

FAMILY PLANNING MANAGEMENT TRAINING PROJECT

TRIP REPORT  
BRAZIL

MANAGEMENT NEEDS ASSESSMENT WITH BEMFAM  
AND DEVELOPMENT OF BEMFAM WORKPLAN

OCTOBER 24 - NOVEMBER 2, 1988

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## EXECUTIVE SUMMARY

At the request of the Mission and BEMFAM, a two person FPMT team, comprised of Laurel Cobb, FPMT Director for Latin America and FPMT consultant, Rolf Stern worked with BEMFAM for six days in October 1988 to develop a FPMT workplan for sustainability for BEMFAM. BEMFAM, the Civil Society for the Welfare of the Family in Brazil, is the oldest and largest family planning service provider in Brazil, a nation with over 140 million people and very minor public sector FP services. In 1987 BEMFAM provided services, either directly or indirectly through agreements with other institutions, to 1.7 million persons. It works generally nationwide, and specifically, in service delivery, in 16 states with over 400 staff persons and 3400 volunteers.

BEMFAM is an IPPF affiliate and is dependent on IPPF and AID for 63% of its financial support. Like other Latin American family planning organizations, it is looking ahead to a future of phased down international donor population funding. Although being an IPPF affiliate gives BEMFAM some measure of security, BEMFAM, reflecting the wisdom and prudence of its first class leadership and management, is resolved to plan and implement plans, structures, strategies and systems which will enhance the sustainable development of BEMFAM. BEMFAM had requested and the mission supported, that FPMT should provide managerial training and technical assistance in this development. BEMFAM had requested FPMT assistance in the following areas: strategic planning, organizational development, financial systems, marketing, costing and pricing.

The FPMT team developed during this trip a two year workplan for technical assistance and training to promote sustainability. It has been accepted by BEMFAM and is supported by the Mission. It is within the financial possibilities of FPMT, considering that BEMFAM is the major service provider in the highest priority country of Latin America. It includes:

1. Strategic planning for sustainability: FPMT will support a strategic planning retreat for the further development of BEMFAM's institutional plans, provide strategic planning and marketing consultants and support its related international and local costs.
2. Financial systems: FPMT will provide international and Brazilian consultants to work with BEMFAM personnel in developing, installing and using micro computer based integrated financial management and clinic statistical systems to improve the organization's own financial and clinic management.
3. Organizational Development: BEMFAM expects that a need for organizational realignment, higher effectiveness and fewer personnel will result from the strategic plan. FPMT will provide Brazilian consultants to work with BEMFAM personnel in evaluating and designing new organizational structures and related human resource systems.

4. Institutional Marketing: BEMFAM is interested in developing a stronger national institutional image, including before the Brazilian corporate sector, and in carrying out a program of institutional image development and marketing. FPMT will provide Brazilian consultants to work with BEMFAM personnel in evaluating BEMFAM's image, and in designing and implementing an appropriate and effective course of action.
5. Clinic Marketing, Costing and Pricing: FPMT may provide international and Brazilian consultants to work with BEMFAM personnel in developing methodologies which clinic and headquarters management can utilize in developing strategies for clinic sustainability. These methodologies will cover clinic marketing, operations, costing and pricing of services, cross-subsidizing, and financial simulation. The Meier Clinic will participate in this work.  
A decision on carrying out this work will be made after the strategic planning workshop, after the installation of the integrated financial and clinic management systems, and after a BEMFAM review of the legal and financial implications of such a strategy.

## BACKGROUND TO THIS TRIP

In the summer of 1987, an AID team comprised of Barbara Kennedy, Maura Brackett and Howard Hellman evaluated the AID Brazilian population program. The outcome of that evaluation, which addressed both AID's longtime support of Brazilian population activities and the reported high Brazilian prevalence rate (63.5%), is a projected phase-down of AID population funds in Brazil. Brazilian institutions were notified by AID/Washington and the Mission of the phase-down at an AID meeting with the FP providers and contracting agencies in December 1987. Brazilian institutions were notified that they must work immediately to develop and implement plans for financial self-sufficiency. The sustainability of their institutions was at stake. They were told that technical assistance and training would be provided by FPMT to assist them in their move towards self-sufficiency.

FPMT had begun work the previous year in Brazil. At the request of AID, in 1986 FPMT had undertaken and completed a management needs assessment of the three most important private sector family planning institutions in Brazil, BEMFAM, CPAIMC and ABEPPF. That assessment recommended a series of training interventions to increase institutional and managerial effectiveness and efficiency. Training in MIS was initiated the following year. Later we conducted an evaluation of ABEPPF, The Association of Brazilian Family Planning Entities and followed up with technical assistance in strategic planning and the development of a three year institutional plan. ABEPPF was chosen to be the first institution to receive the project's assistance because it was facing, due to its dependence on AID for 95% of its annual revenue, an acute institutional crisis. We will continue our work with ABEPPF, with TA in financial management and marketing.

Additionally, in May 1988 FPMT conducted a "Strategic Planning for Sustainability Workshop" for senior managers of ABEPPF, its affiliates and BEMFAM.

The work outlined in this report builds upon this background.

## PURPOSE OF TRIP

The purpose of this trip was:

1. With the support and approval of the Mission, to respond to BEMFAM's request for management training and technical assistance to promote its sustainability.
2. To discuss and analyse with BEMFAM how we could most effectively meet this request.
3. To design specific management interventions.
4. To continue recruitment of Brazilian consultants to collaborate with us in this work.

## HISTORY OF BEMFAM

BEMFAM, the Civil Society for the Welfare of the Family in Brazil was founded in 1965 by participants at the XV Brazilian Gynecology and Obstetrics Congress who, alarmed by the results of then recent research on abortion, decided to create an institution to promote family planning integrated to actions for social development. BEMFAM is non profit, affiliated with the IPPF and currently provides services, either through agreements with other institutions or directly in its own clinics, to 1.7 million persons annually.

The history to the current BEMFAM is as follows, quoted from a recent address given by Marcio Schiavo, Executive Coordinator of BEMFAM. BEMFAM:

Considered family planning a primary health activity and a fundamental human right that should be guaranteed, by the government, to the whole population. Thus, it embraced as its objective to stimulate the setting up of a Family Planning Programme, able to offer assistance to the whole population, including access to contraceptives, through actual Federal Government participation. There were many large obstacles on the difficult road towards reaching the ambitious objectives of promoting responsible paternity throughout the country: the great territorial extension where this objective would be extended, the social-cultural regional differences, religious taboos and, at the time, the predominant attitude against this objective, in all leading segments. The adverse atmosphere and the large number of goals obliged multidirectional lines to be traced and developed, aiming at making it possible to carry out the ideal BEMFAM proposed to defend. Therefore, the main lines of action emphasized knowledge of the Brazilian reality, through studies and research, guidance about the importance of the family in society, interinstitutional cooperation, and also, the possibility of family planning assistance through its own services or in agreement with others.....

