



Bethsaida Health Centre with a Home Care facility

Annual Report 2014





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1. Introduction

Bethsaida CHD is a non profit Tanzanian registered organization (incorp. no. 60280) that operates a Health Centre with a Home Care facility. The Health Centre offers both services at the center as well as at patients' homes during visits in accordance with health and social welfare policy and health practitioner's ethical standards.

2. Our mission and strategy

General goal:

We strive to offer services based on the Tanzanian Development Vision – 2025, her present Health Policy (2005) and in line with the Development Millennium Goals for 2015. Bethsaida CHD therefore envisages offering equitable accessible and effective health services to people in our service area with efficiency to improve health and livelihood.

Our motivation and commitment:

Acknowledging our Government resource limitations and realizing the availability of poor, disadvantaged and vulnerable groups among us, we are determined to offer quality health services to all through:

- Public-Private Partnership arrangement with our local Government Authority and collaboration with all other stakeholders.
- Principles of equity where we offer services not only at the center but also through a Community Home care Facility with a target exemption provision to unable to pay clients.
- Comprehensive and integrated approach by coordinating all activities in our strategic plans be it preventive, curative, rehabilitative, educative or health promotion in liaison with other health providers in the region.
- Quality Insurance Strategy where supervision, open performance appraisals and helpful client's suggestions are considered.
- Our Working Philosophy: we cling to practical and efficient working that manifest integrity, innovation, effective use of resources and ethical consideration for holistic development of Mankind.



Home Care visit

- Our Services through Home care: following the Tanzanian Ministry of Health and Social Welfare guidelines (2005) and upon arrangement, we can offer Home Care in accordance with the available resources as follows:

Medical- and nursing care, Counseling and Testing, Palliative Care including pain management , Ensuring patients medical adherence, psychological- and social support, nutritional guidance & food support, preventive – and health education, support equipment for disabled patients.

3. Services we offer

Health services at the Centre.

Medical- and Nursing care, Contraceptive and Cervical Cancer screening, Ultrasounds and ECG's, all laboratory investigations, Counseling & Testing, Palliative Care including Pain Management, Ensuring patients' Medical Adherence, Psychological – and social support, Nutritional Guidance & Food Support, Preventive and Health Education, Support equipment for disabled patients.

Health services at home.

Bethsaida Health Centre offers in cooperation with Kigera Dispensary Home care to everybody who is not able to come to the Centre. It is all inclusive care meaning there is no differentiation in the type of illness or disability a patient has.

4. Contact

Bethsaida Health Centre:

