CONSULTANT'S REPORT:

MANAGEMENT ASSISTANCE

TO THE

ASOCIACION PRO-BIENESTAR DE LA FAMILIA

A Report Prepared by:
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PREFACE

As it has been for five years, it was again on this visit a delight to work with the Asociacion Pro-Bienestar de la Familia de Guatemala. Scott Edmonds of USAID/Guatemala was, as usual, unobtrusively facilitative and supportive, and the APHA/International Staff are to be commended for arranging a useful trip despite the intervention of a recalcitrant travel agency.

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Georgia State University

EXECUTIVE SUMMARY

Assistance was provided to the Asociacion Pro-Bienestar de la Familia Guatemala in the design of administrative systems for the regional staff. Systems and forms were finalized and training was provided to the pilot region's Sub-Director. Planning for the opening of the three remaining regions on 1 March was continued.

CHAPTER I

INTRODUCTION AND BACKGROUND

A. Purpose of Assignment

The purpose of this assignment was to provide technical assistance to the Asociacion Pro-Bienestar de la Familia (APROFAM) in the ongoing restructuring of that organization and the regionalization of operations. Specifically, the consultant worked with the recently hired sub-director of the pilot region and other staff in finalizing the administrative systems for the regional offices.

B. Itinerary

The consultant visited the Asociacion on the dates 10 through 14 December, 1979. All of this period was spent working with staff within Guatemala City.

C. Background of Project

A brief history of the Asociacion, the conditions that provided the rationale for regionalization, and previous work related to this project are contained in the consultant's report for site visit 14-20 October, 1979, supported by APHA. An excerpt from that report is contained in Appendix B for the reader unfamiliar with the project. Since that report was prepared, a sub-director for the pilot region was hired and had begun in-service training. This training consisted largely of rotation through the major programs of the Asociacion and briefings by key staff.

CHAPTER II

OBSERVATIONS AND ACTIVITIES

During this consulting visit, much of the work begun in October was finalized for the pilot region, and work preparatory to opening the three additional regions on March 1, 1980, was begun.

A. Budget Preparation

The budgeting process is necessarily complicated by the presence of many donors and many individually funded projects. A geographic area -- a region -- will thus encompass many projects, many of them still in the proposal or negotiation stage, which introduces uncertainty into the general budget. Thus, there is rarely a "final" budget for a period. This absence of certainty has undermined the willingness of APROFAM's administration to fully utilize the budget as a management tool. This problem notwithstanding, the budget was revised for the pilot region (Appendix C) and budgets were prepared for two regions to open in March 1980 (Appendix D). In all cases, the data is current as of 12 December 1979.

B. Role Changes

The creation of a new position within an organization is certain to occasion some jockeying as the occupant(s) carve out their territory. The position of Regional Director is a significant one in that it commands substantial resources and usurps the prerogatives of Program Directors. Fortunately, conflict between Regional and program Directors will be contained as the same people fill both positions. It is, however, this duality of roles that may create difficulties as well as the response of second tier staff to the changes.

The role changes are well understood -- intellectually; however, there will be a tendency to revert to old relationships, both out of habit as well as from a conscious desire by second tier program staff to retain old prerogatives. Close monitoring will be needed to prevent this from happening.

Program Directors who become Regional Directors not only must develop a new supervisory style, but must also switch styles from day to day as they discharge the duties of the two positions. To exemplify the distinct demands made by the two roles, we might consider four areas:

1) Means of influence over personnel

The Program Director may influence behavior via praise, moral support, and indirectly, via provisions of some resources.

By contrast, the Regional Director possesses the above means, as well as power to fire, promote, reward and control over job resources. Obviously, it is important for the Program/Regional Director to be mindful of the means available in a given situation.

2) Freedom of action

The Regional Director may intervene and reassign resources within fairly broad limits.

The same individual as Program Director is limited to offering suggestions and intervening only with the permission of the region's Director.

3) Freedom to innovate

While it is hoped that all staff members will be creative in resolving problems and reaching new clients, the responsibility for proposing and implementing new projects will stay with the Program Directors.

Regional Directors will be expected to consolidate existing projects and to place greater emphasis on performance over novelty.

4) Accountability

Regional Directors will be personally accountable for results in their region, as well as the management of sizable budgets.

Program Directors have fewer funds at their disposal and less discretion in their utilization. Further, operational projects under the control of the Programs will normally be experimental -- results are not assured and, hence, accountability for results is limited.

In an effort to anticipate the problems raised by the duality of roles in the new structure, APROFAM will hold training sessions to explore the new relationships and the adaptations required. A job description for Regional Directors (Appendix E) will serve as the point of departure for the discussions.

