



USAID
FROM THE AMERICAN PEOPLE

**Final Report
Cooperative Agreement
No. 520-A-00-05-00084-00
APROFAM-USAID
Period: April 15, 2005 to September 30, 2009**

Guatemala, December 31, 2009

“This report was made possible through support provided by the Health and Education Office of the United States Agency for International Development USAID, under the terms of the Cooperative Agreement No. 520-A-00-05-00084-00. The opinions expressed herein are those of the author and do not necessarily reflect the views of the United States Agency for International Development USAID”



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LIST OF ACRONYMS

USAID	United States of America Agency for International Development
APROFAM	Asociación Pro-Bienestar de la Familia de Guatemala
MSPAS	Ministry of Public Health and Social Welfare
STI/HIV-AIDS	Sexual Communicable Infections/HIV/AIDS
IEC	Information, Education, and Communication
MSH/M&L	Management Sciences for Health under the Management and Leadership
VBG	Gender based Violence
MJ	Juvenile Multipliers
NGO	Non-Governmental Organization
GO	Governmental Organization
DTN	Diagnostic of Training Needs
CQAP	Surgical and Childbirth Care Center
IUD	Intrauterine Device
CSR	Corporate Social Responsibility
IGSS	Guatemalan Social Security Institute
CYP	Couple Years of Protection
SIAS	Integrated Healthcare System
AQV	Voluntary Surgical Contraception
PDR	Rural Development Program
UMM	Mobile Medical Unit
IPPF/RHO	International Planned Parenthood Federation/Western Hemisphere Region
DERCAS	Documents of Detailed Software Specifications and Requirements
SCORPIO	Corporate Information System
VAT	Value Added Tax
POS	Point of Sale
SGC	Clinics Managerial System
SGCV	Variable Compensation Management System
GMO	Grantham, Mayo, Van Otterloo & Co. LLC
ENSMI	National Survey on Maternal and Child Health

BACKGROUND

USAID/Guatemala granted Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM) a new Cooperative Agreement in the amount of \$9,516,000. The goal of the new Cooperative Agreement was to assist APROFAM to reach 100% of financial sustainability and stop the reception of support from USAID by 2009, as long as it continued fulfilling its social mission of rendering Family Planning and Quality Reproductive and Infant Health services, and education, information, and communication (IEC) to low-income families in Guatemala. The new Cooperative Agreement was for a 4.5 years term beginning mid April 2005 and ending in September 2009. USAID funds assisted APROFAM to: 1) reposition its image as a quality services supplier for mid and low income Guatemalan families, 2) strengthen its human resources capacity, including technical staff, Board of Directors, and general membership, 3) compete with the private sector for mid income customers with some affordability, 4) do principal investments and others to increase gains, and 5) to grow, with its own funds, the Sustainability Trust Fund of APROFAM to \$10.6 millions (\$9 millions as principal amount and estimate of \$1.6 millions in gained interests) or more to fund the APROFAM social mission to render Family Planning and reproductive health services.

APROFAM: A historic partner of USAID

APROFAM, incorporated in 1964, has been a key player in the delivery of health care services for woman and children for more than four decades. APROFAM is the second largest supplier, giving 29% of Family Planning in the country according to the Maternal Health National Survey (ENSMI, as per abbreviation in Spanish) 2002, and is the largest individual supplier of Family Planning and Reproductive Health in the private sector. People that responded the ENSMI 2002 imputed APROFAM more than half of the Family Planning services received in the private sector.

Supporting APROFAM in be independent from the USAID support over a full sustainable base would be the culmination of the long and productive partnership of USAID/Guatemala with APROFAM, assuring the availability in the private sector of quality reproductive health and Family Planning services at affordable prices and in accessible locations.

EXECUTIVE SUMMARY

APROFAM continued to render sexual and reproductive health services to the urban and rural population, Maya and Mestiza, contributing to achieving USAID's highest level results of reduced fertility and infant mortality rates supporting the CAM Regional Strategic Objective 3: **"Investing in People: Healthier, Better Educated People"** and contributing to Intermediate Result 3.1: *Increased and Improved Social Sector Investments*, and Intermediate Result 3.3: *Increased Use of Quality Maternal-Child and Reproductive Health Services* as well as key Lower Level Results 3.3.1, *Improved and expanded family planning services and information/education* and 3.3.2, *Improved and expanded maternal and child health care and information/education*.

This report submits the achievements fulfilled in the Cooperative Agreement No. 520-A-00-05-00084-00 between APROFAM and USAID for the term as of April 15, 2005 to September 30, 2009. The goal was to support the Association to achieve 100% of the Financing sustainability before finalizing the USAID support in 2009, while it continued fulfilling its social mission: **"APROFAM's social mission is to satisfy health needs with quality products and services, with a focus on reproductive health for the family, especially lower-income families and those with limited access to services in Guatemala"**.

In order to achieve the results of this Agreement, APROFAM began an aggressive strategy to generate and increase its revenues, keeping the coverage of the family planning and reproductive sexual health programs, at least in 80% of what was reported as of January to December, 2004 (210,584 CYP) using own funds and reserves, as well as donors' resources.

The main results were:

- 89% of the financing institutional sustainability as of September 2009
- 26.4% of staff turnover as of September 2009
- 1,046,636 CYP from April 2005 to September 2009
- 386,323 new Family Planning methods new users, from April 2005 to September 2009.
- 231,245 new reappointments for Family Planning methods from April 2005 to September 2009.
- 81% of satisfied users with the quality they received as of September 2009.

See Annex 1: Monitoring and Evaluation Plan 2005-2009 Monitoring and Evaluation Indicators, April 2005 – September 2009

During this period, the APROFAM Board of Directors developed the necessary steps for the Governance, membership, and administration of the Association, through the following activities: i) Development, socialization and implementation of the Organizational Manual of the Board of Directors ii) Implementation, socialization, and training of the Dashboard tool, as a decision making instrument, iii) Definition of some Institutional Development policies, iv) Training in key issues (governance, sustainability, funds increasing among others) to the members of the Board of Directors, v) Recruitment, selection, and training of new associates, vi) Updating of the census and profiles of the associates and vii) Expansion of the counterparties, in order to look for new areas of services delivery to strengthening the sustainability and fulfillment of the social mission.

The Institutional Strategic Plan for the term of the Agreement (2005-2009) was carried out with the technical assistance of MSH/M&L and then, sent to USAID for its approval.

The Medical Services Management supplied 5,724,695 clinic services (an average of 55% of sexual and reproductive health and 45% corresponding to other diversified services) in the 29 clinics and 5 Mobile Medical Units. These strategies resulted in 738,565 CYP of the temporary and permanent contraceptive methodology delivery. A sustainability of 110 was reached in clinics and 31% in Mobile Medical Units.

The Rural Development Program continued to be an important part of the APROFAM social mission. During this period, 308,071 CYP were generated as a result of the community distribution of the temporary Family Planning, delivered through the Educators and Voluntary Promoters. 81% of sustainability in this program was reached.

The quality in the rendered services was applied in the different programs; this means to work with gender equity, respecting the socio-cultural factors of the Maya and Spanish Speaking people and also that the families have an adequate knowledge for free and informed decision making, to favor health practices and habits.

The Marketing Management continued to develop the commercialization and education activities, as well as the research of new and existing markets, as tools to ease the transition toward the programmatically and financial sustainability of APROFAM. Feasibility studies for possible new business opportunities for the Association were carried out, since these would contribute to achieve the goal of the 100% of institutional sustainability. The Financial Management of the Association also carried out financing feasibility studies to contribute to the above mentioned studies.

The Administrative Management developed the adequate administrative procedures that contributed to the rational usage of institutional resources. This area supported areas where they needed it, through the Logistic Units (storage and distribution of contraceptives and medicines), Purchases (acquisition of goods and services) and General Services (general maintenance). In addition, this area faced an important challenge, since it was in charge of the following up of the advances in the different constructions carried out in this period. The largest project developed was the construction of the new building of clinics and central hospital, located at zone 1 of the capital City, which was completed and opened in August 2009. Other important project in charge of this area was the remodeling of the clinics, in accordance with the new institutional image, which was coordinated with the Marketing Management. It was during this period that the infrastructure standardization of seven clinics with the new image of the Association was fulfilled. The rest was standardized without affecting the construction (painting, services, equipment, uniforms, etc.).

The Information System Management worked in the following Systems: i) SGC (Managerial System of Clinics), ii) SYSPOS (Invoicing System), and iii) the new ERP (Resources Administration System). With the implementation of the abovementioned systems, the multiple applications will be centralized in these systems. In addition, the indicators of the Dashboard were updated and semi-automatically and manually generated. This area continued providing a prompt response to the institutional requirements of the different users, using a state-of-the-art technology.

The Financial Management, jointly with the Executive Directorate developed a permanent follow up to the activities of the Sustainability Trust Fund.

The amount of the USAID executed funds, during this period totalized **\$9,516,265.00**, and the counterpart budget funds were **\$17,655,685.40**. **See Annex 2, Budgetary Execution 2005-2009 USAID and Budgeted Counterpart of APROFAM**

APROFAM continued strengthening and expanding its capacity to form alliances with the public and private sector. In this period, the Corporate Social Responsibility Strategy was incorporated with commercial, industrial, agro-industrial, and textile sectors.

The Association included a strategy to expand its donor base, in order to find funding for the different programs. This strategy was worked out from 2005 to 2008; however the expected results were not fulfilled. It was with the USAID support that an advisory with Latin America Associations, with expertise in this field similar to APROFAM was looked for. The associations were contacted with the support of IPPF/RHO, PROFAMILIA of Colombia, MEXFAM of Mexico, and INPPARES of Peru. Later to these contacts in 2009, jointly with USAID, the decision was not carrying out this activity.

During the term of the Agreement, USAID carried out two audits to APROFAM, one of them in 2006 (USAID/APROFAM Audit on Family Planning and Reproductive Health Activities) and the other one in 2009 (Evaluation of the Current Cooperative Agreement Fulfillment, between USAID and APROFAM).

APROFAM continued meeting with the requirements requested by USAID in the Standard Provision C.21 "Voluntary Population Planning (June 1999)." In order to fulfill with the legal requirements and the USAID policies on Family Planning and Reproductive Health, APROFAM carried out the following actions to prevent possible violations to the Tiahrt Amendment: i) it was established that no Variable Compensation Plan could exist without the prior approval of the Human Resources Department, that was in charge of the fulfillment of this regulation, and ii) the training course regarding the Tiahrt Amendment was included in the institutional induction process, which was addressed to all the employees who recently joined the Association. Additionally, all staff (administrative and operational) was trained on this topic.

The purpose of this Cooperative Agreement:

The purpose of this Cooperative Agreement was to assist Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM) to achieve 100% of financial sustainability and to be independent from the USAID support in 2009, while it continues fulfilling its social mission of rendering quality Family Planning and reproductive and infant health services to low-income families of Guatemala. The Cooperative Agreement addressed the following results:

Result 1 –100% Financial Sustainability Achieved

For purposes of this Cooperative Agreement, Sustainability was defined as:

Revenue generated locally divided by total costs

Financial sustainability achievement was supported by the following low level results:

Low Level Result 1.1 –Management/Government Strengthened:

Responsible: Members of the Board of Directors

USAID/Guatemala hired the services of Management Sciences for Health under the Management and Leadership MSH/M&L with no cost for APROFAM, to give technical assistance to the Board of Directors and Managerial Staff. With this support, the Association implemented, monitored, and informed about the impact of a technical assistance plan that contributed to an improved governance, increased and strengthened assembly, clear communication channels, reviewed bylaws and regulations that materialized and instituted improved systems and procedures addressed to the following areas:

1.1.1 Board of Directors and General Assembly Strengthened

APROFAM supported by MSH/M&L on the first six months of the agreement, developed a plan concentrated on four strategic lines:

i. Strategic Plan Updating:

This was done in May 2005 according to the requirements of the new Cooperative Agreement with USAID effective from 2005 to 2009.

ii. Dashboards Automation

The Board of Directors, Executive Director, and Managerial Staff were supported in the definition of 58 key indicators to monitor the institutional management. These were socialized with the new members of the Board of Directors and Managerial Staff and training course were given in the usage and construction of this decision making instrument. From the 58 indicators, 24 were manually fed and 34 in an automatic way. Each area was responsible to enter them to the system and a monthly follow-up was given.

iii. Communication and joint work strengthening of the leading teams

The strategy was to involve the Managers of each area in the submission of specific projects to the Board of Directors. This activity was permanently developed through all the Agreement.

iv. Preparation of the Board of Directors' Organization Manual

In August 2005 the new Manual was prepared, which included the mission, general tasks, processes, and procedures, working standards, operational and organizational structure, and descriptions and profiles of the different positions of the Board of Directors. This was approved at the Extraordinary General Assembly of Associates in 2006. Also, in 2007 the indicator establishment process to monitor the Manual activities was developed. This activity was developed by Doctor Juan Felipe García, Independent Consultant.

The new members of the Board of Directors were annually trained on the contents and usage of this Manual, including indicators.

At the Ordinary General Assembly of 2008, the endorsement of the APROFAM's bylaws, according to the last amendment of 2005 was held, additionally to the removal of the NGO letters from the operational name of the Association.

From this amendment the members of the Board of Directors that were elected at the Associates' General Assembly as of that date will cover a 3-years term in the performance of their tenure.

Institutional Development Policies

In 2006 the Human Resources policies for Staff Recruitment were reviewed and updated, which were approved by the Board of Directors. From that updating the prospective external consulting firms would be contacted, the process was coordinated by the Human Resources Department. Due to the high costs that were proposed for this engagement, the decision made was to change the modality and to hire a person in charge of this activity.

After a thorough analysis, in 2007 the decision was to request the technical support to MSH to carry out this activity. Due to the abovementioned, within the activities that MSH would be developing in the Association with the members of the Board of Directors would be to work on the strengthening of the leading, support, strategic control roles, reason for which to include the topic for the areas that need Institutional Development Policies within the strategic context was requested. This component will be incorporated within the new Strategic Plan 2010-2014.

Training Courses to the members of the Board of Directors

The areas to strengthen were:

- 1. Governance and volunteering:** In 2006 the IPPF support was requested for the development of this component. In June 2007 members of the Board of Directors attended the workshop about "Promotion of Diversity and effective involvement of youth within the Boards of Directors," which was set up by IPPF/RHO in the city of Lima in Peru. During this the importance of having Board of Directors formed by multidisciplinary teams, ethnics diversity, among others, was brought into attention, as well as the involvement of youth in their authority bodies.
- 2. Ethics and Conflicts of interests:** In January of each year, the members of the Board of Directors subscribed the Conflict of Interests Document of the Association.
- 3. Sustainability Principles:** As of 2006 this topic was addressed by the Financial Manager of the Association as part of the Induction course contents, offered to the Members of the Board of Directors.
- 4. Funds raising technique:** This topic referred to the input of partners as monthly fees. However, at the Extraordinary Assembly held in 2006, considering the country's economic situation and by the decision of the attendees of this Assembly, the payment of the monthly fee was eliminated, substituting it by the payment of a voluntary fee according the economic capacity of each Associate.

5. **Alliances Development and Fund-raising Strategies:** These topics were addressed in 2006 by the external advisor, Mr. Agop Kayayán, who was hired to develop them. In 2007 and 2008 information was requested to different Consultant firms, specialists in the alliances development strategies topic. Additionally, with USAID's support, contacts began within the sexual and reproductive health associations of Latin America, with successful experience in this field, to which follow-up was given to hire their services. In 2009 jointly with USAID the not carrying out of this activity was decided. This topic was included within the ESD Evaluation and will be included in the 2010-2014 APROFAM Strategic Plan.
6. **Strict Criteria and Modern Processes to recruit members, lead assemblies, and elect officials.**
Number 6 and 7 were prepared and incorporated in the Organization Manual of the Board of Directors.
7. **Profiles for the Board of Directors and for the General Assembly**
Number 6 and 7 were prepared and incorporated in the Organization Manual of the Board of Directors.
8. **Training in designed and implemented procedures to measure the performance of the members of the Board of Directors.** This was coordinated after the authorization of the Organization Manual of the Board of Directors.
9. **Strengthening in the decision making regarding the types of investment in the USA stock exchange, considering risks and yields:** In February 2007, the members of the Sustainability Trust Fund Commission attended a conference lectured by Mr. Jesús Amadeo, Voluntary Member of IPPF/RHO, financial specialist regarding management, basic, and critical aspects that an investment fund like de APROFAM has. In September 2008, the members of the Board of Directors were trained on "Best Practices toward Sustainability 2009," by an External Consultant.

Other Training Courses:

1. Human Relationships and Efficient Communication, Dale Carnegie, November 2008 to January 2009.
2. **"Virtual Program for the Board of Directors of Non Governmental Organizations (PVJO, as per its abbreviation in Spanish)"** arranged by Management Sciences for Health (MSH) organization, from April to June 2009. The purpose of this program was to help the members of the Board of Directors to understand their role and responsibilities, main activities and how they can keep the Board of Directors accountable, clear, so in this way avoid entering in situations that create conflict of interests.

1.1.2 Membership Increased and Strengthened

Due to the fact that APROFAM is a large and complex organization, to consider a strong demand on its members was required, mainly in support to the institutional sustainability scope. For the abovementioned, to start with the process to increase the volunteer's qualified group was required, given that the organization may count on its support and governance.

The new volunteers were recruited and selected according to the new profile developed in coordination with MSH. These were involved in the institutional induction process and were trained in key areas such as: governance, volunteering, fundraising, and other topics.

In 2005 the Human Resources Department submitted the proposal of the General Induction Program to the organization for new Associates, which was approved with the members of the Board of Directors and Associates.

Association's Purchasing Manual Revision:

Also at the request of the Board of Directors, MSH carried out the revision and updating of the Purchasing Policies, Rules, and Procedures Manual of the Association. This action was done with USAID's authorization. This manual was handed over in August 2005.

Development of the Recruitment Plan for the new members of the General Assembly

As of 2006, meetings with prospective new Associates began (informative breakfasts, lunches, or suppers).

The results were the following:

Table 1 Recruitment of new Associates

Activity	2005	2006	2007	2008	2009	Total
Informative Breakfast Capital City (2006)						
Informative Supper, Quetzaltenango (2007)						
Informative Meeting Capital City (2007)						
Informative Lunch, Chimaltenango (2007)						
Informative Supper Capital City (2007)		20	46	28	13	107
Informative Meeting, Quetzaltenango (2008)						
Informative Meeting Capital City (2008)						
Informative Supper Capital City (2008)						
Informative Breakfast, Capital City (2009)						
Number of attendees (prospective Associates)						
Number of applications to enter as new Associates		15	53	28	13	109
Number of persons authorized as new Associates by the Board of Directors previous evaluation of the Postulations and Elections Commission (*)	4	15	46	44	8	117
New Associates Total	4	15	46	44	8	117

(*) The balance of the previous years is included in these figures, for which the total sum does not match.

Current Associates Census and sorting according to profiles

The developed activities were:

- i. **Data collection with effective profiles** This activity was held in August 2006; for that, an ACCESS based database was developed, which allowed having a control of the associates. As of 2007 at the end of each year, updating and validation of data capture of the Associates was done.
- ii. **Census carrying out of the current Associates:** In August 2006 the Associates listing was reviewed to determine their involvement in the Assemblies of this Association. After the revision of this listing, to send an invitation letter to the Associates that were neither present nor involved in the Assemblies during the last 4 years was decided. The deadline to receive a response to this notice was September 2006.
- iii. **Training course to new Associates according to defined profiles:** Once the Associates listing was refined and the data capture matrix was fed with the current profiles, a new induction to the Associates that responded to the invitation to attend and be involved again in the Association's activities was done.
- iv. **Induction Workshop Development to the Associates:**

Table 2 Induction Workshops for new Associates

Activity	2005	2006	2007	2008	2009	Total
Induction Workshops for new Associates	0	1	2	2	1	6
Number of Attendees	0	6	25	38	13	82
Induction Workshops for new Associates	0	1	2	2	1	6

Board of Directors of APROFAM:

In March 2006, the General Assembly for the election of a new Board of Directors of APROFAM was held, integrated as follows:

Chairman:	Lic. Raúl Humberto Corado Palma
Vice-president:	Ing. Luis Adolfo Unda Toriello
Secretary:	Lcda. María Eugenia De León Quiñónez de Monroy
Assistant Secretary:	Dr. Elsy Haydee Camey de León de Astorga
Treasurer:	Mrs. Pamela Rodas Ramírez de Ramírez
Assistant Treasurer:	Prof. Ana Rosa Godínez de Grajeda
Member of the Board I:	Mrs. María Elisa López Ixtabalán
Member of the Board II:	Dr. Herman Antonio Ovalle Escamilla

In April of this year, Mrs. Pamela Rodas who was in the Treasurer of the Board of Director, quit this tenure. This tenure was held by Prof. Ana Rosa de Grajeda who was the Assistant Treasurer of this Board, so this last tenure was vacant.

Appointment of the new Legal Representative

As of April 2006 APROFAM had a hard time to register the Association's Legal Representative, who was elected in March of this same year, because the Civil Registry of the Municipality of Guatemala did not have APROFAM recorded as APROFAM NGO.

Additionally, the Civil Registry moved from the Municipality of Guatemala to the Ministry of Interior, event that delayed this process. The registration of the Legal Representative of APROFAM appointment was given by the Legal Entities Registry of the Ministry of Interior on July 20, 2006, where it was duly recorded under Entry number 15, Folio 15, of Book 1 of the Unique System of the Electronic Registry of Legal Entities

As part of the Legal Representative of APROFAM registration process, the Association was forced to request the Civil Registry the cancellation of Public Deed number 19 dated April 7, 2005 through which the Association's bylaws were amended (these amendments were done as part of the MSH advisory).

In April 2009 the Ordinary General Assembly was held where 4 new members of the Board of Directors were elected (*), integrated as follows:

Chairman	Lcda. María Eugenia De León de Monroy (*)
Vicepresident	Lcda. Josefa Victoria Ramírez Hernández de Pérez
Treasurer	Mrs. Ana Rosa Godínez Rojas de Grajeda
Assistant Treasurer	Dr. Carlos René Morales (*)
Secretary	Mr. Luis Alberto Hernández
Assistant Secretary	Mrs. Hilma Gómez Esquivel (*)
Member of the Board I	Mr. Erickson Bersani García Cruz
Member of the Board II	Miss Nancy Meza Figueroa (*)

1.1.2.1 Extension of counterparties¹

i. Searching new areas for services rendering that strengthen sustainability and completion of social mission.

From 2007 to 2009 no actions were taken about this topic.

ii. Corporate Social Responsibility –RSE, as per its abbreviation in Spanish- extending the access through Sexual and Reproductive Health to private sector entities.

In 2007 and 2008 different activities were done with the following entities:

ZOLIC (Zona Libre de Industria y Comercio), in Santo Tomás de Castilla, Izabal:

In the last quarter of 2006, the Chairmanship of the APROFAM's Board of Directors identified the alliance opportunity with ZOLIC. As a result APROFAM drafted a proposal for the alliance and medical journeys at the Santo Tomás de Castilla community, assisted by the Puerto Barrios clinic. The proposal was submitted in December 2006. The Board of Directors in coordination with the Projects Head Office did the follow up and communications of this procedure.

In the first semester of 2007, the Chairman of the Board of Directors of APROFAM tried to contact with this entity; however, no communication whatsoever was achieved. Authorization was requested so this contact may be done at the administrative level of APROFAM.

During July to September 2007, information from ZOLIC was received to directly contact the affiliated sub entities to ZOLIC and get a response to our proposal. As of September 2007, the follow up of this activity was done by the Projects Head Office.

Asociación Multiparticipativa:

In the last quarter of 2006, the Chairmanship of the Board of Directors negotiated an approach with the Asociación Multiparticipativa, which includes associations of the employees of the Wal-Mart/La Fragua consortium. As a result of this negotiation, opportunities of alliance identification meeting were achieved, based in the health services rendering of APROFAM for the consortium employees. APROFAM drafted and submitted in December 2006 a standard services proposal, which was included by Asociación Multiparticipativa.

During the first quarter of 2007, the Legal Department of Asociación Multiparticipativa started the revision process of the APROFAM's proposal. At a meeting of the Board of Directors in June 2007 the decision was for APROFAM not doing an alliance under the conditions stated by the legal advisory of Wal-Mart, reason for which the legal advisory of Wal-Mart will review all the policies of APROFAM to reconsider its decision.

¹ This component was included by APROFAM in the Work Plan October 2006-September 2007.

Finally, in the third quarter of 2007 no alliance was done, for the amendments of the conditions by Wal-Mart.

Seguros Universales:

During the first quarter of 2008 the negotiation was completed, which started with the contact that the Board of Directors did, to establish a strategic alliance between Seguros Universales and APROFAM, which was implemented as of April 1, 2008. This alliance allowed Seguros Universales and APROFAM to implement the **UNISALUD INTEGRAL** program, created for employees of affiliated entities, so they can have access to quality healthcare.

iii. Promotion of political and social forums of advocacy to comply with the Universal Access to the Family Planning services law.

During October 2006, the Chairman of the Board of Directors of APROFAM Lic. Raúl Corado held a discussion with Licda. Evelyn Rivas Rojas- Administrative Director of CRECIENDO BIEN program, Social Works Secretariat of the First Lady -SOSEP, who displayed his concern to learn about the different programs that the Association manages, in the benefit of woman. For the abovementioned, the corresponding information was sent to her with a copy to Licda. Silvia Estrada – Technical Director of this same program, expecting an interview with her, which was impossible. During November and December 2006, in several opportunities a new approach was undertaken to know the results of this communication, with no answer at all, due to changes of this program.

In January 2007, this topic was taken up again in order to materialize the mentioned interview, which was not possible.

In the second semester 2007, the Chairman of the Board of Directors, held an interview with Mrs. Iris Solares of CRECIENDO BIEN program, who stated that unfortunately this was impossible to include in the APROFAM project within the work plan for this year. Additionally due to changes in the management, they were not able to commit for next year without a new services supplier. Therefore, the project was considered to be offered at the time of starting a new management of this Program.

In 2008 and 2009 no actions were done about this topic.

Advisory to the General Assembly Commissions

In the third quarter of 2009, the members of the Board of Directors gathered with the members of the Postulations and Elections Commission, who as part of the Associates Assembly wanted to strongly support the activities of the Association, effectively developing their work with the Board of Directors. For such purpose, including the Technical Assistance of ESD, this will be included within the Strategic Plan 2010-2014, to strengthen the development of the activities of the Commissions of the Assembly with the Board of Directors.

1.1.3 Technical Staff Strengthened

Responsible: Human Resources Department

From 2005 to 2009 a total of 651 training courses addressed to the staff of Clinics, Rural Development, and Management of APROFAM, with the participation of 10,394 employees (7,423 women and 2,971 men).

Table 3 Total amount of staff annually covered by the Training Unit

Results	April-Sept. 2005	2006	2007	2008	2009	Total 2005-2009
Number of training courses that were imparted	45	107	176	144	179	651
Number of attendees in training Courses	1,428	2,104	2,174	2,099	2,589	10,394
Women	928	1,304	1,656	1,608	1,927	7,423
Men	500	800	518	491	662	2,971

Table 4 Total amount of courses imparted by the Training Unit

Module	Topics	April - September 2005	2006	2007	2008	2009	Total
Specific Modules	Various courses	6	67	91	75	93	332
Basic Modules (Induction)	Induction to the tenure	18	12	2	0	3	35
	Institutional induction	0	0	7	11	23	41
	Induction to the Board of Directors/New Associates	0	1	0	4	2	7
Module I	"Care quality"	4	14	25	14	20	77
Module II	"Human Development at Work"	9	11	17	11	15	63
Module III	"Introduction to Sexual and Reproductive Health"	8	0	18	11	14	51
Module IV	"SSR Components"	0	2	10	18	6	36
Module V	"Team Work"	0	0	6	0	3	9
Totals		45	107	176	144	179	651

The topics addressed in the training courses are listed in **Annex 3 Topics covered on Training Courses April 2005 to September 2009**.

Basic and Specialized Training Modules were included; basic modules are those training contents that give a basic education to all employees of APROFAM about the topics related to institutional goals, while specific modules are those which thematic contents are related to the activity that the APROFAM's employee carries out and with his/her specific labor performance under a Management, Clinic, or Department.

APROFAM insured that during these activities the involved staff could receive training in Family Planning, sexual and reproductive health, and HIV/AIDS prevention. To assess the previous and acquired learning level during the training courses, pre and post test was applied to each one of the attendees of these activities.

Once a year, the Diagnostic of Training Needs -DTN- was done with a representative sampling from the staff of the Association. The final results allowed learning and analyzing the training needs and expectations of the employees, same that were incorporated in the Training Annual Plans.

Regarding technical topics that were not rendered by the Training Unit staff, people within the Institution were searched for to render them, and this Unit helped with the logistic support for the development of these activities.

Carried out activities:

In May 2005, 12 persons were trained (10 cashier secretaries and 2 assistants of the central drug store) to get the Certificate to certify them as Pharmacy Assistants. This training was rendered by an external consultant approved by Centro Guatemalteco de Información de Medicamentos, CEGIMED.

During June 2005, seven awareness raising meetings were held about the new APROFAM's strategy to reach Institutional sustainability, 100% of the goal. All the activities were lectured by the CEO and the Staff of Managers of the Association. These activities were developed by regions grouped as follows:

- Central Region, 4 meetings with the attendance of the metropolitan, peripheral clinics, Chimaltenango, Antigua, Barberena, Amatitlán, and Escuintla, Rural Development Staff of the Guatemala, Sacatepéquez, Chimaltenango, Barberena, Escuintla areas, and Marketing, Financial, Administrative, Managements and Executive Directorate Staff. The total number of attendees in the central region was of 263.
- Western Region, this activity was held in the city of Quetzaltenango, here the staff of clinics and Rural Development of Mazatenango, Retalhuleu, Coatepeque, Malacatán, San Pedro Sacatepéquez, San Marcos, Huehuetenango, Quiché, Sololá, Totonicapán, and Quetzaltenango was gathered. Total number of attendees in the western region: 90.
- Eastern Region, the meeting was held in Zacapa the staff from clinics and Rural Development of Puerto Barrios, Cobán, Alta and Baja Verapaz, Chiquimula, Zacapa, and El Progreso was gathered. Total number of attendees in the eastern region: 66.
- Petén Region, this activity was held at the San Benito Petén clinic. Total amount of attendees: 6.

In these meetings the current situation of APROFAM was disclosed, which allowed the standardization of the information and the leading of efforts to achieve the established goals.

In July and August 2005, the Human Resources staff was trained in the usage of the new GENSYS system. Training was given by the MCSI staff.

It is necessary to state that as of August 2005 there was no head of the Training Department and as of September 2005, neither the head of the Human Resources. The abovementioned hindered the carrying out of the planned activities.

In 2005 and part of 2006 the Training Unit was totally restructured, leaving only the following staff: i) One coordinator, ii) one assistant, and iii) one secretary, who had under their responsibility the development of the Training Annual Plans of the Association. As part of this new structure, the hiring of training external instructors was systematized, for the development of the Modules of: i) Human Development at work, ii) Team work, and iii) Assistance Quality.

To hire the external consultants, the administrative processes of the Association were followed. 12 entities were summoned, out of which 10 submitted their proposals. The hired entities were: i) Soluciones Recreativas Stephenson, ii) Fundes, iii) Aparicio Corzo & Corzo and Conceci, to which an induction course was addressed, so they can learn about the organizational culture of APROFAM and in this way to apply their methodologies with the Association's employees, under the guidelines of a sexual and reproductive health services supplier. Additionally to this process, at the request of the different Managements, 3 other entities were contacted. Integra Consulting, Chamber of Commerce, and Panamerican Consulting Group, which rendered the service for specific training courses.

In the last quarter of 2006, the Association's key staff was trained by USAID about the legal requirements and policies of USAID about Family Planning and Reproductive Health.

In 2006 the Training Manuals updating began which were validated by the USAID Projects Official, Mrs. Isabel Stout. In February 2007, the approval of USAID was received about the contents of the Training Modules I and II, additionally to the Induction Manual, same that were sent to DTP, design, and printing to a printing house. The delivery of these materials by the printing house was on September 2007. In the last semester of this year, 1000 induction manuals and 1000 for Modules I and II were printed, about "Sexual and Reproductive Health Components," which were used as of that date.

In the second semester 2007, the course for Pharmacy Assistants was held, which allowed for 42 employees of the institution (cashiers and educators), to count on the approval of the Ministry of Public Health and Social Welfare for the dispatching and leading in the adequate usage of medicines; approval acquired through the School of Chemistry and Pharmacy of Universidad de San Carlos de Guatemala.

In case of "Training on the Tiahrt Amendment requirements, to render Family Planning services," in the first semester 2007, the central clinics, specialties, peripheral, territorial divisions' clinics, Educators of the rural development program, and administrative area staff were trained. In September 2007 this activity was held with medical staff and nurses that work only in specific schedules, who have not attended on previous opportunities, the ones that did not attend, received a hard copy with the information about the topic. As of that date, this topic was addressed as part of the induction courses to the new Association's employees. **See Annex 3 Topics covered on Training Courses April 2005 to September 2009.**

According to the acquired commitments in the Family Planning program audits of USAID/Guatemala, an annual revision of the regulations that rule these programs was done (requirements of the Tiahrt Amendment, for the Family Planning Services rendering). For this, APROFAM key staff took an online course about this topic; this was on July 2007 in several sessions. At the completion of the course, a certificate was issued which was printed and the copy was sent to USAID for its files.

In February 2009, as part of the Reproductive Health Institute Agreement IRH/GUA, 180 Association's employees were trained (53 men and 127 women) about "Fertility knowledge based Methods." The staff that was trained was mostly from the administrative area. From June to August 2009, Educators from the Rural Development Program received it, which joined to the Association when the SSR modules were furnished.

In the third quarter of 2009, monitoring of the Induction Guide in the Cashiers tenures started, this was held by the Training Unit and validated with the related areas. Treasury, Accounting, and Information Systems. The first execution is in the evaluation process and the results will be official late 2009, time in which two months that are required for the confirmation of the tenure are completed. Additionally, the negotiations with Nursing Audit and the Nursing Head Office of the Central Hospital began, to start the design of the Induction Guide in the nursing staff tenure.

On these five years, no training course was held in the foreign with USAID funds.

As of 2010, annual updating activities will be held to the Board of Directors and Managerial Staff regarding governance topics, in the second semester each year. For this, the assistance of IPPF/RHO will be requested. The detail of these activities will be defined early 2010, once the Strategic Plan is done 2010-2014.

1.1.4 Variable Compensation Plan for all the APROFAM Staff Institutionalized

Responsible: Human Resources Department

The Variable Compensation Plan is a tool developed by MSH for APROFAM and successfully tested in the Rural Development Program. The purpose is to encourage: i) creativity, ii) innovation, iii) team work, and iv) encourage in the institutional human resource the repetition of positive behaviors in work performance to reach the institutional sustainability.

The goal was to strengthen the tool and totally implement it as a Variable Compensation Plan based in the updated policy of tenures and salaries authorized by the Board of Directors. This policy's management would allow to keep the internal and external salary equity, annually making a salary comparison with the market in order to determine the convenience to update such ranking.

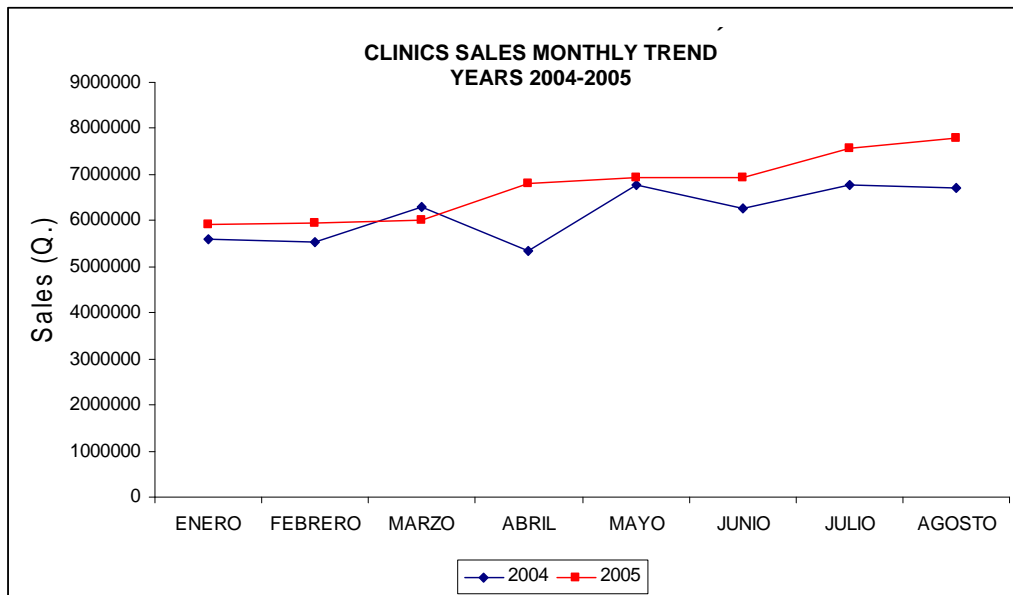
In the first semester of 2005, the following bonuses were given:

1. **Bonus due to productivity to logistics staff:** As of May 2005 a monthly bonus for productivity was paid to the logistics staff (5 assistants). The goal of this bonus was to reward the work team and encourage quality. Performance of work of this staff implies responsibility in preparing, packing, revision, and dispatch of orders to the clinics, nurses, NGOs, and educators of the Association. For the bonus payment, the weekly report that is monitored by the Administrative Management was the base, titled "*Dispatch Outstanding Requisitions per delayed days,*" which must not display any delayed requisition, unless there was a product that due to a fair and documented reason would have not entered to the Drug Store and for a fair reason would have not been dispatched. In case there is a delayed product in one of the requisitions due to different reasons than the previous mentioned or there is a claim or conflict by the clinics, NGOs managers, and Educators that was not able to be solved, the group as a whole is penalized with a percentile decrease in the Monthly Productivity Bonus.
2. **Variable Compensation based on goals fulfillment:** During May 2005 the Executive Director and Managerial Staff socialized the commitments acquired with the USAID in the wake of the subscription of the new agreement. The new commitments hinged upon achieving sustainability of 90% for 2005. To reach that level, the need to increase revenues, among other strategies, was proposed, reason for which the goals per clinic were amended. From the abovementioned, as of July 2005, the payment of the goals achieving additional bonus began for the clinics staff and Medical and Marketing Services Management staff as follows:
 - i. The bonus applied only to clinics that exceeded the planned original goal in the Work Plan and Budget 2005 because this excess helped to reach new sustainability goals.
 - ii. The bonus was computed as of the gross margin additional to the goal (actual minus budgeted).

- iii. From the additional gross margin produced in each clinic, 30% was destined to be distributed among the employees.
- iv. From this 30%, 95% of it was allotted to the clinic's staff and 5% to the Medical and Marketing Services Managements staff because their activities directly supported the clinics to reach or exceed the goals.
- v. To obtain the clinics staff bonus, it was necessary to be part of the payroll or be part of the persons that were paid through professional fees.
- vi. The bonus distribution was proportional for all the staff that was working at the clinic.
- vii. In the distribution of the bonus, all staff that was active at the closing of the previous month was included.
- viii. Within the bonus, rotating staff (all purpose staff) of the Medical Services Management in the work center was included, that was working as of today the period that was considered for the payment of the bonus.
- ix. The Clinics heads that were in charge of more than one cost center were included in each one for the payment of the bonus.
- x. The staff paid by fees that didn't count on a complete record at the Human Resources file nor was in the electronic system, was excluded from the payment of the bonus.
- xi. The staff in vacations time was included in the payment of the bonus.
- xii. The bonus was paid per month, except when the amount of this was less than Q. 50.00. This was accrued and was paid on the next month.
- xiii. To speed up payments, each clinic monthly reported to Human Resources the increases and decreases during the month (although this has not surpassed the goals), in order to keep updated the database.
- xiv. For payroll staff, Human Resources issued an extraordinary payroll for its payment charged to the corresponding clinic.
- xv. For staff paid by professional fees, the clinic itself was the place where payments came from, according to the calculation of the Human Resources Department.

The sales monthly behavior in the clinics of the Association may be seen in the following graph, the results show a trend to increase as of July 2005, date in which the variable compensation payment began based on goals achievement.

Graph 1 Clinics Sales Monthly Trend, 2004-2005



- 3. Variable Compensation for performance evaluation and life cost adjustment:** In June 2005, two bonuses were materialized based on the following: i) 70% of the salary or fees for life cost adjustment, with this bonus the intention were to diminish the staff turnover due to resignations, because the replacement costs are very high for the Association. Incentive included all active staff, duly confirmed in the tenure as of June 15, 2005 and ii) A second payment against the Variable Compensation Tool (payment according the each cost center results) and Performance Evaluation which varied between 10% to 30% according to the grade obtained in the evaluation. Active staff that worked from December 2004 and that had a performance evaluation was included.

In 2006 APROFAM requested USAID the revision of the variable compensation tool as part of the Technical Assistance Plan component at all levels which is described in the current Agreement with USAID. The goal was to develop a Variable Compensation proposal for the areas that didn't have this system yet.

MSH submitted the proposal to USAID, which approved it. Action lines of this advice were: i) Analysis and updating of the organizational and institutional operational structure and ii) Updating and validation of the Variable Compensation System at the institutional level.

In June 21, 2006 the USAID Health and Education Office requested the incorporation as of the quarterly report April-June 2006, of the effective Variable Compensation Plan, in order to monitor all types of payments that APROFAM counted on, including all bonuses or incentives that have been paid within the Institution, these with the funds coming from the Agreement, own funds, or funds from other donors. Any change to the plan must have been informed to USAID in the corresponding quarterly report.

See Annex 4, Variable Compensation Plan April 2006 - January 2009

- 4. Variable Compensation based on results** In June 2006, the Institutional Variable Compensation Bonus, corresponding to 2005 was granted, considering the following variables: i) the costs center had exceeded the financial sustainability goals and ii) the performance evaluation results were very good or excellent.

The awarded clinics were: i) Central Clinic, ii) X rays, iii) Central Laboratory, iv) Cytological Laboratory, v) Specialties Clinic, vi) Zone 19, vii) Zone 12, viii) Mazatenango Clinic, ix) Barberena Clinic, x) Huehuetenango Clinic, xi) CQAP, xii) Antigua, xiii) Jutiapa Educators, and xiv) Expenditures Center Staff (Administrative Staff). The total amount of employees (payroll and hired services) that received this bonus was of 286 which represented 38% from the total amount of staff of the Association in 2006.

In October 2006, the APROFAM Board of Directors suspended the payment of the different existent Institutional Variable Compensation Systems because they were not in agreement of how some of the payments of this system were done. Due to the abovementioned, two meetings with the Board of Directors were held to submit the requested information and clear doubts on this topic. After those meetings and during the November 2006 to January 2009 term, the APROFAM Board of Directors continued issuing monthly approvals to do those payments, previous the implementation of the new system.

In December 2006 the first visit by MSH was held to carry out the revision process of the Institutional Variable Compensation tool.

The developed activities were:

- APROFAM sent MSH previous information about the different Variable Compensation payment systems currently operating in the Association.

- The MSH Consultant had an interview with the Managerial Staff to review the existent payment systems. The process to have only one Variable Compensation Payment System began for all the Association's Staff.
- The MSH Consultant submitted the Board of Directors, Managerial Staff, and USAID members the first proposal of the new Variable Compensation payment system.

