

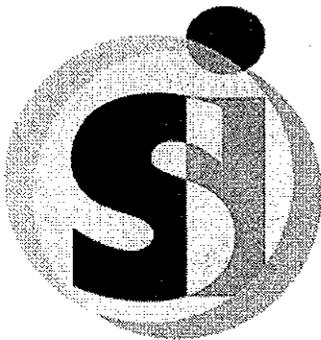
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IPPF SUSTAINABILITY INITIATIVE

FINAL REPORT

NOVEMBER 2001



IPPF
International
Planned
Parenthood
Federation



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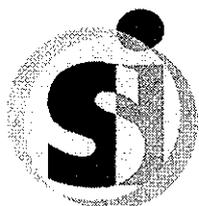
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ACRONYMS

IPPF Specific

| | |
|------|---|
| CO | Central Office |
| EN | European Network |
| IPPF | International Planned Parenthood Federation |
| RO | Regional Office |
| WHR | Western Hemisphere Region |

Affiliate FPAs

| | |
|---------|--|
| ADS | Asociación Demográfica Salvadoreña |
| AMODEFA | Associação Mocambicana para Desenvolvimento de Família |
| AMPF | Association Marocaine de Planification Familiale |
| APROFAM | Asociación Pro-Bienestar de la Familia de Guatemala |
| ARO | Africa Regional Office |
| ASBEF | Association Sénégalaise pour le Bien-être Familial |
| BEMFAM | Sociedade Civil Bem-Estar Familiar no Brasil |
| FPAM | Family Planning Association of Moldova |
| FPATT | Family Planning Association of Trinidad and Tobago |
| GRPA | Guyana Responsible Parenthood Association |
| INPARES | Instituto Peruano de Paternidad Responsable |
| PPAG | Planned Parenthood Association of Ghana |
| PPASA | Planned Parenthood Association of South Africa |
| RFFPA | Russian Family Planning Association |

Other Acronyms

| | |
|------|-------------------------------------|
| AIDS | Acquired Immunodeficiency Syndrome |
| ATL | Above The Line |
| BCCP | Building Community Capacity Project |
| BTL | Below The Line |



| | |
|-------|--|
| CBD | Community Based Distribution |
| CIDA | Canadian International Development Agency |
| CMX | Clinic Management Xpert |
| CSM | Contraceptive Social Marketing |
| DFID | Department for International Development |
| FPA | Family Planning Association |
| GBV | Gender Based Violence |
| HIV | Human Immunodeficiency Virus |
| ICD | International Classification of Diseases |
| IEC | Information Education and Communication |
| NGO | Non-Governmental Organisation |
| IMS | Integrated Management System |
| RH | Reproductive Health |
| SI | Sustainability Initiative |
| SRH | Sexual and reproductive health |
| STI | Sexually transmitted infection |
| SWOT | Strengths, Weaknesses, Opportunities and Threats |
| TA | Technical Assistance |
| TP | Transition Project |
| UNFPA | United Nations Fund for Population Activities |
| USAID | United States Agency for International Development |



EXECUTIVE SUMMARY

Throughout the International Planned Parenthood Federation (IPPF) system, the number of new Family Planning Associations (FPAs) has continued to grow, as has the demand for high quality and affordable sexual and reproductive health services by clients. Furthermore, technological development and the changing aid environment pose difficult challenges for both the Regional Offices and individual FPAs, as they strive to be working at the cutting edge of their fields. As many of the FPAs are still reliant on external resources, it is difficult for them to successfully address all these challenges. Therefore the United States Agency for International Development (USAID) funded Sustainability Initiative (SI), a three-year initiative focussed on a select group of FPAs in a number of Regions that was designed to begin the process of improving the institutional capacity, quality of services and financial sustainability of the participating FPAs.

The SI objectives were: to strengthen the capacity of participating FPAs to develop and implement sustainable Sexual and Reproductive Health (SRH) programmes; and to strengthen the resource mobilisation capacity of participating FPAs to increase funding through a diversified funding base.

Despite the constraints faced during the SI and although the extent of in-country achievement over the course of the SI has varied, some considerable progress has been made at all levels of IPPF with respect to sustainability. The level of awareness of sustainability and the process required to achieve it has increased in all of the participating FPAs and in the Secretariat. Even FPAs not directly involved in the SI have become aware of some of the issues that have been raised during the SI and the SI activities undertaken by the participants. The commitment and readiness amongst volunteers, management and staff to address the challenges of sustainability has certainly increased - this achievement should not be underestimated, given the historic donor reliant mentality that exists in many old and established non-government organisations (NGOs). The initiation of income generating activities has resulted in increased skills at the FPA level and created a greater openness to new methods of generating income, whilst developing modern management skills and tools. Additionally, improvements to FPA systems has facilitated changes to FPA working practices (both management and programmatic), and will continue to do so as they are further utilised.

Therefore, within the short project period, the SI has successfully initiated a 'push' in the direction of sustainability and provided IPPF with the opportunity to begin laying the foundation from which it can carry forward the issues of sustainability, both in terms of institutional capacity and, in the longer term, financial sustainability. Most importantly, the SI has brought a sense of urgency to many of the participants, and an increased awareness of the steps that now need to be taken to secure their futures.

The project was not without its difficulties, however, and as such, several lessons learned have come to the fore as a result of the SI, and also, as a result of the comparison of the approaches of the SI and the Transition Project. Therefore, in order to move forward with this process, participating FPAs and the Federation as a whole need to review and learn from the experiences and lessons learned arising from both the SI and the TP.



Based on these lessons IPPF is in the process of determining how best to pursue its sustainability, *and to encourage the roll out of sustainability best practices throughout the Federation.* The following actions are currently seen as important prerequisites to this process:

- Review, analysis and documentation of IPPF's federation-wide sustainability efforts, including the development of detailed case studies and examples of documents and tools
- Sustainability Executive Training, which can be used to create a core of sustainability trainers who will be able to roll out further sensitisation and training throughout the Federation
- Implementing the Sustainability agenda: each region will be following up on selected outcomes of the SI initial phase and other sustainability initiatives in accordance with their regional sustainability implementation plan.



1 INTRODUCTION

1.1 BACKGROUND AND CONTEXT TO THE SUSTAINABILITY INITIATIVE

The Sustainability Initiative (SI) was funded by a United States Agency for International Development (USAID) grant to International Planned Parenthood Federation (IPPF), as set out in the IPPF Project (936-3071) Grant Extension Proposal, 1998-2001. In order to increase the return on USAID's initial sustainability investment in IPPF, the SI sought to build on the lessons learned from the USAID supported Transition Project (TP). However, whereas the TP had sought to increase the sustainability of selected Family Planning Associations (FPAs) in Latin America in response to the USAID's withdrawal of funding from the region, the SI was developed in response to the wider global challenges that were being faced by the IPPF FPAs.

In recent years, the contemporary global policy environment that frames and influences political will, declining foreign aid budgets and the changing international aid environment in terms of donor prioritisation, have all posed new and significant challenges for population funding in general, and Sexual and Reproductive Health (SRH) funding in particular. Similarly the challenges set by the Programme of Action from the 1994 International Conference on Population and Development, the proliferation of NGOs working in the field of sexual and reproductive health, and the need to do more with less have also impacted heavily on international population assistance. Governments and donors are increasingly insisting that projects be carried out in an efficient, effective, transparent and sustainable manner. Value-for-money, efficiency, effectiveness and performance management are rapidly becoming the standard by which NGOs in the field of SRH must operate. Yet NGOs have grown up with and grown used to donor funding. In addition to heightened donor expectation that requires NGOs to access and maintain funds through a competitive and results based process, NGOs must address competition externally - competition which is exacerbated by the proliferation of SRH NGOs in the field. All these factors require FPAs to be in tune with these current trends, but also to cultivate the capacity to identify and respond to changing trends in order to access funds and effectively and efficiently carry out its programmes.

Throughout the IPPF system, the number of new FPAs has continued to grow, as has the demand for SRH services by clients and the need for FPAs to be working at the cutting edge of their fields. This dynamic environment poses challenges and opportunities for both the Regional Offices and individual FPAs. An increased demand for services, including a greater breadth of services which are affordable and high quality, countered with technological development and the changing aid environment are all potential variables that can affect the institutional, financial and service capacity of both the Regional Office and the individual FPA. This is particularly challenging, as many of the FPAs are still reliant on external resources, a factor that clouds the independence of the Associations.

Developed in response to these challenges, the SI was a three-year (1998-2001) initiative focussing on a select group of FPAs in a number of Regions and aiming to begin the process of improving their institutional development, quality of services and financial sustainability. The initiative was



coordinated by the IPPF Central Office (CO) in London, with the FPAs responsible for project activities, from proposal development to implementation and evaluation. Both the CO and Regional Offices (ROs) provided a range of technical assistance to the FPAs.

1.2 PROJECT OBJECTIVES

The aim of the SI is to strengthen FPA foundations for institutional development, quality of service and financial sustainability. This initial USAID funded phase focused on creating the conditions for sustainability, as the project period was too short to yield tangible results in all three areas.

The objectives are as follows:

- To strengthen the capacity of participating FPAs to develop and implement sustainable Sexual and Reproductive Health (SRH) programmes
- To strengthen the resource mobilisation capacity of participating FPAs to increase funding through a diversified funding base

1.3 PROJECT METHODOLOGY

The SI commenced with a pre-project planning phase during which SI staff investigated strategies and gathered information and resources for the initiative. This was followed by FPA selection and in-country capacity building, including needs assessments, around which interventions were designed. Although the Secretariat assisted FPAs in proposal development, each FPA selected its own approach to SI.

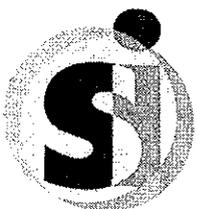
1.4 SUSTAINABILITY DEFINITION AND FRAMEWORK

For the purpose of the SI, the following working definition of sustainability was adapted from the definition of sustainability outlined in *Family Planning Management Terms: A Pocket Glossary in Arabic, French, and English*¹:

“The ability of an FPA to improve institutional capacity in order to adopt a realistic and innovative strategy to provide quality services, with a view to expanding the number of clients, and to generate income through a diversified funding base.”

An underlying sustainability framework was then developed with three mutually reinforcing components, to guide and assist participating FPAs in developing strategies that could be tailored

¹ Bahamon, C., Bouzidi, M., and Miller, J., *Family Planning Management Terms: A Pocket Glossary in Arabic, French, and English*. (Management Sciences for Health, Boston (1998))



to their particular interventions.

1.1.1 Institutional Sustainability

This is concerned with the activities that improve the capacity of an organisation to execute its mission in an efficient and effective manner. It aims to strengthen management systems at all levels and to develop an organisational culture that responds quickly to changing environments and client needs. Strategies include, but are not limited to:

- *Introducing sound management practices such as strategic and business planning; market, feasibility and competitive trend analysis; performance management and the use of MIS to make management decisions, evaluate progress and optimise resources.*
- *Developing leadership skills and investing in FPA staff through training.*
- *Building partnerships through community, inter-agency and commercial sector participation.*
- *Investing in information systems to improve finance, accounting and evaluation data.*
- *Developing marketing and communication strategies to promote the FPA and its services and to identify FPA clients and niche.*

1.1.2 Sustainability of Quality Services

This refers to the delivery of the best health services that existing and potential resources can buy, provided by qualified personnel. An important component is service continuity, i.e. being able to continue to provide a service and/or programme, supported by local resources (human and financial). This requires an analysis of the service (programme) provided by the FPA, and similar services provided elsewhere. Strategies include, but are not limited to:

- *Expanding the types of sexual and reproductive health services available to clients by asking clients what services they want and making the necessary investments to provide those services.*
- *Assessing client perceptions of quality and responding to their concerns.*
- *Investing in service providers (medical and other health staff) and providing training so they may provide high quality sexual and reproductive health services.*
- *Assessing the technical competence of medical and other staff.*



1.1.3 Financial Sustainability

This refers to the ability to develop a diverse resource base so that an organisation or programme is not dependent on any one source of funding, and therefore vulnerable to policy and quantity changes. Strategies will include some combination of the following:

- Introducing financial management systems that provide information needed by managers to make financial and programmatic decisions and to improve organisational and programmatic efficiencies.
- Mobilising resources internally, through strategies to build capacity for proposal development, advocacy, and marketing of the FPA and its services for the purposes of attracting additional resources, and externally, through creating partnerships with government or private institutions in order to share programme costs and capitalise on economies of scale.
- Initiating income-generating activities such as fees for services, cost recovery and/or social marketing programmes



2 OVERALL PERFORMANCE

The SI project activities have been quite wide-ranging, and as such, have served as a useful platform from which IPPF can apply the lessons learned and move forward with longer term regional sustainability plans. In particular, this initial phase of SI project activities was not intended to lead to increased financial sustainability within the project period, but was intended to be the start of a larger process, which would move FPAs towards sustainability. In order to measure progress, the CO put together a set of expected results and indicators, and although projects were not expected to report on each indicator listed, the framework is a useful one with which to summarise SI results. (Note that only highlights are included in this summary, and that more details can be found within the Section on Project Activities and Results.)

2.1 PROGRAMMING IMPROVEMENTS

Programming improvement through strategic planning, proposal development and marketing capacity building can be measured in terms of the development of an FPA strategic plan and/or business plan; proposal development and corresponding success rate; and new business opportunities.

Although it is too early to see the fruits of investment in programmatic improvements, all participating FPAs have made progress in this area. The SI Capacity Building Workshop was a major component of this investment. It incorporated training on business planning and marketing, and was considered a valuable experience by all those who participated in it. Specific FPA programming improvements are noted below.

With the assistance of BEMFAM, AMODEFA has developed a new mission and strategic plan that reflects the new SRH paradigm it has adopted. Similarly, AMPF has undertaken an expansion of SRH services in its clinics. Although this is still at an early stage, it demonstrates the FPAs commitment to increasing its range of service offerings, as well as indicating a commitment to developing new sources of revenue.

Particularly noteworthy is PPAG, who have established a dynamic Resource Mobilisation and Marketing Department that has already begun winning grant income and significantly enhanced the Association's corporate image through its use of the media. PPASA has developed a marketing strategy and carried out a detailed feasibility study for a Centre of Excellence for SRH training and consultancies. PPASA is also in the process of finalising a detailed strategic plan, which is already assisting its marketing and fundraising efforts. GRPA has also developed marketing capacity as a result of its SI marketing efforts and the new marketing and PR staff recruited for GRPA's SI project. It is actively pursuing opportunities to use these skills in promotion of a variety of GRPA's goals and activities.

Both FPAM and RFPA have significantly enhanced their capacity in marketing and business planning as a result of the joint project management with Enet on their respective social marketing projects. Although these projects are still very much in their start up phases, the currents



indications of future success are positive. In particular, FPAM already appears to be translating these new skills and lessons to other areas within the FPA, including SRH programmes.

2.2 SECRETARIAT AND FPA SYSTEMS IMPROVEMENTS

Secretariat and FPA systems improvements can be measured in terms of communications improvements; and institution of management guidelines and procedures etc.

Those FPAs that have been particularly successful during the SI, are those who were able to achieve Board, management and staff buy-in to the process of sustainability at the start of the project. Ghana and Guyana, for example, have both developed governance and management systems that allow the Board and management to work collaboratively and effectively in support of the FPA goals. In addition they have succeeded in establishing youth representation at the Board level and generating a high level of staff and Board commitment and enthusiasm, which has rejuvenated the organisations and provided an impetus for the sustainability activities.

Other FPAs, such as Mozambique and South Africa, which both suffered from high staff turnover, have still made progress in this area by reviewing their constitutions and governance structures, and making some progress in effecting these new structures. This complex and political challenge is one that the Secretariat may be able to assist in, and could perhaps learn from the approach taken by WHR with respect to resolving these governance issues in Latin America and the Caribbean.

An area of systems improvement that many FPAs tackled was that of developing a modern management information system. For example, PPAG has invested heavily in this area, with new equipment in place and staff trained and using the system. More work needs to be done to complete the system network and to ensure that the system and tools are fully utilised. However, staff are already aware of how such systems will facilitate their work and increase productivity. GRPA has installed a new financial system and a clinic administration system, which have great potential to assist in information collection and management.

An area of improvement that IPPF is already aware of and is beginning to address is that of information sharing and sharing of best practices. This is particularly important with respect to large investments in systems and institutional capacity, as it will be more cost effective for all parties to make use of existing systems and tools that are known to work within the Federation, rather than reinventing the wheel each time in each country. For example, CMX can be more widely disseminated throughout the Federation now that it has been tested and more FPAs are realising the need to use such tools.

