

PN-APN-734  
ISN 81290

TECHNICAL ASSISTANCE IN  
STRATEGIC PLANNING FOR CIES  
AND COCHABAMBA'S OVERALL MANAGEMENT  
DEVELOPMENT STRATEGY IN FAMILY PLANNING

MARCH 9 - 20, 1992

MR. ROLF STERN

**FAMILY PLANNING MANAGEMENT DEVELOPMENT**

PROJECT No.: 936-3055  
CONTRACT No.: DPE-3055-C-00-0051-00  
TASK ORDER No.: TA-85-BO

## TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY .....	3
II.	CIES INSTITUTIONAL DEVELOPMENT .....	4
	A. BACKGROUND .....	4
	B. STRATEGIC PLANNING WORKSHOP .....	5
	1. Preparation .....	5
	2. Methodology .....	7
	3. Participants .....	7
	4. Results .....	8
	5. Follow-Up .....	9
	C. OUTLOOK .....	10
III.	COCHABAMBA FAMILY PLANNING .....	11
	A. BACKGROUND .....	11
	B. CURRENT SITUATION AND OUTLOOK .....	12
	1. Maternidad German Urquidi .....	12
	2. Centro de Prevención del Cancer .....	14
	3. PROMEFA .....	15
	4. CONBASE .....	16
	5. MEDICO .....	17
	6. CIAES .....	18
	7. FEPADE .....	18
	8. Unidad Sanitaria Cochabamba .....	19
	9. Contraceptive Supplies .....	20
	C. GLOBAL STRATEGY .....	21
	D. NEXT STEPS .....	22

## **I. EXECUTIVE SUMMARY**

At the request of USAID/Bolivia, the Family Planning Management Development (FPMD) Project, managed by Management Sciences for Health (MSH), is working to improve the accessibility of reproductive health to the Bolivian population, with a focus on family planning, by strengthening the institutional development and management capabilities of key private and public sector family planning organizations in Bolivia.

One such organization is CIES, whose program of organizational development started with participation in the management needs assessment (see FPMT Cobb/Stern Report in 1987), continued at the first Reproductive Health Strategic Planning Conference in 1988 (see FPMT Report 1988), continued with participation in the 1989 Financial Management in Family Planning Seminar in 1989 (see FPMT Collins/Stern Report 1989), followed by the management assessment in October 1989 (see FPMT Pansini/Wilcox Report, October 1989), two strategic planning retreats in December 1990 and January 1990 (see FPMT Wilcox/Brooks Report on Strategic Plan 1990) and technical assistance provided by the FPMD La Paz resident advisor and management consultant during the last year (see FPMD S. Wilcox Quarterly Reports). This report covers management technical assistance provided in March 1992 oriented to assist CIES in making decisions for moving forward on key institutional development components.

Another area of intervention has been the development of family planning in Cochabamba. Activities have taken place with local private (see FPMT Cobb/Stern Report on Management Development with Cruz del Sur 1990) and public institutions and contracting agencies (see Mothercare Proposal, MotherCare/John Snow Maternity Services in Cochabamba Report, April 1991). This report covers the March 1992 assessment made to identify the next management development interventions for strengthening of the family planning organizations serving the population in Cochabamba.

## II. CIES INSTITUTIONAL DEVELOPMENT

### A. BACKGROUND

The Centro de Investigaciones, Educación y Servicios (CIES) was founded in June 1987, originally spun-off from a for-profit, largely research, organization named COBREH, a decision that was supported by key donors (Pathfinder, Population Council, FPIA), among other reasons for their wider approach that also included family planning (F.P.) services delivery.

Since then, CIES has expanded its activities which currently include education and communication on reproductive health, promotion and provision of gynecological and family planning supplies and services in 6 centers by March 1992 (two in La Paz, one each in Viacha, El Alto, Oruro and in Potosi), activities and research on key reproductive health issues (such as AIDS), collaboration on regional and national committees on IEC and F.P. services in Bolivia.

As indicated in the FPMT Wilcox/Panzini Report of October 1989, "as an institution, they have grown beyond stages 1 and 2, survival and growth (of the MSH private sector model presented at the APHA meeting in 1989) and are in need of support to go on to stage 3 (consolidation)". CIES top management recognized this need and had, by the end of 1991, taken a series of steps to address some of these institutional issues. Actions taken resulted in: acquiring a "personería jurídica" (1989), developing their first strategic plan (1990), improving health promotor retention, obtaining additional computer equipment and looking for computerized accounting (1990), developing an institutional image (1991), having audited financial statements (end 1991), and drafting a first set of corporate statutes, among others.

By the end of 1991, there were still some key challenges facing the institution, that required "owner" and top management decisions and consequent action, for CIES to continue firmly into achieving consolidation. Some of these were:

- establishing the internal approval levels for the definition of the institutional mission, strategy and policy formulation, and executive/operations in the CIES organization, empowering them and orienting their differentiated activities.
- filling the key-position vacancy, created by the leave-of-absence of the founder-executive director, with the appointment of a permanent executive (there is an acting executive director who also has departmental and project responsibilities).
- evaluating the evolution of the markets and the CIES competitive position in the geographical areas where CIES is present or wants to be active in, and selecting and implementing appropriate strategies to meet their objectives.
- developing a stronger institutional focus and taking consequent additional steps with

such activities as: developing institutional (not only project) oriented plans and budgets, finding funding for key institutional positions (such as the executive director, medical services director I.E.C. director), registration with USAID/Bolivia, obtain overhead on projects for donors, seek ways to increase owner-generated funds, and so forth. This stronger institutional focus would also serve to transform CIES from a largely project-funding dependent organization to an organization providing services and executing projects.

To assist CIES in addressing these issues, FPMD agreed to organize a three-day workshop in Strategic Planning, which took place in La Paz from March 12 - 14, 1992.

## B. STRATEGIC PLANNING WORKSHOP

### 1. Preparation

During the first few months of 1992, the FPMD resident advisor in Bolivia (Sandy Wilcox) and the trainer-consultant (Rolf Stern) prepared for the workshop, exchanging information on CIES, reviewing documentation, and outlining intervention. The FPMD resident advisor's office organized all the logistics and invited the participants.

During March 10th through 12th, members of CIES top management, the resident advisor and co-trainer and the trainer-consultant met several times to review the proposed schedule, participant activities, and presentations to be made, planned in detail as to the content of information to be presented, and detailed the commitment to the schedule and activities. CIES executives contributed enthusiastically to the undertaking, preparing information, and the FPMD resident advisor's office provided excellent logistical support and preparation.

Also, the FPMD Bolivia resident advisor and the consultant visited with USAID/Bolivia HHR executives, Population Council country representative, and the UNFPA country representative, with the following results:

- HHR/USAID Bolivia officials expressed interest in the resolution of the management structure and staffing issues, the advance of the institution in the provision of increased volume of services while maintaining also its other activities, and the need to explore the means for improving self-financing. Also, there was an expressed expectation of the continued CIES role in family planning research in Bolivia as well as willingness to support its institutional development.
- The meeting with Population Council resident representative covered the progress and plans for the operations research project of the middle-income superavit oriented clinic and a roughly estimated superavit contribution, whose approval is in process and which is expected to start in June-July. Interest was expressed regarding resolving the management position vacancies and focusing the organization on differentiated

policy and operations levels, and improving the financial performance of the laboratory. The discussion also reviewed the preliminary and not-encouraging results of the shared-risk ("riesgo compartido") model for hiring doctors.

