



APROFAM Achieves Its Sustainability Goals While Continuing to Fulfill Its Mission

What was the project?

- The organization** Asociación Pro-Bienestar de la Familia (APROFAM) in Guatemala is an IPPF affiliate that provides a wide variety of services related to family planning (FP), reproductive health (RH), maternal and child health, laboratory testing, and other basic health programs throughout the country. With a 35-year history as Guatemala's principal FP/RH agency, APROFAM has contributed significantly to the recent positive environment for FP. It is the second-largest single family planning provider, after the MOH and social insurance institute, which now provide contraceptives for free. While APROFAM's target population is primarily the lower- and lower-middle classes, its Rural Development Program serves some of the country's poorest groups, including the majority indigenous Mayan population in the highlands. Although IPPF is the principal philosophical, technical, and financial supporter of APROFAM, the organization has received substantial financial support from USAID.
- The challenge** In the mid-1990s, facing probable reduction in donor funds and ongoing pressure from USAID and IPPF for sustainability, APROFAM was forced to re-examine its strategies and practices. Within this context USAID asked MSH to strengthen APROFAM's management and organizational performance to meet sustainability goals while also supporting the Mission's Intermediate Results, which are: 1) *More families use quality maternal and child health services*; and 2) *Maternal and child health programs are better managed*.
- The interventions** MSH pursued a holistic approach to management development from 1995 to 2002. All interventions were consistently linked with the goals of improved service delivery quality, coverage, and responsiveness to client needs. Management interventions included:
- Facilitating the establishment of a framework, vision, and direction for the evolution of APROFAM from principally a family planning service provider to a highly diversified family health organization.
 - Assisting and supporting diversification of the services and financial sustainability of clinics by applying or developing:
 - MSH's Cost-Revenue Analysis Tool (CORE) in coordination with clinical services expansion and diversification efforts;
 - an USAID investment project to buy/build/remodel clinics and purchase equipment;
 - APROFAM's marketing capacity to support services diversification;
 - analyses and redesign of client-flow and better utilization of clinic space;
 - training plans related to services diversification;

- protocols for a national marketing system oriented towards building a competitive niche;
- business plans for clinics.
- Conducting organization-wide strategic planning and departmental re-engineering. MSH reworked or developed new policies, procedures, manuals, and instruments that defined the re-engineering process. All major management systems were affected, including human resources, information, logistics, finance, and quality assurance (which encompassed marketing and medical quality). The re-engineering process focused on decentralization, diversification, and integration of clinic services to improve efficiency, productivity, and quality of management and services.

What was the purpose of the evaluation?

Given the importance of the project and MSH's long-term and in-depth involvement across multiple management systems, M&L decided to examine the impact of sustained and integrated management development technical assistance on service delivery, self-income generation, and overall sustainability of the inputs and changes introduced to APROFAM.

The evaluation plan reviewed:

- how APROFAM incorporated these new management inputs into its existing management structure and systems.
- the empirical results of organizational change on management effectiveness, financial sustainability, and the delivery of clinical services and products.

The evaluation methodology used:

- semi-structured qualitative interviews with senior staff, rural development coordinators, field managers, community educators, and voluntary promoters.
- observation visits to four clinics, including the bi-annual application of CORE at one large clinic.
- detailed review of APROFAM managerial documents and records.
- analysis of financial and service delivery data.

What did the project achieve?

Management effectiveness

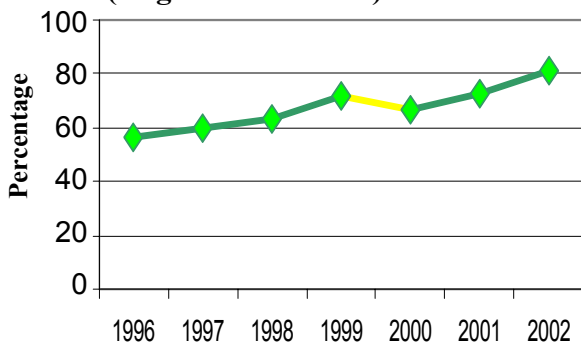
- A new culture in APROFAM understands and has internalized the processes undertaken with MSH so that they now constitute the main management tools. Changes in operations are institutionalized and sustainable.
- Four of five departments have undergone successful re-engineering and restructuring.
- Successful re-engineering of the marketing department has produced an internal and external service focus on quality. This focus on quality is a prominent feature of the "new" APROFAM culture. The marketing department provides forward-looking information for planning and monitoring and is a unifying force for institutional identity and culture.
- The new culture is typified by "systems thinking" in which department leaders and staff think about the implications of changes in their own sphere and in other areas as well. This is key to APROFAM's current success and bodes well for the future.

