

INFORME DE ACTIVIDADES PRESTACIÓN DE
SERVICIOS



DATOS DEL INFORME

Periodo a Certificar:	Desde:	2023-01-01	Hasta:	2023-01-31
Nombre del Contratista:	LAURA MELISSA BRAVO PEÑA		Número de Documento:	1022402927
Correo Electrónico:	lmbravop@gmail.com		Número Telefónico:	3103523032
Nombre del Supervisor:	JEISSON RODRIGO PARRA TRIANA	Cargo:	PROFESIONAL ESEPCIALIZADO 2 (LIDER DE PROCESO)	Código Grado:

DATOS DEL CONTRATO

No. Contrato:	1272-2022	Año Contrato:	2022	CDP Contrato Inicial:	275
Perfil:	PROFESIONAL UNIVERSITARIO 2 PIC				
Dirección a la que Pertenecer:	DIRECCIÓN DE GESTIÓN DEL RIESGO EN SALUD				
Unidad de Servicios:	SALUD PÚBLICA				

LIQUIDACIÓN DE SERVICIOS

Centro de Costos	Dirección	Unidad	Total	Procentaje(%) Centro de Costos
K30PI	DIRECCIÓN DE GESTIÓN DEL RIESGO EN SALUD	SALUD PÚBLICA	\$3736514	100%
VALOR SERVICIO PRESTADO MES:	\$ 3736514	TRES MILLONES SETECIENTOS TREINTA Y SEIS MIL QUINIENTOS CATORCEPESOS		

EJECUCIÓN PRESUPUESTAL DEL CONTRATO

Fecha de Inicio del Contrato	2022-01-19			Fecha de Terminación del Contrato Inicial	2022-04-30
No. Prorroga	Fecha Inicio	Fecha Terminación	No. Adición	Valor Adición	CDP
1	2022-04-01	2022-06-20	1	\$ 6046140	1291
2	2022-06-21	2022-08-15	2	\$ 1608273	1738
3	2022-07-01	2022-07-31	3	\$ 3736514	1823
4	2022-08-16	2022-09-08	4	\$ 4732914	2215
5	2022-09-08	2022-09-30	5	\$ 3583125	2481

EJECUCIÓN PRESUPUESTAL DEL CONTRATO					
6	2022-10-01	2022-11-30	6	\$ 2893503	2928
7	2022-11-01	2022-12-31	7	\$ 3736514	3332
8	2022-12-01	2023-01-31	8	\$ 3736514	3724
9	2023-01-01	2023-01-31	9	\$ 3736514	3848
10	2023-01-01	2023-01-31	10	\$ 3736514	3848
11	2023-01-01	2023-01-31	11	\$ 3736514	3848
12	2023-01-01	2023-03-26	12	\$ 6974826	341
No. Cuenta Según el Mes Certificado		Mes Cuenta de Cobro		Valor a Pagar	
1		ENERO		\$ 1813842	
2		FEBRERO		\$ 3627684	
3		MARZO		\$ 3627684	
4		ABRIL		\$ 3627684	
5		MAYO		\$ 3627684	
6		JUNIO		\$ 3663961	
7		JULIO		\$ 3736514	
8		AGOSTO		\$ 3736514	
9		SEPTIEMBRE		\$ 3736514	
10		OCTUBRE		\$ 3736514	
11		NOVIEMBRE		\$ 3736514	
12		DICIEMBRE		\$ 3736514	
VALOR INICIAL DEL CONTRATO		VALOR TOTAL DEL CONTRATO		PAGOS REALIZADOS	SALDO DEL CONTRATO
\$ 12334126		\$ 60591991		\$ 42407623	\$ 18184368
OBLIGACIONES ESPECÍFICAS (LAS ESTIPULADAS EN LA MINUTA)		ACTIVIDADES DESARROLLADAS EN EL PERIODO EN CUMPLIMIENTO DE CADA OBLIGACIÓN		PRODUCTO O EVIDENCIA	