The affiliation to IPPF later on, in 1967, and the consequent support given by that Federation enabled the activities to be expanded.... There were then opportunities to also set up, outside the universities, its own family planning clinics whose activities included educational lectures and the provision of contraceptive methods. Besides offering direct services and guidance to the less favoured communities, the Association also tried to make different leading sectors aware of family planning importance, thus encouraging the interest of some private and public health services that consequently added this new component to the health activities already offered by them. Agreements were made to provide these services with contraceptive methods, evaluation material, educational-informative material and human resources training. And so new help in family planning arose. Called "clinics in agreement".

In 1971, a Federal Government decree recognized the Association as a public utility, due to the quality of its work and the importance of its objectives in the country's social context. Besides being honorary, this title represented tax and bond exemption, as well as facilitated work agreements with official organs. In the following years several decrees and laws were promulgated by States and Municipalities, all of which recognized BEMFAM's importance. At the moment BEMFAM has 162 public utility titles, whether Federal, State or Municipal. In trying to enlarge its work BEMFAM began, in 1973, to implant community programmes, an assistance system based on family planning as a public health activity, and, therefore, able to use non-medical infrastructures, making it possible for it to increase the opportunities of access to information and services by the population..... The first community programme began in Rio Grande do Norte and, once the experience was approved, the system was extended to other Brazilian northeastern states. BEMFAM trusts the community's multiple potential for participation, and believes it to be open to motivation that defends improving the quality of life, it has, therefore, tried to transfer, in a systematic way, part of the responsibility for carrying out the programmes, to local governments and leaders, by making agreements with official and private institutions. These began to contribute either financially or by granting the support represented by its employees volunteer work or by community members, by the cession of service locations and by the maintenance of health stations and clinics' infrastructure. But BEMFAM's pioneer work of undertaking an unprecedented community programmes system aggravated opposition by those that considered family planning a strategy of the stronger countries in order to weaken defense means and to delay the evolution of developing countries. The Association might have given in to this discrimination and these difficulties had it not been for the directors and the technical body's firm convictions and social objectives, ever since its foundation, together with its effective assistance activities, and its educational-informative work aimed at the population and its leaders.

As this history indicates, throughout its history BEMFAM has worked in four areas: service delivery, IEC, training and research. Note the importance it has always placed on IEC and on lobbying, activities of paramount importance in a country where there has been little or no public sector support for family planning.

## THE PRESENT SITUATION

To fulfill its goal of "extending family planning opportunities and cooperating in the less favored communities social development", BEMFAM implements activities in four main areas:

1. Studies and scientific research
2. Information, Education and Communication
3. Training and development of human resources
4. Service delivery

Note that family planning service delivery is only one of the four principal institutional activities. Significantly in terms of BEMFAM's current commitment to sustainability, it is the only activity which generates significant income.

Sustainability \* is currently a major concern in BEMFAM and BEMFAM's senior staff appear committed to promoting increased self financing and to the institutional development and changes which will enable it. They recognize it is not an easy task. Traditionally they have been donor dependent, principally upon IPPF and have the typical non-profit approach which stresses service without a recognition of costs and prices. They are committed to service to low income people and to activities which will never generate major income, such as lobbying and research, although they will in the long run promote maternal well-being and contraceptive prevalence. They are seeking to continue that service to low income and underserved populations, to quality care and service and to increasing levels of self financing.

At the same time, as a philanthropic entity with tax exceptions granted by the federal government in light of their non-profit public service nature, BEMFAM is wary of moving into profit making activities which might, although generating income, might endanger their tax exempt status.

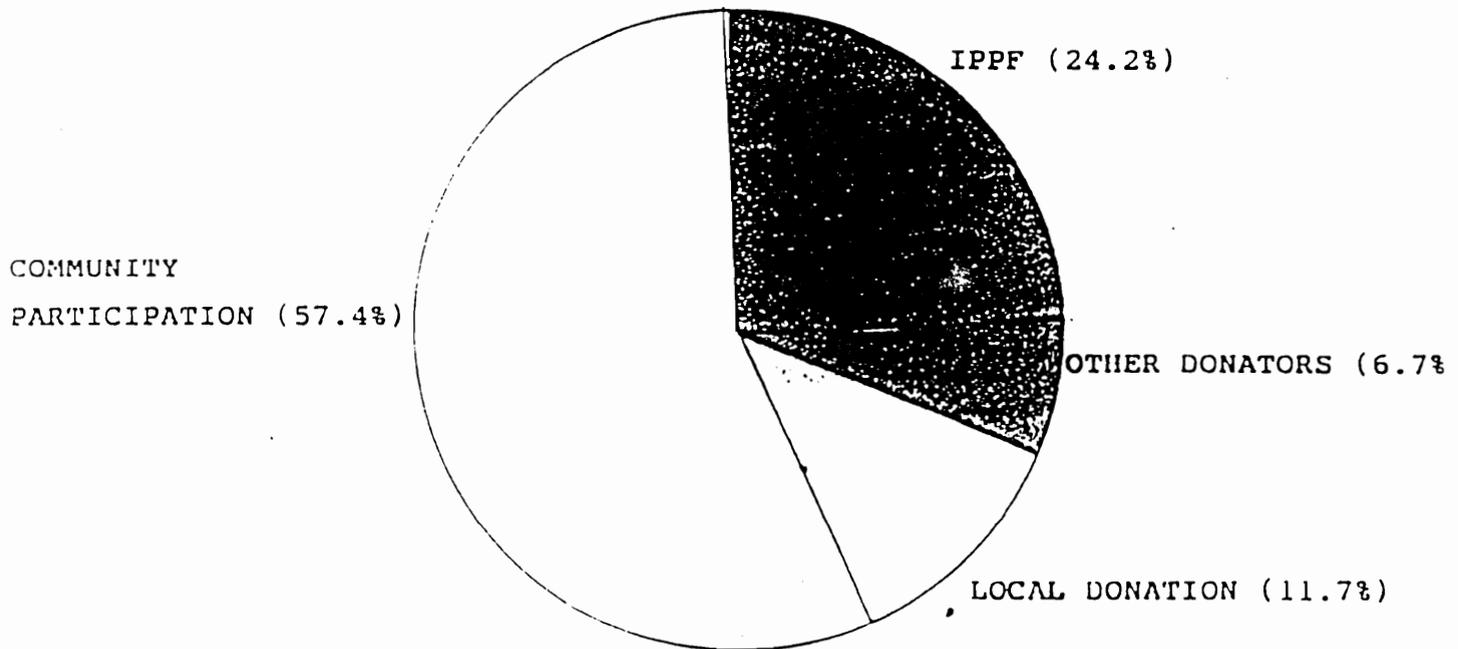
All of these issues are being handled, simultaneously, by the very competent BEMFAM executive staff. And it is technical assistance for the strategic planning and management of BEMFAM to enable it to move further towards sustainability which BEMFAM is requesting of FPMT.