C. Composition of Regions

An obvious and basic decision is that of the geographical composition of the regions. The ultimate decision will reflect a compromise among a variety of criteria, several of which were discussed in the previous report. A limiting factor, which has not been directly addressed before, is the personnel resources of the Asociacion to staff the regions. Appendix F discusses the nature of this limitation and proposes three alternatives for drawing the regions and assigning directional responsiblity. At the end of the consulting visit, the third option was the most widely favored. That would leave the activities in and around the capital under the control of the Programs for the moment. The operations affected (or not affected, as it turns out) are community distribution and medical services. The autonomy practiced by the personnel of the latter makes it unlikely that they would respond to a new director, and much less so one who is not a physician. The sub-director of this region would initially be a coordinator/programmer -- perhaps a good tactic to prepare the way for consolidation of these activities under regional direction.

D. Staffing

A key position in the regions is that of Sub-Director. The individual will provide continuity in management of the region and be responsible for daily administration. As the Sub-Directors will be new to the organization, it was deemed necessary to provide them with a period of apprenticeship prior to opening of the regions on 1 March, 1980. A proposal for in-service training was prepared and submitted to Development Associates (which subsequently agreed to fund the training project) that detailed a four week training program for the newly hired Sub-Directors.

E. Administrative Procedures

Rules, procedures, and systems for the regions were finalized. See Appendix G for forms re. performance evaluation and control, Appendix H for internal regulations concerning purchases, Appendix J for the internal regulation on funds disbursement, Appendix K for purchasing procedures.

CHAPTER III

RECOMMENDATIONS

Aside from the obvious and implicit recommendation to APROFAM to pursue the initiatives undertaken during this visit, two other suggestions may be in order; implementation of either will require the active collaboration of funders.

- Make "capital investments" now. These are expenditures in fixed physical assets -- buildings, equipment -- as well as one-time expenditures on information programs. If greater financial self-reliance is required in the future (as is probable), the Asociacion will be better able to shoulder operating costs than major investments. It is, of course, the intention of some funders to finance only the operating costs of projects; this is counter-productive over the long run.

- Consider mechanization of the control system. Office computers have achieved the flexibility and low price to make them attractive alternatives in the accounting, statistics, and inventory departments of many Associations. In that the software would be common to most FPA's, donors migh consider the development of a standard package.

Appendix A

Individuals Contacted

APROFAM

Dr. Roberto Santiso Galvez
Executive Director

Dr. Luis Galich
Medical Director

Victor Hugo Fernandez
Administrative Director

Rolando Sanchez
Direct Distribution Director

Sara C. de Molina
Community Distribution Director

Antonio de Leon
Programmer

Cesar Aguirre
Administrator, Consolidados Program

Jesus Navarro
Chief, Training

Edgar Cifuentes
Sub-Director, Southwest Region

James Mondloch
Director, Indian Communication Project

USAID/Guatemala

Scott Edmonds
Population

APROFAM's pioneering efforts in family planning in Guatemala go back fourteen years to 1965. Although the Ministry of Health has, during some of those fourteen years, also offered family planning services, the inconsistency of the government's attitude regarding family planning has made the Ministry an uncertain ally in efforts to extend contraceptive protection throughout the country. Either the government has been unable or unwilling on occasion to provide contraceptive protection to couples that have no other access to the service. As a consequence, this has left a lacuna in coverage which the private association, APROFAM, has moved in to fill.

Uncertainty regarding the role that the Ministry was playing or would play in the immediate future has often prevented APROFAM from developing a national strategy for providing contraceptive protection. On the one hand, APROFAM has not always been able to determine, with any precision, the acceptable boundaries of its own activities in a national program and, on the other hand, international donors have clung to the often forlorn hope that the Ministry would adopt a more vigorous role in the provision of contraceptive service. This has led to a situation in 1979 where perhaps a majority of Guatemalan couples do not enjoy ready access to family planning services, and the private association has developed its independent delivery capability largely in the capital city; projects and programs outside of the Capital either depended upon the active involvement of the Ministry or, where they were exclusively APROFAM projects, tended to be small and somewhat experimental in nature. It thus became incumbent upon the private association to develop a national strategy with an eye to consolidating those small projects and programs already in place outside of Guatemala City and to develop the base for expanding contraceptive coverage in as many areas of the country as political feasibility and resources permitted.