1	1. Realizar acciones de Información, Educación y Comunicación (IEC) en alimentación saludable, actividad física, salud sexual y reproductiva, salud mental, medio ambiente, lavado de manos, uso adecuado de elementos de protección personal y educación en Índice Bogotano de Calidad de Aire (IBOCA).	-REALIZAR ACTIVIDADES ABORDANDO LAS LINEAS DE LA POLITICA DISTRITAL DE SALUD AMBIENTAL	-LISTADO DE SESIONES COLECTIVAS
2	2. Identificar en el entorno barrial comunitario, las diferentes dinámicas sociales, mediante proceso de observación y análisis del contexto socio ambiental. Orientar acciones diferenciales para el cuidado y prevención del contagio de covid-19 en poblaciones general y diferencial.	-ACTIVIDADES DE CARACTERIZACION DEL PGBEAS EN LOS BARIOS PRIORIZADOS	-LISTADO DE SESIONES COLETIVAS, FOTOGRAFICO REGISTRO
3	3. Implementar estrategias lúdicas pedagógicas para generar mensajes de recordación en acciones promoción y prevención en salud.	-REALIZAR ACTIVIDADES TEORICO PRACTICA CON LA COMUNIDAD EN LOS BARRIOS PRIORIZADOS , DONDE SE ENCUENTRAN LAS UNIDADES DEMOSTRATIVAS	-LISTADO DE SESIONES COLETIVAS, FOTOGRAFICO REGISTRO
4	4. Desarrollar puestas en escena artísticas (teatro callejero) en el espacio público.	NO APLICA	NO APLICA
5	5. Socializar e implementar las líneas de la política en salud ambiental.	-REALIZAR ACTIVIDADES DE INFORMACIÓN, EDUCACIÓN Y COMUNICACIÓN EN SALUD AMBIENTAL, EN LAS LOCALIDADES DE USME, CIUDAD BOLIVAR, TUNJUELITO CUBRIENDO	-LISTADO DE SESIONES COLECTIVAS, FOTOGRAFICO Y DRIVE REGISTRO
6	6. Desarrollar y gestionar estrategias de recuperación de puntos críticos en salud socio ambiental.	-ACTIVIDADES DE IMPLEMENTACIÓN DE 5 UNIDADES DEMOSTRATIVAS	-LISTADO DE SESIONES COLECTIVAS Y FOTOGRAFICO REGISTRO
7	7. Identificar condiciones y factores que afectan positiva o negativamente las posibilidades sociales de distanciamiento o confinamiento mediante la aplicación del Instrumento de caracterización entregado por la Secretaría Distrital de Salud (SDS).	---REALIZAR CARACTERIZACION DE BARRIOS PRIORIZADOS PARA IDENTIFICACION DE RIESGO SOCIO AMBIENTAL	-REGISTRO FOTOGRAFICO
8	8. Cumplir con la disponibilidad asignada, acuerdo al portafolio de servicios de la E.S.E.	--PARTICIPACION EN ACTIVIDADES PROGRAMADAS PARA DARLE CUMPLIMIENTO AL PORTAFOLIO SEGÚN PROGRAMACION	-REGISTRO FOTOGRAFICO
9	9. Adherirse al proceso de gestión documental, en la organización y custodia de los documentos generados.	-ENTREGA DE SOPORTES EN LAS FECHAS ESTABLECIDAS	--FICHAS DE SESIONES COLECTIVAS Y ACTAS
10	10. Las demás acciones que se requieren de acuerdo a las necesidades de la Institución y del PIC.	-SEGUN NECESIDADES	-ACTAS

INFORMACIÓN DEL PAGO DE SEGURIDAD SOCIAL									
Periodo al que corresponde el pago		Fecha de Pago			Número de Planilla	Valor de Honorarios Certificados el Mes Anterior \$ 3736514			
AÑO	MES	AÑO	MES	DÍA	64518934				
2022	DICIEMBRE	2023	01	13					
Valor honorarios certificados el mes anterior en letras					TRES MILLONES SETECIENTOS TREINTA Y SEIS MIL QUINIENTOS CATORCEPESOS				
Ítem					Entidades Aportantes a Seguridad Social	Ingreso Base de Cotización	Valor Mínimo de los Aportes	Valor Aportado	
Pensionado					NO	PORVENIR	\$ 1494606	\$ 239137	\$ 240900
Salud						SURA		\$ 186826	\$ 188200
ARL					3	SURA		\$ 36409	\$ 36800
Caja de Compensación					SI	COLSUBSIDIO	Total	\$ 433765	\$ 465900
INFORMACIÓN DE PAGO									
Entidad Bancaria	RED MULTIBANCA COLPATRIA S.A.				Tipo de Cuenta	AHORROS	Número de Cuenta	4622028980	

