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# COST RECOVERY AND FINANCIAL SUSTAINABILITY OF CIES: ISSUES, STRATEGY AND POTENTIAL SCENARIOS

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# **COST RECOVERY AND FINANCIAL SUSTAINABILITY OF CIES: ISSUES, STRATEGY AND POTENTIAL SCENARIOS**

## **DISCLAIMER**

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# 1. INTRODUCTION

USAID/Bolivia is planning to provide field support to finance technical assistance activities for 12 to 18 months to help CIES (*Centro de Investigación, Educación y Servicios*) develop an aggressive plan to improve its sustainability. The focus of the activity will be the development of cost recovery scenarios that will help CIES achieve this goal.

USAID requested PSP-*One* to assess the current situation of cost recovery and sustainability of CIES in Bolivia, and develop three scenarios that would illustrate what would be necessary for CIES to become more financially sustainable. At an initial meeting with PSP-*One* consultant Roy Brooks and USAID/Bolivia, it was decided that it would be useful to present a number of possible alternatives within these scenarios for CIES to attain a higher degree of cost recovery between 70% to up to or over 90% by year 2009.

## 2. BACKGROUND

### 2.1 CIES

CIES is a nonprofit Bolivian organization founded in October 1987. CIES contributes to improved health conditions of women, men, young people, and teenagers through the provision of medical and educational services on sexual and reproductive health, with the goal to reduce women's and children's morbidity and mortality, and to improve sexual and reproductive health.

CIES bases its programs and activities on the following conceptual framework:

- Primary Health Care (PHC) serves as the main approach to sexual and reproductive health and health education.
- Sexual equity involves reassessing the role that women play in society.
- Community participation and the sustainable transformation of sexual and reproductive health are key to success.

CIES' Mission is to be the lead national, non-profit institution to promote sexual and reproductive health through social mobilization and the delivery of integrated quality health services, emphasizing sexual and reproductive health. CIES activities focus on equity, participation and respect for diversity, while seeking institutional sustainability.

CIES is a pioneer organization in the field of family planning in Bolivia, and now is a leading provider of reproductive health and family planning services and education. Through its regional centers CIES works in 9 major cities in 8 departments of Bolivia (except Pando), 5 rural municipalities in Chuquisaca, as well as the municipalities of Villamontes (Tarija) and Camiri (Santa Cruz).

### 2.2 CIES-USAID RELATIONSHIP

USAID and CIES have worked closely together since 1995, when USAID financed a project with IPPF (International Planned Parenthood Federation). The project lasted three years, and was named "*Mejora de la Cobertura y Calidad de los Servicios de Salud Sexual y Reproductiva en Bolivia a traves del Apoyo a CIES*" (Improvement of the Coverage and Quality of Bolivian Sexual and Reproductive Health Services through Support to CIES). This project allowed CIES to be transformed from a group of individuals who carried out simple projects to a professional organization capable of executing a broad range of programs with multiple strategies.

In 1998, through an agreement signed directly with USAID, CIES developed the project *"Mejorando la Salud Sexual y Reproductiva de Mujeres, Hombres y Adolescentes"* (Improving the Sexual and Reproductive Health of Women, Men, and Adolescents), with a length of fifteen months, and then in January 1999, a new project began: *"Promoviendo el Ejercicio Pleno de los Derechos Sexuales y Reproductivos de Mujeres, Hombres y Adolescentes de Bolivia"* (Promoting the Full Exercise of Sexual and Reproductive Rights Among Women, Men, and Adolescents in Bolivia) which lasted through 2004.

Under a current Cooperative Agreement where USAID is to provide CIES with \$US 7.1 M in financial support, CIES is seeking to consolidate the Integrated Model of Sexual and Reproductive Health and Family Planning, increasing the coverage and quality of activities directed to low income women, men and young people, while at the same time strengthening the technical and financial capacity of the organization, to achieve self-sustainability.

The project is being carried out in the cities of La Paz, El Alto, Oruro, Potosi, Sucre, Tarija, Santa Cruz, Cochabamba, and Trinidad, and rural area municipalities in the Department of Chuquisaca: Padilla, Monteagudo, Huacareta, Villa Vaca Guzman, (Muyupampa), and Machareti; and the Municipalities of Camiri and Villamontes in the Departments of Santa Cruz and Tarija.

The population the project intends to reach with Reproductive Health and Family Planning services is women, men, and young people in the cities where CIES works: 120,000 women of reproductive age (WRA) will benefit annually from the medical services (about 6.7% of WRA in urban catchment areas and 80% WRA in rural catchment areas). Further 420,000 people, including men, women, and young people, will be reached annually with educational or informative activities.

CIES reports that at the Health Centers, the level of cost recovery has gradually increased from 22% in 1998 to 42% in 2005. When the new Cooperative Agreement was signed in September 2004, CIES established an initial goal for the organization to be 50% self-sustainable by 2009. USAID and CIES have already discussed the need for CIES to revise upward the 50 percent goal. Although a specific target has not been discussed, USAID would like to maximize the level of cost recovery by 2009.

Cost recovery (sustainability) was defined by USAID as the percentage of 100% of their total costs that would be covered by the revenues they personally generated either from client/patient services or through other outside donations.

USAID/Bolivia anticipates that by increasing its financial sustainability CIES will be in a better position to achieve all its goal of increasing the coverage and quality of its services and activities. The second phase of technical assistance will build on the cost recovery scenarios to assist CIES to strengthen its management, administrative, and technical capacities to fully implement the current Cooperative Agreement while aggressively pursuing cost-recovery goals.



### 3. GENERAL FINDINGS AND RECOMMENDATIONS

Roy Brooks visited all but two of the regional centers of CIES throughout the country of Bolivia. The two that were not visited were Oruro and Potosi. For these latter two centers, all-day interviews were conducted either by personal visits from Oruro, or by telephone in the case of Potosi. In each case, interviews were usually held with the regional Director, head nurse, lab and pharmacy personnel, chief of medicine, administrator, and cashier. A brief description of some of the highlights of the findings of each center is included in Annex A of this report.

Some of the general findings and recommendations include:

1. The most important, is that the majority of all the regional centers are significantly improving their levels of financial sustainability. Equally important, all the centers are very aware of the need to improve the overall cost recovery level of CIES, and are highly motivated in this endeavor (see Annex B, Cost Recovery). This motivation and awareness cannot be underestimated and is a very strong asset for CIES and their future for successful improved cost recovery.
2. *CIES Image* – There is agreement across the board that the image and mission of CIES merit review and discussion. Some feel that the logo of “Sexual Health and Reproductive Care” may be too restrictive, while others feel this is the very reason for the existence of CIES.

*Recommendation* – Over the next several months, hold discussions at all levels to decide if the current logo, image, and mission of CIES merit some changes and/or amplification in order to also enhance CIES potential for better financial sustainability. It is also important to know that CIES has hired an outside consultant to work on this issue during the next three months.

3. *Promotion* – Currently the position at the central level of communication is not filled. In addition, all of the promoters that voluntarily worked at the regional levels were eliminated over the past few years. The result is that there is a minimal level of promotion at best with the exception of some very successful campaigns that the regions have conducted. In addition, of what promotion there is, it is quite varied across the centers. For example, at least one center is paying for radio and television time, others are actively using speaker systems to provide public announcements, and others are relying on the education department for indirect promotional activities as just a few examples.

*Recommendation* – It is important to widen the scope of the communication position at the central level so that it concentrates on marketing, promotion, and advertising. This could be considered more of a “commercial” position rather than one in health care. It is also imperative that this position be filled as soon as possible.

4. *Risk-sharing arrangements* – There is an extremely wide range of how this system to pay physicians as well as some ancillary services is used. Although it clearly provides some motivation for increased productivity, it unfortunately does not always ensure that it is a net financial benefit to the organization. For example, it is possible to have physicians working at an acceptable level of productivity, yet the amount they receive compared to what CIES receives may not be beneficial to CIES. This is particularly true when physicians or ancillary services receive more than fifty percent of the collected revenues.

*Recommendation* – All of these arrangements need to be analyzed not from just a productivity point of view, but more importantly, from a net revenue and opportunity cost point of view – in other words, financial sustainability. It is not necessarily true that any revenue generated is better than none; some arrangements may have a net loss to CIES even though they appear to be generating income. Secondly, having a lab receive sometimes well over fifty percent of the revenues may mean that there is an opportunity cost and that CIES would be better off to have their own laboratory rather than rent it out on a risk sharing arrangement.

In order to look at the risk-sharing arrangements from a sustainability point of view, one must concentrate on seeing that each physician not only pays both their direct and indirect expenses, but contributes to the financial sustainability of CIES as well. This not only means a change in their percentages they are paid, it also means looking into the percentage of physicians paid on a salary basis versus on a risk-sharing basis.

CIES decided to immediately implement this analysis and make recommendations within the next two months.

5. *Productivity and Net Income* – Analogous to the risk sharing arrangements is the fact that until this month of June, productivity of the medical providers was not measured by physician except to see if they are meeting their defined productivity goals. Meeting the “metas” does not mean that they are paying their way. As of this month, the monthly collected information will be greatly improved in that it will be possible to see the average number of patients per hour seen by each physician. This represents a very commendable job on behalf of accounting and finance and can be seen in Annex C, Sustainability Level by Region and Central Office, that also offers a detailed analysis of how the cost recovery calculations are derived for both the regions and center office. This report will be distributed to all medical providers each month so they can see their individual performance and how their performance compares to their colleagues. Perhaps even more important, there is little to no information as to

whether other very large and important services such as lab and pharmacy are paying for themselves. It is imperative to know if each service pays for itself and how much.

