

The Capiz Integrated Health Services Development Program

BACKGROUND

The Province of Capiz occupies a land area of 2,633 square kilometers and composed of 16 municipalities and a city with a total of 472 barangays. It has a projected population of 664,815 for year 2000 with an annual growth rate of 1.26 percent. Population density 252 per square kilometer compared to 237 per square kilometer in 1995.



The economic base of the province is agriculture with more than seventy percent of its people engaged in farming and fishing.

In 1998, Capiz ranks as having the highest poverty incidence (59.7%) in the whole Western Visayas. Capiz is also considered as high impact areas for nutrition in the Philippines because of the high prevalence of second and third degree malnourished children, that is, number one in Region VI and number seven nationwide in terms of malnutrition prevalence.

There are a total of eight government and three private hospitals in the Province. Of the eight, one is classified as provincial, four districts and three community hospitals.

As mandated in the Local Government Code of 1991, operation of government hospitals was devolved to local government units sans providing cost of its maintenance. This situation is aggravated by the absence of a comprehensive health program in the province of Capiz, putting a strain on the kind and quality of the existing health services to the people. Likewise, the present provincial government has inherited more than 40 million pesos budget deficit from the past administration. All these had put greater challenge on the new set of officials in devising strategies to improve the delivery of basic services, especially the health care services to the people.

RATIONALE

The Province of Capiz and the City of Roxas are presently intensifying efforts and are initiating reforms to improve health care services through an integrated health delivery system. To create an impact on the quality of health care, the challenge for the health sector is to mobilize and maximize resources for the efficient delivery of health services in the Province of Capiz and in the City of Roxas.

The Master Plan of the Province of Capiz for an Integrated Health Delivery System has drawn key strategies to provide quality care on a sustainable basis. It is planned that strategic directions and key actions with inter-local government collaboration and multisectoral participation will accomplish the national health goal of "health in the hands of the people".



As an initial result of these efforts, responses from the national government agencies, donor agencies, and the private sector have been overwhelming with pledges of resources and technical support services to assist local officials in accomplishing their goals for the health sector. The Gerry Roxas Foundation leads the private sector participation by supporting the capability building program for hospital and rural health workers and barangay health workers. It is also responsible in mobilizing private sector volunteers that will augment and act as auxiliary arm in enhancing health services in the Province of

Capiz within the spirit of genuine volunteerism.

In 1992, the management of government hospitals were devolved to the province without considering the latter's capacity to manage its operations. The absence of pre-devolution effort to transfer the management of hospitals to the provincial government has caused hospital operation to suffer. Instead of contributing to government coffers, it drained government resources since the bulk of its operating budget was used to subsidize hospitals.

More serious, however, is the inability of hospitals to function effectively since its meager revenue still have to be remitted to the general fund of the provincial government and has to pass through legislation before it can be again utilized. This process takes so long that hospitals can no longer respond to situations requiring immediate actions. Seeing this, the provincial leadership, in partnership with the private sector, thought of a concept to re-engineer hospital operation through transforming the hospitals into revenue-centers enjoying a degree of autonomy from bureaucratic procedure. It is envisioned that through this program, hospitals will devise avenues to increase income and to retain the same to plow back to its services and operations. This will reduce burden to LGU budget without necessarily sacrificing quality of service and subsidy to indigent patients.

On March 11, 2000, this Capiz Integrated Health Services Development Program was launched and the Memorandum of Agreement (MOA) between various stakeholders of this program was signed. The MOA for health insurance for indigents, one of the major projects under this program, was also entered into by and between the Provincial and Municipal Governments and with the Philippine Health Insurance Corporation (PhilHealth). While the provincial government has allocated funds for the program, the amount is not enough to cover the entire cost of implementation.

PROGRAM OBJECTIVES:

- To establish areas for convergence of health services and cooperation among the stakeholders in the health sector through integration of all health care programs for a more efficient, effective and comprehensive health care delivery system;
- To organize local health zones involving the hospitals, the local government units and the private sector with each local health zones working together to address specific problems within their zones with the Capiz Integrated Health Services Council acting as umbrella organization to coordinate policies, mobilize resources and synchronize project implementation;
- To institutionalize a rational and efficient referral system between the different levels of health care providers;
- To promote setting up of alternative community-based health financing mechanisms in order to provide health insurance coverage for the majority of the Capiceños;
- To upgrade hospital services and facilities to cater to the needs of more affluent patients thereby increasing revenues to subsidize indigent patients.



