

PD- *FINAL* Report  
ABQ-548  
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International Planned Parenthood Federation,  
Western Hemisphere Region, Inc.



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The Transition Project

*EXPANSION AND IMPROVEMENT OF FAMILY PLANNING  
SERVICES IN LATIN AMERICA AND THE CARIBBEAN:  
THE TRANSITION TO SUSTAINABLE PROGRAMS*

**FINAL REPORT**

December 31, 1997  
CCP-3065-A-00-2018-00

# THE TRANSITION PROJECT

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“Expansion and Improvement of Family Planning Services  
in Latin America and the Caribbean:  
The Transition to Sustainable Programs”

July 01, 1992 - September 30, 1997

CCP-3065-A-00-2018-00

### STAFF

*Alvaro Monroy, Project Director*  
*Julie Becker, Associate, HIV/STD Prevention*  
*Mercedes Camargo, Budget Coordinator*  
*Maria Cristina Ramirez, Regional Supplies Officer*  
*Nicholas Frost, Junior Program Officer*  
*Victoria Fuentes, Resident Coordinator, Mexico Office*  
*Jeanette Guzmán, Accounting/Budget Assistant*  
*Ilze Melngailis, Sustainability Analyst*  
*Iliana Moreno, Administrative Assistant, Mexico Office*  
*Jessie Schutt-Ainé, Research Assistant*  
*Maricela Ureño, Program Officer, HIV/STD Prevention*  
*Timothy Williams, Senior Project Analyst*

### FORMER STAFF

*Marcia Townsend, Project Director*  
*Dorca Cifuentes-Tapia, Supplies Assistant*  
*Alessandra Durstine, Sustainability Analyst*  
*Inés Escandón, Program Assistant*  
*Fabio González, Project Accountant*  
*Judith Heichelheim, Program Assistant, HIV/STD Prevention*  
*Sarita Kumar, Senior Regional Supplies Coordinator*  
*Elizabeth Leitman, Program Assistant, HIV/STD Prevention*  
*Ann Lion Coleman, Project Co-Director*  
*Claudia Mora, Program Assistant, HIV/STD Prevention*  
*Dina Olagibel, Accounting/Budget Assistant*  
*Florencia Roitstein, Director, HIV/STD Prevention*  
*Ketty Rosario, Program Assistant, HIV/STD Prevention*

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## FINAL REPORT

### I SUPPORT TO FAMILY PLANNING ASSOCIATIONS - *In-Country Sub-Grants, Matching and Non-Matching Grants*

#### A The Transition Project

##### 1. Project Goals & Objectives

The Transition Project was a Cooperative Agreement between IPPF/WHR and USAID to increase the sustainability of select family planning organizations in Latin America and the Caribbean. The Project succeeded the Matching Grant Project, which had run from 1986-92 with the main objectives of expanding and improving family planning services at most of the same organizations. In essence, the main goal of the Transition Project was to preserve of the gains achieved during the Matching Grant as much as possible.

This goal presented Project FPAs with a substantial challenge. During the Matching Grant, USAID provided about US\$5.3 million per year to recipient FPAs, plus over \$1 million per year in donated contraceptives. Most of the FPAs focused these donations on projects to benefit low-income, needy populations with services which they could not otherwise access. Given the focus on low-income clients, prices were kept low, and most services recovered only a small portion of their costs. Likewise, most of the projects had very little potential to recover costs in the future if they were to continue focusing on the poor. If the services supported through these projects were to be maintained, the FPAs would need to develop new sources of income, much of it from local sources. This would be no easy task; the USAID donations supported between 15% and 40% of total FPA expenses, and over 50% of program (as opposed to administrative) costs.

In order to fully analyze Transition Project achievements, it is worth reviewing the specific goals and objectives of the Project. According to the Cooperative Agreement, its original goals were (1) to improve and expand family planning services in Latin America and the Caribbean, and (2) to assist FPAs to make the transition to sustainable programs without USAID funding. To achieve these goals, the Project had the following objectives:

- increase access to family planning services;
- broaden the range of contraceptive methods available in skewed method mix settings;
- strengthen the institutional capacity of family planning programs;
- develop and promote strategies to achieve greater sustainability of programs;
- evaluate performance and impact of programs;
- document and disseminate lessons learned.

Early in the life of the Project, however, it became apparent that it was unrealistic to expect the Project to achieve its two main goals (service expansion and financial sustainability) simultaneously. The Management Review of the Project (December 1993) recognized this on an informal level, and the Mid-Term Evaluation (June 1995) did so more explicitly.

## 2. Definition of Sustainability

*In December 1993, USAID conducted a management review of the Transition Project which concluded (and this team agrees) that the first objective of the Cooperative Agreement, increasing service volume, was incompatible with the focus on program sustainability. Therefore USAID and IPPF/WHR agreed informally that service expansion should not be an objective of the Transition Project. While FPAs might choose to expand services, service expansion should be an internal FPA decision rather than a project objective.*

- Mid-Term Evaluation, 1995, p.3

As a result of these decisions, most Project activities began to focus on sustainability, with service maintenance, as opposed to expansion, an important component of that goal. A necessary step in the process to moving the FPAs toward sustainability was to clearly define the concept. This was one of the first achievements of the Project and helped guide Project FPAs toward a common goal. The definition we developed was as follows:

*. . .the ability of an FPA to recover, with local income, the cost of family planning services previously funded by USAID, and to continue providing the same volume and quality of services to low-income populations.*

This definition was developed through a participatory process among Project staff. It has a heavier focus on the replacement of USAID funds than many other definitions of sustainability, but this was consistent with the reality of the Project. USAID proposed and enforced a strict timetable for the phase out of their support to each FPA in the Project, putting the FPAs under substantial pressure to develop new income sources before that time. USAID support to the FPAs was withdrawn from the Project FPAs according to the following schedule:

December 1992	PLAFAM/ Venezuela
December 1993	AUPF/ Uruguay
December 1994	FPATT/ Trinidad and Tobago
December 1994	BFLA/ Belize
December 1995	APROFA/ Chile
September 1996	PROFAMILIA/ Colombia; CEPEP/ Paraguay

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September 1997<sup>2</sup>

BEMFAM/ Brazil; FEMAP/ Mexico; MEXFAM/  
Mexico;  
INPPARES/ Peru

The definition is noteworthy in that it allowed us to conceptualize the idea of sustainability in terms of four concrete components: financial self-sufficiency (including replacement of USAID funds), service volume, service quality and maintenance of services for the needy. This made it an operational concept that gave FPAs clear goals to shoot for and made its evaluation relatively straightforward. Finally, it is important to point out that we purposefully defined sustainability in this way to emphasize that it is not simply a financial concept. If an FPA succeeded in becoming financially self-sufficient, but had to sacrifice service volume, quality, or a focus on the needy in order to do so, we would not consider true sustainability to have been achieved.

### 3. Main Strategies and Activities

In order to achieve these ambitious goals, FPAs tried a wide range of innovative strategies to become more sustainable. The basic approach can be summarized in terms of four general strategies:

- Replacing the USAID grant with new local income;
- Reducing costs and increasing efficiency;
- Forming partnerships with other service providers; and
- Diversifying sources of national and international income (project development and fund raising).

Most FPAs tried some combination of the four approaches. It is unlikely that any one of them, if tried in isolation, would be successful.

More specifically, FPAs tried a number of different strategies within these approaches to improve their sustainability. Many of the strategies, naturally, depended on having clients pay a greater share of the cost of the services. Examples include service diversification, "middle class" clinics, commercial marketing, and increased fees for family planning services. Other strategies could be classified as those which seek to "share the burden" of providing services to the poor among several different service providers and donors. Examples of this type of strategy include implementing mechanisms to increase efficiency/ save costs, forming partnerships with other service providers, establishing endowment funds (in the case of PROFAMILIA, and IPPF/WHR affiliates), establishing rotating funds for commodities, and developing proposals for new projects. Each of these strategies

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BEMFAM, MEXFAM, and FEMAP will continue receiving reduced amounts of support directly from the USAID missions in their countries, at least for one additional year. INPPARES will receive support from USAID funded CAs.

is described briefly below.

*a. Service Diversification:* This is the model pioneered by PROFAMILIA-Colombia and used by almost all FPAs in the Project, and indeed in the region. In essence, the strategy is to add diversified services to the mix of available services in FPAs clinics, and to charge fees for services which more than cover their costs. The net income generated through those services is then used to support family planning services for needy populations, which PROFAMILIA still considers to be its main mission. The new services are most likely to be reproductive health services related to family planning, such as PAP smears, pregnancy test, and STI diagnosis and treatment. But many FPAs, including PROFAMILIA, have launched unrelated specialized health services such as dentistry, ophthalmology and minor surgery. But in all cases, the general idea is to offer such services at a profit to subsidize services more closely related to the FPAs' missions.

As mentioned, almost all Project FPAs have used this strategy with substantial success. An interesting exception is AUPF in Uruguay. When AUPF tried to diversify their services, they found substantial competition from private sector providers and from Uruguayan HMOs, which offered most health services for free or as part of a pre-paid plan. AUPF, therefore, was unable to generate net income within a reasonable time frame. But most of those other service providers did not provide family planning as part of their service. AUPF is the main provider of low cost family planning in the country and was in a strong competitive position. So rather than diversifying, AUPF was able to recover more costs directly from its family planning services.

In general, however, service diversification has been one of the most widely used and most successful of the Project's sustainability strategies.

*b. "Middle Class" Clinics:* In this strategy, it is not so much a new service as a new *site* that is supposed to generate net revenue. The strategy is based on the concept of establishing a new clinic, or clinics, in a location consistent with a clientele that has the capacity to pay profitable fees for services. The net income generated can be used to support social services in other clinics or programs. This strategy has been used mainly by MEXFAM and AUPF, with mixed results. At MEXFAM, where the Transition Project supported the creation of 10 new income-generating reproductive health clinics, the concept seems to have worked fairly well. Most clinics in the network are more than 100% self-sufficient and provides a small net income to subsidize some of the cost of MEXFAM's social services. Not all of the clinics, however, proved successful, and some had to be shut down. Likewise, in Uruguay, AUPF had little success with a sterilization clinic that was opened in a nice area in the center of Montevideo. Eventually, that clinic, too, was shut down, and the equipment moved to the FPA's main clinic.

Despite these mixed results, we believe that when this strategy is carried out in a well-thought-out way, with an accompanying sound marketing plan, it can be a successful way to generate a small amount of additional income, which in turn can be a useful support to an organization's costly social

programs.

*c. Commercial Marketing:* In this strategy, an FPA would establish a program, department, or separate arm to market specified products or services. BEMFAM, AUPF, and FPATT have all undertaken new commercial marketing initiatives, mainly to sell condoms at profitable prices. MEXFAM has aggressively promoted some of its new "middle class" clinics with a mass media advertising campaign. PROFAMILIA has had a marketing department since before the Transition Project began; it markets a wide range of contraceptives and other products to pharmacies and doctors.

In general, such initiatives have been successful where tried. The main drawback to date is that generally, it has taken longer than expected for the venture to turn profitable.

*d. Increased Fees for Family Planning:* Although most FPAs have made a conscious effort to keep fees for family planning at low levels, almost all have had to raise them above what they were prior to the Project. In some cases, FPAs were probably offering services priced lower than they had to be, given the clientele of their clinics, and a certain amount of adjustment was acceptable. But in other cases, FPAs may have raised fees too much and too quickly, and service volume declined sharply as a result (see next section, Results of the Project). The key to success in setting fees for family planning, as for other services, is to carefully study the costs of the service/product, the fees charged by other service providers, and clients' ability and willingness to pay. These factors, when analyzed along with the FPA's desired level of cost-recovery or profitability, can serve as a guide to what the optimal price should be.

*e. Increased Efficiency/ Cost Savings:* All FPAs have also made efforts in this area. Most FPAs began the Project with rudimentary accounting systems not capable of telling FPAs much about their costs. Accounting focused on donor projects rather than institutional programs, and FPAs envisioned efficiency as successfully spending their entire budgets during an allotted time period. During the Transition Project, IPPF/WHR finance and systems experts provided substantial technical assistance to FPAs to help them develop cost accounting systems which would provide accurate and timely financial information in a way that managers would find useful. The focus shifted to efficient use of funds and building a solid institution.

Knowing one's costs is a very useful initial step in the process of becoming more financially sustainable. Due to the improvements in cost accounting implemented during the Transition Project, most FPAs are better equipped to identify areas of high cost and to address them in a way which leads to more efficient operations.

*f. Partnerships with Other Service Providers:* Another logical way for an FPA to become more sustainable is to partner with other service providers who may already have operational service delivery posts, but may not be offering family planning or other services offered by the FPA.

By taking advantage of a partner's existing infrastructure, an FPA can provide beneficial services at a much reduced cost. Most Project FPAs have partnered in this way with other providers. For example, MEXFAM and AUPF developed arrangements with community doctors, whereby the FPA provides commodities and technical assistance to physicians in rural areas so that they can provide high quality family planning services to their clients.

In addition, APROFA's main sustainability strategy involves their partnership with the Chilean Red Cross, the largest private sector provider of primary health care in Chile. Through this partnership that began during the Matching Grant, the Chilean Red Cross provided space within their vast network of clinics, and APROFA midwives provided family planning and reproductive health services. For its part, APROFA provided contraceptives, training, educational materials, and additional equipment. Through this partnership, APROFA greatly expanded the volume of services provided, while the Red Cross was able to expand into reproductive health services, which they had not, in general, provided previously.

BEMFAM has a successful partnerships with several state municipalities, mainly in the poorer northeastern areas of Brazil. Through these partnerships, BEMFAM provides technical assistance, training and supplies to municipal health posts so that they may provide high quality reproductive health services to their clients. The municipalities provide BEMFAM with the funding to provide these services. Finally, PROFAMILIA, in order to continue providing services to low income populations, has an arrangement with the government social security system whereby PROFAMILIA social security card holders can access the clinics, and PROFAMILIA is reimbursed by the government.

*g. Endowment Funds & Proposals for New Projects/ Fund Raising:* Throughout the early part of the Project, we focused on developing new sources of local income with the aim of replacing *the entire amount* of former USAID funds. As the Project progressed, however, it became apparent that new income generating activities were only going to replace a portion of those funds. If FPAs hoped to maintain a majority of their programs for the needy, we realized that additional resource development efforts were necessary. The process had two prongs. The first involved the creating of two endowment funds (*see III Endowment Funds*). The second involved the Transition Project sponsoring a Project Development and Proposal Writing workshop toward the end of the Project in 1997. Management Systems International (MSI) facilitated this two-week workshop and allowed for participatory, step-by-step training on the project development process. The workshop provided FPAs with the opportunity to develop actual proposals which were later submitted to a variety of donors. To date, various donors have funded three project proposals submitted by MEXFAM, INPPARES and PROFAMILIA/Colombia.

As a follow-up to this workshop, four participants were selected to attend a second "Training of Trainers" workshop in New York. In this one-week workshop, also facilitated by MSI, participants were trained on how to organize and conduct a training workshop on proposal writing and project

development. The idea is for workshop participants to train other FPA staff members and even to train other organizations in their respective countries on proposal writing and project development.

\* \* \*

With a combination of these seven strategies, FPAs have made substantial progress toward increased sustainability over the Project period. In general, no single approach works in all settings, and no single approach in any setting is likely to be sufficient by itself to ensure sustainability. A well-thought-out combination of the above strategies is likely to produce an optimal result.

#### 4. Project Achievements

When evaluating the results of the Transition Project, it is important to look at all four components of the sustainability definition: financial self-sufficiency, service volume, service quality, and continuity of services for low income populations. We will now briefly discuss results of the Project in each area.

*a. Financial Self-Sufficiency:* In general, most FPAs made substantial progress in generating new sources of local income, controlling costs, and becoming more efficient. As a result, almost all project FPAs increased their financial self-sufficiency over the course of the project. The main indicator we use to evaluate progress in this area is the self-sufficiency rate, and is defined as the percentage of costs which are covered by local income. In the aggregate, self-sufficiency for the nine main FPAs of the Project increased from 34.6% in 1991 to 60.8% in 1996. (TABLE 1)

The Transition Project developed an indicator called the "replacement factor" to assess to what extent FPAs are replacing the former USAID support<sup>3</sup>. As TABLE 2 indicates, the new local income generated by FPAs was on average enough to replace almost 100% of the entire amount of USAID funding.

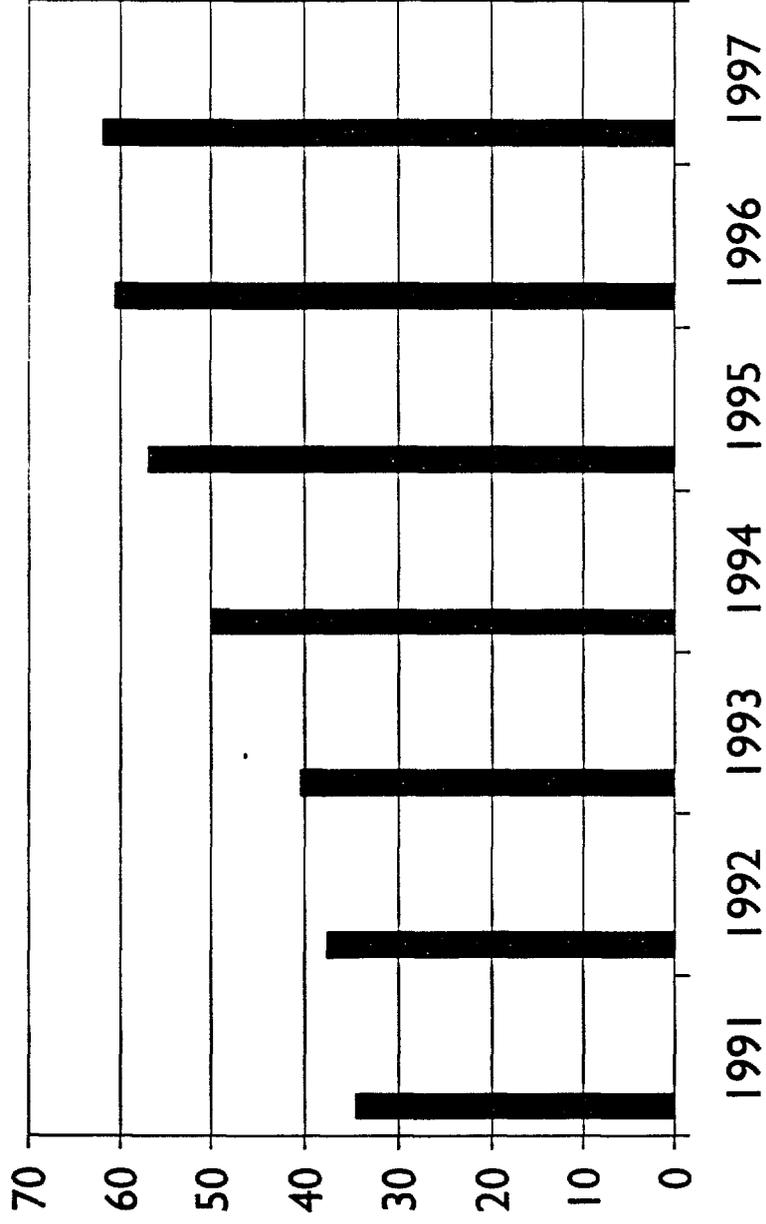
Much of the progress made in increasing self-sufficiency and replacement factors were achieved during the final three years of the Project, once FPAs had become convinced of the urgency to implement new income generating projects, and once those activities had sufficient time to gain a clientele and start earning income. Most of the increase in self-sufficiency is due to dramatic increases in the amount of local income generated by the FPAs. This is due to successful

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<sup>3</sup> The replacement factor is calculated by the following formula:

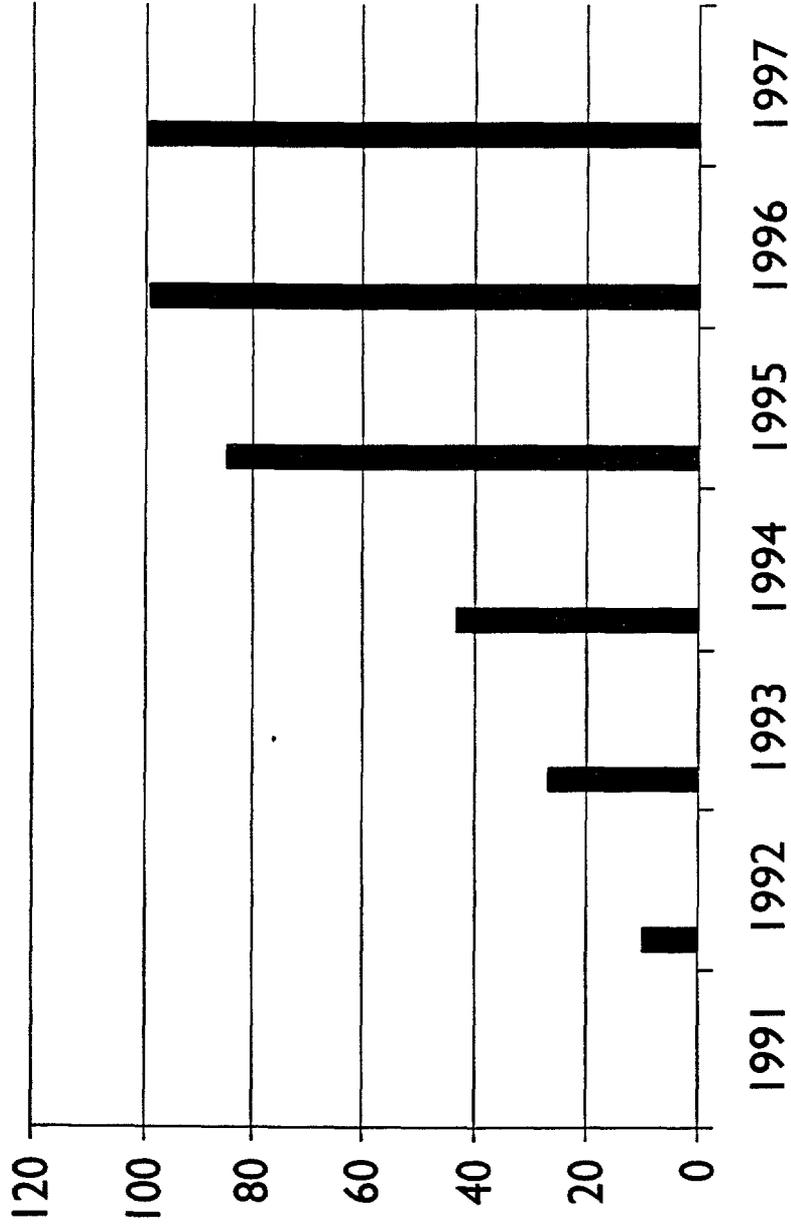
$$\frac{(\text{Self-sufficiency in } 199x) - (\text{Self-sufficiency in } 1991)}{\text{Dependence on USAID (1991)}}$$

**TABLE I**  
**Levels of FPA self-sufficiency**  
**Transition Project FPAs, 1991-1997**  
**.....**



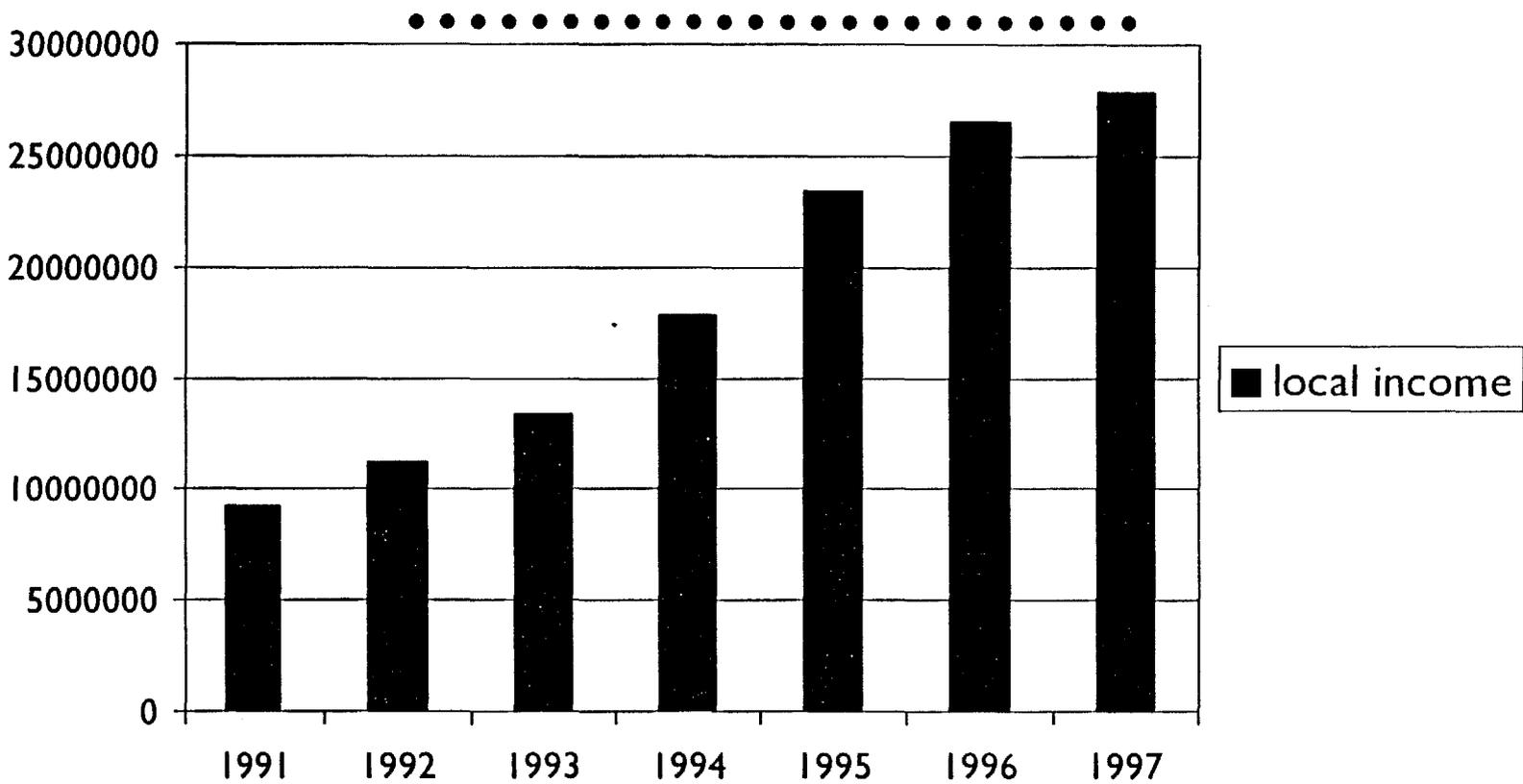
Does not include FEMAP/Mexico data

**TABLE 2**  
**Replacement factor**  
**Transition Project FPAs, 1991-1997**  
**.....**



Does not include FEMAP/Mexico data

**TABLE 3**  
**Increase in local income:**  
**Transition Project FPAs (1991-97)**



Does not include FEMAP/Mexico data

**TABLE 4**  
**FPA Self-sufficiency and % Replacement of USAID Funds (1991 - 1997)**

Country	1991		1992		1993		1994		1995		1996	
	D(91)	S(91)	S(92)	RF	S(93)	RF	S(94)	RF	S(95)	RF	S(96)	RF
Brazil	27.5	27.1	35.2	29.8	20.2	-25.1	48.7	78.5	48.6	78.2	53.4	95.6
Chile	32.0	14.0	19.1	16.0	26.0	37.5	25.0	34.4	29.2	47.5	35.9	68.4
Colombia	21.7	45.6	51.2	25.8	57.6	55.3	67.0	98.6	75.0	135	76.6	142.9
Mexico	39.1	22.4	13.1	-23.8	17.3	-13.0	21.1	-3.3	19.0	-8.7	31.9	24.3
Paraguay	15.4	20.1	22.8	17.5	25.2	33.1	35.9	102.6	32.2	78.6	28.7	55.8
Peru	28.6	34.8	33.4	-4.9	39.1	15.0	40.2	18.9	38.0	11.2	37.9	10.8
Trinidad	20.2	48.0	44.3	-18.3	49.1	5.4	40.8	-35.6	50.4	11.9	49.8	8.9
Uruguay	30.8	10.5	17.3	22.1	31.8	69.2	43.1	105.8	73.0	202.9	50.8	130.8
Venezuela	26.2	50.8	68.8	68.7	69.1	69.8	57.7	26.3	56.2	20.6	49.9	-3.4
<b>TOTAL</b>	26.2	34.6	37.6	11.5	40.4	22.1	52.0	66.4	57.0	85.5	60.8	100.0

D(91) = USAID donation as % of FPA costs, 1991

S(9x) = FPA self-sufficiency, 199x (% of total FPA costs paid by locally generated income)

RF = Replacement Factor (% of 1991 USAID donation replaced by local income by 199x)

Note: The figures in this table are derived from income and expenses for the FPAs as a whole, not only from specific Transition Project activities. 1991-93 figures may slightly understate both self-sufficiency and percent replacement because to calculate costs, the value of donated commodities was added to total FPA expenses, and in some cases, some contraceptives may have already been included in expenses. Starting in 1994, all FPAs are using systems which include contraceptives and other donated commodities in their expenses.

implementation of many of the aforementioned strategies. (TABLE 3)

It is important to note, as the following tables and figures indicate, that results at the individual FPA level varied widely. TABLE 4 breaks down the self-sufficiency and replacement factors for each Transition Project country by year. Each of the countries has increased their self-sufficiency rate since the beginning of the Project. In general, with the exception of Paraguay, Venezuela and Trinidad, each project year shows a slight increase in self-sufficiency. The decreases in self-sufficiency in both Paraguay and Venezuela can be attributed to circumstances related only tangentially to the Project. For example, Venezuela has experienced economic difficulties in recent years. It is now entering its fourth year of recession and inflation rates that are among the highest in South America. As a result, in 1996 PLAFAM had to increase salaries by more than 50%; increases which brought about an overall increase in the FPA's expenses. Paraguay suffered different types of crises related to its management, which was found to be inefficient. Between 1992 and 1996, CEPEP closed 18 clinical service sites. In 1995-1996 alone, the number of service outlets went from 622 to 489, representing a 21% decrease. During this same period, the CYPs and new acceptors dropped by 22%. Trinidad started the Transition Project with a relatively high self-sufficiency level; it had received very little from USAID before the Project began. Nonetheless, Trinidad has managed to replace close to 100% of the funds previously received from USAID through their intense fund raising efforts.

Despite the Project's success, progress was not the same at all FPAs. The largest FPAs made most of the gains in local income.

*b. Service Volume:* Unfortunately, the results of the Project in terms of maintaining service volume were not as positive. Using couple-years-protection (CYP) as a general indicator for the volume of family planning services provided, services increased during the first two years of the Project, peaking at 3.4 million CYP in 1993. Between 1994 and 1996 however, most FPAs experienced sharp declines in service volume due to a number of factors. Much of this decline can be directly linked to the withdrawal of donor funding, as FPAs were forced to either raise service fees for family planning services or cut back on some programs previously funded by USAID. Further, the decline in CYP was more dramatic in FPAs that lost USAID funding early in the Project. Associations such as INPPARES in Peru, which are likely to continue receiving USAID support after the Project ends, have been able to continue expanding services, while those that lost support before the end of the Project, such as Trinidad, Venezuela, and Chile, have suffered the sharpest declines in services. On the positive side, most FPAs have expanded their range of diversified reproductive health services, and the number of visits for these needed services has increased dramatically.

*c. Continuing to Serve Low Income Populations:* Since the beginning of the Project, we feared that there would be an inverse relationship between sustainability and ability to serve the poor. As Project FPAs implemented strategies such as raising clinic fees, closing down less lucrative clinics

and reducing the number of community-based activities, it became clear that much of the gain in self-sufficiency came at the expense of serving the poorest of the poor. This is a discouraging finding of the Project, since most FPAs have the goal of serving the poor as a core part of their missions.

Several FPAs conducted client profile studies to assess at greater length whether their client profile changed as a result of sustainability initiatives. Such studies have been carried out in Brazil, Colombia, Mexico and Peru to assess the socio-economic characteristics of clients served and in the case of Brazil and Colombia, the studies assessed changes over time. Overall results indicate that FPAs are still reaching substantial numbers of low income clients but this is becoming harder to achieve.

*d. PROFAMILIA/Colombia Study:* In 1995, PROFAMILIA undertook a project to study the socio-economic characteristics of current clients, as well as to assess how these characteristics have changed as a result of sustainability initiatives. The study provides longitudinal comparability of a wide range of socio-economic variables, using a 1989 study as a baseline. It also has cross-sectional comparability between clients of PROFAMILIA clinics and between PROFAMILIA clients and the population at large because it uses identical questions to those in both the 1990 and 1995 DHS (Macro International) surveys. The analysis reveals changes in PROFAMILIA clients' profiles over time, shows PROFAMILIA clients' profiles compared to those of their target population, and how changes in the FPA client profile compare with changes at the national level.

A number of important results are evident in TABLE 5, which shows aggregate results for each variable for PROFAMILIA clients in 1989 and 1995, and for the general population (DHS data) from 1990 and 1995. First, the socio-economic levels attained by both PROFAMILIA clients and the population at large improved between 1989/90 and 1995. This indicates a general increase in the level of development in the country as a whole. The change among PROFAMILIA clients, however, was much greater for almost all variables than the change at the population level. The important consequence is evident in columns 4 and 7, which compare the differences between PROFAMILIA clients and DHS respondents for the two respective time periods. As is clear from the table, in 1989 PROFAMILIA was serving a clientele that was in general poorer than the population average. By 1995, however, PROFAMILIA clients tended to be from higher socioeconomic strata than DHS respondents, at least for three out of the four variables shown in the table. PROFAMILIA's consistently high levels of self-sufficiency have apparently resulted in a move away from serving low income populations.

*e. BEMFAM Brazil Study:* BEMFAM collects data on client socio-economic characteristics yearly and compares these over time. Before the Transition Project began, in 1989 BEMFAM conducted a simple client profile study at five clinics which served as a baseline to measure changes in client profiles as a result of sustainability efforts. The 1992 - 1995 surveys were conducted at a larger number of clinics and community posts located in each Brazilian state.

**TABLE 5**  
**PROFAMILIA/Colombia Client Profile**

Variable	DHS 1990	Profamilia 1989	Prof.-89 vs. DHS-90	DHS 1995	Profamilia 1995	Prof.-95 vs. DHS-95
Mean Years Education— Client	7.7	6.7	-13.0%	8.2	8.6	(+) 4.9%
Means Years Education— Client's Partner	7.6	7.2	-5.3%	8.1	8.7	(+) 7.4%
% of Households with Basic Services*	40.9	22.2	-46.2%	48.4	57.3	(+) 18.4%
% of Households with Running Water	94.9	89.4	-5.8%	96.7	94.1	(-) 2.7%

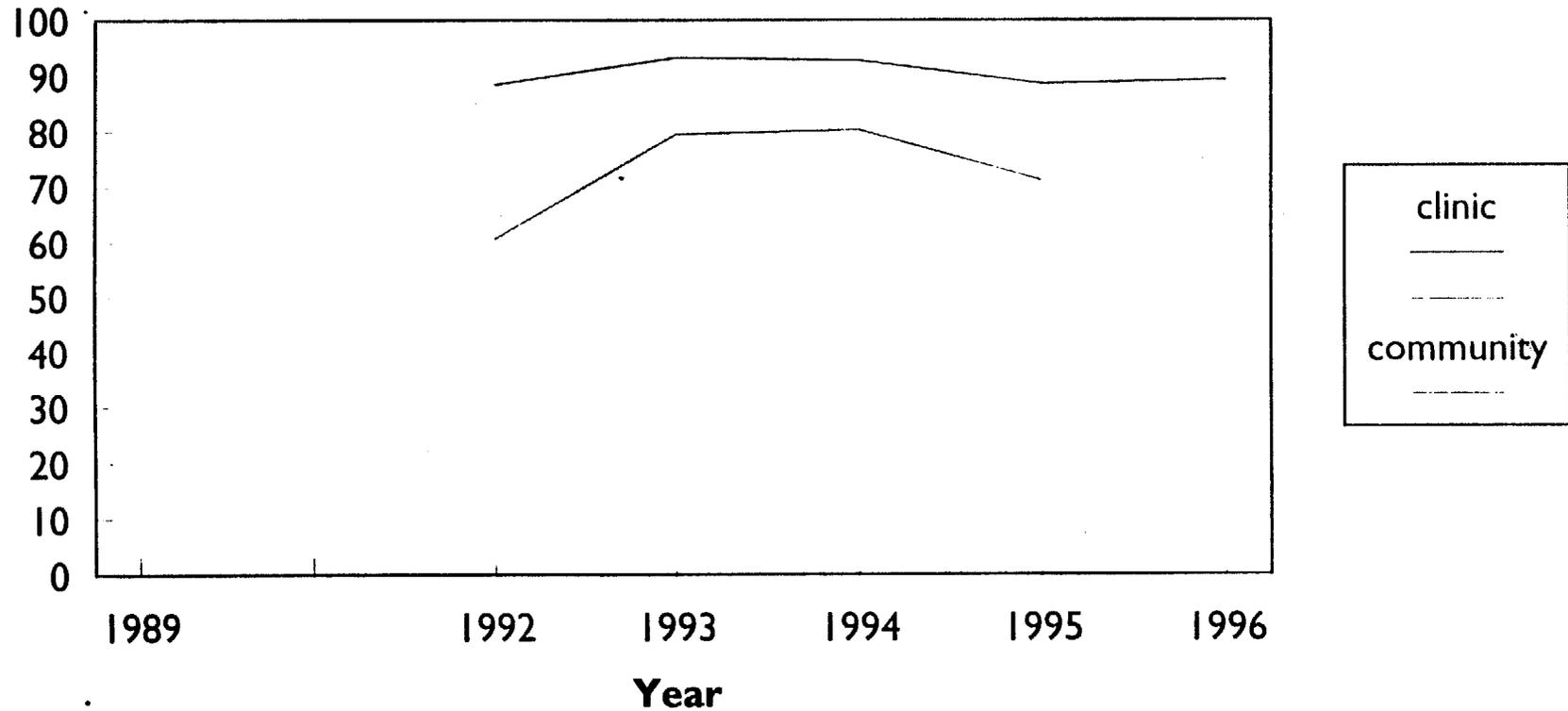
\* Includes electricity, running water, sewage system, and telephone.

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# TABLE 5

## BEMFAM/BRAZIL 1989 & 1992 - 1996 Clients w/ primary education complete or more

Percent of Total



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The increases in education levels in 1992 in both clinics and community programs can be explained by BEMFAM's institutional decisions to improve sustainability. The incremental increases in education levels in clinic clients are attributable to first-time price increases in the clinics in 1992, administered annually and in small increments. The increase in education levels in the community programs can be attributed to shifts in the types of partnerships BEMFAM formed with state municipalities. Starting in 1993, BEMFAM had to limit certain agreements with more rural, poorer municipalities that could not afford to pay. The association has since replaced these with wealthier municipalities which can afford to pay higher fees for BEMFAM's technical assistance. This inevitably contributed to the increase in clients with primary education complete or more in the community programs. These results demonstrate the inverse relationship between sustainability initiatives and FPAs' ability to serve the poor.

*f. INPPARES/Peru:* In early 1996 INPPARES conducted a study to assess socio-economic characteristics of its clinic and community program clients. The association's sustainability strategies included cross-subsidization of funds from their middle-class "model" clinic that offers diversified reproductive health services. Income generated from this clinic subsidizes family planning services for poorer communities. The study assessed whether INPPARES is serving its target clientele at each of their programs.

Overall results of the study show that INPPARES is reaching its target clientele. For example, 55.9% of clients from the model clinic in Lima reported a university education, compared to 21.7% of community post clients. Also, 13.2% of clients from the Lima clinic report owning a car, compared to 1.8% of community post clients. Other indicators demonstrated the same trends, which led INPPARES to conclude that if these indicators are an accurate proxy for socio-economic levels, the association is in fact targeting the appropriate clientele for their cross-subsidization strategy. INPPARES intends to conduct further studies to assess trends over time in the socio-economic characteristics of their clients.

*g. MEXFAM Study:* MEXFAM also conducted a study to assess socio-economic characteristics of clientele from the community doctors program as well as the rural community program. Its variables were similar to a study conducted at MEXFAM by the Mexican Institute of Social Studies (IMES) in 1990, and thus provide longitudinal comparability of certain variables. Through the community doctors and rural community programs, MEXFAM aims to serve a marginalized low-income community. As in the INPPARES study, this study also assessed MEXFAM's progress in reaching its target clientele.

Results of the MEXFAM study indicate an increase in client socio-economic status between 1990 and 1996. For example, the percentage of clients with low levels of education decreased from 8% in 1990 (urban) to 3.9% in 1996. At least in part, this can be attributed to the introduction of compulsory education laws. However, data on household salaries indicate that MEXFAM is indeed

serving low income populations. For example, the 1996 survey indicates that 31.7% of urban MEXFAM clients and 68.2% of rural clients earn less than one minimum salary.

*h. Service Quality:* Improved quality of care is an increasingly important goal among Project FPAs. FPAs recognize that if they are to survive and prosper with more reliance on service fees for their income, they must continuously improve service quality. We believe that improved quality leads to increased demand for services and a positive net effect on service providers' income. Although some quality improvements are costly and may therefore seem unfeasible in a period of declining donor resources, many others, such as more courteous attention, can be implemented at little or no cost. Conversely, failure to address quality may be more costly than most service improvements.

Quality encompasses both objective and subjective components. Objectively, products and services should meet or surpass standards of safety, proper function, cleanliness and otherwise general excellence. This is often referred to as quality control, quality assurance or "medical quality" and it depends on providers' perspectives. Subjective quality, on the other hand, involves meeting or exceeding client expectations to achieve the highest possible customer satisfaction. The Project encouraged the use of direct observation, client record review and provider interviews to evaluate the objective aspects of quality. The Project also recognized the importance of the subjective side of quality, and client satisfaction was a central part of the Project's evaluation initiative.

In 1993, the Transition Project developed a simple client satisfaction exit interview methodology to address the need for quality evaluation at select Project FPAs. This focus on client satisfaction is meant to help FPAs prepare for a future with fewer donor resources, in which client fees must cover more of their operating costs. The client satisfaction exit interview methodology is as much a tool for improving quality as evaluating it. The Transition Project decided that a focus on client satisfaction would be a practical way for clinics to evaluate certain aspects of quality and to use the results to serve client needs more effectively. We chose exit interviews because they are the simplest, most practical and least expensive to carry out, and they allow for the most rapid feedback of results.

### *Methodology*

During the course of the Project, we improved and expanded the original model questionnaire. Based on feedback from the FPAs, we added additional questions to the model questionnaire on education levels, type of visit solicited and more specific questions to assess client preferences on clinic hours and waiting times. Otherwise the questions remain categorized into the following sections: impressions of information on methods, interpersonal relations, access and site conditions.

The client satisfaction methodology focuses on "areas for improvement" as identified by any question in the questionnaire where at least 5% of respondents express dissatisfaction. We have

**TABLE 6**  
**Numbers of Client Satisfaction Surveys Conducted**

FPA/Country	# Surveys	# Clinics	# Follow-ups	# clients interviewed	Avg. Sample Size
BEMFAM/Brazil	15	9	6	1,840	123
APROFA/Chile	12	12	0	1,518	127
PROFAMILIA/Colombia	12	11	1	6,937	578
MEXFAM/Mexico	29	16	17	3,400	117
CEPEP/Paraguay	5	4	1	516	103
INPPARES/Peru	12	11	1	1,380	115
FPATT/Trinidad	5	2	3	485	97
AUPF/Uruguay	3	3	0	333	111
TOTAL	93	68	29	16,409	176

referred to such cases as “Negative Response Cases”, or NRCs, and for every NRC, the FPA is required to propose and implement actions to address each area for improvement.

The Transition Project encouraged the FPAs to make minor modifications to the model questionnaire to suit the needs of their clinics. In a collaborative project with the Population Council, PROFAMILIA and INPPARES modified the questionnaire to include “technical competence” questions. The questions were limited to testing client knowledge of their current methods as a means of evaluating providers’ ability to transmit correct information to clients. As such, it was intended to raise some “red flags” in that area, but in no way was it considered to measure technical competence or to substitute for more in-depth investigations of quality assessment. To evaluate this extremely important component of quality, other methodologies such as direct observation, review of client records, provider interviews, or competency tests would be more appropriate.

### *Results Related to Quality*

Since the methodology was first implemented through the end of the Project, 93 surveys were carried out in 68 clinics in eight countries, with 29 follow-up surveys also carried out. A total of 16,409 clients were interviewed, with an average sample size of 176. TABLE 6 shows the number of surveys and interviews by country.

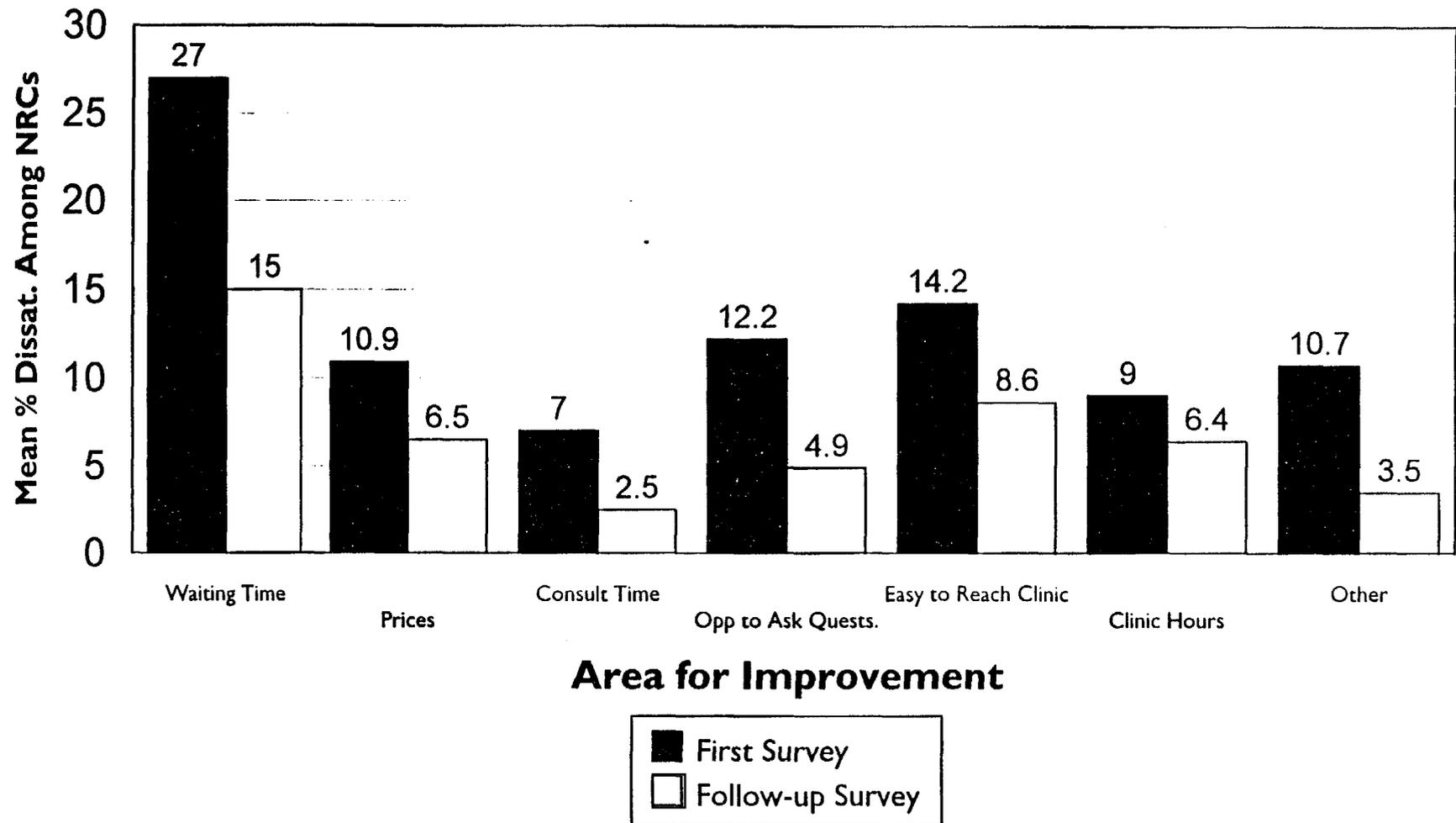
Survey results showed that clients were highly satisfied with the services they received, indicating generally high quality of care. For the large majority of questions, more than 95% of respondents said they were pleased with services.

Despite the high levels of satisfaction, the survey identified seven substantial areas for improvement. In general, the most frequent area of dissatisfaction at almost all sites was long waiting times, followed by ease of reaching the clinic, service fees, clinic hours, and provision of information on other contraceptive methods. TABLE 8 summarizes the principal results of the surveys, highlighting the areas most frequently identified for improvement, and the main actions implemented to improve them. The first column shows the 7 core satisfaction questions from the model questionnaire. The second column shows the percentage of all surveys in which the question was identified as a negative response case - NRC - (among surveys where the question was asked). The third column shows the mean level of dissatisfaction when the question was identified as an NRC. (Recall that if fewer than 5% of respondents express dissatisfaction, it is not an NRC and is not reported to us). Finally, the fourth column shows some of the proposed actions for improvement which have been implemented by the FPAs and their clinics. There is substantial duplication in proposed actions among and between FPAs; the ones shown are the most commonly proposed or the most innovative.