In February and March 2007, a second visit of the MSH consultant was held, the goals of this activity were:

- Carry out a diagnosis of the current situation, advances, and changes suggested by the executive staff to the proposed variable compensation system.
- Review and do the adjustments, complete the indicators, instruments, and procedures group to the initial capture and integration of the perceived and technical quality component, not only for outpatient appointments, but also for hospitalizations and clinics administration.
- Review the financial and programmatic available information, design the formats for the development of a preliminary database (in Excel), that would allow the creation of financial projections and scenarios.

In May 2007 the Institutional Variable Compensation Bonus payment was done, which corresponds to 2006 (**See number 4**). The Care Centers that got the bonus were: Central Laboratory, Clinics of: Specialties, Jutiapa, Coatepeque, CQAP, Chimaltenango, Quiché, Educators of the Rural Development Program of Jutiapa and Cobán and Administrative Staff. The total number of benefited people was 284 Association's employees.

In June 2007, the third visit by the MSH consultant was held where work meetings were carried out with the Human Resources Head, Information Technology Manager, Financial Manager and some of the representatives in the involved areas where the following was worked:

- Variable compensation information revision that currently has been paid at Central Clinic and CQAP collected by the CORE area, from February to April 2007.
- Revision of the information integration instruments to assess by Profitability Center, Costs and Expenditures Recovery, ambulatory care quality, hospital care quality, and clinics administrators quality.
- Support in the creation of the database in Excel and the creation of financial scenarios and projections of the Central Clinic, CQAP, Rural Development, and Purchasing.
- Submission of the advances to the Managerial Staff.

During July – September 2007 quarter, the following activities were held:

- Gathering of the paid current variable compensation information from January to June 2007, of the Jutiapa, Quetzaltenango, and Coatepeque Clinics. This activity was done by the CORE department's staff.
- Paid fees information gathering that were paid to the rest of clinics from January to June 2007. This activity was done by the CORE department's staff.
- Financial projections carrying out for the whole year.
- Integration of the collected information by the CORE department, payroll and financial in the MSH charts.
- Revision of the integrated charts by the Confab and the MSH Consultant.

In October 2007 the financial scenarios of the Institutional Variable Compensation System were submitted to the Managerial Staff and in November 2007 to the Association's Board of Directors, both presentations done by the MSH Consultant. In January 2008 the Board of Directors authorized to continue with the implementation of the Institutional Variable Compensation Project according to Resolution JD0108-01 dated January 16, 2008.

In the first months of 2008 the automation process of the information capture instruments was done by the Profitability Center, Cost and Expenditure Recovery Center. The System Application Guide was prepared, which includes: procedures, people in charge, standards, and information capture instruments. The pilot test was designed including the indicators and formats to be used for its evaluation.

In March 2008 the project was submitted to the Administrators of the following clinics: Central, Specialties, CQAP, Clinic Laboratory, Quetzaltenango, Escuintla, and Rural Development Program Coordinators, who were part of the pilot test which was held from April to June of this year. The final results were submitted to the Managerial Staff in August and to the Board of Directors late September.

In May and June in a parallel way the communication plan of the Variable Compensation Project was developed. The Association's clinics were visited except Petén, publicizing the project, with two highlights to be considered by the Administrators: i) To consider the fulfillment of revenues goals of the clinics that have been remodeling and ii) the Medical Audit Area to be strengthened.

By implementing the new Variable Compensation Clinic in February 2009, the Institutional Variable Compensation Bonus that was granted in 2006 and 2007, was not given any more, because this was included as part of this new system. (See number 4).

In January 2009 the last information lectures were given about the Variable Compensation to the medical staff, support, and administrative staff, completing with the carried out program to cover this activity before starting the new system in February 2009.

Additionally, the Human Resources Department and Information Systems members had meetings to learn about the operational portion of the Variable Compensation calculation system from which several necessary requirements come into existence (formats, monthly fees information, attendance reports, data entry in certain time, direct communication with clinics administrators and heads to solve the process and system queries) to begin with the implementation of the system.

Derived from these requirements the Information Systems Management did a mini manual to ease the operation of the Variable Compensation System, which was sent by email to all the Administrators.

In February 2009 the new Variable Compensation System began, superseding the previous one.

The Clinics Administrators and Heads began the entry and registration of data that feed the new variable compensation system, finding areas that required improvements and that were covered. This was a major stage of the system's implementation because it began with the first phase of the process, which required coaching to solve doubts.

In March 2009 the accounting closing of February 2009 was not available, for the transition process of the information system, reason for which the payment of the variable compensation was not possible. This event was reported to the Clinics Administrators and Heads.

The new Variable Compensation system includes the calculation of the following Bonuses:

1. Outpatient Appointment bonus
2. Hospital Management Bonus
3. Profitability Bonus
4. Care quality Bonus

To calculate these bonuses, the following indicators were the base:

Table 5, New Variable Compensation System Indicators

Quality Assistance Outpatient Appointment	Quality Assistance Bonus	Quality Assistance Bonus	Quality Assistance Bonus	Payment Frequency
Indicators				
1. Assistance	1. Patient with an adequate hospital follow-up	1. Profitability excess	1. Users Satisfaction Evaluation	Monthly Payment
2. Punctuality	2. Client's clinic satisfaction and correlation	2. Performance Evaluation	2. Profitability excess	Monthly Payment
3. Client's clinic satisfaction and correlation	3. Medical Audit			Monthly Payment
4. Medical Audit				Monthly Payment

For the Profitability and Care Quality calculation the Profitability Excess Indicator is needed, which depends on the monthly accounting closing per clinic. As of February to April 2009, APROFAM did not count on Financial Statements in a timely manner, due to the transition process of the information system.

For the Outpatient Consultation and Hospital Management Bonus the following limitations were found:

- Updating of the database and data registry of the medical staff per clinic.
- Refining of calculation and reporting areas of the Variable Compensation System.

These events were mostly solved; however, in May 2009, the Variable Compensation payment was still delinquent; for this reason a meeting with the Central Clinics and Specialties Clinics physicians was summoned and with them a partial payment for the end of the month was agreed.

Table 6 Variable compensation carried out payments, May 2009

	Totals	Variable Compensation Payment in May 2009	
Current Costs Centers	33	2	Central and Specialties
Registered Physicians	61	42	Specialties and Central Clinics Physicians
Variable Compensation Bonuses	4	1	Outpatient Appointment bonus
Months	5	1	February 2009

The complement of the Variable Compensation payment corresponding to February and March 2009 was done in July of this year.

To reinforce and locate in the mind of the employees all the benefits of the Variable Compensation Program, Communication and Release Program began, which was designed as a support to raise awareness to employees about the following:

1. Quality in users' assistance and follow up of guides and protocols, by physicians, support and administrative staff.
2. Working performance as an element that has been constantly observed and it is intended to be improved.
3. Sustainability of each clinic.

Late August 2009, Accounting Reports of April and May 2009 were available, for this reason, in September Variable Compensation Calculation began, and inconsistencies in the recorded data in Medical Audits of the Clinics that have a hospital were found, which required the Information Technology Department and Medical Services Management support.

From the implementation of the new Institutional Variable Compensation System in February 2009, the effective Variable Compensation Plan requested in 2006 by USAID was not sent to it any more.

The variable compensation payment funds were shared between APROFAM and USAID as follows:

Table 7 Funding Source (%) for the Variable Compensation Payment

Year	USAID	APROFAM
2005	80%	20%
2006	70%	30%
2007	50%	50%
2008	30%	70%
2009	10%	90%

1.1.4.1 Pension Plan Institutionalized

The Pension Plan is a financial product of Social Welfare which goal was to give the affiliated, at the time of his/her retirement, a pension type income to allow him/her to live with tranquility and welfare. Is a Voluntary Saving Systematic way and has a higher profitability than common saving accounts.

In order to guarantee long-term loyalty of the employees, APROFAM researched the financial options that were available in the market and the corresponding legal advisory to assess the economic and technical feasibility to count on an individual pension fund system.

In the first semester of 2005, the required contacts began to look for Pension Fund options in the national banking system.

In December 2005, research, evaluation, and juridical opinion about the financial options that were available in the market were completed. According to the juridical opinion, the pension fund implementation, addressed and managed by a banking firm, totally guards APROFAM from any risk or contingency to collapse, because it is exclusively in charge and under the responsibility of a bank of the system. The Banks that offered their services were: Banco Industrial, Banco G&T, and Banco del Café.

With the information from these banks, APROFAM developed the economic feasibility survey for its implementation.

In June 2006 the pending last revision was done with the Managerial Staff, reaching the following conclusions:

The main goal of the Pension Fund is to encourage the long term voluntary saving in the staff. It was considered a good employees' incentive; however, according to the juridical opinion, its implementation could increase the risk of being constituted as an economic advantage.

Due to the abovementioned, the option to give an Annual Bonus due to loyalty was assessed. The proposal was developed and validated by the Managerial Staff. However, according to what the MSH consultant suggested, this project must be assessed after the Institutional Variable Compensation Project Analysis.

The budgeted amount for the Pension Fund payment was not executed in this period, for this reason it was transferred to support the Variable Compensation System.

Evaluation of the Association's employees performance

From January to March 2006, the Association's Human Resources Unit coordinated the development of the performance evaluation process of the Association's employees. The assessed period was January to December 2005. The obtained results allow a 5% to 7% of salary increase of the employee's salary, considering the Good, Very Good, and Excellent result. This compensation payment was done in June 2006.

Resolutions of the Board of Directors related to Salary Increase

In March 2006 the APROFAM's Board of Directors authorized the following procedures:

1. The salary ranking submitted by PriceWaterHouseCoopers with a retroactive payment for the Association's employees as of January 2006.
2. Monthly increase retroactive to January 2006, which would be applied to the Association's employees according to the performance evaluation results of 2005. (See Association's Employees performance evaluation topic)

1.1.4.2 Organizational surrounding conditions

In June 2006 the Organizational surrounding conditions survey began at the institutional level, which had the goal to learn the satisfaction and openness status of the employees regarding the different aspects of their job. At the request of the external company that carried out this study, this was managed as an "Opinion Survey," analyzing the following elements: Commitment, loyalty, and identification with the company, teamwork, effectiveness in communication lines and processes, Relationships with the near close Boss, leadership and control, organizational structure, human resources policies and management, performance evaluation procedure, training effectiveness, work physical environment, quality and relationships with customers, Stress, Information Technology, Values, and Area Managers.

The development of the study was done according to the following schedule:

1. Instrument creation, sample stratification, and application logistic of the survey. (June 1 to 9)
2. Survey application to the total sample of APROFAM (June 12 to 23). Sample total: 591 persons.

3. Sample interview planning (July 10 to 14). Sample total: 65 persons.
4. Interviews carrying out to extend the information according to results (July 17 to 28)
5. Conclusions, recommendations, and final report elaboration (August 7 to 11)
6. Submission of the Final Report to the Managerial Staff (August 31)
7. Submission to the Board of Directors (September 6)

The application of the Opinion Survey allowed having the perception of 76% (591 persons) of the Association's employees.

In November 2006 the first follow up meeting for the "Opinion Survey" was held, in which the Managerial Staff was involved and submitting each area's results. In January 2007 as a follow up of the organizational surrounding conditions results done in November 2006, a training course about the teamwork was done to which the Managerial Staff attended.

In case of the Organizational Surrounding Conditions of the Executive Directorate, bimonthly meetings were held with the Managerial Staff. As a follow up to the workshop about teamwork carried out in January 2007, during May and June 2007, two training courses about Institutional Conflicts Analyses and Treatment were held.

In June 2007 the results submission and the action plan development of all clinics of the Medical Services Management began, which was completed in August. This activity was developed with the support of an external consultant and 4 facilitators from the Medical Services Management. As a result of this action plans, short term actions were taken and the plans were reviewed again in November as part of the follow up.

Regarding the follow up by the Management, in July 2007, the Human Resources Department began meetings with the representatives of each area to continue with the follow up of the action plans presented by each Manager. The departments that were involved were Human Resources, Auditing, Marketing, Purchasing, and Logistics. Some of the issues were solved in that time, such as the revision of the salary ranking and the stress management among others, for the case of communication improvement, the work on this continued.

In November 2007 the Organizational Surrounding Conditions was done of the mobile medical units, delivering also the action plans of each one of the units to the Head of these units.

Considering that one of the most relevant issues for the follow up of the Organizational Surrounding Conditions was the salaries topic, in January 2008 PriceWaterhouseCoopers Company submitted a proposal to update the current salary ranking. During February and March 2008 different scenarios were prepared to measure the financial and working impact in order to make the best decision.

In May 2008 the proposals of salary ranking updating were submitted to the Board of Directors, different meetings were held in order to determine which was the best option and finally one of the proposals was approved, effective as of June 2008 retroactive as of May of this year.

A second study was scheduled, in order to assess the changes and/or improvements in the non-satisfaction issues reported in the Organizational Surrounding Conditions Study (Opinion Survey 2006). During July to September 2008, proposals from four consulting companies were received and analyzed. However, in the last quarter of 2008, the Board of Directors and Executive Directorate of the Association, made a jointly decision of leaving it in suspense until counting with the person that will be in charge of the Human Resources Department. Also additional information was requested to the suppliers to document the services offers that were submitted.

In February 2009, three months after hiring the new Human Resources Head, the results and variables reports assessed in the last Survey about the Surrounding Conditions of the Organization in 2006 were reviewed. Contacts with the suppliers began, to personally learn about the quality, methodology, and proposed instruments and to confirm the availability for the development of the survey. The entities that were contacted and that responded were the following:

- PCA
- PriceWaterhouseCoopers
- BL Consultores
- CONRECI

During March 2009 responses were received and the presentation to the Board of Directors and the Managerial Staff was prepared.

In June 2009 the budget was revised detecting that no specific allotment was available to carry out the Organizational Surrounding Condition Study through an external company that furnishes the logistics and final report delivery; for this reason, the decision of not doing it in this moment was made, such survey, but one will, a similar evaluation which is done every six months, for the internal customer, with concrete questions, by email, for it to be fast and with no need to move the staff from their work sites.

Additionally the work plans that each Management did in 2007 will be taken again, based on the results obtained in the last organizational surrounding conditions study of 2006, in order to put them to work and to assess the advances achieved up to date.

Human Resources Head withdrawal

As of September 22, 2008 the Human Resources Head ceased to work for APROFAM, Lcda. Bertha Miranda.

Appointment of the new Head of Human Resources of APROFAM

As of October 2008, recruitment and selection of the Human Resources Head position began, which was done through an external consultant company specialized in these processes.

As of November 17, 2008 the new Human Resources Head of APROFAM was hired, Licda. Carmen Elena Mejía de Sánchez, who received institutional induction and for her position too.

1.1.5 Incentive System for the Medical Staff Developed and Institutionalized

Responsible: Human Resources Department
Medical Services Management

APROFAM developed a variable compensation plan for the medical group in order to give financial incentives to guarantee their loyalty to the Association and the withholding of patients.

The plan would allow:

- Getting an increase in the care quality that is given to the customers.
- Achieve a better satisfaction of the customer that would increase the coverage of the services and would improve the medical staff loyalty.

As of April 2005 the Variable Compensation Payment due to a Reference to a Clinical Laboratory, Ultrasound, X-Rays tests, and Hospital Reference project was implemented. Initially a three months pilot test was done (April-June 2005) with the Gyneco-Obstetricians physicians of the Central Clinic, Specialties, and CQAP. As part of the project a Medical Auditor was appointed (Gyneco-Obstetrician) to verify the correct application of the institutional protocols. With this measure it was guaranteed that only the necessary tests were requested to the users.

This strategy considered two working areas: outpatient appointment and hospitalization.

Outpatient Appointment Area

As part of the Internal Reference System strengthening, the variable compensation payment was implemented, monthly by reference effective to the diagnosis services (Clinical Laboratory, ultrasound, and X rays)

Table 8 Monthly Minimum Rate of Reference for Diagnosis Services

Clinical Laboratory

NUMBER OF HOURS WORKED BY THE PHYSICIAN	MONTHLY MINIMUM RATE OF REFERENCE STATED IN QUETZALES	VARIABLE COMPENSATION PAYMENT AMOUNT OF THE REFERENCE
Two hours	Q5,000.00	2%
Three hours	Q6,000.00	2%
Four hours	Q7,000.00	2%

X rays, mammography, and bony densitometry:

NUMBER OF WORKED HOURS:	MONTHLY MINIMUM RATE OF REFERENCE STATED IN QUETZALES	VARIABLE COMPENSATION PAYMENT AMOUNT
Two hours	Q1,000.00	3%
Three hours	Q2,000.00	3%
Four hours	Q3,000.00	3%

Ultrasounds:

NUMBER OF WORKED HOURS:	MONTHLY MINIMUM RATE OF REFERENCE STATED IN QUETZALES	VARIABLE COMPENSATION PAYMENT AMOUNT
Two hours	Q1,500.00	3%
Three hours	Q2,000.00	3%
Four hours	Q3,000.00	3%

This strategy was to increase the coverage and decrease the inactive capacity of the Central Clinic and Specialties Clinic. The results were:

Table 9 Variable Compensation Results at the clinics 2005 - 2009

Description	April - September 2005	2006	2007	2008	January 2009	Totals
Outpatient appointment variable compensation payments	Q29,713.72	Q190,175.17	Q358,937.27	Q393,323.61	Q124,648.23	Q1,096,798.00

After completing the revision of the pilot test results, the negotiations process began of the terms of reference with the Administrator of the Quetzaltenango clinic for the implementation of this project as of October 1, 2005 for the outpatient appointment and hospital areas.

As of May 2006, this project was extended to other Surgical Specialties of the Specialties Clinic of Zone 1, which are detailed as follows: i) Cardiology, ii) Internal Medicine, iii) Breast surgery, iv) Urology, v) Endocrinology, vi) General Surgery, vii) Gastroenterology, viii) Proctology, ix) Colposcopy, x) Infertility, xi) Otorhinolaryngology, xii) Phlebology, and xiii) General Medicine.

The Variable Compensation Payment for Reference to a Clinic Laboratory, Ultrasound, X rays tests, and Hospital Reference for other surgical specialties project considered the number of patients assisted per month and the number of services referred to each unit with which a reference rate per physician is obtained.

For its application an increase per reference percentile ranking was developed and implemented, in such way that the specialist physicians that exceeded the 100% that was established per each service would be compensated with a higher percentage of payment.

The ranking was:

Table 10 Increase per reference percentile ranking

% of effectiveness	% of variable compensation payment
130%	6%
120%	5%
110%	4%
100%	3%
65%	2%
Less than 65%	0%

NOTE: The % of effectiveness was based on the reference rate per 1000 assisted patients. The % of variable compensation payment was based on what was referred in quetzales for each unit.

In August 2006, the Variable Compensation Payment was extended to the Pediatrics Specialty of the Central Clinic, in the medicines selling area and clinical laboratory, with a unique percentage per reference of 3%.

During 2006 the variable compensation payment project for the territorial division clinics by reference of outpatient appointments and hospital services, was socialized to the Administrators and involved medical staff of the Jutiapa, Coatepeque, Zacapa, and Puerto Barrios clinics.

In the second quarter 2007, an increase to the professional fees of the outpatient appointments physicians was done, per assisted user. The applied amounts were as follows:

1. As of March 2007, the specialist physicians gained the Q14.00 fee, including VAT per each carried out medical appointment.
2. For general medicine physicians (at the clinics this applies) 20% more was leveled to them including VAT, to the current value of the payment of their professional fees per each appointment they carried out.
3. For sonographer physicians of the 2D ultrasound and the ones that carried out colposcopies and cryosurgeries, a leveling of 15% VAT included was considered. This fee varies because what was agreed with each physician in ultrasound, colposcopies, and cryosurgeries is different per each clinic.
4. For the 4D ultrasound there was also a fees leveling of 15% including VAT.

Hospital Area

For the Hospital area as a maximum of a 10% bonus was applied over the monthly invoicing of each health provider.

The application of the variable compensation was calculated based on the following parameters which had differentiated specific appraisals:

Bonus as per Medical production in the Hospital Area

- Hospital Rate
- Percentage of patients with an adequate post-surgery follow-up
- Satisfaction percentage of the customer per physician
- Hospital Medical Audit Score

The first payment and the evaluation of this strategy was done in July 2005 with results of the April – June quarter of this year. 30 gynecologists of the Central and Specialties Clinics participated in this test. The results obtained after the payment of the third quarter allowed the increase of 23% the number of major gynecological surgeries and in 29% the number of minor gynecological procedures. The amount that was paid for the quarter was Q10,564.00.

Tabla 11 Variable Compensation Results at the Hospitals 2005 - 2009

Description	April - September 2005	2006	2007	2008	January 2009	Totals
Hospitals Area variable compensation payments	Q10,564.00	Q60,960.47	Q70,699.77	Q71,166.15	Q21,260.09	Q234,650.48

Variable Compensation Payment Project for the Territorial Divisions Clinics (as of 2007)

The results of the variable compensation payment project for the territorial divisions clinics that were profitable, which was effective for the references to the outpatient appointment and hospital services, are as follows:

Table 12 Variable Compensation Results at the territorial divisions clinics 2007 - 2009

Description	Clinic	2007	2008	2009	Totals
Variable compensation payments outpatient and hospital appointments of the Territorial Divisions Clinics	Quetzaltenango	Q51,953.88	Q55,133.66	Q19,214.88	Q126,302.42
	Jutiapa	Q15,443.14	Q24,191.71	Q8,266.04	Q47,900.89
	Coatepeque	Q27,758.22	Q39,433.53	Q11,052.85	Q78,244.60
Totals		Q95,155.24	Q118,758.90	Q38,533.77	Q252,447.91

This component was incorporated as part of the new Institutional Variable Compensation System, which was implemented as of February 2009. The Medical Services Management continued with the effective current system, previous the implementation of the new System.

Variable Compensation System effective as of February 2009.

Partial results obtained from the Variable Compensation Payment for the outpatient appointments physicians are as follows:

Table 13 Variable Compensation Payment for outpatient appointment physicians February 2009

February 2009		
Clinic	\$ of Physicians	Quality Assistance Outpatient Appointment
Central Clinics	21	Q. 8,927.88
Specialties	21	Q. 5,237.23
Total	42	Q. 14,165.11

The partial payment of the outpatient appointment of central and specialties clinic corresponds to:

- 2% out of the total of fees of the physicians
- 4% of the total number of employees of APROFAM

The complement of the Variable Compensation payment corresponding to February and March 2009 was done in July of this year, giving the following results:

**Table 14 Variable Compensation Payment for outpatient appointment physicians
July 2009**

Cost Centers	Quality Assistance Outpatient Appointment		Quality Assistance Bonus (*)		Quality Assistance Profitability (**)		Quality Assistance Bonus	
	February	March	February	March	February	March	February	March
33 current cost centers	66,616.85	55,898.00	11,549.09	19,085.12	6,897.42	29,155.59	0	186.83

(*) The clinics with Hospitals that received a bonus for the hospital management were 4 in February and 4 in March.

(**) The clinics that reported Sustainability in February were 3 and 9 in March.

The total payment of the outpatient appointment of central and specialties clinic corresponds to:

- 4% out of the total of fees of the physicians
- 24% of the total number of employees of APROFAM

1.1.5.1 Strengthening of the assistance quality at the clinics

Responsible: Medical Services Management

Medical Audit and Nursing Activities at the Clinics:

- 1,039 Medical Audits were done, 2,428 of Medical Assistance Quality, and 251 of Nursing in the different assistance centers of the Association.

Tabla 15 Total of Medical Audits done in 2005-2009

Activities carried out by the Medical Audit Department Period: April 2005 – September 2009						
Activities	April-Sept. 2005	2006	2007	2008	2009	Totals
Medical Audit	169	68	254	165	383	1,039
Nursing Audit	0	0	90	85	76	251
Medical Assistance Quality Audit	0	0	2,097	31	300	2,428
Surveys	0	188	2,546	3,588	8,718	15,040
Medical Audit Workshops	0	44	5	3	0	52
Nursing Audit Workshops	0	0	6	54	15	75
Protocols Revision	4	12	0	14	2	32
<i>Special medical records audits (these do not count as AM of the clinic)</i>	0	146	0	39	11,570	11,755
Totals	173	458	4,998	3,979	21,064	30,672

Tabla 16 Total of Medical Audits done by Care Center 2005-2009

Activities carried out by the Medical Audit Department Period: April 2005 – September 2009								
Clinics	Medical Audit	Nursing Audit	Medical Assistance Quality Audit	Surveys	Medical Care Workshops	Nursing Care Workshops	Protocols Revision	Total of carried out activities
Territorial Divisions	563	168	185	5,640	15	72	16	6,659
Metropolitan	257	47	65	540	27	2	0	938
Specialties	82	8	1,078	4,383	4	0	0	5,555
Central Clinics	55	8	1,078	3,940	4	0	16	5,101
CQAP	63	7	22	463	1	0	0	556
Mobile Units	19	13	0	74	1	1	0	108
SUB-TOTAL	1,039	251	2,428	15,040	52	75	32	18,917
<i>Special medical records audits (these do not count as AM of the clinic)</i>	9,549	375	5	1,823	0	0	3	11,755
TOTAL	10,588	626	2,433	16,863	52	75	35	30,672

- In 2008 in order to do a follow up of the Variable Compensation project and strengthen the Institutional Medical Audit project, the induction process to the gynecologist responsible of the Medical Audit process for the Western Area began. This person will cover the Quetzaltenango, San Pedro Sacatepéquez, San Marcos, Quiché, and Sololá clinics. During July 2008 the induction process of the two Auditors responsible for the Medical Auditing process began, who will be responsible for the North Eastern area and the municipalities of the City of Guatemala. These persons cover the clinics of: Antigua, Amatitlán, Barberena, Chimaltenango, Cobán, Puerto Barrios, Petén, Villa Nueva, Zacapa, Adolescents, CQAP. In November 2008 one Medical Auditor was hired for the Pediatrics specialty, who received an institutional induction and one to the position.
- In 2009, the following positions were hired: Two physicians auditors, one for the Jutiapa clinic and one for Huehuetenango, in both cases an induction of one week to the position was carried out to each one, and one Physician Auditor for surgery and gyneco-obstetric specialties, to whom an induction to the position for two weeks was held. With these three hirings the Medical Audit team was completed.
- 8 information lectures with the topics were held. i) “Medical and legal implications and importance of the Medical Registry” and ii) “Medical and legal implications of the Nursing staff in the assistance to patients and management of the medical registry” to physicians of the Coatepeque, Cobán, Huehuetenango, Escuintla, Jutiapa, Puerto Barrios, Quetzaltenango, and Zacapa clinics.
- In 2005 there was an active participation in the updating of the following institutional protocols: i) Patients with induced hypertension in the pregnancy stage, ii) Fetal suffering, iii) External fetal monitoring, and iv) Pregnancy in process of extension. Additionally the elaboration of 11 ways used in the outpatient appointments of the APROFAM clinics was supported. In 2008 the following protocols were revised, updated, and socialized: Protocols of Pediatrics, Fetus welfare tests –PBF+ Non Stress Test -NST-, Obstetric Ultrasonography -USG-, Menopause, attached masses, Polycystic ovaries, currently the Ovary Membrane Premature Rupture protocol is being updated –RPMO-, and the Simple Herpes protocol is being done. Likewise the Biosecurity Standards Manual was reviewed and the Family Planning Manual was updated based on the health national standards of the MSPAS.

- In 2006 the software for the Medical Care Quality Audit project was implemented, with which 30 visits to the Central and Specialties Clinics were held. 188 surveys to users were held, getting a 73.81% result of user's satisfaction, with the perception that he/she had about the care given by the physician. As part of this process, the electronic agendas acquisition proceeding began for setting up and usage of the software for the medical care quality audit project.
- Two workshops of the medical guides' dissemination to clinic staff of Petén and Rural Development were held, as well as the mobile units and one for the Metropolitan area with a total of 60 attendees.
- 33 claims from the users about the services were addressed.
- In 2008, 2 flowcharts were reviewed and modified. i) Pre-surgery flowchart of elective non gynecologist surgery at the metropolitan clinics, and ii) Pre-surgery flowchart of gynecologist and non- gynecologist elective surgery at the territorial divisions clinics and these were revised and modified as follows: i) pre-surgery requirements checking per practitioner physician, ii) pre-surgery requirements checking per administrator, iii) instruction booklet for the verification of pre-surgery requirements per practitioner physician, iv) instruction booklet for the verification of pre-surgery requirements per administrator, v) instruction booklet to fill form SM 048 of Family Planning, vi) Medical and Nursing Auditing Evaluation, vii) reappointment and internal appointment development, viii) pediatric record card for children, form SM 123, ix) Pap Smear Application Sheet (Cytology Laboratory), form SM 005. Additionally the Internal appointment Sheet form was authorized, to be used at the Association's clinics and hospitals, when it is necessary for the user to be evaluated by other physician other than the practitioner physician. Likewise the SM 023 form was updated, Pediatrics Carnet (Pediatric Control for their children from 0 to 13 years old). The following evaluation formats were modified in the Medical Audit Software: i) outpatient appointment, ii) hospital, iii) medical care quality, iv) nursing procedures, and v) nursing clinic files. In 2009 the revision and updating of the pediatrics protocol began: "Growth and Development Control", Neonatal Sepsis Protocol was done and implemented and the Jadelle protocol and DIU was reviewed..
- Involvement in the following meetings: i) Vaxigrip vaccine medical information and information about the Quality Medical Audit results for the physicians at the central clinics, ii) with the Specialties Clinic Administrator Zone 1, to elaborate the specialists and sub specialists improvement in the Medical Audit Evaluation strategy and the Bioethics Commission for the analysis of medical cases and claims solving, iii) two meetings with physicians for patients claims cases, iv) one meeting with physicians that carry out surgical procedures of the central clinics and specialties clinics, v) a meeting with gynecologists of the central and specialties clinics vi) two meetings with pediatricians from the central clinics to update the pediatrics record card, vii) twelve meetings of the Bioethics Commission, and viii) nine meetings with the Conflicts Commission.
- 24 medical audits to special cases were held, 12 to mortality cases, 79 to morbidity cases, and 4 to neonatal mortality cases.
- A research about pain test in "Voluntary surgical contraception –AQV as per its abbreviation in Spanish-," was done, the purpose of this study was to determine the efficiency of the analgesics given to the AQV users of the Health Mobile Medical Units as well as the surveys to users as part of the service perception research in this units.
- A research and a follow up to a claim to gynecologists of the central clinics was held, regarding the patients distribution for the first appointment.
- In order to do a follow up of the Variable Compensation project and strengthen the Institutional Medical Audit project, in 2008 the induction process to the gynecologist responsible of the Medical Audit process for the Western Area began. This person will cover the Quetzaltenango, San Pedro Sacatepéquez, San Marcos, Quiché, and Sololá clinics. In July 2008 the induction process of the two Auditors responsible for the Medical Auditing process began, who will be responsible for the North Eastern area and the municipalities of the City of Guatemala. These persons cover the clinics of: Antigua, Amatitlán, Barberena, Chimaltenango, Cobán, Puerto Barrios, Petén, Villa Nueva, Zacapa, Adolescents, CQAP.

- The nursing auditor attended the Information Workshop about the “Medical Educational Services Provision in the post abortion care –APA as per its abbreviation in Spanish-“ project, funded by IPPF/RHO, on November 5 and 6, 2008, lectured by Dr. Edwin Morales, Social Worker Dinora Cerritos, and Psychologist Guadalupe Torres, representative of the INPPARES/APA project, PERU.
- The Medical Auditor of the Central Clinics attended the “Damages Reduction Model” project of the “Medical Educational Services Provision in the post abortion care -APA-,” project funded by IPPF/RHO, lectured in Uruguay from December 7 to 13, 2008.
- We attended 3 meetings with the IGSS Territorial Division Director from Huehuetenango in order to standardize the protocols of patients management referred by that Institution.
- The creation of the neonatal Intensive care project for the Jutiapa, Huehuetenango, and Quetzaltenango clinics was supported.
- The post surgery recovery area project was done at the Huehuetenango clinic.

“Expectant mothers” Club:

The strengthening of the “Expectant mothers” Club continued, giving information lectures at the central clinics waiting rooms about the importance of the prenatal control and the assistance at the time of the delivery to pregnant women.

Clinics Activities:

567 monitoring visits to the territorial division clinics were done. During this activity, priority topics were addressed: i) Programmatic and financial goals monitoring and evaluation, ii) New services and products to offer, iii) Support topics for Administrators, iv) Follow up to the remodeling process and clinics building, v) Follow up to processes activated in previous visits and the establishment of new processes to follow, vi) Emphasis to the follow up and strengthening of the adequate management of bio infectious solid waste and bio-security standards, vii) Logistic support for a visit to Sololá, to create the Minimum Unit in this village, and viii) Support to the Coatepeque clinic as temporary Administrator (5 weeks.)

These monitorings covered the following clinics:

Tabla 17 Clinics Monitorings

Clinics	April - September 2005	2006	2007	2008	2009	Total
Amatitlan		6	10			16
Antigua	2		8		1	11
Barberena	3		8		1	12
Chimaltenango	3		8	8	2	21
Chiquimula		6	10			16
Coatepeque	1	5	8	5	4	23
Cobán	6	6	8	11	9	40
Escuintla	4		8	9		21
Huehuetenango	2	7	8	7	6	30
Jutiapa	4		8	8	2	22
Malacatán	3	7	9	12	5	36
Mazatenango	4	6	9	16	7	42
Petén	3	5	8		4	20
Puerto Barrios	5	3	8	11	7	34
Quetzaltenango	3	7	8	8	5	31
Quiché	2	9	8	12	4	35
Retalhuleu	2	5	8	12	7	34
San Pedro Sacatepequez, San Marcos	1	5	8	10	5	29
Sololá	5	7	8	11	7	38
Minimum Unit of Salama	2			1		3
Villa Nueva			8	6		14
Zacapa		8	8	13	10	39
Total	55	92	174	160	86	567

Carried out Training Courses:

The training courses to the clinics staff continued in the following topics:

- Information System of the Medical Management (hospital indicators).
- Supplies Management
- Managerial management of the clinics (financial and administrative)
- Administrative-financial capacity strengthening
- Sexual and reproductive rights, modern contraceptive methodology, medical barriers, checklist to discard a pregnancy and emergency contraception.
- Prospecting and customer assistance.
- World precautions, bio-security standards, and bio-infectious solid waste management.
- HIV/AIDS/ITS/VBG

Clinic Laboratories Activities:

111 monitorings were done to the following Clinic Laboratories:

Tabla 18 Clinic Laboratories Monitorings

Clinics	2005	2006	2007	2008	2009	Total
Amatitlán	2	1		1	1	5
Barberena	2	1	1	1	1	6
Chimaltenango	2	1	1	1	2	7
Coatepeque	2	1	1	1	3	8
Cobán	2	1	1	1	3	8
Escuintla	2	1		1	1	5
Huehuetenango	2	1		1	2	6
Jutiapa	2	1		1	3	7
Malacatán	2	1		1	2	6
Mazatenango	2	1	1		2	6
Petén	2	1	1	1		5
Puerto Barrios	2	1	1	1	2	7
Quetzaltenango	2	1	1	1	2	7
Quiché	2	1	1	1	2	7
Periférica Zona 12	2	1	1	1	2	7
San Pedro Sacatepequez, San Marcos	2	1	1	1	2	7
Sololá	2	1	1			4
Zacapa	2	1	1	1	2	7
Total	34	18	13	15	31	111

During these visits, the major topics were addressed:

- i. Evaluation to clinic laboratories protocols satisfaction.
- ii. Strengthening of the customers care quality procedures.
- iii. Verification of programmatic goals fulfillment, inventory, kárdex, inspection of all laboratory physical areas, bio-security standards, good conditions of the equipment.
- iv. Evaluation of the condition in which the patient is assisted, care quality, and adequate sampling.
- v. Verification of the different procedures according to protocols, of all areas.
- vi. Evaluation of quality of the handed reports, as well as its confidentiality.
- vii. Staff committed with the institution.
- viii. To carry out more than 50% of the tests.
- ix. Trained Technical Staff for laboratory processes.
- x. Administrative processes that allow to always counting on reagents.

In 2005 the microbiological sampling corresponding to the study and research of nosocomial infections began for the clinics of: Antigua, Coatepeque, Chimaltenango, Chiquimula, Jutiapa, Huehuetenango, Malacatán, Quiche, Zacapa, Amatitlán, Barberena, Cobán, Escuintla, Mazatenango, Peten, Puerto Barrios, Quetzaltenango, Retalhuleu, San Pedro Sacapetepéquez, San Marcos, Sololá, and peripheral clinics, which was completed in 2007. The results of this study determined that no microorganisms that affect the health of assisted patients were found.

In 2007 the commodatum plan was acquired of a new Urine Strips Reader, given by Roche Commercial Company and delivered to the Clinic Laboratory of San Pedro Sacatepequez, San Marcos. With this equipment, six were the total with which the Association counted on, all in the same plan and located at the Cobán, Jutiapa, Huehuetenango, Escuintla, and Quetzaltenango clinics.

The process to bid for Clinic Laboratory Services to Instituto Guatemalteco de Seguridad Social was done for the Cobán, Huehuetenango, Chimaltenango, and Jutiapa clinics. Likewise protocols were done for the next biddings.

Support was given with the proceedings of the Ministry of Public Health and Social Welfare to open and start the operations of the Clinic Laboratories at the Villa Nueva and Amatitlán Clinics, and the technical staff performance was supervised and monitored hired for the process of the different tests.

As of August 14, 2008 the results of the Central Clinic laboratory tests may be obtained through the Internet, entering the APROFAM Webpage, this allows the user the comfort to get the results in an easier way and is part of the services quality that APROFAM offers.

In 2009 the new hematological laboratory equipment was acquired at a central level.

Laboratory packages were implemented which consist in the carrying out of specific tests for a better diagnostic support: prenatal package, pre-surgery, menopause, infertility, prostate function, renal function, and diabetes. With this package what is intended is for specific tests to be grouped for each pathology at a better price.

The "Specialized Regional Laboratories Project" was done to build 5 specialized regional laboratories so the reference of the tests will always be in the APROFAM's laboratories, at a better price and increasing the services carried out within them.

The renewal of the sanitary licenses of the Amatitlán, Huehuetenango, Zacapa, Barberena, and Mazatenango laboratories was held, to meet with the standards of the Ministry of Public Health and Social Welfare.

A new materials basic list was done for the territorial divisions laboratories, in order to ease their requisitions or purchase orders.

Imaging:

As of 2009 the following activities were developed:

- Development of a work plan in coordination and restructuring in imaging at the territorial division level.
- At the central level, the equipments change proceedings and organization of the department for the new Hospital and Central Clinic began.
- Visits were done to the Coatepeque, Quetzaltenango and Jutiapa clinics, implementing the quality control in the ultrasound and X rays reporting.
- Imaging licenses were renewed (X rays and mammography) before the Ministry of Energy and Mining.
- The standardization of imaging processes to all the Administrators was socialized.
- The new radiological studies were implemented (Coatepeque and Jutiapa Clinic).
- The remote imaging project was implemented and executed in Jutiapa achieving the high quality images with which the result to users in this area is speed up. The pilot plan in this other territorial divisions areas is being done.
- The fetal and pediatric ultrasound scan service implementation proposal was developed.

Clinics Opening:

Amatitlán Clinic Reopening: In April 9, 2007 the Amatitlán clinic reopening was held, with the following services: Outpatient appointment (Gynecology, prenatal control, pediatrics, general medicine), appointment and reappointment in Family Planning, colposcopy, cryosurgery and clinic laboratory, and each month journeys of AQV of men and women were held. Additionally we count on medicines and contraceptives selling.

Villa Nueva Clinic Opening: Late June 2007 the Villa Nueva clinic was opened located between 4 y 5 Av. 3-03, Zona 6. This clinic has the Outpatient appointment (Gynecology, prenatal control, pediatrics, general medicine), appointment and reappointment in Family Planning, colposcopy, cryosurgery and clinic laboratory services, and each month journeys of AQV of men and women are held. Additionally we count on medicines and contraceptives selling.

Clinics Closing:

Chiquimula: This clinic was officially opened in August 2000. On May 31, 2007 it was not able to reach balance. In order to improve its demand during this time, it changed its location 3 times in the municipal city of Chiquimula. Its assistance schedule was from 8:00 a.m. to 12:00 p.m.; however, if during the time its market developed, assistance could be possible in an 8-hours schedule. The services that this clinic rendered were: basic services of general medicine, gynecology, Family Planning, and medicines selling. New services such as ultrasound and clinic laboratory were implemented, to be able to develop it, even though it was not possible to meet the goal. During this period there were 7 physicians responsible of the health services rendering, the main restriction was the fees payment. Additionally a significant percentage of the population of this place preferred to attend to Zacapa and not using the services of this clinic. Facing this situation this clinic was closed on Friday, June 1, 2007.

Sololá: During January 2009 the Sololá clinic was closed, which no matter the administrative and marketing actions that were done, it was not able to reach the programmatic and financial sustainability. In August 2009 the Minimum Unit was opened in this location.

Clinics Administrators' wavering:

In 2007 the wavering of the following administrators was received: From the Peten clinic, Dr. Bladimir Mijangos, from the Retalhuleu clinic, Certified Nurse Hileana Martínez, and from the Escuintla clinic, Dr. Jorge Cabrera, this last due to the fact that he became the Head Physician of the central Mobile Medical Unit. In case of the Peten clinic, the Licenciada en Enfermería (certified nurse) Teresita de Jesús Zetina Mas was appointed as the new Administrator. For the Retalhuleu clinic Licda. Claudia Emilce García Fuentes was appointed as Administrator. For the Escuintla clinic, the certified nurse Hermelinda Arriaza was appointed.

In February 2007 in the Cobán clinic, the Administrator was removed. The hiring of the new administrator process began and in March Licda. Juana Marta Hernández de Vaidez was hired as the new Administrator who is a certified nurse and counts on a bachelor in Nursing.

From January to March 2009 the wavering of two administrators was received.

1. Petén Clinic, Certified Nurse Teresita de Jesús Zetina. To substitute her, Licda. Nancy Dávila was appointed as new Administrator.
2. Retalhuleu Clinic, Certified Nurse Claudia Garcia. To substitute her, as of June 15, 2009, Licda. Elvia Méndez Cancinos de León was appointed.

In June 2009 the wavering of the Coatepeque Clinic's Administrator was received, Dr. Guillermo Arellano, effective as of the 17 of this month. In July 2009, Lcda. Marianela Arreaga was appointed.

Additionally, as of June 15, 2009 Dr. Juan Carlos Bolaños, Gynecologist and Obstetrician, started to work as Head of the Mobile Medical Units.

Wavering of the Manager of Medical Services of APROFAM

The Executive Directorate received on November 10, 2008 a wavering note from the Medical Services Manager of APROFAM Dr. Edwin Leonel Morales Flores, effective as of November 25, 2008. The Executive Directorate officially noticed USAID on November 14, 2008. Facing that situation the process of hiring a new Medical Services Manager began, which is described as follows:

1. Staff requisition by the Executive Directorate addressed to Human Resources, dated 24.11.08.
2. Purchase order to hire an external company, November 27, 2008.
3. Submission by the Purchasing Department of 8 proposed companies, December 12, 2008
4. Election of the company responsible for the process, December 2008. The elected was CONRECI.
5. The recruitment and selection process was done as of December 2008 by the consultant company.
6. The final hiring was done in January 2009.

Appointment of the New Manager of Medical Services of APROFAM

As of February 2, 2009 the new Medical Services Manager of APROFAM, was hired, Dr. José Alfonso Mata Estrada who started the institutional induction process.