*Recommendation* – One must assess each service by the net income and unit costs, not just the productivity, that they bring to CIES. In the case of the physicians, it should also be considered to establish a minimum net income to be generated by each provider, say 120% above their costs. If they do not meet this minimal requirement within an agreed-upon time period, such as six months maximum, then they should be considered to have their time reduced or withdrawn. This absolutely pertains to the medical providers paid on a fixed salary basis as well.

This also means not just looking into the physician, lab and pharmacy services, it also means looking into services such as emergency service, twenty-four hour service, lab procedures such as sonograms, and others. Each service must pay their way.

Using this methodology, it is important to consider not to increase any service or provider personnel until a projected unit cost and operating margin are ascertained. This may hold particularly true for the upcoming large investment at Oruro for inpatient and surgery care.

Before going any further on this issue in terms of software and forms to be implemented, it is recommended that CIES visit and review the current software program and system of unit cost accounting and net income accounting used by PROSALUD. It is recommended they do this as soon as possible. After a brief review of this system, it appears that it would be a misuse of time and money not to consider using this system rather than spending a great deal of time and money to reinvent this system once more. This is not just a reporting issue. It will help determine which operations might be expanded, and which ones need to be reduced, consolidated, or eliminated.

6. *Existing contractual arrangements* – There is a tremendous variety of contractual arrangements, and many of them are quite innovative as well as productive. One of the issues is that the productive ones are not sufficiently shared among the regions to take maximum advantage of them. On the other side, some of these arrangements are more to generate revenues rather than provide assistance to the financial sustainability of CIES. They may well be costing CIES money.

*Recommendation* – These contractual arrangements need to be reviewed from the perspective of sustainability as well as quality of care. It appears that sometimes people believe that more revenues mean more net income, and this is certainly not always the case. Quality of care is mentioned here since some of these contracts appear to be resulting in 75% of all deliveries performed by CIES being caesarian sections, something that needs to be investigated further.

7. *Sharing of Information* – The meeting of the regional directors and central office to be held in July, represents the first meeting of this kind since May 2005. What was noted during the visits at the regions, is that nearly each and every center had some very innovative and successful programs as they related to sustainability.

*Recommendation* – Meetings among the regional professions (e.g. nursing, administration, management, laboratory, etc.) should be more frequent, and also should be held in a rotational manner at each and every different regional center. It is quite surprising to find how few of the CIES management personnel have actually seen more than just a couple of centers. These meetings should probably include presentations by each of the regions (such as what are they doing to enhance financial sustainability), education, and feedback and updating from the central office.

8. *Physical Infrastructure Issues* – This entire area needs to be assessed from both a financial point of view as well as quality of care perspective. There are some regions, usually the ones with the new buildings, that have a significant amount of unused space. Yet on the other side, there are a number of centers that are physically constrained with more demand than they can handle, or are constrained because they have no space to use essential minimal equipment to provide care. In all of these instances, financial sustainability is hurt.

*Recommendation* – Those centers with unused space should probably consider renting it out on an annual basis until such time as CIES demand for services warrants the holding of this space for CIES. Those centers with physical restrictions may need to have a marketing analysis to see if the projected return on investment warrants the renting or purchase of additional space. Annexes that provide care for more upper level income users might also be considered, particularly in lieu of the upcoming changes in national insurance and increase in free services from Cuba.

The maintenance of the buildings is not standard across the centers. It is recommended that a minimal standard be established for ensuring quality of care as well as a welcome presentation to encourage new patients and users.

9. *Decentralization* – Although there is considerable encouragement for the regions to work in a creative way on their own initiative, there are still some bottlenecks when it comes to purchasing, reporting to and from the central office, and getting authorization at the central level in general. This can clearly cause some personnel dissatisfaction at all levels, and it also clearly can impede progress towards higher cost recovery.

*Recommendation* – Decentralization is a critical element to financial sustainability and efficient operations. The number of signatures required at the central level by different departments, the relationship the requests from the regions have to the plan of action, and the ceiling of \$500 at the regional level are just some of the many items that need to be reviewed, and preferably the

sooner the better.

More importantly, the budgets should have been approved by the beginning of the year in conjunction with both the finance and program office. After that, only the finance and budget departments should have been involved to ensure that the requested items were indeed approved in the budget and followed proper accounting and procurement procedures. The program department should not be involved in purchase and employee requests that have already been approved in the annual budget. This unnecessary and very inefficient going back and forth between the program and budget and accounting offices has resulted in some serious and perhaps dangerous delays of equipment and personal requests throughout all the regions.

- 10. Logistics** – This is a very large issue with many aspects that need review. For starters, a review of what should be purchased at the central level versus at the regions needs to be conducted. The purchase of medicines, fixed assets, and materials such as educational and medical documents, are just a few of the items that can be considered. There have been a number of considerable delays in items as pertinent as prescription forms that have not been distributed to the regions for nearly a year. During this time, the regions have been making photocopies of prescription forms and then stamping them with the CIES logo. This effects the image as well as quality of care, and hence the potential for greater financial sustainability.

*Recommendation* – All aspects of logistics need to be reviewed, and this would probably best be handled with the help of outside technical assistance. It is highly recommended that USAID and a designated team from the CIES central office contact PROSALUD and review the potential advantages of purchasing medicines from their current pharmaceutical company. This can be done immediately. It is a newly formed company that is able to provide drugs at a very low cost and often many times less than the drugs sold at even the government hospitals. They are able to get these costs reduced by the very large national network and high volume that they work with. It is simply not financially optimal in any way to have each of the CIES regions purchase their drugs individually. Also, there would be better control if drugs were purchased by one single vendor such as PROSALUD. It is highly likely that purchasing all drugs from a chain such as PROSALUD is the best and most efficient way to purchase medications.

- 11. Pharmacy and boutique operations** – There is a mix of pharmacies and boutiques among the regions. It does not appear that the critical element is whether or not the region has a pharmacy versus a boutique. What does appear critical is how either of them are managed so that they can maximize income. Three of the centers have boutiques that are basically completely out of view from the clients, do not in any way take advantage of potential users other than CIES, and do not try and generate income from non-prescriptive medical items.

*Recommendation* – At least three of the regions should consider placing their boutiques in a much more obvious place, so that they can get patients from both within and without of CIES. The physical transfer of these three boutiques appears to be something that can be done in the near future and at little expense. Some of the other regions are model operations in this arena, and can share how they generate income to the other regions. Pharmacies should and can be profit-generating operations, and cannot be placed in hidden locations.

- 12. *Technical Standards*** – There appears to be a need for greater application of standards for determining the allocation of both equipment and personnel. At the moment, there is a tremendous variation of staff to patient ratios among the centers. In addition, some centers are potentially at a risk standpoint for lack of critical equipment and minimal staffing levels. Basic ratios of number of staff per users are incredibly variable. Some centers are providing cooks for snacks whereas others do not even have a refrigerator to put their lunch. Some centers are in perfect condition, and others are close to depressing to enter. All of these factors greatly impact on financial sustainability.

*Recommendation* – Ratios such as nurses per user, replacement schedules for equipment, overall paid staff per user, regional administrative costs per user, and several others should be implemented.

- 13. *Online Banking*** – There is a massive amount of paperwork in accounting and finance at both the central and regional levels. In addition, the storage of this paper data is not standard among the regions and in some cases disorganized, and in all instances requires a great deal of physical labor at maintaining and storing these records.

*Recommendation* – Do a feasibility study by seeing what the banks have to offer. Online banking meets all accounting standards, eliminates nearly all paper and uses more reliable microfilming, and can reduce staff and operating cost while also reducing any type of financial leakage.

- 14. *Education and Communication*** – Although a very integral part of CIES, from the standpoint of financial sustainability it is potentially becoming more of a burden than is warranted. An average of 45% to 50% of the USAID money to CIES is dedicated to education. Some of the education activities appear to be not sufficiently focused towards the mission of CIES, some appear to be using a considerably high amount just for refreshments, ballet and guitar lessons, and the “communications” component of this department is often the least effective and utilized.

*Recommendation* – Suggest a business manager, not a consultant in education, provide technical assistance to see how this department might be more effectively used to simultaneously provide both education and promotion of CIES activities. Also, the amount dedicated to education is in conflict with the interest of financial sustainability, and equally important, with the provision of providing quality medical care and getting more nurses and equipment. The

overall budget allocation for education should probably be reduced, but as will be seen in the strategy section the amount of the reduction could in large part be left up to the regions themselves.

It is suggested that a ceiling be immediately set on the amount of education funds used for refreshments and entertainment. A temporary limit of no more than 5% would be advisable, and this could then be reviewed further as time permits. Eventually a standard should be set for how much of the educational money will be allocated for education, how much for investigation, and how much for communication and promotion.

All activities should be very focused towards the mission of CIES, include impact information whenever possible, and contain an increased proportion of activities when desirable towards communication and promotion.

15. *Recommendation* – CIES has requested to see what the possibility might be concerning receiving an endowment fund from USAID. However, there may need to be a balance, given the budget ceiling, between the advantages of an endowment versus the advantages of using the money for capital improvements and expansion.

An important point needs to be raised that is extremely relevant the overall strategy of CIES. By August 2006 the universal health insurance in Bolivia will be implemented. This has the potential to directly impact the patient population of CIES as well as any other potential new services that CIES may consider to offer.

On the one hand, it is difficult to know if this “government offering” of additional free services by the augmentation of access really means that people will be able to receive additional services. In other words, increasing access does not necessarily mean that the Bolivian government intends to increase significantly the supply of services. Nonetheless, it may very well indicate that CIES maintain a “wait and see” operation during the first few months of the initiation of this health care insurance. Pragmatically, this might mean holding off on any increase or additions in service for the next few months. However, the political situation in this regard is not intended for this paper, so it is highly recommended that someone from CIES be designated to keep updated with this situation.

