantly by the computing system currently being developed which will further enhance the institution's management of information If reengineering concepts are introduced into the computing system, processes and procedures may be streamlined, further reducing staff However, the latter is a decision which will have to be taken at an appropriate future date

Service Rates or Price-Setting

Prices for services at the Balta and Urrunaga clinics have been set on the basis of three sources of information 1) focus groups, 2) surveys and 3) a study of competing institutions' pricing

During the project development stage, several focus groups were organized to examine, among other aspects, the prices that people would be willing to pay for high-quality services These activities were carried out in all districts where MaxSalud could potentially set up a clinic and groups of people were invited who represented the population universe in the provinces of Chiclayo and Lambayeque The pricing findings were homogenous ranging from 3 to 10 soles per visit and 50 to 100 soles for a normal delivery

The second instrument to determine service prices was a survey conducted in May 1995, interviewing 1,738 people from the districts of Chiclayo, Lambayeque, Leonardo Ortiz and La Victoria According to the population of those districts, this is a significant sampling, with a margin of error no greater than plus or minus 5% The survey attempted to elicit information on health-care service supply and demand as well as the market's behavior One of the core issues was pricing for services

The survey obtained similar findings to the focus groups on pricing on the average, the public is willing to pay up to 11 soles for a visit to the doctor, and from 50 to 100 soles for a normal birth

However, some comments are in order regarding this survey First, it was conducted in the universe of Chiclayo and Lambayeque provinces so the findings are reliable for that universe only Second, the survey was not processed in terms of people's income levels so there is no way of knowing how much the lower-income populations would be willing to pay for health services This is crucial, because the MaxSalud project is geared to serving low-income individuals and population groups [2]

Third, some survey findings and data differ somewhat from the findings of similar studies, such as the National Standard of Living Survey by INEI, "Apoyo" inflation indexes by ENAPROM (INEI) and even the population census For the information that is germane to this issue we have referred

[2] See the document entitled "Oferta y demanda de servicios de salud en Chiclayo y Lambayeque", May 1995 URC - MaxSalud

basically to the following indicators the male rate from the MaxSalud survey is 87 whereas the population census shows 98, the age pyramid from the survey differs from that of the population census, and the percentage of spending that families devote to health-care according to MaxSalud is 4-5%, whereas INEI and Apoyo place this figure at 0 67% to 6 99%, with the "D" strata at 0 07% and the "C" strata at 0 95%, C and D are the social strata toward which MaxSalud efforts are targeted

The third instrument used to set MaxSalud health-care service pricing was a price survey covering all health-care establishments in the city of Chiclayo The prices charged by MINSA, private for-profit clinics, private doctors' offices, medical centers, midwives, etc have been gathered Visits to the doctor cost some 50 soles in for-profit clinics and private doctors' offices, whereas this figure is approximately 20 soles for middle-and lower-class neighborhoods and 4 soles at MINSA facilities

Some observations are in order here regarding the rates charged in for-profit clinics and private offices Although the public price is approximately 50 soles per visit, very few people pay that, because most patients visiting private clinics have private health insurance and the insurance pays for them Private insurance plans pay clinics approximately 25 soles per visit by an insured customer of theirs, this is called the SEGUS rate, minus 10 to 20%

This third instrument had the most influence in setting MaxSalud prices A visit to the Balta clinic was priced at 15 soles and to the Urrunaga clinic at 12, which are at the upper end of the survey's reported range as well as the focus-group results These prices also match the prices set by medical centers or smaller clinics, such as the Cayetano Heredia clinic on Balta Ave located on the other side of the Chiclayo Main Square

MaxSalud recently raised prices on the basis of a study of competitors' prices and impressions of people working in the Balta and Urrunaga clinics regarding patients' capacity to pay Prices for office visits have risen from 12 to 15 soles for the Balta clinic, and from 9 to 12 at the Urrunaga clinic (20% and 25%, respectively) Both amounts are twice that of the inflation rate over the previous 12 months and are therefore unjustifiably high

Rates and Operating Costs

Prices set for the Balta and Urrunaga clinics are high enough to cover MaxSalud's operating costs, including the Management Support Unit (MSU) and the two clinics In fact, Tables F 4 show that, adding together the income and expenses of the two clinics, operating costs/expenses can be covered, including equipment depreciation If we add MSU expenses to the F 4 flows, estimated at US$ 10,000 for the fiscal year, we find that all operating costs, including the MSU's, are not covered Therefore, the exercise of projecting the flow considering only an expense of US$ 6000 for the UAG was conducted These calculations are shown in Tables F 6, which show that expenses are finally covered by September 1997, assuming this lower amount is applied for MSU expenses This means that the two clinics cannot be self-supporting with Urrunaga rates reduced to half if over US$ 6000 is spent on administration

Without calculations of costs per service, it is impossible to determine whether all the prices established for each service cover the corresponding costs or if some services are subsidizing others This type of information is very useful for decision-making and will be available in the future when the computing system is complete However certain records will need to be added regarding the use of inputs for each service, the time distribution of professionals and other staff working in MaxSalud and its clinics

Patient Willingness to Pay for MaxSalud Services

The survey and focus group conducted during the last two years have shown that the population of Chiclayo and Lambayeque are willing to pay only as much as 10 soles per visit However, this reflects the desire of the entire population universe and not the willingness to pay of the lowest-income dwellers, who is the target group for MaxSalud services

Establishing how much the low-income dwellers of the city of Chiclayo are able to pay for health-care services requires calculating their income level, number of household members and the number of times, on the average, that they receive health-care services per year

The data used for these calculations are as follows

As shown in the survey on service supply and demand that MaxSalud conducted, families' average monthly income is approximately S / 500

The survey also showed that these families spend an average of 4% of their monthly income on health care Let us note that other surveys have reported much lower percentages

The survey also shows that the average family has 5 7 members

A population group with the characteristics of the city of Chiclayo averages four visits to the health service per year This average includes people who, because of their age and health situation never visit the doctor all year round and others who because of their age (children and the elderly) visit the doctor more frequently

4 % of 500 soles is S / 20, which is the amount that families spend per month on health-care services in the city of Chiclayo

This amount means, that a family with a monthly income of S / 500 spends 12 months X S / 20 per month = S / 240 yearly

The amount of S / 240 then, has to cover the average of 5 7 family members in Chiclayo This gives us approximately S / 42 per person

Since each person will visit the health service an average of 4 times a year, this means that each visit will account to S / 10 50, (S / 42 00 divided by 4)

S / 10 50 has to then cover the payment for the visit and related tests and medicines Statistics gathered for sales and fees for services at the Balta and Urrunaga clinics show that 40% of the cost of a visit to the doctor is the physician's fees and the other 60% is required for tests and medicine If these figures are correct, it would mean that the price of an office visit for a family earning 500 soles per month should not be higher than 4 soles (40% of ten soles)

However, according to other surveys, spending on health care for low-income population groups may be under 1% of total family income which would further reduce the price payable per visit

Desire to Pay MaxSalud Prices

Using the same reasoning as above, we can determine who is willing or able to pay the price of MaxSalud services

At the Balta clinic, the current price of a visit is 15 soles Adding the value of tests and medicines, we find that the total cost of seeing a doctor will average about 37 soles To be able to pay that much, family income must be quite a bit higher, as calculated below

The average person will receive health-care services four times a year, spending 148 soles a year

Since the family has 5 7 members, they will spend a total per year of S / 843 60 for visits to the doctor

If this amount is 4% of household income, the family should have an annual income totaling S / 21,090

These calculations show that the monthly income of a family that will come to the Balta clinic must be at least S./ 1,757 50, (S / 21,090 divided by 12 months)

Using the same procedure for the Urrunaga clinic we find that at 9 soles per visit (the fee charged until March 1997) only those families with monthly incomes of S / 1,068 75 can afford the service This explains one of the principal reasons for the low usage rate

Break-Even Point for MaxSalud Clinics

Tables F 6 show that the break-even point for the Balta and Urrunaga clinics is reached in December 1997, assuming that only US $ 6000 is allocated for MSU expenses, depreciation, maintenance, and so on With higher MSU outlays, the two clinics will not likely achieve financial sustainability

According to MaxSalud estimates, developing only two clinics in the Chiclayo and Lambayeque area is not sufficient to cover the health-care service demand Another four clinics are planned However, prior to the implementation of that decision, the ratio of health centers (of similar size to MaxSalud clinics) to the population should be calculated

According to generally accepted health indicators, it is felt that each health center should serve no more than 30,000 inhabitants Using this indicator, we find

District	Population	Health Centers	Shortage
Chiclayo	240,000	7	1
Leonardo Ortiz	120,000	2	2
La Victoria	61,000	3	0
Lambayeque	41,000	2	0

These data show that, in the districts of Chiclayo, Leonardo Ortiz, La Victoria and Lambayeque, only three further facilities need be built

However, MaxSalud plans to build and equip four more clinics In any case, since available funds are limited, one of them will have to be turned over by the MINSA

Income and expenditures have been projected for the Balta and Urrunaga clinics plus the four others planned on the basis of the following assumptions

- Two of the clinics would begin operating after eight months and the other two begin eight months after that

- Expenditures for salaries would be similar to clinics currently operating

- Clinic infrastructure located or designed and proposed by MaxSalud officials is accepted

- Staffing and services are proposed according to MaxSalud's projected infrastructure designs

- Two of the clinics would charge half of what Urrunaga clinic is charging, whereas the other two would charge similar rates to those of the Balta clinic This assumption has been accepted to see whether cross-subsidy works by cutting prices to MINSA levels

- One of the clinics will have 20 beds and an operating room

- Salaries will increase with inflation and bonuses

- The neediest 5% will receive subsidized service and 1% will be bad debts

Findings of the projected flow appear in Tables F 7 The break-even point comes in April 2000, with a 60% occupancy rate This shows that the cross-subsidy can work if prices of half the clinics are set at MINSA levels

The break-even point could be reached earlier if 60% service use is reached sooner The flow assumes a monthly increase in usage of only 2 5% This means that the forecast is conservative

Pre-Paid Systems

Focus groups conducted two years ago and those conducted for this evaluation have clearly reflected the desire of the people interviewed to establish an insurance or pre-payment system in MaxSalud clinics The population understands what insurance is and is accustomed to paying their obligations on a monthly basis (electricity, water, police and other taxes), and they have often chipped in to help needier neighbors pay health-care bills It is customary to conduct collections or hold meetings to raise funds for health expenses for a neighbor who is ill

Therefore, three health insurance calculations have been made, using indicators of an average of four visits per year and other commonly accepted indicators or rates for calculating the value of a health insurance policy Moreover, an 80% loss rate has been assumed, which means that 20% of income from policy sale will cover overhead

Table F 8 shows the policy value for the Balta clinic, which is S / 13 15

Table F 9 is for Urrunaga clinic with current prices, for a cost of S / 11 02

Table F 10 is for the Urrunaga clinic with MINSA-level pricing, for a value of S / 5 36

If all the population around the Balta clinic were to join the system some 30,000 people, this would represent a monthly income for the clinic of some S / 405,000 which is five times more than the clinic now spends This means that the prepayment prices suggested above could be significantly reduced

However, the ideal would be to charge S / 13 50 for a five-member family, which would mean that only 6000 families could join, generating an income of S / 81,100 This would be enough to cover the clinic's expenses

For the Urrunaga clinic, the situation would be similar If 6000 families joined, this would mean S / 67,200, which is twice the clinic's current expenses

Therefore, with the price reduced to S / 4 50 per family policy, an income of S / 27,000 would be generated, which is also higher than the clinic's current monthly income of approximately 25,000

With all the above figures in mind, several combinations can be made For example, an insurance plan only at the Urrunaga clinic, but at a price of S / 3 per family per month The difference in income would be covered by the cross-subsidy from the surplus generated by the clinics charging higher rates

The Management Information System

Although the management information system have not yet been concluded and it would be premature to judge its effectiveness at this point, nevertheless, the terms of reference to construct the system, as well as information and reporting requirements that the different MaxSalud stakeholders and clinics require, enables us to establish several valid conclusions

The management information system will be a useful instrument for decision-making about MSU and clinic activities Report outputs by the information system, both medical and administrative, will make it easy to monitor the institution's progress, the services it provides and above all to observe patterns in health service production

The system, as conceived, will make it possible to observe interactions among the different modules comprising the system Thus, when services are sold, the system will record and process information that is of use to the logistics module and, at the same time, will establish the corresponding accounting entries and collection modes

The system will also prepare, on the basis of the service sales information, input purchases, payroll payments, the accounting documents required by Peruvian law, i e , balance sheets, profit and loss statements, etc

The following modules have been developed to date

- Production of services, itemizing each curative and preventive service or health program of the MINSA
- Administration and finance, broken down into budget accounting and personnel areas
- Logistics and supplies, which handles information on stocks, suppliers prices, balances, etc

These modules, interacting with each other can generate sufficient information to create a management information system, that will make it possible to make proper decisions for MSU and clinic development

IV 4 2 INSTITUTIONAL SUSTAINABILITY

Leadership

Institutional leadership refers to the capacity to establish goals and objectives and to clearly envision and plan for their fulfillment through the exercise of strategies that respond to three essential areas 1) The organization's Conceptual Framework of the Process of Development, 2) a profound understanding of the Context in which the organization and its clients are immersed, and 3) the creation of a Shared Institutional Vision and Mission These three areas are the foundation for Strategic Planning which provide the direction and guide the elaboration and development of operational activities and projects

Maxsalud's leadership capability in reference to the project objective of attaining financial sustainability appears to be have been well understood and exercised efficiently from the start of the project Its ensuing establishment of the administrative, financial and procurement procedures, accounting systems, and hiring of qualified technical personnel to manage the day to day operations of its central office and later its first two clinics at Balta and Urrunaga, leave little room for criticism

The areas of concern are rather those that have to do with the other project objectives regarding Institutional Strengthening and Community Participation In regards to these areas some observations can be made about the leadership exercised by MaxSalud

Institutional Development is a process at the heart of which is centered its human resources The development of human resources then is inextricably related to the exercise of institutional development Expressed in another way we could say that institutional capacity is the capacity of its people to exercise the technical, personal and interpersonal capabilities it possesses in order to carry out its mission These capabilities are to be found in the concepts, qualities, skills and attitudes of the personnel that lead, manage, administer, and perform the multiple activities of an organization

In the light of the above definition of what constitutes institutional development and the capacity to provide effective leadership in the area of Primary Health Care Development, it appears that MaxSalud requires additional strengthening in the following areas

a) **Strategic Planning**
b) **Participative Research and Evaluation**
c) **Community Participation**
d) **Shared Leadership and Teamwork**
e) **Training Design and Development**
f) **Non-Profit Board Development**

a) Strategic Planning

As stated earlier Strategic Planning as considered by most contemporary organizational development specialists (Peter Senge, Stephen Covey, John Gardner, Bennis & Nanus, and others), is the foremost measure of an institution's capacity to lead in today's complex social environments By strategic planning then, we are referring to the capacity of an institution's human resources to think and plan along lines that are consistent with its Mission and synergistic, i e , capable of achieving greater impact and multiple results per action

An often used example of this concept is the "80/20 rule" Basically this rule points out an unfortunate reality all too present in today's organizations The problem is that far too many organizations spend up to 80% of their time and resources producing only 20% results It has been argued and demonstrated by leading organizations in various fields, that with the help of effective strategic planning, centered in the capacity of its people to think strategically and systemically, that the above rule can be reversed to achieve a "20/80 rule", i e , 20% effort producing 80% results Others call this the "rule of synergy", i e , the capacity to identify and implement the most important strategies that will have the greatest impact and influence on the development of an organization and its clients

In reviewing MaxSalud's Yearly Contract or Plan of Action, it is noted that the emphasis is high on the elaboration of specific activities or tasks (which are stated as objectives) and low on the conceptualization and development of strategic objectives The MaxSalud Operational Plans and Reports are elaborate and activity specific, however, as stated above it is not easily discerned how these activities relate to the overall strategic objectives of the organization nor how these activities will assist in the achievement of the same

Perhaps more important than the above problem is the concept itself being employed of what strategic planning and objectives are and the difference between these and the more general and specific operational objectives outlined in the Yearly Contract

In addition to the above area which clearly needs reinforcement, it was obvious from numerous interviews, group analysis sessions such as the "Strengths, Weaknesses, Opportunities &

Constraints (SWOC)" exercises and the "Force Field Analysis" exercises carried out with the participation of personnel from the two clinics, the COP and the MSU team that strategic planning, systemic and systematic thinking about the organizations challenging leadership role in achieving institutional and social sustainability vis-a-vis organizational and community development, has not been a priority exercise at the management or operational levels of MaxSalud The reasons for this shortfall are treated in Section IV 3 on Project Strategies

Suffice it to say here that financial sustainability concerns vis-a-vis cost recovery and efficient administration of resources infrastructure renovation and procurement of equipment and supplies, have occupied center stage of MaxSalud's Project development since its commencement in June of 1994 Indeed, little time or deliberate effort has been allotted to conceptually developing and implementing strategies aimed at finding solutions for the less tangible issues of social and institutional sustainability This is demonstrated by the lack of training courses offered thus far in these areas and lack of materials and research documents in addition to minimal discourse development at the MSU and clinic levels regarding these important areas of development

These two areas, recognized by USAID and the Evaluation Team as key components of an overall Project sustainability strategy (See Attachment A 1 SOW) are aimed at strengthening human resources within the institution and at the community level - capable of committing to and carrying out the institution's strategic and operational goals and objectives and resolving project development issues at all levels during and after USAID funding

The need therefore, is to strengthen the Project's capability for Strategic Planning and this will require that a strategic planning team be formed (comprised of key planning personnel of the MSU, clinic directors and staff whose knowledge of community based problems and social reality is acute) and then the institution facilitated through a strengthening process covering the three essential areas of analysis for leadership and organizational development, i e , 1) Conceptual understanding of the institution's process of development, answering key questions regarding Purpose, Methodology and Process, e g , Who we are? and How do we do business? 2) Contextual analysis of environment and internal/external conditions, answering questions regarding Contingent reality, Real situations, e g , Where are we now? 3) Shared Institutional Vision and the Institution's Role or Mission answering questions regarding the Ideal Situation, Desired Future, e g , Where are we going?

It is recommended that strategic planning be institutionalized by becoming an internal exercise carried out periodically by the organization's management The most recent Yearly Contract/Plan that was provided by the MSU to the evaluation team was dated 1994-1995 Good strategies are among the most valuable outputs an organization can produce If these are current, well focused and grounded in the areas proposed above, and are implemented appropriately, then it is clearly possible that the organization will provide outstanding leadership within and even outside its domain

Since internal and external conditions, personnel, and relationships with the community are constantly changing, it is advisable that strategic planning be revisited and conducted every year to ensure that the Project is on track with its originally proposed objectives In addition to other

important benefits, personnel will feel more a part of and willing to commit to and even sacrifice for an institution that is genuinely concerned about its strategic goals, effectiveness and its impact on health and the provision of long range organizational leadership, rather than an institution whose operations are efficient but lacks strategic direction and vision

b) Participative Research and Evaluation

We have grouped research and evaluation together in this section as both of these areas are concerned with the same basic approach or methodology to institutional strengthening In research aimed at discovering the social, economic and cultural realities of potential beneficiaries, a participative approach, involving the client in processing experiential learning and then systematizing this knowledge through the construction of new conceptual frameworks, is considered one of the most empowering social science methodologies This approach is enhanced through the application of the well-known "Learning Cycle", developed by Malcolhm Knowles for adult learning enhancement

Evaluation on the other hand, although different in that it tends to be more conclusive in its reporting, is however, equally as empowering to beneficiaries when exercised for the purpose of collective learning Evaluation, like research, searches for the truth The key word here which makes these exercises equally powerful and productive for both the institution and the community, is participation

In reviewing the MaxSalud literature it must be noted that important research documents have been produced since the project began Among these are a study regarding Community Health Knowledge, Attitudes and Practices (KAPs), an Economic Health Supply and Demand Study, and a Community Demand for Health Services Study conducted through Focus Groups

What is clear from reviewing these documents is that they are well presented and written They also contain information, which we assume has served the institution in a general sense in their respective areas What is not clear is how much and to what extent have these studies been used in guiding management to make critical decisions regarding program direction, quality improvement and administration of services, and in general to better understand the problems under research to the degree that the information can be said to have been of true value to the institution

What is more critical here, however, is the methodology used in carrying out these studies By methodology we mean to discuss the implementor's capacity to involve the community/client under study in a way which allows it to buy into, feel a part of, and benefit from the research Vertically designed scientific research methodologies, useful as they may be in controlled research environments, are not appropriate in studying socially marginalized, illiterate and semi-literate, heterogeneous, and migrant-formed communities surrounding Chiclayo A much more socially scientific, anthropological and qualitative approach, to participative research, sensitive to gender issues and low-income community problems, would be a more appropriate design to meet the research needs of these people and their communities

Other questions have to do with the populations that were involved in the research Do these populations represent the "low income" sectors of the project area? Were the population samples stratified so that the results regarding capacity to pay for example can be attributed to a specific low-income population in a particular area of Chiclayo or were samples taken from various areas and strata of the general population? This subject is treated again in the Sections of this Report dealing with the economic and financial developments of the Project

The main concern here which has to do with an analysis of organizational capacity and development is how prepared is MaxSalud to conceive of and undertake community-based research or to conduct evaluations that are both useful to the institution and to the populations it serves How well developed is MaxSalud's participative approach to gathering information and involving the community in useful experiential analysis of its health problems? How well does MaxSalud facilitate the generation of knowledge in the community, among women, children, and local structures, regarding their health and social development concerns? What happens to the information once generated, gathered and documented? Are participants involved in the empowering processes of systematizing, validating and recycling information back to the community in order to produce useful social indicators for on-going community research and evaluation of collective learning? These are a few of the questions which arise regarding this area of MaxSalud's institutional capacity for local research and participative evaluation of learning about the community

Without doubt, the nature of social oriented research and the evolving concepts and practices of participative evaluation have changed radically over the past twenty years Evaluations exercised in projects heavily involved at the community level, especially by those where NGOs are involved, are now focusing more attention on the learning processes and on capacity development of individuals and institutions, than on conventional quantitative indicators alone

Authors, representing numerous scientific disciplines are concluding that institutional strengthening and sustainability are based on the capabilities of the institution, vis-a-vis its people, to learn effectively from their own culturally specific experiences and from a now conveniently accessible universe and network of knowledge and experiences available at the click of a mouse Two quotes on this subject should suffice to raise consciousness for the purpose of this limited discussion "The capacity to learn with greater rapidity than ones competitors, is perhaps, the only sustainable competitive advantage" (Arie de Geuss, Chief Planning Officer of Royal Dutch/Shell) and, "The relevant leading organizations of the future will be those that discover how to take advantage of the enthusiasm and the capacity for learning of its people at all levels of the organization" (Peter Senge The Fifth Discipline The Art and Practice of the Learning Organization)

Obviously, much of what is being questioned and proposed here has not been considered an essential part of MaxSalud's organizational development agenda On the other hand, it would not be fair to say that this particular focus on institutional strengthening, vis-a-vis the capacity to conceive and apply participative research and evaluation techniques, can be carried out by MaxSalud with its current lack of expertise and experience in this area. These subjects are the domain of social development experts, social scientists, community activists, public health and education specialists

As originally designed INSAP a community health system's development organization, was to be responsible for this area of research, monitoring and evaluation INSAP did in fact begin its work with MaxSalud in this area and a Community Liaison person provided by INSAP was established on the MSU in charge of Social Marketing and Community Participation However, this arrangement did not last long and soon MaxSalud was without a community liaison to fill this much required position on the MSU It was then decided that the current Training Coordinator of MaxSalud, Oswaldo Sierra, assume both positions as Training Coordinator and Social Marketing/Community Liaison for the MSU and Angelica Ortiz, then a secretary of the MSU, be positioned as Community Liaison, not at the MSU level but rather at the clinic staff level This arrangement has remained the same since these changes were made nearly two years ago

It is clear from our evaluation that this is one of MaxSalud's critical disadvantages It is hard to conceive that an organization with a strong community health orientation such as the one designed for MaxSalud, can continue to operate with this handicap It is imperative that the project consider the multiple advantages of being able to work with and accompany the local populations it serves in a far better way than it has been able to achieve to date In our opinion, this can begin to happen to a significant degree, if the institution identifies and hires a qualified Social Marketing/Community Liaison person for the MSU, preferably a women, who can provide the leadership and sound community research and evaluation know-how needed to strengthen the institution in this area and improve its performance at the local level

c) Community Participation

In this section we will mention a few of the key issues which were analyzed during the evaluation and which relate to organizational development Other important aspects of this analysis are treated in Section IV 4 3 on Social Sustainability

Community participation, what it is and how to genuinely achieve it is perhaps one of the most discussed and argued topics in recent development history No substantial analysis of organizational development and sustainability can be seriously considered, especially regarding the development of non-profit human service organizations, without considering this topic

The following analysis attempts to clearly link community participation to what most non-profit health institutions refer to as their "client orientation"

Studies of successful organizations over the past two-and-a-half decades clearly show that client orientation is not just a slogan that is used to describe top-down service provision systems that have achieved financial viability but rather describes a conceptual framework that places the client at the very center of its core philosophy and institutional values To use the term of a well known author on this subject, David Korten, community participation revolves around the concept of "people centered development"

A people centered development approach to primary health therefore, requires strong conceptual arguments and consistent methodologies which facilitate and motivate community participation and enhance a sense of empowerment to resolve local health problems by the population

MaxSalud's approach to community health development is based on models of thinking about the community/client that were prevalent in non-profit health delivery organizations during the 1970s and early 1980s The emphasis placed on supply-side development and economics characteristic of that period, have been well documented and proven to be ineffective in achieving the active participation of the so called "under-served beneficiary or target populations" A modern supply-side approach to community health if unaccompanied by a corresponding emphasis and deliberate effort to facilitate social communication, participation of women, leadership and local organizational development, will encounter serious client dissatisfaction

The question being raised here is not one of either/or, but rather one of how to make sure that an organization as technically capable and efficient as MaxSalud in the areas of project administration, PHC service delivery and clinic management, can be equally if not more effective in its community work and thus further develop its capacity to become profoundly involved in a "process of accompaniment" of the local, high-risk, low-income populations of the Chiclayo community

The latter, refers to a process not of "offering" conventional assistance in ways which might perpetuate paternalism, nor through the exercise of authoritarian leadership in training and counseling, nor by communicating (often unconsciously) attitudes of superiority toward the rest of the health providers in Chiclayo, but rather through the transformation and exercise of new mental models related to health and community development which are consistent with the nature of the work this project proposes to undertake and are thoroughly consistent with the principles and practices of leading organizations in this field for the 1990s

Answers to this problem are many, but there are a few that are among the most important MaxSalud would be well served to consider these and initiate actions that would lead to their implementation at the community level

- Initiate a consultative process with the community, not for undertaking positivistic "one-way" surveys but rather to facilitate open discussion regarding the perceptions which the community has of their own health problems and how they see MaxSalud's role in providing service and accompaniment to find solutions to these problems Get close to the community through shared communication and the exercise of "active listening" skills

- Design training based on the communities' definition of their roles in PHC, their felt needs and capabilities, and from these inputs design appropriate performance and learning objectives rather than basing the training on MaxSalud's educational objectives alone

- Invite women and children to speak about their perspectives on health, community development and their unique problems Exercise extreme sensitivity in this area These encounters should be

preferably conducted by women who are trained as facilitators of community and women's groups

- Provide leadership training for local organizations based on recent concepts of institutional strengthening for NGOs and community leaders Literature is abundant on this subject and entire courses have been developed and successfully implemented in Latin America with organized groups similar to those in the Chiclayo peri-urban areas

- Design and program jointly with community groups involved in MaxSalud's local planning Establish "Convenios de Responsabilidades Compartidas" (Shared Responsibility Agreements) These are documents which help commit and remind both the provider and the user of services of their shared responsibilities and which assist both parties achieve the objectives they have mutually agreed upon

- Although stated last on this list, the need to train and re-train MaxSalud personnel at the MSU and clinic/community level is most likely the key to achieving success in the above actions proposed This training would have to involve more than introducing new community participation techniques and/or the latest state-of-the-art social development technologies, as much as these are necessary In addition, what is envisioned here is the need to work on the conceptual transformation and application of shared leadership and organizational development capabilities which would be identified and developed through a series of training events designed specifically for the personnel mentioned above

After participating in a series of distance-training workshops designed for the working professional adult, they will be capable of exercising the five listed capabilities in addition to others relevant for facilitating effective community participation It is important that all members of the MSU and clinic staff be involved in this training since the idea is to essentially strengthen the institution by empowering its personnel to conceive of and implement community/client oriented actions for all of its proposed objectives This too, would enable staff to view its mission in a more integrated and purposeful perspective, however distant it may seem at times from the community and ultimately from the client Viewed slightly differently, we can say that the type of training proposed here will strengthen the institution's capability for sharing leadership of community health processes in addition to its staff capability to work more effectively as a multidisciplined team with clear community service objectives, developed skills and social mystic

d) Shared Leadership and Teamwork

The following two areas of organizational development build upon the above elements and for purposes of convenience we have grouped them together Let us state from the outset that the term "shared leadership" does not imply that URC or MaxSalud would share its financial responsibilities with the community or with the State during its current contractual arrangements The term "shared" here refers to the capacity of an institution and its personnel to view, promote and implement different project responsibilities in a way that all parties involved feel that the project and its objectives are their own The extent to which these activities belong to the community, will

determine both the institution's capability to share its leadership and the communities' capability to assume responsibilities for implementation

Teamwork on the other hand means the capacity to work together within an organization in such a way that motivates high levels of participation in processes of consultation shared decision making and problem solving It also connotes the ability to construct and perform team exercises for the above which tend to encourage and enthuse active participation of staff But most importantly, good teamwork helps an institution achieve better quality results because of the benefits bestowed upon a group by the collective reasoning and diverse perspectives that strong teamwork provides

In our evaluation of these two facets, shared leadership and teamwork in MaxSalud need strengthening Some of the reasons are based on earlier analysis of institutional development, but also based on what appears to be work performed in isolation and a lack of coherent integrating strategies, communication and coordination within and between the COP, MSU and clinic staff

Information sharing, group consultation, collective problem solving and analysis of results generated by MaxSalud's research to date, appears to be exercised minimally among the staff at all levels What does appear to dominate is a practice of decision making centered in the COP who basically controls the flow of information toward the center In conversations with staff involved in research it was pointed out that there appears to be no clear mandate or felt need at the higher levels of MaxSalud to provide feedback and consultation with those doing the research in order to make final decisions based on consensus

The Chinese have a story about shared leadership They say that when a "true leader" leaves a group, the group responds by saying "look at what we have done" The praise this group bestows upon itself for its developed capacity to achieve the objectives for which it was created, is considered a clear recognition of the leader's capacity of having empowered the group to exercise its own capabilities and thus demonstrate shared leadership

Two things need to occur in order for shared leadership to have significant impact on the decision making capacity of MaxSalud The Board of Directors or a Governing structure at the highest level of MaxSalud needs to be reengineered and strengthened to guide the institution and provide the COP with a consultative mechanism he can work with to make decisions The second thing is to strengthen the teamwork capacity of the MSU staff and clinic directors to assist the COP in the operational application of Institutional policies, guidelines and principles applied to the organizational development of MaxSalud

e) Training Design and Development

One of the major problems which has impeded community development in Latin America has been a vertical approach to training and technical assistance provided by development projects The term vertical here refers to a top-down approach applied in decision making and the way teaching-learning takes place

In development projects this has meant that personnel at a central office have designed the project activities for the communities they serve with little to no participation from the beneficiaries in the elaboration of a training plan Nevertheless even though a project has been elaborated in vertical fashion by outside technical staff, without participation from the community, if the technical staff knows well the realities of the communities it serves it is likely the project will achieve its immediate objectives and some people will benefit from its technical training

However, the above approach rarely contributes toward sustainable community development Once the funding ceases and the external implementing agency leaves, everything ends The community remains passively waiting for a new project that will bring them other benefits If on the other hand the project was a failure, people in the community become "vaccinated" against projects and turn negative toward future "development training" These are a few of the consequences of dependence caused by vertical approaches to training and technical assistance at the community level

It is rare, therefore, to find a community that has gone through the negative effects described above, that is able to display a genuine sense of responsibility and initiative toward its own development

When institutions are asked why do they continue operating this way, why do they not involve the people of the community in the design and shared management of the project, vis-a-vis the training agenda? The answer most commonly given to this question is that community people do not have the capabilities necessary to participate at this level of decision making Other reasons given are that the institution does not have the resources necessary to invest in this phase of the project They feel that they cannot justify the time and money spent on a long process of joint planning with the community

The subject of involving the community in joint planning and programming exercises with MaxSalud and allowing for open consultations and the like, is viewed as inappropriate by some on the MSU for two reasons 1) The possibility of exposing sensitive information which could be manipulated by third parties to the detriment of the project, and 2) the responsibility for compliance to the URC-USAID contract, which in the opinion of the Evaluation Team, is interpreted much too narrowly In other words, allowing the community to participate in some kind of association with URC in the implementation of the contract, e g , the establishment of a Local Health Administration Committee known as a "CLAS", is perceived as risky business by the URC Chief of Party in Chiclayo

Because of these attitudes exercised toward the community and particularly towards its authorities and political leaders, it is difficult to explore the options of a partnership/association between MaxSalud and the communities currently being served and those being considered in the near future An appropriate example of how these attitudes can affect the strategic thinking and planning of the institution, arose during the Force Field Analysis with the MSU This example is noted below in the Force Field Analysis section

The question arises then, how can we break the cycle of designing training and project activities based on any of the above causes justified or not?

It appears to us that the best way to confront this problem is directly linking the training design and development to the specific capabilities needed in the communities to participate effectively and promote leadership in their own health and development processes In this way they, the community participants in the MaxSalud Project, will not be dependent on the "fate" the institution established for them nor on the continuation or not in the community of the institution itself

For the participants at the community level to be able to evaluate their own needs, to decide which of these are the most important, design and elaborate their own projects, carry some of them out with local resources and actively seek assistance from institutions and donors for projects that demand external support - technical, personal and interpersonal capabilities in the communities will need to be developed, upon which must depend the training of human resources

The Training Cycle

The design of training and the delivery itself would be greatly enhanced at MaxSalud if certain additional elements were to be taken into consideration before, during and after the training events To the best of our knowledge in evaluating this area of institutional and community development, the project has been unable to design and implement a complete strategy for Programming, Delivery, Monitoring and Evaluation of training These four elements are the essential steps to achieve success in what is widely know as the Training Cycle (See Attachment A 11 The Training Cycle)

In the Training Cycle, the most important activity that planners and trainers alike need to take into consideration before the actual event, is the design of the workshop itself The process of designing a workshop involves various steps Among these, and for the sake of brevity, the most important are

1) Assess the training needs
- Elaborate a vision and identify roles and pertinent capabilities,
- Identify key mental models,
- Assess contextual realities

2) Define performance and learning objectives that are appropriate to each workshop *

3) Establish the length of the workshop and distribute the learning objectives in the time available

4) Plan adult-learning activities for each objective, combining according to need, the process of defreezing-movement-consolidation, the Learning Cycle and the incorporation of participative methodologies

5) Elaborate detailed planning for each activity

6) Program schedules for each activity

* The "Three Key Points for the Elaboration of Objectives" are diagrammed on a chart in Attachment A 11

f) **Non-Profit Board Development** (For a full analysis of this subject refer to Section IV 2 Organizational Structure)

Analysis of Strengths, Weaknesses, Opportunities, and Constraints

Two highly participatory exercises to obtain information from MaxSalud employees and community representatives were carried out by the evaluation team The objective of the exercises was to determine, by using a self-evaluation technique, the strengths, weaknesses, opportunities and constraints or "SWOCs" related to the institution as a whole The information generated represents their perception of the above elements and not those of the evaluators However, in analyzing their perceptions it is possible to determine important findings and conclusions regarding the institution and particularly how they see its current and future development and sustainability

The first of the SWOCs was carried out with personnel only from the Balta Clinic (See Attachment A 4 Lists of Participants) The second of the SWOCs was carried out with both personnel and community representatives of the Urrunaga Clinic

Balta Clinic

For a complete rendering word for word of the SWOC results (See Attachment A 6 SWOC Analysis Results) The following is a summary of this area of analysis

STRENGTHS

The greatest strength mentioned by the staff (14 different mentions) are the Human Resources of the clinic This area is considered strong for reasons given such as, "personal and professional ethics, capable, friendly, efficient, affectionate, and good treatment provided by doctors and nurses, and efficient technical and administrative handling of patients"

Other areas in order of frequency mentioned were Administration and Logistics, e g , opportune arrival of supplies, collaborative personnel, and supervision by the MSU Economic Accessibility, e g , low-cot medicine and low to moderate clinic service fees Identity and Image, e g , personnel feeling identified with the clinic and with the MaxSalud Project Coordination and Organization, e g , support felt by their colleagues toward certain activities

OPPORTUNITIES

The two areas which received the most frequent mention, perceived as opportunities (7 and 6 mentions respectively) were Institutional Development and Services/Human Relations of the clinic Some examples, "achieve prompt self-sustainability, achieve permanence reach the poor and the disadvantaged sectors urgently" and to "expand specialty services (e g , dermatology, oftamology), achieve higher numbers of patients, raise clinic income by establishing an operations room, and renew services in order to maintain personnel friendliness"

Other areas mentioned as opportunities were "Human Resources", e g , "continue to maintain good treatment of patients in order to achieve self-sustainability" "Administration and Logistics, Infrastructure and Equipment, Identity and Image, and Economic Accessibility" An interesting correlation for the economic accessibility, perceived as an opportunity for the clinic was, "upon achieving self-sufficiency to be able to subsidize indigent patients"

WEAKNESSES

The area mentioned most frequently as a weakness was "Coordination and Organization of Work", e g , "excess of work for technical personnel, excess of administrative work for nurses, inconvenient laboratory scheduling, personnel is not informed of changes with enough advance notice, long waiting periods for patients, and bothersome informal communication practices"

"Infrastructure and Equipment" and "Training" closely follow the above as the most frequently mentioned weaknesses, e g , "expand the pharmacy, establish a lab inside the clinic, an operations room for cesarean births, the need for a Central Clinic, and shortage of certain medical supplies" For training examples of mentions were, "improve the professional training of all personnel and training should be constant and on-going"

Other areas mentioned were, Human Resources, e g , "greater incentives, more support needed for the night shifts, and the need for a general coordinator of Odontology" The other areas mentioned were, Administration and Logistics, e g , "more opportune provision of materials and supplies", Identity and Image, e g , "create greater fidelity in the clients", Institutional Mission, e g , "give greater emphasis to preventive and promotional health practices rather than just curative health"

CONSTRAINTS

By far the most mentioned constraint (7 mentions) was the area of Services/Human Relations", e g , "patients going to other clinics and hospitals, the lack of competitors, the excess work load of doctors and technical staff diminishing quality treatment and producing patient insatisfaction, constraints in the treatment and friendliness toward patients, and user fidelity decreasing due to poor treatment of patients at the clinic" Institutional Development was the next most mentioned constraint, e g , "MaxSalud not achieving success, decrease in self-sustainability, dissolution of teamwork, and not changing for the betterment of the institution"

Other areas mentioned were, Human Resources e g "tiredness and turnover of personnel", Economic Accessibility e g , "acceptable prices for services and price competition for services", Training, e g , "lack of training for personnel", and Infrastructure and Equipment, e g , "MaxSalud not being able to attend high-risk births"

Urrunaga Clinic

For this SWOC analysis contrary to the one above for the Balta Clinic, both clinic staff and community representatives participated This is considered healthy for a more complete assessment of the clinic's capabilities and needs, since the responses given here were generated from within (clinic staff) and from the outside (community) This analysis therefore permits us to look at the clinic and institution's strengths, weaknesses, opportunities and constraints from the perspectives of both the provider and the user For a complete rendering word for word of the SWOC results (see SWOC Results in the Attachments) The following analysis is a summary provided by the consultant in charge of this area of analysis

STRENGTHS

Human Resources was the strength most mentioned by this group of participants (14 mentions), e g , "friendly, warm, pleasant, efficient, expert, well trained, and responsible doctors, nurses, administrative and security staff" Also, " personnel concerned about the health of the community and equal good treatment of all patients, and immediate treatment of patients"

Other areas mentioned were, Accessibility, e g , "inexpensive medicine, quality low-cost supplies, just prices, clinic for people of need", Services, e g , "satisfied patients with emergency services, reliable, rapid and sure medical attention", Community Problems, e g , "preventive-promotional work, Infrastructure and Equipment, e g , "modern", Coordination and Organization, e g , "teamwork and good interpersonal relations"

OPPORTUNITIES

The most frequently mentioned opportunity (6 mentions) was Training, e g , "strengthening knowledge of preventive health topics, training provided by international trainers, clinic providing training in planning and community management, constant learning, training for family, social and personal advancement" Next were areas mentioned equally such as, Institutional Development, Services, Infrastructure and Equipment, and Accessibility, e g , "attract professionals from the peri-urban areas, support from other institutions, more projects in the districts, more projection toward the community, campaigns, house visits, become self-sustaining with greater effort", and "expansion of coverage, and campaigns bring us closer to the community", and "operating room and surgical equipment, greater infrastructure development at the clinic, construct more Health Centers", and "closeness to the community and the most needy, moderate prices for appointments and medicine, lower the IVG on medicine"

Other less mentioned areas were, Coordination and Organization and Community Problems, e g , "promotional practices will allow for greater community organization to resolve other problems, availability of personnel" and "projection toward the community"

WEAKNESSES

The most frequently mentioned weaknesses (11 mentions) are those referring to Services, e g , "lack of 24 hour attention, pediatrics, emergency services at night, and specialized services, analysis results are not immediate, lack of vaccines for animal bites, overprotection of patients (paternalism), lack of cleanliness, and a clinic cafeteria" Infrastructure and Equipment received 10 mentions regarding "lack of trees surrounding the clinic, shower for clients, ambulance, x-ray equipment, cleaning personnel and equipment, and delivery and emergency rooms too small

Other areas mentioned with less frequency were, Human Resources, e g , "lack of a cardiologist, cleaning personnel, and staff is too trusting of the community", Community Problems, e g , "lack of personal hygiene of patients and greater security/protection of personnel against drug addicts and delinquents living in the area", and Coordination and Organization, e g , "deficient communication among staff at the clinic, and deficient administration resulting in channels not being followed and tardiness in receiving orders"

CONSTRAINTS

The most overwhelming constraint or threat perceived by this group (here it is important to mention that these perceptions were unanimously contributed by the Urrunaga clinic staff and not the community representatives) was Community Problems with 18 mentions To summarize, these perceptions have to do with, "clandestine animal husbandry, garbage accumulation and infection focal points, delinquency in the community, terrorism, culture (idiosyncrasies), assaults on personnel and the clinic, lack of 24 hour attention, lack of education in the community which is considered an important factor that could threaten the self-sustainability of the clinic, traffic dangers, and the presence of medicine men and witches that hinder the clinic's development"

The other areas of constraints that received minimal mention were, Institutional Development, Human Resources, Inter-Institutional Relations, Services, Infrastructure and Equipment and Accessibility, e g , "fear of having to close MaxSalud due to its low prices, the economic crisis in Peru threatens the self-sustainability of the clinic", and "lack of support for security personnel, risks of personnel becoming infected, low salaries", and "government gives priority to health projects, professional and institutional jealousies", and "lack of fumigation and certain medicines", and "lack of an ambulance" and "competition for medical posts"

Force Field Analysis

A Force Field Analysis was conducted by the Evaluation team for the members of the MSU at MaxSalud The 9 members of the MSU broke up into three groups and analyzed the three objectives pertaining to sustainability as outlined in the SOW of the Evaluation Objective # 1

"Recover or generate financial resources for activities without USAID support" Objective # 2 "Plan, administer, monitor and adjust project activities in order to assure effectiveness and continuation" Objective # 3 "Ownership on behalf of the community of health activities through services"

A Force Field Analysis attempts to identify the forces or actions in operation within and around the work of an institution, i e, to come up with the positive and negative factors which have an impact on and influence over the development of a project and institution such as MaxSalud The positive factors are called propelling forces and the negative factors are called restraining forces

After each group determined these forces (between 10 and 14 per group) they then placed a value on each force according to the degree of impact of the force itself and the degree of influence which, they as an institution, have upon the force The higher the number on a scale of 1-5 for impact and 1-5 for influence, the greater the value of the force

After valuing each force for impact and influence, an analysis was completed to determine the synergistic value of each force This was done by looking at the interconnection existing between each and every force and then numerical values were given, on a scale of 0-5, for each force according to its level of interconnection

With values determined on all the forces for impact, influence and interconnection, each group then determined which of the propelling forces were the most important for them to ally themselves with, and which of the restraining forces would need to be countered to avoid blocking the institution from achieving its strategic objectives

One example of how useful a Force Field Analysis can be in assisting personnel to think seriously and systemically about their strategies and plans of action, was demonstrated by the group analyzing forces for the achievement of Objective No 2, "to plan, administer, monitor, and adjust project activities in order to assure effectiveness and continuation" This group attributed extremely low points for interconnection in relation to the groups analyzing the other two objectives For example, the other groups registered 252 points of interconnection for objective No 1 and 548 points for objective No 3 These in stark contrast to a low 58 points of interconnection for objective No 2