- Another major culture shift is that while APROFAM operates internally as a commercial enterprise, it remains committed to its NGO identity; it is still governed by social goals, mission, and vision.

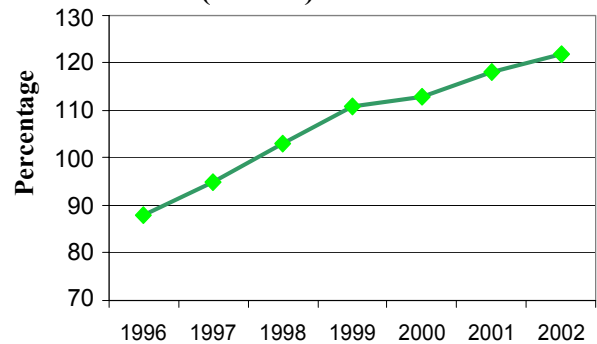
Financial sustainability

- APROFAM has made a transition from a traditional NGO highly dependent on donor contributions to a viable enterprise.
- Financial sustainability of the overall organization increased from about 50 percent in 1995 to 81 percent in 2002.
- Sustainability of clinic services went from 88 percent to 122 percent from 1996 to 2002.
- APROFAM is positioned to expand its degree of financial independence into the future, even assuming a decrease in major donor funding.

Rate of Revenue vs. Operating Costs (Organization-wide) 1996 – 2002



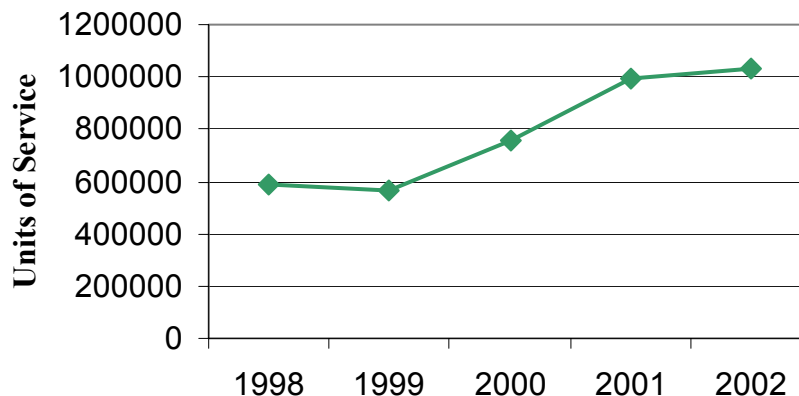
Rate of Revenue vs. Operating Costs (Clinics) 1996 – 2002



Service delivery

APROFAM's growth in revenue has been exceptional. This is especially true in light of recent competition from the MOH, which provides free contraceptive methods. The decline in APROFAM's family planning users has been more than compensated for by the increase in users of other health services. This is due to the diversification and expansion of clinical services, the depth and breadth of the marketing efforts developed by MSH, and their ongoing application by APROFAM.

Growth of All APROFAM Services 1998 - 2002



Technical assistance process

- Partnership approach: MSH listened to APROFAM’s needs and end goals. We did not arrive with a predetermined package of changes and activities.
- Joint vision: MSH and APROFAM developed a specific vision of the final destination of the re-engineering process. The Executive and Board of Directors provided the political will to ensure that activities related to the change process would be carried out and monitored.
- Technical consultants selected by MSH were competent and enabled APROFAM staff to have confidence that goals could be achieved. MSH’s use of a “south-to-south” strategy—that is, using Latin American experts to provide much of the TA—was effective.
- APROFAM was willing to accept and manage risk, such as the serious risk that the rate of staff turnover would rise as each department was re-engineering.

External factors

- The timeframe and financial assistance were adequate to the goals of the project.
- USAID/Guatemala’s financial assistance was key in upgrading physical infrastructure and equipment needed to diversify services.

Source

Timothy Farrell, PhD, “An Evaluation of the Effects of Re-Engineering for Sustainability, APROFAM-Guatemala,” Faro Global, Inc., Guatemala, June 2003.

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