FPAs have attempted a broad range of approaches to address the areas for improvement, which is the primary outcome we expected from this methodology. In terms of long waiting times, the

**TABLE 7**

**Change in Dissatisfaction by Area for Improvement  
First Surveys to Follow-ups, 1993 - 1996**



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**TABLE 8**  
**Results of Client Satisfaction Studies: Areas Most Frequently Identified for Improvement**

Question	% surveys w/ NRCs	Mean level of dissatisfaction (neg. resp)	Selected Actions for Improvement
Were you attended to quickly?	69.7%	19.5%	Implement group or individual appointment system Separate reproductive health visits from family planning visits - triage Improve control over doctors' schedules Provide additional medical staff and consultation rooms Restructure clinic hours so that staff work through lunch time Encourage clients to call for estimated waiting times
Was it easy to get to the clinic/site?	53.9%	11.8%	Improve outreach activities Inform clients of CBD posts near their homes Relocate clinic to an area more accessible to clients Add signs in front of clinic and signs from main roads
Was the cost for your service appropriate?	47.8%	9.7%	Implement sliding scale Waive some fees Review fee structure relative to other service providers Designate certain clinics in low income areas as free clinics Survey community to assess what clients are willing to pay Market services to higher income groups for cross-subsidization
Are the clinic hours convenient?	23.6%	10.4%	Expand hours to include early morning, late evening, and/or Saturday Rotate staff during lunch hour to eliminate lunch-time break
Were you informed about other contraceptive methods?	22.4%	17.0%	Conduct refresher courses in counselling Expand counselling services Hire a doctor experienced in providing family planning
Was the time in consultation sufficient to discuss your needs?	16.9%	7.5%	Control doctors' schedules more effectively Contract with more doctors and add consultation rooms
Did you feel you had the opportunity to ask questions and clarify doubts?	12.4%	15.1%	Conduct refresher training in counseling

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many strategies the associations have implemented generally fall into one of two categories: those that encourage more clients to come during off-peak hours, and those designed to better manage client flow during peak times. In the first category, the most common strategy was the use of individual or group appointment systems. Examples of strategies to better accommodate high volumes of clients at peak times included separating the area and/or processes for family planning versus reproductive health clients to improve client flow.

Decisions to implement changes were based on a complex array of factors, among which these results may have played a relatively minor role. Nevertheless, the results seem to have been an important contributing factor in many cases in that they provided managers with some objective data on clients' perspectives of service quality.

During the second half of the Project, FPAs focused on follow-up surveys to assess to what extent the improvements resulted in improved client satisfaction. TABLE 7 shows comparisons of results between the initial and follow-up surveys broken down by the area for improvement. The graph shows strong increases in satisfaction for each of the variables, suggesting that improvements implemented by the clinics had a positive effect. It shows particularly strong increases in satisfaction for the question dealing with "sufficient time in consultation" (64.3% increase) and "opportunity to ask questions and clarify doubts" (59.8% increase), suggesting that improvements associated with those variables may have been particularly effective. Some of these improvements include better control over doctors' schedules, more doctors and consultation rooms and refresher training for counselors. It is important to point out that these results, while impressive, have been aggregated from 16 sites. Not all areas for improvement showed increased satisfaction at all sites.

The Project concluded that the Client Satisfaction Exit Interview methodology was an effective tool to identify areas in need of improvement, and that efforts to address those concerns led to higher satisfaction. We expect that several FPAs will continue using some type of client satisfaction survey after the Project ends to continue tailoring services to client needs.

*Other Quality of Care Studies:* To get a more comprehensive assessment of quality, the Project recommends that client satisfaction surveys be complemented by other quality assessment methodologies, such as direct observation, review of client records and focus groups. In line with this recommendation, several FPAs have conducted additional quality studies. BEMFAM/Brazil, for example, conducted a comprehensive study to assess quality of care in clinics through focus groups with clients, observations of consultation and counseling sessions, observation of physical conditions of clinics and staff interviews. BEMFAM also conducted a study to improve the supervisory and monitoring system of their community health posts. BEMFAM's community programs are carried out through collaborative agreement with state municipalities and make up the majority of that association's services. The study methodology included observations of community posts and in-depth interviews with program coordinators, community advisors and health agents. BEMFAM modified their supervisory system to a more participatory team approach to supervision and

improvement of services and resolution of problems. The study results help to create new instruments to put into operation the new supervisory system.

### *Other Project Achievements*

In addition to the achievements directly related to FPA sustainability, the Transition Project contributed to improved sustainability and effectiveness of family planning programs in a number of ways. For one, many non-Project FPAs benefited from Transition Project advances through participation at regional meetings and workshops, and South-to-South exchange of experience visits. Sustainability is now a priority for most FPAs in the region, and even non-Transition Project FPAs have increased their levels of financial self sufficiency. To further assist non-Transition Project FPAs in working toward sustainability, the IPPF/WHR formed a Sustainability Team composed of a wide range of staff. One of the team's major accomplishments was to develop a Working Statement on Sustainability ( APPENDIX VI), which was later presented and approved by FPAs at the IPPF/WHR Regional Council Meeting in 1995. As part of that Working Statement, the team also developed a broader definition of sustainability<sup>4</sup> that is applicable to all FPAs throughout the region.

All of these "unexpected dividends" of the Project have raised awareness of sustainability among a wide range of FPAs and have motivated them to improve their respective financial conditions before being forced to do so by the loss of donor funds. As a result of all these efforts, FPAs throughout the region are better managed, have more capacity to carry out effective programs, and will be better prepared to allocate resources - donor or otherwise - in an effective and efficient way in the future.

## 5. Lessons Learned

The Transition Project has left us with several lessons applicable to future projects in this and other regions. We have grouped them into three categories related to strategic planning, administration, management and finance, and finally, general lessons learned.

### Strategic Planning

- All parties involved should agree on a DEFINITION OF SUSTAINABILITY.
- All parties should also agree upon CLEAR, CONSISTENT PROJECT OBJECTIVES AND STRATEGIES to meet these objectives.
- Service providers should STUDY THE MARKET prior to beginning new income-generating activities. This includes assessing existing and potential demand; the

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<sup>4</sup> The IPPF/WHR definition of sustainability is the ability of an organization to: define a relevant mission; follow sound management practices; and develop diversified income sources to assure the continuity of high quality services and meet the need of all its constituents.

existing market; fees charged by competition; anticipated costs; client expectations and the amount they are willing to pay for high quality services.

- Not-for-profit providers should ANTICIPATE RESTRICTIVE LEGISLATION as they undertake profitable activities.
- The potential for cross-subsidization is limited. Donor funds will always be beneficial, therefore, service providers should continuously work toward DIVERSIFYING THEIR BASE OF DONOR SUPPORT.
- STRATEGIC PLANNING SHOULD BE A CONSTANT AND ON -GOING PROCESS.

#### Administration, Management & Finance

- Providers should have at least some staff with significant PRIVATE SECTOR EXPERIENCE to implement sustainability activities. It helps if donors and CAs have staff with these skills, as well.
- When beginning new income-generating activities, service providers should OBTAIN START-UP CAPITAL from donors (or other sources) in addition to on-going funds for existing programs.
- Providers should establish a RESTRICTED FUND for generated income. This should be a percentage of sales and/or services that goes to an earmarked fund for the specified use for which the income generating activity was designed. External auditors can help to establish such a fund.
- Providers should establish an APPROPRIATE PRICING SCALE for the target population based on the cost of providing the service, the fees charged by the competition and client ability to pay.
- A willingness to BE SELF-CRITICAL AND EVALUATE RESULTS is key. Evaluation data should not merely be collected, but applied to bring about program improvements.

#### Overall

- REPLACEMENT OF COMMODITIES REQUIRES DIFFERENT STRATEGIES than those for fund replacement, and is often more difficult. Be prepared for higher than expected prices in the open market.
- Donors should not expect providers to expand service coverage and increase financial self-sufficiency simultaneously. Rather, they should STRIVE TO MAINTAIN THEIR EXISTING LEVEL OF SERVICES.
- The process to achieve sustainability is almost always longer than expected. IT IS NEVER TOO EARLY TO BEGIN WORKING TOWARD SUSTAINABILITY.
- All parties should strive to BALANCE THE CONSTANT TENSION BETWEEN INCREASING SUSTAINABILITY AND THE NEED TO CONTINUE SERVING THE POOR.
- A focus on CLIENT SATISFACTION is key to attaining sustainability.
- Finally, there is NO UNIVERSAL MODEL for successful sustainability activities.

Application of these lessons will surely vary from country to country. Thus, all parties should consider each local context in planning and carrying out activities.

#### 6. Profile of a Sustainable FPA

After more than five years of work on sustainability, the Transition Project has created a basic profile of a sustainable FPA. In such an organization, leadership will be dynamic, entrepreneurial and responsible. To excel in a more competitive market, an FPA that is to achieve sustainability must attract motivated, multi-dimensional staff, at least some of whom have experience working in the private sector. To attract highly qualified staff, a sustainable association must be prepared to pay competitive salaries and benefits - even in a context of limited resources and increasing emphasis on efficiency. Since the field of sexual and reproductive health is constantly in flux, FPAs must always be engaged in the development of strategic plans, business plans and marketing strategies, all of which must have clearly defined, results-oriented objectives.

#### 7. Future Outlook

Project staff have come up with a number of recommendations to FPAs for maximizing their sustainability after the conclusion of the Transition Project, and to adapt successfully to the changes anticipated in the health and population donor and NGO community worldwide (discussed further at the end of this section). These recommendations build upon the newly acquired strengths of Project and other FPAs from the work they have undertaken in striving for increased sustainability. Good strategic planning and a bit of foresight can allow FPAs to capitalize on these strengths and ensure that they continue to achieve their missions in a way that is cost-effective and has an impact way, and maximize their ability to attract donor funding and to form strategic partnerships.

FPAs accordingly may in the future wish to:

- carry out joint ventures with other NGOs in areas that complement the FPAs work, such as the environment. Just as the field of "population" has become less crisis oriented, having broadened to encompass sexual and reproductive health, more recently and perhaps as a next stage, concern is now more focused on overall quality of life and well-being of the populations in developing countries. As such, partnerships with environmental organizations could be a powerful mechanism for attaining the goals of higher standards of living in a more holistic manner.
- merge with similar types of NGOs to increase cost-effectiveness, leverage, and overall impact of the organizations' work. In the area of commodities, for example, where FPAs are now purchasing much of their previously donated supplies independently, FPAs leverage in price negotiations would be significantly enhanced if purchases were made in bulk on a regional as opposed to country by country, or even organization by organization basis.

Similarly, as FPAs now find themselves seeking donor funding on a competitive basis, their impact in a given country could be greatly strengthened and thus more attractive to donors if FPAs merged some of their complementary programs.

- out source services in which the FPA has a competitive advantage. Some FPAs are well known for their high quality services in a given area, such as in provision of ultrasound. Project FPAs have uncovered that their services are in demand by local physicians, and that forming referral partnerships with private physicians can prove to be lucrative.
- take the lead in providing family planning and sexual and reproductive health services in those countries of the region where privatization of Health care is becoming a reality. FPAs are specialists in reproductive and sexual health services and education. Many newly privatized Health care systems are lacking in this area of expertise, and purchase technical assistance from FPAs, or on a more permanent basis, contract FPA services.
- provide in-country technical assistance to smaller NGOs in areas such as MIS, governance, accounting and sustainability. FPAs have sophistication and skills that they have developed in many areas with the technical assistance provided by CA's and the Transition Project, by the WHR, and using their own ingenuity. These skills are likely to be in demand by other Latin American and Caribbean NGOs working in health or related areas. FPAs should explore the possibility of marketing their skills and technical expertise to other NGOs in their country or elsewhere in the region. This strategy can be used to generate income for the FPA, if they are able to sell technical assistance, or, for public relations or image/coalition building in their countries.

The future outlook regarding donor funding is of a donor climate quite different from that of the past. We anticipate that less funding will be available from government donors, and more will be available from foundations. As a result, funding will tend to be provided as "earmarked funding", available only for projects targeted at very specific populations and issues. Similarly, funding will likely shift further away from core support to FPAs, as it becomes more project-based. Based upon the recent trend toward collaborative projects, and recent positive experiences in linking NGOs with the private sector, donors may in the future favor projects which involve collaboration and public/private partnerships.

During the Transition Project, FPAs have been well prepared to meet the changes in the donor requirements that may occur in coming years. This preparation has included training in proposal writing and fund raising strategies, projects facilitating FPA partnerships with the public and private sector, the development of MIS and other systems to assist FPAs in carrying out more accurate cost accounting and project reporting,

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## B Add-On to the Transition Project: the HIV/STD Prevention Program

### 1. Background

The main objective of IPPF/WHR's first HIV prevention activities in the late 1980s was to reduce the stigma associated with AIDS that was so prevalent among FPAs at the time, and to help FPAs to recognize the increasing threat posed by the epidemic to their clients. At that time, many family planning affiliates perceived the epidemic as only affecting marginal populations, not their clients - a group that consisted largely of women in long-term relationships. Even as the incidence of HIV grew among this population, family planners feared that offering HIV/STD services would offend or frighten away their clients. They also worried that the price of integrating HIV/STD prevention into their programs would prove prohibitive, would dilute the family planning mission of their associations and would thwart their efforts to become self-sufficient, sustainable institutions. However, the FPAs gradually came to recognize the importance of HIV/STD prevention among their clientele. IPPF/WHR's initial efforts, though small in scale, paved the way for the development of a more comprehensive, integrated approach.

In 1992, through an Office of Health Add-On to the Transition Project, USAID provided IPPF/WHR and its affiliates with the opportunity to develop model integrated interventions to prevent HIV/STDs. Three affiliates, with assistance from IPPF/WHR, developed pilot programs to prevent HIV/STDs among their family planning clients. During the course of the program, IPPF/WHR has supported local affiliates BEMFAM/Brazil, ASHONPLAFA/Honduras and FAMPLAN/Jamaica in their development of full-scale programs integrating HIV/STD prevention into family planning using a sexual and reproductive health framework. These programs do not simply *add* HIV/STD prevention to existing services; they actually change the approach of service provision altogether.

### 2. Objectives and Project Planning

At the beginning of this project, IPPF/WHR and the three participating FPAs began a collaborative process of defining and developing programs to integrate HIV/STD and family planning programs without the benefit of previous models. This allowed each FPA to tailor its program to the specific needs of its particular service structure, clientele and staff.

Prior to the project, IPPF/WHR conducted a participatory needs assessment with each FPA which included formal and informal discussions with management, clinic and outreach staff; on-site observation of staff-client interaction and discussions with clients. Following this, IPPF/WHR and FPA staff began the planning process, utilizing information and data gathered in the needs assessment stages of the project. Each FPA then decided which interventions they wanted to use, based on their respective priorities and service structures. Initially, each FPA's program was very different from the others. However, as the project progressed, the associations shared information with one another and began to adopt some of the same approaches.

As the projects progressed, IPPF/WHR noted that the issues faced by these FPAs and their clients - despite linguistic, cultural and programmatic differences between the three associations - were remarkably similar. For example, FPA staff were often uncomfortable with frank discussions of sexuality; they held both professional and personal biases against condoms and had judgmental attitudes about sexual practices; and they feared being asked to add responsibilities without being given time to carry out their duties. However, other factors facilitated change, such as the increasing incidence of HIV among women and a growing personal commitment on the part of staff members to fight the AIDS epidemic. During the course of the project, staff learned to improve their comfort level, reduce their biases and to recognize that, rather than adding to their responsibilities, they were actually changing the way they do their work.

The initial objective of all three pilot projects was focused on the reduction of risk.

#### Objective 1: Reducing Risk

Reducing risk through:

- improving client and staff *risk perception*;
- increasing client and staff *knowledge* of transmission;
- improving *skills* related to prevention, e.g., staff counseling skills or client communication/negotiation skills with partners);
- increasing *access* to condoms;
- increasing *condom use*;
- improving access to *STD diagnosis and treatment*.

As the project evolved, and as our understanding of clients needs and circumstances grew, IPPF/WHR and the participating FPAs came to recognize additional objectives of this work.

#### Objective 2: Improving Quality and Developing Sustainable Programs

The programs sought to improve the overall quality of family planning services and to develop sustainable models of HIV/STD prevention by:

- implementing a broader sexual and reproductive health approach based on the integration of HIV/STD prevention, and focusing on sexuality into family planning programs; and
- utilizing existing human resources and infrastructure.

#### Objective 3: Reducing Vulnerability

Reduction of vulnerability to HIV, unwanted pregnancy and the threat of sexual coercion or violence

among women, adolescents and communities by:

- improving client and community risk perception;
- addressing gender/power imbalances in relationships;
- improving partner communication and negotiation skills with regard to sexuality;
- generating community-level dialogue regarding HIV/STDs, gender relations and sexuality.

### 3. Description of Project Activities

*Staff Training:* Each of the pilot projects began with staff training conducted by in-country consultants, FPA staff and staff from IPPF/WHO, according to the resources and needs of each association. A wide variety of staff participated in these training sessions - including drivers, cleaners, administrators, nurses and physicians in addition to counselors and educators. The two- to three-day sessions focused on basic information about HIV/STDs, sexuality and related education and counseling skills.

Subsequent training sessions helped staff understand and define for themselves the broader concept of sexual and reproductive health; delve more deeply into issues of sexuality; and to learn new skills for effectively communicating about these issues with clients. Also incorporated in these sessions were analyses of issues related to gender and power, and development of skills to help clients communicate and negotiate with their sexual partners. Small groups of staff received specialty training such as STD diagnosis and treatment for physicians and nurses; integrated counseling skills and sexuality education for counselors; group facilitation skills for staff working with groups; and specialized group methodology for staff facilitators of women's discussion groups.

FPA staff were trained in initiating frank, sensitive and non-judgmental discussions about clients sexual lives, and in listening to clients express their concerns and needs. A key aspect of the training sessions was to help staff build skills to explore clients' individual circumstances, including their sexual lives. Through role playing, they practiced ways to help clients articulate their true concerns and to determine their own level of risk with regard to HIV infection. Other exercises helped staff understand how clients perceive their own risk, and the factors that can influence their perceptions.

During the training sessions, staff also looked at the ways in which economic dependency and gender relations can affect clients' reproductive health decisions. They practiced ways to help clients consider the potential ramifications of their decisions. Other sessions helped staff analyze the ways in which societal and personal gender constructions affect the dynamics of sexual relationships. Related exercises included analysis of factors that can make relationships unbalanced, and role playing scenarios of sexual communication and safer sex negotiation in an unbalanced relationship. The training sessions explored safer sex in a broad sense - i.e., not only in terms of

HIV/STD prevention, but also protection from unwanted pregnancy and the abuse of power.

Staff training sessions also explored all family planning methods, examining the effectiveness of each in pregnancy prevention as well as their impact upon sexual relations and pleasure. They also discussed issues related to condom use alone as a method of family planning as well as the possibilities of dual method use - i.e., using condoms along with other contraceptive methods. Exercises helped staff to explore their own personal and professional biases against condoms and to determine ways to destigmatize the use of condoms with clients. They also trained staff in correct condom use, allowing staff to practice effective use with the aid of a penis model.

Finally, the training sessions provided FPA staff with a basic understanding of the STDs prevalent in their particular settings, including a review of the basic signs and symptoms. Staff learned to help clients recognize what is and what is not normal, and to explore each client's STD history. In addition, the training sessions have taught staff the dangers of providing IUDs to clients at risk for STDs, and about asymptomatic infections - information entirely new to many staff. Medical and nursing staff received more in-depth training that included clinical recognition, as well as syndromic and etiologic diagnosis and treatment of STDs.

*Development and Implementation of Integrated Interventions:* Each FPA designed their integrated program based on their own particular needs. Examples include the following:

- *Individual Counseling:* each FPA provided individual counseling to clients on HIV/STDs and other sexual and reproductive health issues;
- *Group Interventions:* BEMFAM's women's project utilized small women's discussion groups to increase risk perception and improve partner communication skills; this methodology was adopted and replicated in a community setting in Honduras;
- *Community Outreach:* two of the projects integrated HIV/STD prevention in existing community-based contraceptive distribution programs;
- *Community-Driven Projects:* in these projects, FPAs worked in collaboration with community members and organizations to design and implement interventions;
- *School-Based Interventions:* the projects worked on multiple levels within school settings, training teachers to integrate HIV/STD prevention, sexual and reproductive health and sexuality education into their regular classroom curricula, training peer educators, establishing counseling centers and involving parents in their HIV/STD prevention and sexuality education efforts;
- *Workplace Interventions:* the Jamaican FPA integrated HIV/STD prevention into a

factory program;

- *STD Diagnosis and Treatment:* this varied in each program from training staff to improve recognition and referral for STDs, to establishing syndromic diagnosis and treatment with referrals, to establishment of laboratory capacity and implementing etiologic diagnosis and treatment. By the end of the project, all three FPAs had initiated on-site diagnosis and treatment.

#### 4. Results of the Add-On

In just four years, we have observed dramatic changes in service provision at associations participating in this project.<sup>5</sup> After having been trained to utilize this new, broader approach, counselors have actually transformed their roles as dispensaries of information and contraceptives to become participants in an interactive, two-way process that facilitates understanding of client broader needs, and thus improves quality of care. Moreover, training has increased staff comfort with condoms and sexuality issues, and has reduced bias against condoms as "inferior contraception." On the client level, programs have resulted in increased condom distribution and use, with clients not only accepting samples provided by staff, but also requesting condoms for themselves, their partners or their adolescent children. The three participating family planning associations have also developed comprehensive clinical guidelines for the diagnosis and treatment of STDs - an important strategy in efforts to control HIV infection - each utilizing locally-available levels of technology. In addition, IPPF/WHR's HIV/STD Prevention Program has developed a framework and a set of indicators to assess the extent to which programs has incorporated a gender focus.

Overall, this project has enabled FPAs to transform their focus on providing contraceptives to a comprehensive approach that encompasses the whole of a client's sexual and reproductive life. They still provide information and services on contraceptives; but they now incorporate into these services an exploration of clients' risk and vulnerability, including sexuality, relationships, life circumstances and other contextual issues likely to influence sexual decisions.

Although the grant did not support an evaluation component for this project, IPPF/WHR staff carried out some evaluation focused on staff-level outcome. Evaluation methodologies included, for example, pre- and post-counseling observations; pre- and post-knowledge assessments of staff; baseline and follow-up KAP surveys of communities (Honduras and Brazil); baseline focus groups with clients; baseline and follow-up KAP surveys and focus groups with student and teachers (Brazil); service statistics; and qualitative evaluation via staff focus groups and in-depth interviews.

<sup>5</sup> See J. Becker & L. Leitman, "Introducing Sexuality Within Family Planning: the Experience of Three HIV/STD Prevention Projects from Latin America and the Caribbean, *Qualité/Calidad/Quality*, Population Council, 1997.

In addition, through support of the ICRW Women and AIDS Program, additional evaluation of both staff and client outcomes was conducted with the clinic in Brazil.

Furthermore, the USAID Office of Health, HIV/AIDS Division carried out an external final evaluation of the project (June, 1996). Results were highly favorable:

*"...integrating STDs/HIV elements into family planning settings is a natural...though this project predates ICPD and the International Conference on Women, their themes resonate in the [Project's] recognition of a broader more holistic view of clients' health needs and of the contextual factors which shape these....While there is limited hard data demonstrating impact, the approach of integrating STDs/HIV into existing family planning and other health services seems to have been highly effective, and definitely merits continuation and expansion."*

From the above, we can conclude that the HIV/STD Prevention Program has had a considerable impact upon participating family planning associations and their staff, clients and communities. Below is a description of the results of this project on the institutional/service provision level, the staff level and the client level.

#### **Institutional/Service Level**

- **Defining integration of HIV/STD prevention and family planning:** through this project, IPPF/WHR has defined the parameters of integration within a sexual and reproductive health framework and the steps required to achieve it;
- **Operationalizing sexual and reproductive health:** Integration of HIV/STD prevention catalyzed a shift toward a sexual and reproductive health approach to programs and services. HIV served as a concrete starting point for FPA management and staff to implement this such a shift.
- **Institutionalizing integration:** By shifting management and staff attitudes, by working with all levels of each FPA and by incorporating integration into strategic plans and job descriptions, the HIV/STD Prevention Program was able to institutionalize integration of HIV/STD prevention as a new approach to reproductive health programs.
- **Improving quality of care and creating more sustainable programs:** Staff perceived that they were providing clients with an improved quality of care as a result of this project. They felt that they were providing better counseling, better use of clients' time and a range of services. Overall, a broader range of staff provided a more holistic, client-centered sexual and reproductive health service approach addressing

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a broader range of client needs - including disease, violence and relationships with partners and families. In addition, quality of care is an essential ingredient in creating more sustainable programs, since satisfied clients will return for more services and spread the word about services to others.

- **Improving institutional image:** FPA management have observed that this project has given them an improved overall institutional image that helps clients as well as institutional sustainability. For example, prior to this project, FPAs had been viewed narrowly as providers of family planning services. Now both NGOs and governments look to the FPAs for technical assistance and collaboration on a variety of issues - issues related not just to family planning, but also to the prevention of HIV and STDs.
- **Developing sustainable models of integration:** Since they utilize existing staff and infrastructure, these projects have been highly cost-effective. In addition, through this project, participating FPAs have developed new skills that they can now market to other organizations. We expect that HIV/STD integration will continue in the participating FPAs via individual family planning counseling, women's discussion groups, rural and urban outreach programs, the factory program, and through the implementation of STD diagnosis and treatment services. New projects developed with funding from the HIV/STD Prevention Program, such as the school-based programs for adolescents, and the community programs, are expected to continue at moderate levels.
- **Addressing gender as factor in HIV/STD prevention and family planning:** as the program evolved, both IPPF/WHR and the FPAs realized the importance of addressing gender as a factor in preventing disease and unwanted pregnancy; for example, the project also served as a springboard to address broader needs, such as recognizing and treating gender-based violence;
- **Developing a replicable model of integration:** the three FPAs participating in this project shared information, and adapted and replicated certain components developed by the other FPAs into their own programs. In addition, components of the three pilot projects have been replicated in Guatemala through other funding source.
- **Broader client base:** the HIV/STD Prevention program has brought a broader client base to the participating affiliates. They are increasingly reaching adolescents, men and communities. For example, the initiation of STD services in Brazil has brought more men into clinical services; community outreach and involvement of male staff has brought a higher level of male participation in Jamaica and Honduras. New

adolescent interventions have been developed and communities have become actively involved for the first time in all three FPAs.

#### Staff Level

- **Improved staff knowledge:** Pre- and post-training assessment indicated improvements in staff knowledge related to HIV/STDs and sexuality in all three participating FPAs. For example, at baseline, staff had been generally aware of the existence of AIDS and the importance of condom use, but had little knowledge about the relationship of family planning and sexuality. In addition, prior to training, staff had some misconceptions about transmission and signs and symptoms of STDs. Observation of individual and group counseling as well as in-depth interviews indicated considerable improvement in all of these areas following the first and subsequent training sessions.
- **Improvements in staff attitudes:** training improved staff attitudes, skills and professional practice in all three countries.
- **Contraceptives and HIV/STD Prevention:** Staff now discuss with clients the relationship of each contraceptive method to HIV/STD transmission. In addition, they discuss methods within the context of clients' sexual lives;
- **IUD and STD:** Staff are now more aware of the dangers of IUD insertion in a woman who has an STD, and spend more time exploring STD history and risk in women who are candidates for IUD;
- **Condoms:** Prior to the Program, staff had a certain amount of bias against condoms as less effective means of contraception. A certain amount of social stigma was also attached to condom use, as were ideas that condoms reduced sexual pleasure. However, the HIV/STD Prevention Program changed staff attitudes: they now promote the idea that condoms can be highly effective when used consistently and correctly; they have also overcome many of their own personal and emotional biases related to condom use.
- **Sexuality:** Staff who, prior to the Program, had shown considerable discomfort in discussing issues of sexuality began to be more comfortable with such issues after training. They realized that in order to understand a client's particular situation or to address issues related to sexual negotiation and condom use, they must address sexuality both with frankness, on a deeper level. In addition, staff have been able to become more accepting of a wider range of sexual expression.

- Increased overall job-related confidence, motivation and commitment: Staff reported an increase in overall confidence, motivation and commitment to their jobs when they realized their important roles in fighting AIDS within their communities, countries, and within their own families.
- Improvements in staff skills and professional practice: staff became more aware of the impact of gender on sexual and reproductive decision-making, and allowed this awareness to inform their counseling efforts. For example, they learned to take contextual issues such as gender and power issues into account when helping a client to assess her risk and to make sexual decisions.

#### Client Level

- Reached women, men and adolescents with integrated HIV/STD and sexual and reproductive health education and counseling services.
- Increased client knowledge: reports from FPA staff indicate increased client knowledge of HIV/STD and condom usage; clients also report passing that knowledge on to their partners and children; in addition, pre- and post-KAP tests given to participants in Brazil's adolescent program indicates significant improvements in student knowledge and attitudes related to HIV/STDs, reproductive health and sexuality.
- Improved client risk perception: qualitative data from focus groups and in-depth interviews suggest that clients perception of HIV/STD risk has improved since the beginning of the Program. Clients seem to be more aware of the importance of using condoms as protection from disease and of strategies for negotiating the use of condoms with partners.
- Increased clients' intention to use condoms and condom use.
- Increased clients' intention to communicate with partner and actual partner communication;
- Dual Method Use: although current data collection systems for family planning make routine assessments of dual method acceptance difficult, anecdotal evidence indicates that clients using other family planning methods are increasingly requesting and accepting condoms.
- Increased Client Satisfaction: in exit interviews, clients expressed their satisfaction with the FPAs' new way of providing information and services; for example, they

appreciate the new emphasis on preventing AIDS, the demonstrations of proper condom use and the opportunities they have of discussing intimate details of their lives with trained counselors.

#### C Project Achievements within the Center for Population, Health & Nutrition Results Framework

The Transition Project responded to the G/PHN Results Framework through the areas of increased access to family planning, improved quality of care, enhanced institutional capacity, and HIV/STD integration in family planning services - a total of eight objectives. Under *Strategic Objective 1*, the Transition Project addressed: 1.1, 1.3 and 1.4. Under *Strategic Objective 4*, the Transition Project addresses: 4.0, 4.1, 4.2, 4.3, and 4.4.

##### 1.1 INCREASED USE BY WOMEN AND MEN OF VOLUNTARY PRACTICES THAT CONTRIBUTE TO REDUCED FERTILITY.

Since its inception, the Transition Project has made a significant impact on family planning in Latin America and the Caribbean. Transition Project FPAs provided an average of over 1.3 million CYP each year and attracted more than 3.6 million new acceptors, thus increasing overall contraceptive use/prevalence. Unfortunately, many of the women and men who benefitted from this program have had less access to these contraceptive services since the end of the Transition Project in September, 1997.

Transition Project staff documented use of voluntary methods by recording the number of new acceptors and CYP provided by each FPA. APPENDIX VII illustrates the changes in the number of new acceptors and couple-years of protection in each association that received support through the Transition Project.

##### BEMFAM/Brazil

Despite being forced to close several of its clinics, charge fees for services and renegotiate agreements with local governments, BEMFAM provided services for 1,185,439 new acceptors, and generated 834,760.61 CYP during the five years of the Transition Project. Between 1992 and 1994, during a nation-wide debate on sterilization, BEMFAM was accused of carrying out procedures without clients' consent. A commission appointed by the Brazilian Congress later found these accusations to be false. Despite this, the Association chose to suspend this type of service and closed its surgical facilities.

Following a performance assessment of individual clinics, BEMFAM decided to close certain clinics and to merge others. In order to recuperate the funds no longer available through the Project,

BEMFAM renegotiated its health care contracts with municipalities in the communities in which it operates. During this process, BEMFAM canceled more than three hundred of its 1,300 contracts with local governments that were not recuperating costs or were otherwise deemed not cost-effective.

These factors all hindered BEMFAM's ability to generate as many new acceptors as it had when all eleven clinics and more than 1,300 contracts with local governments were in place.

#### MEXFAM/Mexico

MEXFAM attracted 1,304,084 new acceptors and generated 1,104,505.81 CYP during the life of the Project. In 1992, the Association operated in most of the 32 Mexican states. However, changing circumstances and the need to become a more sustainable organization forced it to focus its efforts on areas in which it had a comparative and competitive advantage, leaving the provision of services in other areas to government-funded family planning programs.

Changing its scope of work proved to be a difficult experience for MEXFAM. Prior to the Transition Project, MEXFAM had been expanding its family planning services to as many states as possible. It had also been one of the primary distributors of free contraceptives provided by NGOs and government agencies. Service consolidation and diversification of services in fewer states, and charging for services that had previously been provided free of charge resulted in a dramatic drop in the number of new family planning acceptors and CYP. New acceptors of family planning in MEXFAM programs decreased by 38% between 1994 and 1995.

Beginning in 1995, MEXFAM undertook a series of management changes. CSM, or medical service centers, were given more autonomy, thus reversing what had previously been a highly centralized system of direction and decision making. MEXFAM also hired new managers and doctors to work at central headquarters as well as the CSM. The Association more closely monitored performance and results, established benchmarks, and set performance indicators for programs and personnel. As a result, since the 3rd Quarter of 1996, the CSM have attracted more new acceptors. If this trend continues, by the end of 1997, MEXFAM expects to have registered more than 215,000 new acceptors.

#### INPPARES / Peru

The number of new acceptors of family planning methods provided by INPPARES grew steadily between 1992 and 1995. At the end of 1995, however, the Peruvian government launched a national family campaign and government clinics provided all family planning services free of charge. As a result, in 1996, new acceptors of contraceptives at INPPARES decreased by 19% in comparison to 1995 figures. Despite this drop, the Association managed to carve a niche for itself in the sexual and reproductive health market through social marketing efforts and service

diversification, and over the last nine months, the number of new acceptors had begun to rise again. Should this trend continue, INPPARES hopes to register a record number of more than 170,000 new acceptors in 1997.

#### Totals for Transition Project FPAs

In the five years of its existence, the Transition Project reported a total of 3,635,705 new acceptors to family planning and 6,476,717.19 CYP. The FPAs in Brazil and Mexico - excluding FEMAP - accounted for 67% of all new acceptors. PROFAMILIA/Colombia accounted for 49.4% of all CYPs generated through the Project. The ending of funding to PROFAMILIA/Colombia severely affected the reported number of CYPs at that FPA. The portion of CYPs reported by the Colombian FPA accounted for more than 50% from 1993-1996, although in 1996 PROFAMILIA reported only nine months. The high number of CYP compared with the modest number of new acceptors is a result of the relatively high number of reported male and female sterilizations.

#### 1.3 ENHANCED CAPACITY FOR PUBLIC, PRIVATE, NGO AND COMMUNITY-BASED ORGANIZATIONS TO DESIGN, IMPLEMENT AND EVALUATE SUSTAINABLE FAMILY PLANNING PROGRAMS.

IPPF is affiliated with 47 autonomous national organizations throughout the Americas and the Caribbean. These organizations constitute the largest network of voluntary health-related organizations in the Western Hemisphere. Through the Transition Project, IPPF/WHR has worked with ten of these organizations on institution-building in the area of programmatic enhancement through technical assistance in evaluation, sustainability, finance, MIS, and commodity logistics. This technical assistance has allowed participating organizations to increase their capacity to implement family planning programs in a cost-effective and innovative manner. The Project has helped these affiliates to improve their ability to design and implement sustainability strategies. It has also emphasized the importance of research in order to evaluate quality, client satisfaction and possible programmatic improvements. Finally, the Transition Project has provided financial, MIS and commodity logistic technical assistance ensuring the effective use of systems, efficient use of resources, and improved tracking systems for diminishing resources.

*Evaluation:* Each of the IPPF/WHR Transition Project FPAs measured progress in self-sufficiency volume and quality of services delivered on a quarterly basis. Monthly financial reporting forms and annual audit reports tracked costs and local income to calculate financial self-sufficiency rates and replacement factors. The associations monitor service volume using CYP and new acceptors as the primary output indicators, and assess quality primarily through periodic client satisfaction surveys. Other indicators include, but are not limited to, method mix, medical supervision and oversight of clinical services, number of diversified services and client socio-economic profiles.

*Sustainability:* The Transition Project worked with ten IPPF/WHR affiliates and an additional organization, FEMAP in Mexico, to enhance their ability to develop and implement sustainability

plans. These plans addressed market characteristics and conditions, income-generation options and cost-cutting opportunities. The ultimate objective of this technical assistance was to prepare the affiliates for the phase-out of USAID support in the region, and to ensure that services are not drastically reduced as a result. IPPF/WHR will begin funding continued or new sustainability-building projects with the Endowment Fund for Sustainability, which will begin operation on January 1, 1998.

*Finance:* IPPF/WHR has worked on financial management with its affiliates for many years. Technical assistance through the Transition Project has focused on topics ranging from budgeting, cost analysis and chart of accounts, to projections of currency devaluations. This assistance in financial management has improved managers' capabilities to track their sources of income and expenses, thus effectively cutting costs and using available funds more efficiently.

*Management Information Systems/Information for Decision Making:* MIS/IDM through the Transition Project focused primarily on integration and decentralization of systems and, at a regional level, evaluating new systems tools following the Project's phase-out in light of new information requirements and technological changes.

*Commodities:* Commodities, one of the most important components of a family planning program, have been very difficult to replace. The Project assisted affiliates in two primary areas of commodities logistics: logistics management and projection of future needs. This ensured lower levels of commodity loss as well as more efficient tracking. A plan for commodity needs and procurement processes was put into place after USAID discontinued commodities support through the Transition Project.

*Programs:* IPPF/WHR's primary goal is high quality programming. To achieve this goal, the Regional Office provides technical assistance to affiliates on various programmatic issues ranging from gender-sensitivity to strategic planning. The Transition Project assisted IPPF/WHR in increasing the quality of its affiliates' programs in the areas of board development, strategic planning, resource development and sexual and reproductive health services, among others.

#### 1.4 DEMAND FOR, ACCESS TO AND QUALITY OF FAMILY PLANNING AND OTHER SELECTED REPRODUCTIVE HEALTH INFORMATION AND SERVICES INCREASED.

IPPF/WHR has been promoting family planning for over 40 years, and reproductive health service delivery is our primary concern. Transition Project FPAs recognized the importance of providing high quality services, particularly if they are to survive in a more competitive environment with more reliance on service fees. Since the beginning of the Project, FPAs have been conducting client satisfaction surveys to identify areas for service improvement. The Transition Project approach focuses on levels of *dissatisfaction* to indicate a quality shortcoming and an indication for improvement. The identification of such "areas for improvement" and the implementation of actions to address them is the primary focus of the Transition Project client satisfaction

methodology.

The Transition Project recommends that client satisfaction surveys be complemented with other methodologies such as direct observation, review of client records and focus groups. BEMFAM developed a comprehensive package of tools to evaluate quality in a more in-depth manner, including direct observation, provider interviews, focus groups and a more comprehensive client satisfaction service. With Transition Project assistance, BEMFAM also conducted a comprehensive study to improve the system of supervision in their community programs. BEMFAM's community programs are carried out through collaborative agreements with state municipalities and make up the majority of BEMFAM's services. PROFAMILIA/Colombia conducts client flow analyses and focus groups at each site where client satisfaction surveys are conducted.

Other examples of IPPF/WHR's efforts to incorporate and evaluate quality of care in which the Transition Project provided some technical assistance include:

- development of a self assessment module for quality to be applied at FPAs;
- development of a methodology and four instruments to assess quality of care from a gender perspective;
- leadership involvement in the 1990-91 USAID Subcommittee on Indicators of Quality, which was chaired by a staff member.

*Office of Health HIV/STD Add-On.* FPAs in all three HIV/STD Add-on countries (Honduras, Brazil and Jamaica) continued their efforts to integrate HIV/STD prevention into family planning. This contributed to the overall improvement of the quality of programs and services. Quality has improved through broadening the content of services and shifting the approach to counseling and education. Increased availability of STD diagnosis and treatment services also resulted in improved quality.

*Strategic Objective 4:*

4.1 INCREASED USE OF PROVEN INTERVENTIONS TO REDUCE STD/HIV TRANSMISSION.

The Transition Project's HIV/STD Add-On utilized a number of novel approaches to help prevent transmission of HIV and STDs among family planning clients. However, because of the pilot nature of the project and the absence of models of integration to build upon, interventions in all three countries also continue to utilize proven approaches. For example, STD control has been proven to reduce HIV transmission on a population level, so the Transition Project assists family planning programs in developing and improving STD diagnosis and treatment systems. It has also been shown that educational interventions focused on behavior change rather than on information are required to achieve impact. Therefore, FPA projects are including an emphasis on behavior change, community involvement and a consideration of contextual factors related to sexual behavior including sexuality and gender issues in all of the interventions they develop.

4.1 EFFECTIVE INTERVENTIONS TO REDUCE SEXUAL TRANSMISSION OF STD/HIV IDENTIFIED, STRENGTHENED, IMPLEMENTED AND EVALUATED IN EMPHASIS COUNTRIES.

The HIV/STD Add-On, which has operated for the last five years in three of USAID's AIDS-emphasis countries, Brazil, Honduras and Jamaica, ended in September of 1997. During the last six months, IPPF/WHR and the collaborating FPAs have worked together to strengthen interventions focused on clients of family planning clinics, in-school adolescents and communities.

4.2 IMPROVED METHODS AND TOOLS FOR REDUCING PERINATAL AND PARENTERAL HIV TRANSMISSION AVAILABLE FOR PROGRAM USE IN EMPHASIS COUNTRIES.

Although HIV/STD Add-On activities do not provide direct interventions to reduce perinatal transmission (such as perinatal AZT therapy), the program addressed the issue indirectly through prevention programs targeted specifically to heterosexual women and men of reproductive age.

4.3 ENHANCED CAPACITY FOR PUBLIC, PRIVATE, NGO AND COMMUNITY-BASED ORGANIZATIONS TO DESIGN, IMPLEMENT AND EVALUATE EFFECTIVE HIV/STD PREVENTION AND CARE PROGRAMS.

Ongoing technical assistance has been provided to the FPAs, to implement and evaluate their HIV/STD/family planning integration programs, thus strengthening their capacity to continue to do so in the future.

4.4 KNOWLEDGE, AVAILABILITY AND QUALITY OF HIV/STD SERVICES INCREASED IN EMPHASIS COUNTRIES.

Through the HIV/STD Add-On to the Transition Project, affiliates in Jamaica and Honduras initiated efforts to develop clinical guidelines for STD diagnosis and treatment in family planning clinics.

D Results of the USAID Mid-term Transition Project Evaluation - January, 1995

The 1995 Mid-Term Evaluation of the Transition Project provided commentary on the Project's achievements as well as recommendations to be carried out in the remaining Project period. It grouped achievements in general categories including service volume, client profile, quality of care, financial sustainability, project training and technical assistance and management information systems, with recommendations concerning each.

The evaluation noted first that the Transition Project had achieved its objective with regard to maintaining services from 1992 to 1994. With regard to client profiles, it noted that clients seem to be of higher socio-economic status than they had been at the outset of the Project. The evaluators suggest that this change may be due to the introduction of service fees.

The evaluation team was “impressed by the FPAs’ commitment to quality,” even under the pressure of an increased focus on sustainability. They note that most associations have in place quality assurance systems and utilize various approaches to monitor quality, and that several have conducted studies and workshops specifically focusing on quality of care. The evaluation team recommended that Project FPAs continue their focus on quality assurance, particularly as they begin to provide a wider range of reproductive health services. In addition, they recommended that throughout the Project the associations ensure a “consistent flow of contraceptives and a range of methods.”

With regard to financial sustainability, the team noted that all FPAs had “made the initial step” toward sustainability, but that some had made more rapid progress than others. They cite FEMAP, PROFAMILIA and MEXFAM as being among the FPAs that had quickly gained a mind set of sustainability. The team also notes that all Project FPAs had “attained a higher level of financial sustainability than targeted by the Transition Project.”

As for project training and technical assistance resources, the evaluation team notes that IPPF/WHR “has been well-suited for managing a large USAID-supported project and for assisting FPAs in changing their institutional culture to include the concept of sustainability,” but less adequate for providing direction and technical support in areas which are “relatively new for IPPF/WHR and the FPAs,” such as diversification of revenue, costing, pricing and marketing. They cite a need for more staff and consultants with skills in technical areas as well as more attention to quality assurance and evaluation. The team also noted progress in developing and decentralizing MIS among all FPAs, as well as use of these systems for decision-making among most associations.

## II. REGIONAL ACTIVITIES

### A Sustainability

#### I. Applying Commercial Sector Business Principles for Sustainability

As the Transition Project progressed, commercial sector business principles became an increasingly important and integral part of its approach to sustainability. The most direct way in which classic business principles were used to help increase FPA sustainability was in the Project's assistance to FPAs in creating new income-generating ventures. These new business ventures which consisted mainly of the sale of services and the commercial (or social) marketing of products, were carefully constructed using the same process used in the commercial sector: FPAs conducted market and feasibility studies, created business and marketing plans, and for the first time for many, began systematic examination of issues such as price, competition, demand, market position, branding, and promotion. Almost all Project FPAs have initiated at least one new commercial venture to generate income to supplement the FPAs social programs; all who have done so have had moderate to substantial success. For example, BEMFAM, AUPF, and FPATT created new commercial marketing initiatives selling condoms at profitable prices. INPPARES and BEMFAM initiated new IUD sales projects. MEXFAM has aggressively promoted some of its new "middle class" clinics with a mass media ad campaign. PROFAMILIA and APROFA, the two project FPAs that already had an established marketing departments, expanded their projects and now market a wider range of contraceptives and other products to pharmacies and doctors. FEMAP is currently establishing a nation-wide network of pharmacies throughout Mexico. The strategies used to design these projects and lessons learned from our experiences are described below.

In addition to the new income generated by Project FPAs' business ventures, use of classic marketing principles has contributed to FPA sustainability in another subtle yet very important way. The strategic and cost-conscious manner of thinking used to plan commercial ventures has been absorbed into many FPAs' institutional psyche, and the result has been, simply put, more dynamic and business-like organizations.

Project FPAs are now applying the strategies they used in planning their business ventures to the general management of the Association. To varying degrees, all project FPAs are now more demand/market driven institutions, planning their activities and services, their "product", based upon demand in the country and competition. Identifying the ideal "niche" in their countries has sharpened the focus of association's strategic planning exercises. Able to "position" themselves more strategically, FPAs are increasingly able to have greater impact in areas where they are most needed, which in turn helps them to attract new donor funding. Spurred by the need to maximize their shrinking budgets, executive directors are now integrating marketing strategies with other techniques learned under the Project such as analyses of cost and quality of care, to critically analyze the "return on investment" of all of their activities, investing in those bringing greatest returns to the

FPA in achieving their mission, either in terms of impact, or income, which in turn can fund the core activities.

Furthermore, with the exception of PROFAMILIA, which had a well-established marketing department prior to the beginning of the Transition Project, all other Project FPAs established marketing departments during the Project period and recruited staff with commercial sector experience. These staff have now become involved not only in the management of FPAs business activities, but often in institutional strategic planning as well. These associations, now more aware of the power of promotion with regard to their products, have also seen the value in promoting the organization. Thus, they are requesting that the marketing department work with senior staff to also develop a marketing strategy for the FPA itself. BEMFAM, for example, has created a new institution building strategy which included a significant increase in attention to public relations activities to strengthen ties and connections within the public and private for-profit and not-for-profit organizations also working in reproductive health, as well as with the media and the public. INPPARES has created a comprehensive corporate brochure for use in fundraising and other promotional purposes. In Mexico, both MEXFAM and FEMAP worked with CAs to update and standardize its corporate images nationwide, and Project staff assisted them in developing a new series of materials to promote the organization to donors, potential new affiliates, as well to promote its range of services to corporate and other clients. MEXFAM is now beginning to develop a marketing strategy to sell its heralded line of educational materials not only to promote their dissemination, but to generate income from their sale. These are a few examples of recent sustainability initiatives that Project FPAs have undertaken on their own initiative, demonstrating the longterm value and payoff of the Project's efforts to utilize a wide range of sustainability strategies, including those of the heretofore feared "commercial" sector, to maximize the strength and long term viability of the region's FPAs.

## 2. Social or Commercial Marketing of Products

Most of the new commercial marketing initiatives involved the sale of contraceptives at a profitable price level. Condoms proved to be the most feasible and lucrative commodity for FPAs to sell, and three projects involving sale of IUD's are also underway. Two project FPAs, PROFAMILIA and AUPF, were successful in selling oral contraceptives and non-family planning commodities such as surgical gloves and pregnancy tests.

These ventures took one of two forms. In some cases, such as in Brazil and Trinidad and Tobago, FPAs created and established ownership of a new brand, whereby an FPA sells condoms, for example, manufactured by a leading condom manufacturer who prints a private label packaging for the FPA. An alternative arrangement that was more suitable for FPAs such as AUPF in Uruguay is one in which the FPA negotiates a contract with a manufacturer to become the sole distributor of one line of the company's existing brands in the FPA's country. Again, PROFAMILIA in Colombia already had such projects in place before the start of the Transition Project. A description of the

new FPA income-generating ventures, both sales of products and services, established during and assisted by the Transition Project is included below.

*Marketing of Lifestyles condoms by AUPF/Uruguay - Example of Exclusive Distributorship Model:*

In 1992, the Transition Project funded a market analysis and feasibility study for generating income from the sale of a new brand of condoms and other latex products on the commercial market in Uruguay. IPPF/WHR requested that PROFAMILIA/ADC, the commercial arm of the Costa Rican IPPF affiliate, provide AUPF with technical assistance. Transition Project staff chose PROFAMILIA/ADC because of the comparability of size and characteristics of the market in both countries, and because PROFAMILIA/ADC has a very successful track record in establishing the type of marketing project planned by AUPF. PROFAMILIA/ADC helped AUPF to interpret the results of the AUPF market study (paid for by IPPF/WHR) and also assisted AUPF in designing a business plan appropriate for the FPA and the local market.

AUPF launched a commercial condom and other latex product marketing project in 1994. The Project broke even in 1996, with AUPF having captured 12% of the local condom market. In 1998, the project is expected to contribute between US\$30,000 to US\$36,000, or 10% of AUPF's local income.

*Examples of Private Label Condom Ventures - FPATT's PANTHER condoms and BEMFAM's PROSEX condom brand:* During the Transition Project, FPATT requested technical assistance from IPPF/WHR in designing its first marketing project: a new condom social marketing brand. The Transition Project provided technical assistance from both Project staff as well as from marketing manager of PROFAMILIA/Colombia. Technical assistance included: outlining the profile for a new marketing manager position at FPATT; establishing contact with potential suppliers; and elaborating on a basic business and marketing plan. As a result, FPATT successfully created the condom brand Panther in 1994, which in 1996 brought in 15% of FPATT's local income.

BEMFAM received technical assistance in the design of its first commercial condom marketing venture from an USAID funded CA, as well as from local market research and advertising firms. Since the Brazilian market is so enormous and more diverse than in other countries of the Region, BEMFAM needed local expertise. After some initial delays, BEMFAM launched PROSEX condoms in October of 1996. Sales during the last three months of 1996 totaled 570,000 units, and is expected to reach 4,600,000 units in 1997. It should be noted that these sales were achieved with almost no advertising support; the PROSEX advertising campaign was launched only in mid 1997. In 1997, advertising costs were still supported in part by the Transition Project and by SOMARC, who will continue to provide support to the project at least until September of 1998.