This task is greatly complicated by the vicissitudes of Guatemalan politics, the transient priorities of major international donors, and the physical and personnel resource limitations of the Asociacion. To these constraints must be added the peculiar nature of Guatemalan society, which is remarkable more for its heterogeneity than for any other characteristic. Variations in terrain, ethnography, and language demand not one but an arsenal of operational strategies to increase user acceptance of contraceptives and provide easy access to services. This great heterogeneity, more than any other factor, argues strongly for a regional organization of services as opposed to centralized organization.

Against this spectrum of problems and obstacles is arrayed the quality and dynamism of APROFAM's personnel. The consultant has, on several previous occasions, asserted that APROFAM is the best led, most dynamic family planning program in Central America. This positive endorsement was corroborated by a recent AID-requested assessment of the bilateral population program in Guatemala. The second bright spot in the panorama is the timeliness and extent of the support provided by the USAID mission to APROFAM in meeting both its resource as well as political problems.

Regionalization.

The absence of a regional structure has given rise to a variety of small problems. First, there is the cost and inconvenience of running a program from the capital city in a country as large as Guatemala. Second, the projects and programs that exist outside of the capital operate largely in isolation from one another. The coordinating mechanisms in place often fail to provide the synergy that one would hope for in a program of this type. Third, the distance between projects and their complexity has led, on occasion, to sporadic supervision, and the structure of the organization--by project--can easily give rise to rivalry between projects. Consequently, it is to be hoped that regional organization will overcome the previously observed tendency to fragmentation of projects and to duplication of effort in the field. Additionally, it is anticipated that a regional organization will allow a better fit between programs and opportunities in each area of the country.

There are some practical problems to be overcome in regionalizing an organization such as APROFAM. First, and common to most social service organizations in the developing world, regionalization or decentralization shifts the administrative load on to those least prepared to bear it. Secondly, decentralization can decrease control over policy-sensitive issues; this, of course, is a major concern in a political environment as unstable as that found in Guatemala. Third, as in any change, new relationships must be forged, which creates uncertainty, and the existence of an entrenched system leads to a tendency, not pronounced in APROFAM, to protect existing turf. Finally, it might be feared that the government would view the regionalization of the provision of services by APROFAM as a major effort on the part of the Asociacion to preempt family planning activities in Guatemala; this could provide yet another excuse for the traditional foes of family planning to attack the program. In a conceptual sense, the most difficult of these practical issues is how to maintain close policy control at the central level yet give sufficient autonomy to regional directors so that they can consolidate and execute programs at the operational level.

Previous Work.

The consultant has been involved in previous work on the management and structure of the organization. However, only during the past eighteen months has it become clear to the consultant that perhaps a regional structure would be the best response to the emergent demands upon APROFAM; consequently, some initial work has taken place to ease the transition from centralized to regionalized organization:

In December of 1978 it was proposed that four criteria be employed to define the regions through which the program would operate. First, it was deemed desirable to incorporate only complete departments (analogous to states or provinces) within a region. This was to facilitate communication and interaction between health and public officials with departmental responsibilities. Second, it is certainly appropriate that ethnic and linguistic homogeneity be maximized within any one region in that information and moti-

vation programs would be strongly influenced by this factor. Third, it was contemplated that similar potential, receptivity, and problems for the introduction of family planning would coexist in a region. And fourth, where possible, that transportation facilities would provide easy movement to all areas of the region. The first attempt to apply these criteria resulted in the creation of six regions. The personnel resources of the association, as well as the potential for funding regional sites, made this an unrealistic number of regions, and the total was subsequently reduced to four.

To deal with the problems of maintaining centralized policy control while granting local operational autonomy, it was decided very early on to ask current program directors to perform the dual function of regional direction and program direction. There are some obvious problems with this type of dual assignment: Most notably, it asks an individual to play two roles, that of line manager as well as staff on almost alternate days and confusion between the two roles can have unfortunate results at the operating level. Weighing heavily against this disadvantage is close control on policy; only the program directors were judged to be intimately in tune with the political realities of the environment as well as the policies of the organization. It might also be observed in passing that this double assignment allows the association to side-step the tricky personnel issue of stripping authority from those individuals who presently occupy the posts of program directors; in point of fact, their authority is slightly enhanced by the change. Given that the director of each region could not dedicate full time to the operational problems within the region, it was further decided to name a sub-director within each region. The sub-director would live at the regional site and would handle the daily supervision and administration of the programs within the region. The resulting organizational structure, when reduced to an organization chart, looks something as follows.