To determine levels of interconnection between forces in a Force Field Analysis, it is necessary to consider the relationships that exist between the different forces This promotes vision and appreciation for the connections that unite and influence one action or force in relation to the other forces propelling and impeding progress toward the fulfillment of strategic objectives Put slightly differently, to see these connections promotes thinking about them and how they can be strengthened or deminished as the case be, in a way that is integral and synergistic As pointed out in an earlier analysis, this capacity to think systemically, i e , to see the whole in the parts and the different relations which exist between them, is an essential aspect of successful strategic planning

It is noted for example, that the group working on objective No 2 attributed a minimal to zero degree of interconnection between "personal political interest existing in the municipalities, the role of the Board of Directors, perceptions of MaxSalud in the community", and "paternalism" with the other propelling and restricting forces identified by this group as key to the implementation of their objective

This lack of perceived interconnection between key strategic forces at play in and around the institution such as the ones mentioned above, would appear to indicate a need to strengthen the vision and systemic thinking/planning capacity of the MSU in this critical area of institutional development

For a complete rendering of the results of this exercise and graphic illustrations of each group and their analysis of the three strategic objectives for sustainability (See Attachment A 7 Force Field Analysis Results)

IV 4 3 SOCIAL SUSTAINABILITY

The MaxSalud Proposal

According to the terms of reference of the mid-term evaluation, social sustainability is understood to mean "appropriation by the community of MaxSalud activities" We have used this definition in our evaluation of this area, to measure the community's understanding of MaxSalud's mission, existing dialogue between clinic staff and community leaders, current community integration into MaxSalud programs, and to review information gathered on community members' perceived needs and whether these needs are reflected in the MaxSalud health service design The results of our research on these topics are presented in this section and in the following section on gender

According to its proposal, MaxSalud will commit to providing high-quality health services that are responsive to community needs Community involvement is considered essential and will be encouraged Thus, the community will identify the services it needs and will monitor them, participating as well in the definition of price scales that will lead to financial sustainability

The proposal speaks of reducing the costs of curative services by providing strong educational and preventive components in their programming According to the MaxSalud technical proposal, no one should be excluded from services because of inability to pay

One of the most important channels conceived in the proposal for community participation, is the MaxSalud Council of Directors Local activities include the provision of a broad range of services, regular meetings with local leadership to discuss the clinic's functions and activities, the issuing of progress reports on services, and including midwives in programs to reduce mothers' morbidity and mortality rates

Each clinic will have a Local Board According to the Manual on Organization and Functions of Peripheral Clinics, this Local Board is a structural component of the overall local leadership design

The Local Board will be comprised of community representatives Their functions are described in the Manual as follows

> "Plan, organize direct, coordinate and monitor compliance with the preventive care plan and institutional work timetables
>
> Support and promote the viability of alternative financing mechanisms to improve the health-care coverage and the community's standard of health
>
> Monitor the quality of services provided and evaluate the impact they have on the health status of beneficiary communities "

Relations with the Community

The MaxSalud team has carried out meritorious work in Chiclayo, employing various strategies prepared by the members of the Management Support Unit and by the clinics' staff, who work directly with the people in Urrunaga and Balta on a daily basis

Judging form what we were able to gather from public opinion, the two clinics have been recognized for their quality and good treatment afforded to patients The MaxSalud quality of service is one of the first reactions given by the different people interviewed and expressed in the focus groups

Both clinics apply MINSA promotional preventive programs, handled by the nurses, obstetric nurses and social workers MINSA, in turn, provides inputs free of charge and establishes the program goals that clinics should achieve

Prior to inaugurating each clinic efforts were concentrated on identifying community organizations and representatives that would be invited to collaborate with MaxSalud This initial work was performed by the medical adviser, the nursing adviser and the person responsible for community liaison They also did the same in La Victoria, expecting to reach an agreement with the municipality Community work was then subsequently transferred to the staff of the two clinics and the community liaison officer now works half-time with each one of the clinics Training and education activities are designed and coordinated with the adviser at the MSU

The MaxSalud Clinic in Balta

The Balta clinic has achieved fine success, recognition and acceptance of its services Balta staff identifies with the MaxSalud mission, and they strive to satisfy their customers

Efforts in Balta to achieve better-organized community participation in the clinic have so far been fruitless This may be attributed mainly to the clinic's location, which is a highly commercial area, situated close to the Modelo Market and to various bus stations There are no grassroots

neighborhood organizations in the area, but there are other types of groupings such as labor unions, parents' associations and institutions

Notwithstanding the limitations described above, they did manage to recruit seven promoters to publicize the clinic's inauguration at the local level As pointed out in the second annual MaxSalud report, this strategy was successful because promoters visited 2,620 homes and during the first month of operation, 12 7% of the people who came to the clinic had received information about it through these promoters (this ranked second only to the radio and television campaign, which reached 19 7%) This is a high proportion compared to the effectiveness of other media such as the newspaper, which attracted only 2 2% of the people who came to MaxSalud during the first month The same proportion of customers attracted by promoters held steady during the second month, but the greatest share of customers soon became those attracted by the recommendations of their relatives and friends This tells us a lot about user satisfaction, which is definitely the best way to attract customers at present Customer satisfaction and attention to their needs will be crucial for the success of future MaxSalud services

They have made special efforts to work and build relations with associations and federations of small-scale vendors and traders, motorcycle taxi drivers, and unions and associations from sections of the Balta market One of these leaders was elected as godfather of the Clinic's inauguration In addition to preventive programs, done under an agreement with the MINSA, they have education and prevention activities linked to work in the market This includes a course for food-handlers which was consistently well-attended

Guild and union leaders interviewed for this evaluation feel that the work of the Balta clinic is highly valuable, they appreciate the good quality of care, the modern equipment, and the good treatment received from everyone, from the doorman to the director They are interested in making agreements with the clinic to provide health care for their membership - with a discount for office visits - because only some 50% would be insured They greatly appreciate the medical campaigns at the market post and have already begun activities in coordination with MaxSalud They value the fact that the clinic prices are lower than those of private doctors and also feel that it is necessary for the clinic to support cases of people with economic problems, such as widows or the unemployed poor They clearly understand that cross-subsidy is a way for the citizens of Chiclayo to support their fellow citizens

One leader stated that the "physicians at MaxSalud give their talks from the heart" He feels that the lack of participation by other people and institutional leaders is due to their lack of interest and poor sense of timing He suggests that the community should learn about the services that MaxSalud provides

For the time being, the social worker, the community liaison officer and the director have been sending out invitations to make up the Local Board They have invited leaders, federations, and community midwives It would be advisable to also ensure women's involvement in the Local Board Women's problems for participation, in places such as Balta, concern the schedules and the

long workdays they keep It will be a challenge for both parties to find mechanisms to facilitate their participation

With the available professional resources, the Balta Clinic will be able to conduct, as the manual indicates, annual baseline epidemiological studies, to be used to better identify Clinic services and program users' profiles These epidemiological studies should be broken down by sex and age to have more precise information and better focused work plans with feedback information on staff and the community

The MaxSalud Clinic in Urrunaga

The MaxSalud Clinic is located in Sector 5 of Urrunaga This is a grassroots urban neighborhood founded some 25 years ago Its immediate area of influence reaches five sectors Villa Hermosa, Medio Mundo, Jose Santos Chocano, and sectors 4 and 5 of Urrunaga Villa Hermosa is one of the poorest sectors, with no in-home water connections, drainage or electricity Throughout the area, garbage collection seems to be a critical problem, particularly during summer A slaughterhouse nearby also generates environmental pollution

Most women work at home and men are employed or under-employed in the informal sector as street venders or bicycle-cart salesmen There are neighborhood organizations for each sector PRONAA (8-9) soup-kitchens including children's dining halls, the glass-of-milk program, sports associations and neighborhood organizations

Entry and Relations with the Community of Urrunaga

Entry strategy is extremely important in all community work and must be reviewed in order to garner useful lessons for new experiences

Before MaxSalud set up in the zone, the community had achieved basic urban services through its neighborhood organization One of the community's needs was to have a health center or post and a committee was formed for this purpose This committee did the paperwork and got a building constructed with INADE support for the use of the Santa Angela Training Center
Santa Angela is an NGO comprising clergy and lay people that has been working in Urrunaga for 15 years Some members live in the Center's facility in Sector 5, some 200 meters from the clinic They train health promoters and they have their own modern laboratory (also donated by AID and Canadian agencies), a basic medicine chest for first aid, another medicine chest of medicinal herbs, the production facility of medicines based on herbs, and a children's dining hall

After the community had approached the Ministry of Health several times, the Ministry decided to provide staffing, and the Center began to operate as a MINSA health post, but without much acceptance of the service offered Thus, MINSA decided to transfer this post to MaxSalud, probably because of the low demand Despite this background, MINSA did not inform the public of the decision, which generated concern and confusion among the people

For these reasons, the relationship between MaxSalud and the Urrunaga community involved conflict and it took them time and effort to overcome this setback with the people Activities that MaxSalud held successfully included the community promoter training course, the health meeting in Urrunaga and the election of a health committee

One problem pending solution is the institutional relationship with the Santa Angela Training Center Santa Angela Center members are somewhat critical of MaxSalud although they do acknowledge that it is necessary to have another health center They feel that it could be complemented by the services that they offer to the community Despite a lot of conflictive communication at first, both parties have already collaborated and their staff members have teamed up to address people's health problems

Community Health Workers

The Health Encounter organized by MaxSalud in 1996, attended by various organizations from Urrunaga's five sectors, identified the following problems Lack of health-care coverage, deficient basic sanitation, lack of health education for the public, regarding disease prevention and cleanliness (the main illnesses prevalent in the community are respiratory, diarrhea, malnutrition, tuberculosis, parasitosis, and skin diseases), and other problems such as high birth rates, lack of employment opportunities, abuse of women and children, alcoholism and drug addiction, environmental pollution and proliferation of mosquitos and flies

This Encounter also produced the following statement which was agreed upon as a guiding aim and concept of social sustainability for MaxSalud community workers

"To engage all societal stakeholders in the commitment to join together in seeking solutions to the community's main health problems, analyzed and identified from the community's standpoint and with their full participation"

The Health Committee was elected for one year, with one representative per sector in the Urrunaga Clinic area of influence Villa Hermosa, Medio Mundo, Jose Santos Chocano, and sectors 4 and 5 This health committee has a work plan but according to our findings, it is not the same entity as the Local Board that is described in the Manual on Organization and Functions

One problem with the community participation approach is the perception of promoters as people who are obligated to do volunteer work for MaxSalud as well as financial sustainability concerns dominating relations with promoters

Findings from Focus Groups

In the focus group with leaders from the Urrunaga community people were seen to be tremendously appreciative of the quality of service and good treatment they receive in the Clinic Some also feel that the Clinic is the best thing in the 5th sector, that it is well organized and must be

taken care of Both focus groups recognized the fine work of the clinic's health professionals This same appreciation was expressed in the users' focus group

However, they do perceive some problems and feel that MaxSalud should give more attention to the following

a) One of the problems most oft-expressed by participants was the MaxSalud Clinic rates, which they feel are beyond the economic possibilities of the Urrunaga public A more critical position stated that lack of money should not prevent people from enjoying their right to health

b) They identify with MaxSalud and are concerned by the competition from other services that charge less than MaxSalud, which means that some people have to go farther away to receive other services because of the cost

c) Some people were unaware of the possibility of exemption from payment for those who cannot pay and that some indigent patients had been provided with free medicines on the basis of an economic study performed by the clinic's social worker

d) Most people use home remedies When the illness is more serious and the families have no money there are community institutions such as the sports clubs, which take up a collection and other fund-raising activities

e) Promoters and health committee members look forward to getting a paid position later on with MaxSalud and they feel that there are professionals in Urrunaga who could be hired for these positions

f) They mentioned an incentive that is being offered by the social worker to the promoters for the number of patients they send and the need to know how many patients come for each of the five zones that they cover (We recommend that MaxSalud review these incentives and decide whether they should be for the patients sent by promoters to the clinic or for their preventive-promotional work)

g) Some feel that the physical structure is very appealing However, some people are hesitant to go in because it "looks too expensive" The name of the clinic also leads them to think that it is expensive and belongs to a private company

h) The representatives of Santa Angela propose that there should be more information for and coordination with the community They feel that their "closed-door" policy vis-a-vis other institutions should change

i) According to a number of neighbors, MaxSalud opened its doors at an untimely moment when rumors were circulating about the privatization of the education and health sectors No one knew what MaxSalud was or anything about its purposes The community should know that it is a not-for-profit institution and its objectives should be publicized

j) Some participants were also interviewed in the focus groups that met prior to the clinic's inauguration They stated that the focus groups' proposals had not been taken into account Some had proposed a price per visit of 3 50, 4 or 5 soles One of them stated that, knowing this was a private institution offering high-quality services and good treatment, they proposed a rate of seven soles

k) Others stated that they did not want full exemption from payment because this would mean recognizing them as indigent, which would be embarrassing, but that rates should be reduced to affordable levels for the people of Urrunaga

l) Some proposed doing an assessment of people who do visit MaxSalud and finding out what happens to those who do not, i e , where do they go? Others proposed door-to-door surveys to find out who uses MaxSalud services in each zone

m) One proposal was that, if MaxSalud is working in the same area where there is a MINSA post, rates should be the same as those that MINSA charges

o) Some participants were concerned about "financial sustainability" and worried that the clinic might close down if it fails to achieve such sustainability or, curious enough, as the result of this evaluation They highly value having a health center in the community to come to especially when there are emergencies

As for the role of the health committee, they support such programs as TBC, vaccination, community training, and tree-planting The health committee gives talks on acute diarrheal disease, cholera, and acute respiratory infections

As for the users' group, they particularly appreciate the good treatment that they have received, the high-quality service and facilities One woman who delivered her baby in the Urrunaga Clinic stated that her room was too small and hot At the meeting where the SWOC analysis was carried out with Urrunaga participants, one resident stated that the delivery room was too small, and for that reason he had not been allowed to go in and accompany his wife This same problem has been observed at Balta MaxSalud should discuss whether it is necessary to have delivery rooms in small clinics or if they could offer home-delivery service, supporting and/or coordinating their work with the local midwives

Promoters work as a team, promoting the clinic's services, seeking patients and inviting them to be treated at the clinic When there are low-income families, the promoters seek community support and take up collections Sometimes people can pay for the office visit, but are then unable to afford the tests or medicines prescribed The solidary practice of taking up collections to help someone who needs support, in cases of births, illness or accidents, is a reciprocal way of addressing these types of problems

In the case of Urrunaga as earlier mentioned, there is a health committee but they have not yet set up the Local Board

It seems unclear as yet what is actually expected of community participation What are the boundaries of community ownership of MaxSalud? We feel it is necessary to probe and assess the desirable and possible directions for future appropriation of this project by the community at the central and local level What will the connections be in the future between local participation and central coordination?

Some of the personnel working in MaxSalud clinics during the SWOC exercises, expressed mistrust and fear of the community, failing to recognize the positive contributions made by community people They also refused to expose themselves to criticism from outsiders

As one participant in an Urrunaga focus group stated, participation can have different meanings These must be examined from the standpoint of recognizing community members' capacities and potential

"There are different ways to understand participation The simplest is to see it as cooperation Participating in programs, such as TBC Another way is for community participation to include decision-making and defining which programs are needed"

IEC Materials

Although only one person is actively engaged in developing these materials, a large amount has been produced (See Attachment A 10 List of IEC Materials)

Much of the IEC effort has involved the promotion and dissemination of information about clinics at the time when they were inaugurated posters, banners, letters to families, spot ads on the television, radio spots, etc It seems that this campaign, especially on the television, has had good results

As for prevention-related materials, we reviewed those regarding acute respiratory infection (we were unable to see the pamphlets, except for the one about AIDS) They have attempted to adapt the respiratory materials to the Chiclayo environment In the gender section, they show both the mother and the paternal figure taking care of the children The leaflets have been passed out at activities in the neighborhood and are available to customers at the clinics Other leaflets are geared toward a more specialized audience, such as teachers and promoters There are also materials for educational interviews and others such as flipcharts for the different programs, such as acute respiratory disease MaxSalud professionals use these materials properly in their work to educate and inform the community and their customers

Family planning materials are being prepared even though excellent materials have already been produced by other institutions in Peru, such as the small leaflets on contraception with the logo of AID, PRISMA, CARE Peru, APROPO and others produced by MINSA or NGOs that have been

working in family planning for years It is recommended before producing further materials, to take into account what is already available in order to avoid duplicating efforts In some cases purchasing materials or reaching agreements with the entities that produce them, is preferable to producing them

Annual plans do not clearly identify the core topics around which training, education and communication activities are organized There is a tendency to repeat Ministry of Health approaches No innovation has been observed in the production of IEC materials

IEC material production should be handled by a communications specialist This position is currently vacant on the MSU Such support would lighten the workload for the training director, who could then devote more time to working closely with the public and with clinic staff

V GENDER APPROACH IN THE MAXSALUD PROJECT

V 1 USAID GENDER POLICIES

USAID has officially recognized the importance of women's role in development for over twenty years and has devoted efforts and programs to ensuring women's social and economic advancement

USAID has promoted initiatives in the field of reproductive health, education for girl children, women's political participation and women's rights Criteria that USAID has adopted to enhance outcomes have included building up democratic institutions and bringing about changes in the obstacles that would prevent women from gaining full access to legal and political systems

The terms of reference for this evaluation specifically question whether project activities show sensitivity to gender issues and call for gender analysis in the MaxSalud organization in its management and actions, its relations with customers and in IEC material development

V 2 GENDER AND HEALTH POLICIES AT THE NATIONAL AND INTERNATIONAL LEVEL

One of the most important documents that the United Nations has produced this decade on gender and health is the Action Program from the International Conference on Population and Development (Cairo, 1994) This Program states

"Women's empowerment and autonomy and improvement of their political, social, economic and health status is a purpose of the utmost importance Moreover, it is essential if sustainable development is to be achieved

Full participation and a relation of parity between women and men in productive and reproductive life are required, including the sharing of responsibilities regarding child-care and rearing and housekeeping chores" (Number 4 1)

The Action Platform from the Fourth United Nations World Conference on Women (Beijing, 1995) states that

"Women are entitled to enjoy the highest possible level of physical and mental health The enjoyment of this right is essential for their lives and well-being as well as their capacity to take part in all spheres of public and private life" (paragraph 89)

It also ratifies recognition of women's reproductive rights and their entitlement to sexual and reproductive health

"Women's human rights include their right to have control over issues regarding their sexuality, including their sexual and reproductive health, and to decide freely about these issues, without being subjected to coercion, discrimination or violence Equal relationships between women and men regarding sexual relations and reproduction, including full respect for people's well-being, call for reciprocal respect and consent, and the will to jointly assume responsibility for the consequences of sexual behavior" (paragraph 96)

Another important agreement involves promotion of male responsibility for their sexual behavior in regard to procreation and to women's health and well-being

"The responsibility shared by women and men regarding issues of sexual and reproductive behavior is also indispensable if women's health is to improve" (paragraph 97)

Further, referring to the lack of empowerment for women in society, the Platform proposes as one of its strategic objectives

" To adopt measures to guarantee women greater equality in access and full participation in power structures and in decision-making" (Strategic Objective G 2)

In Peru, the Reproductive Health and Family Planning program for the1996-2000 period, which is the "frame of reference and strategic setting for local and national-level actions" (Ministry Resolution 6-2-96), proposes as a mission

"To improve men's and women's reproductive health entitlement during every stage of their lives by providing the services of promotion, prevention, treatment and rehabilitation with the best possible standards of health" (MINSA, 1996 26)

This Program identifies reproductive health as one of the top-priority equity issues involving women's health status, recognizing that, previously, women's health care was seen only in terms of a means to meeting other goals involving the health of children or other population-related aims, stating

"Women, as human persons, are entitled to have access to and control over resources to protect their health, throughout all stages of their lives Women's right to preserve their reproductive health is a social right and public good that the State ought to guarantee, within the perspective of a search for gender equity " (MINSA, 1996 25)

V 3 MAXSALUD'S GENDER POLICY FRAMEWORK AND APPLICATION

MaxSalud's technical proposal, and other key documents such as their annual reports, research reports and interviews with MaxSalud professionals, reveal a concern for mother-and-child health and reduction of maternal morbidity and mortality which takes form in the services provided and the programs adopted However, gender issues remain out of view, and the implications of hierarchical gender relations, the complexity of women's health problems and their contributions to the field of health are not adequately acknowledged

Progress in national and international health policy and reformulating of USAID gender policies, provide the opportunity for MaxSalud to revisit and better adjust their proposals, programs and workplans to women's needs on a gender-approach basis, since women are a major referential population group for MaxSalud's work

Various studies have found significant differences in the use and selection of services in terms of the variable of mothers' educational levels These findings show the huge importance of women's decisions in health matters

The MaxSalud project is working extensively with women and as their reports mention, a considerable portion of their patients are females, as are most of their community health agents Women's health-care problems, viewed from a gender perspective can open up interesting opportunities for MaxSalud's community-oriented work

MaxSalud documents use the term "community" to refer to the population they work with, or which constitutes their field of intervention The "community" is visualized conceptually as homogenous, rather than perceiving the community's heterogeneity Differences are evident in all communities, from a standpoint of economic income, labor-market insertion, formal education, power relationships and status, gender differences, generations and place of migration These differences are manifested in power relationships wielded by some over others, in social discrimination or exclusion, in leadership styles, forms of cooperation, and solidarity, but also in conflicts

In the case of gender relations an apparently neutral approach such as MaxSalud's can inadvertently reinforce traditional roles in males and females

Moreover, even when there are people who are gender-sensitive and experienced in working from this perspective, individual positions are insufficient if the gender approach is not institutionally assumed as a working approach and materialized in MaxSalud's strategic plans

a) Maternal Responsibility and the Mother-Child Association

One health approach that MaxSalud has adopted is consideration of the mother-child association References to "mothers and children" continue well beyond the gestation and nursing period

Research into mother-and-child health knowledge, attitudes and practices (KAPs) in four districts of Chiclayo by the MaxSalud team provides highly valuable information for IEC programs The KAP survey was conducted by interviewing mothers with children under age five Recommendations have been used for an educational and communication strategy geared mainly toward young mothers Most recommendations reinforce mothers' responsibility for ensuring children's health It is also recommended for education in reproductive health to target the population of women of child-bearing age

Approaches centering on mothers and children taken together have been questioned because they encourage unequal division of responsibility between men and women in terms of health, but also because they disregard some specific, non-maternity-related health needs of women In most households throughout the world, women handle the work involving family feeding, hygiene and sanitation, as well as taking care of children when they recover from any illness Women are not only committed to daily production of health but also to extension work in poor areas, with actions linked to community health This maternal responsibility is reinforced by outside agents' and institutions' practices that find women to be their best collaborators but ignore the social cost entailed in this collaboration

In this regard, it is interesting to analyze the opinion of women taken from the Urrunaga focus groups

"Women's work is not visible Men do not value women's work For men, their work is their liberation You have to rest, but you can't, because there is too much work to do I have almost had a breakdown but even so I have had to continue working, because - if I didn't - what would happen to my children!

They only call the women, they never call the men Women are always responsible When there is a meeting, they summon the women everything is the mothers, when children are being checked the men don't want to go they say they work Yeah, well, we women work more than they do "

This testimony reveals health problems related to women's work and also to the overburden and fatigue that they are subjected to, along with the lack of value granted this work by their partners Oppressive gender relations are also mentioned, as well as the social responsibility that they must assume regarding their children's education and health

At MaxSalud's Urrunaga Clinic, there are several male health promoters and Health Committee members but we have seen that the ones who take an active part in campaigns have been the female promoters and Committee members

An interesting experience that MaxSalud has had with the Balta Clinic and the MSU medical advisor was participation in a campaign organized by merchants and hawkers in the Balta market Several fishmonger women complained of rheumatic and back problems because of their working conditions Systematization of this and similar information could be a contribution by MaxSalud to understanding women's health problems involving their work and not only the more well-known problems involving their reproductive health

Another strong point to capitalize on is found in some MaxSalud IEC materials, such as those used for prevention of acute respiratory disease (leaflets, folders, posters) in which the father figure is shown carrying the ailing child alongside the mother on their way to the MaxSalud Clinic and also carrying a pot of hot water Images such as these are important because they help change mindsets, enabling male customs to include child care

b) Reproductive Health

In the field of reproductive health, women encounter serious limitations preventing them from achieving autonomy in their reproductive decisions and men tend to ignore their obligations regarding the need to use contraceptives In the KAP survey conducted by MaxSalud, only 1 3% of the women surveyed stated that their partner uses a condom

The following quote eloquently expresses how gender relations also affect reproductive-health decisions and prevent women from exercising their reproductive rights

"We have too many children, men are irresponsible We poor people fill up our homes with children and men do not agree with or want to practice family planning sometimes, men don't want us to use contraception They should give lectures to the men " (a woman who participated in an Urrunaga focus group)

According to the report provided by obstetric nurses working at MaxSalud, most people requesting contraception are women, although they are occasionally accompanied by their partners MaxSalud clinics are in a position to promote and provide advisory support and contraceptive service for males and to define a strategy to encourage them to come to the clinic

As for other aspects of reproductive health, one midwife interviewed stated that women are afraid of the tetanus vaccine, thinking that they are going to become sterile Some pregnant women avoid health post or health center checkups and do not see midwives, either There are many cases of undesired pregnancy "Many women, without saying anything, quietly take their pill or get an injection without their husbands knowing about it" All these issues could be addressed through training

c) MaxSalud and In-Family Sexual Violence in Chiclayo

The most extreme forms of oppressive gender relations are expressed in family abuse and rape These problems have reached the clinics according to interviews with different health-care professionals

From a gender-approach and in terms of public health different forms of violence have been recognized in the last few years as a critical health issue Health centers according to Heise, are key points of reference for women when they turn to these centers for help with damage to their health Gender violence is understood as any behavior involving force or coercion in order to perpetuate or promote hierarchical relations between men and women (Heise, 1994)

Violence and mistreatment of women by their partners have consequences for their physical and mental health An additional problem is the continuation of family systems based on abuse In a study conducted in Chiclayo with a sampling of abused women, 61 5% have been abused for a prolonged period of time beginning at a very early age As for the aggressors, 94 7% had been abused themselves during their childhood

The testimony of one woman who uses the Urrunaga Clinic, during a focus group, is quite revealing

"I feel bad I get up because I am obligated, because I have to, because of my children There is psychological abuse, as well I sleep fitfully and I am afraid that something will happen to me someday I have two personalities I have been physically abused and he abuses my daughters and my sons, too, which is what makes me suffer the most There has to be someplace where one can denounce this There is no care for women There is no defense He wants to force me to have relations I tell him that I feel bad and he doesn't believe me, because he sees that I am still on my feet He would have to see me on my deathbed to take me seriously "

The MaxSalud clinic staff are sensitive to this situation and have attempted to respond individually more than institutionally Although key informant interviews at the clinics mention numerous cases of abuse and even the danger of miscarriage due to abuse, and cases of rape or attempted rape of girls before and after the age of puberty, these situations are not recorded as such in the MaxSalud information system This disregards and masks significant information on cases of violence MaxSalud could develop an epidemiological surveillance system in this field

Care for victims of violence could involve referral of those affected to specialized services that provide community support or make available a special fund to address this type of problems Further, some of the most sensitive, capable staff members at MaxSalud could receive training in working with such cases An institution, such as CEDAPP, specializing in psychological support for women, children and youth who are victims of violence and abuse in Lima could provide training or advisory assistance for this purpose

d) Women's Status in Chiclayo from the Standpoint of Women Working at MaxSalud

During the evaluation process a workshop was held with a group of women from MaxSalud, to discuss women's status All women working in the Management Support Unit, two women working at the Balta Clinic and three who work at the Urrunaga Clinic, took part This group also included the social workers from Balta and Urrunaga Unfortunately the woman responsible for Community Liaison was unable to participate

The group analyzed and summarized the main problems faced by women in their social sector, in both their private lives and their work

An initial image is that working women are overwhelmed by their household chores due to the gender-based division of labor within homes Women bear all the responsibility for housekeeping cooking, cleaning, nursing patients at home, caring for siblings and pets Men fail to play their paternal role and leave all the responsibility for educating children to the mother

"Machismo" is the system of dominating women in the home, revealing that women's partners are unaware and do not understand women's rights Women have little freedom to act or for making decisions

As for sexual stereotypes, beliefs in fragile females, in men's lack of capacity to express their feelings, and patterns of preference for male children and fathers in families are widespread

The women of MaxSalud have ample working experience at various jobs and on the basis of that experience, made the following observations

Women's work is undervalued or underpaid There is discrimination in wage levels Some professions are considered to be women's work, particularly those in the service sector There is a lack of respect for women, with psychological violence and sexual harassment as problems affecting working women in Chiclayo Women are concerned about the risk of aggression from people in the community They have difficulty in defending their ideas and decisions and in accepting direct or indirect imposition by others

The group evinced great sensitivity and knowledge regarding women's problems related to mother-and-child health care, undesired pregnancy, undernutrition, and quality issues in reproductive health care

However, when they were asked how they would describe the problems of women in recent settlements, they found it difficult to broaden the scope of the gender approach to another social sector and made such statements as "They are like that because of their cultural level they are submissive and do not have the willpower to make progress they don't do anything at home but they want to make inspections of what others do women put up with their husbands' having other women" But they also observed that women were unaware of their rights, that men were ignorant

about family planning In regard to sex education they mentioned that one problem is the repressive action by the Church

Discussion began about how to change the situation Education of daughters and sons was seen as the key and it was felt that an attempt should be made to reverse the current situation

It would be advisable to provide training in conceptual and methodological approaches at the institutional level in order to incorporate gender into health work, particularly for those male and female professionals who work directly with the community, in prevention, promotion and IEC, both at the MSU and in the clinics

e) Participation in Decision-Making at the Intra-Institutional Level

The way MaxSalud is now organized, there are no women on the Council of Directors nor are there any in top management positions

The University of Chiclayo and the Cayetano Heredia University offer, in their graduate schools, a Master's program in Public Health, which is attended by some professional women These human resources may be highly valuable if they are engaged in providing leadership for some of the new clinics that MaxSalud will establish in order to provide some gender balance in the hierarchical positions

It would be necessary to seek women who are representative and have leadership ability to join the Council of Directors They should be sensitive to gender issues and to the status of low-income populations

V 4 THE CULTURAL APPROACH TO WORK WITH TRADITIONAL MIDWIVES

Community relations with any project that attempts to provide basic health care using a preventive/promotional approach and social and community participation methods will undoubtedly face cultural barriers Such barriers not only arise in the community with regards to interaction with outside actors (whether from the government or some NGO), but also within the outside agents themselves, whose ethnocentric vision can and often does underestimate the value or fail to understand and recognize cultural differences

In the case of MaxSalud, there is no common conceptual framework that would make it possible to more readily comprehend cultural differences with the community One constraint mentioned frequently by women working at the clinics during the SWOC exercises was, that, the community has a low cultural level In our opinion, this perception has arisen due to the fact that the community has myths and practices that are not in accordance with the health and medicine practices of MaxSalud No apparent attempt has been made to understand these cultural values Even the highly important effort of working alongside midwives would seem to be colored by an interest in persuading women to have "modern" deliveries and to bring their children in for clinic services An approach grounded in the formal system of medical support for childbirth, without

considering the worldview of traditional midwives, runs the risk of disqualifying these women's practices and expertise

Some traditional midwives express a profound mystical feeling

"They came and called me but I had never helped a delivery before Anyway, God guided me, I didn't know anything but suddenly I could see how to help the woman who needed help God guided my hands He has given me this profession, this skill, so Y can make my livelihood" (an Urrunaga midwife)

Midwives range from those who apply ancestral practices all the way to those who have taken courses at institutes and apply empirical practices to childbirth support

One midwife who was interviewed said that women prefer to have their babies at home because they feel more confident Sometimes they do not have anyone who can stay with their other children, or they are afraid about their homes' security, or they need the protection and company of their loved ones They do not like the loneliness and isolation of health-center rooms Another important reason is economic because midwives charge less They even wait to call the midwife until labor is completed just to cut the umbilical cord and clean the newborn baby

MaxSalud, according to its technical proposal and operational plans, has begun training traditional midwives from Urrunaga and Balta

According to the document from the first midwife training course, some 70% of women in Chiclayo "have their deliveries at home and 95% of these home deliveries are assisted by traditional midwives" (p 3)

This figure differs from the one elicited in the study on knowledge, attitudes and practices in mother-and-child health (Chiclayo, La Victoria, Jose Leonardo Ortiz and Lambayeque) based on a survey of 440 women with children under age 5 They stated that 65% of their deliveries had been in a health facility (26% in a hospital, 17% in a health center and 22% in the IPSS) The remaining 35% had their babies at home (26%) or at the midwife's house (8%) 76% of the deliveries were assisted by health-care professionals and only 24% by midwives

MaxSalud's training proposal recognizes that "one of the most significant human resources is the traditional midwife, who provides empirical assistance for childbirth If enriched by new guidance, they may implement adequate techniques and procedures, playing their role of providing assistance in caring for mothers and children" (p 4)

The MaxSalud proposal defines the social role of trained midwives One such role is to "report regularly on the activities she performs to the MaxSalud Clinic in her locality", and another is to refer pregnant women to the clinic for at least two prenatal checkups This client recruitment strategy must be carefully reconsidered, as well as the social roles that they wish to assign to trained traditional midwives MaxSalud should be careful not to come on as competition for the midwife,

but rather to find alternative mechanisms, such as follow-up on midwife-assisted births at home, without attempting to outshine the midwife

V1 PROJECT RESOURCES AND BUDGETS

The MaxSalud project budget for reinforcing health clinics was **US $ 5,378,065**

This amount is divided into three institutions' budgets, as follows

INITIAL BUDGET US $

URC	532,524	454,872	319,815	303,930	315,697	1,926,838
C & M	706,481	77,208				783,689
INSAP	652,024	1,296,516	1,924,467	2,115,737	2,331,279	8,320,023
Income	(40,171)	(478,734)	(1,166,555)	(1,817,188)	(2,149,848)	(5,652,034)
Contracts	611,853	817,793	757,912	298,549	181,431	2,667,538
TOTAL	**1,850,858**	**1,349,873**	**1,077,727**	**602,479**	**497,128**	**5,378,065**

The information presented and that found in the annual budgets, shows the following

The nine clinics were to be equipped and developed in the first three years, assuming that the MINSA would provide the sites during that timeframe

Medical equipment and medicine purchases were to be made during the first year

INSAP was to administer the clinics

Funds generated by sale of clinic services were to finance the clinics' budgets during the last years of the project

In view of the conditions under which the budget was prepared, its assumptions seem appropriate

However, analyzing the budget items in detail we find the following

Direct URC expenses seem appropriate except that no budget provision was made to purchase furniture for their professional staff, design software applications, or to purchase basic software licenses

As for personnel that was to work on the project under URC, the budget should have provided salaries over a five-year period for the Training advisor, Social marketing and Community specialists Budgeting for these professionals for only two years was too short a period considering that the work of promotion and marketing in modern institutions are extremely critical and should be considered vital activities of the project for it entire length

The budget allocation to Clapp & Mayne, Inc to equip the nine clinics seems insufficient to us In fact, for each clinic, US$ 32,000 was budgeted, but the current inventory of each clinic is over US$ 60,000, almost twice as much Apparently, not even half the necessary items were considered Additionally, allocations were not considered for payment of import duty

We consider the purchase of three ambulances to be too many Ambulances may be unjustified for health centers the size of hospitals in Peru, much less for clinics the size of MaxSalud All nine clinics could operate adequately with a single ambulance if it is to be used for scheduled transport or accident-related emergencies

If the ambulances are used for emergency medical service for the entire population of Chiclayo, perhaps all three would prove necessary

Regarding the INSAP budget, one of the issues would be the high cost of renting the MSU facility Similarly, the estimate for remodeling the facilities that MINSA was to transfer seems to have been too low since only some US$ 90,000 per clinic was allotted In this regard, there is only a single remodeling experience, that of the Urrunaga clinic One reason that more would be spent is the flimsy quality of construction Seemingly, the weight-bearing capacity of the columns was overestimated, among other aspects However, a greater investment was made in the facility's appearance, with a lighted sign and tiled outside walls, rather than on paint and an electric fence

The budget allocation for each clinic to operate also seems to have been underestimated Some 6 5 million dollars were programmed, of which 5 6 million were to be financed by charging for services and other income If the clinics had begun operating on schedule (all by the end of the second year), the budget would have been slightly over 7 million dollars

As for medicines, the budget allocation was significant, and basically well-calculated to cover the needs without considering income from sales The same applies to the purchase of other medical supplies

The project budget, with a comparison to spending is shown in the following chart, by items

BUDGET IMPLEMENTATION BY MAIN CATEGORIES

Item	Initial Budget	Implemented by 03/97
Salaries and Wages	653,135	450,640
Employee Benefits	120,697	90,051
Overhead	146,908	99,999
Consultants	26,000	44,607
Travel/transport/per-diems	157,283	115,477
Allowances	205,557	125,977
Training	36,250	3,200
Sub-contracts	3,451,227	1 539,850
Medical Equipment	578,559	421,189
Construction or Reconstruction and others		1,118,661
Other Direct Costs	88,643	357,951
G & A	265,517	307,634
TOTAL	5,171,217	3,135,386
Fixed fee	208,848	125,415
GRAN TOTAL	5,378,065	3,260 801

What immediately stands out in this chart is the negligible spending on training, which of course is fundamental for institutional strengthening and key staff development of MaxSalud This item was originally programmed to train especially the Council of Directors, which as we know has not happened yet

As of June 1996, US $ 337,006 had been spent on personnel, which is lower than the budgeted figure for the first 30 months of the project, i e US $ 370,962 As of March 1997, this item had increased to US $ 450,640 The difference in spending over the first 30 months may be due to the savings from not hiring the community liaison/social marketing expert Another cause for lower spending was the delay in opening the clinics However, spending in the last months has increased significantly since the first two clinics have started to operate

The amount of US $ 421,189 had been spent as of June 1996 on equipment purchases, which is significantly lower than scheduled for the first two years, i e US $ 578 559 This is explained by the fact that the anticipated nine clinics did not start operating, although equipment has been purchased for three of the clinics as well as one ambulance, with only two clinics in operation Notwithstanding the lower spending, the figures clearly show that more has been spent per clinic than was expected As explained above this is because the amount of equipment and the budget per item was underestimated

Spending on remodeling centers has increased significantly, at the Urrunaga clinic where US $ 90,000 was programmed, US $ 145,288 was spent As for the Balta clinic, they have spent less than budgeted, perhaps because of that centers characteristics, which did not require much remodeling except for the division of areas

Regarding URC's application for budget extension, the personnel item calls for certain comments

There does not appear to be sufficient justification for the work to be contracted for short-term technical assistance under URC There is no explanation or scopes of work for what they will do US $ 90,090 has been allocated for this purpose

The hiring of a Deputy Chief of Party is justified since that professional can remain as general manager once the project is over However, the salary allocated is too low for a professional who will handle an approximate budget of 4 million soles a year, once the clinics are operating at full capacity A professional of that category should not earn less than US $ 3,000 to administer a complex of several clinics, administering MaxSalud and working closely with the Council of Directors

The rest of the staff working with the MSU should remain through the end of the project and the community liaison professional should be included However, in the case of the latter, the monthly salary of US $ 1,000/month is too low for a professional of this category The person hired should be paid at least US $ 2,000/month

As for consultants, the presence of the mother-and-child health expert is not justifiable That type of knowledge is available in the city of Chiclayo and can easily be obtained among the professionals working in MINSA

Additional consultants should be considered in the following areas Organization, strategic planning, prepayment systems, market research, and project feasibility

The additional equipment budget shows figures that are quite different from the original budget and from what has been spent in the clinics currently operating Initially, the amount considered for equipment per clinic was US $ 32,880, but US $ 64,000 was spent on Balta and US $ 59,000 for Urrunaga. However, the equipment budget for each remaining clinic is significantly increased

Moreover, part of the equipment for a third clinic, including the laboratory, has already been purchased

The equipment budget for the four remaining clinics is

Lambayeque	US $ 116,922
Central	US $ 491,036
La Victoria	US $ 94,516
Bolognesi	US $ 66,428

Equipment outlays already total US $ 109,049

Analyzing the equipment purchase budget, the following is apparent

The amount budgeted for the Bolognesi clinic is lower because some equipment has already been purchased for use there Bolognesi and La Victoria clinics will be of similar size and equipment and will offer more services in ampler spaces, so more equipment has been budgeted than for the Balta clinic However, some equipment should be reprogrammed, including the rolling cot with a universal mattress is justified in a hospital not in a medical center such as the MaxSalud clinics The queen-size emergency recovery bed is too big, a cot is enough The waiting rooms should have comfortable chairs but not deluxe furniture For some items, other price quotations should be obtained as they seem to be overpriced, e g , the oxygen intakes and outlets and rolling crib among others

Regarding instruments, the following is budgeted for purchase

Central	US $ 30,000
Lambayeque	US $ 12,000
Bolognesi	US $ 12,000
La Victoria	US $ 12,000

Out of the above amount, US $ 23,732 has already been paid for instruments

We cannot make any detailed comments on these amounts since only overall figures are available but they do go along with the purchase budget for each clinic

The sites where the Lambayeque and Central clinics are to be built are larger so more equipment will be installed However, as with the other clinics, attempts should be made to purchase smaller-size equipment and ask for quotes from other companies supplying the same equipment Moreover, it is recommended to consider purchasing small x-ray and sonogram equipment for each clinic

Regarding the construction or remodeling of future centers, the documents show that expenses per square meter of construction in the different facilities are appropriate, approximately US $ 300

Finally in view of the delay for implementing the remaining clinics the operating budget should be reduced to the time frame for operation That is, personnel should be budgeted for the next 8 and 16 months which will also considerably reduce the budget

In view of the findings of the analyses on cross-subsidies which show that three clinics charging higher prices can subsidize the other clinics the equipment purchase budget for two clinics should be cut back to the level of the Balta clinic We feel that the Central Clinic and Bolognesi should charge higher prices, whereas Lambayeque and La Victoria and one other clinic turned over by the MINSA should charge lower prices

Expansion of the requested budget, compared to what this evaluation proposes, is as follows

EXPANSION OF THE MAXSALUD BUDGET (In US $)

	Proposal of Evaluation	Request, URC 9/1996
URC		
U S Hires		
Project coordinator	83,070	83,070
Administrative assistant	25,556	25,556
COP, Health management advisor	200,060	200,060
Cooperating country nationals	483,659	393,659
Short-term Technical Assistance		90,090
Total URC salaries	**792,345**	**792,435**
Fringe benefits	104,953	135,584
Consultants	194,510	129,510
Travel/transport/per diem	302,551	302,551
Allowances	167,422	167,422
Other direct cost	478,480	478,480
Overhead	159,708	164,316
Total URC	**2,199,969**	**2,170,298**
SUB CONTRACTS		
Expenses subject to G&A		
-Clapp&Mayne	150,000	150,000
Expenses not subject to G &A		
- Medical equipment	690,000 **	1,768,821
- Instruments	42,267	
- Customs, taxes (20%)	146,453	
Total Clapp&Mayne	**1,028,720**	**1,918,821**
MAXSALUD		
Salaries and wages *	2,620,824	2,917,420
Subcontracts	1,085,000	1,260,000
Other direct costs *	1,470,767	1,944,533
Total MAXSALUD	**5,176,591**	**6,121,533**
G&A	449,553	444,653
TOTAL	**8,854,833**	**10,655,304**
Fixed Fee	442,741	426,212
TOTAL	**9,297,574**	**11,081,516**

* Calculated on the basis of a projection of financial flows US $ = 2 65 soles
** Amount reviewed with MaxSalud officials

Analyzing the budget, we may conclude as follows

Initial budget	US $ 5,378 085
Spent as of 7/96	2 164 106
Estimated expenses to complete	9 297 574
Total Estimated Expenses	**11,461,680**
Additional funds	**6,083,595**

However, it is important to bear in mind that the initial budget was actually not US $ 5 378,085, but US $ 11,030,570, because the income that was to be generated by charging for services was subtracted from that amount

From this amount of US $ 11,461,680, which is the **Total Estimated Spending**, the dollars to be generated from service sales have not yet been subtracted This amount is estimated at US $ 3,419,932, as per the initial budget If we subtract from the **Total Estimated Spending**, which is the total amount to be spent on the project (US $ 11,461,680) the amount that will be generated by income, we find that the actual amount is approximately US $ 8,041,748 This means that, from the initial budget, an additional US $ 2,663,633 approximately is being granted

The composition of spending has been changed At present, more is going to be spent on equipment and remodeling These are amounts that were underestimated Now, less will be spent on clinics' expenditures, due to the lower number of clinics and the fact that they are starting operation more than one year late