PROGRAM DESCRIPTION:

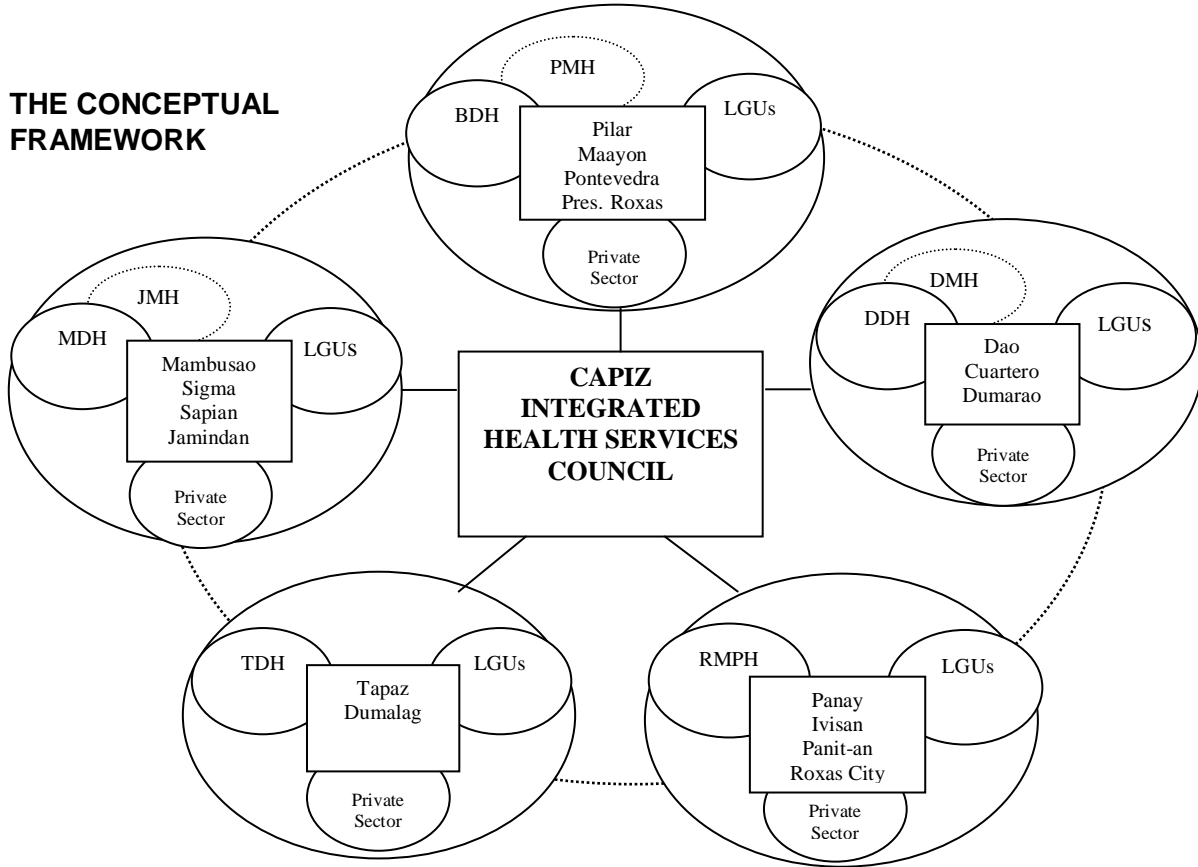
The idea of the program is create a convergence of health-related initiatives and to integrate all health care services in the province of Capiz. Along this line, an operating structure was created to oversee and guarantee the sustainability of the implementation of this program and will serve as umbrella organization under which all health-related programs and services will be coordinated.

The Capiz Integrated Health Services Council is composed of elected officials as well as members of local non-government organizations and the private sector. Coordinating, Technical and Field Operations and Monitoring Committees assist the Council.

The Council will formulate health-related policies, mobilize resources, synchronize and monitor the implementation of programs and projects. Specifically, it will draft guidelines and monitor the activities of the local health zones, the referral system, the policy on cost-recovery scheme and initiate a community-based health insurance system. It will also insure the efficient and effective implementation of other health programs and projects in the Province of Capiz.

The Council shall likewise provide avenues to evolve a mechanism for inter-LGU, inter-agency and multisectoral collaboration on health-related initiatives within the respective local health zones respecting the autonomy of each of the collaborating entities.

THE CONCEPTUAL FRAMEWORK



The local health zones are composed of cluster of LGUs within the catchment areas of five major hospitals. As shown by the Conceptual Framework above, collaborating entities within each of the health zones will be expected to share efforts in the preventive, promotive and curative aspects of the health program.

Since the collaborating agencies within each health zones are autonomous in nature, sharing of resources and consensus building will be institutionalized. Similarly, it is assumed that clustered LGUs within the health zone share common health-related problems since they are territorially proximate. Although these LGUs may have different approaches in addressing these problems, they can periodically share technologies, resources and experiences of their best practices in the preventive and promotive aspects of health.