2.3 DEVELOPMENT OF MUTUALLY BENEFICIAL PARTNERSHIPS

Development of mutually beneficial partnerships throughout the initiative with a view to strengthened future collaboration: measured in the short term through programmatic collaboration, and in the long term through collaborative programme development.



SI successfully built relationships within the Federation in a number of ways. Firstly, the South-to-South Exchanges served to share experiences and best practices, and provided a means in which staff who do not often attend international conferences could meet their counterparts in other FPAs. In particular, it exposed FPAs to new and potentially better ways of working. Many of the participating FPAs took on board the lessons learned from these experiences and either included relevant activities within their SI projects, or are planning to take them forward over the next few years. Secondly, BEMFAM and AMODEFA established quite a strong relationship as a result of BEMFAM's close involvement and provision of technical assistance to AMODEFA. This was a symbiotic relationship, as it also gave BEMFAM the opportunity to reflect on its own strategies and how they could be improved, to further develop their own skills and knowledge and most importantly, to realise how far they themselves had come since the TP. Thirdly, the CMX project was designed such that each pilot FPA would learn and implement the system, and then assist and train another FPA on it. The four pilot CMX FPAs have now been established as regional centres, which will be used to further roll out CMX within WHR, and potentially further afield.

Whilst none of the main participating FPAs expressly pursued the development of partnerships as a sustainability strategy within their SI projects, it should be noted that they have all begun pursuing such partnerships on their own. PPASA's involvement in the LoveLife franchise is perhaps the best example of this. However, GRPA has established strong links with the Ministry of Health and AMODEFA is working closely with United Nations Fund for Population Activities (UNFPA) in its adolescent work, and has been invited to further participate with UNFPA in development of an youth strategy. PPAG and ASBEF have strong community dimensions to their projects in order to gain community support and acceptance of the project, but in PPAG's case, also to obtain community commitment to continue projects after project funding ends. FPAM and RFPA have established strong private sector relationships in pursuit of their social marketing programmes and are actively pursuing further commercial sponsorship opportunities etc.

By having to think consciously about sustainability and its implications for FPAs, the participating FPAs have begun to realise the potential value and importance of partnerships and collaborations to their sustainability as well as to their degree of influence. What they often do not realise is their potential importance to the development of the role of civil society in their national contexts, if they seize the moment. This is because many of IPPF's FPAs are seen as the oldest and most established local NGOs. Hence with the move from North-North to North-South funding, the FPAs should be in prime position, not just to secure much of that funding, but to further build and develop smaller/younger in-country NGOs. They could potentially even act as a leading voice in civil society, and in so doing, could succeed in getting SRH further up the national agenda.

This is an area that IPPF as a whole needs to actively pursue, particularly where this is an openness in-country or receptive policy environment to such partnerships and collaboration.

2.4 HUMAN RESOURCE POLICIES AND PROCEDURES IMPROVEMENTS

Improvements in human resource policies and procedures: measured in terms of a human resources strategy; training and development; and competitive hiring policies.



Many participating FPAs have made some progress in this area, having undertaken a review and revision of their human resource policies. However, they have done this to differing degrees and using different approaches. For example, AMODEFA has developed a Human Resources manual, which has not yet been implemented. And although this is a necessary step, it has not yet addressed the more urgent issue of staff shortages and staff capacity.

PPAG on the other hand has revised its personnel policies and procedures, instituted a new performance appraisal system and undertaken a number of staff trainings. PPAG's participatory management style is noteworthy, as it a major factor underpinning the high level of staff morale and motivation achieved.

However, despite these successes, even PPAG is not immune to the problem of staff retention that faces most IPPF FPAs. This is an area that must be addressed soon, with FPAs at a minimum reviewing salary packages and recruitment policies to ensure that they are able to attract and retain suitable staff. In particular, donors must also be realistic about the level of staff salaries and administrative costs that are required to effectively implement and manage programmes.

2.5 IMPROVED QUALITY OF SERVICES

Improved quality of services: measured through assessing client satisfaction, and adherence to agreed standards of quality of care.

Many participating FPAs made some progress in this area, predominantly through the refurbishment or establishment of new, modern facilities and clinics. AMODEFA benefited from the experience of BEMFAM in this regard, gaining hands on advice on basic issues of quality, exposure to BEMFAM's mode of operation on an exchange visit, and assistance in the design of the model clinic.

2.6 FPA FINANCIAL EFFICIENCIES

FPA financial efficiencies through the application of sound accounting principles and systems: measured in terms of financial record keeping and reporting; development of cost accounting.

The financial aspects of sustainability have been least addressed by SI participants. In part this is because the short timeframe of the project meant that demonstrable results in this area would have been difficult to achieve. However, it also appears to be partly due to a fear of financial issues, and the difficulty in moving away from a donor dependant/project accounting mentality to a more commercial approach.

Nevertheless, some FPAs did begin to address this area. For example, PPAG undertook a cost rationalisation study, which is a good starting point. However, this did appear somewhat half-hearted, and did not cover as much ground as it could have. AMODEFA has acquired new accounting software, which when fully operational, should allow it to effectively monitor and manage its finances, and assist with cost recovery. AMODEFA now has a Sustainability Plan in



place, which was developed by BEMFAM. ASBEF has trained staff on a new accounting package and now plans to set up a cost accounting system. Additionally, those FPAs that implemented the CMX system found that, even though it was not a fully integrated system with financial capabilities, it did provide some excellent financial capabilities for clinic operations.

Clearly this is an area of utmost importance, not just in order that FPAs can demonstrate cost effective and efficient results, nor simply to ensure that FPAs have sufficient resources to achieve their objectives, but because as FPAs become increasingly dependent on their own self-generated resources, they will need and want to ensure that nothing is wasted. Hence, IPPF must determine how best to encourage FPAs to develop their finance functions. (The TP experience can be of help in this area, given the level of support it provided to FPAs in financial and commodity management, in order to ensure that the finance information systems were capable of meeting the FPAs current and future needs.)

2.7 FOUNDATION AND TOOLS IN PLACE TO INCREASE FINANCIAL SELF-SUFFICIENCY

Foundation and tools in place at FPA to increase financial self-sufficiency: this can be measured by reference to financial capacity at the FPAs, commitment to increasing financial sustainability and by the presence of a resource mobilisation strategy and income generating activities etc.

It is interesting that most participating FPAs tackled financial self-sufficiency by establishing new activities or income generating ventures, rather than first seeking to optimise their use of existing resources or to address the issue of cost recovery. These latter points are important issues that IPPF needs to encourage FPAs to tackle as a matter of urgency. Additionally, development of local resource mobilisation skills is imperative in the current funding environment, to ensure that FPAs are able to attract both international and local funding directly.

However, despite the chosen approaches, some of the FPAs have made a positive start to increasing financial self-sufficiency, either through the establishment of income generating ventures, or through the mentality change that has been achieved, i.e. the recognition amongst staff and volunteers that FPAs cannot continue to give everything away for free all the time, and that they need to become more commercial, even if they cross subsidise activities so that they can continue to reach the underserved. This has been a difficult and therefore long and slow lesson for FPAs to take on board. In some cases, as for PPAG, the initiation of business ventures has resulted in the development of business skills within the Association, which is a positive effect of the SI. However, there is still a need to transfer these skills to other more traditional areas of the Association, i.e. clinic services. In addition, there is a slow realisation, that one of the easiest and arguably the best way for FPAs to generate income is to play to their strengths, i.e. sell their SRH expertise, whether through SRH training, SRH consultancies, or expansion of the clinic and related services. In the long run, this should require the least investment, be the least risky and least diluting on management time, but could also further enhance the reputation and image of the FPA, therefore, helping further its social goals. (An example of this is at ASBEF, where the clinic and laboratory have great potential for revenue generation with very little new investment, especially



when compared with the cost of setting up multimedia centres, regardless of the business and technology skills that such a centre may require to be successful.)

CMX is probably the most successful SI component in this area. Those sites that implemented CMX found that it was extremely useful with respect to financial sustainability, given the quality and speed with which it was able to provide financial management information. For this reason, it certainly serves as a good tool with which to address financial sustainability of clinic services.

2.8 SUMMARY OF OVERALL PERFORMANCE

As can be seen from the above summary and the activities detailed in Section 4, despite the constraints faced during the SI, some considerable progress has been made at all levels of IPPF with respect to sustainability. In some cases the achievement may simply be the level of awareness of sustainability and a readiness amongst volunteers, management and staff to address the challenges of sustainability. However, this achievement should not be underestimated, given the historic donor reliant mentality that exists in many old and established NGOs. In particular, the SI has brought a sense of urgency to many of the participants, and an increased awareness of the steps that now need to be taken to secure the futures of the FPAs. On top of this, as a result of internal and external sharing of experiences and lessons learned, many at the FPAs and the Secretariat have developed modern management skills and tools, which in turn can be applied in a number of situations and passed on to non-participating FPAs and staff.

Clearly, however, this first phase of the SI has initiated a process that must be continued if FPAs are to really achieve sustainability. Therefore, in order to move forward with this process, participating FPAs and the Federation as a whole need to review and learn from the experiences and lessons learned arising from both the SI and the TP.

2.9 SI CONTRIBUTION TO USAID STRATEGIC OBJECTIVES

USAID support to IPPF under the SI as set out in the Sustainability Initiative Grant Agreement addressed three of the four PHN Center Strategic Objectives:

- SS01: Increased use by women and men of voluntary practices that contribute to reduced fertility.
- SS02: Increased use of key maternal health and nutrition interventions.
- SS04: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of HIV/AIDS pandemic.

USAID support to IPPF was aimed at enabling SI FPAs to design, implement, and finance



sustainable family planning and SRH programmes, with a view to understanding and responding more effectively to client needs and thereby attracting more users. The strategic planning exercise undertaken by FPAs assisted FPAs in determining the SRH needs in their respective countries and determining how best the FPAs should tackle these needs, given the country context and their role within their country contexts. The marketing and communication activities in many of the individual FPA workplans aimed to educate, advocate and increase awareness for SRH as a necessary component of development. The development of institutional capacity and efforts towards financial sustainability will assist FPAs in furthering their strategic objectives. Therefore all these activities contribute towards SS01.

Implicit within this range of activities is a linkage to SS02 and SSO4, where USAID support through the SI addressed the issue of information and services to influence sexual risk behaviours, including HIV. Therefore, USAID support contributed directly and indirectly to enhanced quality, availability and demand for STI management and prevention services as well as maternal health interventions. Additionally, USAID support was used to develop skills and exchange experiences in order to effectively assess income generating ventures, as well opportunities for prevention and care interventions.



3 LESSONS LEARNED

Several lessons learned have come to the fore as a result of the SI, and also, as a result of the comparison of the approaches of the SI and the TP. These lessons learned have been grouped into four categories, in order to summarise and simplify them, however, there is clearly some overlap between the categories.

3.1 SECRETARIAT PROJECT PLANNING AND MANAGEMENT

3.1.1 Clarity of guidelines and procedures

Despite the development and dissemination of clear project guidelines (the SI Funding Framework), there was some confusion over roles and procedures amongst all parties, which occasionally caused delays in project approvals and implementation, exacerbating the short project implementation period. In future, much more work needs to be done with respect to ensuring all parties are aware of and agreed to the project requirements, guidelines and procedures and that all parties work together to assist implementation. This process should be reviewed and reconfirmed on a regular basis throughout the project to ensure that staff changes etc. do not cause unnecessary confusion. This is particularly important where projects do not conform to the usual core funding procedures, as this fact alone appears to cause considerable confusion at times.

In order to avoid unnecessary confusion and to simplify the requirements of FPAs and other departments within the Federation, projects should try to conform to the general IPPF Integrated Management System (IMS). Given the number of different donors FPAs have to deal with, it can be difficult for FPAs and ROs to cope with numerous different funding procedures. Therefore, wherever possible, CO should try to conform to IPPF's standard procedures.

3.1.2 Financial management

When embarking on major projects, FPAs should be given a sufficiently large cash advance once the overall budget and workplan are approved, to ensure that the FPA has a sufficient cash float with which to pursue project activities. This can be done on the explicit understanding that any unspent funds at the end of the project will be recouped. This is particularly important where country legislation/foreign exchange restrictions restrict the timely transfer of funds.

The financial officer for the project should obtain an understanding of the process and time relating to cash remittances to project countries, as it can occasionally take weeks, depending on local exchange regulations and controls. Similarly, FPAs must also take responsibility for contacting RO/CO in order to pursue their concerns and to resolve problems, rather than just waiting for things to happen.

If necessary, the pre-project planning phase should include some basic training in cash flow forecasting and management, so that the FPAs fully understand the importance of regular



monitoring and reporting, and how such reports will affect their next cash remittance.

Clear guidance should be given to FPAs on what the expected budget and reporting parameters are at the start of the project, with all parties working together to agree the budget. In particular, explicit guidance should be given on what budget items are and are not allowable, whether the FPA can include some administrative expenditure, what final project reporting requirements will be, what currency this should be in and what appropriate exchange rates should be used.

All projects should be contracted with FPAs in the currency of the donor agreement. This should ease financial management of the projects at all levels of the Federation and should minimise exchange differences.

If it is intended to review cost effectiveness or to carry out comparisons between different projects, it is strongly advised that all participants are made to comply with a standard budget format, in order that sufficient comparable data is available for the task. In addition, proposal developers should be provided with example budgets and known cost models, so that they have an idea of the form of the model. This would also provide a benchmark against which they can aim, and hopefully improve on.

3.2 PROJECT ACTIVITY IMPLEMENTATION AND MANAGEMENT

3.2.1 *On site project manager*

The complexity and organisation-wide impact of projects with large institutional development components is such that it is essential that they are spearheaded by a designated project manager, who has managerial experience. Ideally this person should be the Executive Director, given the political sensitivity of some of the project activities. This should ensure that a committed person is driving the project forward.

3.2.2 *Realistic reporting burden*

The SI requirement of quarterly programmatic and financial reporting to the Secretariat was overburdensome. Reporting requirements need to be practical and realistic. For example, given the complexity and challenge of the SI activities, it would have been most beneficial to all parties to have dispensed with quarterly reporting, and instead to have had scheduled conference calls between the FPAs and the Secretariat to ensure that all parties are fully aware of progress, project delays and potential technical assistance needs. This would have enable a more timely and appropriate interaction/provision of technical assistance, and would have also served to achieve consensus on project issues in a timely manner, whilst assisting in further developing relationships between the participants.

Regular financial reports would still be necessary, but the importance of producing these reports for *internal FPA management* should have been established at the start of the project, where FPAs were not used to such regular internal reviews.



Further, joint CO/RO monitoring visits should have occurred at least once or twice in the projects life.

3.2.3 Necessity to review and, where necessary, revise project goals

In a couple of the FPA SI projects, the original project design, though suitable to the needs of the FPA as identified during the Needs Assessment, did not remain entirely appropriate to the FPA. This was usually the result of senior staff turnover at the FPA. In these cases, if the project design had been revisited by the FPA in conjunction with the Secretariat early enough, then it may have been possible to have ensured a greater degree of project success.

3.2.4 Responding to the challenges of the loss of key project staff

This is an issue for all levels of the Federation, and is one that is particularly important to institutional development initiatives, given the central role that senior management play in such initiatives and the impact of organisational change on staff. Clearly, staff turnover is sometimes unavoidable, however, where it happens, then timely action must be taken to ensure that new staff are brought on board and reoriented on sustainability and the project goals. Where staff turnover affects the ED or the project manager of participating FPAs, the Secretariat must visit the FPA to meet with the new management, gain their commitment to the project and review and revise the project, if necessary.

3.2.5 Better use of consultants

Consultants have been used by both the Secretariat and the FPAs for a variety of tasks during the SI. However, in some cases the quality and suitability of the work of the consultants has not been as good as it could have been. Although time has often been a restricting factor with respect to the process of consultant selection, IPPF as a whole must become smarter about its approach to consultants. For example, we should set-up an internal database of consultants, which clearly sets out their strengths and weaknesses. This would enable us to have ready access to consultants that can meet our needs, assist us in orienting and managing the consultants so that they deliver the required output and reduce our consultancy costs by establishing relationships with good consultants and negotiating special rates etc. In addition, IPPF at all levels must take a more commercial approach to negotiating and contracting with consultants and other partners, and must learn to manage these relationships more effectively.