Laura Melissa Bravo Peña

LAURA MELISSA BRAVO PEÑA
1022402927

Jeisson Rodrigo Parra Triana

Cc. 80724755

Referente (Publico)

JEISSON RODRIGO PARRA TRIANA
PROFESIONAL ESPECIALIZADO 2 (LIDER DE PROCESO)

DATOS DEL APORTANTE									
TIPO	NÚMERO	NOMBRE APORTANTE	DIRECCIÓN	TELÉFONO	CORREO	EXONERADO PAGO PARAFISCALES Y SALUD			
CC	1022402927	LAURA MELISSA BRAVO PEÑA	calle 37 b # 68 f 24 sur	2044179	lmbravop@gmail.com				
FORMA PRESENTACIÓN	CLASE APORTANTE	NOMBRE SUCURSAL	CÓDIGO	DEPARTAMENTO	CIUDAD / MUNICIPIO				
ÚNICA	1 - Independiente			BOGOTÁ D.C.	BOGOTÁ D.C.	NO			

DATOS DE LA PLANILLA						
PLANILLA ASOCIADA	FECHA PAGO ASOCIADA (DÍAS/MES/AÑO)	TIPO PLANILLA	FECHA PAGO (DÍAS/MES/AÑO)	NÚMERO PLANILLA	CANTIDAD	
					EMPLADOS	UPC
					1	0
					TOTAL A PAGAR	
					\$496,100	

TOTALES POR SUBSISTEMAS

TOTALES SALUD														
Código EPS	Nombre	NIT	Cotización Obligatoria	UPC Adicional		Incapacidades		Licencia Maternidad		Días Mora	Valor Mora Cotización	Valor Mora UPC	Total a Pagar	No. Afiliados
						No. Autorización	Valor	No. Autorización	Valor					
EPS010	EPS Sura	800089702-2	186.900	0	0		0		0	6	1.300	0	188.200	1

TOTALES PENSION

Código AFP	Nombre	NIT	Cotización Obligatoria	Aporte Voluntario Afiliado	Aporte Voluntario Aportante	Aporte FSP - Solidaridad	Aporte FSP - Subistencia	Días Mora	Valor Mora Cotización	Valor Mora UPC	Total a Pagar	No. Afiliados
230301	Ponveir	800224808-8	238.200	0	0	0	0	6	1.700	0	188.200	1

TOTALES RIESGOS LABORALES

Código ARL	Nombre	NIT	Cotización Obligatoria	Incapacidades	Aportes Otros Sistemas	Valor Neto Cotización	Días Mora	Valor Mora Cotización	Valor FSP - Solidaridad	Fondo	Total a Pagar	No. Afiliados
14-11	ARL SURJA	890903780-5	36.500			36.500	6	300	36.800	365	36.800	1

TOTALES CAJAS

Código CCF	Nombre	NIT	Valor Aporte	Días Mora	Valor Mora Aporte	Total a Pagar	No. Afiliados
CCF22	Colsubsidio	860007336-1	29.900	6	300	30.200	1

TOTALES PARAFISCALES

Valor Aporte	Días Mora	Valor Mora Aporte	Total a Pagar	No. Afiliados
0	0	0	0	0
0	0	0	0	0

TOTALES POR SUBSISTEMA

Tipo Administradora	No. Administradoras Reportadas	Valor antes de IGE, LMA, IRP y Mora	Total a Pagar
Salud	1	186.900	188.200
Pensión	1	239.200	240.900
Riesgos Laborales	1	36.500	36.800
CCF	1	29.900	30.200
ESAP	0	0	0
ICBF	0	0	0
MEN	0	0	0
SENA	0	0	0
TOTALES	4	482.500	496.100