1.1.6 Clinical, Marketing, Administrative and Financial Systems Strengthened

Responsible: Administrative Management
Information Systems Management

APROFAM in order to update and expand its administrative and financial systems that will guarantee the generation of the required data for a more aggressive business strategy, during this Cooperative Agreement, did the following actions:

1.1.6.1. Clinics Managerial System (software) -SGC, as per its abbreviation in Spanish- to get the epidemiological and marketing information

In 2005 the system's operation was tailored, the one that was going to be implemented in the clinics, for that it was necessary to deeply research over the users identification system (customers) through the computed fingerprint that would allow: i) harmonization of the epidemiological and demographic information regarding the number of customers assisted at the different services, and ii) the existence of a unique file per user. The abovementioned would allow the error margins per counting of users of the Association.

By August 2005 the system was implemented in 15 clinics (Escuintla, Retalhuleu, Mazatenango, Chimaltenango, Barberena, Antigua, Amatitlán, Chiquimula, Sololá, Quiché, Puerto Barrios, Zone 12, Zone 19, Zone 5, and Zone 6). On December 2005 5 other clinics were implemented (Malacatán, San Pedro Sacatepéquez en San Marcos, Petén, Salamá, and Koramsa) because these were larger and complex care centers, due to the fact that the initial registration took more time than the normal due to the volume of patients assisted in this care centers.

From January to March 2006 the implementation in all the territorial divisions and peripheral clinics was completed, only the implementation in the Central and Specialties clinics Zone 1 was pending, which were completed in July 2006. As of September all the APROFAM (30) clinics had implemented this system.

In each implementation, a training course about the usage of the new system was held (patients registration and visits control) with all the clinics' staff, involving 83 persons.

Aligned with this implementation, the clinics software support process was held, in order to guarantee the good operation of the application.

With the support of the Medical Audit staff, a more frequent diagnostics listing per medical specialty was done, that were managed at the APROFAM's clinic. These listings were distributed to all clinics, which guaranteed the efficiency of the registration of the information.

The main obstacles that appeared for the implementation were:

1. Lack of knowledge of the Illnesses International Catalogue CIE-10 by the system's operational staff.
2. Change in the ways used for the different services, to get adjusted to each specialty requirements.
3. Slowness to start the information registration, due to the amount of data that is requested and the patients flow, causing discomfort in the users.
4. No culture to supply information existed, nor to give an identification document by the users.
5. Resistance to use the tool by the system's operational staff.
6. The usage of an invoicing software that is not compatible with the new patients registration system.
7. In most of the clinics there was a lack of specific staff to type the visits control and they had limited knowledge in computers, for this reason, it was necessary to hire additional staff to carry out this activity.

With the implementation of the Clinics Managerial System, the users registry automation was completed, and further the link with the Invoicing POS and Inventory modules was done.

During the SGC maintenance process done in January 2007, it was found that the system's response time turn slower as the data from all the care centers was incorporated. To improve the SGC's performance during the first three months of this year, the revision process was divided into 3 phases:

- Phase I** Database revision (data structure and information volume).
- Phase II** Programming language revision and structure of the SGC programs
- Phase III** Data integration: To keep in one only database all the information

Phase I: In April 2007 staff from the APROFAM's Information Systems Management in cooperation with DATUM Company carried out the analysis and diagnosis of the database, determining that the degradation in the loading of the fingerprints and patients identification was not related to the structure of it, so this option was discarded as the main cause of the degradation.

Phase II and III: With the Phase I results, the revision was focused in the fingerprint access algorithms and the programming code, this activity was held in May and June 2007. This revision detected deficiencies in the programming logic and biometric devices management that strongly impacted the performance of SGC. Aligned to the SGC source programs revision it was determined that it was the time to build the data integration structure in APROFAM as a whole (**Phase III**) because both phases were highly related. As a response to both revisions, the following actions were developed:

1. Tests of new fingerprint search algorithms within the source code of SGC.
2. Contact with biometric solutions suppliers for a consultancy.
3. SGC displays analyses, to adapt the secondary fields of the patient's index card in possible primary fields of clients' identification such as: i) Client's code, ii) Identity Card number, and iii) Name and surname. This analysis was done in response of the possibility that the improvements in the algorithms programming of the fingerprint does not achieve the expected performance.
4. To continue with the Sisteco and SLM Consultores work to assess the interconnection programs among locations, in order to use a unique access from the clinics to the applications and create a unique database. With both companies, work tests and scenarios were done, to develop a pilot plan in 2 clinics, and to measure the performance not only of SGC including loading and knowledge of the fingerprint but also the database behavior.

During July and August 2007, the last adjustments to the algorithm programming were done, the one that is used within the SGC to take and acknowledge the fingerprint. These adjustments were developed to optimize the initial taking of the fingerprint in the APROFAM's customers, as well as the further acknowledgment. After the completion of the adjustments, late August 2007, the pilot test began at the Zone 12 and Zone 19 clinics. This test was:

1. To clear from the customer's file, the initially recorded fingerprint.
2. Set up of the new SGC version with the adjustments.
3. Record again the customers' fingerprints at their visit to the APROFAM's clinics.
4. Search of customer's once these were already recorded.

The first results of the pilot test were:

1. The quality of the fingerprint was not improved by being initially captured from the customers.
One of the main goals of the adjustments was to guarantee the fingerprint quality at the time of being captured from the customer; this would allow us to have a better further identification in the assistance rows, as well as a better relation with the fingerprint in the file.
2. The searching and/or identification time of the customers' fingerprint did not recorded a significant improvement.
3. The connection tools among the clinics (Citrix, Galeón, and Microsoft Terminal Server) didn't work with the biometric device.

Tests were kept with the Sisteco, SLM Consultores, and SEGA companies so the fingerprint readers may work in the connection environment among the clinics, but this was impossible to achieve.

In October 2007, the final report with the actions to be followed in the SGC improvement was available, for a better assistance to the customers.

In 2008 SGC was maintained and improved in the following aspects:

- 1. Interconnection of the territorial divisions and peripheral clinics with the Central Clinic (Central Server).** In the October to December 2007 quarter, tests were held with *Microsoft Terminal Services* so the territorial division and peripheral clinics could access the Central Server, achieving successful results for the management of the institutional programs, allowing to give a centralized information, a better administration of resources and low-cost maintenance. Based on the achieved results and for the licensing cost, it was determined to work with *Microsoft Terminal Services* over *Citrix*.

In February 2008 the server was acquired, where the *Terminal Services* were installed, additionally, usage licenses were purchased from *Microsoft Terminal Services* using the educational license cost that APROFAM agreed with *Microsoft*. The corresponding tests with the new Server were held, and this was ready to use as of March 2008. Additionally in April 2008, 30 operator licenses of simultaneous usage were purchased (concurrent) to manage the users' access in all the clinics. The first set up and real test was with the Variable Compensation project, which works on this interconnection platform for all the clinics to be connected to it and use the SGCV (Variable Compensation Management System) for the indicators recording.

In April 2008 the pilot test of the Variable Compensation program was executed on this platform and the users of the clinics were trained on its usage and remote connection. In May 2008 the new ERP *Exactus* was installed over the *Terminal Server* and it was ready for its implementation. During June 2008 the users of the clinics were trained on this connection platform and the usage of *Exactus* over *Terminal*.

Management basic maintenance was given to the *Terminal Services* server at the security polities definition level and access to the server to all the users that connect to the equipment. Currently the *Terminal* server is working for the *Exactus* operation at the territorial division clinics and a second *Terminal Services* server was analyzed to balance the operational loads between the two equipments and to meet the operational demand of:

- a. *Exactus*.
- b. SGC institutional data integration.

- 2. Replacement of the fingerprint system by identification carnet:** Adjustments to the SGC were done to disconnect the displays that used fingerprints, as well as all the identification processes that includes it. This reduce the initial loading time of SGC in approximately 5 minutes and the information capture time of the user from 3.5 to 2 minutes. Additionally a backup of the recorded fingerprints in the database was done, and the deletion of them was done to free space in the database. Aligned with this the displays were adjusted for the operation to be based on the identification carnet. The new operation involved the search and identification of users through the carnet, as well as the printing of it to new users. This system began as of January 2, 2008. After its implementation, a follow up was given to the users registration process using the identification carnet, no technical issues appeared nor any problems was recorded in the operational process.

During February 2009 the operational revision of SGC for its further updating began, once they counted on the institutional approval. During the first semester 2009, the Medical Services Management Processes revision was worked on, specifically on:

1. Outpatient Appointment
2. Hospital
3. Laboratories
4. Imaging
5. Medical Audit, and
6. Drug Store or Pharmacy

This processes revision was worked with the MSH consultancy and with the participation of the IT area, Medical Services Management, and other related areas, getting from this work the operational requirements to analyze them in the SGC.

From April to June 2009, jointly with the Medical Services Management and the MSH consultancy, the users registry processes were reviewed, as well as the generation of assistance and charging shifts. This revision was mainly focused in the operation of the new Clinic and the Central Hospital of APROFAM. Assistance flows were divided according to the services:

1. Drug Store or Pharmacy
2. Clinic Laboratory
3. Imaging
4. Outpatient Appointment
5. Hospital

From these flows adjustments to SGC came out, mainly in the initial registry, because the purpose was to minimize the assistance time at the cash register. In July and August adjustments to SGC-SYSPOS were done to manage the following:

1. Integration in a new users' data center. This represented the creation of a new cost center in the system with the users' data which were recorded in the previous clinics: CQAP, Specialties, Central Clinic.
2. Minimum registry at the cash register, that could allow in the cash register area the capture of the necessary minimum information to speed up the assistance and to reduce the waiting rows.
3. Detailed record in file, which would allow the updating after the charge, the outstanding data of the user's file. Tailoring of the clinics, physicians, cash registers, resolutions, warehouses, persons in charge, and accesses numbers of the Central Clinic and Hospital.

In August 8, tests of SGC and SYSPOS were done at the Central Clinic and Hospital of the updated and tailored version of the system to avoid complications at the beginning of the operations in August 10, 2009.

In September, slowness issues of the SGC were detected. To solve this, we changed the server to a Dell PowerEdge. The Oracle database parameters were updated and at the server level to optimize the memory and access to the disc. Aligned the programming statements within SGC that were generating too much access to data and memory were reviewed. The SGC System, Server, and Oracle Database were under observation.

Parallel from June to September 2009, 3 projects integrated to SGC/SYSPOS were worked in, which are part of the system's updating:

1. **Remote image:** This project allowed the Imaging area to interpret at the Central Clinic, images or plates that were taken at the Territorial Divisions Clinics. The project is based in usage of the institution's networks infrastructure, as well as the digital images management software. The model is a project mounted in Colombia and the pilot plan was done in the Jutiapa Clinic. In September 2009, the visit to this Clinic was done to do the technical tests (Information Technology and imaging interpretation). The result was positive, the equipment, networks, and transmission means was ready to do the sending of images to the Central Clinics. Further, the implementation in other clinics will be assessed.

2. **Territorial Divisions Laboratories approved and operating (the same parameters and information registry) as well as the reading of results by the Internet (currently working for the Central Clinic Laboratory):** The territorial divisions laboratories were approved in data recording:
 - a. Quick Test HIV result
 - b. Results Ticket (address and telephones)
 - c. Laboratories packages carrying out
 - d. Connection to the network at each clinic for monitoring of the Territorial Divisions Laboratories Supervision.

The activities to be implemented will be:

 - Tailoring of the territorial divisions laboratories so this will never print partial results
 - Territorial Divisions Results through the Internet
 - SYSPOS report to get the total number of people who attended the Specific Laboratories.
3. **Automatic Integration of results from the Central Clinical Laboratory equipments to the SGC:** Technical staff of Laboratorios Roche held meetings in order to gain more knowledge on the technical needs before the project's implementation, which is expected to be completed in the last quarter 2009.

SYSPOS: (System Point of Sale, POS Billing and Inventory System)

During the first quarter of 2006, the development of the POS Billing and Inventory System development was completed. Validation tests were carried out with users of this system. This was implemented at the Clinics for Adolescents, Education, X-Rays and Ultrasound in Central Clinic, Specialties zone 1, Jutiapa and Peripheral Specialties Clinics of zones 5, 6, 12, and 19. This implementation strengthened the points of sale through the use of more efficient software using ORACLE database.

The necessary customization to the POS billing software was done, which eliminated duplicity of data entering with the Clinical Laboratory software, as well as the Clinic's Managerial System.

Customizations to the Cash Register System of the whole institution (SYSPOS) were carried from October to December 2008, in order to enable the accounts payable management of the users who carry out pre-payments of hospital services, which was implemented during the first two months of the year 2009, upon completing tests and training to the users. As well, maintenance to the system was carried out in order to improve the fees estimate processes, sales reports, and auditing tapes management.

The corresponding tests to the improvements carried out to SYSPOS were carried out from January to March 2009. Inconsistencies were identified based on the results of these tests; its corrections were requested to the VIA Asesores supplier. The processes to correct are separated (pre-payment management), cash flow closing processes, kits, and reports management. In the mean time, new points and reports were requested. Accounting area supported for the validation of the tests.

On April and May 2009, the VIA Asesores company completed the new requests and corrections, to later carry out the corresponding tests and train the users of the clinics during May and June 2009. This training was held in different clinics at a time. The first clinics updated in May were: i) Barberena, ii) CQAP, iii) zone 12, iv) zone 5, v) zone 6, and vi) zone 19.

In June 2009, the SYSPoS version 5 updating began in the whole institution, which was completed in September 2009.

SGC and SYSPoS were the source of information to create the following reports as of 2006:

Population indicator using the services in clinics: The report was created without the results of the cost centers for the Association's X-Rays and Clinical Laboratories, which were included to this report as of the quarter of October-December 2007. During this time (2005-2009) about **1,702,316** persons received care at APROFAM's clinics.

Tabla 19 Number of persons assisted per year

Population Assisted	April - Sept 2005	2006	2007	2008	2009	Total
Number of persons who used health services provided by the Association's clinic staff (*)	192,605	332,342	236,765	247,958	692,646	1,702,316

(*) The way to estimate this indicator was redefined as of 2009.

Using as reference the persons assisted in APROFAM, it was determined that the basic profile of APROFAM's user is:

Table 20 Market Report

Sex and Religion of users of APROFAM's clinical services

SEX	Catholic	Evangelic	Mormon	None	Jehova's Witness	N/A	Others	Total
Female	99.62%	99.71%	99.57%	99.79%	99.65%	96.96%	99.47%	99.67%
Male	0.38%	0.29%	0.43%	0.21%	0.35%	3.04%	0.36%	0.33%
General Total	49.56%	34.57%	0.53%	13.57%	0.78%	0.45%	0.54%	100.00%

Sex and ethnic group of users of APROFAM's clinical services

SEX	Indigenou s	Ladino	Black	N/A	Total
Female	99.87%	99.63%	99.87%	99.67%	99.67%
Male	0.13%	0.37%	0.18%	1.03%	0.33%
General Total	15.53%	84.31%	0.11%	0.04%	100.00%

Sex and age group of users of APROFAM's clinical services

SEX	<15	15-20	21-25	26-30	31-35	36-40	41-45	46-50	>50	Total
Female	98.52%	99.95%	99.91%	99.80%	99.52%	99.19%	99.39%	99.58%	99.78%	99.67%
Male	1.48%	0.05%	0.09%	0.20%	0.48%	0.81%	0.61%	0.42%	0.22%	0.33%
General Total	0.26%	6.89%	20.88%	23.84%	17.50%	11.51%	7.52%	4.96%	6.64%	100.00%

Sex and civil status of users of APROFAM's clinical services

SEX	Married	Divorced	Single	Living together	Widow	N/A	Total
Female	99.47%	99.81%	99.86%	99.88%	99.97%	99.24%	99.67%
Male	0.53%	0.19%	0.14%	0.12%	0.03%	0.76%	0.33%
General Total	51.66%	0.23%	16.52%	30.79%	0.74%	0.05%	100.00%

The profile of the user who attends the Association is as follows: Practices catholic or evangelic religion, 84% is ladino and 15% indigenous. Ages are between 15 and 45 years old (reproductive age) and is married in a 52% and jointly living in a 31%. Also, 99% female and 1% male visit us.

Epidemiological Report: Based on the persons assisted in APROFAM, the 10 main causes for morbidity of APROFAM users were determined, which are described below:

Table 21 Epidemiological report of APROFAM's clinics

No.	CODE (CIE-10) ²	FIRST 10 CAUSES OF MEDICAL APPOINTMENT	PERCENTAGE
1	Z30.4	MONITORING OF CONTRACEPTIVE DRUGS USE	19%
2	Z12.4	SPECIAL RESEARCH TEST FOR UTERUS TUMOR	17%
3	Z76.2	APPOINTMENT FOR HEALTH CARE AND SUPERVISION OF OTHER HEALTHY CHILDREN OR INFANTS	12%
4	Z01.4	GYNECOLOGIC TEST (GENERAL) (ROUTINE)	11%
5	N72.0	INFLAMATORY UTERUS CONDITION	10%
6	Z34.0	MONITORING OF FIRST NORMAL PREGNANCY	7%
7	N76.0	ACUTE VAGINITIS	7%
8	Z32.1	CONFIRMED PREGNANCY	6%
9	Z34.8	MONITORING OF OTHER NORMAL PREGNANCIES	6%
10	Z01.6	RADIOLOGICAL TEST, EXTERNALLY NON CLASSIFIED	5%
		TOTAL	100%

1.1.6.2. Financial Administrative System –SAF– as per its abbreviation in Spanish, Strengthened (software) for timely decision making

In 2005, APROFAM continued the direct outsourcing of programmers to implement the Financial Administrative System. The implementation process was hard due to the high staff turnover. General Ledger, Account Reconciliation, Banks, Budget and Purchases modules were implemented and started to operate. By 2005, the system was developed in a 75% and implemented in a 25%. As additional modules were added to the system, it was decreasing its performance, making processes slower with time. This submitted the need to verify its structure in order to solve it.

In August 2005 due to personal reasons, the project's leader resigned, which made its continuity even harder. Based on that, efforts to hire a new leader to systematically coordinate the work to be done and to accomplish successful results on its implementation started. These issues were reflected on the completion date of this project.

In 2006, the following modules were developed but outstanding to be implemented: Accounts payable, Inventory, Fixed Assets, Billing and POS Billing; and to be developed: Accounts Receivable, Managerial Services, Advances and Operational Funds.

² CIE (Illnesses International Sorting, according to PAHO, Panamerican Health Organization) is the universal system that allows the statistics production about mortality and morbidity that are comparable in time among units and regions of the same country and among countries. CIE is a codes system (categories and subcategories) which are assigned to duly arranged diagnosis terms. It has procedures, rules, and notes to assign the codes to the written diagnosis in the records, and to select the ones that will be processed for the production of morbidity and mortality statistics, mainly the ones based in one unique cause.

The estimates for the cost invested to develop this software during 2002 to 2005 was US\$100,000.00 approximately, funded by USAID (74%) and APROFAM (26%).

Facing this situation APROFAM decided to identify and hire a company to prepare a diagnosis on the current situation to the Financial Administrative System. GBM and Asociación de Gerentes de Informática de Guatemala were contacted in order to identify the company that could carry out this diagnosis; however, there was no answer from any of them. After this process, DATUM was hired, this is an authorized dealer in the country for Oracle, they recommended Casinco and BDG companies. Representatives of these companies received the requirements and a proposal, that did not meet the requirements of the job, was received, or they wanted to sell an Administrative-Financial System of their own companies.

The result of this situation, was directly addressed with the Manager of DATUM, who recommended ICON and COINSA companies. Representatives of these companies were contacted, they were presented with the job to be done and only a proposal from ICON was received. COINSA expressed they would not send an offer as a solution of the Financial Administrative System sale they were marketing; such condition was not accepted by APROFAM in order to prevent mismatching on the diagnosis.

The proposal from ICON on the amount of US\$8,960.00 was the most reliable and met the requirements; the report was delivered in five weeks. A better price was agreed with the company and the alternative solution of assessing half of the modules (5) in order to have a significant representation of the development state at a lower cost was proposed. Besides, the offer from C&K on the amount of US\$2,800.00, to be executed in two weeks was prepared. The two offers were analyzed since it was considered that the proposed term was too short in order to obtain a complete and true evaluation of the situation of the Financial Administrative System.

The final decision was to hire ICON, which carried out the audit for the Financial Administrative Software developed until August 2005.

In March 2006, ICON submitted the report for such audit, stating the following appraisals:

Technical Appraisals:

1. Most of the business logics are found in the customers' information; this means, forms and not stored procedures.
2. Deficiencies on the database definition were detected regarding the data integration; that is, validation restrictions (CONSTRAINTS) are missing, which prevent the storage of inconsistent data.

Subjective Appraisals:

1. The main issue APROFAM faces when trying to change its system (replace "Scorpio") when reaching maturity and functionality level this system ("Scorpio"), has taken years regarding money resources investment, which was hard to match in such a short time.

Alternatives:

1. Continue using "Scorpio" and void the substitution project.
2. Continue with the substitution project with "Infosgroup" programs.
3. Internal development.
4. Customized development by third parties.
5. Acquire a completed ERP³ system and internally and create developments using it as a base.

³ Enterprise Resource Planning (ERP)

In this report, the literal transcription of the recommendation reads:

In preference order, the recommendation is the following:

1. "Start a selection process of a completed ERP. As people say "you don't have to reinvent the wheel," all ERPs in general, have similar functionality and have basically the same modules (Ledger, Suppliers, Inventories, etc.), what will change is how each software company has implemented it."
2. "Continue using "Scorpio" and void the substitution project. This would obviously involve critical deals with the current vendor but may imply a lower cost to the institution if accordingly transacted."

Subsequently, the report was submitted to USAID to be acknowledged and identify the steps to take.

As an result of the financial administrative system audit report, the process to identify the companies offering financial administrative software already developed and that meets APROFAM's requirements in the market was started.

Among the identified products were SAP-BUSINESS ONE and GREAT PLAINS. The main limits of these identified ERPs are that they don't work with the ORACLE database, which APROFAM acquired to develop ERP.

Besides, as an alternative plan, a project to analyze the possibility to conclude de ERP development is being prepared, this has as its project leader, In Fieri IT Engineer, Luis Fernando Solís, who designed and implemented the POS billing system.

Based on the Software Auditing report carried out by ICON, S.A., a company specialized in computing systems, APROFAM decided to create the position of Information Systems Manager. The person to fulfill this position, in his terms of reference will be responsible of the evaluation and integrity of all the systems; its functioning feasibility and the search of an Information Centralized System (ERP) to support the management and administration of the Association. This new position was included as key staff in the current agreement with USAID according to a note sent on August 31, 2005.

The selection process for the Information Systems Manager is described below:

1. Executive Directorate sent the staff requisition to Human Resources (05/02/06)
2. Human Resources prepares the purchase requisition (05/12/06)
3. Purchasing Department processes it and the award is authorized to the company 06/02/06)
4. The company begins the selection process (June 15 to 30/06)
5. The company submits its candidates for an interview (July/06)
6. Final interview with Lic. Bauer, Ing. Cruz and Lic. Miranda (08/22/06)
7. Beginning of activities (10/02/06)

In November and December 2006, the evaluations for the acquisition of the new ERP started. During February 2007, the following companies and its corresponding products were identified in order to be assessed:

Table 22 Companies contacted for the new ERP

Source country	Company	Market Product
Venezuela / Guatemala	Internova-Datum	Oracle e-business (World-wide Software)
Guatemala	Martinexsa-Sega	Microsoft Dynamics
	Consolt	Century-On (Regional Software)
	Inforum	SAP Business One
Costa Rica	Exactus	Exactus Impulso (Regional Software) *

* This ERP is currently implemented and working in Asociación Demográfica Salvadoreña- ADS- [Demographic Association of El Salvador] and in Asociación Hondureña de Planificación Familiar - ASHONPLAFA- [Family Planning Association of Honduras] associations like APROFAM in El Salvador and Honduras.

Gyssa and Ingeniería en Sistemas Companies were identified during the last quarter of 2006, these were discarded due to incompatibility of platforms marketed by these companies.

In March 2007, Consolt Company was hired to do the document with the terms of reference for the evaluation of the new ERP. During April 2007, the meetings between APROFAM and Consolt were held in order to identify the operational needs and requirements for necessary processes and information in the new ERP as part of the terms of reference. These meetings included APROFAM's staff of the following areas: Finance, Internal Audit, Purchasing, General Services, Logistics, and Human Resources.

In May 2007 Consolt Company submitted the final document with the terms of reference to hire the new ERP. Additionally, the Executive Directorate, Administrative Management, and Information Technology, jointly with the Internal Audit and Purchasing departments decided that the contracting process should be bided.

This bid was released in Prensa Libre on Monday, May 21, 2007, and May 28th, 2007 as the deadline to purchase the basis. Additionally, an invitation letter to bid was sent to the following foreign companies: Internova-Datum, Exactus, and Sap Argentina. In order to extend the participation of suppliers in this process, through a consensus (Information Systems, Internal Audit, and Purchasing) to extend one week more the term to purchase the bidding basis was decided, the final date to submit the offers was June 29, 2007.

A total of 8 companies were invited or purchased the basis:

Table 23 Companies invited to quote for the new ERP

Company	Market Product
INDRA	SAP
GBM	To be defined
Consolt	Century-On
IDS	To be defined
Exactus	Exactus Impulso
Internova-Datum	Oracle e-business
SAP (Argentina Region)	SAP
Microelectrónica	To be defined

The 4 offering companies were:

Table 24 Companies that quoted for the new ERP

Company	Market Product
INDRA – Soluciona	SAP
Consolt	Century-On (Regional Software)
IDS	SunSystems eXFM
Exactus	Exactus Impulso (Regional Software)

During August and September 2007, the activities carried out were as follows:

- Conceptual submission of solution and aspects of the supplier. Four meetings with APROFAM's Managerial Staff and the four offering suppliers were held in order to disclose the proposed solution and the companies' profile. Later, the Managerial Staff was requested to complement a company's evaluation matrix.
- Functional presentation: Four presentations were carried out by the offering companies to a group of APROFAM's operational key users in order to get a better perspective of the product at an operative level. APROFAM's represented areas were: Financial, Administrative, and Information Systems Management and Internal Audit.
- Functional Evaluation: After the functional presentation, the four companies were requested to carry out a workshop to solve a series of APROFAM's operational cases in order to thoroughly validate the proposed solution. APROFAM's represented areas were: Financial, Administrative, and Information Systems, and Internal Audit Managements.
- Preparation of Evaluation Matrix: The functional, technical and suppliers matrixes were carried out to determine the option for APROFAM. In order to assess the functional matrix, the previously stated managements were represented.

The date scheduled to start the implementation of this system was July 2007; however, there were some delays due to the estimation differences at the time of the quote based on the evaluation of the commercial proposal identified in the activities timeframe for the 2007 Plan.

In October 29, 2007, during a Board of Directors' meeting and with resolution JD2107-95, Exactus, a Costa Rican company, was awarded the purchase and implementation of the ERP *Exactus Impulso 6.0*. In November and December, the revisions to the purchasing and implementation services contract were carried out, entering it on December 14, 2007. During the week of December 24 to 28, 2007, the first technical meetings were held in order to ratify the hardware and software requirements, as well as the required information loads.

By January 2008, the definition of APROFAM's operative model started. Meetings with all system's operation areas were held (Accounting, Treasury, Purchasing, Logistics, General Services, Human Resources, Internal Audit, and Information Systems Management). Finally, in general consensus, the decision was that a multi company model would be performed, this meant that there would be a matrix company (APROFAM) and the 29 clinics would be created as "companies" or "cost centers" that would report to the matrix APROFAM. This model would allow APROFAM to measure the operation and financial and program results of each clinic immediately, which would prepare the Association for the operational growth.

From April to September 2008, the implementation of the *Exactus* system continued, the activities developed were:

1. Revision and refining of *Oracle* database (April 2008)
2. Preparation of the information to be loaded in *Exactus*: i) Initial accounting balances to 12/312007, ii) inventory balance, iii) Accounts payable, and iv) Accounts receivable.

3. *Exactus* was installed on the *Terminal Service* server and the corresponding accesses and users were created.
4. All the clinics were trained in the modules of i) Inventory: Inventory requisitions and reception of it, ii) Purchasing: Purchase Orders and Reception, iii) Banks, iv) Petty Cash, and v) Accounts Payable.
5. Specific operational models were defined and updated for the Central Warehouse, Operational Fund/Petty Cash and Purchasing.
6. Specific adjustments for APROFAM were requested for inventory management, which are to be quoted by *Exactus*.
7. In June 2008, the following modules were implemented: i) Banks, ii) Accounts payable and iii) General Ledger.
8. Preparation of the information to be loaded in *Exactus*: i) the inventory stock balances of the clinic's warehouse were loaded to 07/31/2008 and ii) the accounting initial balances were loaded into *Exactus* since 12/31/2007 to 07/31/2008
9. Revision and refining of the *Oracle* database (Permanent process of the system to improve the performance of the base).
10. Module revision workshops.
11. Final replication of catalogues to the whole multi-company model.

The *Exactus* project officially began its operations in August 1, 2008 at the institutional level, the developed modules were:

1. General Management
2. General Accounting
3. Procurement or Purchasing
4. Inventory
5. Petty Cash
6. Accounts Payable
7. Banks

After two months operating in *Exactus*, an operational and technical adjustment stage began, as well as the application's learning. The system stabilization and the learning curve of the same displayed issues due to different events, among others: technical issues with the programming of interfaces, non-existent processes or not updated, resilience to change, and incorrectly tailored modules by the *Exactus* Consultant which resulted in delays in the programmatic and financial information. As a corrective action, a parallel record was assessed in the previous *Scorpio* System, to balance the located obstacles.

In the October-December 2008 period, an analogous work began between the two systems (*Scorpio* and *Exactus*) in order to:

1. Get the information in *Scorpio* as of August 2008
2. Adjust and implement the Integrated System to manage the institution operation and speed up the decision making with *Exactus*

The areas included to work the Parallel Plan were:

1. Procurement or Purchasing
2. Logistics
3. Accounting
4. Treasury

In order for the *Scorpio* operation to start, gathering physical documents was necessary, as well as establishing schedules and work groups for each area that operates all transactions in both systems: *Scorpio* and *Exactus*. *Exactus* always took care of operations for the clinics and administrative staff by adjusting the system as well as the operations processes related to the change. Active modules at *Exactus* are:

1. Inventory
2. Procurement or Purchasing
3. Banks
4. Accounts Payable
5. Petty cash

Scorpio processed from August to December 2008.

Adjusting Exactus and updating operational processes was done simultaneously. To do that, a work plan was established. This plan included the following activities:

Table 25 ERP Work Plan, 2008-2009

No.	Activity to develop
1	<p>Database: Structures revision, adjusting the database, integrity revision.</p> <p>During October and November 2008, Oracle Database revision was carried out in Costa Rica, keeping data consistency and integrity. The improvement was completed by December and also a permanent improvement and adjustment process (adjusting and updating the database.)</p>
2	<p>Custom-made Development for DM (Development to adapt the software to any module, according to APROFAM's needs.)</p> <p>Exactus Costa Rica was requested to size and quote 5DM, out of which one is already operating, one is approved by APROFAM and in the development process, two are already quoted and in the revision process by APROFAM and one is yet to be quoted by Costa Rica. Other two possible DM were solved by reviewing and updating internal institutional processes.</p>
3	<p>Resolution of failures and inconsistencies: All areas were requested to provide a detail of inconsistencies, mistakes, processes, etc. that they have experienced in Exactus in order to prioritize and solve them. (Consolidated Matrix)</p> <p>An inconsistency or failure revision matrix was created. It allowed adjusting those Exactus modules already operating.</p>
4	<p>Implementation: Consultancy provided to Exactus will reinforce and make the process implementation more dynamic, by speeding up those pending topics per module, as well as by reviewing the outstanding ones.</p> <p>Tailoring Fixed Assets, Budgets and loading files preparation was done. Also, the module training as well as Banks and Bank Reconciliation statement were reinforced. The model to manage Accounts Receivable and Invoicing was worked on.</p>
5	<p>Operational topics resolution: Training concerning the process, recording and follow up of results at the CIAC (Care Centers in Costa Rica) was carried out at the Information Technology Department. This procedure will allow speeding up the operational topics or data record support (not technical or processing failures). This process was under the care of the consultant, which created a bottleneck.</p>
6	<p>Reports: Existing reports submission as well as specific reporting for APROFAM (consolidated.)</p>
7	<p>Training</p> <p>During November and December 2008, training was reinforced in all clinics and educators of the Rural Development Program, as well as in all administrative staff from the Medical Services Management.</p>

Numbers 1, 3, 5, and 7 were complemented in December 2008. Number 2 was completed in June 2009. However, these customized developments are ongoing, according to the needs (fixed assets, etc.), number 4 is still in process and number 6 was completed in July, 2009.

The following activities were carried out as of January to September 2009:

1. **Invoicing:** i) Transfer of information from Sispos to Exactus was tuned; ii) The managing of Sections (prepayments) was defined and tested for information recording at hospitals where they have prepaid services, iii) Invoicing from January to May 2009 was transferred from SYSPPOS (Clinics) and Excel (Rural Development Educators) to CargaPos. Jointly with Accounting, January 2009 module processing began. Out of 31 branches to be processed, 12 had to be reprocessed for tailoring issues (automatic inventory adjustments and kits management.) February to September 2009 invoicing is ready to be transferred to CargaPos and subsequently to the Invoicing module.
2. **Budget:** i) The training on the module was carried out; ii) Module tailoring was performed; iii) 2009 budgets were loaded; iv) Execution reports by branch and consolidation began; v) Budget release took place; vi) Ledger entries were associated to the budget; vii) Process to generate budget turnovers from previous months. (Automate) and having the respective months' closing available; viii) Budget implementation reports were completed; ix) the module started in August 2009; however, it had to be stopped for there are some accounts that have no budget allotment in Clinics (such as inventory, contraceptives, medications, and clinical material procurement both sales cost and consumption cost.)
3. **Customized Developments:** i) Inventory Backorder Customized Development final needs as well as the act of separating products by request and requisition were analyzed jointly with the Exactus Costa Rica Development Department and the Logistics Area; ii) The Exactus Costa Rica Development Department sent a first version of the Customized Development. This one was tested and in it, some inconsistencies were found and solved. iii) iv) In June 2009, the improved version tests took place, as well as the validation with the Logistics Department; and in July 15, 2009, it was implemented. However, new reports and improvements have been requested, these have been supplied; v) a quick reference manual was prepared to be used in the new module update; vi) Exactus Costa Rica was requested with the scope of a new customized development DM for the Fixed Assets module to cover the need of depreciation of assets by cost center and by donor. It was received in August 2009 and is currently being analyzed by the Financial Management unit; vii) as a follow up and by email and a conference call, all doubts were addressed with Exactus El Salvador in September 2009.
4. **Reports:** The following reports were completed: Summary of Accounting entries per policy; Integrated balances per Project; Sustainability Level Report (Clinics and Rural Development); Self-sustainability Executive Level Report and Institutional indirect expenditures rate. These reports are specific from APROFAM and were not previously generated by the Scorpio System.
5. **Exactus R2 version update:** Exactus R1 version was updated to Exactus R2 version. This allows having the last Exactus Costa Rica supported version as well as having the improvements and "bugs" resolutions from version R1 available. This process required an impact analysis at the database and operational level.
6. **August information debugging, December 2008:** Debugging information support for this period was given to the accounting area.
7. **Operational support:** Support to every day operations continued (Clinics and Management) for the following modules: Procurement, Inventory, Banks, Accounts Payable and Petty cash.
8. **Operational Parallel Recording:** i) Parallel recording of transactions in Scorpio continued for operational modules. With this recording, the monthly reports generation is kept (closures.)

Human Resources area will be assessed according to the area's needs and requirements, which are being supported by updating the processes developed by MSH.

Information blocks will be assessed until there is a monthly operation and until information length is determined.

As of September 2009, the Administrative and Financial area of the new Exactus System was implemented in 94%.

Software Accounting Record 2005-2006

On December 2006, APROFAM assessed transferring the investment found at the Process Software, to Loss affecting Net Worth in Q.491,401.12. In order to do so, the Executive Directorate requested USAID's and APROFAM's Board of Directors' authorization. During September 2007, USAID issued its approval to enter the IN PROCESS SOFTWARE from APROFAM's ERP own development. This was recorded in the accounting closure of October 2007, loaded to the DEPRECIABLE FIXED ASSETS: COMPLETED SOFTWARE account, to monthly record the expenditure through software depreciation according to the legal percentage accepted by the Fiscal Authorities, which is 33% per month of the depreciated asset.

1.1.6.3. Development of Software for Professional Fee payments, with interface to Human Resources, in a systematized way

In 2005 APROFAM continued to implement the Human Resources System, which was hindered by staff turnover at that Department. Such staff was initially trained to manage the software. Upon recruiting new staff for the Human Resources Department, new training for managing the system was necessary, process that was completed in August 2005. However, as of September 2005, there was no one head in the Department so continuing with that software implementation was difficult.

Developing this system involved three stages:

1. Phase I: Development and implementation of processes of: i) Staff liquidations or severance payments, and ii) Income tax deduction. This phase was completed.
2. Phase II: Training of user staff of this system, by teaching them how to use online processes (vacation requests, licenses, requesting new staff and performance evaluation.) The Human Resources Department trained staff using this system on the online performance evaluation tool.
3. Phase III: Developing and implementing the payment of payroll for professional fees and interface to the Human Resources System.

To carry out the interface implementation for Human Resources, it was necessary to implement the POS invoicing software at a 100% of the clinics.

As of 2006, the clinics where the POS invoicing software had been implemented were: Adolescents, Education, Zone 1 Specialty Clinics, Jutiapa, X Ray and Ultrasound at the Central Clinic and the Peripheral Specialty Clinics at zones 5, 6, 12, and 19. The reports on payment for professional fees were prepared on this period, which, on this date, were issued from this application by Managers at the clinics where this was installed.

On January 2007 the payment for professional fees control was completed in all the Association clinics integrated to the SYSPOS. Also, the necessary reports were installed so that Human Resources could have access to the information related to payments done to employees at all the Association's clinics, under the Professional Fee method.

SYSPOS received support and maintenance through adjustments performed to the application, support and improvements in response to changes on reports or updates according to APROFAM's Management and the Human Resources Department.

Late 2008 follow up was given to this system reporting some clinics that were not using the tool, mostly because of lack of knowledge about the system and generally happening within the new recruited personnel. In January 2009 an email was sent to those involved, with instructions to use the tool. Also, they were given site support and telephone support. At the same time, the support of Medical Services Management was requested in order to have a better control. Permanent monitoring for a correct use and recording is provided.

Fingerprint Staff Admission Control Software

During the last quarter of 2005, DERCAS (Software acceptance requirements and criteria document, for its acronym in Spanish) was done and validated to develop the fingerprint staff admission control software. DERCAS results allowed developing an adequate software for the Association's needs. This was submitted to the Human Resources Department.

The hardest part was the coordination with the Gensys Company –which developed the Human Resources software, as well as with the person hired to develop the fingerprint staff admission control application, so that both programs would be integrated.

The system was implemented at the Central Building, applying adjustments based on the Human Resources Department recommendations to improve the applications and its reports. After that, it was implemented at metropolitan and territorial division clinics, where the information was centralized through a dedicated link.

During the last quarter of 2006, the necessary hardware and software (reader, computers, and database) setup process was completed at all the Association's clinics. This system's implementation was completed in March 2007. At large clinics, an independent computer was installed exclusively for labeling purposes. The rest of the clinics operated in the computer at the Nursing unit.

As of July to September 2008, the labeling devices were replaced for more modern ones, easier to manage and more efficient. This process was completed in November 2008. As of December, the process of centralizing information for generating the respective reports was done. This information is the base for calculating the Attendance Indicator in the Variable Compensation Project. In March 2009 a report within the Variable Compensation software was developed and implemented in a Web interface to be generated from there. It can be exported to Excel and PDF format.

Permanent communication (Dedicated Link)

The technical and economical feasibility of having a Dedicated Link (permanent communication) for all Care Centers was assessed. This strategy allowed to: i) Count with online information for each Care Center in a timely and centralized way by eliminating replication of digital information. ii) Have the IT area provide remote support to each Center. iii) Have constant Internet and email connection without requiring the use of a telephone line. This reduced expenses on telephone services and software license purchase.

Getting this service was a decision taken in 2005 and NAVEGA Company took care of it. They started implementing the service simultaneously at all the Association's clinics. In the last quarter of 2005, this company completed the wiring process for all the Association's healthcare Centers as a part of the project's implementation.

During the first quarter of 2006, 60% of the Association's clinics had the necessary equipment set up to start operating with this link, process that completely ended in August 2006.

All staff was made aware of the use and optimization of this resource. Visits were done to all clinics in order to set up the computer equipment so they could have communication with the Financial Management Systems -SCORPIO- and email.

Some of the problems detected in this implementation phase were:

1. NAVEGA technicians stated that the link was working; however, when APROFAM technical staff did its revision, this was not the case.
2. The connections dropped down and were reestablished after one hour.
3. When a failure was reported, different technicians provided assistance, and they apparently didn't have a system available to monitor which was the reported failure and which were the tests that other technicians had already carried out. Because of the lack of that information, each time that a new technician assisted a particular case, the same questions would come up as well as the same tests already carried out by other technicians.

Online information between the Central Clinic (Central Servers) and Territorial Division Clinics

In 2007 it was possible to access the information of the rest of the Association clinics from the central network, through a dedicated link. The final purpose was to centralize the information in one single data source, so it could be browsed at any time and by any clinic. In order to complete this activity, a technical analysis of the existing applications started in December 2006: SGC and SYSPOS, which was completed in the April to September quarter in 2007. This process determined that due to the technical characteristics of both programs and APROFAM's infrastructure, the same information integration solution carried out to the fingerprint process within SGC, would be used.

In August and September 2007, the scenarios and pilot tests were carried out with Sisteco (Citrix), SLM Consultores (Galeón), and Sega (Terminal Server) and the following results rose, which can be divided in two scenarios:

1. Interconnection among the clinics by using biometric devices for fingerprint sampling. Under this scenario, it wasn't possible for the readers to recognize the fingerprint, which stopped 100% of the system operation at those clinics connected to the Central Clinic.
2. Interconnection among clinics without using biometric devices for fingerprints. When using this scenario, all tests were satisfactory. Clinics were interconnected with Central clinic and all programs were running with an excellent response time.

The results of this project plus SGC adjustments allowed determining the short term actions to be taken in order to be able to centralize information, as well as optimizing resources when it comes to systems maintenance.

As of 2008 links among all APROFAM's clinics were completely setup and operating. When a new clinic is opened, the dedicated link with the Central Network is included as a part of their infrastructure.

In 2009, the stability of the links was reinforced with the Provider (service continuity) for it will be the means to achieve all the Institution's information integration. A meeting with Navega's (service provider) Commercial Management was held to reach a long term service commitment.

Variable Compensation:

In October 2007, the Variable Compensation project indicators analysis began, which served as a base for developing and implementing the Variable Compensation Management System (SGCV, for its acronym in Spanish.) Furthermore, financial and management projections were carried out to determine the impact of the project in the institution.

In the January to March 2008 quarter, SGCV development began, using *Microsoft Net* as a development tool as well as *Oracle Database*. The *Edumática* company was initially hired to develop and implement the project. They had to deliver the product in March 2008, but failed to do so. However, they apologized by email for the delay in developing the project and offered to turn it in by April. The pilot plan project was expected to be launched by April 2008, using the SGCV. Due to the company's second failure to deliver the system, it was impossible to do that and alternative information recovery plans were carried out so that the test could take place during April and May, and we can count on the evaluation data from the project.