*Sale of IUDs to Private Physicians - APROFA/Chile, INPPARES/Peru and BEMFAM/Brazil :*

Sale of IUDs was another commercial project included in BEMFAM's and INPPARES' sustainability plans. However the FPAs have not yet launched these projects due to an unexpectedly lengthy

contract negotiation process. However, both associations completed all of the important steps necessary to establish the project such as: negotiating a contract with ORTHO, including setting a price and other conditions of the deal; designing packaging for the IUDs; and refining the marketing strategy for the IUD sales.

Sales of the IUDs have not yet begun in Brazil due to delays incurred in the contract discussions with ORTHO, a strategic decision to focus marketing efforts on establishing a firm presence in the condom market, and the change in directorship of BEMFAM in early 1997. INPPARES' negotiations with ORTHO were delayed due to increased interest by other IUD manufacturers in the Peruvian market and supplemental offers to INPPARES, complicating the selection process. However, sales in both countries will begin as soon as the product registration process, now underway, is completed.

Perhaps one of the most ambitious projects begun during the final quarter of the Transition Project, is FEMAP's plan to establish a network of pharmacies in Mexico. FEMAP is in the process of establishing a network of low-price pharmacies nationwide, to both generate income for the Federation and provide FEMAP's target population with access to low-cost medicines and other pharmaceutical goods. This project, funded jointly by USAID and FEMAP, has been for the last three months and will continue in 1998 to be the main focus of FEMAP's senior staff and marketing department. The project is off to an excellent start, and has every indication of being a successful venture. FEMAP has already completed negotiations with all of the major pharmaceutical distributors in Mexico, built a product listing of over 4,800 products thus far, and set up a sophisticated computer program to manage sales within the entire network. The first pharmacy in Juárez was opened in October this year, and FEMAP plans to open a total of 11 pharmacies in Mexico by March, 1998.

### 3. Marketing Services to the Middle Class

In addition to generating income by diversifying services, the strategy developed and first implemented by PROFAMILIA, another strategy that has proven successful is selling medical services to the middle class. This strategy involves establishing clinics (or at least specific services) that serve a middle class clientele (higher class clientele than the FPA's target population) who pay higher fees for services, thus providing the FPA with income to subsidize services for clients unable to pay. During the Transition Project, INPPARES and MEXFAM utilized this strategy, and both have established such clinics during the 1994 -1997 period.

*INPPARES Clinic Expansion Project:* The Transition Project paid for a series of feasibility studies to assess the viability of expanding INPPARES' existing clinic network and of increasing their profitability, much in the same way that PROFAMILIA had done successfully. These studies, conducted in 1995, clearly indicated that expanding INPPARES' services in 11 clinics would increase these clinics' profitability. Throughout 1996 and 1997, INPPARES completed the expansion of

these clinics. The Project funded the purchase of equipment and other supplies necessary for the new services. Due to the accuracy of the feasibility studies and careful planning by INPPARES, these clinics began generating profits immediately due to one important factor. Rather than creating entirely new clinics in areas new to INPPARES, INPPARES expanded existing clinics, which had an *existing client base*. Therefore these clients began using the new services immediately without need for large-scale introductory promotional efforts, and bringing in new clients through word of mouth referrals, which minimized the marketing challenge and cost to INPPARES.

*MEXFAM's Medical Service Centers Program:* MEXFAM identified middle class clinics as a viable strategy to generate income to help pay for its social program, and developed a project to create a network of new medical service clinics *Clinicas de Servicios Médicos* (CSMs).

A market study was conducted in 1994-1995, and based upon this study, 11 sites were selected for the clinics. The Transition Project funded the construction, equipment and initial working capital for the clinics, which were established during 1995 and 1996. In addition to the Transition Project, other CAs provided additional technical assistance and guidance in marketing, quality of care and pricing.

The clinics MEXFAM established, while beautifully designed, conveniently located and well-staffed and equipped, nonetheless presented a formidable marketing challenge because they are targeted to what was a new target group for MEXFAM: the middle class. Moreover, in many cases, MEXFAM built these in areas where it had not worked previously, and was thus not well-known. Furthermore, the clinics provide not only family planning and reproductive health services, but general medicine, pediatric and dental care, laboratory and hospital services, most of which are new services for MEXFAM.

Initial marketing efforts helped some of the clinics attract the projected client volume. These clinics reached their break-even points on target and were starting to generate their expected profits. Other clinics, however, were still not meeting the benchmarks set by MEXFAM and USAID in early 1997, and as the Project was due to end, Project staff and MEXFAM decided to try a more aggressive promotional strategy.

*The Transition Project's Pilot Advertising Project in Mexico:* The group designed and carried out a pilot promotional campaign to test whether investing in the services of a professional advertising agency to create a stronger and more unified message would bolster MEXFAM's promotional efforts and attract the projected client volume.

MEXFAM and Project staff selected three clinics among those most in need of increased revenue to test the new strategy (Las Alamedas, Tampico, and Guadalajara). They hired a professional advertising agency to develop a promotional message for the clinics to catch the eye of the target

audience: middle class women of reproductive age living in the clinic's catchment area, and to establish the MEXFAM name among the target audience as an institution devoted to providing high quality health services for women at an affordable price. The advertising agency and MEXFAM developed the campaign and ran it in the local media during June, July and August of 1997. TABLE 9 illustrates the increase in use of MEXFAM's clinics before and after the campaign.

*Additional Project Benefits:* One of the main lessons learned from the above endeavors was that when advertising a local product such as services (as opposed to condoms, for example), utilization of media must be highly *localized* in order to be cost-effective. Advertising in a city or country-wide newspaper for one clinic generally was too diluted to have any impact, while advertising in local newspapers elicited a significant response. The most successful strategy in drawing new users to the clinics, as revealed by a survey of client referrals, were the promotional health "packages" (e.g. *paquete de mujer saludable*) advertised in local newspapers. The advertising agency has already developed another line of advertising to accompany two new packages (a pediatric care and a prenatal package) that will be the focus of promotion in 1998.

The campaign indirectly served to improve MEXFAM's overall marketing strategy for all its clinics, in that it created a unified and more sophisticated "look" and message to MEXFAM's materials, which, as long as it is used consistently, will increase the impact of all promotional activities, as well as contribute to the creation of a national MEXFAM clinic image. These materials will be incorporated into all clinics' 1998 marketing plans.

*Other Services Marketing Projects:* In Brazil, BEMFAM undertook a project to expand its already profitable laboratory services. These services were generating net profits of \$150,000 annually, and were operating at 60% of their capacity and offered a narrow range of diagnostic services. Project CAs assisted BEMFAM in identifying a market research company to conduct a feasibility study to identify which services would generate the most revenue and are in greatest demand. The results guided BEMFAM in creating a new business plan for their laboratories, as well as for developing a marketing strategy for their promotion. The Project assisted BEMFAM in purchasing the equipment necessary for upgrading the laboratories, which is currently underway, and marketing activities will begin early next year.

#### 4. Conclusion

The main drawback to date is that it has generally taken longer than expected for the venture to turn profitable. Each FPA followed its own course and time frame in balancing its own strengths and weaknesses in getting their projects up and running smoothly, as well as finding the right staff to manage the marketing activities. As one of the main lessons learned of the Transition Project states, the transition to sustainability takes time. However, we are pleased to report that all project FPAs (with the exception of Paraguay) now have marketing departments that are armed with the

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know how, skills, and a list of lessons to learn from to continue building the capacity of their new business ventures to contribute to FPA self-sufficiency. And the element of the Project that will continue to be most needed after the Transition Project, that is, capital for investing in expansion or creation of new sustainability ventures, will be available to FPAs through the Endowment Fund for Sustainability. And IPPF/WHR staff will encourage FPAs to exchange their various areas of strength and expertise gained during the Project among themselves and perhaps become business partners to further strengthen their viability and increasingly important place in the marketing of services and commodities.

**TABLE 9**  
**Increased Client Volume at MEXFAM Clinics following Pilot Promotional Campaign**

Clinic	Average number of services provided each month during four months prior to campaign	Average number of services provided each month during four months during and following campaign	% increase (decrease)	
			#services	income
Las Alamedas	749	928	+24	+38
Tampico II	605	829	+37	+25
Guadalajara	1332	1997	+50	+100

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## B Commodities

### 1. Contraceptives

Over the life of the Transition Project, a total of 24 IPPF affiliates received USAID-donated contraceptive supplies through the IPPF/WHR Commodities Unit. The total value of the contraceptives donated was US\$4,830,741. (APPENDIX I)

### 2. Equipment

The medical equipment, electronic equipment and vehicles accounted for the most significant portion of donated equipment. Ten FPAs and two NGOs received equipment. These donations formed part of the cash donations. At the close of the Project, USAID transferral ownership of this equipment to the FPAs.

### 3. Training

The Commodities Unit held two training workshops funded by the Transition Project. The first of these took place in Trinidad & Tobago in 1994, and was meant for the FPAs from the English-speaking countries in the Region. The second workshop, held in Florida in 1997, was designed for the FPAs from Spanish-speaking countries. Representatives from other NGOs not affiliated with IPPF, but who were beneficiaries of USAID support, participated in this second workshop.

The overall objective of these workshops was to maximize the use of each association's system of inventory control for contraceptive and improve storage conditions. This would lead to improved distribution systems and contraceptive quality, thus contributing to the overall improvement of service quality.

One of the follow-up activities proposed in the wake of these two workshops was to assess the extent to which the techniques learned during the workshops were implemented by the associations that had participated. It was noted that associations that had participated in the workshops had difficulty implementing the knowledge acquired, despite having understood the concepts fully during the workshops themselves. Many participants were reluctant to impart what they had learned during the workshops with their co-workers and those involved in commodities management at their respective FPAs. In order to overcome these obstacles, follow-up visits to all the participating FPAs would have been necessary. Regrettably, a limited travel budget allowed only to some of the Associations.

## C Management Information Systems - Information for Decision Making

At the start of the Transition Project, Associations relied on a group of accounting, bank control and budget applications to monitor the results of core financial operations in their national offices. Accounting software was not yet introduced to the branch offices and software for inventory control was utilized for central warehouse monitoring. Automated integration of software modules was in the planning stages, as was the systemization of service data collection. System reports to management emphasized budget control at the site level, but did not routinely examine the rates of self-sufficiency for each activity.

At the conclusion of the Transition Project, the project had achieved specific objectives which contributed to operational efficiency, improved communications and provided management with routine net cost information per activity. These achievements enabled Associations to calculate the full cost of activities, assess their level of sustainability and assist with the allocation of resources according to measurable criteria. As a result management had more complete and timely financial information on which to base their decisions. TABLE 10 lists the primary achievements across the Transition Project.

With respect to the process, not all Associations utilized the same computer software to achieve these results. Regardless of the software application, the concepts applied in each country were very similar. For reasons of local support, PROFAMILIA/Colombia developed their UNIX based applications in-house, but mid-way through the project introduced a microcomputer network to its central office and clinics. Due to differences in national labor laws and customs, the project found it more practical to rely upon local payroll systems for calculating personnel payments. Local databases were implemented for the central tabulation and analysis of program outputs. However, for all other administrative applications, the project supplied a standard suite of accounting and administrative software. The Spanish and English versions of this software were obtained from TecApro.

Associations benefitted from the implementation of standard systems in "sister" Associations in several ways. With common standards, observation visits efficiently disseminated new concepts. Using the Internet country systems managers were able to rely upon each other to support software, consider innovation and problem solve. With standardization, training was available from a number of countries. Non-TP countries, such as APROFAM/Guatemala and ADS/El Salvador which became leaders in the decentralization of systems and use of the Clinic Management System to monitor quality, were able to share with TP countries their expertise. Ideas tested in Transition Project were more easily shared with other countries in the WHR region, such as ASHONPLAFA/Honduras and Caribbean family planning associations funded by the EEC project.

The consulting support to the project was divided among the following: TecApro/Costa Rica (from 1992-1995), Xavier Gonzalez/Mexico (advisor on development of service statistic database, and integration planning), Ricardo Rossal/Guatemala (expert for the Clinic Management System), Ingrid Bencosme/WHR Systems Analyst (advisor for all accounting, bank control, payroll, and inventory

TABLE 10  
MIS Objectives, Activities and Results

Objective	Action Taken	Results/Benefits
Integration of administrative systems	Automated integration of local payroll systems with accounting systems	Elimination of time consuming manual re-keying of personnel cost data; Reduction of errors and improvement in the flow of cost information for reporting
	Automated integration of inventory control systems with accounting system	Automation of inventory cost calculations; Incorporation of contraceptive supply distribution expenses to determinate full costs
Distribution of System Processing to the field	Introduction of accounting and bank control software to affiliate branch offices	Reduction of processing bottle necks in central office of Association; Increased efficiency; Provided field managers with timely budget, income, and expense information.
Increase access and use of clinic information for monitoring diversification efforts	Implemented computerized clinic management system to major clinics national clinics: 8 in Brazil; 11 in Mexico; 2 in Peru; 3 Belize; 5 Colombia  Designed and implemented unified, client intake record to facilitate tracking of all services to clients.	Automation of clinic service statistic, inventory control, income registration; Immediate access to data on client profile, method mix, service provider performance, impact of promotional campaigns. Reliance on system tool to monitor STI and PAP services. Standardized data collection tools and data comparability within country.
Self-sufficient systems; decrease reliance on external consultants	Encouraged establishment of systems support area within planning and evaluation department context; Exchange of experience among Associations to provide systems area training	Systems support area staffed by qualified technicians and managers; oriented to the service of all departments & country regions ; Associations autonomous in terms of computer system planning, maintenance, and replication. Termination of the TecApro consulting contract in 1996
Improve communications	Promote use of Internet for international and national communications; Support establishment of local area networks	Internet and electronic mail used at national headquarters for international and internal headquarter communications; Computer networks in all affiliates to facilitate software integration and report generation.
Facilitate cost/output and self-sufficiency analysis; Support efficient and appropriate allocation of resources management	Modified chart of accounts to permit activity based accounting of costs; Supported use of database methodology for integration of service statistics in headquarters	Provision of routine information to management comparing income and full expenses per service group to determine net costs (e.g. Lab, family planning, surgical, pre-natal, pediatric, etc.) Achieved comparability at service activity level of financial and program results of operations in order to reliably estimate unit costs.
Increased efficiency	Analysis of manual procedure and forms in accounting and administration	Streamlined operations; eliminating duplication. (in the specific case of INPPARES, automation and analysis, reduced from 16 to 6 the number of steps required to process payment requests)

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systems), and Leslie Varkonyi/WHR Regional Systems Manager. In addition, Association's of BEMFAM/Brazil and PROFAMILIA/Colombia contributed on occasion the assistance of their Systems Manager (Joubert Assumpção) and Internal Auditor (Nelson Girón).

In 1996 WHR established a regional Vision 2000 Technology Committee to select future technology standards and recommend a new regional suite of standard software. Future requirements will take into account the expanding reproductive health care services of the Associations, as well as the current practices. The project's achievements in terms of organization of information, systemization of procedures and computerization of processes have provided a solid foundation for future advancements. With these steps the WHR is working to sustain the regional systems standards beyond the Transition Project and provide organizational mechanism for their improvement over the long term.

Beyond the exchange of experience among Transition Project Associations, project results on the use of clinic based information systems were presented at a Pre-Congress Symposium of the Society for International Management in March 1995. A copy of the Presentation extracts is attached. Of interest is the presentation of BEMFAM and its innovative adaptation of the clinic system to study sexually transmitted infection at a clinic in Rio de Janeiro. In addition, presentations were made to the USAID/Evaluation working group and Population Council on the use of the Clinic Management System to monitor aspects of clinic quality. In September 1997, a regional meeting was held for both Transition Project and non-Transition Project countries summarizing the achievements of the information system achievements of the projects, discussing lessons learned and planning for the future.

D Dissemination

BEMFAM Evaluation Seminar (Rio de Janeiro, August 1995)	Presentations by Timothy Williams and Roberto Depaulo (AUPF) on Evaluation from the Donor's Perspective, and Cost Analysis		
EVALUATION Project, Service Delivery Working Group; Washington, DC, 5-6 October 1995	Sustainability: What it Means and How to Evaluate it	Timothy Williams, IPPF/WHR	Timothy Williams
EVALUATION Project, Service Delivery Working Group; 5-6 October 1995	Client Satisfaction Studies Using Exit Interviews: A Simple, Inexpensive Way to Evaluate Certain Aspects of Quality	Timothy Williams	Timothy Williams
EVALUATION Project, Service Delivery Working Group; 5-6 October 1995	Management Information Systems for the Improvement of Service Quality	Leslie Varkonyi	Leslie Varkonyi
CEDPA— Annual Meeting of Field Staff for Access Project (Washington, DC, October 1995)	Monitoring and Measuring Quality of Care— IPPF Perspective	Timothy Williams	Timothy Williams
APHA (San Diego, CA, Oct.-Nov. 1995)	Family Planning Demand and Pricing Policies: Results from Dropout and Household Surveys in Brazil	Rita Badiani, BEMFAM; Sergio Lins, BEMFAM; Timothy Williams, IPPF/WHR	Rita Badiani
APHA 1995	Client Profile Changes Over Time at PROFAMILIA-Colombia: Can Family Planning Associations Achieve Sustainability and still Reach the Poor?	Gabriel Ojeda, PROFAMILIA; Timothy Williams, IPPF/WHR	Gabriel Ojeda
APHA 1995 (poster)	NGO-Government Partnerships: Improved Cost-Effectiveness and Overall Success	Carmen Gomes, BEMFAM; Ann Lion-Coleman, IPPF/WHR	Ann Lion-Coleman
APHA 1995 (poster)	Strategies to Replace Donated Contraceptives for Family Planning Programs Serving Low-Income Populations	Sarita Kumar, IPPF/WHR; Alessandra Durstine, IPPF/WHR	Sarita Kumar
APHA 1995 (poster)	Commercial Activities in Health: Contrasting Examples from Colombia, Uruguay, Chile and Brazil	Alessandra Durstine, IPPF/WHR; Juan Carlos Alvarez, AUPF; Juan Carlos Negrette, SOMARC-Mexico; Veronica Cosoi, APROFA and Sebastiao Viera, BEMFAM	Alessandra Durstine
APHA 1995 (poster)	Is There Life After Donor Dependency? Case Studies of FPAs in Uruguay and Venezuela after the Phase-out of USAID Support	Timothy Williams, IPPF/WHR; Alvaro Monroy, IPPF/WHR; Renée Pietracaprina, AUPF; and Gisela Diaz, PLAFAM	Timothy Williams
APHA 1995 (poster)	How to Evaluate Family Planning Quality in Programs Emphasizing Sustainability: The Potential Usefulness of Satisfaction Surveys	Timothy Williams; Jessie Schutt-Ainé, IPPF/WHR	Jessie Schutt-Ainé
Briefing to USAID Office of Field Support (Washington, DC, 7 November 1995)	Sustainability: The IPPF/WHR Transition Project Experience	Timothy Williams	Timothy Williams
Presentation to USAID PHN Center staff (Washington, DC, 7 November 1995)	Sustainability: The IPPF/WHR Transition Project Experience	Timothy Williams	Timothy Williams
Transition Project Workshop on "Sustainability: Strategies for Cost Controls, Pricing, Marketing and Promotion"; Cartagena, Colombia, December 1995	Various presentations on Pricing and Marketing Strategies (see agenda in the final report of the Workshop (Annex _____))	Timothy Williams, Alessandra Durstine and FPA representatives	Timothy Williams, Alessandra Durstine and FPA representatives
EVALUATION Project— Sustainability Index Task Force Meeting (Washington, DC, 18 December 1995)	Insights on Achieving Sustainability— IPPF/WHR Perspective	Timothy Williams, IPPF/WHR; Sergio Lins, BEMFAM	Timothy Williams, IPPF/WHR; Sergio Lins, BEMFAM
PROFAMILIA Evaluation Workshop (Bogotá, Colombia, September, 1996)	Presentations by Timothy Williams, Jessie Schutt-Ainé, and FPA representatives		
SOMARC and FEMAP "Taller Sobre Mercadeo de Servicios" (Veracruz, Mexico, November 1996)	Midiendo las Percepciones y el Comportamiento del Cliente: Cómo Elaborar Cuestionarios	Timothy Williams	Timothy Williams
Presentation to Regional Meeting of Central American USAID Missions (Guatemala, November 1996)	Lecciones Aprendidas en la Sustentabilidad de Asociaciones de Planificación Familiar en América Latina y el Caribe: La Experiencia del Proyecto de Transición	Timothy Williams	Timothy Williams
APHA November, 1996 (New York, NY)	PROFAMILIA-Colombia: A Case Study in Financial, Programmatic and Administrative Sustainability	Gabriel Ojeda, PROFAMILIA; Timothy Williams, IPPF/WHR; Maria Isabel Plata, PROFAMILIA	Gabriel Ojeda
APHA 1996	Using Reproductive Health Services in Mexico to Fund Family Planning to Vulnerable Populations	Maricela Durá, MEXFAM; Victoria Fuentes, TPMO	Maricela Durá
APHA 1996	INPPARES's Client Socioeconomic Profile: Facing the Challenge of Achieving Sustainability While Continuing to Serve the Poor	Daniel Aspilcueta, Eduardo Mostajo and Noemi Ostolaza, INPPARES; Jessie Schutt-Ainé and Timothy Williams, IPPF/WHR	Jessie Schutt-Ainé

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APHA 1996	Reaching Out to Post-Menopausal Women in Colombia: Broadening the Range of Health Services at PROFAMILIA	Juan Carlos Vargas and María Isabel Plata, PROFAMILIA; Timothy Williams, IPPF/WHR	Juan Carlos Vargas
APHA 1996	What's Happened to Community-Based Distribution in Latin America? Case Studies from Affiliates of the IPPF/WHR	Sandra Echeverría, Victoria Ward and Timothy Williams, IPPF/WHR	Sandra Echeverría
APHA 1996 (poster)	Evaluating Technical Competence of Family Planning Counseling Through Client Satisfaction Surveys: Introducing a New Component to an Existing Instrument	Jessie Schutt-Ainé and Timothy Williams, IPPF/WHR; James Foret, Population Council	Jessie Schutt-Ainé
APHA 1996 (poster)	Evaluating Quality of Care: Which Method to Use	Victoria Ward, Sandra Echeverría and Timothy Williams, IPPF/WHR	Victoria Ward and Sandra Echeverría
SOMARC and MEXFAM Taller Sobre Mercadeo de Servicios (Querétaro, Mexico, February, 1997)	Midiendo las Percepciones y el Comportamiento del Cliente: Consideraciones en la Evaluación de la Satisfacción del Cliente, la Cobertura de Programas, y las Campañas Publicitarias	Timothy Williams	Timothy Williams
NCIH (Washington, DC, June, 1997)	Panel: "Running in Almost Empty": 1) Sustainability of FPAs in Latin America and the Caribbean: Evaluation Results from IPPF/WHR's Transition Project 2) Effects of Sustainability on Client Profiles in NGO Settings: Case Studies in Four Latin American Countries 3) The Effects of the Withdrawal of Donor Resources on Family Planning Services in Mexico 4) Lessons Learned from IPPF/WHR's Transition Project	Timothy Williams, IPPF/WHR Jessie Schutt-Ainé, IPPF/WHR Maricela Dura, MEXFAM & Victoria Fuentes, TPMO Alvaro Monroy, IPPF/WHR	Timothy Williams Jessie Schutt-Ainé Victoria Fuentes Alvaro Monroy
NCIH 1997	The Challenge of Maintaining Adequate Commodity Supplies in the NGO Sector After the Withdrawal of Donor Funding	Sarita Kumar, IPPF/WHR	Sarita Kumar
Population Association of America (PAA) (Washington, DC, March, 1997)	Client Satisfaction Surveys: A Simple, Inexpensive Way to Measure Family Planning Service Quality	Timothy Williams and Jessie Schutt-Ainé, IPPF/WHR	Timothy Williams
PAA 1997	The Effects of Sustainability Efforts on Client Profiles in NGO Settings in Latin America: Case Studies in Colombia and Brazil	Jessie Schutt-Ainé and Tim Williams (IPPF/WHR); Sergio Lins (BEMFAM); and Gabriel Ojeda and Magda Ruiz (PROFAMILIA)	Jessie Schutt-Ainé
IPPF/ Africa Region Workshop on Project Development and Proposal Writing (Nairobi, Kenya, July, 1997)	Sustainability of FPAs in Latin America and the Caribbean: Evaluation Results from IPPF/WHR's Transition project	Timothy Williams	Timothy Williams
Transition Project Lessons Learned Conference (Washington, DC, September, 1997)	see Conference Agenda and presentations, Annex _____	various	various
APHA 1997 (accepted)	The Pros and Cons of Sustainability: How Self-Sufficient Should NGOs Become?	Timothy Williams, Alvaro Monroy and Yvette Cuca, IPPF/WHR	Timothy Williams
APHA 1997 (accepted)	Results and Lessons Learned from IPPF/WHR'S Transition Project	Timothy Williams and Alvaro Monroy, IPPF/WHR	Timothy Williams
APHA 1997 (accepted)	Measuring Quality of Care in Community Based Programs in Brazil	Rita Badiani and Sergio Lins, BEMFAM; Jessie Schutt-Ainé and Timothy Williams, IPPF/WHR	Jessie Schutt-Ainé
Presentation to AVSC Staff Meeting (New York, November, 1997)	Client Satisfaction Surveys and the Evaluation of Family Planning Service Quality	Timothy Williams	Timothy Williams

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F Workshops

I. The Transition Project

Regional

TRANSITION PROJECT WORKSHOP: FINANCES, EVALUATION & MIS  
Rio de Janeiro, Brazil  
November 16-19, 1993

Workshop designed to integrate these three components within Transition Project activities to improve the decision-making process as well as overall project management.

KEY POINTS ADDRESSED IN THE WORKSHOP

*Finance*

- USAID financial/budgetary requirements, including standard provisions and review of OMB Circulars A-133, A-122 and A-110.

*Systems*

- Application of systems to Project needs

*Evaluation*

- Introduction of cost replacement indicators

*Participants -*

IPPF/WHR

- Kristan Beck
- Ingrid Bencosme-Johnson
- Mercedes Camargo
- Ann Lion Coleman
- Lilia Cuervo
- Alessandra Durstine
- Fabio González
- Sarita Kumar
- Noel Negrón
- Marie France Semmelbeck
- Marcia Townsend
- Leslie Varkonyi
- Timothy Williams

Transition Project/Mexico Office  
Alvaro Monroy

AAPF/Argentina  
Fernando Bello  
Ana Ferrera  
Guillermo Ondetti

BEMFAM/Brazil  
Roberto Alcantara  
Joubert Assumpção  
Rita Badiani  
Carmen Gomes  
Arlene Gripp  
Sergio Lins  
Jorge Mera  
Franciso Muller

APROFA/Chile  
Waldo Campos  
Fernando Medina  
Gloria Zamudio

PROFAMILIA/Colombia  
Jaime Buitrago  
Rodrigo Castro  
Nelson Girón  
Luis Maecha  
Gabriel Ojeda

MEXFAM/Mexico  
Pedro Acosta  
Juan M. Alcántara  
Carmen Bárcenas  
Bárbara Munguía  
Roberto Ramírez  
Ilse Salas

CEPEP/Paraguay  
Gustavo Abdala  
Carlos Apodaca  
Luis Chenu  
Mercedes Melián

INPPARES/Peru  
Eduardo Mostajo  
Jose Ramirez

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Marcos Ramos  
César Villegas  
AUPF/Uruguay  
Daniel Alfaro  
Roberto Depaulo  
Mónica Frugone  
Consultants  
Xavier González  
Ricardo Rossal  
Guests  
JohnBratt - FHI  
Support  
Dorca Cifuentes Tapia, IPPF/WHR

## Sustainability

PROJECT DESIGN & PROPOSAL WRITING I

*Orlando, Florida*

April 08 - 08, 1997

This workshop focussed on expanding and strengthening the capacity of IPPF/WHR affiliates to solicit funds successfully both through IPPF and from external donor sources.

## KEY POINTS ADDRESSED IN THE WORKSHOP

- Project design
- Identification of problems
- Needs assessment
- Benchmarks
- marketing strategies
- relationship between project design and proposal
- Public relations with international donor agencies
- Budgets and accounting systems
- Techniques for project evaluation
- Evaluation tools
- Presentation techniques

## *Participants -*

IPPF/WHR

Humberto Arango  
Alvaro Monroy  
Maria Cristina Ramirez  
Jessie Schutt-Ainé  
Marcia Townsend  
Victoria Ward  
Timothy Williams

CIES/Bolivia  
Gina Patricia Telleria Saavedra

BEMFAM/Brazil  
Sonia Maria Dantas Berger  
Jose Berilho Lima Filho  
Rita de Cassia Passos

PROFAMILIA/Colombia  
German Lopez

ADS/El Salvador  
Jose Mario Caceres

ASHONPLAFA/Honduras  
Suyapa Pavon

FEMAP/Mexico  
Laura Cano  
Maria de los Angeles Valdez  
Helenmarie Zachritz

MEXFAM/Mexico  
Maricela Dura  
Paola Lazo  
Angelina Ramos

CEPEP/Paraguay  
Felix Brisuela  
Cynthia Prieto

INPPARES/Peru  
Angela Sebastiani  
Humberto Sucasaire  
Anibal Velazquez

AUPF/Uruguay  
Alberto Carreira  
Ricardo Testorelli

PLAFAM/Venezuela  
Loryan Calzadilla  
Guillermina Ferrero

Consultants

Marcia Slater - Management Systames International  
 Donald Spears - Management Systames International

Guests

Sigrid Anderson, USAID Office of Population  
 Isabel Stout, USAID Office of Population

Support

Dorca Cifuentes Tapia, IPPF/WHR  
 Nicholas Frost, IPPF/WHR

PROJECT DESIGN & PROPOSAL WRITING II - *TRAINING OF TRAINERS*  
 New York, New York  
 October 27 - 31, 1997

This second workshop focussed on building the capacity of affiliates to train other associations in project development and proposal writing skills on a "South-to-South" basis.

KEY POINTS ADDRESSED IN THE WORKSHOP

- Refine adult training skills;
- Increase understanding of, and confidence in running *Project Design & Proposal Development course*.
- Learn to structure activities and group processes to enable participants in course to develop their knowledge and skills in the major areas of the basic course.

*Participants -*

IPPF/WHR

Humberto Arango  
 Maria Cristina Ramirez

PROFAMILIA/Colombia

German Lopez

ASHONPLAFA/Honduras

Suyapa Pavon

MEXFAM/Mexico

Maricela Dura

INPPARES/Peru

Anibal Velazquez

Consultants

Marcia Slater - Management Systems International  
 Donald Spears - Management Systems International

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SUSTAINABILITY: STRATEGIES FOR COST-CONTROLS, PRICING, MARKETING AND PROMOTION

*Cartegena, Colombia*

December 04-07, 1995

(see APPENDIX IV)

### KEY POINTS ADDRESSED IN THE WORKSHOP

- Sustainability is not only a financial concept; it comprises programmatic and administrative components as well, without which true sustainability cannot be achieved.
- In order to achieve financial self-sufficiency, it is necessary to 1) increase efficiency (which often means reducing costs and improving efficiency) 2) increase income (which often means adjusting fee scales), or 3) do both.
- Non-profit institutions face great challenges in attaining sustainability, including a shared mission that is social in nature, the characteristics of the services provided (usually family planning is not profitable), and the characteristics of the target population (women of low socio-economic status).
- Just because an FPA does not seek financial profit does not mean that it must seek financial losses. In order to become sustainable, family planning associations should act in a more business-like manner.

Other specific sustainability issues included:

#### Efficiency

Strategies for increasing efficiency include the following:

- seeking the lowest possible cost for program inputs, including commodities
- focusing activities on institutional priorities
- operationalizing a financial cost accounting system
- maximizing capacity utilization
- motivating staff to become more productive
- promoting the institution and its services

#### Income Generation

Among income-generating strategies, the main strategies discussed were using diversified services to cross-subsidize family planning, commercial marketing, and contracting FPA services (clinical, legal, research, etc.) to public sector clients. Within these areas, pricing and promotion strategies were highlighted as keys to successful income generation.

#### Pricing

- In setting prices, it is important to understand both the price elasticity of demand (how much the volume demanded changes for a given change in price) and the

clients' ability to pay in the target area in order to avoid drastic reductions in service volume after a fee scale increase.

- Since fee scale increases can limit access to services among low-income clients, it is important to monitor changes to ensure that the institutional mission continues to be fulfilled.
- Setting reasonable fees is both an art and a science. In addition to reliable financial accounting and a good understanding of the market, it also requires creativity and imagination.
- Pricing is only one factor among many which influence the demand for a product or service. Other factors include perceived quality, the convenience of distribution points, and competition.
- Successful pricing policies depend on the cost of the product or service, the price set by the competition, and the clients' ability to pay.

#### Market Studies/Marketing

- The principal objective of a market study is to decrease the uncertainty about the market for a product or service, and thus to assist with decision-making. FPAs cannot control external circumstances, but they can control their responses to these situations, and can seek out as much information as possible when responding to these external factors.
- Market studies can be useful tools in determining the market potential of new products, services, or sales points. However, many extremely important factors, such as the behavior of distributors or wholesalers, are not covered in market studies. In many cases, FPAs can only learn through experience.
- When marketing a new or existing product or service, it is necessary to match the objective with overall institutional objectives, and to clarify the purpose of the product or service. For example, is a product being offered principally to generate net income, or does it have social purposes?
- To help in strategic decision-making related to marketing, FPAs should take advantage of existing national survey data for logistical, programmatic, and financial planning. Internal client data is also extremely useful.
- A marketing plan should answer the following questions:
  - What does the FPA hope to achieve within a specific period of time?
  - How will the association achieve its marketing goals?
  - What resources are needed to carry out the plan?

#### Promotion

- Advertising is a form of impersonal, continuous communication to consumers about a particular product. In promotion, information and emotional appeal are used to convince consumers to buy a product.
- Promotion is much more than mass media advertising. There are different strategies

and types of promotion depending upon the different stages in the life of the product, product characteristics, and promotion objectives. Promotion can include television commercials, radio advertisements, magazine or newspaper advertisements, raffles, coupons, wholesaler discounts, commissions for distributors, patient referrals and public relations.

- Promotion can be directed at either consumers or vendors.
- There are important differences between the promotion of products and services, in part because services are "intangible" goods. Accordingly, their acceptability and promotion depends on more intangible factors such as the atmosphere and quality of care provided within a clinic.

### *Participants -*

#### IPPF/WHR

Tim Williams  
Alessandra Durstine

#### BEMFAM/Brazil

Jorge Mera  
Sergio Lins  
Sebastião Vieira

#### PROFAMILIA/Colombia

Gabriel Ojeda  
Catalina Uribe  
Rodrigo Castro  
Cecilia Blanco

#### ADS/El Salvador

Jorge Hernández Isussi

#### APROFAM/Guatemala

Jorge Herrera

#### ASHONPLAFA/Honduras

Germán Cerrato  
Juanita Martínez  
Lenin Flores

#### FEMAP/Mexico

Enrique Suárez  
Jesús Servín

#### MEXFAM/Mexico

Gustavo Quiroz  
Enrique Gutiérrez  
Bárbara Munguía

#### INPPARES/Peru

Daniel Aspilcueta  
 Roberto Ramos  
 Alberto Núñez  
 CEPEP/Paraguay  
 Gustavo Abdala  
 AUPF/Uruguay  
 Juan Carlos Alvarez,  
 Roberto Depaulo  
 Daniela Alfaro  
 Consultants  
 Michael Hall (MSH), *Management Consultant*  
 Juan Carlos Negrette (SOMARC), *Latin America Regional Director*  
 Elisa Tamayo, *Minute Taker*

## Commodities

COMMODITIES LOGISTICS - *ENGLISH*  
*Port-of-Spain, Trinidad & Tobago*

The workshop provided participants with tools for managing contraceptive commodities efficiently the workshop provided participants with a forum in which to discuss the challenges they are facing as a result of USAID's withdrawal of contraceptive support at the end of the Transition Project.

## KEY POINTS ADDRESSED IN THE WORKSHOP

- The importance of efficient contraceptive management in these times of diminishing supply
- Facilitated FPA planning to overcome current obstacles and prepare for future commodities needs, emphasizing maintenance of strict stock controls, good contraceptive distribution records and the need for accurate forecasting of commodities needs
- Various steps that could and have been taken to replace USAID in-kind contraceptives once the Transition Project has closed, including: commercial ventures, forming commercial sales partnerships with pharmaceutical companies and health professionals, and charging clients.

## *Participants -*

IPPF/WHR  
 Ann Lion-Coleman  
 Sarita Kumar

Maria Cristina Ramirez  
AFPA/Anguilla  
Lynette Rogers  
APPA/Antigua  
Albertine Joseph  
BFPA/Bahamas  
Rita Spriggs  
BFPA/Barbados  
Hilda Harewood  
Charles Pilgrim  
BFLA/Belize  
Eleonor Jacobs  
Roberto Matus  
FPRP/Curaçao  
Ingrid Forrester-Croes  
Modesta Werner  
DPPA/Dominica  
Willie Fevrier  
GPPA/Grenada  
Winston Duncan  
GRPA/Guyana  
Jennifer Beaton  
Frederick Cox  
PAPFO/Haiti  
Audrey Sullivan  
PROFAMIL/Haiti  
Robert Thermil  
JFPA/Jamaica  
Carmen Smith  
FLS/Montserrat  
Beverly Duncan  
SKNFPA/St. Kitts - Nevis  
Marlene Liburd  
SLPPA/St. Lucia  
Audrey George  
Margarita Philbert  
SVPPA/St. Vincent  
Kingsley Duncan  
Lobi/Suriname  
Gilbert Tjokrodikromo  
FPATT/Trinidad & Tobago

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Glennis Hyacenth  
Lorna Hosein  
Dona Martinez  
Patsy Ann Rodriguez  
Hetty Sarjeant

#### Support

Dorca Cifuentes-Tapia

COMMODITIES LOGISTICS - *SPANISH*  
*Orlando, Florida*  
May 05-09, 1997

The workshop provided participants with tools for managing contraceptive commodities efficiently the workshop provided participants with a forum in which to discuss the challenges they are facing as a result of USAID's withdrawal of contraceptive support at the end of the Transition Project.

#### KEY POINTS ADDRESSED IN THE WORKSHOP

- The importance of efficient contraceptive management in these times of diminishing supply
- Facilitated FPA planning to overcome current obstacles and prepare for future commodities needs, emphasizing maintenance of strict stock controls, good contraceptive distribution records and the need for accurate forecasting of commodities needs
- Various steps that could and have been taken to replace USAID in-kind contraceptives once the Transition Project has closed, including: commercial ventures, forming commercial sales partnerships with pharmaceutical companies and health professionals, and charging clients.

#### *Participants -*

##### IPPF/WHR

Sarita Kumar  
Alvaro Monroy  
Maria Cristina Ramirez

##### BEMFAM/Brazil

Sergio Lins

##### CIES/Bolivia

Delia Oviedo

##### APROFE/Chile

Veronica Cosoi  
PROFAMILIA/Dominican Republic  
Bienvenida Bobadilla  
Marcia Tejeda  
CEMOPLAF/Ecuador  
Marta Sanchez  
Rocio Martinez  
ADS/El Salvador  
Carlos Lindo  
Gustavo Escalante  
Agustin Cardoza  
APROFAM/Guatemala  
Hugo Rubio  
Cecilio Yoc  
FEMAP/Mexico  
Jesus Servin  
Patricia Torres  
APLFA/Panama  
Lina Reyna  
Gisela Jaen  
CEPEP/Paraguay  
Carlos Apodaca  
Enrique Gomez  
INPPARES/Peru  
Jesus Castañeda  
Jose Mel  
PLAFAM/Venezuela  
Romulo Alvarado  
Manuel Merchan

## Management Information Systems - Information for Decision Making

FUTURE SYSTEMS NEEDS, THE INTERNET, & LESSONS LEARNED

*Orlando, Florida*

September 22 - 26, 1997

The workshop provided participants with tools for managing contraceptive commodities efficiently the workshop provided participants with a forum in which to discuss the challenges they are facing as a result of USAID's withdrawal of contraceptive support at the end of the Transition Project.

## KEY POINTS ADDRESSED IN THE WORKSHOP

- Share the lessons learned in MIS through the Transition Project with IPPF/WHR affiliates who were not receptors of Project support.
- Review the use of American Fundware and the Internet throughout the Region.

*Participants -*

- IPPF/WHR
  - Ingrid Bencosme-Johnson
  - Alvaro Monroy
  - Noel Negrón
  - Leslie Varkonyi
- BFLA/Belize
  - Roberto Matus
- CIES/Bolivia
  - Geraldo Calizaya
  - Karina de Ibáñez
- BEMFAM/Brazil
  - Joubert Assumpção
  - Francisco Muller
- APROFA/Chile
  - Fernando Medina
- PROFAMILIA/Colombia
  - Nelson Girón
- PROFAMILIA/Dominican Republic
  - Ruby Marchena
  - Marcia Tejada
- APROFE/Ecuador
  - Jenny Duarte
- ADS/El Salvador
  - Ana María Esponosa
  - Jose Fermin
- APROFAM/Guatemala
  - Julio Carama
  - Ricardo Rossal
- ASHONPLAFA/Honduras
  - Carlos Nieto
  - Luis Enrique Rodas
- FEMAP/Mexico
  - María Angeles Valdes
- MEXFAM/Mexico
  - Alejandro Castillo



Xavier González  
 Roberto Ramirez  
 PROFAMILIA/Nicaragua  
 Franklin Callejas  
 APLAFA/Panama  
 Gisela Jaén  
 CEPEP/Paraguay  
 Carlos Apodaca  
 INPPARES/Peru  
 Jose Saravia  
 César Villegas  
 FPATT/Trinidad & Tobago  
 Dave Griffith  
 Glynis Hyacenph  
 PLAFAM/Venezuela  
 Manuel Marchan  
 Hugo Pinto  
 Consultants  
 Liaison Services, Inc

## Evaluation

### 2. Add-on to the Transition Project: The HIV/STD Prevention Program

#### REGIONAL

*Miami, Florida*

September 11 - 14, 1997

Lessons Learned from the first half of the Project

#### KEY POINTS ADDRESSED IN THE WORKSHOP

- Project evaluation
- STD protocol development
- Community-based distribution programs
- Adolescent projects
- HIV/STD integration within a reproductive and sexual health framework
- Counseling - Individual and group.

*Participants -*

**IPPF/WHR**

Julie Becker  
 Maricela Ureño  
 Sandra Echeverria

**BEMFAM/Brazil**

Ney Costa  
 Rita Badiani

**ASHONPLAFA/Honduras**

María Roberta Bulnes  
 Maria Elena de Pérez

**JFPA/Jamaica**

Joan Black  
 Richard Reid

**Guests**

François Crabbé - Royal Institute of Tropical Diseases, Belgium  
 Laurie Foz - FHI

**Consultants**

Elizabeth Leitmen  
 Brooks Michel - Interpreter  
 Ana Salinas - Interpreter

**Support**

Nicholas Frost - IPPF/WHR

**BRAZIL**

INTEGRATION OF HIV/STD PREVENTION - IPPF affiliate medical staff, Rio de Janeiro  
*Julie Becker, Associate, HIV/STD Prevention Program*  
 September 23 -27, 1997

**GUATEMALA**

TRAINING WORKSHOP- IPPF affiliate staff, Guatemala City  
*Julie Becker, Associate, HIV/STD Prevention Program*  
 August 09 - 13, 1997

**HAITI**

AIDS AWARENESS WORKSHOP - AIDS NGO staff, Port-au-Prince  
*Florencia Roitstein, Director, HIV/STD Prevention Program*  
*Francisco di Blasi, Director, Haiti Project*

October 14-18, 1992

## HONDURAS

AIDS AWARENESS WORKSHOP - IPPF affiliate staff, Tegucigalpa  
*Florencia Roitstein, Director, HIV/STD Prevention Program*  
*Anthony Klouda, Director, Sexual Health Unit, IPPF/London*  
June 29- 30, 1992

SERIES OF 4 WORKSHOPS ON HIV/STD PREVENTION AND SEXUALITY AIDS AWARENESS WORKSHOP - IPPF  
affiliate staff, Tegucigalpa  
*Florencia Roitstein, Director, HIV/STD Prevention Program*  
*Julie Becker, Program Officer, HIV/STD Prevention Program*  
February 14 - 24, 1995

HIV/STD PREVENTION & SEXUALITY - IPPF affiliate staff  
HIV/STD INTEGRATION - TRAINING OF TRAINERS - IPPF affiliate staff  
*Julie Becker, Associate, HIV/STD Prevention Program*  
*Maricela Ureño, Program Officer, HIV/STD Prevention Program*  
May 02 - 11, 1995

SEXUALITY & INTEGRATED COUNSELING - IPPF affiliate staff, Tegucigalpa, San Pedro Sula  
HIV/STD INTEGRATION - TRAINING OF TRAINERS - IPPF affiliate staff  
*Julie Becker, Associate, HIV/STD Prevention Program*  
*Margarita Díaz, Consultant, HIV/STD Prevention Program*  
May 27 - 31, 1996

SEXUALITY & INTEGRATED COUNSELING - IPPF affiliate staff, Tegucigalpa, Santa Rosa de Copán  
Exchange of Experience  
*Maricela Ureño, Program Officer, HIV/STD Prevention Program*  
April 27 - May 02, 1997

## JAMAICA

HIV/STD PREVENTION FOR COMMUNITY OUTREACH WORKERS, IPPF affiliate staff, St. Ann's Bay  
*Florencia Roitstein, Director, HIV/STD Prevention Program*  
*Julie Becker, Program Officer, HIV/STD Prevention Program*  
September 13 - 22, 1993

HIV/STD PREVENTION FOR NURSES & COUNSELORS, IPPF affiliate staff, Kingston  
*Julie Becker, Program Officer, HIV/STD Prevention Program*

May 10 - 14, 1993

TRAINING OF INTEGRATION OF HIV/STD PREVENTION & COUNSELING, IPPF affiliate staff, St. Ann's Bay

*Julie Becker, Associate, HIV/STD Prevention Program*

*Maricela Ureño, Program Officer, HIV/STD Prevention Program*

March 01 - 10, 1995

FOCUS GROUP METHODOLOGY, IPPF affiliate staff, Kingston & St. Ann's Bay

*Maricela Ureño, Program Officer, HIV/STD Prevention Program*

June 19 - 23, 1995

HIV/STD PREVENTION WITHIN A SEXUAL & REPRODUCTIVE FRAMEWORK, IPPF affiliate staff, Kingston & St. Ann's Bay

*Maricela Ureño, Program Officer, HIV/STD Prevention Program*

April 10 - 19, 1996

SEXUALITY ISSUES - INCREASED COMFORT DEALING WITH THESE, IPPF affiliate staff, St. Ann's Bay

*Maricela Ureño, Program Officer, HIV/STD Prevention Program*

April 14 - 18, 1997

COMMUNITY MOBILIZATION, IPPF affiliate staff, St. Ann's Bay

*Maricela Ureño, Program Officer, HIV/STD Prevention Program*

June 08 - 20, 1997

### III. ENDOWMENT FUNDS

#### A Endowment Fund for Sustainability

As the Transition Project was drawing to a close, Project staff and USAID decided that creating a long-term source of support to FPAs in the form of an endowment would be the most effective way to use a part of the remaining funds of the Project. This type of support seemed uniquely appropriate at the conclusion of the Project, as the Project countries had learned a vast number of skills and strategies for attaining sustainability during the last five years, yet in most cases they lacked sufficient time to implement these strategies to attain their sustainability goals. Furthermore, after the conclusion of the Project, FPAs would no longer have access to funding to finance their sustainability projects.

The Transition Project staff therefore produced a proposal for the creation of the Endowment Fund for Sustainability. In September, 1997, USAID approved the creation of the Fund with \$4.0 million in funds from the Transition Project, and a \$1.0 million counterpart from IPPF/WHR. The Fund will be available to not only Transition Project country FPAs, but also to all other grant-receiving FPAs in Latin America and the Caribbean. Expansion of access to the Fund to other NGOs in the region with similar objectives will be considered after two years.

The EFS was designed such that it will provide support to FPAs in a way that is consistent with the guiding principles of the Transition Project. As such, the Fund will provide support to FPAs primarily in the form of low-cost loans, rather than grants. FPAs will have to submit proposals for the EFS loans, and funds will be awarded only to viable, well-designed projects. This standard will not only help to ensure the continuity of the Fund, but will also achieve the Fund's secondary goals of promoting improved business acumen among FPAs, enhancing FPA capacity to design economically viable and results-oriented projects, and encouraging financially independent FPAs. An additional goal of the Fund is to enable FPAs to share knowledge and expertise regarding sustainability gained during the Transition Project to all 46 regional affiliates, and potentially other health NGOs in the Region. This will be achieved through the grants program, as described below, as well as through continued publication and dissemination of the newsletter created under the Transition Project, *Sustainability Matters* which the Fund will support.

*The Loan Program:* As the largest component of the Fund, the loan program will function as a long-term rotating system, preserving the value of the Fund, and increasing the corpus through interest income. Disbursing the majority of the Fund in loans will also enable associations to have access to nearly the full amount of the Fund for investment in projects, rather than the smaller amounts (estimated at approximately \$180,000 to \$300,000) that would be available through a typical endowment fund, where beneficiaries would have access only to investment income. Furthermore, EFS-financed projects will themselves serve as permanent source of income for affiliates, thus assisting them in becoming more fully sustainable over time, and insulating them from

fluctuations in the availability of donor funds, and/or their own political and economic environments.

FPA's will submit proposals for loans from the Fund, and all loans will be collateralized with IPPF grants. Interest rates will be based upon corporate borrowing rates in the borrower FPA's country plus up to 1.5% to cover administrative costs and a "fund-growth" premium. At least during the first five years of the Fund, all loans will be subject to a five-year maximum length.

Loans will be made to any viable project that enhances FPA Sustainability. We expect these to be similar to the strategies developed and tested under the Project, namely, commercial marketing projects, service expansion and diversification, improvements in service quality, MIS, and FPA management.

*The Grants Program:* \$100,000 will be allocated each year from the Fund to finance a small grants program. Pending success and cost-effectiveness of this program, a larger amount may be allotted to the program in the future.

The purpose of the Grants Program is to assist FPA's with the least capacity to attain sustainability in designing and implementing projects to effectively increase their self-sufficiency levels. EFS grants will accomplish this by funding small-scale projects such as feasibility and market studies; exchange of experience/technical assistance among affiliates; and short-term FPA staff training in marketing, business planning, fund-raising and other skills necessary to manage sustainability-enhancing projects. In this way, the grant program will support the loan program and ensure widespread access to the Fund.