3.3 GENERAL SUSTAINABILITY LESSONS

3.3.1 Orientation and discussion on the concept of sustainability and its meaning and relevance in the context of an FPA and IPPF

The nature of sustainability in the context of IPPF and FPAs is a complex one. In order to move forward effectively, it is important that sufficient time is spent with project participants (at the CO, RO and FPA levels) discussing these issues and agreeing on a workable approach to sustainability



and the interaction of the three sustainability components (financial programmatic and institutional) in the FPA context. This review should also consider wider issues, which it is important that FPAs understand before determining what sustainability means to them individually. In particular, sustainability should come to be seen as a supporting strategy to enable FPAs to achieve the mission and objectives. However, to do so, FPAs need to develop an understanding of what their mission and objectives are in their country context, how they plan to relate to and interact with other country actors, e.g. government, civil society and the private sector, and how this role is likely to change in the future. Such a thought process is difficult, and has to be regularly reviewed, but is nevertheless essential to determining appropriate sustainability strategies for an individual FPA.

3.3.2 "Projectisation" of sustainability

Given the institution wide impact of any sustainability initiative, sustainability should not be viewed purely as a project that happens and then ends. It is vital that sustainability is seen as an essential management concern, and that all FPA staff are aware of what sustainability means to them individually and to the achievement of the Association's goals. For example, for management, sustainability should be seen as an essential factor in strategic planning, whereas for project staff, project sustainability is something that should be considered when a project is first conceptualised so that the necessary steps can be taken to address project continuity well before the end of the project, and for service staff, services should seek to recover costs, except where subsidies are required to ensure that the underserved can access services.

Where this projectisation is unavoidable, every effort must be made to make the project realistic, with a clearly defined goal and SMART objectives that can be readily monitored and measured.

3.3.3 Necessity for a suitable project period

Institutional sustainability initiatives are ones that often involve difficult processes of change. In order to successfully manage this process and to ensure that good staff are not disaffected by the process, a sufficient period of time is required for planning and implementation. Also projects that are too short term impose an unduly heavy burden on the Association, and may result in a half hearted project effort, or prevent the project funds from being used in a manner that will have the greatest long term impact on the Association. Therefore if "projectisation" is unavoidable, then care must be taken to ensure that the project is realistic and achievable in the available time.

Bearing this in mind, a certain degree of time pressure can have a catalytic effect on implementation.

3.3.4 Board and Senior Management commitment to change

The traditional FPA practice of giving away services and products without consideration of cost recovery is difficult to overcome and requires the resolute will of the Board Members and main executives if it is to be undertaken wholeheartedly. Therefore, the active participation and support of a committed Board and a motivated team of executives is vital to move FPAs from a donor



dependence mentality to a more commercial orientation. This will to change must come from the top.

3.3.5 *Development of suitable skills and capacity*

The knowledge, experience and skills required for the successful implementation of aspects of any SI project are not ones that are easily found within the NGO sector and are not necessarily synonymous with good SRH project skills. Hence, the development of internal capacity, particularly with respect to financial and organisational management, are important preliminary prerequisites to a successful SI project.

3.3.6 *Staff involvement and orientation*

Involving staff and orienting them on issues of sustainability will pay dividends in the long run, as staff come to understand and accept why such radical changes are required. In addition, this process can be used to develop and empower staff, thus enhancing their contribution to the organisation.

3.3.7 *Requirement for a new type of support from the Secretariat*

As FPAs become more independent, both technically and financially, they need a lot of support whilst in the process of change. This support needs to be timely, pre-emptive and of a suitable quality. This can be difficult for the CO and RO due to CO and RO internal issues, but typically because of a lack of suitable skills within the Secretariat. For example, the Secretariat has traditionally provided SRH technical assistance to FPAs, but increasingly needs to provide good organisational development and management expertise. Sometimes there is also a requirement to provide more specific skills that would have to be brought in from outside, e.g. IT skills. During the SI project, the ROs have responded to this challenge, as can be seen from ARO input in Ghana and Mozambique, for example. However, to successfully extend this work, there needs to be some capacity building in both the CO and the ROs. In particular, for projects such as the SI, it is imperative that people with relevant skills and background are brought in. They do not need to be from the private sector, however, they do need to have good management capacity, and where necessary, financial expertise.

Similarly, IPPF must reconsider the mode in which it gives technical assistance to the FPAs. *Within the SI there are some examples of technical assistance having been given by the ROs, which has resulted in a transfer of skills to the FPAs. This must be one of the most cost effective and productive methods of technical assistance, which should be extended.*²

² In Guyana, the level of openness of the FPA to technical assistance and external perspectives further enhanced this method of technical assistance.



3.3.8 Tensions over traditional roles of CO, RO and FPAs

As FPAs pursue the challenge of sustainability and become more independent, they understandably begin to question the role of the CO and RO. This lays down a challenge for the Secretariat to review and refine its role and to market itself to the FPAs. It could be argued that the process of sustainability opens the way to a more participatory mode of operation within the Federation at all levels.

3.4 LESSONS ON SUSTAINABILITY STRATEGIES

3.4.1 Playing to existing strengths

Setting up SRH income generating activities may be the easiest and most viable sustainability strategies for FPAs. Diversified clinical services are one of the most viable and straightforward sources of revenue for FPAs, and can even produce cross subsidies for programmes that cannot, by their nature, be self-sustaining, for example community based services or certain youth oriented activities. Further, this income generating strategy can have a positive impact on the quality and utilisation of FPAs SRH services and plays to the FPAs existing strengths. Thus they are likely to require a smaller financial and management time investment than new commercial ventures.

Note that social marketing projects, such as FPAM's condom social marketing programme, can also prove an effective income generating strategy, which also has a dual social objective. With the right expertise and investment, providing the country context is ready, this type of venture could prove very fruitful for FPAs.

3.4.2 Need for marketing

Even where FPAs are recognised as leading national NGOs, there is still much work that needs to be done by FPAs to market themselves to donors, governments, other potential partners/stakeholders. Such aggressive marketing and networking will help ensure that donors begin to actively seek out the FPA and come to it as a first port of call, which in turn will assist the FPA in defining its own role and working at the cutting edge of the SRH field.

However, whilst high profile marketing can succeed in raising the profile of FPAs, it can also be dangerous if it leads to a belief that the FPA is well endowed. FPAs that undertake such marketing need to carefully plan and manage their marketing activities, balancing the various marketing objectives with suitable strategies that do not jeopardise its fundraising potential.

3.4.3 Need to address financial capacity

If sustainability is to be pursued fully, FPAs need to revolutionise their finance functions and to move away from the traditional manner of donor accounting. In doing so, FPAs need to actively ensure that their operations are cost efficient and proactive. More importantly, FPAs must develop a full understanding of the cost base and determine how to best manage resources to meet



organisational objectives. In so doing, FPAs must become adept at identifying and managing donor funds that will assist the FPAs with their strategies. To do this, good financial capacity is essential, as is the ability of FPAs to parcel their work in a manner that appeals to donors.

3.4.4 *Review of all comprehensive approach to addressing financial sustainability*

There are numerous strategies with which FPAs can pursue financial sustainability. For example, just a few include:

- Reducing costs and increasing efficiencies
- Maximising grant management capabilities
- Improving and intensifying fundraising efforts
- Ensuring that project sustainability is addressed at the project conceptualisation stage and followed through well before the end of the project
- Forming partnerships and collaborations
- Gaining community ownership of project activities
- Ensuring cost recovery on existing services, with use of subsidies to ensure that the target group can access services
- Diversifying services, e.g. diversifying clinic services and utilising the income to subsidise SRH activities
- Selling SRH expertise through consultancies or training

Some have been tried within the SI, some within the TP, and some by those IPPF FPAs that have begun their own efforts to address sustainability. However, before FPAs select a particular strategy, it is important that they review the various options open to them and then identify a variety of approaches that will help them and support their organisational strategies. These approaches will vary in terms of cost and impact, but some very simple steps can be taken by FPAs that do not require significant investment and that can nevertheless have a dramatic impact on operational efficiency and maximisation of resources. At the same time efforts to generate income can be undertaken. However, the important thing, is that FPAs do not rush into commercial ventures before exploring the easiest options available to them.



4 IMPLEMENTATION, ACTIVITIES AND RESULTS

Actual project activities within the SI can be grouped within three main categories. Firstly, In-Country Activities, which is the largest part of the SI, and covers projects developed and implemented by the 8 participating FPAs. Secondly, the South-to-South Exchanges, which were exchange-of-experience visits by FPAs wishing to network, gain insights and learn from the experiences of other IPPF FPAs. Although these exchanges were open to all participating FPAs, only 4 took advantage of it. Thirdly, various other activities relating to sustainability were undertaken by the SI team and other project staff. These vary from the publication and dissemination of the follow-up study of the TP to the Sustainability Initiative Workshop that was held in August 2000 for participating IPPF staff. Each of these activities is outlined below, with an indication of the results achieved and the lessons learned.



4.1 IN-COUNTRY SUSTAINABILITY INITIATIVES

AFRICA REGION

4.1.1 Ghana – PPAG

Introduction

In June 1999 the Africa Regional Office held a conference with representatives of African FPAs, including the Planned Parenthood Association of Ghana (PPAG). The conference endorsed the need for a paradigm shift from family planning to the integral concept of sexual and reproductive health, the need for institutional change and development to facilitate the paradigm shift and the need to shift the client focus to youth. A follow up meeting held in Kenya reinforced these urgent needs and initiated the process in three pilot FPAs: Ghana, Ethiopia and Tanzania.

As a result, PPAG took up the challenge and committed itself to embrace the broader SRH framework and program with a focus on youth as the primary target group and to reposition PPAG as a national leader in the delivery of sexual and reproductive health services for youth. The SI funding came at a time when PPAG was determining how best to move forward in achieving these goals.

Project Objectives and Implementation

The overall goal of PPAG's SI project was to improve the organizational capacity of PPAG to manage and deliver sustainable, gender sensitive sexual and reproductive health programs.

The specific objectives were:

- To increase PPAG's capacity to provide quality SRH services by establishing sound management systems and practices at all levels
- To establish a management information system, which will provide timely and accurate information for effective management decision-making
- To reposition PPAG's corporate image by developing marketing and communication strategies
- To establish a business venture (desktop publishing unit and a consultancy training unit) as a means to begin building self-reliance by generating local income

The PPAG Sustainability Initiative had 3 distinct phases - I: Evaluation, II: Design & Empower,



and III: and Implementation. The first phase included organisational evaluation/needs assessment, covering programme and project management processes, human resources, financial management, budgetary controls, governance etc. within the FPA. This was followed by workshops with volunteers and staff to discuss the main findings and recommendations of the needs assessment report. The second phase consisted of development of a solutions framework to address the identified needs and an implementation plan. In addition, it included an MIS diagnosis, market analysis, staff training/orientation and organisational strengthening in preparation for the Implementation phase. The Implementation phase was designed to begin implementing the recommendations of Phases I & II. To this extent, it included staff training, reviewing/updating organisational systems and procedures, a cost rationalisation study, initiation of the MIS implementation strategy, implementation of the marketing strategy and initiation of business ventures.

It is noteworthy that PPAG's SI project has clearly focused on identifying and addressing institutional needs in order to strengthen capacity before addressing financial sustainability. In addition, a lot of effort was put into staff orientation and training/development.



PROJECT ACTIVITIES, ACHIEVEMENTS AND FINDINGS

Objective 1: To increase PPAG’s capacity to provide quality SRH services by establishing sound management systems and practices at all levels.

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|---|---|
| <ul style="list-style-type: none"> • Training and capacity building to enhance commitment of Board members, executive staff and volunteers • Developing new constitution, organogram, protocols, working condition standards • Implementing performance appraisal systems • Cost Rationalisation Study • Diversification of services • Quality of care assessments | <ul style="list-style-type: none"> • A variety of sustainability orientation workshops and trainings took place • Board, staff and volunteers are motivated and enthusiastic • New constitution and protocols completed. New organogram is in operation and being tested for further adjustments. Staff contracts and working conditions have been updated • Performance appraisal system is being implemented • Cost Rationalisation Study was completed, although it was not as comprehensive as it could have been, and has not yet been followed through • Extensive new protocol for quality of care developed | <p><i>Despite the short project period, PPAG have successfully achieved the paradigm shift to SRH and a focus on youth and increased organisational capacity - now more work needs to be done to transfer this in practice to all PPAG operations</i></p> <ul style="list-style-type: none"> • Training and capacity building exercises have been well received and involved most executives and staff. However, capacity building of the finance department is needed • The constitution ensures zonal representation as well as youth representation • The organisation structure may require some changes, as, for example, medical issues are not explicitly present in the current organogram • Staff are generally satisfied with the new working conditions and benefits, although the uncertainty caused by the 3-year contracts needs addressing • The performance appraisal system is interesting but somewhat complex • The idea of diversification has been considered, but has not yet been implemented • The refurbished Accra facilities (head office, clinic and the Young & Wise Centre) are clean and adequate, with friendly and informative staff/peer educators, but this needs to be further extended to other PPAG facilities |



Objective 2: To establish a management information system, which will provide timely and accurate information for effective management decision-making

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|---|--|
| <ul style="list-style-type: none"> • Establishing modern network of computers • Developing staff capacity to use the systems • Ensuring adequate and efficient use of the systems and information | <ul style="list-style-type: none"> • Installation of computer network in Head Office, zonal offices and the Young & Wise centre in Accra • Staff members have trained and are utilising the new systems | <p><i>Significant progress has been made in establishing a modern management system, but much work remains to be done (this is expected given the ambitious scope of this objective and the short project period)</i></p> <ul style="list-style-type: none"> • Poor performance of telephone lines in-country impedes the e-mail and Internet performance. A better technical solution is being sought. A local area network is planned for the Accra facilities and connectivity to the zones will be rolled out in due course • Systems have been installed quite recently and therefore there is potential for fuller/more efficient usage, particularly for decision making. Staff recognise the potential of MIS and is increasingly using it, but the MIS staff need to more proactively ensure that staff are fully aware of the systems capabilities |



Objective 3: To reposition PPAG's corporate image by developing marketing and communication strategies

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|--|---|
| <ul style="list-style-type: none"> • Establishing a Marketing Department • Developing Marketing and Communication plan • Organising Promotional Activities and improving the social visibility of PPAG | <ul style="list-style-type: none"> • A dynamic marketing and resource mobilisation department has been established and is very active • A Marketing and Communication plan is being implemented • A new corporate slogan, logo, signboards and brochures have been produced. TV and radio spots were produced • Efforts at local fundraising/grant applications are already proving successful | <p><i>All parties encountered during the evaluation indicated that PPAG had successfully established a very positive image</i></p> <ul style="list-style-type: none"> • The marketing and communication plan was developed with the support of a professional consultancy study and report, and was widely discussed and disseminated throughout PPAG • Promotional efforts have been timely, adequate and of a quality suitable for the target audience, although the website is not yet fully operational • A PPAG day is planned to improve the social visibility of PPAG. The Association has already implanted the practice of wearing institutional clothing every Friday, which also serves to build corporate loyalty. • Image assessment of PPAG revealed positive opinions among community leaders, journalists and government agencies acknowledging PPAG's pioneering role in SRH, its new mission and activities and the high level/quality of training provided by PPAG |



Objective 4: To establish a business venture (desktop publishing unit and a consultancy training unit) as a means to begin building self-reliance by generating local income

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|---|---|
| <ul style="list-style-type: none"> • Setting up office and equipment • Hiring DTP specialist • Production for internal and external use • Provision of training • | <ul style="list-style-type: none"> • Adequate and renovated facility has been set up with the necessary equipment, software and personnel • DTP production is operational for internal use • Provision of training is already producing income | <p><i>Both ventures have been initiated, but are still in their set-up period.</i></p> <ul style="list-style-type: none"> • The DTP unit plays an important role in designing institutional Information Education and Communication (IEC) materials • Production for external use has not started as yet and does not seem to be a realistic possibility in near future as the unit is fully occupied with internal production and is unlikely to generate significant income from external sources • A cost recovery study should be undertaken to ensure that all training services are adequately covering their costs, and where possible, are generating surplus income |



Lessons Learned (from the PPAG Project)

› *Project Implementation/Management Lessons*

Institutional sustainability initiatives such as PPAG's are ones that involve difficult processes of change. In order to successfully manage this process well and to ensure that good staff are not disaffected by the process, a sufficient period of time is required. A project that is too short term imposes an unduly heavy burden on the association and its staff, who are responsible for implementing the project whilst simultaneously undertaking their regular responsibilities.