Office number: Tel. +255 684154223

Health Secretary: Paul Magiri

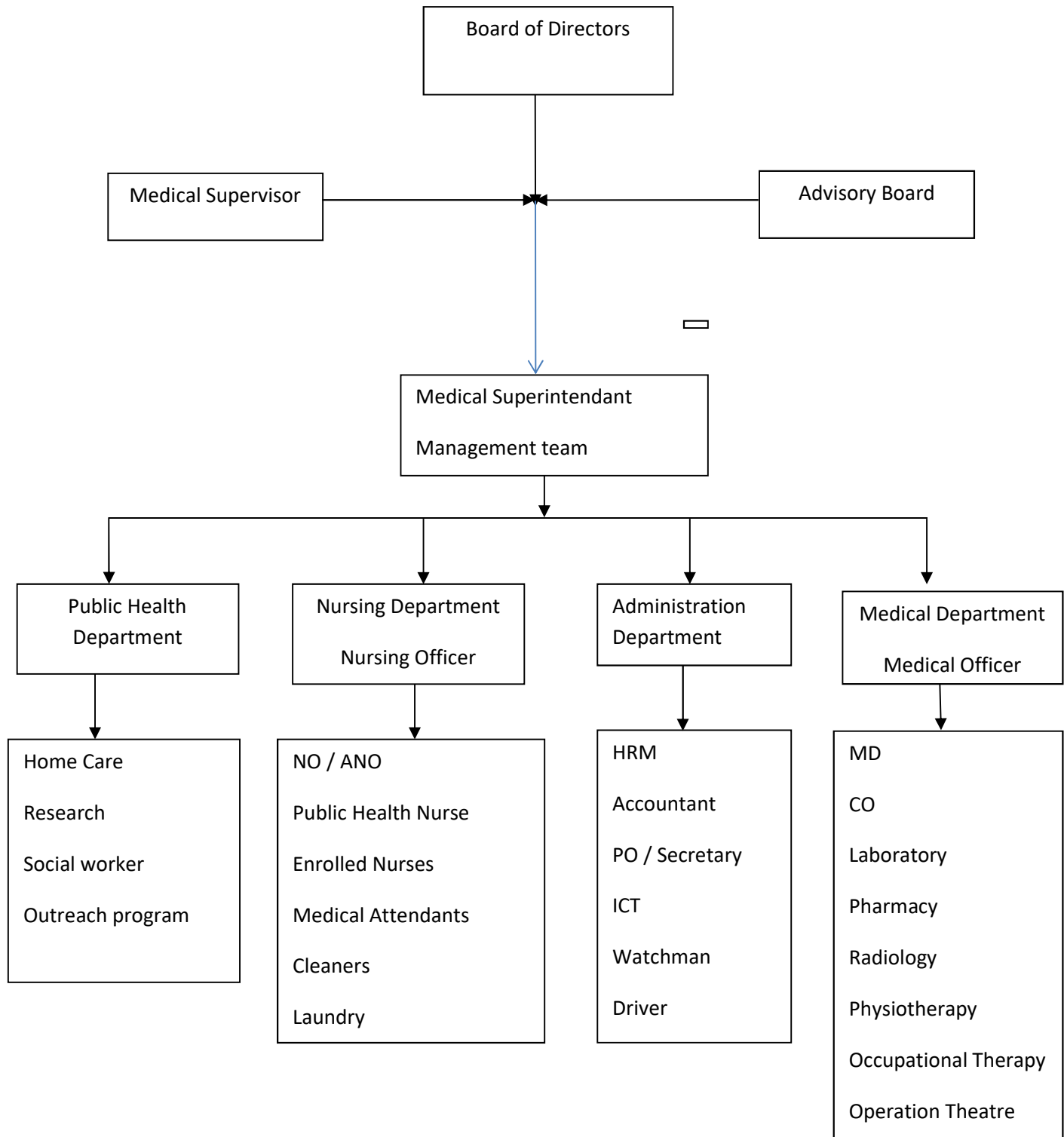
Address: Chirangi Street, Kwangwa Area

P.O.Box 666, Musoma, Tanzania.



Female Ward

5. ORGANOGRAM BETHSAIDA CENTRE FOR HEALTH AND DEVELOPMENT



6. BETHSAIDA CENTRE FOR HEALTH AND DEVELOPMENT, THE ORGANIZATION

CO-DIRECTORS

1. Mrs. Elisabeth de Quant, BHA
2. Mr. Dr. MusutoChirangi, Phd
3. Mr. Jumanne Magiri, MPH

MEDICAL SUPERVISOR

Dr. B.M. Chirangi MSc, MPH

MANAGEMENT TEAM

- | | |
|---------------------------|---|
| 1. Mr. Paul Magiri | : Acting Health Secretary, Researcher Home Care Development |
| 2. Dr. Alfred Waryoba | : Assistant Medical Officer |
| 3. Miss. Millicent Rabach | : Matron |
| 4. Mr. Charles Mukakaro | : Accountant, in cooperation with Alex Chezi |

ADVISORY BOARD

- | | |
|---------------------------|--|
| 1. Mr. Benedict Mwujarubi | : Regional Nursing Officer, Chair person |
| 2. Dr. Margareth Shaku | : District Medical Officer, Deputy Chair person |
| 3. Mrs. Penina Nyitambe | : District Nursing Officer |
| 4. Dr. Mtaki | : Health Officer Musoma Municipal Council |
| 5. Dr. Sindano | : Home Based Care (HBC) specialist |
| 6. Dr. Joseph Bukara | : Doctor in Charge of the Kigera Dispensary |
| 7. Vacancy | : Coordinator Africare (Organization for HIV/Aids HBC) |
| 8. Mr. Ocharo | : Ward Executive Officer |
| 9. Mr. Nyandiso | : Street Executive Officer |
| 10. Dr. B.M. Chirangi | : Medical Supervisor |
| 11. Dr. Alfred Wayoba | : Assistant Medical Officer |
| 12. Co-Directors | |

7. Narrative Report about 2014

Accountancy Department

In the Accountancy Department the bookkeeping was changed from the old manual system into a modern and electronically system with QuickBooks. The Auditor came to prepare the Financial Audit Report over the year 2012. Our accountant prepared several other financial reports for donors. This year we will finish the Audit Reports over 2013 and 2014.