- The UNFPA Bolivia representative professed interest in continuing contact and possible support for CIES, as permitted within the framework of UNFPA regulations and capabilities, coordinated within budgetary restrictions, and policies and activities with the Government of Bolivia (GOB) and other institutions. There are growing possibilities of working with PVO's, with approval of the GOB, which requires the PVO's to register with the GOB before they can be UNFPA supported.

Within these limitations and assuming that CIES will fulfill the GOB registration requirements, it appeared feasible that some UNFPA support may be available later on in the year 1992 in such areas as: legal institutional assistance, technical consultants, educational event support and organization, promotion of women, contraceptives, temporary equipment loans, and IEC.

CIES needs to register with the GOB and to establish institutional contact with UNFPA in order to present a project for consideration of activities to be supported.

## 2. Methodology

Several methodologies were used during the event:

- Conceptual presentations on broad subjects (such as strategic planning, environmental analysis, organization) and brief conceptual definitions (on such topics as the SWOT, market share in family planning, mission, objectives, financial concepts).
- Presentations on fact-based data, such as: total Bolivia and per city market and CIES market share estimates, proposed 1992 institutional budget.
- Individual and group elaboration of topics, such as: environmental analysis, market strategies, mission key components, SWOT analysis, financial profiles of service centers, short-term institutional action plan.

During March 12 to 14, participants and co-trainers dedicated their activities continuously through-out the day (and on March 13 into the night) to the workshop. The planned and real schedule are in Exhibits A and B.

### 3. Participants

Workshop participants were:

#### CIES

Bertha Pooley - Executive Director

Luisa Rada - Acting Executive Director

Marcelo Farfan - Medical Services Director

Maria del Rosario Calderon - Director of Training

Beatriz Rodriguez - Administrative Financial Manager

Elia Perez de Soriano - El Alto Coordinator

Ruben Belmonte - Consultant

#### FPMD

Carlos Salazar - Consultant

Sandy Wilcox - Resident Advisor and Co-trainer

Rolf Stern - Co-trainer and consultant

### 4. Results

The workshop results are:

- specific definitions on:
  - environmental analysis
  - market, competition, and competitive strategies
  - mission
  - SWOT
  - Objectives for 1992
  - Organization
  - Financial plan
  - Ways to improve health center productivity
  - Management action plan
- a sense of having clarified basic concepts and taken positions, made decisions, and decided on actions to take, that relieved the frustration from confusion and scattered efforts, and brought more focus into their individual and group activities.
- a more integrated and institutional perspective on key components of CIES, that had been previously approached on a project orientation basis (such as organization, funding).
- commitment to continue in the execution and follow-up of the tasks identified in the action plan.

Documents produced and used in the workshop are in Exhibit C. At the end of the last day of the workshop, on March 14, members of USAID/Bolivia Health and Human Resources Division (Sigrid Anderson - HHR Deputy Director, Elba Mercado - Program Coordinator, Isabel Stout - AIDS Project Coordinator) and the Population Council Resident Advisor (John Skiviak) attended a presentation prepared by the CIES and FPMD participants on the results of the Workshop, discussed the contents of the results, and the action plan. The general tenor of this activity was positive and encouraging, as well as expectant of results in the following months.

## 5. Follow-Up

At the suggestion of CIES participants, they and the FPMD participants attended a review session at CIES of progress made by March 19 by the institution in carrying out the Action Plan. This progress achieved by then was:

- All the objectives had been divided up among the participants and strategies had been developed by each person responsible for their execution, including activities to be performed, persons responsible and due dates.
- The mission components had been converted into a mission statement.
- The members' General Assembly had been called for March 23.
- The Board of Directors authority and functions had been drafted up, was discussed and revised in the group meeting on March 19, and was to be presented to the General Assembly for approval, together with a proposed roster of candidates for members and President of the Board.
- A job description and process of search and selection for filling the vacancy of the Executive Director position had been drafted up, was discussed and revised in the group meeting on March 19, and was to be presented to the General Assembly and to the funding donors for approval.
- Weekly follow-up was decided on, to be done by the CIES participants and the FPMD consultant, with information sharing to the FPMD resident advisor and USAID/Bolivia HHR executives.

On the day following the above mentioned meeting, at the FPMD de-briefing, members of USAID/Bolivia Health and Human Resources (Sigrid Anderson - HHR Deputy Director, Elba Mercado - Program Coordinator, Isabel Stout - AIDS Project Coordinator) learned of this progress made by CIES on the Action Plan, and discussed the proposed interventions to come.

## C. OUTLOOK

Clearly, CIES members, Board of Directors and executives face a critical task in the next months, made somewhat formidable by the breadth and depth of the work to do and the short period of time which they chose in which to do so. On the positive side, there is much enthusiasm displayed by the persons at CIES for the task, they have maintained institutional momentum in the week following the workshop, and there is the interest of USAID/Bolivia, FPMD, Population Council and other co-operating agencies to see them succeed.

Key components in the next few months will be:

- financing and filling the Executive Director and National Medical Services Director positions
- doing the market studies for current and new locations of clinics
- preparing the projected feasibility profiles for current and new locations
- provide and install the computerized accounting and reporting systems
- review, update and extend the 1992 plan until years end
- increase the volumes of clinic operations and services
- begin the research for the middle-class oriented, income generating clinic

## **III. COCHABAMBA FAMILY PLANNING**

### A. BACKGROUND

The city of Cochabamba currently has an urban and peri-urban population of approximately 403,000 people, growing at 3.3 per cent per annum and distributed among 23 neighborhoods ("barrios").

The urban and peri-urban area suffers from a series of maternal and child health insufficiencies (see "Comprehensive Reproductive Health Care in the Urban and Peri-Urban areas of Cochabamba, Bolivia - Draft Revision 2/90" and FPMT/Stern Cruz del Sur Report May 4, 1990) among which stand out:

- half of the women do not appear to receive medical attention during their pregnancy or birth.

- maternal mortality in Bolivia is estimated at 48 per ten thousand live births, the highest in Latin America. Much of this mortality (estimated at 23% in 1983) comes from abortions, a common method of child spacing in Cochabamba.
- there is potentially a high demand for family planning services (more than half of the women which in 1989 did not use any family planning method did not want to have more children or preferred to wait 2-3 years before having the next one).
- the rate of perinatal mortality in Bolivia is estimated at 110/1,000 born live.

Towards the development of family planning in Cochabamba, several activities have taken place with local private (see FPMT Cobb/Stern Report on Management Development with Cruz del Sur 1990) and public institutions and contracting agencies (see Mothercare Proposal, MotherCare/John Snow Maternity Services in Cochabamba Report, April 1991).

The purpose of this visit was to assess the development of the family planning service-provider organizations in Cochabamba and identify the next management development interventions that would strengthen these organizations and better serve the population in Cochabamba.