In addition, too short a project could prevent the project funds from being used in a manner that will have the greatest longer-term impact on the association. This was not the case with PPAG, whose SI project was very ambitious in scope. However, as a result, and despite the commitment of PPAG to making a success of the project, some of the activities attempted, e.g. the full design and implementation of a new MIS system, were not realisable.

The active participation of a committed Board and a motivated team of executives is a key factor underlying the success achieved by the PPAG in the implementation of this project, and should be noted for future such projects. This partly came about because of the impact of the Africa Regional Office (ARO) Transformation Exercise and the seeds this planted in the Board and Senior Management for addressing the issue of sustainability. In addition, PPAG put a lot of time and effort in orienting staff on sustainability and involving them in the process of change. As a result they created a high level of project acceptance, motivation and energy amongst staff.

The IPPF Africa Regional office (IPPF-ARO) provided PPAG with technical assistance and support throughout the project and participated in many of the volunteer/staff workshops. However, although both CO and ARO provided PPAG with input and feedback at a variety of stages during the project, there was some confusion of roles and procedures amongst all parties, which occasionally caused some delays in project implementation, exacerbating the short project implementation period. In future, more work needs to be done with respect to ensuring all parties are aware of the project requirements, guidelines and procedures and that all parties work together to assist implementation. In addition, an adequate project implementation period would allow all parties to pause at specific intervals and to seek clarification of the way forward and ensure unity of direction.

› *Sustainability Lessons*

The traditional FPA practice of giving away services and products without consideration of cost recovery is difficult to overcome and requires the resolute will of the Board Members and main executives if it is to be undertaken wholeheartedly. This will is now present in the PPAG and is one of the main outputs of the Sustainability Initiative.

Diversified clinical services are one of the most viable and straightforward sources of revenue for



FPAs, and can even produce cross subsidies for programmes that cannot, by their nature, be self-sustaining, for example community based services or certain youth oriented activities. Further, this income generating strategy can have a positive impact on the quality and utilisation of FPAs SRH services and plays to the FPAs existing strengths.

Even where FPAs are recognised as leading national NGOs, there is still much work that needs to be done to market itself to donors, governments, and other potential partners/stakeholders. Such aggressive marketing and networking will help ensure that donors begin to actively seek out the FPA and come to it as a first port of call, which in turn will assist the FPA in defining its own role.

High profile marketing can succeed in raising the profile of FPAs, but can also be dangerous if it leads to a belief that the FPA is well endowed. FPAs that undertake such marketing need to carefully plan and manage their marketing activities, balancing the various marketing objectives with suitable strategies.

If sustainability is to be pursued fully, FPAs need to revolutionise their finance functions and to move away from the traditional manner of donor accounting. In doing so, FPAs need to actively ensure that their operations are cost efficient and proactive.

Conclusion

Both the overall goal and the specific objectives of the project were satisfactorily met, notwithstanding the short period of implementation. PPAG is now better equipped, both in trained or hired human resources and in physical infrastructure, to face the challenges ahead.

PPAG was already in the process of transformation as a result of the ARO Transformation Exercise, and hence the SI has had a real catalytic effect on the organisation, accelerating the process of change and renewal. PPAG is adequately led by committed volunteers, a professional and dedicated executive director and a team of well-motivated executives and staff, who are aware of the next steps that PPAG needs to take to consolidate and further its sustainability efforts.

Key Next steps

With the laid out ground work and successful initiation of the process of sustainable development PPAG now looks forward to carry on with the following activities:

- implement Clinic Management Xpert (CMX) in the clinics
- revitalise and build the capacity of the finance department



- undertake a cost effectiveness study, determine the current level of cost recovery and review service/commodity prices
- take steps to rationalise the cost base of the organisation, including implementing the recommendations of the cost rationalisation study
- regain a better balance with the provision of diversified services for the fee-paying adult population to counter balance the current focus on youth
- consolidation of the local area network and roll out to the zones
- finalisation of the institutional website
- more aggressive marketing/networking with different government and non-government organisations/civil society organisations for sponsorships and other assistance
- feasibility study for a social marketing operation
- documentation of success stories and best practices both in print and audiovisuals to publicize and attract more donor funds



4.1.2 Mozambique – AMODEFA

Introduction

Established in 1989, Associacao Mocambicana para Desenvolvimento de Familia (AMODEFA) is a young FPA. It is one of the FPAs selected by IPPFAR to benefit from focussed regional assistance to effect the transformation from a family planning paradigm to a sexual and reproductive health paradigm. Underlying this process of transformation are crosscutting concerns of sustainability and excellence, which require a minimum level of institutional development. For this reason the SI came at an opportune time for AMODEFA, allowing it to fully undertake the challenges of the IPPFAR Transformation Process and simultaneously address its organisational capacity. However, it should be noted that project implementation was impeded by 2 main factors, that of the severe floods that affected Mozambique in 1999 and 2000 which shifted all internal efforts towards relief, and a high level of staff turnover and staff shortages.

Project Objectives and Implementation

The goal of AMODEFA's SI project was to strengthen AMODEFA's organisational capacity as a necessary first step to create solid foundations on which to build and introduce new activities, allowing AMODEFA to become a centre of excellence in sexual and reproductive health.

The project objectives were:

- To improve the institutional decision-making structure, developing its effective role in governance and management
- To improve managerial capacity of the Association to develop, implement, evaluate and monitor integrated and sustainable sexual and reproductive health programmes of high quality
- To develop the skills of AMODEFA's technical teams at its various hierarchical levels, to promote gender sensitive sexual and reproductive health services, targeting both women and men, with special emphasis on youth
- To increase the skills and knowledge levels of AMODEFA's managers to face future challenges in relation to resource mobilisation and advocacy strategies

AMODEFA's SI project was implemented in two phases. Phase I included a detailed needs assessment of AMODEFA, which identified areas of weakness and developed a preliminary action plan to address the identified needs. Sociedad Civil Bem-Estar Familiar no Brasil (BEMFAM), IPPF's Brazilian FPA carried out the needs assessment and was also contracted to implement the action plan, a process that involved a review of AMODEFA's governance and management



functions and a series of training modules to develop capacity in management, organisational, financial and commodity management skills. Phase II included a variety of steps to assist AMODEFA realise in practice the SRH ethos that had been created as a result of Phase I activities, e.g. the introduction of specific additional SRH clinic services in a renovated premises, improved working conditions, development of management policy and procedural manuals etc.) The project was therefore viewed as an institutional sustainability intervention intended to lead to programmatic and financial sustainability in the longer term.



PROJECT ACTIVITIES, ACHIEVEMENTS AND FINDINGS

Objective 1: To improve the institutional decision-making structure, developing its effective role in governance and management

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|--|---|
| <ul style="list-style-type: none"> Revise constitution Update Organisational Structure Governance and Management Exchange of Experience Visit Develop Human Resources Management Handbook, Job Grading and Remuneration Scheme and Competence Based Performance Appraisal System Develop Management Information Systems Manual Develop Finance Administration Manual | <ul style="list-style-type: none"> The The visit was carried out with AMODEFA participants gaining a clearer understanding of how Phase I lessons were applicable in practice The various manuals and handbooks were almost finalised at the time of the evaluation (August 2001), and were yet to be fully adopted | <p><i>AMODEFA has begun improving its institutional decision making structure, although further work needs to be done to effectively implement these new systems</i></p> <ul style="list-style-type: none"> The new structure is not very comprehensive and needs to be reviewed |



Objective 2: To improve managerial capacity of the Association to develop, implement, evaluate and monitor integrated and sustainable sexual and reproductive health programmes of high quality

| Activities | Major Achievements | Findings |
|---|---|---|
| <ul style="list-style-type: none"> • Complete an Organisational Development Audit • Carry out a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the Association • Clearly define the institutional vision and mission • Upgrade office/MIS systems • Update Financial Accounting Software • Transfer from BEMFAM to AMODEFA modern managerial technologies and instruments in the following areas: organisational development; leadership; financial management; information management; quality management; monitoring, evaluation and reporting | <ul style="list-style-type: none"> • Completed by a local consultancy • A SWOT analysis and Strategic Plan were completed with the assistance of BEMFAM, which clearly sets out the new mission and strategies • New financial software was acquired, but is not fully operational yet • Progress was made in all of these areas mainly as a result of training modules that were developed and implemented by BEMFAM | <ul style="list-style-type: none"> • <i>AMODEFA has begun improving its managerial capacity, but needs to continue to address this area, particularly human resources and leadership</i> • The Audit indicated that, given the short time frame of the project, AMODEFA still has much work to do with respect to institutional capacity building • AMODEFA needs to ensure that it fully operationalises its new strategy, monitoring and reviewing it as necessary • Having initiated the process of updating systems, AMODEFA urgently needs to complete these activities to ensure it is able to work and manage efficiently and effectively • The short time frame of the project, coupled with a high turnover of staff during the project period, limited the impact of the work carried out in these areas. Greatest progress was made in monitoring and evaluation, although here too the new system is still being tested and adapted to AMODEFA's needs |



Objective 3: To develop the skills of AMODEFA’s technical teams at its various hierarchical levels, to promote gender sensitive sexual and reproductive health services, targeting both women and men, with special emphasis on youth

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|--|--|
| <ul style="list-style-type: none"> Quality of Clinic Services Exchange of Experience Visit Develop Maputo clinic as a model clinic³ See also points above | <ul style="list-style-type: none"> The visit was carried out with AMODEFA participants gaining a clearer understanding of how Phase I lessons were applicable in practice The model clinic was operational and appeared to be of high standard, although utilisation rates of the clinic were not yet high | <ul style="list-style-type: none"> <i>AMODEFA has begun to develop the skills of its technical teams, but again, more needs to be done in this area</i> AMODEFA has taken on board the new SRH paradigm, but needs to aggressively pursue strategies to operationalise this paradigm |

³ Note: this was mostly funded by the Netherlands Trust Fund



Objective 4: To increase the skills and knowledge levels of AMODEFA’s managers to face future challenges in relation to resource mobilisation and advocacy strategies

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|---|---|
| <ul style="list-style-type: none"> • Transfer from (definition) BEMFAM to AMODEFA resource mobilisation skills • Transfer from BEMFAM to AMODEFA of strategies to provide clinical and education services in sexual and reproductive health, including Sexually transmitted infection (STI)/HIV/AIDS prevention and diagnosis • Develop a Sustainability Plan | <ul style="list-style-type: none"> • Training was carried out by BEMFAM, but the impact was limited due to high staff turnover during the project period • BEMFAM succeeded in realising a paradigm shift in AMODEFA, however, more programme and service staff training is needed to effect this change in practice • An initial Sustainability Plan has been developed | <p><i>AMODEFA has begun to increase the skills and knowledge levels of managers in relation to resource mobilisation and advocacy. However, this has not happened to the degree envisaged due to high staff turnover during the project period and the short timeframe of the project</i></p> <ul style="list-style-type: none"> • AMODEFA still appear to rely on ARO assistance for proposal development • See comments above • AMODEFA need to review and refine the Sustainability Plan to ensure that they are able to follow through on it |



Lessons Learned [from the Planned Parenthood Association of South Africa (PPASA) Project]

› *Project Implementation/Management Lessons*

- Given the complex nature of sustainability, more work should be carried out at the start of the project to ensure that all participants fully understand what sustainability means to their respective FPAs. Project development should then be undertaken by a joint team, including FPA and Secretariat staff, to ensure that all parties are agreed on the best way to proceed. This process should also allow best practices/lessons learned from similar projects to be shared and utilised in the project design.
- Project design, including the timeframe, must build in flexibility for unpredictable circumstances, such as in-country disruption and staff turnover. These problems become more acute when they involve senior management, as leadership and direction may be lacking for part of the project period.

› *Sustainability Lessons*

- AMODEFA's initial strategy to invest in institutional sustainability, particularly the retraining with respect to SRH and organisational development, as a launching pad for the FPA's overall sustainability effort is an effective one, as it created an institution wide awareness of the need for change. One area of their approach that could have been improved however, is that of prioritising areas for institutional development. For example, more attention should have been focused on developing the finance department and addressing the human resources problem.
- Given the complex and all encompassing nature of the SI, it is paramount to have effective involvement and support of Management and Volunteers from the outset of the project, including at the design stage and throughout project life.
- When addressing programme sustainability, sensitivity to local communities is essential. In addition, for many projects, community participation is a key element in programme sustainability and therefore should be considered from the very start of project planning and design.
- Empowerment and full participation in decision-making and project implementation by target groups, e.g. women and young people, can prove to be an effective way of enhancing programme sustainability. At AMODEFA, the SI in conjunction with the i3 Youth Programme established a solid youth programme, designed, implemented and promoted by a dynamic youth network.



Conclusions

The Sustainability Initiative was a difficult and highly ambitious project. However, in spite of this, AMODEFA has: achieved the paradigm shift from family planning to sexual and reproductive health at an institutional level, and to some degree at programmatic level; increased awareness amongst volunteers and staff of the need to become more business like in operation to ensure sustainability; increased institutional awareness of the challenges that the organisation faces, both internally and externally, as well as some of the steps that must be taken in order to address those challenges. More work needs to be done to further the efforts begun under this project, particularly with respect to institutional strengthening if the result of the SI are to be consolidated and built upon.

Key Next Steps

Like all similar projects, there are pending tasks that are needed to be carried on as the process has been initiated. Some of these are as follows:

- Development of the finance department, including completion of implementation and training for new accounting software and hiring of competent support staff for the new Finance Director
- Further institutional capacity building, with urgent attention on addressing staff recruitment and retention and development of leadership capacity
- It is strongly recommended that a short term management advisor is hired to move AMODEFA forward over the critical period ahead
- Review of the volunteer structure, particularly with respect to ensuring that volunteers and FPA management clearly understand their roles and responsibilities, and contribute effectively to moving AMODEFA forward. This may also highlight the need to ensure that the skills and contributions that volunteers bring to the Association are the necessary ones and are in balance



4.1.3 Senegal – ASBEF

Introduction

Since its founding in 1974, Association Sénégalaise pour le Bien-être Familial (ASBEF) has played a key role in creating and sustaining the momentum to make family planning and reproductive health services more acceptable, accessible and of higher quality throughout Senegal. ASBEF aims to improve family health by complementing the initiatives of public and private partners with the provision of high quality accessible SRH services. To this end, ASBEF had already involved itself in a process of expanding its activities, offering high quality, affordable SRH services and as a pioneering organisation, embarked on a process of transformation to move from FP to SRH, primarily targeting young people.

To successfully complete this transformation and ensure that ASBEF could continue its activities and maintain its leadership position required, ASBEF recognised that it needed to develop its organisational capacity and sustainability. Hence the SI project provided ASBEF with an excellent opportunity to further its plans.

Project Objectives and Implementation

The general project goal for ASBEF's SI project was

- To increase ASBEF's capacity to develop and implement viable SRH programmes.

The specific objectives were:

- To build up the managerial skills of staff and volunteers.
- To improve ASBEF's existing MIS in order to make information required for decision-making available in real time.
- To increase ASBEF's capacity to build up its internal and external financial resources.

The proposed SI project included activities appropriate to the repositioning of ASBEF, which would enable it to consolidate its shift from FP to SRH, with a focus on youth. The concept was to consolidate the paradigm shift and market the new image at the same time as strengthening the Association's ability to address its financial sustainability. This required developing organisational capacity via a mixture of staff and volunteer skills development, strengthening information and management systems and developing a suitable financial system in order to ensure that ASBEF had sufficient information for monitoring and decision-making.



PROJECT ACTIVITIES, ACHIEVEMENTS AND FINDINGS

Objective I: To build up the managerial skills of staff and volunteers

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|---|--|
| <ul style="list-style-type: none"> Evaluate training needs of staff and volunteers Draw up a training plan according to identified needs. Implement training in advocacy skills, methods of cost-effectiveness and data analysis Evaluate trained staff and volunteers | <ul style="list-style-type: none"> Preparation of report identifying training needs Training plan prepared by professional consultancy Majority of staff undertook some training, including training on communication skills, advocacy skills, English, programme and financial management, IT skills etc. | <p><i>ASBEF made some progress in this area through a series of training programmes, although it is too early to tell how effective this has been</i></p> <ul style="list-style-type: none"> ASBEF spent quite a lot of time in planning and needs identification, which meant the time for actual implementation was insufficient. Whilst the groundwork was important, a more realistic timeframe for implementation should have been planned A more appropriate method of identifying training needs could have been used that would have ensured that staff needs and development goals were better matched to the training they received, as well as to organisational/programme needs Training was carried out in the final project quarter (June-August 2001), which made it impossible to assess the effects of the training on managerial skills of staff and volunteers |



Objective 2: To improve ASBEF's existing MIS in order to make information required for decision-making available in real time.