VII CONCLUSIONS and RECOMMENDATIONS

Financial Development and Sustainability

Changing conditions in Peru's health sector, expressed in various legal provisions that have appeared over the last few years, and in speeches and comments by government spokespersons, have apparently been misinterpreted to some degree by MaxSalud staff They understood from these documents that the government's intention was to privatize health services, and that users would somehow have to pay a significant part of the costs of health-care services MaxSalud staff also failed to carefully analyze the positions and comments of the opponents to government policy The government's proposal to reform the health sector is aimed principally at improving administration in each establishment and changing subsidies for the poor from a supply-side to a demand-side focus Basically, this means that the government would go no further than supporting private administration schemes of public establishments

The initial budget was well designed in general terms, although the allocations for equipment and remodeling were somewhat overestimated As for spending, the most noteworthy issue is that

funds allocated for training have not been used, and that more has been spent on clinic equipment and for remodeling the Urrunaga clinic

The additional budget that has been requested should be cut back because the remaining clinics will be operating much later than initially scheduled Budget analysis shows that it will be necessary to increase the budget by US $ 6 083,596 However, this actually entails an increase of only US $ 2,663,633 over the initial budget, because the larger amount includes earnings from the charging for services So, if we subtract from the total project budget, the amount to be generated by clinic income, the additional grant amount would be no more than approximately US $ 2,663,633 Budget calculations used here are only rough estimates as the evaluators did not have access to detailed financial information

One of the project's core aims was to achieve financial sustainability by offering health services to low-income populations Analysis has shown that it is impossible to achieve this by charging health-care service rates comparable to those of MINSA The current rate scale has been imposed with considerably higher prices Thus, only people with a minimum monthly income of 1000 soles per family can afford MaxSalud's services

Since MINSA has improved administratively and financially over the last few years, they have changed their position in regard to turning over the remaining facilities to MaxSalud MINSA would now be willing only to turn over those establishments that have not been well consolidated, and only under an arrangement of shared administration, since they are responsible for their personnel in all establishments, and they wish to remain involved in all public health programs

MaxSalud's cross-subsidy strategy to bring high-quality, low-cost services to the low-income population is viable Financial analysis has clearly shown that it is possible to have three clinics located in middle-income areas, charging rates suited to such population groups, and three clinics located in areas where people's income is much lower, charging rates similar to those of MINSA

The administrative and financial system developed by MaxSalud for each clinic is adequate for administering an organization offering multiple services in several facilities Similarly, the personnel performing this work is well prepared to carry out their duties Financially and administratively they appear well prepared to receive and administer grants

To set rates that will be suitably affordable for low-income residents, it is indispensable to perform a market study in low-income areas It is also important to investigate in greater detail the frequency of service utilization, and the epidemiological profile in order to have a better information base for setting prices

To set prices for services, MaxSalud personnel have conducted surveys, focus groups, and analysis of pricing scales in other health establishments of Chiclayo However, the indicator that has outweighed all others in setting prices has been the third, i e , price analysis The surveys, which potentially were the most important instruments for price setting, were less useful because

they were conducted throughout Chiclayo and therefore the findings were not specifically representative of the lower-income areas Moreover, the surveys were not analyzed to determine the payment capacity of people earning under 500 soles per month, considering the morbidity rate and epidemiological profile

According to the rates established in both MaxSalud clinics and the frequency of visits to the doctor for low-income population groups it has been estimated that only those families earning over 1000 soles a month can afford MaxSalud services

Financial analysis regarding the break-even point for MaxSalud and six clinics when fully operational have shown that income can cover expenses with an arrangement whereby three clinics charge rates such as those being charged at the Balta clinic, and three charge rates similar to those charged by MINSA The break-even point would be in April of the year 2000, with an occupancy rate of over 70% This is basically due to the fact that the next two clinics will begin operating in eight months, and the following two in 16 months

However, changes are called for since neither the rates currently set for clinics aimed at low-income populations nor the locations for at least two of the future clinics being considered, are accessible to the target populations Therefore, considering the above and the project's initial objectives, it would appear judicious at this point to relocate two of the proposed sites to areas of lower income These sites would be similar to Urrunaga After relocation then fees adjustments for services to MINSA levels would be necessary at all three clinics (Urrunaga included) These actions would be entirely consistent with the cross-subsidy strategy proposed above and would no doubt enable low-income populations to afford the preventive and curative health-care services

Once all six clinics have been set up and are operating fully, personnel requirements will decline, and it will be time to think about a smaller organizational structure, with staff who can perform multiple duties

It will be useful to perform financial sensitivity analysis on an on-going basis to safeguard MaxSalud's financial balance and, on a stable foundation, offer a broader range of services to the low-income populations, as well as to expand the coverage of subsidies

Another way to reach low-income populations with health services is to develop health insurance or prepayment systems It has been shown in other projects and can be reasonably argued here that pre-payment health insurance can have the positive effect of obligating both users and MaxSalud to carry out and give greater emphasis to preventive health-care services The latter is one of the fundamental contributing factors that will help the project reach its financial break-even point, i e , the fewer people that get sick the more additional resources will be available for other purposes There is no record of efforts or studies having been made to date in this regard by MaxSalud It is therefore recommended, to ensure that the largest possible number of low-income residents have access to MaxSalud clinic services, to undertake an assessment survey to determine feasibility for the implementation of the above

Institutional Development and Sustainability

The following recommendations are based upon the conclusions in the text regarding institutional sustainability As pointed out through-out the evaluation in all three areas of analysis i e , financial, institutional and social there exists a need to strengthen the institution in its capacity to think, plan, organize, deliver, research monitor and evaluate in areas that are underemphazised in its current project/organizational development strategies

Institutional Strengthening vis-a-vis proper development in areas not always associated with conventional models of thinking and behavior about what constitutes a strong and viable organization, is the key in our opinion, to the institutional and social sustainability sought after in the MaxSalud project

The areas most needed by MaxSalud to undertake systematic strengthening in are the following

a) Strategic Planning
b) Participative Research and Evaluation
c) Community Participation
d) Shared Leadership and Teamwork
e) Training Design and Development
f) Non-profit Board Development

It is recommended that serious attention be given to the organization and delivery of training and technical assistance that would help the MSU, Clinical staff, and community women and organizations understand and practice the concepts and skills that facilitate effective leadership in the above six areas of institutional development For each one of these areas numerous orientations have been given through out the body of the text to assist the reader understand the principal focus being recommended These orientations will be briefly summarized below

MaxSalud needs to develop a "Project Sustainability Strategy" This strategy would be based on periodic Strategic Planning exercises in which its principal strategies, lines of action, activities and proposals would be developed This exercise needs to start immediately, as it is important that MaxSalud be capable of elevating its current operational planning to a broader and more inclusive level of strategic thinking and programming, especially regarding the underserved areas of organizational and community development Operational plans and specific activities usually follow and result from an institution's strategic goals and objectives and not the other way around

The organizational structure of the MSU and the clinics is well designed for the division of labor and staff functions Manuals and appropriate procedures assist personnel in carrying out the daily functions of the organization The area of concern has to do with a perceived lack of capacity to monitor and adjust project development to achieve its initial goals and react appropriately to the rapid changes occurring in the health and social development sectors Strategic Planning activities would assist the MaxSalud management regularly assess, clarify, systematize and

provide analysis and problem solving to the issues of how to achieve balance in developing the project's three central objectives Currently, as is widely noted in the report MaxSalud's approach to project development favors financial sustainability over institutional and social sustainability

We recommend for both the Strategic Planning and the Project Sustainability Strategy, that a Planning Team be formed, with the participation of key planning staff, including the Council of Directors MSU directors, advisors, clinic directors and principal line managers, together with an outside planning consultant who can facilitate the development of an effective strategy and plan

Another reason for developing a clear and measurable Project Sustainability Strategy now, is due to the present timing and the Length of Project Only two years remain before funding for the current project ends This is enough time, but just barely, to begin a widespread effort to implement and promote the institution's strategic objectives in the areas of current need and to achieve a necessary balance between the three areas of sustainability Management indicators would result from a good strategic plan and these will help track and adjust the achievement of the project's original goals and objectives

Both MaxSalud and the clinics are well organized and their personnel is dedicated and determined to achieve project objectives As important however as this may be, it does not guarantee that MaxSalud will achieve institutional sustainability by the end of the project There are areas which are still of major concern which need to be worked on and adjusted systematically For example, the Council of Directors currently has minimal responsibilities and tends to be passive toward project development The Council of Directors is far from being consolidated and the organization lacks both strategic vision and planning to achieve its project goals and objectives In both these areas it is highly recommended that immediate steps be taken to institute a series of institutional strengthening exercises The proposal we have made as to how to re-engineer the MaxSalud Council of Directors is described in the body of the text

To achieve institutional sustainability in time, it is important to change the MaxSalud by-laws, especially in regard to the obligations and powers of the Council of Directors, President and Executive Director The number of Council members should also be increased to include a representative of USAID and URC, who should have enhanced powers including veto power Moreover, institutions with Council representatives should appoint people who are knowledgeable in NGO management, community health, participation, and finance These actions should be taken within the next three months at the latest, so that MaxSalud will be in a position to receive grants

Organizational adjustments are needed to strengthen four of MaxSalud's Departments (See Section IV 2 Organizational Structure Adjustments)

Although recommended in the body of the text because of its importance it is repeated here, that a Community Liaison be hired to head up the Social Marketing Unit of the MSU The person selected should preferably be a woman with solid experience and knowledge regarding

participation to assure a "community voice in the clinics health assessment tasks and in the planning of preventive and public health activities

Local Community Boards are not vet operating in accord with the functions outlined in the Peripheral Clinic Manual Achieving community participation at this level and thus enabling these boards to direct and administer diverse community health actions in coordination with the Urrunaga clinic would be a significant step forward in MaxSalud's social organization and health development

There lacks conceptual clarity in MaxSalud regarding the mission roles and responsibilities of Local Community Boards Diverse concepts and understanding of community participation is at the heart of this confusion and lack of consensus There is a need therefore, for MaxSalud to achieve its own in-house clarity on this subject and then develop an approach or methodology consistent with its own conceptual framework, which would characterize MaxSalud in its role to facilitate the development of community structures such as the local boards, and improve social communication and relations

The needs and the primary health care demands of the community must be internalized by project staff and deliberately incorporated into the design of all MaxSalud promotional activities and materials, clinic services and community relations

MaxSalud needs to develop a cultural and gender approach to its community health development strategies This approach, which would incorporate both perspectives on culture and gender, would enable personnel to better understand community work and to remain up-to-date in health and development policies

Epidemiological studies should draw on information already available in the MaxSalud clinics, which should provide an excellent database, considering the specific differences between age and gender groups Currently, official reports issued by the clinics deal mostly with the productivity and scope of the various programs and professionals, cost recovery and enhancing productivity We recommend that reviewing the major health problems and specific differences among various population groups and by gender be a regular part of the clinics' assessments and included in their regular reporting

Greater emphasis and attention should be given by MaxSalud to the specific health problems of women, both as health agents and as parties affected For example, sensitivity toward women and children who have been victimized by sexual abuse and violence

Reproductive-health policies and programs can and should influence MaxSalud's thinking regarding mothers and children, and this thinking should lead the institution to adopt social communication methods that demonstrate its effectiveness in working with women and children at the community level

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All possible efforts must be made to promote male responsibility for the health of their daughters and sons and for the reproductive health of their partners Although male images are present in educational leaflets and illustrations, paternal responsibility must be further reinforced by communicating messages that encourage men to care for their children's health

In view of the problems of family and sexual abuse of women and girl-children, mentioned both by health-care personnel and by community women, it is important to consider including professional staff at the clinics who are experts in the field of Psychology If this is not possible, then at the very least a referral system should be set up for patients with such problems Health-care personnel must discuss what to do in such cases, and develop an ad-hoc policy with emotional support for professionals working directly with these problems and for the victims themselves of sexual and family violence They should receive suitable training so they can accurately record these situations in the information system

It would seem appropriate that women with leadership capacity be considered as candidates for membership on the Council of Directors These would need to be selected on the basis of their professional capabilities but also for their sensitivity to gender issues and the situation of low-income Chiclayo women Women's participation must also be encouraged at the local health board level when these boards are created

Gender indicators should be developed and included in the planning, monitoring and evaluation system

Clinic staff and community health agents must be sensitized and trained in women's rights and their right to reproductive health, within a theoretical and methodological framework of gender equity

It is recommended that one short-term consultancy be conducted to facilitate better understanding by MaxSalud personnel of cultural barriers and how to more effectively approach the cultural diversity of Chiclayo residents, both male and female

MaxSalud has developed clear thinking regarding what its wants to achieve in terms of offering quality clinic services and these concepts have been aggressively incorporated into their promotion and practice It is recommended, that they now make an equal effort regarding how to achieve community participation and social sustainability This of course will involve different theoretical and practical skills, however to achieve progress in this area would contribute greatly to the advancement of the project along the lines consistent with the original project design and objectives

It is foreseeable that, if new agreements are reached with MINSA to use their facilities, these may be the result of effective community work exercised by MaxSalud If so, then we recommend that it is necessary to think, from the outset, about strategies that will integrate the community into decision-making process

Solutions to health-problems and prevention in poor areas such as Urrunaga, where serious social problems exist, requires that MaxSalud coordinate its efforts with the social stakeholders in the community, especially the NGOs

Rates must be set on the basis of the economic reality and expectations expressed by low-income people If rates similar to those charged by MINSA in poor areas were applied, demand would increase

It is necessary to strengthen communication linkages with the community More information must be provided to the community, especially to those who are most involved with MaxSalud

MaxSalud should revisit its policy on incentives for health promoters, health committees and local boards

To hire staff for new clinics, health professionals should be considered who live in these areas in order to build stronger linkages with the public

Implementation of local boards is essential for the work of MaxSalud in assuring social sustainability Nevertheless, linkages between the Council of Directors and the local boards must also be forged

In light of the conclusions and recommendations regarding social sustainability, it would appear necessary at this point to more deeply explore what is desirable and what is possible in the future for the appropriation of this project by the community This discussion should take place at both the central and local levels

ATTACHMENT
A.1

SCOPE OF WORK

Strengthening Health Institutions Project
(Project No 527-0319)
MaxSalud Evaluation

Scope of Work

I Background

The Strengthening Health Institutions Project (SHIP) was authorized by USAID on September 28 1991 Its northern component SHIP North or as it is currently known MaxSalud was initiated in June 1994, when USAID/Peru signed a contract with University Research Corporation The total value of the contract with URC is $5 378 065

The goal of SHIP is to improve the health status of Peruvians through greater coverage of quality primary health care (PHC) services The purpose is to test the operational and financial feasibility of different PHC service delivery models

The design of the northern component called for a network of primary health care facilities to be developed in the city of Chiclayo This network of clinics would offer high-quality primary health care services to the low-income population and recuperate its operating costs through fees for service and other financing plans The network would be structured so that financial cross-subsidization would take place For example a clinic within the city limits of Chiclayo would charge more for its services than a clinic in the periphery, thus the city clinic s revenue would be used to help cover the costs of the clinics serving lower-income populations A key goal in this design was that the PHC network would also be able to serve the indigent population by exonerating up to 10 percent of its clients from user fees

A project design assumption was that the regional Ministry of Health in Nor-Oriental del Marañon (RENOM) would transfer nine of its centers (and potentially two land sites) to the Project This expectation was based upon the historical environment at the time of project design in September 1991 At that time the MoH had scarce resources and was thus interested in a project that could take over a portion of its responsibilities in the city of Chiclayo Although some initial dialogue took place with the regional Ministry of Health during the development of the project no formal agreement for transferring the centers was ever signed Because no formal agreement existed when the Request for Proposals (RFP) was issued the potential offerors were asked to budget sufficient funds to rent or lease appropriate facilities, in the event that the Ministry did not end up transferring the centers -- which is to a great degree what has happened

To date, the project has succeeded in legally establishing the local NGO MaxSalud that manages the PHC network which presently consists of two clinics The Balta Clinic (inaugurated in May 1996) operates out of a rented space, and the Urrunaga Clinic (inaugurated in December 1996) was ceded to the project by the Ministry of Health for a period of ten years It is expected that this 'cession in use' will be renewed at the end of the ten-year period Current plans call for opening three to four

new clinics by the end of the 1997 calendar year The sites for the clinics will represent various types of joint ventures one is likely to be with a national university another with the *Beneficencia* [1] There also exists the possibility that the project will purchase its own physical infrastructure Further there is some hope that the Ministry will transfer another clinic to the project but no formal commitment exists as of yet

II Purpose of the Evaluation

This evaluation has three objectives First it will assess progress toward achievement of project objectives and identify and analyze the reasons for any shortfalls This calls for an evaluation of the changing environment and conditions and an assessment of whether the Institutional Contractor (IC) and USAID have acted adequately in their respective to these changes Furthermore the evaluation team will make recommendations as to how the IC MaxSalud and USAID can improve their management and involvement in this activity The second objective of the evaluation is to evaluate the financial institutional and social sustainability of the project thus far and make recommendations to enhance significant progress in all three by the end of project life The third objective is to study the project s resources and budgets and assess any future needs for additional funds

II a Objective One

The evaluation team will assess the Summary of Outputs to Be Achieved as they are stated in the contract and progress made by the Contractor with the outputs thus far The team will also analyze the changing environment and how this affects the outputs Are the outputs appropriate to the sector and environment now -- six years after the project s design and two and one-half years into the project? If not, the team should make recommendations as to how the outputs might be brought up-to-date Have the parties involved in the contract acted wisely as activities have unfolded? For example the MoH has transferred one clinic to the project instead of the nine that were planned Are the actions that have been taken by the IC MaxSalud and USAID timely and judicious? Do these actions reflect the re-engineered USAID? Key to the content of this analysis will be the team s recommendations as to how the involved parties can improve their management as the project activities continue to develop

II b Objective Two

In its mid-term evaluation SHIP South partners defined what sustainability meant to them Financial sustainability is the capacity to recover or otherwise generate the financial resources needed for the continuity of activities without additional USAID support Institutional sustainability refers to the capacity of the NGOs to plan manage administer monitor and adjust Project activities to ensure their effectiveness and continuity Social sustainability connotes community ownership of their activities " (SHIP South Mid-term Evaluation 1995) Using these definitions as a foundation the evaluation team will assess the different sustainability issues as they pertain to MaxSalud

[1] The *Beneficencia* is a public charity institution that falls under the auspices of the Ministry of Health

An underlying theme in all objectives will be the issue of gender and the manner in which gender considerations are taken into account by the IC MaxSalud and USAID Do the activities in the project demonstrate a sensitivity to gender issues? The report should contain a section dedicated to gender that deals with gender in management organization client relations and ILC materials

II b 1 Financial Sustainability

As stated above Financial sustainability is the capacity to recover or otherwise generate the financial resources needed for the continuity of activities without additional USAID support MaxSalud was designed so that high-quality services would be provided to low-income populations while achieving financial independence Traditionally health care services for the low-income population have been provided by the Ministry of Health -- either for a minimal fee or for no fee at all As the public sector gears itself up for a major reform it is recognized that at least part of the answer to the problems of the provision of high-quality health care for all is the assumption of some of the cost by the user In the evaluation the team should consider issues such as

Based on the experience of the two MaxSalud clinics in operation does it appear that the project design was correct in postulating that a private entity can achieve financial sustainability operating in the low-income sectors of Chiclayo?

Would a public-private venture be more suitable to the economic and social conditions?

How can MaxSalud resolve the inherent tension between offering high-quality services for a fee and achieving its mandate of offering these services to the populations with the least resources?

What evidence is there that cross-subsidization can work in this environment?

In addition to the more macro type questions posed above the team should address the following questions related to financial sustainability

Are the financial and accounting systems sufficiently sophisticated to run a complex multi-service multi-centered, non-profit institution? Are they adequate to guide this institution into the 21st century?

Fees
How are they determined?
Do they cover the operational costs of the system -- including the system s management?
Can clients afford to pay them?
Are they willing to pay?

Break-even analysis Is it known at what level of demand 100 percent of the network s operational costs will be covered?

Does the management information system facilitate the organization s operations?

II b 2 Institutional Sustainability

Key to the financial sustainability of the network is the strength of the institution itself Institutional sustainability refers to the capacity of the NGOs to plan manage administer monitor and adjust Project activities to ensure their effectiveness and continuity The evaluation team should be prepared to evaluate the institution from the most basic characteristics such as composition of personnel to more micro-oriented questions concerning the institution s role in the provision of health care in a rapidly-changing sector Among the questions that should be addressed are

How is it staffed? Is the composition of the personnel adequate to get the job done?

Does the institution promote the development of its employees providing training and other career development opportunities?

Does the training program prepare the personnel -- clinical and non-clinical -- to offer high quality services?

Are the MaxSalud staff likely to be prepared to lead a dynamic and growing organization when the contract with URC ends in 1999?

Who are its Directors? What role does the Board of Directors play in the institution? Is the expertise they represent appropriate to the institution?

Have the personnel and the directors internalized a common mission?

Do their actions promote institutional well-being?

Are the institution's management systems adequate not only to do the present job but flexible enough to grow with the institution into the future?

Has short-term technical assistance been applied effectively? What are the future needs for short-term technical assistance?

II b 3 Social Sustainability

As derived from the SHIP South mid-term evaluation social sustainability connotes community ownership of the activities of the organization The evaluation team will assess to what extent the Chiclayan communities have incorporated MaxSalud as one of their own by looking at the following questions

Does the population understand MaxSalud s mission?

Do they feel they have a say in the manner in which MaxSalud is managed? In how they offer services? In what services they offer?

Has the community been integrated into the MaxSalud program?

Is there dialog between the staff of MaxSalud clinics and the community and its leaders?

Were the communities needs reflected in the design of health care services? How so?

Are MaxSalud s IEC materials effective?
What materials have been developed and have they been used judiciously?
Have they been cost-effective?

In responding to these questions the team will be able to judge to what extent the community feels MaxSalud is part of the community and make recommendations to improve and/or sustain this relationship

II c Objective Three

The original design for the northern component of the SHIP project called for a length of project budget of $10,158,000 As stated previously, the URC contract is for a total of $5 378 065 The URC budget was unusual as it incorporated projected project revenues of $5 000 000 After the second year of operation URC examined its budget and financial needs and determined that its original budget that incorporated projected revenues would not be sufficient to carry the project through termination URC has submitted a request for an amendment that would in effect disengage the projected revenues from the original budget and amend their budget by approximately the same amount that is the project s mortgage ($4 3 million) The evaluation team will evaluate URC s original budget its expenditures to date and the project s future needs for funds The team will make a recommendation to the Results Package Team on whether an increase in funds is necessary and if so, whether an amendment to the contract is the best mechanism to achieve this Or is MaxSalud sufficiently mature -- conceptually and organizationally -- to receive direct financial assistance from USAID/Peru in the form of a grant

III The Evaluation Team and its Level of Effort

The team will consist of three members at least one American and up to two Peruvians The team should include a management expert with extensive experience in health care delivery organizations an NGO and community outreach expert who understands primary health care service delivery organizations and a financial expert with significant experience in a health care setting -- someone who understands the real tension between MaxSalud s need to become financially self-sustainable and its mandate to serve the low-income population The management expert will most likely be the team leader At least one member of the team will be an expert in gender issues Qualifications of the team need not rigidly adhere to these individual descriptions as long as all skills are represented in the team as a group

The team leader will have a time commitment of 30 working days - 24 of which will be in country The two other team members will be contracted for 26 working days all but four days of which will be spent in Chiclayo

IV Methodology

The evaluation will be developed and carried out with the full participation of USAID/Peru University Research Corporation MaxSalud and the Chiclayo communities in the target areas in the recognition that these development partners are all working toward the same goal This evaluation should be viewed as a management tool that will help guide the project to a successful completion and a thriving future

All pertinent project documents will be made available to the evaluation team The Project Paper selected studies and other key documents will be sent to the team before it travels to Chiclayo so that all members are well-versed in the basics of the project upon their arrival Each team member will have two days to review the basic project documents Their on-site work should include interviews with USAID/Peru, URC and MaxSalud staff the Board of Directors key community leaders and MaxSalud clients and anyone else deemed necessary The team will use focus groups of clients to evaluate customer service and focus groups made up of community members to evaluate community acceptance other methodologies that will elicit key information may also be considered The evaluation team will design its work to be as participatory as possible engaging all of the project s stakeholders in the process With this in mind the evaluation team will present findings and recommendations to the MaxSalud staff and Board of Directors in a participatory, town meeting-like forum giving them the chance to integrate, evaluate and respond to the report and its recommendations

V Reporting Requirements

1 Workplan The Contractor will prepare a detailed workplan which shall include the methodology to be used and send it to the OHPN for approval This should be submitted after the third day on-site (in Chiclayo)

2 Preliminary Report The Contractor will submit to the Health Population and Nutrition Office five copies of the preliminary report in English which will include key findings and recommendations These findings and recommendations will be presented in a debriefing at the Mission This preliminary report will also be presented to the MaxSalud staff and its Board of Directors as described in Section IV above The Results Package Team URC and MaxSalud will have one week after the debriefing to send comments and suggestions to the team leader The team leader will address the comments in the final report

3 Final Report The Contractor will submit ten copies of the final report in English to USAID/Peru no later than three weeks after the on-site work in Chiclayo is concluded (two weeks after the presentation of the preliminary report) The document should

also be supplied on a diskette using the WordPerfect Software This final report will include modifications and justifications for variations from the original design goals activities and budget structure recommended by the team and agreed upon by the Mission and URC and MaxSalud staffs It should be no more than 60 pages long Supporting data should be included in appendices The OHPN will be in charge of translating the document into Spanish

VI Method of Payment

- 25% upon submission of the workplan accepted by the Project Office
- 25% upon submission of the draft report
- 50% upon submission of the final report

ATTACHMENT
A.2

CONSULTANTS' WORK PLAN

EVALUACION DE MEDIO TERMINO
MAXSALUD
PLAN DE TRABAJO

CRONOGRAMA de ACTIVIDADES

17 al 22 de Marzo
PRIMER PERIODO DE RECOLECCION DE INFORMACION
Entrevistas, visitas al campo, observaciones y conversaciones con los diferentes actores principales del Proyecto

24 de Marzo
Reunion del equipo evaluador con Jenny Vernooy de USAID en Lima para informar sobre los avances del trabajo

7 al 15 de Abril
SEGUNDO PERIODO DE RECOLECCION DE INFORMACION
Grupos Focales, Fodas, Analisis de Campo de Fuerzas, Reuniones de Consulta, y Presentaciones Formales de la informacion a los interesados (actores principales en los diferentes niveles)

Detalle

7 de Abril Llegada del Equipo Evaluador de Lima
8 de Abril Grupo Focal por la tarde (a determinarse lugar y participantes)
9 de Abril Reunion con personal de Clinica Balta por la manana en la oficina de MAXSALUD
9 de Abril FODA con el personal de la Clinica de Urunaga por la tarde en Urunaga
10 de Abril Analisis de Campo de Fuerzas con Personal de MAXSALUD por la manana en la oficina de MAXSALUD
10 de Abril Grupo Focal por la tarde (a determinarse lugar y participantes)
11 de Abril Reunion con el Director Regional de Salud a las 11 de la manana y dia disponible para otras reuniones y entrevistas
12 al 14 Abril Tiempo de analisis, consolidacion y organizacion de la informacion para las presentaciones preliminares
15 de Abril Reunion de Retroalimentacion entre el Equipo Evaluador y los participantes principales de MAXSALUD (todo el dia)
15 de Abril Retorno a Lima del Equipo Evaluador por la noche

16 al 20 de Abril
Preparacion del Borrador del Informe de la Evaluacion por el Equipo Evaluador
Documento sera preparado en Espanol e Ingles
21 de Abril Entrega del Informe Borrador a USAID para su revision y comentarios
22 al 30 de Abril Incorporacion de nuevos elementos al Informe y su Traduccion al Ingles
5 de Mayo. Entrega a USAID del Informe Final traducido al Ingles

ATTACHMENT
A.3

SCHEDULE OF ACTIVITIES/PERSONS AND PLACES VISITED

CRONOGRAMA DE ACTIVIDADES

PRIMER PERIODO DE RECOLECCION DE INFORMACION
17 al 22 de marzo de 1997

17 de marzo

Mañana — Reunion del equipo evaluador con Jennifer Vernooy, Thomas Morris y entrega de documentos del Proyecto MaxSalud

Viaje del equipo Evaluador a Chiclayo

18 de marzo

Mañana — Reunion del equipo evaluador con Filiberto Hernandez

Reunion del equipo evaluador con Filiberto Hernandez y Unidad de Apoyo Gerencial

Tarde — Lectura de documentos de MaxSalud

19 de marzo

Mañana — Entrevistas individuales a responsables de UAG Equipo evaluador

19 de marzo

Primera visita Clinica Balta

Tarde — Reunion equipo evaluador con Jennifer Vernooy

Vista a Clinica Balta Jose carlos Vera

Noche — Reunion con directora de Grupo Mujer de Chiclayo Nancy Palomino

20 de marzo

Mañana — Reunion del equipo evaluador con Filiberto Hernandez para elaboracion de programa de trabajo detallado de primera y segunda visita

Vista a funcionarios de Compañias de Seguros La Positiva , Pacifico Jose Carlos Vera

Preparacion pautas grupos focales y FODAS John Kepner y Nancy Palomino

Tarde Participacion de reunion de Max salud para fijar aumento de tarifas Jose carlos Vera

Visita zonas periferias y algunos de los probables locales y sus ubicaciones John kepner y Nancy Palomino

Noche Reunion del equipo evaluador con Directorio de MaxSalud

21 de marzo

Mañana Visita a Clinica Urrunaga, entrevistas a personal y director

Tarde Visita a Clinica Balta, entrevistas a personal y director

22 de marzo

Mañana Observacion de Campaña de salud en Urrunaga

Visita a Villa Hermosa

Entrevistas a promotoras de salud y personal de Urrunaga Nancy Palomino

Tarde Visita a Clinica Balta y entrevista con el director Nancy Palomino

24 de marzo

Mañana Reunion del equipo evaluador con Jennifer Vernooy, Thomas Morris y Thomas Moore en USAID Lima

PROCESAMIENTO DE INFORMACION PRELIMINAR

26 de marzo al 6 de abril

Lectura y analisis de informacion documentaria de Max Salud
Procesamiento de informacion recogida
Diseño de instrumentos de evaluacion segunda visita

SEGUNDO PERIODO DE RECOLECCION DE INFORMACION
7 al 15 de abril, 1997

7 de abril

Mañana — Reunion del equipo evaluador con Jenny Vernooy, Thomas Morris y Thomas Moore

Noche — Llegada del equipo evaluador a Chiclayo

8 de abril

Mañana — Reunion equipo evaluador con Filiberto Hernandez y Unidad de Apoyo Gerencial (UAG)

Tarde — Primer Grupo Focal en Urrunaga Equipo evaluador

9 de abril

Mañana — FODA con personal de Clinica Balta Equipo evaluador

Tarde — FODA con personal de Clinica Urrunaga Equipo evaluador

10 de abril

Mañana — Analisis de Campo de Fuerzas con personal de la Unidad de Apoyo Gerencial y Filiberto Hernandez Equipo evaluador

Tarde — Segundo grupo focal en Urrunaga Nancy Palomino

11 de abril

Mañana — Reunion con sub-director regional de Salud
Entrevista a ex-alcaldesa de La Victoria John Kepner y Jose Carlos Vera

Visita a terrenos y locales de futuras clinicas incluido Lambayeque Jose Carlos Vera y John kepner

Tarde — Reunion con mujeres trabajadoras de UAG, Clinica Balta y Clinica Urrunaga sobre situacion de la mujer Nancy Palomino

Visita Clinica Balta como paciente John Kepner y Jose Carlos Vera

12 de abril

Mañana Reunion equipo evaluador

Tarde Entrevista con Director clinica Balta John Kepner y Nancy Palomino

Observacion curso de parteras en Urrunaga Entrevista obstetrices Nancy Palomino

13 de abril

Mañana Reunion equipo evaluador

Revision de informacion y redaccion de reportes

14 de abril

Mañana Reunion con Oswaldo Sierra John Kepner

Entrevistas a dirigentes del Mercado de Balta y partera de Balta Nancy Palomino

Visita a Centro de Formacion Cristiana y Proyeccion Social Santa Angela V sector de Urrunaga Nancy Palomino

Visita Clinica Urrunaga, entrevista informal con director Clinica Nancy Palomino

Segunda reunion de Analisis de Campo de Fuerzas con UAG y Filiberto hernandez Equipo evaluador

Tarde Reunion equipo evaluador con directorio de MaxSalud

15 de abril

Reunion con Filiberto Hernandez y Susan Siff de URC con John kepner

Retorno a Lima

ANALISIS DE INFORMACION Y ELABORACION DE INFORME DE EVALUACION A MEDIO TERMINO DE MAXSALUD

16 de abril

Reunion de John Kepner con Jennifer Vernooy

Analisis de informacion y preparacion de informe

17 de abril al 21 de abril

Preparacion del informe de la evaluacion por el equipo evaluador, reuniones de trabajo

22 de abril

Entrega del informe preliminar a USAID

Reunion de equipo evaluador con equipo USAID para discusion de informe preliminar

22 al 30 de abril

Incorporacion de nuevos elementos proporcionados por AID y ajustes al informe de evaluacion por parte del equipo evaluador

1 al 10 de mayo

Ajuste final y traduccion al ingles John Kepner

15 de mayo

Entrega a USAID de informe final de evaluacion traducido al Ingles John Kepner

ATTACHMENT
A.4

LISTS OF PARTICIPANTS IN FOCUS GROUPS, SWOCs, AND FORCE FIELD ANALYSIS

LISTA DE PARTICIPANTES
"FODA"
DEL PERSONAL DE LA "CLINICA BALTA"

FECHA 9 de Abril de 1997

NOMBRE	CARGO
JOSE B GUILLEN CUBA	Cirujano Dentista
ELSA D MAQUEN AGUINAGA	Tecnica Enfermeria
NELLY HURTADO ROJAS	Tecnica Enfermeria
MARTHA S CORDOVA OBLITAS	Tecnica Enfermeria
MARIELA LARA BARBOZA	Asistente Administrativa

LISTA DE PARTICIPANTES
"FODA"
REPRESENTANTES DE LA COMUNIDAD
Y PERSONAL CLINICA "URRUNAGA"

FECHA 9 de Abril de 1997

NOMBRE	CARGO
NICOLAS VEGA CASTAÑEDA	Medico Director
JACKELINE MONTEZA BECERRA	Tecnica Enfermeria
JHONY DANIEL SANDOVAL TIMANA	Usuario Programa TBC
LETICIA SANCHEZ RAMIREZ	Comite de Salud
FLOR LLUNCOR SORALUZ	Promotora
HERNAN NUÑEZ GAYOSO	Usuario
ELIZABETH COTRINA ROMERO	Enfermera
JESZCENNY ALVARADO SANCHEZ	Promotora
JESUS ELENA GONZALES CHAPOÑAN	Tecnica Enfermeria
MOISES SALLAVERDE V	Usuarios Programa TBC
BERNARDINA CULQUI	Partera
LIDUVINA LLEMPEN	Partera
CARMEN MORENO HEREDIA	Comite de Salud
PATRICIA MALCA CABANILLAS	Promotora
DORIS SANCHEZ UGAZ	Asistenta Social

PARTICIPANTES EN EL ANALISIS DE CAMPO DE FUERZAS DE MAXSALUD

FECHA 10 de Abril de 1997

NOMBRE	CARGO
LUIS CASTAÑEDA PONCE	Director Medico
NERY SALDARRIAGA HERRERA	Directora de Enfermeria
MARIA ESTHER INCA SOLLER	Asesora de Logistica
ISIDORO BENITES MORALES	Coordinador de Informatica
FILIBERTO HERNANDEZ VILLAR	Chief of Party
OSWALDO SIERRA SUMARI	Asesor Capacitacion y E P S
FABIOLA AGUILAR FLORES	Directora Administracion y Finanzas
ROBERTO VILLANES ESTEBAN	Asesor Finanzas
CARLOS VIDAURRE NIETO	Contador

PARTICIPANTES EN EL ANALISIS DE CAMPO DE FUERZAS DE MAXSALUD

FECHA 14 de Abril de 1997

NOMBRE	CARGO
ROBERTO VILLANES ESTEBAN	Asesor Finanzas
OSWALDO SIERRA SUMARI	Asesor Capacitacion y E P S
SARA SIFF	Coordinadora del Proyecto
FABIOLA AGUILAR FLORES	Directora Administracion y Finanzas
CARLOS VIDAURRE NIETO	Contador
ISIDORO BENITES MORALES	Coordinador de Informatica
FILIBERTO HERNANDEZ VILLAR	Chief of Party
NERY SALDARRIAGA HERRERA	Directora de Enfermeria
MARIA ESTHER INCA SOLLER	Asesora de Logistica
JOSE CARLOS VERA	
LUIS CASTAÑEDA PONCE	Director Medico

PARTICIPANTES EN GRUPO FOCAL
SOBRE PARTICIPACION COMUNITARIA

FECHA 8 de Abril de 1997

NOMBRE	DIRECCION
NILDA FERNANDEZ ALARCON	Jr Nicolas de Pierola 290 - PJ Medio Mundo
ROSA GUEVARA SAAVEDRA	Prolongacion Panama 660 P J Santos Chocano
GERMAN CABRERA GASTELO	Prolongacion Panama 140 Urrunaga
RUPERTO FIGUERO TERNERO Comite de Salud	Argentina 126 IV Sector de Urrunaga
GERMAN CALLIRGOS ALTAMIRANO Miembro de la Tenencia Gobernacion	San Andres 341 V Sector de Urrunaga
ROSANA CHAVEZ FERNANDEZ Comite de Salud - Promotora	Av Chiclayo 688 V Sector de Urrunaga
ROSARIO MARIA CHOZO SANANDRES Promotora de Salud	Santa Martha 231 IV Sector de Urrunaga
EULALIA BANDA TORO	Mz Z Lote 16 Villa Hermosa - Segundo Sector
ERLA HOYOS ZULOETA Centro de Formacion Cristiana y Proyeccion Social " Santa Angela"	V Sector de Urrunaga
NOREEN ALLOSSERY WALSH Centro de Formacion Cristiana y Proyeccion Social " Santa Angela"	V Sector de Urrunaga
BERNABE REQUEJO SANCHEZ Presidenta Vaso de Leche	Av Chiclayo 650 V Sector de Urrunaga
LETICIA SANCHEZ RAMIREZ Comite de Salud	Mz X3 Lote 29 V Sector - Villa Hermosa
DANIEL GASTULO MEGO Agencia Municipal	
CARLOS REYNAFARJE VILCHES	

Profesor

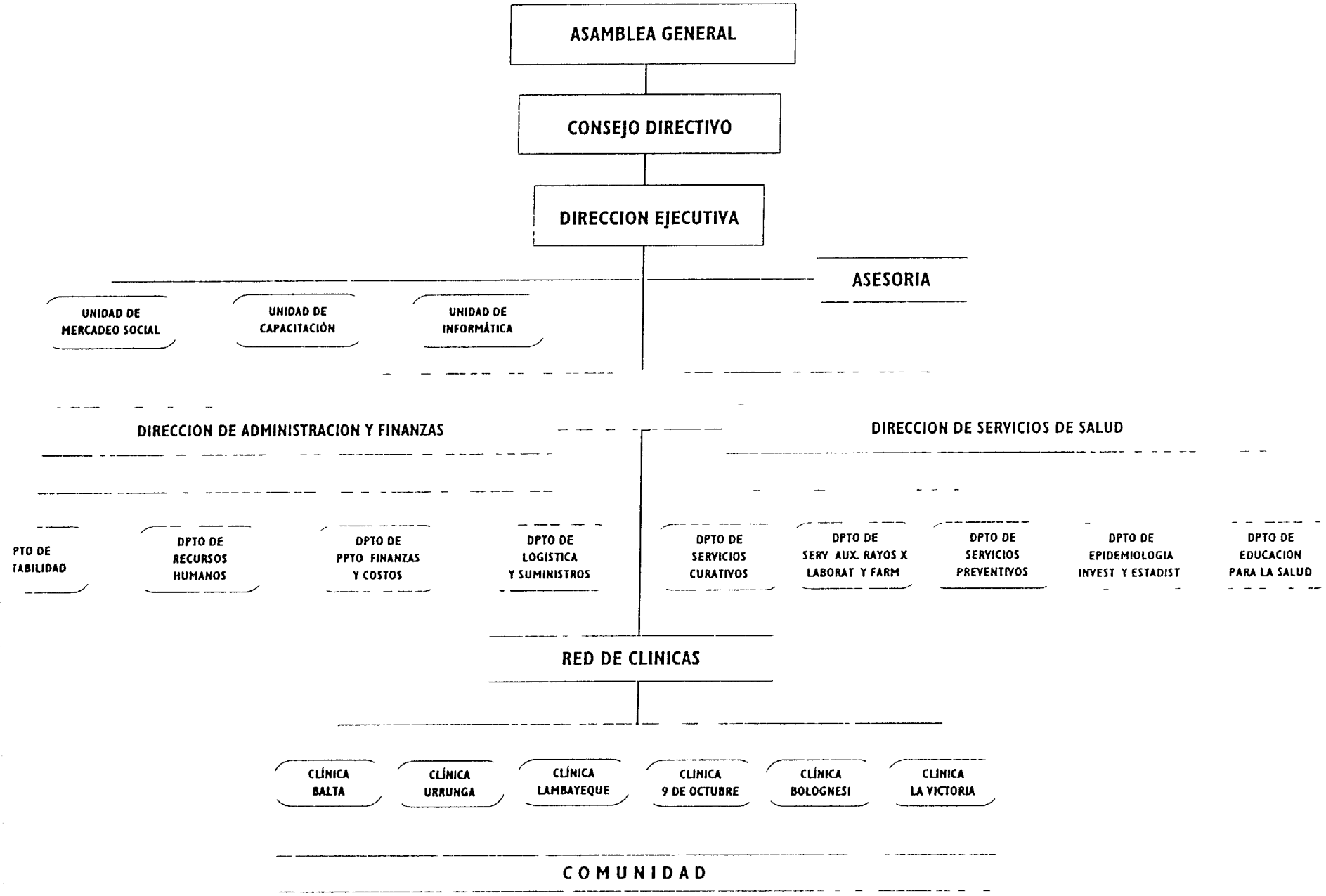
SALOMON CALDERON TARRILLO
Promotor de Salud

MARGOT ESPIL MERA
Promotora de Salud

ATTACHMENT
A.5

ORGANIZATION CHART

ORGANIGRAMA ESTRUCTURAL DE MAXSALUD



ATTACHMENT
A.6

SWOC ANALYSIS RESULTS

NOMBRE DE LA COMPAÑIA MAXSALUD
FODA Personal Clínica Balta

FECHA 09/04/97

FORTALEZAS				
COORDINACIÓN Y ORGANIZACIÓN DEL TRABAJO	IDENTIDAD E IMAGEN	ACCESIBILIDAD (Económica)	ADMINISTRACION Y LOGISTICA	RR HH (Recursos Humanos)
El apoyo de nuestros companeros para realizar algunas actividades	La identificacion del personal con su Clínica y MaxSalud	Medicamento a bajo costo	Insumos son llegados con oportunidad	Preparacion tecnica y profesional idonea
		Precios de atencion comodos	El personal colabora con el ahorro de insumos	Medicos con etica personal (transparencia)
		Los precios bajos	Los mecanismos de supervision de la UAG	Buena comunicacion y respeto en los diferentes niveles
				Personal medico tecnico y administrativo con buen trato al paciente
				Medicos eficientes y amables
				Personal tecnico eficiente y carinoso
				Personal tecnico y administrativo dan buen trato al paciente
				Enfermeria El buen trato al paciente
				Medicos capaces
				La amabilidad del personal para con el publico
				Tecnicos de enfermeria habilidad y consistencia en su trabajo
				Doctores concientes en dar su diagnostico
				Enfermeras capaces y amables
				La amabilidad de los medicos

NOMBRE DE LA COMPAÑÍA MAXSALUD
FODA Personal Clínica Balta

FECHA 09/04/97

OPORTUNIDADES						
IDENTIDAD E IMAGEN	**ACCESIBILIDAD (Económica)**	**INFRAESTRUCTURA Y EQUIPOS**	**SERVICIOS Y RELACIONES HUMANAS**	**ADMINISTRACIÓN Y LOGÍSTICA**	**DESARROLLO INSTITUCIONAL**	**RR HH (Recursos Humanos)**
Seguir manteniendo la imagen de la institución	Al ser autosostenibles poder subsidiar a pacientes indigentes	Ampliar la clinica para poder atender a todos los que la necesiten	Que se amplien las especialidades (Dermatologia Oftalmologia)	Cuando el SIMAX este terminado contar con informacion rapidamente	De llegar a tener siempre sostenibilidad	Continuar o mantener el buen trato con el paciente para poder ser autosostenibles
			Que se amplien los servicios		Llegar a ser una institucion autosostenible	Mantener siempre el buen trato con el paciente para un mejor crecimiento
			De tener siempre mas concurrencia de pacientes		Llegar siempre a los sectores mas pobres	
			Hacer que la institucion se haga mas grande y con todos sus servicios		MaxSalud tenga vigencia en el tiempo espacio como proyecto	
			Captar mas pacientes y subir ingresos al contar con Sala de Operaciones		Llegar con mas urgencia a sectores mas deprimidos	
			Renovar nuestros servicios para mantener nuestra amabilidad		Llegar de manera oportuna y continua a los usuarios	
					Alcanzar una pronta autosostenibilidad	