# 4. POSSIBLE SCENARIOS TOWARDS GREATER FINANCIAL SUSTAINABILITY

## 4.1 STRATEGY

After a considerable number of meetings and mathematical business simulations with the staff at the central office, a strategy was developed that enhances financial sustainability. Although it was not in the scope of work of this consultancy, it was felt extremely important to offer ways to get to any cost recovery strategies presented. If the regions do not feel they are a very participative part in this process from beginning to end, then the results will be much harder to obtain. In addition, specific examples are subsequently provided that can work towards better sustainability, tangible percentage and dollar amounts that each of these examples could effect the sustainability, and a useful guide that provides the regions with different ways they can achieve each of these suggested examples.

The strategy is as follows. The CIES central office in collaboration with USAID would determine what are the suggested overall levels of cost recovery that CIES would strive for during the next three years. Following this, the regions could be told the overall parameters, such as having to improve their sustainability by five percent each of the next three years, and then the regions would choose from the list provided in Annexes D, Cost and Percentage Impact of Potential Changes and E, Observations and Potential Changes in order to Increase Sustainability. Annex D represents quantitative impact projections when certain actions are taken to enhance sustainability. Annex E represents a consolidated effort with Roy Brooks and the Central Office to provide tangible methods that can improve sustainability both at the regional as well as the central office levels. Annex E is an important addition to the scope of work of this assignment. It will help to make it clear that working towards improved cost recovery is a *team effort* and that the regions will not simply receive a mandate from the central office or USAID as to how they are to improve cost recovery. Annexes D and E both provide very tangible examples as to how one can improve cost recovery, and it is intended that these examples will be put into implementation over the next several months. The regions and central office would then work together and agree upon what resources from the central office, USAID, and outside technical assistance would be provided for the region to attain their stated agreed-upon goals for improved sustainability.



## 4.2 POTENTIAL WAYS TO INCREASE SUSTAINABILITY WITH DOLLAR AND PERCENTAGE IMPACT

The central office of CIES and Roy Brooks have worked out various suggested overall means to increase the sustainability levels from anything to 70 to 90-plus percent over the next three years. Here are the examples that are considered, and Annex D has the percentage impact. The beauty of this system is that one can prioritize the means that one wants to use to improve sustainability, look at the projected percentage increase in sustainability, and choose not only the ways one wants to improve sustainability, but the extent one wants to make in the increase. In this way, the need to potentially box one into two or three scenarios is negated and becomes much more flexible. One just chooses the means of how to get there, and the level (percentage) of financial sustainability one wants to achieve.

Here are the suggested means towards higher sustainability. They are not in order of preference. The first part of this exercise is for CIES and USAID to work towards determining what their priority should be. At this point, as mentioned, the decision as to the extent that any of these actions are applied to get to an agreed-upon level of sustainability is then undertaken. It is more than implicit, that if some of the regions do not attain the specified level of sustainability during these three years (or less), then they may be compelled to consolidate with another region or reduce or eliminate activities.

1. Mandate that the regions increase their sustainability by five percent a year. This means they would work with the central office to choose from the "how to guide" manual (Annex E), agree upon the needed resources and technical assistance, and set their annual goals accordingly. (See Annex C)
2. The same as number one, only consider a seven percent increase, or if desired to get at the ninety percent sustainability level, consider a ten percent increase at each of the regional centers. (See Annex C)
3. Cut the education net expense by fifty percent across the board. This would include applying any revenues they might generate to this figure, and that is why it is the "net expense". (See Annex C)
4. Same as number 3, but increase the cut up to seventy-five percent. (See Annex C)
5. Reduce central level costs by 10%, 15%, or up to 20%. (See Annex C)
6. Increase overall prices charged by 10%, 15%, or up to 20%. (See Annex C)
7. Insist that no risk sharing arrangement will give more than 50% to the provider or ancillary service.
8. Increase the prices charged for laboratory services by 15%, and have the maximum shared amount to the lab no more than a defined percentage such as 60%.

9. Insist that all medical providers see a minimum of 3.5 patients per hour, or better still, that all providers generate at least 120% of their costs (including nursing and medical supply costs).
10. Make all pharmacies and boutiques a profit generating center with the use of greater visibility, better access to outside clients, contracts to groups or companies that provide price reductions, promotional sales, and a much wider range of product offerings.

### **4.3 SUMMARY**

In all visited CIES sites there was absolute and sincere enthusiasm towards improving financial sustainability. Each and every person at all levels provided pertinent and useful information as to what could be done and what is needed to improve sustainability. This advantage CIES has towards improving sustainability cannot be underestimated.

It is recommended that the primary goals and methods towards improving sustainability be worked out within the next couple of months at best. The pending programs and budgets for USAID are already starting to get in place. It is critical to determine the how and how much towards financial sustainability be done now so as not to lose one of the three years.

# ANNEX A: REGIONAL HIGHLIGHTS PERTAINING TO SUSTAINABILITY ISSUES

A considerable amount of information was provided to Roy Brooks during the visits and calls to the nine regions. Since the purpose of this assignment was to focus only on sustainability, the following highlights of each center as they pertain to cost recovery are included in this section. It should be noted that the sustainability/cost recovery percentages were based on the entire year of 2003, but only the last four months of year 2006. It is therefore important to refer to the Cost Recovery Tables, Annex B, to get a more balanced picture over time. However, it is also important to give the regions credit for the fact that year 2005 was an unusually difficult year, and some of the sustainability levels at their regional levels suffered in part for this.

## EL ALTO

- El Alto is one of two centers that offers inpatient care for deliveries and minor surgeries. It has gone from a cost recovery level of 45% in 2003, to 57% in the last four months of 2005. The Regional Director accounts much of this improvement to the addition of a number of net income earning medical specialties. In addition, there are other efficiencies such as the bulk of the staff covering the inpatient care also works in the ambulatory section, and the anesthesiologist works on an on-call basis. Since the Director works full time in administration, there is no need to hire a separate director of medicine.
- This appears to be the only center that keeps track of how many patients are receiving discounts and the amount of the discount. It is tracked according to whether the patient paid the full amount, whether the patient received a discount due to a contract made between CIES and an outside company or organization, or whether the patient received a discount due to lack of financial resources. In the latter case, very few users received a discount due to financial resources and this amounted to little over one percent of the total users.
- El Alto and all other regions mentioned a difficulty with knowing exactly what was their approved budget from the central office, and this appeared to be a serious problem throughout all the centers.
- El Alto as well as nearly all the regions, also mentioned that they were spending more time than necessary collecting information for the central office since the forms used repeatedly changed. It also requested that the form for the completion of goals be sent to them more frequently. El Alto also expressed that it was very important to have a better line of communication among the other centers as well as the central office.

- There were four volunteer promoters previously working at El Alto, and when they left there was a noticeable drop in the user volume.
- Pharmacy only deals with ninety five percent prescribed medications, and almost all the clients are from the El Alto patients. The pharmacy was rather dark, had no sign, and could use visibility and presentation in order to attract more clients.
- El Alto is one of the newest buildings and as such has an excellent presentation to attract new patients. One obstacle that the center Director is encountering is getting approval for placing street signs that will help to indicate where the center is located and also attract more clients. This lack of street advertisement is a serious problem for several other CIES centers. This is normally a very inexpensive way to attract new clients.
- Lastly, El Alto has an extremely active adolescent education program, and their entire education department was filled with people.

## TARIJA

- The level of cost recovery has risen from 34% in 2003, to 55% the last four months of 2005.
- They have a very efficient management configuration. The Regional Director works half time in the mornings on administration, and then generates income by seeing patients and performing procedures in the afternoon. The head of education also serves fifty percent time in administration of the center.
- Has a wide range of specialties in out patient care including a full-time dentist.
- Their promotion is active and consists of using radio and television talk shows, personal visits to houses, newspapers, price reductions, and the use of loudspeakers in the streets and markets. Much of this is done in conjunction with their education department.
- They do surgeries by renting space from a private clinic. The clinic has no problem with this since the space is represented during down times for the private surgeon.
- They attest to have the lowest prices in town, and raised them from 15BS to 20BS after two years of no change, and experienced no decline in user volume.
- They have an annex that provides minimal medical and nursing services. It was paid primarily out of CIES funds, and operates on a temporary basis until it is clear if this is going to be financially sustainable. At the moment, it is clearly not sustainable.
- They have a unique process of organizing four different groups that concentrate on services provided, sustainability, special projects, and marketing and promotion. Each employee must participate in at least one of

these. Specific goals are set, and they meet once a month to discuss how they are progressing. It not only helps to focus on these four aforementioned areas, it also provides the employees with a chance to participate in the overall organization and have a change from their daily routines.

- Tarija has a wide arrange of creative contracts with outside organizations. The above one on surgery is just one. They are also planning to have another contract with a military installation to enable them to perform surgeries while the military personnel will have access to their laboratory at a reduced rate. These are just two of many contracts, and hopefully they will be shared with the other CIES regions.
- Tarija may have one of the highest proportion of physicians paid on a risk-sharing basis as opposed to a salary basis. The proportion of providers on risk sharing versus full-time salaries is always something to be continually reviewed.
- Tarija has requested approximately \$10,000 to renovate their pharmacy so that it has access to the street and appears more presentable. It is hoped that this request can be assessed in the near future, since it does appear that this could definitely enhance sustainability.
- Lastly, the general level of maintenance of the inside of the building and the equipment does not appear to be up to minimal standards. The importance of this is discussed in the initial part of this report. Having a brighter and more welcoming atmosphere is important to sustainability and the capturing and keeping of clients. It is hoped that the central office and Tarija will be able to work together to improve this situation.