*Growth of the Fund:* An asset management firm will invest the balance of the Fund not allocated in loans and grants to facilitate annual growth of approximately 7 to 10% per year, depending upon market conditions. Interest income from loans will also grow the fund at between 8 and 12 % a year. On average, then, the Fund is expected to grow approximately 10% annually from interest payments on loans and investment income.

*Administration of the EFS:* A Fund Manager will be responsible for day-to-day management of the Fund; and a Committee will oversee the approval of loan and grant allocation to FPA's. In addition, IPPF/WHR will establish a Board of Trustees to oversee the Fund's overall growth, management and use. Finally, an internationally-recognized Asset Management firm, to be competitively selected and approved by USAID and the EFS Board of Trustees, will manage the Fund's portfolio.

*USAID Oversight and the Life of the Fund:* USAID will monitor operation of the Fund during an initial 5 year oversight period, and USAID and IPPF/WHR will jointly review the performance of the Fund after years 2 and 5. Following successful graduation from USAID oversight, IPPF/WHR will continue to inform USAID of EFS activities through the Fund's Annual Report and the *Sustainability*

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*Matters* newsletter.

In conclusion, the creation of the EFS, a perpetually growing source of capital for financing Sustainability projects, will enable USAID and IPPF/WHR to continue supporting FPA sustainability after the conclusion of the Transition Project.

B Fund for Family Planning in Latin America

As a result of the phasing out of USAID support to the Asociación Pro-Bienestar de la Familia Colombiana - PROFAMILIA - by September 1996, PROFAMILIA and the IPPF/WHR (through the Transition Project) developed a plan to ensure the FPA's ability to continue to offer services to lower income clients. PROFAMILIA proposed a three prong approach to ensure future sustainability. Firstly, PROFAMILIA proposed to diversify health services in order to increase local revenues. Secondly, it would increase cost recovery efforts and improve the overall efficiency of family planning services. Finally, it proposed the establishment of a US\$6 million endowment fund, the interest from which would be used to benefit PROFAMILIA's programs.

The Fund was established in 1993 through the creation of a not-for-profit corporation based in New York City, The Fund for Family Planning in Latin America. The Fund itself was to be managed by the private bankers, Brown Bothers Harriman and Co., and overseen by a board of directors. The first installment of \$4 million was received from USAID in 1993. A further \$2 million was added over 1994 and 1995. This sum was to remain untouched until PROFAMILIA was phased out of the Transition Project.

The Fund has accrued almost \$4 million in interest since it was established and the first disbursement of \$300,000 in February, 1997. While such spectacular growth is not expected to continue in the future, the fact that the Fund's portfolio is made up of blue-chip stocks and bonds will ensure a healthy return each year, and will allow the investment to grow above inflation, while providing PROFAMILIA with an annual income with which to supplement the cost of maintaining its program.

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IV. PROGRAM ADMINISTRATION & FINANCES

**IPPF/WHR, INC.**  
**EXPANSION AND IMPROVEMENT OF FAMILY PLANNING IN LATIN AMERICA**  
**AND THE CARIBBEAN: THE TRANSITION TO SUSTAINABLE PROGRAMS**  
**FINANCIAL STATUS REPORT AS OF DECEMBER 15, 1997**  
**(PRIOR TO CLOSEOUT OF DECEMBER 31, 1997)**

DESCRIPTION	ACCRUED EXPENDITURES	
	JULY 1, 1992 - DECEMBER 15, 1997	
	TOTAL	%
I- MATCHING GRANT COUNTRIES		
BRAZIL	5,678,201	10.7%
BELIZE	16,491	0.0%
CHILE	786,578	1.5%
COLOMBIA	9,295,018	17.4%
MEXICO	8,472,995	15.9%
PARAGUAY	439,172	0.8%
PERU	2,911,428	5.5%
TRINIDAD & TOBAGGO	226,736	0.4%
URUGUAY	104,197	0.2%
VENEZUELA	40,000	0.1%
SUBTOTAL	27,970,816	52.5%
II- NON-MATCHING GRANT COUNTRIES		
HAITI	480,738	0.9%
HONDURAS	264,334	0.5%
MEXICO/FEMAP	3,649,103	6.8%
PARAGUAY (SURVEY)	320,831	0.6%
SUBTOTAL	4,715,006	8.9%
III- HIV/STD's PREVENTION PROGRAM	1,340,561	2.5%
IV- REGIONAL ACTIVITIES		
ENDOWMENT FUND (SUSTAINABILITY)	a. 0	0.0%
OTHER	8,651,854	16.2%
SUBTOTAL	8,651,854	16.2%
V- DIRECT / INDIRECT COSTS	10,597,296	19.9%
<b>TOTAL USAID SUPPORT</b>	<b>53,275,533</b>	<b>100.0%</b>
<b><u>USAID FUNDING DISTRIBUTION</u></b>		
OFFICE OF POPULATION	50,676,000	95.1%
OFFICE OF HEALTH	2,599,533	4.9%
<b>TOTAL</b>	<b>53,275,533</b>	<b>100.0%</b>
<b>NOTE:</b> a. Endowment Fund (Sustainability) payment of \$4,000,000 is estimated within a one year period once conditions precedent to disbursements are approved. Expenditures then will increased to \$57,275,533.		

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# APPENDICES

# APPENDIX I

## In-kind Commodities

International Planned Parenthood/WHR

Country/ Product	Recipient/ (Newvern ID)	Ordering Document	Shipper	P.O.	Ship Via	Status	Ship Date	Shipment Quantity	Value	Date Received	Desired* Ship Date
Antigua Antigua Planned Parenthood Association											
52mm Non Colored, No Logo	{5884/1}	WHRI P.O.	12179	Panalpina	SWHS-0682	Air	Received	03/11/94	18,000	\$1,081.47	03/16/94
52mm Non Colored, No Logo	{6629/1}	WHRI P.O.	11395	Panalpina	SWHS-1397	Air	Received	02/24/95	24,000	\$1,412.40	03/07/95
52mm Non Colored, No Logo	{7843/1}	WHRI P.O.	02396	Panalpina	SWHS-2907	Air	Received	01/23/97	48,000	\$3,115.92	02/14/97
Copper T, 380	{5031/1}	WHRI P.O.	12149	Panalpina	SWHS-0064	Air	Received	05/25/93	400	\$571.00	06/08/93
Copper T, 380	{7212/1}	WHRI P.O.	11275	Panalpina	SWHS-2650	Air	Received	08/19/96	200	\$416.90	09/04/96
Copper T, 380	{7845/1}	WHRI P.O.	02396	Panalpina	SWHS-2910	Air	Received	01/23/97	200	\$280.09	02/14/97
DEPO-PROVERA	{6652/1}	WHRI P.O.	11395	Panalpina	SWHS-1474	Air	Received	04/03/95	400	\$551.11	04/26/95
DEPO-PROVERA	{7223/1}	WHRI P.O.	11275	Panalpina	SWHS-2320	Air	Received	04/10/96	400	\$552.00	05/01/96
DEPO-PROVERA	{7844/1}	WHRI P.O.	02396	Panalpina	SWHS-2915	Air	Received	01/23/97	400	\$401.49	02/14/97
Lo-Femenal, Blue Lady	{4115/1}	WHRI P.O.	01992	Matrix	MWHS-0633	Air	Received	01/16/92	1,200	\$866.58	02/06/92
Lo-Femenal, Blue Lady	{5032/1}	WHRI P.O.	12149	Matrix	MWHS-1136	Air	Received	02/10/93	3,600	\$1,296.10	02/26/93
Lo-Femenal, Blue Lady	{5883/1}	WHRI P.O.	12179	Panalpina	SWHS-0668	Air	Received	03/04/94	1,200	\$363.00	03/16/94
Lo-Femenal, Blue Lady	{6595/1}	WHRI P.O.	11395	Panalpina	SWHS-1379	Air	Received	02/13/95	6,000	\$1,209.53	02/22/95
Lo-Femenal, Blue Lady	{7207/1}	WHRI P.O.	11275	Panalpina	SWHS-2247	Air	Received	03/29/96	2,400	\$609.76	03/30/96
Lo-Femenal, Blue Lady	{7846/1}	WHRI P.O.	02396	Panalpina	SWHS-2921	Air	Received	01/23/97	2,400	\$549.11	02/14/97
Lo-Femenal, Blue Lady	{7995/1}	WHRI P.O.	32497	Panalpina	SWHS-3032	Air	Received	04/18/97	3,600	\$888.48	05/09/97
									\$14,164.94		
Aruba Fndtn. for Prom. of Resp. Parenthood											
52mm Non Colored, No Logo	{5825/1}	WHRI P.O.	11189	Panalpina	SWHS-0683	Air	Received	03/11/94	42,000	\$2,434.90	03/24/94
52mm Non Colored, No Logo	{6590/1}	WHRI P.O.	11395	Panalpina	SWHS-1367	Air	Received	02/13/95	72,000	\$3,999.95	02/14/95
52mm Non Colored, No Logo	{7231/1}	WHRI P.O.	11275	Panalpina	SWHS-2236	Ocean	Received	03/12/96	78,000	\$4,353.83	04/18/96
52mm Non Colored, No Logo	{7829/1}	WHRI P.O.	02396	Panalpina	SWHS-2937	Air	Received	02/14/97	18,000	\$1,144.99	03/12/97
Copper T, 380	{5831/1}	WHRI P.O.	11189	Panalpina	SWHS-0684	Air	Received	03/11/94	200	\$256.45	03/24/94
Copper T, 380	{6616/1}	WHRI P.O.	11395	Panalpina	SWHS-1463	Air	Received	03/17/95	800	\$1,034.60	03/27/95
Copper T, 380	{7831/1}	WHRI P.O.	02396	Panalpina	SWHS-2940	Air	Received	02/14/97	400	\$550.72	03/14/97
DEPO-PROVERA	{6653/1}	WHRI P.O.	11395	Panalpina	SWHS-1540	Air	Received	04/21/95	800	\$933.00	05/03/95
DEPO-PROVERA	{7222/1}	WHRI P.O.	11275	Panalpina	SWHS-2321	Air	Received	04/10/96	1,200	\$1,276.00	04/18/96
DEPO-PROVERA	{7830/1}	WHRI P.O.	02396	Panalpina	SWHS-2943	Air	Received	02/14/97	800	\$796.52	03/14/97
Lo-Femenal, Blue Lady	{5830/1}	WHRI P.O.	11189	Panalpina	SWHS-0663	Air	Received	03/04/94	2,400	\$561.00	03/14/94
Lo-Femenal, Blue Lady	{6591/1}	WHRI P.O.	11395	Panalpina	SWHS-1380	Air	Received	02/13/95	4,800	\$966.59	02/14/95
Lo-Femenal, Blue Lady	{7206/1}	WHRI P.O.	11275	Panalpina	SWHS-2190	Air	Received	02/14/96	3,600**	\$762.64	02/27/96
Lo-Femenal, Blue Lady	{7832/1}	WHRI P.O.	02396	Panalpina	SWHS-2948	Air	Received	02/14/97	3,600	\$811.05	03/14/97
									\$19,882.24		
Bahamas Bahamas Family Planning Association											
52mm Non Colored, No Logo	{5913/1}	WHRI P.O.	12894	Panalpina	SWHS-0850	Air	Received	05/25/94	6,000	\$450.00	06/02/94
52mm Non Colored, No Logo	{6565/1}	WHRI P.O.	11395	Panalpina	SWHS-1368	Air	Received	02/16/95	12,000	\$650.20	02/18/95
52mm Non Colored, No Logo	{7228/1}	WHRI P.O.	11275	Panalpina	SWHS-2238	Air	Received	03/29/96	18,000	\$1,069.38	04/15/96

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 \*\* Received amount does not equal shipped amount

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NEWVERN Information System - Version 5.2  
 Shipment History by Customer  
 All Shipments On or After 01/01/92

Run Date: 10/07/97  
 Run Time: 14:11:22  
 Page: 1

International Planned Parenthood/WHR

Country/ Product	Recipient/ (Newvern ID)	Ordering Document	Shipper	P.O.	Ship Via	Status	Ship Date	Shipment Quantity	Value	Date Received	Desired* Ship Date
Antigua											
Antigua Planned Parenthood Association											
52mm Non Colored, No Logo	{5884/1}	WHRI P.O.	12179	Panalpina	SWHS-0682 Air	Received	03/11/94	18,000	\$1,081.47	03/16/94	
52mm Non Colored, No Logo	{6629/1}	WHRI P.O.	11395	Panalpina	SWHS-1397 Air	Received	02/24/95	24,000	\$1,412.40	03/07/95	
52mm Non Colored, No Logo	{7843/1}	WHRI P.O.	02396	Panalpina	SWHS-2907 Air	Received	01/23/97	48,000	\$3,115.92	02/14/97	
Copper T, 380	{5031/1}	WHRI P.O.	12149	Panalpina	SWHS-0064 Air	Received	05/25/93	400	\$571.00	06/08/93	
Copper T, 380	{7212/1}	WHRI P.O.	11275	Panalpina	SWHS-2650 Air	Received	08/19/96	200	\$416.90	09/04/96	
Copper T, 380	{7845/1}	WHRI P.O.	02396	Panalpina	SWHS-2910 Air	Received	01/23/97	200	\$280.09	02/14/97	
DEPO-PROVERA	{6652/1}	WHRI P.O.	11395	Panalpina	SWHS-1474 Air	Received	04/03/95	400	\$551.11	04/26/95	
DEPO-PROVERA	{7223/1}	WHRI P.O.	11275	Panalpina	SWHS-2320 Air	Received	04/10/96	400	\$552.00	05/01/96	
DEPO-PROVERA	{7844/1}	WHRI P.O.	02396	Panalpina	SWHS-2915 Air	Received	01/23/97	400	\$401.49	02/14/97	
Lo-Femenal, Blue Lady	{4115/1}	WHRI P.O.	01992	Matrix	MWHS-0633 Air	Received	01/16/92	1,200	\$866.58	02/06/92	
Lo-Femenal, Blue Lady	{5032/1}	WHRI P.O.	12149	Matrix	MWHS-1136 Air	Received	02/10/93	3,600	\$1,296.10	02/26/93	
Lo-Femenal, Blue Lady	{5883/1}	WHRI P.O.	12179	Panalpina	SWHS-0668 Air	Received	03/04/94	1,200	\$363.00	03/16/94	
Lo-Femenal, Blue Lady	{6595/1}	WHRI P.O.	11395	Panalpina	SWHS-1379 Air	Received	02/13/95	6,000	\$1,209.53	02/22/95	
Lo-Femenal, Blue Lady	{7207/1}	WHRI P.O.	11275	Panalpina	SWHS-2247 Air	Received	03/29/96	2,400	\$609.76	03/30/96	
Lo-Femenal, Blue Lady	{7846/1}	WHRI P.O.	02396	Panalpina	SWHS-2921 Air	Received	01/23/97	2,400	\$549.11	02/14/97	
Lo-Femenal, Blue Lady	{7995/1}	WHRI P.O.	32497	Panalpina	SWHS-3032 Air	Received	04/18/97	3,600	\$888.48	05/09/97	
									\$14,164.94		
Aruba											
Pndtn. for Prom. of Resp. Parenthood											
52mm Non Colored, No Logo	{5825/1}	WHRI P.O.	11189	Panalpina	SWHS-0683 Air	Received	03/11/94	42,000	\$2,434.90	03/24/94	
52mm Non Colored, No Logo	{6590/1}	WHRI P.O.	11395	Panalpina	SWHS-1367 Air	Received	02/13/95	72,000	\$3,999.95	02/14/95	
52mm Non Colored, No Logo	{7231/1}	WHRI P.O.	11275	Panalpina	SWHS-2236 Ocean	Received	03/12/96	78,000	\$4,353.83	04/18/96	
52mm Non Colored, No Logo	{7829/1}	WHRI P.O.	02396	Panalpina	SWHS-2937 Air	Received	02/14/97	18,000	\$1,144.99	03/12/97	
Copper T, 380	{5831/1}	WHRI P.O.	11189	Panalpina	SWHS-0684 Air	Received	03/11/94	200	\$256.45	03/24/94	
Copper T, 380	{6616/1}	WHRI P.O.	11395	Panalpina	SWHS-1463 Air	Received	03/17/95	800	\$1,034.60	03/27/95	
Copper T, 380	{7831/1}	WHRI P.O.	02396	Panalpina	SWHS-2940 Air	Received	02/14/97	400	\$550.72	03/14/97	
DEPO-PROVERA	{6653/1}	WHRI P.O.	11395	Panalpina	SWHS-1540 Air	Received	04/21/95	800	\$933.00	05/03/95	
DEPO-PROVERA	{7222/1}	WHRI P.O.	11275	Panalpina	SWHS-2321 Air	Received	04/10/96	1,200	\$1,276.00	04/18/96	
DEPO-PROVERA	{7830/1}	WHRI P.O.	02396	Panalpina	SWHS-2943 Air	Received	02/14/97	800	\$796.52	03/14/97	
Lo-Femenal, Blue Lady	{5830/1}	WHRI P.O.	11189	Panalpina	SWHS-0663 Air	Received	03/04/94	2,400	\$561.00	03/14/94	
Lo-Femenal, Blue Lady	{6591/1}	WHRI P.O.	11395	Panalpina	SWHS-1380 Air	Received	02/13/95	4,800	\$966.59	02/14/95	
Lo-Femenal, Blue Lady	{7206/1}	WHRI P.O.	11275	Panalpina	SWHS-2190 Air	Received	02/14/96	3,600**	\$762.64	02/27/96	
Lo-Femenal, Blue Lady	{7832/1}	WHRI P.O.	02396	Panalpina	SWHS-2948 Air	Received	02/14/97	3,600	\$811.05	03/14/97	
									\$19,882.24		
Bahamas											
Bahamas Family Planning Association											
52mm Non Colored, No Logo	{5913/1}	WHRI P.O.	12894	Panalpina	SWHS-0850 Air	Received	05/25/94	6,000	\$450.00	06/02/94	
52mm Non Colored, No Logo	{6565/1}	WHRI P.O.	11395	Panalpina	SWHS-1368 Air	Received	02/16/95	12,000	\$650.20	02/18/95	
52mm Non Colored, No Logo	{7228/1}	WHRI P.O.	11275	Panalpina	SWHS-2238 Air	Received	03/29/96	18,000	\$1,069.38	04/15/96	

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International Planned Parenthood/WHR

Country/ Product	Recipient/ {Newvern ID}	Ordering Document	Shipper	P.O.	Ship Via	Status	Ship Date	Shipment Quantity	Value	Date Received	Desired* Ship Date
Copper T, 380	{5889/1}	WHRI P.O.	12179	Panalpina	SWHS-0829 Air	Received	07/18/95	11,200**	\$15,284.65	07/20/95	
Copper T, 380	{6620/1}	WHRI P.O.	11395	Panalpina	SWHS-1492 Air	Received	07/29/96	11,600**	\$15,189.05	08/01/96	
									\$1,173,989.10		
Chile Asoc Chilena de Proteccion de la Familia											
52mm Non Colored, No Logo	{6592/1}	WHRI P.O.	11395	Panalpina	SWHS-1366 Ocean	Received	02/14/95	180,000	\$9,618.87	03/21/95	
Copper T, 380	{6621/1}	WHRI P.O.	11395	Panalpina	SWHS-1491 Ocean	Received	04/11/95	7,200	\$8,482.90	05/18/95	
Lo-Femenal, Blue Lady	{4971/1}	WHRI P.O.	12179	Panalpina	SWHS-0246 Ocean	Received	09/08/93	79,200	\$13,900.40	10/14/93	
Lo-Femenal, Blue Lady	{5931/1}	WHRI P.O.	21094	Panalpina	SWHS-1252 Ocean	Received	11/29/94	72,000	\$13,641.54	12/28/94	
Lo-Femenal, Blue Lady	{6622/1}	WHRI P.O.	11395	Panalpina	SWHS-2001 Ocean	Received	10/16/95	75,600	\$15,386.51	11/17/95	
									\$61,030.22		
Colombia PROFAMILIA											
52mm Non Colored, No Logo	{5974/1}	WHRI P.O.	31394	Panalpina	SWHS-0826 Air	Received	06/27/94	1,002,000**	\$55,682.00	07/22/94	
52mm Non Colored, No Logo	{6508/1}	WHRI P.O.	11284	Panalpina	SWHS-1440 Air	Received	03/22/95	954,000**	\$50,699.40	03/25/95	
52mm Non Colored, No Logo	{7619/1}	WHRI P.O.	50896	Panalpina	SWHS-2583 Air	Received	07/19/96	954,000**	\$57,556.98	07/23/96	
Copper T, 380	{4147/1}	WHRI P.O.	01992	Matrix	MWHS-0640 Ocean	Received	02/05/92	95,200	\$122,491.93	05/06/92	
Copper T, 380	{5034/1}	WHRI P.O.	12149	Panalpina	SWHS-0048 Air	Received	04/26/93	120,000**	\$125,760.00	05/10/93	
Copper T, 380	{5795/1}	WHRI P.O.	11189	Panalpina	SWHS-0624 Ocean	Received	02/09/94	120,000**	\$135,400.00	06/27/94	
Copper T, 380	{6509/1}	WHRI P.O.	11284	Panalpina	SWHS-1328 Air	Received	03/22/95	75,400**	\$88,712.80	03/25/95	
Copper T, 380	{7143/1}	WHRI P.O.	10115	Panalpina	SWHS-2022 Air	Received	10/27/95	19,200	\$23,745.00	11/17/95	
Copper T, 380	{7618/1}	WHRI P.O.	50896	Panalpina	SWHS-2584 Air	Received	07/25/96	96,000**	\$121,931.67	07/29/96	
Copper T, 380	{7618/2}	WHRI P.O.	50896	Panalpina	SWHS-2585 Air	Received	07/25/96	64,000	\$81,292.38	07/29/96	
Noriday 1+50, CSM	{4164/1}	WHRI P.O.	01992	Matrix	MWHS-0691 Ocean	Received	03/27/92	700,800	\$186,631.61	04/11/92	
Noriday 1+50, CSM	{5071/1}	WHRI P.O.	02291	Panalpina	SWHS-0416 Ocean	Received	09/24/93	327,600**	\$93,248.20	11/20/93	
Noriday 1+50, CSM	{5071/2}	WHRI P.O.	02291	Panalpina	SWHS-0487 Ocean	Received	11/09/93	300,000	\$85,711.19	12/29/93	
Noriday 1+50, CSM	{5071/3}	WHRI P.O.	02291	Panalpina	SWHS-0662 Ocean	Received	02/25/94	72,000	\$20,553.69	05/30/94	
Noriday 1+50, CSM	{5882/1}	WHRI P.O.	01249	Panalpina	SWHS-0661 Ocean	Received	02/25/94	102,000**	\$29,117.72	05/30/94	
Norplant	{5973/1}	WHRI P.O.	31394	Panalpina	NV653 Air	Received	08/03/94	3,000	\$69,790.00	08/06/94	
Norplant	{5973/2}	WHRI P.O.	31394	Panalpina	NV706 Air	Received	09/22/94	5,000	\$116,030.00	10/11/94	
Norplant	{5973/3}	WHRI P.O.	31394	Panalpina	NV788 Air	Received	11/20/94	4,600	\$106,782.00	12/14/94	
Norplant	{5973/4}	WHRI P.O.	31394	Panalpina	NV802 Air	Received	12/06/94	2,550	\$59,386.00	12/22/94	
Norplant	{6507/1}	WHRI P.O.	11284	Panalpina	NV1027 Air	Received	07/24/95	6,650	\$158,682.50	08/15/95	
									\$1,789,205.07		
Curacao Foundation for Promotion of Responsible											
52mm Non Colored, No Logo	{5797/1}	WHRI P.O.	11189	Panalpina	SWHS-0603 Ocean	Received	01/26/94	72,000	\$3,727.19	03/02/94	
52mm Non Colored, No Logo	{6596/1}	WHRI P.O.	11395	Panalpina	SWHS-1370 Ocean	Received	02/14/95	60,000	\$2,956.29	03/28/95	
52mm Non Colored, No Logo	{7858/1}	WHRI P.O.	02396	Panalpina	SWHS-2857 Air	Received	01/08/97	120,000	\$7,527.37	01/22/97	
Copper T, 380	{4977/1}	WHRI P.O.	12179	Panalpina	SWHS-0067 Air	Received	05/24/93	1,200	\$1,333.12	06/04/93	

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International Planned Parenthood/WHR

Country/ Product	Recipient/ (Newvern ID)	Ordering Document	Shipper	P. O.	Ship Via	Status	Ship Date	Shipment Quantity	Date Value Received	Desired Ship Dat
Copper T, 380	{6633/1}	WHRI P.O. 11395	Panalpina	SWHS-1460	Air	Received	03/17/95	1,000	\$1,356.90	03/27/95
Copper T, 380	{7210/1}	WHRI P.O. 11275	Panalpina	SWHS-2244	Air	Received	03/29/96	1,800	\$2,280.09	04/28/96
Copper T, 380	{7859/1}	WHRI P.O. 02396	Panalpina	SWHS-2860	Air	Received	01/08/97	1,200	\$1,632.99	01/22/97
DEPO-PROVERA	{6572/1}	WHRI P.O. 11395	Panalpina	SWHS-1477	Air	Received	04/03/95	3,600	\$3,659.95	04/13/95
DEPO-PROVERA	{7219/1}	WHRI P.O. 11275	Panalpina	SWHS-2323	Air	Received	04/10/96	6,000	\$5,887.38	05/10/96
DEPO-PROVERA	{7861/1}	WHRI P.O. 02396	Panalpina	SWHS-2866	Air	Received	01/08/97	3,600	\$3,564.70	01/22/97
Lo-Femenal, Blue Lady	{4979/1}	WHRI P.O. 12179	Panalpina	SWHS-0068	Air	Received	05/24/93	33,600	\$6,270.40	06/04/93
Lo-Femenal, Blue Lady	{5796/1}	WHRI P.O. 11189	Panalpina	SWHS-0591	Ocean	Received	11/26/94	36,000	\$6,410.44	02/10/94
Lo-Femenal, Blue Lady	{6597/1}	WHRI P.O. 11395	Panalpina	SWHS-1381	Ocean	Received	02/14/95	49,200	\$9,077.47	03/28/95
Lo-Femenal, Blue Lady	{7541/1}	WHRI P.O. 31396	Panalpina	SWHS-2505	Air	Received	06/13/96	9,600	\$2,004.90	07/13/96
Lo-Femenal, Blue Lady	{7860/1}	WHRI P.O. 02396	Panalpina	SWHS-2871	Air	Received	01/08/97	34,800	\$7,757.68	01/22/97
									\$65,346.87	

Dominica Dominica Planned Parenthood Association

52mm Non Colored, No Logo	{5634/1}	WHRI P.O. 82493	Panalpina	SWHS-0363	Air	Received	09/21/93	60,000	\$3,877.00	09/22/93
52mm Non Colored, No Logo	{6744/1}	WHRI P.O. 31695	Panalpina	SWHS-1516	Air	Received	04/14/95	24,000**	\$1,349.20	04/26/95
52mm Non Colored, No Logo	{6744/2}	WHRI P.O. 31695	Panalpina	SWHS-1703	Air	Received	06/01/95	36,000	\$1,962.90	06/26/95
52mm Non Colored, No Logo	{7226/1}	WHRI P.O. 11275	Panalpina	SWHS-2239	Air	Received	04/03/96	12,000	\$743.20	05/07/96
52mm Non Colored, No Logo	{7847/1}	WHRI P.O. 02396	Panalpina	SWHS-2909	Air	Shipped	01/23/97	30,000	\$1,920.83	01/29/97 (est)
DEPO-PROVERA	{6657/1}	WHRI P.O. 11395	Panalpina	SWHS-1478	Air	Received	03/31/95	400	\$549.00	04/20/95
DEPO-PROVERA	{7934/1}	WHRI P.O. 11497	Panalpina	SWHS-2914	Air	Shipped	01/23/97	400	\$399.30	01/29/97 (est)
Lo-Femenal, Blue Lady	{4980/1}	WHRI P.O. 12179	Matrix	MWHS-1128	Air	Received	01/29/93	6,000	\$1,661.50	02/09/93
Lo-Femenal, Blue Lady	{5798/1}	WHRI P.O. 11189	Panalpina	SWHS-0665	Air	Received	03/04/94	4,800	\$957.00	03/18/94
Lo-Femenal, Blue Lady	{7848/1}	WHRI P.O. 02396	Panalpina	SWHS-2923	Air	Shipped	01/23/97	6,000	\$1,358.47	01/29/97 (est)
									\$14,778.40	

Dominican Republic Profamilia

52mm Non Colored, No Logo	{4152/1}	WHRI P.O. 01992	Matrix	MWHS-0656	Ocean	Received	03/04/92	288,000**	\$15,858.00	04/13/92
52mm Non Colored, No Logo	{5035/1}	WHRI P.O. 12149	Panalpina	SWHS-0001	Air	Received	04/30/93	216,000**	\$13,273.14	06/03/93
52mm Non Colored, No Logo	{5035/2}	WHRI P.O. 12149	Panalpina	SWHS-0002	Air	Received	04/30/93	120,000	\$7,373.97	06/03/93
52mm Non Colored, No Logo	{5893/1}	WHRI P.O. 12179	Panalpina	SWHS-0819	Ocean	Received	05/09/94	366,000	\$19,325.60	06/24/94
Copper T, 380	{4154/1}	WHRI P.O. 01992	Matrix	NV130	Ocean	Received	03/27/92	5,000**	\$5,685.80	05/18/92
Copper T, 380	{5036/2}	WHRI P.O. 12149	Panalpina	SWHS-0053	Air	Received	05/15/93	1,600	\$1,736.85	06/16/93
Copper T, 380	{5036/1}	WHRI P.O. 12149	Panalpina	SWHS-0052	Air	Received	06/03/93	10,600**	\$13,027.90	07/20/93
Copper T, 380	{5892/1}	WHRI P.O. 12179	Panalpina	SWHS-0712	Air	Received	03/25/94	1,000	\$1,417.00	04/26/94
Lo-Femenal, Blue Lady	{4153/1}	WHRI P.O. 01992	Matrix	MWHS-0655	Ocean	Received	03/04/92	511,200**	\$75,502.48	04/13/92
Lo-Femenal, Blue Lady	{5037/1}	WHRI P.O. 12149	Panalpina	NV291	Ocean	Received	03/29/93	595,200**	\$105,833.00	06/15/93
Lo-Femenal, Blue Lady	{5037/2}	WHRI P.O. 12149	Panalpina	SWHS-0041	Air	Received	04/30/93	75,600**	\$13,123.89	06/03/93
Lo-Femenal, Blue Lady	{5891/1}	WHRI P.O. 12179	Panalpina	SWHS-0763	Ocean	Received	04/07/94	548,400	\$102,837.80	05/20/94
									\$374,995.43	

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International Planned Parenthood/WHR

Country/ Product	Recipient/ {Newvern ID}	Ordering Document	Shipper	P.O.	Ship Via	Status	Ship Date	Shipment Quantity	Value	Date Received	Desired* Ship Date
<b>Ecuador</b>											
Asoc Pro-Bienstar de la Familia Ecuador											
52mm Non Colored, No Logo	{4135/1}	WHRI P.O. 01992	Matrix	MWHS-0703	Ocean	Received	04/15/92	60,000**	\$5,637.00	06/22/92	
52mm Non Colored, No Logo	{4777/1}	WHRI P.O. 42192	Matrix	MWHS-0903	Ocean	Received	09/24/92	6,000**	\$322.00	11/05/92	
52mm Non Colored, No Logo	{5038/1}	WHRI P.O. 12149	Panalpina	SWHS-0125	Ocean	Received	11/17/93	54,000**	\$3,131.91	01/06/94	
Copper T, 380	{4142/1}	WHRI P.O. 01992	Matrix	MWHS-0704	Ocean	Received	04/15/92	32,400**	\$35,309.16	06/22/92	
Copper T, 380	{4762/1}	WHRI P.O. 42192	Matrix	MWHS-0904	Ocean	Received	09/24/92	13,600**	\$14,633.24	11/05/92	
Copper T, 380	{5039/1}	WHRI P.O. 12149	Panalpina	SWHS-0131	Ocean	Received	11/17/93	37,000**	\$43,235.69	01/06/94	
Lo-Femenal, Blue Lady	{4146/1}	WHRI P.O. 01992	Matrix	MWHS-0705	Ocean	Received	04/15/92	45,600**	\$7,046.04	06/22/92	
Lo-Femenal, Blue Lady	{4763/1}	WHRI P.O. 42192	Matrix	MWHS-0905	Ocean	Received	09/24/92	6,000	\$3,069.90	11/05/92	
									----- \$112,384.94		
<b>Grenada</b>											
Grenada Planned Parenthood Association											
52mm Non Colored, No Logo	{7538/1}	WHRI P.O. 31396	Panalpina	SWHS-2492	Air	Received	06/18/96	12,000	\$796.00	07/18/96	
52mm Non Colored, No Logo	{7849/1}	WHRI P.O. 02396	Panalpina	SWHS-3022	Air	Shipped	04/18/97	18,000	\$1,137.47	04/28/97 (est)	
DEPO-PROVERA	{6658/1}	WHRI P.O. 11395	Panalpina	SWHS-29	Air	Received	04/03/95	1,600	\$1,707.65	04/25/95	
DEPO-PROVERA	{7218/1}	WHRI P.O. 11275	Panalpina	SWHS-29	Air	Received	04/10/96	3,600	\$3,532.71	04/26/96	
DEPO-PROVERA	{7850/1}	WHRI P.O. 02396	Panalpina	SWHS-3022	Air	Shipped	04/18/97	3,600	\$3,583.97	04/28/97 (est)	
Lo-Femenal, Blue Lady	{5042/1}	WHRI P.O. 12149	Panalpina	SWHS-29	Air	Received	06/18/93	2,400	\$530.40	06/29/93	
Lo-Femenal, Blue Lady	{5799/1}	WHRI P.O. 11189	Panalpina	SWHS-0666	Air	Received	03/04/94	3,600	\$759.00	04/15/94	
Lo-Femenal, Blue Lady	{6630/1}	WHRI P.O. 11395	Panalpina	SWHS-1437	Air	Received	03/10/95	2,400	\$580.92	03/23/95	
Lo-Femenal, Blue Lady	{7202/1}	WHRI P.O. 11275	Panalpina	SWHS-2250	Air	Received	03/29/96	3,600	\$834.64	04/17/96	
Lo-Femenal, Blue Lady	{7851/1}	WHRI P.O. 02396	Panalpina	SWHS-3035	Air	Shipped	04/18/97	2,400	\$540.59	04/28/97 (est)	
									----- \$14,003.35		
<b>Guyana</b>											
Guyana Responsible Parenthood Assoc.											
52mm Non Colored, No Logo	{6570/1}	WHRI P.O. 11395	Panalpina	SWHS-1371	Ocean	Received	02/16/95	780,000	\$39,373.00	03/10/95	
52mm Non Colored, No Logo	{7230/1}	WHRI P.O. 11275	Panalpina	SWHS-2211	Ocean	Received	02/13/96	696,000	\$37,518.97	06/16/96	
Copper T, 380	{6750/1}	WHRI P.O. 11395	Panalpina	SWHS-1490	Air	Received	04/06/95	3,000	\$3,754.20	04/09/95	
Copper T, 380	{7537/1}	WHRI P.O. 31396	Panalpina	SWHS-2498	Air	Received	06/15/96	1,400	\$1,888.90	07/25/96	
Copper T, 380	{7827/1}	WHRI P.O. 02396	Panalpina	SWHS-2912	Air	Received	01/23/97	2,000	\$2,668.11	03/07/97	
DEPO-PROVERA	{7127/1}	WHRI P.O. 82395	Panalpina	SWHS-2016	Air	Received	10/31/95	5,600	\$5,664.60	11/03/95	
DEPO-PROVERA	{7826/1}	WHRI P.O. 02396	Panalpina	SWHS-2918	Air	Received	01/23/97	3,600	\$3,531.81	03/07/97	
Lo-Femenal, Blue Lady	{7419/1}	WHRI P.O. 11275	Panalpina	SWHS-2332	Ocean	Received	04/09/96	37,200	\$7,559.50	05/16/96	
Lo-Femenal, Blue Lady	{7828/1}	WHRI P.O. 02396	Panalpina	SWHS-2924	Air	Received	01/23/97	28,800	\$6,305.94	03/07/97	
									----- \$108,265.03		
<b>Haiti</b>											
PROFAMIL											
52mm Non Colored, No Logo	{4678/1}	WHRI P.O. 31792	Matrix	MWHS-0829	Ocean	Received	07/24/92	240,000	\$13,290.00	09/01/92	

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 \*\* Received amount does not equal shipped amount

International Planned Parenthood/WHR

Country/ Product	Recipient/ {Newvern ID}	Ordering Document	Shipper	P.O.	Ship Via	Status	Ship Date	Shipment Quantity	Value	Date Received	Desired* Ship Date
52mm Non Colored, No Logo	{5896/1}	WHRI P.O. 12179	Panalpina	SWHS-0740	Air	Received	04/07/94	246,000	\$13,823.12	05/11/94	
Copper T, 380	{5895/1}	WHRI P.O. 12179	Panalpina	SWHS-0709	Air	Received	04/07/94	200	\$247.52	04/09/94	
Lo-Femenal, Blue Lady	{5894/1}	WHRI P.O. 12179	Panalpina	SWHS-0618	Air	Received	05/03/94	6,000	\$1,155.00	05/05/94	
									\$28,515.64		
Jamaica Jamaica Family Planning Association											
52mm Non Colored, No Logo	{5828/1}	WHRI P.O. 11189	Panalpina	SWHS-0874	Ocean	Received	06/06/94	138,000	\$7,428.82	07/19/94	
52mm Non Colored, No Logo	{5824/1}	WHRI P.O. 11395	Panalpina	SWHS-1372	Ocean	Received	02/14/95	102,000**	\$5,503.70	03/07/95	
52mm Non Colored, No Logo	{6820/1}	WHRI P.O. 41995	Panalpina	SWHS-1578	Air	Received	05/02/95	102,000	\$5,710.64	05/19/95	
52mm Non Colored, No Logo	{7199/1}	WHRI P.O. 11275	Panalpina	SWHS-2359	Ocean	Received	04/17/96	60,000	\$3,438.13	06/16/96	
52mm Non Colored, No Logo	{7837/1}	WHRI P.O. 02396	Panalpina	SWHS-3060	Ocean	Shipped	05/15/97	252,000	\$14,822.65	06/01/97 (est.)	
Copper T, 380	{4144/1}	WHRI P.O. 01992	Matrix	MWHS-0744	Air	Received	05/01/92	200	\$908.18		
Copper T, 380	{5827/1}	WHRI P.O. 11189	Panalpina	SWHS-0713	Air	Received	03/17/94	200	\$382.40	05/18/94	
Copper T, 380	{6625/1}	WHRI P.O. 11395	Panalpina	SWHS-1517	Air	Received	04/14/95	400	\$549.03	05/19/95	
Copper T, 380	{7839/1}	WHRI P.O. 02396	Panalpina	SWHS-2941	Air	Shipped	02/14/97	800	\$1,107.60	02/20/97 (est.)	
DEPO-PROVERA	{6573/1}	WHRI P.O. 11395	Panalpina	SWHS-1541	Air	Received	04/21/95	2,000	\$2,085.00	05/19/95	
DEPO-PROVERA	{7196/1}	WHRI P.O. 11275	Panalpina	SWHS-2187	Air	Received	02/12/96	8,400	\$8,557.50	05/15/96	
DEPO-PROVERA	{7838/1}	WHRI P.O. 02396	Panalpina	SWHS-3063	Ocean	Shipped	05/15/97	14,000	\$13,558.84	06/01/97 (est.)	
Lo-Femenal, Blue Lady	{4121/1}	WHRI P.O. 01992	Matrix	MWHS-0653	Ocean	Received	03/03/92	50,400	\$8,100.36	04/07/92	
Lo-Femenal, Blue Lady	{5040/1}	WHRI P.O. 12149	Panalpina	SWHS-0062	Ocean	Received	05/18/93	27,600	\$5,012.85	07/01/93	
Lo-Femenal, Blue Lady	{5826/1}	WHRI P.O. 11189	Panalpina	SWHS-0671	Air	Received	02/28/94	13,200	\$2,465.43	05/18/94	
Lo-Femenal, Blue Lady	{6627/1}	WHRI P.O. 11395	Panalpina	SWHS-1518	Air	Received	04/14/95	1,200	\$258.73	05/19/95	
Lo-Femenal, Blue Lady	{7188/1}	WHRI P.O. 11275	Panalpina	SWHS-2385	Ocean	Received	04/17/96	3,600	\$758.76	06/16/96	
Lo-Femenal, Blue Lady	{7840/1}	WHRI P.O. 02396	Panalpina	SWHS-3067	Ocean	Shipped	05/15/97	76,800	\$17,149.59	06/01/97 (est.)	
Norplant	{5963/1}	WHRI P.O. 01117	Panalpina	NV630	Air	Received	04/28/94	50	\$1,421.00	05/18/94	
Norplant	{5963/2}	WHRI P.O. 01117	Panalpina	NV636	Air	Received	04/28/94	100	\$2,842.00	05/18/94	
Norplant	{6626/1}	WHRI P.O. 11395	Panalpina	SWHS-0002	Air	Received	08/29/95	200	\$5,555.00	08/30/95	
									\$107,616.21		
Montserrat Montserrat Family Planning Association											
52mm Non Colored, No Logo	{5801/1}	WHRI P.O. 11189	Panalpina	SWHS-0656	Air	Received	02/22/94	6,000	\$360.95	03/09/94	
52mm Non Colored, No Logo	{6631/1}	WHRI P.O. 11395	Panalpina	SWHS-1615	Air	Received	05/15/95	6,000	\$347.55	05/31/95	
52mm Non Colored, No Logo	{7225/1}	WHRI P.O. 11275	Panalpina	SWHS-2185	Air	Received	02/07/96	6,000	\$385.20	02/23/96	
52mm Non Colored, No Logo	{7853/1}	WHRI P.O. 02396	Panalpina	SWHS-2971	Air	Shipped	03/11/97	6,000	\$445.43	03/15/97 (est.)	
Copper T, 380	{4981/1}	WHRI P.O. 12179	Matrix	MWHS-1137	Air	Received	02/10/93	200	\$941.00	03/16/93	
DEPO-PROVERA	{6659/1}	WHRI P.O. 11395	Panalpina	SWHS-1480	Air	Received	04/03/95	400	\$551.11	04/27/95	
DEPO-PROVERA	{7216/1}	WHRI P.O. 11275	Panalpina	SWHS-2326	Air	Received	04/11/96	400	\$552.00	05/28/96	
DEPO-PROVERA	{7852/1}	WHRI P.O. 02396	Panalpina	SWHS-2973	Air	Shipped	03/11/97	400	\$424.57	03/15/97 (est.)	
Lo-Femenal, Blue Lady	{5800/1}	WHRI P.O. 11189	Panalpina	SWHS-0651	Air	Received	02/22/94	2,400	\$481.45	03/09/94	
Lo-Femenal, Blue Lady	{5800/2}	WHRI P.O. 11189	Panalpina	SWHS-0669	Air	Received	02/28/94	2,400	\$457.05	03/09/94	
Lo-Femenal, Blue Lady	{7539/1}	WHRI P.O. 31396	Panalpina	SWHS-2508	Air	Received	06/10/96	2,400	\$612.12	07/10/96	

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NEWVERN Information System - Version 5.2  
 Shipment History by Customer  
 All Shipments On or After 01/01/92

Run Date: 10/07/97  
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Country/ Product	Recipient/ {Newvern ID}	Ordering Document	Shipper	P.O.	Ship Via	Status	Ship Date	Shipment Quantity	Value	Date Received	Desired* Ship Date
									\$5,558.43		
Netherlands Antilles	Found. for Promo. Responsible Parenthood										
Copper T, 380	{4975/1}	WHRI P.O. 12179	Panalpina	SWHS-0065	Air	Received	05/24/93	200	\$280.35	06/01/93	
Lo-Femenal, Blue Lady	{4107/1}	WHRI P.O. 01992	Matrix	MWHS-0628	Air	Received	01/21/92	1,200	\$866.58	01/28/92	
Lo-Femenal, Blue Lady	{4976/1}	WHRI P.O. 12179	Panalpina	SWHS-0066	Air	Received	05/24/93	1,200	\$275.65	06/01/93	
									\$1,422.58		
Panama	Asoc. Panamena Planeamiento Fam. (APLAFAM)										
52mm Non Colored, No Logo	{6593/1}	WHRI P.O. 11395	Panalpina	SWHS-1374	Ocean	Received	02/09/95	576,000	\$28,384.64	04/17/95	
52mm Non Colored, No Logo	{7198/1}	WHRI P.O. 11275	Panalpina	SWHS-2212	Ocean	Received	02/13/96	108,000	\$5,886.68	03/03/96	
Copper T, 380	{6749/1}	WHRI P.O. 11395	Panalpina	SWHS-1489	Air	Received	04/06/95	2,800	\$3,360.04	05/26/95	
Copper T, 380	{7192/1}	WHRI P.O. 11275	Panalpina	SWHS-2501	Air	Received	06/13/96	2,800	\$3,696.77	06/24/96	
Copper T, 380	{7836/1}	WHRI P.O. 02396	Panalpina	SWHS-3043	Air	Shipped	05/09/97	7,800	\$10,524.05	05/13/97 (est)	
DEPO-PROVERA	{6747/1}	WHRI P.O. 11395	Panalpina	SWHS-1632	Air	Received	05/12/95	8,000	\$8,071.95	06/12/95	
DEPO-PROVERA	{7835/1}	WHRI P.O. 02396	Panalpina	SWHS-3048	Air	Shipped	05/09/97	3,600	\$3,514.95	05/13/97 (est)	
									\$63,439.08		
Paraguay	Centro Paraguay de Estudios de Poblacion										
52mm Non Colored Panther	{5470/1}	WHRI P.O. 51293	Panalpina	SWHS-0187	Air	Received	07/16/93	60,000	\$4,185.20	07/17/93	
52mm Non Colored, No Logo	{4997/1}	WHRI P.O. 12292	Matrix	MWHS-1109	Air	Received	01/22/93	114,000	\$9,321.00	02/03/93	
52mm Non Colored, No Logo	{5045/1}	WHRI P.O. 10493	Panalpina	SWHS-0186	Air	Received	07/16/93	204,000	\$14,229.68	07/17/93	
52mm Non Colored, No Logo	{5937/1}	WHRI P.O. 21594	Panalpina	SWHS-0943	Air	Received	08/15/94	126,000	\$8,230.32	08/17/94	
52mm Non Colored, No Logo	{7279/1}	WHRI P.O. 11229	Panalpina	SWHS-2233	Air	Received	03/07/96	24,000**	\$1,454.43	03/22/96	
Copper T, 380	{4652/1}	WHRI P.O. 41092	Matrix	MWHS-0830	Air	Received	06/26/92	6,200**	\$8,090.69	11/17/92	
Copper T, 380	{5471/1}	WHRI P.O. 51293	Panalpina	SWHS-0244	Air	Received	07/30/93	2,400	\$3,462.82	08/04/93	
Copper T, 380	{4982/1}	WHRI P.O. 12179	Panalpina	SWHS-0286	Air	Received	08/12/93	2,200**	\$2,948.20	09/03/93	
Copper T, 380	{6623/1}	WHRI P.O. 11395	Panalpina	SWHS-1402	Air	Received	03/15/95	5,600	\$7,714.10	03/31/95	
Copper T, 380	{7082/1}	WHRI P.O. 08895	Panalpina	SWHS-1891	Air	Received	09/12/95	2,400**	\$3,538.36	10/06/95	
Copper T, 380	{7190/1}	WHRI P.O. 11275	Panalpina	SWHS-2232	Air	Received	03/07/96	6,000	\$8,205.16	03/22/96	
Copper T, 380	{7191/1}	WHRI P.O. 11275	Panalpina	SWHS-2186	Air	Received	03/07/96	2,800**	\$3,829.07	03/22/96	
DEPO-PROVERA	{6574/1}	WHRI P.O. 11395	Panalpina	SWHS-1481	Air	Received	04/07/95	2,800**	\$3,013.38	05/03/95	
Lo-Femenal, Blue Lady	{4998/1}	WHRI P.O. 12292	Matrix	MWHS-1119	Air	Received	02/04/93	129,600**	\$25,471.38	03/15/93	
Lo-Femenal, Blue Lady	{4983/2}	WHRI P.O. 12179	Panalpina	SWHS-0127	Air	Received	06/11/93	36,000**	\$7,229.12	07/07/93	
Lo-Femenal, Blue Lady	{4983/1}	WHRI P.O. 12179	Panalpina	SWHS-0287	Air	Received	08/12/93	115,200**	\$23,327.40	09/03/93	
Lo-Femenal, Blue Lady	{5790/1}	WHRI P.O. 11493	Panalpina	SWHS-0518	Air	Received	12/08/93	48,000	\$10,392.25	12/10/93	
Lo-Femenal, Blue Lady	{5932/1}	WHRI P.O. 21694	Panalpina	SWHS-0670	Air	Received	03/15/94	100,800**	\$20,721.96	05/11/94	
Lo-Femenal, Blue Lady	{5932/2}	WHRI P.O. 21694	Panalpina	SWHS-0777	Air	Received	04/25/94	211,200**	\$43,410.40	06/02/94	
Lo-Femenal, Blue Lady	{6624/1}	WHRI P.O. 11395	Panalpina	SWHS-1427	Air	Received	03/15/95	440,400**	\$91,379.68	03/31/95	
Lo-Femenal, Blue Lady	{7187/1}	WHRI P.O. 11275	Panalpina	SWHS-2189	Air	Received	03/07/96	264,000**	\$57,981.28	03/22/96	
Norminest FE, CSM	{5972/1}	WHRI P.O. 31194	Panalpina	SWHS-0726	Air	Received	03/11/94	67,200**	\$20,564.60	05/23/94	

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International Planned Parenthood/WHR