NOMBRE DE LA COMPAÑÍA MAXSALUD
FODA Personal Clínica Balta

FECHA. 09/04/97

DEBILIDADES						
COORDINACIÓN Y ORGANIZACIÓN DE TRABAJO	IDENTIDAD E IMAGEN	CAPACITACIÓN	INFRAESTRUCTURA Y EQUIPOS	ADMINISTRACIÓN Y LOGÍSTICA	RR HH (Recursos Humanos)	MISIÓN INSTITUCIONAL
Exceso de trabajo para el personal tecnico asistencial	Crear mejor fidelidad en los usuarios	Mejor capacitacion profesional a todo el personal	Se necesita ampliar mas en farmacia	Mejor provision oportuna de materiales u otros insumos	Incentivo al personal	Dar mas enfasis a la medicina preventivo-promocional y no solamente asistencial
Recargada labor administrativa para enfermeras		Capacitacion a personal tecnico asistencial para apoyar con pequeña suturas	Se necesita que laboratorio este dentro de nuestra institucion		Falta apoyo para el turno de la noche	
Horario de laboratorio no es el mas adecuado		Constante capacitacion para el personal	Se necesita de un quirofano para atender cesareas		La no existencia de un coordinador general en odontologia	
Comunicacion por medios informales es muy molesta		Se necesita que el personal sea constantemente capacitado	Contar con una Clinica Central			
El personal de las clinicas no es comunicado a tiempo de cambios			Falta de algunos materiales medicos			
A veces los pacientes se molestan por largos tiempos de espera						

NOMBRE DE LA COMPAÑÍA MAXSALUD
FODA Personal Clinica Balta

FECHA 09/04/97

AMENAZAS					
CAPACITACIÓN	**ACCESIBILIDAD (Económica)**	**INFRAESTRUCTURA Y EQUIPOS**	**SERVICIOS Y RELACIONES HUMANAS**	**RR HH (Recursos Humanos)**	**DESARROLLO INSTITUCIONAL**
Falta de capacitación para el personal	De que los precios sean siempre módicos	Que MaxSalud no pueda atender pacientes en partos con riesgo	De que los pacientes no salgan a otras clinicas u hospitales	Cansancio de personal asistencial	Que MaxSalud no culmine con exito sus proyectos
	La competencia en cuanto a precios por atenciones		De que no exista competidores con la institución	Perdida de personal	Que decrezca la autosos tenibilidad
			El exceso de trabajo para medicos no permite la buena atencion como quisiera		La separacion de trabajo en equipo
			El exceso de trabajo del medico y tecnico no permite que el paciente salga satisfecho		Siempre estemos cambiando para mejoras de la institucion
			Competencia solamente en cuanto a los precios de medicamentos		
			Merma en el trato y amabilidad a los usuarios		
			Que decrece la fidelidad de los usuarios por el mal trato		

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NOMBRE DE LA COMPAÑIA MAXSALUD
FODA Representantes de Comunidad y Personal Clinica Urrunaga

FECHA 09/04/97

FORTALEZAS					
COORDINACIÓN Y ORGANIZACIÓN	ACCESIBILIDAD	INFRAESTRUCTURA Y EQUIPOS	SERVICIOS	PROBLEMAS EN LA COMUNIDAD	RR HH (Recursos Humanos)
Trabajo en equipo Buenas relaciones interpersonales	Venta de medicamentos baratos	Infraestructura buena	Diagnóstico acertado y tratamiento adecuado de las emergencias medicas	Trabajo preventivo promocional	Es un equipo con calor humano
Trabajo en equipo del personal	Bajos costos e insumos de calidad	Infraestructura moderna	Atencion confiable y segura	Se proyectan a la comunidad con temas preventivos	La Clinica MaxSalud es muy eficiente hacia la comunidad
	Es una clinica para la gente más necesitada		Atencion rapida		Personal amable y eficiente
	MaxSalud tiene precios justos para la comunidad		Pacientes satisfechos de la atencion		Con doctores expertos
	Medicamentos a bajo costo				Profesionales excelentes
					Buena atención e inmediata
					Se preocupan por la salud de la comunidad
					Igualdad en el trato a todos los pacientes
					Personal de segundad amables
					Enfermeras amables y simpaticas
					Doctores buena atención y efectivos
					Personal de admision y farmacia eficientes
					Personal calificado
					Enfermera responsable amable y de modales finos

NOMBRE DE LA COMPAÑIA MAXSALUD

FODA Representante de Comunidad y Personal Clinica Urrunaga

FECHA 09/04/97

OPORTUNIDADES							
COORDINACIÓN Y ORGANIZACIÓN	ACCESIBILIDAD (Económica)	INFRAESTRUCTURA Y EQUIPOS	SERVICIOS	RELACIONES INTER INSTITUCIONALES	PROBLEMAS EN LA COMUNIDAD	DESARROLLO INSTITUCIONAL	CAPACITACIÓN
La promoción de la salud practicada por MaxSalud permitirá que la población logre más organización para otros problemas	La acogida a los más necesitados con equipo humano y material de calidad	Que tenga un buen equipo quirurgico	Buen proyecto de crear MaxSalud para una mejor atención	Convenios con el MINSA diversos programas	Proyección a la comunidad	Es acoger a profesionales de la misma zona Pentencas	Reforzamos conocimientos en temas preventi os
Disponibilidad del personal	La clinica es una esperanza para la comunidad por ser más cercana a los pobladores	Que la clinica tenga en el futuro más ampliamiento fisico	Que la clinica siga adelante con buenos médicos rapidez y precios bajos	La coordinación con el MINSA nos permite ayudar a la gente" (programas promocion)		El apoyo que recibe de otras insituciones	Que da un futuro mejor Con entendimiento y juventud con más posib lidades
	Precios comodos Consultas medicamentos	Construir más Centros de Salud	Ampliacion de cobertura de atención			Mas proyectos en los distritos	Capacitacion con personal que venga de otros pa ses
	Bajar el IGV a los medicamentos	La esperanza de que MaxSalud cuente pronto con una Sala de Cirugia	Las campañas de salud nos acercan a la gente			Proyeccion a la comun dad Campañas vis tas a dom cilios	La cl nica brinda conocimiento en plan ficacion y d reccion de la comunidad
						LLegar a ser autososten bles con esfuerzo	Aprend zaje y capac tacion permanente
							Es una alternati a para el desarrollo personal famil ar y social (oportun dad de capacitacion y superacion personal)

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NOMBRE DE LA COMPAÑIA MAXSALUD
FODA Representantes de Comunidad y Personal Clinica Urrunaga

FECHA 09/04/97

DEBILIDADES				
COORDINACIÓN Y ORGANIZACION	INFRAESTRUCTURA Y EQUIPOS	SERVICIOS	PROBLEMAS EN LA COMUNIDAD	RECURSOS HUMANOS
Deficiente comunicación entre el personal de la clínica	Falta de arborizacion en el perímetro de la clínica	Falta de atencion de las 24 horas del día	Falta de higiene en los pacientes	No hay cardiologo
Deficiente administracion no se sigue canales demora en pedidos	Falta de ducha para los usuarios	Falta de Servicio de Pediatria	Seguridad al personal de personas alcoholicas drogadictos y delincuentes que viven por la zona	Mas personal de limpieza
	Falta de ambulancia	Que se amplien mas servicios		Falta de medicos cardiologos
	Falta de equipos	A la clinica le falta especialidades		Personal muy confiado (confia demasiado en la comunidad)
	Falta de equipos rayos x	Resultados de análisis no son de inmediato		
	Sala de dar a luz muy pequeña	Falta de cafetin en la clinica		
	Falta de equipos de rayos x y análisis	Falta de emergencia en las noches		
	Topico de emergencia muy pequeno	Falta de Pediatria		
	Falta personal de limpieza y equipo (aspiradora)	Falta de medicamentos y vacunas ante la mordedura de un animal (can)		
	Falta de ducha	Sobreproteccion al paciente (paternalismo		
		Deficiente limpieza		

NOMBRE DE LA COMPAÑIA MAXSALUD

FODA *Representantes de Comunidad y Personal Clinica Urrunaga*

FECHA 09/04/97

AMENAZAS						
ACCESIBILIDAD	INFRAESTRUCTURA Y EQUIPOS	SERVICIOS	RELACIONES INTER INSTITUCIONALES	PROBLEMAS EN AL COMUNIDAD	RECURSOS HUMANOS	DESARROLLO INSTITUCIONAL
Competencia por las postas medicas	Falta de ambulancia para trasladar a pacientes graves	Falta de fumigacion periódicamente	Gobierno dar prioridad a proyectos de salud	Los criaderos clandestinos	Falta de apoyo al personal de seguridad	Temor al cierre de MaxSalud por sus precios bajos
		Falta de algunos medicamentos	Celos profesionales e institucionales	Por asalto y falta de atencion las 24 horas	Riesgos al contagio del personal	La crisis economica del Peru amenaza el autosostenimiento de la clinica
				Por las criticas de alguna gente en la comunidad	Sueldos bajos	
				Contaminacion de la acumulacion de basura		
				Peligros del transito traylers cargueros		
				Puede contaminar por falta de recojo de basura		
				Malas informaciones hacia las personas en la comunidad		
				Criaderos de porcinos cerca de la clinica		
				Nivel cultural bajo		
				Mucha delincuencia en la comunidad		
				Focos infecciosos acumulacion de basura		
				Analfabetismo en la comunidad		
				Idiosincracia de la gente		
				Mucha delincuencia		
				Terrorismo		
				La presencia de brujos y curanderos la creencia en ellos obstaculiza el desarrollo de la clinica		
				Bajo nivel cultural de la poblacion amenaza la sostenibilidad de la clinica		
				La inminencia de ataque y agresiones fisicas en la clinica o fuera de ellas		

ATTACHMENT
A.7

FORCE FIELD ANALYSIS RESULTS

OBJETIVO N° 1

Recuperar o generar recursos financieros necesarios para las actividades sin el apoyo de USAID

FUERZAS IMPULSORAS

1 Ampliacion de la capacidad de respuesta de nuestras clinicas a nuevas formas de atencion al paciente (toma de muestras domiciliaria servicio medico domiciliario)

2 Brindar servicio a pacientes asegurados a traves de coberturas que se ofreceran a empresas y familias

3 Continuar con los ciclos de capacitacion al personal a nivel tecnico y en calidad de servicios

4 Incrementar las campañas de salud, orientado particularmente a los sectores menos favorecidos

5 Obtencion de nuevos recursos a traves de las instituciones conformantes de MAXSALUD

6 Establecer una escala de precios segun el nivel de ingresos de la familia y en funcion del mercado, procurando mantener equilibrio con el subsidio cruzado y el regimen de exoneraciones

7 Desarrollar los proyectos de construccion de los convenios suscritos y firmados

FUERZAS RESTRICTIVAS

1 Deterioro del nivel de ingreso real de la familia, como producto de la grave recesion economica del pais

2 Bajo nivel de educacion y fuerte influencia de la tradicion cultural de la poblacion del area de influencia de las Clinicas, cuyos patrones son poco compatibles con la salud preventiva

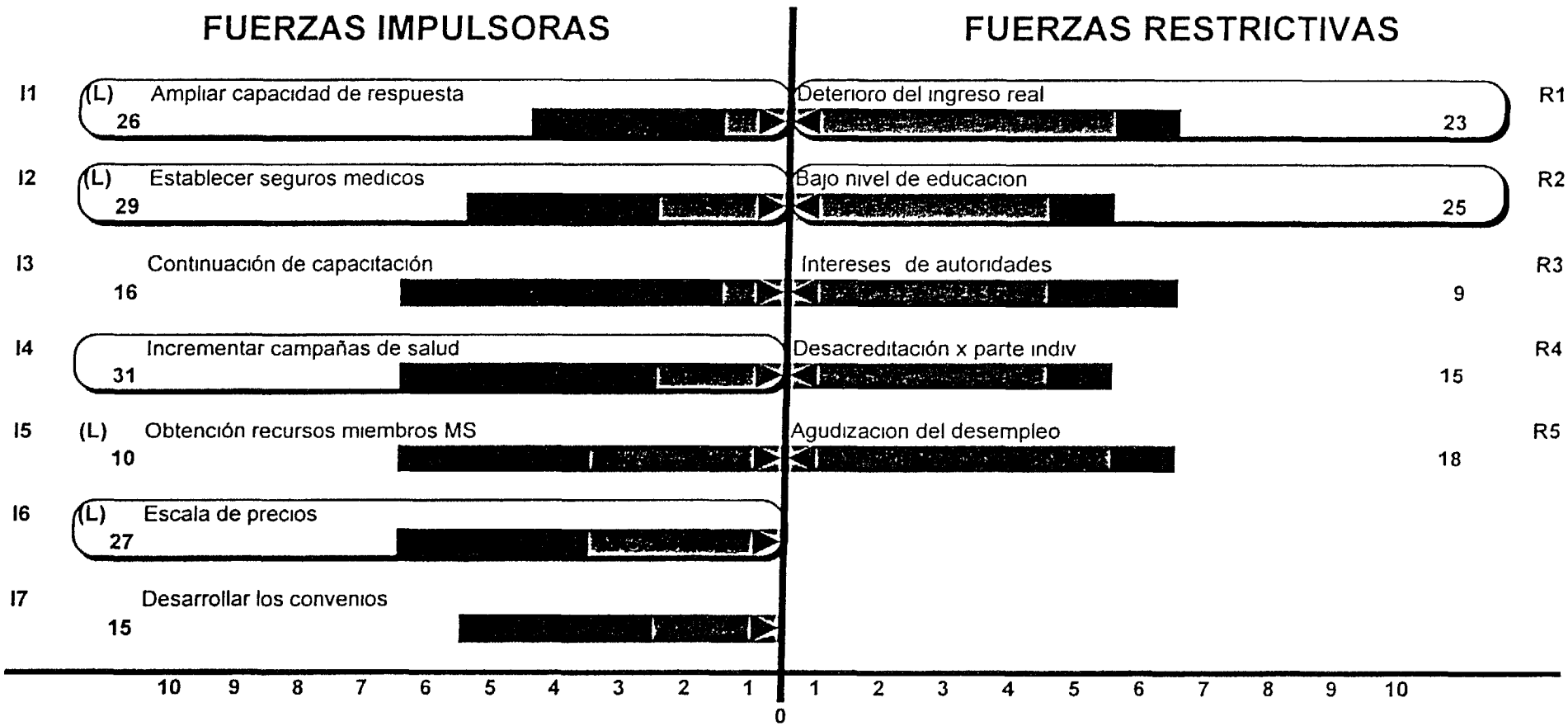
3 "Intereses" de ciertas autoridades de querer hacerlo todo a traves de sus instituciones (municipios) como forma de figuracion de "trabajo"

4 Desacreditacion de la Institucion por parte de individuos que no sabemos a que intereses obedecen (personales?, de gremios?, de la competencia?)

5 Agudizacion del nivel de desempleo por falta de una innovacion de las fuerzas productivas

OBJETIVO Nº 1

Recuperar o generar recursos financieros necesarios para las actividades sin el apoyo de USAID



MATRIZ DE INTERCONEXIÓN

Objetivo Nº 1

"Sostenibilidad Financiera"

I1											
5	I2										
3	3	I3									
3	3	3	I4								
1	1	1	1	I5							
5	3	1	3	1	I6						
1	3	1	1	3	1	I7					
3	3	0	5	1	5	0	R1				
3	1	3	5	0	3	0	3	R2			
0	1	0	1	1	1	3	0	1	R3		
1	3	1	3	0	1	1	0	3	1	R4	
1	3	0	3	0	3	1	3	3	0	1	R5
26	**29**	16	**31**	10	**27**	23	**23**	**25**	9	15	18

OBJETIVO N° 2

Planificar, administrar, monitorear y ajustar actividades del Proyecto para asegurar su efectividad y continuidad

FUERZAS IMPULSORAS

1 Identificacion del personal con los objetivos de MaxSalud

2 Preocupacion institucional por el permanente desarrollo del personal

3 Organizacion basada en sistemas administrativos y tecnicos adecuados a los objetivos propuestos

4 Modelo de prestacion de servicios concordantes con las reformas del sector salud

5 Generacion de convenios con instituciones que le permitiran crecimiento y permanencia en el tiempo

FUERZAS RESTRICTIVAS

1 Condiciones de ejecucion diferentes a las que existieran cuando se concibio el Proyecto

2 Intereses politicos personales existentes en las municipalidades

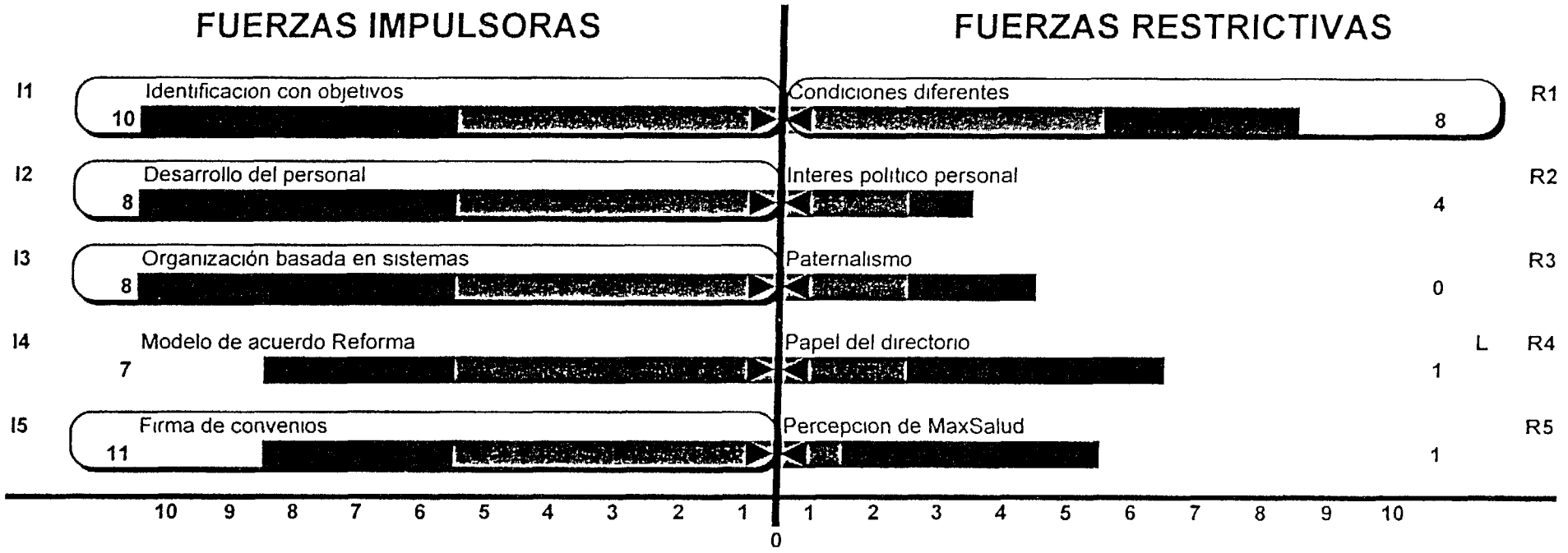
3 Concepcion paternalista de la comunidad

4 Papel actual del Directorio

5 Percepcion de otras instituciones de salud de lo que es MaxSalud

OBJETIVO Nº 2

Planificar, administrar, monitorear y ajustar actividades del Proyecto para asegurar su efectividad y continuidad



MATRIZ DE INTERCONEXIÓN

Objetivo Nº 2

"Sostenibilidad Institucional"

I1									
5	I2								
3	3	I3							
1	0	1	I4						
1	0	1	5	I5					
0	0	0	0	3	R1				
0	0	0	0	1	3	R2			
0	0	0	0	0	0	0	R3		
0	0	0	0	0	1	0	0	R4	
0	0	0	0	0	1	0	0	0	R5
10	**8**	**8**	7	**11**	**8**	4	0	1	1

OBJETIVO N° 3

Apropiación por parte de la comunidad de las actividades de salud a traves de los servicios

FUERZAS IMPULSORAS

1 Incentivar el compromiso social del promotor y brindarle ganancias secundarias (capacit , incentivos de trabajo, materiales)

2 Identificacion de problemas de salud desde la perspectiva de la comunidad

3 Coordinacion y explicacion del proyecto a nivel multisectorial

4 Reuniones de trabajo con lideres dirigentes (talleres, acciones vecinales, campañas, grupos focales)

5 Cumplimiento de actividades planificadas desde la perspectivas de la comunidad

6 Trabajo con lideres y organizaciones reconocidas por toda la comunidad

7 Desarrollo de acciones educativas de capacitacion y campañas preventivo promocionales en salud con parteras, promotores y con la comunidad

FUERZAS RESTRICTIVAS

1 Situacion economica del Promotor
- Disponibilidad de tiempo
- Deseo de obtener pago por acciones

2 Sentimientos de rechazo en ONGs

3 Sentimientos de "temor" en parteras tradicionales

4 Financiamiento externo genera "suspicacias" (economicas, politicas)

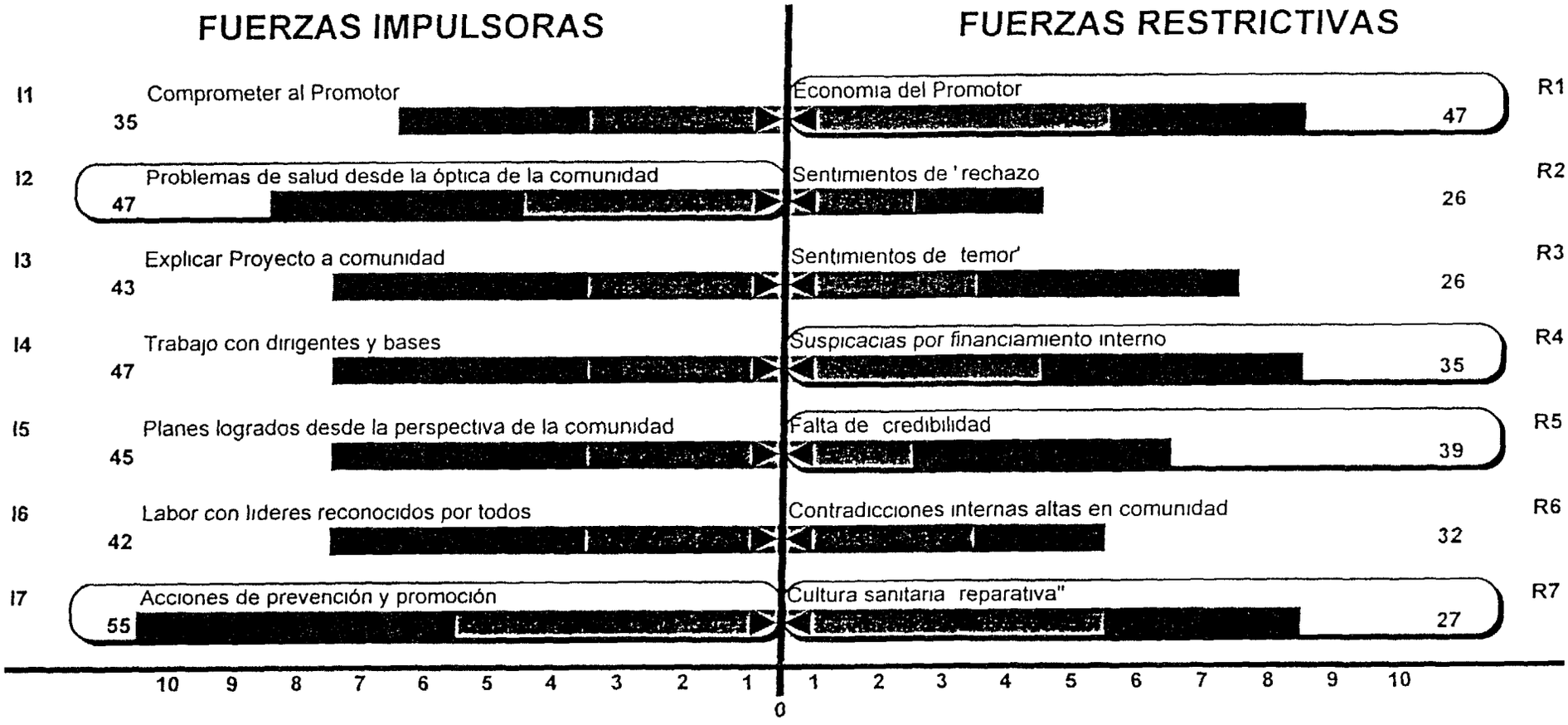
5 Falta de credibilidad en ONG o "acciones politicas"

6 Problemas politicos al interior de algunas organizaciones y lideres de comunidad

7 Cultura sanitaria predominantemente reparativa

OBJETIVO Nº 3

Apropiacion por parte de la comunidad de las actividades de salud a traves de los servicios



MATRIZ DE INTERCONEXIÓN

Objetivo Nº 3

"Sostenibilidad Social"

I1													
3	I2												
3	5	I3											
3	5	5	I4										
5	5	3	3	I5									
3	5	5	5	3	I6								
5	5	3	5	5	3	I7							
5	3	3	3	5	3	5	R1						
0	1	3	3	1	3	3	3	R2					
1	3	3	3	1	0	5	3	0	R3				
3	3	5	3	3	3	3	5	3	3	R4			
1	3	5	3	5	3	5	3	3	1	1	R5		
3	3	0	3	3	5	3	1	3	0	0	5	R6	
0	3	0	3	3	1	5	5	0	3	0	1	3	R7
35	**47**	43	47	47	42	**55**	**47**	26	26	**35**	**39**	32	**27**

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ATTACHMENT
A.8

FINANCIAL FLOW CHARTS (F1 - F10)

CUADRO F 1 A

FLUJO DE CAJA PROYECTADO

CLINICA BALTA

% DE UTILIZACION	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
CONSULTA GENERAL	20 58%	17 79%	22 59%	25 59%	28 59%	31 59%	34 59%	37 59%	40 59%	43 59%	46 59%	49 59%
CONSULTA GINECOLOGICA	47 78%	39 67%	41 68%	44 68%	47 68%	50 68%	53 68%	56 68%	59 68%	62 68%	65 68%	68 88%
CONSULTA OBSTETRICA	44 80%	33 00%	37 80%	40 80%	43 80%	46 80%	49 80%	52 80%	55 80%	58 80%	61 80%	64 80%
CONSULTA PEDIATRICA	48 00%	40 50%	45 35%	48 35%	51 35%	54 35%	57 35%	60 35%	63 35%	66 35%	69 35%	72 35%
CONSULTA ODONTOLOGICA	0 00%	34 27%	31 47%	34 47%	37 47%	40 47%	43 47%	46 47%	49 47%	52 47%	55 47%	58 47%
PARTOS	62 08%	35 75%	38 39%	41 39%	44 39%	47 39%	50 39%	53 39%	56 39%	59 39%	62 39%	65 39%
EMERGENCIA	18 21%	15 12%	14 20%	17 20%	20 20%	23 20%	26 20%	29 20%	32 20%	35 20%	38 20%	41 20%
			35 78%	38 78%	41 78%	44 78%	47 78%	50 78%	53 78%	56 78%	59 78%	62 78%

CLINICA PERIFERICA N 1 JOSE BALTA	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SET EMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	9	10	11	12	13	14	15	16	17	18	19	20
INGRESOS OPERATIVOS												
INGRESOS	38 871 39	32 842 47	38 766 78	36 357 41	39 440 99	42 533 34	45 634 74	48 745 46	51 865 77	54 995 96	58 136 33	61 287 19
CONSULTA GENERAL	5 928 00	5 124 00	5 460 00	7 371 14	8 235 14	9 099 14	9 963 14	10 827 14	11 691 14	12 555 14	13 419 14	14 283 14
CONSULTA GINECOLOGICA	2 150 00	1 785 00	1 525 00	2 010 71	2 145 71	2 280 71	2 415 71	2 550 71	2 685 71	2 820 71	2 955 71	3 090 71
CONSULTA OBSTETRICA (SALUD MUJER)	1 344 00	990 00	1 158 00	1 224 00	1 314 00	1 404 00	1 494 00	1 584 00	1 674 00	1 764 00	1 854 00	1 944 00
CONSULTA PEDIATRICA	2 880 00	2 430 00	3 060 00	2 900 71	3 080 71	3 260 71	3 440 71	3 620 71	3 800 71	3 980 71	4 160 71	4 340 71
CONSULTA ODONTOLOGICA	5 900 00	5 588 00	5 840 00	5 619 76	6 108 90	6 598 03	7 087 17	7 576 30	8 065 44	8 554 57	9 043 71	9 532 84
CONTROL SALUD NINO	225 00	216 00	213 00	257 84	273 84	289 84	305 84	321 84	337 84	353 84	369 84	385 84
PARTOS	3 560 00	2 050 00	2 640 00	2 373 45	2 545 48	2 717 50	2 889 53	3 061 55	3 233 58	3 405 60	3 577 63	3 749 65
EMERGENCIA	5 129 00	4 257 00	6 395 30	4 844 12	5 688 86	6 533 61	7 378 36	8 223 11	9 067 85	9 912 60	10 757 35	11 602 09
FARMACIA MEDICAMENTOS	11 755 39	10 402 47	12 475 48	9 755 66	10 048 33	10 349 78	10 660 28	10 980 08	11 309 49	11 648 77	11 998 24	12 358 18
OTROS INGRESOS	11 152 00	9 416 00	10 404 36	11 125 71	11 539 20	11 961 74	12 393 61	12 835 08	13 286 45	13 748 01	14 220 07	14 702 95
ANALISIS DE LABORATORIO	8 721 00	7 140 70	7 528 36	8 603 01	8 861 10	9 126 93	9 400 74	9 682 76	9 973 25	10 272 44	10 580 62	10 898 04
ECOGRAFIA	752 00	732 00	740 00	801 30	825 34	850 10	875 61	901 87	928 93	956 80	985 50	1 015 07
RADIOLOGIA	198 00	124 00	130 00	267 10	275 11	283 37	291 87	300 62	309 64	318 93	328 50	338 36
OTROS SERVICIOS	1 481 00	1 419 30	2 006 00	1 454 30	1 577 64	1 701 33	1 825 39	1 949 82	2 074 63	2 199 84	2 325 45	2 451 49
SUBSIDIOS				(2 374 16)	(2 549 01)	(2 724 75)	(2 901 42)	(3 079 03)	(3 257 61)	(3 437 20)	(3 617 82)	(3 799 51)
INCOBRABLES				(474 83)	(509 80)	(544 95)	(580 28)	(615 81)	(651 52)	(687 44)	(723 56)	(759 90)
TOTAL INGRESOS OPERATIVOS	50 023 39	42 258 47	49 171 14	44 634 13	47 921 37	51 225 38	54 546 65	57 885 71	61 243 09	64 619 34	68 015 02	71 430 72

CUADRO F 1 B

FLUJO DE CAJA PROYECTADO

CLINICA BALTA

CLINICA PERIFERICA N 1 JOSE BALTA	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	29 883 09	26 609 91	26 914 70	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00
PERSONAL MEDICO	14 054 70	12 316 02	12 248 10	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00
PERSONAL ENFERMERIA	1 500 00	1 543 00	1 543 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00
PERSONAL ADMINISTRATIVO	2 237 11	2 175 00	2 175 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00
PERSONAL TECNICO	5 848 34	4 885 24	4 944 25	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00
PERSONAL SERVICIOS	2 090 50	1 991 14	2 258 87	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00
CARGO SOCIAL (IPSS + FONAVI)	4 152 44	3 699 51	3 745 48	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00
MEDICAMENTOS Y SUMINISTROS	8 979 63	6 954 59	8 062 12	6 813 79	7 018 20	7 228 75	7 445 61	7 668 98	7 899 05	8 136 02	8 380 10	8 631 50
MEDICAMENTOS	5 509 75	4 732 89	5 641 72	4 173 26	4 298 45	4 427 41	4 560 23	4 697 04	4 837 95	4 983 09	5 132 58	5 286 56
INSUMOS	558 70	568 40	735 19	424 91	437 66	450 79	464 31	478 24	492 59	507 37	522 59	538 27
SUMINISTROS	2 698 08	1 649 30	1 424 75	2 048 69	2 110 15	2 173 45	2 238 66	2 305 82	2 374 99	2 446 24	2 519 63	2 595 22
OTROS SUMINISTROS E INSUMOS	213 10	4 00	260 46	166 93	171 94	177 10	182 41	187 88	193 52	199 32	205 30	211 46
GASTOS DE MANTENIMIENTO				2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00
SERVICIO DE TERCEROS	3 729 43	3 599 71	3 898 82	3 800 00	3 800 00	3 800 00	3 800 00	3 800 00	3 800 00	3 800 00	3 800 00	3 800 00
TRANSPORTE Y ALMACENAMIENTO	16 00	0 00	74 71	54 06	54 06	54 06	54 06	54 06	54 06	54 06	54 06	54 06
CORREOS Y TELECOMUNICACIONES	370 70	0 00	312 25	324 34	324 34	324 34	324 34	324 34	324 34	324 34	324 34	324 34
HONORARIOS COMISIONES Y CORRET	515 00	416 90	250 00	490 98	527 14	563 48	600 01	636 74	673 67	710 81	748 17	785 74
ALQUILERES	1 888 17	1 901 87	1 904 76	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00
SERVICIO ELECTRICIDAD AGUA Y ALCANT	866 70	833 94	945 40	892 68	958 43	1 024 51	1 090 93	1 157 71	1 224 86	1 292 39	1 360 30	1 428 61
OTROS SERVICIOS	72 86	447 00	411 70	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00
TRIBUTOS	7 445 75	6 305 83	7 340 04	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00
IMP GENERAL A LAS VENTAS	2 143 06	1 568 91	2 109 39									
IMP GENERAL A LAS VENTAS DIFERENCIA	5 302 69	4 710 32	5 204 35									
TRIBUTOS LOCALES	0 00	26 60	26 30	0 00	80 00	0 00	0 00	80 00	0 00	0 00	80 00	0 00
ABONOS Y CARGOS FINANCIEROS	156 04	118 16	120 31	145 43	157 76	170 13	182 54	194 98	207 46	219 98	232 55	245 15
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	156 04	118 16	120 31	145 43	157 76	170 13	182 54	194 98	207 46	219 98	232 55	245 15
PROVISIONES	7 833 55	6 974 94	7 053 75	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28
COMPENSACION TIEMPO SERVICIO	2 858 96	2 545 60	2 574 36	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80
GRATIFICACION	4 288 44	3 818 40	3 861 54	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92
CARGA SOCIAL POR GRATIFICACION	686 15	610 94	617 85	540 56	540 56	540 56	540 56	540 56	540 56	540 56	540 56	540 56
TOTAL EGRESOS OPERATIVOS	58 027 49	50 563 14	53 389 74	54 055 50	54 272 25	54 495 16	54 724 43	54 960 24	55 202 79	55 452 28	55 708 93	55 972 93
RESULTADO NETO DE OPERACION	(8 004 10)	(8 304 67)	(4 218 60)	(9 421 36)	(6 350 87)	(3 269 78)	(177 78)	2 925 47	6 040 30	9 167 05	12 306 10	15 457 79
SALDO DE CAJA	(98 584 46)	(106 588 56)	(114 893 23)	(119 111 83)	(128 533 19)	(134 884 07)	(138 153 85)	(138 331 63)	(135 406 16)	(129 365 87)	(120 198 81)	(107 892 72)
SALDO ACUMULADO	(106 588 56)	(114 893 23)	(119 111 83)	(128 533 19)	(134 884 07)	(138 153 85)	(138 331 63)	(135 406 16)	(129 365 87)	(120 198 81)	(107 892 72)	(92 434 93)
INGRESOS / EGRESOS	86 21%	83 58%	92 10%	82 57%	88 30%	94 00%	99 68%	105 32%	110 94%	116 53%	122 09%	127 62%

CUADRO F 1 C

FLUJO DE CAJA PROYECTADO

CLINICA BALTA

% DE UTILIZACION	1998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	ETIEMBRE	OCTUBRE	NOVIEMBRE	D IEMBRE
CONSULTA GENERAL	52 59%	55 59%	58 59%	61 59%	64 59%	67 59%	70 59%	73 59%	76 59%	79 59%	80 00%	80 00%
CONSULTA GINECOLOGICA	71 68%	74 68%	77 68%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA OBSTETRICA	67 80%	70 80%	73 80%	76 80%	79 80%	80 00%	80 00%	80 00 %	80 00%	80 00%	80 00%	80 00%
CONSULTA PEDIATRICA	75 35%	78 35%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA ODONTOLOGICA	61 47%	64 47%	67 47%	70 47%	73 47%	76 47%	79 47%	80 00%	80 00%	80 00%	80 00%	80 00%
PARTOS	68 39%	71 39%	74 39%	77 39%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
EMERGENCIA	44 20%	47 20%	50 20%	53 20%	56 20%	59 20%	62 20%	65 20%	68 20%	71 20%	74 20%	77 20%
	65 78%	68 78%	71 51%	73 77%	75 57%	76 81%	78 01%	78 72%	79 32%	79 92%	80 00%	80 00%

CLINICA PERIFERICA N 1 JOSE BALTA	1998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	21	22	23	24	25	26	27	28	29	30	31	32
INGRESOS OPERATIVOS												
INGRESOS	64 448 84	67 621 61	70 717 95	73 687 27	76 542 01	79 175 69	81 816 26	84 067 79	86 246 19	88 438 67	89 898 53	91 256 47
CONSULTA GENERAL	15 147 14	16 011 14	16 875 14	17 739 14	18 603 14	19 467 14	20 331 14	21 195 14	22 059 14	22 923 14	23 040 00	23 040 00
CONSULTA GINECOLOGICA	3 225 71	3 360 71	3 495 71	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00
CONSULTA OBSTETRICA (SALUD MUJER)	2 034 00	2 124 00	2 214 00	2 304 00	2 394 00	2 400 00	2 400 00	2 400 00	2 400 00	2 400 00	2 400 00	2 400 00
CONSULTA PEDIATRICA	4 520 71	4 700 71	4 800 00	4 800 00	4 800 00	4 800 00	4 800 00	4 800 00	4 800 00	4 800 00	4 800 00	4 800 00
CONSULTA ODONTOLOGICA	10 021 98	10 511 11	11 000 25	11 489 39	11 978 52	12 467 66	12 956 79	13 043 61	13 043 61	13 043 61	13 043 61	13 043 61
CONTROL SALUD NINO	401 84	417 84	426 67	426 67	426 67	426 67	426 67	426 67	426 67	426 67	426 67	426 67
PARTOS	3 921 68	4 093 70	4 265 73	4 437 75	4 587 33	4 587 33	4 587 33	4 587 33	4 587 33	4 587 33	4 587 33	4 587 33
EMERGENCIA	12 446 84	13 291 59	14 136 33	14 981 08	15 825 83	16 670 57	17 515 32	18 360 07	19 204 81	20 049 56	20 894 31	21 739 05
FARMACIA MEDICAMENTOS	12 728 93	13 110 80	13 504 12	13 909 24	14 326 52	14 756 32	15 199 01	15 654 98	16 124 62	16 608 36	17 106 61	17 619 81
OTROS INGRESOS	15 196 96	15 702.44	16 216 22	16 736 62	17 264 48	17 795 91	18 340 40	18 882 49	19 435 22	20 002.48	20 554 83	21 117 91
ANALISIS DE LABORATORIO	11 224 98	11 561 73	11 908 58	12 265 84	12 633 81	13 012 83	13 403 21	13 805 31	14 219 47	14 646 05	15 085 43	15 537 99
ECOGRAFIA	1 045 52	1 076 89	1 109 19	1 142 47	1 176 74	1 212 04	1 248 41	1 285 86	1 324 43	1 364 17	1 405 09	1 447 24
RADIOLOGIA	348 51	358 96	369 73	380 82	392 25	404 01	416 14	428 62	441 48	454 72	468 36	482 41
OTROS SERVICIOS	2 577 95	2 704 86	2 828 72	2 947 49	3 061 68	3 167 03	3 272 65	3 362 71	3 449 85	3 537 55	3 595 94	3 650 26
SUBSIDIOS	(3 982 29)	(4 166 20)	(4 346 71)	(4 521 19)	(4 690 32)	(4 848 58)	(5 007 83)	(5 147 51)	(5 284 07)	(5 422 06)	(5 522 67)	(5 618 72)
INCOBRABLES	(796 46)	(833 24)	(869 34)	(904 24)	(938 06)	(969 72)	(1 001 57)	(1 029 50)	(1 056 81)	(1 084 41)	(1 104 53)	(1 123 74)
TOTAL INGRESOS OPERATIVOS	74 867 05	78 324 61	81 718 12	84 998 46	88 178 10	91 153 30	94 147 26	96 773 27	99 340 53	101 934 69	103 826 16	105 631 92

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CUADRO F 2 A

FLUJO DE CAJA PROYECTADO

CLINICA URRUNAGA (Tarifa normal)

% DE UTILIZACION	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
CONSULTA GENERAL	27 40%	21 20%	32 70%	35 70%	38 70%	41 70%	44 70%	47 70%	50 70%	53 70%	56 70%	59 70%
CONSULTA GINECOLOGICA	0 00%	0 00%	0 00%	3 00%	6 00%	9 00%	12 00%	15 00%	18 00%	21 00%	24 00%	27 00%
CONSULTA OBSTETRICA	11 33%	9 67%	16 33%	14 60%	17 60 %	20 60%	23 60%	26 60%	29 60%	32 60%	35 60%	38 60%
CONSULTA PEDIATRICA	0	0	0	2 50%	5 50%	8 50%	11 50%	14 50%	17 50%	20 50 %	23 50%	26 50%
CONSULTA ODONTOLOGICA	15 54%	24 58%	46 81%	27 10%	30 10%	33 10%	36 10%	39 10%	42 10%	45 10%	48 10%	51 10%
PARTOS	0 00%	0 00%	0 00%	4 00%	7 00%	10 00%	13 00%	16 00%	19 00%	22 00%	25 00%	28 00%
EMERGENCIA	5 63%	6 05%	0 00%	9 10%	12 10%	15 10%	18 10%	21 10%	24 10%	27 10%	30 10%	33 10%

CLINICA PERIFERICA N 2 URRUNAGA	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	2	3	4	5	6	7	8	9	10	11	12	13
INGRESOS OPERATIVOS												
INGRESOS	**7 688 82**	**6 448 86**	**10 416 21**	**10 265 34**	**11 634 76**	**13 004 18**	**14 373 60**	**15 743 01**	**17 112 43**	**18 481 85**	**19 851 26**	**21 220 68**
CONSULTA GENERAL	2 466 00	1 908 00	2 943 00	3 213 00	3 483 00	3 753 00	4 023 00	4 293 00	4 563 00	4 833 00	5 103 00	5 373 00
CONSULTA GINECOLOGICA	0 00	0 00	0 00	144 00	288 00	432 00	576 00	720 00	864 00	1 008 00	1 152 00	1 296 00
CONSULTA OBSTETRICA	340 00	290 00	490 00	438 00	528 00	618 00	708 00	798 00	888 00	978 00	1 068 00	1 158 00
CONSULTA PEDIATRICA	0 00	0 00	0 00	428 40	464 40	500 40	536 40	572 40	608 40	644 40	680 40	716 40
CONSULTA ODONTOLOGICA	373 00	590 00	1 123 50	650 40	722 40	794 40	866 40	938 40	1 010 40	1 082 40	1 154 40	1 226 40
CONTROL SALUD NINO	50 00	52 50	52 50	50 00	110 00	170 00	230 00	290 00	350 00	410 00	470 00	530 00
PARTOS	0 00	50 00	396 00	158 40	277 20	396 00	514 80	633 60	752 40	871 20	990 00	1 108 80
EMERGENCIA	360 00	387 00	0 00	582 40	774 40	966 40	1 158 40	1 350 40	1 542 40	1 734 40	1 926 40	2 118 40
FARMACIA MEDICAMENTOS	4 099 82	3 171 36	5 411 21	4 600 74	4 987 36	5 373 98	5 760 60	6 147 21	6 533 83	6 920 45	7 307 06	7 693 68
OTROS INGRESOS	**3 171 00**	**2 805 80**	**3 564 10**	**5 257 65**	**5 800 90**	**6 344 14**	**6 887 39**	**7 430 63**	**7 973 88**	**8 517 12**	**9 060 37**	**9 603 61**
ANALISIS DE LABORATORIO	2 411 50	1 883 00	2 413 80	3 438 98	3 727 97	4 016 96	4 305 95	4 594 94	4 883 93	5 172 92	5 461 91	5 750 90
ECOGRAFIA	128 00	72 00	116 00	426 60	462 45	498 30	534 15	570 00	605 84	641 69	677 54	713 39
RADIOLOGIA	128 00	61 00	100 00	556 92	603 72	650 52	697 32	744 12	790 92	837 72	884 52	931 32
OTROS SERVICIOS	503 50	789 80	934 30	835 15	1 006 76	1 178 36	1 349 97	1 521 57	1 693 18	1 864 79	2 036 39	2 208 00
SUBSIDIOS				(776 15)	(871 78)	(967 42)	(1 063 05)	(1 158 68)	(1 254 32)	(1 349 95)	(1 445 58)	(1 541 21)
INCOBRABLES				(66 52)	(72 11)	(77 70)	(83 29)	(88 88)	(94 47)	(100 06)	(105 65)	(111 24)
TOTAL INGRESOS OPERATIVOS	10 859 82	9 254 66	13 980 31	14 680 33	16 491 77	18 303 20	20 114 64	21 926 08	23 737 52	25 548 96	27 360 40	29 171 84