TIPO		NUMERO	NOMBRE APORTANTE		DIRECCIÓN	TELÉFONO	CORREO	EXONERADO PAGO PARAFISCALES Y SALUD
CC		1022402927	LAURA MELISSA BRAVO PEÑA		calle 37 b # 68 f 24 sur	2044179	lmbravo@gmail.com	
FORMA PRESENTACIÓN		CLASE APORTANTE	NOMBRE SUCURSAL		DEPARTAMENTO	CIUDAD / MUNICIPIO		
ÚNICA		I – Independiente			BOGOTÁ D. C.	BOGOTÁ D.C.		NO

DATOS DE LA PLANILLA					
PLANILLA ASOCIADA	FECHA PAGO ASOCIADA (DIA/MES/AÑO)	TIPO PLANILLA	FECHA PAGO (DIA/MES/AÑO)	CANTIDAD	
				EMPLEADOS	UPC
				1	0
PERIODO SALUD	PERIODO PENSIONES			TOTAL A PAGAR	
2022-12	2022-12	I	13/01/2023	64518934	\$496.100

DETALLE POR COTIZANTE

[illegible]

REPORT ON THE WORK OF THE ADAPTATION COMMITTEE

1. GENERAL INFORMATION		2. ADAPTATION WORK		3. CONCLUSIONS	
A. Name of the Committee	B. Date of the Report	C. Name of the Adapted Work	D. Date of the Adaptation	E. Name of the Adapter	F. Name of the Publisher
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1 Información general

2 Condiciones

3 Bienes y servicios

4 Documentos del Proveedor

5 Documentos del contrato

6 Información presupuestal

7 Ejecución del Contrato

8 Modificaciones del Contrato

9 Incumplimientos

Datos guardados

Cancelar

Evaluación de la Entidad Estatal

VER CONTRATO

Ejecución del Contrato

PorcentajeRecepción de artículos

Plan de Pagos

¿Se requieren emisiones de códigos de autorización?

SI

No

Id de pago	Número de factura	Fecha de emisión	Fecha de recepción	Valor total de la factura	Estado
No existen resultados que cumplan con los criterios de búsqueda especificados					

Crear

Documentos de ejecución del contrato

Descripción		Nombre del archivo	Cargado por		
☐	NOTIFICACION SUPERVISOR CTO-1272-2022.pdf	NOTIFICACION SUPERVISOR CTO-1272-2022.pdf	Comprador	Descargar	Detalle
☐	LAURA BRAVO CTO-1272-2022_ENERO.pdf	LAURA BRAVO CTO-1272-2022_ENERO.pdf	Proveedor	Descargar	Detalle
☐	CERTIFICADO ARL CTO-1272-2022.pdf	CERTIFICADO ARL CTO-1272-2022.pdf	Comprador	Descargar	Detalle
☐	CUENTA FEBRERO - CTO 1272-2022.pdf	CUENTA FEBRERO - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA MARZO - CTO 1272-2022.pdf	CUENTA MARZO - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA ABRIL - CTO 1272-2022.pdf	CUENTA ABRIL - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA MAYO - CTO 1272-2022.pdf	CUENTA MAYO - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA JUNIO - CTO 1272-2022.pdf	CUENTA JUNIO - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA JULIO - CTO 1272-2022.pdf	CUENTA JULIO - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA AGOSTO - CTO 1272-2022.pdf.pdf	CUENTA AGOSTO - CTO 1272-2022.pdf.pdf	Proveedor	Descargar	Detalle
☐	CUENTA SEPTIEMBRE- CTO 1272-2022.pdf	CUENTA SEPTIEMBRE- CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA OCTUBRE - CTO 1272-2022.pdf	CUENTA OCTUBRE - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA NOVIEMBRE - CTO 1272-2022.pdf	CUENTA NOVIEMBRE - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle
☐	CUENTA DICIEMBRE - CTO 1272-2022.pdf	CUENTA DICIEMBRE - CTO 1272-2022.pdf	Proveedor	Descargar	Detalle

Cancelar

BorrarCargar nuevo

Evaluación de la Entidad Estatal

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Subred Integrada de Servicios de Salud Sur E.S.E.

**ENCUESTA DE PERFIL SOCIODEMOGRAFICO Y
MORBILIDAD SENTIDA**

2019-2020 GBR 2019-2020

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