## SANTA CRUZ

- Santa Cruz has the highest level of cost recovery and has gone from 58% in 2003, to 85% in the last four months of 2006.
- They give no free care.
- Their boutique pharmacy is very active and responsible for a significant portion of their net income, even though they virtually have no clients from the outside. All but a few of their drugs require prescriptions. It is notable that several of the staff are trained to operate the pharmacy. This maximizes sales since it is never closed during center daytime hours. It is recommended that all the boutique pharmacies follow this policy and have a minimum of three people trained and able to operate the pharmacy – there should be no reason for it to close during normal working hours and that includes lunch time.
- Santa Cruz is also able to provide a very wide array of specialty services. This has been a large factor to their high level of sustainability.

- The accounting and finance system is very well advanced, and is able to produce very detailed financial information, and in a timely and useful manner.
- This center is another example where basic standards for staff and equipment need to be developed at the central level in conjunction with the regions. They have an average of 5,000 users per month, yet have a nursing staff equal to that of centers with only 2,000 or so users or less per month. This is a serious discrepancy. In particular, there is one nurse on the night shift to cover emergency surgeries, deliveries, and the recovery room. This is clearly not sufficient and not safe, and the nursing and administrative staff are acutely aware of this issue. Another example is that the center is lacking an aspirator. After months of review by the central office, the purchase was only made possible by having the center Director personally guarantee the payment. It is suggested that this process from beginning to end be used as a "tracer" as to what is happening to cause the delays of requests for both equipment and personnel. Lastly, the equipment is often in considerable disrepair and needs to be replaced at this center. All of these items affect quality of care and hence the ability to maximize financial sustainability. As a last but not small point, there are some centers that at least have a refrigerator and microwave dedicated to the staff, and Santa Cruz does not. Minimal standards for employee needs and security (it is hazardous to leave this center at night) are also strongly recommended. Employee satisfaction has everything to do with client satisfaction.
- The laboratory offers a very extensive range of tests and is also another large income generating service. It is clear that whenever possible, it pays to own the laboratory.
- They have a severe space restriction that does not accommodate the current demand for patients. In particular, Santa Cruz can use more beds for inpatient care. Unfortunately, since there is no elevator, using the top floor is not possible. They also could use more physician consulting offices. This lack of space limits the level of sustainability that Santa Cruz could attain, and is a serious restriction for Santa Cruz to maximize its potential cost recovery. At the moment, there are two lots adjacent to the existing building that appear to be easily accessible for any expansion to the center.

## TRINIDAD

- Trinidad is one of the new CIES buildings and has gone from a cost recovery rate of 39% in 2003, to 49% in the last four months of 2006.
- Once the new building was opened, the number of clients significantly increased. In roughly the last twelve months, the patient volume has nearly doubled. This has been a very impressive increase.
- They have virtually no competition nearby, but there is also the challenge that there are very few medical specialists available. Often, specialists have

to be brought in on a temporary basis in town. This is a considerable restraint on Trinidad's ability to increase their level of sustainability.

- They too have undergone problems in getting a clear signal from the central office as to what forms are needed and when.
- Trinidad would like to see greater decentralization in some of the health care pamphlets used and processes such as choosing uniforms for staff personnel. Their personnel was not happy about having to wear uniforms with long sleeves in tropical weather.
- The laboratory appears to still be getting started. There are unwritten agreements with nearby physicians and they are offering a thirty percent reduction for any physician or group in order to increase volume.
- Although they have no inpatient services, it appears that there is a significantly large portion of the building allocated for education, laundry, and cooking services. This is an example where it might be better to rent out some space in the long run, and consider this sooner rather than later.
- Their pharmacy is in an excellent location, very well organized and presented, and with good street access. In addition, this is one of the few in CIES that is selling products other than prescribed medicines in order to increase revenues and attract new clients.
- The pharmacist pays close attention to drugs that approach expiration date, and then holds a promotional sale for a month to discard as many as possible. They are currently hoping to use the additional money to buy other drugs that are more in demand from their clients.
- Trinidad is looking into the financial feasibility of opening up a small annex in the nearby market area. Their hypothesis is that there are many working in the market that are not able to leave their kiosks during the day. If there is an annex in the market itself with a part-time physician and nurse, they would be able to go to the annex, have any routine lab tests conducted, and then the center would deliver back to the annex the lab results and any prescribed drugs.

## CUCHABAMBA

- Cuchabamba went from a cost recovery level of 39% in 2003, to an impressive 79% in the last four months of 2006.
- There are many reasons for this impressive increase in their high level of sustainability. One is that they have a new building that has an excellent presentation and welcoming atmosphere. But there are several other factors equally or more important. To begin with, they also have a large number of specialists. Some are paid as much as 80% on a risk-sharing basis, but this is currently under review by the center Director.

- There are a number of contracts with other specialists that appear to be working well. For example, they refer out their x-rays and still generate net income on this.
- Another means of helping the community as well as cost recovery is their use of nursing students to assist with care.
- Cuchabamba is the only center that is completely accounting for the impact of any and all educational services delivered to the community. They provide educational clients whether it is a workshop or individual session with a voucher that provides them with a one-time reduction when they make their first paid visit to the center. The Director estimates that roughly eight percent of all persons receiving some education service return to the center for a service that they will pay. This represents nearly two percent of the entire client population. It is hoped that other centers will initiate this system. It is a great support to the educational department since it assists them in documenting their financial contribution to the center. It is highly recommended that the other regions consider applying this technique to assist both the educational departments as well as engender new clients.
- They have priced their services in the middle between PROSALUD and the general hospital and pay close attention to the prices of the competition at all times.
- The laboratory is increasingly active, but the private company running it receives 80% of the revenues. The regional Director is looking into the desirability of taking over the lab or at least changing this percentage since the laboratory contract is on an annual basis and can be changed in an easy manner.
- There are a number of specialties that are provided on a referral basis. The patient first comes to the center, pays the fee, and then gets their service such as dermatology from the nearby private physician at a considerably reduced cost than the private physician charges. The physician benefits from this since he/she receives income from poorer patients that would not normally come to his private office, and CIES benefits without having the need to occupy additional space and incur additional expenses.
- Cuchabamba spends very little money on refreshments for educational activities and no money on educational activities that are not directly related and very focused on sexual and reproductive health. Instead of offering a client a refreshment, they are more likely to get a pen with the name of CIES and the phone number.
- The boutique pharmacy is run by the head nurse. Although it is generating a large monthly income, it could be made more visible with better lighting, perhaps a glass wall, and a sign indicating medicines. However, there is a severe space restriction that inhibits any major improvements.
- The price list is indicated in a very clear manner outside the center. It is indicated that they send very few clients away for lack of funds.



- They spend a great deal of energy on promotion in the form of campaigns, health fairs, pamphlets, and loud speaker systems.
- Lastly, they are one of the few centers that has information on the productivity of individual physicians and by patients per hour. Concurrently, the accounting and finance department is extremely up to date and comprehensive in information relating to productivity and sustainability.

## SUCRE

- Sucre has had a more variable level of cost recovery but it has gone from 40% in 2003, to 48% in the last four months of 2006.
- The majority of the physicians are on a risk-sharing basis, and the levels of payment are usually 40% to CIES and 60% to the physician. The dentist is full time and the center receives a monthly rent from the dentist for the use of the space. The laboratory is licensed out to a private company and is also on a 40/60% basis.
- The biggest challenge for Sucre also is the restriction of space and the specialty services and equipment that they are not able to provide with this space restriction. This issue does not appear to be improved through the use of contracts such as that for surgery or other specialties.
- It might be advisable first to look at the physician productivity to ensure that they are maximally utilized. If this is the case, then a market study might be warranted to determine if it is desirable to rent additional space or develop contracts such as referral of patients is this is at all possible.
- Sucre is also losing income due to the space limitations in reference to the inability to get critical and basic equipment such as a sonogram. This is another example where CIES is recommended to decide what is the minimal amount of services and equipment that represents the mission of CIES itself and should be provided at all centers. It is the only center that is not provided with an sonogram, and this is a significant source of lost net income.
- They virtually have no pharmacy or visible sale of medicines. All medications are placed in a cabinet out of sight and not in a presentable fashion. There was a pharmacy area previously used that has direct access to the street and is also spacious, well lit, and in a very visible fashion to the CIES clients. It should be considered moving the sale of medicines to this room. It is understood that there are four other pharmacies in the surrounding area, but I did not see one of the CIES centers where there were not a minimum of two to five pharmacies within just a few blocks, and this has not prevented them from successful sales of medicines.

## ORURU

- The cost recovery for Oruru has gone from 32% in 2003, to 43% in the last four months of 2006. However, it should be noted that it was 23% in 2005.

- Oruru center is the newest building in CIES. It is also one of the most spacious, and as a result has a very high operating and maintenance cost. This operating cost includes a full-time staff of three guards, a laundress, three cleaning staff, and a cook.
- At the moment, Oruru is staffed fully for the initiation of the inpatient and surgical services, and is operating with six nurses. Ten beds are planned for the inpatient unit. However, it is not yet clear when the surgical and delivery units will be opened, and this would have been better to sequentially staff the center based on current service load and projected inpatient load.
- It is difficult to get specialists in Oruru, and this poses a significant problem for both the mission of CIES as well as the potential for future sustainability. There are two gynecologists, one half time, two night-time physicians, and one physician for sonograms. There are no other specialties such as a dentist, urologist, or others. The center Director has tried to hire these specialties, but as mentioned it has proved not to be successful with the lack of specialty physicians in the region.
- This is one of the only regions that is using mass campaign in the form of radio and television. They are spending approximately 1000 BS a month for this, and they are documenting the number of clients who come to the center as a result of these radio and television announcements.
- The volume of users is significantly on the rise, particularly over the past six months.
- The level of income is expected to dramatically increase once the surgical and delivery units are opened. There has been no marketing study to demonstrate this, but the center Director feels strongly that the income will improve by approximately 30,000 BS monthly once it is opened, and that the lab and pharmacy revenues will also be increased.