CUADRO F 1 D

FLUJO DE CAJA PROYECTADO

CLINICA BALTA

CLINICA PERIFERICA N 1 JOSE BALTA	1998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00	27 028 00
PERSONAL MEDICO	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00	13 000 00
PERSONAL ENFERMERIA	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00	1 600 00
PERSONAL ADMINISTRATIVO	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00	2 300 00
PERSONAL TECNICO	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00	4 300 00
PERSONAL SERVICIOS	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00	2 100 00
CARGO SOCIAL (IPSS + FONAVI)	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00	3 728 00
MEDICAMENTOS Y SUMINISTROS	8 890 45	9 157 16	9 431 88	9 714 83	10 006 28	10 306 47	10 615 66	10 934 13	11 262.15	11 600 02	11 948 02	12,306 46
MEDICAMENTOS	5 445 15	5 608 51	5 776 76	5 950 06	6 128 57	6 312 42	6 501 80	6 696 85	6 897 76	7 104 69	7 317 83	7 537 36
INSUMOS	554 42	571 05	588 18	605 82	624 00	642 72	662 00	681 86	702 32	723 39	745 09	767 44
SUMINISTROS	2 673 07	2 753 27	2 835 87	2 920 94	3 008 57	3 098 83	3 191 79	3 287 54	3 386 17	3 487 76	3 592 39	3 700 16
OTROS SUMINISTROS E INSUMOS	217 81	224 34	231 07	238 00	245 14	252 50	260 07	267 87	275 91	284 19	292 71	301 49
GASTOS DE MANTENIMIENTO	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00	2 241 00
SERVICIO DE TERCEROS	4 200 00	4 200 00	4 200 00	4 200 00	4 200 00	4 200 00	4 200 00	4 200 00	4 200 00	4 200 00	4 200 00	4 200 00
TRANSPORTE Y ALMACENAMIENTO	54 06	54 06	54 06	54 06	54 06	54 06	54 06	54 06	54 06	54 06	54 06	54 06
CORREOS Y TELECOMUNICACIONES	324 34	324 34	324 34	324 34	324 34	324 34	324 34	324 34	324 34	324 34	324 34	324 34
HONORARIOS COMISIONES Y CORRET	823 54	861 57	898 90	934 98	969 96	1 002 69	1 035 62	1 064 51	1 092 75	1 121 28	1 142 09	1 161 95
ALQUILERES	1 800 00	1 800 00	1 800 00	1 800 00	1 800 00	1 800 00	1 800 00	1 800 00	1 800 00	1 800 00	1 800 00	1 800 00
SERVICIO ELECTRICIDAD AGUA Y ALCANT	1 497 34	1 566 49	1 634 36	1 699 97	1 763 56	1 823 07	1 882 95	1 935 47	1 986 81	2 038 69	2 076 52	2 112 64
OTROS SERVICIOS	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00
TRIBUTOS	8 000 00	8 000 00	8 000 00	8 000 00	8 000 00	8 000 00	8 000 00	8 000 00	8 000 00	8 000 00	8 000 00	8 000 00
IMP GENERAL A LAS VENTAS												
IMP GENERAL A LAS VENTAS DIFERENCIAL												
TRIBUTOS LOCALES	0 00	80 00	0 00	0 00	80 00	0 00	0 00	80 00	0 00	0 00	80 00	0 00
ABONOS Y CARGOS FINANCIEROS	257 80	270 49	282 87	294 75	306 17	316 70	327 27	336 27	344 98	353 75	359 59	365 03
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	257 80	270 49	282 87	294 75	306 17	316 70	327 27	336 27	344 98	353 75	359 59	365 03
PROVISIONES	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28	7 027 28
COMPENSACION TIEMPO SERVICIO	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80	2 702 80
GRATIFICACION	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92	3 783 92
CARGA SOCIAL POR GRATIFICACION	540 56	540 56	540 56	540 56	540 56	540 56	540 56	540 56	540 56	540 56	540 56	540 56
TOTAL EGRESOS OPERATIVOS	57,644 62	57,923 93	58,211 03	58 505 86	58 808 73	59,119 45	59,439 21	59 766 68	60 103 42	60 450 05	60 803 89	61 167 77
RESULTADO NETO DE OPERACION	17 222 52	20 400 68	23 507 09	26 492 59	29 369 38	32 033 85	34 708 06	37 006 59	39 237 11	41 484 64	43 022 26	44 464 16
SALDO DE CAJA	(92 434 93)	(75 212 40)	(54 811 72)	(31 304 63)	(4 812 03)	24 557 34	56 591 20	91 299 25	128 305 84	167 542 95	209 027 59	252 049 85
SALDO ACUMULADO	(75 212 40)	(54 811 72)	(31 304 63)	(4 812 03)	24 557 34	56 591 20	91 299 25	128 305 84	167 542 95	209 027 59	252 049 85	296 514 00
INGRESOS / EGRESOS	129 88%	135 22%	140 38%	145 28%	149 94%	154 18%	158 39%	161 92%	165 28%	168 63%	170 76%	172 69%

CUADRO F 2 B — FLUJO DE CAJA PROYECTADO — CLINICA URRUNAGA (Tarifa normal)

CLINICA PERIFERICA N 2 URRUNAGA	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBR	DICIEMBR
COSTOS OPERATIVOS												
SUELDOS Y SALARIOS	14 123 03	15 176 78	13 681 51	16 750 80	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60
PERSONAL MEDICO	5 092 28	5 256 52	4 460 00	6 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00
PERSONAL ENFERMERIA	750 00	750 00	750 00	1 605 00	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50
PERSONAL ADMINISTRATIVO	2 285 95	2 307 45	2 307 45	1 944 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00
PERSONAL TECNICO	2 240 20	3 083 10	2 397 64	3 180 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00
PERSONAL SERVICIOS	1 780 50	1 662 00	1 852 16	1 440 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00
CARGO SOCIAL (IPSS + FONAVI)	1 974 10	2 117 71	1 914 26	2 581 80	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10
MEDICAMENTOS Y SUMINISTROS	2 327 89	1 950 99	3 279 83	3 220 52	3 491 15	3 761 78	4 032 42	4 303 05	4 573 68	4 844 31	5 114 94	5 385 58
MEDICAMENTOS	1 676 46	1 507 08	2 652 30	1 968 10	2 133 48	2 298 87	2 464 25	2 629 64	2 795 03	2 960 41	3 125 80	3 291 19
INSUMOS	92 33	93 12	148 73	214 70	232 74	250 79	268 83	286 87	304 91	322 95	341 00	359 04
SUMINISTROS	539 10	282 46	410 66	966 16	1 047 35	1 128 54	1 209 73	1 290 91	1 372 10	1 453 29	1 534 48	1 615 67
OTROS SUMINISTROS E INSUMOS	20 00	68 33	68 14	71 57	77 58	83 60	89 61	95 62	101 64	107 65	113 67	119 68
GASTOS DE MANTENIMIENTO				1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67
SERVICIO DE TERCEROS	883 85	1 213 98	845 08	716 17	799 33	862 95	926 56	1 040 18	1 103 80	1 167 41	1 231 03	1 314 65
TRANSPORTE Y ALMACENAMIENTO	0 00	66 00	54 50	16 75	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54
CORREOS Y TELECOMUNICACIONES	200 46	320 28	133 00	100 50	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26
HONORARIOS COMISIONES Y CORRE	71 20	138 00	46 00	100 00	100 00	100 00	100 00	150 00	150 00	150 00	150 00	170 00
ALQUILERES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
SERVICIO ELECTRICIDAD AGUA Y AL	612 19	689 70	611 58	293 61	329 84	366 06	402 29	438 52	474 75	510 98	547 21	583 44
OTROS SERVICIOS	0 00	0 00	0 00	205 31	232 70	260 08	287 47	314 86	342 25	369 64	397 03	424 41
TRIBUTOS	1 669 45	1 391 39	2 209 48	0 00	0 00	0 00	70 00	0 00	0 00	0 00	3 077 69	3 866 07
IMP GENERAL A LAS VENTAS	470 43	344 39	630 08	0 00	0 00	0 00	0 00	0 00	0 00	0 00	3 007 69	3 866 07
IMP GENERAL A LAS VENTAS DIF	1 199 02	1 047 00	1 579 40	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
TRIBUTOS LOCALES	0 00	0 00	0 00	0 00	0 00	0 00	70 00	0 00	0 00	0 00	70 00	0 00
ABONOS Y CARGOS FINANCIEROS	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
PROVISIONES	3 698 67	3 975 76	3 582 51	4 355 21	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08
COMPENSACION TIEMPO SERVICIO	1 349 88	1 451 01	1 307 48	1 675 08	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26
GRATIFICACION	2 024 82	2 176 51	1 961 23	2 345 11	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96
CARGA SOCIAL POR GRATIFICACION	323 97	348 24	313 80	335 02	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85
TOTAL COSTOS DE OPERACION	22 702 89	23 708 90	23 598 41	26 709 36	30 580 82	30 915 07	31 319 32	31 633 57	31 967 82	32 302 07	35 714 01	36 856 64
RESULTADO NETO DE OPERACION	(11 843 07)	(14 454 24)	(9 618 10)	(12 029 04)	(14 089 06)	(12 611 87)	(11 204 68)	(9 707 49)	(8 230 30)	(6 753 11)	(8 353 61)	(7 684 80)
SALDO DE CAJA	(15 872 45)	(27 715 52)	(42 169 76)	(51 787 86)	(63 816 90)	(77 905 96)	(90 517 83)	(101 722 51)	(111 430 00)	(119 660 29)	(126 413 40)	(134 767 02)
SALDO ACUMULADO	(27 715 52)	(42 169 76)	(51 787 86)	(63 816 90)	(77 905 96)	(90 517 83)	(101 722 51)	(111 430 00)	(119 660 29)	(126 413 40)	(134 767 02)	(142 451 81)
% INGRESOS / EGRESOS	47 83%	39 03%	59 24%	54 96%	53 93%	59 20%	64 22%	69 31%	74 25%	79 09%	76 61%	79 15%

CUADRO F 2 C

FLUJO DE CAJA PROYECTADO

CLINICA URRUNAGA (Tarifa normal)

% DE UTILIZACION	1998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBR	NOVIEMBRE	DICIEMBRE
CONSULTA GENERAL	62 70%	65 70%	68 70%	71 70%	74 70%	77 70%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA GINECOLOGICA	30 00%	33 00%	36 00%	39 00%	42 00%	45 00%	48 00%	51 00%	54 00%	57 00%	60 00%	63 00%
CONSULTA OBSTETRICA	41 60%	44 60%	47 60%	50 60%	53 60%	56 60%	59 60%	62 60%	65 60%	68 60%	71 60%	74 60%
CONSULTA PEDIATRICA	29 50%	32 50%	35 50%	38 50%	41 50%	44 50%	47 50%	50 50%	53 50%	56 50%	59 50%	62 50%
CONSULTA ODONTOLOGICA	54 10%	57 10%	60 10%	63 10%	66 10%	69 10%	72 10%	75 10%	78 10%	80 00%	80 00%	80 00%
PARTOS	31 00%	34 00%	37 00%	40 00%	43 00%	46 00%	49 00%	52 00%	55 00%	58 00%	61 00%	64 00%
EMERGENCIA	36 10%	39 10%	42 10%	45 10%	48 10%	51 10%	54 10%	57 10%	60 10%	63 10%	66 10%	69 10%

CLINICA PERIFERICA N° 2 URRUNAGA	1998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	14	15	16	17	18	19	20	21	22	23	24	25
INGRESOS OPERATIVOS												
INGRESOS	22 590 10	23 959 52	25 328 93	26 698 35	28 067 77	29 437 18	30 644 99	31 321 79	31 998 59	32 648 99	33 253 79	33 858 59
CONSULTA GENERAL	5 643 00	5 913 00	6 183 00	6 453 00	6 723 00	6 993 00	7 200 00	7 200 00	7 200 00	7 200 00	7 200 00	7 200 00
CONSULTA GINECOLOGICA	1 440 00	1 584 00	1 728 00	1 872 00	2 016 00	2 160 00	2 304 00	2 448 00	2 592 00	2 736 00	2 880 00	3 024 00
CONSULTA OBSTETRICA	1 248 00	1 338 00	1 428 00	1 518 00	1 608 00	1 698 00	1 788 00	1 878 00	1 968 00	2 058 00	2 148 00	2 238 00
CONSULTA PEDIATRICA	752 40	788 40	824 40	860 40	896 40	932 40	960 00	960 00	960 00	960 00	960 00	960 00
CONSULTA ODONTOLOGICA	1 298 40	1 370 40	1 442 40	1 514 40	1 586 40	1 658 40	1 730 40	1 802 40	1 874 40	1 920 00	1 920 00	1 920 00
CONTROL SALUD NINO	590 00	650 00	710 00	770 00	830 00	890 00	950 00	1 010 00	1 070 00	1 130 00	1 190 00	1 250 00
PARTOS	1 227 60	1 346 40	1 465 20	1 584 00	1 702 80	1 821 60	1 940 40	2 059 20	2 178 00	2 296 80	2 415 60	2 534 40
EMERGENCIA	2 310 40	2 502 40	2 694 40	2 886 40	3 078 40	3 270 40	3 462 40	3 654 40	3 846 40	4 038 40	4 230 40	4 422 40
FARMACIA MEDICAMENTOS	8 080 30	8 466 92	8 853 53	9 240 15	9 626 77	10 013 38	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79
OTROS INGRESOS	10 146 86	10 690 10	11 233 35	11 776 59	12 319 84	12 863 08	13 319 61	13 491 22	13 662 82	13 834 43	14 006 03	14 177 64
ANALISIS DE LABORATORIO	6 039 89	6 328 88	6 617 87	6 906 86	7 195 85	7 484 84	7 706 40	7 706 40	7 706 40	7 706 40	7 706 40	7 706 40
ECOGRAFIA	749 24	785 09	820 94	856 79	892 64	928 48	955 97	955 97	955 97	955 97	955 97	955 97
RADIOLOGIA	978 12	1 024 92	1 071 72	1 118 52	1 165 32	1 212 12	1 248 00	1 248 00	1 248 00	1 248 00	1 248 00	1 248 00
OTROS SERVICIOS	2 379 60	2 551 21	2 722 82	2 894 42	3 066 03	3 237 64	3 409 24	3 580 85	3 752 45	3 924 06	4 095 67	4 267 27
SUBSIDIOS	(1 636 85)	(1 732 48)	(1 828 11)	(1 923 75)	(2 019 38)	(2 115 01)	(2 198 23)	(2 240 65)	(2 283 07)	(2 324 17)	(2 362 99)	(2 401 81)
INCOBRABLES	(116 83)	(122 42)	(128 01)	(133 60)	(139 19)	(144 78)	(149 06)	(149 06)	(149 06)	(149 06)	(149 06)	(149 06)
TOTAL INGRESOS OPERATIVOS	30 983 28	32 794 72	34 606 16	36 417 59	38 229 03	40 040 47	41 617 31	42 423 29	43 229 28	44 010 18	44 747 77	45 485 36

CUADRO F 2 D

FLUJO DE CAJA PROYECTADO

CLINICA URRUNAGA (Tarifa normal)

CLINICA PERIFERICA N 2 URRUNAGA	1998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBR	OCTUBRE	NOVIEMBR	DICIEMBRE
COSTOS OPERATIVOS												
SUELDOS Y SALARIOS	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**
PERSONAL MEDICO	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00
PERSONAL ENFERMERIA	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50
PERSONAL ADMINISTRATIVO	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00
PERSONAL TECNICO	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00
PERSONAL SERVICIOS	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00
CARGO SOCIAL (IPSS + FONAVI)	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10
MEDICAMENTOS Y SUMINISTROS	**5 656 21**	**5 926 84**	**6 197 47**	**6 468 11**	**6 738 74**	**7 009 37**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**
MEDICAMENTOS	3 456 57	3 621 96	3 787 34	3 952 73	4 118 12	4 283 50	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30
INSUMOS	377 08	395 12	413 16	431 21	449 25	467 29	481 12	481 12	481 12	481 12	481 12	481 12
SUMINISTROS	1 696 86	1 778 05	1 859 24	1 940 43	2 021 62	2 102 81	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06
OTROS SUMINISTROS E INSUMOS	125 69	131 71	137 72	143 74	149 75	155 76	160 37	160 37	160 37	160 37	160 37	160 37
GASTOS DE MANTENIMIENTO	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67
SERVICIO DE TERCEROS	**1 378 27**	**1 441 88**	**1 505 50**	**1 569 12**	**1 662 73**	**1 726 35**	**1 782 04**	**1 811 70**	**1 841 36**	**1 869 98**	**1 896 83**	**1 923 68**
TRANSPORTE Y ALMACENAMIENTO	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54
CORREOS Y TELECOMUNICACIONES	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26
HONORARIOS COMISIONES Y CORR	170 00	170 00	170 00	170 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00
ALQUILERES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
SERVICIO ELECTRICIDAD AGUA Y A	619 67	655 89	692 12	728 35	764 58	800 81	832 35	848 47	864 59	880 20	894 96	909 71
OTROS SERVICIOS	451 80	479 19	506 58	533 97	561 36	588 74	612 90	626 44	639 97	652 98	665 08	677 17
TRIBUTOS	**4 122 54**	**4 379 00**	**4 705 47**	**4 891 94**	**5 148 41**	**5 404 88**	**5 705 35**	**5 780 43**	**5 925 51**	**6 066 07**	**6 268 84**	**6 331 60**
IMP GENERAL A LAS VENTAS	4 122 54	4 379 00	4 635 47	4 891 94	5 148 41	5 404 88	5 635 35	5 780 43	5 925 51	6 066 07	6 198 84	6 331 60
IMP GENERAL A LAS VENTAS DIF	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
TRIBUTOS LOCALES	0 00	0 00	70 00	0 00	0 00	0 00	70 00	0 00	0 00	0 00	70 00	0 00
ABONOS Y CARGOS FINANCIEROS	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
PROVISIONES	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**
COMPENSACION TIEMPO SERVICIO	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26
GRATIFICACION	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96
CARGA SOCIAL POR GRATIFICACION	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85
TOTAL COSTOS DE OPERACION	**37 447 35**	**38 038 07**	**38 698 79**	**39 219 50**	**39 840 22**	**40 430 94**	**40 994 59**	**41 099 33**	**41 274 06**	**41 443 25**	**41 672 86**	**41 762 48**
RESULTADO NETO DE OPERACION	(6 464 08)	(5 243 35)	(4 092 63)	(2 801 91)	(1 611 19)	(390 47)	622 71	1 323 97	1 955 22	2 566 94	3 074 91	3 722 88
SALDO DE CAJA	(142 451 81)	(148 915 89)	(154 159 24)	(158 251 88)	(161 053 79)	(162 664 97)	(163 055 44)	(162 432 73)	(161 108 76)	(159 153 54)	(156 586 61)	(153 511 70)
SALDO ACUMULADO	(148 915 89)	(154 159 24)	(158 251 88)	(161 053 79)	(162 664 97)	(163 055 44)	(162 432 73)	(161 108 76)	(159 153 54)	(156 586 61)	(153 511 70)	(149 788 82)
% INGRESOS / EGRESOS	82 74%	86 22%	89 42%	92 86%	95 96%	99 03%	101 52%	103 22%	104 74%	106 19%	107 38%	108 91%

CUADRO F 3 A

FLUJO DE CAJA PROYECTADO

CLINICA URRUNAGA (Tarifa mitad)

CLINICA PERIFERICA N 2 URRUNAGA	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
CONSULTA GENERAL	54 80%	42 40%	65 40%	68 40%	71 40%	74 40%	77 40%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA GINECOLOGICA	0 00%	0 00%	0 00%	3 00%	6 00%	9 00%	12 00%	15 00%	18 00%	21 00%	24 00%	27 00%
CONSULTA OBSTETRICA	22 67%	19 33%	32 67%	14 60%	17 60%	20 60%	23 60%	26 60%	29 60%	32 60%	35 60%	38 60%
CONSULTA PEDIATRICA	0	0	0	2 50%	5 50%	8 50%	11 50%	14 50%	17 50%	20 50%	23 50%	26 50%
CONSULTA ODONTOLOGICA	31 08%	49 17%	93 63%	27 10%	30 10%	33 10%	36 10%	39 10%	42 10%	45 10%	48 10%	51 10%
PARTOS	0 00%	0 00%	0 00%	4 00%	7 00%	10 00%	13 00%	16 00%	19 00%	22 00%	25 00%	28 00%
EMERGENCIA	11 25%	12 09%	0 00%	9 10%	12 10%	15 10%	18 10%	21 10%	24 10%	27 10%	30 10%	33 10%

CLINICA PERIFERICA N 2 URRUNAGA	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	2	3	4	5	6	7	8	9	10	11	12	13
INGRESOS OPERATIVOS												
INGRESOS	7 688 82	6 448 86	10 416 21	13 725 27	14 621 29	15 517 31	16 413 32	17 234 99	17 573 39	17 911 79	18 250 19	18 588 59
CONSULTA GENERAL	2 466 00	1 908 00	2 943 00	3 078 00	3 213 00	3 348 00	3 483 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00
CONSULTA GINECOLOGICA	0 00	0 00	0 00	72 00	144 00	216 00	288 00	360 00	432 00	504 00	576 00	648 00
CONSULTA OBSTETRICA	340 00	290 00	490 00	219 00	264 00	309 00	354 00	399 00	444 00	489 00	534 00	579 00
CONSULTA PEDIATRICA	0 00	0 00	0 00	820 80	856 80	892 80	928 80	960 00	960 00	960 00	960 00	960 00
CONSULTA ODONTOLOGICA	373 00	590 00	1 123 50	325 20	361 20	397 20	433 20	469 20	505 20	541 20	577 20	613 20
CONTROL SALUD NINO	50 00	52 50	52 50	25 00	55 00	85 00	115 00	145 00	175 00	205 00	235 00	265 00
PARTOS	0 00	50 00	396 00	79 20	138 60	198 00	257 40	316 80	376 20	435 60	495 00	554 40
EMERGENCIA	360 00	387 00	0 00	291 20	387 20	483 20	579 20	675 20	771 20	867 20	963 20	1 059 20
FARMACIA MEDICAMENTOS	4 099 82	3 171 36	5 411 21	8 814 87	9 201 49	9 588 11	9 974 72	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79
OTROS INGRESOS	3 171 00	2 805 80	3 564 10	4 654 26	4 925 88	5 197 50	5 469 12	5 715 97	5 801 77	5 887 58	5 973 38	6 059 18
ANALISIS DE LABORATORIO	2 411 50	1 883 00	2 413 80	3 294 49	3 438 98	3 583 48	3 727 97	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20
ECOGRAFIA	128 00	72 00	116 00	408 68	426 60	444 53	462 45	477 98	477 98	477 98	477 98	477 98
RADIOLOGIA	128 00	61 00	100 00	533 52	556 92	580 32	603 72	624 00	624 00	624 00	624 00	624 00
OTROS SERVICIOS	503 50	789 80	934 30	417 57	503 38	589 18	674 98	760 79	846 59	932 39	1 018 20	1 104 00
SUBSIDIOS				(918 98)	(977 36)	(1 035 74)	(1 094 12)	(1 147 55)	(1 168 76)	(1 189 97)	(1 211 18)	(1 232 39)
INCOBRABLES				(63 72)	(66 52)	(69 31)	(72 11)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)
TOTAL INGRESOS OPERATIVOS	10 859 82	9 254 66	13 980 31	17 396 83	18 503 29	19 609 75	20 716 22	21 728 88	22 131 87	22 534 87	22 937 86	23 340 85

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CUADRO F 3 B

FLUJO DE CAJA PROYECTADO

CLINICA URRUNAGA (Tanfa a la mitad)

CLINICA PERIFERICA N 2 URRUNAGA	1997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
COSTOS OPERATIVOS												
SUELDOS Y SALARIOS	**14 123 03**	**15 176 78**	**13 681 51**	**16 750 80**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**
PERSONAL MEDICO	5 092 28	5 256 52	4 460 00	6 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00
PERSONAL ENFERMERIA	750 00	750 00	750 00	1 605 00	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50
PERSONAL ADMINISTRATIVO	2 285 95	2 307 45	2 307 45	1 944 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00
PERSONAL TECNICO	2 240 20	3 083 10	2 397 64	3 180 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00
PERSONAL SERVICIOS	1 780 50	1 662 00	1 852 16	1 440 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00
CARGO SOCIAL (IPSS + FONAVI)	1 974 10	2 117 71	1 914 26	2 581 80	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10
MEDICAMENTOS Y SUMINISTROS	**2 327 89**	**1 950 99**	**3 279 83**	**6 170 41**	**6 441 04**	**6 711 67**	**6 982 31**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**
MEDICAMENTOS	1 676 46	1 507 08	2 652 30	3 770 81	3 936 19	4 101 58	4 266 96	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30
INSUMOS	92 33	93 12	148 73	411 36	429 40	447 44	465 49	481 12	481 12	481 12	481 12	481 12
SUMINISTROS	539 10	282 46	410 66	1 851 12	1 932 31	2 013 50	2 094 69	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06
OTROS SUMINISTROS E INSUMOS	20 00	68 33	68 14	137 12	143 13	149 15	155 16	160 37	160 37	160 37	160 37	160 37
GASTOS DE MANTENIMIENTO				1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67
SERVICIO DE TERCEROS	**883 85**	**1 213 98**	**845 08**	**839 70**	**899 29**	**939 34**	**979 39**	**1 066 08**	**1 080 90**	**1 095 73**	**1 110 56**	**1 145 39**
TRANSPORTE Y ALMACENAMIENTO	0 00	66 00	54 50	16 75	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54
CORREOS Y TELECOMUNICACIONES	200 46	320 28	133 00	100 50	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26
HONORARIOS COMISIONES Y CORRE	71 20	138 00	46 00	100 00	100 00	100 00	100 00	150 00	150 00	150 00	150 00	170 00
ALQUILERES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
SERVICIO ELECTRICIDAD AGUA Y AL	612 19	689 70	611 58	347 94	370 07	392 20	414 32	434 58	442 64	450 70	458 76	466 82
OTROS SERVICIOS	0 00	0 00	0 00	274 51	292 43	310 35	328 27	344 70	351 47	358 24	365 00	371 77
TRIBUTOS	**1 669 45**	**1 391 39**	**2 209 48**	**0 00**	**0 00**	**0 00**	**70 00**	**0 00**	**0 00**	**0 00**	**70 00**	**0 00**
IMP GENERAL A LAS VENTAS	470 43	344 39	630 08	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
IMP GENERAL A LAS VENTAS DIF	1 199 02	1 047 00	1 579 40	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
TRIBUTOS LOCALES	0 00	0 00	0 00	0 00	0 00	0 00	70 00	0 00	0 00	0 00	70 00	0 00
ABONOS Y CARGOS FINANCIEROS	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
PROVISIONES	**3 698 67**	**3 975 76**	**3 582 51**	**4 355 21**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**
COMPENSACION TIEMPO SERVICIO	1 349 88	1 451 01	1 307 48	1 675 08	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26
GRATIFICACION	2 024 82	2 176 51	1 961 23	2 345 11	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96
CARGA SOCIAL POR GRATIFICACION	323 97	348 24	313 80	335 02	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85
TOTAL COSTOS DE OPERACION	22 702 89	23 708 90	23 598 41	29 782 78	33 630 67	33 941 36	34 322 04	34 573 27	34 588 10	34 602 93	34 687 76	34 652 58
RESULTADO NETO DE OPERACION	(11 843 07)	(14 454 24)	(9 618 10)	(12 385 95)	(15 127 38)	(14 331 60)	(13 605 82)	(12 844 39)	(12 456 22)	(12 068 06)	(11 749 89)	(11 311 73)
SALDO DE CAJA	(15 872 45)	(27 715 52)	(42 169 76)	(51 787 86)	(64 173 81)	(79 301 20)	(93 632 80)	(107 238 63)	(120 083 02)	(132 539 24)	(144 607 30)	(156 357 19)
SALDO ACUMULADO	(27 715 52)	(42 169 76)	(51 787 86)	(64 173 81)	(79 301 20)	(93 632 80)	(107 238 63)	(120 083 02)	(132 539 24)	(144 607 30)	(156 357 19)	(167 668 92)
% INGRESOS / EGRESOS	47 83%	39 03%	59 24%	58 41%	55 02%	57 78%	60 36%	62 85%	63 99%	65 12%	66 13%	67 36%

CUADRO F 3 C

FLUJO DE CAJA PROYECTADO

CLINICA URRUNAGA (Tanfa a la mitad)

% DE UTILIZACION	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	1998											
CONSULTA GENERAL	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA GINECOLOGICA	30 00%	33 00%	36 00%	39 00%	42 00%	45 00%	48 00%	51 00%	54 00%	57 00%	60 00%	63 00%
CONSULTA OBSTETRICA	41 60%	44 60%	47 60%	50 60%	53 60%	56 60%	59 60%	62 60%	65 60%	68 60%	71 60%	74 60%
CONSULTA PEDIATRICA	29 50%	32 50%	35 50%	38 50%	41 50%	44 50%	47 50%	50 50%	53 50%	56 50%	59 50%	62 50%
CONSULTA ODONTOLOGICA	54 10%	57 10%	60 10%	63 10%	66 10%	69 10%	72 10%	75 10%	78 10%	80 00%	80 00%	80 00%
PARTOS	31 00%	34 00%	37 00%	40 00%	43 00%	46 00%	49 00%	52 00%	55 00%	58 00%	61 00%	64 00%
EMERGENCIA	36 10%	39 10%	42 10%	45 10%	48 10%	51 10%	54 10%	57 10%	60 10%	63 10%	66 10%	69 10%

CLINICA PERIFERICA N° 2 URRUNAGA	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	1998											
	14	15	16	17	18	19	20	21	22	23	24	2
INGRESOS OPERATIVOS												
INGRESOS	18 926 99	19 265 39	19 603 79	19 942 19	20 280 59	20 618 99	20 957 39	21 295 79	21 634 19	21 959 39	22 261 79	22 564 19
CONSULTA GENERAL	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00
CONSULTA GINECOLOGICA	720 00	792 00	864 00	936 00	1 008 00	1 080 00	1 152 00	1 224 00	1 296 00	1 368 00	1 440 00	1 512 00
CONSULTA OBSTETRICA	624 00	669 00	714 00	759 00	804 00	849 00	894 00	939 00	984 00	1 029 00	1 074 00	1 119 00
CONSULTA PEDIATRICA	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00
CONSULTA ODONTOLOGICA	649 20	685 20	721 20	757 20	793 20	829 20	865 20	901 20	937 20	960 00	960 00	960 00
CONTROL SALUD NINO	295 00	325 00	355 00	385 00	415 00	445 00	475 00	505 00	535 00	565 00	595 00	625 00
PARTOS	613 80	673 20	732 60	792 00	851 40	910 80	970 20	1 029 60	1 089 00	1 148 40	1 207 80	1 267 20
EMERGENCIA	1 155 20	1 251 20	1 347 20	1 443 20	1 539 20	1 635 20	1 731 20	1 827 20	1 923 20	2 019 20	2 115 20	2 211 20
FARMACIA MEDICAMENTOS	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79
OTROS INGRESOS	6 144 99	6 230 79	6 316 59	6 402 40	6 488 20	6 574 00	6 659 80	6 745 61	6 831 41	6 917 21	7 003 02	7 088 82
ANALISIS DE LABORATORIO	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20
ECOGRAFIA	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98
RADIOLOGIA	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00
OTROS SERVICIOS	1 189 80	1 275 61	1 361 41	1 447 21	1 533 01	1 618 82	1 704 62	1 790 42	1 876 23	1 962 03	2 047 83	2 133 64
SUBSIDIOS	(1 253 60)	(1 274 81)	(1 296 02)	(1 317 23)	(1 338 44)	(1 359 65)	(1 380 86)	(1 402 07)	(1 423 28)	(1 443 83)	(1 463 24)	(1 482 65)
INCOBRABLES	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)
TOTAL INGRESOS OPERATIVOS	23 743 85	24 146 84	24 549 83	24 952 83	25 355 82	25 758 81	26 161 80	26 564 80	26 967 79	27 358 24	27 727 04	28 095 83

CUADRO F 3 D — FLUJO DE CAJA PROYECTADO — CLINICA URRUNAGA (Tarifa a la mitad)

CLINICA PERIFERICA N 2 URRUNAGA	1998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
COSTOS OPERATIVOS												
SUELDOS Y SALARIOS	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60	19 542 60
PERSONAL MEDICO	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00
PERSONAL ENFERMERIA	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50
PERSONAL ADMINISTRATIVO	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00
PERSONAL TECNICO	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00
PERSONAL SERVICIOS	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00
CARGO SOCIAL (IPSS + FONAVI)	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10
MEDICAMENTOS Y SUMINISTROS	7 216 85	7 216 85	7 216 85	7 216 85	7 216 85	7 216 85	7 216 85	7 216 85	7 216 85	7 216 85	7 216 85	7 216 85
MEDICAMENTOS	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30
INSUMOS	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12
SUMINISTROS	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06
OTROS SUMINISTROS E INSUMOS	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37
GASTOS DE MANTENIMIENTO	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67
SERVICIO DE TERCEROS	1 160 21	1 175 04	1 189 87	1 204 70	1 249 53	1 264 35	1 279 18	1 294 01	1 308 84	1 323 15	1 336 57	1 350 00
TRANSPORTE Y ALMACENAMIENTO	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54
CORREOS Y TELECOMUNICACIONES	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26
HONORARIOS COMISIONES Y CORR	170 00	170 00	170 00	170 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00
ALQUILERES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
SERVICIO ELECTRICIDAD AGUA Y AI	474 88	482 94	491 00	499 06	507 12	515 18	523 24	531 30	539 36	547 16	554 54	561 92
OTROS SERVICIOS	378 54	385 31	392 08	398 84	405 61	412 38	419 15	425 92	432 68	439 19	445 24	451 28
TRIBUTOS	497 66	2 490 67	2 633 21	2 635 75	2 708 28	2 780 82	2 923 36	2 925 90	2 998 44	3 068 72	3 205 10	3 201 49
IMP GENERAL A LAS VENTAS	497 66	2 490 67	2 563 21	2 635 75	2 708 28	2 780 82	2 853 36	2 925 90	2 998 44	3 068 72	3 135 10	3 201 49
IMP GENERAL A LAS VENTAS DIF	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
TRIBUTOS LOCALES	0 00	0 00	70 00	0 00	0 00	0 00	70 00	0 00	0 00	0 00	70 00	0 00
ABONOS Y CARGOS FINANCIEROS	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
PROVISIONES	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08	5 081 08
COMPENSACION TIEMPO SERVICIO	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26
GRATIFICACION	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96
CARGA SOCIAL POR GRATIFICACION	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85
TOTAL COSTOS DE OPERACION	35 165 07	37 172 91	37 330 27	37 347 64	37 465 01	37 552 37	37 709 74	37 727 11	37 814 47	37 899 07	38 048 88	38 058 68
RESULTADO NETO DE OPERACION	(11 421 23)	(13 026 07)	(12 780 44)	(12 394 82)	(12 109 19)	(11 793 56)	(11 547 94)	(11 162 31)	(10 846 68)	(10 540 83)	(10 321 84)	(9 962 85)
SALDO DE CAJA	(167 668 92)	(179 090 15)	(192 116 22)	(204 896 66)	(217 291 48)	(229 400 67)	(241 194 23)	(252 742 17)	(263 904 48)	(274 751 16)	(285 291 99)	(295 613 83)
SALDO ACUMULADO	(179 090 15)	(192 116 22)	(204 896 66)	(217 291 48)	(229 400 67)	(241 194 23)	(252 742 17)	(263 904 48)	(274 751 16)	(285 291 99)	(295 613 83)	(305 576 68)
% INGRESOS / EGRESOS	67 52%	64 96%	65 76%	66 81%	67 68%	68 59%	69 38%	70 41%	71 32%	72 19%	72 87%	73 82%

CUADRO F 3 E

FLUJO DE CAJA PROYECTADO

CLINICA URRUNAGA (Tarifa a la mitad)

% DE UTILIZACION	1999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
CONSULTA GENERAL	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA GINECOLOGICA	66 00%	69 00%	72 00%	75 00%	78 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA OBSTETRICA	77 60%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA PEDIATRICA	65 50%	68 50%	71 50%	74 50%	77 50%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
CONSULTA ODONTOLOGICA	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
PARTOS	67 00%	70 00%	73 00%	76 00%	79 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%
EMERGENCIA	72 10%	75 10%	78 10%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%

CLINICA PERIFERICA N 2 URRUNAGA	1999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	26	27	28	29	30	31	32	33	34	35	36	37
INGRESOS OPERATIVOS												
INGRESOS	22 866 59	23 159 99	23 417 39	23 639 59	23 800 99	23 893 79	23 893 79	23 893 79	23 893 79	23 893 79	23 893 79	23 893 79
CONSULTA GENERAL	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00	3 600 00
CONSULTA GINECOLOGICA	1 584 00	1 656 00	1 728 00	1 800 00	1 872 00	1 920 00	1 920 00	1 920 00	1 920 00	1 920 00	1 920 00	1 920 00
CONSULTA OBSTETRICA	1 164 00	1 200 00	1 200 00	1 200 00	1 200 00	1 200 00	1 200 00	1 200 00	1 200 00	1 200 00	1 200 00	1 200 00
CONSULTA PEDIATRICA	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00
CONSULTA ODONTOLOGICA	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00	960 00
CONTROL SALUD NINO	655 00	685 00	715 00	745 00	775 00	800 00	800 00	800 00	800 00	800 00	800 00	800 00
PARTOS	1 326 60	1 386 00	1 445 40	1 504 80	1 564 20	1 584 00	1 584 00	1 584 00	1 584 00	1 584 00	1 584 00	1 584 00
EMERGENCIA	2 307 20	2 403 20	2 499 20	2 560 00	2 560 00	2 560 00	2 560 00	2 560 00	2 560 00	2 560 00	2 560 00	2 560 00
FARMACIA MEDICAMENTOS	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79	10 309 79
OTROS INGRESOS	7 174 62	7 243 27	7 243 27	7 243 27	7 243 27	7 243 27	7 243 27	7 243 27	7 243 27	7 243 27	7 243 27	7 243 27
ANALISIS DE LABORATORIO	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20	3 853 20
ECOGRAFIA	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98	477 98
RADIOLOGIA	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00	624 00
OTROS SERVICIOS	2 219 44	2 288 08	2 288 08	2 288 08	2 288 08	2 288 08	2 288 08	2 288 08	2 288 08	2 288 08	2 288 08	2 288 08
SUBSIDIOS	(1 502 06)	(1 520 16)	(1 533 03)	(1 544 14)	(1 552 21)	(1 556 85)	(1 556 85)	(1 556 85)	(1 556 85)	(1 556 85)	(1 556 85)	(1 556 85)
INCOBRABLES	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)	(74 53)
TOTAL INGRESOS OPERATIVOS	28 464 62	28 808 56	29 053 09	29 264 18	29 417 51	29 505 67	29 505 67	29 505 67	29 505 67	29 505 67	29 505 67	29 505 67

CUADRO F 3 F

FLUJO DE CAJA PROYECTADO

CLINICA URRUNAGA (Tarifa a la mitad)

CLINICA PERIFERICA N 2 URRUNAGA	1999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
COSTOS OPERATIVOS												
SUELDOS Y SALARIOS	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**	**19 542 60**
PERSONAL MEDICO	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00	7 000 00
PERSONAL ENFERMERIA	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50	1 872 50
PERSONAL ADMINISTRATIVO	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00	2 268 00
PERSONAL TECNICO	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00	3 710 00
PERSONAL SERVICIOS	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00	1 680 00
CARGO SOCIAL (IPSS + FONAVI)	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10	3 012 10
MEDICAMENTOS Y SUMINISTROS	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**	**7 216 85**
MEDICAMENTOS	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30	4 410 30
INSUMOS	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12	481 12
SUMINISTROS	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06	2 165 06
OTROS SUMINISTROS E INSUMOS	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37	160 37
GASTOS DE MANTENIMIENTO	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67	1 666 67
SERVICIO DE TERCEROS	**1 363 42**	**1 376 17**	**1 386 21**	**1 394 87**	**1 401 17**	**1 404 79**	**1 404 79**	**1 404 79**	**1 404 79**	**1 404 79**	**1 404 79**	**1 404 79**
TRANSPORTE Y ALMACENAMIENTO	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54	19 54
CORREOS Y TELECOMUNICACIONES	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26	117 26
HONORARIOS COMISIONES Y CORR	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00
ALQUILERES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
SERVICIO ELECTRICIDAD AGUA Y AL	569 29	576 17	581 06	585 28	588 35	590 11	590 11	590 11	590 11	590 11	590 11	590 11
OTROS SERVICIOS	457 33	463 20	468 35	472 79	476 02	477 88	477 88	477 88	477 88	477 88	477 88	477 88
TRIBUTOS	**3 267 87**	**3 329 78**	**3 443 79**	**3 411 79**	**3 439 39**	**3 455 26**	**3 525 26**	**3 525 26**	**3 525 26**	**3 525 26**	**3 525 26**	**3 525 26**
IMP GENERAL A LAS VENTAS	3 267 87	3 329 78	3 373 79	3 411 79	3 439 39	3 455 26	3 455 26	3 455 26	3 455 26	3 455 26	3 455 26	3 455 26
IMP GENERAL A LAS VENTAS DIF	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
TRIBUTOS LOCALES	0 00	0 00	70 00	0 00	0 00	0 00	70 00	70 00	70 00	70 00	70 00	70 00
ABONOS Y CARGOS FINANCIEROS	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**	**0 00**
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
PROVISIONES	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**	**5 081 08**
COMPENSACION TIEMPO SERVICIO	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26	1 954 26
GRATIFICACION	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96	2 735 96
CARGA SOCIAL POR GRATIFICACION	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85	390 85
TOTAL COSTOS DE OPERACION	**38 138 49**	**38 213 14**	**38 337 20**	**38 313 86**	**38 347 76**	**38 367 24**	**38 437 24**	**38 437 24**	**38 437 24**	**38 437 24**	**38 437 24**	**38 437 24**
RESULTADO NETO DE OPERACION	(9 673 87)	(9 404 58)	(9 284 11)	(9 049 68)	(8 930 24)	(8 861 57)	(8 931 57)	(8 931 57)	(8 931 57)	(8 931 57)	(8 931 57)	(8 931 57)
SALDO DE CAJA	(305 576 68)	(315 250 55)	(324 655 13)	(333 939 24)	(342 988 92)	(351 919 16)	(360 780 73)	(369 712 30)	(378 643 87)	(387 575 44)	(396 507 01)	(405 438 58)
SALDO ACUMULADO	(315 250 55)	(324 655 13)	(333 939 24)	(342 988 92)	(351 919 16)	(360 780 73)	(369 712 30)	(378 643 87)	(387 575 44)	(396 507 01)	(405 438 58)	(414 370 15)
% INGRESOS / EGRESOS	74 63%	75 39%	75 78%	76 38%	76 71%	76 90%	76 76%	76 76%	76 76%	76 76%	76 76%	76 76%

CUADRO F 4 A

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa normal)