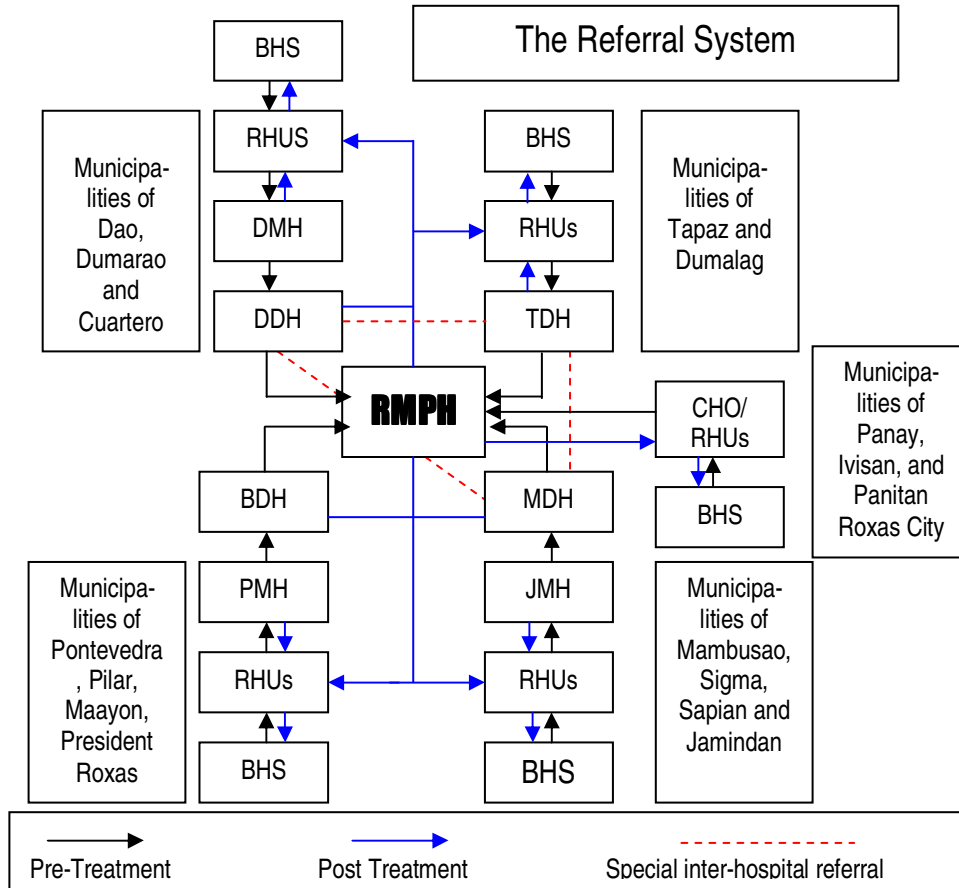
The outbreak of epidemics and diseases can outrightly be contained if information, personnel and resources within the health zone and with other zones are shared. The Provincial Government in turn, can provide additional personnel, necessary equipment and supplies through the hospitals within the health zone. Identifying the place within the health zone where the cases or incidence of the disease originated can effectively monitor the spread of such epidemic. Other health zones can immediately be alerted for them to take the necessary precautions and information campaign.

To improve responses to emergency cases, a communication system can be put in place providing direct link to the barangays. A system for the use of ambulance, either owned by the LGUs or of the hospitals, can also be evolved.

Services and facilities of District Hospitals within each of the local health zone will be continuously upgraded and improved to serve the curative health needs of the local health zones. These hospitals will also be converted into revenue-centers having authority to retain its earnings to be plowed back to improve their operation. In that way, its operating budget will not be tied up to bureaucratic processes and would enable them to effectively and immediately respond to situations needing their immediate attention. The improvement of facilities will also be directed towards attracting more affluent clients who will eventually subsidize indigent clients.

THE REFERRAL SYSTEM

Cases of sickness and diseases that cannot be addressed by the Barangay Health Stations will be coursed through an effective referral system with the Roxas Memorial Provincial Hospital as the highest and penultimate stage in the system.



One of the eventual goals of the referral system is to decongest the hospitals. There will be a clear definition of responsibilities between the different levels of service providers. Cases that are to be handled by Barangay Health Stations (BHS), Rural Health Units (RHUs) community hospitals and district hospitals are to be delineated properly. It is therefore a must to identify all the specific services available at the different levels of health service providers.