\* Defined as:

1. Continued delivery and, if possible expansion of, services to low income and under served populations.
2. Institutional survival.
3. Increasing levels of self financing.

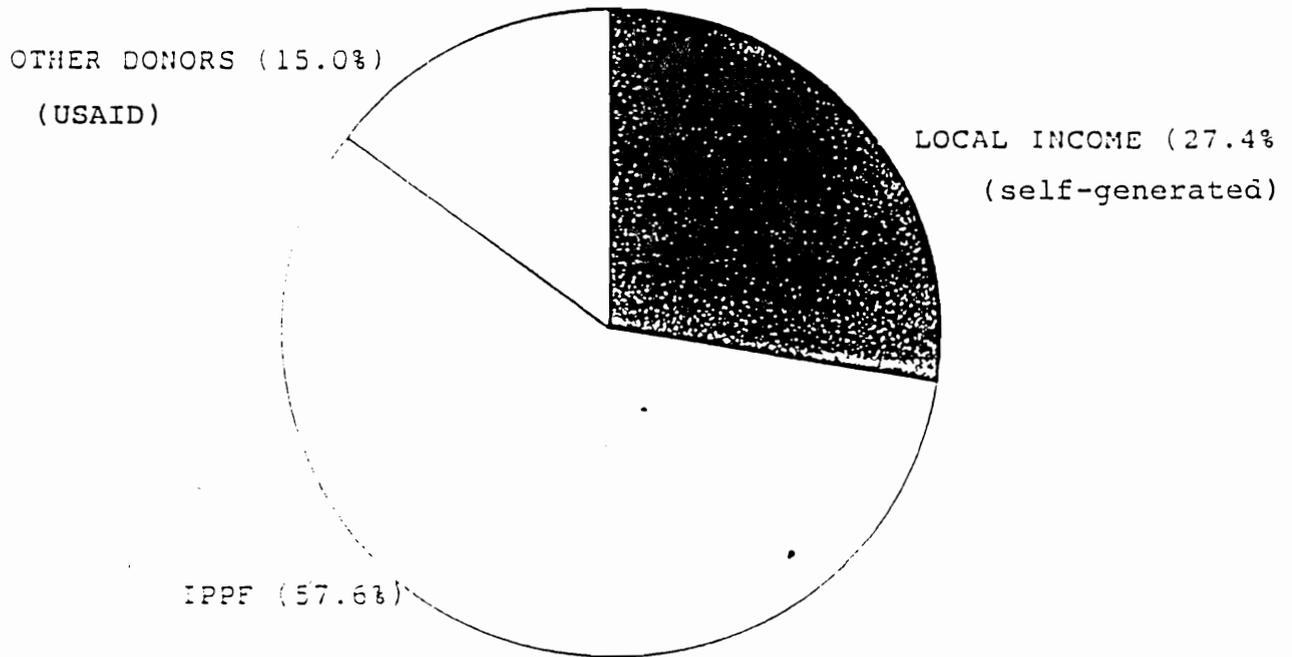
The two following pie charts illustrate BEMFAM's total resources and distribution of financial support. In 1987 57% of its resources came from community participation and support; of the remaining 43%, 27% were self generated funds. The remainder came from IPPF and AID.

Total Resources  
1987



SOURCE: BEMFAM/DEPP - MARCH/88

DISTRIBUTION OF FINANCIAL SUPPORT  
1987



SOURCE: BEMFAM/DEPP - MAR/88

*BEST AVAILABLE COPY*

In the conversations with BEMFAM which led up to the current visit and development of a workplan for management training and technical assistance, Marcio Schiavo, Executive Coordinator, identified the following specific institutional concerns and needs:

1. Strategic planning: BEMFAM wants technical assistance in the development and implementation of a strategic plan for sustainability.
2. Organizational development: BEMFAM believes they are overstaffed and need to restructure and upgrade personnel (reduce personnel by about a third). Additionally Marcio wishes to decentralize and systematize the organization. BEMFAM is requesting FEMT technical assistance for this process following the development of a strategic plan.
3. Financial management for sustainability: BEMFAM wants assistance in the development of strategies, systems and procedures for sustainability. Included here are financial systems such as cost accounting as well as assistance in finance and marketing. The specific and immediate focus is the management of BEMFAMs wholly owned clinics.

## ACTIVITIES

The FPMT team, Laurel Cobb, FPMT Director for Latin America and FPMT consultant Rolf Stern worked, with BEMFAM staff and with documents they supplied, to understand how BEMFAM currently operates so as to best provide the training, technical assistance and systems development they are requesting in their institutional drive for sustainability. As indicated previously, they currently view only one of their four activities, service delivery, as a significant source of revenue. In addition to the technical assistance which would have institution wide impact, strategic planning and organizational development, BEMFAM asked that we specifically examine the sustainability of its family planning service delivery. We therefore devoted our time to analyzing the departments and systems which manage the service delivery. We did not look at the other three performance areas of BEMFAM: studies and scientific research; information, education and communication, and development of human resources. Obviously, in time, to insure the sustainability of the institution as a whole, BEMFAM will have to examine costs, prices, benefits and outputs from all four areas. Service delivery is the logical place to begin. Details of that analysis are presented in the following sections.

Carmen Gomez, Coordinator of the Planning Department, identified key persons and departments, arranged meetings for us and in general provided super support for our work. At her suggestion we talked with the department coordinators of 1) Family Planning services 2) Evaluation 3) Finance 4) Administration. Additionally we visited the BEMFAM clinic in Rio. In these discussions our guiding questions were:

1. What systems currently exist to enable BEMFAM staff, at the various managerial levels, to plan and manage a sustainable network of clinics?
2. What systems exist to determine the level of self financing of individual clinics and for the clinics as a whole?
3. What do clinic managers and managers throughout the organization need to know in order to plan for and manage sustainable service delivery?

## SERVICE DELIVERY

In 1987 BEMFAM provided family planning services to over 1.7 million persons throughout the Eastern area of Brazil. It renders services through three different service modalities: 1) community programs, 2) "clinics in agreement" 3) its own clinics. Ninety-five percent of these services are carried out through agreements with public and private organizations. Currently there are about 1200 such agreements in operation, in 1000 municipalities and 16 states.