Executive Director

Operations	Support
- Region I	Medical -
- Region II	Admin. -
- Region III	Eval. -
- Region IV	Commun. Dist. -
	Dir. Dist. -
	Training -
	Res. Dev. -
	Info. -
	Etc. -

One further post was created, a post that has long been lobbied for by different donors, which is that of programmer. The job of programmer is to mediate between the regional directors and the programs in order to facilitate the orderly and equitable distribution of programmatic resources among the regions. It was not contemplated that resource allocation would lead to conflict due to the necessity for program directors to aid one another in order to receive resources in their own regions and because of the history of harmonious teamwork within the association among the same individuals. Nevertheless, a programmer was thought desirable to facilitate, if only in a mechanical sense, the orderly planning of resource utilization throughout the association.

Appendix C

Desglose-Presupuesto Preliminar '80

Region Sur-Occidental

Salarios	Administracion (Admon)	
	Sub-Director	$ 2,400
	Secretaria	1,080
	Programa Consolidado (Con)	
	Medico-Laparoscopista (½ pagada por AVS)[4]	7,200
	Enfermera Graduada	3,300
	2 Enf. Aux. (TP)[1]	3,000
	Cito-Technologo (TP)	1,800
	Supervisora de Promotores	3,300
	5 Promotores	13,500
	Medico-Laparoscopista (Unidad Movil)	8,400
	Enfermera Graduada (Unidad Movil)	3,000
	Sub-Director	2,400
	Secretaria	1,080
	Guardian	1,800
	Programa Distribucion Directa (DD)	
	Visitador Medico	3,600
	Distribucion Comunitaria (DCA)	
	Supervisor	4,560
	2 Promotores	3,864
		$ 64,284
Transporte	Admon	
	Sub-Director[4]	
	Con	
	Alquiler de Vehiculo	$ 7,380
	Gasolina	2,400
	Transporte, Pacientes	600
	Supervisora	6,000
	Promotores	2,700

[1] TP - tiempo parcial

[2] 1/6 parte del presupuesto total de esta actividad

[4] Fondos no asignados (12-12-79)

	DD	
	Gasolina ($80/semana)	$ 3,840
	Mantenimiento 7 reparacions ($75/mes)	900
	DCA	
	Supervisor	1,800
	Promotor	840
		$ 26,460
Viaticos	Admon	
	Sub-Director[4]	
	Con	
	5 Promotores	$ 3,000
	Supervisora	1,800
	Personel Unidad Movil ($200 x 12)	2,400
	DD	
	Visitador Medico ($18 x 10 dias x 12 meses)	2,160
	DCA	
	Supervisor ($15 x 15 dias/mes)	2,700
	Promotores (2 x $60/mes)	1,440
		$ 13,500
Servicios Profesionales		
	Con	
	Alquiler de Clinicas	$ 7,200
		$ 7,200
General	Con	
	Alquiler	$ 3,600
	Servicios de agua, luz, etc.	1,200
	Suministros de Oficina[2]	500
	Alimentos, pacientes[2]	500
	Suministros, Mantenimiento y Limpieza	900
	Medicinas	1,200
	DD	
	Telegramas	60
	Papeleria, Mostradores, etc.	1,000
	Miscelanea	100

[2] 1/6 parte del presupuesto total

[3] La mitad de los indirectos se queda en la oficina central, la otra mitad se asigna a la region.

[4] Fondos no asignados (12-12-79)

DCA

Gastos generales (6% de gastos generales)[3]	$ 912
	$ 9,972
TOTAL	$ 121,416

[3] La mitad de los indirectos se queda en la oficina central, la otra mitad se asigna a la region.

Appendix D

Desglose-Presupuesto Preliminar Marzo-Diciembre 1980

Region Oriental
(Izabal, Zacapa, El Progreso, Chiquimula, Baja Verapaz)

Salarios	Administracion (Admon)	
	Sub-Director	$ 2,000
	Secretaria	900
	Programa Consolidado (Con)	
	Medico-Laparoscopista (½ pagada por AVS)[4]	6,000
	Enfermera Graduada	2,750
	2 Enf. Aux. (TP)[1]	2,500
	Cito-Technologo (TP)	1,500
	Supervisora de Promotores	2,750
	5 Promotores	11,250
	Medico-Laparoscopista (Unidad Movil)	7,000
	Enfermera Graduada (Unidad Movil)	2,500
	Sub-Director	2,000
	Secretaria	900
	Guardian	1,500
	Programa Distribucion Directa (DD)	
	Visitador Medico	3,000
	Distribucion Comunitaria (DCA)	
	Promotores	1,540
		$ 46,090
Transporte	Admon	
	Sub-Director[4]	
	Con	
	Alquiler de Vehiculo	$ 6,150
	Gasolina	2,000
	Transporte, Pacientes	500
	Supervisora	2,250
	Promotores	5,000