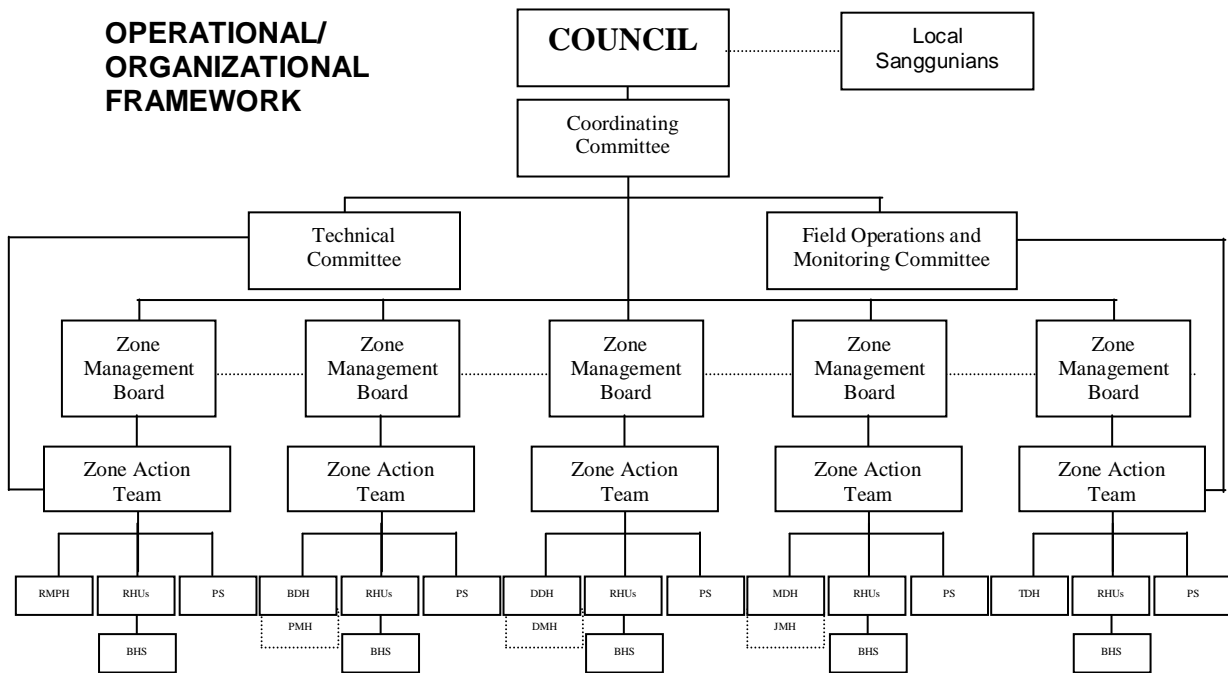
The referral system will work on a two-way process. Cases that may be managed at the Barangay Health Stations (BHS) need not be referred to the Rural Health Units (RHUs). The RHUs in turn will take care of services that do not require referral to hospitals. Cases needing referral to hospitals will be entertained at the Community and District hospitals within the health zone, except for cases needing medical attention that can only be provided by the provincial hospital. After treatment, hospitals will refer back patients to their respective RHUs that in turn will refer the patients to the Barangay Health Stations for post-hospital care and monitoring.

It is envisioned that these different levels of the referral system will be followed without bypassing one another except during emergency cases. A clear policy guidelines and proper coordination between the stakeholders within the health zones are considered of paramount importance to operationalize this referral system.

With the continued improvement of services and facilities of the district hospitals, patients bypassing these hospitals for the provincial hospital will be minimized. The increase in occupancy rates will improve the financing of hospital services especially if the proposed retention of revenues generated from fees for service by hospital facility is implemented. This will increase the financial viability of the hospitals as well as improve access of people to hospital services.

THE ALTERNATIVE COMMUNITY-BASED HEALTH FINANCING MECHANISMS

No matter how improved the services and facilities have become, this does not make any difference if the people cannot afford to avail such services and facilities. This is where a socialized health insurance program comes in since a vast majority of the Capiceños does not have access to medical insurance. For a minimal contribution from each member, the local government units can subsidize part of the contribution. This will enable Capiceños to have emergency fund should they be hospitalized. This will also make them paying patients contributing immensely to the improvement of the financial viability of the hospitals.



The Capiz Integrated Health Services Council will provide policy direction, mobilize resources and acts as advocate for inter-LGU, inter-agency and multisectoral collaboration. The Council will interface with the local sanggunians for policies needing local legislation. Policy initiatives may either emanate from the Sangguniang Panlungsod/Bayan or from the Sangguniang Panlalawigan. Either way, policy support is assured through periodic consultations and feedbacking.