CLINICAS BALTA Y URRUNAGA	1 997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	1	2	3	4	5	6	7	8	9	10	11	12
INGRESOS OPERATIVOS												
INGRESOS	52 061	44 746	51 035	48 280	49 979	51 688	53 407	55 137	56 877	58 629	60 392	62 167
CONSULTA GENERAL	16 521	14 224	15 191	16 213	16 483	16 753	17 023	17 293	17 563	17 833	18 103	18 373
CONSULTA GINECOLOGICA	1 500	1 543	1 543	1 744	1 888	2 032	2 176	2 320	2 464	2 608	2 752	2 896
CONSULTA OBSTETRICA (SALUD MUJER)	2 577	2 465	2 665	2 738	2 828	2 918	3 008	3 098	3 188	3 278	3 368	3 458
CONSULTA PEDIATRICA	5 848	4 885	4 944	4 728	4 764	4 800	4 836	4 872	4 908	4 944	4 980	5 016
CONSULTA ODONTOLOGICA	2 464	2 581	3 382	2 750	2 822	2 894	2 966	3 038	3 110	3 182	3 254	3 326
CONTROL SALUD NINO	4 202	3 752	3 798	3 778	3 838	3 898	3 958	4 018	4 078	4 138	4 198	4 258
PARTOS	0	50	396	158	277	396	515	634	752	871	990	1 109
EMERGENCIA	9 340	7 342	8 062	7 396	7 793	8 195	8 604	9 019	9 441	9 870	10 307	10 750
FARMACIA MEDICAMENTOS	9 610	7 904	11 053	8 774	9 286	9 801	10 321	10 844	11 372	11 904	12 440	12 980
OTROS INGRESOS	14 323	12 222	13 968	16 383	17 340	18 306	19 281	20 266	21 260	22 265	23 280	24 307
ANALISIS DE LABORATORIO	11 133	9 024	9 942	12 042	12 589	13 144	13 707	14 278	14 857	15 445	16 043	16 649
ECOGRAFIA	880	804	856	1 228	1 288	1 348	1 410	1 472	1 535	1 598	1 663	1 728
RADIOLOGIA	326	185	230	824	879	934	989	1 045	1 101	1 157	1 213	1 270
OTROS SERVICIOS	1 985	2 209	2 940	2 289	2 584	2 880	3 175	3 471	3 768	4 065	4 362	4 659
SUBSIDIOS	0	0	0	(3 150)	(3 421)	(3 692)	(3 964)	(4 238)	(4 512)	(4 787)	(5 063)	(5 341)
INCOBRABLES	0	0	0	(541)	(582)	(623)	(664)	(705)	(746)	(787)	(829)	(871)
TOTAL INGRESOS OPERATIVOS	66 384	56 968	65 003	60 972	63 317	65 679	68 060	70 460	72 880	75 319	77 780	80 261

CUADRO F 4- B

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa normal)

CLINICAS BALTA Y URRUNAGA	1 997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBR	NOVIEMBRE	DICIEMBRE
	1	2	3	4	5	6	7	8	9	10	11	12
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	44 006	41 787	40 596	43 779	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571
PERSONAL MEDICO	19 147	17 573	16 708	19 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
PERSONAL ENFERMERIA	2 250	2 293	2 293	3 205	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473
PERSONAL ADMINISTRATIVO	4 523	4 482	4 482	4 244	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568
PERSONAL TECNICO	8 089	7 968	7 342	7 480	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010
PERSONAL SERVICIOS	3 871	3 653	4 111	3 540	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780
CARGO SOCIAL (IPSS + FONAVI)	6 127	5 817	5 660	6 310	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740
MEDICAMENTOS Y SUMINISTROS	8 314	8 385	9 196	10 982	12 471	10 716	12 095	11 117	11 592	12 073	12 561	13 055
MEDICAMENTOS	5 611	6 046	7 054	6 643	7 643	7 032	8 106	6 803	7 093	7 388	7 686	7 988
INSUMOS	630	767	593	671	791	819	1 004	712	743	774	805	837
SUMINISTROS	2 025	1 470	1 407	3 414	3 745	2 778	2 634	3 340	3 482	3 627	3 773	3 921
OTROS SUMINISTROS E INSUMOS	48	103	143	254	291	88	350	263	274	285	296	308
GASTOS DE MANTENIMIENTO	0	0	0	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908
SERVICIO DE TERCEROS	4 613	4 814	4 744	4 378	4 563	4 729	4 896	5 113	5 281	5 449	5 618	5 807
TRANSPORTE Y ALMACENAMIENTO	16	66	129	71	74	74	74	74	74	74	74	74
CORREOS Y TELECOMUNICACIONES	571	320	445	425	442	442	442	442	442	442	442	442
HONORARIOS COMISIONES Y CORRET	586	555	296	591	627	663	700	787	824	861	898	956
ALQUILERES	1 888	1 902	1 905	1 700	1 700	1 700	1 700	1 700	1 700	1 700	1 700	1 700
SERVICIO ELECTRICIDAD AGUA Y ALCANT	1 479	1 524	1 557	1 186	1 288	1 391	1 493	1 596	1 700	1 803	1 908	2 012
OTROS SERVICIOS	73	447	412	405	433	460	487	515	542	570	597	624
TRIBUTOS	9 115	7 697	9 550	0	80	0	70	80	0	0	3 158	3 866
IMP GENERAL A LAS VENTAS	2 613	1 913	2 739	0	0	0	0	0	0	0	3 008	3 866
IMP GENERAL A LAS VENTAS DIF	6 502	5 757	6 784	0	0	0	0	0	0	0	0	0
TRIBUTOS LOCALES	0	27	26	0	80	0	70	80	0	0	150	0
ABONOS Y CARGOS FINANCIEROS	156	118	120	145	158	170	183	195	207	220	233	245
INTERESES	0	0	0	0	0	0	0	0	0	0	0	0
COMISIONES	156	118	120	145	158	170	183	195	207	220	233	245
PROVISIONES	11 532	10 951	10 636	11 382	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108
COMPENSACION TIEMPO SERVICIO	4 209	3 997	3 882	4 378	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657
GRATIFICACION	6 313	5 995	5 823	6 129	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520
CARGA SOCIAL POR GRATIFICACION	1 010	959	932	876	931	931	931	931	931	931	931	931
TOTAL EGRESOS OPERATIVOS	77 737	73 752	74 842	74 574	79 858	78 202	79 830	79 091	79 667	80 329	84 155	85 560
RESULTADO NETO DE OPERACION	(11 353)	(16 784)	(9 839)	(13 602)	(16 542)	(12 523)	(11 769)	(8 631)	(6 787)	(5 009)	(6 376)	(5 298)
SALDO DE CAJA	(114 457)	(134 304)	(157 063)	(170 900)	(192 350)	(212 790)	(228 672)	(240 054)	(246 836)	(249 026)	(246 612)	(242 660)
SALDO ACUMULADO	(125 809)	(151 088)	(166 902)	(184 502)	(208 892)	(225 313)	(240 441)	(248 685)	(253 623)	(254 035)	(252 988)	(247 958)
% DE INGRESOS / EGRESOS	85%	77%	87%	82%	79%	84%	85%	89%	91%	94%	92%	94%

CUADRO F 4 C

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa normal)

CLINICAS BALTA Y URRUNAGA	1 998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	D CIEMBR
	13	14	15	16	17	18	19	20	21	22	23	24
INGRESOS OPERATIVOS												
INGRESOS	63 954	65 753	67 566	69 391	71 231	73 084	74 790	75 981	77 187	78 382	79 548	80 730
CONSULTA GENERAL	18 643	18 913	19 183	19 453	19 723	19 993	20 200	20 200	20 200	20 200	20 200	20 200
CONSULTA GINECOLOGICA	3 040	3 184	3 328	3 472	3 616	3 760	3 904	4 048	4 192	4 336	4 480	4 624
CONSULTA OBSTETRICA (SALUD MUJER)	3 548	3 638	3 728	3 818	3 908	3 998	4 088	4 178	4 268	4 358	4 448	4 538
CONSULTA PEDIATRICA	5 052	5 088	5 124	5 160	5 196	5 232	5 260	5 260	5 260	5 260	5 260	5 260
CONSULTA ODONTOLOGICA	3 398	3 470	3 542	3 614	3 686	3 758	3 830	3 902	3 974	4 020	4 020	4 020
CONTROL SALUD NINO	4 318	4 378	4 438	4 498	4 558	4 618	4 678	4 738	4 798	4 858	4 918	4 978
PARTOS	1 228	1 346	1 465	1 584	1 703	1 822	1 940	2 059	2 178	2 297	2 416	2 534
EMERGENCIA	11 201	11 660	12 126	12 601	13 085	13 577	14 078	14 589	15 109	15 638	16 178	16 729
FARMACIA MEDICAMENTOS	13 525	14 075	14 630	15 190	15 755	16 326	16 812	17 007	17 208	17 414	17 628	17 847
OTROS INGRESOS	25 344	26 393	27 450	28 513	29 584	30 659	31 660	32 374	33 098	33 837	34 561	35 296
ANALISIS DE LABORATORIO	17 265	17 891	18 526	19 173	19 830	20 498	21 110	21 512	21 926	22 352	22 792	23 244
ECOGRAFIA	1 795	1 862	1 930	1 999	2 069	2 141	2 204	2 242	2 280	2 320	2 361	2 403
RADIOLOGIA	1 327	1 384	1 441	1 499	1 558	1 616	1 664	1 677	1 689	1 703	1 716	1 730
OTROS SERVICIOS	4 958	5 256	5 552	5 842	6 128	6 405	6 682	6 944	7 202	7 462	7 692	7 918
SUBSIDIOS	(5 619)	(5 899)	(6 175)	(6 445)	(6 710)	(6 964)	(7 206)	(7 388)	(7 567)	(7 746)	(7 886)	(8 021)
INCOBRABLES	(913)	(956)	(997)	(1 038)	(1 077)	(1 114)	(1 151)	(1 179)	(1 206)	(1 233)	(1 254)	(1 273)
TOTAL INGRESOS OPERATIVOS	82 765	85 291	87 843	90 422	93 028	95 665	98 094	99 788	101 512	103 239	104 969	106 733

CUADRO F 4 D

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa normal)

CLINICAS BALTA Y URRUNAGA	1 998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	13	14	15	16	17	18	19	20	21	22	23	2
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571
PERSONAL MEDICO	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
PERSONAL ENFERMERIA	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473
PERSONAL ADMINISTRATIVO	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568
PERSONAL TECNICO	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010
PERSONAL SERVICIOS	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780
CARGO SOCIAL (IPSS + FONAVI)	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740
MEDICAMENTOS Y SUMINISTROS	13 555	14 063	14 578	15 100	15 629	16 167	16 649	16 932	17 223	17 523	17 833	18 151
MEDICAMENTOS	8 295	8 605	8 920	9 239	9 563	9 892	10 187	10 360	10 539	10 723	10 912	11 107
INSUMOS	870	902	936	969	1 004	1 038	1 069	1 087	1 105	1 124	1 143	1 163
SUMINISTROS	4 072	4 224	4 379	4 536	4 695	4 856	5 001	5 086	5 174	5 264	5 357	5 453
OTROS SUMINISTROS E INSUMOS	319	331	343	355	368	380	391	398	406	413	420	428
GASTOS DE MANTENIMIENTO	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908
SERVICIO DE TERCEROS	6 078	6 248	6 417	6 582	6 775	6 930	7 079	7 190	7 299	7 408	7 494	7 577
TRANSPORTE Y ALMACENAMIENTO	74	74	74	74	74	74	74	74	74	74	74	74
CORREOS Y TELECOMUNICACIONES	442	442	442	442	442	442	442	442	442	442	442	442
HONORARIOS COMISIONES Y CORRET	994	1 032	1 069	1 105	1 170	1 203	1 236	1 265	1 293	1 321	1 342	1 362
ALQUILERES	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800
SERVICIO ELECTRICIDAD AGUA Y ALCANT	2 117	2 222	2 326	2 428	2 528	2 624	2 715	2 784	2 851	2 919	2 971	3 022
OTROS SERVICIOS	652	679	707	734	761	789	813	826	840	853	865	877
TRIBUTOS	4 123	4 459	4 705	4 892	5 228	5 405	5 705	5 860	5 926	6 066	6 349	6 332
IMP GENERAL A LAS VENTAS	4 123	4 379	4 635	4 892	5 148	5 405	5 635	5 780	5 926	6 066	6 199	6 332
IMP GENERAL A LAS VENTAS DIF	0	0	0	0	0	0	0	0	0	0	0	0
TRIBUTOS LOCALES	0	80	70	0	80	0	70	80	0	0	150	0
ABONOS Y CARGOS FINANCIEROS	258	270	283	295	306	317	327	336	345	354	360	365
INTERESES	0	0	0	0	0	0	0	0	0	0	0	0
COMISIONES	258	270	283	295	306	317	327	336	345	354	360	365
PROVISIONES	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108
COMPENSACION TIEMPO SERVICIO	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657
GRATIFICACION	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520
CARGA SOCIAL POR GRATIFICACION	931	931	931	931	931	931	931	931	931	931	931	931
TOTAL EGRESOS OPERATIVOS	86 600	87 627	88 570	89 455	90 525	91 405	92 347	92 905	93 380	93 938	94 621	95 011
RESULTADO NETO DE OPERACION	(3 835)	(2 336)	(727)	966	2 503	4 260	5 747	6 883	8 132	9 301	10 348	11 722
SALDO DE CAJA	(234 887)	(224 128)	(208 971)	(189 557)	(165 866)	(138 108)	(106 464)	(71 133)	(32 803)	8 389	52 441	98 538
SALDO ACUMULADO	(238 721)	(226 464)	(209 698)	(188 590)	(163 363)	(133 848)	(100 717)	(64 251)	(24 671)	17 690	62 789	110 260
% DE INGRESOS / EGRESOS	96%	97%	99%	101%	103%	105%	106%	107%	109%	110%	111%	112%

CUADRO F 5- A

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa mitad)

CLINICAS BALTA Y URRUNAGA	1 997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	1	2	3	4	5	6	7	8	9	10	11	12
INGRESOS OPERATIVOS												
INGRESOS	52 061	44 746	51 035	51 740	52 966	54 201	55 447	56 629	57 338	58 059	58 791	59 535
CONSULTA GENERAL	16 521	14 224	15 191	16 078	16 213	16 348	16 483	16 600	16 600	16 600	16 600	16 600
CONSULTA GINECOLOGICA	1 500	1 543	1 543	1 672	1 744	1 816	1 888	1 960	2 032	2 104	2 176	2 248
CONSULTA OBSTETRICA (SALUD MUJER)	2 577	2 465	2 665	2 519	2 564	2 609	2 654	2 699	2 744	2 789	2 834	2 879
CONSULTA PEDIATRICA	5 848	4 885	4 944	5 121	5 157	5 193	5 229	5 260	5 260	5 260	5 260	5 260
CONSULTA ODONTOLOGICA	2 464	2 581	3 382	2 425	2 461	2 497	2 533	2 569	2 605	2 641	2 677	2 713
CONTROL SALUD NINO	4 202	3 752	3 798	3 753	3 783	3 813	3 843	3 873	3 903	3 933	3 963	3 993
PARTOS	0	50	396	79	139	198	257	317	376	436	495	554
EMERGENCIA	9 340	7 342	8 062	7 105	7 405	7 712	8 025	8 344	8 670	9 003	9 343	9 691
FARMACIA MEDICAMENTOS	9 610	7 904	11 053	12 988	13 500	14 016	14 535	15 007	15 148	15 293	15 442	15 596
OTROS INGRESOS	14 323	12 222	13 968	15 780	16 465	17 159	17 863	18 551	19 088	19 636	20 193	20 762
ANALISIS DE LABORATORIO	11 133	9 024	9 942	11 897	12 300	12 710	13 129	13 536	13 826	14 126	14 434	14 751
ECOGRAFIA	880	804	856	1 210	1 252	1 295	1 338	1 380	1 407	1 435	1 463	1 493
RADIOLOGIA	326	185	230	801	832	864	896	925	934	943	953	962
OTROS SERVICIOS	1 985	2 209	2 940	1 872	2 081	2 291	2 500	2 711	2 921	3 132	3 344	3 555
SUBSIDIOS	0	0	0	(3 293)	(3 526)	(3 760)	(3 996)	(4 227)	(4 426)	(4 627)	(4 829)	(5 032)
INCOBRABLES	0	0	0	(539)	(576)	(614)	(652)	(690)	(726)	(762)	(798)	(834)
TOTAL INGRESOS OPERATIVOS	66 384	56 968	65 003	63 689	65 328	66 986	68 662	70 263	71 274	72 305	73 357	74 430

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CUADRO F 5- B

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa mitad)

CLINICAS BALTA Y URRUNAGA	1 997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	1	2	3	4	5	6	7	8	9	10	11	12
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	44 006	41 787	40 596	43 779	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571
PERSONAL MEDICO	19 147	17 573	16 708	19 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
PERSONAL ENFERMERIA	2 250	2 293	2 293	3 205	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473
PERSONAL ADMINISTRATIVO	4 523	4 482	4 482	4 244	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568
PERSONAL TECNICO	8 089	7 968	7 342	7 480	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010
PERSONAL SERVICIOS	3 871	3 653	4 111	3 540	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780
CARGO SOCIAL (IPSS + FONAVI)	6 127	5 817	5 660	6 310	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740
MEDICAMENTOS Y SUMINISTROS	8 314	8 385	9 196	13 932	15 421	13 666	15 044	14 031	14 235	14 446	14 662	14 886
MEDICAMENTOS	5 611	6 046	7 054	8 446	9 446	8 834	9 909	8 584	8 709	8 838	8 971	9 107
INSUMOS	630	767	593	867	988	1 016	1 201	906	919	932	945	959
SUMINISTROS	2 025	1 470	1 407	4 299	4 630	3 663	3 519	4 214	4 275	4 339	4 404	4 471
OTROS SUMINISTROS E INSUMOS	48	103	143	319	356	153	416	327	332	337	343	348
GASTOS DE MANTENIMIENTO	0	0	0	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908
SERVICIO DE TERCEROS	4 613	4 814	4 744	4 502	4 663	4 806	4 949	5 139	5 258	5 377	5 497	5 638
TRANSPORTE Y ALMACENAMIENTO	16	66	129	71	74	74	74	74	74	74	74	74
CORREOS Y TELECOMUNICACIONES	571	320	445	425	442	442	442	442	442	442	442	442
HONORARIOS COMISIONES Y CORRET	586	555	296	591	627	663	700	787	824	861	898	956
ALQUILERES	1 888	1 902	1 905	1 700	1 700	1 700	1 700	1 700	1 700	1 700	1 700	1 700
SERVICIO ELECTRICIDAD AGUA Y ALCANT	1 479	1 524	1 557	1 241	1 328	1 417	1 505	1 592	1 667	1 743	1 819	1 895
OTROS SERVICIOS	73	447	412	475	492	510	528	545	551	558	565	572
TRIBUTOS	9 115	7 697	9 550	0	80	0	70	80	0	0	150	0
IMP GENERAL A LAS VENTAS	2 613	1 913	2 739	0	0	0	0	0	0	0	0	0
IMP GENERAL A LAS VENTAS DIF	6 502	5 757	6 784	0	0	0	0	0	0	0	0	0
TRIBUTOS LOCALES	0	27	26	0	80	0	70	80	0	0	150	0
ABONOS Y CARGOS FINANCIEROS	156	118	120	145	158	170	183	195	207	220	233	245
INTERESES	0	0	0	0	0	0	0	0	0	0	0	0
COMISIONES	156	118	120	145	158	170	183	195	207	220	233	245
PROVISIONES	11 532	10 951	10 636	11 382	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108
COMPENSACION TIEMPO SERVICIO	4 209	3 997	3 882	4 378	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657
GRATIFICACION	6 313	5 995	5 823	6 129	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520
CARGA SOCIAL POR GRATIFICACION	1 010	959	932	876	931	931	931	931	931	931	931	931
TOTAL EGRESOS OPERATIVOS	77 737	73 752	74 842	77 648	82 908	81 229	82 832	82 031	82 287	82 630	83 129	83 356
RESULTADO NETO DE OPERACION	(11 353)	(16 784)	(9 839)	(13 959)	(17 580)	(14 243)	(14 170)	(11 768)	(11 013)	(10 324)	(9 772)	(8 925)
SALDO DE CAJA	(114 457)	(134 304)	(157 063)	(170 900)	(192 707)	(214 185)	(231 787)	(245 570)	(255 489)	(261 905)	(264 806)	(264 250)
SALDO ACUMULADO	(125 809)	(151 088)	(166 902)	(184 859)	(210 287)	(228 428)	(245 957)	(257 338)	(266 502)	(272 229)	(274 578)	(273 175)
% DE INGRESOS / EGRESOS	85%	77%	87%	82%	79%	82%	83%	86%	87%	88%	88%	89%

CUADRO F 5- C

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa mitad)

CLINICAS BALTA Y URRUNAGA	1 998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBR
	13	14	15	16	17	18	19	20	21	22	23	24
INGRESOS OPERATIVOS												
INGRESOS	60 291	61 059	61 840	62 635	63 443	64 266	65 103	65 955	66 822	67 692	68 556	69 436
CONSULTA GENERAL	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600
CONSULTA GINECOLOGICA	2 320	2 392	2 464	2 536	2 608	2 680	2 752	2 824	2 896	2 968	3 040	3 112
CONSULTA OBSTETRICA (SALUD MUJER)	2 924	2 969	3 014	3 059	3 104	3 149	3 194	3 239	3 284	3 329	3 374	3 419
CONSULTA PEDIATRICA	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260
CONSULTA ODONTOLOGICA	2 749	2 785	2 821	2 857	2 893	2 929	2 965	3 001	3 037	3 060	3 060	3 060
CONTROL SALUD NINO	4 023	4 053	4 083	4 113	4 143	4 173	4 203	4 233	4 263	4 293	4 323	4 353
PARTOS	614	673	733	792	851	911	970	1 030	1 089	1 148	1 208	1 267
EMERGENCIA	10 046	10 408	10 779	11 158	11 545	11 942	12 347	12 761	13 185	13 619	14 063	14 518
FARMACIA MEDICAMENTOS	15 755	15 918	16 087	16 260	16 438	16 622	16 812	17 007	17 208	17 414	17 628	17 847
OTROS INGRESOS	21 342	21 933	22 533	23 139	23 753	24 370	25 000	25 628	26 267	26 920	27 558	28 207
ANALISIS DE LABORATORIO	15 078	15 415	15 762	16 119	16 487	16 866	17 256	17 659	18 073	18 499	18 939	19 391
ECOGRAFIA	1 524	1 555	1 587	1 620	1 655	1 690	1 726	1 764	1 802	1 842	1 883	1 925
RADIOLOGIA	973	983	994	1 005	1 016	1 028	1 040	1 053	1 065	1 079	1 092	1 106
OTROS SERVICIOS	3 768	3 980	4 190	4 395	4 595	4 786	4 977	5 153	5 326	5 500	5 644	5 784
SUBSIDIOS	(5 236)	(5 441)	(5 643)	(5 838)	(6 029)	(6 208)	(6 389)	(6 550)	(6 707)	(6 866)	(6 986)	(7 101)
INCOBRABLES	(871)	(908)	(944)	(979)	(1 013)	(1 044)	(1 076)	(1 104)	(1 131)	(1 159)	(1 179)	(1 198)
TOTAL INGRESOS OPERATIVOS	75 526	76 644	77 787	78 957	80 155	81 383	82 638	83 929	85 250	86 587	87 949	89 343

CUADRO F 5- D

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa mitad)

CLINICAS BALTA Y URRUNAGA	1 998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	13	14	15	16	17	18	19	20	21	22	23	24
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571
PERSONAL MEDICO	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
PERSONAL ENFERMERIA	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473
PERSONAL ADMINISTRATIVO	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568
PERSONAL TECNICO	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010
PERSONAL SERVICIOS	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780
CARGO SOCIAL (IPSS + FONAVI)	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740
MEDICAMENTOS Y SUMINISTROS	15 116	15 353	15 597	15 848	16 107	16 374	16 649	16 932	17 223	17 523	17 833	18 151
MEDICAMENTOS	9 248	9 393	9 543	9 697	9 855	10 019	10 187	10 360	10 539	10 723	10 912	11 107
INSUMOS	974	988	1 004	1 019	1 036	1 052	1 069	1 087	1 105	1 124	1 143	1 163
SUMINISTROS	4 540	4 611	4 685	4 760	4 838	4 918	5 001	5 086	5 174	5 264	5 357	5 453
OTROS SUMINISTROS E INSUMOS	354	360	366	372	378	385	391	398	406	413	420	428
GASTOS DE MANTENIMIENTO	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908
SERVICIO DE TERCEROS	5 859	5 981	6 102	6 218	6 361	6 468	6 576	6 672	6 767	6 862	6 934	7 003
TRANSPORTE Y ALMACENAMIENTO	74	74	74	74	74	74	74	74	74	74	74	74
CORREOS Y TELECOMUNICACIONES	442	442	442	442	442	442	442	442	442	442	442	442
HONORARIOS COMISIONES Y CORRET	994	1 032	1 069	1 105	1 170	1 203	1 236	1 265	1 293	1 321	1 342	1 362
ALQUILERES	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800
SERVICIO ELECTRICIDAD AGUA Y ALCANT	1 972	2 049	2 125	2 199	2 271	2 338	2 406	2 467	2 526	2 586	2 631	2 675
OTROS SERVICIOS	579	585	592	599	606	612	619	626	633	639	645	651
TRIBUTOS	498	2 571	2 633	2 636	2 788	2 781	2 923	3 006	2 998	3 069	3 285	3 201
IMP GENERAL A LAS VENTAS	498	2 491	2 563	2 636	2 708	2 781	2 853	2 926	2 998	3 069	3 135	3 201
IMP GENERAL A LAS VENTAS DIF	0	0	0	0	0	0	0	0	0	0	0	0
TRIBUTOS LOCALES	0	80	70	0	80	0	70	80	0	0	150	0
ABONOS Y CARGOS FINANCIEROS	258	270	283	295	306	317	327	336	345	354	360	365
INTERESES	0	0	0	0	0	0	0	0	0	0	0	0
COMISIONES	258	270	283	295	306	317	327	336	345	354	360	365
PROVISIONES	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108
COMPENSACION TIEMPO SERVICIO	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657
GRATIFICACION	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520
CARGA SOCIAL POR GRATIFICACION	931	931	931	931	931	931	931	931	931	931	931	931
TOTAL EGRESOS OPERATIVOS	84 317	86 762	87 201	87 584	88 150	88 527	89 062	89 533	89 920	90 394	90 997	91 307
RESULTADO NETO DE OPERACION	(8 792)	(10 119)	(9 415)	(8 627)	(7 995)	(7 143)	(6 424)	(5 604)	(4 670)	(3 807)	(3 049)	(1 964)
SALDO DE CAJA	(260 104)	(254 303)	(246 928)	(236 201)	(222 104)	(204 843)	(184 603)	(161 443)	(135 599)	(107 208)	(76 264)	(43 564)
SALDO ACUMULADO	(268 896)	(264 421)	(256 342)	(244 828)	(230 099)	(211 987)	(191 027)	(167 047)	(140 269)	(111 015)	(79 313)	(45 528)
% DE INGRESOS / EGRESOS	90%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98 %

CUADRO F 5- E

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa mitad)

CLINICAS BALTA Y URRUNAGA	1 999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	25	26	27	28	29	30	31	32	33	34	3	36
INGRESOS OPERATIVOS												
INGRESOS	70 334	71 240	72 129	73 002	73 833	74 104	74 104	74 104	74 104	74 104	74 104	74 104
CONSULTA GENERAL	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600	16 600
CONSULTA GINECOLOGICA	3 184	3 256	3 328	3 400	3 472	3 520	3 520	3 520	3 520	3 520	3 520	3 520
CONSULTA OBSTETRICA (SALUD MUJER)	3 464	3 500	3 500	3 500	3 500	3 500	3 500	3 500	3 500	3 500	3 500	3 500
CONSULTA PEDIATRICA	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260
CONSULTA ODONTOLOGICA	3 060	3 060	3 060	3 060	3 060	3 060	3 060	3 060	3 060	3 060	3 060	3 060
CONTROL SALUD NINO	4 383	4 413	4 443	4 473	4 503	4 528	4 528	4 528	4 528	4 528	4 528	4 528
PARTOS	1 327	1 386	1 445	1 505	1 564	1 584	1 584	1 584	1 584	1 584	1 584	1 584
EMERGENCIA	14 983	15 459	15 947	16 411	16 827	16 937	16 937	16 937	16 937	16 937	16 937	16 937
FARMACIA MEDICAMENTOS	18 073	18 306	18 546	18 793	19 048	19 115	19 115	19 115	19 115	19 115	19 115	19 115
OTROS INGRESOS	28 869	29 499	30 078	30 673	31 287	31 450	31 450	31 450	31 450	31 450	31 450	31 450
ANALISIS DE LABORATORIO	19 857	20 337	20 832	21 341	21 866	22 005	22 005	22 005	22 005	22 005	22 005	22 005
ECOGRAFIA	1 969	2 013	2 059	2 107	2 156	2 169	2 169	2 169	2 169	2 169	2 169	2 169
RADIOLOGIA	1 121	1 136	1 151	1 167	1 183	1 188	1 188	1 188	1 188	1 188	1 188	1 188
OTROS SERVICIOS	5 922	6 013	6 035	6 058	6 082	6 088	6 088	6 088	6 088	6 088	6 088	6 088
SUBSIDIOS	(7 215)	(7 289)	(7 359)	(7 428)	(7 497)	(7 518)	(7 518)	(7 518)	(7 518)	(7 518)	(7 518)	(7 518)
INCOBRABLES	(1 217)	(1 228)	(1 240)	(1 251)	(1 263)	(1 267)	(1 267)	(1 267)	(1 267)	(1 267)	(1 267)	(1 267)
TOTAL INGRESOS OPERATIVOS	90 770	92 223	93 609	94 996	96 360	96 770	96 770	96 770	96 770	96 770	96 770	96 770

CUADRO F 5- F

FLUJO DE CAJA PROYECTADO

CLINICA BALTA Y URRUNAGA (Tarifa mitad)

CLINICAS BALTA Y URRUNAGA	1 999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	25	26	27	28	29	30	31	32	33	34	35	36
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571	46 571
PERSONAL MEDICO	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
PERSONAL ENFERMERIA	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473
PERSONAL ADMINISTRATIVO	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568
PERSONAL TECNICO	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010
PERSONAL SERVICIOS	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780
CARGO SOCIAL (IPSS + FONAVI)	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740
MEDICAMENTOS Y SUMINISTROS	18 479	18 817	19 165	19 523	19 893	20 273	20 664	21 068	21 483	21 594	21 594	21 594
MEDICAMENTOS	11 308	11 515	11 728	11 948	12 174	12 407	12 647	12 894	13 148	13 216	13 216	13 216
INSUMOS	1 183	1 205	1 226	1 249	1 272	1 295	1 320	1 345	1 371	1 378	1 378	1 378
SUMINISTROS	5 551	5 653	5 757	5 865	5 976	6 091	6 208	6 330	6 455	6 488	6 488	6 488
OTROS SUMINISTROS E INSUMOS	436	445	453	462	471	480	490	500	510	513	513	513
GASTOS DE MANTENIMIENTO	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908
SERVICIO DE TERCEROS	7 172	7 217	7 260	7 303	7 344	7 357	7 357	7 357	7 357	7 357	7 357	7 357
TRANSPORTE Y ALMACENAMIENTO	74	74	74	74	74	74	74	74	74	74	74	74
CORREOS Y TELECOMUNICACIONES	442	442	442	442	442	442	442	442	442	442	442	442
HONORARIOS COMISIONES Y CORRET	1 382	1 393	1 405	1 417	1 429	1 433	1 433	1 433	1 433	1 433	1 433	1 433
ALQUILERES	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900
SERVICIO ELECTRICIDAD AGUA Y ALCANT	2 718	2 745	2 771	2 798	2 824	2 831	2 831	2 831	2 831	2 831	2 831	2 831
OTROS SERVICIOS	657	663	668	673	676	678	678	678	678	678	678	678
TRIBUTOS	3 268	3 410	3 444	3 412	3 519	3 455	3 525	3 605	3 525	3 525	3 605	3 525
IMP GENERAL A LAS VENTAS	3 268	3 330	3 374	3 412	3 439	3 455	3 455	3 455	3 455	3 455	3 455	3 455
IMP GENERAL A LAS VENTAS DIF	0	0	0	0	0	0	0	0	0	0	0	0
TRIBUTOS LOCALES	0	80	70	0	80	0	70	150	70	70	150	70
ABONOS Y CARGOS FINANCIEROS	370	372	375	377	379	380	380	380	380	380	380	380
INTERESES	0	0	0	0	0	0	0	0	0	0	0	0
COMISIONES	370	372	375	377	379	380	380	380	380	380	380	380
PROVISIONES	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108
COMPENSACION TIEMPO SERVICIO	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657
GRATIFICACION	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520
CARGA SOCIAL POR GRATIFICACION	931	931	931	931	931	931	931	931	931	931	931	931
TOTAL EGRESOS OPERATIVOS	91 875	92 402	92 830	93 201	93 722	94 052	94 513	94 997	95 332	95 443	95 523	95 443
RESULTADO NETO DE OPERACION	(1 105)	(180)	779	1 794	2 638	2 718	2 256	1 773	1 437	1 327	1 247	1 327
SALDO DE CAJA	(9 063)	24 832	59 654	95 273	131 823	169 211	206 859	244 436	282 013	319 591	357 168	394 746
SALDO ACUMULADO	(10 168)	24 653	60 433	97 067	134 461	171 929	209 115	246 209	283 451	320 918	358 415	396 073
% DE INGRESOS / EGRESOS	99%	100%	101%	102%	103%	103%	102%	102%	102%	101%	101%	101%

CUADRO F 6 - A FLUJO DE CAJA PROYECTADO CLINICAS BALTA Y URRUNAGA (Tarifa normal y UAG = $6000)

PORCENTAJE DE OCUPACION	21 54%	22 07%	27 47%	27 68%	30 68%	33 68%	36 68%	39 68%	42 68%	45 68%	48 68%	51 68%

CLINICAS BALTA Y URRUNAGA	1 997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	1	2	3	4	5	6	7	8	9	10	11	12
INGRESOS OPERATIVOS												
INGRESOS	52 061	44 746	51 035	48 280	49 979	51 688	53 407	55 137	56 877	58 629	60 392	62 167
CONSULTA GENERAL	16 521	14 224	15 191	16 213	16 483	16 753	17 023	17 293	17 563	17 833	18 103	18 373
CONSULTA GINECOLOGICA	1 500	1 543	1 543	1 744	1 888	2 032	2 176	2 320	2 464	2 608	2 752	2 896
CONSULTA OBSTETRICA (SALUD MUJER)	2 577	2 465	2 665	2 738	2 828	2 918	3 008	3 098	3 188	3 278	3 368	3 458
CONSULTA PEDIATRICA	5 848	4 885	4 944	4 728	4 764	4 800	4 836	4 872	4 908	4 944	4 980	5 016
CONSULTA ODONTOLOGICA	2 464	2 581	3 382	2 750	2 822	2 894	2 966	3 038	3 110	3 182	3 254	3 326
CONTROL SALUD NIÑO	4 202	3 752	3 798	3 778	3 838	3 898	3 958	4 018	4 078	4 138	4 198	4 258
PARTOS	0	50	396	158	277	396	515	634	752	871	990	1 109
EMERGENCIA	9 340	7 342	8 062	7 396	7 793	8 195	8 604	9 019	9 441	9 870	10 307	10 750
FARMACIA MEDICAMENTOS	9 610	7 904	11 053	8 774	9 286	9 801	10 321	10 844	11 372	11 904	12 440	12 980
OTROS INGRESOS	14 323	12 222	13 968	16 383	17 340	18 306	19 281	20 266	21 260	22 265	23 280	24 307
ANALISIS DE LABORATORIO	11 133	9 024	9 942	12 042	12 589	13 144	13 707	14 278	14 857	15 445	16 043	16 649
ECOGRAFIA	880	804	856	1 228	1 288	1 348	1 410	1 472	1 535	1 598	1 663	1 728
RADIOLOGIA	326	185	230	824	879	934	989	1 045	1 101	1 157	1 213	1 270
OTROS SERVICIOS	1 985	2 209	2 940	2 289	2 584	2 880	3 175	3 471	3 768	4 065	4 362	4 659
- SUBSIDIOS	0	0	0	(3 150)	(3 421)	(3 692)	(3 964)	(4 238)	(4 512)	(4 787)	(5 063)	(5 341)
INCOBRABLES	0	0	0	(541)	(582)	(623)	(664)	(705)	(746)	(787)	(829)	(871)
TOTAL INGRESOS OPERATIVOS	66 384	56 968	65 003	60 972	63 317	65 679	68 060	70 460	72 880	75 319	77 780	80 261

CUADRO F 6 B — FLUJO DE CAJA PROYECTADO — CLINICAS BALTA Y URRUNAGA (Tarifa normal y UAG = $6000)

CLINICAS BALTA Y URRUNAGA	1 997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	1	2	3	4	5	6	7	8	9	10	11	12
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	44 006	41 787	40 596	59 739	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531
PERSONAL MEDICO	19 147	17 573	16 708	19 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
PERSONAL ENFERMERIA	2 250	2 293	2 293	3 205	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473
PERSONAL ADMINISTRATIVO	4 523	4 482	4 482	4 244	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568
PERSONAL TECNICO	8 089	7 968	7 342	7 480	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010
PERSONAL SERVICIOS	3 871	3 653	4 111	3 540	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780
CARGO SOCIAL (IPSS + FONAVI)	6 127	5 817	5 660	6 310	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740
UAG				15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960
MEDICAMENTOS Y SUMINISTROS	8 314	8 385	9 196	10 982	12 471	10 716	12 095	11 117	11 592	12 073	12 561	13 055
MEDICAMENTOS	5 611	6 046	7 054	6 643	7 643	7 032	8 106	6 803	7 093	7 388	7 686	7 988
INSUMOS	630	767	593	671	791	819	1 004	712	743	774	805	837
SUMINISTROS	2 025	1 470	1 407	3 414	3 745	2 778	2 634	3 340	3 482	3 627	3 773	3 921
OTROS SUMINISTROS E INSUMOS	48	103	143	254	291	88	350	263	274	285	296	308
GASTOS DE MANTENIMIENTO	0	0	0	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908
SERVICIO DE TERCEROS	4 613	4 814	4 744	4 378	4 563	4 729	4 896	5 113	5 281	5 449	5 618	5 807
TRANSPORTE Y ALMACENAMIENTO	16	66	129	71	74	74	74	74	74	74	74	74
CORREOS Y TELECOMUNICACIONES	571	320	445	425	442	442	442	442	442	442	442	442
HONORARIOS COMISIONES Y CORRET	586	555	296	591	627	663	700	787	824	861	898	956
ALQUILERES	1 888	1 902	1 905	1 700	1 700	1 700	1 700	1 700	1 700	1 700	1 700	1 700
SERVICIO ELECTRICIDAD AGUA Y ALCANT	1 479	1 524	1 557	1 186	1 288	1 391	1 493	1 596	1 700	1 803	1 908	2 012
OTROS SERVICIOS	73	447	412	405	433	460	487	515	542	570	597	624
TRIBUTOS	9 115	7 697	9 550	0	80	0	70	80	0	0	3 158	3 866
IMP GENERAL A LAS VENTAS	2 613	1 913	2 739	0	0	0	0	0	0	0	3 008	3 866
IMP GENERAL A LAS VENTAS DIF	6 502	5 757	6 784	0	0	0	0	0	0	0	0	0
TRIBUTOS LOCALES	0	27	26	0	80	0	70	80	0	0	150	0
ABONOS Y CARGOS FINANCIEROS	156	118	120	145	158	170	183	195	207	220	233	245
INTERESES	0	0	0	0	0	0	0	0	0	0	0	0
COMISIONES	156	118	120	145	158	170	183	195	207	220	233	245
PROVISIONES	11 532	10 951	10 636	11 382	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108
COMPENSACION TIEMPO SERVICIO	4 209	3 997	3 882	4 378	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657
GRATIFICACION	6 313	5 995	5 823	6 129	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520
CARGA SOCIAL POR GRATIFICACION	1 010	959	932	876	931	931	931	931	931	931	931	931
TOTAL EGRESOS OPERATIVOS	77 737	73 752	74 842	90 534	95 818	94 162	95 790	95 051	95 627	96 289	100 115	101 520
RESULTADO NETO DE OPERACION	(11 353)	(16 784)	(9 839)	(29 562)	(32 502)	(28 483)	(27 729)	(24 591)	(22 747)	(20 969)	(22 336)	(21 258)
SALDO DE CAJA	(114 457)	(134 304)	(157 063)	(170 900)	(192 350)	(212 790)	(228 672)	(240 054)	(246 836)	(249 026)	(246 612)	(242 660)
SALDO ACUMULADO	(125 809)	(151 088)	(166 902)	(200 462)	(224 852)	(241 273)	(256 401)	(264 645)	(269 583)	(269 995)	(268 948)	(263 918)
% DE INGRESOS / EGRESOS	85%	77%	87%	67%	66%	70%	71%	74%	76%	78%	78%	79%

CUADRO F 6 C

FLUJO DE CAJA PROYECTADO

CLINICAS BALTA Y URRUNAGA (Tarifa normal y UAG = $6000)

PORCENTAJE DE OCUPACION	54 68%	57 68%	60 54%	63 18%	65 58%	67 70%	69 73%	71 28%	72 78%	74 17%	75 11%	76 01%

CLINICAS BALTA Y URRUNAGA	1 998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	13	14	15	16	17	18	19	20	21	22	23	24
INGRESOS OPERATIVOS												
INGRESOS	63 954	65 753	67 566	69 391	71 231	73 084	74 790	75 981	77 187	78 382	79 548	80 730
CONSULTA GENERAL	18 643	18 913	19 183	19 453	19 723	19 993	20 200	20 200	20 200	20 200	20 200	20 200
CONSULTA GINECOLOGICA	3 040	3 184	3 328	3 472	3 616	3 760	3 904	4 048	4 192	4 336	4 480	4 624
CONSULTA OBSTETRICA (SALUD MUJER)	3 548	3 638	3 728	3 818	3 908	3 998	4 088	4 178	4 268	4 358	4 448	4 538
CONSULTA PEDIATRICA	5 052	5 088	5 124	5 160	5 196	5 232	5 260	5 260	5 260	5 260	5 260	5 260
CONSULTA ODONTOLOGICA	3 398	3 470	3 542	3 614	3 686	3 758	3 830	3 902	3 974	4 020	4 020	4 020
CONTROL SALUD NINO	4 318	4 378	4 438	4 498	4 558	4 618	4 678	4 738	4 798	4 858	4 918	4 978
PARTOS	1 228	1 346	1 465	1 584	1 703	1 822	1 940	2 059	2 178	2 297	2 416	2 534
EMERGENCIA	11 201	11 660	12 126	12 601	13 085	13 577	14 078	14 589	15 109	15 638	16 178	16 729
FARMACIA MEDICAMENTOS	13 525	14 075	14 630	15 190	15 755	16 326	16 812	17 007	17 208	17 414	17 628	17 847
OTROS INGRESOS	25 344	26 393	27 450	28 513	29 584	30 659	31 660	32 374	33 098	33 837	34 561	35 296
ANALISIS DE LABORATORIO	17 265	17 891	18 526	19 173	19 830	20 498	21 110	21 512	21 926	22 352	22 792	23 244
ECOGRAFIA	1 795	1 862	1 930	1 999	2 069	2 141	2 204	2 242	2 280	2 320	2 361	2 403
RADIOLOGIA	1 327	1 384	1 441	1 499	1 558	1 616	1 664	1 677	1 689	1 703	1 716	1 730
OTROS SERVICIOS	4 958	5 256	5 552	5 842	6 128	6 405	6 682	6 944	7 202	7 462	7 692	7 918
SUBSIDIOS	(5 619)	(5 899)	(6 175)	(6 445)	(6 710)	(6 964)	(7 206)	(7 388)	(7 567)	(7 746)	(7 886)	(8 021)
INCOBRABLES	(913)	(956)	(997)	(1 038)	(1 077)	(1 114)	(1 151)	(1 179)	(1 206)	(1 233)	(1 254)	(1 273)
TOTAL INGRESOS OPERATIVOS	82 765	85 291	87 843	90 422	93 028	95 665	98 094	99 788	101 512	103 239	104 969	106 733

CUADRO F 6 D

FLUJO DE CAJA PROYECTADO

CLINICAS BALTA Y URRUNAGA (Tarifa normal y UAG = $6000)