In addition to this broad contractual service delivery network, BEMFAM maintains "clinicas propias" - BEMFAM clinics serving 5% of the above 1.7 million people, or about 85,000 persons. Details on each of these service delivery modalities follow.

### COMMUNITY PROGRAMS

BEMFAM has agreements with private and public organizations to provide assistance in the provision of family planning services in 963 municipalities in 11 states. These services are provided through 2380 posts or mini clinics. Last year they served 1,388,673 persons of whom almost 400,000 were new family planning users.

In these 2380 community programs in 11 states BEMFAM provides technical assistance for service delivery and the counterpart institution (business or municipality) provides the fixed and most variable assets. 183 BEMFAM staff and 2846 volunteers, of whom some are volunteers serving without pay and others are paid employees of the counterpart institution, provide, support and supervise the services. The BEMFAM staff report to multi-disciplinary six-member state teams (11 in total, one for each state) who report to the central BEMFAM office. Their direct reporting is to the service delivery department but they also present reports to Evaluation, Finance and Administration.

BEMFAM stated that this extended network of contractual agreements to provide services costs BEMFAM more money than it brings in. In these agreements BEMFAM essentially agrees to provide the services at whatever fee the institution is willing to pay. The convenios (agreements) are not established on the basis of costs nor upon the exact number of clients served. Rather they are understood by BEMFAM to be quasi-public services for which BEMFAM recovers partial costs. BEMFAM feels it can not negotiate better deals to recover more complete costs for several combined reasons: 1) municipalities don't have the money; 2) demand for such services is not sufficiently high that if BEMFAM raised the fee for providing services the municipality would pay; and thirdly 3) without cost accounting, BEMFAM is not really sure what it costs to provide services through any of its three service modalities.

Although ideally BEMFAM would like to recover its costs in these community programs, (which it must increasingly do if it is ever to become sustainable without major international funding) at this point in time, the thrust for sustainability will be begun in that 5% of its client population - its "clinicas propias". \*

#### CLINICS UNDER AGREEMENT

In addition to the agreements for community programs described above BEMFAM has agreements with 47 clinics which provide family planning services. Most of these clinics are in four states in the south and southeast.

#### BEMFAM CLINICS

As indicated above, 95% of BEMFAM's activities are carried out through agreements with public and private institutions, through community programs and through 47 clinics under agreement. The remaining 5% of services are rendered by the Womens Integral Health Assistance Centers (CAISM) clinics under BEMFAM's exclusive responsibility and control. These are the "clinicas propias" and the area in which BEMFAM wishes to begin systematic management changes to promote long term sustainability.

There are twelve such BEMFAM clinics, spread from the north east to the south east. They are staffed by BEMFAM personnel and volunteers and they report to the Family Planning Services Department.

In all of the clinics sliding fee scales have been determined for family planning services as well as the other services they provide, including pediatrics, cytology, gynecology, prenatal etc,. However, as the coordinator of the family planning services department pointed out, although BEMFAM knows the income which a clinic presents as receiving from these fees, it does not know either a breakdown of the income nor its relation to the costs. There is no cost accounting in BEMFAM to know the true costs of operating its clinics nor specific clinics. It is this knowledge which BEMFAM, particularly the Planning and the Family Planning Services departments, are requesting in order to plan and manage the process of increasing the level of self financing of BEMFAM clinics.

\* Note: When speaking of costs here, we are speaking of real costs of service delivery, regardless of who ultimately bears those costs. The costs are real, whether they are borne by AID or the Brazilian community.

ANALYSIS OF MANAGEMENT SYSTEMS  
FOR BEMFAM SERVICE DELIVERY

The FPMT team spent six days getting to understand the system which BEMFAM employs to plan and manage its service delivery through the three different modalities. Particularly our concern was for the BEMFAM clinics, or *clinicas propias*.

There are three separate systems for each of these service modalities. Extensive documentation flows up to the central office, from the community program to the state supervisory level to the Rio central office and from the BEMFAM clinics to the same central office. Health statistics and service delivery information is presented to both the Evaluation Department and to the Family Planning Services Department. Financial information is presented to the Finance Department.

There is no integration of the service delivery statistics which the evaluation department collects with the financial information which is presented to the Finance Department.

The Evaluation Department enters into its computer the information it receives and manually consolidates and then enters a consolidated statistical report. The department has received FPMT MIS training in the past; unfortunately the individual who received the training left shortly after the training course. Now BEMFAM has resolved that investments in MIS accrue to the institution. They request broader training and disseminating of management information system skill development.

BEMFAM has an excellent general accounting system, both by project and for the institution as a whole. It has worked well to meet the needs of fiscal reporting, donor reporting and institutional management. If international donors were to continue to be as generous in the future as they have been in the past and if sustainability were not an issue, there would be no real reason to make any changes. However, sustainability and increasing the level of self financing are the critical issues for BEMFAM. It needs improved management systems and tools to assist its staff to plan, manage and control better. Specifically, we believe BEMFAM would benefit by changes in the following three areas.

1. The design, development and implementation of an integrated financial management and health statistics system. BEMFAM needs to relate financial information with service delivery information and make decisions accordingly. We (FPMT/MSH) have had experience in development, implementation and training of such systems and have seen the impact they can have in more efficient and effective management. Given the complexity and size of BEMFAM's service delivery, it would be a very difficult job to manage a self financing network without computerized and integrated financial management and service delivery statistics.
2. Secondly, BEMFAM needs a good cost accounting system. They know total income from specific clinics but they do not know real costs in those clinics and therefore do not know current level of cost recovery or self sufficiency.

3. Thirdly, in this time of inflationary crisis it would be helpful to BEMFAM to have its financial data kept in two currencies - one the Cruzado and secondly, a stable indicator, either the OIN or the US\$. Currently, with all data in Cruzados it is difficult to compare either revenue or expenses over time.

We presented these three conclusions to BEMFAM and they were in agreement with them and with the desirability of instituting changes which would assist managers to plan and manage increasing sustainability. Obviously the three changes recommended here would have positive impact in the other performance areas of BEMFAM as well. (research, IEC and training). With time we would expect the financial management involved here, particularly that of the establishment of profit centers, would be extended to the other areas as well. For now it is logical and appropriate to begin with service delivery.

## CONCLUSIONS AND RECOMMENDATIONS

The following letter from Laurel Cobb, team leader and FPMT Latin American Director summarizes the recommendations we have made to BEMFAM for management training and technical assistance to promote BEMFAM's attaining increasing levels of self financing and sustainability. It is a workplan for two years and it is within the financial possibilities of FPMT funding for the high priority institution in a high priority country. BEMFAM is in agreement with this work and is requesting it. The Mission has been supportive and in agreement. With the approval of Washington, we will proceed to implement this plan.

There are four understandings which FPMT has with BEMFAM and with the Mission which we further believe important to spell out.