The Provincial Governor automatically heads the Council as its Chairman. Directly under the Council is the Coordinating Committee that will conceptualize programs, enforce policy and allocate resources. The Coordinating committee will be ably supported by the Technical Committee and the Field Operations and Monitoring Committee. The Technical Committee will design and review processes and conduct program evaluation while the Field Operations and Monitoring Committee gathers feedbacks, conducts researches and survey, prepares process documentation and keep a database of health related information.

Organized in every local health zone are Zone Management Boards that will periodically meet to share experiences and discuss programs and policies for adoption and implementation in their respective health zones. The Municipal Mayor of the municipality where the district hospital is located automatically becomes the Chairman of the Board. The Board will also recommend to the Council, policies and programs they deemed appropriate for their local health zone. The board will likewise mobilize and manage local resources as counterpart to the external resources that will be provided by the Council. The Zone Action Teams will implement the programs and policies approved by the Council and adopted by the Zone Management Boards.

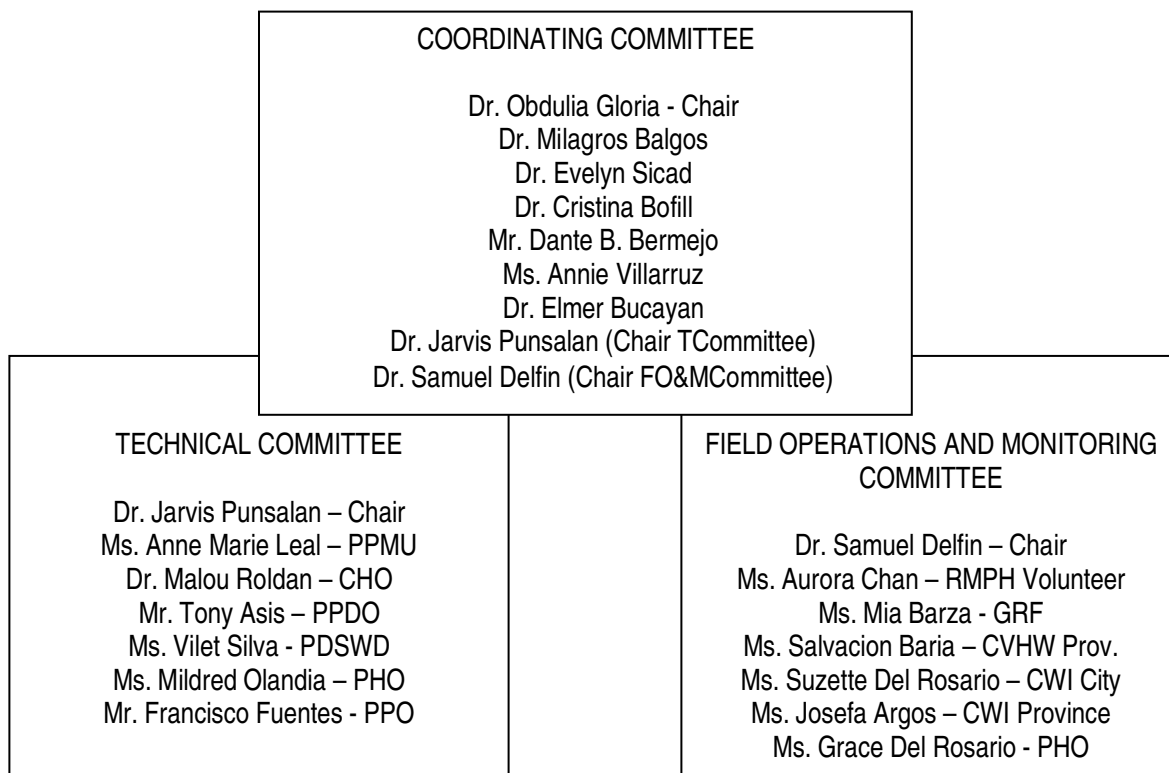
The various policies and programs implemented through the Council will be closely watched and monitored by the Field Operations and Monitoring Committee. They will document relevant data for the use of the Technical Committee for process review and program evaluation. Recommendations and proposals coming from the Technical Committee passes through the Coordinating Committee for review and validation. The Coordinating Committee then endorses the recommendations and proposals to the Council for their appropriate action. A new policy that may evolve from the evaluation will then be enacted and goes through the same process for implementation.

Volunteer works in the level of the barangays shall be provided by the Community Volunteer Health Workers (CVHW). They will act as the prime mover for the programs initiated by the Council because they have direct contact with the beneficiaries. The Capiz Blood Council will also be mobilized to conduct massive blood typing and blood letting campaign. Records of the type of blood of the residents of the barangay will be made available on their respective Barangay Health Stations for databanking. In case of emergency, people only need to go to these Barangay Health Stations to identify possible blood donors.