[1] TP - tiempo parcial

[2] 1/6 parte del presupuesto total de esta actividad

[4] Fondos no asignados (12-12-79)

	DD	
	Gasolina ($80/semana)	$ 3,200
	Mantenimiento 7 reparacions ($75/mes)	750
	DCA	
	Promotor	350
		$ 20,200
Viaticos	Admon	
	Sub-Director[4]	
	Con	
	5 Promotores	$ 2,500
	Supervisor	1,500
	Personel Unidad Movil ($200 x 12)	2,000
	DD	
	Visitador Medico ($18 x 10 dias x 12 meses)	1,800
	DCA	
	Promotor ($60/mes x 10 meses)	600
		$ 8,400
Servicios Profesionales		
	Con	
	Alquiler de Clinicas	$ 6,000
		$ 6,000
General	Con	
	Alquiler	$ 3,000
	Servicios de agua, luz, etc.	1,000
	Suministros de Oficina[2]	420
	Alimentos, pacientes[2]	420
	Suministros, Mantenimiento y Limpieza	750
	Medicinas	1,000
	DD	
	Telegramas	50
	Papeleria, Mostradores, etc.	830
	Miscelanea	85

[2] 1/6 parte del presupuesto total

[3] La mitad de los indirectos se queda en la oficina central, la otra mitad se asigna a la region.

[4] Fondos no asignados (12-12-79)

DCA

Gastos generales (6% de gastos generales)[3]	$ 150
	$ 7,705
TOTAL	$ 88,395

[3] La mitad de los indirectos se queda en la oficina central, la otra mitad se asigna a la region.

Appendix D

Desglose-Presupuesto Preliminar Marzo-Diciembre 1980

Region Sur-Central
(Jutiapa, Jalapa, Escuintla, Sta. Rosa)

Salarios	Administracion (Admon)	
	Sub-Director	$ 2,000
	Secretaria	900
	Programa Consolidado (Con)	
	Medico-Laparoscopista (½ pagada por AVS)[4]	6,000
	Enfermera Graduada	2,750
	2 Enf. Aux. (TP)[1]	2,500
	Cito-Technologo (TP)	1,500
	Supervisora de Promotores	2,750
	5 Promotores	11,250
	Medico-Laparoscopista (Unidad Movil)	7,000
	Enfermera Graduada (Unidad Movil)	2,500
	Sub-Director	2,000
	Secretaria	900
	Guardian	1,500
	Programa Distribucion Directa (DD)	
	Visitador Medico	3,000
	Distribucion Comunitaria (DCA)	
	Supervisor ($330/mes)	3,960
	4 Promotores ($140/mes)	6,720
		$ 55,230
Transporte	Admon	
	Sub-Director[4]	
	Con	
	Alquiler de Vehiculo	$ 6,150
	Gasolina	2,000
	Transporte, Pacientes	500
	Supervisora	2,250
	Promotores	5,000

[1] TP - tiempo parcial

[2] 1/6 parte del presupuesto total de esta actividad

[4] Fondos no asignados (12-12-79)

	DD	
	Gasolina ($80/semana)	$ 3,200
	Mantenimiento 7 reparacions ($75/mes)	750
	DCA	
	Supervisor	1,500
	Promotor	1,400
		$ 22,750
Viaticos	Admon	
	Sub-Director[4]	
	Con	
	5 Promotores	2,500
	Supervisor	1,500
	Personel Unidad Movil ($200 x 12)	2,000
	DD	
	Visitador Medico ($18 x 10 dias x 12 meses)	1,800
	DCA	
	Supervisor ($15 x 15 dias x 10 meses)	2,250
	Promotores (4 x $60/mes)	2,400
		$ 12,450
Servicios Profesionales		
	Con	
	Alquiler de Clinicas	$ 6,000
		$ 6,000
General	Con	
	Alquiler	$ 3,000
	Servicios de agua, luz, etc.	1,000
	Suministros de Oficina[2]	420
	Alimentos, pacientes[2]	420
	Suministros, Mantenimiento y Limpieza	750
	Medicinas	1,000
	DD	
	Telegramas	50
	Papeleria, Mostradores, etc.	830
	Miscelanea	85

[2] 1/6 parte del presupuesto total

[3] La mitad de los indirectos se queda en la oficina central, la otra mitad se asigna a la region.