## B. CURRENT SITUATION AND OUTLOOK

### 1. Maternidad German Urquidi

The volumes of maternity services, especially normal births, have declined quite significantly at the Maternidad. This decline represented approximately 1,000 of a total of 1,730 normal childbirths (about 58%) in the period of January to September 1991. In contrast, cesarean sections have increased from 20% to 35% of total patients using maternity services. This change apparently is due to the following:

- a. Each day there are more and very active small gynecological services in the urban and peri-urban Cochabamba geographical area, actively providing delivery services. There are about 60 formally recognized gynecological services (registered at the Unidad Sanitaria) and several hundred (estimated at 300 to 600) operate informally.
- b. Price competition is very keen, and services provided by the informal sector include home delivery and on their premises. Prices of the Maternidad for normal births (Bs/.200) are above those of the informal services. The consultation price is about the same (Bs/.10). PAP smears are Bs/.0-5.
- c. The Maternity is being used more each day as the referral center for complicated deliveries, largely on an informal referral basis with practically no counter-referral.

- d. The Maternidad has a closed hospital policy, which only allows its own doctors on the premises and inhibits the referral of normal childbirth patients, even low income ones, to be treated and cared for by external doctors on the premises of the Maternidad.

Potential patients often come for one pre-natal visit, to obtain assurance that everything is proceeding normally with the pregnancy and to inquire prices, and then do not return, preferring to be treated elsewhere. Interestingly, there seems to be a fairly high level of consciousness and activity in the female population of the need for pre-natal check-ups, albeit not as continuous as it should be.

Other important roles of the Maternity are teaching and training, which have been supported by UNFPA. There is a training facility on the second floor of the Maternidad, with a training room adequately equipped for a variety of theoretical training methods for doctors and nurses. Practical training and services provision takes place in the 4 gynecological external doctors' offices and in the adjacent oncological lab. Education on reproductive health for patients takes place in a small waiting room, located adjacent to the doctors' external consultation offices.

In 1991, contraceptives were provided to 476 new and 276 recurring users, totalling 552 users, and 157 tetanus toxoid immunizations were given. 1,614 patients were individually counselled, 1,070 were educated in groups, and educational material was lent to 14 institutions during the year. A total of 29 students were trained in reproductive health in 1991. At the Maternidad, occupation rates for the 66 maternity beds in the first trimester of 1992 were 53% and 59% for the 79 pediatric beds.

This education program is expecting UNFPA-PAHO budget approval to start training public sector doctors and nurses, which depend on per diems and travel paid by this program to come and stay for training at this facility, typically for a week.

During 1991, they trained teams consisting of a doctor, a nurse and two auxiliary nurses. In the meantime, they are continuing theoretical training of university students.

In a cost study done by the Mothercare Project, the Maternity is close to break-even coverage of variable costs. Fixed costs (personnel, fixed assets depreciation and investment) are covered by governmental contributions.

In visits made to the Unidad Sanitaria de Cochabamba, there was manifest interest in an expanded activity in training and teaching by the Maternidad in family planning techniques and services for the public sector health services personnel, to improve the patient and service provider commitments to stronger preventive-curative services combinations, and to significantly increase the provision of FP services throughout the public sector health services network.

Interest was also shown in supporting the concept of private sector associated gynecological doctors, which would be trained at the Maternidad training facility, would use the facility to provide services under conditions acceptable to the Maternidad, and would also comply with requirements established by the Unidad Sanitaria (such as registration, continuing certification, and so forth).

The Maternity needs to understand in greater depth what the market situation is and to decide what intervention strategy to follow in the next years. In addition, it needs to expand the break-even analysis to select what best self-financing strategy would fit with its market strategy and institutional approach.

Certainly some of institutional strategic options are:

- to become the training and licensing facility for all Cochabamba and outlying services (public and private - formal and informal), in the variety of basic and more advanced techniques of family planning interventions, and keeping service providers up to date. This could be combined with a FP products supplier role for certified services providers.
- become even more specialized in complicated births, establishing an easier and more effective referral-counter referral system, and strengthening its relationship to the normal births services providers - source of their potential clientele.

All of these and any other options should advisedly consider significantly increasing volumes at the patient and training facilities, and to better balance the facilities (quantities and mix) to the services (quantities and mix). Large increases in the volumes of training and education can have a significant impact on the quality of services provided and on developing a better awareness and selectivity by the population regarding quality of service providers.

It may be possible that far greater activity in training of private sector maternity and family planning services could also become a base for improved financing of the Maternity and the training center, particularly if related to certification and registry at the Unidad Sanitaria, as well as for promotion of better quality services by the providers.

## 2. Centro de Prevención del Cancer

The Centro currently operates on the premises of the offices ("consultorio") of Dr. Ramiro Becerra and Dra. Daisy Cardenas in a building located in downtown Cochabamba. The "consultorio" is related to a clinic (Clinica Santa Casa), which provides child-birthing services for normal and complicated births, among other services.

The Centro has provided FP services since its foundation in 1985. Dr. Becerra is well-known in Cochabamba, who appears on educational T.V. promoting gynecological and family planning services. Dr. Becerra recently has been donated a mini-van (VW Kombi) which is

being out-fitted to travel around, to show videos on PF and other topics, and will have facilities for IUD insertions. He is also interested in expanding services to communities in the peri-urban area of Cochabamba through outreach health promoter activities.

The Centro serves the middle and upper-middle population of women in the Cochabamba area, sees about 5-6 patients a day and attends approximately about 27 births per trimester. The gynecological consultation costs Bs/.40 and the first PF visit Bs/.10. At the associated clinic, mini-laps usually cost US\$200. PAP smears cost Bs/.10.

The Centro has had a good relationship with the MotherCare project. There was a hiatus in provision of FP supplies from September 1991 through March 1992, period during which FP services volumes, especially IUD insertions, decreased significantly and started only to pick up in April 1992 when the Centro decided to purchase these on their own, with supporting funds provided by Mothercare. The Centro has been successful in finding supplies of IUDs and currently have an adequate supply of them, and consider these to be a key ingredient in their future provision of services.

### 3. PROMEFA

PROMEFA, also known as Clínica ROSBEN (named for the doctors that founded it), is a new facility, located in a middle and middle-lower income section of Cochabamba, somewhat apart from the main traffic roads into that area, covering a population of 3,500 families. The clinic is compact, attractive, with areas all located on the ground floor for: pediatrics, gynecology, infirmary, emergencies, waiting area, sterilization, neonatal care, medical dressing room. It also has 3 areas for in-patient care: 2 for adults totalling 4 adults and one for neonatal, with room for 3 babies. There are 2 delivery rooms, for normal and cesarean child birth.

PROMEFA sees about 140-200 patients per month (7-10 daily) and has about 5 deliveries per month. From October 1991 to January 1992, gynecological consultations averaged approximately 40 per month and IUD insertions about 8 per month. They also distribute pills and condoms. Consultations cost Bs/.10 each and child birth Bs/.150, which includes drugs, 1 day of stay, and fees for the pediatrician and the gynecologist. Indigents pay less and often in kind, and must pay something.

PROMEFA is currently subsidized by its owners, who do not charge the institution their full rates for services nor withdraw their full salaries. In order to break even they estimate they would have to quadruple their current volume and improve their mix of services, adding mini-laps, which requires investing in a surgical room lamp.

They expect to receive Mothercare support as of October 1992 and expect to be able to join up with AVSC to provide voluntary sterilization services. The doctors who run and invested in this PROMEFA clinic also would like to have promotion and publicity support to increase volume of patients and services.