Parallel to all these initiatives is the conduct of massive health information and education campaign. Educational materials will be developed and an effective social marketing plan will be evolved and implemented.

COMPOSITION OF THE COUNCIL

The Capiz Integrated Health Services Council		
Governor	Vicente B. Bermejo	Chairman
Congressman 1 st District	Rodriguez Dadvias Sr.	Member
Congressman 2 nd District	Fredinil Castro	Member
Vice Governor	Victor Tanco	Member
City Mayor	Antonio del Rosario	Member
Board Member (Chair Health)	Abel Martinez	Member
SP Member (Chair Health)	Milagros Victoria Viterbo	Member
LMP- Capiz President	Felipe Barredo	Member
DOH Representative	Dir. Lydia D. Ramos or rep	Member
Capiz Medical Society President	Dr. Consolacion Botin	Member
NGO-GRF	Judy Roxas	Member
Civic Club – Rotary Metro Roxas	Edgar Diaz	Member
Capiz Blood Council President	Dr. Charlie Robles	Member
CVHW Provincial Federation President	Mrs. Salvacion Baria	Member
Chairmen of the Zone Management Boards	Hon. Arturo Tumlos	Member
	Hon. Carolina Bayot	Member
	Hon. Ernesto Escutin	Member
	Hon. Romualdo Exmundo Jr.	Member



ZONE MANAGEMENT BOARDS

ZONE MANAGEMENT BOARD – I (Roxas City, Panay, Ivisan, Panit-an)	ZONE MANAGEMENT BOARD - II (Pilar, Pres. Roxas, Pontevedra, Maayon)	ZONE MANAGEMENT BOARD - III (Dao, Dumarao, Cuartero)	ZONE MANAGEMENT BOARD - IV (Mambusao, Jamindan, Sigma, Sapián)	ZONE MANAGEMENT BOARD - V (Tapaz, Dumalag)
<p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Mayor of Roxas City Chairman</p> <ul style="list-style-type: none"> ➤ Mayor Del Rosario ➤ Mayor Barredo ➤ Mayor Albaña ➤ Mayor Yap ➤ 4 Rural Health Physicians ➤ 1 Chief of Hospital ➤ 4 Private Sector 	<p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Mayor of Pontevedra Chairman</p> <ul style="list-style-type: none"> ➤ Mayor Tumlos ➤ Mayor Patricio ➤ Mayor Locsin ➤ Mayor Dellerá ➤ 4 Rural Health Physicians ➤ 2 Chiefs of Hospital ➤ 4 Private Sector 	<p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Mayor of Dao Chairman</p> <ul style="list-style-type: none"> ➤ Mayor Escutin ➤ Mayor Benjamin ➤ Mayor Hijosa ➤ 3 Rural Health Physicians ➤ 2 Chiefs of Hospital ➤ 3 Private Sector 	<p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Mayor of Mambusao Chairman</p> <ul style="list-style-type: none"> ➤ Mayor Bayot ➤ Mayor Advincula ➤ Mayor Sualog ➤ Mayor Oñas ➤ 4 Rural Health Physicians ➤ 2 Chiefs of Hospital ➤ 4 Private Sector 	<p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Mayor of Tapaz Chairman</p> <ul style="list-style-type: none"> ➤ Mayor Exmundo ➤ Mayor Castro ➤ 2 Rural Health Physicians ➤ 1 Chief of Hospital ➤ 2 Private Sector

OPERATIONAL PLAN

The program has four major component as follows:

1. Research and Databanking - The activities include the conduct of surveys, impact assessments and process documentation of all health-related activities undertaken by the Program. Under this component, computers shall be purchased and software shall be developed for a database of all health-related information.
2. Training and Capability Building - varied types of training will be designed and implemented to suit to the needs of the various health stakeholders. Initial inventory of needed training are as follows;
 - a. Building Customer Service Skills for Hospital's frontline personnel
 - b. Specialized Training for health personnel
 - c. Training for community volunteer health workers and for hospital volunteers.
 - d. Other capability building activities for all health stakeholders
3. Upgrading of facilities and equipment - this component involves the infrastructure and public works and the acquisition of additional medical equipment and facilities through direct purchase or other schemes.
4. Special Projects - these are regular initiatives that will be undertaken by the program, as follows.
 - a. Health insurance for indigent patients
 - b. Medical missions
 - c. Health education (including development and reproduction of materials)
 - d. Blood typing and bloodletting activities