1. FPMT consultants will work with BEMFAM as colleagues and counterparts; BEMFAM staff time will be BEMFAM's contribution, among others, to institutional development.
2. Qualified Brazilians will be part of the strategic planning, marketing and financial management work.
3. We will reimburse BEMFAM for hotel and travel costs when such costs are necessary and approved in advance by FPMT.
4. We will be collaborating when appropriate, with other CA's, most particularly the Enterprise Project.

## ITINERARY

- October 24      Arrival in Rio of Rolf Stern, FPMT consultant
- October 25      Rolf Stern in Sao Paulo for interviews with prospective FPMT  
Brazilian consultants
- October 26      Arrival in Rio of Laurie Cobb, FPMT Latin American Director  
Team meeting with Marcio Ruiz Schiavo and Carmen Gomez,  
BEMFAM
- October 27      Discussions with BEMFAM and analysis of current management  
systems. Meetings with Department Coordinators:  
- Sergio Lins, Evaluation  
- Evandro Gomes de Silva, Finance
- October 28      Interview with prospective FPMT Brazilian finance consultant
- Meetings with Department Coordinators:  
- Katalin Cser, Family Planning Services  
- Jose Milare, Administration  
- Carmen Gomez and Rita Boadiani, Planning
- Meeting with Patricia Taylor of the ENTERPRISE Project and  
Carlos Miranda, the new ENTERPRISE representative in Brazil
- October 31      Review and analysis of BEMFAM documents
- November 1      Meetings with Executive management committee of BEMFAM  
Meeting with Raimar Richards, prospective consultant to  
BEMFAM on strategic planning  
Meeting at ABEFF with Executive Coordinator and top staff
- November 2      Meetings with BEMFAM staff
- Departure of team from Rio (10:30pm)

ANNEX II  
BEMFAM as an Institution

**LÉGAL STRUCTURE OF BEMFAM  
UNITS OF THE SOCIETY**

<b><u>General Assembly</u></b>	<b>582 associates</b>
<b><u>Deliberative Body</u></b>	<b>12 associates elected by General Assembly (mandate - 4 years)</b>
<b><u>Board of Directors</u></b>	<b>6 associates elected by Deliberati Body (mandate - 4 years)</b>
<b><u>Fiscal Council</u></b>	<b>6 members elected by Deliberative Body (mandate - 1 year)</b>

### INSTITUTIONAL PHILOSOPHY

The philosophy and performance of BEMFAM are marked by the commitment with the social area, accomplished through the work developed with the needy groups of the population and participating in the search to meet their basic needs in the process of national development.

### BASIS

The performance of BEMFAM in family planning is based in two principles:

- Basic human right
- Primary action of health

### PERFORMANCE AREAS

- Studies and scientific research
- Information, education and communication
- Qualification of human resources
- Provision of services

# STATEGIES

## GENERAL OBJECTIVE

TO STIMULATE THE EXPANSION OF FAMILY PLANNING OPPORTUNITIES, TO ALL LEVELS OF SOCIETY, INTEGRATED TO THE OTHER FACTORS OF DEVELOPMENT AND SOCIAL PROMOTION.

### 1st STRATEGY

To evolve activities involving political and institutional leaders leading to improvements in existing measures and/or programs aimed at family planning and welfare.

### 2nd STRATEGY

To present the various aspects of family planning to community leaders and public opinion, with a view to greater participation in activities for improvements in the quality of life.

### 3rd STRATEGY

To train and foster human resources in activities related to community development and family planning.

### 4th STRATEGY

To provide services increasing the standard of quality and searching for innovative solutions giving, above all, support to official and/or private initiatives which could further the welfare of the population.

### 5th STRATEGY

To carry out studies and researches into the areas linked with bio-psycho-social-economic-cultural development.

### 6th STRATEGY

To improve the operational capacity of the institution with a view to this reaching a level compatible with the extension of activities.

# FUNCTIONAL STRUCTURE

## GENERAL OBJECTIVE

SOCIALIZATION OF FAMILY PLANNING OPPORTUNITIES INTEGRATED TO OTHER FACTORS OF DEVELOPMENT AND SOCIAL PROMOTION

### EXECUTIVE SECRETARIAT

SETTLEMENT OF GUIDELINES AND PRIORITIES FOR INTEGRATING ALL SECTORS TO THE ASSOCIATION WORK PLAN

### EXECUTIVE SECRETARIAT DEPUTY

INTEGRATION OF THE DIFFERENT SECTORS ACTIONS TOWARDS THE ASSOCIATION OBJECTIVES

**FAMILY PLANNING SERVICES DEPARTMENT**  
ACHIEVEMENT OF THE SERVICES QUALITATIVE AND QUANTITATIVE GOALS AND EXPANSION OF THE ACTIONS AND OF THE SUPPORT TO FAMILY PLANNING PROGRAMS

**EDUCATION AND SOCIAL COMMUNICATION DEPARTMENT**  
BUILDING UP A CRITICAL AWARENESS AT DIFFERENT LEVELS CONCERNING FAMILY PLANNING AS A BASIC HUMAN RIGHT AND A SOCIAL, POLITICAL AND HEALTH ACTION

**EDUCATIONAL ACTIVITIES CENTER**  
DEVELOPMENT AND TRAINING OF HUMAN RESOURCES IN HEALTH AREAS, FAMILY PLANNING, HUMAN SEXUALITY AND COMMUNITY SOCIAL PROMOTION

**MEDICAL-SCIENTIFIC DEPARTMENT**  
MEDICAL-SCIENTIFIC SUPPORT TO THE ASSOCIATION ACTIONS AT SERVICES, TRAINING AND SURVEY AREAS

**EVALUATION DEPARTMENT**  
DATA COLLECTION, RECORD AND ANALYSIS OF ACTIVITIES DEVELOPED BY THE ASSOCIATION

**RESEARCH DEPARTMENT**  
BETTER KNOWLEDGE OF THE BRAZILIAN FAMILY REALITY, EMPHASIZING ASPECTS OF REPRODUCTIVE AND SEXUAL FUNCTIONS AND THEIR RELATION WITH HEALTH WITHIN A PSYCHOSOCIAL CONTEXT

**PLANNING AND PROGRAMMING DEPARTMENT**  
ACKNOWLEDGEMENT OF THE ASSOCIATION OPERATIONAL SCOPE AND CONSEQUENT FINANCIAL SUPPORT FROM DONORS TO ALL PROJECTS INTEGRATING ITS WORK PLAN

**FINANCE DEPARTMENT**  
ACCOUNTING CONTROL OF FINANCIAL ACTIVITIES, BUDGET CONTROL OF PROJECTS AND ANALYSIS OF THE ASSOCIATION FINANCIAL SITUATION