## LA PAZ

- The cost recovery for La Paz center has gone from 56% in 2003, to an impressive 74% in the last four months of year 2006.
- There are several reasons for this increase, but one of the primary ones is that La Paz has managed to keep its costs down while the volume has undergone high increases. Another reason is that they too have a very large range of specialty services.
- Although space does not permit all surgical services they perform delivery services, they have a contract with a nearby clinic to provide the complete array of services for sexual and reproductive health. Equally important, the surgeons that do the surgery do this for no additional charge unless the surgery is performed after normal hours.
- Although the center is in an older building, the staff has managed to give a very welcoming presentation to the patients. They are the only ones that

have the price list in what is nearly a form of art. It immediately attracts the client's attention as they enter into the waiting room, and it clearly by picture illustrates the wide range of services that are offered at the center.

- La Paz provides one of the most extensive range of laboratory services. It is a very active laboratory with just about all tests needed with the exception of bacteriological studies and these are not intended for any of the centers.
- La Paz laboratory is only one of three that offers the rapid test for HIV. They successfully worked out an arrangement with UNICEF that for the moment provides the HIV test materials for free. It is quite commendable that they have managed this arrangement. It is also highly recommended both from a quality of services point of view as well as a resource for money in the future, that this test be offered in some manner by all of the nine regions.
- This is one of three centers that it is recommended that more net income could probably be generated if they had their boutique pharmacy located in a more visible and accessible manner to both their own patients as well as to outside street access. In the case of La Paz, there actually is a small warehouse right on the ground floor at the main entrance that may well serve as an inexpensive means of attaining this objective.
- The education department consists of five people, but does not have an operating budget so they can determine their expenses on a monthly basis. This is true for some other centers as well.
- The most important issue for the La Paz center is the lack of space. The physical structure is rented, several stories high, and without an elevator. The staff and Director strongly feel that they are not able to keep up with the demand, and also are not able to get into the inpatient and surgical services directly, instead of doing this with the contract with a private clinic. This could definitely be an opportunity loss not only from existing population demand, but also from the standpoint that this center, like Santa Cruz, may be able to provide services to a higher income level population and charge and gain more for services provided. A marketing study for demand for a wider income range of population combined with a return on the investment analysis is definitely needed in order for La Paz to make even a greater jump in their level of sustainability.

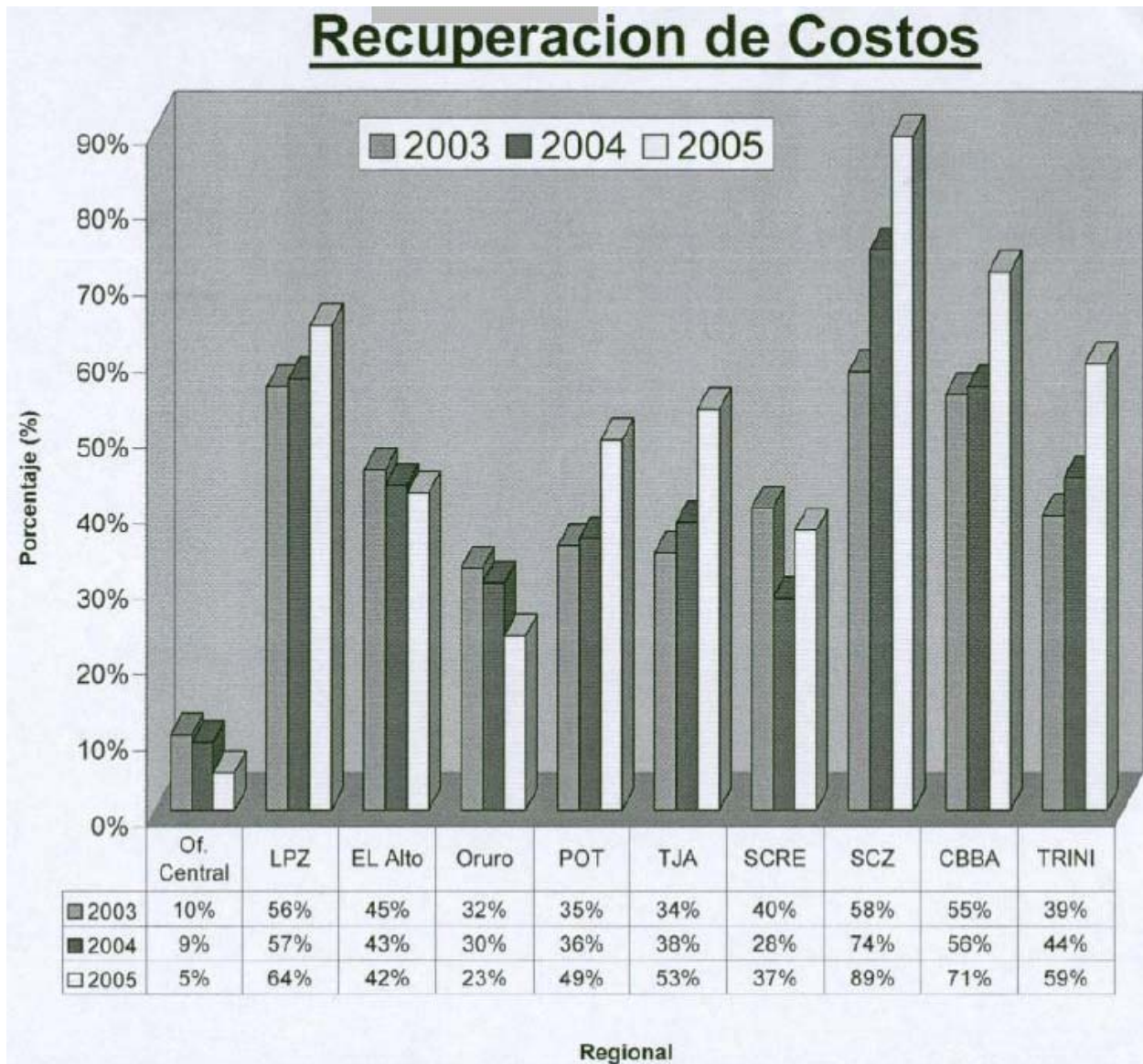
## POTOSI

- Potosi has gone from a level of cost recovery in 2003 of 35%, to a level of 64% in the last four months of 2006. As mentioned from the beginning when discussing El Alto, all of these figures represent only the last four months of 2006, and a more balanced picture is obtained when using the Cost Recovery Annex B.
- Potosi has restrictions like some of the other centers in that it is not a large urban community, and hence does not have a wide variety of medical specialties available to offer. Nonetheless, it was one of the few centers that

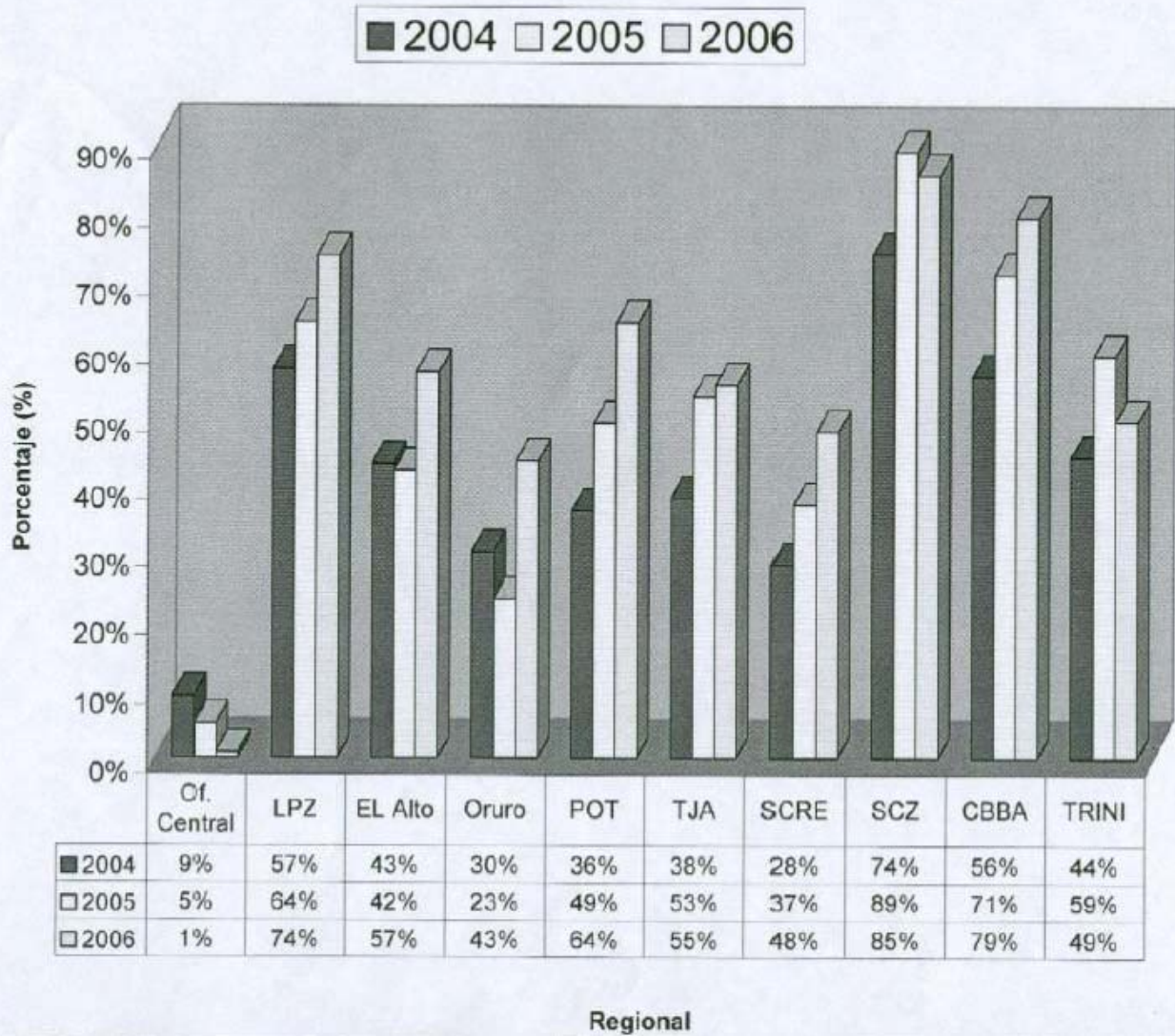
had the physician productivity by hour readily available. The average is roughly 3 patients per hour, with the exception of a gynecologist who was at 1.5 patients per hour but has just been working one month at the time of this statistic. They are opened twenty-four hours a day, and this may be a very costly "community service", but I do not have the net income figures for this. They have had increasing success with the Men's Health program, and are intending to start a cardiologist this month. They also have a dentist that is contracted eight hours a day.