Meantime, in April the *MegaSoluciones* company was hired for the development of the -SGCV- on the same technology. The program was delivered in June and was ready for operation according to APROFAM's requirement. This system may be tailored, which allows setting it up according to the pilot test results carried out from April to June.

From March to May 2008 the pilot test for Variable Compensation was developed in a temporary application on *Microsoft Access* and it operated on *Terminal Services* at the following clinics: Escuintla, Quetzaltenango, Centrals, Specialties, CQAP, Laboratory and Rural Development Program Coordinators. The pilot test analysis was carried out in July. Additionally, the Information System Management supported the Human Resources Department in the communication phase of the Variable Compensation Project at all clinics, except for the Petén clinic.

During the month of July, the pilot test results analysis and information final tabulation was carried out. Meetings with the specific Committee were held to assess and validate the project's test results and conceptual topics prior their submission for approval.

In August, the pilot test results were submitted both to the Management Staff and the Internal Auditor; and in September, to the Association's Board of Directors. Also, a project conceptual update was given to the new members. At a meeting in September 20, 2008, the Board of Directors partially approved the project and requested an application to elaborate payment prototypes by modifying the area indicator percentages. Such application was developed in *Microsoft Excel* in a dynamic chart that allowed assessing the changes in calculations.

As October 2008 to September 2009, the following activities were developed:

Table 26 Activities developed for SGCV

Variable Compensation Project		
No.	Activity	Completion Date
1	Structuring indicator matrixes per area Preparing support material: matrixes, presentations Communication plan update Validating Medical Services, Marketing, and Financial Managements	Nov-08
2	Validating procedures at Human Resources	Nov - Dec 08
3	Training and empowering Human Resources in the CV Project (Systems)	Nov - Dec 08
4	HHRR - Operations and structure definition	Nov 08 - Jan 09
5	Institutional communication Process, Phase I	Nov - Dec 08
6	<u>System final tailoring</u>	Jan - Mar 09
	<u>System catalogue updating:</u> Centers, Employees (Payroll and Fees), Goals, Positions, Security (roles and access)	Jan - Mar 09
	<u>Loading information to the system</u> (Performance Evaluation and Quality Evaluation per center)	Jan - Mar 09
	<u>Reports:</u> Support to control and project validation reports were developed: i) Indicators calculation, ii) Medical Auditing, iii) Fees, iv) Attendance, Punctuality, and v) Labeling.	Jan - Mar 09
	<u>Training:</u> For Human Resources, in the following areas: project concept, system usage, information to process. For administrators, in system usage. For the Financial area, in recording information regarding the clinics' monthly results.	Jan - Mar 09
	<u>Final Tests.</u> Tests that provided January 2009 results were carried out, in which the correct system calculation was validated.	Jan - Mar 09
	<u>Users support:</u> In recording information and project concept.	Jan - Sep 09

The system was implemented as of February, 2009.

Rural Development Program Invoicing System –Palms- (Hand Helds)

In February 2008, technical issues were detected in the operation of *Palms* used by Rural Development Program educators, specifically in:

1. **Consignment Transactions**, the system would not record each transaction, thus creating data replication of invoicing and inventory.
2. **Palms/SYSPOS Synchronization Module:** This one is in charge of transferring all *Palms* transactions (sales, inventory) to the clinics' *SYSPOS*. This way, income, inventory, and general catalogues are recorded and subsequently, accounting. There were some cases in which synchronization was not being carried out appropriately; Information on headers and details in invoices or grants receipts got lost.

The person in charge of the Project Information Systems area was adjusting the database directly - a procedure that was not institutionally authorized- reason for which failures in the core program were not timely detected. The following actions were taken:

- The person in charge for the project was dismissed.
- According to the new provision, no data can be updated if it isn't documented and authorized.
- A person in charge of database integrity and security was appointed (Database Administrator -DBA-.)
- Access to Database was limited through roles and users.
- The provider *Vía Asesores* was hired to carry out the corrections to the invoicing program in *Palms* as well as in the synchronization module.

As of 2008, *Vía Asesores* started updating the invoicing program as well as synchronizing *Palms* devices. However, while assessing the updating scope and the required development, it was determined that due to the processing volume, calculations, and technical features of the *Palm* equipment and the development tool (*Satellite Forms*) it wasn't advisable to carry out such update in this equipment. Furthermore, this action did not guarantee:

- a) Educators' operations current support.
- b) Rural Development Program operation growth support and
- c) Continuing to use current software or hardware.

Due to the above mentioned a change in software and hardware was proposed.

In May 2008, USAID was requested to authorize funds for equipment updating and program management. A *HandHeld* type solution was proposed, which had been tested in mobile invoicing companies (such as traveling salespersons or the electric power company.) On this month, the corresponding approval from USAID was received and the following activities were performed:

1. **Invitation to Bid:** Published in *Prensa Libre* in May 26, 2008.
2. **Companies that purchased the bases:** *Sistémica, Barcode, Cardtech, and MegaSoluciones*. This process took place as of May 26 to May 30, 2008.
3. **Companies that bade:** *Sistémica, Barcode, and MegaSoluciones*. This process ended in June 16, 2008.
4. **Awarding process:** In June 23 the bidding opening took place at the Awarding Committee meeting. That same month, in June 26th, the suppliers who bade made a presentation to the Awarding Committee members in order to make the offered product known in detail and carry out the respective evaluation matrix.

In July 7, 2008 the bid for procuring the equipment was awarded to *Barcode*, which supplied the equipment and implemented the software solution for the devices. In July 22 2008, the presentation to the Board of Directors and the approval took place.

In August and September 2008, work meetings with *Barcode* took place in order to: i) Introduce technical teams; ii) Review infrastructure and communications; iii) Define database structure and information flow, and iv) Have *Barcode* create a sales route with an Educator from the central level.

During October 2008, the Sidra-APROFAM project implementation process began, jointly with the *Barcode* supplier. The activities were the following:

1. Defining the project's scope
2. Required infrastructure for the clinics
3. Setting up database, roles, and users
4. Route with Educators to validate current processes

The project was delayed by the supplier, so it was necessary to redefine its schedule. The activities carried out and deadlines are detailed in the attached chart.

Table 27 Activities developed for HandHelds Project

Project Activities Sidra - APROFAM	Start	Completed	Actual completion
1 Structures for data	Oct-08	Nov-08	Nov-08
Definition of ER ⁴ in BD ⁵	Completed		
Loading charts			
Definition of data origins (Clients, Products/Services, Prices, Resolutions.)			
2 HANDHELD Adjustments	Nov-08	Jan-09	Jan-09
Transferring information	Completed		
Clients			
Sales			
Returns/Changes			
End of day			
3 PC application	Nov-08	Jan-09	Mar-09
New Catalogues Maintenances	Completed	Completed	Completed
Transferring information	Outstanding	Outstanding	Completed
Reports	Completed	Completed	Completed
4 Setting up/Tests	Jan-09	Jan-09	Mar-09
Prototype tests	Outstanding	Outstanding	Completed
Corrections	Outstanding	Outstanding	Completed
5 Pilot Group Training	Jan-09	Jan-09	Mar-09
General Instruction	Outstanding	Outstanding	Completed
Specific Instruction	Outstanding	Outstanding	Completed
6 Pilot Plan Production Operation	Jan-09	Feb-09	Apr-09

In March 2009 the Pilot Plan Educators were trained.

As of April 2009, 10 Educators from Rural Developments in the Guatemala, Quiché, Cobán, Jutiapa and Zacapa areas, started recording their transactions in the new system.

The program developed by Barcode presented recording inconsistencies in April and May 2009, specifically in:

- Replication of invoice and grant receipt sequential numbers due to a bad tailoring.
- Inventories

Corrective actions were:

1. Barcode carried out the respective program improvements of Handheld devices, and also of the centralized Sidra server. The program version was stabilized.
2. The inconsistent information recorded at the system was corrected.
3. Mobile printers were changed or repaired.

⁴ ER: Entity-Relation. It is a tool for data modeling of an information system. These models express relevant entities for an information system, its inter relations and properties in the overall system.

⁵ BD: Database. A database or data bank is a set of data belonging to a same context and systematically stored for its further usage.

4. Online coaching was provided to the synchronization.
5. June 2009 synchronization was sound and was given follow up.

From July to September 2009 (after the Rural Development operation structure was defined) the project's implementation was completed (training and issuing devices) with the following group of Educators:

1. July 2009: (11 Educators)
 - Huehuetenango
 - Quetzaltenango
 - San Marcos:
 - Totonicapán
 - Sololá
2. September 2009: (21 Educators)
 - Petén
 - Central
 - Puerto Barrios
 - Antigua
 - Chimaltenango
 - Suchitepéquez
 - Retalhuleu
 - Cobán
 - Escuintla

Follow up and support was provided for 42 operation Educators. The following were identified in the process:

- Inventory unbalance for Pilot Plan Educators. This was originated by inconsistencies in the Sidra April-May version. The solution is balancing Handhelds actual inventory with the Sidra Server application.
- Lack of printers for some Educators.
- Lack of paper.
- Virus found in synchronization computers (Puerto Barrios, Retalhuleu)
- Errors in the process: Entering deposits, new clients, etc.

Dashboard

In 2007 and 2008, the Dashboard program analysis, design and implementation to measure 58 strategic indicators was completed. Management Staff was trained in the program usage and in the criteria for entering information. In November 2007, the members of the previous year Board of Directors were introduced and trained on how to use and construe the dashboard.

In April and May 2008 the following actions took place: i) Induction of this tool to the new Board of Directors members; ii) At APROFAM's Headquarters, a laptop computer was installed and put to operate to solve any query that might arise. The Board of directors is in charge of it. iii) Internet access to the program was provided so that the members of the Board of Directors could have access to the information.

The respective maintenance was carried out to respond to the changes in program reports or updates, according to APROFAM's Management.

Indicators that were automated in the prior Financial Management System were manually fed, while the new system was implemented. It is estimated that at least 85% of all indicators will be automated when the new ERP *Exactus* implementation is completed.

In July 2009 it was decided to wait for the new Strategic plan 2010-2014 to redefine indicators and subsequently extract them from the information system.

Infrastructure

Moving to the new Jast Management Building took place in February 2009, with the technical platform already setup and operational. During March 2009, the Server, Networks (LAN-WAN) and Telecommunications infrastructure was strengthened, keeping the services at 28 clinics communicated with the Management Building.

In the mean time, in April 2009, the Server, Networks, and Telecommunications infrastructure at the new Central Clinic and Hospital Building were updated, which prepared the technical platform for transferring operations. This took place in July 2009.

Results of the Central Clinical Laboratory through the Internet

Updates to the APROFAM Webpage were carried out during July and August 2008, in order to access the information of the Central Clinic Laboratory results, which are located in the users' database of APROFAM. The technology used was *Microsoft.Net* y *Oracle* database, with support of the *yalovio.com* provider.

This system was implemented as of August 14, 2008, allowing the user the convenience of easily getting its results. This is part of the services quality assistance that Central Clinic Laboratory provides.

Project Processes

The project approach was based in four basic elements:

1. Institutional Mission and Vision
2. Marketing main strategies
3. Corporate organizational structure
4. Update-Processes Re-engineering

In November 2008, USAID authorized the budget for the Processes Project, in an amount of \$66,000.00, which would be executed during the months of January to September 2009.

With the respective authorization, meetings were held during November and December 2008, with Dr. Héctor Colindres of MSH and Executive Directorate of APROFAM, in order to estimate the size of the Project, to establish the consultants profiles and the priority areas.

The significance of the Project was presented to the Managerial Staff of the Association on December 2008. Besides, early meetings were held with the consultants group to assess its incorporation to the project, reviewing the required methodology, scopes, and needs of APROFAM.

As of January 2009, the administration and follow up of the Project is in charge of the Executive Directorate. However, support was given to the different processes and revisions with the implementing team.

Systems Maintenance

In 2006, APROFAM acquired a one-year maintenance service for the following systems: i) HIV/AIDS, ii) VBG, iii) Medical Audit, and iv) Clinic Laboratory Services. The amount paid for this item was US\$2,500.00.

APROFAM allotted funds of this Agreement for the development, implementation, and maintenance of the Systems, as well as the procurement of the required hardware for all the Association. From 2007 to 2009 maintenance was applied to the following systems: i) Clinics Managerial System - SGC- ii) SYSPOS, and iii) SGCV.

The equipment that was purchased during 2005-2009 period with USAID funds was:

**Table 28 Procurement of Computing Equipment with USAID funds
April 2005- September 2009**

No.	Equipment	April - September 2005	2006	2007	2008	2009	Total
1	Computers	8	85	4	64	51	212
2	Notebook	1	11	6	35	4	57
3	Keyboards					4	4
4	UPS		96	33	24	77	230
5	Servers			2	4	11	17
6	Printers	47	62	24	7	43	183
7	Handheld				75		75
8	USB flash drives				1		1
9	Biometric clock				25		25
10	Switch	5			1		6
11	Tower to rack				1		1
12	Video printer				1		1
13	Access control to servers area				1		1
14	Biometric readers	44		14			58
15	Palms	26		8			34
16	Projectors		1	1			2
17	Monitors			1			1
18	Wireless keyboard			6			6
19	DVD burners		1	1			2
20	Fax modem	4	4				8
21	Spam firewall barracuda			1			1
22	Hasp			13			13
23	Case to keep bills			3			3
Total in Quetzales		Q166,114.93	Q1,288,261.78	Q317,128.32	Q1,524,860.68	Q630,232.00	Q3,926,597.71

1.1.7 Technical Assistance Plan, Integrated to all Levels

Responsible: Human Resources Department

As part of the Agreement, APROFAM identified the Technical Assistance needs for the institution, to all levels (Board of Directors and Managerial Staff).

Lower Level Result 1.2 Services Improved and New Business Developed:

1.2.1 APROFAM's Installed Capacity Improved

Responsible: Administrative Management

1.2.1.1 To optimize of the setup capacity of the different assistance centers, strengthening, innovating, transferring, and adjusting products and services to the target population's needs.

The services demand in various clinics of APROFAM, mainly in the Central Clinic, zone 1, exceeded its installed capacity, which was reflected on the crowded facilities, long waiting lines, and lack of privacy in services. The situation affected the rendering of quality services, which had been one of the strengths for the Association. Facing this situation, APROFAM started the following buildings:

Building for Clinic and Central Hospital, 8a. Calle, Zona 1

On the first semester of 2005, the process of digging and protection of walls and slopes continued. This work was developed by GEOCIMSA Company and supervised by the Engineering Office in Guatemala (OIG, as per abbreviation in Spanish), after to the change of the Company Rodio Swissboring, with which APROFAM decided to cancel the contract, due that they were not able to get a permit from the residents to apply the digging technique, originally designed.

The contractual initial amount between APROFAM and GEOCIMSA was extended, due to the need of constructing the foundation of the building, meanwhile hat the process of the slopes protection was carried out. The delay in the execution of this process was due to two temporary suspension at the request of Municipal Court, derived from the complaints from one of the residents and the extension of the execution by GEOCIMSA which paid the corresponding penalties.

As of September 2005, the monitoring company -OIG- submitted a technical report, in which it based its request of suspending the digging works, due to the risk of collapses of the surrounding buildings, including the building that at the time was occupied by APROFAM (9ª. Calle, zona 1). This suspension impacted the scheduled dates for the delivery of the works, which were estimated to be completed four months later than the originally planned date. To carry out Phase II, the building construction, the Board of Directors awarded to AICSA Building Company, subsequent to the leaving of the originally chosen company "Consulta S.A." AICSA carried out the municipal proceedings for the extension of the corresponding building license.

The digging works were reinitiated as of the first week of November 2005. In order to brace the structure of the current APROFAM building, OIG monitoring company requested to GEOCIMSA Company responsible for the digging process, the construction of an additional strip of active anchorages, as part of the walls protection. As a result of the abovementioned, the works pertaining to Phase I were completed in mid-January 2006.

As of October to December 2005, the first draft of the construction contract with AICSA Company was drafted. The contract with the constructing company was not subscribed at that time, due to its approval depended on the issuance of the Municipal License of Construction. Due to the above, this company started the proceedings to get the corresponding construction license, with the Municipality of Guatemala. The works of Phase II, construction of the main structure, didn't started due that the construction municipal license was not yet issued for the construction company (AICSA). As of April to June, 2006, the proceeding for the construction municipal license in the Municipality of Guatemala continued. This procedure was carried out in coordination with the company that was awarded for the construction of the building. The authorization from the office of Centro Histórico de la Municipalidad de Guatemala [Historic Center of the Municipality of Guatemala - roughly equivalent to an old part of a city], which requested to the constructor company AICSA to add copies of the drawings subscribed by this office, as well as the approval opinion of the road infrastructure. All the documents were completed, just waiting for the order of the Municipality of Guatemala to pay the municipal license of construction.

In May 3, 2007, the Construction License of the new Central Building of APROFAM, was obtained with a two years effectiveness. The payment of the license fees was exempted due to the fact that the construction was located at the *Centro Histórico*.

In June 21, 2007, the digging works were reinitiated by Geocimsa S.A. Company. Derived from internal issues of the contractor (Geocimsa), works that were supposed to be completed in July 2007, continued at a slower pace, so the completion time was postponed to the last quarter of 2007. The monitoring of the digging process was in charge of *Oficina de Ingeniería de Guatemala OIG firm*.

In August 2007, it was impossible to materialize the signature of the AICSA contracts for the construction and the one of the supervisor, Arq. Alfredo Neutze. The abovementioned was because the meeting of the APROFAM Board of Directors, to authorize the last quote submitted by AICSA was not held because of the price increase of the materials.

As of December 2007, the construction works of the new central building started. The first level was built during the first quarter of 2008; as of April to June, the construction of the foundation of all stories was completed and the lifting of walls in the first story began and the restructuring of the 1 and 2 basements. As of July to September, began the stage of final details and flooring, room divisions, and walls plastering were completed. 80% of the first story was completed.

As of October, 2008 to March, 2009, the construction works of the Clinics Building and APROFAM Hospital continued. The building was completed until June 2009, due to extra works requested by the Medical Services Management and a delay in the elevators installation, which were not received on time. After the delivery, the coordination for the movement, occupancy, and operation of the facilities further began as of August 2009. **See Annex 5, Building for Clinic and Central Hospital, 8a. Calle, Zona 1**

Current Central Building Remodeling:

During the first quarter 2007, a quotation for the elaboration of the Environmental Impact Study was submitted, as an initial step for the issuance of the construction municipal license. The company submitting the quotation was the one recommended by R&P company, which would carry out the remodeling works and also performed the contacts with the Ministry of Environmental and Natural Resources [MARN, as per its initials in Spanish], to speed up the corresponding procedures.

Dr. Marco Juárez was hired from April to June, 2007 as a consultant in charge of carrying out the Environmental Impact Study. As a part of the process, copies of the current maps of the Central Building were delivered to him, to complete the dossier with the MARN, to get the environmental impact study, which was a requirement to get the remodeling license (R&P).

At the same time, APROFAM constituted a Constructions Commission in which the following were involved: the Executive Director, Marketing Manager, Administrative Manager, Financial Manager, Infrastructure Assistant, Projects Development Head, and Works Supervisor of the Association. The Constructions Commission followed up the related topics, with the purpose to find a real estate in which the administrative offices, warehouse and parking lot would operate.

The Board of Directors authorized in September 2007, the acquisition of the building located at 1ra. avenida y 8a calle esquina de la zona 1. This building would accommodate all administrative staff currently occupying the Central Building facilities. In the last quarter of 2007, negotiations for the acquisition of such building were carried out. However, it had legal issues, reason for which the decision of continuing the searching of buying or renting a building that fulfills the necessary conditions was made.

During April-June, 2008, it was decided to rent a building with the necessary conditions for the administration. It was located at Calzada Roosevelt, but finally, due to lack of legal certainty, it was resolved not to rent it. Later on, another option at downtown of the city, located at 5ta. Avenida y 13 calle zona 1 was considered. In the last quarter of 2008, a contract for the rent of Jast Building was entered, which was conditioned as of December. The staff moved in March 2009. Additionally, the remodeling process of the current building was reassessed in order to restrict the required investment to the strictly priority and necessary items.

Clinics of San Pedro Sacatepéquez, San Marcos and San Benito, Petén

In September 2005, the new infrastructure for these clinics was completed. In April 2006, the San Benito, Petén clinic was officially opened and in July 2007, the ones in San Pedro Sacatepéquez, San Marcos.

The constructions of the Central Building, San Benito Petén, and San Pedro Sacatepéquez San Marcos were executed with counterparty entry funds. The purchase of medical equipment was carried out with USAID funds, considering that it was impossible to allocate funds of the Agreement to build other clinics.

Mazatenango Clinic

In the first semester 2005, the APROFAM's Board of Directors awarded ASECOGUA company for the construction of this clinic. At the beginning of the construction works, the hired company faced a legal trial for a 42 square meters land strip, which was managed through the APROFAM's legal advice. This situation did not allow the construction company to work 100% of its capacity, forcing to suspend the work for four months. In October 2005, the Board of Directors carried out some negotiations to solve this matter.

At the request of the Board of Directors, in 2006 a second marketing feasibility study was carried out, to guarantee that the location of this clinic was the ideal. The results were submitted in May, 2006, confirming that the location of the land where the clinic in Mazatenango City would be constructed, was appropriate. Later to this action, ASECOGUA, the construction company was contacted again and it stated that it was necessary to update the costs of some work items that would be affected by the increase in the prices of the construction materials, mainly iron and cement. The updating of the work items by ASECOGUA, showed a 52% increase on the offered value. There was an increase in the affected work items that was analyzed by the Administrative Management, requesting this company to review them, since this increase significantly surpassed the approved budget for this project.

Construction works began during the last quarter of 2006. Trees that caused troubles with the neighbors and in coordination with them, these were cut. The construction company and an APROFAM representative placed the boundary stones to mark off the land where the new clinic was built. Besides, digging and foundation works began.

As of 2007, construction works at the clinic of Mazatenango city continued. The progress in the construction of this clinic had been fulfilled as scheduled in preliminary works, in a 100%, the main structure in a 50% and the lifting of the wall in a 50%. Some extra works, especially in the perimeter wall and waterproofing that showed that the term would be extended approximately one month.

Up to June 30, 2007, construction works were 75% completed, completing on September, 2007. The clinic was opened in September 11, 2007.

Remodeling of the Surgery Rooms at Jutiapa Clinic

Due to the fact that during 2005, APROFAM continued searching for a provider for the unification and standardization of the institutional new image, the remodeling of the surgery rooms at Jutiapa's clinic was not carried out. The abovementioned was because any modification to the clinics infrastructure was subject to this new process.

In 2006, not making this remodeling was decided, because a new real estate for the construction of the new facilities for this clinic would be searched.

Barberena Clinic

Measurements of the land where the APROFAM clinic in the City of Barberena would be built were confirmed from January – March, 2006. The size of the scope revealed a 30 square meters difference with which was stated in the public deed, for this reason, the possible reasons for this difference were investigated. The quotation process for the clinic design began as of April, 2006. In order to guarantee that the design would adjust to the conditions of the land, location drawings and level curves were done to be able to deliver it to the prospective suppliers. By having the level curves map, it was not necessary to carry out the demolition works of the current construction. The terms of reference for the design were developed. Companies that were invited to quote submitted their offers in September, 2006.

The elaboration, submission, and validation of the preliminary plan for the new facilities of this clinic was done in December. The Medical Services Manager, as well as the Administrative Manager of the Association were involved in the validation process. ARQUINTER company was selected for the design process of this clinic.

ARQUINTER delivered the final drawings and the Project's Budget in the first quarter of 2007. The project quotation and adjudication process was carried out from April to June, 2007, where PRODECO company was awarded with the execution of it.

As of July 2007, construction works of the new building began; among them, the leveling of the land, where the construction company had issues when finding a rock deposit which caused a delay in all the works may be included, this caused a general delay in the works. Works restarted in the second semester of 2007. The following issues were found during this period, which caused a delay in the completion of the construction: i) additional adjustment due to design issues of the original drawings, ii) inclusion of the pharmacy area, and iii) finding of a rocky land.

The Barberena new clinic had a 90% completion as of December 2008 and was completed by the contractor in January 30, 2009. The electric power was pending, which was in charge of the distributor company in the area, which was completed in March of this year.

Koramsa Clinic Closure

In December 2005, reorganization was carried out in this assembly plant and more than 9000 employees were dismissed. Due to this, APROFAM assessed the possibility to leave the clinic in this place, since its profitability and sustainability significantly decreased. As a result of the significant decrease in the number of people of this assembly plant, mainly women, and agreed between this company and APROFAM, a decision of closing this clinic was made in September 30, 2006.

Estofel Clinic

This clinic operated from 2005 to July 2006 under the supervision of the Marketing Management, rendering Family Planning, General Medicine services, and Basic and Contraceptive Medicines sale, under the Corporate Social Responsibility strategy. A strategy to move the clinic under the supervision of the Medical Services Management was considered by the managerial team of APROFAM, due that a significant number of medical services to employees of this assembly plant have been rendered. Actions to adapt the clinic, in accordance with the users needs, began. Specific areas for clinic and cash register were available, giving attention in a schedule from 7:00 a.m. to 12:00 p.m. The rendered services were: Prenatal Control, Gynecology, Pap smear, General Medicine, and Family Planning. At the beginning, the clinic had a general physician and an assistant nurse cashier. The Estofel input paid the value of the General Medicine Consultation and Family Planning services. The cost of the Pap Smears and acquisition of basic medicines and contraceptives were paid by the employees.

Search of lands for the ideal location for the construction of the APROFAM clinics in the cities of Coatepeque, Huehuetenango, and Jutiapa

The growth of the services demand of these clinics, which exceeded its setup capacity, as well as the existence of non installed medical equipment due to lack of fair space and growing of the sustainability during the last years, caused the main factors to carry out the purchase of land and real estates study, to be used for the construction or adjustment of the APROFAM new clinics in these locations.

Coatepeque Clinic: A listing of the new facilities requirement, which were included in the bidding bases of the new clinic, was carried out. This process began in the third quarter of 2007. The land for the future construction of this clinic was acquired in September of this year.

As of January 2008, the award process of the company in charge of carrying out the design of this clinic began. This was approved and submitted by the Board of Directors in April. The selected company was: Arquitectos Valencia y Valencia. The design was delivered by the company in July 2008. Later on, adjustments to the design were requested to the company.

Huehuetenango Clinic: In June 2007, the APROFAM's Board of Directors reviewed the technical study for the purchasing of an already identified land, which was developed by an external consultant. In this same meeting, not buying the already identified land was decided and in the following months other options were looked for. The purchase of the land for the construction of the new clinic in Huehuetenango was done in September. The corresponding studies (land and environmental impact) prior to the construction of the new facilities were carried out during the last quarter of this year.

Basis and terms of reference to start the bidding of the design and drawings were completed during the first quarter of 2008. From April to July, 2008, the award process began and was for the Arquitectos Valencia y Valencia company, in charge of carrying out the design. This was returned to the designer company, due to deficiencies found in the architectural planning, so the correction of them was requested. Its delivery is expected late 2009.

Jutiapa Clinic: Two proposals were reviewed during April-June 2007, for the purchase of a land in Jutiapa. The proposals were submitted to the Board of Directors in August 2007, where it was determined that during October of this year, a field visit prior to make a final decision would be done. A land of an ideal location was found during the last quarter of 2007. The purchasing process was completed in March 2008 and in May the award process of the company in charge of developing the design began.

As a result of the economic conditions prevailing for 2009, the construction of new projects, such as hospitals of Coatepeque, Huehuetenango and Jutiapa was cancelled.

Chimaltenango clinic move

A research to assess the marketing feasibility due to the possible move of the APROFAM clinic in Chimaltenango to a crowded area of the same territorial division was carried out by the Marketing Management from August to September 2007, through the Marketing Department.

A quantitative research by the interview method was carried out. The results recommended NOT to move the Chimaltenango clinic, since 61% of its current interviewed users within the clinic responded that they positively would not attend if it is moved, 19% of the respondents in the street stated the same answer and in general, (street and users) 37% would not attend. Due to the abovementioned, the decision was not to move this clinic.

Ixcán, El Quiché clinic building granting

The process of the building granting continued during 2005. A note was sent to the Ministry of Public Health and Social Welfare [by its acronym in Spanish -MSPAS-] noticing them the disposition of giving this building as a grant and the conditions to be observed to count on it, asking them to please respond before September 16, 2005. Since no answer was obtained from MSPAS, another note was sent to the Génesis NGO which previously showed a concern about it.

A letter was received in December 2005, stating the concern in getting the Ixcán, Quiché Clinic building as a grant. After the reception of this letter, USAID was informed about this decision, requesting APROFAM the description of the procedure to be followed to formalize the grant. USAID requested APROFAM to send a note stating that the MSPAS was identified as the donor of this building. The grant deed of this building to MSPAS was written and subscribed from January to March 2006. The proceedings in this Ministry to register the building as a grant to the Government of Guatemala began. A letter from MSPAS was sent in June 2006 to APROFAM, which informed that the related file was at the Governmental Real Estate Property Directorate of the Ministry of Finances, which carried out the corresponding field research to furtherly collect the opinion of the Attorney General Office of the Nation and get its approval, to do the Governmental Agreement through which the land related to the Ministry would be designated.

A note from Mr. Luis Vásquez, from the MSPAS legal department, was received in 2007, informing about the status of this process.

A follow up on the completion of the granting process to MSPAS was carried out from October 2007 to June 2008. Jointly, the MSPAS and APROFAM Legal Departments carried out the official submission in July 21, 2008.

APROFAM's Purchase Manual Review

As a result of the Association's operations growth, the redesigning of the Purchasing Manual was required, to meet the strategic and operational demands, requested by the institutional purchasing process, based in the effective standards and policies. Due to the abovementioned, during an Award Commission meeting, with the attendance of one representative of the Board of Directors and one of USAID, which was held in August 2007, PCA Company was selected as responsible for the updating process of the APROFAM Purchasing Manual. The updating of this manual began in November 2007.

The submission of the final proposal to the Managerial Staff of the Association was carried out as part of the revision process. The submission to the Board of Directors was scheduled for January 2008, but due to changes of members of the Board, this was rescheduled for April of that year. Additionally during this period, changes were done, which were revised in several meetings, until getting the final output in July, month in which it was submitted and approved by the Board of Directors through Resolution JD1208-46. In August it was socialized with the Managerial Staff.

Resignation of the APROFAM's Administrative Manager

In February 16, 2007, the Executive Directorate received a resignation note of the APROFAM's Administrative Manager, effective as of March 31, 2007. In February 21, 2007, this Directorate officially noticed this to USAID. Facing this situation caused the recruitment of a new (male or female) Administrative Manager.

Appointment of the new APROFAM's Administrative Manager

As of April 23, 2007, the new APROFAM's Administrative Manager, Ingeniero Marvin Estuardo Alfaro López took up the position.

1.2.2 New Income Generating Products and Services Developed

Responsible: Marketing Management

APROFAM developed a strategy to identify, prioritize, and implement projects to generate revenue in order for them to contribute to the sustainability during the Agreement.

USAID and the Association established that any business option should approach to and be consistent with, the institution's competence and to result as a demand and growing revenues for APROFAM's services.

The strategy gave priority to the development of improvements, additions, and line extensions of its current product and/or services portfolio, such as:

Standardization and strengthening of the clinics:

To render the same services and products with the same quality, in each care center, keeping the same image, customer service quality and the same or similar infrastructure in all clinics, incorporating diagnostic equipment in the clinics in case they do not have it.

Market Extension:

To offer products and services to new prospective market segments, developing new services in the clinics having a prospective market.

New Products and Services Development

To add new options to the services supply.

The selection of business options was based in the following criteria:

- Institution Image Compatibility.
- APROFAM's mission Compatibility.
- Set up Capacity Compatibility.
- Potential for the revenues generation.
- Strategic location.
- Market potential, initial investment amount, investment return period, profitability margins.

The methodology to capture new options to assess was the following:

Brainstorming, survey research, and focal groups:

Deep brainstorming and interviews were held (qualitative research techniques) to identify prospective businesses to be developed.

Heads of Metropolitan, Territorial Divisions clinics, and Managerial Staff of APROFAM attended these meetings. At the end of these meetings, ideas were consolidated, prioritized, and selected in accordance to an analysis of market potential, field researches planning, organizational technical capacity analysis, and development feasibilities evaluation.

All business options were supported by feasibility, marketing, and finances analyses, which was submitted for its approval to the Board of Directors of the Association and later to USAID.

In June 2006 the person in charge of New Businesses Area administration was substituted, Lic. César Samayoa. This month the efforts were focused in the achievement of a situation diagnosis of the organization and the area operation by the new person in charge of the department, Lic. Byron Santos; in order to learn about the reality of the area which allows to make informed decisions, redesign the management and organization focus of the area, definition of the lines of action, fulfillment standards, identify, establish priorities and design the New Business actions timeframe.

The products that were already achieved with the new vision and management were:

- Situation diagnosis of the area and actions to perform
- Implemented projects operation monitoring.

To establish and reorient the main purpose of the new businesses area was very important. The need to redefine the main goal of such area was observed during the discussions with the Clinic's Administrators and Association's Managers. The appropriate decisions were made as a whole, in such way that the scope level of the new future businesses to be developed were established based on the technical focus out of institutional strengthening or new institutional needs opening.

As a cornerstone of the New Businesses Area, from January to September 2009, the projects already implemented in previous years were followed-up and monitored, since no budget from the USAID was allotted this year for the procurement of equipment for the strengthening of the institutional services portfolio.

The New Businesses implemented from 2005 to 2009 and those that could not be implemented for not fulfilling the marketing and financial requirements described on **Annex 6 New implemented and non-implemented Businesses 2005 to 2009**.

On a quarterly basis, the Marketing Management jointly with the Financial Management gathered the information on financial revenues of the New implemented Businesses. Towards September 2009, the revenues generated by this concept was of about Q. 5,073,869.47, accounting a surplus of Q.1,815,039.92 on the carried out investment. **See Annex 6 New Businesses Monitoring 2005-2009**.

1.2.3 Strategic Alliances to Increase Sustainability Developed

Responsible: Projects Development Head

During this Cooperative Agreement, APROFAM continued strengthening and expanding its capacity to carry out alliances with the private and public sectors. The strategy included the preparation of databases on prospective businesses, both corporative and NGOs and GOs, which could become buyers for products and/or services to the Association. Additionally, it was possible to support and/or participate in activities to create alliances with the Alliances Program/USAID/RTI.

1.2.3.1 Strategic Alliances with the Corporate and NGO Sector

Corporate Social Responsibility - CSR-

The goal of this strategy is to strengthen the health services delivery to the private sector through a responsible management model in which the profitability and growth was harmonized with the employees, suppliers, stockholders, customers, and community expectations.

In 2005, APROFAM set alliances with different companies in order to provide, on behalf of the employer, the Family Planning services.

- KORAMSA: A clinic was set up in this assembly plant, the biggest in Central America, with about 12,000 employees. This was a well known pattern the Association tried to repeat with other companies and in other areas of the country.
- ESTOFEL, S.A.: An agreement was subscribed with this Korean assembly plant in order to provide health services to 1,200 employees, women and men.
- Colgate Palmolive: A Cervix-Uterine Cancer Prevention Campaign was implemented to serve their employees.
- GUATEVISION: An agreement was entered with this television and cable company to promote the social investment in health for companies. The television broadcast was targeted to awareness-raising among entrepreneurs and general public, regarding preventive health, mainly illnesses that could become fatal.

Cindy Cisek from Catalyst Consortium came to visit in June 2005, she assessed and monitored the progress of the program and trained the RSE promoters team members.

In 2005, this strategy was under the supervision of the Marketing Management, which continued this activity until May 2007, when it was moved to the Projects Development Head.

In 2006 and 2007, the Head Office of Projects jointly with the Board of Directors of the Association, carried out proposals of Strategic Alliances with the following companies:

SerfaTrade, S.A., Servicios Familiares Internacionales (electronic remittances):

In August 31, 2006, the dialog between the Chairman and Executives appointed by the company began, in order to follow-up the Project, define the administrative and technical details (IT) for the services offered by APROFAM through SerfaTrade, S. A.'s electronic portal, so that Guatemalan immigrants abroad could assign their remittances to health services of their relatives in Guatemala. The Project had the experience of SerfaTrade, S. A., and its affiliated company SerfaNet, Corp., located in Los Angeles, California, USA, which would manage the transactions made from USA and would base its network on its 'sales agents', who would process the purchase orders for APROFAM's services. Based on these assumptions, many work meetings were carried out with the company's executives, APROFAM's Marketing Management and Head Office of Marketing, in which the following revisions and definitions were done: i) services to provide, ii) way to submit them (packages or 'combos'), iii) possible packages prices; iv) company's rates and other expenses, and v) strategy for the service promotion and advertisement.

The joint agreement between SerfaTrade, S.A. and APROFAM was entered in May 28, 2007 expecting it to be ready for the Feria Chapina in August. Different work meetings were carried out between July and August with Executives of SerfaTrade, S. A., and one video-conference with SerfaNet, Corp.'s General Manager. (This company is based in Los Angeles, USA, affiliated company of SerfaTrade, S. A.), in order to confirm the advantage to attend Feria Chapina. The project's components were thoroughly developed: i) Promotion Plan in Guatemala; ii) Services Catalogue; iii) Descriptive models of combos with their services, and iv) Conversion of APROFAM's services prices into dollars in order to include 10% commissions of SerfaTrade, S.A., and credit card payment by clinic.

In August 2007, when attending Feria Chapina in Los Angeles, California (USA), and hire the General Manager of SerfaNet, Corp. (Affiliated company of SerfaTrade, S. A., based in USA); it was found that SerfaNet, Corp.'s offices did not have any staff other than this person, and that the local sales agent network did not exist in Los Angeles. Since SerfaNet, Corp. or SerfaTrade, S. A. did not provide a solution or explanation to this event; APROFAM's strategy for Feria Chapina and the agreement with the company were therein waived. Actions to save this event were improvised but no results came out towards the original goals of the trip.

During September 2007, two meetings with the Commercial and Touristic Director of SerfaTrade, S.A., were held in order to get an explanation on the findings at their offices in Los Angeles. The company sent a letter to APROFAM proposing a meeting to continue the project; however, this answer is not a reward for the work, time, and resources the Head Office of Projects and APROFAM itself invested.

In order to continue the project, advisory and proposing meetings were held in September with organizations working with remittances and immigrants. Western Union/SOINSA, BanRural, International Organization for Migration, IOM, and Empresa Promotora de Servicios de Salud-EPSS. MoneyGram Central America in Florida, USA, was also inquired. Out of all mentioned above, Western Union/SOINSA, was the one offering better possibilities to implement the project but with significant changes. This Head Office worked on the necessary modifications to the remittances project during October - December 2007; however, this project was not approved for not being of the best interests of the Association.

Feria Chapina 2007/EVEFER, S.A.

The goal of participating in Feria Chapina 2007 was promoting the project that was developed with SerfaTrade, S. A., among the immigrant Guatemalan community who live in Los Angeles, California, USA, where the headquarters of SerfaTrade, S. A./SerfaNet Corp. was located. The participation took place on the previewed dates (August 24-26, 2007), with the attendance of APROFAM's Chairman of the Board of Directors; the Executive Director, Huehuetenango Clinic's Administrator, Assistant Marketing Manager, and the Projects Development Head. The estimated visitor's attendance by EVEFER, S. A., was less than expected. Due to the situation at the headquarters of SerfaNet Corp./SerfaTrade, S.A. (no staff and no sales agents in Los Angeles), the goals of attending the fair were diminished and the expectations were not met. The concern of the immigrants on a that kind of service was confirmed, as long as the payment could be done in USA and a guarantee to carry out the actual delivery of the same. More than 1,000 flyers from APROFAM were delivered to interested persons, and other 4,000 flyers were delivered at the Offices of the Consulate General of Guatemala in Los Angeles. Also, contacts were made with the Consulate of Guatemala in Los Angeles and 'Feria de la Salud' of the City of Los Angeles' county was visited.

Asociación de Servicios Multiparticativos (Multiparticativa y Wal-Mart C. A.)

This association gathers employees-associates of Corporación La Fragua-Wal-Mart. On November 22, 2006 conversations began and the terms set was defined for an agreement between APROFAM and Asociación Multiparticativa. During January to March 2007, three services proposals were written for Asociación Multiparticativa and the changes that they requested. The agreement was written and it was reviewed jointly with the Manager of Asociación Multiparticativa and the Executive Director of APROFAM. During the review, Asociación Multiparticativa informed the attorneys for Wal-Mart C. A. would also review the agreement. The Attorneys for Wal-Mart C. A. requested that the agreement included a civil liability clause, which was rejected for exceeding the scopes of APROFAM's policies. A counter proposal was redrafted; which was reviewed by the attorneys for Wal-Mart C. A. and Asociación Multiparticativa, but no agreement was reached. As a last resort, APROFAM agreed that the insurance agent for Wal-Mart C. A. will review its insurance policies; however, no agreement was reached either. As a result, APROFAM decided to suspend the negotiation. As of the first quarter of 2009, the New Businesses Unit took over the corresponding negotiations, entering the agreement as of August 2009, providing health services to the employees-associates group at a national level.

EVEREST Guatemala/Negocios Médicos Diversificados

During January 2007, APROFAM, jointly with the executives of this company, carried out a scheduled visit to the care center of Interpretation Services of Tomography Results in the territorial division of Quetzaltenango. The visit was made by the following representatives of APROFAM: Chairman of the Board of Directors, Executive Director, Quetzaltenango Clinic's Administrator, and the Projects Development Head, as well as one executive of the company. As a result of the visit, APROFAM sent an alliance proposal to refer its patients to the diagnostic centers network of the company. The company never responded to the proposal; thus, the initiative was cancelled.

Farmacias Guatemaltecas, S. A.

The Management of Rural Development contacted the Director and Manager of that company to work on an alliance that would allow joint health campaigns taking advantage of the Mobile Medical Units de Desarrollo Rural and the wide distribution of drugstores. APROFAM delivered a document with the terms set by the Management of Farmacias Guatemaltecas, S.A., in order to locally organize the calls for the campaigns and provide the necessary locations for temporary clinics. The main obstacle found by the company was that most of its partner drugstores were still small and did not have the means to organize the campaigns at their locations on their own. The initiative was cancelled based on this situation.

In 2008, in order to ease the delivery of products and services, the substitution of reference slips with the subscription of agreement letters was assessed in order to expedite the partnership of companies and transference of services discounts that were authorized in a more direct manner to their employees who were referred to APROFAM's services. The health campaigns and fairs to render services in the companies' facilities continued, after the activity, the feedback to identify opportunities and improvements for the initiative was requested.

As a result of the Projects Head's resignation, as of May 2008, the RSE strategy was managed again by the Marketing Management.

Other important aspects:

- **Promotion of Mobile Medical Units among companies to render services Monday and Saturday:**
In March 2008, the promotion of services package that Medical Units can provide with comprehensive campaigns on Monday and Saturday began. Eight companies were interested on these packages but did not meet the minimum requirements of 35 persons per service. The companies did not accept the commitment to cover a part of the services value which has been previously reserved for the campaigns and that could not be provided due to absence of its staff or changes in the company.
- **Trend to make discounts to employees:**
The companies prefer to make biweekly or monthly discounts to their staff in order to facilitate the total value payment for the services received. This situation limited the credit capacity of the employees and the frequency they could request the services, considering the employees should pay for them. The companies did not contribute for the payment of services but ease the access.
- **Pressure for lower prices:**
Two of the biggest companies which were included on the work (PRALCASA/B&B and INLACSA/La Pradera), said they were concerned in getting the lowest prices possible for the services requested.
- **Other health institutions provide free services to companies:**
In May and June 2008, the participation of other health institutions providing similar services to those provided by APROFAM, with no cost, provided and performed at the facilities of the companies, were detected. This resulted in the separation of the companies (Henkel, La Luz, Industrias IMP, PRALCASA, ADOC Guatemala, DEQUINSA, Jardines Mil Flores) which were allied to RSE since the previous years.
- **Follow-ups to companies:**
In order to renew the contract and maintain the visibility of APROFAM in the companies allied to RSE's initiative, the campaigns and promotions carried out by the Marketing Management were disclosed in order to promote the need of health services to their staff.