Country/ Product	Recipient/ {Newvern ID}	Ordering Document	Shipper	P.O.	Ship Via	Status	Ship Date	Shipment Quantity	Value	Date Received	Desired* Ship Date
									\$378,700.48		
St. Kitts	St. Kitts & Nevis Family Planning Assoc.										
52mm Non Colored, No Logo	{5804/1}	WHRI P.O.	11189	Panalpina	SWHS-0687	Air	Received	03/11/94	24,000	\$1,319.59	03/14/94
52mm Non Colored, No Logo	{6634/1}	WHRI P.O.	11395	Panalpina	SWHS-2040	Air	Received	11/11/95	18,000	\$970.86	01/20/96
Copper T, 380	{5803/1}	WHRI P.O.	11189	Panalpina	SWHS-0688	Air	Received	03/11/94	200	\$245.61	03/14/94
DEPO-PROVERA	{6660/1}	WHRI P.O.	11395	Panalpina	NV1001	Air	Received	05/15/95	400	\$549.00	05/27/95
DEPO-PROVERA	{7862/1}	WHRI P.O.	02396	Panalpina	SWHS-2945	Air	Shipped	02/14/97	400	\$402.09	02/18/97 (est)
Lo-Femenal, Blue Lady	{4984/1}	WHRI P.O.	12179	Panalpina	SWHS-0109	Air	Received	06/18/93	1,200	\$347.70	06/20/93
Lo-Femenal, Blue Lady	{5802/1}	WHRI P.O.	11189	Panalpina	SWHS-0667	Air	Received	03/04/94	3,600	\$698.40	03/11/94
Lo-Femenal, Blue Lady	{5975/1}	WHRI P.O.	31294	Panalpina	SWHS-0746	Air	Received	03/25/94	1,200	\$293.00	03/31/94
Lo-Femenal, Blue Lady	{6635/1}	WHRI P.O.	11395	Panalpina	SWHS-1988	Air	Received	10/06/95	1,200	\$344.88	11/06/95
Lo-Femenal, Blue Lady	{7201/1}	WHRI P.O.	11275	Panalpina	SWHS-2870	Air	Shipped	01/07/97	2,400	\$568.32	01/10/97 (est)
Lo-Femenal, Blue Lady	{7863/1}	WHRI P.O.	02396	Panalpina	SWHS-2950	Air	Shipped	02/14/97	4,800	\$1,101.35	02/18/97 (est)
									\$6,840.80		
St. Lucia	St. Lucia Planned Parenthood Association										
52mm Non Colored, No Logo	{5903/1}	WHRI P.O.	12179	Panalpina	SWHS-0645	Ocean	Received	02/14/94	246,000**	\$13,474.21	03/26/94
Copper T, 380	{4985/1}	WHRI P.O.	12179	Panalpina	SWHS-0063	Air	Received	05/24/93	600	\$744.00	06/11/93
Copper T, 380	{5902/1}	WHRI P.O.	12179	Panalpina	SWHS-0641	Ocean	Received	02/14/94	1,000	\$1,229.70	03/26/94
Copper T, 380	{7855/1}	WHRI P.O.	02396	Panalpina	SWHS-2913	Air	Shipped	01/23/97	400	\$534.27	01/28/97 (est)
DEPO-PROVERA	{6661/1}	WHRI P.O.	11395	Panalpina	NV1086	Air	Received	11/02/95	400	\$549.00	11/20/95
DEPO-PROVERA	{7195/1}	WHRI P.O.	11275	Panalpina	NV1240	Air	Shipped	10/16/96	3,600	\$3,532.71	10/21/96 (est)
DEPO-PROVERA	{7854/1}	WHRI P.O.	02396	Panalpina	SWHS-2919	Air	Shipped	01/23/97	1,600	\$1,570.58	01/28/97 (est)
Lo-Femenal, Blue Lady	{4986/1}	WHRI P.O.	12179	Panalpina	SWHS-0029	Air	Received	04/28/93	12,000	\$2,092.35	05/24/93
Lo-Femenal, Blue Lady	{5901/1}	WHRI P.O.	12179	Panalpina	SWHS-0640	Ocean	Received	02/14/94	40,800	\$7,594.55	03/26/94
Lo-Femenal, Blue Lady	{6632/1}	WHRI P.O.	11395	Panalpina	SWHS-1770	Air	Received	07/19/95	20,400	\$4,156.15	08/08/95
Lo-Femenal, Blue Lady	{7186/1}	WHRI P.O.	11275	Panalpina	SWHS-2656	Air	Received	09/06/96	22,800	\$5,491.84	10/06/96
Lo-Femenal, Blue Lady	{7856/1}	WHRI P.O.	02396	Panalpina	SWHS-2926	Air	Shipped	01/23/97	31,200	\$6,838.91	01/28/97 (est)
									\$47,808.27		
St. Vincent	St. Vincent Planned Parenthood Assn.										
52mm Non Colored, No Logo	{5905/1}	WHRI P.O.	12179	Panalpina	SWHS-0681	Air	Received	03/11/94	24,000	\$1,436.40	03/31/94
DEPO-PROVERA	{6662/1}	WHRI P.O.	11395	Panalpina	NV1002	Air	Received	05/15/95	400	\$549.00	06/20/95
DEPO-PROVERA	{7214/1}	WHRI P.O.	11275	Panalpina	NV1194	Air	Received	07/11/96	400	\$532.00	08/20/96
DEPO-PROVERA	{7857/1}	WHRI P.O.	02396	Panalpina	SWHS-2974	Air	Received	03/11/97	400	\$532.00	04/11/97
Lo-Femenal, Blue Lady	{4987/1}	WHRI P.O.	12179	Panalpina	SWHS-0108	Air	Received	06/18/93	9,600	\$1,673.30	07/01/93
Lo-Femenal, Blue Lady	{5904/1}	WHRI P.O.	12179	Panalpina	SWHS-0673	Air	Received	02/28/94	3,600	\$684.75	03/14/94
Lo-Femenal, Blue Lady	{6550/1}	WHRI P.O.	11395	Panalpina	SWHS-1383	Air	Received	02/13/95	4,800	\$996.84	03/14/95
Lo-Femenal, Blue Lady	{7540/1}	WHRI P.O.	31396	Panalpina	SWHS-2509	Air	Received	06/10/96	4,800	\$1,059.52	06/25/96

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Country/ Product	Recipient/ {Newvern ID}	Ordering Document	Shipper	P.O.	Ship Via	Status	Ship Date	Shipment Quantity	Value	Date Received	Desired* Ship Date
									\$7,463.81		
Suriname	Stitching Lobi										
52mm Non Colored, No Logo	{5907/1}	WHRI P.O.	12179	Panalpina	SWHS-0823	Ocean	Received	05/09/94	480,000**	\$25,044.45	06/21/94
52mm Non Colored, No Logo	{6617/1}	WHRI P.O.	11395	Panalpina	SWHS-1435	Ocean	Received	03/14/95	1,560,000	\$74,593.45	04/26/95
Copper T, 380	{4145/1}	WHRI P.O.	01992	Matrix	MWHS-0740	Air	Received	05/01/92	800	\$1,658.72	05/26/92
Copper T, 380	{5041/1}	WHRI P.O.	12149	Panalpina	SWHS-0134	Air	Received	06/19/93	400	\$764.80	07/30/94
Copper T, 380	{5906/1}	WHRI P.O.	12179	Panalpina	SWHS-0715	Air	Received	03/15/94	1,400	\$1,823.40	04/08/94
Copper T, 380	{6618/1}	WHRI P.O.	11395	Panalpina	SWHS-1519	Air	Received	04/21/95	400	\$767.74	05/09/95
Copper T, 380	{7834/1}	WHRI P.O.	02396	Panalpina	SWHS-3025	Air	Shipped	05/09/97	1,600	\$2,410.47	05/20/97 (est)
DEPO-PROVERA	{6575/1}	WHRI P.O.	11395	Panalpina	SWHS-1542	Air	Received	05/02/95	12,000	\$12,700.00	05/19/95
DEPO-PROVERA	{7213/1}	WHRI P.O.	11275	Panalpina	NV1191	Air	Received	05/20/96	6,800	\$7,031.53	05/30/96
DEPO-PROVERA	{7833/1}	WHRI P.O.	02396	Panalpina	SWHS-3029	Air	Shipped	05/09/97	15,600	\$16,069.19	05/20/97 (est)
									\$142,863.75		
Trinidad & Tobago	Family Planning Assn. of Trinidad/Tobago										
52mm Non Colored Panther	{5908/1}	WHRI P.O.	12179	Panalpina	SWHS-0792	Ocean	Received	05/09/94	120,000	\$6,648.48	05/20/94
52mm Non Colored Panther	{6331/1}	WHRI P.O.	71194	Panalpina	SWHS-1246	Ocean	Received	11/22/94	282,000	\$14,140.33	12/08/94
52mm Non Colored, No Logo	{6330/1}	WHRI P.O.	71194	Panalpina	SWHS-1247	Ocean	Received	11/22/94	648,000	\$32,492.67	12/08/94
Copper T, 380	{5426/1}	WHRI P.O.	41993	Panalpina	SWHS-0283	Air	Received	08/11/93	400	\$502.51	08/17/93
Lo-Femenal, Blue Lady	{4854/1}	WHRI P.O.	09892	Matrix	MWHS-1126	Air	Received	01/29/93	86,400	\$16,190.20	02/08/93
									\$69,974.19		
Uruguay	A.U.P.F.I.R.H.										
52mm Non Colored, No Logo	{5911/1}	WHRI P.O.	12179	Panalpina	SWHS-0970	Ocean	Received	09/14/94	576,000**	\$30,729.98	12/08/94
Copper T, 380	{4593/1}	WHRI P.O.	00410	Matrix	MWHS-0753	Air	Received	05/14/92	17,800	\$22,652.07	07/08/92
Copper T, 380	{5427/1}	WHRI P.O.	00419	Panalpina	SWHS-0296	Ocean	Received	09/21/93	12,000	\$14,156.06	11/23/93
Copper T, 380	{5910/1}	WHRI P.O.	12179	Panalpina	SWHS-0877	Ocean	Received	06/06/94	22,000	\$25,876.00	08/08/94
Lo-Femenal, Blue Lady	{5909/1}	WHRI P.O.	12179	Panalpina	SWHS-0654	Ocean	Received	02/25/94	237,600	\$43,089.40	03/22/94
									\$136,503.51		
USA	IPPF-WHR Warehouse										
52mm Non Colored, No Logo	{5044/1}	WHRI P.O.	10493	Matrix	MWHS-1111	Surface	Received	01/21/93	84,000	\$5,044.00	01/25/93
Copper T, 380	{5029/1}	WHRI P.O.	12179	Matrix	MWHS-1113	Surface	Received	01/21/93	2,000	\$2,480.00	01/25/93
Lo-Femenal, Blue Lady	{5028/1}	WHRI P.O.	12179	Matrix	MWHS-1127	Surface	Received	02/05/93	4,800	\$1,280.80	02/09/93
Lo-Femenal, Blue Lady	{5912/1}	WHRI P.O.	12179	Panalpina	SWHS-0622	Surface	Received	02/04/94	8,400	\$1,544.75	02/09/95
									\$10,349.55		

\* Desired ship date is only displayed for Planned shipments, and then only when it differs by 30 days or more from anticipated date of shipment  
 \*\* Received amount does not equal shipped amount

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## APPENDIX II

# External Consultants

## APPENDIX II EXTERNAL CONSULTANTS

ABRAHAMS, Ed	15 Days	04/01/94 - 04/22/94	Organize registration for the International Conference on Population and Development (ICPD) Preparatory Committee Meetings; handle registration for ICPD in Cairo Sept. 5-13, 1994; and assist with daily program planning and information dissemination
AREVALO, Marcos	05 Days	03/21/93 - 03/25/93	Represent IPPF/WVHR in the workshop entitled "Barrier Contraceptives: Current Status and Future Prospects"; present a detailed report about the workshop
	05 Days	06/04/95 - 06/10/95	Investigate the death of a client at the mobile clinic based in Bucaramanga/Colombia
ASSUMPÇÃO SOUZA, Joubert Barbosa	05 days	10/21/96 - 10/26/96	Provide technical assistance in the implementation of a decentralized computerized system for INPPARES/Peru
BAIR, William D.	14 days	05/06/96 - 05/23/96	Report on USAID-IPPF/WVHR Cooperation in Population/Family Planning in the Western Hemisphere Region, for the July 1996 edition of IPPF/WVHR's "FORUM" magazine
BROWN, Ana Denise (Add-on)	05 Days	5/22/96 - 5/28/96	Transcribe and analyze focus group discussion held in Jamaica
CASTRO VILLAMIL, Rodrigo	13 Days	11/22/93 - 12/04/93	Review current status of implementation of recommendations made on last visit during October, 1992, work together with BEMFAM staff, Rita Badiani, on a document related to the process of establishing an accounting system that will generate information on Costs by program, project, donor, activity, service, etc.
CAVERO JAVA, Julio César	130 Days	05/03/96 - 10/31/96	Provision of technical assistance to INPPARES/Peru in the areas of strategic planning and organizational sustainability
	130 Days	05/03/96 - 06/30/97 (AMENDMENT)	
CERULLI, Ana Maria (Add-on)	30-45 Days	2/13/97 - 4/18/97	Develop HIV/STD integration manual for family planning programs
CONSTANCE, Paul	16 Days	09/30/97 - 10/31/97	To translate <i>Sustainability Matters</i> from English into Spanish
COOPERS & LYBRANT - Paraguay	09/10/95 - 11/01/95		Provide An overall assessment of the managerial capacity of CEPEP/Paraguay, an in-depth analysis of the managerial performance of CEPEP, an assessment of the internal controls of CEPEP, a reconciliation of accounts for the period ending on June 30; calculate overhead costs
CUCA, Yvette	20 days	02/20/96 - 08/20/96	Assist in preparing evaluation documents for publications
	60 days	05/29/96 - 08/29/96	Assist the Transition Project and Evaluation Unit staff in developing and finalizing the following publications: Client Satisfaction User's Manual; IPPF/WVHR Transition Project Sustainability Workshop: Proceedings; Self-Assessment Module for Strategic Planning; Review of Sustainability
	85 days	09/04/96 - 01/08/97	Assist in developing and finalizing the following publications: Sustainability Matters (English and Spanish); IPPF/WVHR Work Paper Series
CUCA, Yvette	148 days	12/02/96 - 06/30/97	Present the following papers at the 1997 APHA: "FEMAP-a Case Study of Sustainability"; "Transition Project-Results of Client Satisfaction Surveys"; "Male Perspectives on Reproductive and Sexual Health in Latin America"; "IPPF/WVHR's Quality of Care Module
CUCA, Yvette	161 days	12/02/96 - 11/21/97 (AMENDMENT)	Present the following papers at the 1997 APHA: "FEMAP-a Case Study of Sustainability"; "Transition Project-Results of Client Satisfaction Surveys"; "Male Perspectives on Reproductive and Sexual Health in Latin America"; "IPPF/WVHR's Quality of Care Module

FRANCISCO MARTINEZ, Roberto Wálter	04 Days	12/04/95 - 12/07/95	Assist in the planning of IPPF/WHR's Transition Project's Sustainability Workshop in Cartagena, Colombia
DIAZ, Margarita (Add-on)	10 Days	5/13/96 - 6/7/96	Assist in development of training plan and conduct 2 workshops in Honduras
ESCANDON, Inés	44 days	01/17/97 - 03/97	Assist in development of training plan and conduct 2 workshops in Honduras
	56 Days	01/17/97 - 03/31/97 (AMENDMENT)	
	47 Days	07/02/97 - 09/30/97	To assist the IPPF/WHR Transition Project, Evaluation Unit and Program Coordination staff in developing and finalizing the following: <i>Sustainability Matters</i> , reports from PROFAMILIA/Columbia, PROFAMILIA/Dominican Republic, and INPPARES/Peru, assist with the preparation of an evaluation workshop to be held in the Caribbean, mid-July
FAMILY HEALTH INTERNATIONAL	08/01/95 - 09/30/97		Carry out a study of the costs of family planning methods and services with CEPEP/Paraguay
GANUZA, Mario	15 Days	04/26/95 - 08/30/95	Assessment of ASHONPLAFA/Honduras' current promotion strategies for their services, assessment of the services that the FPAs offer for income generation, recommendations for additional services for income generation and increased promotion, assistance in writing an institutional business plan for increasing the sustainability of the FPAs
	01 Day	04/25/95	
	15 Days	10/01/96 - 04/30/97	Improve entrepreneurial culture in ASHONPLAFA/Honduras in order to enable the development of a stable base from which to pursue financial stability
	67 Days	10/01/96 - 06/30/97 (AMENDMENT)	
	81 Days	10/01/96 - 06/30/97 (AMENDMENT)	
	20 Days	08/23/97 - 09/11/97	
GIRON, Nelson	06 Days	05/16/94 - 05/21/94	Follow-up to Finance Workshop in Rio de Janeiro/Brazil, November, 1993 and provide assistance to MEXFAM/Mexico in the accounting and costs system including system integration
GIRON, Nelson	11 Days	05/05/96 - 05/19/96	To assist ASHONPLAFA/Honduras in the development of cost studies, follow up on the operationalization process of the accounting, payroll and inventory modules, assist ASHONPLAFA in the revision of accounting and financial reports previously developed, prepare a written report containing observations and recommendations arising from the visit to ASHONPLAFA/Honduras
GIRON, Nelson	09 Days	10/24/96 - 11/01/96	Review and teach the methodology of existing cost studies to two people within the finance department of ASHONPLAFA/Honduras, document the existing cost studies methodology, review the changes made to ASHONPLAFA's chart of accounts since the last visit
GIRON, Nelson	10 Days	05/05/97 - 05/16/97	Review the implementation of cost studies, finalize the documentation of the cost studies methodology, reinforce the past instruction of the methodology, conduct a 1-day formal seminar in the interpretation, utilization and analysis of the costs obtained, prepare a written report IN COUNTRY containing observations and recommendations arising from the visit to ASHONPLAFA/Honduras
GONZALEZ ALONSO, Xavier	50 Days	4/92 - 10/92	Systems diagnosis and service statistic systems. Definition and refinement of information systems
	36 Days	7/94 - 6/95	
	42 Days	7/95 - 12/95	

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	48 Days	02/09/96 - 12/31/96	Provide consulting services as Systems Consultant, including the provision of technical assistance
	12 Days	4/96	
	24 Days	2/97 - 12/97	
GREEN, Jessica (Add-on)	45 Days	02/17/97 - ?????	Analyze data and compile evaluation results
	50 Days	02/17/97 - 06/30/97 (AMENDMENT)	
HILBER-MARLIN, Adriane (Add-on)	30 Days	1/16/97 - 4/30/97	Review and analyze program documents; conduct interviews with affiliates and produce final report
	30 Days	8/30/97 - 9/30/97 (AMENDMENT)	
JARAMILLO, Victor Manuel	18 Days	01/01/94 - 01/22/94	Visit BEMFAM/Brazil to prepare recommended schedule for the phase-out of AID donated commodities to BEMFAM/Brazil
KIRBERGER, Elizabeth (Add-on)	56 Days	7/1/96 - 9/30/96	Assist program associate with overall management of HIV/STD program
KIRBERGER, Elizabeth	40 Days	07/02/97 - 10/30/97	Assist the Transition Project staff in developing and finalizing the following: <i>Sustainability Matters</i> (both in English and Spanish); Editing of presentations and related publications for the Lessons Learned Workshop and final Project Report to USAID; Oversee the editorial process of the Business Development Fund.
KIRBERGER, Elizabeth	80 Days	07/02/97 - 11/15/97 (AMENDMENT)	Assist the Transition Project staff in developing and finalizing the following: <i>Sustainability Matters</i> (both in English and Spanish); Editing of presentations and related publications for the Lessons Learned Workshop and final Project Report to USAID; Oversee the editorial process of the Business Development Fund.
	80 Days	07/02/97 - 12/19/97 (AMENDMENT)	Write, edit and oversee editorial process for materials and presentations for the Lessons Learned Conference, oversee editorial process for the final Transition Project report to USAID Office of Population
KIRBERGER, Elizabeth	10 Days	11/05/97 - 12/31/97	To assist the IPPF/WHR HIV/STD Unit staff in developing and finalizing the following: final report to USAID for the Office of Health Add-on to the Transition Project
LEITMAN, Elizabeth J.,	15 days	05/25/95 - 10/20/95	Documenting progress and results of the HIV/STD Prevention Projects in Brazil, Honduras and Jamaica, compilation of an analytical report regarding HIV/STD integration in family planning, description of Hewlett-sponsored project FPAs' activities
LEITMAN, Elizabeth J.,	45 Days	01/02/96 - 04/30/96	To draft a promotional brochure on the Transition Project (in English and Spanish), to draft a final report in English on the Transition Project's Sustainability Workshop, to summarize Transition Project quarterly reports for the period July 1-Sept. 30, 1995 into the standardized one-page format
LEITMAN, Elizabeth J.,	35 days	10/25/96 - 12/31/96	Work with Transition Project organizing a workshop on Sustainability scheduled for Dec. 3-8th, 1995
LIAISON SERVICES, INC.	2.5 Days	09/18/97 - 09/20/97	Provide an interpreter for the IPPF Transition Project Lessons Learned Conference in Arlington, VA
	03 Days	09/18/97 - 09/20/97 (AMENDMENT)	
LONCH, Ronnie (Add-on)	2 Days	2/22/95 - 2/23/95	Develop training curriculum to be carried out by Julie Becker

MALDONADO, Lisa	20 Days	03/27/95 - 06/02/95	Review evaluation results and materials of effective and ineffective health programs designed to address adolescent reproductive health care needs
MANAGEMENT SYSTEMS INTERNATIONAL	04/01/97 - 04/30/97		Conduct an eight-day course in project development and proposal writing
	10/27/97 - 10/31/97		Conduct a five-day course in the training of trainers in project development and proposal writing for up to eight IPPF/WHR and affiliate staff
MAZON, Raquel	09 Days	11/21/95 - 12/21/95	Assist the Transition Project in documenting the results of case studies carried out in Uruguay and Venezuela to assess the effects of decreased funding from USAID on FPA services
MCLAUGHLIN, Robert Thurber	46 Days	03/01/94 - 04/15/94	Participate in a team visit to Brazil to carry out an in-depth study on contraceptive requirements and logistic management needs
MELNGAILIS, Ilze	40 days	07/16/96 - 10/01/96	Assess the potential of IPPF/WHR involvement in marketing contraceptives in seven countries in the LAC region with special emphasis on local market conditions, affiliate capacity and potential partners
MICHEL, Brooks (Add-on)	04 Days	9/11/95 - 9/14/95	Provide simultaneous translation for the HIV/STD Exchange of Experience Workshop
MILNE, Anne	10 Days	08/01/93 - 08/20/93	Feasibility study on a IPPF/WHR revolving commodities fund
MIRON, Héctor	60 Days	01/10/94 - 04/30/94	Analyze BEMFAM sustainability activities to date and recommend next steps based on marketing data, institutional strengths and organizational potential
MULLIN & ASSOCIATES	04 Days	08/08/97 - 08/11/97	Provide group out placement services for 13 IPPF/WHR employees
NAVA, Patricia (Add-on)	10 Days	6/19/97 - 6/28/97	Develop gender section for Sexual Health Trainers Guide
NEGRETTE, Juan Carlos	05 Days	11/08/93 - 11/12/93	Develop an implementation plan for a social marketing program for FPATT/Trinidad & Tobago
NUNES, Frederick Edwin	04 Days	10/07/93 - 10/15/93	Conduct a training workshop titled "Enhancing Interpersonal Relationships" at FPATT/Trinidad & Tobago so as to improve counselling and communication skills among FPATT staff
ORTIZ ORTEGA, Adriana	15 days	02/17/97 - 05/30/97	Collaborate in conducting a gender analysis of IPPF/WHR's HIV/STD Add-on to the Transition Project
	18 days	02/17/97 - 06/30/97 (AMENDMENT)	
PAREK, Anjou (Add-on)	03 Days	9/20/97 - 9/23/97	Take notes and synthesize the AIDS workshop which is part of the TP Lessons Learned Conference and write summary report of the workshop
PAWLOWSKI, Wayne	01 Day	01/12/94	Do a workshop on "Eroticizing Safer Sex" at the Office of Population in Washington, DC
	02 Days	02/22/94 - 02/25/94	Do a two-day presentation at the 1994 Cooperating agencies' Meeting in Washington, DC on "Human Sexuality and Family Planning"
POWERS, Thomas	12 days	06/30/97 - 07/15/97	Provide guidance on structuring loan allocation and on the administration section of the business development fund, assist in the development of the specific lending policies of the fund
PRADA, Elena	20 Days	01/19/94 - 02/21/94	Identify the leading organizations working in adolescent sexual and reproductive health in Colombia, conduct interviews with the leaders of these organizations

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		03/19/94 - 03/27/94	09 Days	Attend the Latin American Meeting on Adolescents in Mexico between March 19th and 27th, 1994 where she will present a report prepared during her previous consultancy, on leading organizations working in adolescent sexual and reproductive health in Colombia
PRICE WATERHOUSE - Honduras		9/15/97 - 9/30/97		Executive search for ASHONPLAFA Director
ROSE, Martha		08/15/93 - 10/15/93	30 Days	Develop a commodity strategy to address future contraceptive supply needs in the Eastern Caribbean region in light of A.I.D. phase out and the need to develop more self-sufficient Family Planning Associations (FPAs)
ROSSAL, Ricardo		9/92 - 8/93	102 Days	Worked primarily in the implementation of clinic management systems among FPAs. Other systems such as inventory and fixed assets
		9/93 - 6/94	100 Days	Worked primarily in the implementation of clinic management systems among FPAs. Other systems such as inventory and fixed assets
ROSSAL, Ricardo		7/94	12 Days	Worked primarily in the implementation of clinic management systems among FPAs. Other systems such as inventory and fixed assets
		08/01/95 - 12/31/95	28 Days	Provide service as a systems analyst
		08/01/95 - 12/31/95 (AMENDMENT)	58 Days	
		02/01/96 - 12/31/96	60 Days	Provide service as a systems analyst
ROUND HILL-IVC		09/18/97 - 09/20/97		Provide technical equipment for simultaneous interpretation throughout the IPPF Transition Project Lessons Learned Conference in Arlington, VA
SALAS, Ilse		06/15/93 - 11/30/93	12 Days	Provide consulting services, including the provision of technical assistance to MEXFAM, determine appropriate plans for reaching sustainability for each project and activity, develop business and marketing plans which would positively contribute to the sustainability of the organization following the phase-out of Transition Project support to the Association. Review progress and results of technical Assistance periodically
		11/16/93 - 06/30/94	12 Days	Continue with implementation of Continuous Quality Improvement (CQI)
SALINAS, Ana (Add-on)		9/11/95 - 9/14/95	04 Days	Provide simultaneous translation for the HIV/STD Exchange of Experience Workshop
SCHAUB, Milo		03/23/94	01 Day	Do a presentation at the Commodities and Logistics Workshop on Social Marketing, experience in the Caribbean in Social Marketing, FHMS structure and objectives and procuring commodities through FHMS
SCHUTT-AINE, Jessie		12/13/94 - 03/01/95	40	Assist in: organization and tabulation of program evaluation data, logistical coordination of programmatic activities, production and distribution of educational materials for HIV/STD Prevention Unit
		03/29/95 - 04/28/95	29	
		03/29/95 - 05/15/97 (AMENDMENT)	29	Continue working on analysis of client satisfaction survey results and assist in preparation of a Forum article; design of questionnaires to be used in BEMFAM/Brazil pricing study; review and critique INPARES/Peru client profile study and MEXFAM/Mexico market study proposal
SELTZER, Thomas A.		09/30/97 - 10/31/97	05 Days	
		09/30/97 - 12/09/97 (AMENDMENT)	06 Days	Lay out the October 1997 English and Spanish edition of Sustainability Matters

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SOPER, Helen	2.5 Days	09/18/97 - 09/20/97	Act as interpreter for the IPPF Transition Project Lessons Learned Conference in Arlington, VA
	03 Days	09/18/97 - 09/20/97 (AMENDMENT)	
THE BUSINESS COMMUNICATIONS GROUP OF WASHINGTON, D.C.	03 Days	08/20/97 - 09/18/97	Initial consultation with IPPF/WHR Transition Project in NYC to develop strategy for Transition Project Lessons Learned Conference, a series of meetings to develop a detailed agenda and a draft of presentations; training of Transition Project Speakers and refinement of materials and visuals for the presentations of the morning of Sept. 18
	03 Days	08/20/97 - 09/18/97 (AMENDMENT)	
	04 Days	08/20/97 - 09/19/97 (AMENDMENT)	
TIRADO DEL CAMPO, Roberto José	80 Days	06/01/95 - 10/01/95	Provide technical assistance in the development, design, implementation and execution of a strategic plan for 1995 to 2000 for INPPARES
TURNAROUND ASSOCIATES, INC.	03/03/97 - 05/09/97		Assist the Transition Project in the preparation of a business plan for commodity contraceptive procurement and distribution on the western hemisphere region (WHR)
TURNAROUND ASSOCIATES, INC.	03/03/97 - 06/30/97 (AMENDMENT)		Assist the Transition Project in the preparation of a business plan for commodity contraceptive procurement and distribution on the western hemisphere region (WHR)
VERME, Cynthia Steele (Add-on)	20 Days	5/3/96 - 6/15/96	Process and outcome evaluation of the HIV/STD Add-on activities
WEBB, Sheila	20 Days	11/28/94 - 05/01/95	Write articles, coordinate submissions, edit copy and assist with some production layout for <i>Sustainability Matters</i>
	20 Days	11/28/94 - 10/06/95 (AMENDMENT)	
	70 Days	10/07/95 - 12/31/96	Complete the third issue of <i>Sustainability Matters</i> and publish the third, fourth and fifth issues in 1996
	100 Days	10/07/95 - 12/31/96 (AMENDMENT)	
WICKHAM, Robert S.	40 Days	12/10/92 - 03/30/93	Provide a technical assistance plan for each FPA in the Transition Project
ZEILINSKI, Helga	02 Days	09/18/97 - 09/19/97	Act as interpreter for the IPPF Transition Project Lessons Learned Conference in Arlington, VA
ZEILINSKI, Mario	02 Days	09/18/97 - 09/19/97	Act as interpreter for the IPPF Transition Project Lessons Learned Conference in Arlington, VA

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APPENDIX III

Transition Project  
Lessons Learned Conference

# IV

## INTEGRATION OF HIV/STD PREVENTION IN FAMILY PLANNING

*An Overview*

*Highlights, Process & Results*

*Institutional Change and Sustainability*

## Women's Group Intervention: Improving HIV Risk Perception and Partner Communication

Profa. Baden  
Profa. Dantas  
Profa. Penn

Associação Civil Bem-Estar Familiar no Brasil **BEMFAM**

Presented at  
The Transition Project Lessons Learned Workshop  
Washington DC  
September 18-19 1997

## Background

- The intervention design and materials used were based on the results of formative research conducted in 1991 and 1992
  - lack of risk perception among married women
  - women do not communicate with their partners about sexuality and condom use
- The intervention is integrated into the services of 6 of BEMFAM's 7 clinics in Rio de Janeiro and the Northeast of Brazil
  - 4 supported through the HIV STD Add-on to the Transition Project
  - 2 supported by the National AIDS Program
- Group participants are women who seek BEMFAM clinic services

## Objectives:

- To facilitate dialogue among women to improve their HIV risk perception.
- To strengthen women's ability to discuss sexual matters and negotiate condom use with their partners.
- To motivate women for condom use as well as to facilitate access to condoms

## Group Intervention Process

- The conceptual framework is based on constructivist theory
- The facilitator has received in-depth training on the group intervention methodology
- Approaches and strategies used
  - Two novela style booklets: Wake up Adelaide and Communication for a better understanding
  - Videotapes
  - Reading together: direct questions to the group, throwing out general questions
  - Use of realistic penis models
  - Sharing of strategies used for convincing partner to use condoms and for making condoms pleasurable

## Themes That Are Routinely Introduced:

- HIV virus and AIDS
- HIV transmission
- Myths around women's monogamy and risk transmission
- Infidelity, trust, questioning traditional gender roles, power imbalances
- Prevention
- Current condom use / contraceptive methods
- Definition and explanations of STDs
- Relationships with partners

## Themes that Commonly Emerge from the Group Discussions:

- Partner communication around sexual relations
- STD signs and symptoms
- The importance of women's self-care
- Sexuality and pleasure (sexual practices, attitudes, expectations, preferences)
- Condoms and sexual pleasure
- HIV testing
- Care and rights of HIV positive people
- Prevention of cervical cancer

## Group Dynamics

- Facilitators assure the integration of a substantial amount of information in the discussion
- They assure a confidential environment in which women feel comfortable sharing experiences and feelings
- They make the group fun and enjoyable

## Accomplishments

	1995-1997
First time participants in group	9,164
Percent of total clients	17.1 %
Participants Returning for Repeat	11.3 %
Participants returning for additional condom	22.3 %
Nº of condoms distributed	143,094

## NEXT STEPS

- To assure institutionalization of the project in all clinics
- To extend the group intervention to Paraíba's clinics
- To extend the evaluation to other clinics
- To develop and test parallel interventions for men and mixed gender groups
- To develop a new more in-depth group methodology for returning participants

## RESULTS

What did participants consider most important ?

- Talking about AIDS
- The need for condoms
- Signs and symptoms of STDs and family planning methods
- Talking about women's rights

## RESULTS

What have patients learned?

- To be concerned about risk of HIV/STD (68%)
- STD and AIDS prevention
- How to use condoms

"I think the groups are a wonderful thing, because there are people who don't know anything and end up getting into complicated situations because of their innocence. ..But to be honest, there were many things I didn't know of (about) these transmittable [sic] diseases, of AIDS, of everything. Sincerely, I didn't know anything because money is short to buy magazines. The information you get is even worse, because one person explains it one way, another explains it in another way and soon you have a certain mentality which makes you worry about sitting on the bus seat and getting a disease. You get scared. Here it's different. When I leave here, I am almost a teacher. When people ask me, they say to me 'where did you learn these things ?' And I say 'at BEMFAM'. And the magazine I get here, I pass on to my nephew, my niece, my brother. They read it and like it."

## FAMPLAN THE INSTITUTION

### HISTORY

- 40 years of service, 1957- 1997
- Founders: Beth Jacobs & Dr. Lenworth Jacobs

### TRAINING

- 2 Clinics
- 2 Voluntary Doctors
- 17 Salaried Staff (Administrative, Service Providers, Support)

## Sustainability and Expansion

- Additional Funds
- Diversification of responsibilities and work with Outreach Workers
  - Supervision of New Distribution Points
  - Mobilization for Sexual and Reproductive Health and the Community Level
  - Distribution of Information at Commercial Centers

"Before this girl died of AIDS, if you tried to talk with them boys, they really didn't have any interest in what you had to say. But you see once they found out about the death of this girl, and they found out about how she used to talk about the number of partners she had, then they were scared."

"Now I feel more comfortable discussing sexuality, because not no man passes by me without noticing. Now I'm not scared to talk to them. Whether they are in groups or alone, because I am sure that whatever question they ask me, I can respond, especially if it has to do with AIDS."

"I put them (condoms) in the box and I see them fly. Then I put more and they fly too. They don't use them in this house. Before, I would have a lot of sexual partners, but now, I stay with only one - things are getting dangerous."

"I never used condoms, but when you go out in the street talking to people, generally they ask you questions: "Are you using condoms?" Then you have to begin to use them. You can't tell them "yes" when the reality is no. You have to be honest."

## Integrating HIV/STD Prevention

Objective:

To integrate HIV/STD prevention with a Sexual and Reproductive Health perspective in existing family planning programs and services.

## Baseline Observations

- Safe sex was not widely promoted by FAMPLAN (only one counsellor in Kingston provided information about HIV/STD prevention)
- There was no distinction between STDs and other infections, their causes, treatment and prevention
- Minimal incorporation of education about STDs
- Staff knowledge about HIV and STDs was limited
- Condoms were not promoted extensively

## Programs and Services Integrating HIV/STD Prevention

- Individual Family Planning Counselling
- Private Sector/Factor Program
- Urban Outreach Program
- Farmworker Program
- Adolescent Programs
- Rural Outreach Program

## Changes in the Rural Outreach Work

Cambios en el Contenido y Plan de Trabajo

- Improvement in knowledge, attitudes and skills
- Increase the level of client education about HIV/AIDS
- Provide more information about signs and symptoms of STDs and improve the referral system
- Change the focus from distribution of family planning methods
- Address broader themes of Sexual and Reproductive Health, e.g. Sexual Abuse, Domestic Violence

## Changes in the Rural Outreach Work (cont'd)

Increase Outreach Workers' comfort with sexuality and sexual and reproductive health

Changes in Perceptions of Condoms

- Outreach Workers
- Clients

Active Promotion of Condom Use

Male Involvement

**"After fighting many times, I got my husband to use a condom. I screamed and wailed. I told him that his penis was thicker and more pleasurable [ with a condom]. He has been using condoms now for three months. Now I feel more secure and indeed feel pleasure."**

### **Results: Participant outcomes**

- 76% in exit interviews report intention to use condoms.
- Follow up in-depth interviews showed that 44% in fact used condoms.
- 87% said the group helped them to talk to their partners.
- 57% report discussing what they learned with others (family and friends).
- Returning clients participate more actively in group discussions.
- Medical staff report observing a positive difference in their interaction with women who participate in the group.

### TRANSITION PROJECT LESSONS LEARNED WORKSHOP

A SCHOOL BASED PROGRAM IN  
SEX EDUCATION AND STD/AIDS  
PREVENTION FOR ADOLESCENTS

Presentation: Ines Quental  
Gilka Arruda  
Márcia Máximo  
Carmen Lúcia de Araujo

SOCIEDAD CIVIL BEM ESTAR FAMILIAR  
NO BRASIL - BEMFAM

Washington, September 18-20

### General Objective

To Contribute to the reduction in incidence of HIV/STD and unwanted pregnancy among adolescents through implementation of a sexual education program in secondary schools, with the specific objective of increasing knowledge about sexuality, promoting safer sexual practices and facilitating access to counseling and sexual and reproductive health services.

### History

Adolescent Sexual Education in the schools is one of four components of BEMFAMs HIV/STD Prevention Project, supported by the IPPF/WHR Transition Project.

- In 1993 . Pilot Project in 2 schools in the Northeast States of Brazil : Alagoas and Paraíba.
- 1995 until present: The project was extended to 3 additional schools in Paraíba and 2 in Alagoas.

### History

Expansion to other states:

- 1995 : to one school in Ceará
- 1997 : to one school in Rio de Janeiro and one in Pernambuco.

### METHODOLOGY

- Pedagogical Approach: relational and interactive sexual education - participatory methodology.
- Work on various levels of the educational community: sensitizing students, teachers, support staff, fathers and mothers
- Training and working with teachers from various disciplines - not only science or biology

### METHODOLOGY

- Provide incentives for student creativity and participation in socio-cultural events
- Holistic, sexual and reproductive health approach - not limited to HIV/STD prevention and family planning
- In the first year, BEMFAM provided systematic technical assistance to assure the implementation of planned activities. In the second year, the school assumed greater responsibility and BEMFAM continued support in order to assure continuity.

### Stages of Program Implementation

- Characterization of the school and community environment
- Assessment of values, attitudes, behaviors and levels of knowledge among teachers and students (focus groups, KAPB surveys)
- Production of educational materials for adolescents (comic books) and a support manual for teachers

### Stages of Program Implementation (cont'd)

- Training of teachers and student leaders (on sexuality, knowing your body, reproduction, contraception, HIV/STDs, gender issues, communication, leadership, self-esteem and drugs)
- Formation of Counseling Centers (individual counseling, referrals to BEMFAM clinics or health centers, facilitating access to condoms)

### EDUCATIONAL ACTIVITIES

- Classes (using various techniques)
- Talks (for students, parents, teachers, support professionals and the community in general)
- Workshops (life experience and practical application of feelings and knowledge on various subjects - safe sex, unwanted pregnancy, body language, drugs, etc.)

### EDUCATIONAL ACTIVITIES (cont'd)

- Participatory readings of educational materials
  - Artistic works and performances : theater, dance, poetry, music, painting, posters
  - Socio-cultural events involving the school community in general (holidays, science and culture fairs)
- (Support materials: videos, games, pamphlets, magazines, manuals, etc.)

### EVALUATION

#### PROCESS

- Pre and post- tests for training
- Qualitative evaluation of activities
- Quantitative service statistics

#### OUTCOME

- Qualitative research ( focus groups) with students and teachers
- Quantitative research ( KAPB surveys) applied to a sample of students

### POSITIVE RESULTS

- Created a comfortable and trusting environment in order to address sexuality issues
- Contributed to improved communication between parents and children and between teachers and students resulting in positive effects on discipline and maintaining the schools
- Contributed to breaking myths related to sexuality through serious, objective, responsible and respectful treatment of the subject
- Motivated exploration and creativity, contributing to self-esteem
- Contributed to discussion of gender issues

## RESULTADOS POSITIVOS

- Succeeded in getting the schools to gradually accept financial responsibility
- Promoted integration in the schools through large meetings to exchange experience.
- Went beyond the school environment, reaching the community in general

## LESSONS LEARNED

- The importance of a real commitment on the part of the school directors, facilitating participation by students and teachers in the training and creating a physical space for the counseling center
- The need for interest and participation by parents and the community in general.
- The importance of the role of student leaders
- The importance of opening dialogue about sexuality between teachers, students and parents.

## LESSONS LEARNED (cont'd)

- The importance of reinforcing respect of ones self and others and management of sensitive issues
- The positive effect of working simultaneously on different levels with the school community
- The feasibility of having teachers from different disciplines offer sexual education in different ways ( through integrating it in the subject of their discipline or taking time outside of class)

THE PROCESS OF HIV STD INTEGRATION  
IN ASHONPLAFA  
STAFF MOBILIZATION

THE SEXUAL AND REPRODUCTIVE HEALTH EDUCATION  
AND COUNSELLING PROJECT

ASHONPLAFA, THE HONDURAN FAMILY PLANNING  
ASSOCIATION

PRESENTED BY MARIA ELENA DE PEREZ  
WASHINGTON D.C. , SEPTEMBER 18, 1997

KEY ELEMENTS

- INVOLVING STAFF AT ALL LEVELS
- PERSONAL COMMITMENT

STAFF MOBILIZATION: THE  
FAMILY PLANNING ASSOCIATION  
COMMUNITY (FPA)

- ◆ STAFF NOT TRADITIONALLY INVOLVED  
IN SERVICE DELIVERY
- ◆ THE DEVELOPMENT OF SUPPORT GROUPS
  - MOTIVATING TEAMS
  - DRIVERS

STAFF MOBILIZATION:  
THE FPA COMMUNITY

- CLINICAL SERVICE PROVIDERS
  - CHANGING COUNSELLING TO TWO-WAY  
INFORMATION EXCHANGE
- PARTICIPATION IN SOCIO-CULTURAL  
ACTIVITIES AND SUPPORT GROUPS

STAFF MOBILIZATION:  
THE FPA COMMUNITY  
CONT'D

- ◆ SENIOR MANAGEMENT
  - IMPLEMENTATION SUPPORT

THE MOBILIZATION / ACTIVE  
PARTICIPATION OF CLIENTS:

- CLINICAL SERVICE
- ADOLESCENT PROGRAM
- COMMUNITY PROGRAMS

*My parents are very proud of what I do, because when they were young, they didn't have the opportunity to learn about sexuality or STD's "*

*"Eventhough I am young I can provide counselling and my friends look for me, they trust me. This makes me feel good."*

*"One of the factors (that motivated this change) more than anything was the reality that we are living. We cannot deny the fact that in my city, San Pedro Sula, we have the highest rate of AIDS. Now, every day, I'm with a person who, if they don't have AIDS, or their husband doesn't have AIDS, they have some cousin, uncle, or brother with AIDS or HIV. I have had to see so many cases that it's no longer strange. We have to go beyond (what we are doing) to protect our people, our country, and ASHONPLAFA itself."*

*" the workshop we received motivated me, this is where we began to feel commitment, and we built on our commitment by joining the motivating teams "*

**INTEGRATION OF HIV/STDs  
SERVICES AND FAMILY PLANNING  
SERVICES:  
INSTITUTIONAL CHANGES AND  
SUSTAINABILITY**

Presented by: Ney Costa

Sociedade Civil Bem-Estar Familiar no Brasil - **BEMFAM**

Presented at

The Transition Project Lessons Learned Conference

Washington DC

September 18-19, 1997

**INSTITUTIONAL CHANGES**

**Initial Barriers and Obstacles**

- Perceived stigma attached to STDs services
- Decrease in the time allocated to family planning services
- Additional costs (training, equipment, condoms, and medicines)
- Reluctance of service providers and clients to discuss sexuality
- Difficulty in involving the sexual partners (specially resistance by men)

**Traditional Methods of Treating  
STDs**

- Providing services through a "clinical" approach
- Lack of screening for STDs
- Lack of adequate data collection systems
- Providing IUDs to clients without a proper screening
- No protocols

**Actions Taken To Overcome the  
Initial Obstacles**

- Information and discussion about HIV/AIDS statistics in Brazil
- Discussion about vulnerability of women and adolescents
- Demonstrating how easily FPAs can integrate services: (clients, human resources, supplies, counseling with a broad approach to family planning services)
- Meeting to desensitize people at all levels
- Dissemination of information
- Developing an institutional commitment to integrate

**The Stages for Integration**

- Meetings to motivate and provide basic information
- Practical and theoretical training in treatment and prevention of HIV/STDs
- Developing appropriate instruments to register and follow up on STD's clients
- Purchasing necessary medical equipment for STD Services

**The Stages for Integration**

- Developing and implementing protocols for STD Treatment
- Selection of center for referral for services, tests and specialized treatment
- Redesigning of the educational activities to include group discussions (Contents and Approach)

**" SPECIAL FEATURES of the  
PROTOCOL for WOMEN'S  
REPRODUCTIVE HEALTH"**

- Risk assessment "Check List"
- STD contraception routine
- "Checklist" and flowchart for prospective IUD user
- Dual method

**" SPECIAL FEATURES of the  
PROTOCOL for WOMEN'S  
REPRODUCTIVE HEALTH"**

- Extension of the group participation methodology to educational activities
- focus on confidentiality and privacy
- Attention to sensitive situations: (vaginal discharge, sexual abuse, rape)

**IMPACT OF INTEGRATION ON THE  
QUALITY OF CARE**

- Expanding the range of services offered
- Enhancing the staff skills in counseling and STD Diagnosis and Treatment
- Counseling offered from a gender perspective, and with a broader client-centered sexual and reproductive health approach
- More satisfied clients, with better links to the clinic

- Strengthening inter and intra-institutional relations
- Recognizing integration of services as a concrete and positive action in sexual and reproductive health
- Opportunity to disseminate other activities of the institution at scientific meetings and events, and through the media
- Fostering new partnerships
- International image of the FPA

**IMPACT OF INTEGRATION ON THE  
QUALITY OF CARE (cont.)**

- Overall improvement of the quality, ability of clients to follow through on treatment, demand for condoms, educational material and partner involvement
- Improved in materials and equipment
- Attracting male clients for other reproductive health services
- Services for male clients contributing to the strategy of empowering women

**ATTITUDE CHANGES**

- Support and motivation from the top management
- Staff's attitude towards the acceptance and efficacy of the reproductive health
- Staff's demand for additional training in the area of sexual and reproductive health
- Increased demand from the employees for STD consultations, counseling and condoms

## ATTITUDE CHANGES (cont.)

- Increased awareness of Dual Method Use
- Increased attention by the client to his/her own sexual and reproductive health
- Power for negotiating condom use
- Women Gynecologists attending male clients
- Group interventions and individual counseling lead to dialogue and better understanding of the Gender Issue among staff and clients
- Group interventions and individual counseling lead to discussions on Gender Violence

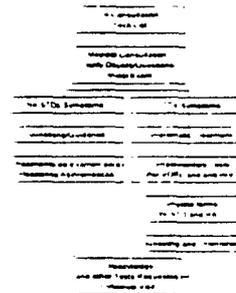
## SYNDROMIC APPROACH TO STDs



## GENERAL PATIENT FLOW IN THE CLINIC



## PROCEDURES FOR ASYMPTOMATIC CLIENTS



**TRANSITION PROJECT  
LESSONS LEARNED  
CONFERENCE**

**SUSTAINABILITY OF HIV/STD  
INTEGRATION**

PRESENTED BY  
MARICELA ARENO  
WILLIE BECKER

WASHINGTON DC SEPTEMBER 15 - 17, 2007

**Two Factors Facilitating  
Sustainability:**

- Existing Infrastructure
- Existing Human Resources

**Maximizing Existing Infrastructure**

- Family Planning Association Infrastructure
- IPPF/WHO- Regional Support System

**Maximizing Existing Human  
Resources**

- Training all staff in HIV/STD prevention
  - Provide New Skills
  - Motivated Staff to Participate in HIV/STD Integration Activities

**Other Motivating Factors**

- Threat of HIV/AIDS
- New Challenges

**Institutional Commitment to Assure  
Sustainability of HIV/STD  
Integration**

- Active Support from Senior Management and Executive Director
- Making HIV/STD Integration an Institutional Objective

### Integration Improves Quality: a Key to Institutional Sustainability

HIV/STD Integration Improved Quality by:

- Addressing new area of client concern-HIV/AIDS
- Increasing interactive participation in group education by improving staff facilitation skills
- Shifting from information giving to more interactive counseling
- Making use of waiting time - group education
- Promoting a broader sexual and reproductive health approach

### New Funding Sources For Institutional Sustainability

- New Areas of Expertise: Selling Technical Skills to other Organizations
  - Renegotiating technical assistance contracts
  - Opportunities to market technical skills

### Interventions That Will Be Sustained Without Additional Funding:

- Integrated programs and services within the Family Planning Association
  - Individual Family Planning Counseling
  - Women's Groups
  - Rural and Urban Outreach
  - Factory Program
  - Procedures and Protocols for STD Diagnosis and Treatment
- Interventions Anticipated to continue at moderate level
  - Adolescent school-based programs (Brazil and Honduras)
  - Community Programs (Honduras and Brazil)

### New Funding For Projects

- Jamaica
  - Adolescent Program ⇒ Jamaican USAID Mission & Canadian International Development Agency (CIDA) through PPFC
  - Rural Outreach Program ⇒ IPPF/WHO 21<sup>ST</sup> Century Fund
  - Male Sensitization to Gender Based Violence ⇒ IPPF/WHO through British ODA funds (proposal pending approval)

### New Funding For Projects Cont'd

- BRAZIL
  - Adolescent School-Based Program ⇒ CIDA/PPFC
  - Adolescent School-Based Program ⇒ Brazilian Ministry of Health
  - Male Involvement and Adolescent Group Dialogue ⇒ British ODA through IPPF/WHO (pending approval)

### New Funding For Projects Cont'd

BRAZIL  
Adolescent School-Based Program CIDA/PPFC  
Adolescent School-Based Program Brazilian  
Ministry of Health



**New Funding For Projects  
Cont'd**

- **HONDURAS**  
 Drivers Group (Solidarity Love and Life) ⇔  
 Central America Aids Project (PASCA)
  
- Gender Sensitization ⇔ Macarthur  
 Foundation through IPPF-WHR

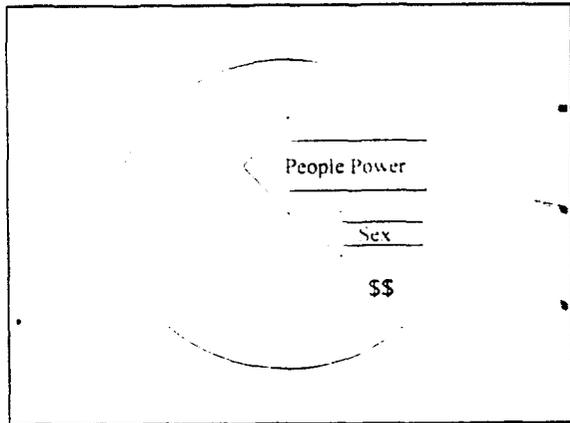
**New Support for Adaptation of  
Transition Model**

- APROFAM Guatemala ⇔ CIDA-PPFC
  
- SVPPA/ST. VINCENT ⇔ IPPF-WHR  
 21<sup>ST</sup> Century  
 Fund
  
- APLAFA Panama ⇔ ODA through  
 IPPF-WHR  
 (pending approval)

**New Support for Adaptation of  
Transition Model**

APROFAM Guatemala ⇔ CIDA-PPFC

SVPPA/ST. VINCENT ⇔ IPPF-WHR  
 21<sup>ST</sup> Century  
 Fund



# INTEGRATION OF HIV/STD PREVENTION IN FAMILY PLANNING

## AN OVERVIEW

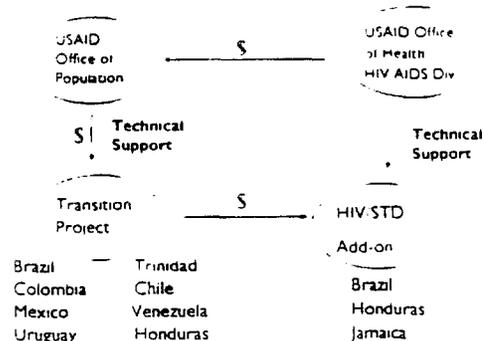
Transition Project Lessons Learned Conference

Presented By: Alvaro Monroy  
Washington D.C., September 18-19, 1997

## THE HIV/STD ADD-ON TO THE TRANSITION PROJECT:

A PILOT PROJECT TO INTEGRATE HIV/STD PREVENTION IN FAMILY PLANNING PROGRAMS AND SERVICES

### ADMINISTRATIVE RELATIONSHIP TO TRANSITION PROJECT



### TECHNICAL/CONCEPTUAL RELATIONSHIP TO TRANSITION PROJECT

- The add-on aims to improve quality of care, an essential element in sustainability
- Integration can be considered a more sustainable approach to HIV prevention

## ACKNOWLEDGEMENTS

### FPAs:

- Peggy Scott, Pauline Pennant, Richard Reid and all the FAMPLAN staff
- Maria Elena de Perez, Gloria Martinez and all the ASHONPLAFA staff
- Ney Cost, Rita Badiani, Ines Quental and all the BEMFAM staff

## ACKNOWLEDGEMENTS

### USAID:

(previous and current TOs/Technical Advisors)

- Health : Paul DeLay, Victor Barnes, Lisa Messersmith, Ioanna Trilivas
- Population: Anne Wilson, Isabel Stout

### IPPF/WHR HIV/STD Staff:

- Maricela Ureño
- Julie Becker
- Nicholas Frost
- Kety Rosario

## New Basics for Family Planning: A Sexual and Reproductive Health Approach to Integrating HIV/STD Prevention

Julie Becker

Maricela Ureño

International Planned Parenthood Federation  
Western Hemisphere Region  
Transition Project Lessons Learned Conference  
September 18-19, 1997

### INTRODUCTION

- History of Efforts in the Region

### OVERVIEW OF THE THREE PROJECTS

- Common Objectives
- Definition of Integration
- Intervention Types and Audiences

### IPPF-WHR's APPROACH TO INTEGRATION

- Working on an Institutional Level to Create Change
- A Sexual and Reproductive Health Approach
- A Gender Approach

### ACCOMPLISHMENTS/RESULTS

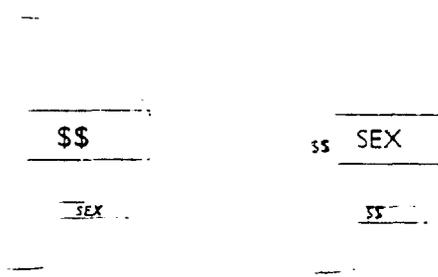
- Baseline Observations
- Changes in Staff Technical Knowledge, Attitudes, Skills and Professional Practice

### SOME KEY LESSONS LEARNED

### WHAT MAKES THE WORLD GO ROUND?

*Transition Project View*

*HIV-STD Add-on View*



### HISTORY OF IPPF-WHR's HIV/STD Prevention Program

- *Early Efforts - "Scattershot Strategy"*
- *Barriers to FPAs Undertaking AIDS-related Activities*
  - Perception of Client Risk
  - Stigma
  - Cost
- *Facilitating Factors in Accepting Involvement*
  - Change in the Epidemic
  - Client Demand for Information and Services
  - Educational Process/Support from the Regional Level
- *Initiation of the Add-on*

### HIV/STD Integration Project FPAs

- BEMFAM / Brazil
- FAMPLAN / Jamaica
- ASHONPLAFA / Honduras

### **Common Objectives:** Reducing Risk

- To reduce family planning clients' risk of HIV/AIDS and other STDs by:
- improving client and staff *risk perception*
  - increasing *knowledge* about transmission
  - improving *skills* related to prevention
  - increasing *access* to and use of condoms
  - access to STD diagnosis and treatment

**Common Objectives:**  
*Improving Quality and Developing Sustainable Programs*

- To improve the overall *quality* of family planning services through introducing a broader sexual and reproductive health approach based on integrating HIV/STD prevention and a focus on sexuality

**Common Objectives:**  
**Reducing Vulnerability**

Reduce women's, adolescents' and communities' vulnerability to HIV transmission by:

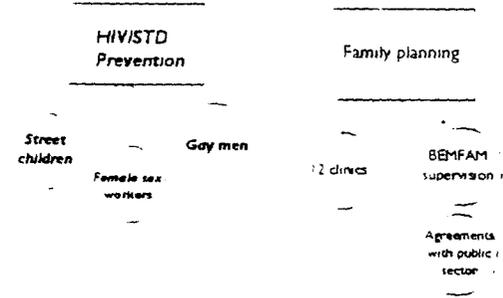
- improving risk perception
- addressing gender/power imbalances in relationships
- improving partner communication and negotiation skills around sexuality and sexual relations
- generating community-level dialogue around HIV, STDs, gender relations and sexuality

**INTEGRATION**

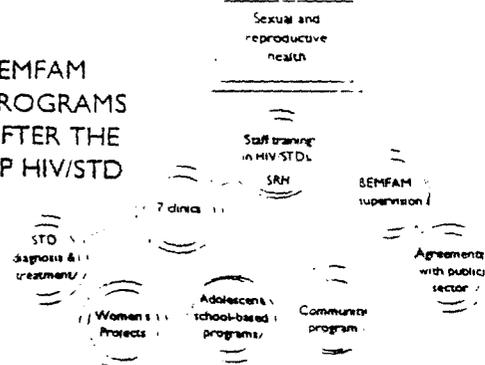
The on-going process of redefining and redesigning existing family planning programs and services using a broader, more holistic approach, including HIV/STD prevention, so that they become more relevant to clients' reproductive and sexual health needs.