- They are also one of the centers that offers rapid testing for HIV, and charge 70 BS for this service.
- The amount that can be charged at this center is probably the least of any of the centers due to the low income environment where it is located.
- They appear to have a very successful boutique pharmacy and have gone from a rotating fund from 6000 BS in 2004, to an impressive 14,000 BS in 2006. Although I have not seen it, I am told that it appears in every way like a pharmacy and has a sign clearly indicating "Medicines" for all to see.
- One thing that should be noted that concerns all pharmacies and boutiques. Some of the centers are logging what percent of their clients are coming in from the street and some are not. This is an important statistic. Equally important, some centers are writing down what medications are requested by clients, outside or internal, that they are not able to provide. This is a great statistic for noting the lost opportunity and potential for future revenues, and it is highly recommended for all centers to undertake this process.
- In spite of the low income levels, they are able to insist on providing all services without offering services for free.
- The most pressing issue for Potosi, not unlike Santa Cruz, La Paz, and Sucre, is the issue of what are they going to do with their current building. In the case of Sucre, they have an arrangement that they made an advance payment, and this contract runs out by the end of year 2007. The center Director indicates that the current owner is not necessarily willing to continue the current arrangement, but he is willing to consider selling this building for approximately \$110,000 USD. The central office is aware of this, and it is clearly important to do a return on investment study to see whether it is advisable to purchase this building.

# ANNEX B: COST RECOVERY



## Recuperacion de Costos (4 meses 2006)





# ANNEX C: SUSTAINABILITY LEVEL BY REGION AND CENTRAL OFFICE

SUSTAINABILITY LEVEL BY REGIONAL CENTER AND MAIN OFFICE  
FROM JANUARY 01 TO APRIL 30 2006

Medical Consultation SRH	13,258.14	4,540.84	5,972.81	2,750.51	3,841.88	2,916.28	-	15,631.60	12,623.91	2,329.49	63,865.46
Other Consultations	0.17	5,480.77	1,681.25	3,030.93	3,608.20	776.30	-	13,246.47	6,006.51	4,765.55	38,574.15
Ultrasound scan	7,279.36	3,857.05	5,935.46	2,824.25	2,259.48	1,133.05	-	19,930.48	12,057.62	2,586.12	57,863.07
Dental	1,826.78	1,132.49	50.85	933.51	1,138.54	173.26	-	3,161.96	200.18	3,541.51	12,159.08
Cauterización	167.25	74.25	-	34.66	-	-	-	356.63	111.49	16.11	760.39
Colposcopia	-	-	4.96	-	-	-	-	66.91	104.03	1.81	177.51
Internal Clinic	1,572.99	4,253.98	764.78	1.49	-	102.11	-	4,302.97	-	-	10,998.32
Labour	495.67	1,040.22	2,271.20	-	297.40	-	-	1,533.46	-	-	5,637.95
Caesarean	817.50	3,345.79	-	-	839.53	-	-	22,120.07	-	-	27,122.89
Voluntary Contraceptive Surgical (AQV)	-	246.29	-	-	-	-	-	384.14	-	-	630.43
Papanicolau	1,755.97	1,524.13	957.48	654.70	827.76	215.34	-	3,686.49	3,406.89	236.06	13,264.72
Laboratory	8,433.91	5,261.73	4,307.09	4,421.35	2,604.09	3,640.04	-	19,024.72	11,957.54	9,075.96	68,726.43
Nursery	208.12	624.69	277.57	426.48	458.67	203.46	-	2,111.52	1,931.84	360.90	6,603.25
Other Services	582.79	1,108.85	1,808.36	-	3,634.70	1,539.33	-	3,239.41	201.94	704.83	12,820.21
Medicaments	3,005.63	13,800.04	4,443.29	5,959.45	6,227.81	2,094.74	6,608.82	25,158.05	10,183.22	7,894.82	85,375.87
Consumables of PF	939.46	225.24	676.33	764.92	504.40	940.58	-	-	1,400.88	216.29	5,668.10
Educational materials	-	-	-	-	-	-	-	-	-	-	-
Training Activities	-	-	35.27	-	-	-	-	-	-	-	35.27
Other incomes	-	-	-	-	-	-	-	-	-	-	-
<b>INCOMES - FINANCIAL PROFITABILITY</b>											
Profitability Value Usual Funds											
<b>TOTAL INCOMES</b>	<b>40,343.64</b>	<b>46,496.36</b>	<b>29,186.70</b>	<b>21,802.25</b>	<b>26,240.46</b>	<b>13,734.49</b>	<b>6,608.82</b>	<b>133,954.88</b>	<b>60,186.25</b>	<b>31,729.25</b>	<b>410,247.83</b>
<b>OUTPUT</b>	<b>LA PAZ</b>	<b>EL ALTO</b>	<b>ORURO</b>	<b>POTOSI</b>	<b>TARIJA</b>	<b>SUCRE</b>	<b>SUCRE RURAL</b>	<b>SANTA CRUZ</b>	<b>COCHABAMBA</b>	<b>TRINIDAD</b>	<b>TOTAL</b>
Salary	29,881.45	51,271.83	33,146.65	19,341.26	22,618.33	21,124.47	22,049.23	58,392.07	26,827.25	36,385.67	318,838.21
Benefits	438.71	-	563.61	-	-	-	-	-	752.74	-	1,775.06
Substitute	-	-	1,373.22	-	49.72	-	-	416.79	947.45	-	2,787.18
Professional Fees	-	-	17.35	-	898.30	-	-	-	-	-	915.65
Share Risk	11,802.67	9,654.28	7,148.62	5,186.59	9,631.93	3,036.28	-	37,659.52	23,208.28	2,417.13	109,745.26
Travelling	123.53	135.27	391.43	31.67	858.51	630.29	4,028.35	1,536.17	66.03	-	7,801.25
Assets and Equipment	-	-	-	-	-	-	-	-	-	-	-
Materials and Supply	3,239.14	2,203.08	2,264.00	701.58	1,772.22	546.36	-	6,002.43	2,935.07	3,496.01	23,159.89
Personal training	445.82	616.97	278.55	-	85.58	114.22	165.00	60.85	92.23	-	1,859.22
Training to Comunity	1,921.27	4,414.75	139.59	3,275.93	985.76	2,097.76	7,555.18	3,282.33	1,729.53	2,876.16	28,278.26
Rent	-	-	-	-	-	-	-	-	-	-	-
Promotion and Publicity	-	810.45	406.63	737.34	459.16	139.41	570.90	1,159.63	656.65	712.61	5,652.78
Other direct costs	2,387.22	13,529.96	10,216.82	2,322.26	2,855.22	1,387.66	1,172.88	16,952.96	7,902.15	9,684.94	68,412.07
Building and remodelling	-	-	-	-	-	-	-	-	-	-	-
Medicaments	2,567.61	7,556.42	3,221.87	4,717.57	5,661.76	2,115.23	5,979.34	21,265.65	12,272.48	4,913.65	70,271.58
<b>TOTAL EXPENSES</b>	<b>52,607.42</b>	<b>90,193.01</b>	<b>59,188.34</b>	<b>36,314.20</b>	<b>45,876.49</b>	<b>31,191.66</b>	<b>41,520.88</b>	<b>144,728.40</b>	<b>77,389.84</b>	<b>60,486.17</b>	<b>639,496.41</b>
<b>DIFFERENCES IN OUTPUTS AND INCOMES</b>	<b>- 12,263.78</b>	<b>- 43,696.65</b>	<b>- 30,001.64</b>	<b>- 14,511.95</b>	<b>- 19,636.03</b>	<b>- 17,457.17</b>	<b>- 34,912.06</b>	<b>- 10,773.52</b>	<b>- 17,203.59</b>	<b>- 28,756.92</b>	<b>- 229,248.58</b>
<b>% RECOVERY OF EXPENSES</b>	<b>77%</b>	<b>52%</b>	<b>49%</b>	<b>60%</b>	<b>57%</b>	<b>44%</b>	<b>16%</b>	<b>93%</b>	<b>78%</b>	<b>52%</b>	<b>64%</b>