[4] Fondos no asignados (12-12-79)

DCA

Gastos generales (6% de gastos generales)[3]	$ 1,095
	$ 8,650
TOTAL	$ 105,080

[3] La mitad de los indirectos se queda en la oficina central, la otra mitad se asigna a la region.

DEBERES Y RESPONSABILIDADES DEL DIRECTOR REGIONAL

GENERALES:

1. Planificar, programar, controlar, implementar, coordinar y evaluar las actividades de la asociación dentro de la Región.

2. Solucionar los problemas técnicos y de coordinación con la asesoría del personal de los distintos programas de la asociación.

ESPECIFICOS:

1. Preparar el plan de trabajo anual de la Región.

2. Preparar el presupuesto anual de la Región.

3. Controlar la ejecución presupuestal.

4. Sugerir la contratación ascenso, y traslado, y amonestar y/o despedir al personal subalterno informando a la Dirección Ejecutiva para los efectos correspondientes, así come sugerirle aumentos de sueldo.

5. Evaluar el rendimiento de las unidades de la Región y tomar las acciones apropiadas para lograr los objetivos de la Asociación.

6. Informar mensualmente a la Dirección Ejecutiva de los resultados obtenidos, problemas y status financiero de la Región.

7. Representar a la Asociación ante las entidades oficiales y privadas.

8. Delegar las funciones que considere necesarias al Sub-Director para el buen funcionamiento de la Región.

9. Controlar y asegurar el mantenimiento de los recursos físicos de la Asociación (inventarios, mobiliario y equipo, vehículos, etc.)

/ndej
12-XII-79

ALTERNATIVAS PARA LA REGIONALIZACION

A pesar de cuidadosa planeación, la Asociación se encuentra enfrentada por la necesidad de considerar estructuras diferentes de aquellas diseñadas hace meses. Esta necesidad es debida a las limitaciones de recursos humanos. Más allá que tres directores de programas ya identificados para dirigir regiones, los demás candidatos tienen responsabilidades inconsistentes con el cargo de director regional o ya llevan un sobrecargo de trabajo.

Por eso es apropiado considerar alternativas a las 4 regiones propuestas antes. Dado las actividades en la capital permanecerán bajo el control de los programas.

Alternativa I: Reagrupar los departamentos en tres regiones para eliminar la necesidad de nombrar un cuarto director regional. Por ejemplo:

a) Región Oriental: Izabal, Zacapa, El Progreso, Chiquimula, Jalapa, Jutiapa.

   Región Sur Central: Chimaltenango, Sacatepéquez, Escuintla, Santa Rosa.

   Ventaja: agrupación de población similar (en la frontera).
   Desventaja: dificultades de acceso a Jalapa y Jutiapa y presencia de un proyecto huérfano de DCA en Jutiapa (no hay otro proyecto de DCA en la región).

b) Oriental: Izabal, Zacapa, El Progreso, Chiquimula, Baja Verapaz.

Sur-Central: Santa Rosa, Jutiapa, Jalapa,Escuintla, Chimaltenango, Sacatepéquez.

Ventajas:Buen acceso dentro de regiones; homogeneidad de actividades.

Desventaja: Posible sobrecargo de trabajo (actividades establecidas) en Sur-Central.

Alternativa II: Reducir el tamaño de la Región Central para que una persona ya cargada con trabajo pueda manejar la región. Por Ej.

Región Central: Chimaltenango, Sacatepéquez

Región Sur-Central: Escuintla, Santa Rosa, Jutiapa, Jalapa.

Región Oriental: Izabal, Chiquimula, Zacapa, El Progreso (Baja Veparapaz).

Desventaja: Desbalance entre regiones.

Alternativa III:Dejar la Región Central bajo el control de los programas por el momento, pasando estos departamentos a las regiones en el futuro.

Región Sur-Central: Escuintla, Santa Rosa, Jutiapa, Jalapa.

Región Oriental: Izabal, Zacapa, El Progreso, Chiquimula, Baja Verapaz.

Ventaja: Evitar roces con personal medico.

Desventaja: Cargo adicional para los programas.

MB/ndej

REGION SUR-OCCIDENTAL

Programa: Distribución Comunitaria

Distribuidor _____ Período: Del _____ de 19__

Lugar: _____ al _____ de 19__

Método	Saldo anterior	Saldo Actual	Distribuido	Valor	Reabastecido
Oral					
Condón (3)					
Tabletas					
Cremas					
Espumas					
			Total	Q.	