BUDGET SUMMARY

Amount Requested: \$100,000.00 @ P35.00 per dollar or Php 3,500,000.00

Counterpart :

- a. Local Government Units - Php 4,550,000.00
- b. Private Sector - Php 2,559,375.00
- c. National Government Agencies - Php 1,967,875.00

Total Program Cost = Php 12,577,250.00

Items	Estimated Cost And Source Of Funds			
	Donor	LGU Counterpart	Private Sector Counterpart	National Government Agencies
Research and Databanking	805,000.00	455,000.00		
a. Surveys, impact assessments & process documentation	241,500.00	136,500.00		
b. Purchase of computer, software development and databanking	563,500.00	318,500.00		
Training and Capability Building	1,575,000.00	455,000.00		
a. Basic Customer Service Skills	157,500.00	45,500.00		
b. Specialized training for health personnel	393,750.00	113,750.00		
c. Training for CVHW and hospital volunteers	551,250.00	159,250.00		
d. Other capability building activities for health stakeholders	472,500.00	136,500.00		
Upgrading of facilities and equipment	350,000.00	1,592,500.00		
a. Infrastructure and public works	210,000.00	955,500.00		
b. Medical supplies and equipment	140,000.00	637,000.00		
Special Projects	315,000.00	1,137,500.00	2,559,375.00	1,967,875.00
a. Health insurance for indigents		102,375.00		921,375.00
b. Medical missions		307,125.00	1,535,625.00	
c. Health education	315,000.00	523,250.00		1,046,500.00
d. Blood typing and bloodletting		204,750.00	1,023,750.00	
Administrative Services	455,000.00	910,000.00		
a. Personnel Services		910,000.00		
b. Consultancy Services	455,000.00			
Total	3,500,000.00	4,550,000.00	2,559,375.00	1,967,875.00

BUDGET SUMMARY

Amount Requested: \$200,000.00 @ P35.00 per dollar or Php 7,000,000.00

Counterpart :

- a. Local Government Units - Php 9,100,000.00
- b. Private Sector - Php 5,118,750.00
- c. National Government Agencies - Php 3,935,750.00

Total Program Cost = Php 25,154,500.00

Items	Estimated Cost And Source Of Funds			
	Donor	LGU Counterpart	Private Sector Counterpart	National Government Agencies
Research and Databanking	1,610,000.00	728,000.00		
a. Surveys, impact assessments & process documentation	483,000.00	218,400.00		
b. Purchase of computer, software development and databanking	1,127,000.00	509,600.00		
Training and Capability Building	3,150,000.00	728,000.00		
a. Basic Customer Service Skills	315,000.00	72,800.00		
b. Specialized training for health personnel	787,500.00	182,000.00		
c. Training for CVHW and hospital volunteers	1,102,500.00	254,800.00		
d. Other capability building activities for health stakeholders	945,000.00	218,400.00		
Upgrading of facilities and equipment	700,000.00	3,549,000.00		
a. Infrastructure and public works	420,000.00	2,129,400.00		
b. Medical supplies and equipment	280,000.00	1,419,600.00		
Special Projects	630,000.00	2,275,000.00	5,118,750.00	3,935,750.00
a. Health insurance for indigents		204,750.00		1,842,750.00
b. Medical missions		614,250.00	3,071,250.00	
c. Health education	630,000.00	1,046,500.00		2,093,000.00
d. Blood typing and bloodletting		409,500.00	2,047,500.00	
Administrative Services	910,000.00	1,820,000.00		
a. Personnel Services		1,820,000.00		
b. Consultancy Services	910,000.00			
Total	7,000,000.00	9,100,000.00	5,118,750.00	3,935,750.00

BUDGET SUMMARY

Amount Requested: \$300,000.00 @ P35.00 per dollar or Php 10,500,000.00

Counterpart :

- a. Local Government Units - Php 13,650,000.00
- b. Private Sector - Php 7,678,125.00
- c. National Government Agencies - Php 5,903,625.00