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|--|---|
| <ul style="list-style-type: none"> • Evaluate and revise the existing MIS according to identified needs • Design computer software for the new MIS, buy and install computer equipment needed, sign contracts for maintenance of equipment • Set up a network for exchanges between departments • Train staff to use the MIS and the network | <ul style="list-style-type: none"> • MIS needs assessment report produced by a consultant • IT equipment purchased • Software development initiated | <ul style="list-style-type: none"> • <i>MIS development was limited due to some confusion over the system requirements and organisational needs, and the lack of adequate knowledge sharing within the Federation.</i> • The report on MIS needs assessment was too theoretical and lacked specific recommendations, which meant that the existing MIS has not yet been revised on the basis of the recommendations. This was compounded by mixed messages from monitoring teams how which areas to progress with • Computers have been purchased but not yet fully installed • Similarly, although cabling is completed, the network is not yet fully established • Staff training on computerised MIS has not taken place as the system is not yet fully operational |



Objective 3: To increase ASBEF's capacity to build up its internal and external financial resources

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|---|---|
| <ul style="list-style-type: none"> • Identify internal and external teams to carry out an analysis of financial management • Introduce a cost-effectiveness system at head office and branches • Identify internal and external teams to draw up marketing and communications plans • Set up a team of staff and volunteers to develop relationships with donors and development partners • Introduce income-generating activities | <ul style="list-style-type: none"> • Financial management system was evaluated by a Consultant • Financial management personnel have been trained in the use of SAARI software • A marketing plan was prepared by a firm of Consultants • A communications plan was developed • An advocacy plan has been drafted • An website has been developed • A facility for laboratory analyses has been set up at Head Office • One multimedia centre has been set up | <p><i>Although the project design was relevant to this objective, the actual implementation differed and therefore the progress against this objective is disappointing.</i></p> <ul style="list-style-type: none"> • The study of the financial management system recommended that ASBEF set up a cost accounting system. However, the system as currently designed is inadequate • The marketing plan prepared was based on classical market theory, with a focus on developing the sales objective, target segments, competition strategies and positioning of ASBEF and its products as the means of establishing new revenue generating activities. It did not adequately incorporate social marketing principles and strategies, hence the recommended strategy for penetrating the market seemed to contradict ASBEF's mission. This plan, however, has not been implemented. • The model of the future website is in the final stage of construction. When finished and adapted to the ASBEF context and its mission, it will contribute usefully to the Association's repositioning. • Only one multimedia centre has been set up at Saint Louis with two computers, a fax machine and a photocopier. However, it is not yet fully operational, and appears unlikely to be viable. |



Lessons Learned (from the ASBEF Project)

▶ *Project Implementation/Management Lessons*

- An adequate amount of work needs to be done prior to commencement of this type of project to ensure that all participants understand the meaning, relevance and approaches required for a sustainability initiative and are fully committed to the initiative
- Given the complexity of the sustainability concept to an FPA and the nature of intuitional strengthening strategies, it is important to effectively anticipate and provide suitable technical assistance both at the beginning of the project and during its implementation
- The use of consultants should be carefully determined and should then be carefully managed to ensure that their use is optimal, cost effective and appropriate to the FPA's needs.
- In addition to clearly explaining the project requirement and processes at the start of the project, these need to be reiterated regularly to ensure that all parties are aware and in acceptance of their roles and responsibilities. Where confusions do arise, telephone communication should be made to resolve confusions as quickly as possible.
- Before embarking on expensive activities that relate to activities/systems that may already exist, a thorough review of the options available within the Federation and outside must be undertaken to avoid constant reinvention of the wheel. In particular, sharing of experiences and best practices within the Federation must be addressed.
- For complex and/or short projects, a regular monitoring mechanism with rapid feedback will assist project implementation. For example monthly tele-/video-conferencing with representatives from FPA, RO and CO together could assist in building consensus, identifying potential issues and timely solutions, as well as ensuring that misunderstandings and confusions are resolved.
- Projects with a joint Secretariat responsibility, such as the SI, should have joint monitoring trips with RO and CO representation. This will assist in ensuring consensus, but will also provide an opportunity to discuss different perspectives and plan the way forward
- Delays in fund transfer can act as a severe constraint on project implementation. Therefore FPAs should be given an adequate cash advance once the budget and workplans are agreed.

▶ *Sustainability Lessons*



- Institutional development projects require a sufficient project period as well as expert technical assistance
- Training programmes for staff and volunteers are important elements of capacity building, but should not be used as the only means to achieve this goal. In particular, efforts must be made to ensure that recipients of training transfer the lessons in practice to assist in furthering the Association's goals
- Cross-referral systems between Information, Education and Communication (IEC), counselling, clinical and laboratory activities provide a simple and cost-effective means of enhancing FPA service utilisation and cost recovery on FPA activities
- Income generating activities that play to the strengths of the FPA provide one of the easiest and most cost effective means of enhancing FPA financial sustainability (for example the setting up of a clinical laboratory as opposed to the establishment of a multimedia centre)

Conclusion

The original project objectives were pertinent and relevant to ASBEF's needs. However, the objectives have been achieved to a very limited degree. This is partially due to start up delays and several other constraints, including insufficient understanding among staff and volunteers on the necessity and meaning of sustainability within the NGO context and difficulties in project implementation and management. However, the end result of these difficulties is that the FPA now has a better understanding of sustainability and the steps it needs to take to move forward.

Key Next steps

It is strongly recommended that ASBEF be supported with effective technical assistance to move forward with its institutional development efforts. Some of the key next steps are as follows:

- Formation of a committee to plan, supervise and monitor the implementation of an integrated MIS, including completion of the computer network installation and development of a relevant MIS, utilising existing knowledge and resources within the Federation
- Finalisation of the organisational website
- Undertaking activities to improve the quality of services using the simple Quality Assurance (QA) approach while waiting for the completion of the database



- Development of the financial management capacity within ASBEF, including review of budget setting and control processes, initiation of cost accounting system, review of resource utilisation levels and cost recovery potential
- Review of human resource management policies and procedures



4.1.4 South Africa – PPASA

Introduction

Planned Parenthood Association of South Africa (PPASA) provides Sexual and Reproductive Health education and services to disadvantaged communities in South Africa, which are intended for replication and integration into government health services. Its core programme includes the provision of adolescent reproductive health services, community-based reproductive health services and life skills education and training in rural areas.

When PPASA was suspended from IPPF due to the apartheid policies in South Africa, it survived *without external funding by intensifying its local fundraising efforts*. Hence although PPASA is still donor dependent, it is not dependent on IPPF's core grant. After South Africa became independent in 1994 and as a result of the high level of SRH need, there has been an inflow of external donors to the country. However as PPASA embraced the external donors, it was conscious of the importance of remaining self-reliant. It therefore committed itself in its 1998-2002 Strategic Plan to develop and manage sustainable programmes. This commitment was further developed during a review of the Strategic Plan, which highlighted that decreasing dependency on donor funding meant developing a business orientation and ethos.

The SI project was therefore developed to respond to this challenge and was designed as a necessary step to validate and institutionalise sustainability principles within PPASA's core structure and processes.

Project Objectives and Implementation

The aim of PPASA's SI project was to strengthen the capacity of PPASA to develop and operationalise a systematic, comprehensive and integrated approach to the delivery of sustainable SRH services for South Africa. The initiative also aimed to diversify PPASA's funding base and to increase its capacity in managing sustainable programmes, via the following objectives:

- To strengthen the institutional capacity of PPASA to incorporate a business oriented approach in all its structures, processes and activities
- To increase PPASA's financial independence through income-generation using commercially viable business strategies
- To increase PPASA's capacity in managing sustainable programmes that are demand driven, business oriented, result based and responds to specific community SRH needs

PPASA planned to achieve these objectives by establishing a Business Unit to market PPASA's



SRH expertise, develop a training centre and to co-ordinate resource mobilisation activities. The Business Unit was also intended to take leadership in diffusing a business ethos throughout the organisation. In addition PPASA planned to determine the viability of cost recovery potential for its services (e.g. clinical, community based distribution (CBD), training, information and consulting) and to integrate sustainability strategies and approaches into PPASA projects at the design and implementation stages.

This approach, though ambitious in the project timeframe, was consistent with the IPPF-USAID SI objectives. However, to the detriment of the other areas, the main focus of the project implementation was around the establishment of the Business Unit. With the benefit of hindsight and given that PPASA is already strong in attracting donor income in a period in which a lot of donor funds are being directed towards Africa, PPASA may have benefited more from the SI project if it had focused more on institutional strengthening to ensure that the organisation's underlying systems were adequate to support current and future needs and to build the capacity of those areas that are weak, for example finance, monitoring and evaluation and MIS.

Given the nature of PPASA's SI project, it is difficult to group all of the activities and results neatly under the three objectives. Therefore the following general points are noteworthy points that will help contribute to PPASA's overall sustainability in the longer term:

- PPASA's leadership have taken on board the challenge of sustainability and the paradigm shift that is required to achieve it
- PPASA recently undertook a detailed review of its vision, mission and strategies, involving various stakeholders in this process to gain their input and buy-in, although some further work needs to be done in this area to fully develop the strategy into one that can be operationalised and monitored
- Various procedures and systems have been updated/developed (e.g. PPASA's Constitution, Human Resources Policy, Performance Appraisal System etc.), however, these are not yet consistently applied across all PPASA sites
- Although not explicitly part of PPASA's SI project, it is noteworthy that PPASA have developed a number of strong partnerships and alliances, particularly strong donor relationships, strong links with national and local government and PPASA's role as implementing agency for the Love Life initiative. These relationships are crucial in ensuring that PPASA is able to influence SRH policy and practice in South Africa, and to ensure that PPASA is recognised and supported as a leading national SRH-NGO.



PROJECT ACTIVITIES, ACHIEVEMENTS AND FINDINGS

Objective 1: To strengthen the institutional capacity of PPASA to incorporate a business-oriented approach in all its structures, processes and activities.

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|---|--|
| <ul style="list-style-type: none"> • Establish a Business Unit with three interdependent branches: • Marketing division, to market technical expertise in SRH for consultancy purposes, including the development of a training centre (i.e. the COE) • Resource mobilisation division • Financial division | <ul style="list-style-type: none"> • The Business Unit office has been established and Terms of Reference has been completed • A business and marketing strategy was prepared • A detailed feasibility studies for the COE has been conducted • Although there is a Resource Centre in Head Office, there is no comprehensive approach to marketing PPASA resources | <p><i>The concentration on establishing the Business Unit meant that a business ethos was not diffused through the organisation, although there are pockets where PPASA has begun to take a more commercial attitude towards its activities</i></p> <ul style="list-style-type: none"> • The majority of the senior management team (i.e. CEO, Director of Programmes, training manger and three Provincial Directors) left the organisation at the time the project was accelerating its implementation pace. The Business Unit Director and Finance Director also left just less than six months before the end of the project • There is lack of clarity over the Business Unit and the Centre of Excellence in terms of their purpose and how they relate to other departments and the provincial offices, hence there are many organisational issues that need to be finalised for each of these units • The Business Unit was not able to fulfil its aims within the project period. This is partly because it began to undertake activities without first determining its strategies, e.g. the recruitment of the Provincial Business Managers was a little premature. However, the Business Managers that were recruited did make some significant achievements (including development of provincial marketing plans, winning of new grants, implementation of income generating activities in Y-Centres, business skills training etc.), despite inadequate direction and support from the Business Unit • There is no comprehensive resource mobilisation strategy for the whole organisation • A severe lack of staff/capacity in the Finance Division means that very little progress has been made in ensuring that this unit is able to support PPASA as it moves forward |



Objective 2: To increase PPASA's financial independence through income generation using commercially viable business strategies.

| Activities | Major Achievements | Findings |
|---|---|--|
| <ul style="list-style-type: none"> Determine the viability of cost recovery for services such as clinical, CBD, training, information and consulting | <ul style="list-style-type: none"> Market research was purchased from AC Nielsen to better understand purchasing power and clientele preferences A detailed feasibility study for training etc. (Centre of Excellence) was carried out PPASA already sold various materials and publications, but this area was further expanded in some provinces to the Departments of Health and Education and to the private sector A preliminary review of social marketing was undertaken during a visit to Brazil (BEMFAM) | <p><i>PPASA have made some progress in diversifying their sources of income and in identifying suitable business strategies, however, they now need to review their options and choose the strategies that are going to be most beneficial without unnecessarily burdening their existing resources/staff and/or detracting from their social goals</i></p> <ul style="list-style-type: none"> Off the shelf market research was unlikely to give PPASA sufficient information to determine the feasibility of cost recovery approaches for its SRH services. The Lovelife partnership further complicates this initiative as they are not interested in pursuing cost recovery strategies at the Lovelife Y-centres There is clearly potential for PPASA to set up a Centre of Excellence for training and SRH consultancy, however, PPASA must be careful to not overburden itself at this critical juncture. In addition, it is important that if PPASA decides to pursue this opportunity, it must ensure that it is thoroughly planned before being launched The income generated from sales was a result of materials PPASA had already developed and was already marketing, hence no new approaches were used for sales. However, the provincial business managers have tried new strategies and generated new grants Given the acute SRH needs in South Africa, the primary goal of any social marketing projects must be to effect behaviour change |



Objective 3: To increase PPASA's capacity in managing sustainable programs that are demand driven, business oriented, results based and respond to specific community SRH needs.

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|---|---|
| <ul style="list-style-type: none"> Integrate sustainability strategies and approaches into PPASA projects both at design and implementation | <ul style="list-style-type: none"> PPASA carried out a situation analysis (environment analysis) among its stakeholders to identify its threats and opportunities A consultant used a business approach to facilitate the process of strategic thinking and develop a strategic framework Internal assessments continue to feature as PPASA develop business /marketing plans, feasibility studies and other operational plans | <ul style="list-style-type: none"> <i>Little progress has been made in this area. This is to a large degree a result of the high level of senior staff turnover during the project period</i> Most programme staff reported that since the launching of the SI they had become more sensitive to sustainability issues, although many also thought that the Business Unit/Business Managers would deal with these type of issues by generating income which could be used to support programmes The financial information system as well as the programme information system (M&E) are still weak The results for this objective are not particularly surprising given the short time frame of the project, but also given the intense focus on establishing a Business Unit and the fact that the steps that needed to be taken to achieve this objective were never clearly defined |



Lessons Learned (from the PPASA Project)

▶ *Project Implementation/Management Lessons*

The duration of the Sustainability Initiative has been extremely short. In addition PPASA's project design was very ambitious. These factors were further compounded by a very high level of senior staff turnover during the project period. The management team that designed PPASA's SI project left PPASA before the project began in earnest. The new management team were not sure of what the project entailed and were not as committed to the project as the previous team. This was partially addressed when that management team participated in the Sustainability Workshop that was held in London in August 2000, however, it was clear from intra-firm correspondence that some confusions still remained over certain elements of the project design, i.e. the Business Unit and the Centre of Excellence. However, this new management team also left some 5/6 months before the end of the project. Therefore the short project period was insufficient time to review the project design and make substantive changes to reflect changes in the needs/situation of the FPA.

There are a number of lessons arising from this experience:

- institutional projects such as the SI should be undertaken over a sufficiently long period to allow for unpredictable events
- restricted projects that have an organisational focus should be spearheaded by a designated project manager who has relevant experience and who is contracted for the duration of the project. Alternately a suitable consultant could be used to provide hands-on technical assistance as needed, but with particular, contractual obligations in the start-up and completion phases of the project. Clearly this will not fully prevent problems that arise due to senior management changes, but may help prevent undue delay/loss of focus, where timing is critical, and could result in a transfer of skills
- when such projects are faced with changes in senior personnel, the CO/ARO should visit the FPA and should work closely with the new management to review the project and make any necessary changes to the project design to ensure that it is still relevant to the needs of the FPA and seeks to meet those needs in the most appropriate manner

IPPF is still learning how best to implement restricted projects that are funded at the Central Office level but implemented in a variety of regions. The SI project has therefore been a learning process for all involved, at all three levels of the Federation. This in conjunction with the short timeframe has put a lot of pressure on all involved in the project and undoubtedly caused the occasional confusion and/or bottlenecks. In the future it is important that such projects make more effort to ensure that all involved are aware of the necessary procedures, requirements, roles and



responsibilities for project management, implementation and reporting. Where possible, the reporting burden on FPAs should be minimised in order to maximise implementation time. Further, a more interactive approach should be taken to Secretariat monitoring, i.e. monthly conference calls rather than quarterly written reports. This would serve to keep the Secretariat more directly aware of the project progress, and enhance the relationship between all participants, whilst potentially opening the way for more targeted and timely technical assistance.