PPP: hopefully Dr. Kebwe (Deputy Minister of Health and Social Welfare) will send a specialist to the next Council Meeting in April in Musoma to try to get us this PPP.

Donors in 2014:

1. Mennonite Central Committee, United States, (MCC) helped us by paying the salaries for 3 workers during 3 years, while waiting for the PPP, with an amount of Euro 6.164,09 per year. In 2015 this will stop.
2. Mennonitisches Hilfswerk, Germany, (MH) paid the research for Home Care for 3 years with an amount of Euro 10.000,00 per year. This will also finish this year. Jens Brenner came on March 24 - 2015 to Bethsaida with Maria to discuss about the research.



Home Care visit with Jens Brenner from MH.

3. Doopsgezind WereldWerk, Netherlands, (dgWW): donated Euro 10.000,00 for general use, which is a very good contribution.
4. Internationale Mennonitische Organization (IMO), Europe, paid an amount of Euro 3.000,00 for drugs and laboratory equipment.



5. The Dutch Mennonite Congregation of Ouddorp in The Netherlands donated in the years 2013 and 2014 Euro 10.000,00 for our Home care patients and for Bethsaida. We made for this money a separate plan which we finished and which we send to them. Even from now on the will continue to donate money for Bethsaida and Home Care.



Daudi with his father.

6. The Dutch Mennonite Congregation of Baarn with the Council of Churches donated Euro 3.200,00 to buy a Biochemistry machine.
7. A Roman Catholic Foundation donated Euro 4.000,00 to buy a hematology machine and paid for a new lab. room.



New lab room



At work in the new lab room

8. The Protestant Church of the Netherlands in Rijswijk donated Euro 3.000,00 for drugs.



9. There were many private persons who donated money or came themselves to help us like Doctor Jan Baks and his wife and Sjoukje Wethmar (physiotherapist) and Elze Jongsma.

NHIF: the problem with NHIF is that they pay even 9 month too late which brings us a lot of difficulties with paying the salaries of our workers in time since 45 % of our patients are under NHIF. But we could only pay the net-salary. Because of this we have been working with an absolute minimum of staff. We have an outstanding bill over 1 year from NSSF, the National Social Security Fund (Pension Fund) and for the TRA, the Tanzania Revenue Authority, the income tax. At this moment NHIF is over 2014 just 1 month behind, we paid half of the bill of NSSF and the whole TRA bill.

Special visitors:

1. MCC Tanzania visited us 3 times and gave a workshop in project planning. They paid for Bethsaida 3 workers. That project is finished now. But we have the opportunity to come up with a new proposal in which the Home Care department of Bethsaida is under a separate wing and will have 3 workers: 1 CO, 1 nurse and 1 social worker. We will work on this new proposal.
2. Also MCC East Africa came (Ken and Laura Litwiller) together with MCC New York City (Vanessa Hershberger) as well as Patricia Kisare from MCC Washington. They blessed us in our continuing work with patients. They were visiting the projects MCC is supporting. They told us that we are doing good work.
3. The Regional Medical Officer came twice for supervision on reducing malaria in the Mara region (TibuHoma project).
4. Public Service International (PSI) Mara: they came for post-training follow up and supportive supervision about Cervical Cancer screening and Contraceptive procedures.
5. Also from PSI there came Dr. Luna Mehra, Prof. Jeremy Hund and Dr. Mark Nicholas from PSI Washington Group together with Dr. Kiya Mbayo from PSI Mwanza Tanzania. They came for external Auditing on long term methods of Family Planning namely IUCD insertions and Implants. By them Bethsaida came out being number one in Mara Region. They delivered a Certificate on Millicent's name.
6. An instructor from Pyramid Pharmaceutical Ltd. came to Bethsaida to instruct our laboratory assistant to train him about the hematology and biochemistry machine.
7. For a baseline assessment on Health Care Position there came: Dr. Z. Nuakiha, from Jhpiego (institution for research) together with people from the Regional Health Management Team (RHMT) and Council Health Management Team (CHMT) from the ministry of Health and Social Welfare. They said that we are performing well according to the Health Centre establishment.
8. For training and supportive supervision people of NHIF came to train our medical practitioners how to fill the claim forms.
9. People from the National Bank of Commerce (NBC) came to inform us about loans for workers.
10. Anglican church: they do also Home care but only for HIV/Aids patients. But they always bring their patients to Bethsaida.