Exoneraciones

Nombre	Método	Valor	Fecha	Firma
	Total	Q.		

f: _____
Distribuidor

Vo.Bo. _____
Nombre y Firma
Promotor

/ndej

Referencias:

Nombre	Fecha	Referida:	Para:

REGION SUR-OCCIDENTAL

Programa: Distribución Comunitaria

Promotor: _____ Período: Del _____ de 19___

Lugar: _____ al _____ de 19___

Métodos	Saldo Anterior	Saldo Actual	Distribuido	Valor Dist.	Valor Exon.	Dinero	Reabastecimiento
Oral				Q.	Q.	Q.	
Condón (3)							
Tabletas							
Cremas							
Espumas							
			Totales	Q.	Q.	Q.	

f: _____

Promotor

Vo.Bo. _____

Nombre y Firma
Visitador Médico

/ndej
12-XII-79

Control de Inventarias

	Distribuidor	Oral	Condón (3)	Tabletas	Cremas	Espuma
1.						
2.						
3.						
4.						
5.						
7.						
8.						
.						
.						
.						
25.						

24-A

REGION SUR-OCCIDENTAL

Programa: Distribución Directa

Período: Del _____ al _____ de 19___

Distribución Comunitaria

Métodos	Distribuido por Promotores	Valor Distribuido	Valor Exonerado	Dinero	Reabastecido
Oral					
Condón (3)					
Tabletas					
Cremas					
Espumas					
	Totales	Q.	Q.	Q.	

Distribución Directa

Métodos	Distribuido por Centros y Puestos de Salud	Valor Distribuido	Valor Exonerado	Dinero	Reabastecido
Oral					
Condón (3)					
Tabletas					
Cremas					
Espumas					
	Valor	Q.	Q.	Q.	

_____
Nombre y Firma
Visitador Médico

Vo.Bo. _____
Sub-Director

/ndej
13-XII-79

CONTROL INVENTARIO

Métodos	Entregado	Reabastecido	Devuelto
Oral			
Condón (3)			
Tabletas			
Crema			
Espuma			

ASOCIACION PRO-BIENESTAR DE LA FAMILIA DE GUATEMALA

APROFAM

APARTADO POSTAL 1004 • TELS. 81069 - 81586 • CABLE: ASOFAMGUA

ANEXO

REGLAMENTO DE PEDIDOS Y COMPRAS

PARA LAS REGIONES

La Junta Directiva de la Asociación Pro Bienestar de la Familia de Guatemala

ACUERDA:

Artículo No. 1: Los pedidos deberán formularse por el personal encargado de la utilización y manejo de los artículos consignados con el Vo. Bo. del Director de la Unidad y la autorización del Sub-Director Regional.

Artículo No. 2: Es responsabilidad del Director Regional y Sub-Director Regional, previo a poner su Vo. Bo. a cualquier pedido, establecer la validez del mismo y comprobar las necesidades de un requerimiento a fin de que las solicitudes contengan únicamente los materiales, equipos o servicios necesarios para un período de tiempo y atención de actividades estrictamente programadas.

Artículo No. 3: Previo a la autorización, la Sub-Dirección Regional comprobará si está presupuestado el gasto.
Si está presupuestado el gasto se tramitará el pedido, En el caso de que no esté presupuestado el gasto, la Dirección Regional consultará con la Dirección Ejecutiva para aprobación o rechazo

de la solicitud.

El trámite de bodega y almacén deberá hacerse llenándose los requisitos establecidos en el Sistema Contable vigente y las recomendaciones de Auditoría.

Artículo No. 4: Las compras locales podrán hacerse:

a) Por caja chica

b) Por cotización

Artículo No. 5: Se efectuarán compras locales por Caja Chica hasta por la suma de Q. 15.00.

Artículo No. 6: Para compras mayores de Q. 15.00 hasta Q. 99.99, será necesario obtener por lo menos 2 cotizaciones; para compras mayores de Q. 99.99 el pedido será realizado por medio del Depto. Administrativo para su tramitación.

Artículo No. 7: La compra y obtención de servicios mayores de Q. 15.00 hasta Q. 99.99 deberá tener una calificación escrita del Sub-Director Regional y el Vo. Bo. del Director Regional en la cotización adjudicada con las anotaciones pertinentes según lo demande el caso.

Artículo No. 8: Quedan exceptuados de los requisitos de cotización, el artículo a comprar y/o servicio que sea proporcionado por un solo proveedor, previa comprobación de este extremo.

Artículo No. 9: Cuando se trate de compras relativas al 40% que el Ministerio de Salud Pública tiene derecho de acuerdo al conve-

nio con el Programa de Distribución Directa, se hará por medio del Departamento Administrativo.