► *Sustainability Lessons*

The concept of sustainability is not an easy one to understand, particularly with respect to its relevance to the NGO sector. With the benefit of hindsight more work should have been done at the FPA level, but also within CO and ARO, to ensure that the concept of sustainability was understood by all participating in the project. In addition more effort should have been made to ensure that the SI projects were seen as a component of a larger effort to address the longer term sustainability of FPAs, given the specific needs and context of the FPA and the country/region.

In addition, the SI project was somewhat segregated from other areas of the FPA and therefore was viewed as a “ring fenced” project. The separate nature of the Business Unit further compounded this, leading to the SI project being seen as a Head Office rather than an institutional issue. This is a shame, as it meant that institutional understanding and awareness of sustainability is not as diffused as it could have been, and organisational buy-in to the new paradigm required by PPASA was not achieved.

Given the complexity of sustainability to FPAs, it is important that FPAs do not try to move forward too fast in their efforts to become sustainable. To this extent, a more holistic approach to sustainability should be encouraged by donors and the Secretariat, in order to ensure that funds are used as efficiently as possible and that the greatest longer-term impact can be achieved, rather than just short term gains.

To this extent, it is important to remember the knowledge, experience and skills required for the successful implementation of aspects of any SI project are not ones that are easily found within the NGO sector and are not necessarily synonymous with good SRH project skills. Hence, if the timeframe had allowed, the development of internal capacity, particularly with respect to financial and organisational management, could have been important preliminary elements for a successful SI project.

PPASA has significant experience and success in the area of building partnerships and alliances with other stakeholders including the communities. This is an important sustainability strategy, which should be documented, further developed and shared with other FPAs.

Conclusions



PPASA faced a number of difficult constraints that affected project implementation, the most serious of which was the high level of senior management turnover. Despite this, PPASA have made some progress towards sustainability. Clearly much work remains to be done, and therefore it is important that the new management team are adequately supported with the suitable technical expertise and resources to move PPASA forward.

Key Next Steps

With the progress made by PPASA even within its constraints there are quite a few activities to complete in near future. Some of these are as follows:

- Undertake an organisation review to determine how best to strengthen institutional capacity. Particular attention should be given to development of the Finance Department, Human Resource Management, MIS and Monitoring & Evaluation
- Undertake a comprehensive review of all income generating activities (throughout the whole of PPASA) and develop comprehensive and regionally co-coordinated plans for: marketing/public relations; fundraising, sustainability. (These plans should all be developed within the context of PPASA's strategic plan and should contain time bound targets.)
- Review the organisational structure and determine whether there is a more optimal structure that would adequately support PPASA's needs
- Determine exactly what the role of the Business Unit is, and how it should be achieved (within the context of the revised organisational structure and organisational plans)
-



4.1.5 Morocco – AMPF

Introduction

The Association Marocaine de Planification Familiale (AMPF) began its operations in Morocco in 1971 and presently offers Reproductive Health (RH) services through 6 regional offices to men, women and young people, particularly among the poor and under-served. RH services are provided through 22 health centres and approximately 790 community volunteers (some 640 before the SI project). The range of RH services was historically limited to family planning, but now includes family planning services, gynaecological consultations, and STD counselling. Along with promotion of SRH rights and services, the organisational goals of AMPF include the development of its managerial capacity and diversification of the sources of financing.

AMPF has recognised the need to further diversify its services from family planning to a broader SRH base. However, as Morocco continues to develop, donors are in a process of gradually withdrawing their support. Therefore, in order to pursue its objectives, AMPF must determine other sources of financing and address its programmatic, institutional and financial sustainability.

Project Objectives and Implementation

The project objectives were:

- To expand both the range and volume of RH services offered through its network of health centres, with an aim to making each centre financially sustainable
- To expand the family planning to under-served rural populations through expansion of the number of community volunteers from 640 to 1500, and provide basic medical materials as well as contraceptives to communities presently without access
- To help the providers of RH services to improve their technical competencies through continuing education in order to insure the provision of quality of services
- To strengthen the managerial capability of the AMPF
- To strengthen the marketing capability of the AMPF
- To promote and diversify the sources of financing, and move toward full financial sustainability of AMPF and its programmes



Clearly these objectives were extremely challenging in the short project period. Hence, AMPF decided to focus on those activities related to establishing a foundation from which sustainability can be pursued in the longer term and thus grouped the objectives under four components:

- Improving the quality and the diversification of the clinical services
- Developing community based services
- Introducing a social and community marketing plan
- Institutional development



Component 1: Improving the quality and the diversification of the clinical services.

Working Objective: To expand both the range and volume of RH services offered through its network of health centres

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|--|---|
| <ul style="list-style-type: none"> • Reorganisation and refurbishment of centres • Setting up diagnostic equipment and specialist rooms • Diversification of the range of services • Setting up quality standards • IT equipment in the centres • Training of staff and service providers | <ul style="list-style-type: none"> • Most chosen centres have been reorganised and refurbished, or the work initiated • Some centres have initiated diversification of services through the acquisition/installation of medical equipment and perishables • The methodology for the document on quality standards has been worked out • All the centres visited have received their IT equipment • See Component 2 for more on training | <ul style="list-style-type: none"> • <i>AMPF have initiated the process of quality improvement and service diversification quite successfully given the short implementation period</i> • 8 out of 23 centres were chosen for reorganisation. In most cases work concerned reorganisation of consulting and waiting rooms, plumbing, painting, etc. A few changes have been made in the Temara and Jnanet centres. More important changes are underway in Hay el Hana. The main shop of the Central Office has been reorganised. • A few centres, e.g. Temara (Rabat) and Fés, have begun to diversify clinical services with provisions for cervical smears testing, prenatal visits and ultrasound scans. The Hay el Hana centre (Casablanca) will soon offer an ultrasound scan service. • Distribution of quality standard document is awaiting its completion • The regional centres need to be linked to the head office |



Component 2: Developing community based services

Working Objective: To expand the family planning to under-served rural populations and provide basic medical materials as well as contraceptives to communities presently without access

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|---|--|
| <ul style="list-style-type: none"> Recruitment of a wide range of volunteers Acquisition of materials and equipment for the community volunteers Placing the volunteers Management and monitoring of community volunteers Training in SRH and IEC Enabling 120 young, qualified persons to obtain loans | <ul style="list-style-type: none"> 20 young, qualified persons out of work have been selected in each region (120 in total) Various products and equipment have been acquired A 5-day course in SRH, communication techniques and marketing has begun for new volunteers The dossiers for loan application are ready to be forwarded to the Employment Ministry | <ul style="list-style-type: none"> <i>AMPF has strengthened its community-based services during the project period. However there is room for expanding and improving the services further</i> Further equipping of volunteers depends on obtaining the necessary credit The zones have been defined and as soon as the credit is forthcoming the volunteers will be put in place Only some of the volunteers have so far benefited from training No executive course has been outlined, which is essential to train people in topics and issues necessary for the new tasks implicit in the concept of sustainability It is not clear how the young people will be able to make a living while at the same time reimbursing their loans |

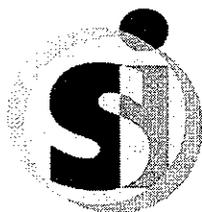


Component 3: Introducing a social and community marketing plan.

Working Objectives:

- To make each centre financially sustainable
- To promote and diversify the sources of financing, and move toward full financial sustainability of AMPF and its programmes

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|--|--|
| <ul style="list-style-type: none"> • Train 60 private sector general practitioners to be provided with IUD kits • Develop a media plan • Carry out a market survey • Initiate activities with respect to the sale of contraceptives | <ul style="list-style-type: none"> • AMPF now plans to involve doctors who already have several years training in IUD insertion • The media plan has been developed and will shortly be implemented • The market survey has been carried out • Contacts with wholesalers have been initiated and negotiations with the Ministry of Health are underway | <p><i>More work needs to be done in this area, with some serious strategic thinking on how best to move forward with the issues of sustainability</i></p> <ul style="list-style-type: none"> • Training of GPs was not carried out. The plan to involve doctors having several years training in IUD insertion needs to be reconsidered as it may not be sustainable as in the private sector IUDs are not commonly inserted • The marketing director has the required professional skills and the potential to apply these plans to ensure the success of the new clinical services and increase the visibility of the association • Although the market survey has been carried out, more work needs to be done in this area, e.g. market prices for clinical services need to be further studied • The support of the Ministry of Health is needed to be able to undertake the social marketing of contraceptives. The social position of the directors of AMPF might make it possible to obtain the authorisations needed for social marketing |



Component 4: Institutional development

Working objective:

- To help the providers of RH services to improve their technical competencies
- To strengthen the managerial capability of the AMPF
- To strengthen the marketing capability of the AMPF
- To promote and diversify the sources of financing, and move toward full financial sustainability of AMPF and its programmes

| Activities | Major Achievements | Findings |
|--|---|--|
| <ul style="list-style-type: none"> • Acquisition of computer equipment and software • Staff training on use of computer equipment • Set up of regional computer network • Set up of AMPF website • Set up of a cyber-health centre • Installation of a telephone line for counselling • Recruitment of a Sales Director • Agreements with door-to-door salespeople • Use of an efficient data collection, monitoring and evaluation system • Development of an organisational policies and procedures manual | <ul style="list-style-type: none"> • The equipment and software were purchased • Staff at the central office have been trained • Computers are being used for statistical reports, documentation and communication • The introductory page of the AMPF website is available • A cyber-health centre in the central office has been set up, with another planned for Fez • A phone line for counselling has been set up at the Jnanate centre • The Sales Director has been recruited • The data collection system is being set up • The procedures manual has been completed | <p><i>The SI has created and strengthened the will within AMPF for institutional development. However due to the time and resource constraint the achievements during the project period have been limited.</i></p> <ul style="list-style-type: none"> • Trainings have been organised for staff of the centres as well as the regional co-ordinators. However, there has been no training for the medical personnel and also the finance personnel • Modern software is still not used for accounting, which is done manually • New software packages needed to manage services offered in the centres are not yet in place and the regional computer network does not yet exist • E-mail is not yet used as a common means of communication in Morocco. This service does not appear to be sufficiently developed yet • The Cyber health centre in the central office is well positioned, as there are many high schools in the surrounding area • The telephone counselling service does not receive many calls which may be due to the lack of qualified resource people • The person in charge of the data collection, research and evaluation has the qualifications and motivation to complete the required activities |



Lessons Learned (from the AMPF Project)

› *Project Implementation/Management Lessons*

- The cultural transition from a traditional financial dependent NGO to a more proactive independent organisation is one that requires enormous effort and investment, plus intensive retraining activities that rejuvenate all areas of the organisation.
- Rigorous and realistic design of the project will facilitate project implementation.

› *Sustainability Lessons*

- Service diversification is essential to the sustainability of an organisation such as AMPF, but can also assist in improving its SRH performance. However, the expansion of services in rural areas deserves particular attention with reinforcement of the training of and investment in community volunteers so that the services offered in small villages are diversified and of high quality.
- Associations must seek to achieve cost recovery on services provided, even if a subsidy is operated where necessary to ensure that the target population is reached. However, competition means that prices acceptable to clients must be combined with high quality.
- To ensure that services are able to generate surplus income, it is also necessary to define what is an acceptable profit margin. However, in countries as varied as Morocco, where it is not possible to fix uniform prices in all the service centres, differentiated prices need to be fixed, taking into account the circumstances and the environment of each clinic.
- The successful launch of new services requires the installation of all the necessary tools: service standards and procedures, tools for data collection, aids for communication and training and the recycling of service providers. The introduction of new services goes hand in hand with human and material resources. Obviously, new services cannot be started up without first ensuring the necessary human and material resources.
- In order to ensure sustainability, a detailed feasibility study or cost/benefit analysis should be undertaken and an implementation/marketing plan should be developed before the activities are embarked on. This is particularly important where a large investment is required (e.g. the purchase of expensive equipment). The objective of sustainability demands special attention be given to the choice of equipment and material from a quality/price perspective and also the potential utilisation level.



- The installation of the financial management software is essential to support a modern organisation, which is striving for sustainability

Conclusion

It should be noted from the outset that the short actual implementation period of ten months prevented the accomplishment of most of the planned activities. However, the support of the Regional Office, together with efficient management on the part of the staff, enabled most essential project elements to be undertaken.

One of the most important accomplishments of the project is level of awareness among the volunteers and the staff of the Association at the central as well as at the regional and local levels of the need to address the sustainability of AMPF, and of what sustainability means for AMPF.

The Association, inspired by this project, has already developed interesting models of sustainability, based not only on cost recovery, profit generation through diversified services, but also on obtaining exemptions and voluntary contributions, which can reduce running costs considerably. Therefore it can be said that the Association, in spite of the extremely short period for a project of this magnitude, has succeeded in accomplishing a large number of preparatory activities that have better equipped it to face the formidable challenge of sustainability.

Key Next steps

The sustainability initiative implemented by the AMPF represented a strong investment in order to set the Association on the path to sustainability. To move forward effectively, AMPF needs to address the following key issues:

- Establish a computerised accounting and financial management system, to ensure that financial resources are effectively managed and controlled
- Complete and implement the manual on quality standards
- Develop AMPF marketing activities, including for the components related to the marketing and sale of contraceptives
- Complete development of the website to improve the visibility of the AMPF on the national and international scale
- Complete the computer network, linking the regions to the already existing central network, which will result in considerable savings on communication costs



EUROPE REGION

4.1.6 Moldova – FPAM

Introduction

The Family Planning Association of Moldova (FPAM) focuses on informing and educating the general public in family planning and reproductive health rights issues, advocating official reproductive health care policy and services to the government, training health personnel and providing sex education for youth. Within the wider context of reduced funding for SRH activities in Europe, IPPF- European Network's (EN) commercial marketing arm, Enet, has been setting up and managing social marketing ventures to help EN FPAs create a vehicle for greater financial independence as well as for reforming their respective contraceptive markets. The SI project therefore represented an opportunity for FPAM to receive Enet's assistance in initiating a social marketing venture and to build the skills and infrastructure necessary to make such income-generating ventures and sustainability activities successful.

FPAM's sustainability initiative aimed to address the lack of sexual and reproductive health information, education available to young Moldavians between the ages of 14 and 20 and to encourage the use and acceptance of condoms by young people as an integral component of their lifestyles. In addition, the project was designed to provide a sustainable supply of good quality, accessible condoms at affordable prices, through pharmacies and other relevant outlets. The launch of this project therefore aimed to create not only a direct source of income for the FPA through commercial marketing, but also to create opportunities for synergies with neighbouring FPAs in the region.

Project Objectives and Implementation

The main objectives of SI project in Moldova were:

- To increase awareness and promote the use of condoms, as a method of preventing the transmission of STI's, and unwanted pregnancy.
- To increase access to high quality and affordable condoms for young women and men in Moldova.
- To establish a sustainable condom social marketing venture with effective distribution through both state and commercial channels.



- To expand and promote reform of the commercial condom market in Moldova, in terms of price, quality and sustainable supply.
- To strengthen the sustainability of the Family Planning Association of Moldova, enhance its institutional capacity and improve its management and marketing skills.
- To orchestrate “real” and sustained behaviour change within the defined target group i.e. young women and men in Moldova.

The project therefore aimed to address all three USAID/IPPF SI sustainability requirements, namely, Institutional Sustainability, Sustainability of Quality of services, and Financial Sustainability by: developing business, management and marketing skills; increasing FPAM’s capacity for business orientated partnerships and resource development; strengthening FPAM’s reputation as the leading national NGO in family planning and sexual/reproductive health; and giving FPAM the necessary tools and confidence to implement similar cost recovery schemes in future projects, as well to generate income by working in partnership with the private sector.



