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**MANAGEMENT ASSESSMENT OF  
ASOCIACIÓN BOLIVIANA DE AYUDA A LA  
COMUNIDAD Y A LA FAMILIA**

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## **I. Management Assessment of *Asociación Boliviana de Ayuda a la Comunidad y a la Familia* (ASBOLCOF)**

In October 1992, U.S.A.I.D./Bolivia requested FPMD/Bolivia to conduct a management assessment of the *Asociación Boliviana de Ayuda a la Comunidad y a la Familia* (ASBOLCOF), a Bolivian NGO that provides family planning services and receives support from A.I.D. funded cooperating agencies.

On November 13, 1992, the FPMD Resident Advisor, Ms. Sandra Wilcox and FPMD consultant, Rolf Stern, visited ASBOLCOF to review its organizational structure, existing management and administrative systems (general and financial administration), and to assess future management needs. Meetings were held with the Executive Director, Eduardo del Castillo, as well as with other staff members. However, most of the information obtained came from Mr. del Castillo, who impressed the FPMD staff with his enthusiasm, progress to date with the institution's development, and his interest in its further development.

## **II. Organization of ASBOLCOF**

ASBOLCOF has undergone a number of structural changes and related name changes during its organizational evolution. It began in 1981 as COBRE-H. In 1984, the Executive Director took a four year leave of absence to work in Central America. The institution later closed after the remaining staff went on to form another institution, *Centro de Investigación, Educación y Servicios* (CIES), with institutional goals different from those of COBRE-H.

When Dr. del Castillo returned in 1988, COBRE-H was re-founded as SOPOCOF. SOPOCOF obtained legal status in 1991 with Dr. del Castillo and Dr. Espinoza as second associate. Unfortunately, it turned out that to be considered a non-profit organization in Bolivia, an institution must be classified as an "association" rather than as a "society" which was SOPOCOF's classification. Thus, Dr. del Castillo renamed SOPOCOF to ASBOLCOF. On October 9, 1992, ASBOLCOF was granted legal status until January 1993. The Executive Director has decided to change the institution's name to AYUFAM due to observations made by board members that ASBOLCOF might be confused with COF, another Bolivian institution that delivers family planning services. Dr. del Castillo is currently the sole associate.

ASBOLCOF's seven-member Board of Directors was formed in 1992 and is elected annually. According to Dr. del Castillo, four members have been active in helping review statutes and internal procedure manuals of other organizations to help adapt them for ASBOLCOF. These seven members will also be active in an Assembly of Associates which is scheduled to be created in December 1992.

The Assembly of Associates will consist of eight members who must be approved by the Board of Directors. The Board of Directors will also form part of the Assembly. IPPF/WHR will nominate three of the eight additional members. Under the Assembly,

committees might be formed to address women's issues and other concerns. Officially there is an Executive Council which consists of department heads, but in practice it only operates informally.

To date no statutes or other formal mechanisms have been selected. The Technical Council which comprises the entire staff (about 25 people) meets together with Dr. del Castillo on a weekly basis. The purpose of the meetings is to review weekly progress and to plan activities for the coming week, resolve problems and troubleshoot. Dr. del Castillo is clearly in charge of these meetings.

### III. General Administration

At the moment ASBOLCOF does not have a strategic or operational plan. IPPF has requested a three year plan but it has not been completed yet. It seems that if there is to be a three year strategic or operational plan, ASBOLCOF's staff will need some assistance with its development. It would be a useful process for the institution to undertake at this point.

ASBOLCOF has begun developing some internal procedures manuals which have primarily been adapted from manuals from other institutions such as *Profamilia* (Colombia), *Mexfam* (Mexico), and *Asociación Demográfica Salvadoreña* (El Salvador). The section on service delivery procedures was modeled on the manuals of the above mentioned institutions and includes Bolivian national reproductive health norms, which have been recently updated by the Ministry of Health. The section relating to logistics and management of supplies and inventory relies primarily on the Enterprise manual (taken from CDC). Procedures for contraceptive management are also outlined in the MOH norms. ASBOLCOF has to develop its own internal information, education and communications (IEC) procedures manual. However, for the time being, they have been using the inter-personal communications manual, and the manual which explain to health professionals how to use the national IEC materials (developed by Bolivia's national IEC subcommittee with financial and technical support from Johns Hopkins University).

Dr. del Castillo and Dra. Carmen Monasterios have begun developing a personnel manual modeling it primarily on that of Mexfam. The sections on the Executive Director, the Programs Coordinator, the Services Director, and the IEC Director have been completed. Still to be developed are procedures for clinic doctors, nurses, promoters, community distributors and a few others. Some of the existing job descriptions need to be updated.

ASBOLCOF is not registered with U.S.A.I.D./Bolivia. They began the process in 1991 but have not completed it. Dr. del Castillo believed that by registering with A.I.D. ASBOLCOF would be able to receive funding for projects directly from U.S.A.I.D./Bolivia. However, a preliminary review by U.S.A.I.D. noted that ASBOLCOF did not meet many of the requirements and many of the registration requirements were quite costly. For example, an

institutional audit costs about \$10,000 (USD). U.S.A.I.D./Bolivia commented to ASBOLCOF that registration was not necessary at this time. However, Dr. del Castillo feels that trying to meet U.S.A.I.D.'s requirements for registration has been a great stimulus for the development of the institution.