#### 4. CONBASE

This is a well-established hospital, in a seven-story building, located in a middle-lower income area of Cochabamba. All classical types of medical services are provided here, including surgery, laboratory and X-ray exams, in patient services, normal and complicated births. Originally established by European-origin Lutherans, today the organization is widely-recognized for its wide range of health and medical services, and the Board of Directors has approved the organization's provision of family planning services.

CONBASE's relationship with Mothercare started in September 1991 with the signature of their contractual relationship and work started as of December 1991. There is one reproductive health office attended by a doctor daily with office hours from 2 to 6PM. In January 1992, 43 patients received counselling and medical consultation services, including 15 IUD insertions.

The continuity of IUD insertions was complicated due to the hiatus in the provision of IUD materials. Although there has been a commitment made by Mothercare to reimburse the institution for purchases in the pharmaceutical supplies market, CONBASE has not been successful (as MEDICO and Centro de Prevencion del Cancer) at securing a supplier. During the visit, the FPMD advisor and consultant suggested some of the names garnered in the other interviews.

There has been some concern expressed by the other doctors at CONBASE as to the effect on the mix and volume of services of the organization if the reproductive health program starts to be large and successful. However, there is interest in the continuation and increase of the reproductive health program. Prices for consultation vary from Bs/.3-10 and are decided by the attending doctor.

There is need of a significant increase of patient volume and strong interest was expressed in promotional materials, such as videos for TVs (located in all waiting rooms at this facility), and for internal and external promotion, including at Christian churches.

#### 5. MEDICO

The headquarters office of this organization is located in a middle-income neighborhood, in a two story house which has been recently re-painted and generally improved its presentation since this consultant's last visit about two years ago.

MEDICO also has 5 health posts, staffed in two-shifts each by a doctor, a nurse and a health promoter. Recently they have all added a dentist, three of which have chairs provided by the organization and two by the dentists themselves. Each post has also been equipped with an examining table, glass and metal cabinets for holding instrumentation, instrumentation for diagnostics and implementation of the health services, and sterilization equipment (ultraviolet).

The two peri-urban posts visited by the FPMD Bolivia Resident Advisor and this consultant all showed significant physical improvements and attractive appearance (more space, better partitions, good maintenance, signing and some decoration, indoor potable water containers, electricity and telephones), and friendly personnel. These health posts provide primary health care, including normal births. Complicated births and PAP are referred to the Maternidad German Urquidi without much documentation. PAP smears at the Maternidad are less expensive than other options.

This has been done through their contract with Mothercare signed in July 1991 and valid through 1993, with first improvements completed in March 1992. Future expansion include the management of a MOH-ceded health post (in order to transfer the current Beato Salomon location) and opening a health center at the ground floor of their headquarters building.

MEDICO has several months experience with a new activities and management information system which currently reports at the health center level. The organization recently purchased a computer and is in the process of organizing a computer-based methodology to consolidate this information on an global level. This will be key in the near future.

Services at Beato Salomon (a peri-urban health post) totalled 102 in October 1991, of which pediatrics were 52, gynecological were 35 and general medicine were 15. At Alto Cochabamba (also a peri-urban post), total services were 91, similarly distributed. Health posts also provide contraceptives (pills, IUDs, condoms and tablets). MEDICO now buys its own IUDs reimbursed by Mothercare, having quickly found two suppliers. IUD prices vary from Bs/.10 to 50.

Two aspects are considered key for increasing services volumes: education and publicity (printed matter), and continuity of supplies. MEDICO also plans to generally increase its level of services through a revenue sharing plan for doctors and nurses, and increase of births.

## 6. CIAES

This new organization is located in a well-lit, spacious facility, dedicated to research and training in the health field. In the second trimester of 1991, CIAES conducted a KAP (Knowledge, Attitudes, Practices) study about high risk health behaviors in Cochabamba. Methods used included interviews, focus groups, panels, doctor's office observations and interviews with health providers (qualitative study).

CIAES is currently carrying out a quantitative study on reproductive and more general health in the Cochabamba area, using interviews for conducting structured surveys in the population. This work is expected to be completed in March 1992.

CIAES has received collaboration from Manhoff on qualitative techniques, and Population Council on the sample design, and data analysis for its research projects. Both of these agencies operate under the mother care project.

## 7. FEPADE

The headquarters office of this organization is located in a middle-class area of Cochabamba and has three rural posts, covering 46 communities, where it provides reproductive health services to about 800 users of contraceptives (see FPMT Cobb/Stern Jan. 1988 report). FEPADE does not now have a direct relationship to Mothercare but does have need for support in expanding the quantity and quality of family planning services, namely gynecological tables and contraceptive supplies (pills and IUDs). Since they charge Bs/.5 per visit, which is used to pay the health promoters, there is no surplus currently to pay for buying IUDs. To date, FEPADE has only received support for training in reproductive health and not for services provision. They have received support from CIES by means of free contraceptive supplies.

FEPADE will begin working in May 1992 with a primary care office in a new peri-urban policlinic which will open in the zone of Quintanilla: This facility is organized by a credit and housing cooperative for women (Cooperativa de Ahorro, Credito y Vivienda de Mujeres). FEPADE manifested interest in establishing a collaborative relationship with CIES and obtaining support for providing reproductive health services in the new clinic in the women's facility. There may be very good cross-relationships that could be established between these three organizations (FEPADE, CIES and Mothercare) to expand reproductive health services, and to learn of its relationship with women's microenterprise credit.

## 8. Unidad Sanitaria Cochabamba

The Unidad Sanitaria sees expanded IEC programs and strengthened publicity activities, directed to users and service providers, as a key for achieving increased coverage of FP services in the Cochabamba area. In addition, another activity the Unidad considers key is the expansion and better quality of services by means of a strengthened and improved network of public and private sector service providers.

It is believed that the setting and timing is appropriate to embark on a reproductive health services promotion and expansion program, including the public sector. There are about 30 organized Mother's Clubs in Cochabamba where a start can be made. Written promotional materials (not TV) should be widely distributed and be oriented to younger women (25 to 40 years old). Interestingly they like PCS believe that print materials are the key first step for reaching this audience. Women's rights could be a basis on which to build more reproductive health programs.

The Unidad Sanitaria is interested in providing reproductive health services in District II, where about 500 women are requesting services and there is a doctor to be trained. District

IV also has interested patients demanding services and they have confidence in the capacity of the personnel they have to manage the situation well; they need training and supplies. Similar conditions exist in the District IX health facility.

As of April 1992, the Unidad Sanitaria will start to train their personnel in taking samples for PAP smears to be processed in local laboratories. In each district, as of June 1992, the Unidad Sanitaria will organize rotating local funds to be fed from fees charged for services and for laboratory exams, to be used to purchase supplies and materials. Whether fees are to be charged for FP services has not yet been decided by the MOH. However, the Unidad Sanitaria expects to start to charge fees to cover recurring costs of reproductive health services, later possibly increasing this to MCH and to all primary health services.

The roles that are expected in the health sector are: for the MOH to establish the standards, control and supervision of activities, for the universities to provide education and for the service providers (private and public) to serve the population. Training is seen as a key ingredient for increasing the volumes of reproductive health demand and should be directed to training of community leaders and health promoters, information multipliers, personnel of the Unidad Sanitaria, service providers personnel, and so forth. This training should include theoretical and practical as well as in-service training, followed up and technical supervision.