Nursing Department

Millicent Rabach completed her Diploma. Now she is no longer acting matron but Matron. She was able to instruct the nurses to work in the way we want them to work and to develop their knowledge. In December we had a good number of deliveries. (8). Also in December we were able to attract enough staff for the nursing Department. Also action was taken to include the Bethsaida workers in seminars arranged by the Government to keep their knowledge up to date.

Public Service International (PSI) choose Millicent to instruct her, among a few others to do the Long Acting Reversible Contraception and the Cervical Cancer Screening.

We made a service agreement with PSI. Millicent Rabach went for a seminar about Reproductive Child Health Services. The topic was about special methods of family planning (long term anti-conception methods). Bethsaida will start to provide these services in the end of 2014.

We are dealing with weather related problems. In the dry season most diseases are the water related diseases like typhoid, diarrhea, dysentery. In the rainy season most common diseases are: malaria, pneumonia, common cold, asthma, typhoid, amoebiasis, schistosomiasis. Other common diseases are: anemia, Cycle cell disease, pelvic inflammatory diseases, hypertension, diabetes and skin infections from different origin (bacterial, fungal, viral). Because of this we need a good amount of drugs to be available. If we have always enough drugs the patients will stay on coming because most hospitals, dispensaries and health Centres do not have enough drugs.

The overturn of nurses is still big. Nowadays we are mainly looking for retired nurses. There are still several vacancies in this department.

In 2014 we admitted several times an albino girl, Gabaseki, with her mother. In total she stood 6 months in Bethsaida. She had severe malign skin cancer. She died later on at home. But we got a letter of appreciation from MCC Tanzania which I copied here under:

" Hello Paul and Bethsaida team,

I pray this email finds you all well. I'm sorry for your sorrow in losing Gabaseki. It grieves us all to lose a life at such a young age. However, we know that her suffering has come to an end and we can rest in the assurance that she is resting in peace now. On behalf of MCCTZ, I want to personally thank you all for the tremendous sacrifice and care you have shown Gabaseki and her family. It was not easy having a live-in patient for the many, many months that Gabaseki was there, and because of that, I'm sure there was added burden.

We knew from the beginning back in October, that Gabaseki would lose her life to this horrible disease. And even though it has been a long 10 months, I am so grateful for the love, acceptance, compassion, and encouragement that you all have given this family. When the family wanted to "give up" on Gabaseki and abandon her, it was through all of your efforts that convinced her family, and especially her mother to stay and care for her. Please know that above and beyond the medical care, it was the support you gave her that was the most important.

Especially to Millicent, Paul, and Sarah, I want to thank you personally for your commitment to Gabaseki. You were on the frontlines caring for her everyday. She came to trust you, and love you. You were truly the hands and feet of Jesus Christ. We trust that God in Heaven will reward you all richly for the work you have done here on earth for Gabaseki. Let me encourage you not to grow weary in your efforts. For you are a running a difficult race, but one in which you will ascertain the glorious prize. And in doing so, you bringing light to your community.

The manner in which Gabaseki and her family was cared for, is just one of the reasons that MCCTZ is proud to partner with Bethsaida. We pray that there will be more opportunities to work together to serve your communities. As we look forward, may we be united in seeking ways to best meet the needs of the poor, the vulnerable, and the sick in the Musoma area.

PS. If it would be possible, I request that this email be read to all the staff at Bethsaida in order to pass our (MCCTZ) condolences as well as our appreciation of thanks to the many people who had a role in caring for Gabaseki over this last year" .