- Integration of services
- Integration of issues
- Organization: Structural Integration

**BEMFAM PROGRAMS PRIOR TO THE TP HIV/STD**



**BEMFAM PROGRAMS AFTER THE TP HIV/STD**



**Intervention Types and Audiences**

- Integration in Individual Family Planning Counseling
- Small Group Interventions
- Community Outreach
- Community-Driven Projects
- Workplace Interventions
- School-Based Interventions
- STD Diagnosis and Treatment
- Staff Motivation and Mobilization)

**INTEGRATING HIV/STD  
PREVENTION INTO  
FAMILY PLANNING  
COUNSELING**

*The Sexual & Reproductive Health Education  
and Counseling Project*

**ASHONPLAFA**  
*The Honduran Family  
Planning Association*

Maria Elena de Perez  
Transition Project Lessons Learned  
September 18-19, 1997

**CHANGING THE COUNSELING FOCUS**

FAMILY PLANNING → SEXUAL AND  
REPRODUCTIVE HEALTH COUNSELLING

**TRAINING AND PRACTICE**

The Sexual and Reproductive  
Health Framework

**TRAINING AND PRACTICE Cont'd**

- CHANGE IN THE COUNSELOR'S  
ATTITUDES
- COMFORT WITH SEXUALITY  
ISSUES
- OVERCOMING BIASES:
  - SEXUALITY
  - SEXUAL PRACTICES
  - CONDOM PERCEPTIONS

**TRAINING AND PRACTICE Cont'd**

ADDRESSING BROADER SEXUAL HEALTH  
ISSUES IN COUNSELING

Integrating:

- Domestic Violence
- Sexual Abuse
- Gender Relations
- Self-Esteem

**CHANGES IN COUNSELING PRACTICES**

- ◆ HELPING THE CLIENTS PERCEIVE THEIR  
OWN RISK
- ◆ EXPLORING THE CLIENT'S SEXUAL  
LIFE
- ◆ ACTIVE CONDOM PROMOTION AND  
DUAL METHOD USE

"I was the one that thought I should discuss intimate issues with the client, now I understand that it is necessary and that the client doesn't mind. Instead, she feels fine sharing with me these things that are difficult to discuss with other people."

"Before we used to distribute condoms without any explanation. Now we ask the client to... put a condom on a penis model... Now the staff really believes in condoms."

"Before we used to talk about methods and we'd arrive at an agreement with a client on a method. But now we go much deeper. We ask if she has an infection... we look for risk factors...we can talk about other things such as sexual relations, about her sex life in general, about her partners, right? There have been times when I've asked clients who takes the initiative in having sex, and how she feels about it... I have discovered that women want more... they want to know more about themselves..."

## IPPF/WHR's Approach to Integration

- Institutional Level Change
- A Sexual and Reproductive Health Approach
- A Gender-Oriented Approach

## HIV Prevention in Family Planning The Gender Sensitivity Continuum

5	4	3	2	1
Non-Gender Sensitive Program	Somewhat Gender sensitive program			Ideal Gender Sensitive Program
Identifies Risk Behavior of female Clients. No Assumptions made about needs and sexual practices	Identifies Risk Behavior of Clients as well as perception of partner behavior			Identifies a broad range of individual and social determinants of vulnerability
Promotes and teaches Condom Use Skills	Teaches Condom Negotiation Skills			Builds Decision-making and Negotiation Skills on Sexual Practices, Condom use and personal needs
Uses Fear as a Motivation Tool. Ex. Uses gender imbalance to promote behavior change	Identifies health needs to motivate client			Uses rights to healthy life of those unwanted pregnancy, abortion or violence as motivation
Medical intervention to treat neonatal and prenatal HIV STD issues	Individual counseling used to address specific STD/HIV issues			Provides opportunities for women to dialogue about the factors which contribute to STD/HIV transmission, e.g. violence, dependency, etc.
Sexual services on women who seek them	Makes efforts to encourage men's participation			Works with communities to identify gender needs and to facilitate improved gender interaction

## "Baseline Observations: Staff Technical Knowledge, Attitudes, Skills, and Professional Practice"

- Focus on information giving - one way process
- Narrow focus on methods
- Lack of comfort with condoms
- Lack of comfort with sexuality issues, sexual behaviors

## "Baseline Observations: Staff Technical Knowledge, Attitudes, Skills, and Professional Practice" (cont)

- Barriers due to values and biases
- Accuracy of perceptions about clients' sexual lives
- Staff truly dedicated, open and willing to learn
- Good basis for counseling skills
- Lack of structured STD Services

## Changes in Staff Attitudes, Skills and Professional Practice

- Change in Approach to Family Planning Methods
- Changes in Staff Attitudes and Practice Related to Condom Use
- Addressing Sexuality Concerns
- Exploring the Context of Clients' Sexual Lives and Decision Making

## Changes in Staff Attitudes, Skills and Professional Practice (cont.)

- Building Communication and Negotiation Skills
- Staff motivation and satisfaction with new roles
- STD Services for the Family Planning Setting
- Using a Gender-Oriented Approach

Assessment of the Manner and Degree  
to which Gender has been Incorporated:  
Levels of Analysis

PROGRAMATIC LEVEL

- Training
- Service Provision

STRUCTURAL LEVEL

- Program Coordination ( IPPF/WHR Level)
- Project Management and Promotion ( FPA Level)

COMPONENTS OF GENDER  
ANALYSIS

- Gender Roles and Responsibilities
- Access
- Power Relations
- Practical Gender Needs
- Strategic Gender Needs

GENDER INDICATORS  
(Examples)

- Recognition of gender-basis of HIV vulnerability in clients. Promotion and training of staff in gender sensitive strategies, themes or activities, either formally or informally (WHR level)
- Presence of organizational guidelines around the incorporation of gender issues, themes or strategies (Management/FPA Level)

GENDER INDICATORS  
(Examples)

- Presence and appropriateness of gender themes directly or indirectly incorporated into staff training ( Training/Staff Level)
- Exploration by staff of clients' sexual history and family dynamics as they impact on their sexual health decision-making in order to provide appropriate, gender-sensitive counseling support ( Client/Service level)

Key Observations from Gender  
Assessment

- Integration >>sexualization of family planning>> dealing with gender issues (negotiation, power, access, rights)
- Integration of gender issues in service provision is a good indicator of the degree which providers have truly embraced a SRH approach.

Key Observations from Gender  
Assessment (cont.)

- Appropriate FPA role is to address practical gender needs on a service level before beginning to address cultural, structural gender barriers and social change.
- Progress of FPAs along Gender Continuum

## General Lessons Learned

- Stigma - institutional Image
- Sexual and Reproductive Health Approach: Quality
- Sexualizing Family Planning: Gender
- Participatory Approaches
- Working on an Institutional Level
- Organizational Change: institutional Commitment
- Sustainability Cost

## INTEGRATION

- It's Good for Family Planning
- It's Good for HIV Prevention
- It's Good for Staff, Clients and Communities

### III

## STRATEGIES FOR SUSTAINABILITY

*Borrowing from the Private Sector: Management & Marketing for Sustainability*

*Borrowing from the Private Sector: Pricing & Cost-saving Strategies for Sustainability*

*Generating Income to Subsidize Services for the Poor: Service Diversification, Middle Income Clinics & Other Strategies*

*Creating Links, Building Strength: Fund raising, Public & Private Partnerships*

Borrowing from the Private Sector

Management and Marketing Strategies for Sustainability

MEXFAM Mexico

Three reasons for low client volume

- 1 Clinics had directed their services towards a market unknown to MEXFAM
- 2 Clinic residents did not know about MEXFAM's clinics
- 3 The clinics seemed too expensive to the target population

Campaign objective

To increase the number of women who visit the clinic and become satisfied clients

The advantages of our services

- warm, personalized care
- affordable cost
- professionalism
- advanced technology

Comparison of income Las Alamedas y Tampico

1997	Las Alamedas	Tampico
May	\$70,326	\$40,755
June	\$82,937	\$57,301
July	\$100,197	\$54,745
August	\$82,576	\$61,666

# Borrowing from the Private Sector:

## Management and Marketing Strategies for Sustainability

**Administration or management refers to :**



- The process of creating and maintaining a suitable environment, to obtain results, and fulfill planned objectives; in this case, the objective is sustainability
- Fulfilling the cycle involves planning, and providing and receiving feedback

**Lesson 1: Sustainability should begin as a mental attitude**



- Believe that we can recognize and develop our strengths and overcome our weaknesses
- Evolve from a spending attitude to an efficient income-generating cost-managing attitude

**Lesson 2: Sustainability should be part of the organizational culture.**

- Organizational culture refers to the values and beliefs that we share within our organization, at every level.
- We should understand that sustainability means being less dependent, surviving in times when international corporation funds are decreasing



**Lesson 3: We should plan and revise strategic plans periodically.**

*To make long term plans is not planning for future decisions but, rather, it is planning the actual decisions that will have a future impact.*



**Lesson 4: We should have clear objectives and goals.**

Personnel at every level should

- understand that the success of achieving sustainability is everyone's success.
- know where we are going, and have goals that are attainable.
- know where we want to be, what we want to achieve and when.



**Lesson 5 We should exercise effective leadership.**

- We motivated personnel to make adequate decisions.
- We encouraged our staff to fulfill their jobs and obtain the planned results.
- We created a culture that moved towards quality, self-sufficiency, rational use of resources and the maximization of results.



**Lesson 6 A simplified and practical organizational structure is important.**

- The organization was simplified by
- reducing the size of management and departments.
  - making decision making easier; and
  - reducing hierarchical procedures.



**Lesson 7 We should know costs.**

- Conducted cost studies -- we designed their cost structure, and then reduced them.
- Designed a new catalogue of accounts.
- Recognized the importance of carefully monitoring the trends of the variables under control.



**Lesson 8 We should recruit and maintain competent personnel.**

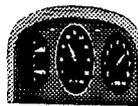
We maintained processes of

- open recruitment, with professional support;
- periodic training; and
- service training.



**Lesson 9 We should exercise an effective control over resources.**

- Financial management in spending and income should be carefully controlled.
- Strict budgetary control allows the institution to reduce spending.
- One must exercise the maximum, most cost-effective control possible.



**Lesson 10: Major investment: quality and diversification.**

- It is important to develop investment plans.
- First we should know the market and the needs of the clients.
- The initial investments we made were to improve the quality of the services. Later we diversified and promoted services.

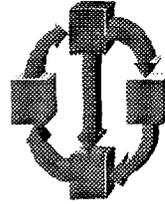


Lesson 11 Information system to make decisions (1)



- Without true and timely information we would not be able to make correct decisions
- We restructured information processes enhancing the accounting and statistics
- TECAPRO Accounting modules proposal, inventory control system, social administration system and others they allowed to have quality information quickly and efficiently

Lesson 11 Information system to make decisions (2)



- information to make decisions is obtained from the evaluation, monitoring and operative investigations
- One must use the available information
- Many times we have more information than we can use.

Lesson 12 The sustainability process takes time and it can be longer than expected

Everything in this presentation took time

Don't expect that this will be fast, but also don't trust that going slowly will produce the changes or results you had expected.



- Decide it now
- Do it now
- Demand fulfillment now
- Revise the results now and
- Correct the course now

Tomorrow could be too late.

Borrowing from the Private Sector

Pricing and Cost-saving Strategies for Sustainability

Pricing policies

a) Prices are set according to

1. cost studies
2. market studies
3. target population's ability to pay

Pricing policies

- 1) Prices are not increased without justifying the increase with a study
- 2) Contraceptive methods are not distributed free of cost
- 3) Social workers, coordinators, and promoters publicize contraceptive methods
- 4) The institution does not distribute contraceptives that have not been paid

Institutionalization activities developed by FEMAP

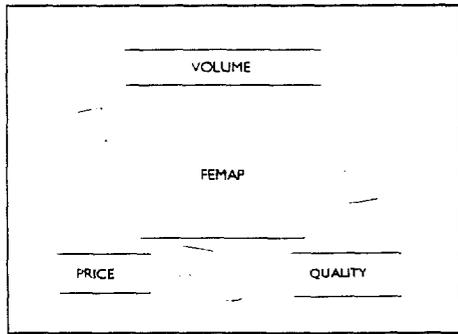
Cost analyses

- ✓ A technical assistance system was developed for affiliates in this area.
- ✓ Courses and workshops were provided.
- ✓ Two manuals (in cost analysis and market studies) were developed.
- ✓ A yearly cost study was set as part of the institution's policy

Policies & strategies for reducing costs

- No increase in nominal salaries
- Extra pay by commission for productivity
- Hiring under a pay scheme, according to service provided
- Development of productivity standards
- Improvement in management capacity

In clinics & hospitals



Community policies and strategies in cost reduction

- Gradual reduction in compensations and per diem for volunteer personnel's transportation
- Introduction of price policies
- Establishment of a commission system

Community policies and strategies in cost reduction

- Improvement in productivity and existing capacity
- Reduction in the number of personnel
- Improvements in management capacity

Information with which cost studies have provided us:

Cost control

- Real operational costs
- Real costs of providing services
- Cost structures
- The nature/make up of costs
- Level of organizational, departmental and service self-sufficiency

Control improvements  
(Productivity, expenditures & consumption)

- ✓ Improvements in management capacity
- ✓ Training and technical assistance for affiliates
- ✓ Improvements in information systems
- ✓ Standardizations in accounting systems
- ✓ Institutional standards

Control improvements  
(Productivity, expenditures & consumption)

- ✓ Personnel policies
- ✓ Intra-institutional infrastructures & communicating systems
- ✓ Short-term institutional sales plans
- ✓ Prices
- ✓ Corporate image

Income-generating strategies

- Quality of care
- Improvement in the efficiency and care with which clients are attended
- Expansion and diversification of services
- Sale of medical services
- Sale of contraceptives
- Sale of educational activities
- Expansion and diversification of market

Methodology for establishing costs

- 1 Definition of intervening factors in costs
- 2 Definition of service departments
- 3 Definition of types of usage
- 4 Definition of support department

Methodology for establishing costs

- 5 Definition of proportional participation
- 6 Determination of departmental costs
- 7 Determination of per unit costs
- 8 Cost per procedure

Institutional benefits

*Research has allowed us to learn*

- 1 Real operational costs
  - 2 Real operational costs
    - 3 Support department
    - 4 Service departments
  - 5 Departmental services
  - 6 Cost per procedure

Cost analyses

Institutional benefits

*Research has allowed us to learn*

- 1 The cost structure of departments, services and procedures
- 2 Identification of fixed and variable costs of a department service or product

Cost analyses

Institutional benefits

*Research has allowed us to learn*

- 1 The level of cost recuperation per sale of services (ie self-sufficiency level)
- 2 More profitable services so as to promote and strengthen them

Cost analyses

Institutional benefits

*Research has allowed us to learn*

- 1 Cost control strategies
- 2 Cost comparisons among institutions

Cost analyses

### FEMAP's strategic areas

- improve management's capacity
- Cost control
- Cost reduction
- improve quality of care
- Develop alternative income-generating strategies
- self-sufficiency                      sustainability

### FEMAP's national activities

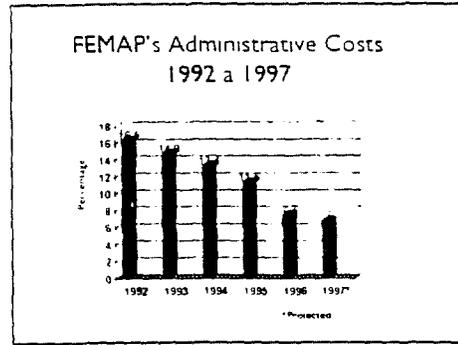
- Development of a corporate image
- Productivity standards
- Quality standards
- Consumption standards
- Expenditure standards

### FEMAP's national activities

- Price policies
- Cost analyses
- Market and client profile studies

### FEMAP's national activities

- Studies noting perceptions towards prices, services and competency
- Exit interviews, client flow analyses
- Technical assistance and training



### Results

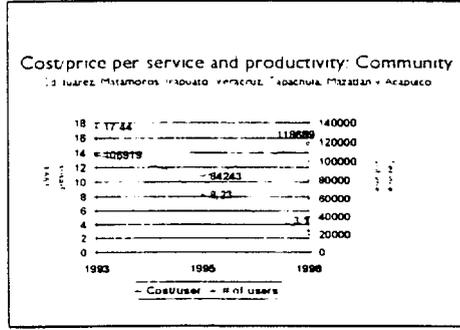
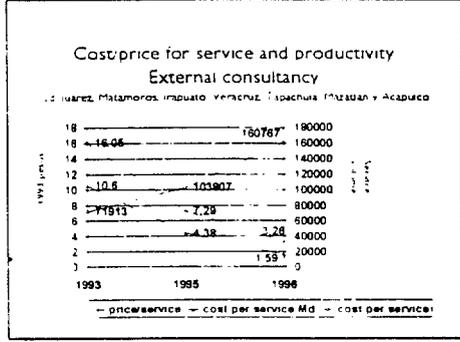
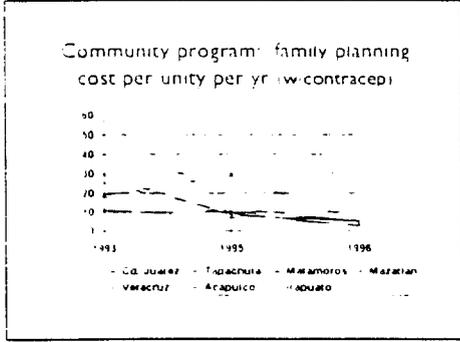
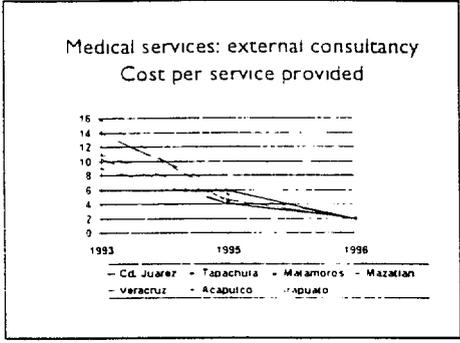
- ✓ 85% reduction in the cost per service in external consultancies
- ✓ Price per service has not increased
- ✓ 124% increase in productivity
- ✓ Reduction in profits

External consultancy

### Results

- ✓ 82% decrease in cost per family planning client
- ✓ 11% increase in productivity
- ✓ 58% decline in FEMAP's administrative costs

External consultancy



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Generating Income to Subsidize Services for the Poor  
 Service Diversification, Middle Income Clinics & Other Strategies  
 PROFAMILIA Colombia

Background 1965-1980

- Family planning programs were institutionalized
- international donors were in search of programs to finance
- The priority of programs was to increase family planning in the country

Background 1983-1994

- PROFAMILIA starts on the road to self-sufficiency
- it begins to see the need to self-finance family planning programs
- The institution organizes and gradually begins to develop diversification programs
- PROFAMILIA establishes accounting and operational controls aimed at reducing costs

Background 1995-1997

- The association internally reorganized
- PROFAMILIA sought funding from the state to develop family planning programs

General Results  
 1983-1997

Some examples of specific results

.....

Factors that contributed to a successful diversification process

- A dynamic leadership and business beginning with the Board of Directors
- Efficient, honest and transparent administration
- Fee policy instituted from the start

.....

.....

Factors that contributed to a successful diversification process

- Practical use of the management information system to make financial and programming decisions
- Continual feedback of results with the willingness to be self-critical
- Conceptual and service fidelity to family planning

.....

PROFAMILIA's Board of Directors and executive officials decided this past November

- not to increase the institutional deficit because of these programs and
- increase their income and control their spending through strict administrative policies

The present and the near future: *family planning programs for women, men and adolescents*

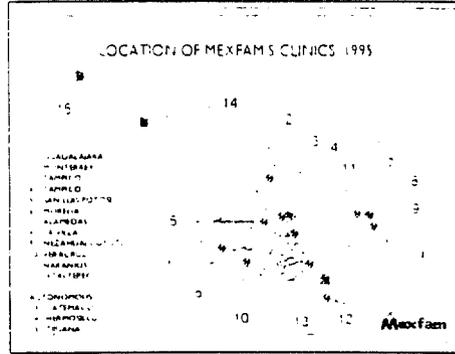
- increase sales of services by offering integrated packets to health institutions (Law 100)
- establish a continuous policy in publicity strategies
- develop strategies to maximize the local management of the 36 centers in the country

The present and the near future: *sexual and reproductive health programs for men, women and adolescents*

- increase the provision and sale of exclusive and highly profitable products
- develop strategic alliances with laboratories and wholesalers
- make the sales force even more professional

The present and near future: *the social marketing of products*





### The great shake up: from the Matching Grant to the Transition Project

- development of a cost-recuperation component in which services were aimed at middle- rather than lower-income clientele
- changes in the institution's "culture"
- start of clinic programs

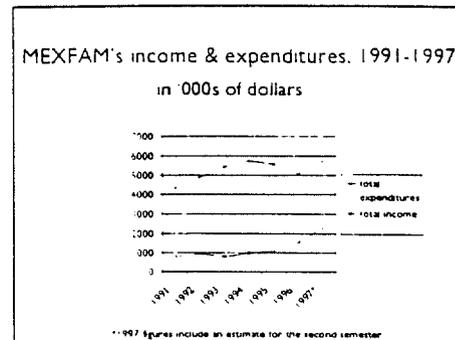
### The route to sustainability

- quality of services improved
- services diversified, according to demand
- sales policy changed

### MEXFAM'S income & expenditures, 1991-1997 in '000s of dollars

Year	Expenditures	Local income	% of self-sufficiency
1991	4311.03	790.00	18%
1992	4890.91	946.55	19%
1993	5425.48	793.36	15%
1994	5744.38	1009.87	18%
1995	5585.55	1074.05	19%
1996	5061.46	1574.13	31%
1997*	5726.27	2274.17	40%

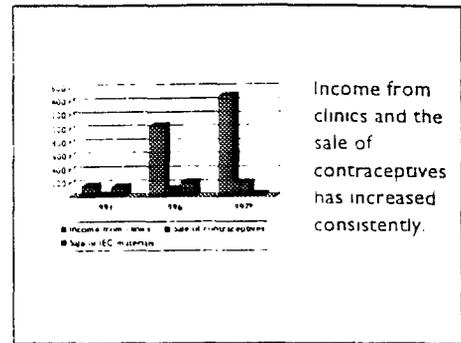
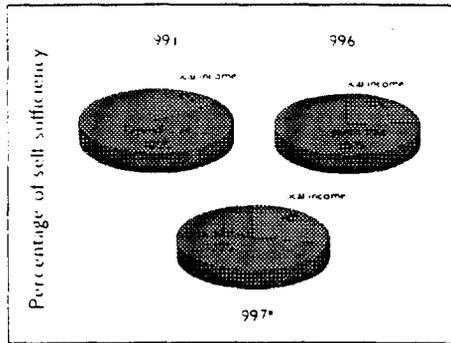
\*1997 figures include an estimate for the second semester



### Local income sources, 1991-1997 in '000s of dollars

Year	Income from clinics	Sale of contraceptives	IEC sales	Other sources	Total income
1991	158.55	28.08	146.01		790.0
1992	190.31	57.42	47.41		946.5
1993	194.59	97.67	100.43		793.3
1994	604.88	82.45	97.70		1009.8
1995	466.05	52.58	14.59		1074.0
1996	1051.94	114.82	218.27		1574.1
1997*	1496.28	210.09	40.14		2274.1

\*1997 figures include an estimate for the second semester



**MEXFAM'S mission. 1995**

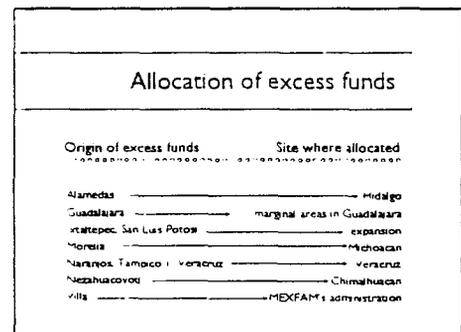
To provide high quality and innovative services in family planning, health and sex education, by priority, to the most vulnerable populations in Mexico

**MEXFAM's social productivity. 1991-1996**

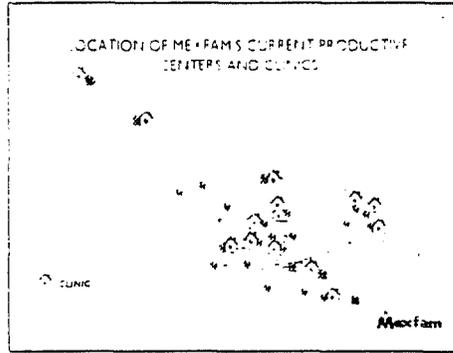
Indicators	1991	1996
New acceptors	237 341	277 136
Direct CYPs	199 374	282 380
Well-informed users	489 272	541 195

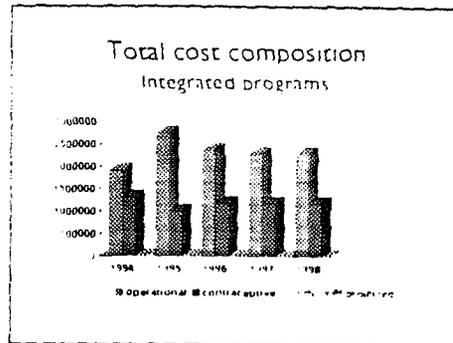
**Clinics income and expenditures. January through July 1997**

Clinics	Expenditures	Income	% surplus
Alamedas	477 077	520 201	9%
Guadalajara	329 188	399 196	21%
Ixtaltepec	332 735	385 734	16%
Monterrey	162 900	152 185	-
Morelia	334 950	406 207	21%
Naranjos	574 911	639 128	11%
Nezahualcoyotl	880 402	1 017 502	6%
San Luis Potosi	483 107	544 541	13%
Tampico 1	271 262	293 596	5%
Tampico 2	346 370	319 344	-
Veracruz	220 317	247 286	2%
Villa	1 248 860	1 635 129	31%



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CREATING LINKS.  
BUILDING STRENGTH:  
Fundraising, Public &  
Private Partnerships

FEMAP Mexico

Institutional characteristics that facilitate FEMAP's fundraising

- FEMAP comprises a federation of affiliates
- Each affiliate has its own executive board and thus feels a clear, individual sense of responsibility for its programs.
- Since its inception, FEMAP has offered diversified services

Purpose

Income is generated through the sale of institutional services to achieve financial self-sufficiency for each institutional program. Income thus generated will cover operational costs, reducing the financial burden imposed in the executive boards. Excess funds will be channeled into developing other income-generating alternatives.

Fundraising

General strategies

- sale of institutional services to generate income
- search for financial and in-kind donations at the international, national, regional and local levels

Fundraising

FEMAP's national offices

FEMAP affiliate

- sale of institutional services to generate income
- search for financial and in-kind donations at the international, national, local, and regional level

generated income  
financial and in-kind donations

FEMAP's affiliates

affiliate's programs and projects

"Real self-sufficiency"

When an institution reaches economic self-sufficiency through the sale of institutional services, and does not depend on international or national donations for its existence, then it is said to have achieved "real self-sufficiency."

Sale of institutional services

3 different categories of services

- medical services
- community services
- other services

Sale of institutional services

Institutional services offered

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Medical services

- general medical visits
- specialist visits
- preventive care visits
- laboratory analyses
- radiology
- pharmacies and pharmacy costs
- hospital care
- maternity care
- surgery

Institutional services offered

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Community services

- social marketing
- talks, workshops and courses
- services offered to companies
- solid waste recycling
- community banks and microenterprises
- housing development
- educational materials

Institutional services offered

---

Other services

- cost analyses
- marketing studies
- feasibility studies
- situational analyses
- training and technical assistance
- national and international consultancies
- quantitative and qualitative evaluations
- informational services
- design and production of educational materials

FEMAP's 10 most important income sources

Income source	% of 1996 income	% of 1992 income
maternity services	21.9%	22.2%
external consultancies	14.4%	21.7%
contraceptive sales	4.5%	7.7%
laboratory analyses	1.2%	5.2%
gynecological surgery	5.6%	4.6%
ultrasounds & x-rays	1.2%	1.7%
hospital care	4.9%	7.6%
dental care	1.0%	3.2%
educational services	1.7%	1.1%
PAP smears	1.4%	1.5%
other services	1.3%	1.5%

Changes in real self-sufficiency levels, 1992-1997

Year	Operational costs Millions of pesos	Income generated Millions of pesos	% real self-sufficiency
1992	14.0	8.0	57.0%
1993	17.6	10.7	60.8%
1994	25.3	14.9	58.9%
1995	26.5	15.4	58.1%
1996	36.4	23.2	63.7%
1997	50.2	33.0	65.7%
Total:	170.0	105.2	61.9%

### Allocation of donated funds, 1992-1997

Year	Total donations	Operation	Infrastructure
1992	5.0	90.0%	0.0%
1993	5.7	76.8%	23.2%
1994	10.4	73.5%	26.5%
1995	11.1	74.8%	25.2%
1996	11.2	51.4%	48.6%
1997	17.2	19.1%	80.9%
Total	54.8	—	—
1998	29.3	12.4%	87.6%

### Guidelines for seeking financial and in-kind donations

- defined in FEMAP's Institutional plan
- systematized in FEMAP's Strategic Plan for fundraising
  - goals and objectives
  - specific strategies and activities
  - evaluation and monitoring procedures

### International sources of financial donations

- private foundations
- foundations or international agencies receiving government funding
- government agencies funding development projects in other countries
- multinational corporations with commercial interests in Mexico
- individuals (private donations)

### Different types of in-kind donations

- medical/surgical equipment
- medical instruments and equipment
- medicines and contraceptives
- audiovisual equipment
- office materials and equipment and vehicles

### Changes in fund procurement

#### Before 1995

- Each affiliate carried out its own fundraising activities
- Activities were carried out without guidelines
- Traditional fundraising techniques were used (e.g. "person shows cards, etc.") with varying degrees of success

#### After 1995

- Executive boards were trained in fundraising
- Clearer activities and division of labor were established
- Guidelines for monitoring, supervision and evaluation drawn up

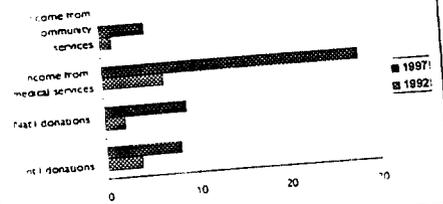
Local and regional funding generated by executive boards, 1992-1997	Year	National donations	Annual % increase
	1992	2.2	22.7%
	1993	2.7	77.8%
	1994	4.8	-14.6%
	1995	4.1	36.6%
	1996	5.6	60.7%
	1997	9.0	—
	Total:	32.4	409.1%

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- Donations include
- municipal and state property
  - lots for the construction of clinics
  - radio and television air time and newspaper ads
  - professional services
  - medicines and intraceutives and
  - sale of health and family planning services at companies and markets

Fundraising at FEMAP has totalled 32.4 million pesos between 1992 and 1997.

Income by source in percentage distribution, 1992 and 1997



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**The Loan Program**

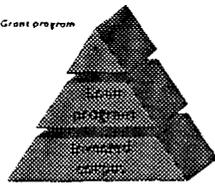
▲ A rotating fund that will lend capital to FPAs to finance sustainability activities:

- ▲ Clinical Services: service expansion, clinic expansion
- ▲ Commercial/Social Marketing: start-up costs and advertising
- ▲ Institution building: upgrading MIS
- ▲ Fixed Assets: building purchase or construction

▲ Market-based yet affordable interest rates (9-11%); loans up to \$300,000; 5-year maximum loan length

IPPF/WHR  
**ENDOWMENT FUND FOR SUSTAINABILITY**

Grant program



**US\$ 5 million**

**The Grant Program**

▲ A \$100,000 fund to support projects that will enhance FPA capacity to successfully design and carry out sustainability activities.

Examples of projects eligible for grants:

- ▲ Feasibility, market and cost studies
- ▲ Technical assistance, exchange of experience, staff training

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II

PERSPECTIVES ON SUSTAINABILITY

*Keeping on Course: Managing an Organization  
through Diminishing Donor Support*

*Meeting the Contraceptive Needs of Our Clients:  
New Initiatives to Replace Donated Contraceptives*

*Maintaining the Mission in the Face of Reduced  
Funding: Our Commitment to Reach the Poor &  
Maintain Quality*

*Sustainability at the Clinic Level: Perspectives from  
Service Providers in the Field*

Keeping on Course:  
Managing an  
Organization Despite  
Diminishing Donor  
Support

The Experience from  
Phased-Out Transition  
Project Family Planning  
Associations  
**OVERVIEW**

Transition Project Phase-Out

Phased-Out Countries	Countries to be Phased Out in September '97
• PLAFAM/Venezuela 92	• BEMFAM/Brazil
• AUPF/Uruguay 93	• FEMAP/Mexico
• BFLA/Belize 94	• MEXFAM/Mexico
• FPATT Trinidad & Tobago 94	• INPPARES Peru
• APROFA Chile 95	
• PROFAMILIA/Colombia 96	
• CEPEP/Paraguay 96	

USAID Contribution to FPAs  
Over \$9 million to 11 FPAs over 11 years

- |                              |  |
|------------------------------|--|
| • Medical equipment          | • introduction of new reproductive health services |
| • Renovated facilities       | • increased service volume                         |
| • Donation of contraceptives | • low cost or no cost services                     |
| • Technical assistance       | • improved service quality                         |

Overall effects of phase-out

- increased institutional capacity
- more clearly defined missions
- improved cost recovery cost effectiveness and overall efficiency
- increased financial self-sufficiency
- increased focus on quality

Positive Effects

Overall effects of phase-out

- change in client profile
- division of staff time between fundraising, income generation and programs
- no start up capital available for new initiatives
- decreased clinic service utilization
- no subsidies or donations for commodities

Negative Effects

Main challenges in the transition to sustainability

- transition from philanthropic to an entrepreneurial organization
- decreased number of staff; increased responsibilities
- limited funding available from other donor sources
- increased competition due to limited resources

Organizational challenges

Main challenges in the transition  
to sustainability

- decreased programs and/or  
services targeted to lower  
income populations
- decreased service volume
- continued focus on quality  
with limited funds
- supply of contraceptives

Program  
challenges

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**Keeping on Course  
Managing an  
Organization Despite  
Diminishing Donor  
Support**

The Experience from  
PHASED-OUT Transition  
Project Family Planning  
Associations  
- PROFAMILIA Colombia

**PROFAMILIA's Mission**

PROFAMILIA -- a private, nonprofit association -- will ensure the dissemination of family planning and sexual and reproductive health programs by promoting and assuring access to the less fortunate in Colombia, by offering a service of the highest possible quality and by respecting the constitutional rights of the individual and couple

**PROFAMILIA's services**

- family planning services
- urban and rural outreach services
- social marketing
- sexual and reproductive health services
- services for adolescents
- legal services
- statistics and evaluation services

**PROFAMILIA's clients**

- men, women, and adolescents
- public and private health institutions
- commercial outlets (products)

**Price policies -- services**

Family planning	The objective is to serve those who may pay and subsidize the cost for those who cannot pay
The objective for these services is their sustainability	Other sexual and reproductive health services

PROFAMILIA is the largest private family planning organization in the developing world and provides directly and indirectly 60% of all family planning programs in Colombia.

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**Highlights of first semester, 1997  
Programmatic results**

Contraceptions	15,127
Family planning	15,265
Pregnancy tests	15,332
Health consultations	11,485
Other health procedures	7,348
Programs	4,101
Immunizations	1,032
Lab tests	11,505
Surgeries	11,415
High risk surgeries	347

**Highlights of first semester, 1997:  
Financial results -- income**

Donations	US\$1.4 million
Services	US\$1.8 million
• FP	US\$2.2 million
• SRH	US\$7.0 million
Social marketing	US\$0.9 million
<b>Income</b>	<b>US\$11.5 million</b>

**Highlights of first semester, 1997  
Financial results -- expenses**

FP	US\$ 3.4 million	30% of income
SRH	US\$ 4.6 million	40% of income
Health support and consultation & procurement	US\$ 2.8 million	24% of income
Administration	US\$ 1.0 million	9% of income
Expenses	US\$12.2 million	

**Background 1992-1996**

- US\$2.5 million per year
- US\$1.3 million special grant during project
- US\$6million endowment fund

**Budget**

**Background 1992-1996**

- to maintain both the quality and volume of family planning services
- to maintain client profile (lower-middle and lower class)
- with the understanding that IPPF's donation would be maintained, PROFAMILIA would be financially self-sufficient from USAID by September 1996

**Goal of the project**

**General results**

- Development of entrepreneurial leadership through its different executive officers
- Internal administrative restructuring of PROFAMILIA
- New marketing policies for procurement and sales of products and services in the national market

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### General results

- self-sufficiency of 59.1% in the first semester of 1997
- 1997: 36.6%
- 1996: 51.4%
- 1995: 71.2%
- Decrease of 10% in the subsidies to family planning programs

### Positive results

- 16 of the 36 centers remodeled and renovated
- an increase in two years of 16% in self-sufficiency
- new clinical equipment and new management information systems

### Negative results

- a decrease of 28% in the CYPs generated by the clinical and surgical programs (-57,348 CYPs) 1996 - first semester of 1997
- a decrease of 36.5% in the CYPs - an increase in two years of 16% in self-sufficiency
- a financial deficit for the first semester (Jan-June 1997) of US \$636,000

### Main goals achieved by PROFAMILIA

- creation of an entrepreneurial spirit among its staff at all levels
- a capital investment of approximately US\$7 million in infrastructure and equipment during the last six years
- a decrease of US\$1.5 million in expenses, 1996- first semester 1997

### The immediate future

- increasing demand for family planning, sexual and reproductive health services coming both from the public and private sectors
- decentralization and privatization of the health services in the country

Opportunities

### The immediate future

- lack of international funding for programs directed to the poorest of the poor
- strong unethical commercial competition where corruption is a major actor

Obstacles

### The immediate future

- increase and extended violence, year after year generated by the guerrilla, drug dealers, paramilitary forces, etc.
- Macroeconomic changes in the country, recession.

Obstacles

- entrepreneurial leadership with clear definition of objectives
- internal administrative restructuring
- new management information systems both programmatic and financial

Lessons learned

- replacement of commodities required new marketing policies
- capital investment required to initiate and develop income-generating activities
- budgetary commitment, financial expertise and administrative efficiency

Lessons learned

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Keeping on Course:  
Managing an  
Organization Despite  
Diminishing Donor  
Support

The Experience from  
Phase-Out Transition  
Project Family Planning  
Associations  
FPATT Trinidad & Tobago

FPATT is the  
only agency in  
Trinidad and  
Tobago which  
provides  
comprehensive  
full-time  
reproductive  
health care  
services

Clinical services include

- diagnostic laparoscopy
- gynaecological services
- prostate gland exams
- breast exams
- infertility testing and counselling
- pap smears
- counselling
- contraceptive delivery and
- For Men Only clinic

The "FPA Express"

- Provides outreach services in family planning and reproductive health to the disadvantaged and underserved communities
- Represents a collaborative effort with the government and nongovernmental organisations
- Includes health and family life education and skills training

Services in education

- Health and family life education programme for youth and adults
- National Youth Project
  - health and family life education for students and out-of-school youth
  - peer educator training
  - teacher training
  - parent education
- Counseling

Services in training

Over the last 16 years, FPATT has trained 638 government medical doctors and nurses in family planning methods and sexual and reproductive health

"Healthlink"

- Provides services at the workplace since 1995
- Has been requested by 10 corporations since its inception
- Includes services such as
  - health education workshops
  - pap smears
  - prostate gland examinations
  - counselling
  - family life education for children of employees

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### History of USAID funding

- 1986-1994 FPATT received cash and commodities from USAID
- 1994 USAID cash funding terminated
- 1995 Last year of USAID in-kind contraceptives

### Impact of USAID funds

- increased number of new acceptors
- increased acceptance and popularity of family planning
- increased convenience for clients
- enhanced ability to handle client flow

### Use of USAID funds

- enhancement of clinic services
- improving the contraceptive delivery programme
- extending contraceptive services through outreach programmes
- accelerating a cost recovery programme

### Approaches to replacing USAID funding

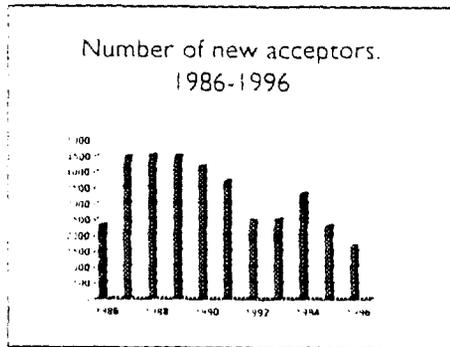
- preparation of a sustainability plan
- review of the fee structure for products and services
- establishment of a contraceptive reserve fund
- search for alternative funding sources
- lobbying and networking with government and other agencies

### Income-generating initiatives

- contraceptive social marketing (CSM) -- Panther Singles
- "Healthlink"
- "For Men Only" clinic
- introduction of colposcopy services
- fundraising telethon

### Major effects of USAID funds withdrawal

- intensification of move towards cost recovery, cost-effectiveness and self-sufficiency
- decrease in new acceptors
- ability to work with poor and destitute affected



### Main challenges in the transition to sustainability

- transition from social service to business-oriented organisation
- review of organisational structure
- introduction of new performance appraisal systems

Organisational challenges

### Main challenges in the transition to sustainability

- loss of USAID contraceptives was harder to replace than funding
- loss of USAID contraceptives forced FPATT to strengthen its inventory control system and warehousing facility

Challenges in commodities

### Main challenges in the transition to sustainability

- review of programmes
- changes in staff attitudes

Programme challenges

### Positive effects in the transition to sustainability

- evaluation component strengthened
- quality improved
- marketing plan for income-generating products and services developed

### Positive effects in the transition to sustainability

- refinement of information systems
- integration of finance and programme areas
- improvements in training

**Reasons for decline in new acceptors**

- clients now pay
- products supplied by USAID no longer available
- loss from spin-off services
- no funds for publicising and promoting FPATT's services

**Lessons learned**

- Instituting strategies for sustainability is a long, difficult process.
- Income-generation and fundraising require shifts in organisation's orientation.
- Sustainability plan should be built in from the start.
- Quality and sustainability go hand in hand.

**Lessons learned**

- Low-income clients must not be sacrificed in the quest for sustainability.
- Institutional and financial sustainability are equally important.
- Technical assistance should be given with sufficient time.