The Unidad Sanitaria is interested in the improvement of the Maternidad German Urquidi and believes changes are needed quickly to take advantage of the changing environmental conditions in reproductive health in Cochabamba. The Unidad Sanitaria believes it would be useful to have a market study done that can point the way to the changes to be made and that would be applied by the Maternidad to implement changes accordingly.

The Unidad Sanitaria would like to see more coordination with the Mothercare project, in such matters as distribution of documents of meetings of the Coordination Committees, discussion of issues on publicity, continuity of supply of contraceptives, and so forth. They are quite interested in the upcoming work of the Mothercare marketing specialist.

## 9. Contraceptive Supplies

Contraceptive supplies were originally organized to be distributed through the FAMES network of organizations in Bolivia. The interviews conducted with the above mentioned organization indicated an insignificant, if at all, impact on the availability of contraceptives to these organizations by means of this network and rather established that parallel means, such as reimbursed direct purchases from commercial pharmaceutical suppliers, were needed to re-establish availability of supplies.

To further understand the situation from a more global point of view, a short interview was possible with the JSI/FPLM project representative to Bolivia. From this interview, several issues were understood:

- the contraceptive supplies to the Mothercare project participants will be improved by including them in the USAID supply network as of May 1992.
- the Unidad Sanitaria should access the CEAS/PAHO distribution chain, in charge of supplying the public sector entities.
- a shorter time span of reporting for planning and re-supply will be established by requiring trimestral rather than semestral reporting on usage by the recipients.

Based on the field visits made with the above indicated organizations, their slow progress on the systems for recording, consolidating and reporting on supplies, it appears that there is no short-term solution for assured continued supplies other than to continue the practice of reimbursed direct purchases from commercial pharmaceutical suppliers. In addition, it may be advisable to:

- strengthen field support to these organizations for the implementation of the recording, consolidating and reporting systems on contraceptive supplies and services.
- plan for additional volumes of contraceptive supplies (or funds to reimburse for their purchase) to be quickly available, assuming there will be success in generating a greater demand for services and supplies, due to strengthened marketing, promotion and publicity as well as expanded availability of services.

### C. GLOBAL STRATEGY

On a global basis, the improvement on the quantity of reproductive health services hinges at this stage in Cochabamba primarily on the success of demand generation activities at all levels; i.e. education, IEC, promotion and publicity, that would result in multiplying effective demand severalfold from what it is now.

These efforts should be targeting not only the general public and women in reproductive age, but also community leaders and workers, women's groups, workers unions, other communal powers, as well as the actors in the commercial sector.

These activities should promote these services in general as well as point the interested users towards qualified health providers. Simultaneously, several steps should be taken to organize supply of these reproductive health services, oriented to meet and to exceed the demand expectations and also to improve the quality of these services:

1. Orient the activities of the Maternidad training facility towards providing:

- high quality training on each component of reproductive health services and supplies, to workers in the public and private sectors. This training (theoretical and practical, possibly combined with short in-service experience) would provide diplomas for the students that graduate.

This training could be organized in modules and diplomas earned by passing each module (e.g.: FP counselling, IUD insertion, low-risk pregnancy treatment and delivery, high-risk pregnancy treatment and delivery).

- automatic certification (for example, by the Unidad Sanitaria and the OBGYN association) of those reproductive health workers which have graduated from a certain minimum set of training courses. This certification would be valid for opening and operating a reproductive health office in a community in Cochabamba, as well as renewing its operating license (annually or bi-annually) for qualified reproductive health services providers.
2. Orient the activities of the Maternidad towards:
- continued support for providing the experiential events needed to support the above indicated training programs and facility.
  - becoming a progressively more specialized reference center for complicated births (with counter-reference back to the community reproductive health office) and other specializations, such as infertility.
3. Support more closely the development and growth of the private and public sector providers of health services, providing technical assistance, funding for training and basic equipment, assurance of contraceptive supplies or funding therefore, and strategies for progressive sustainability.

#### D. NEXT STEPS

The next steps to implement these strategies include:

1. Design in detail, obtain the supporting commitment from participating private (including the above) and public sector (including the above) institutions and execute the demand generation activities at all levels; i.e. education, IEC, promotion and publicity, that produce the desired effective demand. This should be done with the participation of the current Coordination Committees and Contracting Agencies (e.g.: FPMD, JHPIEGO, Mothercare)

2. Carry out a sector and market study in Cochabamba that would evaluate and determine the feasibility of the new roles for the training facility at the Maternidad German Urquidi and the Maternidad itself. Issues to be addressed should include the market and financial ones related to the relevancy and sustainability of both organizations, including their UNFPA and other agency support as well as own-generated funds.

If these prove to be positive, a multiple dialogue would need to be undertaken with the Maternidad, the training facility, the Unidad Sanitaria and the other participating institutions to approve plan and contribute to these changes.

3. Establish a joint and closely coordinated effort between Mothercare and JSI/FPLM to assure that the contraceptive supplies, in money or in kind, will be sufficiently available to assure uninterrupted supply at the user level and provide adequate information forthcoming from the participating institutions and commercial sector to evaluate the relationship between services and supplies. This should include in-the-field technical assistance in systems and consolidation structures of information for all of Cochabamba.

## Exhibit C

Materials Produced  
during  
the CIES Strategic Planning Retreat

### FPMD - MSH

PLANEAMIENTO ESTRATEGICO DE

C.I.E.S.

1992 ----> ?

Marzo 12-14, 1992

HOTEL PLAZA

La Paz, Bolivia

## PRESENTACION A USAID/BOLIVIA

Marzo 14, 1992

	BIENVENIDA A USAID	Luisa
1.	ANALISIS AMBIENTAL	Bertha
2.	MISION	Luisa
3.	MERCADO Y COMPETENCIA (Oportunidades de Mercado)	Carlos
4.	FODA	Bertha
5.	OBJETIVOS	Luisa
6.	ORGANIZACION NUEVA (Versión I y II)	Carlos
7.	PLAN FINANCIERO PRELIMINAR	Carlos
8.	PLAN DE ACCION	Luisa
9.	EXPECTATIVAS DE C.I.E.S.	Bertha
10.	COMENTARIOS DE U.S.A.I.D.	
11.	PALABRAS SANDY WILCOX	

## ANALISIS AMBIENTAL

### POLITICOS

- Elecciones
- Privatización de servicios sociales
- Menor participación del Estado
- Regionalización

### ECONOMICOS

- Crecimiento de la economía informal
- Aumento del ingreso

### SOCIALES

- Incremento de conflictos sociales
- Incremento de problemas sociales

### AGENCIAS FINANCIADORAS

- Reacomodos de su política de financiamiento (exigencia de costo/eficiencia, eficacia, eficiencia).
- Disminución de las donaciones

## COMPONENTES DE LA MISION DE CIES

C.I.E.S. será:

- Institución privada de desarrollo social sin fines de lucro.
- Población en general, con énfasis en la mujer, el niño y el adolescente de diferentes estratos socio-económicos.
- La primera proveedora en salud integral a la mujer, con énfasis en P.F.
- Entre las principales proveedoras de salud integral al niño y adolescente.
- Contribuir a mejorar los niveles de salud.
- Tender al autofinanciamiento.
- Servicios médicos, de educación, investigación y comunicación.