Total Program Cost = Php 37,731,750.00

Items	Estimated Cost And Source Of Funds			
	Donor	LGU Counterpart	Private Sector Counterpart	National Government Agencies
Research and Databanking	2,415,000.00	819,000.00		
a. Surveys, impact assessments & process documentation	724,500.00	245,700.00		
b. Purchase of computer, software development and databanking	1,690,500.00	573,300.00		
Training and Capability Building	4,725,000.00	819,000.00		
a. Basic Customer Service Skills	472,500.00	81,900.00		
b. Specialized training for health personnel	1,181,250.00	204,750.00		
c. Training for CVHW and hospital volunteers	1,653,750.00	286,650.00		
d. Other capability building activities for health stakeholders	1,417,500.00	245,700.00		
Upgrading of facilities and equipment	1,050,000.00	5,869,500.00		
a. Infrastructure and public works	630,000.00	3,521,700.00		
b. Medical supplies and equipment	420,000.00	2,347,800.00		
Special Projects	945,000.00	3,412,500.00	7,678,125.00	5,903,625.00
a. Health insurance for indigents		307,125.00		2,764,125.00
b. Medical missions		921,375.00	4,606,875.00	
c. Health education	945,000.00	1,569,750.00		3,139,500.00
d. Blood typing and bloodletting		614,250.00	3,071,250.00	
Administrative Services	1,365,000.00	2,730,000.00		
a. Personnel Services		2,730,000.00		
b. Consultancy Services	1,365,000.00			
Total	10,500,000.00	13,650,000.00	7,678,125.00	5,903,625.00

BUDGET SUMMARY

Amount Requested: \$400,000.00 @ P35.00 per dollar or Php 14,000,000.00

Counterpart :

- a. Local Government Units - Php 18,200,000.00
- b. Private Sector - Php 11,875,500.00
- c. National Government Agencies - Php 9,130,940.00

Total Program Cost = Php 53,206,440.00

Items	Estimated Cost And Source Of Funds			
	Donor	LGU Counterpart	Private Sector Counterpart	National Government Agencies
Research and Databanking	3,220,000.00	728,000.00		
a. Surveys, impact assessments & process documentation	966,000.00	218,400.00		
b. Purchase of computer, software development and databanking	2,254,000.00	509,600.00		
Training and Capability Building	6,300,000.00	728,000.00		
a. Basic Customer Service Skills	630,000.00	72,800.00		
b. Specialized training for health personnel	1,575,000.00	182,000.00		
c. Training for CVHW and hospital volunteers	2,205,000.00	254,800.00		
d. Other capability building activities for health stakeholders	1,890,000.00	218,400.00		
Upgrading of facilities and equipment	1,400,000.00	7,826,000.00		
a. Infrastructure and public works	840,000.00	4,695,600.00		
b. Medical supplies and equipment	560,000.00	3,130,400.00		
Special Projects	1,260,000.00	5,278,000.00	11,875,500.00	9,130,940.00
a. Health insurance for indigents		475,020.00		4,275,180.00
b. Medical missions		1,425,060.00	7,125,300.00	
c. Health education	1,260,000.00	2,427,880.00		4,855,760.00
d. Blood typing and bloodletting		950,040.00	4,750,200.00	
Administrative Services	1,820,000.00	3,640,000.00		
a. Personnel Services		3,640,000.00		
b. Consultancy Services	1,820,000.00			
Total	14,000,000.00	18,200,000.00	11,875,500.00	9,130,940.00

BUDGET SUMMARY

Amount Requested: \$500,000.00 @ P35.00 per dollar or Php 17,500,000.00

Counterpart :

- a. Local Government Units - Php 22,750,000.00
- b. Private Sector - Php 14,844,375.00
- c. National Government Agencies - Php 11,413,675.00

Total Program Cost = Php 66,508,050.00

Items	Estimated Cost And Source Of Funds			
	Donor	LGU Counterpart	Private Sector Counterpart	National Government Agencies
Research and Databanking	4,025,000.00	910,000.00		
a. Surveys, impact assessments & process documentation	1,207,500.00	273,000.00		
b. Purchase of computer, software development and databanking	2,817,500.00	637,000.00		
Training and Capability Building	7,875,000.00	910,000.00		
a. Basic Customer Service Skills	787,500.00	91,000.00		
b. Specialized training for health personnel	1,968,750.00	227,500.00		
c. Training for CVHW and hospital volunteers	2,756,250.00	318,500.00		
d. Other capability building activities for health stakeholders	2,362,500.00	273,000.00		
Upgrading of facilities and equipment	1,750,000.00	9,782,500.00		
a. Infrastructure and public works	1,050,000.00	5,869,500.00		
b. Medical supplies and equipment	700,000.00	3,913,000.00		
Special Projects	1,575,000.00	6,597,500.00	14,844,375.00	11,413,675.00
a. Health insurance for indigents		593,775.00		5,343,975.00
b. Medical missions		1,781,325.00	8,906,625.00	
c. Health education	1,575,000.00	3,034,850.00		6,069,700.00
d. Blood typing and bloodletting		1,187,550.00	5,937,750.00	
Administrative Services	2,275,000.00	4,550,000.00		
a. Personnel Services		4,550,000.00		
b. Consultancy Services	2,275,000.00			
Total	17,500,000.00	22,750,000.00	14,844,375.00	11,413,675.00