**FPATT's vision for the future**

- forge strategic alliances and partnerships
- establish contacts with Regional Health Authorities
- lobby for increased government subvention
- increase capacity utilisation of clinics

**Opportunities**

**FPATT's vision for the future**

- become an official accredited body for training in sexual and reproductive health care
- expand range of sexual and reproductive health services
- consider generating increased income by diversifying into services outside sexual and reproductive health

**Opportunities**

**FPATT's vision for the future**

- limited and dwindling financial resources
- competition from private and state enterprises
- reduction in IPPF/WHR core grant
- Latin American/Caribbean area no longer a priority area
- opposition from minorities in some religious groups

**Constraints**

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FPATT's vision for the future

- no short-term results from public relations and service provision
- leaders' reluctance to deal with long-term planning
- difficulty in generating use of government's credit history
- shifting public perception
- lack of fully developed alternative priorities

CONSTRAINTS

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Meeting the Contraceptive Needs of Our Clients:  
 New Initiatives to Replace Donated Contraceptives

BEMFAM Brazil

- How do we manage this problem?
- Recognize that contraceptive donations will end
  - Optimize operational costs
  - Reserve specific amounts (US\$) for buying contraceptives.
  - Adapt the institution's capacity for acquisition and
  - Formalize partnerships with the intention of obtaining good levels of negotiations

Effects of diminishing donor resources

3.2 million clients - 1994

2.1 million clients - 1996

Effects of diminishing donor resources

Contraceptives provided to clients

Pills	Condoms	IUDs
3 million - 1994	17 million - 1994	4 thousand - 1994
1.8 million - 1996	9 million - 1996	2 thousand - 1996

Effects of diminishing donor resources

Coverage of activities

13 States 2,800 Posts - 1994/95	13 BEMFAM clinics 1994/95
12 States 1,500 Posts - 1996/97	7 BEMFAM clinics 1996/97

Proposals → Solutions

- ⇒ How to replace donated commodities supplies?
- ⇒ How to keep up activities?

How to continue activities

- IUD and condoms commercial projects
- Maintenance of current activities
- Continued cost optimization process
- Expansion of laboratory activities
- Constant renegotiation over current partnerships (USSR) in terms of technical cooperation
- Consolidation of an effective productivity control

Replacement strategy No 1  
Commercial project

CONDOMS	IUDS
ALADAN CONTRACT (PROSEX)	ORTHO CONTRACT

INCOME GENERATED FOR THE PURCHASE OF COMMODITIES SUPPLIES

Replacement strategy No 2

TECHNICAL COOPERATION AGREEMENTS	LABORATORIES
Contracts that take into consideration the purchase of contraceptives	Broadening of services including clinical analyses

INCOME GENERATED FOR THE PURCHASE OF COMMODITIES SUPPLIES

Replacement strategy No 3

CLINICS	TECHNICAL CONSULTATIONS
<ul style="list-style-type: none"> <li>- Offer vasectomies</li> <li>- Expansion of services through partnerships</li> </ul>	<ul style="list-style-type: none"> <li>- Systems</li> <li>- Logistics</li> <li>- Surveys</li> </ul>

INCOME GENERATED FOR THE PURCHASE OF COMMODITIES SUPPLIES

Perspectives on the purchase of commodities supplies

- Good price  $\rightarrow$  Donated value  $\geq$  Purchase value
- Guaranteed quality
- Acceptable to the consumer
- Attention to regulations
- Steps to make the purchase process easier

Lessons learned

- ❖ Continuous search for alternative sources of supplies
- ❖ Increase in the institution's capacity to negotiate
- ❖ Maintenance of service quality
- ❖ Reduction in operation costs
- ❖ Optimization of technical and financial resources
- ❖ USAID's phase out is not an illusion or rumor - it is indeed taking place.

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Meeting the Contraceptive Needs of Our Clients:  
New Initiatives to Replace Donated Contraceptives

INPPARES Peru

Assumptions underlying the replacement of contraceptives

- reduction in the national fertility rate
- increased usage of modern contraceptive methods
- increased sustainability levels for family planning associations



Assumptions underlying the replacement of contraceptives

- Modern contraceptive users accustomed to a particular brand will buy the contraceptives
- The FPAs could subsidize contraceptives for the poorest groups



Facts...

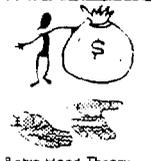
- Family sizes in Peru have increased considerably in the last 10 years.
- In Peru, the drop out rate for contraceptive use is 50% before the first year.
- INPPARES sustainability levels is not sufficient to be able to attend to all low income clients.
- The purchasing power for the majority of Peruvians does not permit them to buy contraceptives at commercial prices.



Reality is not always what we would like it to be.

Opportunities

- New AIDS prevention law requires that hotels and late night public locations (nightclubs/bars) give out condoms
- Suspension of contraceptive supply to sustainable programs such as the Peruvian Social Security Institute
- centralized purchases of contraceptives at lower prices



Robin Hood Theory

Problems

- Contraceptives are still donated to clients who can't afford to pay
- economic recession in the country limits the demand for contraceptives even among those who can afford to pay
- Laboratories and contraceptive manufacturers are not willing to open up their markets, they are only willing to explore new territory





### INPPARES' Experience

- INPPARES' saw an increase in sales with higher production
- Interacts with laboratories and commercial companies
- Higher priced products for exclusive use in FPA clinics



### INPPARES' Experience

- A lot of competition in the sale of condoms
- A lot of competition because of donated contraceptives
- Lesser income
- Little experience in commercialization



Maintaining the Organization's Mission in the Face of Reduced Funding:

Our Commitment to Continue to Serve the Poor and Maintain Quality

FEMAP Mexico

FEMAP's mission:

To improve the quality of life among those who live below the poverty line, and to create a fairer, more just and equitable society

FEMAP's activities for meeting the mission

Community activities:

- education
- research
- service delivery in health, family planning, and environmental improvement
- as well as social and economic development activities

FEMAP's institutional structure and coverage

- Federation made up of 39 affiliates
- service coverage spanning 87 cities and thousands of rural communities in Mexico

Institutional characteristics that facilitate sustainability

- Having a clearly defined mission, vision, objective, and philosophy
- Maintaining the institution's mission, vision, objectives, and philosophy in the institution's daily work
- Promoting the spirit of service and work towards achieving equality

Institutional characteristics that facilitate sustainability

- Understanding and never losing sight of the institution's purpose, embedded in its mission
- Promoting a sense of ownership among the staff
- Finding satisfaction in the institution's work and service
- Possessing the desire to initiate change to meet the institution's vision

**Institutional characteristics that facilitate sustainability**

- Having the desire and commitment to maintain the institution's work
- Adopting an entrepreneurial sense that is compatible with the institution's vital goals
- Maintaining the belief that "there's a job there's a way"

**Stratification of the total population by income: 1995**

Poverty in Mexico

Socio-economic class	Millions	%
upper	4.1	4.5%
middle	8.2	9.0%
basic needs met	11.2	12.3%
poor (basic needs not met)	67.7	74.2%
Total	91.3	100.0%

Source: Prevalencia e intensidad de la pobreza en México SEDBOL 1995

**Stratification of the poor population by basic needs met: 1995**

Poverty in Mexico

Socio-economic class	% needs met	Millions	%
moderately poor	5%	11.7	5.0%
very poor	20%	15.1	16.6%
extremely poor	75%	39.9	43.4%
Total		67.7	100.0%

Source: Prevalencia e intensidad de la pobreza en México SEDBOL 1995

**FEMAP's general strategy for sustainability**

- improve quality
- increase volume
- lower prices

**Coverage: Public and private health sectors**

Other social institutions: government companies: 9 million

SSA open population: 14.5 million

Private sector upper & middle class: 13.6 million

IMSS working class: 37 million

FEMAP's target population (market): 8 million with poor coverage

22 million without any coverage

**Implementing the Quality, Volume, and Price Strategy**

technological development

solid management information systems

internal cost control systems

internal quality control systems including indicators and standards

efficient & effective cost-reduction systems

**Tools for analyzing and maintaining quality of care**

- training
- time flow analyses
- exit interviews
- quality of care opinion studies
- suggestion boxes
- direct observations
- market studies
- community volunteer workers observations of paid clinic and hospital staff

**Results of the Quality, Volume, and Price Strategy**

Increase in demand		
1992	160 158	1997 851 687
		increase 531.8%
New Acceptors		
1992	49 857	1997 87 424
		increase 75.0%
CYP		
1992	54 843	1997 190 584
		increase 347.5%

**Client profiles**

	95	97	Mexico
percentage			
average age	31	32	34
education level	51	52	55
employment	27	28	27
avg family income in US\$	1126	1243	1228
avg family income in Mex\$	1126	1243	1228
avg family income in Mex\$	1126	1243	1228

**Conclusions from the client profile**

- Compared to Mexico profile FEMAP's clients are at a lower socioeconomic level
- From 1995 to 1997 FEMAP's client profile has not changed.

**Given that**

- FEMAP's usual clientele is poor
- its client profile has not changed
- its economic self-sufficiency has increased from 73% (1992) to 84% (1997), and
- its real self-sufficiency has increased from 64% (1992) to 74% (1997)

**we believe that**

it is possible to be sustainable while providing services to the poor

Maintaining the Organization's Mission in the Face of Reduced Funding

Our Commitment to Continue to Serve the Poor and Maintain Quality

INPPARES Paris

Why are there clinical services at INPPARES that are sustainable, despite...



1. An intense Ministry of Health campaign to offer family planning services that

- are free,
- are available 24-hours a day,
- have an expanded and equipped network of health centers, and
- offer incentives to providers and clients



Why are there clinical services at INPPARES that are sustainable, despite...



2. An economic recession

3. A decrease in donations for INPPARES's services.

4. A private, competitive sector that has better technology and

5. A social security system with mandatory enrollment, offering family planning and sexual and reproductive health services



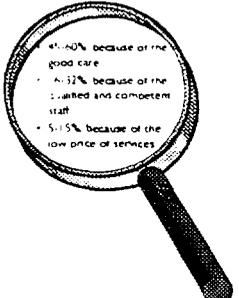
Because...

clients are satisfied with INPPARES's clinical services




- 96% of INPPARES's clients are satisfied with the care they receive
- 70% of clients go as a result of a recommendation from other satisfied clients

Why are INPPARES's clients satisfied with its services?

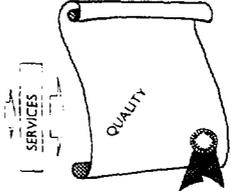


- 41-60% because of the good care
- 4-32% because of the qualified and competent staff
- 5-15% because of the low price of services

What changes have been made to clinical services to make them satisfactory to clients?

Focus attention on the client

- Focus groups
- Market studies
- Service provision flow charts
- Interviews
- Client satisfaction surveys
- Responses to complaints



### Quality

Quality means:

- technical expert
- accepted and seen as good
- produced at the lowest cost for user

warmth and caring

with a gender perspective

### Identifying clients' needs INPPARES

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study on the quality of care from a gender perspective

- services for the 8% of clients who come with their partners
- shorter waiting times for the 71% who wait more than 15 minutes
- provision of some type of activity during waiting time
- 86% mentioned that they were not provided with anything while they waited
- availability of dressing rooms and bigger space: 58% said the consultation room was small

### Identifying clients' needs INPPARES

---

study on the quality of care from a gender perspective

- hire a female doctor: 40% said they prefer female doctors
- problems with treatment of clients in the reception and cashier areas
- treatment of reproductive tract infections for 77% of those interviewed. Condoms are not promoted often and there is a lack of information about the risks of STD infection
- 34% are satisfied with the clinic's care

### Identifying clients' needs -2 INPPARES

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client satisfaction surveys in Lima and its affiliates

- shorter waiting times: 16-75% wait more than 15 minutes
- provision of some activity during waiting times: 1-71% mentioned that they were not provided with anything while they waited
- provision of more information on contraceptive methods: 26-27% were not provided information on alternative contraceptive methods

### Identifying clients' needs -2 INPPARES

---

client satisfaction surveys in Lima and its affiliates

- hire a female doctor: 30-80% prefer female doctors
- problems with the treatment of clients in the reception and cashier areas, reported by 5% in Lima
- 40-93% chose the clinic for its good, specialized care
- 88-100% are satisfied with the care
- make consultation rooms larger: 6-36% prefer a bigger space

### Identifying clients' needs -3 INPPARES

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quality of care according to the Judith Bruce framework  
in rural areas and community clinics

Information provided	18-40% lack IEC material
	3-28% reported a lack of privacy
	0-10% reported that they understood very little
	2-26% were not informed about side effects
Interpersonal relations	5-25% do not discuss other topics with clinic staff
	0-10% said they are not always treated amiably

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**Identifying clients' needs - 1**  
INPPARES

Quality of care according to the Judith Bruce framework in rural areas and community clinics

Appropriate and available services

- 75% said facilities were somewhat or not at all clean
- 75% noted a lack of services
- 55% said the temperature in the consultation rooms is inappropriate
- 35% are not provided with reading or educational materials when they visit
- 40% said bathrooms and water supplies are not available or are inadequate

**Identifying clients' needs - 3**  
INPPARES

Quality of care according to the Judith Bruce framework in rural areas and community clinics

Method choice

5-15% did not choose their method on their own

Mechanisms to guarantee continued visits

30% said they receive no reminders if they forget to make a follow-up visit

Satisfaction with service

79-100% said it was good or very good

**Identifying clients' needs - 4**  
INPPARES

Information about services provided by the Parres Clinic

- 45% need information about the services offered by the clinic
- 45% reported that they did not know the clinic offered these services
- 40% need information about family planning
- 35% said they would visit the clinic INPPARES because the waiting time was too long
- 30% request other services already offered at the Parres Clinic

Market studies to develop new services

PACKAGES OF SERVICES

- 1) gynecological cancer prevention
- 2) STD treatment
- 3) prenatal care
- 4) pediatric care
- 5) general medical check ups
- 6) oncology services

MARKETING SERVICES

- 1) Counseling via the internet
- 2) Delivery room
- 3) Mammographies
- 4) X-rays
- 5) Medical services
- 6) Agreements with institutions
- 7) Campaigns

**Identifying clients' needs - 5**  
INPPARES

What do they do? What do they think? What do they feel? Adolescents and sexual and reproductive health

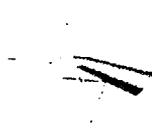
- 30-40% of adolescents surveyed have a partner
- 25% of all and 40% of males have sexual intercourse
- 21% used contraception during their first sexual experience
- 11% reported being a sexual abuse victim
- 22-28% think that oral contraceptive pills cause sterility
- An ideal SRH service should be inexpensive and accessible, and provide good treatment

**Identifying clients' needs - 5**  
INPPARES

What do they do? What do they think? What do they feel? Adolescents and sexual and reproductive health

- 20-25% believe there is no credible information source on FP
- 20-60% feel embarrassed buying condoms
- 30-40% feel embarrassed seeking SRH services
- 18-25% believe AIDS can be transmitted through mosquito bites
- 35-50% do not know when in the menstrual cycle a pregnancy can occur

Constant improvement of procedures



- Systematic service delivery algorithm
- Medical care protocols
- Algorithms for working with STDs/AIDS
- Linking services
- Counseling and sponsorship

 Identifying clients' needs - 6  
INPPARES

Screening for STD risk-taking behavior at the Patres Clinic, Futuro Young Adults Center and SJ Lurigancho Community Clinic

- 12% of men interviewed had STD symptoms
- 50% of women had STD symptoms
- 9.3% of men had more than one sexual partner in the last three months
- 5.4% of women had more than one sexual partner in the last three months



 Identifying clients' needs - 7  
INPPARES

Screening for STD risk-taking behavior at the Patres Clinic, Futuro Young Adults Center and SJ Lurigancho Community Clinic

- 11% of men believed that their partners have had other partners in the last three months
- 19% of women believed that their partners have had other partners in the last three months



Maintaining the Organization's Mission in the Face of Reduced Funding

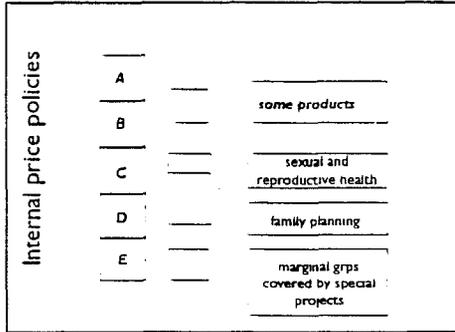
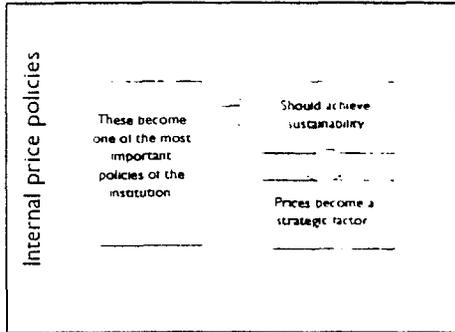
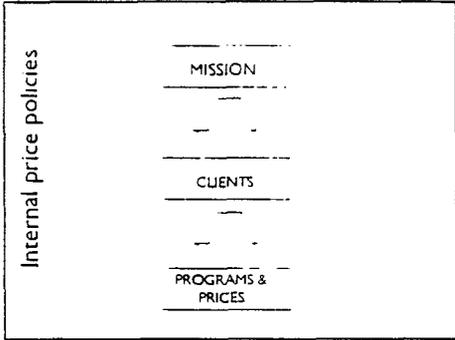
Our Commitment to Continue to Serve the Poor and Maintain Quality

PROFAMILIA, Colombia

**PROFAMILIA's mission**

As a private, nonprofit association will ensure the dissemination of family planning and sexual and reproductive health programs by promoting and assuring access to the less fortunate in Colombia, by offering a service of the highest possible quality and by respecting the constitutional rights of the individual and the couple

- internal price policies (FP and SRH)
  - lobby local and national governments (Law 1001)
  - empower the community to demand their rights (Law 1001)
  - search for new donors (nationally and internationally)
- Strategies



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Mechanisms

- develop strict administrative policies to ensure cross-subsidies reach the truly needy
- protect the institution from generating an unmanageable deficit in these programs

Mechanisms

- produce materials and train personnel to use the legal provisions in favor of the institution
- stress in all programs (men's, women's, and adolescents) the issue of their rights to health care
- create and finance with specific donations programs for marginal groups

What can we expect?

*Changes in client profiles over time in Profamilia, Colombia*

1995 study carried out by G. Ojeda, T. Williams and M. Ruiz

What can we expect?

*Changes in client profiles over time in Profamilia, Colombia: Background*

In 1991, USAID announced that it would withdraw funding from population programs in 1996.

In keeping with TP goals, PROFAMILIA replaced donations with locally generated income.

What can we expect?

*Changes in client profiles over time in Profamilia, Colombia: Objectives*

- To study the socioeconomic characteristics of Profamilia's clients, and
- To evaluate changes in client profiles since the start in the Transition Project

What can we expect?

*Changes in client profiles over time in Profamilia, Colombia: Particulars*

- 7,804 clients (7,243 women and 561 men)
- use of structured exit interview questionnaires
- conducted at 25 women's clinics and 3 male clinics in 25 cities in Colombia

### Conclusions

- Compared to the general population
- PROFAMILIA clients are at a higher socioeconomic level than the rest of the population
- Since 1989, socioeconomic variables have changed more among PROFAMILIA clients

### Conclusions

- In 1989, PROFAMILIA was serving clients of lower socioeconomic levels than the total population. In 1995, its clientele was higher than that of the total population.

### Conclusions

- Clients who choose reversible methods tend to be of higher socioeconomic level than those who choose sterilization
- Clients who request diversified services are between both groups, but closer to the socioeconomic level of those choosing reversible methods

Sustainability at the clinic level

*Providers' perspectives in the field*

NPPARES - Peru

Plans we have

- Continue improving the cost-effective relationship of services
- Increase the commercialization of medicines and brand name contraceptives
- Support for the young and adolescent population in the form of programs in sexual responsibility

Plans we have

- Propel women's programs in reproductive health, gender and development
- Continuous improvement of the infrastructure to propel modern technological services
- Satisfy clients' needs
- Conduct promotional campaigns for services

Plans we have

- Develop adolescent programs
- Carry out delivery psychoprophylaxis
- Programs for menopausal women
- Increase male involvement in reproductive health programs
- Find new local, national and international donors

Activities carried out to bring about sustainability

- Decrease in administrative costs
- Increase in the use of existing capacities
- Expansion of hours of service
- Sufficient method mix offered

Activities carried out to bring about sustainability

- Promotion and information to disseminate the message about family planning
- Coordination with community leaders and representatives
- Coordination and work with public and private institutions

Activities carried out to bring about sustainability

- Quality of care studies with clients of clinical medical services
- Market studies
- Implementation of new services
- Promotion and dissemination of new services

Activities carried out to bring about sustainability

- Training activities for personnel as part of institutional strengthening
- Price policies that offer differentiated prices to low-income clients

The effects of international donations on our clinic

- Capacity to look after those with low incomes
- Contributed to decrease in maternal child deaths
- Contribution to increase in contraceptive prevalence
- Better service quality

The effects of international donations on our clinic

- Better equipment for services
- Better institutional positioning and recognition
- Broadening of current services
- Increase and achievement of self-sufficiency and sustainability

The effects of international donations on our clinic

- New markets and new strategies
- Effective work as agents of change
- Broadening of existing capacity

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### Sustainability at the clinic level

*Providers' perspectives in the field*

MEXFAM Mexico

### Competitive advantages

- extensive range of services
- competitive price
- professional image
- personalized attention
- technologically advanced
- strong field support

### Self-sufficiency levels Comparative table by year

1994	\$600 472 pesos
1995	\$747 565 pesos
1996	\$1 312 015 pesos
1997	\$1 063 000 pesos (Jan-Jul)

### Effects of USAID phase-out

- Services are no longer offered free of charge, leading to a decrease in CYP
- There is a need to invest in equipment
- Personnel might have to be restructured.

### Future challenges

- To continue to monitor service trends
- To continue to monitor client profiles
- To analyze continuously the effects of promotional campaigns
- To continue to search for new strategies that will ensure greater income generation
- To incorporate cost analyses into the institution's daily work

### Future challenges

- To maintain levels of institutional quality
- To maintain a price structure that meets the needs of our market
- TO BE CAPABLE OF MAINTAINING OR INCREASING THE CURRENT VOLUME OF SERVICES AND INCOME, DESPITE THE WITHDRAWAL OF DONATED FUNDING

Lessons learned

- A promotional campaign directed at the target population but carried out through the wrong medium can have a negative impact on the clinic's finances.
- The range of services offered should reflect the needs of clients, and not be an administrative decision.

Lessons learned

- It cannot always be assumed that discounts will generate a demand for services. Example: laboratory analyses.
- Sometimes, longer consultation times result in longer waiting times, thereby affecting the quality of services.
- Cost control is necessary for achieving a financial surplus.

Principal challenge

TO GENERATE EXCESS FUNDS THAT WILL ALLOW US, IN THE NEAR FUTURE, TO SUBSIDIZE SOCIAL AND COMMUNITY PROGRAMS IN THE REGIONS WHERE WE WORK

I

# THE TRANSITION PROJECT

*Objectives, Activities & Results*

*Lessons Learned*

Lessons learned from the  
**TRANSITION PROJECT**

Characteristics of a  
**SUSTAINABLE FPA**

- Dynamic, entrepreneurial and responsible leadership
- Independent board of directors with business experience
- Find and retain motivated staff
- Strategic planning as an ongoing process

Characteristics of a  
**SUSTAINABLE FPA**

- A focus on sustainability from the beginning
- Well-developed information systems (costs, service statistics)
- Willingness to be self-reliant
- Monitoring of service quality either provided in compliance with norms or user satisfaction

Characteristics of a  
**SUSTAINABLE FPA**

- Well-defined logistical and administrative procedures, including hiring policies
- FPA staff in regular contact with service providers and clients
- Diversification of services in complementary areas which address client needs - maximize installed capacity

Lessons **LEARNED**

- All parties involved must agree on what constitutes sustainability
- All parties involved must agree on what constitute specific strategies
- The process required to achieve sustainability is always longer than anticipated

Lessons **LEARNED**

- It is never too early to begin working toward sustainability
- Providers need personnel who have business experience in the private sector
- Before beginning new income-generating activities, providers must study the market carefully

**Lessons LEARNED**

- Providers need both start-up capital for new income-generating activities and for on-going funding for existing programs
- A pricing scale appropriate for the population must be developed
- Providers should establish a fund for generated income

**Lessons LEARNED**

- Providers should anticipate restrictive legislation
- Evaluation data must not only be collected, but applied
- The application of these lessons will surely vary from country to country

**Lessons LEARNED**

- Commodities are more difficult to replace than money
- While building financial self-sufficiency providers should focus on maintaining services, not expanding them
- Institutional view must be client focused and emphasize satisfaction

**What providers  
NEED TO DO  
A Synopsis**

- Better manage the association and increase effectiveness
- Learn to maximize scarce resources for greatest impact
- Carve out a niche in the national program

**What providers  
NEED TO DO  
A Synopsis**

- Focus donor resources where they are needed most - on disadvantaged clients
- Maintain program flexibility to meet the needs of a diverse clientele

# IPPF/WHR's Transition Project

.....

## Objectives, Activities and Results

Overall objectives .....	
To expand and improve services at selected family planning associations (FPAs) in Latin America and the Caribbean, and to do so in the most cost-effective way possible	Matching Grant 1986-1992
Transition Project 1992-1997	To help FPAs become more sustainable in the face of reduced funding from USAID

### Financial impact of the Matching Grant & Transition Project

- USAID support = US\$5.3 million provided annually
- Over \$1 million in donated contraceptives per year
- These funds supported
  - 15-40% of FPA total costs
  - over 50% of program costs

### Phase-out of USAID support

Dec 1992	PLAFAM/Venezuela
Dec 1993	AUPF/Uruguay
Dec 1994	FPATT/Trinidad and Tobago
Dec 1995	APROFA/Chile
Sep 1996	PROFAMILIA/Colombia, CEPEP/Paraguay
Sep 1997	SEMFAM/Brazil, FEMAP/Mexico, MEXFAM/Mexico, INPPARES/Peru

### Definition of sustainability

.....

"The ability of an FPA to replace (with local income) the cost of services which were previously funded by USAID, in order to continue providing the same volume and quality of services to needy clients."

Transition Project

- ### Criteria for achieving sustainability
1. increase financial self-sufficiency of FPAs to replace USAID funding
  2. maintain volume of services
  3. maintain or improve quality
  4. continue providing services to low-income populations
- .....

### Basic approach to sustainability

- USAID grant → Local income
- costs → efficiency
- form partnerships
- USAID grant → new additions

Sustainability strategies

### Based on client payments

- service diversification
- middle class clinics
- commercial marketing
- increased fees for family planning services

Sustainability strategies

### Sharing the burden

- increased efficiency cost savings
- partnerships with other service providers
- endowment fund
- revolving fund for commodities
- proposals for new projects fundraising

### Evaluating four components of sustainability

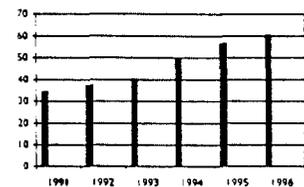
1. Financial self-sufficiency
2. Service volume
3. Client profiles
4. Service quality

### Evaluating four components of sustainability

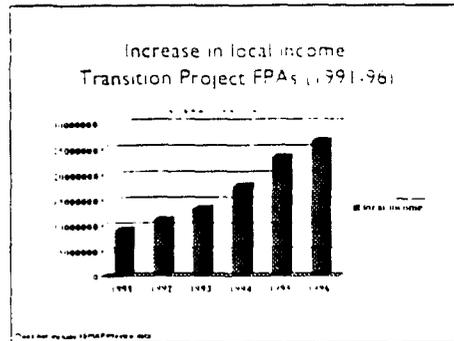
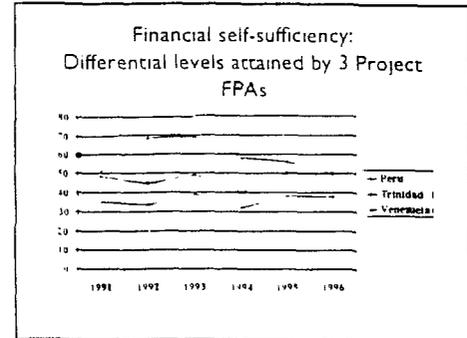
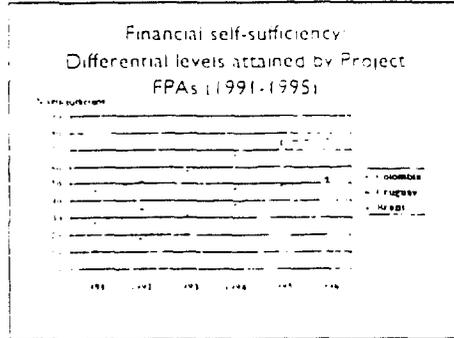
#### 1. financial self-sufficiency

- % total FPA costs covered by local income
- income and expense trends
- replacement of USAID funds with local income

### Levels of FPA self-sufficiency Transition Project FPAs, 1991-1995



Does not include FPMU/PT cost share



### Evaluating four components of sustainability

2. service volume

number and trends of couple years protection (CYP) and new acceptors

### Evaluating four components of sustainability

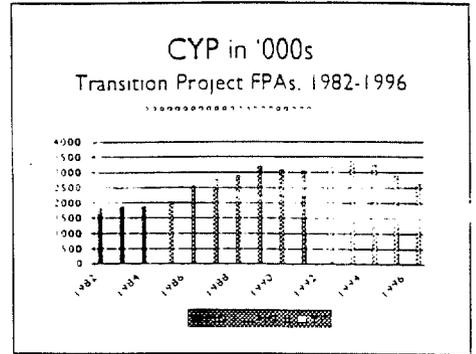
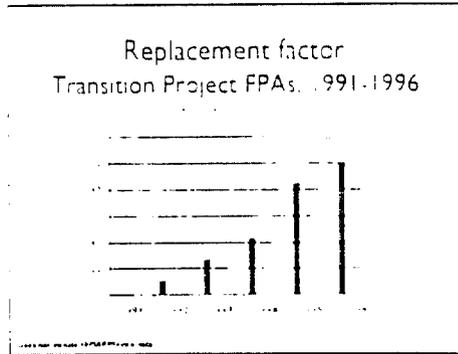
3. client profiles

client education levels/special studies

### Evaluating four components of sustainability

4. service quality

results of client satisfaction surveys & special studies



### Client satisfaction surveys:

#### Level of effort

- ✓ Over 15 500 clients interviewed
- ✓ 64 clinics
- ✓ 25 follow-up surveys
- ✓ 8 countries

### Client satisfaction surveys:

#### general results

- + overall satisfaction levels high
- + Over 280 areas for improvement identified
- + actions were developed to address areas for improvement
- + client satisfaction improved following interventions

### Client satisfaction surveys:

#### Areas for improvement

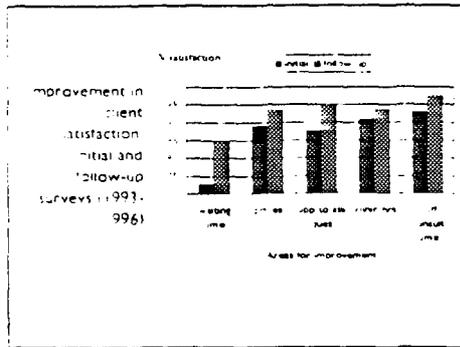
- + long waiting time
- + insufficient time in consultations
- + insufficient opportunity to ask questions
- + insufficient information on other FP methods

### Client satisfaction surveys:

#### Areas for improvement

- + Inconvenient clinic hours
- + Inconvenient location
- + Fees too high

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## Conclusions and summary of results of the TRANSITION PROJECT

.....

**Conclusions**

1. FPA financial self-sufficiency
2. Most of USAID donation replaced
3. Substantial variation among affiliates
4. Shift in use of funds from USAID-supported activities to building capital

Financial

**Conclusions**

- prior levels of family planning services not maintained
- change in client profiles toward more middle class clientele
- little or no conflict between sustainability and quality improvement

Programmatic

**Conclusions**

- better managed FPAs
- enhanced institutional capacity
- improved resource allocation

Institutional development

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**Broader impact of the Transition Project in the IPPF/WHR Western Hemisphere Region**

- Increased awareness of sustainability throughout the Region
- ✓ sustainability team
- ✓ sustainability definitions
- ✓ sustainability working statement

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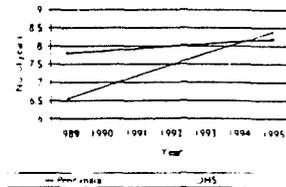
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### IPPF/WHR definition of sustainability

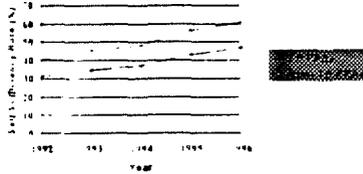
- Ability of an organization to
  - define a relevant mission
  - follow sound management practices and
  - develop diversified income sources to assure the continuity of high quality services and meet the need of all its constituents

### Comparison of PROFAMILIA Colombia clients vs. national population (1989-1995)

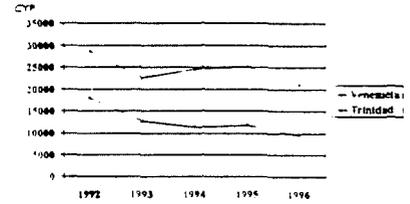
Changes in client profiles



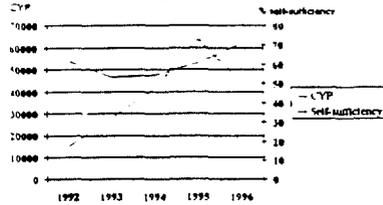
### Self-Sufficiency Rates TP vs Non-TP Countries 1992-1996



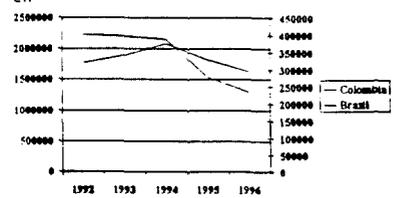
### CYP provided: Differential levels attained by Project FPAs (1992-1996)

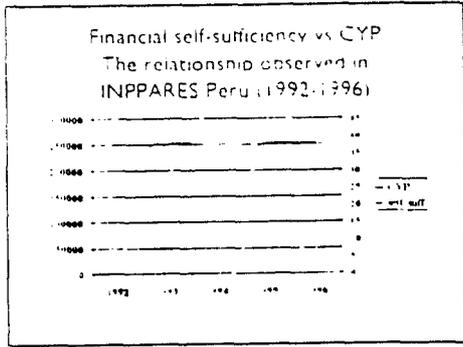


### Financial self-sufficiency vs. CYP: AUPF/Uruguay (1992-1996)



### CYP provided: Differential levels attained by Project FPAs Brazil and Colombia (1992-1996)





Increase in local income generated by TP FPAs (1991-1996)

Four large FPAs

FPA/country	1991	1996	% change
BEMFAM/Brazil	1,513	5,626	272%
PROFAMILIA/Colombia	5,287	16,939	220%
MEXFAM/Mexico	789	1,812	130%
INPPARES/Peru	548	1,170	77%

unaudited

Increase in local income generated by TP FPAs (1991-1996)

5 small FPAs

FPA/country	1991	1996	% change
APROFAC/Chile	103	147	10%
CEPEP/Paraguay	77	118	91%
AUPFU/Uruguay	59	31	452%
PLAFAM/Venezuela	31	33	66%
FPATT/Trinidad and Tobago	40	127	12%

unaudited

Increase in local income generated by TP FPAs (1991-1996)

Averages

FPA/country	1991	1996	% change
Subtotal 4 large	8137	25437	212%
Subtotal 5 small	1072	1786	67%
TOTAL	9209	27223	195%

unaudited

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APPENDIX IV

Transition Project -  
Workshop: Cartagena

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International Planned Parenthood Federation  
Western Hemisphere Region  
120 Wall Street, 9th Floor  
New York, New York 10005



*Alessandra Durstine*  
*Timothy Williams*  
*Elizabeth Leitman*  
*Yvette Cuca*

PROCEEDINGS OF AN IPPF/WHR TRANSITION PROJECT  
WORKSHOP IN CARTAGENA, COLOMBIA  
DECEMBER 4 - 7, 1995

**SUSTAINABILITY: STRATEGIES FOR  
COST-CONTROLS, PRICING, MARKETING  
AND PROMOTION**

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## **ACKNOWLEDGMENTS**

This workshop was funded through the Joint USAID-International Planned Parenthood Federation / Western Hemisphere Region Transition Project (Cooperative Agreement Number CCP-3065-A-00-2018-00), whose primary objective is to increase the sustainability of family planning associations.

The authors wish to express thanks to all of the participants for their valuable contributions to the workshop, and to USAID for financial support. Special thanks are due to Cecilia Blanco of PROFAMILIA/Colombia, who organized most of the logistics on site.

For further information about this report or about the workshop itself, please contact Timothy Williams at IPPF/WHR.

**SUSTAINABILITY: STRATEGIES FOR COST-CONTROLS, PRICING,  
MARKETING, AND PROMOTION  
PROCEEDINGS OF AN IPPF/WHR TRANSITION PROJECT WORKSHOP  
IN CARTAGENA, COLOMBIA, DECEMBER 4 - 7, 1995**

**I. INTRODUCTION**

This report summarizes the proceedings of a workshop on sustainability in reproductive health programs, which was hosted by the International Planned Parenthood Federation / Western Hemisphere Region's Transition Project in Cartagena, Colombia from December 4 - 7, 1995. Focusing on cost-controls, pricing, marketing, and promotion, this workshop served as a forum for IPPF/WHR's affiliated family planning associations (FPAs) to share the current results of their sustainability efforts, which have been funded largely by the Transition Project, and to clarify the sustainability goals of their own FPAs. Twenty-four representatives from 10 Central and South American FPAs, as well as three external consultants, joined IPPF/WHR staff for a four-day series of presentations, discussions, technical assistance, and strategy-development. (See Attachment One for a list of participants)

The Transition Project is a cooperative agreement between IPPF/WHR and USAID, with goals of expanding and improving family planning services and increasing sustainability in family planning associations in Latin America and the Caribbean. Because shortly after the Project began USAID decided to phase out monetary support from certain countries in the region, the focus turned toward sustainability, and building the capacity of FPAs to continue providing high-quality services even after funding is withdrawn. By early in the fifth and final year of the Project (as of September 30, 1996), seven FPAs have already set out on their

own, without USAID funding. Because of their own initiative and the technical assistance received while they were still part of the Transition Project, they have been able to maintain many of the services for target populations which were begun during the Project.

During its four years of existence to date, the Transition Project has learned a great deal about the process of making non-profit family planning organizations more sustainable. Among the important steps in the process are clearly defining the mission and role of the organization, following sound business practices, and developing diversified funding sources which enable the organization to continue meeting the needs of all its clients. Sound business practices include conducting market research, knowing service costs, reducing costs when such can be accomplished without negatively affecting service quality, increasing efficiency and productivity, learning to compete in the marketplace, and promoting the services offered. This is not to say that we intend to change the social focus of FPAs to a commercial orientation. While these ideas may seem to be in opposition to the social nature of family planning associations, experience has shown that they constitute the most viable approach for FPAs to continue serving the needs of their communities with less dependence on international donor support, and as such, to become truly sustainable. In fact, those who take this approach *now* may stand a better chance in the long-run of having funds available to continue service to the truly needy, because future donor funds can be redirected to program services where

they are most needed. FPAs which choose to enter into commercial undertakings in the name of sustainability, therefore, should do so with this long-term goal in mind.

It is in an effort to share this type of information and experiences that the Transition Project conducted its workshop on sustainability last year. This report summarizes not just the workshop, but the ideas and experiences from the region which were shared there. The workshop covered a range of topics including cost-reduction, pricing, marketing, and promotion (The workshop agenda is contained in Attachment Two). Workshop organizers devoted each day to exploring various aspects of one designated theme. It is hoped that this summary of the workshop proceedings will help FPAs and other non-profit health providers better face the issue of sustainability, and develop useful solutions to the many challenges on the road to that goal.

## II. SUMMARY OF KEY POINTS ADDRESSED IN THE WORKSHOP

A number of topics were discussed during the workshop, and four general issues were agreed upon:

- Sustainability is not only a financial concept; it comprises programmatic and administrative components as well, without which true sustainability cannot be achieved.
- In order to achieve financial self-sufficiency, it is necessary to 1) increase efficiency (which often means reducing costs and improving efficiency) 2) increase income (which often means adjusting fee scales), or 3) do both.
- Non-profit institutions face great challenges in attaining sustainability, including a shared mission that is social in nature, the characteristics of the services provided (usually family planning is not profitable), and the characteristics of the target population (women of low socio-economic status).
- Just because an FPA does not seek financial profit does not mean that it must seek financial losses. In order to become sustainable, family planning associations should act in a more business-like manner.

Other specific sustainability issues included:

### Efficiency

- Strategies for increasing efficiency include the following:
  - seeking the lowest possible cost for program inputs, including commodities
  - focusing activities on institutional priorities
  - operationalizing a financial cost account-

ing system

- maximizing capacity utilization
- motivating staff to become more productive
- promoting the institution and its services

### Income Generation

- Among income-generating strategies, the main strategies discussed were using diversified services to cross-subsidize family planning, commercial marketing, and contracting FPA services (clinical, legal, research, etc.) to public sector clients. Within these areas, pricing and promotion strategies were highlighted as keys to successful income generation.

### Pricing

- In setting prices, it is important to understand both the price elasticity of demand (how much the volume demanded changes for a given change in price) and the clients' ability to pay in the target area in order to avoid drastic reductions in service volume after a fee scale increase.
- Since fee scale increases can limit access to services among low-income clients, it is important to monitor changes to ensure that the institutional mission continues to be fulfilled.
- Setting reasonable fees is both an art and a science. In addition to reliable financial accounting and a good understanding of the market, it also requires creativity and imagination.
- Pricing is only one factor among many which

influence the demand for a product or service. Other factors include perceived quality, the convenience of distribution points, and competition.

- Successful pricing policies depend on the cost of the product or service, the price set by the competition, and the clients' ability to pay.

#### **Market Studies/Marketing**

- The principal objective of a market study is to decrease the uncertainty about the market for a product or service, and thus to assist with decision-making. FPAs cannot control external circumstances, but they can control their responses to these situations, and can seek out as much information as possible when responding to these externalities.
- Market studies can be useful tools in determining the market potential of new products, services, or sales points. However, many extremely important factors, such as the behavior of distributors or wholesalers, are not covered in market studies. In many cases, FPAs can only learn through experience.
- When marketing a new or existing product or service, it is necessary to match the objective with overall institutional objectives, and to clarify the purpose of the product or service. For example, is a product being offered principally to generate net income, or does it have social purposes?
- To help in strategic decision-making related to marketing, FPAs should take advantage of existing national survey data for logistical, programmatic, and financial planning. Internal client data is also extremely useful.
- A marketing plan should answer the following questions:
  - What does the FPA hope to achieve within

a specific period of time?

- How will the association achieve its marketing goals?
- What resources are needed to carry out the plan?

#### **Promotion**

- Advertising is a form of impersonal, continuous communication to consumers about a particular product. In promotion, information and emotional appeal are used to convince consumers to buy a product.
- Promotion is much more than mass media advertising. There are different strategies and types of promotion depending upon the different stages in the life of the product, product characteristics, and promotion objectives. Promotion can include television commercials, radio advertisements, magazine or newspaper advertisements, raffles, coupons, wholesaler discounts, commissions for distributors, patient referrals and public relations.
- Promotion can be directed at either consumers or vendors.
- There are important differences between the promotion of products and services, in part because services are "intangible" goods. Accordingly, their acceptability and promotion depends on more intangible factors such as the atmosphere and quality of care provided within a clinic.

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### III. DAY ONE: COST-CONTROL OPTIONS

#### Introductory Remarks

The principal objective of this workshop was to facilitate the exchange of experiences and ideas about FPA's sustainability initiatives. Participants were encouraged to be candid about obstacles and challenges associated with developing sustainable programs, as well as to detail successful approaches. For the Transition Project, the workshop was an opportunity to obtain feedback from the FPAs about their experiences with sustainability efforts.

#### Introduction: Goals of a Cost-Cutting and Efficiency-Increasing Program

Michael Hall, Management Consultant from Management Sciences for Health, emphasized the importance of evaluation data in FPA institutional decision-making. The group explored the varying definitions of "sustainability," which Hall defined broadly as an FPA's capacity to survive without grants. It was recognized that the definition used by any person or organization depends upon the context. The threat of the withdrawal of donor support should not be an FPA's only motivation for achieving sustainability. Sustainability efforts provide added benefits such as improved cost-efficiency and better internal functioning. It is important to look beyond a sole focus on self-sufficiency when seeking sustainability. By considering sustainability solely from a financial perspective, FPAs run the risk of eliminating services for the disadvantaged populations who most need them. It was agreed that FPAs should view sustainability from the perspective of the institution as a whole.

#### Examples from the Region: AUPF/Uruguay

Roberto Depaulo, Director of Finance, gave a presentation on AUPF/Uruguay's cost-cutting and

efficiency-increasing initiatives. He presented the results of a comparative study of the FPA's different departments and their percentage contribution to cost-reduction endeavors. The FPA's expenditures were analyzed for the years 1990-95, which included data from before, during, and after Transition Project funding. AUPF developed a system through which projects and activities are classified by their ability to contribute to institutional sustainability. All activities are classified into one of three categories: (1) those which are intended to generate a net income, (2) those which are intended to recover a percentage of costs, and (3) those which are not intended to generate any income, including administration. A "cross-subsidy index" is then calculated to determine what percentage of the deficit in category (2) and (3) activities is covered by the surplus in category (1) activities:

$$\frac{\text{Surplus from "Type (1)" Activities}}{\text{Deficit from "Type (2)" and "Type (3)" Activities}} \times 100$$

In 1995, the index was approximately 18%, showing that 18% of programs for low-income clients were paid for with surplus from income-generating activities (the index was approximately 48% when administrative costs were not included). The FPA's level of financial self-sufficiency has increased from 11% in 1991 to 47% in 1994. AUPF's main activities include family planning and gynecological services, sterilization services, and contraceptive technical assistance. The FPA did have to eliminate certain services after Transition Project funding ended, but many were maintained, including two clinics which exclusively serve low-income clients.

#### Examples from the Region:

##### PROFAMILIA/Colombia

Rodrigo Castro, Director of Accounting, provided an

overview of PROFAMILIA/Colombia's experience in developing a standardized policy for controlling costs and promoting sustainability at the clinic level. For such a policy to work, he argued, a series of changes in mentality has to occur within the organization. First it must be recognized that just because FPAs are non-profit entities with a human service objective does not mean that they are mandated to generate financial losses. In most cases, individual programs can legally earn net income, as long as it is used to subsidize the other programs which operate at a loss. According to Castro, the objective of sustainability is for FPAs to maintain service delivery and satisfy client demand for family planning services without international financial, programmatic, operational, or administrative support. Financial self-sufficiency, on the other hand, refers to percentage of local income as compared to the FPA's total income. Before initiating diversification programs, FPAs should analyze their capacity utilization and ability to utilize unused capacity. Better capacity utilization diminishes the unit cost of services by distributing fixed costs among a greater number of services. Accurate financial data are very important determinants for choosing among cost-reduction strategies. The data must be reliable, easy-to-read, and timely in order to detect fluctuations that require follow-up. For example, PROFAMILIA clinic directors receive complete reports every three months of expenditures and income by strategy, program, and activity/service, with the aim of helping them make informed decisions. The responsibility for cost-reduction policies should be shared by central and local management, with regional feedback. Finally, FPAs should try to change the "culture of spending" created by donor agency requirements that call for expenditures within a specific time frame.

#### **Creating an Incentive System to Motivate**

**Clinic Staff: PROFAMILIA/Colombia**

Gabriel Ojeda, Director of Planning and Evaluation,

provided an overview of PROFAMILIA/Colombia's experience in developing incentive systems for clinic staff. Incentives which organizations have used in the past include above-average salaries, additional compensation such as bonuses or monthly stipends, and scholarships or other special benefits. Using provider incentives can attract a higher-caliber staff, and can increase the volume of services offered and/or the methods distributed. However, the use of provider incentives may lead to resentment and jealousy among staff members, pressure on clients to adopt certain methods, and staff "habit" or dependency on additional financial compensation or benefits. In a 1983-84 comparison study of two alternative CBD strategies, one involving small financial incentives for every method distributed, and the other incorporating a "team" approach without using incentives, the incentive approach had a lower cost per CYP. But PROFAMILIA determined that the benefits were outweighed by the drawbacks of incentives such as their potential to be coercive, to undermine free choice, and to place individual financial gain above collective social goals. They also necessitate strict supervision and, at the administrative level, they may create problems with accountability or abuse of power. In short, incentives cannot replace high-quality information and service delivery as a program's major selling points to clients. As a result, PROFAMILIA no longer favors the use of financial incentives to motivate staff.

#### **Creating an Incentive System to Motivate**

**Clinic Staff: AUPF/Uruguay**

Roberto Depaulo described how AUPF successfully developed a mechanism to motivate clinic staff to improve individual clinic performance as well as overall institutional performance. One successful incentive was to use gift certificates to reward clinic staff who increased CYP the most. A drawback to this, however, was that service volume alone kept smaller clinics from competing, so AUPF emphasized both volume and percentage increase through other



Incentives. Therefore, clinics were compared both by the increase in the number of IUDs which were inserted, and also by the percentage increase in IUDs inserted. This incentive system has helped AUPF achieve many of its objectives, such as an increase in clinical services provided, an increase in cost recovery per service, and an increase in AUPF's overall level of self-sufficiency.

## IV. DAY TWO: PRICING

On Day Two of the workshop, the participants discussed various factors associated with setting prices for services and products. FPA representatives gave examples of pricing policies, obstacles to developing optimal pricing strategies, and possible solutions to these challenges.

### **Introduction: Key Issues Regarding Developing Pricing Policies**

Tim Williams, IPPF/WHR Senior Project Analyst, provided a comprehensive overview of key pricing issues. The concept of "price" can be defined from both a macroeconomic and sales perspective. From the macroeconomic perspective, the price is the point where supply meets demand. At a micro level, or at the point of sale, price is the value which the buyer and seller agree on for a given amount of a good or service being exchanged. Setting appropriate prices is an essential part of the sustainability process. In order to achieve sustainability, FPAs must understand the factors that affect prices and how prices, in turn, affect client demand for services or products. Factors that must be considered in establishing pricing policies include: product or service characteristics, placement (distribution channels), promotion, client characteristics, competition (prices and quality), environmental context, company image, etc. The three main factors influencing pricing strategies are the *cost* of the product or service, the *demand* (clients' willingness and ability to pay), and prices charged by *competition*. In general, all three factors should be considered when setting prices. In the case of non-profit organizations, institutional rules or national policies may also affect the prices an organization is allowed to charge. In general, economists believe that demand for family planning services, even more so than for other types of services, is inelastic at low price levels, but very elastic at high price levels. This means that when

prices are low, small absolute fee increases are not likely to affect demand greatly, but once prices reach a certain level, even small increases can cause demand to fall sharply. Strategic fee-setting is essential, even when an FPA's goal is not necessarily income-generation. Pricing is just as important for subsidized services, where the goal is to maximize demand while recovering a certain percentage of costs. The effects of changing prices on service volume should be monitored continuously in order to identify situations in which prices are not consistent with existing demand.