In May 2009, the resignation of the Person in Charge of the Corporate Social Responsibility Program, Ms. Marta Ramírez, as of May 31, 2009. In June 2009 the hiring process of this new person began. Therefore, the requests for Pap smears campaigns were readdressed to the urban area staff for the Rural Development Program, who contacted and followed-up the existing requests.

As of July 15, 2009, the new person in charge started to work with the new customers' portfolio. The program activities were managed by this person, who carried out the planning work for new and existing clients, offering Pap Smears campaigns, medications sales, and Family Planning.

Summary for the 2005-2009 period:

Total revenues: **Q.609,342.25**

Total of existing companies participating on the strategy: **181** companies.

Total of new participating companies: **67** companies.

Total of participating companies: **248** companies.

Total of contacted companies: **608**

See Annex 7, List of companies that worked on the Corporate Social Responsibility Strategy during 2005 to 2009.

Private Sector:

During the first quarter of 2008, a series of meetings with the Health staff of the **Alliances Program/USAID/RTI** were held in order to explore the possible support related to the "Woman Health Package" initiative. These negotiations finished with the invitation by **Alliances** for a breakfast with members of its Advisory Board to submit the activities carried out on sexual and reproductive health, including cervix cancer screening and its Mobile Medical Units. As a result, **Alliances** was concerned in supporting a proposal for the Education Program's Pregnancy Simulators. The Director of Alliances USAID/RTI stated that they were on the process of confirming a new offer from an entity funding the corresponding adoption of babies and rent of aprons, which would possibly be addressed to an official school in Villa Nueva in the year 2009. Finally, the support was not materialized.

1.2.3.2 Strategic Alliances with the Public Sector

APROFAM achieved important alliances with the public sector through Instituto Guatemalteco de Seguridad Social (IGSS) (Guatemalan Institute of Social Security) to render outpatient and inpatient services and with the Sistema Integrado de Atención de Salud (SIAS) (Health Attention Comprehensive System) by Ministerio de Salud Pública y Asistencia Social (MSPAS) (Ministry of Public Health and Social Welfare) for the delivery of contraceptives to the NGOs under the coverage extension program.

During this Cooperative Agreement, APROFAM continued to be a partner of MSPAS/SIAS serving as a connection for contraceptive grants from USAID/Guatemala to the NGOs and SIAS. The agreement also included training activities and other actions to extend rural services of Family Planning and reproductive and children's health to promote the references from NGOs to APROFAM.

APROFAM's specific responsibilities during this Cooperative Agreement included the following:

a) increased distribution of contraceptives donated by USAID to the NGO partners of the Ministry of Health:

During 2005, based on mutual agreements with MSPAS and USAID, APROFAM continued to provide the distribution services of contraceptives granted by USAID to NGO as part of MSPAS' coverage extension program. APROFAM with USAID and MSPAS set the amount to be charged to each of the NGO for the contraceptive reception, temporary storage, and distribution services at the required places.

In order to meet this commitment, APROFAM was in charge of:

- Receiving the contraceptives (condom, oral contraceptives, Depo-Provera, and Copper T) from USAID and temporarily store them.
- Preparing the contraceptive acquisition charts for MSPAS' NGO jointly with USAID.
- Receiving from MSPAS the consolidated reports of contraceptive methods consumption of each of the NGO associated with MSPAS on a monthly basis, in order to plan the contraceptives future needs.
- Receiving the contraceptive orders from the requests of each of the MSPAS' NGO.
- Timely distributing contraceptives to the rural locations of the NGO and locally collect the funds payable to APROFAM under this agreement.

The activities developed by APROFAM in 2005 and 2006 were as follows:

- By May, a shipment of contraceptives was received, which contained: 48,000 condoms, 42,800 doses of Depo-Provera and 14,400 cycles of Lo-Femenal. By November, a second shipment of 18,000 units of Lo-Femenal, 56,800 units of Depo-Provera, and 72,000 units of condoms was received. The corresponding procedures for the deposit of the contraceptives were done, and these were temporarily stored for distribution when required by the NGO.
- Together with USAID, prepared the contraceptive acquisition charts for MSPAS' NGO.
- 223 requests (orders) of contraceptives were received; all came from the 96 MSPAS' NGO.
- The orders were timely distributed to the regional locations of the MSPAS' associated NGO that requested them as well as the local collections based on the amounts agreed.
- 136 shipments were sent to the MSPAS' NGO. Besides, 114 Pap smears kits were sold to CODEPA, an NGO, through the Escuintla clinic and 12 cans of Multistix stix to El Recuerdo de Jalapa, other NGO.
- 3 comprehensive reports were received from the MSPAS' NGO, regarding contraceptive methods consumption on the 6 reports that were expected during the semester. These reports were prepared by SIAS-UPS1/MSPAS. To September 2006, no report has been received, which prevented the preparation of contraceptive acquisition charts for the NGO. Some discussions were held with the Projects Official of USAID to coordinate actions to solve this situation.

Training activities, technical assistance to the NGO, monthly monitoring for contraceptive usage and new users of Family Planning and supervision through audits were carried out by the MSPAS staff.

This component of the Agreement expired as of December 31, 2006. USAID and MSPAS coordinated that the warehouse inventories of APROFAM were moved to Programa Nacional de Salud Reproductiva (National Program of Reproductive Health). This took place in January 30, 2007, with the issuance of the corresponding transference deed.

b) Services to the Guatemalan Social Security Institute (IGSS):

During this period, the following services continued to be provided, upon the entering of the corresponding annual agreements:

- Outpatient and inpatient appointments at the Huehuetenango, Jutiapa, and Coatepeque clinics.
- Bony densitometry services at APROFAM's Central Clinic.
- Sample taking and processing for Pap smears at the Retalhuleu Clinic (2007)

Every year, it was believed that if IGSS opened the bid to purchase services in other regions or if these were extended on the areas in which a services agreement was already implemented, APROFAM would send its proposal to participate in this process.

c) Alliances with other GOs:

The Education Department of the Marketing Management continued to coordinate permanently the programmatic activities with the Ministry of Education, through the Territorial Divisions Directorates of Education, Administrative Staff of each of the schools (Principals, Counselors, Professors, and Elementary School Teachers). Besides, in a permanent way, the activities of the IEC were coordinated with different groups, especially with adolescents and youth, not disregarding the children. Topics to discuss Sexual and Reproductive Health and its different parts. **See Annex 8 List of Associations with alliances with the Education Department.**

1.2.4 APROFAM's Donor Base Expanded

Responsible: Projects Development Head

The goal of this strategy is the achievement for APROFAM to grow and strengthen its donors database approaching to international and domestic entities which would be interested in Guatemala or in supporting Family Planning and Reproductive Health programs.

In 2005 and 2006, three strategies were worked on:

- a) Improve the information on domestic and international donors, as well as private organizations, NGO and public sector with which the Association will open and maintain promotion, businesses and completion processes of financial and/or technical support of its projects portfolio and Strategic Alliances.**

The preparation and maintenance of a database with current donors started. This database was completed with the information on prospective donors, which was researched. From this research Pan American Health and Education Foundation (PAHEF), Interact Worldwide, and ActionAid International were identified. Information on APROFAM and the programs and projects it executes was sent to this Donors.

During November 2005, the Projects Development Head participated on the initial training regarding the research of domestic and international donors provided by Consultant Agop Kayayán, selected by the Board of Directors. This activity was carried out at the premises of APROFAM, with the participation of the Managerial Staff and members of the Board of Directors of the Association.

- b) Design, prepare, and maintain a portfolio of projects to promote it within the donors community.**

Two needs evaluation analysis processes were performed. The first one was performed to work with Violence Based on Gender and address the Focus of New Masculinity as Innovative Strategy. The second one determined the needs in IEC processes which have the mentors of the Rural Development Program. In both cases, conceptual documents to identify the viability to write proposals were prepared.

A previous project to address Violence Based on Gender Focused on New Masculinity was prepared. This initiative was submitted to the IPPF's Innovation Fund to opt for technical and financial support for its execution.

Field information was gathered for the preparation of *“Empoderamiento de las Comadronas Promotoras Voluntarias de APROFAM en la Región Occidental de la República de Guatemala” (Empowering of Voluntary Promoters Midwives of APROFAM in the Western Region of the Republic of Guatemala)*. The project was prepared supported by the Manager of Rural Development Program and the Executive Director. This project was presented to the PAHEF donor, in order to obtain the corresponding financial support.

A visit to the Republic of El Salvador was carried out in coordination with the staff of SIAS-UPS1/MPSAS in order to acknowledge the attention pattern of Coverage Extension provided by the NGOs in that country. This visit was intended to observe the application of successful strategies in order to apply them in Guatemala. The possibility that APROFAM became a service provider for MSPAS was identified jointly with the SIAS-UPS1/MSPAS staff. A proposal to provide services under this pattern in five jurisdictions of the territorial division of San Marcos was written. This proposal did not get the response by MSPAS.

The project *“Ampliar el Conocimiento y Acceso de Salud Sexual y Reproductiva en el departamento de Jalapa, Guatemala” (Grow the Knowledge and Access to Sexual and Reproductive Health in the territorial division of Jalapa, Guatemala)* was prepared. This project was promoted among international donors.

In coordination with IPPF, a proposal was prepared for Prospect Hill Foundation donor in order to provide Sexual and Reproductive Health Services to the young and adolescent population in the new clinic of APROFAM, which was currently under construction in the municipality of San Benito, Petén. This project was approved by the donor and a financial grant of US\$105,000.00 was achieved, which will be executed in three years.

The preparation of two draft was included with the visit of Consultant Agop Kayayán, one of them was related to the topic of HIV/AIDS and the other one was related to the topic of strengthening of informational process to the staff of Rural Development Program. For this activity, Mr. Kayayán worked jointly with the Projects Development Head, the Manager of the Rural Development Program, and a representative of the Medical Services Management. A detailed explanation on the programs managed by the Association was explained in order to ease the process of previous projects identification, as well as the post development and the funding.

By January 2006, advisory on the topic was provided by Mr. Agop Kayayan, who worked directly with the Managers of the Association in order to identify prospective projects that need funding. As a result of this activity, the profiles for the following preliminary projects were developed:

- a. Meet training needs on the Sexual and Reproductive Health topic, mainly Family Planning, addressed to women in selected communities from the territorial divisions of San Marcos, Huehuetenango, Quiché, and Petén, of the Republic of Guatemala. For this project, the funding from the Congress of the Republic of Guatemala was requested.
 - b. Creation of APROFAM's Sexual and Reproductive Health Observatory.
 - c. Violence Based on Gender.
 - d. Promotion, prevention, and assistance to HIV/AIDS on APROFAM's health services.
 - e. Strengthening the knowledge of Sexual and Reproductive Health topic, especially Family Planning of the action areas of APROFAM's Rural Development Program.
- c) Strengthen the Funds Training processes for the projects portfolio of the Association and revenues by Strategic Alliances on the following areas: (i) education, information, and sensitization processes on Sexual and Reproductive Health, (ii) youth and adolescents programs; (iii) Violence based on Gender and STI/HIV/Aids attention programs; (iv) provision of Sexual and Reproductive Health services to populations with limited affordability, and (v) Research.**

When discussing the actions to identify Strategic Alliances, APROFAM approached the Alliances Program/USAID to submit the programs and projects the Association carries out. Out of this approach, the event "*Celebremos la Raíz de la Vida*" (*Let's Celebrate the Core of Life*), was coordinated, which was intended to fundraising to offer treatment and preventive procedures to assist women facing breast cancer. This Event was the first successful event that highlighted the potential of the Association to carry out strategic alliances with the private sector. This time, APROFAM granted three mammographies to be auctioned among the attendees. Besides, part of the collected funds was transferred to APROFAM in order to provide 35 mammographies to women referred by Liga Nacional Contra el Cáncer (National League against Cancer).

"*Estrategias Corporativas para el Crecimiento Empresarial*" (Corporate Strategies for the Entrepreneurial Growth) was attended, lectured by the School of Business of Universidad Francisco Marroquín. In this workshop, the main strategies that allow the creation of the alliances were analyzed, as well as the application of the theory based in corporate strategies and resources.

The *First Forum of Corporate Social Responsibility* was attended, which was organized by CENTRARSE. This was developed based on three topics: person, company, and country, areas in which RSE creates tangible and measurable benefits. As the final product of this forum, the results of the survey on the participants' group jobs were generated. This information was an important input to prepare and/or modify the strategies APROFAM included on its work plan under the RSE scheme.

A proposal was submitted in order to carry out a Strategic Alliance with Fondo Unido de Guatemala (Guatemala United Fund) to assist childhood and youth in the streets in Guatemala, covering the metropolitan and western areas of the country. By November 2005, United Fund approved the grant of Q280,280.24 to carry out the Strategic Alliance with APROFAM, which lasted for a year.

A proposal to set an APROFAM clinic at the Manufacturas del Caribe factory was submitted.

Strategic alliances were carried out with the NGO: ASECSA and CMM for the medicines and contraceptives sale.

A proposal was prepared upon request of Secretaría de Planificación y Programación de la Presidencia de la República de Guatemala -SEGEPLAN- (Planning and Programming Secretariat of the Presidency of the Republic of Guatemala), in order to have APROFAM competing for the population award from United Nations 2005. Based on the Association's history and its effect on population topics in the country, such award was received among ten representative organizations around the world. The award was a diploma, golden medal and financial grant of US\$12,500.00. This award would allow APROFAM to be internationally acknowledged and would ease, somehow, the process to access grants for its programs and projects.

A proposal to opt to the IPPF's "*Premio por Destacado Programa de VIH/Sida*" (Award for Outstanding HIV/Aids Program) for including advisory before and after the voluntary HIV/Aids test at APROFAM's Central Clinic and the incorporation of HIV/Aids component to the services provided by this clinic. Such award was granted on the proposal submitted.

APROFAM was invited to enter a work team coordinated by Nica Salud, NGO network from Nicaragua, which started its activities in Guatemala implementing the network pattern to assist maternal-children health projects. This work group interviewed and selected the professional who would work as Country Coordinator for the integration of the NGO network in Guatemala. Funding to integrate and set the network was granted by Bill and Melinda Gates Foundation. This activity was simultaneously developed in Honduras, El Salvador, and Nicaragua as a previous stage to the integration of a Central American network of NGO.

After Mr. Kayayan's visit, No activities were developed under the "Base de Donantes de APROFAM *expandida*" (*Expanded APROFAM's Donor's Database*) strategy, this was because, since November 2005, the person in charge of this activity, Ing. Sergio Cruz, was appointed by the Executive Directorate to temporarily held the Administrative Manager position, and was confirmed in this same position in May 3, 2006.

Therefore, through an Outsourcing company, the recruiting and selection process of a new Projects Development Head began as follows:

- Application of the recruiting and selection process, May 12, 2006
- Authorization of the process by the Executive Directorate, June 2, 2006
- Presentation of 3 possible candidates, week of June 19 to 28, 2006.
- The Association began activities on August 16, 2006.

As of October 2006, as per instructions of the Executive Directorate, a work plan was prepared for the Projects Development area, which modified the foreseen activities, timeframe, and budget. The following actions were considered in the new plan:

Strengthen the donors database and the projects portfolio to finance those interventions among the Association's Mission, which includes the assistance to populations with limited affordability for services and/or products received, as well as the preparation of Strategic Alliances with private sector, NGO, and public sector supporting the Institutional Sustainability process.

a) Improve the information APROFAM releases to the domestic and international donors community; private sector organizations, NGO and public sector which the Association is looking forward to establish and maintain cooperation and financial and/or technical support processes for its projects and programs portfolio and Strategic Alliances.

A modular information document was prepared (an institutional CV) which covered: The Association's basic data, the Association's description as well as its job, health research experience, main donors and partners, terms, memberships, and networks in which it participated and awards granted.

A document in seven parts was prepared to ease the fundraising contents, the Web pages renewal and released booklets and institutional information prepared for the social mission programs and to ease the preparation of an institutional booklet when grants were requested and alliances destined to collection of resources for APROFAM's programs or activities were proposed. The contents would describe, in figures, the social mission's programs and their impact to: Rural Development; Education; Mobile Medical Units; HIV-Aids Advisory, assistance to victims of violence against women (VBG), allied and donors and an institutional synthesis.

In March and July 2007, jointly with the Executive Directorate and the Marketing Management, three shipments containing APROFAM's selective information material were done, these materials related to services, capacities, programs, and projects it executes, addressed to domestic and international donors as well as selected prospects, in order to maintain the institutional visibility and contact.

During this period, the work continued to set appointments and possible meetings with entities with local representation, providing information on the APROFAM's programs for its consideration and reference. The contacted entities were:

Fundación Castillo Córdoba: The Executive Director of the Foundation agreed that one Professor from APROFAM would get in touch with the Coordinator of such Foundation in Chiquimula, in order to carry out a joint visit to the communities during July 2007 to work on the Reproductive Health topic. The person in charge of the Foundation's projects was requested in August to provide the organization between its coordinator and APROFAM's promoter, since the visit had not been held.

Three new dates were agreed, which were cancelled by the Foundation's Coordinator. Finally, a visit without the attendance of the community persons was done. In September, APROFAM insisted on a new visit and the coordinator offered two new dates: September 10 and 14, Monday and Friday, accordingly, which were cancelled by the Foundation. As of that date, no more contact was available with the Coordinator. This was considered of a short concern by the Foundation to work the Reproductive Health topics with APROFAM. The initiative was cancelled as instructed by APROFAM's Executive Directorate.

GTZ, Germany. The Junior Advisor of PACE/GTZ Program was contacted; she was in charge of the HIV/Aids topic at the GTZ's Staff level to explore the possibility that APROFAM would support some of its IEC activities. She referred a list of contacts and was sent information on the clinics offerings HIV/Aids advisory from APROFAM.

Plan Internacional, Guatemala. A meeting with the Health Coordinator of Plan Internacional Guatemala (International Plan Guatemala) was held. This Association has a supporting agreement with MSPAS. The Plan's Coordinator stated that at a medium term (February 2008) would explore initiatives on the IEC and Education areas which could be consistent with health and HIV/Aids prevention programs.

Save the Children, Sweden. The Program Coordinator was contacted and declined being interested on new activity, since he stated the organization was completing its programs in Guatemala, he directly referred us to Save the Children Guatemala.

Save the Children, Guatemala. A meeting with the Children and Youth Advisor was carried out, and it was proposed that APROFAM supported its project of adolescents with IEC and Sexual and Reproductive Health. The youth program of the organization is very similar to that of APROFAM's MJ; however, there was no interest of an alliance by the Programs Coordination of Save the Children.

Embassy of Canada in Guatemala. The staff of this Embassy was contacted to agree on a prospection appointment, stating they would prefer to have a proposal sent to them for its evaluation, prepared on the format suggested on the Embassy's Web page.

UNFPA, Guatemala. A meeting was held with the Assistant Representative of this organization, Dr. Aguilar who expressed his interest in working with APROFAM in order to extend an emergency assistant protocol to victims of sexual violence to the health services. It was not considered for not being a previous donor of APROFAM.

COOPI, Cooperazione Italiana. The physician in charge of the health projects was contacted, she stated that the Agency was completing its 2006-2007 plan and that was working by supporting directly the MSPAS specifically SIAS and the national plans.

AECI, Agencia Española de Cooperación Internacional. The Coordinator of the AECI's Health System Support Program in Guatemala was contacted. A meeting with the Official of the Cooperation Technical Office was held, providing recommendations to work with Spanish NGOs that work in the health area of this country.

UNESCO, Guatemala. The Education Coordinator was contacted; he was interested on exploring possibilities of APROFAM's Education and HIV-Aids Advisory programs, based on the consistency with the activities UNESCO carries out with Youth and school-aged children.

AGAR, Asociación Guatemalteca Anti-Enfermedades Reumáticas. By reference of APROFAM's Medical Services Management, an agreement was set on the short term so that APROFAM could provide X-ray services to persons referred by AGAR. Initially, an income of Q10,000 was estimated for this alliance. The agreement was entered in May 2, 2007, and was extended until June 28, 2007. The total revenue was Q.7,109.96.

Banco de Guatemala. The bid bases for medical and hospital services to retired persons from the benefits fund of Banco de Guatemala were obtained, which was released on the newspapers. APROFAM's current services did not meet the profile and requirements from the bank.

IPPF – Institutional Development. A proposal was prepared and submitted for APROFAM's institutional strengthening, in order to involve the youth to APROFAM's General Meeting. The proposal was approved for US \$5 thousand to be executed by the Board of Directors from August 2007 to February 2008.

Embassy of Japan: Proposal was submitted. The Embassy review it; however, the initial proposal for surgical instruments was not accepted; therefore, the preparation of a second proposal started in order to request funds for two of the elevators for the ne building. A visit by the Embassy's Project Advisor was carried out to the construction.

APROFAM's Providers: A list of providers and annual amounts was obtained in order to prepare the requests properly.

Bayer: A proposal was submitted before the Brand Management of this organization. A second proposal was prepared and submitted in which the subsidy for 2,100 Pap smears was requested, these were offered through the Rural Development Program.

Embassy of Taiwan: A proposal for the purchasing of four defibrillators was prepared. The Embassy rated the quality of the product between two models.

Fraijanes' Female Advisory Center: A proposal for Mobile Medical Units for this center was sent.

CONEVIH: A proposal and meeting with representatives of the Corporate National Council for HIV prevention was carried out. It was not completed since they required the support of anti-retrovirals.

FUNDECVIH. A proposal and meeting were carried out with a contact person of the Foundation for companies involved with HIV.

United Fund. The contact with a new Projects Coordinator was reestablished, since they were interested on partially financing one activity with Simulators or Babies for the Education Program.

UNDP: It was contacted but no results at all, since they just provide support through MSPAS.

SARITA: Proposal for services alliances to their restaurants. Sent and currently in revision.

b) Strengthen mobilization and resources training process for APROFAM's actions, projects, programs, and Strategic Alliances in the following areas: (i) education, information, and sensitization on Sexual and Reproductive Health, (ii) youth and adolescents assistance; (iii) Attention on Violence based on Gender and STI/HIV/Aids; (iv) provision of Sexual and Reproductive Health services and Family Planning to populations with limited affordability, and (v) Research.

The revision and contact of companies compilation was completed with the companies that carried out previous joint activities, in order to create new support opportunities to APROFAM's programs or activities. This consisted on the gathering of contacts carried out by the Lecturers of Rural Development (a survey was prepared and sent to the field staff to have their contacts identified), revision of the contacts previously carried out by the management of staff devoted to the RSE Alliances and identifying the list of APROFAM's main active suppliers. During January 2007, all the compiled contacts were gathered on one list and it was organized so that the units could continue with their job without any overlapping or effort duplicity and that the Head office of Projects Development could identify new alliances opportunities.

CIFESAL/EDETA Medical. After a meeting held in October 2006, a letter confirming APROFAM's interest to the representatives of the Spanish Companies, CIFESAL International Consulting and EDETA Medical, S. L., to participate in one project initiative of "Observatorio de la Mujer" (Women Observatory) with the possibility of AECl, Agencia Española de Cooperación Internacional funding. CIFESAL responded they would postpone their initiative until AECl's invitation on 2008.

Save the Children, USA/Guatemala. The health coordinator was interested on working with APROFAM's Rural Development Program in order to assist communities from El Quiché. A proposal was sent accordingly. The physician resigned to the organization and the process was temporarily suspended, the follow up continued with the interim person who was in charge during October 2007. A meeting was held with S.D. Marcus Catsam, in which it was agreed that he would send a work proposal so that APROFAM could consider supporting its SSR program in the Ixil region. The process with the new Health Coordinator was restarted, since three previous contacts resigned.

Women's Program, Open Society Institute (affiliated to Fundación Soros). The bases for the invitation were obtained, but no proposal was submitted due to differences of focus.

Fundación Juan Bautista Gutiérrez. The bases for the invitation to the annual award "Apoyando a quienes apoyan" (Support to those who support). The proposal was suspended since APROFAM considered the Foundation's requirements exceeded the acceptable scopes for the Association.

Alianzas USAID/RTI. It was agreed that APROFAM would propose three conceptual documents requesting support for the following: (i) an initiative for screening, detection, and reference of cervix cancer, taking advantage of APROFAM'S capabilities and strengths at a national level, and/or in alliance with other local organizations; (ii) increase the delivery of services to APROFAM's Mobile Medical Units in communities with low access and reduced attention, and (iii) an initiative to approach the industrial and commercial trade unions to strengthen APROFAM's RSE initiatives.

Café Capeuleu. A proposal to the General Manager of the company was sent, with no favorable response.

ONUSIDA. This institution was contacted and followed-up by the Executive Directorate.

UNICEF. This organization was again contacted in October 2007 in order to request the support for the Education and Rural Development Programs for 2008.

The integration, edition, complementary documents, and translation of a proposal for Prospect Hill Foundation (US \$70 thousand) for Petén Clinic were supported.

Telephone calls to Embassies and Cooperation Agencies continued in order to set appointments and interviews; this was to identify alliance or financing opportunities in the short and medium term for APROFAM. Five embassies followed-up were identified.

c) Prepare and keep a portfolio of conceptual profiles of proposals to be promoted among prospective and community of donors.

Guateplast. Between August and September 2007, a proposal was prepared for and contact was made with the Design and Marketing Management of the company, in order to support the breast cancer prevention program the company wants to implement in 2008. In the short term, lectures and mammographies were offered for an initial activity during October 2007. The company received the lowest prices for the same services with other local providers, and the result was no participation on the activity.

ZOLIC, Zona Libre de Libre Comercio, Santo Tomás de Castilla, Puerto Barrios, Izabal. In November 17, 2006, a proposal was submitted to ZOLIC's Board of Directors. The follow-up of the proposal was under the responsibility of the Board of Directors. In August 2007, the Board of Directors transferred the follow-up of this proposal to the Head Office of Projects Development. The proposal that was sent was updated and a telephone communication took place with the 14 user companies of ZOLIC. Based on these calls, 17 companies which were interested on APROFAM's services were identified. In October 2007, these were followed-up with a proposal letter to request interviews. These companies should have to be considered individually since they were not coordinated. The companies were: Danmar, S.A.; Distribuidora y Droguería del Caribe; Elquigua; Artec; Generadora Eléctrica del Norte, S.A.; Granelsa; Green Terminals, Grupo Solid; Lubricantes e Importación, S.A.; Procesadora Quiriguá; Técnica Profesional Aduanal; Técnica Universal, S.A.; Transbodegas; Transmerquin de Guatemala; Transoceánicas; Transportes Velásquez García ZOLIC's Management. Finally, a follow-up visit was coordinated with the Puerto Barrios Clinic which offered services to some of these companies.

A flowchart summarizing the process suggested to prepare proposals was created; it was used to keep an updated proposals portfolio based on needs and identify new opportunities for the Association's programs and strategies.

In October 30, 2006, a conceptual document prepared to request US\$ 239,627 for the invitation of IPPF's Fondo de Innovación was sent. This proposal was prepared for investment funds for equipment, software and e-commerce training of APROFAM's services on remittances and purchase orders. IPPF has stated the selection process is a mid-term process (1.5 years). During July and September 2007, the proposal was rejected. Partial result: From this proposal, IPPF/RHO accepted the commitment (pledge) USD, extraordinarily, \$30 thousand to support the implementation of this project.

As of April 30, 2009, the Projects Development Head resigned his position in APROFAM; he was responsible of the following strategies: i) Strategic Alliances developed to increase Sustainability and ii) Extended APROFAM's Donors Base. With this situation, the Executive Directorate requested USAID to review these strategies, since the expected results were not achieved.

USAID proposed the need to get Technical Advisory for the staff of other Associations similar to APROFAM; therefore, the contacts within the sexual and reproductive health Associations in Latin America with successful experience in the field started with USAID's support. These were contacted through IPPF/RHO to PROFAMILIA from Colombia, MEXFAM from México and INPPARES from Perú. Later, jointly with USAID the way to hire these services would be defined.

During January to March 2009, jointly with USAID, it was defined that this activity would no longer be carried out.

Lower Level Result 1.3 –APROFAM's Image Repositioned:

Responsible: Administrative Management
Marketing Management

APROFAM has provided quality health services to low income families in Guatemala, and traditionally it was focused on providing a feasible alternative to users of the public sector who would have some affordability. The Association's capacity to serve as a viable alternative for patients of the public sector has been supported by a strong balance between quality and ability to pay its services. However, APROFAM should increase its income and reach the sustainability competing in the business area for patients with mid income. In order to accomplish this, the Association required a change in the institutional image, improving the quality provided, physical appearance, capacity of the premises for the clinics, reviewing rate policies and developing new marketing strategies.

APROFAM was still conceived mainly as a source of reproductive health services for women, an image that did not reflect its different services for men, women and children. The organization was frequently considered as a public sector supplier, an image that was not reflecting the private and customized assistance that was necessary to be published in order to call the attention of patients willing to pay for the services. In order to extend this patients base, APROFAM had to strongly reinforce the messages to the external customer, stating the organization provided quality health assistance services for families, not only women, highlighting the fact that APROFAM's services combined low prices and quality, dependability, convenience, privacy, and state-of-the-art technology.

During this Cooperative Agreement, APROFAM was focused on modifying its image through the following results:

1.3.1 Perceived Quality Improved

In order to standardize the new institutional image of the Association and be able to compete with the private sector, during April 2005, the Administrative Management, together with APROFAM's key staff, coordinated the development of contracting terms for indoor and outdoor redesign process of the Association's clinics. By May and June of this year, these terms were released in one of the best selling newspapers in the country and then, these were bought by five companies, but just two sent their offer. Since the quoting companies did not meet the specifications requested by the Association, APROFAM's Awarding Committee declared this process as unattended.

Later, in July, four companies were directly invited to submit their drafts which would allow the evaluation of creativity for the clinics in Jutiapa and Zone 5, and it would be awarded to the winning company. This process was developed by APROFAM's Awarding Committee (with the participation of the Board of Directors' Chairman), selecting "Studio Domus" based on its creativity, within the three participating companies.

Upon authorization by the Board of Directors, negotiations with "Studio Domus" were carried out to determine the budgetary amounts in order to measure the work to be done, since the suggested investment for the image change went over the budgetary amounts.

From October to December 2005, the Association's Board of Directors authorized the hiring of "Studio Domus", which was selected to carry out the standardization process on the new institutional image for the clinics. The corresponding contract minute was prepared; it included the terms of reference that should rule the execution of the job in seven identified clinics (Jutiapa, Zacapa, Coatepeque, Huehuetenango, Cobán, Escuintla, and Peripheral Clinic, Zone 5). This minute was sent to the "Studio Domus" representatives, in order to add their comments and suggestions for the contract entering, which was prepared and entered during January to March 2006.

The field work started in the clinics of Jutiapa, Zacapa, and Coatepeque, and the preparation of the design of these clinics, which were validated with the Managerial Staff, Executive Director, members of the Board of Directors, and representatives of USAID. During the meeting held at the facilities of APROFAM, Studio Domus proposed yellow and blue as the institutional color for all outdoors, according to the new institutional image.

From April to June 2006, the definition and validation of the institutional colors were completed as follows:

- Outdoors: Yellow and orange
- Indoors: Green and gray with turquoise edging in clinics and offices
- Pediatric Clinics: Orange and green with turquoise edging.

The outdoors painting was applied to the clinics located in zone 1 in Guatemala City, to use them as a model for the other clinics, and to start the process of the institutional image for the users visiting them.

Painting of APROFAM's Clinics

From October to December 2006, the Association's Awarding Committee and the Board of Directors; authorized the purchase of Sherwin Williams painting manufactured in El Salvador. However, USAID decided to change the authorization in order to get ACE painting, since this is an American source and manufacture. Based on that, it was necessary to request a new resolution to the Board of Directors in order to support this purchase.

With the support of USAID's imports office, the ACE painting brand entered the country in January 2007. The painting process to the clinics with the new institutional colors started as of February.

Clinic's Remodeling:

The project was divided in three phases, which included a group of clinics on each one:

- Phase I:** Zacapa, Escuintla, Cobán, Peripheral Clinic zone 5, and San Benito, Petén
- Phase II:** Puerto Barrios, Malacatán, Peripheral Clinic zone 6, and San Pedro Sacatepéquez in San Marcos
- Phase III:** Chimaltenango and Quetzaltenango

Phase I: (Zacapa, Escuintla, Cobán, Peripheral Clinic zone 5, and San Benito, Petén)

The projects in the clinics of Zacapa, Escuintla, Cobán, y Peripheral Clinic zone 5 were concluded, presented and authorized in 2006. The Managerial Staff, Board of Directors, and USAID representative were involved on the presentation and approval (the USAID representative only attended one of the two meetings.) The final drawings of the projects were delivered in September 2006, this would start the quoting process of the infrastructure works to be modified. This included architectonic and Photoshop distribution plants design of these four clinics.

The invitation to quote for the execution of construction and remodeling jobs for the four clinics was published on Prensa Libre newspaper in November 9, 2006. The deadline to receive offers was November 29. Seven companies bought the terms of reference and planes to submit their offers. Only one of these seven companies submitted an offer on the date set (Construmor). The following are some of the main reasons for which the companies did not participate: i) no unit prices were submitted on any of the work items, ii) requirements similar to those required by the governmental entities were requested, iii) family issues, and iv) were not previously awarded.

Due to the lack of offers, the deadline was moved to December 15, the quotes sent by the three companies that offer were opened in December 18. The Specialist of the Awarding Committee (Ing. Luis Márquez) prepared the technical report so that the Awarding Committee could have technical and economical information to award the companies that would execute the jobs, upon authorization by the Board of Directors.

During the first quarter of 2007, the companies that would execute the construction and remodeling works of these clinics were selected. The minutes of the contract were prepared and the providers started the process to obtain the municipal licenses for construction.

In the second quarter of the year 2007, the contracts with the providers in charge of the construction and remodeling process of the clinics in Escluintla, Cobán, and Zacapa were entered. The job started by May and June.

The research by the legal Advisor on the division of the real estate was pending in regards to Zone 5 Clinic. Based on the previously stated, this investment was reassigned to the image change of the clinic in San Benito, Petén.

By September 30, 2007, the progress on the work done to the clinics in Cobán, Zacapa, and Escuintla was 50% each.

To complete the remodeling works in the clinics of Zacapa, Escuintla y Cobán during the last quarter of 2007 was planned, but there were some delays on the proposed completion date due to additional and extra work that had to be done on the construction phase. The new model included infrastructure improvement, functionality of facilities, flow and waiting time of users, colors, uniforms, furniture, and lighting.

Air conditioning equipment was acquired during the first quarter of 2008 for the clinics in Zacapa and Escuintla. By June, the flooring and windows setup at the clinics of Cobán and Escuintla was complete; these were delivered by the contractors and started to operate as of June 2008.

The facilities with new institutional image reopened from July to September 2008, in the following specific dates:

- **Cobán Clinic:** July 25, 2008.
- **Escuintla Clinic:** August 28, 2008
- **Zacapa Clinic:** September 19, 2008.

See Annex 9 Reopening of three clinics with new institutional image.

Authorities and important personalities of each of the locations of APROFAM and USAID attended this event.

During the first quarter of 2009, the image change of the San Benito, Petén Clinic was reassessed, considering the status of the clinic which was recently built (completed in 2005), this determined the inconveniences to perform modifications to the same.

Phase II: (Puerto Barrios, Malacatán, Peripheral Clinic in zone 6, and San Pedro Sacatepéquez, San Marcos)

The information gathering phase on the seven clinics (Jutiapa, Zacapa, Coatepeque, Huehuetenango, Cobán, Escuintla, and Peripheral Clinic zone 5), originally identified, was completed in 2006. After the analysis to the field work of the clinics in Jutiapa, Coatepeque, and Huehuetenango, it was concluded that based on the space distribution, users volume and flow, it was not feasible to continue developing these preliminary projects. In order to complete the seven clinics in the original contract, the design of the clinics of Malacatán, Puerto Barrios, and Peripheral Clinic zone 6 was also incorporated.

Studio Domus continued with the field work to compile information on the Clinics of Puerto Barrios and Metropolitan Peripheral zone 6 in Guatemala City (measures, areas, lamps location, outlets, water tubing, and windows location).

Studio Domus submitted the preliminary projects of Peripheral Specialties Clinic zone 6 and Puerto Barrios. These preliminary projects were validated by the Managerial Staff and Board of Directors.

The quoting and offers reception was also performed for the clinics of Puerto Barrios and Malacatán. The awarding process for the construction of these two clinics was completed from July to September 2007; also, the contract was entered and the remodeling work began in December 2007.

By September 2008, the remodeling works of the Puerto Barrios Clinic were about 80% of its process and were completed by December of this year. In January 2009, the final reception of the work and flooring, was completed, this was separate from the APROFAM's contract.

In the case of the Malacatán clinic, the project was temporarily in stand-by because its execution exceeded the amount approved by the Association's Board of Directors; therefore, the corresponding proceedings to get the appropriate authorization to the new budget were carried out.

The bidding process for the remaining works began as of January 2009. From April to June, the offers submitted were assessed and the awarding to Valderek was performed, beginning the outstanding work in the clinic since September 12. The term considered for the completion of the same is 45 calendar days; therefore, moving the clinic from its current location to the remodeled building is planned for the last quarter of the year 2009.

The research by the Legal Advisor on the division of the real estate was pending in regards to Zone 6 Clinic. Based on the previously stated, this investment was allotted again for the image change of the San Pedro Sacatepéquez, San Marcos Clinic.

During the first quarter of 2009, the image change of the San Pedro Sacatepéquez, San Marcos Clinic was reassessed, considering the status of the clinic which was built recently (completed in 2005), this determined the inconveniences to perform modifications to the same.

Phase III: (Chimaltenango and Quetzaltenango)

The contract with Studio Domus to design the modifications for the Chimaltenango and Quetzaltenango Clinics was prepared from January to March 2007.

Studio Domus carried out the preparation and preliminary projects of these two clinics, the design was completed by June 2008. In the case of Chimaltenango, the construction bidding process began (remodeling), the awarding was done in July. Meantime the search for a location to move the clinic began and it was carried out in September. The remodeling work at the Chimaltenango clinic began in October 2008 and was completed in January 2009.

To invest only on the floor change for the Quetzaltenango clinic was decided, this was because of the different restrictions imposed by the Historic Center of Quetzaltenango, it will be installed during the last quarter of 2009.

Clinics remodeled according to the new institutional image:

1. Zacapa
2. Escuintla
3. Cobán
4. Malacatán
5. Puerto Barrios
6. Chimaltenango
7. Quetzaltenango

Institutional Uniforms

As part of the New Institutional Image, from October to December 2006, the process to purchase uniforms for the customer service staff and health services providers started (physicians and paramedics). In December 2006, USAID authorized the purchase of uniforms made in Guatemala.

During the first quarter 2007, the measuring of those institutional uniforms was completed and its confection started; as well as the distribution among the staff who would be using them.

As of September 2007, the delivery of the 90% of the institutional uniforms was completed. Out of the three providers selected by APROFAM, the decision to change one of them for failing to provide the uniforms was made. During the first quarter of 2008, the new provider that designed the 10% of the uniforms for the institution and that were still waiting for delivery by the previous supplier, as well as those new enrollment staff was selected.

1.3.2 Publicity and Promotion Capacity Strengthened

Responsible: Marketing Management

APROFAM required the specialized assistance in marketing and publicity to warrantee a "renewal" of the organization, which would reflect its strategy to provide quality health services from the private sector to the whole family and that would result in an attractive institutional image for the customers with affordability for these services.

In order to fulfill this goal during the Cooperative Agreement, APROFAM took the following actions:

In 2005 APROFAM started the repositioning process of the Association's image by hiring "BBDO", an publicity agency, to support the communication and promotion strategy. For this process, a "Brief" was prepared, which contains the specifications required by APROFAM for the creative proposal.

The communication and promotion strategy to reposition APROFAM has four phases:

PHASE I:

Repositioning Campaign of APROFAM's Institutional Image 1st Phase (June – July 2005)

Evaluation of current status: May 2005

According to the national researches regarding "Competence and Value Brand" and "Attention Quality" carried out by APROFAM, the issues on which the creative basis of the publicity repositioning campaign, are the following:

FODA Analysis:

a. Strengths

- Technological and human capacity to offer a highly quality service.
- Competitive price, professional counseling, and access offered by our different geographic locations.
- Variety of medical specialties and services.

b. Opportunities

- In the mid term, being able to reach great amounts of people in the national area by informing, advising, and selling through our integrated services network.

c. Weaknesses

- The public did not know the different services offered in the Institution.
- Low income by the target group, which directly influenced affordability.

- Not being able to have a standard services portfolio at all the clinics, as well as the required infrastructure to cover the increasingly growing needs.
- APROFAM's position as an institution in the Family Planning and women services area. Lack of knowledge of the offered services. Dependence from MSPAS.

d. Threats

- Competence by other NGOs: Liga contra la Tuberculosis (League against Tuberculosis), Eventos Católicos (Catholic Events), Liga del Corazón (Ligue for the Heart), Asociación Pediátrica (Pediatrics Association), Cruz Roja (Red Cross), others.
- Price competence by Clinics and private physicians.

Design and production of the campaign: May and June 2005

General Goal of the creative basis of the publicity campaign: Use the products of the creative basis to reposition the institutional image within the mind of the Guatemalan population to be acknowledged as one of the best options in health solutions to:

- Have the best medical equipment
- Have highly qualified staff (specialist in each of the health areas)
- Be a private institution
- Provide health services to the whole family

Specific Goals of the creative base:

- Develop an advertisement platform based on creativity, (using massive and alternative media, radio copies, TV, printed material) innovating and presenting to the public the different services and specialties provided by APROFAM with the necessary social impact in order to set the support line between services and the institution.
- Submit the necessary material for the efficient advertisement development, looking over the Institution's values and philosophy.
- Extend coverage and new markets.
- Separate the image that people has regarding APROFAM as a governmental institution.

Target Public

Urban population at a national level, emphasizing NSE C- C and C+, ladinos and/or indigenous, with or without health issues.

Alternative Public

Other organizations (private companies, NGOs, leaders, international organizations as potential donors, health services, professionals, etc.).

Disclosure: June and July 2005

Media Strategy:

- **Media Goal:**
 - Release the new institutional image.

- **Strategy:**
 - In the launching stage, use of audio and visual media, to position the brand image.
 - Concentration of the ad four days a week, in order to increase the audience.
- **Target Group:**
 - Men and women 15 to 60 years old by social and economic status DCB
- **Mixture of Media:**
 - Suggested: Radio 59% Alternate 10% and Press 31%
 - Executed: Radio 65% Alternate 2% and Press 33%

Radio:

- Strategy of Heavy exposure: 4 continuous weeks of campaign launching.
- Purchase of regular ad:
Heavy:
Daily spots: 14 spots of 20" each
Continuity: 3 days a week

Capital City: Radio Ranchera, Joya, Fiesta, Alfa, Tropicálida, Xtrema
Country area: Leader in each location of the 22 territorial divisions.
Total of radios in the country area: 46 stations
Markets: 25 municipal markets in 17 territorial divisions

Press:

- Launching: Full page, full color in Prensa Libre and Nuestro Diario
- Maintenance: Monthly ads in half a page, horizontal, full color

Muppies:

- Muppies Premium Circuit
- Every other week 13 (June 21 – July 4)
- 30 muppies in the capital city

PHASE II:

**Repositioning Campaign of APROFAM's Institutional Image
2nd Phase (August – September 2005)**

Goal

- Follow-up to the launching stage of the campaign, so that the impact reached during the launching of previous campaign is not lost
- Keep the frequency levels in order to keep contact with the audience and presence in all media, two months after the campaign launching. (August and September 2005)
- In the maintenance stage, use of audio and visual media, to position the brand image (8 weeks).
- Concentration of the ad three days a week, in order to increase the audience.
- Media Goal: Release the new institutional image

Strategy

- In the maintenance stage, use of audio and visual media, to position the brand image (8 weeks).
- Concentration of the ad three days a week, in order to increase the audience.