#### **IV. Services Administration**

ASBOLCOF currently has four clinics in operation in the La Paz area: Villa Fátima, El Tejar, El Alto and a new one in the Santa Isabela building in La Paz. These clinics receive most of their operational support from IPPF. In addition to the clinics, Mothercare supported a train car clinic during 1991 and part of 1992. Save the Children gave ASBOLCOF a small grant to operate a mobile clinic in Inquisivi (rural La Paz). Including clinics and the mobile service delivery sites, ASBOLCOF registered a total of 4,419 family planning visits between January and October 1992.

ASBOLCOF only has services statistics for its family planning activities which are compiled by the Quipus system. According to the data, the busiest clinics attend between three and four patients per day. Increasing the volume should be one of their operational objectives.

Unfortunately there are no statistics compiled on the other services being delivered by ASBOLCOF clinics and mobile units or train cars. According to Dr. del Castillo, over 60% of their services are for family planning as that is required by IPPF for funding purposes. However, a train car funded by Mothercare was providing a lot of non family planning services, but there were no statistics available on what they were.

In the last year, ASBOLCOF has become aware of increased competition and the need for a stronger position in services utilization and expansion, and sustainability. In response to these challenges, ASBOLCOF started doing a series of market studies for each of its La Paz clinics. Thus far they have completed three. As a result of one, they relocated a clinic and are considering opening a new one in a more populated and better trafficked section of the city. The organization and execution of these studies is directed by the administrative assistant who appears to have good market survey experience. Tying the market studies results to the operations management of the clinics could significantly improve their low utilization rates and help design clinic operations (such as hours, services, pharmacy supplies) to fit the particular client needs at each location.

In addition to the clinical activities, ASBOLCOF also received funding from U.S.A.I.D./Bolivia to conduct a knowledge, attitudes and practice survey regarding reproductive and primary health among Bolivian couples of reproductive ages. Results from this study will be available in December 1992.

During 1992, ASBOLCOF received support from the Center for Population Options to conduct a study of reproductive health attitudes among adolescents in three departments:

La Paz, Cochabamba, and Santa Cruz. Results from this study were presented at a Populations Options conference held in Bolivia in September.

Additionally during 1992, ASBOLCOF obtained funding from the Fondo de Inversion Social (FIS) to train health promoters in the areas of reproductive and primary health. These newly trained promoters are now actively promoting ASBOLCOF services in La Paz and distributing contraceptives in the area.

ASBOLCOF appears to use the MOH norms for clinical practices, however, the organization does not have any standards which are specifically tailored to the ASBOLCOF clinics by medical hour. These should include specific standards for family planning (for new and returning clients, as well as for IUD insertions), quality of care, and supervision--including who does the supervision and how frequently as well as how the activity is recorded.

It was not clear as to how much training the staff was receiving. In one report, it mentioned that the programs coordinator had been sent to management training at CEDPA in 1992. Except for the training of the promoters, that was the only training activity mentioned.

During the visit, the FPMD team did not see a services or research plan for 1993.

## **V. Financial Administration**

ASBOLCOF does have financial reports for income and expenditures, and uses them in preparing monthly summaries. However, they do not prepare financial statements on a regular basis. A hired accountant prepared financial statements which did not include relevant income from projects, administrative expenses, services and supplies sales income, or expenditures for purchases of supplies. Furthermore, the financial statements that were prepared did not adequately reflect the financial position of the organization. According to the statements, the organization will have negative equity by the end of this year, a situation that contradicts the relatively firm financial position stated by the Executive Director and the administrative assistant.

In following the A.I.D. registration guidelines, ASBOLCOF requested that an institutional audit be done by someone associated with Price Waterhouse. The audit was not done correctly, and because Dr. del Castillo was not familiar with audit reports, he unfortunately accepted it. ASBOLCOF paid the auditors \$1,000.00 (USD) though the report is of no use to the organization. Mothercare is required to pay for an end of project audit because of the train-car clinic which it supported during 1991 and part of 1992. According to del Castillo, Mothercare is willing to extend the project audit to an institutional audit if A.I.D. recommends it.

The organization needs some basic technical assistance to guide the administrative assistant

so that regular and reliable financial statements can be routinely produced for operational and strategic decisions.

Additionally, clinic cost analyses of services and operations need to be conducted in order to assist the organization in pricing services, providing adequate staff, and organizing cost absorptive services and pharmaceutical supplies sales.

## **VI. Perceived Future Needs**

In discussing some of ASBOLCOF's management needs with Dr. del Castillo, he indicated that perhaps their biggest need was for institutional support that went beyond the project level. More specifically the need to find on-going regular support for central administrative costs, a core of central personnel, and for regular on-going expansion of the institution in a planned, organized way. He expressed the concern that relying on various projects diverts an organization from a central focus.