Blessings,

Tiffanee

Health Programmes Coordinator

MCCTZ

Home Care

Manny visits have been made to home care patients (about 500) to make a follow up. Advices were given and in some cases we brought them to Bethsaida. There are some patients who need special attention like food, drugs and other things like soap. If we succeed with MCC to make Home care as a special wing with its own workers, it will help the patients a lot.



Home care visit with Jens Brenner.

Medical Department

In this department there were many changes of Clinical Officers. This is due to the fact that all of them like to work more for the government than for a private institution because of salaries and seminars. At this moment we have 1 Assistant Medical Officer and two Clinical Officers. But anyway still our patients are satisfied about our services.

Two Dutch doctors (Pim and Yvonne van Leeuwen) worked in Bethsaida for 5 weeks and another Dutch doctor (Jan Baks) and his wife came for 6 weeks. All of them delivered good ideas and together with the management team (see under challenges 2015) we decided to try to realize them.



Dr. Jan Baks at work

Laboratory

We added one big room to the laboratory and bought a biochemistry machine and a hematology machine with donor money. By this we have a good and fully equipped laboratory.

Transport / Minibus

On request of many patients we were able to buy in January 2013 a minibus. This bus is meant to transport patients from town to Bethsaida. The minibus was operating in February 2014. The bus which was meant to be for transport of patients as a line – service got an accident. After repairing the minibus we will only use it for patients and workers.



Our Minibus

Building related issues

Repairs: a total maintenance of the building inside and outside started in 2013 and will be ready by the end of 2015. This was necessary because the building is actual sometimes over-utilized due to the amount of patients with their families. In the beginning of 2015 another old security wall came down. The main reason is that these old walls do not have a foundation. In general it could be stated that the maintenance of the building takes a lot of attention.

8. Evaluation of the challenges 2014

	Subject	Status
1	Laboratory expansion by making one more room, buy and install a biochemistry machine and a hematology machine.	Done. With all of this we have a real good lab. That will attract many patients.
2	Open the shop	The shop is closed again because of to little upbringing.
3	Buy a minibus for Shuttle Service.	The minibus got an accident. We have to consider how to operate it again after repairing is done.
4	Organize Home care by scheduling all workers.	Done: 2 times per week home care visits are done on a regular basis. Emergency cases are handled accordingly.
5	Research for the development of a model/handbook for Home Care.	The researchproject entered year 3 and is on schedule. Thequestionnaires can be analyzed by SPSS. For the questionnaires there was a consultation with the National Institute of Medical Research and also with the University of Dar es Salaam, the Department of Science, Prof. HurumaSigara. Meanwhile a good collaboration with AfricareKaya Community Care Initiative (CCI) started. The research project with the manual will be finished in

		2015.
6	Make a plan for necessary small maintenance of computers and buildings.	For the computers: done. We plan to organize an indoor training for the workers who are working with computers. For the building: there are still many small issues that needs our attention.
7	PPP	PPP :we went to the Ministry of Health and Social Welfare in Dodoma: Dr. Kebwe who is at this moment the Deputy Minister. He is committed to Bethsaida, He promised to send some technical PPP staff to the Municipal Health Committee Meeting in March in Musoma to make an opening in this ongoing difficult process with no positive result. We keep in touch about this with the Mayor of Musoma who is the chairperson of this meeting.
8	Replace of the present domestic generator by a industrial generator of 30 KVA/380V.	We bought a good and strong Generator together with the help of Nyimea.

9: Challenges 2015

1. PPP realization
2. Reopening the shop
3. Operating of the Cardio/ echo-machine and the ECG machine.
4. Collecting money for one more ward with 23 beds (phase 1 of the new building plan)
5. Make a proposal for Bethsaida's Home Care department to become a separate wing of Bethsaida with its own staff. MCC might be able to support such a proposal.
6. Stock taking should be under control.
7. We will open special times for Diabetes patients and for patients with Blood Pressure problems. These could become our specializations.
8. We will work more together with the Regional Hospital: surgeons can do operations in Bethsaida e.g. it can benefit also our home care because they can discharge their patients earlier if Home Care makes a follow up.
9. We should establish a CTC department
10. We should start again of insuring our workers and other groups, like pastors under NSSF. NSSF gives a lum-sum amount in advance instead of paying afterwards.