Target Group:

- Men and women 18 to 60 years old by social and economic status C

Mixture of Media:

- Suggested: Radio 59% Alternate 10% and Press 31%
- Executed: Radio 70% Alternate 7% and Press 23%

Radio:

Exposure Strategy

Heavy: 4 continuous weeks of campaign maintenance.

- Purchase of regular ad
- Heavy
 - Daily spots: 12 spots of 20" each
 - Continuity: 3 days a week

Ads in media to be hired

Radio (Purchase of regular ad)

Capital City (health spots) Ranchera, Joya, Fiesta, Alfa, Tropicálida, Xtrema, EXA fm

Country area Leader in each location of the 22 territorial divisions.

Total of radios in the country area: 44 stations

Newspapers

- Launching: Full page, full color in Prensa Libre and Nuestro Diario
- Maintenance: Monthly ads in half a page, horizontal, full color
- Prensa Libre and Nuestro Diario: 1 full page
2 half pages

Alternate

- Muppies
 - 1 premium circuit of muppies a month
 - 30 muppies in the capital city

PHASE III:

Institutional Campaign of the New Image 2006 (Your health on expert hands, with comprehensive health services, with quality, advanced technology, and affordable), validation stage for graphics and advertisement material.

Disclosure of Media:

Radio

- Production of 4 spots that represented the institution's new image.

Newspapers

- Production of 5 full color ads, to promote institutional image.

Alternate

- Production of 5 full color ads, to promote the institutional image in muppies (same graphic line of newspaper ads).

PHASE IV:

In 2007, the partial results of the Institutional Repositioning campaign were assessed; this was developed by BBDO, advertisement agency, which purpose was to have the people change the institution's concept. This evaluation was performed with the research results of Brand Value 2006. At the same time, the selection process of the agency in charge of this process for 2007 began. The awarded company is Leo Burnett.

As part of the promotion at a national level for the institution's image and services, the following media were used.

- Production of a 30-second radio spot.
- Disclosure of a total of 410 30-second spots in radio stations nation wide.
- Disclosure of 4 broadcast TV channels (nation wide) broadcasting a total of 330 30-second spots.
- Disclosure of 9 newspapers ads, full color, on one of the higher circulation newspapers in the nation.

In 2008, the Institutional Positioning Campaign used the following media:

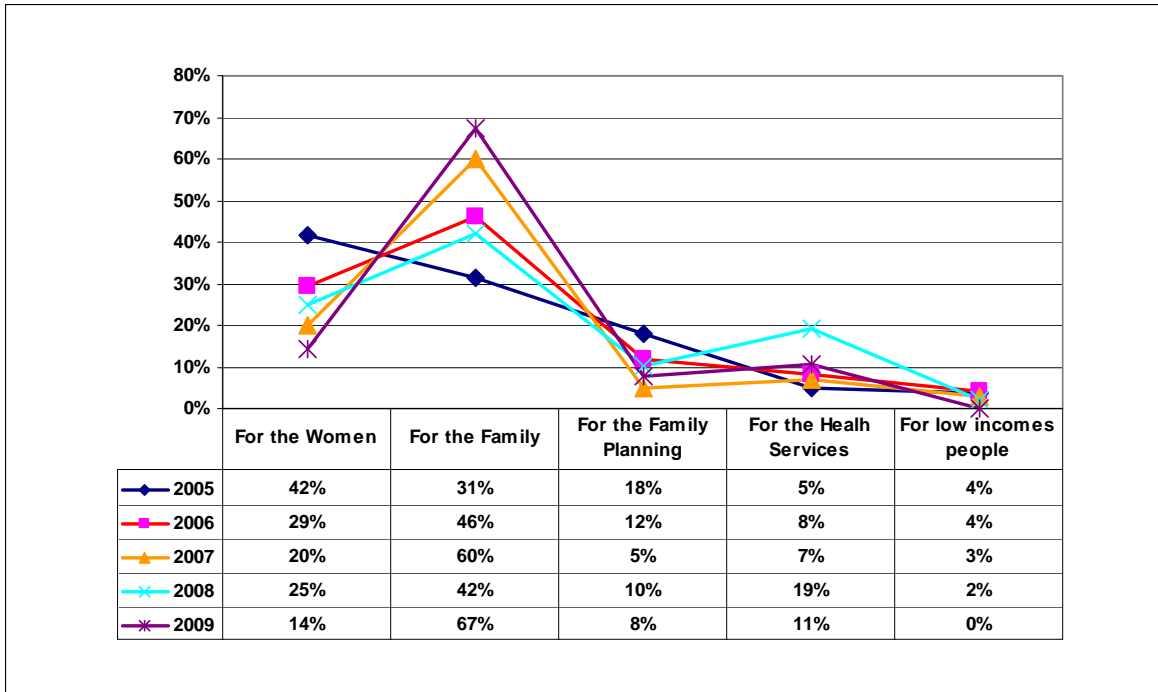
- Radio: 7 weeks of ads in 1 national radio station and 18 in the country.
- Press: 14 newspapers ads, full color in 2 important media.
- Broadcast television: 5 weeks for broadcasting 30-second spots
- Buses: 20 bus ads from September 1 to 30
- Muppies: 108 located in the main streets of the capital city (including bonus)

Evaluation of the Institutional Repositioning Campaign 2006 to 2009:

In accordance with the Brand Value consolidated reports carried out from 2005 to 2009, the APROFAM positioning was kept through these years.

Additionally, it was possible for population to identify us as an option for the family health and not only for women, family planning and poor families.

Graph 2 Brand Repositioning 2005-2009



The mentioned figures show the positive results of the media investment carried out for the institutional image repositioning that was worked with BBDO and Leo Burnett during 2005 to 2007; this strategy comprehensively contributed to meet the goal when joined to the different campaigns.

Publicity Campaigns, national and local:

In order to support the sustainability and profitability process of the whole institution, addressed to the different assistance centers and Rural Development program; Institutional Campaigns were carried out nationally and locally to increase the products and services demand according to their availability.

Description of campaigns at a national level:

Seven types of campaigns will be carried out with the following focus:

Services Diversification: Increase the services demand addressed to men, women, and children; as well as reinforce the concept that APROFAM provides other health services besides Family Planning.

Diagnostic Health: Increase the diagnostic services demand that supported the Preventive Health concept, such as Pap Smear, Mammography, Ultrasounds, Clinical Laboratory, Prenatal Control, etc.

Acknowledge of Voluntary Promoters: Inform people about the services provided by Voluntary Promoters to create traffic in these points of sale.

Positioning Campaign: Reinforce the impact achieved with repositioning campaigns carried out from 2005 to 2007 by the Advertisement Agencies (BBDO and Leo Burnett), as well as increase the sale of services in all clinics of the Association.

Information Campaign (2008): Disclose the change of the new institutional image as a opening of new services and improved premises of the clinics (reopening).

Hospitals Campaign (2009): Increase the number of hospital services:

Hospital Central APROFAM and Clinics Opening Campaign (2009): Disclose the new facilities through the expectation and release strategy.

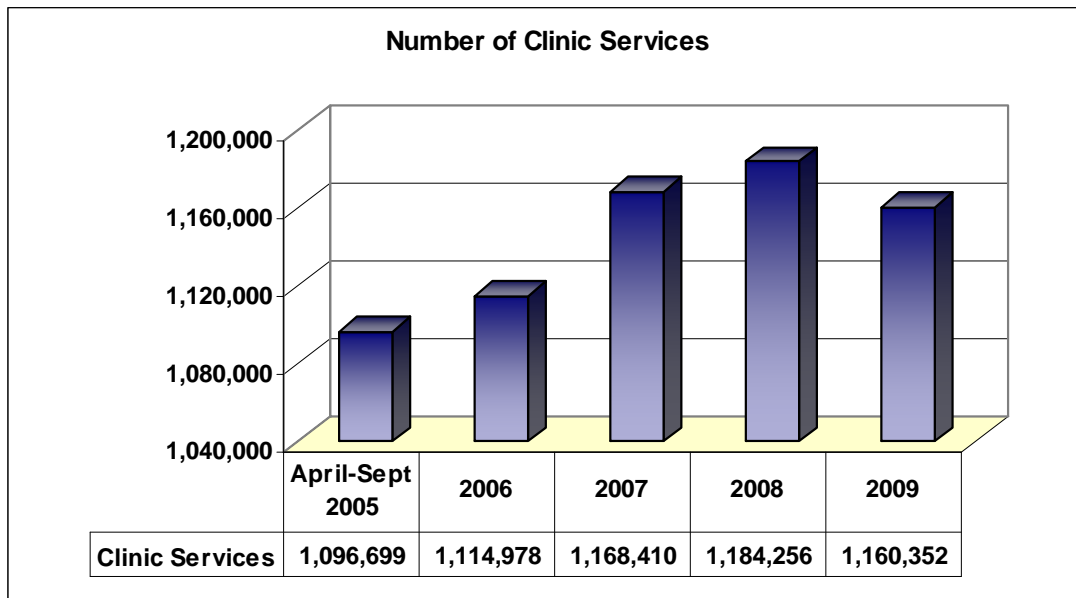
Local Campaigns: The services promotion was defined with the Administrator or Head of the Clinic, as per the market needs as well as the clinic's itself. Flyers were mainly used as media to promote the carrying out of journeys.

The summary of the campaigns at a national and local level is described in **Annex 10 Publicity Campaigns at national and local level 2005-2009**

Note: The Publicity and Promotional Campaigns developed during the quarter October to December 2007 and 2008 nationally and locally, were carried out with institutional funds.

As a result of the implementation of the previously mentioned actions, the following was accomplished:

Graph 3 Number of Clinic Services by Year, 2005-2009



Nota: Data January – December of each year. October – December 2009 projected.

It can be seen that during these years, there was an increase in the number of services, as a result of the consolidation of the strategies of quality strengthening in rendering the services, as well as the effectiveness in the comprehensive strategies of promotion and advertising.

It may be seen that during 2009, a decrease in the number of services delivered regarding to former years, due to external and internal factors that intervened not to reach the goal:

External Factors:

Everybody is aware of the fact that the exponential economic global crisis that began at the end of 2007, continued during 2008, and boosted at the end of such year, directly affected the Country at all levels. This resulted in a significant inflation percentage⁶ (7.88%), an increase of the basic food basket (18%), unemployment, and a price increase of hydrocarbon byproducts⁷, among other aspects, which deteriorated our target population's payment capacity, entailing a low demand of our services at the national level. Another aspect to consider is national insecurity, which frightens away our customers during the early afternoon hours, and the clinics located in marginal and peripheral areas. Additionally, during this drop we can consider the offering of Government services, which are entirely free of charge, have strengthened their coverage and extended their services and hours of operation, similar to what the direct competitors (private sector) do. Furthermore, the Ministry of Health refuses to lend Health Centers for the UMS journeys. Moreover, the ongoing protests taking over highways, affected the people's and public transportation's freedom of movement. To add to this, it was the most intense winter season, reported in the last 40 years. Such winter lasted all through October and November of 2008, with floods and heavy rain, mainly in the northwestern part of the country, which somehow affected patients' influx, mainly children.

Internal Factors:

Besides the Association's Management efforts, it has had repercussions due to several factors, such as late delivery of the different buildings under construction or restoration, as follows: i) Cobán in Alta Verapaz, ii) Zacapa, iii) Escuintla, iv) Chimaltenango, v) Malacatán in San Marcos, vi) Barberena in Santa Rosa and vii) Central Building in Zone 1 of the Historical Center. This hindered the development of communication and marketing strategies in order to make a quick recovery of the lost demand that resulted from construction and restoration inconveniences (the closedown of some surgical areas).

Another afflicting factor was the human resources, due to staff turnover (medical staff).

Quantitative and Qualitative researches:

- **Quality of Care research:** Assesses the friendliness of the providers, hygiene, cleanliness, order and waiting times in the institution's clinics, in order to determine the degree of satisfaction felt by the users on receiving a service.
- **Trademark Value and Competition:** Assesses the user's positioning and perception of the Institution, as well as market participation and the reasons for using the different public and private health centers.
- **Hidden Client:** Carried out personal experience evaluations of the treatment users received along the path taken within the institutional clinics.
- **Price Study:** Determines the prices charged by the competition.

⁶ Economic science defines inflation as a sustainable and generalized goods and services price level increase, measured against a purchasing power. The most used index to measure inflation is the "Consumer Prices Index" or IPC, as per its abbreviation in Spanish, which states as a percentage the variation in the average price of goods and services that acquires a typical consumer in two instants of time, using as reference what is called in some countries the *Basic Basket*. Interannual inflation from January 2008 to January 2009 was of 7.88 % and the increase of the basic basket of 18%.

Source: Instituto Nacional de Estadística (National Institute of Statistics, INE, as per its initials in Spanish).

⁷ International trade variations influenced gasoline and diesel local prices. July of 2008 reported the highest price. For national export crude oil, June of 2008 reported the highest prices. **Source: Ministerio de Energía y Minas (Ministry of Energy and Mining), www.mem.gob.gt**

- **Feasibility Studies:** Determines decision-making marketing criteria for new services and products, clinic location, and service hours, among others.

The total of researches carried out are described in the following table:

Table 29 – Carried out Researches 2005-2009

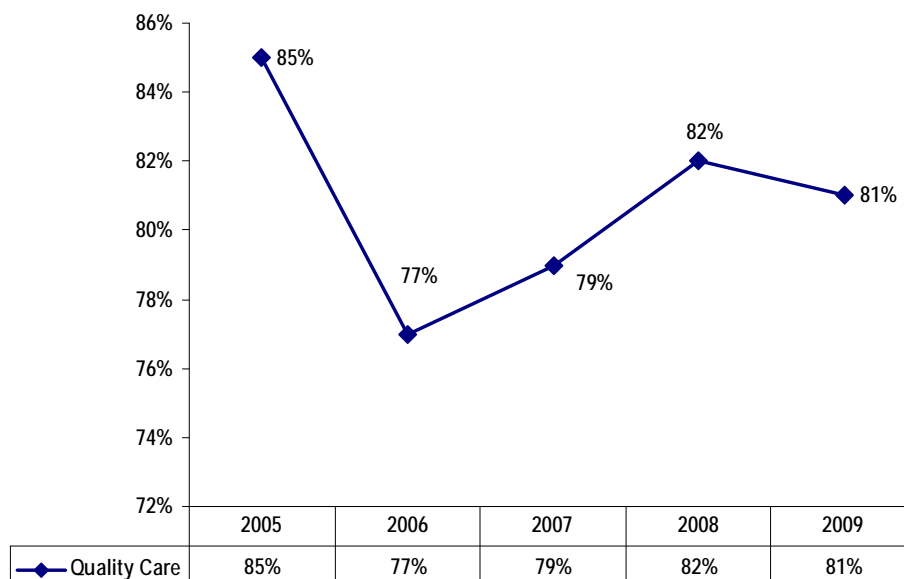
Kind	Research	April-Sept. 2005	2006	2007	2008	2009	Total
Quantitative	Care Quality at the clinics	29	28	35	71	152	315
Quantitative	Brand value, positioning and markets participation	29		26	50	73	178
Qualitative	Service and products price researches			25	59	84	168
Qualitative	Hidden customer			18	11	14	43
Quantitative/ Qualitative	Feasibility Studies					5	5
Quantitative/ Qualitative	Miscellaneous researches			20	18	25	63
Qualitative	Care Quality to internal customer.			1	8	15	24
Quantitative	Media preference					1	1
Totals		58	28	125	217	369	797

Outside companies (Aragón & Asociados in 2007 and Asesoría y Consultoría Profesional in 2008 and 2009) carried out the Trademark Value Researches. In 2005 and 2006 the Association's Marketing Management Unit developed such researches.

As a result of the Brand and Competence Value researches, to establish the preferences of Mass Media was achieved, mainly radios, resulting in an effective mix of media that allowed the broadcasted messages have a better coverage in the target group.

In **Graph 4** shows the APROFAM Service User's Index of Satisfaction from 2005 to 2009. The reduction in the attained percentage in 2006 was affected by the breach in the institutional image change: Uniforms, painting, information systems and infrastructure.

Graph 4 - Percentage of satisfied users with care quality - 2005-2009



Rural Development Program Support:

In 2006, it received the following support:

- The production of two radio jingles in Spanish (one 20-second jingle and one 30-second jingle) to promote Voluntary Promoter’s services.
- Radio ads. In October of 2006, 3,980 commercials (purchased and bonus) were broadcasted over a 20-day period in two local and 20 regional radio stations. In November, over a 15-day period, two local stations broadcasted 180 commercials (purchased and bonus).
- The Promoter’s Manual edition and redesign for the Ladino and Maya areas. Five thousand copies printed per area.

Promotional Material:

The experiences and needs identified by the different communities and USAID served as basis for the design of educational and promotional materials. **See Annex 11 Promotional Material developed during 2005 – 2009.**

In 2008, USAID funded the institutional video **APROFAM 45 años “Un compromiso con Guatemala” (APROFAM 45 years “A Commitment with Guatemala.”)** The goal was to produce a short DVD in Spanish and English to introduce a summary of the history, development, scopes, and different service activities performed by the Association during its 45 years of uninterrupted work. This has been submitted to: i) Representatives of national and international entities, ii) The public and private sectors, and iii) National and international donor institutions, saw this video. Additionally, it serves for the new staff introduction course, Training Unit’s complementary activities, and as an informational tool in waiting rooms all through the different Association clinics. **See Annex 11 English version of the Institutional Video APROFAM 45 years “A Commitment to Guatemala”, English.**

1.3.2.1. Public Relations Strategy

From January to March of 2006, the rapprochement process began with three internationally represented Public Relations institutions. From April to June, these companies had to submit their corresponding bids for an APROFAM proposal.

The Public Relations' company selection process began in June, with the following activities:

The following companies received in June invitation letters to present their proposals:

- Hill & Knowlton, Guatemala
- Porter Novelli
- McCann Erickson Guatemala
- Campollo y Asociados
- Consultores en Comunicación
- Burson Marsteller Consejeros de negocios

The Allocation Committee met in July to open the bids of the two following companies:

- Porter Novelli (International)
- Campollo y Asociados (National)

The Award Committee met again to do a follow-up of the selection process. They agreed to seek other options, since one of bids came from a national company and the other, from an international company, and there was no degree of comparison between them.

The following added companies received invitation letters to bid:

- Creativos & Medios, S.A. (International)
- Blanco y Negro (International)
- Ogilvy One (International)

The only provider that replied was Ogilvy One, through Hill & Knowlton Guatemala.

During August, satisfied customers served as reference for Hill & Knowlton.

The dismissal of the idea of having a Public Relations agency for APROFAM occurred on the last quarter of 2006, after developing the analysis process for the potential suppliers, carrying out the corresponding invitation to bid, and studying the submitted proposals. The main reason was the lack of critical conditions deserving it during that particular time or in the near future and the cost it represented.

For this reason, APROFAM was going to hire temporarily (from October to December of 2007) a professional to be in charge of this activity and Alianzas Estratégicas was going to fund it, in order to increase sustainability, on July 16, 2007, once USAID gave its approval. Eventually, this process never took place.

The development of the structure and conformation of the Public Relations Office took place at the same time, during these months. Goal setting, interrelation phase with the different Management Units, summary of supporting strategies and needs, gender approach work continuity for clinical services, gender-based violence and service complaint management.

This strategy's goal was to place the Association within social context, so that its internal and external audiences would understand its goals, programs, services, products, structure, and procedures in order to create beneficial links for both parties. This through the concordance of their corresponding interests and the support of the far-reaching political requests to favor the approval of Sexual and Reproductive Health related laws.

As of January of 2008, APROFAM appointed a specific person to be in charge of the Association's Public Relations activities, Licda. Irma Aracely Tórtola Lanuza.

In 2008 and 2009, the following 390 activities were developed:

Event, Workshop, and Seminar Attendance (47):

Attendance and participation at different meetings, forums, conferences, workshops, talks, and seminars about sexual and reproductive health and health and education, in general, at several public and private sector institutions were held.

Organized Activities (108):

The internal customer participated in several information promotion and socialization activities of institutional interest.

Media Coverage, free commercials (152):

The main radio, television and written media provided the Association with 152 notes and interviews about Health and Education subjects.

Conflict Management (83):

The Medical Services Management Unit received the following support:

- 80 quality of care complaints at the different clinics
- 2 complaints by the Public Ministry supporting the research process
- 1 internal research case

1.3.2.2 Journalistic Excellence Award

From 2005 to 2007, the advocacy strategy continued through the "*Journalistic Excellence Award*" contest. This award encouraged several journalistic media to broadcast the Sexual and Reproductive Health subject, achieving for the Association, through timely and free-of-charge information, the dissemination of the journalistic work on the following: i) Population and environment, ii) Development, and iii) Sexual and Reproductive Health. This contributed to the public opinion and high profile decision-making and leading persons' awareness, in order to favor the actions and/or enactment of the population's social development inclined policies.

The following is a list of the annual Journalistic Excellence Award winners:

2005: There were 393 journalistic works received.

Table 30 Winners 2005, "Journalistic Excellence Award"

Winner's Name	Concept
Lcda. Claudia de Brolo and Ana Julieta Arce	Special recognition for their interest and devotion to the broadcasting of health related works.
Humberto Chuluc Yos, Carmen Cap Pu, José Gabriel Amaya Romero, Renato de León Guzmán	University Communications Students Category, for their report on "Family Planning," broadcasted through Radio Talud Tzij on June 29, 2005.
Noticiero Guatevisión Special Investigative Journalists Team	Television Category, for their reports "Being a Child, Sexual Exploitation, AIDS, and Child Exploitation," broadcasted in the segment A Fondo (In too deep), of the Guatevisión channel
Alejandra Cardona and Lili Beteta	Written Press Category, with the report "Why me? A Rape Victim," published in Revista Amiga (Amiga Magazine), on April 13, 2005
Lesly Véliz, Claudia Munaiz, Claudia Argueta	The Continuity Award Category, awarded to: Lesly Véliz, of the Siglo XXI newspaper, for her published Works on health and development, from July 1, 2004, to June 30, 2005. Claudia Munaiz, of the Prensa Libre newspaper, for her published works on health and development, from July 1, 2004, to June 30, 2005. Claudia Argueta, of the Nuestro Diario newspaper, for her published works on health and development, from July 1, 2004, to June 30, 2005

2006: There were 501 journalistic works received.

Table 31 Winners 2006, "Journalistic Excellence Award"

Winner's Name	Concept
Rocizela Pérez Gómez	Special recognition for their interest and devotion to the broadcasting of health related works. Report "Lack of Access to Sexual and Reproductive Health in Guatemala," broadcasted in Radio Universidad on June 5, 2006
Jenifer Rodríguez and Edgar Alvarado	University Communications Students Category. Report "Abuse and Exclusion of Visual Handicapped Women," broadcasted in Radio TGW on June 9, 2006
Noticiero Guatevisión Special Investigative Journalists Team	Television Category. Report "Maras," broadcasted in the segment A Fondo (In too deep) of the Guatevisión channel
Gema Palencia	Written Press Category. Report "HIV Positive Since Birth," published in Prensa Libre, on November 27, 2005
Claudia Munaiz	Continuity Award Category. Prensa Libre Newspaper, for the works published on health and development, from July 1, 2005, to June 30, 2006
María Chete	Best Photography Category. Siglo XXI newspaper

2007: There were 722 journalistic works received.

Table 32 Winners 2007, "Journalistic Excellence Award"

Winner's Name	Concept
Alis Roel Soto	Radio Category, for the report "Children Making it," broadcasted in Radio Universidad, on May 12, 2007
Ingrid de la Cruz, Laura Argueta, and César Corazón	University Communications Students Category, for the report "Interrupted Childhood Resulting from Sexual Abuse," broadcasted in Radio Universidad, on June 28, 2007
Alejandra Soto	Television Category, for "Abortion" report, broadcasted in Guatevisión on April 16, 2007
Carlos Menocal and Enrique Naveda and Claudia Palma	Written Press Category, for their report "Life in Misery," published in Prensa Libre, on October 15, 2006 And for the report "Tapachula in the False Paradise," published in El Periódico, on October 29, 2006
Gema Palencia	Continuity Award Category: Prensa Libre, for the published works on health and development, from July 1, 2006, to June 30, 2007.
Emerson Díaz José Luis Pos	Photography Category Prensa Libre newspaper El Periódico newspaper

As of 2008, the Public Relations strategy replaced this activity. See point **1.3.2.1 Public Relations Strategy**.

Result 2 - Services Delivery Outputs for Family Planning maintained as close as possible to U.S. Fiscal Year 2004 Levels or Higher

Lower Level Result 2.1: APROFAM Sustainability Trust Fund Fulfilling its Mission

Responsible: Executive Directorate
Financial Management

APROFAM created the Sustainability Trust Fund to generate investments and to increase its capacity to maintain its social mission in the long term. The Association agreed to structure the Fund in such a way that it would last over the years by combining the existing reserves with new revenues and a conservative growth plan for financial investments, to reach an amount between US\$10 and US\$10.6 million, including capital plus interests up to the month of September of 2009. Additionally, the Fund would have its own structure under the Board of Directors of APROFAM and a clear investment regulation and Fund management and usage.

2.1.1 Purpose of the APROFAM Sustainability Trust Fund (STF)

The purpose of the Sustainability Trust Fund was to generate financial returns that would guarantee APROFAM capacity to carry out its social mission, by rendering Family Planning and Reproductive Health and Children Health and IEC services at a reasonable price for low-income families in Guatemala.

2.1.2 Structure and Governance of the Sustainability Trust Fund

The Sustainability Trust Fund Committee, organized in April of 2005, is as follows:

Table 33 Sustainability Trust Fund Committee, 2005

Position	Current Person's Name	Conditions
Chairman of the Board of Directors	Architect Giancarlo Maselli	Right to voice and vote
Chief Executive Officer	Lic. Carlos Bauer	Right to voice and vote
Financial Manager	Lcda. Suzette Higueros	Right to voice and vote
IPPF/WHR Comptroller	Mr. Benjamin Cruz	Right to voice and vote
USAID Projects Officer	Mrs. Isabel Stout	Right to voice without vote
Associate	Lic. Luis Fernando Alcahé	Right to voice and vote
Associate	Lic. Ricardo Matesanz Vásquez	Right to voice and vote
Financial Advisor	Mr. Jesús Amadeo	Right to voice and vote
IPPF/WHR Regional Director	Dr. Carmen Barroso	Observer

During the first semester of 2005, the Sustainability Trust Fund Committee held two meetings to introduce all of the Committee members. These meetings took place at the APROFAM facilities. The members residing in Guatemala physically attended and the ones that reside in the United States of America attended via phone conference.

The following main activities took place:

- The revision of the Sustainability Trust Fund Regulation initiated to take advantage of the experience of the rest of the members that did not participate in the initial creation.
- There was a presentation of the investment-funded financial product.
- APROFAM monitored the market value behavior of the financial product it worked with during April and May of 2005.

The following chart expresses market value behavior:

Table 34 Sustainability Trust Fund Behavior, 2005

Date	Market Value in \$USD	Observations
13-04-05	7,593,524.00	Initial investment
30-04-05	7,477,468.00	Reports a market value loss
30-05-05	7,606,040.00	Reports a market value profit
30-06-05	7,707,544.00	Reports a \$114,020 market value profit
30-07-05	7,876,135.00	Reports returns for \$125,865.07 and a \$156,745.93 market value increase
31-08-05	7,924,286.00	Returns for \$125,865.07 and a \$204,896.93 market value increase

The investment's market value in GMO for the product "Global Balanced Asset Allocation Fund" increased the investment's market value most months. It is important to note that these market value increases are not profits. APROFAM will not register market value increases in its accounting records. It will only register market value losses and returns.

From April to August of 2005, the investment obtained returns of US\$125,865.07, which were reinvestment in the same portfolio. If there were a deduction for account handling charges (US\$6,384), calculated as five-month period returns, there would be a net return annual projection of 3.77%.

The NGO creation process in the United States of America of América related activities were:

- In August 9, 2005, Marnie Berk, Attorney at Law and Pro Bono Director for the New York law firm "New York Lawyers for the Public Interest" received a requirement list, expecting a reply.
- In August 19, Mrs. Berk received a reminder and her reply came on August 22, stating that she would follow-up on this process.
- In September 26, Mrs. Berk received another reminder for the process status for that date.

In October of 2005, the Sustainability Trust Fund Committee held a meeting at APROFAM facilities. Some of the members residing in Guatemala came and the ones residing in the United States of America were available via telephone. The following main activities took place:

1. Socialization of Sustainability Trust Fund Committee Regulation related commentaries.
2. August 2005 Accrued financial results, sent by Benjamín Cruz, revision and commentaries.
3. Establishment of an NGO in the United States of America related commentaries.

In March of 2006, the Chairman and the Treasurer of the Board of Directors, a voluntary advisor, and the APROFAM Executive Director traveled to the United States of America:

1. To obtain financial information for the Sustainability Trust Fund's first investment year.
2. To enter with IPPF the Sustainability Trust Fund handling agreement renewal.
3. To request information for the establishment of an NGO in the United States of America.

During the second quarter of 2006, the corresponding meeting of the Sustainability Trust Fund Committee was summoned for. Such meeting, initially scheduled for June 15, rescheduled for June 23. However, the meeting never took place due to lack of quorum.

In July and August, the Sustainability Trust Fund Committee meeting rescheduled for September 14, but, again, it did not take place. The meeting finally took place in October of 2006. Some of the members residing in Guatemala physically attended and the ones residing in the United States of America were available via telephone. The following is a summary of the addressed subjects:

- APROFAM Sustainability Fund results for August of 2006.
- Revision of investment's returns and market behavior related financial information.
- Results submission to the APROFAM's Board of Directors.
- Sustainability Trust Fund Regulation related commentaries.
- Incorporation of the Non-Profit Organization in the United States of America
- Fund wiring needs to Europe.

During the Board of Directors meeting of December 19, 2006, one of the Financial Advisors, Assembly's representative and Sustainability Trust Fund member, Licenciado Luis David, presented a fund's behavioral report, where he explained to the Board of Directors the Sustainability Trust Fund's structure. The APROFAM Financial Manager, Executive Director, and Internal Auditor were also present at the meeting.

At the Sustainability Trust Fund meeting, one of the firms seen in Miami presented a proposal for the incorporation of the NGO in the United States of America, at an approximate cost of US\$15,000.00. However, since it was the only offer, there was no point of comparison in term of prices. It was necessary to receive other two offers. Simpson&Thatcher sent an offer with an approximate cost of US\$15,000.00 and one of the attorneys that worked at Jesús Amadeo's office sent the other offer, with an approximate cost that ranged between US\$8,000.00 and US\$9,000.00.

In February 10, 2007, the Sustainability Trust Fund Committee members attended a conference given by Mr. Jesús Amadeo, Voluntary Member of IPPF/RHO and a financial specialist, on the Handling and the Basic and Critical Aspects of an investment fund similar to the APROFAM fund.

After this conference, the Sustainability Trust Fund members met and defined the following:

- Withdrawals, from January of 2010 on: "Only one annual withdrawal equivalent to 4% of the investment market value, calculated on the average of the value of the last twelve quarters," which will guarantee original fund fixity.
- The Sustainability Trust Fund Committee basic goal was: *"To review the investment's returns and market behavior related financial information and to decide, in cases of high contingency, the partial withdrawal of investments."*
- The potential decision on the convenience of maintaining this fund through IPPF/RHO as is or to handle it directly through APROFAM, through an NGO in the United States of America, depends upon the financing strategy defined for the Association's non-sustainable activities and the experience and knowledge achieved by the Sustainability Trust Fund Committee members.

In March of 2007, three members of the Sustainability Trust Fund Committee traveled to New York City, in order to achieve the following goals:

- To sign the new Agreement with IPPF/RHO for the administration of the APROFAM Sustainability Trust Fund, for the term starting in April 4, 2007, and ending in April 3, 2008.
- To participate in the annual results presentation, on behalf of GMO.

The following is one of the conclusions obtained from this presentation: *"The Sustainability Trust Fund, through it is managed with a low risk profile, obtained excellent returns that were beyond expectations, as per the Agreement signed between APROFAM and USAID."*

The revision of the Sustainability Trust Fund Regulation ended in the first quarter of 2007, and forwarded to USAID for approval and subsequent effectiveness.

In February of 2008, the Sustainability Trust Fund Committee held a meeting. Some of the members residing in Guatemala attended and the ones residing in the United States of America were available via telephone.

The following is a summary of the addressed subjects:

- APROFAM Sustainability Trust Fund results for 2007.
- Fund's current risks
- Sustainability Trust Fund Committee meeting in New York
- Fund's Regulation related commentaries

In March 14, the IPPF/RHO Investment Committee met in New York, where GMO presented the Sustainability Trust Fund results report. They reported an 8.58% return for the APROFAM investment and a US\$10,037,263.00 market value. They introduced the threshold changes for the integration of the Global Balanced Asset Allocation strategy for 2008, in terms of the changes markets have had due to the United States of America economic crisis.

In May, Lic. Ricardo Matesanz, Advisor Associate of the APROFAM Sustainability Trust Fund, was a guest at a Board of Directors Meeting and made a presentation to inform the status of the APROFAM Fund in New York. In conclusion, Lic. Matesanz stated that he considered convenient that the IPPF/RHO Investment Fund, through the firm GMO, should continue managing the Sustainability Trust Fund. This is because the fund's strategy is to protect the original net worth, even with the current market conditions in the United States of America. He suggested, aside the investments, a follow up of the Dow Jones with the same frequency as the presentation of the IPPH/RHO reports.

In September 18, APROFAM settled a telephone conference. The following persons attended on behalf of IPPF/RHO: Mrs. Jan Dahms, Financial Manager, and Mrs. Lissette Furlani (Interpreter). On behalf of APROFAM, the following persons attended: Lic. Carlos Bauer, Executive Director, and Lic. Héctor Sicajá, Financial Manager. The purpose of such conference was to assesses the Sustainability Trust Fund investment return trend and the effect the financial situation of the different stock exchanges from all over the world, due to crises of the U.S. insurance company, AIG, and the U.S. investment bank, Lehman Brothers, has on such investment. During such conference, the question asked was, what sort of effect did the financial crises of AIG and the Investment Bank had on the APROFAM Sustainability Trust Fund investment. Mrs. Jan Dahms, through her interpreter, Mrs. Lissette Furlani, replied that they had already outguessed the drop, by making a patrimony evaluation and reassigning the form of investment. Furthermore, they were conservative about reassigning, the losses were not that important, and they will not really happen as long as there is no capital withdrawal, because they estimate a market recovery.

The revision of the "GMO" Investment Management Review" report that contains the fund invested by APROFAM through the IPPF/RHO account and verifies the monthly and accrued financial returns at a market value, took place during the last quarter of 2008. Such report, for December 31, 2008, indicated a US\$ 1,343,568.17 period return and a US\$ 2,896,068.75 market value loss. Consequently, the market total value of the investment to that date was US\$8,092.202.00.

The APROFAM-IPPF/RHO-GMO Sustainability Trust Fund Committee Annual Meeting took place in March 16, 2009, in New York City, U.S. The conclusions were:

- i. The crisis affected all investments; the Global Balanced Asset Allocation value loss was moderate, as opposed to the indicator used to measure it. It is still a conservative investment, protective of the patrimony. They expect a medium to long-term recovery, as designed.
- ii. As far as investing with them a part of the APROFAM patrimony in Treasury Bonds, it seems difficult. However, they will consult it in writing.
- iii. IPPF/RHO will no longer invest in the Fund, as they met the designed quota. They are now taking money from it (4% of the market value) to fund their operations.

The revision of the "GMO" Investment Management Review" report took place during the first quarter of 2009. Such report, for March 31, 2009, indicated a US\$362,337.00 market value loss. Consequently, the market total value of the investment to that date was US\$7,729,865.00.

For June 30, 2009, the report indicated a US\$543,506.00 market value profit. Consequently, the market total value of the investment to that date was US\$8,635,708.00.

For September 30, 2009, the report indicated a US\$1,448,094.00 market value profit. Consequently, the market total value of the investment to that date was US\$10,440,296.00.

As per the monthly evaluations performed on the GMO Management – behavior compared to the indicator, Dow Jones, S&P500 - in general terms the value added was positive.

2.1.3 Sustainability Trust Fund Funding, Investment and Utilization Plan

Prior the entering of the foregoing Agreement, APROFAM contributed with 50% of the Sustainability Trust Fund capital, equivalent to US\$4,500,000.00, which were transferred to IPPF/RHO through an Agreement authorizing the incorporation of the APROFAM funds to the funds invested by IPPF/RHO at GMO⁸ on the same type of investments performed by Global Asset Allocation.

APROFAM also incorporated temporarily to the IPPF/RHO investments US\$3,093,524.00, to disinvest during the second year of the foregoing agreement, in order to build the Central Building.

The following is the integration of the APROFAM investments to September 30, 2005:

⁸ Grantham, Mayo, Van Otterloo & Co. LLC -GMO-

Table 35 APROFAM Investments to September 30, 2005

Description	Amount in US\$	Observations
Sustainability Trust Fund	4,500,000.00	Invested at GMO through IPPF/RHO
APROFAM reserves, especially for construction	3,093,524.00	Invested at GMO through IPPF/RHO
Portfolio handled locally in Guatemala	2,248,782.25	Invested at BAC Florida Bank and UBS

In terms of the investments handled through the APROFAM Finance Committee, it is important to state that the investments were in Quetzales, at the national system banks; however, as of September 2, 2005, in order prevent them from an embargo imposition, they changed into Time Deposit Certificates, leaving the investments as follows:

Table 36 Time Deposit Certificates in Dollars, 2005

Institution	Amount in US\$	Due Date
BAC Florida Bank at a 3.15 % annual rate	2,039,782.25	09-02-06
UBS Lateinamerika GMBH at a 3.48% rate	657,374.17	09-02-06
UBS Lateinamerika GMBH at a 3.48% rate	1,381,408.08	12-02-06
TOTAL	2,249,782.25	

The plan was to use these funds during 2005. However, that did not happen due to an execution delay of the budgeted works.

In December of 2005, the APROFAM Board of Directors authorized a reserve increase of the Sustainability Trust Fund for an amount of US\$1,000,000.00. This was a contribution made in February of 2006, taken from the funds temporarily incorporated to the investment portfolio. **See Table 42 APROFAM Contributions to the Sustainability Trust Fund.**

The investments remained as Time Deposit Certificates in Dollars to prevent them from the embargo imposition pending resolution at Banco Industrial. To December 31, 2005, the investments were as follows:

Table 37 Time Deposit Certificates in Dollars, 2005

Institution	Amount in US\$	Due Date
Bac Florida Bank at a 3.15 % annual rate	1,381,401.08	09-02-06
UBS Lateinamerika GMBH	210,000.00	29-03-06
UBS Lateinamerika GMBH	1,082,374.17	15-12-06
TOTAL	2,673,775.25	

The disinvestment of these funds, used to cover the Central Building's construction, as the works progress.

The incorporation of US\$319,460.43 to the Sustainability Trust Fund in December 31, 2005, corresponds to the returns reported by GMO to December 31. To that date, the total amount of the Sustainability Trust Fund was US\$5,819.460.43.

From January to March of 2006, the Board of Directors, as per resolution JD406-20, authorized the renewal of the agreement between IPPF/RHO and APROFAM, for the investment of the Sustainability Trust Fund and temporary investment through GMO. The agreement, signed in March 3, 2006, covered the period that began in April 4, 2006, and ended in April 3, 2007.

In August 23, 2006, the Board of Directors issued resolution number JD 1506-71, authorizing the Executive Directorate's request to USAID, for the advancement of the Sustainability Trust Fund's contribution of US\$1,600.000.00, corresponding to 2008. This requested change would be to comply with the Counterpart contribution of 2006, once the Construction License issued by the Municipality of Guatemala is ready, as the delay of the license process would not let APROFAM comply with the budgeted counterpart contribution for 2006 in the Buildings entry.

The investments remained as Time Deposit Certificates in Dollars to prevent them from the embargo imposition still pending resolution at Banco Industrial. To August 31, 2006, the investments were as follows:

Table 38 Time Deposit Certificates in Dollars, 2006

Institution	Amount in US\$	Due Date
BAC FLORIDA BANK	1,000.000.00	12-02-07
BAC FLORIDA BANK	693,700.76	06-07-07
UBS DEUTSCHLAND AG	1,082,374.17	15-12-06
UBS DEUTSCHLAND	381,401.08	14-02-07
UBS DEUTSCHLAND	210,000.00	27-03-07
UBS DEUTSCHLAND	206,147.54	03-04-07
TOTAL	3,573,623.55	

The disinvestment of these funds, used to cover the Central Building's construction, as the works progress.

In addition, there are investments in Quetzals, but in August 18, 2006, Labor and Social Prevision Court Number Three imposed an embargo to the APROFAM bank accounts, and it was necessary to disinvest the Time Deposit Certificates in Quetzals.

In August 25, the Court lifted the embargo and on the 31st of the same month imposed it again, and subjected the investments to such embargo as well, and in order not to risk the funds to September 11, 2006, the time deposits were not included.

The funds for the Time Deposit Certificates were in the following bank drafts:

Check No. 527252 dated August 21, issued by Banco Reformador, for an amount of Q.2,000,000.00

Check No. 511933 dated August 22, 2006, issued by Banco de Exportación S.A., for an amount of Q.2,999,141.10

Both checks were drawn to the name of APROFAM. Whenever the Court decided to lift the embargo by means of a written resolution and there was certainty that the funds were no longer in danger, the funds would go back to comprising the Time Deposit Certificates.

In December 22, 2006, APROFAM sent a note to USAID, requesting approval for an amount of US\$800,000.00 and modifications in the Counterpart Budget to advance the Sustainability Trust Fund contribution scheduled for the term of January to December of 2006. In September of 2006, USAID had not sent the approval yet, and this extraordinary contribution ended up having no effect. This amount came out of the funds that are temporarily part of the investments handled by IPPF/RHO.

An accounting record set for the US\$1,000,000.00 contribution to the Sustainability Trust Fund, corresponding to the third contribution from the APROFAM profit distribution at the closing of December of 2006. **See Table 42 APROFAM Contributions to the Sustainability Trust Fund.**

This is the investment fund balance at the closing of December/06, including capitalized interests:

• Sustainability Trust Fund	\$ 7,244,256.22
• APROFAM Funds	<u>\$ 1,474,132.66</u>
• Fund's total funds	\$ 8,718,388.88

The fund generated interests for 2006, as follows:

• Sustainability Trust Fund	\$ 424,795.79
• APROFAM Fund	<u>\$ 168,314.87</u>
• Total amount of generated interests	\$ 593,110.66

As per the latest report received from GMO, the investment fund's handler through IPDF, this fund had generated interests for US\$533,804 at the closing of August 31, 2007, which represented a 0.72% real monthly return that, projected, represented an 8.7% annual rate of return. Contrary to last year's closing, this fund decreased its projected annual return of 12.7% to 8.7%.