## CONCLUSIONES SOBRE ANALISIS

### DE MERCADEO

- Tienen alguna cobertura.
- Pueden alcanzar más (hay mercado).
- Hay una población significativa "grande", no servida.
- Nos vendemos barato, comparados con los otros.
- Hay mercado.
- Hay que hacer las estimaciones de mercado para C.I.E.S.
- Hay tendencia a competencia creciente.

## F O D A

### OPORTUNIDADES

- Mercado
- clase media
  - mercados no explorados
  - espacios donde no hay competencia: área rural
  - mayor demanda de servicios

### AMENAZAS

- Mayor competencia  
Control de ONG's  
Política de financiamiento

### FORTALEZAS

- Experiencia  
Aceptación  
Decisión  
Equipo

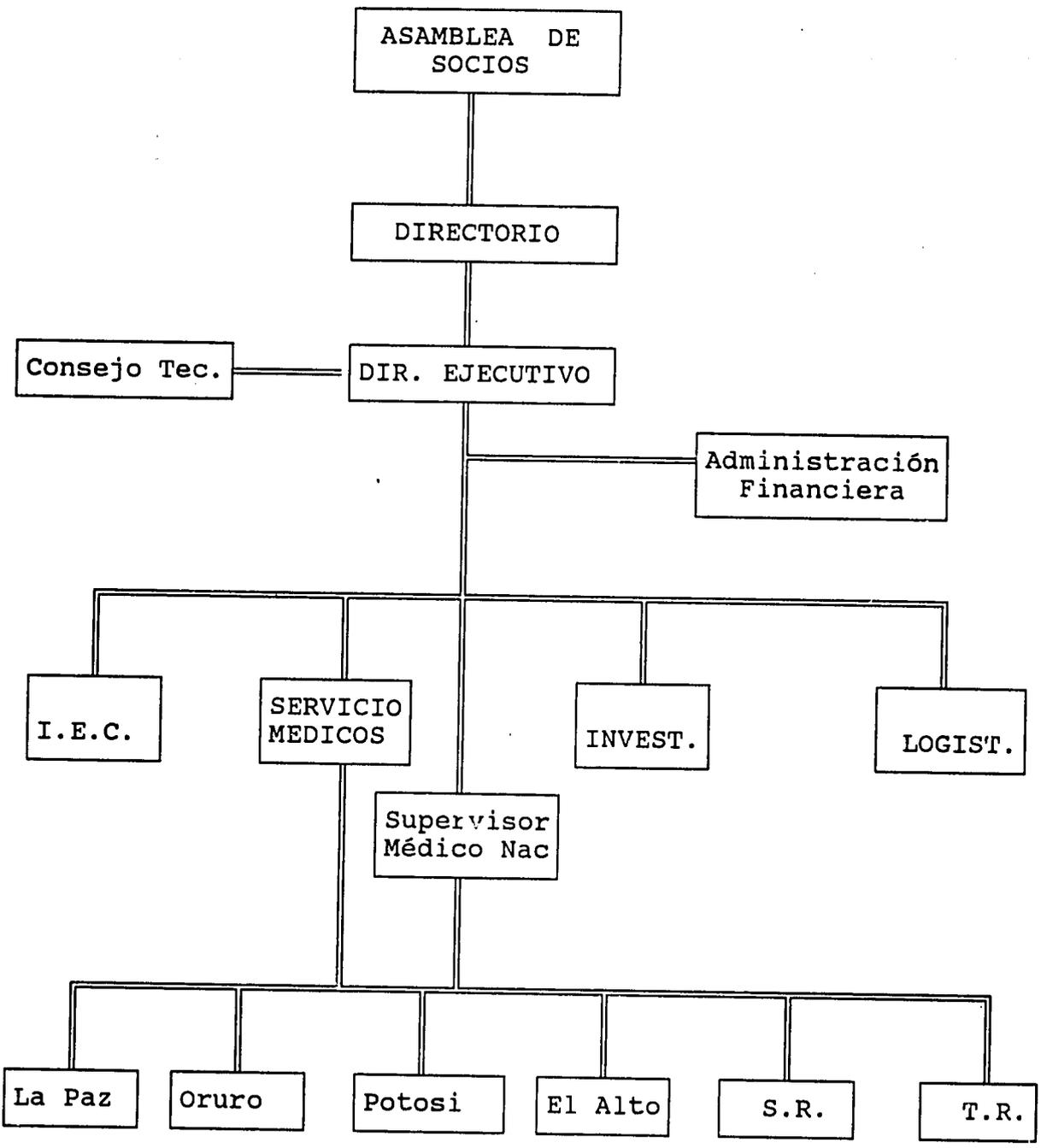
### DEBILIDADES

- Administrativas

## OBJETIVOS 1992

1. Mantenernos como la primera institución privada en servicios de salud integral y en planificación familiar.
2. Lograr un 20% de autofinanciamiento.
3. Establecer una estructura gerencial eficaz.

ORGANIGRAMA FUTURO



## PLAN FINANCIERO (U\$) 1992

	Recibido	Por recibir
Donaciones	172.238	103.576
Ingresos propios	2.181	47.982
Aportes		1.800
<b>Total</b>		<b>328.553</b>
Posibles donaciones		136.000

### PRESUPUESTO NUEVO PERSONAL (1 AÑO)

1	Director Ej.	11.200
1	Director Servicios Médicos	9.800
1	Médico Supervisor Nacional	9.800
1	Director Dpto. Educación	9.800
		40.600
	Seguro Social	4.285
		44.885
		U\$s. 44.885
	Viajes a Oruro	480
	Viajes a Potosí	960
	Viáticos	2.400
		48.725
		U\$. 48.725

## PLAN DE ACCION

TAREA	RESPONSAB.	PLAZO
1. Redactar la misión	Bertha	18/03/92
2. Hacer la Asamblea de socios	Luisa	21/03/92
3. Redacción de propuesta atribuciones y responsabilidades del Directorio	Chuza	18/03/92
4. 1a. Reunión de Directorio	A. Socios	02/04/92
5. Terminar estudio mercado/competencia	Carlos	20/04/92
6. Definir estrategias para c/objetivo	Luisa	20/04/92
7. Terminar organigrama estructural y financiamiento	Elia	20/04/92
8. Terminar el manual de funciones y atribuciones	Marcelo	20/04/92
9. Llenar los cargos vacantes	Beatriz	
- Director Ejecutivo		01/04/92
- Director de Servicios Médicos		04/05/92
- Director de I.E.C.		04/05/92
10. Hacer una proyección del perfil de cada centro	Carlos	27/04/92
11. Presentación de Balance 1991	Beatriz	01/06/92
12. Presentación de Doc. a A.I.D.	Beatriz	15/06/92
13. Aprobación de Balance 1991 Direct.	Direct.	10/06/92

14. Presentar política de evaluación	Chuza	20/06/92
15. Presentar política de supervisión	Marcelo	10/06/92
16. Presentar política de contratación de personal	Luisa	10/06/92
17. Registro A.I.D.	Beatriz	15/09/92
18. Reunión de seguimiento	Dir. Ejc.	13/07/92
19. Informe de ejecución presupuestaria Junio 30, proyección a fines '92	Beatriz	13/07/92

QUE QUEREMOS

LA RED Y CAÑA DE PESCAR

APOYO TEMPORAL

- institucional

QUE OFRECEMOS

COMPROMISO Y EFICIENCIA

PRODUCTOS

QUE NECESITAMOS

APOYO: institucional  
capacidad gerencial  
registro en A.I.D.