PROJECT ACTIVITIES, ACHIEVEMENTS AND FINDINGS

Objective 1: To increase awareness and promote the use of condoms

Objective 6: To orchestrate “real” and sustained behaviour change within the defined target group

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|--|--|
| <ul style="list-style-type: none"> • IEC Campaign • Condom Social • Marketing Campaign • Creation of a youth-oriented condom brand | <ul style="list-style-type: none"> • High level of participation in the IEC Campaign’s Educational Seminars • Identification and selection of capable and cost effective advertising agency • Effective message communication (both health and branding messages) using a variety of media • Popular media broadcast | <p><i>It is too early to assess the impact of the activities, but present indications of future success are positive</i></p> <ul style="list-style-type: none"> • Excellent quality and breadth of campaigns. Message well received and understood by the target group as revealed by an interim qualitative study. • Publicity events, including outdoor and night club events, were popular • Youth group participation in numerous project stages, including IEC leaflet design, market surveys and in TV and radio programmes • Wide distribution of leaflets covering the issues of SRH and condom use among target groups • Active participation of 1,111 high school students and 1,600 army members in educational seminars |



Objective 2: To increase access to high quality and affordable condoms for young women and men

Objective 3: To establish a sustainable condom social marketing venture with effective distribution

Objective 4: To expand and promote reform of the commercial condom market in terms of price, quality and sustainable supply

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|--|---|
| <ul style="list-style-type: none"> • Launch of the created brand • Effective positioning of the brand for young people • Ensuring sustained supply • Stimulating reform of the commercial condom market | <ul style="list-style-type: none"> • COOL condom has been effectively launched on the Moldavian market and positioned and priced as a youth-oriented brand • New, lower cost manufacturer on board • Tools are now in place to manage this business as well as to set up future ones • Sustained supply of COOL condoms guaranteed through new distributor | <p><i>The first two objectives have been successfully achieved and it is premature to evaluate the sales performance of the brand or the extent of project impact on the wider market</i></p> <ul style="list-style-type: none"> • Quality of marketed brand is good, however the visual impact of the packaging needs to be improved, and plans to do so are in place • Pricing can be increased to boost project income as young people admitted buying an expensive brand for presumed quality assurance • Delayed launch resulted in poor initial sales. However the new distributor seems to be an excellent partner in the process • Solid business foundation established, including good relationships with high quality commercial partners and with potential to increase sales and thus income • It is too soon to assess project impact on the wider market, but it is likely that the effects will be positive, as FPAM's IEC activities are the only ones currently trying to change behaviour, and this, together with FPAM's pricing policy must lead to market reform |



Objective 5: To strengthen the sustainability of the FPAM, enhance its institutional capacity and improve its management and marketing skills.

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|--|---|
| <ul style="list-style-type: none"> Recruiting a Marketing Manager Technical assistance Training of staff Generating more resources | <ul style="list-style-type: none"> Marketing Manger recruited to manage the project Joint project management and business set-up has resulted in a transfer of business skills to FPAM Changed thinking at the board level with respect to the importance of financial sustainability and increased openness to and consideration of sustainability strategies including business activities Development of plans for further income generating initiatives that could be undertaken by FPAM | <p><i>The institutional capacity of FPAM has clearly been improved as a result of direct and indirect project activities</i></p> <ul style="list-style-type: none"> Recruitment of a marketing manager with commercial sector background for the SI project directly contributed to institutional capacity Technical assistance visits and joint management approach helped to transfer skills and knowledge, including an improved understanding of business, marketing and inventory management concepts within FPAM, whilst ensuring that the project was successfully implemented Active participation of FPAM staff in the Capacity Building Workshop also contributed to increased understanding of business and marketing concepts The increased profile of FPAM as a result of the project has led to FPAM being approached by some commercial firms with sponsorship opportunities. FPAM have also modified their strategic plan to recruit private sector members to its board to further enhance management capacity in the organisation |



Lessons Learned (from the FPAM Project)

Some potential lessons learned that emerged from the FPAM SI project are as follows:

▶ *Project Implementation/ Management Lessons*

- Strong leadership combined with relevant expertise is required to make this type of project successful. Both of these were available to FPAM a result of Enet's assistance and FPAM's skilled Executive Director
- The project objectives should be more specific and measurable to ensure effective implementation. The objectives of this project resembled goals, in that they were ideals to work toward, and were not easily quantifiable or measurable.
- A sustainability plan should be developed at the outset of a project like this, if it does not already exist. In addition to managing expectations, this should promote other sustainability enhancing activities and ensure that the project fits within and contributes to the FPAs sustainability plans.

▶ *Sustainability/Condom Social Marketing Lessons*

- Establishing effective distribution takes time. Potential delays should be built into the project design to give project partners time to react to the problems without "delaying" the project.
- Launching a full range of condoms at once (vs. just one variant) could prove to be more profitable and effective in the longer term
- Advertising campaigns should be introduced only after distribution issues are resolved. This should prevent resources being wasted and avoid problems with product quality and availability at one of the most crucial project periods.
- Pricing needs to be studied in more detail. A message high quality with a low price is very difficult to achieve, due to the universal perception and accepted principle that high price signifies high quality. In fact, high prices for condoms may lead to greater social as well as financial returns. However, for target groups who cannot afford a higher priced product, a lower priced brand might be needed.

Conclusion



The appropriateness, effectiveness and efficiency of FPAM's "Issues and Condom Marketing" project were excellent. For a relatively small amount of money, and in a short time frame, a project with simultaneous health promotion/behaviour change and business objectives has been achieved.

A solid business has been established for the FPAM and a fully-fledged brand has been created and launched onto the market. The brand has been effectively associated with a safer sex slogan and youth-oriented concept, which has been well received by the target audience - thus FPAM's first contraceptive social marketing project has good potential for achieving sustainable programmatic and financial benefits. The setbacks leading to project delays have been resolved, and sales are expected to increase. Therefore, not only is FPAM now in a much better position from which to pursue financial self-sufficiency than at the outset of the project, but the resolution of some of the project difficulties will have positive effects for FPAM and other EN FPAs in the longer term.

Key Next steps

The project is still very much in its initial stages. Therefore in order to build on the investment to date and make the project a success, Enet will continue assisting FPAM develop and implement the business model

FPAM and Enet are considering launching additional FPA branded products on the Moldovan market to further their social marketing efforts

FPAM will be undertaking a more comprehensive sustainability planning exercise in 2002

FPAM will undertake a sustainability planning exercise in early 2002. The Sustainability Initiative project has empowered the FPA to clearly make this process more ambitious and successful. The seriousness of resource constraints drives the organisation now to apply the tools they have, to reshape FPAM into a stronger, more effective, and sustainable organisation.



4.1.7 *Russia – RFPA*

Introduction

Established in 1991, the Russia Family Planning Association (RFPA) has rapidly become the leading NGO promoting SRH in Russia.

The Contraceptive Social Marketing (CSM) programme, for Russia was designed to address the supply of high-quality, affordable modern methods of family planning, to encourage and facilitate the adoption of safer sex practices, and to enhance the reproductive health status of young women and men in Russia. Increased education, access to, and uptake of modern contraceptive methods have been identified by the RFPA as the most effective mechanism for the reduction of abortions, and to tackle the STI epidemic currently prevalent in Russia. The CSM therefore was designed to provide RFPA endorsed contraceptives and generate sufficient income in the medium term to ensure a sustainable market supply and provide a revenue contribution towards RFPA operating costs.

Project Goal, Objectives and Implementation

The **goal** of the project was to introduce a commercially viable brand of condom and eventually other related contraceptive/health products into Russia that can be sustained beyond the donor subsidy period, and can generate sufficient revenue in the medium term to contribute to the operating costs of RFPA. In addition, the programme would strengthen private and NGO sector collaboration in contraceptive marketing, and further enhance RFPA's existing reputation with the commercial sector in Russia.

The specific Project objectives were:

- *To develop and promote a sustainable portfolio of RFPA endorsed contraceptive and related products.*
- *To increase and diversify the RFPA revenue base.*
- *To increase access to high quality condoms, other related products, and health promotion materials for young women and men in three selected areas of Russia*
- *To expand and promote reform of the commercial condom market in Russia, both in terms of price and quality*



- To strengthen the capacity of the Russian Family Planning Association, and to improve its management and marketing skills

With assistance from the International Planned Parenthood Federation–European Network (IPPF-EN) through its subsidiary marketing company Enet, the Russian Family Planning Association implemented a fast-track intensive advertising/promotion and educational campaign, targeting consumers, educators and pharmacists. RFPA promoted mid-low cost branded condoms to gradually build market share for the brand. Commission from the sales of condoms was planned to facilitate the gradual introduction of secondary products (pregnancy testing kit and an IUD), developed as part of this initiative, which would serve as an additional source of revenue for the marketing initiative.

In addition to beginning a process that will improve RFPA's financial sustainability, the project aimed to strengthen private and NGO sector collaboration and develop RFPA's capacity in marketing and PR. In addition, by introducing a high quality affordable brand into the market, RFPA aimed to reform the whole condom market, making a wider range of high quality condoms affordable to all.



PROJECT ACTIVITIES, ACHIEVEMENTS AND FINDINGS

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|---|---|
| <ul style="list-style-type: none"> Identify product manufacturers/ suppliers (condoms, pregnancy test kits and IUD) and develop method of transportation and delivery to Russia. Identify appropriate local importer/wholesaler and ensure effective distribution channels for products | <ul style="list-style-type: none"> Selection of manufacturer with extensive experience for condom pregnancy test kit and Copper T Agreement with leading Russian condom distributor (Bolear Medical) to purchase and distribute project brand | <ul style="list-style-type: none"> All the selected suppliers (CPR for Condom, IPAS for pregnancy test kit and Pregna International for copper T) have extensive experience and seem to be reliable to further the reach and extension of the social marketing programme Sourcing Russian distribution seemed to be the most demanding challenge of the overall programme which has been achieved through the development of relationships and trust, and more importantly an ability and willingness to adapt to the methods and practices unique to Russian business. |



| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|--|---|
| <ul style="list-style-type: none"> Initiate, product registration (condom) with Ministry of Health, and brand trademark registration with Russian Patent Office. | <ul style="list-style-type: none"> Product registration, approval for commercial sale and endorsement completed | <ul style="list-style-type: none"> Product registration with the Ministry of Health was undertaken by Bolear Medical, and paid for by the manufacturer. The brand is now approved for commercial sale and is endorsed by way of the PCT mark (Russian equivalent of the European Community CE mark). The trademark registration for COOL was undertaken by the (definition) FLM agency on behalf of RFPA and application to the Patent Office was made in April. However, the product name had to be changed to LOCO following a brand ownership problem as the name COOL was already registered. |
| <ul style="list-style-type: none"> Development/adaptation of the COOL condom brand packaging and insert for Russia | <ul style="list-style-type: none"> The packaging has been suitably adapted for Russia and printing has started | <ul style="list-style-type: none"> The existing Baltic packaging and leaflet for the full range of condom varieties has been successfully adapted for Russia, containing Russian language produced by RFPA and including the logo and contact details of the association. The packaging has been modified from COOL to LOCO, following the necessary renaming of the brand for Russia and printing has begun. |
| <ul style="list-style-type: none"> Development of brand identity for test kits | <ul style="list-style-type: none"> Packaging and instructions have been developed in local language Registration process has begun | <ul style="list-style-type: none"> Artwork for the packaging and instructions for use in local language and including FPA logo endorsements has been developed for the pregnancy test kit, and also for a hormonal regulation kit, under the brand name. The registration process for these products is currently underway in Russia, following an initial trademark search. |
| <ul style="list-style-type: none"> Exchange of experience visit to Baltic FPAs by RFPA project staff. | | <ul style="list-style-type: none"> The proposed exchange of experience visit to one of the Baltic FPAs with extensive condom social marketing knowledge did not take place as planned due to the volume of work involved in implementing the planned activities within a short time-frame |



| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|---|--|
| <ul style="list-style-type: none"> • Pricing schedule development, negotiation and agreement | <ul style="list-style-type: none"> • Unanimous agreement on pricing structure, sales margin, revenue policy by all parties | <ul style="list-style-type: none"> • Following extensive negotiation, the pricing structure for Russia has been agreed by RFPA, Enet, CPR and Bolear and the margin earned from the sale of each product agreed. Revenue has been agreed on a sliding scale over a five-year period, and is dependent on performance and subsequent promotional investment. |
| <ul style="list-style-type: none"> • Identification of a local advertising agency, and development of TV commercial • Pre-testing research with youth for TV storyboards | <ul style="list-style-type: none"> • Advertising company for managing the Above the Line (ATL) promotional campaign has been selected • Draft scripts and storyboards have been developed • Focus groups with young people have been organised | <ul style="list-style-type: none"> • As per the RFPA's request Enet agreed to play an advisory and supporting role. The Moscow based advertising company FLM was selected for managing the ATL promotional campaign including the development of the TV advertisement. • Thirteen possible scripts and draft storyboards have been developed, the final selection for production has not yet been decided, although focus group research in Russia has been undertaken to pre-test the ideas • The proposed storyboards and scripts were pre-tested through focus groups with young people during August 2001. The results are inconclusive with only one of the drafts appearing as a preference more than once, and both of these groups representing the male respondents opinion. Enet with RFPA, are reviewing the storyboards presented, in order to determine the most valid option for the campaign and any adjustments if necessary. |
| <ul style="list-style-type: none"> • Development of Russian pages and content for European COOL condoms website. | <ul style="list-style-type: none"> • Russian pages for the website developed | <ul style="list-style-type: none"> • RFPA provided text, ideas and translations for the Russian pages of the Enet COOL website, developed as part of the wider Enet initiative in the Region, with costs being shared across participating country projects. The Russian language section will be launched in mid-December 2001 and, like others, includes safe sex tips, questions and answers, events, games and links to other organisations and companies. The site also includes pages in Romanian, Bulgarian, Estonian, Latvian and Lithuanian as well as English. It is anticipated that at a later date the site will also include e-commerce sales, and will be linked directly to the distributor. |



| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|--|--|
| <ul style="list-style-type: none"> Development of (ATL) advertising campaign and media plan for condom promotion Below the line (BTL) campaign for pharmacists and other retailers (to be implemented by the distributor), and production of retail display stands. | <ul style="list-style-type: none"> Excellent media time as well as discounted rates have been obtained through the contracted agency A four month campaign in 2002 has been scheduled A large scale event on launch day (valentines Day 2002) has been planned Funding agreement for BTL decided in principle with distributors, retailers and pharmacists | <ul style="list-style-type: none"> The contracted advertising agency company has worked directly with RFPA (and indirectly with Enet) to develop a proposed TV campaign, radio infomercials and print schedule for youth friendly broadcast and magazines. RFPA have been able to obtain excellent media time, at significantly discounted rates, utilising their NGO status and with the benefit of local pricing (as opposed to external). The proposed campaign plans to utilise Russian Language youth television music channels MTV and MOZTV supported by audio broadcasts on selected Russian radio stations. The planned mass media campaign includes educational events and distribution of materials by RFPA. In addition a large scale event has been planned for the launch date Although the exact details are still be finalised, the level of funding to be utilised and the cost of the campaign (to be funded by IPPF-EN) has been tentatively set up. Production of materials for the distribution sales force, in store materials for retailers/pharmacists, in store promotional activities – competitions, special promotions and volume discount incentives have been planned. |
| <ul style="list-style-type: none"> Launch of condom brand in Russia | <ul style="list-style-type: none"> Launch of project brand scheduled | <ul style="list-style-type: none"> The launch of the condom brand LOCO is scheduled to take place on Valentines Day in February 2002. |



Lessons Learned (from the RFPA Project)

› *Project Implementation/Management Lessons*

- The experience of the trademark problems in Russia, provided Enet valuable new expertise concerning trademark registration, and the importance of reviewing the trademark situation prior to implementation of any similar social marketing projects.
- The lack of conclusive results from the focus groups conducted, indicated the importance of group selection, gender balance and the need for more research in the pre-testing phase.
- A realistic and feasible project design is essential. The design should also allow some flexibility within the project implementation to help prioritise activities in the light of time and/or funding constraints. This was apparent in RFPA's programme, as though they could not complete the exchange visit and actual launching of the brand; they succeeded in doing all the groundwork and planning for the future events.
- The success of social marketing projects depends largely on the quality and sustainability of partners (i.e. the distributors, retailers and the advertising agencies) and the FPAs relationship with them.
- Russia is a complex country and complex market. A good marketing of the administrative and cultural environment is therefore essential to project success.

› *Sustainability Lessons*

- *Ensuring effective distribution, is a key component of any retail product venture for the successful delivery of the product to consumers, ensure brand image to enhance brand loyalty and customer preference.*
- Close collaboration between Enet and FPA's is essential for project success and to ensure a transfer of skills to the FPA.