This is the investment fund balance at the closing of August of 2007, at market value, including capitalized interests:

• Total fund at market value:	\$ 9,244,467
• Obtained interests from January/07 – August 31/07	<u>\$ 533,804</u>
• Total fund at market value to 08/31/07:	<u>\$ 9,778,271</u>

The funds handled through the APROFAM Finance Committee, assigned for the APROFAM new building's construction project, invested in foreign banks as Time Deposit Certificates drawn to the name of APROFAM, were to be used and disinvested as the construction project advanced. At the closing of September of 2007, these were the figures:

Tabla 39 Time Deposit Certificates in Dollars, 2007

INVESTMENTS ENTRY INTEGRATION TO 09-30-2007				
LOCATION	INTEREST RATE	TERM	BEGINNING DATE	AMOUNT IN DOLLARS
BAC FLORIDA BANK	5.000%	182 DAYS	29-10-2007	262,467.19
BAC FLORIDA BANK	5.250%	365 DAYS	12-02-2008	1,000,000.00
BAC FLORIDA BANK	5.050%	365 DAYS	26-03-2008	210,000.00
BAC FLORIDA BANK	5.350%	367 DAYS	07-07-2008	393,700.79
BAC FLORIDA BANK	5.350%	367 DAYS	07-07-2008	300,000.00
BAC FLORIDA BANK	5.200%	365 DAYS	08-08-2008	132,950.13
BAC FLORIDA BANK TOTAL				2,299,118.11
UBS DEUTSCHLAND AG	4.985%	180 DAYS	05-10-2007	75,000.00
UBS DEUTSCHLAND AG	4.985%	180 DAYS	05-10-2007	131,147.54
UBS DEUTSCHLAND AG	5,084%	91 DAYS	12-11-2007	381,401.08
UBS DEUTSCHLAND AG	5.084%	91 DAYS	26-11-2007	393,588.07
UBS DEUTSCHLAND AG	4.880%	365 DAYS	20-03-2008	425,000.00
UBS DEUTSCHLAND AG	4.880%	365 DAYS	20-03-2008	657,374.17
UBS TOTAL				2,063,510.86
TOTAL INVESTMENTS				4,362,628.97

The operations and control activities that affected the management of funds during 2008 were the following:

1. As per the latest report received for the quarter from October-December of 2007 from GMO, the investment fund's handler through IPDF, this fund had generated interests for US\$883,312 at the closing of November 30, 2007, which represented a 0.87% real monthly return that, projected, represented a 10.4% annual rate of return. This fund's real return exceeded the original plan established on the actual agreement.

This is the investment fund balance at the closing of November of 2007, at market value, including capitalized interests:

Concept	Market Value
i. Total fund at market value:	\$ 9,244,467.00
ii. Gained interests from Jan/07 – Nov 30/07	<u>\$ 883,312.00</u>
iii. Total fund at market value to 11/30/07:	\$ 10,127,779.00

2. As per the latest report received from GMO, the U.S. economic crisis and the effect it caused on the stock Exchange resulted in a \$442,695.00 loss to the closing of March 31, 2009.

The following was the movement reported on the quarter from January to March of 2008 in the fund's market value:

Concept	Market Value
i. Initial balance to January 1, 2008	\$10,037,263.00
ii. Quarter's profits/losses	<u>(\$ 442,695.00)</u>
iii. Final balance to 31.03.08	\$ 9,594,567.00

3. As per the latest report received from GMO, in April and May of 2008, there was a US\$221,348.00 profit. There was a recovery in the market value in relation to the last trimester.

The following was the bi-monthly movement of the fund's market value:

Concept	Market Value
i. Initial balance to April 1, 2008	\$ 9,594,567.00
ii. Quarter's profits/losses	<u>\$ 221,348.00</u>
iii. Final balance to June 30, 2008	\$ 9,815,915.00

4. In April of 2008, there was a Sustainability Trust Fund annual contribution of US\$1,600,000.00. **See Table 42 APROFAM Contributions to the Sustainability Trust Fund.**
5. During the July-September 2008 quarter, the Sustainability Trust Fund results, as per the latest report received from GMO, reported a US\$510,588.99 fund market value loss.

The following was the quarter movement of the fund's market value:

Concept	Market Value
i. Initial balance to July 1, 2008	\$ 9,449,840.00
ii. Quarter's profits/losses	<u>(\$ 510,588.00)</u>
iii. Final balance to September 30, 2008	\$ 8,939,252.00

The APROFAM Finance Committee assigned the funds it handled to cover the remodeling and construction project investment for the image change and the APROFAM new building, located at 8^a calle. Two foreign banks issued Time Deposit Certificates in US\$ to APROFAM. The investment program of the above referenced works served as basis for the different due terms. To September 30, 2008, they were:

Table 40 Time Deposit Certificates in Dollars, 2008

INVESTMENTS ENTRY INTEGRATION TO 09-30-2008					
LOCATION	INTEREST RATE	TERM	BEGINNING DATE	DUE DATE	AMOUNT IN DOLLARS
BAC FLORIDA BANK	2.850%	90 DAYS	27/08/2008	25/11/2008	262,467.19
BAC FLORIDA BANK	3.000%	181 DAYS	07/07/2008	05/01/2009	393,700.79
BAC FLORIDA BANK	3.000%	181 DAYS	07/07/2008	05/01/2009	300,000.00
BAC FLORIDA BANK	3.000%	180 DAYS	08/08/2008	04/02/2009	132,950.13
BAC FLORIDA BANK	3.000%	182 DAYS	18/08/2008	16/02/2009	300,000.00
BAC FLORIDA BANK	2.450%	365 DAYS	26/03/2008	26/03/2009	210,000.00
BAC FLORIDA BANK	2.450%	364 DAYS	04/04/2008	03/04/2009	75,000.00
BAC FLORIDA BANK	2.450%	364 DAYS	04/04/2008	03/04/2009	131,147.54
BAC FLORIDA BANK TOTAL					1,805,265.65
UBS DEUTSCHLAND AG	2.219%	365 DAYS	20/03/2008	20/03/2009	425,000.00
UBS DEUTSCHLAND AG	2.219%	365 DAYS	20/03/2008	20/03/2009	657,374.17
UBS DEUTSCHLAND AG	2.800%	365 DAYS	12/05/2008	12/05/2009	381,401.08
UBS DEUTSCHLAND AG	2.992%	365 DAYS	26/05/2008	26/05/2009	393,588.07
UBS TOTAL					1,857,363.32
TOTAL INVESTMENTS					3,662,628.97

In July of 2009, APROFAM, after obtaining the USAID approval, made the last contribution of US\$900,000.00 required by the current Agreement. This contribution completed the agreed US\$9,000,000.00.

The Time Deposit Certificates drawn by two foreign banks in US\$ to the name of APROFAM, to September 30, 2009, were included, as follows:

Table 41 Time Deposit Certificates in Dollars, 2009

INVESTMENTS ENTRY INTEGRATION TO SEPTEMBER 30 / 2009					
LOCATION	INTEREST RATE	TERM	BEGINNING DATE	DUE DATE	AMOUNT IN DOLLARS
BAC FLORIDA BANK	1.900%	180 DAYS	25/05/2009	21/11/2009	262,467.19
BAC FLORIDA BANK	1.900%	180 DAYS	02/06/2009	29/11/2009	75,000.00
BAC FLORIDA BANK	1.900%	180 DAYS	02/06/2009	29/11/2009	131,147.54
BAC FLORIDA BANK	1.850%	365 DAYS	17/08/2009	17/08/2010	225,000.00
BAC FLORIDA BANK	1.850%	365 DAYS	17/09/2009	17/09/2010	457,374.17
BAC FLORIDA BANK	1.850%	365 DAYS	22/09/2009	22/09/2010	210,000.00
BAC FLORIDA BANK TOTAL					1,360,988.90
UBS DEUTSCHLAND AG	1.265%	181 DAYS	12/05/2009	09/11/2009	381,401.08
UBS DEUTSCHLAND AG	1.265%	181 DAYS	26/05/2009	23/11/2009	393,588.07
UBS DEUTSCHLAND AG	1.150%	365 DAYS	16/09/2009	16/09/2010	425,000.00
UBS TOTAL					1,199,989.15
TOTAL INVESTMENTS					2,560,978.05

**Table 42 APROFAM Contributions to the Sustainability Trust Funds
(In US \$)**

Date	Accrued Contribution (a)	Accrued Contribution (b)	Total (c)
March 2005			4,500,000
February 2006	1,000,000	1,000,000	5,500,000
February 2007	1,000,000	2,000,000	6,500,000
February 2008 (**)	1,600,000	3,600,000	8,100,000
February 2009 (**)	900,000	4,500,000	9,000,000
TOTALS	4,500,000		9,000,000

(*) The execution date for the February 2007 contribution was late March of this year.

(**) The execution date for the February 2008 contribution was April of this year.

(***) The execution date for the February 2009 contribution was July of 2009, after the obtaining the USAID approval.

2.1.4 Sustainability Trust Fund Monitoring and Evaluation Performance

The Committee established administration and investment indicators to measure the Sustainability Trust Fund's performance, which are included in the Evaluation and Supervision Plan. APROFAM included the Sustainability Trust Fund in its annual audits and its performance report in all the reports addressed to USAID and its membership during the duration of the Cooperative Agreement. USAID will establish the reports issued after the Cooperative Agreement, after its finalization.

Income Tax and Value Added Tax (VAT)

During December of 2006, APROFAM received a notification from the Superintendencia de Administración Tributaria – SAT- (Internal Revenue Service), a reply to the Association’s request to obtain income tax exemption. Such notification denied the request and, in addition, advised that the institution lost the VAT exemption as well. This action’s main consequence consisted in the value added tax – VAT – charge to the product given at the Clinics, the Rural Development Program and the Youth Programs.

The following is a summary of the facts:

In December 30, 2005, APROFAM updated its registry at SAT and enrolled as an Optional Regime taxpayer with a 31% income tax bracket settlement.

In December 23, 2005, APROFAM submitted a request to SAT for an income tax exemption. However, it wasn’t until December 8, 2006, that a resolution based on the Income Tax Act Decree 26-96 and its Modifications and the Value Added Tax Act (V.A.T.) Decree 27-92 and its Modifications, informed that the institution would not longer have a VAT exemption, as it had been agreed in August 6, 2002, as per RESOLUTION SAT-IRG-CRC-AOTG-UART-752-2002, nor an income tax exemption, as per RESOLUTION SAT-IRG-CRC-AOTG-UART-969-2002.

The External Auditors hired for the 2006 term received a copy of the resolution, so that they could express their opinion and a plan of action. The contracted auditor firm indicated they would charge extra for this. The decision was to proceed in agreement with the procedures established in the Purchase Manual, obtaining proposals from three different firms, selecting Chile Monroy.

The SAT Resolution received in December 8, 2006, confirming the income tax exemption elimination indicated a 31% annual income tax rate for the sale of products and services. This Resolution also confirmed that APROFAM was going to be subject to 12% VAT on the sale of medicines and medical supplies.

In order to challenge this resolution, the institution requested MGI, Chile Monroy & Asociados, S.C., an Income Tax Bracket Analysis on the Income Tax and VAT payment status for APROFAM. Their report stated the following:

- Since APROFAM obtains its income through the marketing of services and products, such institution was indeed subject to a 31% income tax rate and its responsibilities were as follows:
 - ⇒ It must pay the tax and submit an annual Income Tax Return.
 - ⇒ It must deduct the income tax from its employees’ salaries.
 - ⇒ It must deduct a 5% income tax to the providers that request it.
- In terms of the VAT, the report stated the following:
 - ⇒ The institution was VAT exempt for the services rendered and reported through a Grant Receipt.
 - ⇒ APROFAM must issue an “invoice” for the sale of medicines and goods, and it should charge the 12% VAT.
 - ⇒ It must keep monthly records of the VAT Sales and Purchases Books.
 - ⇒ It must present VAT payment monthly reports.

USAID received an original and a copy of this Fiscal Analysis in January of 2007.

This is the list of activities carried out in order to complete our Billing System approval process for the VAT report, during the quarter from April to June of 2007:

1. SYSPOS system design completion for clinic billing and medicine billing through the Palms machine, which is in charge of the Rural Development areas educators.
2. Review by the SAT Systems Analysts in order to assess and approve the system proposed by APROFAM, which was subject to two reviews that analyzed the Palms and clinics system.

The following activities took place during the quarter from July to September of 2007:

1. SAT completed the systems audit and approved our file's transference for final approval by the Unified Fiscal Registry Chief.
2. SAT had problems with the position replacement for the Unified Fiscal Registry Chief, which delayed our billing system's approval procedure.

The following activities took place during the last quarter of 2007, for the completion of the Billing System's approval process for the VAT report:

1. During the last week of November of 2007, SAT sent a resolution authorizing APROFAM to use a Billing Computerized System to record the VAT.
2. The preparation and execution of the Implementation Plan for the Billing System's new software took place in December of 2007. This recorded and charged VAT for medicine invoices subject to this tax. This process finalized that same month. The VAT recording and payment started as of January of 2008. The following activities took place during the implementation visits to the clinics:

Table 43 Billing System with VAT Implementation Activities

Activities	Territorial Division in Charge
1. SYSPOS Update	Information Systems
2. Computer Equipment Inventory	Accounting
3. Cashier's Training in SYSPOS	Information Systems
4. Palm Update	Information Systems
5. Educators Training in Palm changes	Information Systems
6. Educators Training in SYSPOS	Information Systems
7. Accounting Topics Training and Resolution	Accounting

Table 44 Billing with VAT Automation Activities

Activities	Territorial Division in Charge
1. Handhelds Setup	Information Systems
2. Educators and Instructors Training in Sidra changes	Information Systems
3. Educators and Instructors Training in Sidra	Information Systems

Activities 1 and 3 took place from January to March of 2009. Activity 2 finalized between July and September of 2009.

Financial Manager's Resignation from APROFAM (2006)

In November 28, 2006, the Executive Directorate received the resignation of the APROFAM Financial Manager, Lcda. Suzzette Higueros. The resignation was effective as of January 31, 2007. The Executive Directorate officially notified USAID in November 29, 2006, and the hiring process for a new Financial Manager begun.

New APROFAM Financial Manager's Appointment (2007)

The new APROFAM Financial Manager, Licenciado Ruddy Monzón Morales, filled his new post in March 12, 2007.

Financial Manager's Resignation from APROFAM (2008)

In February 20, 2008, the Executive Directorate received the resignation of the APROFAM Financial Manager, Lic. Ruddy Monzón Morales. The resignation was effective as of March 12, 2008. The Executive Directorate officially notified USAID in February 29, of that same year. The hiring process for a new Financial Manger begun, as follows:

1. Staff requisition by the Executive Directorate addressed to Human Resources, dated February 21, 2008.
2. Purchase order for the contracting of an external company, in February 25.
3. Three company proposals presented by the Purchasing Department in April 2.
4. Selection of the company in charge of the process, BL Consultores, in April 2, at Human Resources.
5. The recruitment and selection process took place between April and July.

New APROFAM Financial Manager's Appointment

The new APROFAM Financial Manager, Licenciado Héctor Armando Sicajá Monterroso, filled his new post in August 4, 2008.

New Budget for 2008

In March 5, 2008, APROFAM sent a letter to Dr. Sergio Penagos, USAID Project Officer. The letter enclosed, for review and subsequent approval, the proposed budget for the period starting in October of 2007 and ending in September of 2008. APROFAM also enclosed an explanatory chart on the integration of the expected available funds to September 30, 2008, and some transference requests.

USAID sent its approval for these requests in March 11, 2008.

Funds Transference:

APROFAM requested USAID in July 14, 2009, the budgetary transfereces for the execution of the outstanding funds to September 30, 2009. The following were the affected accounts: i) Perceived Quality Improvement (which is the image portion corresponding to the constructions that did not take place during the year) and ii) Hired Services (referring to Processes' Reengineering works. In July 17, 2009, Dr. Sergio Penagos, USAID Projects Official, replied approving this transference.

2.1.5 Contraceptive Security Achieved and Incorporated into the Sustainability Plan

Responsible: Administrative Management

APROFAM purchased with its own and with donors' funds the necessary contraceptives to meet the users' demands during the 2005-2009 periods. Different contraceptive methods were offered, depending on the tastes and preferences of the users. The funds to be used in these purchases were annually budgeted.

In 2005, it was not necessary to purchase Copper-Ts because in 2004 Asociación Demográfica Salvadoreña –ADS- (Salvadorian Demographics Association) donated some.

During the first quarter of 2009, Asociación Panameña para el Planeamiento de la Familia – APLAFA- (Panamanian Association for Family Planning) returned 13,400 Depo-provera quarterly injectable contraceptive units such institution had received as a loan.

Out of the total amount of contraceptives bought in 2008, which were part of the USAID donated funds, to December 31, 3,200 Copper-T units were still pending due to some problems USAID had with the provider. Another provider sold these devices in February of 2009.

See Annex 12 Contraceptive Purchase Projection 2005-2009

Tabla 45 – Contraceptives purchased 2005-2009

No.	Products	Units
1	LoFemenal, Gragea, Cycle 28, C/M.	1,802,400
2	Microgynon, Gragea, Cycle 28, C/M	1,073,513
3	Collar Del Ciclo, Unit, S/C	200
4	Yasmin, Comprimidos, Cycle 21, C/M	528
5	Depo-Provera, Vial, Unit, 150 Mg/MI	582,393
6	Noristerat, Ampolla, Unit De 1ml, 200 Mg/MI.	23,500
7	Condom, Ampolla, Unit De 0.5 MI, C/M	516,958
8	Condom Vive, Colors, Strawberry, Unit	627,212
9	Condom Vive Colors, Grape, Unit	16,848
10	Condom Vive Colors, Orange, Unit	15,120
11	Condom, Vive Amor, Unit, Box 3 U.	1,052,528
12	Jadelle, Implante, Box, 2x75 Mg	37,671
13	Evra, Parche, Box 3 U, C/M	140
14	Postinor 1, Tableta, Box Unit, 1.5mg	100
15	Copper T 380 A	23,647
16	Silastic Rings	40,218
17	Condom Brand APROFAM	1,175,616
18	Condom Feminine	5,200
19	Marvelon	1,600
Units total		6,995,392

The total amount for contraceptives purchasing with own and other donors' funds during this period was of **US\$3,022,643.93**.

Lower Level Result 2.2 – APROFAM’s Social Mission is Effectively Managed

The provision of Family Planning services to rural and low-income families was a priority for USAID/Guatemala and a main part of APROFAM social mission, which contemplated the development of the following strategies:

2.2.1 Rural Development Program (RDP)

Responsible: Rural Development Management

An exploitation of the existing resources for territory and staff optimization was a part of the Rural Development Program. The efforts to improve the sustainability level, without leaving aside the program’s social aspects, such as home visits, educational talks, and IEC processes, which are essential for a behavioral and attitude change within the communities, were focused on the search for services, products, and territorial areas that are more productive.

The results were the following:

Table 46 Rural Development Program Results

Rural Development Program	April 05 - September 09		% Achievement/Goal
	Goal	Achievement	
No. of Community Journeys for early detection of uterus cervical cancer	848	774	91%
No. of Pap Smear tests performed	14,040	13,010	93%
Couple Years of Protection CYP	324,840	308,071	95%
Family Planning New Users	313,020	415,009	133%
Home Visits	546,621	492,051	90%
Educational Lectures	25,286	22,203	88%

The following factors affected the number of Pap-Smear community journeys and sample taking of this service:

- a. During October of 2005, inaccessibility problems caused by tropical storm Stan cancelled the Pap-Smear journeys. During October and November, many communities covered by Rural Development Program Educators were isolated.
- b. Additionally, as of October, the Rural Development Program Educators did not practice Pap Smears in the Mobile Medical Units journeys, because these hired a professional nurse to offer that and other sexual and reproductive health services.
- c. Increase of national and international NGOs and OIGs in the country’s rural areas providing free health services. This behavior occurred mainly in those communities affected by tropical storm Stan and continued during 2006. This hindered the delivery of health services and products through the Association’s community distribution network.

The voluntary promoters’ low purchasing power has limited the distribution of Family Planning methods. For this reason, during the last quarter of 2007, two Associations that were interested in doing so, established an alliance in terms of sexual and reproductive health and microcredits, in order to satisfy the demand at the points of sales of the community distribution network and develop them through this mechanism.

In addition, at the end of 2007, the Palms Rural Development Program Billing System developed some problems specifically in the consigned transactions and the synchronization process between Palms/SYSPOS. This problem caused the field staff to leave sales 100% unattended, as they dedicated more time to the accounting and administrative problem solving instead of taking care of their main task of distributing medicines and products.

Another factor affecting during 2008 was the problems the educators faced to get to the farthest communities and to visit voluntary promoters to distribute contraceptive and basic medicines, due to the heavy rains that affected a vast majority of the national territory, from April to June. This caused river floods, landslides, and mudslides, obstructing the access to the different communities, especially the ones located in the rural area of the country. Another aspect worthwhile considering was the country's inflation rate increase during the first semester of 2008, which affected even more the already difficult financial situation of the poor: the Rural Development Program's target population.

The number increase in the new contraceptive methodology users was due mainly to benefit reinforcement during home visits and educational talks given by the field staff. The field staff is already very sensitized and empowered about these subjects. They personally, confidentially, and locally communicate with reproductive aged women and couples all over Guatemala. As opposed to what other providers cannot do, they provide Family Planning Consultancy.

The behavior in the number of home visits during this period was due to the motivation the staff received through Variable Compensation payment, as consequently they lose interest in activities that do not contribute to the program's sustainability achievement. This attitude requires new defined strategies to motivate staff to develop community activities.

In July of 2008, there was a poll, "Voluntary Promoters' Perception towards Income Reduction of the Rural Development Program," conducted randomly among a sample of Voluntary Promoters from all over Guatemala. The interviewed people stated that 52% of the time, they did not have the money or the purchasing capacity to obtain the contraceptives and basic medicines distributed by the Rural Development Program.

Furthermore, 97% of the interviewed people stated they called the educator whenever they needed more supply. Therefore, the decision was to make a double or triple effort and visit several times a month the Voluntary Promoters that required it, in order to minimize the drop in the delivery of those products. Consequently, the distribution activity is now getting more attention than the informative processes, especially because the natural obstacles (bridges collapsing, heavy rains, the total isolation of certain communities, closed roads, etc.) prevent the educators from reaching several communities or double their transportation time.

2.2.2 Other Social Mission Objectives

2.2.2.1 Mobile Medical Units

Responsible: Medical Services Management

The Mobile Medical Units (MMU) are a strategy formulated as part of the social mission, with the purpose of improving the access to Family Planning services and other sexual and reproductive health services (maternal child) of the rural, marginalized, poor, Mayan, and ladino population, through the promotion and delivery of quality services, respecting the culture of the communities and promoting gender equity.

The submitted results correspond to the achievements of 3 of the Mobile Medical Units belonging to the Medical Service Management Unit and 2 of the Mobile Medical Units belonging to the Rural Development Management Unit, funded by Fundación Bergstrom.

Table 47 Mobile Medical Units Results

Mobile Medical Units	April 05 - September 09 09		% Achievement/ Goal
	Goal	Achievement	
Health Journeys	2,009	2,985	149%
Years Protection Couple YPC	303,166	329,596	109%
Family Planning New Users	22,354	32,063	143%
No. of Internal Medicine Appointments	0	16,095	
IUD Insertions	468	383	82%
No. of Pap Smears	5,250	6,803	130%
No. of Lab Tests	0	261	
No. of Electrocardiograms	0	3,369	
No. of Ultrasounds	0	6,660	
No. of IUD Extractions	0	67	
No. of Norplant Removals	0	12	
No. of Colposcopies	0	72	
No. of Pregnancy Tests	0	24,698	

Rural Development Program's Mobile Medical Units (2)

The cancellation of the MSPAS Health Posts and Centers as health journey premises for these units affected those units' service production. Therefore, it was necessary to look for new facilities. However, mostly in rural areas, not having facilities that comply with the minimal conditions (running water, electricity, separated areas, etc.) for the execution of these services limits and reduces the quantity of journeys that can be provided. Another important cause in the reduction of the feminine AQV is that the users are shifting to the Jadelle method, which has a specific subsidy available.

Medical Services Management Unit's Mobile Medical Units (3)

In July of 2006, the physician taking charge of the third Mobile Medical Unit of the Medical Services Management Unit began training. One pilot and three nurse's aides were also hired. The third APROFAM Medical Services Management Unit Mobile Medical Unit started to provide services in August.

The Mobile Medical Units Manual of the Medical Services Management Unit finished during the quarter beginning in April and ending in June of 2007,

Resignations of the Physicians in Charge of the Medical Services Management Unit's Mobile Medical Units: In April of 2007, both, the gynecologist/obstetrician in charge of the Mobile Medical Unit covering the southwestern region, and in June of that same year, the gynecologist/obstetrician in charge of the Mobile Medical Unit covering the Northeastern region, resigned.

During that period, there were supervisions performed for the Medical Services Management Unit's Mobile Medical Units. The following actions developed during these activities: i) Logistics Evaluation of the Medical Journey, ii) Product review, iii) Quality service, iv) Medical records audit, v) Bio-security, vi) Marketing coordination, vii) Journey's results discussion with the physician in charge of the Mobile Medical Unit.

From October of 2008 to March of 2009, the medical and surgical complications of the five Mobile Medical Units increased in such a way that in March 16, 2009, the field activities stopped to perform a quick diagnosis in order to determine what was going on. The following chart summarizes the diagnosis' findings:

Table 48 Mobile Medical Units Diagnosis 2009

AREA	CURRENT SITUATION
SURGICAL EQUIPMENTS	Laparoscopes with issues, damages in the rings applicators, light source, optic fiber, laparoscope tips, positioners, non-adequate transportation of material.
SURGICAL TECHNIQUES AND PROTOCOLS	Old, non-standardized protocols
PAIN MANAGEMENT TECHNIQUES	These must be checked due to increased incidence of myalgia or pain during the procedure.
ASEPSIS AND ANTI-ASEPSIS TECHNIQUES	Old non standardized protocols, procedures, and techniques.
JOURNEY'S LOGISTICS PART	Promotion logistics, journeys organization that are inadequate to the current requirements of the UMM and surgical procedures.
ADMINISTRATIVE PART	Staff profiles and tasks that are not in agreement to the current needs of the UMM.

From this result, an attention strategy evolved for each one of those issues, in order to solve them. There was a review and update of the clinical, logistical, and administrative protocols; a review of the surgical medical teams; and the staff training for appropriate handling techniques for each one of the services begun. These activities developed between March 18 and 30 of 2009.

From April to June of 2009, the Central and Southwestern Health Mobile Units performed 54 journeys. The Northeastern Health Mobile Unit was not active as it was undergoing a restructuring since March of 2009.

Finally, the service rendering of the Association's Mobile Medical Units reactivated itself in July of 2009.

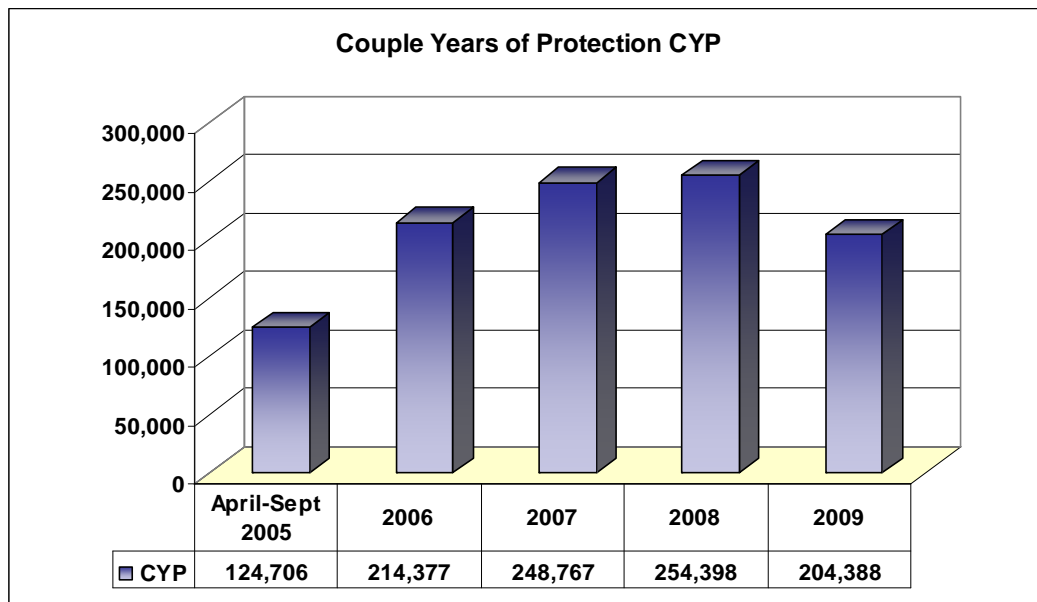
Couple Years of Projection CYP

During this agreement, APROFAM granted 1,046,636 CYP, as a result of the temporary and permanent methodology distribution through Clinics, Educators, Voluntary Promoters, and Mobile Medical Units. In order to facilitate the delivery to the users that come to the care centers of the Association, it was necessary to apply the cross subsidy strategy, using the funds derived from the sale of products and profitable services, as well as the support of the strategic alliances to finance such subsidies. **Table 49 and Graph 5** show the annual historic behavior of APP in the Association and the percentage by distribution center.

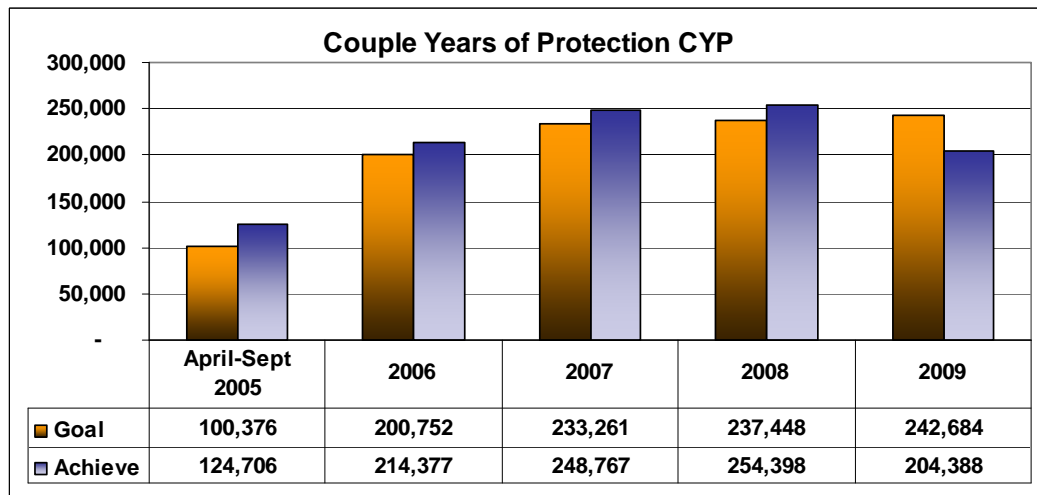
Table 49 CYP Summary from April 2005 – September 2009

CYP per Distribution Center	April 05 - September 09		% Achievement/Goal
	Goal	Achievement	
Rural Development CYP	324,840	308,071	95%
CYP Mobile Medical Units	303,166	329,596	109%
CYP Clinics	386,993	408,969	106%
Institutional Total	1,014,999	1,046,636	103%

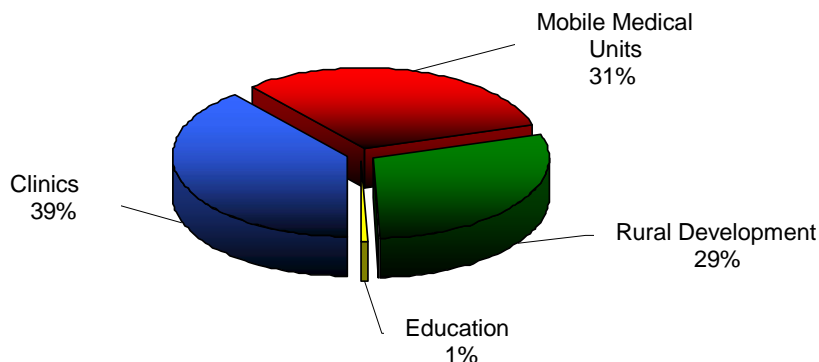
Graph 5 – CYP total, per year



Graph 6 – CYP total, per target year - Achievement



Graph 7 - CYP Total by distribution center



2.2.2.2 Adolescents Clinic

Responsible: Medical Services Management

This clinic is an Care Center for Adolescents that includes clinics of internal medicine, gynecology, psychology, and contraceptive method delivery to sexually-active adolescents, through strategies designed for adolescents, based on principles of respect, equity, participation, and responsibility, encouraging fair human relationships and social spaces in which every human being has every possibility to live a dignified life.

The results were the following:

Table 50 Results of the Adolescents Clinic

Adolescents Clinic	April 05 - September 09		% Achievement/Goal
	Goal	Achievement	
Gynecological Appointments	9,376	12,407	132%
Prenatal and Postnatal Appointments	4,360	4,707	108%
General Medicine	2,292	1,828	80%
Psychological Appointments	7,020	6,898	98%
Personalized Youth Orientations	17,534	16,446	94%
Family Planning Methods Appointments	1,568	4,596	293%
No. of Ultrasounds	400	1,099	275%
No. of Cryo-cauterizations	60	44	73%
No. of Pap Smears	400	1,299	325%

As of 2006, a coordination with the Marketing Management Unit begun, with the purpose of improving this clinic's results and strengthening the positioning process of this care center, to promote publicity support to this clinic.

Previously, the offices of the APROFAM Education Program were located in the same building as the Adolescents Clinic. However, from August 2006 on, it transferred to a house not too far away from the latter facilities. Currently, the Adolescents Clinic shares its offices with the AOV Clinic.

This clinic offers a range of contraceptive methods that are natural, modern and reversible, such as the injectable method (monthly, bimonthly or quarterly), oral (Microgynon and Lo-Femenal), IUD (Cooper-T), Sub-dermal (Jadelle), Emergency contraception upon request, and condoms. The guidance appointment, provided by a Psychologist and a Gynecologist, addresses the correct and appropriate usage of these methods.

In 2007, there was a distribution of 10,000 flyers printed with juvenile designs and 500 posters among the educational centers close to the clinic.

In 2008, in order to promote these services, the Marketing Management Unit coordinated the printing of fliers to increase the number of Internal Medicine and Psychological appointments. During March, several women organizations that function in the metropolitan area received information about the services provided at the Adolescents Clinic. There were visits to Zone 18 and the following communities: Holanda, Candelaria, Mercadito and part of Colonia El Limón, Juana de Arco, Zone 6, Jocotales and Santa Luisa, and the following markets: Central, La Placita, San Martín, and La Presidenta.

Women organizations and schools, as well as social welfare institutions, received informative talks on the clinic's services and there were Pap-Smear journeys, totaling 20 samples taken.

The Clinic's Administrator had the opportunity to observe the Pro-Familia youth project in Colombia during the third quarter of 2008, for the purpose of short, medium, and long term strengthening. An internal poll ballot on the clinic's quality service served to assess results and teamwork.

Legal Advisors held meetings to make suggestions for special cases of clients adolescents in terms of services rendered. The implementation of the visitation control program is a part of the services provided by the clinic and its function is to code the services (CIE 10). In addition, there was a modification to the Psychological appointment.

2.2.2.3 Education Programs

Responsible: Marketing Management

Education for Family Life Program

The goal was to inform, guide, sensitize, and educate the adolescent and youth population about the responsible handling of their sexuality, in order to contribute to the reduction of risky behaviors, through mini courses that address sexual and reproduction health issues, taught to organized groups, especially teachers, students and parents.

The results were the following:

Table 51 Results of the Education for Family Life Program

Education for Family Life Program	April 05 - September 09		% Achievement/Goal
	Goal	Achievement	
Educational lectures addressed to youth and adolescents	10,900	9,862	90%
Involve people in various activities	283,200	255,886	90%

During this period, it was difficult to achieve the proposed goals, due to the following:

- During and after tropical storm Stan (2006-2007), the communities were isolated, with obstructed accesses. This resulted in the cancellation of previously planned activities.
- The last quarter of each year, at the end of the school cycle, is a phenomenon considered in the program's financial and programmatic goal establishment, because activities at educational establishments mostly develop during February to September of each year, and after the end of the school year, the number of scheduled activities reduces.
- The student protests and strikes by educational establishments and teachers to express disagreement with several issues have affected the coordination of the different programs.

Juvenile Multipliers Program

This program was able to detect, select, and train adolescent leaders on sexual and reproductive health matters, so that they could replicate this information to groups that are of their own age and that live in the same environment. The program includes personalized strategies on the responsible handling of sexuality and distributes Family Planning temporary methods to the sexually active youth, in order to avoid early and unwanted pregnancies and STI/HIV/AIDS.

The results were the following:

Table 52 Juvenile Multipliers Program Results

Juvenile Multipliers	April 05 - September 09		% Achievement/Goal
	Goal	Achievement	
Active Youth Groups	24	29	121%
Active Juvenile Multipliers	3,800	4,169	110%
SRH Basic Courses for JM	29	50	172%
Follow-up Courses with JM	75	59	79%
No. of Community Projection Activities	1,050	1,525	145%
No. of Informed and Educated People on SRH matters	180,000	163,264	91%

This proves that the programs of Pair Educators have a popular approach in terms of their work with youth reproductive and sexual rights and the experience has proven that they represent a promising way to advance in this area. However, the cost recovery is still an obstacle to achieve the permanence of these programs. It is of vital importance to have specific funding for these types of activities.

Even though the distribution of condoms, contraceptive methods, and other medicines was systematic, the Youth Network for the distribution of medicines and contraceptives strengthened.

Electronic Babies Program:

The purpose was to provide adolescents with the experience of being a father or a mother through the adoption of an electronic baby, so that such experience allows them to identify the need of delaying pregnancies for the benefit of their personal and comprehensive development.

The results were the following:

Table 53 Results of the Electronic Babies Program

Electronic Babies Program:	April 05 - September 09		% Achievement/Goal
	Goal	Achievement	
No. of electronic baby adoptions to adolescent boys and girls	30,200	22,240	74%
No. of SRH Workshops	767	492	64%

The difficulties related with the coverage extension of this program were that the last generation of electronic babies was not meeting the service demand of the Ministry of Education. It was possible to provide them only twice a week, because they needed a recharge. Another factor to consider was that during the students' quarterly tests it was impossible to coordinate such activities. It is worthwhile mentioning that the schedule of most of the educational activities happens during the execution of the school cycle.

As of 2008, the external factor that affected the adoption goal of electronic babies and pregnancy simulators were the repercussions derived from the global economic crisis in Guatemala, where the extracurricular entities did not incur in these types of expenses, as the school cycle was ending (the final tests ended approximately in October 15, 2008).

Pregnancy Simulators (Virtual Pregnancies)

This allows adolescents and young people to experience a fictitious or simulated pregnancy, where they face its responsibilities, so that they decide to delay getting pregnant and promote young couple protection.

The results were the following:

Table 54 Results of the Pregnancy Simulators Program

Pregnancy Simulators (Virtual Pregnancies)	Total 2007 - 2009		% Achievement/Goal
	Goal	Achievement	
No. of Pregnancy Simulators	9,050	5,171	57%
No. of Sexual and Reproductive Health Workshops as a follow-up to the Pregnancy Simulator Adoptions	130	123	95%

In 2007, the APROFAM Educational Program experienced difficulties to achieve the proposed goals, mainly because of three consecutive national school teaching force strikes, which hindered the coordination with the Ministry of Education, resulting in the cancellation of several previously scheduled activities.

In addition, during the last quarter of each year, the closing of the school cycle represents a disadvantage, and the work of the different programs of the Ministry of Education considerably diminishes. The annual work plans consider this.

As of 2008, with the purpose of improving this strategy's results, there was a person hired to take charge of the Program's Coordination process. Approaching strategies developed, especially the ones that have to do with living the experience. The presentation activities of the Educational Programs intensified through visits to educational establishments of the public and private sectors, as well as class demonstrations as part of personal experience programs.

Another important factor to consider is that it was this strategy's second year of implementation. Considering the experiences with previous programs, 3 or 4 years should be appropriate to establish this sort of program, as there will be struggling against strong social structures.

2.2.2.4 STI/HIV/AIDS Prevention, Diagnosis, and Reference

Responsible: Medical Services Management

The information, prevention, advisory, orientation, diagnosis, and reference processes of STI/HIV/AIDS cases in men, women, adolescents, boys, and girls strengthened and they were included in the clinics' sexual and reproductive health services.

The results were the following:

Table 55 STI/HIV/AIDS Prevention, Diagnosis, and Reference Program Results

STI/HIV/AIDS Prevention, Diagnosis, and Reference		April - Sept 2005	2006	2007	2008	2009	Total
No. of Voluntary and Individualized Orientations before and after the STI/HIV/AIDS Testing		4,321	7,668	10,732	13,400	13,422	49,543
No. of quick HIV Testing		4,692	389		2,531	9,491	17,103
No. of detections and references of users that are gender-based violence victims		307		869	1,015	1,115	3,306
No. of Educational Talks at the clinics' waiting rooms		480	1,242	3,601	5,963	6,090	17,376
No. of Educational Talks outside the clinics, at basic education establishments of the public and private sectors					397	2,172	2,569
No. of references to the Clinical Laboratory		1,258	2,044	5,330	4,413		13,045
No. of orientations after HIV/AIDS positive testing	Men	15	17	34	35	28	129
	Women	14	18	40	38	31	141
No. of Trifoliate distributed		3,800	19,751	106,247	167,246	307,822	604,866
No. of Condoms distributed		27,960	1,373		4,411	15,894	49,638

The 15 clinics of the Association that include this program offered orientations before and after the voluntary HIV/AIDS testing. Central Clinics, Jutiapa, Quetzaltenango, Coatepeque, Zacapa, Huehuetenango, Escuintla, Cobán, Mazatenango, El Quiché, Chimaltenango, Puerto Barrios, Malacatán, Petén, San Pedro Sacatepéquez, and San Marcos Clinics. The people that did not want to take the orientation said their reasons were: i) that they did not want to lose any time, ii) that they were not interested, iii) that they had to go back to work, and iv) that they did not want to wait for their turn.

The orientations taking place before the voluntary and individualized testing provide information about STI, HIV/AIDS, the different forms of virus transmission, and go over the voluntary informed consent people have to sign before the test.

The positive HIV/AIDS cases were referred to:

1. San Juan de Dios Hospital, Luis Ángel García Clinic, located in Zone 1, Guatemala City
2. Roosevelt Hospital, Clínica de Infectología (Clinic of Infectious Diseases), located in Zone 11, Guatemala City (for pregnancy cases)
3. Asociación Gente Nueva, Zone 1
4. Asociación Gente Positiva, Zone 1
5. Médicos Sin Fronteras (Physicians Without Borders), Zone 1
6. Fundación Marco Antonio, Zone 4
7. Local OGs and NGOs (Quetzaltenango, Coatepeque, Escuintla, Cobán, Zacapa, Jutiapa, Huehuetenango, San Pedro Sacatepéquez, San Marcos, Malacatán, Chimaltenango, Quiché, Puerto Barrios, Sololá, and Petén).

The STI/HIV/AIDS orientations detected and referred users that are victims of gender-based violence to the Association's GBV program. The cases detected at the clinics were referred to the Association's GBV program, and the ones detected at the clinics located in the territorial divisions were referred to the NGOs and OGs that do work in this matter.