Other Materials Produced  
during  
the CIES Strategic Planning Retreat

**FPMD - MSH**

**PLANIFICACION ESTRATEGICA DE  
C.I.E.S.**

1992 ----> ?

Marzo, 12-14, 1992

**HOTEL PLAZA**

La Paz, Bolivia

## PRESENTACION INDIVIDUAL

NOMBRE:

SOCIO/A C.I.E.S. Y DESDE QUE AÑO

FUNCIONARIA C.I.E.S., O DE INSTITUCION

FUNCION PRINCIPAL

## EXPECTATIVAS

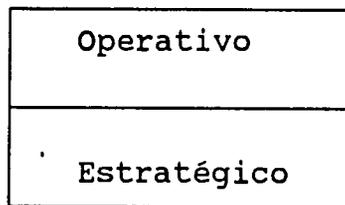
- . Tener un espacio para discusión de temas institucionales.
- . Hacer radiografía del estado de la institución.
- . Establecer claramente la estructura de la organización.
- . Establecer una estructura viable (básica).
- . Visualizar el futuro plan estratégico '92-'93.
- . Obtener instrumentos de planificación estratégica para una problemática concreta.
- . Tener un camino claro a servir.
- . Tener planos claros a corto mediano y largo plazo.
- . Establecer claramente la estructura de la organización.
- . Que nos pongamos un marco de referencia, válido por un cierto plazo. No tanta variación tan rápido.
- . Enumerar alternativas de autofinanciamiento.
- . Tomar conciencia de la situación de CIES y de la oportunidad que tiene.
- . Tomar decisiones operativas, funcionales y directivas serias y comprometidas.
- . Que prime la institución de CIES, por encima de los intereses personales.
- . Que todos se pongan de acuerdo de qué es CIES, dónde va y qué van a hacer.
- . Que podemos hacer para ayudarles?
- . Comprometernos a estar dedicados a este evento todo el tiempo que se requiera.
- . Enumerar alternativas de autofinanciamiento.

. . ESTABILIDAD

- . Encontrar instancias de reflexión-decisión en lo posterior, mediante la estructura.
- . Decidan: cerrar, crecer o fusionarse, y decidan mecanismos de instrumentación.
- . Nos divirtamos un poco.

## CONCEPTO DE ADMINISTRACION ESTRATEGICA

NO SOLAMENTE PLANIFICACION, SINO TAMBIEN ADMINISTRACION



# PREDICCIÓN DEL MEDIO AMBIENTAL

## BOLIVIANO

1992 - 1993

### ASPECTOS

- A. Político
- B. Económico
- C. Social
- D. Agencias cooperadoras

## ANALISIS AMBIENTAL

1992 - 1993

### A. POLITICO

- . Habrán elecciones nacionales y municipales.
- . Mayor ascenso del populismo.
- . Lucha de poder entre partidos políticos mayoritarios (MNR, MIR, ADN, UCS, CONDEPA).
- . Mayor incongruencia del gobierno entre lo que dice y lo que hace.
- . Lucha de grupos por el poder (incluso militares).
- . Privatización de la salud y IBSS.
- . Menor participación del estado en asuntos de salud y educación.
- . El Estado delegará sus obligaciones a otro tipo de instituciones.
- . Mayor apertura en planificación familiar.
- . Mayor control a ONG's y donaciones.
- . Se va a fortalecer la economía de mercado, con creciente oposición por parte de la Iglesia, sindicatos, ejército, por la vía populista.
- . Mayor asentamiento de la concepción de nacionalidades, etnocentrismo y regionalismo.
- . Degeneración estructural mayor de los partidos políticos.

### B. ECONOMICO

- . Incremento del ingreso per cápita.
- . Mayor brecha de los ingresos de la población entre los que tienen y no.
- . Crecimiento del sector informal.

- . Intentos de reactivación de la pequeña industria y maquila.
- . Incremento de costos de producción agrícola.
- . Incremento del sector servicios en desmedro del productivo.
- . Disminución del poder adquisitivo de los salarios.
- . Aumento de la inflación al 24%.
- . Disminución del presupuesto del Estado en salud y educación.
- . Visualización del fracaso del modelo neoliberal.
- . Incremento general de la carga impositiva.
- . Aumento de las tasas de desocupación por privatización del Estado.
- . Lucha al narcotráfico originará mayor devaluación del boliviano ante el dólar.
- . Devaluación del dólar a nivel internacional.
- . Se mantendrá la libre competencia y aumentará.
- . Aumento del poder económico del narcotráfico.
- . Quiebra de centros deficitarios.
- . Innovación administrativa y tecnológica.
- . Necesidades de integración vertical económica.
- . Mayor demanda de trabajo especializado.

C. SOCIAL

- . Cambio en la concepción de la educación, hacia lo regional.
- . Regionalización de la salud.
- . Mayor énfasis en salud preventiva.
- . Inestabilidad en el empleo formal/permanente y aumento en el empleo informal/ocasional.

- . Mayores necesidades de capacitación tecnológica.
- . Conflictos entre los grupos étnico-culturales y el Estado.
- . Deterioro del medio ambiente.
- . Malestar, acentuado por la corrupción del narcotráfico.
- . Polarización entre los grupos sociales.
- . Menor acceso a los servicios de salud y educación.
- . Aumento de las tasas de analfabetismo, desnutrición, mortalidad materna, aborto, prostitución, delincuencia.
- . Surgimiento de grupos armados.
- . Concepción y discurso más práctico de los organizaciones de base.
- . Lucha contra la privatización -últimos pataleos- por parte de las organizaciones sindicales.
- . Mayor espacio disponible para las ONG's en el sector social.
- . Mayor control del Estado/Gobierno sobre la parte económica de las ONG's.
- . Cuestionamiento y búsqueda de nuevos valores morales.
- . Aumento de las migraciones rurales a la urbe, en busca de nuevas opciones.
- . Mayor inmoralidad en la administración del Estado.

D. AGENCIAS COOPERADORAS

- . Disminución de donaciones.
- . Mayor exigencia en metas.
- . Apoyo a instituciones eficientes.
- . Énfasis en servicios y producción, y menos en educación e investigación.
- . Mayor independencia a los recipientes.

- . Más agencias que funcionarán como parte de un proyecto global, por especializaciones.
- . Mayor exigencia de planes concretos de auto-financiamiento.
- . Mayor número de agencias beneficiarias recortan los recursos que le llega a una agencia.
- . Las agencias financiadoras se fijan más en Africa y Europa del Este.
- . El tiempo de subvención es cada vez menor y la institución debe mostrar su capacidad de auto-financiamiento.
- . Las financiadoras financian las actividades pero no el "colchón" para poder desarrollar y crecer.
- . Están retirando, paulatinamente, el suministro de anticonceptivos tradicionales y aceptados por la población.
- . Tendencia a apoyar a mujer, ecología y población, con mayor énfasis a ecología.
- . Tendencia a buscar aglutinación y coordinación de agencias beneficiarias.
- . Tendencia a mayor pugna entre agencias financieras.
- . Búsqueda de instituciones más eficientes.
- . Tendencia a subcontratar ejecutoras.