PORCENTAJE DE OCUPACION	54 68%	57 68%	60 54%	63 18%	65 58%	67 70%	69 73%	71 28%	72 78%	74 17%	75 11%	76 01%

CLINICAS BALTA Y URRUNAGA	1 998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	13	14	15	16	17	18	19	20	21	22	23	24
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531
PERSONAL MEDICO	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
PERSONAL ENFERMERIA	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473
PERSONAL ADMINISTRATIVO	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568
PERSONAL TECNICO	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010
PERSONAL SERVICIOS	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780
CARGO SOCIAL (IPSS + FONAVI)	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740
UAG	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960
MEDICAMENTOS Y SUMINISTROS	13 555	14 063	14 578	15 100	15 629	16 167	16 649	16 932	17 223	17 523	17 833	18 151
MEDICAMENTOS	8 295	8 605	8 920	9 239	9 563	9 892	10 187	10 360	10 539	10 723	10 912	11 107
INSUMOS	870	902	936	969	1 004	1 038	1 069	1 087	1 105	1 124	1 143	1 163
SUMINISTROS	4 072	4 224	4 379	4 536	4 695	4 856	5 001	5 086	5 174	5 264	5 357	5 453
OTROS SUMINISTROS E INSUMOS	319	331	343	355	368	380	391	398	406	413	420	428
GASTOS DE MANTENIMIENTO	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908
SERVICIO DE TERCEROS	6 078	6 248	6 417	6 582	6 775	6 930	7 079	7 190	7 299	7 408	7 494	7 577
TRANSPORTE Y ALMACENAMIENTO	74	74	74	74	74	74	74	74	74	74	74	74
CORREOS Y TELECOMUNICACIONES	442	442	442	442	442	442	442	442	442	442	442	442
HONORARIOS COMISIONES Y CORRET	994	1 032	1 069	1 105	1 170	1 203	1 236	1 265	1 293	1 321	1 342	1 362
ALQUILERES	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800	1 800
SERVICIO ELECTRICIDAD AGUA Y ALCANT	2 117	2 222	2 326	2 428	2 528	2 624	2 715	2 784	2 851	2 919	2 971	3 022
OTROS SERVICIOS	652	679	707	734	761	789	813	826	840	853	865	877
TRIBUTOS	4 123	4 459	4 705	4 892	5 228	5 405	5 705	5 860	5 926	6 066	6 349	6 332
IMP GENERAL A LAS VENTAS	4 123	4 379	4 635	4 892	5 148	5 405	5 635	5 780	5 926	6 066	6 199	6 332
IMP GENERAL A LAS VENTAS DIF	0	0	0	0	0	0	0	0	0	0	0	0
TRIBUTOS LOCALES	0	80	70	0	80	0	70	80	0	0	150	0
ABONOS Y CARGOS FINANCIEROS	258	270	283	295	306	317	327	336	345	354	360	365
INTERESES	0	0	0	0	0	0	0	0	0	0	0	0
COMISIONES	258	270	283	295	306	317	327	336	345	354	360	365
PROVISIONES	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108
COMPENSACION TIEMPO SERVICIO	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657
GRATIFICACION	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520
CARGA SOCIAL POR GRATIFICACION	931	931	931	931	931	931	931	931	931	931	931	931
TOTAL EGRESOS OPERATIVOS	102 560	103 587	104 530	105 415	106 485	107 365	108 307	108 865	109 340	109 898	110 581	110 971
RESULTADO NETO DE OPERACION	(19 795)	(18 296)	(16 687)	(14 994)	(13 457)	(11 700)	(10 213)	(9 077)	(7 828)	(6 659)	(5 612)	(4 238)
SALDO DE CAJA	(234 887)	(224 128)	(208 971)	(189 557)	(165 866)	(138 108)	(106 464)	(71 133)	(32 803)	8 389	52 441	98 538
SALDO ACUMULADO	(254 681)	(242 424)	(225 658)	(204 550)	(179 323)	(149 808)	(116 677)	(80 211)	(40 631)	1 730	46 829	94 300
% DE INGRESOS / EGRESOS	81%	82%	84%	86%	87%	89%	91%	92%	93%	94%	95%	96%

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CUADRO F 6 E

FLUJO DE CAJA PROYECTADO

CLINICAS BALTA Y URRUNAGA (Tarifa normal y UAG = $6000)

PORCENTAJE DE OCUPACION	76 91%	77 75%	78 35%	78 95%	79 55%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%

CLINICAS BALTA Y URRUNAGA	1 999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	25	26	27	28	29	30	31	32	33	34	35	36
INGRESOS OPERATIVOS												
INGRESOS	81 931	83 131	84 277	85 372	86 365	86 728	86 728	86 728	86 728	86 728	86 728	86 728
CONSULTA GENERAL	20 200	20 200	20 200	20 200	20 200	20 200	20 200	20 200	20 200	20 200	20 200	20 200
CONSULTA GINECOLOGICA	4 768	4 912	5 056	5 200	5 344	5 440	5 440	5 440	5 440	5 440	5 440	5 440
CONSULTA OBSTETRICA (SALUD MUJER)	4 628	4 700	4 700	4 700	4 700	4 700	4 700	4 700	4 700	4 700	4 700	4 700
CONSULTA PEDIATRICA	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260	5 260
CONSULTA ODONTOLOGICA	4 020	4 020	4 020	4 020	4 020	4 020	4 020	4 020	4 020	4 020	4 020	4 020
CONTROL SALUD NINO	5 038	5 098	5 158	5 218	5 278	5 328	5 328	5 328	5 328	5 328	5 328	5 328
PARTOS	2 653	2 772	2 891	3 010	3 128	3 168	3 168	3 168	3 168	3 168	3 168	3 168
EMERGENCIA	17 290	17 862	18 446	18 971	19 387	19 497	19 497	19 497	19 497	19 497	19 497	19 497
FARMACIA MEDICAMENTOS	18 073	18 306	18 546	18 793	19 048	19 115	19 115	19 115	19 115	19 115	19 115	19 115
OTROS INGRESOS	36 044	36 743	37 321	37 917	38 530	38 693	38 693	38 693	38 693	38 693	38 693	38 693
ANALISIS DE LABORATORIO	23 711	24 191	24 685	25 195	25 719	25 858	25 858	25 858	25 858	25 858	25 858	25 858
ECOGRAFIA	2 447	2 491	2 537	2 585	2 634	2 647	2 647	2 647	2 647	2 647	2 647	2 647
RADIOLOGIA	1 745	1 760	1 775	1 791	1 807	1 812	1 812	1 812	1 812	1 812	1 812	1 812
OTROS SERVICIOS	8 142	8 301	8 323	8 346	8 370	8 376	8 376	8 376	8 376	8 376	8 376	8 376
SUBSIDIOS	(8 154)	(8 245)	(8 328)	(8 409)	(8 486)	(8 511)	(8 511)	(8 511)	(8 511)	(8 511)	(8 511)	(8 511)
INCOBRABLES	(1 292)	(1 303)	(1 314)	(1 326)	(1 338)	(1 341)	(1 341)	(1 341)	(1 341)	(1 341)	(1 341)	(1 341)
TOTAL INGRESOS OPERATIVOS	108 529	110 025	111 956	113 554	115 071	115 569	115 569	115 569	115 569	115 569	115 569	115 569

CUADRO F 6 F — FLUJO DE CAJA PROYECTADO — CLINICAS BALTA Y URRUNAGA (Tarifa normal y UAG = $6000)

PORCENTAJE DE OCUPACION	76 91%	77 75%	78 35%	78 95%	79 55%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%	80 00%

CLINICAS BALTA Y URRUNAGA	1 999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	25	26	27	28	29	30	31	32	33	34	35	36
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531	62 531
PERSONAL MEDICO	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
PERSONAL ENFERMERIA	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473	3 473
PERSONAL ADMINISTRATIVO	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568	4 568
PERSONAL TECNICO	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010	8 010
PERSONAL SERVICIOS	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780	3 780
CARGO SOCIAL (IPSS + FONAVI)	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740	6 740
UAG	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960	15 960
MEDICAMENTOS Y SUMINISTROS	18 479	18 817	19 165	19 523	19 893	20 273	20 664	21 068	21 483	21 594	21 594	21 594
MEDICAMENTOS	11 308	11 515	11 728	11 948	12 174	12 407	12 647	12 894	13 148	13 216	13 216	13 216
INSUMOS	1 183	1 205	1 226	1 249	1 272	1 295	1 320	1 345	1 371	1 378	1 378	1 378
SUMINISTROS	5 551	5 653	5 757	5 865	5 976	6 091	6 208	6 330	6 455	6 488	6 488	6 488
OTROS SUMINISTROS E INSUMOS	436	445	453	462	471	480	490	500	510	513	513	513
GASTOS DE MANTENIMIENTO	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908	3 908
SERVICIO DE TERCEROS	7 759	7 816	7 870	7 921	7 969	7 986	7 986	7 986	7 986	7 986	7 986	7 986
TRANSPORTE Y ALMACENAMIENTO	74	74	74	74	74	74	74	74	74	74	74	74
CORREOS Y TELECOMUNICACIONES	442	442	442	442	442	442	442	442	442	442	442	442
HONORARIOS COMISIONES Y CORRET	1 382	1 393	1 405	1 417	1 429	1 433	1 433	1 433	1 433	1 433	1 433	1 433
ALQUILERES	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900	1 900
SERVICIO ELECTRICIDAD AGUA Y ALCANT	3 073	3 107	3 138	3 169	3 198	3 207	3 207	3 207	3 207	3 207	3 207	3 207
OTROS SERVICIOS	889	901	911	920	927	930	930	930	930	930	930	930
TRIBUTOS	6 464	6 668	6 746	6 752	6 887	6 839	6 909	6 989	6 909	6 909	6 989	6 909
IMP GENERAL A LAS VENTAS	6 464	6 588	6 676	6 752	6 807	6 839	6 839	6 839	6 839	6 839	6 839	6 839
IMP GENERAL A LAS VENTAS DIF	0	0	0	0	0	0	0	0	0	0	0	0
TRIBUTOS LOCALES	0	80	70	0	80	0	70	150	70	70	150	70
ABONOS Y CARGOS FINANCIEROS	370	372	375	377	379	380	380	380	380	380	380	380
INTERESES	0	0	0	0	0	0	0	0	0	0	0	0
COMISIONES	370	372	375	377	379	380	380	380	380	380	380	380
PROVISIONES	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108	12 108
COMPENSACION TIEMPO SERVICIO	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657	4 657
GRATIFICACION	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520	6 520
CARGA SOCIAL POR GRATIFICACION	931	931	931	931	931	931	931	931	931	931	931	931
TOTAL EGRESOS OPERATIVOS	111 619	112 221	112 702	113 120	113 675	114 024	114 486	114 969	115 305	115 415	115 495	115 415
RESULTADO NETO DE OPERACION	(3 090)	(1 896)	(747)	433	1 396	1 545	1 083	600	264	154	74	154
SALDO DE CAJA	146 725	194 595	243 660	293 714	344 863	396 970	449 404	501 768	554 133	606 497	658 862	711 226
SALDO ACUMULADO	143 635	192 699	242 914	294 147	346 260	398 515	450 487	502 368	554 397	606 651	658 936	711 380
% DE INGRESOS / EGRESOS	97%	98%	99%	100%	101%	101%	101%	101%	100%	100%	100%	100%

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CUADRO F 7 A

FLUJO PROYECTADO DE SEIS CLINICAS

Precios de 3 similares a Balta 3 similares a Urrunaga

PORCENTAJE DE UTILIZACION DE EQUILIBRIO A MARZO 1999 60%
CON CRECIMIENTO DE OCUPACION MENSUAL DE 2 5%

CLINICAS PERIFERICAS TOTAL	1 997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBR
	1	2	3	4	5	6	7	8	9	10	11	12
INGRESOS OPERATIVOS												
INGRESOS	46 560 21	39 291 33	49 182 99	50 082 68	54 062 27	58 050 65	62 048 07	65 980 45	69 439 16	107,421 78	122 799 89	138 188.49
CONSULTA GENERAL	8 394 00	7 032 00	8 403 00	10 449 14	11 448 14	12 447 14	13 446 14	14 427 14	15 291 14	25 355 14	28 519 14	31 683 14
CONSULTA GINECOLOGICA	2 150 00	1 785 00	1 525 00	2 082 71	2 289 71	2 496 71	2 703 71	2 910 71	3 117 71	4 858 05	5 448 38	6 038 71
CONSULTA OBSTETRICA (SALUD MUJER)	1 684 00	1 280 00	1 648 00	1 443 00	1 578 00	1 713 00	1 848 00	1 983 00	2 118 00	3 053 00	3 388 00	3 723 00
CONSULTA PEDIATRICA	2 880 00	2 430 00	3 060 00	3 721 51	3 937 51	4 153 51	4 369 51	4 580 71	4 760 71	6 507 38	7 079 05	7 650 71
CONSULTA ODONTOLOGICA	6 273 00	6 178 00	6 963 50	5 944 96	6 470 10	6 995 23	7 520 37	8 045 50	8 570 64	13 170 77	14 714 66	16 258 54
CONTROL SALUD NINO	275 00	268 50	265 50	282 84	328 84	374 84	420 84	466 84	512 84	716 06	840 67	965 29
PARTOS	3 560 00	2 100 00	3 036 00	2 452 65	2 684 08	2 915 50	3 146 93	3 378 35	3 609 78	5 676 15	8 965 81	12 255 48
EMERGENCIA	5 489 00	4 644 00	6 395 30	5 135 32	6 076 06	7 016 81	7 957 56	8 898 31	9 839 05	11 622 50	13 405 95	15 189 39
FARMACIA MEDICAMENTOS	15 855 21	13 573 83	17 886 69	18 570 53	19 249 82	19 937 89	20 635 00	21 289 88	21 619 28	29 623 14	31 888 75	34 164 84
SERVICIO DE CAMA	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	714 58	893 23	1 071 88
CENTRO QUIRURGICO	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	6 125 00	7 656 25	9 187 50
OTROS INGRESOS	14 323 00	12 221 80	13 968 46	18 690 22	19 479 16	20 278 69	21 089 15	21 879 11	22 474 30	34 532 86	38 140 54	41 760 88
ANALISIS DE LABORATORIO	11 132 50	9 023 70	9 942 16	11 897 50	12 300 08	12 710 41	13 128 71	13 535 96	13 826 45	20 818 66	22 889 44	24 969 46
ECOGRAFIA	880 00	804 00	856 00	3 157 12	3 266 62	3 378 00	3 491 33	3 600 40	3 670 97	6 828 62	7 674 73	8 523 09
RADIOLOGIA	326 00	185 00	230 00	1 763 73	1 831 43	1 899 76	1 968 74	2 032 13	2 055 66	3 033 35	3 296 67	3 560 74
OTROS SERVICIOS	1 984 50	2 209 10	2 940 30	1 871 87	2 081 02	2 290 51	2 500 37	2 710 61	2 921 22	3 852 23	4 279 70	4 707 60
SUBSIDIOS	0 00	0 00	0 00	(3 438 65)	(3 677 07)	(3 916 47)	(4 156 86)	(4 392 98)	(4 595 67)	(5 663 23)	(6 137 73)	(6 613 40)
INCOBRABLES	0 00	0 00	0 00	(555 74)	(594 02)	(632 50)	(671 17)	(709 68)	(745 97)	(2 012 49)	(2 468 42)	(2 924 58)
TOTAL INGRESOS OPERATIVOS	60 883 21	51 513 13	63 151 45	64 778 52	69 270 34	73 780 38	78 309 18	82 766 90	86 571 81	134 278 93	152 334 29	170,411 40

CUADRO F 7 B

FLUJO PROYECTADO DE SEIS CLINICAS

Precios de 3 similares a Balta 3 similares a Urrunaga

CLINICAS PERIFERICAS TOTAL	1 997											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	1	2	3	4	5	6	7	8	9	10	11	12
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	44 006 12	41 786 69	40 596 21	70 378 80	73 170 60	73 170 60	73 170 60	73 170 60	73 170 60	140 173 80	151 341 00	142 965 60
PERSONAL MEDICO	19 146 98	17 572 54	16 708 10	19 000 00	20 000 00	20 000 00	20 000 00	20 000 00	20 000 00	44 000 00	48 000 00	45 000 00
PERSONAL ENFERMERIA	2 250 00	2 293 00	2 293 00	3 205 00	3 472 50	3 472 50	3 472 50	3 472 50	3 472 50	9 892 50	10 962 50	10 160 00
PERSONAL ADMINISTRATIVO	4 523 06	4 482 45	4 482 45	4 244 00	4 568 00	4 568 00	4 568 00	4 568 00	4 568 00	12 344 00	13 640 00	12 668 00
PERSONAL TECNICO	8 088 54	7 968 34	7 341 89	7 480 00	8 010 00	8 010 00	8 010 00	8 010 00	8 010 00	20 730 00	22 850 00	21 260 00
PERSONAL SERVICIOS	3 871 00	3 653 14	4 111 03	3 540 00	3 780 00	3 780 00	3 780 00	3 780 00	3 780 00	9 540 00	10 500 00	9 780 00
CARGO SOCIAL (IPSS + FONAVI)	6 126 54	5 817 22	5 659 74	6 309 80	6 740 10	6 740 10	6 740 10	6 740 10	6 740 10	17 067 30	18 788 50	17 497 60
UAG				26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00
MEDICAMENTOS Y SUMINISTROS	11 307 52	8 905 58	11 341 95	12 984 20	13 459 24	13 940 42	14 427 92	14 885 83	15 115 90	20 718 08	22 303 46	23 896 17
MEDICAMENTOS	7 186 21	6 239 97	8 294 02	7 944 06	8 234 65	8 528 99	8 827 19	9 107 34	9 248 25	12 672 12	13 641 30	14 614 96
INSUMOS	651 03	661 52	883 92	836 27	867 06	898 24	929 80	959 37	973 71	1 346 17	1 450 81	1 555 91
SUMINISTROS	3 237 18	1 931 76	1 835 41	3 899 81	4 042 46	4 186 96	4 333 35	4 470 87	4 540 05	6 220 86	6 696 64	7 174 62
OTROS SUMINISTROS E INSUMOS	233 10	72 33	328 60	304 05	315 07	326 24	337 57	348 26	353 89	478 92	514 71	550 68
GASTOS DE MANTENIMIENTO	0 00	0 00	0 00	3 907 67	3 907 67	3 907 67	3 907 67	3 907 67	3 907 67	14 416 91	14 416 91	14 416 91
SERVICIO DE TERCEROS	4 613 28	4 813 69	4 743 90	4 574 47	4 738 46	4 883 47	5 029 07	5 221 77	5 342 37	7 113 06	7 579 09	8 154 00
TRANSPORTE Y ALMACENAMIENTO	16 00	66 00	129 21	70 81	73 60	73 60	73 60	73 60	73 60	140 60	151 77	143 39
CORREOS Y TELECOMUNICACIONES	571 16	320 28	445 25	424 84	441 59	441 59	441 59	441 59	441 59	843 61	910 61	860 36
HONORARIOS COMISIONES Y CORRET	586 20	554 90	296 00	608 74	645 44	682 33	719 43	806 74	844 27	1 182 03	1 220 02	1,428 25
ALQUILERES	1 888 17	1 901 87	1 904 76	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00	1 700 00
SERVICIO ELECTRICIDAD AGUA Y ALCANT	1 478 89	1 523 64	1 556 98	1 295 57	1 385 41	1 475 61	1 566 18	1 655 14	1 731 44	2 613 58	2 956 69	3 300 23
OTROS SERVICIOS	72 86	447 00	411 70	474 51	492 43	510 35	528 27	544 70	551 47	633 24	640 00	721 77
TRIBUTOS	9 115 20	7 697 22	9 549 52	0 00	80 00	0 00	70 00	80 00	0 00	38 245 87	37 339 08	36 437 61
IMP GENERAL A LAS VENTAS	2 613 49	1 913 30	2 739 47	0 00	0 00	0 00	0 00	0 00	0 00	38 245 87	37 189 08	36 212 61
IMP GENERAL A LAS VENTAS DIF	6 501 71	5 757 32	6 793 75	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
TRIBUTOS LOCALES	0 00	26 60	26 30	0 00	80 00	0 00	70 00	80 00	0 00	0 00	150 00	225 00
ABONOS Y CARGOS FINANCIEROS	156 04	118 16	120 31	145 43	157 76	170 13	182 54	194 98	207.46	339 98	352 55	395 15
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	156 04	118 16	120 31	145 43	157 76	170 13	182 54	194 98	207 46	339 98	352 55	395 15
PROVISIONES	11 532 22	10 950 70	10 636 26	11 382 49	12 108 36	12 108 36	12 108 36	12 108 36	12 108 36	29 529 19	32 432 66	30 255 06
COMPENSACION TIEMPO SERVICIO	4 208 84	3 996 61	3 881 84	4 377 88	4 657 06	4 657 06	4 657 06	4 657 06	4 657 06	11 357 38	12 474 10	11 636 56
GRATIFICACION	6 313 26	5 994 91	5 822 77	6 129 03	6 519 88	6 519 88	6 519 88	6 519 88	6 519 88	15 900 33	17 463 74	16 291 18
CARGA SOCIAL POR GRATIFICACION	1 010 12	959 18	931 65	875 58	931 41	931 41	931 41	931 41	931 41	2 271 48	2 494 82	2 327 31
TOTAL EGRESOS OPERATIVOS	80 730 38	74 272 04	76 988 16	103 373 05	107 622 09	108 180 65	108 896 15	109 669 21	109 852 35	250 536 89	265 764 75	256 520 49
RESULTADO NETO DE OPERACION	(19 847 17)	(22 758 91)	(13 836 70)	(38 594 53)	(38 351 75)	(34 400 27)	(30 586 96)	(26 812 30)	(23 280 54)	(116 257 96)	(113 430 46)	(86 109 09)
SALDO DE CAJA	0 00	(19 847 17)	(42 606 08)	(56 442 78)	(95 037 31)	(133 389 07)	(167 789 34)	(198 376 30)	(225 188 61)	(248 469 15)	(364 727 11)	(478 157 57)
SALDO ACUMULADO	(19 847 17)	(42 606 08)	(56 442 78)	(95 037 31)	(133 389 07)	(167 789 34)	(198 376 30)	(225 188 61)	(248 469 15)	(364 727 11)	(478 157 57)	(564 266 66)
% DE INGRESOS / EGRESOS	75 42%	69 36%	82 03%	62 66%	64 36%	68 20%	71 91%	75 53%	78 81%	53 60%	57 32%	66 43%

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CUADRO F 7 C

FLUJO PROYECTADO DE SEIS CLINICAS

Precios de 3 similares a Balta 3 similares a Urrunaga

CLINICAS PERIFERICAS TOTAL	1 998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	13	14	15	16	17	18	19	20	21	22	23	24
INGRESOS OPERATIVOS												
INGRESOS	**158 492 09**	**175 266 90**	**191 965 28**	**208 536 63**	**224 993 41**	**241 229 13**	**257 471 73**	**273 325 30**	**289 105 74**	**304 887 06**	**319 912 95**	**334 836.93**
CONSULTA GENERAL	35 597 14	38 948 64	42 300 14	45 651 64	49 003 14	52 354 64	55 706 14	59 057 64	62 409 14	65 760 64	68 365 00	70 852 50
CONSULTA GINECOLOGICA	6 754 05	7 375 63	7 997 21	8 588 08	9 074 67	9 561 25	10 047 83	10 534 42	11 021 00	11 507 58	11 994 17	12 480 75
CONSULTA OBSTETRICA (SALUD MUJER)	4 162 17	4 523 21	4 884 25	5 245 29	5 606 33	5 883 38	6 154 42	6 425 46	6 696 50	6 967 54	7 238 58	7 509 63
CONSULTA PEDIATRICA	8 389 05	9 002 38	9 535 00	9 968 33	10 401 67	10 835 00	11 268 33	11 701 67	12 135 00	12 568 33	13 001 67	13 435 00
CONSULTA ODONTOLOGICA	18 617 43	20 365 06	22 112 70	23 860 34	25 607 97	27 355 61	29 103 24	30 448 56	31 707 06	32 952 36	34 174 86	35 397 36
CONTROL SALUD NINO	1 107 26	1 240 55	1 366 67	1 483 96	1 601 25	1 718 54	1 835 83	1 953 13	2 070 42	2 187 71	2 305 00	2 422 29
PARTOS	15 602 49	18 987 72	22 372 96	25 758 19	29 120 98	32 334 19	35 547 40	38 760 61	41 973 82	45 187 03	48 400 24	51 613 45
EMERGENCIA	17 043 06	18 896 74	20 750 41	22 604 08	24 457 75	26 311 42	28 165 09	30 018 77	31 872 44	33 726 11	35 579 78	37 433 45
FARMACIA MEDICAMENTOS	39 250 18	42 247 80	45 256 88	48 277 76	51 310 79	54 356 35	57 414 79	60 486 52	63 571 92	66 671 42	69 785 43	72 914 38
SERVICIO DE CAMA	1 250 52	1 429 17	1 607 81	1 786 46	1 965 10	2 143 75	2 322 40	2 501 04	2 679 69	2 858 33	3 036 98	3 215 63
CENTRO QUIRURGICO	10 718 75	12 250 00	13 781 25	15 312 50	16 843 75	18 375 00	19 906 25	21 437 50	22 968 75	24 500 00	26 031 25	27 562 50
OTROS INGRESOS	**46 909 47**	**50 937 85**	**54 976 55**	**59 023 94**	**63 080 93**	**67 143 70**	**71 221 80**	**75 299 85**	**79 390 93**	**83,499 04**	**87 594 78**	**91 703 89**
ANALISIS DE LABORATORIO	28 319 74	30 734 28	33 158 92	35 593 96	38 039 72	40 496 53	42 964 70	45 444 58	47 936 53	50 440 90	52 958 07	55 488 42
ECOGRAFIA	9 491 05	10 373 43	11 258 26	12 145 61	13 035 57	13 928 22	14 823 62	15 721 88	16 623 06	17 527 26	18 434 57	19 345 08
RADIOLOGIA	3 864 68	4 140 09	4 416 31	4 693 38	4 971 32	5 250 16	5 529 91	5 810 61	6 092 29	6 374 97	6 658 70	6 943 48
OTROS SERVICIOS	5 234 01	5 690 06	6 143 06	6 590 98	7 034 31	7 468 80	7 903 57	8 322 78	8 739 06	9 155 90	9 543 44	9 926 90
SUBSIDIOS	(7 411 22)	(7 976 60)	(8 538 67)	(9 094 82)	(9 645 72)	(10 185 86)	(10 727 12)	(11 248 91)	(11 767 70)	(12 287 39)	(12 768 69)	(13 245 56)
INCOBRABLES	(3 401 08)	(3 862 75)	(4 323 76)	(4 783 59)	(5 242 37)	(5 698 99)	(6 155 84)	(6 608 80)	(7 061 15)	(7 513 82)	(7 959 03)	(8 403 36)
TOTAL INGRESOS OPERATIVOS	**194,589 26**	**214 365 40**	**234 079 39**	**253 682 16**	**273,186 25**	**292 487 97**	**311 810 58**	**330 767 44**	**349 667 82**	**368 584 89**	**386,780 00**	**404,891 90**

CUADRO F 7 D

FLUJO PROYECTADO DE SEIS CLINICAS

Precios de 3 similares a Balta 3 similares a Urunaga

CLINICAS PERIFERICAS TOTAL	1,998											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	13	14	15	16	17	18	19	20	21	22	23	24
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	**208 572.90**	**222 531 90**	**236 490 90**	**245 508.41**	**248 300 21**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254,525 93**
PERSONAL MEDICO	68 500 00	73 500 00	78 500 00	81 730 00	82 730 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00
PERSONAL ENFERMERIA	16 446 25	17 783 75	19 121 25	19 985 28	20 252 78	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30
PERSONAL ADMINISTRATIVO	20 282 00	21 902 00	23 522 00	24 568 52	24 892 52	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04
PERSONAL TECNICO	33 715 00	36 365 00	39 015 00	40 726 90	41 256 90	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80
PERSONAL SERVICIOS	15 420 00	16 620 00	17 820 00	18 595 20	18 835 20	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40
CARGO SOCIAL (IPSS + FONAVI)	27 609 65	29 761 15	31 912 65	33 302 52	33 732 82	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39
UAG	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00
MEDICAMENTOS Y SUMINISTROS	**27 455 32**	**29 553 07**	**31 658 81**	**33 772 80**	**35 895 27**	**38 026 49**	**40 166 71**	**42 316 21**	**44 475 26**	**46 644 16**	**48 823 19**	**51 012 66**
MEDICAMENTOS	16 790 35	18 072 67	19 359 89	20 652 15	21 949 62	23 252 44	24 560 77	25 874 79	27 194 66	28 520 55	29 852 65	31 191 15
INSUMOS	1 792 07	1 930 77	2 069 98	2 209 69	2 349 93	2 490 72	2 632 07	2 774 00	2 916 52	3 059 66	3 203 43	3 347 85
SUMINISTROS	8 242 54	8 872 04	9 503 95	10 138 33	10 775 27	11 414 83	12 057 11	12 702 17	13 350 10	14 001 00	14 654 94	15 312 02
OTROS SUMINISTROS E INSUMOS	630 36	677 58	725 00	772 62	820 45	868 50	916 76	965 25	1 013 98	1 062 95	1 112 16	1 161 63
GASTOS DE MANTENIMIENTO	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71
SERVICIO DE TERCEROS	**9 349 05**	**9 869 79**	**10 763 59**	**11 244 36**	**12 442 12**	**13 127 01**	**13 968 95**	**14,476 10**	**15 021 49**	**15 667 28**	**16 790.47**	**17 311 07**
TRANSPORTE Y ALMACENAMIENTO	**209 00**	**222 96**	**236 92**	**245 94**	**248 73**	**254 95**	**254 95**	**254 95**	**254 95**	**254 95**	**254 95**	**254 95**
CORREOS Y TELECOMUNICACIONES	**1 254 01**	**1 337 76**	**1 421 51**	**1 475 62**	**1 492 37**	**1 529 72**	**1 529 72**	**1 529 72**	**1 529 72**	**1 529 72**	**1 529 72**	**1 529 72**
HONORARIOS COMISIONES Y CORRET	**1 566 72**	**1 605 45**	**1 843 49**	**1 880 32**	**2 679 69**	**2 896 19**	**3 062 91**	**3 202 15**	**3 380 77**	**3 559 71**	**3 730 95**	**3 901 27**
ALQUILERES	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**	**1 800 00**
SERVICIO ELECTRICIDAD AGUA Y ALCANT	**3 765 79**	**4 143 31**	**4 519 59**	**4 893 65**	**5 265 73**	**5 633 76**	**6 002 22**	**6 363 35**	**6 723 36**	**7 083 70**	**7,429 60**	**7 773 84**
OTROS SERVICIOS	**753 54**	**760 31**	**942 08**	**948 84**	**955 61**	**1 012 38**	**1 319 15**	**1 325 92**	**1 332 68**	**1 439 19**	**2 045 24**	**2 051 28**
TRIBUTOS	**37 054 55**	**35 472 85**	**33 875 33**	**31 391 99**	**29 132 84**	**26 787 87**	**23 767 08**	**20 760 48**	**17 738 07**	**30 085 54**	**31 285 72**	**28 830 91**
IMP GENERAL A LAS VENTAS	37 054 55	35 392 85	33 505 33	31 391 99	29 052 84	26 487 87	23 697 08	20 680 48	17 438 07	30 085 54	31 135 72	28 530 91
IMP GENERAL A LAS VENTAS DIF	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
TRIBUTOS LOCALES	0 00	80 00	370 00	0 00	80 00	300 00	70 00	80 00	300 00	0 00	150 00	300 00
ABONOS Y CARGOS FINANCIEROS	**447 80**	**610 49**	**632 87**	**768 39**	**877 41**	**935 54**	**946 06**	**1 008 12**	**1 069 89**	**1 131 71**	**1 190 60**	**1 249 09**
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	447 80	610 49	632 87	768 39	877 41	935 54	946 06	1 008 12	1 069 89	1 131 71	1 190 60	1 249 09
PROVISIONES	**47 312 95**	**50 942 29**	**54 571 63**	**56 916 19**	**57 642 06**	**45 938 11**	**43 362 28**	**59 260 74**	**56 765 19**	**55 906 58**	**59 260 74**	**59 260 74**
COMPENSACION TIEMPO SERVICIO	18 197 29	19 593 19	20 989 09	21 890 84	22 170 02	17 206 67	16 266 59	22 792 59	21 678 82	21 365 46	22 792 59	22 792 59
GRATIFICACION	25 476 21	27 430 47	29 384 73	30 647 18	31 038 03	24 947 03	23 536 91	31 909 63	30 636 25	30 166 21	31 909 63	31 909 63
CARGA SOCIAL POR GRATIFICACION	3 639 46	3 918 64	4 197 82	4 378 17	4 434 00	3 784 41	3 558 78	4 558 52	4 450 12	4 374 91	4 558 52	4 558 52
TOTAL EGRESOS OPERATIVOS	**346 568 28**	**365 356 08**	**384 368 84**	**395 977 84**	**400 665 61**	**395 716 64**	**393 112 72**	**408 723 28**	**405 971 53**	**420 336 90**	**428 252 35**	**428 566 10**
RESULTADO NETO DE OPERACION	(151 979 03)	(150 990 69)	(150 289 45)	(142 295 68)	(127 479 36)	(103 228 67)	(81 302 14)	(77 955 84)	(56 303 71)	(51 752 01)	(41 472 35)	(23 674 21)
SALDO DE CAJA	(564 266 66)	(716 245 69)	(867 236 37)	(1 017 525 82)	(1 159 821 50)	(1 287 300 87)	(1 390 529 54)	(1 471 831 68)	(1 549 787 52)	(1 606 091 23)	(1 657 843 24)	(1 699 315 59)
SALDO ACUMULADO	(716,245 69)	(867,236 37)	(1,017,525 82)	(1,159,821 50)	(1,287,300 87)	(1,390 529 54)	(1,471,831 68)	(1,549,787 52)	(1,606 091 23)	(1 657 843 24)	(1,699,315 59)	(1,722 989 79)
% DE INGRESOS / EGRESOS	56 15%	58 67%	60 90%	64 06 %	68 18%	73 91%	79 32 %	80 93 /	86 13%	87 69%	90 32 %	94 48%

CUADRO F 7 E

FLUJO PROYECTADO DE SEIS CLINICAS

Precios de 3 similares a Batta 3 similares a Urrunaga

CLINICAS PERIFERICAS TOTAL	1 999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	26	26	27	28	29	30	31	32	33	34	35	36
INGRESOS OPERATIVOS												
INGRESOS	**349 840.48**	**361,828.41**	**372,773.39**	**383 691.30**	**394,508.40**	**404 781 68**	**414,804.22**	**424,826 75**	**434,849.29**	**444,871.82**	**454,894.36**	**464,916.89**
CONSULTA GENERAL	73 340 00	75 827 50	78 315 00	80 802 50	83 290 00	85 777 50	88 265 00	90 752 50	93 240 00	95 727 50	98 215 00	100 702 50
CONSULTA GINECOLOGICA	12 967 33	13 453 92	13 940 50	14 427 08	14 913 67	15 376 25	15 790 83	16 205 42	16 620 00	17 034 58	17 449 17	17 863 75
CONSULTA OBSTETRICA (SALUD MUJER)	7 780 67	8 042 71	8 268 75	8 494 79	8 720 83	8 946 88	9 172 92	9 398 96	9 625 00	9 851 04	10 077 08	10 303 12
CONSULTA PEDIATRICA	13 868 33	14 301 67	14 735 00	15 168 33	15 601 67	16 035 00	16 468 33	16 901 67	17 335 00	17 768 33	18 201 67	18 635 00
CONSULTA ODONTOLOGICA	36 619 86	37 842 36	39 064 86	40 287 36	41 509 86	42 732 36	43 954 86	45 177 36	46 399 86	47 622 36	48 844 86	50 067 36
CONTROL SALUD NINO	2 460 97	2 499 65	2 538 33	2 568 33	2 598 33	2 623 33	2 623 33	2 623 33	2 623 33	2 623 33	2 623 33	2 623 33
PARTOS	54 826 66	56 204 93	56 359 90	56 514 87	56 612 49	56 632 29	56 632 29	56 632 29	56 632 29	56 632 29	56 632 29	56 632 29
EMERGENCIA	39 229 91	40 238 83	41 247 76	42 221 48	43 134 41	44 047 33	44 960 26	45 873 18	46 786 11	47 699 03	48 611 96	49 524 88
FARMACIA MEDICAMENTOS	76 058 73	79 218 94	82 395 48	85 588 85	88 799 54	91 573 24	94 189 00	96 804 75	99 420 51	102 036 27	104 652 02	107 267 78
SERVICIO DE CAMA	3 394 27	3 572 92	3 751 56	3 930 21	4 108 85	4 287 50	4 466 15	4 644 79	4 823 44	5 002 08	5 180 73	5 359 38
CENTRO QUIRURGICO	29 093 75	30 625 00	32 156 25	33 687 50	35 218 75	36 750 00	38 281 25	39 812 50	41 343 75	42 875 00	44 406 25	45 937 50
OTROS INGRESOS	**95 826 30**	**99 848 09**	**103 773.56**	**107 719 17**	**111 684 56**	**115 121.52**	**118 367 75**	**121 613.99**	**124,860 22**	**128 106.45**	**131 352 69**	**134,598.92**
ANALISIS DE LABORATORIO	58 030 69	60 531 88	63 010 78	65 504 52	68 013 54	70 137 20	72 121 57	74 105 95	76 090 32	78 074 70	80 059 07	82 043 44
ECOGRAFIA	20 258 89	21 176 10	22 096 81	23 021 12	23 949 14	24 783 54	25 584 11	26 384 67	27 185 23	27 985 79	28 786 36	29 586 92
RADIOLOGIA	7 229 37	7 516 39	7 804 58	8 093 87	8 384 60	8 644 01	8 892 15	9 140 29	9 388 43	9 636 57	9 884 71	10 132 85
OTROS SERVICIOS	10 307 35	10 623 72	10 861 39	11 099 57	11 337 29	11 556 76	11 769 92	11 983 08	12 196 24	12 409 39	12 622 55	12 835 71
SUBSIDIOS	(13 719 24)	(14 128 67)	(14 518 85)	(14 908 68)	(15 294 46)	(15 626 62)	(15 936 72)	(16 246 81)	(16 556 90)	(16 866 99)	(17 177 09)	(17 487 18)
INCOBRABLES	(8 845 35)	(9 210 70)	(9 530 52)	(9 850 72)	(10 171 31)	(10 482 24)	(10 789 69)	(11 097 14)	(11 404 59)	(11 712 04)	(12 019 49)	(12 326 94)
TOTAL INGRESOS OPERATIVOS	**422 902 18**	**438 337 14**	**452,497 58**	**466 651 07**	**480 727.20**	**493 794 33**	**506,445 56**	**519 096 79**	**531 748 02**	**544 399.25**	**557 050.47**	**569 701 70**

CUADRO F 7 F

FLUJO PROYECTADO DE SEIS CLINICAS

Precioe de 3 similares a Balta 3 similares a Urrunaga

CLINICAS PERIFERICAS TOTAL	1 999											
	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SETIEMBRE	OCTUBRE	NOVIEMBRE	DICIEMBRE
	25	26	27	28	29	30	31	32	33	34	35	36
EGRESOS OPERATIVOS												
SUELDOS Y SALARIOS	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**	**254 525 93**
PERSONAL MEDICO	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00	84 960 00
PERSONAL ENFERMERIA	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30	20 849 30
PERSONAL ADMINISTRATIVO	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04	25 615 04
PERSONAL TECNICO	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80	42 438 80
PERSONAL SERVICIOS	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40	19 370 40
CARGO SOCIAL (IPSS FONAVI)	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39	34 692 39
UAG	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00	26 600 00
MEDICAMENTOS Y SUMINISTROS	**53 212 88**	**55 424 18**	**57 646 89**	**59 881 34**	**62 127 90**	**64 069 25**	**65 900 28**	**67 731 31**	**69 562 34**	**71 393 37**	**73 224.40**	**75 055.42**
MEDICAMENTOS	32 536 23	33 888 10	35 246 96	36 613 01	37 986 47	39 173 00	40 291 96	41 410 92	42 529 88	43 648 85	44 767 81	45 886 77
INSUMOS	3 492 95	3 638 73	3 785 22	3 932 45	4 080 43	4 209 38	4 331 45	4 453 52	4 575 58	4 697 65	4 819 72	4 941 79
SUMINISTROS	15 972 33	16 635 98	17 303 05	17 973 66	18 647 90	19 230 38	19 779 69	20 329 00	20 878 31	21 427 62	21 976 92	22 526 23
OTROS SUMINISTROS E INSUMOS	1 211 37	1 261 37	1 311 66	1 362 23	1 413 10	1 456 49	1 497 18	1 537 87	1 578 56	1 619 25	1 659 94	1 700 63
GASTOS DE MANTENIMIENTO	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71	16 375 71
SERVICIO DE TERCEROS	**17 928 61**	**18 568 22**	**18 969 90**	**19 371 03**	**19 769 25**	**20 135 56**	**20 488 10**	**20 840 64**	**21 193 17**	**21 545 71**	**21 898 25**	**22 250 79**
TRANSPORTE Y ALMACENAMIENTO	254 95	254 95	254 95	254 95	254 95	254 95	254 95	254 95	254 95	254 95	254 95	254 95
CORREOS Y TELECOMUNICACIONES	1 529 72	1 529 72	1 529 72	1 529 72	1 529 72	1 529 72	1 529 72	1 529 72	1 529 72	1 529 72	1 529 72	1 529 72
HONORARIOS COMISIONES Y CORRET	4 070 55	4 213 59	4 344 91	4 476 54	4 608 00	4 729 12	4 846 63	4 964 14	5 081 65	5 199 17	5 316 68	5,434 19
ALQUILERES	1 900 00	1 900 00	1 900 00	1 900 00	1 900 00	1 900 00	1 900 00	1 900 00	1 900 00	1 900 00	1 900 00	1 900 00
SERVICIO ELECTRICIDAD AGUA Y ALCAN	8 116 05	8 406 75	8 671 96	8 937 03	9 200 55	9 443 89	9 678 92	9 913 94	10 148 97	10 383 99	10 619 02	10 854 04
OTROS SERVICIOS	2 057 33	2 263 20	2 268 35	2 272 79	2 276 02	2 277 88	2 277 88	2 277 88	2 277 88	2 277 88	2 277 88	2 277 88
TRIBUTOS	**36 411 20**	**38 967 36**	**42 684 52**	**46 990 03**	**48 742 81**	**50 624 06**	**52 039 45**	**53 764 84**	**55 630 23**	**56 975 62**	**58 701 01**	**60 566 40**
IMP GENERAL A LAS VENTAS	36 411 20	38 887 36	42 314 52	46 990 03	48 662 81	50 324 06	51 969 45	53 614 84	55 260 23	56 905 62	58 551 01	60 196 40
IMP GENERAL A LAS VENTAS DIF	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
TRIBUTOS LOCALES	0 00	80 00	370 00	0 00	80 00	300 00	70 00	150 00	370 00	70 00	150 00	370 00
ABONOS Y CARGOS FINANCIEROS	**1 307 10**	**1 354 67**	**1 397 42**	**1 440 21**	**1 482 83**	**1 523 55**	**1 563 64**	**1 603 73**	**1 643 82**	**1 683 91**	**1 724 00**	**1 764 09**
INTERESES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
COMISIONES	1 307 10	1 354 67	1 397 42	1 440 21	1 482 83	1 523 55	1 563 64	1 603 73	1 643 82	1 683 91	1 724 00	1 764 09
PROVISIONES	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**	**59 260 74**
COMPENSACION TIEMPO SERVICIO	22 792 59	22 792 59	22 792 59	22 792 59	22 792 59	22 792 59	22 792 59	22 792 59	22 792 59	22 792 59	22 792 59	22 792 59
GRATIFICACION	31 909 63	31 909 63	31 909 63	31 909 63	31 909 63	31 909 63	31 909 63	31 909 63	31 909 63	31 909 63	31 909 63	31 909 63
CARGA SOCIAL POR GRATIFICACION	4 558 52	4 558 52	4 558 52	4 558 52	4 558 52	4 558 52	4 558 52	4 558 52	4 558 52	4 558 52	4 558 52	4 558 52
TOTAL EGRESOS OPERATIVOS	**439 022 16**	**444 476 81**	**450 861 11**	**457 844 99**	**462 285 16**	**466 514 80**	**470 153 85**	**474 102 90**	**478 191 94**	**481 760 99**	**485 710 04**	**489 799 08**
RESULTADO NETO DE OPERACION	(16 119 98)	(6 139 67)	1 636 47	8 806 08	18 442 04	27 279 53	36 291 71	44 993 89	53 556 08	62 638 26	71 340 44	79 902 62
SALDO DE CAJA	(1 722 989 79)	(1 739 109 77)	(1 745 249 44)	(1 743 612 96)	(1 734 806 88)	(1 716 364 84)	(1 689 085 31)	(1 652 793 60)	(1 607 799 71)	(1 554 243 63)	(1 491 605 37)	(1 420 264 94)
SALDO ACUMULADO	(1,739,109 77)	(1,745,249 44)	(1,743,612 96)	(1,734,806 88)	(1,716,364 84)	(1,689,085 31)	(1,652,793 60)	(1,607,799 71)	(1,554,243 63)	(1,491,605 37)	(1,420,264 94)	(1,340 362 31)
% DE INGRESOS / EGRESOS	96 33%	98 62%	100 36%	101 92%	103 99%	105 85%	107 72%	109 49%	111 20%	113 00%	114 69%	116 31%

CUADRO F 8

COSTOS OPERATIVOS PROGRAMA

CLINICA BALTA

Deducible	Condicion	Indice	Tarifa S/	Servicio	S/
				ATENCIONES AMBULATORIAS	
5	100%	0 2500	12 00	Consulta Medica	1 75
0	100%	0 0925	8 50	Farmacia	0 79
0	100%	0 0750	12 35	Laboratorio	0 93
0	100%	0 0238	20 00	Imagenes	0 48
				MATERNIDAD	
0	100%	0 0008	220 00	Partos sin complicacion	0 18
0	100%	0 0113	28 00	EMERGENCIA ACCIDENTAL	0 32
				COBERTURA OFTALMOLOGICA	
3	100%	0 0800	9 00	Consultas	0 48
				COBERTURA ODONTOLOGICA	
1	100%	1 0000	5 00	Tratamientos	4 00
SINIESTRALIDAD		0 80		COSTO OPERATIVO	8 92
				COSTO TOTAL	11 15
				+ 18% IGV	2 01
				PRECIO S/	**13 15**

CUADRO F 9

COSTOS OPERATIVOS PROGRAMA

URRUNAGA (tarifa normal)

Deducible	Condicion	Indice	Tarifa S/	Servicio	S/
				ATENCIONES AMBULATORIAS	
3	100%	0 2500	9 00	Consulta Medica	1 50
0	100%	0 0925	8 50	Farmacia	0 79
0	100%	0 0750	12 35	Laboratorio	0 93
0	100%	0 0238	20 00	Imagenes	0 48
				MATERNIDAD	
0	100%	0 0008	198 00	Partos sin complicacion	0 16
0	100%	0 0113	12 00	EMERGENCIA ACCIDENTAL	0 14
				COBERTURA OFTALMOLOGICA	
3	100%	0 0800	9 00	Consultas	0 48
				COBERTURA ODONTOLOGICA	
1	100%	1 0000	4 00	Tratamientos	3 00
SINIESTRALIDAD		0 80		COSTO OPERATIVO	7 47
				COSTO TOTAL	9 34
				+ 18% IGV	1 68
				PRECIO S/	**11 02**

CUADRO F 10

COSTOS OPERATIVOS PROGRAMA

URRUNAGA (tarifa a la mitad)

Deducible	Condicion	Indice	Tarifa S/	Servicio	S/
				ATENCIONES AMBULATORIAS	
1	100%	0 2500	4 50	Consulta Medica	0 88
0	100%	0 0925	8 50	Farmacia	0 79
0	100%	0 0750	6 18	Laboratorio	0 46
0	100%	0 0238	10 00	Imagenes	0 24
				MATERNIDAD	
0	100%	0 0008	99 00	Partos sin complicacion	0 08
0	100%	0 0113	6 00	EMERGENCIA ACCIDENTAL	0 07
				COBERTURA OFTALMOLOGICA	
3	100%	0 0800	4 50	Consultas	0 12
				COBERTURA ODONTOLOGICA	
1	100%	1 0000	2 00	Tratamientos	1 00
SINIESTRALIDAD		0 80		COSTO OPERATIVO	3 63
				COSTO TOTAL	4 54
				+ 18% IGV	0 82
				PRECIO S/	**5 36**

ATTACHMENT
A.9

FOCUS GROUP REPORTS AND PARTICIPANTS

INFORME DE LOS GRUPOS FOCALES

EVALUACION PROYECTO MAXSALUD

Se realizaron dos grupos focales El primero con dirigentes y personas representativas de la comunidad de Urrunaga y el segundo grupo focal fue con un grupo de mujeres usuarias de la Clinica Urrunaga

GRUPO FOCAL No 1

OBJETIVO

Recoger actitudes, opiniones, propuestas, por parte de lideres y representantes de la comunidad de Urrunaga, sobre la Clinica Max Salud y la participacion comunitaria.
Fecha. 8 de abril de 1997
Lugar Una casa particular en el V sector de Urrunaga,
Participantes Se propuso que en este grupo focal participaran 8 a 10 personas integrantes del comite de salud, promotoras mujeres de salud de la comunidad, promotores varones de salud de la comunidad, dirigentes vecinales y religiosas que trabajan en la comunidad de Urrunaga.
Guia de trabajo del grupo focal Las primeras preguntas estuvieron dirigidas a captar sus percepciones sobre los problemas de salud de la comunidad y como los resuelven
Cuales son los problemas de salud en la comunidad de Urrunaga?
Como resuelven estos problemas?
Que posibilidades le ven a un seguro de salud?
Sobre la percepcion que tienen de la mision de Max Salud?
Que es Max Salud para Uds ?
El tercer grupo de preguntas fueron sobre la participacion comunitaria y la relacion de la comunidad con Max Salud
Que relacion tienen con Max Salud?
Como es su participacion?
Como es la comunicacion?
Como se puede mejorar?