The Central Clinics and the Quetzaltenango and Jutiapa Clinics provided educational talks in their waiting rooms. These activities promoted the different Sexual and Reproductive Health and GBV services and sensitized about STI/HIV/AIDS prevention.

Some talks about HIV/AIDS and, in general, about SRH took place outside the clinics, in basic education establishments of the public and private sectors.

The Clinical Laboratory received several references to practice Elisa tests, Cardiolipin and STI, in persons that have indicated being at risk of contracting a STI/HIV/AIDS.

Orientation distributed trifoliate that reinforced the information provided on STI/HIV/AIDS.

The users received free condoms, emphasizing STI/HIV/AIDS prevention.

The STI/HIV/AIDS orientation clinics have an office that provides private and comfort to carry out this activity.

The professionals that provide STI/HIV/AIDS orientation received training and psycho emotional support.

In the Fight against AIDS, the participation in the exchange of experiences and support networks continued with: The Social Workers Network, National Prevention and AIDS Control Program, and Sector Coordination Association in the Fight against AIDS.

The Sector Coordination Association of the Fight against Cancer elected Lcda. María Julia Alcántara, an HIV/AIDS advisor at the Central Clinics, as member of its Board of Directors.

The clinics of the territorial divisions participated in the activities proposed by the different sector organizations of the fight against AIDS in their corresponding location.

Orientation continued to use the data base system to obtain monthly and quarterly statistic reports, as well as reports to the National Prevention and STI/HIV/AIDS control program.

2.2.2.5 Gender-Based Violence – GBV - Detection, Orientation, and Reference

Responsible: Medical Services Management

The APROFAM clinics health providers received training and sensitization on detection, orientation, advisory, and reference of GBV cases to include this component in the sexual and reproductive health services provided at the Association. In addition, there was a promotion of Information, Education, and Communication processes –IEC- ON GBV.

The results were the following:

Table 56 Results of the Gender-Based Violence – GBV - Detection, Orientation, and Reference Program

Gender-Based Violence – GBV - Detection, Orientation, and Reference	April - September 2005	2006	2007	2008	2009	Total
		No. of GBV cases telephone calls	62	107	146	748
No. of cases of Sexual Violence perpetrated against minor aged children that received attention	1,841	1,993	1,138	236	142	5,350
No. of cases of violence against women in its different manifestations	700	658	103	494	260	2,215
No. of bifoliate distributed		1,000	1,000	8,000	4,000	14,000

The strengthening of the GBV program continued through the permanent reminder to the Central Clinics health providers to fill out the GBV detection seal and refer the cases to the GBV Program.

The age of most of the victims of domestic and gender violence that received personalized assistance ranges between 23 and 30 years old. Some of this people's lives were in danger, and the National Civil Police and Human Rights were involved.

APROFAM provided informative and desensitization talks on GBV, and Sexual and Reproductive Rights at the Central Clinics waiting rooms.

It also distributed fliers that indicated what to do in case of a sexual rape. APROFAM distributed this information individually to the users that require the Sexual and Reproductive Health and Pediatrics services at APROFAM Central Clinics. In addition, it distributed GBV AND SRH related flyers and bifoliate and, in coordination with other organizations, educational material about violence, as well.

It tested 100% of the sexual-rape-by-incest and public violence victims for HIV and Pap smear (vaginal rub) at the clinical laboratory.

The women group Tierra Viva refers users to APROFAM at the health campaigns.

The institutions that coordinated most of the GBV activities are: The State Prosecutor Office, the Women Advocacy Division of the Office of Human Rights, the Domestic Violence Prevention Program, and the women group Tierra Viva.

The health providers of the Association's metropolitan and regional clinics received group training and sensitization in Gender Based Violence.

The person in charge of the Association's GBV Program attended the Gender and Advocacy of Health Reform undergraduate intensive course, from June 9 to 19, which was financed by Universidad Itinerante de la Red Latinoamérica y del Caribe de Salud de las Mujeres, certified by Universidad San Carlos de Guatemala, and coordinated by the women group Tierra Viva and FLACSO.

There were two participations in the media, one on Television, in the Guatevisión Channel, to present the maternal mortality causes related with domestic violence, and one on Radio María, to address young people about GBV.

An audience of 300 attended the GBV conference presented at the Psychology Congress of Universidad Panamericana.

MSPAS sent an invitation to attend the GBV protocol presentation of the Sexual and Reproductive Health Program. Health authorities, women's organizations, OGs, and NGOs attended this activity. The Guatemalan mass media also attended this event.

There was a distribution of 500 contraceptive pill blisters at a very low cost and 6 boxes containing 100 units of donated condoms in 2005. These activities developed for the Women's Health International Day (May 28).

With the representatives of Médicos sin Fronteras, the institution participated in monthly meetings to strengthen the derivation network, evaluation of strengths and weaknesses of the service provided by the Mobile Medical Unit of Médicos sin Fronteras.

It also participated in the First Congress of Victimology, in November of 2008, summoned by the State Prosecutor's Office.

Actions Developed with Funds Assigned for use after tropical storm Stan

During the period from October to December of 2005, APROFAM rearranged the 2005 and 2006 budgets, to assign US\$200,000.00, channeled through USAID, so that APROFAM could use them after tropical storm Stan. These expenses were not included in the institutional sustainability calculation sent to USAID, since they were not included in the original Budget. During December of 2005, USAID sent a confirmation to use these funds.

Consequently, an Information, Education and Communication project –IEC- began developing in communities affected by tropical storm Stan in the territorial divisions of Escuintla, Sololá, and San Marcos.

During the first quarter of 2006, it selected and hired the work team that developed activities in every single one of the involved territorial divisions. Considering its acquired commitments, this institution decided to hire a nurse's aide to provide support to the health journeys. This staff received simultaneous training. This activity provided the work team with an introduction on the project and necessary knowledge about basic health.

After the training, the hired staff performed area recognition to select the communities they are going to work with. Despite the fact that some of the information on the affected communities was already available, it was necessary to visit several institutions in order to obtain information on the most affected communities. The main visited institutions were: The Governor's offices of the different territorial divisions, Municipalities, Health Area Division, CONRED offices of the different territorial divisions, Education Directorates of the different territorial divisions, among others. This activity served as a project presentation to the visited institutions and for the selection of the communities, the institution was going to work with. The selected communities, divided by territorial divisions, are the following:

San Marcos:

- Piedra Grande Village
- San Andrés Chápil Village
- Ojo de Agua Canton
- Chichicaste Village
- Chim Village
- El Cedro Village
- Agua Caliente Village

Escuintla:

- Cerro Colorado Village, La Gomera
- Texcuaco Village, La Gomera
- Los Ángeles Parcel, Puerto San José
- Amatillo Jabalí Village, Santa Lucía Cotzumalguapa.
- Culebra Amapán Village, Jabalí, Santa Lucía Cotzumalguapa
- Tierra Linda, Nueva Concepción
- El Silencio Village, La Gomera

Sololá:

- Panaj Canton, Santiago Atitlán
- Pachichaj Canton, Santiago Atitlán
- Tzanjuyú Canton, Santiago Atitlán
- Panabaj Canton, Santiago Atitlán
- San Pedro la Laguna
- San Juan La Laguna

The main results obtained after the implementation of this project were: Sixty-three medical journeys, 278 educational activities serving 1,974 persons, design of 8 messages used in promotional flyers, message design in cups and other plastic containers, and the production of five radio commercials (4 in Spanish and 1 in Tz'utujil).

USAID funded a Mobile Medical Unit with Health and Education services at a cost of US\$65,403.10, in August 31, 2006.

APROFAM negotiated and obtained agreements with IPPF/RHO to develop medical, preventive, and curative activities in the Post Tropical Storm Stan Project, in order to support the activities funded by USAID in the affected territorial divisions. The following chart shows the amounts and goals of these agreements:

Table 57 IPPF/RHO Funded Activities for the Post Tropical Storm Stan Project

Title of the Project	Main goal	Amount in US\$	Executed Amount to August /06 in US\$
Preventive Education in Comprehensive Health Emergent	To improve the health conditions of the populations inhabiting areas that were affected by tropical storm Stan, located in the territorial divisions of Escuintla, San Marcos, and Sololá	20,000	14,791
Assistance to the victims and clinics damaged by STAN	To assist the clinics in Escuintla and Sololá and the victims of tropical storm STAN	40,000	25,274
Presentation of health services for populations that were affected by tropical storm STAN, located in Malacatán and San Pedro Sacatepéquez, territorial divisions of San Marcos and Sololá	To benefit the population that has limited access to Sexual and Reproductive Health services (signed in August of 2006)	13,394	0

APROFAM funds destined to zones that were affected by tropical storm STAN

APROFAM continued providing Sexual and Reproductive Health and Family Planning services at very accessible and competitive prices in the affected territorial divisions, through the following Clinics: Clinics in Malacatán and San Pedro Sacatepéquez, in the territorial division of San Marcos; Clinic located in the capital city of the territorial division of Sololá; Clinic located in the capital city of the territorial division of Retalhuleu; Clinic in Mazatenango, in the territorial division of Suchitepéquez; Clinic located in the capital city of the territorial division of Escuintla; Clinic in Barberena, located in the territorial division of Santa Rosa; and clinic located in the territorial division of Jutiapa.

APROFAM continued working in the territorial divisions that were affected by tropical storm Stan, through its Rural Development program, with its Voluntary Promoters network, which entailed the following costs and expenses from February to August of 2006:

Table 58 APROFAM Funded Activities for the Post Tropical Storm Stan Project

Territorial Division	Amount of Costs (US\$) and Expenses from February to August
San Marcos:	\$99,228.17
Sololá	\$22,829.68
Retalhuleu	\$19,481.70
Suchitepéquez	\$22,968.41
Escuintla	\$69,525.96
Santa Rosa	\$41,540.82
Jutiapa	\$29,547.78
Total	\$305,125.35

These expenses included the cost of the product distributed (contraceptives and basic medicines), fixed expenses to maintain the Rural Development and Indirect Expenses Program.

The funds provided by USAID provided support to cover the Educators' salaries and APROFAM covered the rest of the expenses.

This program charged the contraceptives and medicines; however, this only covered 84% of its expenses.

The following activities took place during the last quarter of 2006:

- Fifty-six Medical Journeys that lasted only one day, carried out in the different communities affected by tropical storm Stan.
- The medical journeys served 4,600 persons
- 280 educational activities
- Distribution of 5,000 5-gallon plastic containers
- Distribution of 10,000 cups.
- Distribution of 100,000 unifoliate containing preventive health messages

A Mobile Unit (general medicine physician, driver, and nurse's aide) and 6 teachers (2 per territorial division, Escuintla, Sololá, and San Marcos) developed these activities.

The following activities took place during the first quarter of 2007:

- In January, an 8-day transmission of radio commercials in 12 radio stations, for a total amount of 904 spots.
- In February, a 28-day transmission of radio commercials in 25 radio stations, for a total amount of 5,824 spots.
- In March, an 30-day transmission of radio commercials in 41 radio stations, for a total amount of 6,320 spots.

The project ended in March of 2007.

It is important to mention that the project's execution time had an extension due to the following reasons:

The acquired commitment for the project, specifically the change in the lifestyle of the people living in the communities, was largely affected by tropical storm Stan. In this aspect, what is important is the attitude, as it is not easy to make quick changes in people. An educational and sensitization process is necessary to obtain an attitude change.

A long process, including community and area recognition, group maintenance and formation, sensitization, awareness, and education of the community people was to come.

In order to obtain lifestyle changes to achieve community empowerment, one needs enough time, as a community insertion and immersion process is not an easy task.

In addition, the following other aspects intervened:

- Difficult access to the communities and neither lack of transportation, such as boats, buses, and pick-ups, which did not have a schedule, nor any assurance of actually making the trip.
- Slow selection process and human resource hiring
- Sudden resignation by the project's human resources
- Lack of interest expressed by the women of the different communities to participate in the training workshops, since there was no financial remuneration in exchange of their time.
- The intervention of some community leaders that won't allow addressing Human Rights and Sexual and Reproductive Rights matters, especially if they were for women, because they based their allegation on the fact that "women feel uneasy."
- The reconstruction of the Carretera Interamericana (road) interrupted access to the communities that mainly belong to the two territorial divisions located in the country's highlands.
- The bad shape of the highways and roads made access difficult.
- In the Southern region, the copious rains caused floods and bridge collapsing and they were an obstacle to carry out the different activities.

Better description of the program's educational messages

It is important to consider that the population benefiting from the project faced certain health problems, such as: IRAS, diarrheas, dehydration, parasite infections, and mycosis; no to mention the increase in pregnancies, low percentage coverage of prenatal and postnatal control, and labors assisted at home. These conditions increased even more the already high indexes of cholera and maternal child mortality and the quality of life of the affected population, in general, but especially of the most vulnerable groups.

It was necessary to consider that many health problems with this type of consequences were preventable with information, orientation, and education actions.

It is also important to emphasize that in order to have an education and health services effective strategy implementation, an active participation and community population's empowerment are the elements needed. Therefore, the following activities took place:

- Group establishment of women and young people, for sensitization and training on the matters regarding basic health and reproductive and sexual health.
- The established groups addressed subjects such as the human reproduction process, an introduction to adequate measures for the baby's development, preventive care, and the way to avoid complications in maternal child health.

- Considering that many women conceive children without having at least minimum information, they received information on sexual and reproductive rights to encourage reflection on the importance of their own health and their sexual partner's, which benefits the family group.
- Family Planning was another of the informative subjects, so that the population could analyze different alternatives, such as spacing the pregnancies and the possibility of providing a better quality of life.
- The sexual health subject emphasized life development and personal relationships. The reproductive health subject introduced the meaning of the human being's general state of physical, mental, and social wellbeing.
- As far as the environment, there were talks about the importance of caring for the environment and the consequences when there is a bad handling of natural resources, in order to prevent environmental deterioration.
- There was information on some emotional symptomatology through self-assistance groups.
- The local authorities that contacted and coordinated were the Governor's Office, Municipality, Auxiliary Mayorship, Cocodes, and Comudes. The Governmental Organizations were IGSS, INAB, CONRED, and SIAS. The Non-Governmental Organizations were APROFAM Clinics, Orden de Malta (award provided by the State), World Vision, Wings, Rixin Tinamit Clinic, Pro-reconstruction and Adecap Committee.

Aside trainings and group works, there are other means developed and used:

- Hoarding with preventive Health messages
- Unifoliate
- Cups
- Plastic containers
- Bifoliate
- Radio ads

All educational messages were about basic health and sexual reproductive health. With the exception of the radio ads and hoarding, the rest of the material came after the informative, orientation, and training activities, in order to strengthen the contents of the different sessions.

Visit by USAID Advisors

USAID Advisors visited APROFAM during the first week of March of 2006. They held interviews with the Executive Director, management team, supervisors, and Marketing Management Unit's health promoters, in order to investigate about the possible violation of the Tiaht Amendment, as the Marketing Management Unit's health promoters received payment for goal accomplishment.

During the time they stayed in the country, they visited the APROFAM clinics located in Guatemala City, Antigua Guatemala, Escuintla, and Quetzaltenango. They also attended the Mobile Medical Units journeys developed in the community of Masagua, Escuintla, and in the clinics of Antigua Guatemala and in the AQV clinic.

During their visit, they met with the staff from the clinics, AQV users that attended the Mobile Medical Units' journeys and AQV users from other years. For this last activity, the USAID Advisors carefully reviewed the users' medical histories, searching for violations to the Tiaht Amendment. Additionally, they requested additional information to document their report.

After their visit, the Association's Management team came to the USAID offices for a final meeting with the Advisors. During this meeting, the Advisors verbally pointed out the following: i) That they did not detect the use of coercion towards AQV users, ii) That the files were complete, iii) That they noted that the AQV users seemed satisfied, iv) They questioned the reason for the health promoters' payment system. They also requested additional information to backup their final report.

USAID/APROFAM Family Planning and Reproductive Health Activities Audit

From April to June, the "*Family Planning and Reproductive Health Activities Audit*" process continued, and it was in charge of Mr. Darren Roman, Auditing Management, Mrs. Lyne Paquette, Mr. Mauricio Guzmán, and Mr. Andy Guyen, Internal Auditors.

The audit's goals were the following:

- To verify the Family Planning and Sexual and Reproductive Health activities carried out in agreement with the Strategic Plan, Cooperative Agreement, and contractual documents, as well as the justifications for the Budget's execution.
- To verify the efficient handling of the Family Planning and Sexual and Reproductive Health activities.

The following were the activities carried out during this period:

- Interviews with the APROFAM Managerial Staff
- Field visits to Clinics and Mobile Medical Units' Health Journeys. During their visit, they met with the staff from the clinics, AQV users that attended the Mobile Medical Units' journeys and AQV users from other years. For this last activity, the USAID Auditors carefully reviewed the users' medical histories, searching for violations to the Tiaht Amendment.
- Interviews with the Rural Development Management Unit's Voluntary Promoters and Educators, Marketing Promoters and Supervisors, new AQV users, and AQV users from previous years, as well as a review of their files.
- Verbal and electronic programmatic and financial information request to the Association's Managements. All the information handed out to the USAID Auditors included a copy sent to the Mission's Health Officers.

Marking Plan

In June 2006, from the modifications requested by USAID in Amendment No. 2 of the Cooperative Agreement 520-A-00-05-00084-00, APROFAM submitted USAID a Marking plan, which was approved by USAID and incorporated as part of the requirements to meet in the Agreement.

The acquired commitments were the following:

1. USAID received, for its review and approval, all the printed, promotional and didactical material developed by the Marketing Management Unit and the USAID-funded Training Unit.
2. As of October of 2006, the identity of USAID appeared in the front covers and protective covers, and the approved message by USAID appeared in the back covers, of all of the written documents, publications, studies, reports, press releases, and technical assistance.
3. As part of the infrastructure projects, the Association placed 29 plaques in each one of its clinics during the April-June 2007 quarter.
4. As far as fixed assets, all the equipment purchased with USAID funds had a marking. This activity was developed by the Association's Accounting Department, according to schedule.

Compliance Evaluation Visit of Cooperative Agreement No. 520-A-00-05-00084-00 between USAID/APROFAM

USAID Guatemala requested **Extending Service Delivery (ESD)** to perform an evaluation to APROFAM, in agreement with the terms of Cooperative Agreement No. 520-A-00-05-00084-00.

The goal of this evaluation was to determine the advances APROFAM has achieved in order to meet the goals of the current Agreement with USAID, entered in April of 2005, designed to help APROFAM reach a 100% financial sustainability, without leaving its social mission aside.

The assessed areas were: i) Management Negotiation and Governability, ii) Sustainability Trust Fund, iii) Financial Situation and New Business, iv) Patients in the clinical services, v) Manuals and guidelines, vi) Social Programs, and vii) Medical Auditing and quality institutional negotiation.

The evaluation began in January of 2009, with a preparatory phase where ESD members held a virtual planning meeting, before travelling to Guatemala, and established the team that would be in charge of the evaluation.

In February, ESD contacted the Association's Executive Directorate, in order to establish the evaluation's methodology, logistics, and work plan. Once established, the evaluation team, under the leadership of Dr. Fabio Castaño, ESD Technical Director, reviewed several documents (hard and electronic copies) provided by APROFAM and USAID/Guatemala.

From March 2 to March 14, two ESD teams traveled to Guatemala to visit the administrative offices and several Associations' attention centers, and the USAID office. During that time, the team leader, Dr. Castaño, coordinated the two teams' evaluation activities. At the end of each evaluation week, the ESD assessors presented a preliminary report of the findings to USAID and to the APROFAM Board of Directors and Management Staff.

In April 24, ESD presented the Final Report of the compliance evaluation of the agreement with USAID. ESD shared this with the members of the Association's Board of Directors and Management Staff.

Afterwards, the Management Staff together with the members of the Board of Directors developed an Action Plan, based on the Final Report. Mr. Fabio Castaño, of ESD, validated and reviewed it, together with Miss Marcela Rueda, from IPPF, who sent their comments, later included in such plan. This plan defined the priorities, responsible parties, final product, developing activities, assistance / technical support, support for other areas, implementation date, estimated cost, and funding source.

In June 2 and 3, representatives of USAID, IPPF, ESD, and APROFAM held an Action Plan validation meeting.

From July to September, USAID approved and defined the funds and financing source for the implementation of the Action Plan as of the last quarter of 2009.

GENDER APPROACH

The following interventions continued in order to maintain and strengthen the gender subject in the programs and projects managed by the Association.

- To maintain and update in the contents of the Rural Development Program's home visits and educational talks a gender equality approach.
- To maintain and update the trainings of the Association's health providers on the importance of providing gender-equality services to guarantee that men and women make free and informed decision to improve their family group's health.
- To maintain and update the educational processes addressed to young people, adolescents, and the educational community in general, on the gender approach so that the new generations keep and practice gender equality in their lives.
- To maintain and update the gender-equality subject in the induction courses and basic training modules addressed to the Association's staff.
- The design and development of new projects included the transversal gender approach in the activities performed.

All these activities respected the assisted population's social and cultural factors (Mayas and mixed raced). The Association worked to change the traditional attitude towards gender and to acquire a more equal vision strategy to allow men and women make the appropriate decisions for their health and their families' health.

ENVIRONMENTAL IMPACT

All of the clinics have environmental impact surveys approved by the Ministry of the Environment and Natural Resources of Guatemala, which is a MSPAS requirement to obtain a sanitary license. This requirement is indispensable for the clinics to work within the medical service rendering legal frame.

Since 2002, ECOTERMO (approved by MSPAS) has serviced APROFAM in the final handling of the solid wastes of the hospitals, the clinic's outpatient services and the Mobile Medical Units. This training, provided permanently, is part of the Medical Audit supervision process.

APROFAM has handling protocols for solid wastes. These protocols remain in the institution's clinics. In theory, the clinical staff must receive an annual protocol handling reinforcement training.

There is a checklist available on Biosecurity and Universal Precaution regulations, validated and used since 2003. The clinics' Administrators implement it every three months and the Medical Service Management Unit staff supervises it twice a year.

Implementation Approach

APROFAM continued with its cost-efficient orientation, delivering quality services, planning all of its activities, and working as a term without leaving aside its social function as part of its mission.

STANDARD PROVISIONS C.21

APROFAM continued complying with the requirements requested by USAID in Standard Provisions C.21 "Voluntary Population Planning (June 1999)". In order to ensure this requirement's compliance, all the Association's attention centers informed the users about a wide variety of Family Planning methods and services. The informed Planning users request the contraceptive method that adjusts better to their needs and beliefs. To ensure this requirement's compliance, APROFAM developed the following actions:

- In February of 2006, the Administrators of the Association's clinics received a training on the Tiaht Amendment. The Medical Services Manager and the Financial Manager carried out this activity at the Central Offices.
- In March of this year Coordinators and Educators of the Rural Development Program were trained about the Tiaht Amendment. The Rural Development Manager carried out this activity at the Central Offices.
- As established, no Variable Compensation Plan could exist without having the approval of the Human Resources Department, which was in charge of the compliance of this regulation.
- The Tiaht Amendment training was included in the institutional induction process, provided to all the Association's new employees.
- USAID carried out Tiaht Amendment training in June. The APROFAM Executive Director, Financial Manager, Marketing Manager, and Human Resources Manager attended this training.
- There was a review of the "Information Process prior to Health Journeys" in July. The USAID Projects Officer received this information.
- The completion of the training schedule for this period, on Legal Requirements and USAID policies regarding Family Planning and Reproductive Health, took place between October of 2006 and September of 2007.
- There was an annual revision of the regulations ruling these programs (Tiaht Amendment requirements for Family Planning Service rendering), in agreement with the acquired commitments in the USAID/Guatemala Family Planning Program Audits. Key APROFAM staff received an online course on this subject, carried out during the second week of July of 2007, with several sessions. The printed certificates handed out at the end of the course included a copy, which USAID received for its records.

USAID DISABILITY POLICY ASSISTANCE (DECEMBER 2004)

During this period (from April of 2005 to September of 2009), APROFAM maintained its policy of no handicapped discrimination in the implementation of USAID funded programs.

EXECUTION RESTRICTIONS

During the Cooperation Agreement term 2005-2009, each of the areas in the Association identified the following restrictions in the execution of the different programs and projects:

Medical Services Management

Surgical and Childbirth Care Center

- The incapacity to show that the CQAP model was successful and that may be replicated as a standard for the other units, was the root cause for:
 - A computing system that does not totally adapt to the institutional operation.
 - Regulations and administrative and clinic standards group that were not validated nor updated according to the needs that were emerging.

Medical Audit

- Lack of Medical Audit staff in anesthesiology and imaging as well as nursing, which hinders the improvement of processes in these specialties.
- No specific staff is available to form the revision and updating Commission of protocols and specific medical assistance guides for APROFAM, which leads to a diversion in the Medical Audit activities, consuming effective time for the Medical Auditor's own management.
- In APROFAM there are monitoring programs for different areas, but these are not frequently carried out, although there are cleaning, disinfection, filing, etc. standards and protocols; for this reason, nowadays the Medical Audit staff sometimes supported these actions to the Clinics Administrators, which also consumes effective time to do the Medical Audits.
- The downloading process of the Medical Audit assessments software had technical and procedural issues, which delayed the process, so each Medical Auditor had to do it several times.
- There are no institutional penalties system for the clinical standards and protocols breach, causing habitual relapses and slow advance in the search of assistance quality excellence and medical-legal risks prevention.

Mobile Medical Units

- No adequate local and physical infrastructure was available to execute the services within the minimum quality standards that the surgical and clinical processes require, for this reason it is not possible to reach the most needed population.
- There was a lack of decentralization process of the program administrative component to speed up the execution.
- There was a lack of integration at a national level of complementary programs among health sectors to be able to optimize resources and outcomes.
- There were limitations at the rural level for the access to the uttermost communities.

STI/HIV-AIDS Project

- In some way, the stigma and discrimination of the population in general terms persist, for persons that do the ITS/HIV and AIDS test to themselves.
- Some kind of limitation to ease the availability of products for the prevention (male and female condoms and lubricants) for demos and support to population that requires it.
- It is necessary to extend the human resource to render in a better way and meet the counseling services demand (lectures, individualized assistance in the risks assessment, in cases of sexual violence and positive diagnosis in the tests, etc.), services that offer privacy and confidentiality to the users.
- Limited Audiovisual material in the sensitization lectures.
- Lack of the necessary support from the APROFAM physicians towards this program.

VBG Project

- To understand and face VBG sensitization hard tasks are required by the way of thinking, practices, and attitudes in the population as a whole and most of all because some health suppliers do not incorporate in their job the detection and cases reference due to VBG. On the other hand, the new staff requires an induction process and most of all sensitization in VBG topics among others, it is also required that with the old staff to count with detection standards and references of users to health comprehensive services.

Rural Development Program

- In some instances there was a deficiency in the Logistics process in placing the products at the local level.
- Lack of enough financial resources for the promotion and advertising material of the program.
- Increase in the number of organizations that work the Sexual and Reproductive Health topic in the country.
- Free delivery of contraceptive methodology and basic medicines in the country at large by other organizations and the MSPAS.

Marketing Management

Commercialization

- Lack of budget management flexibility. In the chances in which the media strategy and funds transfer from one account to another was intended, the agreement stated fixed annual amounts for each one of the bookkeeping accounts, reason for which the Media Plan was adjusted to the available budget. What must be considered is that the environment conditions vary each year, and it would be more appropriate to be able to have the funds destined to Radio, Television, Newspaper, and Printed materials in the necessary proportions per each carried out campaign.
- As of 2010 APROFAM will count on 50% less budget for the promotion and advertising support of all care centers and Education and Rural Development programs. During the term of the agreement, the other 50% was paid with USAID funds.
- **Advertising material authorization delay.** In all national and local advertisement campaigns with USAID budget, the material was sent for revision by the USAID staff, these events several times delayed the publication and broadcasting process because to broadcast on the scheduled dates was not possible, due to the lack of a promptly response.
- **Air time limitations due to marking.** In the Television and Radio spots that regularly last 30 seconds, 8 seconds of time must be given (approximately 27%) to the USAID marking, which resulted in 22 seconds of extension for the spots. This may be construed that from the available budget in Radio and Television, 27% was absorbed by marking, with no capacity to replenish this time or investment.

New Businesses and Market Research

- **Complications in the final implementation of the proposed businesses,** focused with the long approval time, as well as also to hire only with the budget for the product acquisition. However, to pay the costs that the adequate operation of the business generates, this means, staff fees payment, promotion of the new service, physical adjustments in infrastructure and equipments maintenance, among others, these were not paid by it.
- **Searching and hiring of technical and professional staff in the areas at the territorial division level;** in which the markets conditions and competence allowed the implementation of the proposed business, but there was no trained and committed staff at the local level for its operation.
- **Procurement of equipments and/or machinery** mainly American manufactured.
- **Liquidation** as per the United States Fiscal Year and not local.

Education Programs (Adolescents and Youth)

- Reduced human work team.
- The department has no vehicles available for the moving of experiential programs material (electronic babies adoptions and virtual pregnancies)
- In the first three years, very short physical space.
- The no acceptance to address sexual education by the education authorities, family parents.
- Lack of budget to hire staff and offer the services at the national level.
- Heavy rains hinders mobilization
- Deletion of educational activities by the institutions for different reasons, among them magisterial strikes.

Information Systems Management

- The time estimation of the information technology projects execution with suppliers is a hard task to do and to achieve an excellence commitment between suppliers and customer. Deficiencies in consultancy were evident.
- Need to create or update processes and standards that will support the changes in operation in the implementation of the Institution's Information Systems.
- The Institution's Key staff did not coach the whole Implementation process of the systems due to different reasons.
- Resilience to change. Lack of institutional commitment in the projects.

Financial Management

- USAID did not attach the vouchers to the advances or at the reception of checks to be able to identify the expenditure it corresponds to and to have a better control of the received funds.
- There was a limitation in the significant amounts assets that were purchased with USAID funds, coming from the USA, because this also delayed the funds execution.
- The investment done by APROFAM in the Sustainability Fund through the GMO/IPPF account, as a result of the financial crisis of the New York Stock Exchange created in 2008 a market value loss of US\$ 2,896,068.75, reason for which APROFAM had to limit its working capital resources to do this last input of \$900,000.00 and in this way complete the total amount as per the Agreement of \$9,000,000.00.
- The IT system change caused delays in the obtaining of the required information for the execution of the accounting and programmatic closings, giving as a result an increase in the operational expenditures of APROFAM.

Administrative Management

- During the development of the building projects, a clear relation between what was wanted and what was designed was not established, giving as a result the modifications once the work began, delaying the delivery of it and increasing the previously established costs.
- It has been evidenced that although there are juridical elements (Contracts), these have proved limitations mainly in what refers to fulfillment demands from APROFAM towards the executors in their obligations, one of these may be seen in the financial penalties and in the trouble for the executions of bails.
- There were issues independent from the development of the execution of the different works that caused delays in the delivery of them.

Human Resources

- Staff turnover in this area caused the lack of continuity of the different projects, work overload, and trouble to carry out the planned activities.
- It was hard to incorporate the professional resource (physicians and nurses) which is necessary within the services due to circumstances that goes from the economic to the need of focus of the medicine that is tended to be done and the way it must be done.
- A recruitment and selection quick system was not available.

Strategic Alliances and Grantors

- A trouble is not achieving funds from local or international grantors that will support the sustainability process of the Association. Only Strategic Alliances were achieved with the private and public sectors to fund specific activities.
- The profile of the person in charge of this strategy was not in agreement with the requirements.
- Limited resources for the development of the activities (visits, travels, travel expenses, among others).
- This was not developed as a specific department to obtain funds at a mid and long term.
- The revenues sometimes did not cover the administrative expenses that were performed (uniforms, documentation, staff, etc.)
- There was a strong competence from other organizations interested in grants in the sexual and reproductive health, in health in general terms, and Education, which limited the possibilities to obtain funds.
- The requirements to do proposals do not apply according to institutional policies.
- The different ways to report in the projects not only programmatic but also financial (according to the grantor request) require time and staff, there is no standardization.

LESSONS LEARNED

Lessons learned during this time were:

Medical Services Management

Medical Audit

- Persistence and frequency in the Medical Audit visit to Gyneco-Obstetrics, pediatrics, surgery, and subspecialties in the metropolitan area and territorial divisions clinics which allowed:
 - Timely elaboration of clinical practice guides and/or protocols based on institutional needs.
 - Constant monitoring in the fulfillment of them through the medical registry audit.
 - Offer and render counseling when complications appear at APROFAM hospitals and clinics.
 - Doing medical care quality interviews allows the approaching with the customer, timely detects the non-satisfaction of the user, non-adequate management of medical assistance including sometimes administrative deficiencies.
- With the permanent presence of the Medical Auditor at the Jutiapa and Huehuetenango clinics, the following was gained:
 - Sub registry detection of morbidity cases.
 - Detection in the constant breach of protocols and institutional standards.
 - Improvement in filling medical files that has increased in average in the Jutiapa Clinic from 67.48% to 95.15% and the Huehuetenango Clinic from 76.17% to 91.53%.
- A medical Auditor hiring with a specialty in "Surgery" and "Pediatrics", action that has allowed:
 - To carry out an analysis and adequate and timely documentation of pediatric morbidity and mortality, surgery, and sub specialties.
 - Early detection to protocols following breach and updating of the same.
 - Follow up and timely approach to cases in other institutions of newborns referred due to complications.
- Active participation in Bioethical and conflict committees at the managerial level which allowed:
 - Fluid communication, timely and accurate information of high impact cases.
 - Assistance medical claims resolution information of internal and external customer.
 - Coaching and medical counseling of the assistance medical complications to the Legal Advisory Department giving the necessary elements to establish the institutional position regarding the involved cases.

Mobile Medical Units

- The standardization and operational and technical restructuring of the MMU services procedures has guaranteed care quality for the users assisted in these Units and has reduced complications and mortality.
- The restructuring included new staff selection and readjustment, administrative and clinical protocol readjustment, and their testing, and implementation.
- Rescheduling and reprogramming the work carried out at the MMUs has resulted in a better coverage, better quality and the implementation of new services.

STI/HIV-AIDS Project

- Counseling has allowed orientation, counseling, information, sensitization, and institutional alliances when referring to positive diagnoses of people receiving it, and, as a result, APROFAM has become an Institution that works to Prevent, keeping the HIV and AIDS epidemic from spreading.

VBG Project

- Participating in networks against violence is a coordination space to address VBG and to rely on case reference and counter reference. This also falls on the health sector for violence prevention, sanction, and eradication.
- Ongoing service promotion helps people become aware of the service.
- Not all users attending the Program contribute economically and this weakens its self-sustainability.

Rural Development Program

- The Program respects culture and communities and promotes gender equity, all basic elements of service rendering quality.
- The availability of field staff, Voluntary Promoters and Educators – 90% of them are women – allows a better openness at home visits, with the purpose of providing personalized education and information to rural families in the different components of family health.
- The availability of Voluntary Promoters, as community leaders, eases the families' approaching process. Currently, 27% of the Voluntary Promoters are midwives.
- The home visits help identify fertile and pregnant women, and children under the age of 5, in order to promote healthy habits and behaviors. This, to refer them, in case of risky situations, to the different health journeys (vaccination for children and fertile women, Pap smears, parasite removal, medical appointments, among others) carried out within their communities, through the Mobile Medical Units, and offered by technically qualified Educators. .
- Local identification and permanent availability of Educators and Voluntary Promoters, who use the face-to-face interactive strategy to provide health information, especially about sexual and reproductive health, in their communities, as per an accessible schedule for the different users.
- Community sensitization and systematic training on sexual and reproductive health, with an emphasis in Family Planning, for Educators and Voluntary Promoters.
- Field staff (Educators) long-term permanence allows the continuity of community activities, since communities acknowledge them as leaders and experts in health related works.
- Medicine and basic health services availability in their own communities. (Pap smears, blood pressure measuring, glucose diagnosis, triglycerides and cholesterol, pregnancy testing, availability of several modern contraceptive methods).
- When NGOs and OGs work in conjunction to carry out different activities, it benefits them both and avoids effort duplicity to achieve the same objective.
- Establishing alliances with private companies in places where the served population is mainly reproductive aged women is a way of conjointly contributing with companies to inform and educate this population group about some health aspects, specially the importance of early detection of uterus cervix cancer, which is the second cause of women deaths in the country.

Marketing Management

Commercialization

- An endurance of the advertising campaign is what achieved the brand image.
- It is a fact that the advertising and promotion investment contributes to goal accomplishment.
- The appropriate and timely definition of the Marketing strategies, in conjunction with other work areas, such as research, commercialization, Public Relations, Education, and Medical Services, in a comprehensive manner, is the key to institutional goal compliance.
- A correct media selection increases the effectiveness of the advertising and promotional campaigns, especially when developed in a decentralized manner, proven by a campaign structuring by center that adjusts to its environment.
- Designing the people in charge of a specific number of clinics through a Commercialization Department assistant contributes to a more personalized and effective attention.

- The performance of each care center and the efficiency of the advertising and promotional campaigns are a consequence of the appropriate knowledge caused by the timely creation of the different marketing profiles of each care center, which is an effective and safe tool to analyze and execute strategic marketing actions per care center and comprehensive clinic.

Public Relations

- Care Quality handling was important to manage the Institution's brand, which opened the doors of the different instances handled by the area.
- The effective Alliance Preparation strategy must persist, so that APROFAM may achieve its objectives within the different organizations.
- Working in conjunction with similar organizations was effective, as it opened timely spaces that were not possible before.
- Analysis capacity regarding the convenience of maintaining a low profile.
- The Advocacy techniques are effective to achieve institutional objectives.
- In terms of the obtained outcomes in this current strategy and the previous one (Journalistic Excellence Award), it would not have been possible for the Association to assign on its own a budget that would cover the release cost for the volume of free spaces obtained.

New Businesses and Markets Research

- The extension and integration of the service portfolio of some of the national clinics, in order to increase the institutional sustainability levels, take advantage of the clinics' installed capacity, and propose new and different services or investments to generate revenues.
- Coordinating and implementing strategic alliances with a few private organizations and insurance companies, in order to take advantage of the opportunities given by the active and concentrated participation of several entities to carry out entrepreneurial activities that would not be possible if carried out individually.
- Acquiring information related with the institutional brand value for decision-making and the directionality of the promotional and commercialization strategies, in order to obtain better results and a better impact.
- Continuously monitoring, through a conclusive and quantitative assessment system, the different services rendered in each of the institutional clinics, hospitals, minimal care units, and mobile medical units.
- Difficulties for the final implementation of the proposed businesses, focused on a prolonged approval time, and budget used only to buy assets, but not to cover the costs that the adequate operation of the business generates, this means, staff fees payment, promotion of the new service, physical adjustments in infrastructure and equipments maintenance, among others.
- Searching and hiring of technical and professional staff in the areas at the territorial division level; in which the markets conditions and competence allowed the implementation of the proposed business, but there was no trained and committed staff at the local level for its operation.

Education Programs (Adolescents and Youth)

- The adolescents and youth must be empowered to make free and informed decisions. They must not have APP goals or a delivery number of specific Family Planning methods. Their only function must not be to use contraceptive methods, but to be free and responsible.
- They must not contemplate any goals for any educational activities they do on their own, as well as for the delivery of contraceptive methods. It is important to remember that they are voluntaries and that they do not work for the programs. This is why they do not obtain any salary. On the contrary, a strategy that contemplates some sort of financial remuneration must be in place to valorize the important activity they do.

- These programs may be solutions to change behaviors that will help improve the quality of the lives of the people, communities, and countries. This population group is dynamic. It is always willing to change, as its social structures are easier to overcome or change. The possibility of introducing programs for children will help the social structures change from the beginning.
- They have contributed to sensitize and raise awareness of the adolescents and youth and measure the consequences of uninformed decision-making. They are a prospective population group, expected to change their lifestyles and become our future users.
- Each grantor agency must have its own IEC material issuance regulations, so that they may not intervene with other grantor agency's regulations. USAID cancelled the support for a Vulnerable Youth and Children's Program, for disagreeing with the graphic material production, produced as per the strict criteria of the target group, validated as per the institution's production method and that USAID obligated to contemplate.
- The strategies covering youth and adolescents need more support, as not many entities contribute with this important population group, especially with the more vulnerable ones and the ones in risk situations.

Information Systems Management

- A pilot program is necessary for any technological implementation, in order to minimize any impact in the real execution and to evaluate the financial and operational feasibility. This also allows better time measuring.
- Software implementations cannot haste if there are no operational and structural procedures to support any changes.

Financial Management

- The monthly assessment of the GMO management – behavior compared to the benchmark, Dow Jones, S&P500, which in general terms has been positive.
- Learn about the agreements and its clauses to know what is and what is not allowed to do with the grantors' funds.
- Usage and management of USAID funds that must be well executed towards its goals and with legal support and based on its guidelines.
- Speed up in the delivery and usage of VAT exemptions with the setting up of software including the training in its usage, which benefited both USAID – APROFAM.
- To count on the financial support of USAID according to its experience was useful for APROFAM because it allowed us to get with the APROFAM's services to the poorest areas and people of Guatemala not only in health, but also in education, information, and training.
- USAID funds allowed APROFAM to increase its APP benefiting in this way Guatemalan society expecting to get a better life style.
- USAID funding and support for APROFAM was a great opportunity to grow as a non-profitable Association and to create a new institutional image that would allow it to render a better quality service to the user.
- There must be a social awareness for the adequate usage of the granted funds and for the execution of them to be audited by them to get transparent results.
- The flexibility given by USAID in the execution of the budget, mainly the power to transfer non-executed funds from one year to the next.

Administrative Management

- Clearly define what is desired in the buildings, which is the required final product.
- Require from the planners the complete delivery of all the documentation that is necessary for the execution of the projects.
- Official approval need by the APROFAM authorities of the projects (plans, specifications, budgets)

- Establish clear contractual conditions, previous the execution of the works.
- The need to establish a quicker internal procedure for the timely payment of the work estimations to the contractors.

Human Resources

- Costs reduction in the Training workshop logistics, covering more staff.
- The implementation of the Training Modules program had a good acceptance among the attendant staff, because they considered they meet their expectations regarding the basic knowledge that all APROFAM employees must have.
- For technical topics that may not be addressed by the training staff, it was coordinated with the involved Managements for them to appoint a person in charge to carry out this training course.
- Two different economic compensation plans for the staff were implemented; however, the revision and adjustment of the system in order to strengthen and optimize it is important.

Strategic Alliances and Grantors

- The outcomes in this strategy are achieved at a mid and long term, not in a short term as it was originally considered within the strategy.
- It is necessary to count on a specific profile per each area (strategic alliances and grantors) because these are two different strategies.
- It is necessary to count on a budget that adjusts to the environment needs.

ANNEXES

Annex 1

Monitoring and Evaluation Plan 2005-2009
Monitoring and Evaluation Indicators USAID
April 2005 – September 2009

Annex 2

Budgetary Execution 2005-2009
USAID and Budgeted Counterpart of APROFAM

Annex 3

Topics covered on Training Courses
April 2005 - September 2009

Annex 4
Variable Compensation Plan
April 2006 – January 2009

Annex 5

Building for Clinic and Central Hospital,
8a. Calle, Zone 1

Annex 6

New Implemented and non-implemented
Businesses 2005-2009
New Businesses Monitoring 2005-2009

Annex 7

List of Companies that worked on the Corporate
Social Responsibility Strategy during
2005-2009

Annex 8

List of Associations with alliances with
the Education Department

Annex 9

Reopening of three clinics
with new institutional image

Annex 10
Advertising Campaigns at national
and local level 2005-2009

Annex 11

Advertising Material developed during
2005-2009

Institutional Video, APROFAM 45 years
“A Commitment to Guatemala”, English

Annex 12
Contraceptive Purchasing Projection
2005-2009