## CONCLUSIONES SOBRE ANALISIS DEL MERCADO DE CIES

- . Tienen alguna cobertura.
- . Pueden alcanzar más (hay mercado?).
- . Hay una población significativa "grande" no servida.
- . Nos vendemos barato, comparados con los otros.
- . Hay que hacer las estimaciones de mercado para CIES.
- . Hay tendencia a la competencia creciente.
- . Falta preparación de datos sobre participación de mercado.

## ESTRATEGIAS COMPETITIVAS PARA CIES

1992 - 1993

- . Consolidar los consultorios existentes.
  - . Abrir nuevos consultorios, donde no hay y si hay competencia
  - . Aumentar la difusión y promoción de los consultorios y hacerlas más efectivas.
  - . Implementar una política de precios coherente con nuestros intereses y los de la población, y competitiva (ej: laboratorios, servicios).
  - . Mejorar la calidad de los servicios en función de la competencia y evitar rechazos.
  - . Prestar atención integral (P.F. + Laboratorio + Farmacia).
  - . Abrir mercados vírgenes (Sucre, Tarija)
  - . Abrir consultorios en sectores de mayores ingresos.
  - . Hacer investigación de mercado sobre áreas geográficas definidas de cobertura.
  - . Pasar de colaboración exagerada a una libre competencia.
  - . Abrir consultorios de 2 niveles de población servida (bien pagantes y poco pagantes).
  - . Ampliar horarios de atención según demanda.
  - . Implementar triage.
  - . Conocer mejor y más frecuentemente (mensual?) y más al día:
    - participación de mercado
    - estadísticas de servicios
    - precios
    - costos
- con una base de datos, incluso sobre la competencia.
- . Tomar acciones para proporcionar suficientemente suministros en P.F.

- . Establecer sistemas de gerencia y control que apoyen a ejecutar estos aspectos de mercadeo.
- . Re-orientar el sistema de supervisión y entrenamiento de servicios hacia el personal.
- . Establecer normas y procedimientos únicos, de atención médica en la institución.

## REFLEXIONES

12/03/92

- . Expectativas del taller.
- . Analisis ambiental.
- . Analisis de mercado y competencia.
- . Estrategias de mercado.

## MISION

Que va a ser para los próximos 3-5 años?

CIES será: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(será redactada por el Grupo Ejecutivo  
de CIES, utilizando los componentes de  
la misión, ya identificados)

CICLO DE PLANIFICACION  
ESTRATEGICA

=====

Análisis Ambiental

Ambiente Externo	Aspectos Internos
---------------------	----------------------

PLAN FINANCIERO
INFORMACION
ORGANIZACION
ACTIVIDADES
ESTRATEGIAS

MISION SER
OBTENER LOGRAR

## POSIBLES ESTRATEGIAS PARA LOS OBJETIVOS

- Definir un plan estratégico de C.I.E.S.
- Definir un sistema administrativo ágil y computarizado.
- Definir y cuantificar poblaciones objetivo.
- Definir áreas geográficas.
- Definir la estructura organizativa y funcional de C.I.E.S.
- Definir una política de costos y precios.
- Definir un modelo de entrega de servicios de salud integral.
- Definir una metodología de capacitación.
- Definir una política de evaluación de personal.
- Definir una política de seguimiento: monitoreo, supervisión, evaluación de actividades.
- Definir una política de capacitación de personal.
- Definir una política de mercadeo de la imagen institucional.
- Desarrollar la capacidad gerencial del nivel directivo de C.I.E.S.
- Desarrollar normas y procedimientos del Depto. de Servicios Médicos.
- Definir necesidades de personal y perfiles.
- Aumentar el número de personas que obtienen servicios de salud, especialmente mujeres, niños y adolescentes.
- Aumentar el nivel de ingresos propios generados.
- Reducir los costos de operación.
- Desarrollar un sistema de información.
- Desarrollar y aplicar una metodología de supervisión y evaluación.
- Buscar medios de autofinanciamiento.

- Sistematizar las actividades de las diferentes áreas.
- Dotar a la institución de una estructura orgánica y funcional.
- Promover nuestras actividades en las nuevas poblaciones objetivo.
- Aumentar nuestra cobertura, ampliando servicios y mejorando calidad en las zonas ya establecidas y nuevas áreas.
- Promover actividades de atención en grupo de adolescentes.
- Crear formas de control, supervisión y evaluación de proyectos y personas.
- Investigar la competencia.
- Velar por la estabilidad laboral de los trabajadores.
- Poner en vigencia el Manual de funciones del personal.
- Contar con estudio de mercado de todas las actividades que desarrollamos.
- Defender nuestras áreas de acción.
- Implementar la atención integral en salud.
- Sistematizar las estrategias para iniciar el auto- financiamiento.
- Cumplir con las políticas delineadas.
- Cumplir estrictamente el Plan Estratégico.
- Crear un sistema administrativo eficiente, que permita responder a oportunidades de un desarrollo institucional.
- Fortalecer a los departamentos para el mejor desarrollo de sus actividades.
- Contar con una plante jerárquica-institucional (financiados no por proyectos).
- Crear un sistema de información adecuado a las necesidades de crecimiento de la institución.
- Crear una actitud y conducta favorable de la planta jerárquica y del personal, hacia el libre mercado.

- Buscar financiamiento para la creación de consultorios diferenciados.
- Captar financiamiento para desarrollar botiquines, laboratorios, consultorios dentales y clínicas.
- Captar financiamiento para el desarrollo con adolescentes.
- Generar servicios médicos de educación, investigación y mecanismos de comunicación para la población con medios económicos.
- Crear un departamento de mercadeo.
- Lograr apoyo institucional para tener personal de planta.
- Crear mecanismos de coordinación.
- Establecer una política de precios.
- Capacitar al personal de dirección en gerencia.
- Lograr una nueva estructura institucional.
- Aumentar las coberturas en 20% de atención en salud integral, educación y servicios.
- Establecer alternativas de autofinanciamiento.
- Elaborar un plan estratégico viable.
- Lograr apoyo institucional (financiamientos).
- Conformar un equipo técnico sólido.
- Establecer sistemas de mercadeo institucional.
- Establecer sistemas de supervisión, monitoreo y evaluación.
- Llegar a ser la 1ª institución privada en servicios de salud integral a la mujer y en planificación familiar.
- Lograr un 20% de crecimiento en los ingresos propios de C.I.E.S.
- Mejorar la calidad de atención.
- Implementar un sistema de mercadeo.

- Implementar un sistema de logística, estadística de servicios y contabilidad (computarizada).
- Estandarizar la imagen de C.I.E.S. en todos sus consultorios.
- Implementar estudios de costo para servicios médicos.
- Implementar una sala de partos.

## COMPONENTES CLAVES

- CONSULTORIOS
- DISTRIBUCION COMUNITARIA
- MEDICOS ADJUNTOS

Falta preparación de datos sobre participación de mercado.

## LA PAZ 1991

### PERSONAS

Uso de P.F. 30.900

### C.I.E.S.

La Paz	1521
COB	395
Compr.	361
Médicos Adj.	319
	235

I.U.D. = 80% 2264