10: The research project on Home Care

At this moment there is a good follow up made on our Home Care research in our service area of 26.000 people. The results of this research should become the baseline of the model for Home Care which we will offer to the Tanzanian Government in 2015. The research project entered year 3 and is on schedule. The questionnaires can be analyzed by SPSS.

For the questionnaires there was a consultation with the National Institute of Medical Research and also with the University of Dar es Salaam, the Department of Science, Prof. HurumaSigara. Meanwhile a good collaboration with Africare Kaya CCI – (Community Care Initiative) started. The questionnaires were ready in 2013 and will be analyzed in SPSS in the first half year of 2014. After that the conclusions can be made.

We are working in collaboration with the Kigera Dispensary, Musoma Municipal council, as well as different educational facilities that include; Kigera Primary School, Kwangwa Primary School, Nyamatara Primary School and Kyara Primary and Secondary Schools.

Also the questionnaire has been designed and divided into concepts, variables and indicators, in these we hope to know from the community the following things in relation to home care health practice;

- a. Predisposing variables
- b. Social demographic variables
- c. Psycho – social variables
- d. Enabling variables
- e. Trustworthiness variables
- f. Organizational variables
- g. Intervening variables (existing positive & negative factors)
- h. Descriptive information for exploration

The research shall give feedback or response to the following issues

Determination of the essence of certain behavior pattern in Mwiya of Kigera ward as well as collecting demographic information. During this reporting period we were able to observe the following indicators:

- a. Prevalence of practice of Homecare services
- b. Attitudes towards Homecare services
- c. School attendance
- d. Ethnic groups.

Determination of current indicator level before intervention, where as we were able to tackle the following issues

1. Prepare the program objectives
2. To evaluate progress
3. Accomplishment of additional objectives
4. Establishment of target level as well as provision of base values or chosen indicators



Home Care visit

PROJECT IMPLEMENTATION

On focusing on the past six months our main activity has been to develop tools to carry out an effective baseline survey. So far the baseline study has gone through the following stages.

- I. Review of documentation and development of data gathering tools.
We have so far reviewed different literature and we still research other existing documents / studies on homecare services which were conducted both in developed and developing countries. We are using these documents as the basis of developing tools.
- II. Survey population, geographical area and approach used.
 - Target groups:
 - Husbands, wives and children
 - Key informants
- III. Administrative and political authorities; health and educational facilities.

We have decided to use the above target group because we are certain that it will help us so much in Data analysis, which is often thought as a rather mechanical and expert – driven task.

Some of the advantages of using the above target group is that during monitoring and evaluation we expect to use participatory monitoring and evaluation (PM & E) approach.

Advantages in using PM & E, which include and not limited to

1. Involving beneficiaries therefore increasing reliability and provide opportunity to receive useful feedback and ideas for collective actions.
2. Allowing flexibility where by activities will be stopped or adapted when evaluation makes it clear that they are not contributing to the intended improvement.
3. Strengthening ownership regarding successful outputs and outcomes of planned initiatives.
4. Increasing the motivation of stakeholders to contribute ideas to collective action.
5. Creating trust in local government policy and action (provided that the stakeholders input is genuinely taken into account)
6. Finally yet important, it contributes to the learning of all involved.

We are aware that it has a number of disadvantages, which may include:-

- i. Domination by strong voices in the community for example men dominating women in discussion, political, cultural or religious leaders dominating discussions and decision-making.
- ii. Can be time – consuming
It may need support of donors, as does not always use traditional indicators.



The family of Daudi and Jens Brenner.