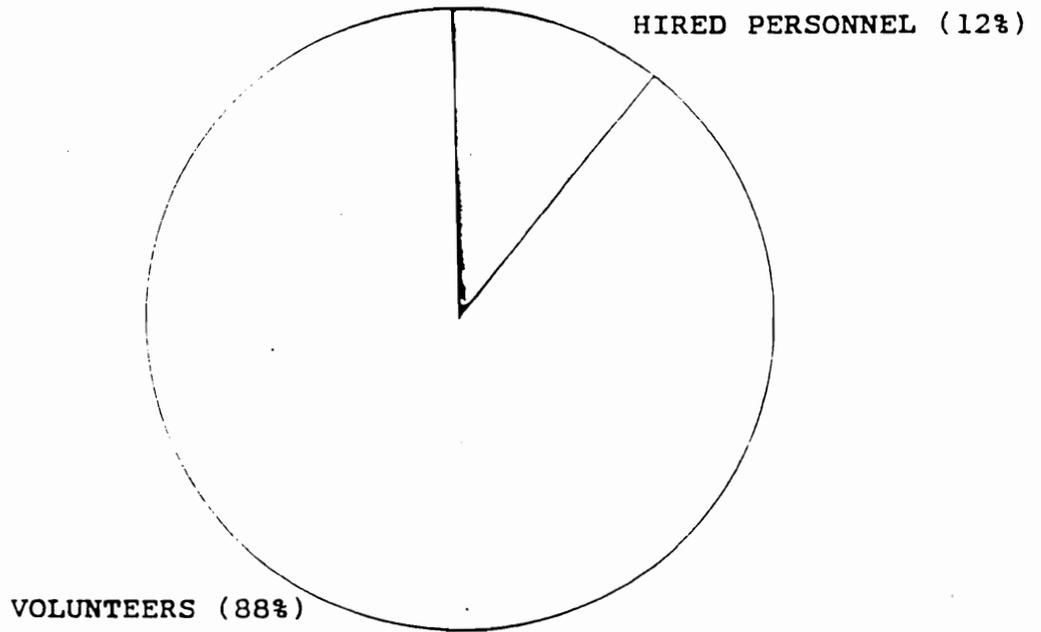
**ADMINISTRATION DEPARTMENT**  
MAINTENANCE OF THE ADMINISTRATIVE SYSTEM OF SUPPORT TO THE ASSOCIATION ACTIVITIES, CONCERNING HUMAN RESOURCES, MATERIALS AND RAISING OF LOCAL FUNDS

FUNCTIONAL STRUCTURE

HUMAN RESOURCES

LOCATION	NUMBER	
	HIRED PERSONNEL	VOLUNTEERS
CENTRAL OFFICE	105	582
CLINIC SERVICES	112	-
COMMUNITY PROGRAMS	183	2,846
LABORATORY	<u>9</u>	<u>-</u>
TOTAL	409	3,428

SOURCE: BEMFAM/DEAV-DIRH - MAR/88



BEMFAM SENIOR STAFF

Executive Secretary: Marcio Ruiz Schiavo

Executive Secretary: Deputy: Jose Maria Arruda

Department Coordinators:

. Administration

Jose Milare

. Education and Social Communication

Audnis Tenorio

. Evaluation

Sergio Lins

. Family Planning Services

Katalin Cser

. Finances

Evandro Gomes da Silva

. Medical and Scientific

Ney Francisco Pinto costa

. Planning

Carmen Gomes

Rita Boadiani (coordinator deputy)

. Research

Jose Maria Arruda

EXECUTIVE SECRETARY ADVISORS:

Special Projects - Claudia Valladao

Institutional Analysis - Eliesio Nogueira

CBD PROGRAM STAFF - Rio de Janeiro

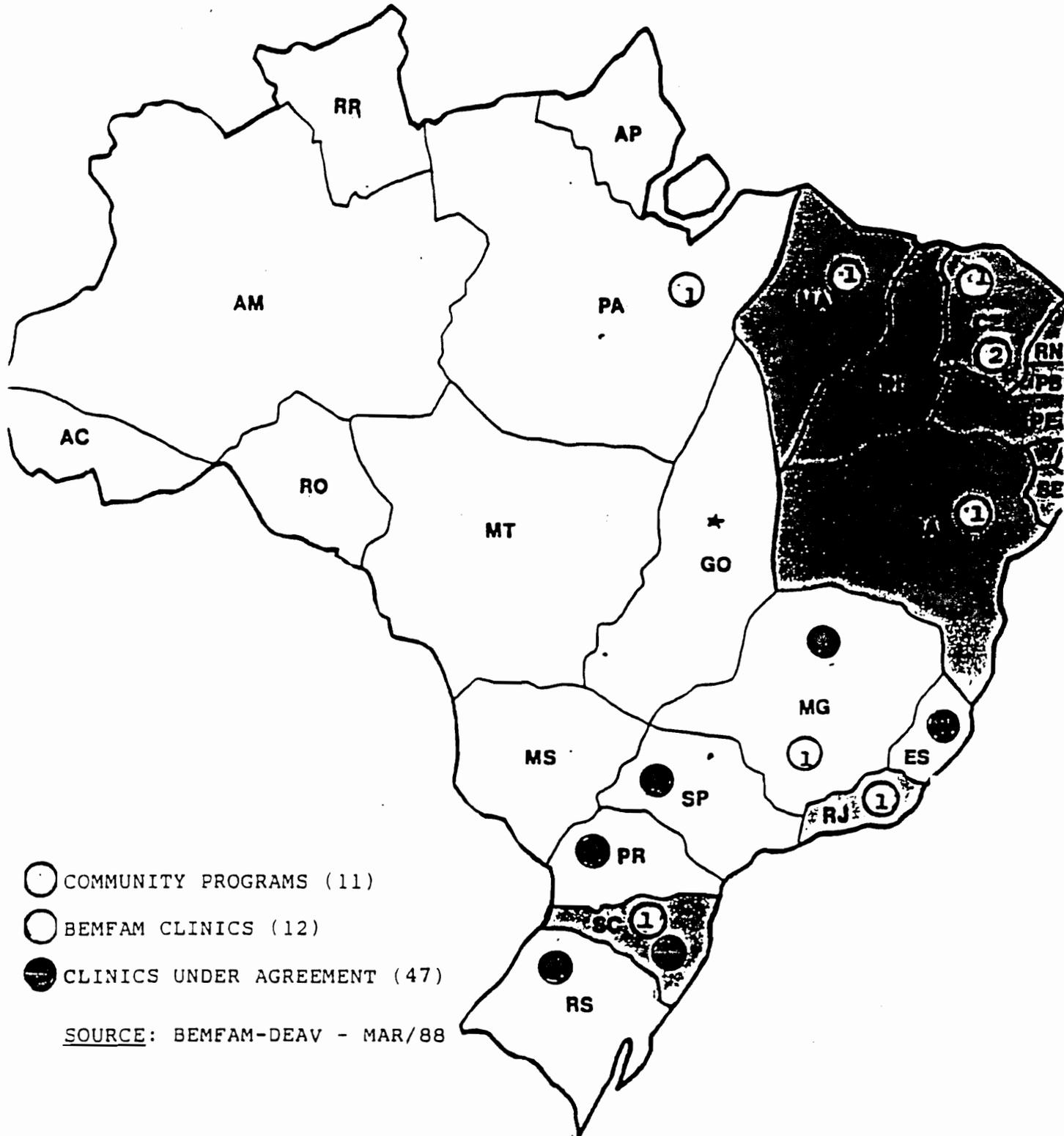
Coordinator - Ana da Gloria Pires

Clinic Head - Napoleao Teixeira

Administrator - Illydia Maria Gomes

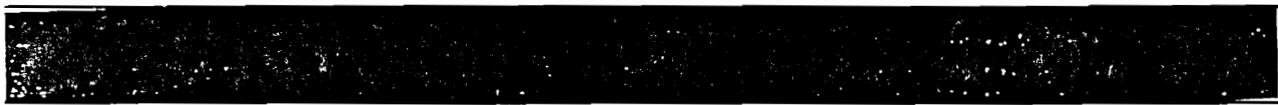
ANNEX III  
Service Delivery

GEOGRAPHIC DISTRIBUTION OF COMMUNITY PROGRAMS AND CLINICS



AFFILIATED MUNICIPALITIES

COMMUNITY PROGRAMS



Rio Grande do Norte	151	151	100.0
Pernambuco	167	165	98.8
Alagoas	96	96	100.0
Paraíba	171	169	98.8
Piauí	116	107	92.2
Rio de Janeiro	64	64	100.0
Ceará	152	135	88.8
Santa Catarina	199	35	17.6
Bahia	372	24	6.5
Maranhão	<u>132</u>	<u>17</u>	<u>12.9</u>
TOTAL	1.620	963	59.4

SOURCE: BEMFAM/DEAV - March/88

AGREEMENTS

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Federal Government	7
State Government	26
Municipal Government	711
Enterprises	84
Associations	132
Others	92
<b>TOTAL</b>	<b>1052</b>

SOURCE: BEMFAM/DSPF - DEC/88

Nº OF POSTS/CLASSIFICATION

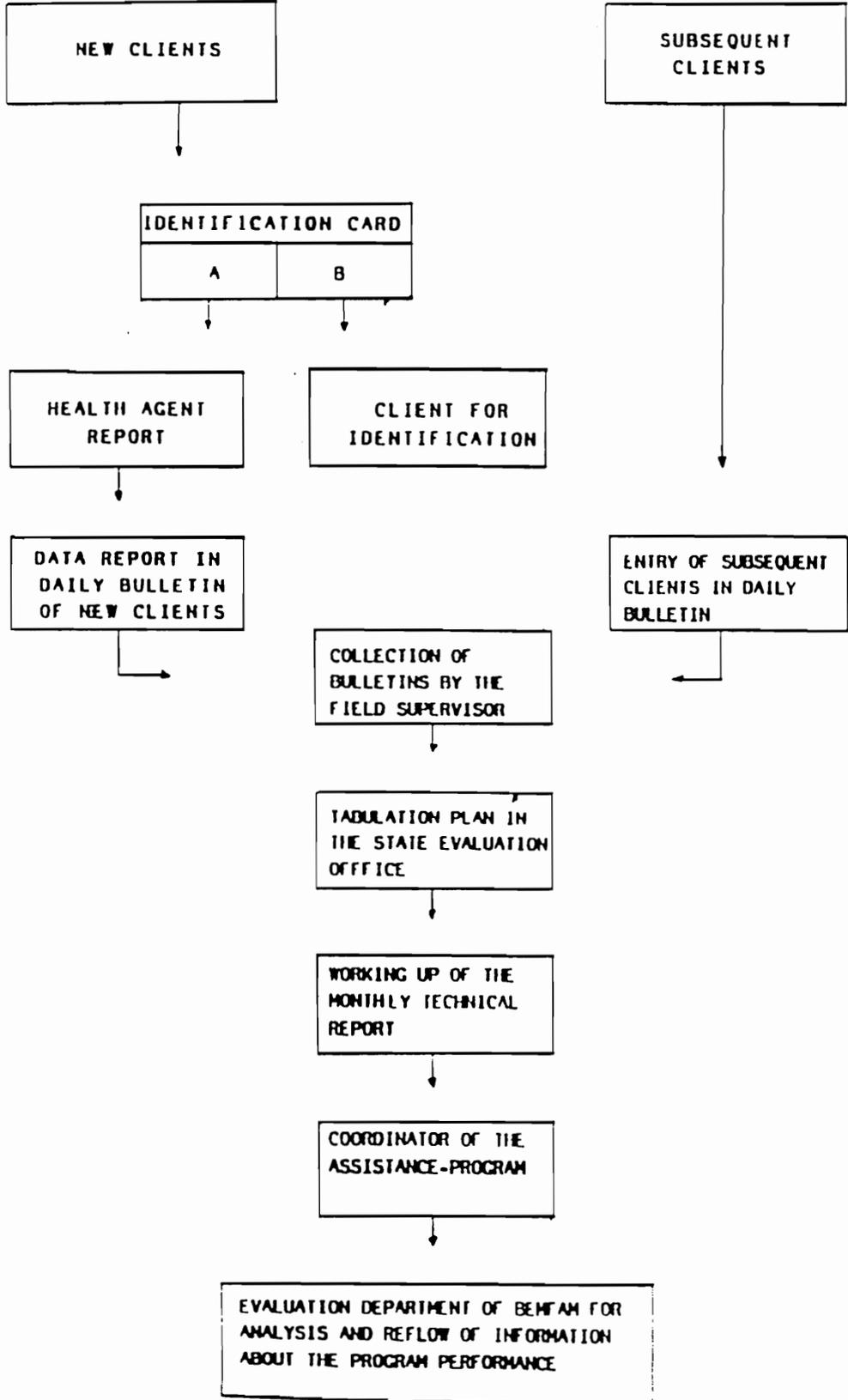


Maranhão	4	29	2	-	35
Piauí	208	-	1	-	209
Ceará	167	83	12	45	307
Rio Grande do Norte	329	6	-	9	344
Paraíba	228	40	4	10	282
Pernambuco	280	123	29	7	439
Alagoas	369	18	28	-	415
Sergipe	1	-	-	-	1
Bahia	25	3	2	-	30
Rio de Janeiro	124	112	14	-	250
Santa Catarina	<u>50</u>	<u>15</u>	<u>3</u>	<u>-</u>	<u>68</u>
TOTAL	1.785	429	95	71	2.380