Dr. del Castillo also expressed the need to do an in-house analysis of costs and expenses. It seems they do not have a good idea of what their actual institutional costs are and he knows this would be an important step in attaining that. He made a rough estimate of what it would cost to run ASBOLCOF for a year and came up with a figure of \$400,000.00.

Dr. del Castillo is aware of the need for more data in order to figure out what ASBOLCOF's administrative needs are. That is, he would like to have a program based on a projected number of patients to be seen that would help him figure out when he needs to add more doctors, nurses, infrastructure, etc. to ASBOLCOF.

Dr. del Castillo expressed the need for an institutional accounting system. At present, project expenditures are kept but they have no overall picture of the institution's account.

At this point ASBOLCOF does not document any services beyond the family planning services delivered by the institution. Dr. del Castillo recognizes the need to document all services if they are to develop an institutional perspective. Also, if the institution wants to develop and expand, it will need basic information on its core activities and their costs in order to project, plan market expansion, set prices, goals, etc.

## **VII. General Conclusions and Recommendations**

ASBOLCOF is still in the preliminary stages of development as an institution. Previously, ASBOLCOF began as only a couple of clinics run by Dr. del Castillo. Although he maintains very tight control over all activities conducted within the institution, he is taking steps to develop it as an institution. To Dr. del Castillo's credit, he has taken an active role in seeking advice from IPPF, U.S.A.I.D. and now FPMD on how he can further develop the

institution and has worked very hard to implement the recommendations. He is committed to launching family planning services in Bolivia, and is not afraid to take risks to do so.

ASBOLCOF has recently formed a Board of Directors whose main task is to establish policies and oversee the technical and administrative development of the institution. In December, they plan to form the Assembly of Associates which will include members of the Board and others. ASBOLCOF should check A.I.D.'s registration requirements to ensure that it is acceptable for an institution to have an Assembly and a Board with the same members. They need to get the Assembly, the Board and the Technical Council working and putting out reports on a regular basis. ASBOLCOF may require some further assistance in this institutionalization process.

At this stage it would be useful for ASBOLCOF's staff to participate in a strategic planning process in which they define the institution's goals, objectives, and overall institutional mission. They should also develop a chart defining the differing roles and functions of the Assembly, the Board, the Executive Director, and decide which activities need to be executed and approved at which level. Further recommendations are to review statutes, personnel manuals, internal procedures, supervisory policies, and hiring and firing policies. In addition, it would be useful to conduct a market analysis and use it to define institutional strategies. They need to review the financial status of the institution and make projections regarding future activities (depending on the priorities decided upon during the meeting).

Once the strategic planning process is underway and some of the institutional issues are decided, it is advisable that ASBOLCOF develop an operational plan for the next one to three years. The planning process for both of these sessions will be useful for the whole institution since it will encourage the staff to work as a team, thus strengthening the institution as a group of directors rather than one director and his staff.

As noted above, it would be useful for ASBOLCOF to develop a service delivery tracking system of the institution. From this data they could then analyze current costs, project future demand, set goals, and develop market strategies. It is believed that at least 60% of their services are for family planning, but there is nothing to substantiate the figure.

At some point it would be useful for ASBOLCOF to develop specific standards per medical hour and per service, as well as similar standards for supervision. It would be good to include a plan for regular in-service training for clinic staff.

As noted above, there are a number of financial accounting documents that need to be developed. The institution should be able to produce documents clearly defining income and expenditures on an annual basis. The organization needs a system that tracks costs. They need to establish yearly operating budgets which detail sources of income, administrative costs, and program costs. There is a possibility that Mothercare could extend its train project audit to include a complete ASBOLCOF audit. FPMD would encourage them to do so. ASBOLCOF has an accounting person who could organize the accounts for

an audit and this would save some time and expense in carrying out the audit. ASBOLCOF will need further technical assistance in getting its financial accounts in order and they ultimately do need an accounting system.

Dr. del Castillo has expressed his desire that ASBOLCOF become the Bolivia IPPF affiliate. There appears to be some interest on the part of IPPF since ASBOLCOF is the only agency in Bolivia currently receiving IPPF support. However, IPPF does not feel that ASBOLCOF is ready to become an affiliate, and there appears to be some question as to whether IPPF will select an affiliate in Bolivia or ultimately provide project support to various institutions. Regardless of the outcome, it would be helpful for ASBOLCOF to get a formal list of requirements which indicates what they would have to do in order to become the IPPF affiliate. It would be useful for them to know what kinds of support they could receive from IPPF at their current level of development, particularly in the area of institutional development. If IPPF is not willing to provide them with assistance in the institutional development activities noted in the recommendations above, then perhaps assistance could be sought from some of the other A.I.D. cooperating agencies.

When the institution is better established, it would be useful for ASBOLCOF to use all the materials it has developed and garnered in order to develop an "ASBOLCOF model of family planning services". This model could be used to organize, train, support, operate and supervise all clinic and staff personnel in providing standard services in a reliable and continuous fashion. This standardized model would also allow the institution to develop its own niche in an increasingly competitive market, and provide a more solid basis for expansion.