Artículo No. 10: La Unidad o División que solicita la compra deberá tener una copia de la solicitud de compra, para su archivo, con el objeto de un adecuado control de sus solicitudes.

Artículo No. 11: El presente anexo al reglamento entrará en vigor en la fecha que se apruebe por la Junta Directiva de la Institución y únicamente podrá ser derogado total o parcialmente, mediante acuerdo específico de dicho cuerpo.

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ASOCIACION PRO-BIENESTAR DE LA FAMILIA DE GUATEMALA

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ANEXO

REGLAMENTO DE ELABORACION Y FIRMAS DE CHEQUES

PARA LA DIRECCION REGIONAL

1. Para que la Dirección Regional emita un cheque debe acompañarlo cualquiera de los siguientes documentos:
   a) Factura legal debidamente cancelada y sellada de recibida en bodega cuando se trate de un bien adquirido*.
   b) Recibo por un servicio prestado a la Asociación (honorarios profesionales) debidamente firmado por el funcionario que supervisó dicho servicio.
   c) Recibo por anticipo para viáticos y/o comisiones a desarrollar.
   d) Planillas de sueldo y/o conferencias.

2. Todos estos documentos deben ser autorizados por el Sub-Director Regional, previo a la emisión del cheque.

3. El Sub-Director Regional preparará el cheque tomando en cuenta que este desembolso deberá afectar los presupuestos que han sido aprobados para la región.

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* Cuando se trate de compras debe ser acompañado de la orden de compra respectiva.

4. Para pagarse los cheques, deberán estar firmados por dos personas, siempre las firmas autorizadas, y sus normas son las siguientes:

Director Regional

Sub-Director Regional

Durante la ausencia de uno de los dos arriba mencionados, los sustituirá el Director Administrativo.

5. Para pagos emitidos a nombre de cualquiera de los funcionarios autorizados para firma, no podrán ser firmados por dicho funcionario.

6. Para cheques emitidos a nombre de un funcionario autorizado para firma dicho cheque deberá ser firmado por un funcionario superior jerárquicamente, salvo el caso del Presidente de la Junta Directiva.

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ASOCIACION PRO-BIENESTAR DE LA FAMILIA DE GUATEMALA

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PROCEDIMIENTO DE COMPRAS

PARA LAS REGIONES

1o. La persona interesada después de establecer que no hay existencia en bodega, debe llenar un formulario de solicitud de compra del material y/o artículo que necesita.

2o. El Sub-Director Regional revisará y pondrá su Visto Bueno a dicha solicitud.

3o. El Director de la Región verificará la validez de la solicitud, comprobando las necesidades de su requerimiento y que sea para ser utilizada en actividades programadas o presupuestadas.

4o. El Sub-Director Regional llenará el formulario de Cotizaciones de precios necesarios, para ser entregado a los proveedores. La cotización de precios debe contener:

a) La descripción del artículo que se desee comprar, resaltando las características como dimensiones, voltaje, volumen, cantidad requerida, etc.

b) Fecha de entrega que ofrece el proveedor.

c) Fecha de cotización.

d) Firma y sello del proveedor que recibe la cotización.

e) Firma y sello del solicitante.

5o. El Sub-Director Regional presentará al Director las solicitudes de compra, acompañadas de sus respectivas cotizaciones para la autorización de la compra y la emisión del cheque por la cotización que fuera aprobada explicando, si es necesario, por cuales cotizaciones hay que esperar a que presenten la - factura debidamente cancelada y con el sello de recibido de la bodega.

6o. Los cheques seguirán su trámite correspondiente para ser firmados.

7o. Después de efectuada y cancelada dicha compra, el Sub-Director Regional dará aviso inmediato al interesado de que el artículo solicitado se encuentra a su disposición en bodega.

8o. Este procedimiento se completa aplicando el reglamento respectivo.

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Adjunto: Formularios a usarse

ASOCIACION PRO BIENESTAR DE LA FAMILIA
DE GUATEMALA

SOLICITUD DE COMPRA No. _____

NOMBRE DEL SOLICITANTE _____

PROYECTO O PROGRAMA _____

USO OFICINA CENTRAL:

PARTIDA PRESUPUESTARIA _____

AGENCIA FINANCIERA _____

Favor de comprar los siguientes artículos:

CANTIDAD	DESCRIPCION Y CARACTERISTICAS

JUSTIFICACION: _____

_____ de _____ de 19___
Ciudad

_____ _____
Vo.Bo.Sub-Director Regional Firma del Solicitante

AUTORIZADO: _____
Dirección Regional

Original para Dirección Regional y Duplicado para Administración
c.c. La oficina Interesada