RESULTADOS DEL PRIMER GRUPO FOCAL

El grupo resulto mayor de lo que originalmente se habia programado, pero el tamano del grupo no inhibio su participacion Participaron diez mujeres y seis varones y el equipo evaluador Asistieron dos representantes de una ONG que trabaja en Urrunaga dirigida por religiosas, integrantes del comite de salud, promotoras(es) de salud, un profesor de la zona, representantes del municipio y dirigentes vecinales A pesar de no haberse realizado ninguna pregunta sobre el costo de las consultas y otros servicios, este fue un tema que recurrentemente estuvo presente durante todo el tiempo que duro la reunion del grupo focal El grupo de dirigentes se mostro sensible y preocupado con los costos de los servicios en la clinica Max Salud de Urrunaga, comparado con las posibilidades economicas de lapoblacion. Se hizo referencia en varias oportunidades que la poblacion del lugar donde

esta ubicada la Clinica de Max Salud es de bajos ingresos Asociada a las tarifas, se expreso preocupacion por la competencia de otros servicios de salud en areas cercanas al V Sector de Urrunaga, como el caso de Atusparia

" la Clinica Max Salud esta bien implementada, pero el problema esta en lo economico, y la competencia que cobra menos El medico aqui puede ser mas capacitado pero me cobra 9 soles y en otros lugares 5 soles "

Una de las participantes da como ejemplo unos analisis que le cuestan 75 soles y expresa su preocupacion de no poder seguir el tratamiento recomendado, sobre todo si la enfermedad es de larga duracion

Problemas de salud expresados por los participantes Los problemas senalados fueron tuberculosis, parasitosis, desnutricion tugurizacion, drogadiccion, alcoholismo, delincuencia y violencia.

Otros vinculados a sus condiciones de vida y que afectan su saludfueron la falta de servicios basicos como el alcantarillado, recojo regular de la basura, criaderos de chanchos dentro del barrio, costumbres antihigienicas de la gente

En cuanto a la violencia contra la mujer, senalan que la situacion de la mujer es grave, y se necesitanlugarespara recibir atencion en caso de violencia y agravados por la pobreza.

La comunidad y sus soluciones a los problemas de salud
Una de las primeras menciones fue referirse a la clinica de Max Salud como el lugar donde se acude Una participante, integrante del comite de salud, cuenta que cuando se trata de una "vida" se deriva a la clinica, donde la asistenta social de la clinica le hace el estudio socioeconomico y que en el caso de pacientes indigentes se les ha dado medicinas gratuitamente

Otras intervenciones se refirieron mas a las practicas de solidaridad que en sus barrios acostumbran cuando alguien tiene un accidente o un problema de salud.

La mayor parte de las familias utilizan recursos medicinales caseros Cuando la enfermedad es mas grave y las familias no tienen recursos, existen instituciones en la comunidad como los clubes deportivos que hacen colectas y actividades pro-fondos

Una participante conto al grupo sobre un caso de violacion sexual a una menor La dirigente, por su iniciativa personal, apoyo a la familia en la denuncia del caso, pero el delito quedo impune " se denuncia y queda ahi"

Uno de los participantes, profesor, hablo de la falta de educacion, de la crisis de valores como problema y la necesidad de impulsar la educacion para la salud

"El problema son las malas costumbres de la poblacion Es muy importante la situacion de la limpieza y la salud que se tenga en cuenta el aspecto formativo y educativo de las personas los valores se aprenden, pero nosotros a diario escuchamos el discurso de grandes politicos falto de valores la clinica entraria a cumplir un papel muy importante He conversado con el doctor responsable de la clinica y me dijo que ya estan coordinando con el centro educativo"

Servicios de Max Salud

Las y los participantes consideran que el servicio de Max Salud es de calidad Que hay buen trato y que esto es lo que la poblacion busca. Se valora que haya un lugar, en Urrunaga, donde ir cuando hay emergencias

Sobre los horarios, senalaron que falta atencion las 24 horas del dia y los domingos Sobre el seguimiento alos pacientes, uno de los participantes critica que el paciente sale de Max salud con su consulta, no es visitado, ya no se le cita para ver que paso con su tratamiento

Al preguntarles si estarian interesado en un sistema de seguro con la Clinica, respondieron afirmativamnete, siempre y cuando las cuotas sean a su alcance Refirieron que asegurarse en el IPSS es costoso para ellos, aunque alguno si tenia seguro social Piensan que seria mejor un seguro familiar

"Depende de cuanto se calcule, cuanto gaste la clinica y cuanto pueda gastar la familia. Por ejemplo, en lugar de hacer colectas cada vez que alguien lo necesita, ya han colaborado todos, la clinica tiene recogido el dinero y simplemente da el servicio, cuando llega el paciente automaticamente se le atiende"

"En cuanto al seguro, es muy importante, siempre y cuando se tengan en cuenta las condiciones economicas de la poblacion. Por ejemplo, hace dos meses averiguamos sobre el seguro social Alli cobran para asegurarse 500 soles, con una cuota mensual mas o menos de 39 soles Si analizamos la cantidad, vemos que es demasiado alta para la poblacion"

La mision de Max Salud

Recuerdan que la instalacion de Max Salud fue en un momento inoportuno, porque el Gobierno habia anunciado la privatizacion. No sabian que era Max Salud y cuales eran sus fines La comunidad estaba insatisfecha porque la posta de salud se habia cerrado y no se sabia nada.

No saben si es una ONG o una entidad privada. "La Clinica nos hace pensar en una entidad privada. simbolicamente nos asusta. Se deberia hacer una campana para informar"

Otra participante opina que la comunidad debe saber que Max Salud no tiene fines de lucro y que debe explicarse cuales son sus fines Otro dice

"Cuando fuimos invitados conocimos que era una institucion privada que proponia calidad y buen trato "

Frente a las instalaciones de la clinica son anbivalentes, por un lado piensan que son muy buenas, que la estructura fisica es muy llamativa y tambien que alguna gente teme ir Piensan que la Clinica Max Salud es lo mejor que tiene Urrunaga y que el sector Urrunaga se esta haciendo conocido tiene otro nivel El nombre de "clinica", puede hacer pensar que se cobra caro

Relacion con otras instituciones del lugar

Las representantes de Sta. Angela, manifestaron que son una organizacion con 15 anos de trabajo en Urrunaga, conocen a mucha gente y tienen buena relacion con la comunidad Consideran que su enfoque de trabajo con la comunidades muy diferente al de Max Salud, cuestionan que Max Salud ya viniera con los planes hechos sin participacion de la gente

"Maxsalud no ha informado suficiente Hay falta de informacion en todo sentido La comunicacion es debil Una vez fuimos a Max salud y pedimos una reunion y no hubo espacio"

Opinan que la clinica sola no va a resolver todos los problemas de salud de Urrunaga y por ello es necesario coordinar entre instituciones No ha habido esa oportunidad de coordinar, segun manifiestan " desde el comienzo hemos encontrado la puerta cerrada en Max Salud"

Desconocian que existia la posibilidad de exoneracion del pago de consultas para personas sin recursos Reconocen la importancia que exista una clinica como Max Salud en el barrio por las necesidades de salud de la gente

Participacion de la comunidad

El tema de las tarifas y precios de las consultas aparece nuevamente, esta vez relacionado con la participacion Entre quienes participaron de este grupo focal, algunas personas habian sido convocadas el ano anterior por MaxSalud para participar de otro grupo focal sobre tarifas y otros puntos

"Conversabamos los precios En esa epoca proponiamos que sea 3 5 a 4 soles Frente a 9 soles, es muy caro En el Centro de salud del Ministerio hay colas La clinica no esta teniendo la acogida que se esperaba"

"Hubo una reunion para debatir el precio En ese tiempo pediamos que sea cinco soles porque la mayoria de moradores no tiene recursos"

"Al saber que era una institucion privada que proponia calidad y buen trato, propuse que podia ser siete soles"

El grupo discute ampliamente sobre el tema, precisando que es importante ver quienes llegan y quienes no, que pasa con los que no tienen y no pueden llegar Proponen que se necesita una urgente revision de las tarifas, argumentan que la gente que no puede pagar tambien tiene derecho la salud. Al estar Max Salud en el lugar del Estado, preguntan

Por que 9 soles aqui y 4 soles en los centros de salud del Ministerio?

Opinan que la gente tiene su dignidad, no estan pidiendo todo gratis, sino que las tarifas sean igual al MINSA Si es igual al MINSA , Max Salud va a funcionar y la gente va a llegar Insisten que a Max Salud le conviene bajar costos, asi vendria mas gente y tendria mas ingresos

La expectativa que expresan es la de ser escuchados

"Siempre hemos sugerido Ojala que esta reunion tenga eco, que no seamos invitados por formulismo"

El comite de salud refiere tener su plan de trabajo y participar en algunos programas tuberculosis, vacunacion infantil capacitacion a la comunidad, aborizacion, cloracion del agua Asimismo, dan charlas sobre el EDA, colera, IRA Segun los participantes es eje multiplicador de lo que ha aprendido

Algunos promotores disponen de mas tiempo que otros y su participacion es desigual Una promotora interviene informando que se trabaja en equipo, se busca pacientes y se deriva a la clinica Cuando hay familias de bajos recursos, se pide apoyo a la comunidad Menciona casos en que pueden pagar por la consulta pero muchas veces no puede pagar por los analisis o por las medicinas

Indican que son 14 promotores mujeres y varones pero que unos participan mas que otros Uno de ellos dice " el promotor debe tener una satisfaccion" Entre los promotores e integrantes del comite de salud hay expectativa por conseguir algun trabajo remunerado posteriormente en Max Salud, opinan que existen profesionales en Urrunaga, que podrian ser contratados y ser un puente entre la comunidad y la Clinica

Se menciona que la asistenta social les ha ofrecido un reloj que seria sorteado entre los que manden mas pacientes Un promotor propone insistemente que se haga una encuesta casa por casa en cada sector para saber cuanta gente viene a Max Salud de cada sector Al preguntarseles si Max Salud les informa sobre los pacientes que llegan a la clinica (por cada sector), senalan que al comite de salud no les han dado informacion pero tampoco ellos la habian pedido

Reunirse dirigentes y autoridades para discutir los problemas de salud de la poblacion, es importante para algunos Les preocupa que Max Salud no cumpla sus metas y pudiera desaparecer Esperan que la reunion sirva para mejorar las cosas

En cuanto a la difusion y el conocimiento que tiene la gente de los servicios que brinda Max Salud, algunos de los participantes piensan que el impacto de la TV es bueno pero que existe gente a la ue no se llegaria Por las horas que pasan la propaganda por TV o por radio, la gente que esta trabajando no la ve o no la escucha

Sugieren que la mejor difusion es de "un morador a otro morador" Pero que esta forma de difusion interpersonal requiere que los promotores esten constantemente trabajando Agregaron que se pierde plata pasando propaganda por la TV

" en estas comunidades es lo mejor, mas si estos miembros son conocidos por ser lideres Directamente se trabaja mucho mejor porque las personas lo conocen y saben que se puede creer"

La preocupacion en como llegar a mas gente para que acuda a los servicios que brinda Max Salud, lleva a algunos a sugerir que se necesita hacer reuniones, visitar las organizaciones, traer a la gente

En cuanto a la participacion misma, hay distintos conceptos de los que es o deberia ser como lo resume muy bien una de las asistentes

"Hay diferentes formas de entender la participacion, la mas simple es verla como colaboracion Participar en los programas, casos de TBC Otra es que la participacion comunitaria sea en las decisiones, y en la definicion de que otros programas son necesarios"

El grupo quiere apoyar a Max Salud y advierten que se debe cambiar, que no hay que descargar todo en Maxsalud Pero se recalca que es importante escuchar a la comunidad

Solicitan que se les haga llegar una lista de las sugerencias que han salido de esta reunion

CONCLUSIONES

a) Uno de los problemas mas sentidos y que fueron reiteradamente expresados por los participantes fue el referido a las tarifas de la Clinica MaxSalud, que no corresponden en su opinion con las condiciones economicas de la poblacion de Urrunaga Una posicion mas critica opino que la falta de dinero no debia ser impedimento para el derecho a la salud

b) Se identifican con Max Salud y les preocupa la competencia de otros servicios que estarian cobrando menos que Max Salud, lo que genera que alguna gente por no tener los recursos suficiente decida ir a otro servicio aunque este mas lejos

c) Alguna gente desconocia la posibilidad de la exoneracion del pago por falta de medios y que incluso a algunos pacientes indigentes se les habia proporcionado medicinas gratis, previo estudio economico por parte de la asistenta social de la clinica

d) Entre los promotores e integrantes del comite de salud hay expectativa por conseguir algun trabajo remunerado en Max Salud, opinan que existen profesionales en Urrunaga, que estos podrian ser contratados

e) Algunos consideran que la estructura fisica es muy llamativa. Alguna gente se inhibe de entrar porque piensa que es demasiado caro Tambien el nombre de clinica les hace pensar que es caro y que es una entidad privada.

f) Las representantes de Santa Angela, proponen que debe haber mas informacion a la comunidad y mas coordinacion Piensan que debe modificar su politica de "puertas cerradas" a otras instituciones

g) Segun algunos pobladores, la instalacion de Max salud fue en un momento inoportuno, cuando se rumoreaba la privatizacion del secto reducacion y salud. No se sabia que era Maxsalud y cuales eran sus fines La comunidad debe saber que no tiene fines de lucro y que se sepa que fines persigue

h) Algunos de los participantes habian tambien participado de los grupos focales que se habian realizado antes de la inauguracion de la clinica. Manifestaron que en esa oportunidad no se habia recogido las propuestas de los grupos focales Recordaban que habian propuesto tarifas menores a las actualmente vigentes

i) Otros manifestaron que no querian que se les exonerara totalmente la consulta pues esto significaria reconocer y probar situacion de indigencia lo que afectaba su dignidad, pero si que se bajara la tarifa para ponerlo al alcance de la gente de Urrunaga.

j) Algunas personas propusieron que habia que analizar quienes llegan a Max salud y que pasa con los que no llegan. Otras propusieron hacer encuestas casa por casa para averiguar quienes acuden a Max Salud por cada zona.

k) Una de las propuestas fue que si Max Salud esta trabajando en el lugar donde funcionaba la posta del MINSA, las tarifas deberia ser iguales a los que cobra el MINSA por atencion

l) A algunos de los participantes les preocupa la "sostenibilidad economica" y que la clinica cierre sino logra sus metas o como resultado de esta evaluacion Tienen la certeza de la importancia de tener un centro de salud dentro de la comunidad donde acudir, cuando hay emergencias

m) En cuanto al papel del comite de salud, estos apoyan algunos programas como el de TBC, vacunacion, capacitacion a la comunidad, arborizacion. El comite de salud da charlas sobre el EDA, colera, IRA. Segun sus integrantes es eje multiplicador de lo que ha aprendido

GRUPO FOCAL
No 2

OBJETIVO

Recoger opiniones, apreciaciones de usuarias sobre los servicios que ofrece Max salud en relacion a la salud de la mujer
Participantes Mujeres usuarias de los servicios de Max salud

Lugar Una casa particular en el V Sector de Urrunaga
Fecha. 10 de abril de 1997
Guia de preguntas Sobre los problemas de salud y como los perciben
Cuales son los problemas de salud de la comunidad?
Cuales son los problemas de salud de las mujeres en Urrunaga?
Como los resuelven? a quien acude?
Sobre sus apreciaciones y recomendaciones a la Clinica de Max Salud
Cual fue su experiencia con Max Salud?
Que es lo mejor de Max Salud?
Que les gustaria que mejore?
Sobre los materiales IEC, se les muestra y pregunta.
Conoce estos folletos de Max Salud?
En que cirscunstancia lo recibieron?
Les ha sido util, para que?

RESULTADOS DEL SEGUNDO GRUPO FOCAL

El grupo llego muy puntual y con excepcion de dos mujeres de mayor edad, todas llevaron a sus hijos pequenos, uno de los bebes habia nacido en MaxSalud
Participaron doce mujeres

El numero de hijos por mujer estaba entre uno y siete hijos Del grupo que participo en este grupo focal, una de las participantes trabaja en el mercadoy otra es lavandera y trabaja haciendo limpieza en casas Todas ademas se responsabilizaban por las tareas del hogar Ninguna de las mujeres menciono tener cargo
dirigencial

Dos de las mujeres ya tenian nietos, una de ellas participaba del programa de TBC (estas dos mujeres hablaron muy poco) y otras limitaron su opinion a que habian sido bien tratadas en la clinica. Una manifesto que habia recurrido a la asistenta social Inicialmente y sin haberles preguntado, cada participante menciono que habia sido atendida en la clinica, que habia buena atencion y que todo estaba
bien.

Problemas de salud de la comunidad

Las mujeres intervinieron manifestando que uno de los problemas mas preocupantes era la desnutricion, queno hubiera alimentos suficientes, la faltade empleo, alcoholismo, drogadiccion, problemas de salud de los ninos, deshidratacion por la diarrea, resfrios, mordeduras de perros, mosquitos, zancudos, colera, muchos hijos, muchas madres que no tienen como mantenerse

Se critico, a proposito de los problemas vinculados a las necesidades de alimentacion, al Vaso de Leche Este progrma no funciona como debiera. Recordaron que el vaso de leche es para los que mas necesitanninos y madres gestantes y lactantes, no deberia haber lucro porque trabajan para la comunidad

Problemas de salud de las mujeres

Varios fueron los problemas senalados por las participantes, algunas dieron sus testimonios sobre los problemas que les aquejaban, en especial el exceso de trabajo y la poca valoracion de su trabajo y su salud

"El trabajo de la mujer no se ve, el hombre no valora el trabajo de la mujer Para el hombre, el trabajo es su liberacion Ud tiene que descansar, pero no puede, porque hay sobreexceso de trabajo Yo he tenido
principio de prolapso y asi mal, he tenido que seguir trabajando porque si no, que seria de mis hijos!

Senalaron tambien las practicas de instituciones que se dirigen principalmente a las mujeres aumentando sus responsabilidades

"Solo nos llaman a las mujeres a los hombres no los llaman Siempre son las mujeres las responsables Cuando hay una reunion citan a las mujeres todo es la mama, cuando es el control de los ninos ellos no
quieren ir dicen que trabajan Si, las mujeres trabajamos mas que ellos "

Algunas mujeres se refieren al machismo e irresponsabilidad de sus parejas que afecta sus posibilidades de decidir sobre el numero de hijos

"Tenemos demasiados hijos, los hombres son irresponsables La gente pobre nos llenamos de hijos y los hombres no estan de acuerdo no quieren la planificacion familiar a veces, los hombres no quieren que una se cuide Deberia darse charlas a los hombres"

"La gente pobre nos llenamos de hijos y lo hombres no estan de acuerdo, no quieren la planificacion familiar Yo queria la ligadura pero en Max salud no hay"

"Nosotros los pobres no nos informamos y nos llenamos de hijos NO hay para comer y no hay trabajo Una mujer tiene muchos hijos y cuantos sacrificios tiene que hacer, El agotamiento que produce"

Advierten que este problema afecta su salud presente y futura.

"La medicina tan carisima. La mujer es la mas sacrificada. Problema viene despues el cancer, el prolapso"

"problemas con los ovarios, parto malo, complicaciones del parto"

Como postergan su salud frente a otras necesidades del hogar

"No complete el tratamiento porque la medicina esta cara. Hay que ver los utiles para el colegio de los chicos, el arrendamiento"

Algunas de las mujeres, sufren el abandono del marido y tambien refieren la violencia a la que estan sometidas por parte de ellos, incluida la violencia sexual

"Yo estoy mal me levanto por obligacion , por mis hijos Tambien hay maltrato psicologico Duermo sobresaltada, tengo temor que algun dia me pase algo Tiene dos personalidades He sufrido maltrato fisico, tambien maltrata a mis ninas y mis ninos, es lo que mas sufrimiento me produce Tiene que haber algun lugar donde una pueda denunciar No hay atencion a la mujer No hay defensa Quiere tener relaciones a la fuerza Le digo estoy mal, el no cree porque me ve parada tiene que verme agonizando para comprenderme"

"Mi esposo tiene 63 anos, mucho me maltrataba, un dia le avente un martillo, no queria matarlo, pero tenia que hacer algo para defenderme, de ahi ya no me toca"

Formas de solucion a los problemas

Frente a los problemas de salud que sufren, las que dieron sus testimonios indicaron
Te aguantas te curas mal

Otras opiniones se refirieron a acudir a centros de salud

Los que tienen seguro, van alli pero tambien el uso de medicina tradicional
He ido al mercado modelo y he comprado una de gato y linaza de la selva

Sobre la violencia, una de las mujeres habia denunciado en la delegacion de la policia pero no habia logrado todavia salida a sus porblemas Otra como secito anteriormente opto por defenderse

Max Salud y sus servicios

Las mujeres opinaron favorablemente sobre la calidad del servico que presta centrandolo en el buen trato, la limpieza, la calidad de los profesionales, el tiempo de espera y la infraestructura

"Lo principal es que te tratan bien"
"Hay buen trato, la limpieza"
"Son buenos profesionales"
"Atienden rapido, no se espera mucho"
"Buenos ambientes"

Frente a la pregunta , Que mejorar?, sus sugerencias fueron
Que los doctores atiendan en la noche Se fundamento que a veces se presentan problemas de emergencia en la noche y uno tiene que ir al centro y ni pasan carros Doctores que atiendan ligadura y coloquen t de Cobre (DIU)

Sobre los precios, senalaron que necesitan poner precios que la gente pueda pagar

"Una clinica se supone que es caro, Cuando escucha clinica se esta"
"Ayudar a las madres cuando no pueden curarse y asi alargar mas vidas"
"Que las consultas sean mas baratas"

Encontramos la misma idea que en el grupo de dirigentes

"Si cobra menos puede ir mas gente"

Una mujer, refiere su experiencia de dar a luz en Max Salud

"Cuando yo di a luz en la clinica, todo salio bien felizmente, nacio rapido y la atencion fue buena. Pero, el espacio era muy pequeno y hacia uncalor terrible, yo lo unico que queria era irme a mi casa. Si abrian las
ventanas se llenaba de polvo y entraban los zancudos Por eso tenian las ventanas cerradas y hacia mas calor"

Alguna sproponen que hayan servicios de psiquiatria o psicologia.

Se enteraron de diferente manera de la Clinica.

"Habia antes una posta y de repente ya no habia. Sintio curiosidad por la propaganda, fui a la inauguracion Mi hijito fue el primer paciente y lo atendieron gratis"

Otras se enteraron por la TV, por las visitas de las promotoras, por la television, por los volantes, por los familiares que vieron la publiciadad.

Al final de la reunion se les enseno y pregunto si conocian los folletos y tripticos sobre IRA que Max Salud produce Este grupo no habia tenido la oportunidad de conocerlos, pero si conocian el material de publicidad

CONCLUSIONES

a) Las usuarias reconocen la labor de los profesionales de la clinica Max salud de Urrunaga y aprecian particularmente el buen trato que habian recibido, la atencion, las instalaciones

b) Una de las mujeres que se habia atendido el parto en Urrunaga manifesto que la sala donde estuvo era muy pequena y muy calurosa, situacion que deberia examinarse

c)Propusieron que las consultas de Max Salud deberian tener precios que la gente pueda pagar Mencionaron que algunas mujeres descontinuan sus tratamientos por falta de recursos, o porque tienen que trabajar para sobrevivir

d) Los problemas de salud de la comunidad que ellas destacaron fueron la desnutricion, falta de alimentos suficientes, el desempleo, alcoholismo, drogadiccion, problemas de salud de los ninos, deshidratacion por la diarrea, resfrios, mordeduras de perros, mosquitos, zancudos, colera, muchos hijos, madres que no tienen como mantenerse, la corrupcion

e) Los problemas de salud de las mujeres mencionados estuvieron referidos al exceso de trabajo, la desvaloracion de parte de las parejas, la postergacion que hacen de sus necesidades, el recargo de resposnabilidades

f) la violencia intrafamiliar y no tener donde acudir por soluciones efectivas es otro de los problemas que sienten con gran afliccion

g) Este grupo particular de mujeres no conocia los folletos de Max Salud que se les mostro

PARTICIPANTES EN GRUPO FOCAL SOBRE PARTICIPACION COMUNITARIA

FECHA 8 de Abril de 1997

NOMBRE	DIRECCION
NILDA FERNANDEZ ALARCAN	Jr Nicolas de Pierola 290 - PJ Medio Mundo
ROSA GUEVARA SAAVEDRA	Prolongacion Panama 660 P J Santos Chocano
GERMAN CABRERA GASTELO	Prolongacion Panama 140 Urrunaga
RUPERTO FIGUERO TERNERO Comite de Salud	Argentina 126 IV Sector de Urrunaga
GERM N CALLIRGOS ALTAMIRANO Miembro de la Tenencia Gobernacion	San Andres 341, V sector
ROSANA CH VEZ FERN NDEZ Comite de Salud - Promotora	Av Chiclayo 688, V Sector de Urrunaga
ROSARIO CHOZO SANANDRES Promotora de Salud	Santa Martha 231 IV Sector de Urrunaga
EULALIA BANDA TORO	Mz. Z Lote 16 Villa Hermosa - Segundo Sector

ERLA HOYOS ZULOETA V Sector de Urrunaga
Centro de Formacion Cristiana y Proyeccion Social
Santa Angela

NOREEN ALLOSSERY WALSH V Sector de Urrunaga
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BERNABE REQUEJO SANCHEZ Av Chiclayo 650
Presidenta Vaso de Leche V Sector de Urrunaga

LETICIA SANCHEZ RAMIREZ Mz. X3 Lote 29
Comite de Salud V Sector - Villa Hermosa

DANIEL GASTULO MEGO
Agencia Municipal

CARLOS REYNAFARJE VILCHES
Profesor

SALOMON CALDERON TARRILLO
Promotor de Salud

MARGOT ESPIL MERA
Promotora de Salud

PARTICIPANTES GRUPO FOCAL No 2
USUARIAS CLINICA MAX SALUD URRUNAGA

FECHA 10 de Abril de 1997

DIGNA SALAZAR

FILOMENA CARRASCO

GLORIA TINEO

EMILIA MALCA

MARIA JULIA GASTELO

MANUELA F CAPITAN

MARIA E CAMPOS

MAGNOLIA RODR GUEZ

YOLANDA V SQUEZ

ALICIA CAMARENA

AMALIA CAMPOS

JUANI SANTA CRUZ

CLADEM
Oficina Regional
A P 11-0470, Lima, Peru

ATTACHMENT
A.10

LIST OF IEC MATERIALS

MATERIALES IEC

materiales IEC producidos por MaxSalud

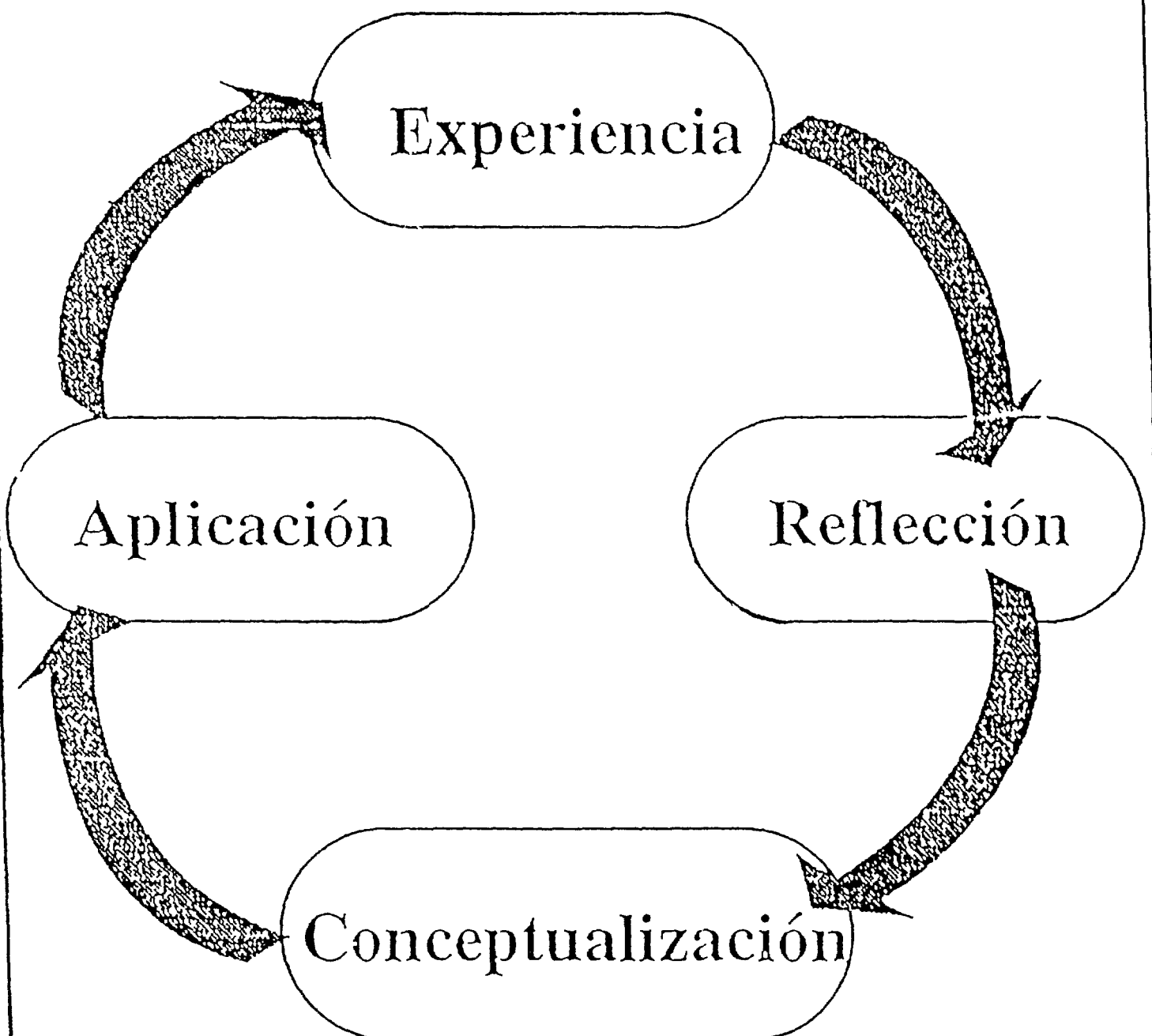
MATERIAL PRODUCIDO	TITULO / TEMA	OBJETIVO	TIRAJE / CANTIDAD PRODUCIDA	UTILIZACION	CANTIDAD DISTRIBUIDA	NUMERO DE PERSONAS A LAS QUE SE HA LLEGADO
FOLLETO	Conociendo las IRAs	Educar (Motivar, informar educar)	2 millares	Charkas	1 millar	1500
TRIPTICO	Protejamos a nuestros ninos de las IRAs	Educar (Informar orientar)	4 millares	Charlas Entrevistas educat	2 millares	3000
AFICHE	Cuidado con la neumonia	Educar (Sensibilizar motivar informar)	1 millar	Difusion	500 unidades	5000
ROTAFOLIO EN TELA Y GUIA DIDACTICA	Las infecciones respiratorias agudas	Educar (Sensibilizar motivar informar)	25 unidades	Clinicas Promotores	25 unidades	2500
CARTILLAS (HOJA SUELTA)	Atencion del nino con tos o dificultad para respirar	Educar (Informar orientar)	20 unidades	Entrevistas (medico)	20 unidades	N° atenciones Programa
CARTILLAS (HOJA SUELTA)	¿Como esta su presion arterial?	Educar (Informar orientar)	500 unidades	Educacion difusion	500 unidades	500
CARTILLAS (HOJA SUELTA)	Inmunizaciones	Educar (Informar, orientar)	12 millares	Educacion difusion	12 millares	25000
CARTILLAS (HOJA SUELTA)	La Tuberculosis	Educar (Informar orientar)	4 millares	Educación difusión	4 millares	8000
CARTILLAS (HOJA SUELTA)	El SIDA Medidas de prevencion	Educar (Informar orientar)	4 millares	Educacion difusion	4 millares	8000
TIRA COMICA	Familia sin diarrea ni colera	Educar (Motivar, orientar)	4 millares	Educacion difusion	4 millares	10000
ROTAFOLIO DE MESA	Salud Mujer	Educar (Sensibilizar motivar informar)	10 unidades	Educar Charlas/Clinicas	2 unidades	N° atenciones Programa
ALMANAQUE	1996	Promocion	1 millar	Difusion	1 millar	6000
AFICHE	Fam MaxSalud	Promocion	1 millar	Difusion	1 millar	10000
AFICHE	Ahora Urrunaga	Información	300 unidades	Difusión	300 unidades	3000
GLOBOS	Yo soy Maxito	Promocion	2 millares	Promover at al nino	2 millares	5000
BOLSOS	Yo naci en MaxSalud	Promoción	100 unidades	Promover partos	100 unidades	1000
MALETINES	MaxSalud	Promoción	25 unidades	Promoción por promotores	25 unidades	250

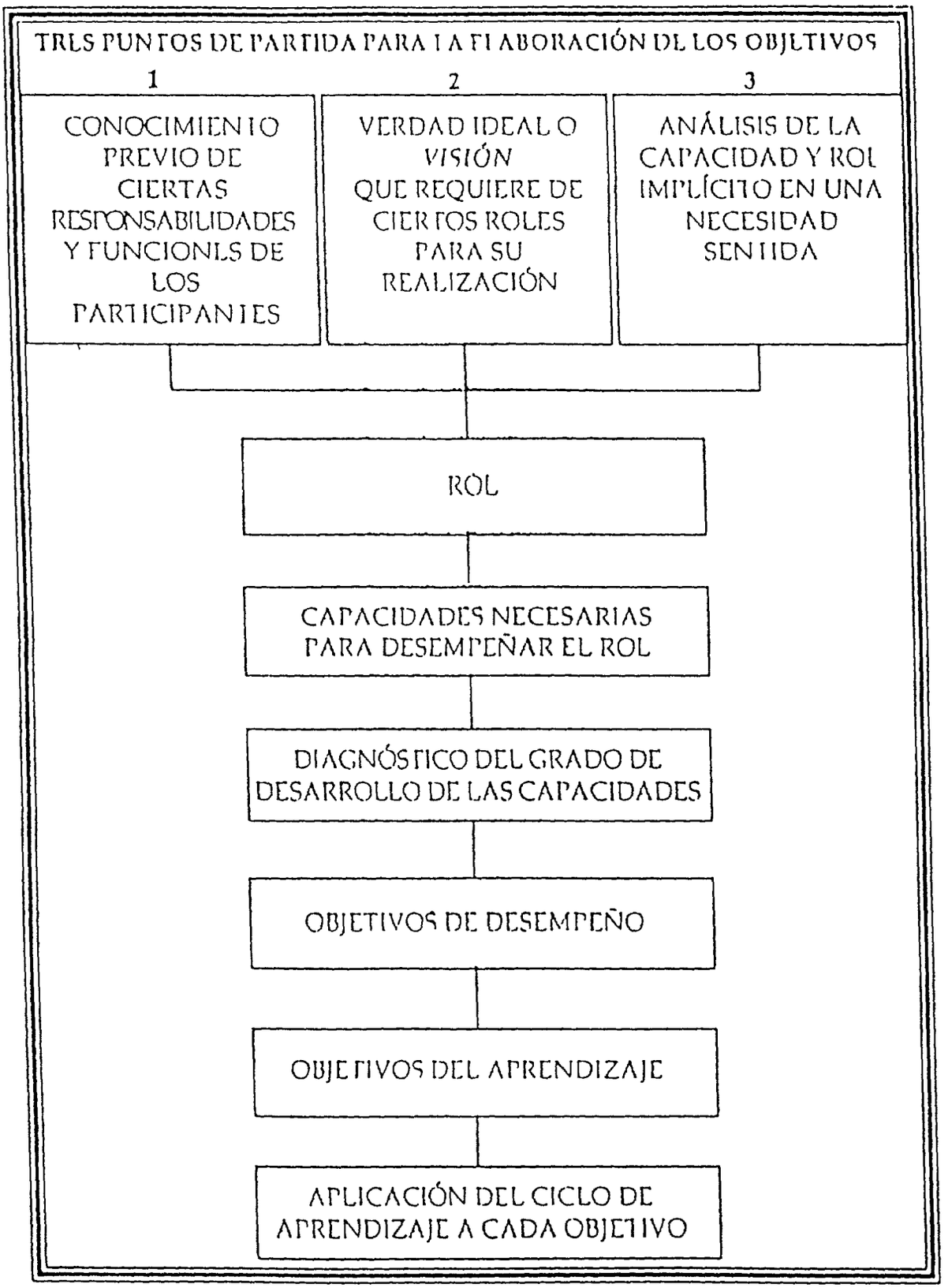
MATERIAL PRODUCIDO	TITULO / TEMA	OBJETIVO	TIRAJE / CANTIDAD PRODUCIDA	UTILIZACION	CANTIDAD DISTRIBUIDA	NUMERO DE PERSONAS A LAS QUE SE HA LLEGADO
CANGUROS	MaxSalud	Promocion	30 unidades	Promocion por promotores	30 unidades	300
GORROS	MaxSalud	Promocion	50 unidades	Promocion promotores personal	50 unidades	500
PANEL	MaxSalud	Promocion	2 unidades	Difusion	2 unidades	Transeuntes en zona urbana y carretera
BANDEROLAS	Varios	Informar Comunicar	50 unidades	Difusion	50 unidades	Transeuntes
PUBLICACION PERIODISTICA	Varios	Difusion	60 Pub	Informar		
CUNAS PARA PERIFONEO	Varios	Difusion Informar Motivar	24 cunas	Campanas		
SPOT PARA RADIO	Varios	Informar Orientar	280 spots	Difusion promocion campanas		
SPOT PARA TELEVISION	Varios	Difusion Promocion Sensibilizacion	300 spots	Publicidad información comunicacion		
PROGRAMA RADIAL	En buenas manos	Educar	40 prog	Sensibilizar orientar		
CARTA	A los padres de familia	Informar	3 millares	Campana de promocion		
DIPTICOS TRIPTICOS	Varios	Promocion de servicios	24 millares	Campana casa por casa promotores		

ATTACHMENT
A.11

THE LEARNING CYCLE & THREE KEY POINTS FOR ELABORATING OBJECTIVES

Circulo de aprendizaje




TRES PUNTOS DE PARTIDA PARA LA ELABORACIÓN DE LOS OBJETIVOS
1
2
3
CONOCIMIENTO PREVIO DE CIERTAS RESPONSABILIDADES Y FUNCIONES DE LOS PARTICIPANTES
VERDAD IDEAL O VISIÓN QUE REQUIERE DE CIERTOS ROLES PARA SU REALIZACIÓN
ANÁLISIS DE LA CAPACIDAD Y ROL IMPLÍCITO EN UNA NECESIDAD SENTIDA
ROL
CAPACIDADES NECESARIAS PARA DESEMPEÑAR EL ROL
DIAGNÓSTICO DEL GRADO DE DESARROLLO DE LAS CAPACIDADES
OBJETIVOS DE DESEMPEÑO
OBJETIVOS DEL APRENDIZAJE
APLICACIÓN DEL CICLO DE APRENDIZAJE A CADA OBJETIVO

EL PROCESO DE CAPACITACION

PROGRAMACION

- COMUNICACION CON LA DIR. GENERAL
- ANALIZAR RESULTADOS DE LA CAPACITACION
- DETERMINAR OBJETIVOS CLAROS PARA LA CAPACITACION
- SITEMATIZAR LAS LECCIONES APRENDIDAS DE LAS CAPACITACIONES
- PLANIFICAR, COORDINAR Y MONITOREAR LAS ACTIVIDADES DE LA CAPACITACION
- INCORPORAR ELEMENTOS NUEVOS EN LA PROGRAMACION

CAPACITACION

- METODOLOGIAS ACTIVAS PARA LA CAPACITACION DE ADULTOS
- SISTEMATIZAR CONTENIDOS EN MARCOS CONCEPTUALES DE LAS TEMATICAS PRINCIPALES
- CONFORMAR Y ORGANIZAR LOS GRUPOS DE APRENDIZAJE
- ORGANIZAR LAS TAREAS PARA LOS GRUPOS DE APRENDIZAJE
- ASEGURAR LA APLICACION DEL CICLO DE APRENDIZAJE

SEGUIMIENTO

- ENTRENAR A TUTORES PARA GUIAR LOS GRUPOS DE APRENDIZAJE
- CONSOLIDAR EL FUNCIONAMIENTO DE LOS GRUPOS DE APRENDIZAJE
- ORGANIZAR TALLERES DE SEGUIMIENTO PARA HACER PRESENTACIONES DE LOS GRUPOS
- ASEGURAR LA APLICACION DEL CICLO DE APRENDIZAJE
- DISEÑAR MECANISMOS HORIZONTALES PARA EL INTERCAMBIO DE EXPERIENCIAS
- DISEÑAR MECANISMOS HORIZONTALES PARA EL INTERCAMBIO DE EXPERIENCIAS

EVALUACION

- CONCLUIR EL CICLO DE APRENDIZAJE CON INFORMES EVALUATIVOS DE LOS GRUPOS
- PROMOVER MODOS DE EVALUACION PARTICIPATIVA PARA EL APRENDIZAJE
- ANALIZAR LOS RESULTADOS DE LAS CAPACITACIONES PARA MEJORAR SU DISEÑO
- RECOGER RESULTADOS DE LOS MECANISMOS DE INTERCAMBIO Y PASARLOS A PROGRAMACION
- ORGANIZAR COMISIONES PARA ANALIZAR Y CONSIDERAR LA RETROALIMENTACION SOBRE LA CAPACITACIONES