Daudi and his father, one of our whatchmen

11: Cooperation with other organizations

Bethsaida works together with:

- International Mennonite Organization (IMO, Europe): direct support, adoption program.
- MennonitischesHilfswerk (MH, Germany): payment of the research for Home Care.
- Doopsgezind WereldWerk(dgWW, The Netherlands): general support.
- Mennonite Central Committee (MCC, The Unites States): payment of 3 workers and palliative care.
- Municipality of Musoma: paying the Reproductive Child health Care Department, provision of supportive supervision and baseline assessment.
- Tanesco: through a tender for medical care for their workers.
- Africare: for Home care Research and advice.
- Public Service International (PSI): for Family Planning and seminars for workers. Through this organization Millicent Rabach, the Matron of Bethsaida was trained for giving services as Long Acting Reversible Contraception (LARC) and Cervical Cancer Screening.
- APHTA: Association for Private Health Sector in Tanzania: representing the Privat Health Care sector towards the government for matters as the PPP. Furthermore they help with medical materials, they organize relevant seminars. From APHTA I learned that in the whole MARA region of which Musoma is the \capital, there is no Private Health \institution like Bethsaida which has a Public Private Partnership signed with the local Musoma Government. APHTA organized many meetings with this local government and their members but up to today There was no concrete result. But at this moment we are in contact with Dr. Kebwe, who we know very well and who became the deputy Minister of Health and Social Welfare.
- KMT: the General Secretary is one of our co-Directors. They help us sometimes with transport, with advises and more general issues.
- NHIF: this is the National health Insurance Fund. We have a contract with them. 45% of all our patients are under NHIF.
- NBC Bank: we discuss with them to get the opportunity for workers to get a loan.
- Anglican Church. They work on Home Care for HIV/Aids patients and when necessary they always bring their patients to Bethsaida.

12: Top ten of common diseases

1. Malaria
2. Urine Tract Infection
3. Diarrhea
4. Schistosomiasis
5. Intestinal worms, Ameba dissentary
6. Anemia
7. Clinical Aids
8. Tuberculosis
9. Pelvic Inflammatory Disease
10. Pneumonia



RCHC: Mother and Child Health Care/ Family planning

13: Results in amounts of services of Bethsaida in 2012, 2013, 2014

Activities in amounts	Amounts 2012	Amounts 2013	Amounts 2014
OPD male, female and children	3.694	3.947	*5.538
Admissions	743	684	654
CRCH / Pregnant women	369	618	*778
CRCH / Children under 5	4.586	7.257	*6.371
Operations	28	18	31
Deliveries	46	41	*34
Home Care Patients	100	200	*250
Amount of Home Care visits	480	780	500
Total amount of lab investigations	17.780	18.579	15.359
Ultrasounds	1.090	927	*1.165
Contraceptive procedures (new)			*55
Cervical Cancer screenings (new)			*3
Total amount of patients	10.799	12.071	*14.194

14: Financial results 2012, 2013, 2014

Income from patients, activities and donors	2012 (Tsh.)	2013 (Tsh.)	2014 (Tsh.)
Tanesco	886.253	401,230	-
NHIF	13,871,233	24,736,782	17.379.551
Drugs	48,781,115	55,049,900	37.587.850
Registrations	7,736,500	6,918,000	6.198.000
Lab investigations	20,309,000	18,191,500	10.884.500
Admissions	2,578,000	2,698,000	1.673.500
Deliveries	422,000	439,000	467.000
Ultrasounds	10,810,000	18,538,000	16.336.000
Operations	334,280	642,000	710.000
Cantine	480,000	480,000	120.000
Shop	-	300,000	
Minibus			1.245.000
<i>Total income from Bethsaida</i>			<i>92.506.401</i>
<i>Total income from donors</i>	<i>62,034,730</i>	<i>78,759,807</i>	<i>114,765,541</i>
Total Income	193,911,161	215,694,219	207,271,942
Expenditures	Tsh.	Tsh.	Tsh.
Operational costs	69,716,357	62,371,736	54.710.804
Salary costs	121,686,764	138,771,380	100.531.486
Bank charges	593,748	1,354,350	1.900.236
BOQ update for phase 1 second building		400,000	
Advanced and assets acquisition		900,000	49.025.105 New lab room, lab equipment and drugs, Biochemistry machine, Hematology machine, and a Generator
Quickbooks		500,000	
Waterpump		1,520,000	
Camera		344,358	
Total expenditures	191,996,870	206,161,824	206.167.631
Balance 2014	1,914,291 E. 957,00	9,532,395 E. 4.333,00	1.104.311 E 552,16