# ANNEX D: COST AND PERCENTAGE IMPACT OF POTENTIAL CHANGES

PERFORMANCE CALCULATION OF CIES REGION YEAR 2005

Expresado en Bolivianos

REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,038,185.18	824,495.39	811,189.30	439,854.24	421,953.09	102,587.84	2,893,065.09	299,687.80	801,901.61	746,734.08	153,779.43
Minus:											
SALES COST	145,864.32	177,619.15	42,034.54	70,449.51	85,545.48	53,009.41	366,872.52	37,928.25	114,191.77	153,753.90	136,023.05
BUILDING COST	617,343.97	964,147.42	672,065.23	1,196,655.55	361,472.08	32,260.20	1,220,562.18	262,474.47	412,098.12	641,963.11	1,517,230.29
SALARY COST IPPF							394,416.54		85,848.04		
USAID EXPENSES	694,392.27	830,966.62	547,880.50	627,520.76	410,207.02	691,315.08	1,046,734.24	518,318.49	514,918.57	470,229.74	1,550,306.13
TOTAL EXPENSES	1,457,600.56	1,972,733.19	1,261,960.27	1,804,625.82	857,224.58	776,584.67	3,027,685.48	818,721.21	1,127,056.60	1,265,946.76	3,203,556.47
PERFORMANCE	71%	42%	64%	23%	49%	13%	89%	37%	53%	59%	5%

46%

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.

REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	-185,452.55
Minus:											
SALES COST	107,114.98	135,165.55	29,977.46	49,690.94	62,261.31	47,386.07	266,601.53	27,372.43	82,986.61	112,133.37	136,023.05
BUILDING COST	712,337.35	887,292.24	593,527.65	1,302,260.08	349,278.52	109,026.59	1,226,614.91	170,708.41	416,178.62	691,018.95	340,870.87
SALARY COST IPPF		37,699.62	3,549.10		3,814.48	22,565.12	412,974.74		85,848.04	9,784.92	145,141.66
USAID EXPENSES	694,392.27	830,966.62	547,880.50	627,520.76	410,207.02	691,315.08	1,046,734.24	518,318.49	514,918.57	470,229.74	1,550,306.13
TOTAL EXPENSES	1,513,844.60	1,891,124.03	1,174,934.71	1,979,471.78	825,561.33	870,282.84	2,952,925.42	716,399.33	1,099,931.84	1,283,166.88	2,172,340.81
PERFORMANCE	76%	53%	73%	27%	57%	17%	90%	47%	60%	58%	-9%

50%

Increase or decrease 4% 11% 9% 3% 8% 4% 1% 10% 7% -1% -13% 4%

1.- INCREASE OF 5% OVER PERIOD MAY 05 TO APRIL 06

YEAR 1

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.

REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,419,823.49	1,727,030.90	1,099,534.34	1,666,762.25	759,115.27	672,481.61	2,797,618.64	647,093.70	1,015,946.24	1,180,632.52	2,172,340.81
PERFORMANCE	81%	58%	78%	32%	62%	22%	95%	52%	65%	63%	9%

56%

YEAR 2

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.

REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,336,798.29	1,569,140.89	1,033,227.88	1,439,375.16	702,568.41	547,943.02	2,657,832.06	590,014.73	943,876.30	1,093,272.07	2,172,340.81
PERFORMANCE	86%	63%	83%	37%	67%	27%	100%	57%	70%	68%	9%

60%

YEAR 3

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.

REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,262,946.58	1,471,641.73	974,463.69	1,266,582.38	653,861.92	482,324.04	2,531,349.93	542,189.19	881,354.15	1,017,949.29	2,172,340.81
PERFORMANCE	91%	68%	88%	42%	72%	32%	105%	62%	75%	73%	9%

65%

2.- INCREASE OF 7% OVER PERIOD MAY 05 TO APRIL 06  
YEAR 1

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,385,405.86	1,609,099.68	1,072,016.03	1,587,698.59	735,438.30	616,438.96	2,739,975.89	622,986.22	985,836.70	1,144,064.85	2,172,340.91
PERFORMANCE	83%	60%	80%	34%	64%	24%	97%	54%	67%	65%	9%

YEAR 2

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,277,056.84	1,493,730.65	985,875.63	1,297,740.36	663,055.36	477,238.24	2,555,874.05	551,123.81	893,187.06	1,032,171.93	2,172,340.91
PERFORMANCE	90%	67%	87%	41%	71%	31%	104%	61%	74%	72%	9%

YEAR 3

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,184,425.94	1,351,709.22	912,206.30	1,107,097.76	603,643.83	389,323.44	2,394,603.36	494,125.66	816,456.93	940,216.02	2,172,340.91
PERFORMANCE	97%	74%	94%	48%	78%	38%	111%	68%	81%	79%	9%

3.- INCREASE OF 10% OVER PERIOD MAY 05 TO APRIL 06  
YEAR 1

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,336,798.29	1,589,140.89	1,033,227.88	1,439,375.16	702,568.41	547,943.02	2,657,832.06	590,014.73	943,876.30	1,093,272.07	2,172,340.91
PERFORMANCE	86%	63%	83%	37%	67%	27%	100%	57%	70%	68%	9%

YEAR 2

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,196,827.58	1,370,321.78	922,024.15	1,130,829.59	611,470.89	399,846.00	2,416,359.13	501,535.61	826,800.34	952,336.50	2,172,340.91
PERFORMANCE	96%	73%	93%	47%	77%	37%	110%	67%	80%	78%	9%

YEAR 3

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,083,390.20	1,204,470.44	832,431.62	931,213.87	541,285.84	314,770.44	2,215,109.07	436,132.77	735,246.49	843,588.12	2,172,340.91
PERFORMANCE	106%	83%	103%	57%	87%	47%	120%	77%	90%	88%	9%

4.- EDUCATIONAL DECREASE OVER PERIOD MAY 05 TO APRIL 06  
THAT REPRESENTS 25% OF TOTAL INSTITUTIONAL BUDGET OVER WHICH WE APPLY THE 50%

PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,659,626.02	334,444.35	665,275.71	738,751.02	185,452.55
Minus:											
TOTAL EXPENSES	1,324,614.03	1,654,733.53	1,028,087.87	1,732,037.81	722,366.16	761,497.48	2,583,809.74	626,849.41	962,440.36	1,122,771.11	2,172,340.91
PERFORMANCE	86%	60%	83%	30%	65%	19%	103%	53%	69%	66%	9%

5.- EDUCATIONAL DECREASE OVER PERIOD MAY 05 TO APRIL 06  
 THAT REPRESENTS 25% OF TOTAL INSTITUTIONAL BUDGET OVER WHICH WE APPLY THE 75%  
 PERFORMANCE CALCULATION OF CIES REGIONALS (MAY 2005 TO APRIL 2006)

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,650,626.02	334,444.35	665,275.71	738,751.02	185,452.56
Minus:											
TOTAL EXPENSES	1,229,998.74	1,536,538.27	954,634.46	1,608,320.82	670,768.58	707,104.80	2,399,251.90	582,074.45	893,894.62	1,042,573.17	2,172,340.91
PERFORMANCE	93%	65%	90%	33%	70%	21%	111%	57%	74%	71%	9%

6.- DECREASE EXPENSES FROM MAIN OFFICE IN 10%

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,650,626.02	334,444.35	665,275.71	738,751.02	185,452.56
Minus:											
TOTAL EXPENSES	1,513,844.80	1,891,124.03	1,174,934.71	1,979,471.78	825,561.33	870,282.84	2,952,925.42	716,399.33	1,099,931.84	1,283,166.98	1,955,106.82
PERFORMANCE	76%	53%	73%	27%	57%	17%	90%	47%	60%	58%	9%

7.- DECREASE EXPENSES FROM MAIN OFFICE IN 15%

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,650,626.02	334,444.35	665,275.71	738,751.02	185,452.56
Minus:											
TOTAL EXPENSES	1,513,844.80	1,891,124.03	1,174,934.71	1,979,471.78	825,561.33	870,282.84	2,952,925.42	716,399.33	1,099,931.84	1,283,166.98	1,846,489.77
PERFORMANCE	76%	53%	73%	27%	57%	17%	90%	47%	60%	58%	10%

8.- DECREASE EXPENSES FROM MAIN OFFICE IN 20%

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,143,037.05	995,175.60	856,680.85	527,535.70	471,582.69	147,938.72	2,650,626.02	334,444.35	665,275.71	738,751.02	185,452.56
Minus:											
TOTAL EXPENSES	1,513,844.80	1,891,124.03	1,174,934.71	1,979,471.78	825,561.33	870,282.84	2,952,925.42	716,399.33	1,099,931.84	1,283,166.98	2,121,210.28
PERFORMANCE	76%	53%	73%	27%	57%	17%	90%	47%	60%	58%	9%

8.- INCREASE IN PRICES IN 10%

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,257,340.76	1,094,693.16	942,348.94	580,289.27	518,740.98	162,732.59	2,925,588.62	367,888.79	731,803.28	812,626.12	185,452.56
Minus:											
TOTAL EXPENSES	1,513,844.80	1,891,124.03	1,174,934.71	1,979,471.78	825,561.33	870,282.84	2,952,925.42	716,399.33	1,099,931.84	1,283,166.98	2,121,210.28
PERFORMANCE	83%	58%	80%	29%	63%	19%	99%	51%	67%	63%	9%