### **Business Strategies for Fee-Setting**

Alessandra Durstine, IPPF/WHR Sustainability Analyst, outlined pricing strategies for income-generation, and for setting and reaching marketing goals. Examples of different pricing strategies include "penetration" and "niche pricing." Price management can then be used to reach marketing goals. The participants carried out a case study exercise, analyzing and selecting pricing options for an established high-end vodka company which felt threatened by a competitor's less-expensive, new product. The lessons learned from the case example included: the importance of having detailed knowledge of a product's "position" in the market and in the eyes of the consumer; the advantages of being a market-leader and being the first to get the product to the market; and the importance of seeking creative approaches to address challenges.

### **Pricing Examples from the Region:**

#### **AUPF/Uruguay**

Roberto Depaulo gave a presentation about AUPF/Uruguay's pricing policies, and described the FPA's income sources. Most income is derived from fees for clinical services and contraceptive technical assistance. Of the FPA's seven clinics, five are

income-generating and two are subsidized. After delineating the factors that FPAs should consider in developing pricing policies, including existing clinic pricing structures and income-generating services, he provided an example of how AUPF confronted a competitive market for IUDs by carefully setting prices, and by offering a discount.

**Pricing Examples from the Region:**

**MEXFAM/Mexico**

After characterizing the philosophy of MEXFAM as "people caring for people," Marketing Director Gustavo Quiroz explained that the FPA's goal in developing sustainable business practices is to ensure subsidized services for disadvantaged groups. The FPA seeks to expand services to rural populations by developing a national network of service distribution points. The diversification of services has created a "multiplier" effect whereby satisfied clients promote the FPA's services to their friends and acquaintances. MEXFAM's pricing policy is based on setting prices 30 percent below those of private competitors, at the same level or below prices set by public sector providers, and a target margin of 50 percent over recurrent costs. This strategy is meant to attract MEXFAM's target market, the lower middle class.

**Pricing Examples from the Region:**

**INPPARES/Peru**

In his presentation on INPPARES' pricing policies, Executive Director Daniel Aspilcueta indicated that non-profit institutions often fear that an increase in prices will cause a drop in demand for products or services. For this reason, it is necessary to consider the diverse and changing socio-economic conditions which affect prices in different geographic regions. The goal of INPPARES' sustainability efforts is to achieve cost-effectiveness while simultaneously achieving its mission. However, based upon an FPA survey, it considers cost-recovery less important than quality. Clients ranked quality of care and

friendliness of staff as the most important elements of service delivery. Service fees were ranked only fourth, implying that clients are willing to pay a reasonable amount for quality services. One strategy which INPPARES uses is to price its pills at 1/3 less than those of the competition. The FPA is also exploring ways to ensure that an increase in prices will not drive away clients who cannot afford to pay for services. Unfortunately, the government currently prohibits the FPA from recovering costs through the sale of donated condoms.

**Pricing Examples from the Region:**

**PROFAMILIA/Colombia**

Before describing PROFAMILIA's specific pricing policies, Marketing Director Catalina Uribe emphasized that these policies are consistent with the organization's mission of providing high-quality care to economically disadvantaged populations. PROFAMILIA has developed a system of cross-subsidization to do this. Profits obtained through social marketing of contraceptives and diversified (non-family planning) services are used to subsidize family planning services, which are sold to economically disadvantaged groups below cost. The services are sold rather than given for free because it has always been PROFAMILIA's policy to charge fees to all clients so that they recognize the value of the goods and services received. Diversified and social marketing fees are set to earn a small profit, and all fees are set at the central level where the best information on costs, income and profit-margins exist. In setting these prices, the FPA considers both internal factors (costs, quality) and external factors (competition, client ability to pay). In addition, they conduct market studies and closely monitor the competition when developing strategies to penetrate a new market or to become more competitive in an established market.

**Using Cost Information to Set Fee Scales:**

**PROFAMILIA/Colombia**

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Rodrigo Castro offered a number of points about utilizing cost information to help in the process of setting fees. First, a complete knowledge of product and service costs enables an FPA to establish a record of profit margins or losses. This information may never have been collected in this format because, for many years, donors requested that in-kind donations of commodities neither be registered as inventory nor be counted as part of sales or service costs. Now, however, these donations can be registered for accounting purposes as sales or supplies inventory. This information is very important for inventory, budgeting, and pricing systems, all of which should be tailored to the specific needs of the program. It is also important to include unused capacity in cost analyses. Financial Budgets should be developed based on the capacity of and number of services offered by a clinic. The unit cost of each service varies depending upon the clinic's fixed costs which vary with capacity utilization. In the case of PROFAMILIA, service fees and product prices are set at the central level, based on the socio-economic characteristics of the area and organizational pricing policies, in addition to cost data.

#### **Effect of Pricing on Client Profile:**

##### **PROFAMILIA/Colombia**

Gabriel Ojeda discussed how PROFAMILIA's client profile has changed over time. The FPA's mission is to provide high-quality family planning and reproductive health services to every person who needs them, especially low-income populations. PROFAMILIA's current dilemma is whether it can attain sustainability and still serve the poorest sectors of society. To achieve this goal, PROFAMILIA's main strategy is to try to replace USAID funds with new local income from diversified services. The FPA has studied the socio-economic characteristics of its clients, and has measured, over time, how these have changed as a result of sustainability and self-sufficiency initiatives. The FPA conducted a baseline survey of client characteristics in 17 of its clinics in

1989, and a follow-up survey in 28 clinics in 1995. In the baseline study, PROFAMILIA's clients' socio-economic characteristics were generally lower than those of nearby urban populations. The results of the follow-up study, on the other hand, indicate that PROFAMILIA's current clientele belongs to a slightly higher socio-economic stratum than the nearby urban populations. In general, the changes in the socio-economic characteristics of FPA clients from 1989 to 1995 are greater than corresponding changes in the Colombian population as a whole, indicating that sustainability efforts may be adversely affecting the access of low-income groups.

#### **Effect of Pricing on Client Volume:**

##### **BEMFAM/Brazil**

Sergio Lins, Evaluation and Statistics Director, detailed the ways in which increased service fees and other factors have affected client volume at BEMFAM's Meier clinic in Rio de Janeiro. The clinic offers contraceptive services, gynecological examinations, HIV/STD services, infertility counseling, and pre-natal care. It is also a training and technical assistance center which generates revenue for other BEMFAM services. The clinic earns most of its income from providing training to municipalities, and receives \$300-\$400 for each workshop. Its cytology laboratories also generate revenue for the organization.

In January 1994, BEMFAM increased its fee scales at all clinics, and in some cases, fees were charged for the first time. Demand for services fell at most sites, sometimes dramatically. In the case of the Meier clinic, the average number of new users per month fell by over 35%. In order to discover the extent to which increased prices caused this effect, and to explore possible solutions, BEMFAM carried out a drop-out and catchment area survey in 1995. Results of the survey confirmed the importance of the fee increases on client demand, but also highlighted other considerations such as quality, range of available methods, and competition. BEMFAM's

competition includes the private sector, the private social security system, and the public service sector. BEMFAM's current policy is to set fees at 70 percent below the private sector and 50 percent less than private social security. In setting these fees, the FPA takes into consideration market prices, operational costs, the socio-economic profile of the client-base, and the price list of the Medical Association of Brazil.



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## V. DAY THREE: MARKETING STUDIES

On the third day of the workshop, participants discussed the key components of market studies, as well as the useful information they provide, what information they lack, and how to analyze them and make crucial decisions based on their content.

### **Introduction: Usefulness of a Market Study and What It Should Contain**

Michael Hall provided an introduction to market studies by using the case of one such study conducted in Guatemala. Before undertaking a market study, it is very important to determine what information is needed and how it will be used. In the Guatemalan case, the market study did not include the indigenous population because of their inability to pay, even though they constitute over 50 percent of the country's population. The exclusion was considered appropriate, however, because the study was meant to identify the market with ability to pay for services, and its perception of the Guatemalan affiliate.

### **Using DHS Data as Market Data: PROFAMILIA/Colombia**

Gabriel Ojeda outlined the practical uses of National Demographic and Health Survey (DHS) data in analyzing markets. When well-utilized, this easily-accessible data is very valuable in setting regional, sub-regional and programmatic priorities, and for determining training, communication, and distribution needs. By indicating those areas with poor pre- and post-natal indicators, high fertility rates, poor child nutritional status, and low contraceptive prevalence, DHS data can help FPAs determine where to situate new family planning programs. FPAs can also use DHS data to gain information about potential product sales and distribution sites, both nationally and inter-

nationally. This information can be particularly useful in forecasting future contraceptive supply needs, as well as planning distribution strategies.

### **Market Study: Ciudad Juárez, FEMAP/Mexico**

After providing a brief history and description of FEMAP's mission and institutional philosophy, Executive Director Enrique Suárez described the organization's approach to sustainability, the challenges associated with Mexico's current financial crisis, and the content of a recently conducted market study. FEMAP does not envision itself as a medical institution, rather as a community-based organization, whose medical infrastructure has been created in response to the needs of the community. FEMAP's approach to sustainability consists of developing a network of 44 self-sustaining community service projects that aim to serve the poorest sectors of Mexican society. FEMAP faces the current challenge of addressing a large increase in demand for services brought about by the national economic crisis, as clients who would normally use private sector services now seek lower-cost providers. Beginning in 1992, various market studies were carried out to determine client profile, the community's perception of FEMAP's services, general demo-graphic indicators of the community, how clients and the community perceive the services offered by the FPA, the capacity of clients to pay for services, how clients perceive service fees, and the willingness of clients to pay for services as prices are increased. In 1994, FEMAP developed a system to track data on fertility, mortality, and morbidity indicators within the community. Based on these studies, the FPA adopted a strategy of offering high-quality services at the lowest price possible to a large volume of clients. In order to do this, it has been necessary to improve management capacity, control and reduce costs, improve cost-recovery, develop new income-generating initiatives, and improve quality of care.

**Market Study: AUPF/Uruguay**

Juan Carlos Alvarez, Marketing Manager, presented the experience of AUPF/Uruguay in contracting a specialized marketing firm to conduct a market study of the population's awareness of and knowledge about contraceptives available in Uruguay. Such studies provide valuable information, but have important limitations as well. For example, this market study failed to provide analyses of competitors, logistics, the final consumer, and sales distribution points. AUPF had to conduct additional research to add to the quantitative information provided by the market study which mainly addressed market size, imported goods, fees, market segmentation, and product presentation. The FPA interviewed men and women to determine which contraceptives and contraceptive brands first came to mind and tabulated these results along gender lines. They also asked respondents about their perceptions of advantages and disadvantages of particular contraceptive methods and their actual use of methods.

**Analysis of a Market Study & How it Affects a Marketing Plan: PROFAMILIA/Colombia**

Using the example of PROFAMILIA's diversification into mammography services, Catalina Uribe described the FPA's use of market studies to detect opportunities, analyze the competition, and develop a marketing plan for the new service. The study analyzed the more than 300 gynecologists practicing in Bogotá as the "competition," and revealed that few offered mammography because of the high initial costs of purchasing equipment. The FPA also analyzed potential demand among existing clients, and variables that would directly affect the consumer such as hours of operation and price. PROFAMILIA performed a financial analysis on the additional costs associated with offering

mammography services, including medical, dark room, and developing equipment. The promotional mix utilized by the FPA consisted of both internal and external marketing efforts. Internal marketing efforts concentrated on introducing the service to PROFAMILIA staff so that they could promote it to clients. External efforts involved a direct mail campaign to gynecologists and a meeting with them to promote the FPA's mammography services. The FPA also advertised the service through the media. PROFAMILIA used the results of the market study to set a price for mammography services, and to determine the location of service delivery in the Bogotá clinic on a pilot basis. Within the first ten months of the year, the FPA had already provided 95% (1182 out of 1250) of the mammograms projected for the year in the market study. This case study again illustrated the important advantages of being a leader in the field and first to market. PROFAMILIA was better equipped than the competition to make the expensive initial investment. It also shows the usefulness of internal information on service needs of existing clients as a compliment to external market information.

## VI. DAY FOUR: MARKET PLANS AND PROMOTION STRATEGIES

On the final day of the workshop, participants discussed the key components of market plans and various strategies for promoting goods and services. They provided examples of promotion strategies undertaken by their own FPAs, and worked in small groups to develop a sample marketing strategy, including position, price, promotion, and place.

### How to Develop a Market Plan and a Promotion Strategy

Alessandra Durstine emphasized that a market plan should provide the following information: what the organization would like to achieve within a given time period; how the organization will achieve its marketing goals; and what resources the organization needs to carry out its plan. Objectives should be kept simple and measurable, and FPAs should choose a high-growth market with few competitors. Six key questions designed to analyze competitors were discussed, along with the concepts of competitive advantage and "SWOT" analysis, a process through which organizations analyze their internal strengths and weakness, and the external opportunities and threats of the market place. Advertising and promotion were defined as distinct activities. Advertising is a continuous form of impersonal communication, generally using mass media. Promotion, on the other hand, consists of incentives, such as coupons, raffles and sales promotions, used to convince consumers to buy a product or service, and to make that product and its brand name known to consumers. Product position is determined by promotion strategy, competition, and pricing. Strategies for positioning a product include being the "leader in quality," the "leader in technology," and the "leader in low cost." An action plan consists of developing a unique product or service, arranging for distribution, developing a pricing policy, and creating a promotion and advertising strategy. The four stages of product

promotion include: introduction, growth, maturity, and decline. Different media for advertising include television, radio, newspapers, magazines, posters, and billboards.

### Promotion Strategies for Products:

#### AUPF/Uruguay

Juan Carlos Alvarez outlined AUPF/Uruguay's strategy for promoting *Prime* condoms in a small market. When the FPA first began selling these condoms, they entered into a market with many brands, including low-cost imports from Korea. At the introduction phase of product promotion, the most difficult challenge was convincing pharmacies to carry the product. After developing an advertising strategy, the FPA purchased 43 minutes of advertising time on Uruguay's foremost channel (35 percent of the television audience). In 1995, the FPA began promoting the product at large-scale public events, such as carnivals, fairs, and AIDS prevention campaigns. The FPA also adopted various merchandising strategies such as visiting sales distribution points with leaflets and promotional stickers that brought attention to the relationship between quality and price. Recently, the Uruguayan government approved the sale of condoms in supermarkets and, having foreseen this opportunity, the FPA approached supermarkets prior to the legislation to encourage them to carry *Prime* condoms. In the future, AUPF hopes to share advertising costs with pharmacies and supermarkets, continue direct promotion, expand television advertising and kiosk and street sales, and maintain a strong presence at public events. Among the various promotion strategies attempted, television advertisements generally were the most successful.

### **Promotion Strategies for Products:**

#### **BEMFAM/Brazil**

Sebastião Vieira, Director of Commercial Programs, presented an overview of the promotion strategies that BEMFAM has adopted to launch a new brand of condoms called *PROSEX*, in 1996. The decision to launch this new line of condoms was based upon market studies and an analysis of competitors, and the name was chosen after carefully studying the competition. The FPA determined that in order to achieve its sustainability objectives, it must capture at least 2 percent of the total market for condoms in Brazil. Although there are already more than 30 brands of condoms on the Brazilian market, it remains a high growth market: condom sales grew 14 percent from 1994 to 1995, and are expected to continue increasing in 1996. BEMFAM decided to market its new product in Rio de Janeiro and São Paulo to upper- and middle-income consumers of both sexes in the 18-35 year-old age group. The process of complying with government regulations regarding imported condoms, obtaining authorization from the Ministry of Health, and registering the product under the trademark *PROSEX* took almost two years. BEMFAM's marketing strategy for *PROSEX* consists of positioning the product as a high-quality import from the United States, emphasizing quality over price. The marketing goal for 1996 is to sell 2,500,000 *PROSEX* condoms, or about 2 percent of the condom market. The FPA will rely on distribution firms and wholesalers to stock and resupply distribution points, and BEMFAM will support distributors with promotional materials. The FPA is currently developing promotion strategies for both consumers and distributors.

#### **Introduction: Promotion Strategies for Services**

Juan Carlos Negrette, Latin America Regional Director from SOMARC, provided an overview of promotion strategies for services. Because services are

"Intangible," their promotion is different from promotion of products. In particular, service promotion is more contingent upon factors associated with quality, such as a pleasant and comfortable service environment. This requires that all staff members of the FPA, from the doorman to the doctor, treat clients with respect and warmth. In service promotion, word of mouth promotion is extremely important. Negative experiences make an impact on clients, whose dissatisfaction ultimately will lead to decreased clinic attendance. With diversified programs, it is crucial to encourage clients to return to try additional services offered by the FPA. High-quality service delivery and IEC will ensure that they return and promote the FPA's services to friends, acquaintances, and relatives.

### **Promotion Strategies for Services:**

#### **MEXFAM/Mexico**

Gustavo Quiroz began his presentation by joking that FPAs must become "Don Juans" of total quality management, attracting and maintaining clients through the provision of high-quality services. As part of its institutional mission, MEXFAM is continually seeking to improve its quality of care, while still offering low-cost, basic services for the poorest segments of society. Through diversified services such as cytology laboratories, surgeries, and diagnostic procedures, MEXFAM earns income to subsidize its basic family planning services. Both its diversified services and its family planning services are promoted in a variety of ways: through enhancement of the FPA's institutional image; joining working groups with other service providers; developing and distributing promotional packets; maintaining regular contact with the media (press and radio); and conducting house-to-house promotional visits.

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## **VII. CLOSING REMARKS**

Non-profit institutions face great challenges in attaining sustainability. These obstacles include a shared mission that is social in nature, the characteristics of the services provided (usually family planning is not profitable), and the characteristics of the target population (women of low socio-economic status). Despite these obstacles, the FPAs have achieved positive results in a very short period of time. Many FPAs have become leaders in sustainability among non-profit institutions in their countries. As such, prospects are more optimistic than could have been envisioned a mere two to three years ago. It is hoped that the shared experiences of FPAs through fora such as this workshop will help associations continue advancing toward this difficult but important goal.

## VIII. ATTACHMENT ONE: WORKSHOP PARTICIPANTS

**Total participants = 29**

### **IPPF/WHR (2)**

Tim Williams, *Senior Project Analyst*  
Alessandra Durstine, *Sustainability Analyst*

### **BEMFAM/Brazil (3)**

Jorge Mera, *Director of Administration*  
Sergio Lins, *Evaluation and Statistics Director*  
Sebastião Vieira, *Director of Commercial Program*

### **PROFAMILIA/Colombia (4)**

Gabriel Ojeda, *Director of Planning and Evaluation*  
Catalina Uribe, *Marketing Director*  
Rodrigo Castro, *Director of Accounting*  
Cecilia Blanco, *P.R. Director*

### **ADS/EI Salvador (1)**

Jorge Hernández Isussi, *Executive Director*

### **APROFAM/Guatemala (1)**

Jorge Herrera, *Director of Finance*

### **ASHONPLAFA/Honduras (3)**

Germán Cerrato, *Director of Finance*  
Juanita Martínez, *Director of Services*  
Lenín Flores, *Director of IEC*

### **FEMAP/Mexico (2)**

Enrique Suárez, *Executive Director*  
Jesús Servín, *Programs Director*

### **MEXFAM/Mexico (3)**

Gustavo Quiroz, *Marketing Director*  
Enrique Gutiérrez, *Cost Analyst*  
Bárbara Munguía, *Director of Administration*

### **INPPARES/Peru (3)**

Daniel Aspilcueta, *Executive Director*  
Roberto Ramos, *Director of Finance*  
Alberto Núñez, *Director of Marketing*

### **CEPEP/Paraguay (1)**

Gustavo Abdala, *Director of Finance*

### **AUPF/Uruguay (3)**

Juan Carlos Alvarez, *President of Production*  
Roberto Depaulo, *Director of Finance*  
Daniela Alfaro, *Evaluation Officer*

### **Consultants (3)**

Michael Hall (MSH), *Management Consultant*  
Juan Carlos Negrette (SOMARC), *Latin America  
Regional Director*  
Elsa Tamayo, *Minute Taker*

## **IX. ATTACHMENT TWO: WORKSHOP AGENDA**

### **Day 1: Cost Control Options**

By the end of the day the participants will have a better understanding of :

What interventions can help cut costs? How to develop an institutional policy for cost cutting. How does one monitor costs on a clinic level?

- 8:00-8:30 Introduction to Seminar: Goals, Logistics  
*Alessandra Durstine and Tim Williams, IPPF/WHR*
- 8:30-9:00 Introduction: Goals of a Cost Cutting and Efficiency Increasing Program  
*Michael Hall, MSH*

#### **Examples from the Region:**

- 9:00-9:45 Financial data for decision making: Service selection and cost cutting  
*Roberto Depaulo, AUPF/Uruguay*
- 9:45-10:30 Creating a Central Policy for Cost Control and Sustainability of Clinics  
*Rodrigo Castro, PROFAMILIA/Colombia*
- 10:30-11:00 Coffee Break
- 11:00-11:30 How to Create an Incentive System to Motivate Clinic Staff  
*Gabriel Ojeda, PROFAMILIA/Colombia*
- 11:30-12:00 How to Create an Incentive System to Motivate Clinic Staff  
*Roberto Depaulo, AUPF/Uruguay*
- 12:00-1:30 Lunch
- 1:30-3:00 Field Visit to Cartagena Clinic.  
Small Groups will assess: 1) Role of the Clinic Director, 2) Productivity and Use of Space; 3) Types of Promotion Used and to What Effect; 4) Client Flow and Client Focus; 5) Role of the Doctor and Doctor's Relationship with PROFAMILIA; and 6) Analysis for Service Selection at clinic level
- 3:00-4:30 Meet in Small Groups and Present Findings and Recommendations

## Day 2: Setting Prices

By the end of the day the participants should have a better understanding of:

What are the key issues in setting prices? What different types of studies can contribute to improved pricing of products and services? How does one develop a strategy for setting prices?

- 8:00-8:30 Key issues of setting prices  
*Tim Williams, IPPF*
- 8:30-9:00 Different Marketing Strategies for Setting Prices  
*Alessandra Durstine, IPPF*

### Examples from the Region:

- 9:00-10:30 Affiliate Experience in Pricing Policy  
*Roberto Depaulo, AUPF/Uruguay*  
*Gustavo Quiroz, MEXFAM/Mexico*  
*Daniel Asplicueta, INPPARES/Peru*  
*Catalina Uribe, PROFAMILIA/Colombia*  
Discussion
- 10:30-11:00 Coffee Break
- 11:00-11:30 Examples of Kinds of Studies  
*Tim Williams, IPPF*
- 11:30-12:15 How cost information is used to set fees  
*Rodrigo Castro, PROFAMILIA/Colombia*
- 12:15-1:30 Lunch

### Examples from the Region:

- 1:30-2:00 Effects of Pricing on Client Profile: Colombia  
*Gabriel Ojeda, PROFAMILIA/Colombia*
- 2:00-2:45 Effect of Pricing on Client Volume  
*Sergio Lins, BEMFAM/Brazil*
- 2:45-3:15 Coffee Break
- 3:15-5:00 Working Groups: Price setting experience of BEMFAM Brazil

## Day 3: Market Studies

By the end of the day the participants should have a better understanding of:

What are the key components of a market study? What sort of useful information can be given by a market study? What sort of information is not included in a market study? How does one analyze a market study and make key decisions based on it?

8:00-8:45 Usefulness of a Market Study and what it should contain  
*Michael Hall*

8:45-9:15 Using DHS Data as Market Data  
*Gabriel Ojeda, PROFAMILIA/Colombia*

### Examples from the Region:

9:15-9:45 Market Study Juarez  
*Enrique Suárez, FEMAP*

9:45-10:30 Coffee Break

10:30-12:00 Working Group: Five Country Scenarios

12:00-1:30 Lunch

1:30-2:00 Analysis of a Market Study and How it Affects Marketing Plan  
*Michael Hall*

### Examples from the Region:

2:00-2:45 Market Study and How to Analyze It  
*Juan Carlos Alvarez, AUPF/Uruguay*

2:45-3:30 Analysis of a Market Study and How it Affects Marketing Plan  
*Catalina Uribe, PROFAMILIA/Colombia*

3:00-3:30 Coffee Break

3:30-5:00 Working Groups on Country Scenarios

## Day 4: Market Plans and Promotion Strategies

By the end of the day the participants should have a better understanding of:

What are the key components to a market plan? What are different promotion strategies for goods and services?

- 8:00-8:45 Components of a Market Plan and How to Analyze one's Competitors  
*Alessandra Durstine*
- 8:45-9:30 Working Groups: Competitive Analysis
- 9:30-10:00 Promotional Strategies for Products  
*Alessandra Durstine*
- 10:00-10:30 Coffee Break

### Examples from the Region:

- 10:30-11:00 Promotion strategies for products  
*Juan Carlos Alvarez, AUPF/Uruguay*
- 11:00-11:30 Promotion strategies for products  
*Sebastião Vieira, BEMFAM/Brazil*
- 11:30-12:15 Working Group: Develop Positioning Strategy for a Product
- 12:15-1:45 Lunch
- 1:45-2:30 Promotional Strategies for Services  
*Juan Carlos Negrette, SOMARC*

### Examples from the Region:

- 2:30-3:00 Promotion strategies for services  
*Gustavo Quiroz, MEXFAM/Mexico*
- 3:00-3:30 Coffee Break
- 3:30-4:00 Working Group: Develop an Advertisement for a Product
- 4:00-5:00 Summary and Closing  
*Tim Williams, Michael Hall, and Alessandra Durstine*
- 8:00 - ??? Goodbye Dinner

# APPENDIX V

# Publications

## THE TRANSITION PROJECT

### *Publications, Manuals & Reports*

*Self-Assessment Module on Sustainability*, Evaluation instrument prepared in collaboration with IPPF/WHR's Evaluation Unit, 1997 (in press)

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APPENDIX VI

Working Statement  
on Sustainability.

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# IPPF/WHR

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## WORKING STATEMENT ON SUSTAINABILITY

In keeping with its commitment to the goals of Vision 2000, and recognizing likely shifts in the availability of future funding, IPPF/WHR and its member family planning associations have the responsibility to support their programs by increasing their sustainability levels. IPPF/WHR believes FPAs can benefit from undertaking a diverse array of sustainability ventures, and encourages them to do so as long as the activities are consistent with their own missions, and IPPF's mission, and are in accordance with relevant local regulations.

To assist these efforts, the IPPF/WHRO has prepared a working definition of sustainability for the western hemisphere region:

**"The ability of an organization to:**

- (a) define a relevant mission,**
- (b) follow sound management practices, and**
- (c) develop diversified income sources in order to assure the continuity of high quality services and meet the needs of all its constituents."**

(A) To define a relevant mission and the activities necessary to achieve it, an organization should first assess the needs of both supply and demand in its community, which will allow it to determine a niche with regard to other service providers and the political arena. This needs assessment should be client-oriented and consider such areas as quality of care, sexual health needs, gender analysis and the needs of the underserved. It should be an integral part of the strategic planning process.

Two of these areas--service quality and reaching the underserved--deserve special mention because their compatibility with sustainability is sometimes questioned. In the case of service quality, IPPF/WHR strongly believes that it should complement sustainability, rather than conflict with it. In fact, it is likely that quality must be continually improved to attract sufficient numbers of people willing to pay the fees necessary to allow the program to continue. Service quality should not have to be sacrificed for sustainability.

The relationship between sustainability and reaching the underserved--particularly low-income and younger clients--is more complex. IPPF/WHR believes sustainability can and must be understood within the context of IPPF's overall mission, as described in the Vision 2000 statement, and the mission of each individual FPA. It is those missions, and the activities which support them, we strive to sustain, not just the FPAs themselves. We recognize that rapid reduction of donor funding can be crippling to programs that do not generate much local income, and that the programs most apt to suffer are those serving low-income clients. Nevertheless, we believe FPAs can and should develop institutional sustainability

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before their external funding is reduced. If they do so, much of the conflict between sustainability and serving the needy can be overcome. If an FPA must reduce costly services due to reduced international funding, it should focus immediately on the elements of institutional sustainability which will best help the FPA know its potential market, strengthen its niche in the national program, reduce costs, and tailor appropriately priced services to an appropriate clientele. Also essential are evaluation systems that continuously monitor changes in client profile and volume and the relation of these changes to sustainability levels.

B) Following sound management practices entails considering the wide range of activities and procedures that allow an organization to operate effectively, achieving the greatest possible impact for the least possible cost. These activities are essential to achieving **institutional sustainability** or institutional development. They include, but are not limited to:

- ⊙ Knowing the organization's operating environment and responding effectively to market demand by offering a range of accessible, high quality services and products.
- ⊙ Establishing a flexible, efficient, participatory and stable organizational structure that includes ongoing strategic planning, evaluation and quality control mechanisms.
- ⊙ Maintaining an independent Board of Directors actively involved in, and fully supportive of sustainability activities through governance, advocacy, and resource development.
- ⊙ Attracting and retaining professionally qualified staff by adopting a competitive wage and personnel policy, and investing in staff development through adequate and intensive training.
- ⊙ Using systems information continuously to evaluate progress, optimize resource allocation and provide better, more effective and efficient management and services.
- ⊙ Implementing activity-based cost accounting and management information systems which provide managers with accurate and timely financial and service data.
- ⊙ Integrating sustainability and cost analysis into the strategic planning process.
- ⊙ Establishing a pricing policy for services based on cost and demand.

In essence, institutional sustainability depends on an organization's ability to develop the necessary administrative, programmatic and financial systems to make effective managerial decisions that are based on timely and reliable data. Usually, the impetus for these activities begins with top management, and is transmitted through the organization's technical departments through a participatory process, with continual feedback. Regarding the vital area of financial management, for example, implementation of a cost analysis function must be preceded by upper management commitment to the use of cost data in an institutional framework on a continuous basis. Once such commitment exists, the organization can proceed with the technical components of cost analysis. These components include the adaptation of the chart of accounts to reflect the organization's departments and services as cost centers, and the training of upper and middle management in decision making based on cost information.

The regular production, analysis, and use of cost data not only provides management with the reliable financial information it needs to set sound pricing policies, avoiding arbitrary shifts in service fees. It is also an excellent tool to monitor the effect of structural and resource adjustments on institutional performance. Additionally, cost information can be used as a managerial tool to spot areas of poor

execution in different projects, services, and functions, and develop "what-if" scenarios before making decisions.

(C) Only after most of these elements are in place can an organization begin focusing on increasing **financial sustainability** by generating sufficient resources to cover present and projected future costs and assure program continuity.

If an FPA needs to generate new sources of income to maintain or expand services, it may, after determining the cost of services and studying the effect of such an action on demand, implement or increase fees for client services. Fees are an important source of FPA income, but they should not be the exclusive source because increased fees may restrict access to low-income or younger clients. FPAs should also seek support from other sources, including private, governmental, intergovernmental or commercial entities sympathetic to IPPF's aims, provided that the acceptance of this support does not compromise IPPF policy. Support can be cash or in-kind donations, volunteer time, or infrastructure needed to forge cost-sharing partnerships. Some examples of approaches to income generation which have been used successfully by FPAs in the past include the following:

- ⊙ Service diversification into services where profitable fees may be charged.
- ⊙ Commercial marketing of contraceptives or other products.
- ⊙ Increased cost recovery from family planning services (including targeting higher priced services to middle and upper class clients).
- ⊙ Subcontracting services to government providers and health maintenance organizations.
- ⊙ Expanding the base of national and international donors and advocates (submitting funding requests to government agencies, local and international foundations, corporations and raising contributions from friends and constituents of the organization).
- ⊙ Enlisting the help of community leaders as advocates for resource mobilization, and presenting public activities designed to broaden awareness of the work of the organization in the community.
- ⊙ Seeking donations of goods and services at little or no cost.
- ⊙ Forming cost sharing partnerships with local government providers, local NGOs and private physicians.

Many of these strategies require feasibility or market studies before they can be implemented, as well as start-up capital and time to test them through pilot projects. If these studies indicate a low probability of generating net income within a pre-planned time frame, the strategy should not be undertaken. No matter which strategies are attempted, well-developed accounting systems must be in place to calculate costs based on activities, expenses must be kept to a minimum, fees must be set appropriately, and the highest possible rate of cost-effectiveness and organizational efficiency must be sought. In addition, income-generating and cost-saving activities should be evaluated continuously to assess whether progress is in line with objectives. A well-run organization with strong accounting, financial and evaluation systems, and with well trained, empowered employees is not only better equipped to direct itself, but is also in a better position to capture donors' interest.

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## MISCONCEPTIONS ABOUT SUSTAINABILITY

There are many misconceptions surrounding the concept of sustainability, and it may prove useful to dispel those by clarifying what it does **not** mean. Sustainability is not a purely financial concept, nor is it equivalent to "self-sufficiency." While a "self-sufficient" organization relies solely on its self-generated local income for survival, the funding of a "sustainable" institution stems from a broadly diversified base of sources. Sustainability does not imply the end of international donations. As outlined above, however, it does require that funding sources be sufficiently diversified so that reduced funding from one source can be compensated for through other sources with minimal adverse effect on programs. Sustainability is **not** simply a response of last resort when international donations decrease. Rather, it is a lengthy process that begins when an FPA develops a loyal clientele that is drawn to the association's relevant, high-quality services, and continues through the entire process of institutional stability described above. If it is viewed as a short-term response to reduced international donations, it is far less likely to succeed.

Finally, there is no innate conflict between the undertaking of income generating activities and the concept of providing non-profit "charitable" health and welfare services in many Latin American and Caribbean countries, as long as the funds generated help sustain the mission of the organization. A review of local regulations may be necessary to insure that no planned income generating activity would threaten the non-profit status of any FPA in its own country or be inconsistent with IPPF membership.

In general, all efforts to increase sustainability should be undertaken with the primary long-term goal of subsidizing programs that serve the needs of the underprivileged, including those living in rural areas, the urban poor, the illiterate, minority groups, and young people and other underserved groups. In the scenario envisioned by IPPF/WHR, sustainable FPAs will be **better** able to serve such groups by developing a larger and more stable resource base, establishing better budgetary control and generating better information for decision-making, and having greater flexibility to use available funds to reach new underserved clients. Sustainability will be the final result of the FPAs' extensive efforts to carry out a series of activities, including: defining a clear mission, performing needs assessments, building an efficient management and financial structure, developing meaningful programs, providing quality services, and launching productive income generating activities.

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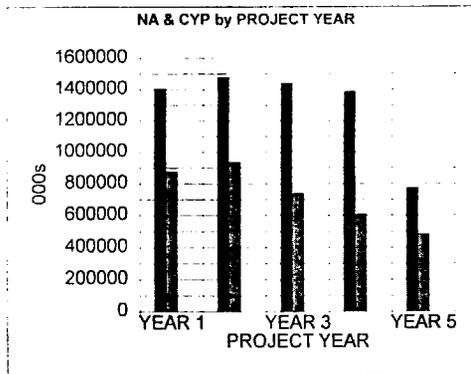
WHR uses institutional self-sufficiency rates to indicate the ratio of local income as a percent of the total budget of the organization.

APPENDIX VII  
Service Statistics

## TRANSITION PROJECT - CYP

### By Project Year

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	
<b>Belize</b>	0.13	165.50	85.70	0.00	0.00	251.34	<b>Belize</b>
<b>Brazil</b>	214,604.20	243,784.14	169,167.89	132,648.67	74,555.72	834,760.61	<b>Brazil</b>
<b>Chile</b>	46,096.00	35,874.82	33,432.87	17,038.11	0.00	132,441.80	<b>Chile</b>
<b>Colombia</b>	771,343.23	760,895.20	722,309.81	729,213.46	218,208.41	3,201,970.10	<b>Colombia</b>
<b>Femap</b>	0.00	17,891.01	120,711.83	142,921.20	139,606.49	421,130.53	<b>Femap</b>
<b>Mexfam</b>	232,939.94	270,716.57	231,533.96	198,739.24	170,576.10	1,104,505.81	<b>mexfam</b>
<b>Paraguay</b>	43,109.52	32,606.55	41,209.22	36,017.83	8,936.94	161,880.07	<b>paraguay</b>
<b>Peru</b>	57,422.97	87,616.05	119,441.94	130,173.80	160,194.65	554,849.42	<b>peru</b>
<b>Trin &amp; tob</b>	17,715.03	11,502.01	5,557.74	0.00	0.00	34,774.78	<b>trin &amp; tob</b>
<b>Uruguay</b>	12,701.98	18,065.50	0.00	0.00	0.00	30,767.48	<b>uruguay</b>
<b>Venezuela</b>	8,295.25	0.00	0.00	0.00	0.00	8,295.25	<b>venezuela</b>
<b>Total</b>	<b>1,404,228.26</b>	<b>1,479,117.34</b>	<b>1,443,450.96</b>	<b>1,386,752.31</b>	<b>772,078.31</b>	<b>6,485,627.19</b>	<b>Total</b>



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## TRANSITION PROJECT - N/A

By Project Year

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	
<b>Belize</b>	93	332	85	0	0	510	<b>Belize</b>
<b>Brazil</b>	326,050	370,103	210,581	172,450	106,255	1,185,439	<b>Brazil</b>
<b>Chile</b>	16,299	13,240	11,102	5,313	0	45,954	<b>Chile</b>
<b>Colombia</b>	67,290	63,672	60,895	68,426	20,241	280,524	<b>Colombia</b>
<b>Femap</b>	0	12,441	70,464	56,209	65,738	204,852	<b>Femap</b>
<b>Mexfam</b>	379,129	341,057	234,576	185,227	164,095	1,304,084	<b>Mexfam</b>
<b>Paraguay</b>	1,664	2,181	1,661	1,502	374	7,382	<b>Paraguay</b>
<b>Peru</b>	72,403	119,666	146,267	119,438	127,919	585,693	<b>Peru</b>
<b>Trinidad &amp; Tobago</b>	2,373	2,443	2,075	0	0	6,891	<b>Trinidad &amp; Tobago</b>
<b>Uruguay</b>	6,311	8,836	0	0	0	15,147	<b>Uruguay</b>
<b>Venezuela</b>	2,562	0	0	0	0	2,562	<b>Venezuela</b>
<b>Total</b>	874,174	933,971	737,706	608,565	484,622	3,639,038	<b>Total</b>

APPENDIX VIII

MIS

SAC Conference

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## RESOURCES AND RESULTS ASSOCIATED WITH THE IMPLEMENTATION OF A CLINIC MANAGEMENT SYSTEM IN AN APROFAM/GUATEMALA CLINIC

Lic. Ricardo Rossal  
Head of Systems Department.

Dr. Carlos F. Contreras G.  
Director of Clinical Services.

Aprofam is a non-profit institution providing family planning and maternal-child health services to low-income groups in Guatemala. Faced with permanent reductions in external funding, its executive staff are taking action to respond to the situation and become more self-sufficient. On the other hand, it is known that many of its clinics are serving large numbers of clients and offering each day a greater variety of services; thus, the daily number of transactions and the amount of data is increasing. Aprofam fully recognizes that increasing staff numbers is not the way to handle this situation, and that the solution lies in optimizing resources and taking advantage of technology.

This paper describes the different activities undertaken during the implementation of a computerized system for clinic management in a single family planning clinic providing maternal-child health services. Within this context, priority was given to the analysis and determination of needs from the *administrative, service and quality of care perspective*.

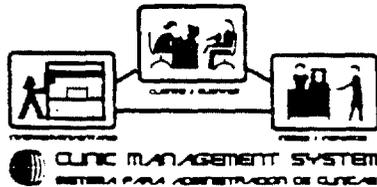
The goal was to give the clinic an administrative tool to support service delivery. This work will attempt to describe in a detailed manner and in chronological order, the various activities carried out, the resources used (human and material) and the results obtained from the implementation of the *clinic management system*.

A departmental clinic was selected with sufficient information, services and client volume, and in accordance with a prior study classifying it as appropriate for computerization.

The keys to success were the clinic analysis and feasibility study, the choice of technical and physical requirements, the preparation of the site, and staff training along with follow up of both staff and equipment needs.

As a result of the system's daily use, the service delivery runs smoother, the handling and management of information is improved, transaction record keeping is facilitated and reports are produced more quickly and with greater accuracy. These processes led to better administrative control, which helped improve quality of care. In addition, the paper also lists all the resources used, mentioning the amount of person-hours necessary for evaluation of future installations and to provide an indicator for future efforts.

The basic configuration allows the system to operate in an environment where staff use it concurrently and in real time.



**IX INTERNATIONAL CONGRESS**  
**March 8th to 10th, 1995**

**PRE-CONGRESs symposium**  
**March 7th, 1995**

**Clinic Management System (CMS/SAC)**

**Summary of Presentations**

- **Resources and results associated with the implementation of a Clinic Management System (CMS/SAC) in an Aprofam/Guatemala clinic.**
- **Application of CMS/SAC to determine usage rate and method termination reasons for two clinic methods: IUD and Norplant, in the Dra. Evangelina Rodríguez Clinic, Dominican Republic.**
- **Follow-up Study on method choice and clinic compliance with service delivery guidelines, in ADS Clinics, El Salvador, using CMS/SAC as a basic tool.**
- **An Adaptation of CMS/SAC for a study on sexually transmitted diseases carriers at a Bemfam Clinic, in Rio de Janeiro Brazil.**
- **A study of adolescent contraception using CMS/SAC in Ashonplafa/Honduras clinics**
- **An integrated, computerised, multilingual clinical management information system (CMIS) for Family Planning Associations and others. IPPF/International Office. London. U.K.**



**AN ADAPTATION OF CMS/SAC FOR A STUDY ON  
SEXUALLY TRANSMITTED DISEASES (STD) CARRIERS  
AT A BEMFAM CLINIC IN RIO DE JANEIRO, BRAZIL.**

Dr. Ney Pinto Costa,  
Ing. Joubert Assumpção,  
Estatístico Sergio Lins.

The goal of this study is to establish the profile of STD clients at a family planning clinic, using an appropriate medical form for the collection of data through CMS/SAC.

In 1994, BEMFAM decided to improve the quality of care in its STD/AIDS prevention as part of its family planning clinic services. With this purpose in mind, a medical records form for STD/AIDS clients was developed for this purpose, with the assistance of an external consultant.

Through an adaptation of CMS/SAC the form was incorporated into the system, making possible the data entry for the study. In order to introduce the new form into the clinic's operations, professionals staff were trained in its use. 120 cases from a Rio de Janeiro clinic were analyzed for the period of October 1994 and January 1995.

The study made it possible for us to analyze the characteristics of the STD/AIDS clients, thus allowing Bemfam to know its clients better and facilitating case follow-up. Management can follow up on STD-related medical activities carried out by the clinic.

Up to now, the need to retrain professionals has not been established, however the importance of increasing their role in involving partners in treatment and prevention was highlighted.

Given the benefits derived from this form's implementation using CMS/SAC, permitting more accurate medical records, improved client information, and principally better follow-up by management, it is recommended that the use of this quality of service tool be expanded to all BEMFAM clinics.

We also expect with the data obtained to be able to generate technical and scientific materials for papers in the areas of medicine and behavioral sciences, which will contribute to studies on STD/AIDS prevention.



**A STUDY OF ADOLESCENT CONTRACEPTION USING CMS/SAC IN  
ASHONPLAFA CLINICS**

Lastenia de Cerrato,

Carlos Nieto.

**Goal of the study**

The purpose of this study is to provide the Association with an updated profile for a female population segment comprised of adolescents using family planning services. This segment is priority to the Association due to its magnitude and potential impact on population variables.

**Process**

The clients of six ASHONPLAFA clinics located throughout the country were considered for this study, including 100% of the adolescent files registered from January 1989 to May 1994. In the 2,709 cases studied, the analysis covered sociodemographic characteristics, promotion work directed at adolescents, contraceptive methods adopted, and some aspects of their clinical history (such as Pap smears taken and side effects). A significant portion of the data (75%) came from two clinics using CMS/SAC.

**Relevant Results and Conclusions**

From the population covered by the study, 68% is between 18 and 19 years old, and 98% of these youngsters have been pregnant, having 1 or 2 children. 67% of the population studied started using a contraceptive method when their first child was between 6 months and 1 year old; and 86% have adopted IUD as their contraceptive method.

From the results above the need for an intensive educational campaign focusing on Life Planning and Responsible Parenthood is apparent. Therefore the Association will focus on:

- 1) Educational packages directed to adolescents in the two subject areas mentioned.
- 2) Additional studies to determine the actual level of adolescent knowledge, attitudes and practices.
- 3) Educational campaigns oriented to minority ethnical groups.
- 4) Promotion of information and library services among students of secondary schools.

**Conclusions regarding the use of CMS/SAC**

A first conclusion from this study is the level of efficiency and low cost of data processing attained in the two clinics using CMS/SAC. Also, with the implementation of CMS/SAC, the Association:

- Acquires the capacity of supporting the expansion of its geographic and population coverage, for its various programs and projects, in particular clinical services.
- Can produce statistical data about all the clinical services it provides.
- Upon estimating the cost per service unit, may produce efficiency indicators to measure the relative importance of programs.
- Is able to interact in a better fashion with related public sector institutions in terms of exchange of information.
- May reduce the degree of improvisation, since it has become easier to produce documents and reports that will provide more useful information for decision making.
- Can improve the communications between regional offices by implementing the system in all regional centers.



**FOLLOW UP STUDY ON METHOD CHOICE AND CLINIC COMPLIANCE WITH  
SERVICE DELIVERY GUIDELINES USING CMS/SAC AS A BASIC TOOL.**  
( August 15 to December 15, 1994.)

Eugenia Margarita Marroquin, Jose Mario Cáceres, Ana Maria Quiñónez de Espinoza, Samuel Castro Gonzalez

Asociación Demográfica Salvadoreña, founded in 1962, is a non-profit private institution. Its fundamental mission is to contribute to the improvement of the lives of the Salvadorean people through the delivery of reproductive health services, and in particular family planning, education and research. Among ADS's programs, the Medical-Clinical Service is one of the largest, providing in 1994 thirteen clinics in the nation's main cities, and over 1,500 health promoters and volunteer distributors in the rural areas. This makes ADS the leading provider of family planning services after the Ministry of Health. In its search for excellence in quality of care, ADS in 1989 installed the first version of the Clinic Management System (CMS/SAC) in its central region clinic and began with one computer to record their temporary methods services. Two years later its application was extended to incorporate permanent methods. With the benefit of these experiences, the system was upgraded in 1993 to version 3.0 for use on a network.

Keeping in mind the overall objective of this study, that of demonstrating the usefulness of the system in management's decision making process, ADS carried out this "Follow Up Study on Method Choice and Compliance with Service Delivery Guidelines at ADS Clinics Using CMS/SAC as the Basic Tool". Because CMS/SAC was not designed for complex statistical calculations, data exported from the system was converted to a format compatible with the SPSS/DATA ENTRY program, using Foxpro v2.6 as the conversion tool. The analysis process was completed using SPSSPC. Analyzed data consisted of 1,562 initial or first time visits, 6,856 follow up visits for temporary methods, and 1,858 admissions for permanent methods, all registered at ADS's four regional clinics between August 15 and December 15, 1994.

The study showed that CMS/SAC offers an appropriate and timely guide for the supervision of service delivery quality, facilitating decision making. It is also a valuable data source for studies of operations.

The results indicate that in general terms the client's choice of family planning method is respected. Likewise, it was found that in principle, guidelines for prescribing temporary methods are followed 95% of the times; and that for the small percentage of non-compliance, it was not possible to establish trends according to service providers. With respect to the reasons for switching method, the ones most frequently mentioned were "personal reasons" and side effects; under reporting was evident. No clear trend in provider bias for a particular method was established, either at the time of the new client's admission or upon methods switching. The results of this study will help address the weaknesses spotted in recording information, identify some limitations of the system itself, but above all, with some exceptions, serve as a basis for follow up on the quality of service delivery.



**USAGE RATE AND METHOD TERMINATION REASONS FOR TWO CLINIC METHODS: IUD AND SUBDERMAL IMPLANT (NORPLANT) EN THE "DRA. EVANGELINA RODRÍGUEZ" CLINIC, DOMINICAN REPUBLIC.**

Dr. Milton Cordero

Ing. William Reynoso

This paper presents the analysis of method termination associated with 644 IUD cases and 1,490 of Norplant users, over a one year period (1994).

Among the findings, a low usage rate is observed in both methods, with a reported median of 1.7 years for the IUD and 1.1 for Norplant. The observation is made that 49% of the IUD users requested termination of method before 23 months and 46% of the Norplant users requested removal within 11 months. This data reflects a low usage rate for highly effective and long term methods.

Other significant results relate to clinic complications, which represented 44% of the reasons for IUD removal, and 38 % in the case of Norplant. On the other hand, the desire to have another child was the determining reason for method termination in 35% of the IUD cases and 30% for the Norplant cases. These percentages reflect the need for counseling contributing to reinforce the user's informed decision as well as some other components in the quality of service delivery.



IX CONGRESO INTERNACIONAL SAC '95  
8 al 10 de marzo de 1995  
SIMPOSIO PRE-CONGRESO  
7 de marzo de 1995



**AN INTEGRATED COMPUTERISED MULTILINGUAL CLINICAL MANAGEMENT INFORMATION SYSTEM (CMIS) FOR FAMILY PLANNING ASSOCIATIONS (FPA's) AND OTHERS.**

Jim Dewar, IPPF/IO

IPPF has developed a new computerised Clinic Management Information System (CMIS) with the objective of providing an effective tool for the comprehensive day to day management of larger family planning clinics. It also has its own built in reporting and analytical capabilities. The system is single or 'multi-user' and has many optional features which can be utilized or discarded according to need.

The system can be fully translated into almost any language but is currently installed in Arabic and English with French and Spanish translations in process. The early experiences of users in both the English and Arabic versions are discussed in this presentation in terms of the relative benefits of using such technology and the real choices available when trying to manage larger or very large clinics.

CMIS is very flexible and allows users to configure their system more or less to suit the complexity of their operation. The presentation considers the types of configuration chosen and the way in which the features of the system have been employed to date. This demonstrates not only the variety of user needs but also some ways in which users choose to evaluate and analyse their situation and use the data to make better decisions regarding all aspect of clinical activities: Clinic/Client profiles, administrative and resource management, service utilization, logistics, cash control, etc.

To conclude the presentation some aspects of present and future analysis possibilities are considered. The availability of analytical tools utilizing information generated by the system has sharpened user awareness to what information is or is not needed. It also highlights the possibility of using such data to exploit opportunities and identify weaknesses with respect to Client satisfaction, quality of care, sustainability and other issues.