SOURCE: BEMFAM/DEAV - March/88

BEST AVAILABLE COPY

**PATH DIAGRAM OF RECORD AND EVALUATION PROGRAMS**



DATA ON ATTENDANCE  
COMMUNITY PROGRAMS  
1973-1987

YEAR	NEW CLIENTS	SUBSEQUENT VISITS	TOTAL
1973	10,625	-	10,625
1974	32,137	42,220	74,357
1975	66,087	138,262	204,349
1976	137,011	409,963	546,974
1977	142,819	489,981	632,800
1978	161,329	620,637	781,966
1979	167,806	750,864	918,670
1980	167,371	758,059	925,430
1981	230,024	764,397	994,421
1982	330,671	1,007,917	1,338,588
1983	302,215	968,730	1,270,945
1984	260,451	984,933	1,245,384
1985	285,670	1,116,663	1,402,333
1986	297,080	1,165,660	1,462,740
1987	360,674	1,027,999,	1,388,673

SOURCE: BEMFAM - DEPP - Summary of Activities - DEC/87  
- DEAV - DEC/87

PROGRESSION OF ATTENDING DATA

TOTAL

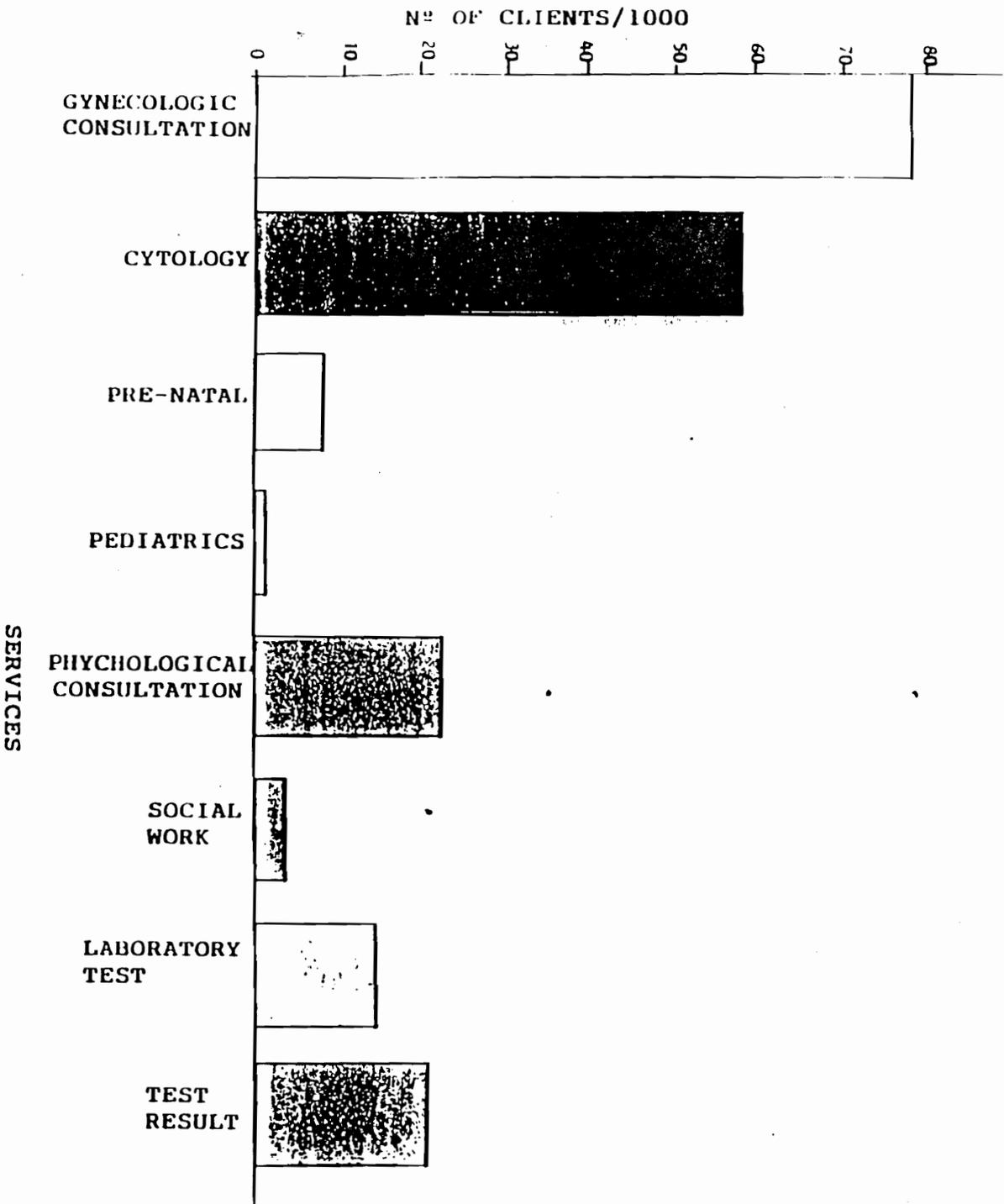
CBD PROGRAMS AND CLINICS

YEAR	NEW CLIENTS	REVISITS	TOTAL
1966	2.198	2.774	4.972
1967	11.936	27.429	39.365
1968	18.518	101.811	120.329
1969	35.847	192.855	228.702
1970	71.147	427.728	498.875
1971	111.041	803.080	914.121
1972	129.660	1.025.502	1.155.162
1973	154.117	964.425	1.118.542
1974	185.482	1.117.059	1.302.541
1975	203.083	1.075.285	1.278.368
1976	219.127	1.133.599	1.352.726
1977	215.520	1.090.571	1.306.091
1978	226.186	1.238.803	1.464.989
1979	214.284	1.284.521	1.498.805
1980	204.022	1.124.007	1.328.029
1981	260.048	1.037.219	1.297.267
1982	355.768	1.207.952	1.563.720
1983	324.013	1.131.060	1.455.073
1984	288.331	1.152.584	1.440.915
1985	320.985	1.286.089	1.607.074
1986	360.957	1.355.907	1.716.864
1987	<u>445.673</u>	<u>1.288.724</u>	<u>1.734.397</u>
Total	4.357.943	20.068.984	24.426.927

SOURCE: BEMFAM - DEAV/MAR/88 - BEMFAM

OTHER SERVICES BESIDES CONTRACEPTION AND REFERENCE

1987



SOURCE: BEMFAM/DEAV - MARCH/88