9.- INCREASE IN PRICES IN 15%

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,314,492.81	1,144,451.94	985,182.98	606,666.06	542,320.09	170,129.53	3,058,569.92	384,611.00	765,067.07	849,563.67	185,452.56
Minus:											
TOTAL EXPENSES	1,513,844.80	1,891,124.03	1,174,934.71	1,979,471.78	825,561.33	870,282.84	2,952,925.42	716,399.33	1,099,931.84	1,283,166.98	2,121,210.28
PERFORMANCE	87%	61%	84%	31%	66%	20%	104%	54%	70%	66%	9%

10.- INCREASE IN PRICES IN 20%

Bolivian Current Money Bs.											
REGIONAL	CBBA	EL ALTO	LA PAZ	ORURO	POTOSI	CH-RURAL	SCZ	SUCRE	TARIJA	TRINIDAD	OF.CENTRAL
INCOMES	1,371,644.46	1,194,210.72	1,028,017.02	633,042.84	566,899.23	177,526.46	3,191,551.22	401,333.22	798,330.85	886,501.22	185,452.56
Minus:											
TOTAL EXPENSES	1,513,844.80	1,891,124.03	1,174,934.71	1,979,471.78	825,561.33	870,282.84	2,952,925.42	716,399.33	1,099,931.84	1,283,166.98	2,121,210.28
PERFORMANCE	91%	63%	87%	32%	69%	20%	108%	56%	73%	69%	9%

# ANNEX E: OBSERVATIONS AND POTENTIAL CHANGES IN ORDER TO INCREASE SUSTAINABILITY (ENGLISH VERSION PENDING)

1. Primero, revisar y buscar estrategias dentro de la misión y las que son para sostenibilidad. La primera prioridad es buscar la sostenibilidad dentro de la misión existente.
2. Falta toda la información necesaria para trabajar en la sostenibilidad. Es importante revisar la misión para maximizar el nivel de sostenibilidad.
3. Requisitos mínimos para mejorar la sostenibilidad son:  
Recursos humanos:
  - ▲ *Conocimiento de la competencia*
  - ▲ *Reducción de los gastos*
  - ▲ *Demanda y oferta apropiada*
  - ▲ *Población objetivo*
  - ▲ *Tecnología moderna*
  - ▲ *Infraestructura adecuada y apropiada*
  - ▲ *Económico y financieros*
  - ▲ *Liderazgo y gerencia capaz, positiva y cuidando de su personal*
4. Buscar otros financiadores – nacionalmente/regionalmente.
5. Analizar los convenios existentes y cambiar o hacer nuevos.
6. Contabilidad debe ser más al tiempo para tener más utilidad y retroalimentación y ver el impacto financiero.

7. Analizar los programas financieramente, pero primero determinar como mejorar la estrategia.
8. Optimización con la media de servicios/especializados brindados es muy importante para maximizar sostenibilidad.
9. Determinar y utilizar estándares de personal y equipamiento, manteniendo parámetros.
10. Analizar la elasticidad de precios, para maximizar lo que cobran los clientes.
11. Definir mínimos de calidad y credibilidad en las siguientes áreas:
  - ▲ *Mantenimiento*
  - ▲ *Presentación de la infraestructura y ambiente del centro*
12. Hacer un estudio de mercadeo para saber la demanda, antes de iniciar algunos nuevos servicios.
13. Determinar la manera uniforme para identificar sostenibilidad. No siempre se debe incluir gastos de construcción ni equipamiento nuevo, ni costo de alquiler del edificio ya que este es un costo administrativo.
14. Introducir el nuevo informe mensual que indica el rendimiento de los médicos en términos de pacientes por hora. Enviar mensualmente por médico a cada región, y por promedio para cada región y nivel central.
15. Decidir el mínimo nivel de rendimiento de cualquiera médico y si no lo mantiene, debe tener un periodo para mejorar o irse.
16. Imperativo tener una persona tiempo completo al nivel central específicamente en promoción y advertencia y marcado. No hay presentación uniforme a los centros con un estándar mínimo.
17. Cada centro tiene sus puntos fuertes sobre sostenibilidad, pero esta información no es compartida. Particularmente durante esta época se recomienda que los gerentes se reúnan cada otro mes, cada vez en un centro diferente, y realicen una presentación (30 minutos) sobre los progresos que están realizando para mejorar su nivel de sostenibilidad.
18. Imperativo hacer un análisis de margen de ganancia para cada uno de los servicios. Ecografía, interacción, cirugía, laboratorio, farmacia, los centros mismos, y también de cada médico (no es suficiente para un médico ver 3.5 pacientes por hora si todavía genera un déficit). Tomar en cuenta las tendencias, determinar el mínimo nivel aceptados para todos estos ítems mencionados, y decidir si es factible mantener cada servicio o es mejor reducirlo, cancelarlo, o moverlo a diferente empresa o a diferente centro del

CIES. Claramente esto debe incluir un estudio del mercado.

19. Se necesita un taller, sobre lo que es sostenibilidad para gerentes y otros.
20. Determinar la forma y el contenido de los informes al nivel central y regional. Cada región tiene su propio informe y su propia manera de medir sus éxitos y necesidades. Esto no es óptimo.
21. Varios edificios están restringidos, y varios otros tienen mucho espacio inutilizado. Por ejemplo, con un análisis determinar si sigue alquilando o comprar su edificio si es necesario. En los casos de Santa Cruz y La Paz hay un techo que puede aumentar su nivel de sostenibilidad, sin construir o alquilar más espacio. Otros centros, particularmente los nuevos edificios posiblemente valdría la pena alquilar espacio para aumentar egresos e.g. otra empresa, mini mercado para capturar mas gentes, etc.
22. Hay un mínimo de tres botiquines que son muy sub-utilizados. Este sujeto tiene que ser analizado. Lo pronto es mover botiquines a áreas bien obvias y con una buena presentación. Esto puede ser hecho fácilmente, rápidamente, y con poco dinero. Aumentar el rango de productos incluyendo ventas libres, non-medicamentos que son asociados con CIES, hacer promociones y convenios con otros grupos, clínicas, médicos (ver ejemplos del informe).
23. Los letreros varias veces son intangibles, no obvios y mal mantenidos. Hay que desarrollar un mejor estándar y presentación y agregar letreros que indiquen como a llegar al centro.
24. Un análisis de todos los contratos y convenios es extremadamente importante. Varios no valen la pena, estrictamente desde la perspectiva de sostenibilidad, varios tienen que cambiar mas a favor del CIES, y varios que son usados por pocos centros pueden ser iniciados a otros centros. Algunos de estos convenios y contratos aumentan el número de servicios pero al mismo tiempo aumentan más el déficit del CIES. Más no es necesariamente mejor.
25. Educación - Esta presenta varios desafíos en relación a sostenibilidad y calidad de servicios. (a) Casi 50% del presupuesto de USAID es para educación en varios centros; (b) educación en varios centros parece que no esta suficientemente enfocada con la misión del CIES, hay poco énfasis en el componente de comunicación y promoción a fin de generar mas nuevos usuarios que pagan; de vez en cuando el dinero usado para educación es mas necesario para asegurar la calidad de los servicios médicos.
26. El nombre, la misión y el logro, merecen análisis. Tiene la potencial a ser demasiado limitado cuando solo incluye "salud sexual y reproductiva". La imagen de CIES es extremadamente importante, y un análisis y probablemente un cambio esta justificado.
27. Descentralización es la clave. Ejemplos son: compra de medicamentos en

volumen para las regiones, compra de los materiales por las regiones o oficina central. Esto incluye si siguen comprando casi todos los anticonceptivos de PROSALUD con el logro de PROSALUD. Aumentar el techo para hacer compras si son dentro de su presupuesto aprobado. Dejar mas libertad al nivel regional para mantener sus centros mejor.

28. Considerar utilizar banco electrónico. Se puede reducir el tiempo de contabilidad a todos los niveles mientras aumenta el nivel de seguridad.
29. Establecer medidas técnicas para determinar el número de personas trabajando. Este puede incluir el número de enfermeras, médicos guardias, cajeras, etc. Hay demasiada variación ahora y esto afecta la satisfacción del personal y la calidad de los servicios.
30. Los Recursos Humanos son extremadamente importante, se debe contratar una persona a tiempo completo en este campo. A fin de maximizar la productividad con satisfacción de cada persona del CIES, hay que tener este puesto.
31. Considerar un sistema de a riesgo compartido o un año compartido de la ganancia para todo el personal sostenibilidad no depende solo de los proveedores. Por ejemplo, los ejecutivos a nivel central deben tener metas de sostenibilidad para la institución entera como parte de sus evaluaciones y aumento de sueldo anual. Por el otro lado, personal como, de limpieza y guardias deben participar en los bonos cuando su región logre su nivel de sostenibilidad predeterminada.
32. Restablecer el sistema de promotores donde reciben una comisión para cada nuevo usuario que capturan.
33. Considerar ganar dinero en las clínicas que no necesariamente tiene algo que hacer con salud.
34. Cuando se gasta dinero en actividades como campañas es imperativo medir el impacto. Varios centros pueden demostrar el impacto, y otros no pueden. En otras palabras, solo gasta dinero en promoción cuando pueden tangiblemente mostrar el impacto fue mejor que el costo.
35. No hay suficiente datos con uniformidad y suficiente frecuencia sobre las tendencias de ingresos, nuevos usuarios, porcentaje de nuevos versus antiguas, etc.
36. Considerar un buzón de recomendaciones de sostenibilidad con un tipo de competencia para cualquier personal del CIES que presente una idea que es utilizada.