Conclusions

The institutional sustainability of RFPA has been enhanced by their participation in this project. The FPA now has a better understanding of marketing and public relations principles. In particular, the FPA has been able to utilise and enhance its skills and experience of commercial sector collaboration, and has pledged to further strengthen a business orientation and ethos into the



strategic vision of RFPA.

The restructuring of the condom market is an evolutionary process, which can only take place over a period of time, and hence it is too early to clarify the impact of this project on the market. However, the acceptance of commercial outlets as the main avenue for condom access, with decreased emphasis on the state clinic structure, the expansion of retail channels for the sale of condoms etc. prove that the process of evolution is under way.

In conclusion, the sustainability focused Russian social marketing project, has accomplished its main objectives, given the limited (six month) implementation period, and the limited funding available for a country with a population of 150,000,000 inhabitants.

Key Next Steps

Based on previous experience of condom social marketing in Eastern Europe, the foundations and infrastructure are firmly established and in place within RFPA to achieve a viable and sustainable product marketing initiative. However, as in all similar projects, this requires further investment and time.

The key next steps include:

- Launching of RFPA section of web-site in December 2001
- Launching the brand in February 2002
- Establishing the brand identity with the target youth audience during 2002
- Introducing the secondary products (pregnancy/hormonal regulation test kits)
- Actively exploring sponsorship collaborations with appropriate private sector companies
- Securing 2nd phase funding of this project as a matter of urgency



4.1.8 Guyana – GRPA

Introduction

For nearly twenty-five years, Guyana Responsible Parenthood Association (GRPA) has been Guyana's leading provider of family planning services and is now the leading national organization for Sexual and Reproductive Health (SRH) services in the country. GRPA's mission is "to promote responsible sexual behaviour and family life through information, education, collaboration and services in sexual and reproductive health." This mission is operationalised through a variety of strategies including: provision of clinic services, support of community volunteers, IEC activities, provision of low-cost contraceptives through private clinics and pharmacies, and collaboration with and support of government SRH activities.

Despite recently having made major strides in its institutional development, GRPA recognised the need to address its future sustainability in order to consolidate and build on the gains it had made to date. This need was made more urgent for a number of reasons, including: the sharp decline in IPPF's core contribution to the FPA being exaggerated as a result of sharp falls in the dollar, coupled with the severe economic and social decline in Guyana; changes in donor preferences as donors shifted their focus to "Big Country" strategies and the African region; and the approaching end of a large EC grant, which had begun to sow the seeds of sustainability.

In January 2000 sustainability plan was developed for GRPA, which identified key areas of sustainability challenges for GRPA. This served as a needs assessment, from which GRPA's SI project was developed.

Project Objectives and Implementation

The main objectives of the SI project in Guyana were:

- To increase staff capacity to realize increased sustainability for GRPA.
- To improve GRPA's clinical and financial systems and to equip its staff to manage those systems efficiently.
- To increase the public awareness and use of GRPA's SRH services.
- To increase GRPA's annual income with the establishment of a viable small business in the health field.



The SI project implementation focussed on GRPA's capacity building efforts including staff training and systems strengthening. However, as a result of the awareness of the need for financial sustainability that had been planted by the EC funded project, a major component of GRPA's SI project was to realise a shift from a mode of dependence on external funding to one of generating income from its own internal efforts by developing commercially viable activities. To this extent, all elements of IPPF-USAID SI objectives (strengthening capacity, resource mobilization and income diversification) featured prominently in GRPA's sustainability activities.



PROJECT ACTIVITIES, ACHIEVEMENTS AND FINDINGS

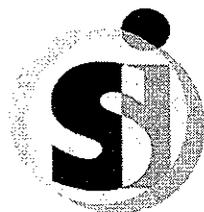
Objective 1: To increase staff capacity to realize increased sustainability for GRPA

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|---|---|---|
| <ul style="list-style-type: none"> • Reorient staff and volunteers towards sustainability with relevant training and development • Rationalise staff structure and match staff to appropriate positions within the organization • Recruit Marketing and PR personnel | <ul style="list-style-type: none"> • Various staff training and development activities took place, including systems training, proposal writing, sustainability orientation etc. • Internal planning was strengthened • Good technical support from the regional office was obtained constantly • Staff recruited (see below) | <ul style="list-style-type: none"> • Increased staff capacity in terms of knowledge and orientation on sustainability, as well as in other supporting areas (e.g. marketing, proposal development, financial skills etc.) • Staff awareness of sustainability is high and managers are eager to achieve sustainability goals. Staff credited training received and the overwhelming support they receive from the senior management in their commitment to sustainability • Staff have benefited a great deal from the training received through SI. Nurses, finance staff, MIS systems staff all received very useful training directly related to their jobs. Staff now need to fully implement the skills acquired • GRPA's internal planning has definitely been strengthened through the support of the SI. Implementation plans, specific project work plans, and activity scheduling are now more commonly used throughout the organization. Most business models adopted were preceded by feasibility studies and strategic plans before the activity was launched • However, staff retention was an issue of concern, highlighting the need for a comprehensive Human Resources Plan to retain high quality and motivated staff |



Objective 2: To improve GRPA's clinical and financial systems and to equip its staff to manage those systems efficiently.

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|--|---|
| <ul style="list-style-type: none"> • Install financial and clinic management systems • Train staff to use systems • Review service data collection procedures | <ul style="list-style-type: none"> • A financial system, a clinic administration system and a pharmacy sales system were put in place • Staff training on the systems took place • An evaluation officer has been employed and is developing a monitoring and evaluation system | <p><i>Systems and GRPA current capacity were improved</i></p> <ul style="list-style-type: none"> • Although systems are now in place, they are not yet being fully utilized for decision-making, monitoring or management. Staff are now aware of the opportunities presented by the new systems to improve the service data management process within GRPA, and now need to fully utilise the systems and information available • There is a need for regular monitoring and evaluation in all areas |



Objective 3: To increase the public awareness and use of GRPA's SRH services.

| Activities | Major Achievements | Findings |
|---|---|--|
| <ul style="list-style-type: none"> • Build a “new and improved” public image for GRPA • Develop a detailed marketing and public relations plan • Implement suitable strategies to achieve the above points | <ul style="list-style-type: none"> • Sales/Marketing Officer and a Public Relations Officer were recruited • Marketing, PR, and fundraising plans were developed and many marketing activities undertaken • Joint programming with Government institutions and other NGOs established (including supportive relationships) | <p>Marketing of services has begun, but it is too early to see the full impact of these efforts</p> <ul style="list-style-type: none"> • The Marketing and PR staff are extremely keen to make their efforts successful and have developed a set of marketing materials and mass media messages with some support from professional communication firms. There is a need to ensure that a comprehensive and consistent marketing approach is used. • Marketing efforts to promote GRPA, its services and the Wellness Centre have contributed to the development of the new image and increased public awareness, but it is still early days to see a real impact on service statistics etc. • The government now recognizes GRPA's unique contribution to SRH as the <i>only NGO with national coverage</i>. In this regard, there is a lot of opportunity to create a unique public-private (NGO) relationship to achieve SRH goals. GRPA is already implementing programs on behalf of the Ministry of Health and strong synergies can emerge from the current subventions. |



Objective 4: To increase GRPA's annual income with the establishment of a viable small business in the health field.

| <i>Activities</i> | <i>Major Achievements</i> | <i>Findings</i> |
|--|---|--|
| <ul style="list-style-type: none"> Establish a Family Wellness Centre (GRPA Pharmacy) Establish a gym (Not implemented) Obtain exclusive rights to import pills and condoms ((Not undertaken) | <ul style="list-style-type: none"> The Family Wellness Centre (Pharmacy) was established Clinic services have been diversified and service prices reviewed A fundraising committee was formed and is operational New government subventions secured | <ul style="list-style-type: none"> GRPA have begun to increase their locally sourced income, however, as yet the greatest returns are being seen in grant income, rather than internally generated income Given the short project timeframe, only one venture was initiated - the pharmacy. Given it is still in its set up period, there are opportunities to make it more efficient in generating income GRPA are actively seeking to generate income from a variety of sources, however, they have yet to develop a fully comprehensive approach to income generation. For example, more effort must be made to ensure cost recovery on clinic services GRPA also sourced funding to supplement the project activities locally. Other than SI, the largest contributor to GRPA's sustainability activities was the Canadian International Development Agency (CIDA) funded (definition) BCCP, who assisted GRPA with financial and technical assistance for the acquisition and implementation of various systems |



Lessons Learned (from the GRPA Project)

▶ *Project Implementation/Management Lessons*

Before the SI project began, GRPA were already aware of their need to address the issue of sustainability and they had already begun to strengthen their institutional capacity. This predisposition towards sustainability was a key factor underlying GRPA's project success as they were open to new ideas and modes of operation. (For example both the South South visit to Profamilia, Colombia, and the SI Capacity Building Workshop exposed GRPA to new ideas that resulted in changes to their project plans.)

In addition, GRPA has a strong management team and Board, both of whom were well aware of the major issues affecting GRPA and both of whom were committed to moving GRPA forward. This again provided the support and impetus that underlay GRPA's SI activities.

▶ *Sustainability Lessons*

GRPA's experiences led them to the conclusion that "diversification of services was the surest way to go" if they hoped to become self-sufficient. In addition, they felt it was important to take a more "business minded approach" to operations, and to ensure that strong monitoring & evaluation and financial systems were in place. In addition, they realised that "under utilised resources equals lost revenue", and they have begun to address this in some areas, e.g. utilisation of spare capacity in the clinic laboratory, however, like many FPAs, this attitude has yet to be realised in other areas of resource utilisation.

GRPA quickly recognised that addressing sustainability threw up a number of issues, many of which appeared to conflict with GRPA's social mission. However, GRPA were quick to pursue their sustainability activities given its importance to their future. It was clear to the evaluation team, that GRPA was at a cross-roads, which meant it had to thoroughly review its organisational mission and determine what it wanted to achieve socially and in what timeframe, before it could determine how it was going to do that, and what support and resources would be required to ensure future success. Within this context, sustainability then becomes a supporting strategy, which should enable GRPA achieve its mission by ensuring adequate resources are available and are efficiently allocated. In addition, it puts issues such as monitoring & evaluation, marketing, collaboration and partnership in a different and more urgent light, and allows GRPA to forge a new and stronger role for itself in Guyana.

▶ *Other Points*

Throughout the project, GRPA has constantly recognised the SI technical assistance (TA) provided by Western Hemisphere Region (WHR), and particularly the capacity building of staff and the FPA that occurred as a result of the transfer of skills through the TA provided. It is important, that IPPF



tries to replicate this approach to the provision of TA in other areas, in order to improve the efficacy of TA.

Conclusions

It was never expected that SI would lead to the financial sustainability of participating FPAs within the project period, particularly as the SI countries are ones with large vulnerable populations and few resources, however, GRPA has clearly moved from a point of sustainability awareness onto a more directed path towards sustainability. This is because, despite a period of civil unrest and severe economic difficulties in Guyana, GRPA worked hard to achieve the objectives of their SI project. Project activities were mostly completed on schedule, and although it is still too early to tell whether some of the activities will live up to their promises, it is clear that GRPA has successfully laid the foundation for sustainability.

Key Next Steps

GRPA now needs to take up the following steps to move forward with its already initiated efforts towards sustainability.

- Strategic review to develop cohesive organisational strategy, which clarifies GRPA's social goals, objectives and strategies. (This should also lead to clarification of GRPA's approach to collaboration and partnerships with civil society actors, governmental and private sector organisations.)
- Development of an up-to-date sustainability plan, which should support the organisational strategy
- Review and refinement of marketing plan and strategies for the various marketing needs of GRPA as it moves forward with a variety of sustainability activities
- Develop and implement a comprehensive monitoring and evaluation system
- Review Human Resource policies and procedures, and develop a strategy to recruit and retain high quality, motivated staff
- Develop a more commercial approach to operations, not just the income generating areas



4.2 OTHER ACTIVITIES

4.2.1 Clinic Management Xpert (CMX)

Introduction

IPPF affiliates require accurate, complete and relevant information about their client's characteristics, the quality of their services and the extent of clinic self-sufficiency for decision making, monitoring purposes and donor reporting. At the same time, FPAs responding to the goals of the Vision 2000, are embarking on a broader range of SRH services. This diversity of interests within FPA clinics increases the data collection and tabulation demands on existing staff as they move beyond traditional family planning activities. Technological advances mean that there are now a number of tools that can be used to assist FPAs with these challenges and that can support FPA management.

A study undertaken by WHR in 1999 amongst the IPPF/WHR affiliates of Brazil, Dominican Republic, El Salvador, Guatemala, and Peru evaluated a number of clinic software systems in WHR. The Clinic Management Xpert (CMX), a computerized system enabling managers to assess clinic efficiency, the allocation of clinic resources, clinic quality, client profile and revenue results, and which was utilized by Planned Parenthood affiliates in the western United States, was selected as the best available option after taking into consideration cost, functionality, and appropriate technology. Since CMX was originally developed by Planned Parenthood of America (PPFA) and is owned by a non-profit user group of US Planned Parenthood affiliates rather than a commercial firm, IPPF had a voice in its development.

Therefore the CMX component of the SI was designed to adapt and test the CMX software to the needs of WHR FPAs and to determine whether it would prove a suitable clinic management tool. However, although CMX was used by PPFA affiliates, it required substantial development to meet the more diverse needs of Latin American FPAs. For example, software for international use required capabilities that were not necessary for purely US use (e.g. Value Added Tax and municipal legal requirements for receipting). Additionally, some family planning program concepts used overseas are unknown to US domestic associations and hence this required the creation of new data fields and reports as well as the addition of certain reproductive health questions to the client clinic record. Naming conventions in the US are less complicated than overseas (e.g. Spanish names), which necessitated changing the client naming convention in all screens and reports. As CMX was in English only, all the menus, reports, error messages, and help screens were hard coded in English and the entire program had to be modified to allow multiple languages. CMX did not have an inventory-tracking component for multiple warehouse or stock management. Based on WHR experiences, development of an integrated inventory component was essential to management of clinic resources. Also, given FPA services in developing countries address a broader set of community health needs than in the US, FPAs need to include in the client records a broader range of SRH and basic health services. For these reasons, CMX had to be substantially enlarged to adequately meet the needs of WHR FPAs.



Project Objectives

The overall goal of the CMX project is to strengthen the management capacity of FPAs to operate sustainable, high quality reproductive health services through improved information systems. The specific objective is to test a clinic management system that will meet the Association information needs with respect to (1) Client characteristics; (2) Quality of care; (3) Extent of clinic self-sufficiency; and (4) Progress toward Vision 2000 goals and objectives.

Test Site Selection

Funded by the SI, and co-ordinated by IPPF/WHO, the CMX technology has been adapted to FPA requirements, and the technology transferred to four pilot FPAs: Brazil (BEMFAM), El Salvador [Asociación Demográfica Salvadoreña (ADS)], Peru [Instituto Peruano de Paternidad Responsable (INPPARES)] and Trinidad & Tobago (FPATT).

These FPAs were selected because they had significantly benefited from the TP and therefore would be able to build on that original investment⁴. If the trials proved successful, then each of these FPAs could serve as mentors to others in the region, thereby reducing replication costs and increasing technical assistance access without increasing reliance on US consultants. Furthermore, each Association had a specialty or environment that provided an interesting testing ground for CMX. BEMFAM had experience with the legacy CMXS/SAC system and its use to track integrated FP/STI prevention and treatment programs, and they had also advanced in their integration of Gender Based Violence prevention and counseling - two important SRH areas in which data gathering is important for results sharing. INPPARES had a youth clinic, which, given IPPF's interest in youth, would enable a review of how CMX could make a difference in data collection and analysis within a youth centre. ADS had a unique setting where a clinic, laboratory and hospital are housed in the same building. This allowed testing of the limits of the program in a high volume, highly diversified service setting. FPATT is a more traditional FP-type clinic, and hence testing here would confirm the system's adaptability within a small organization of limited systems resources.

As adapting the system involved modifying the program, working out systems procedures for migrating data from the legacy system to the new system and writing system documentation, it was initially trialed in the two FPAs, BEMFAM and ADS, which both had full time expert systems personnel to support the processing. This meant that the Associations could manage problems and communicate solutions to programmers. Once the initial two systems were in place, BEMFAM's responsibility was to assist INPPARES with their implementation and ADS' responsibility was to assist FPATT with their implementation.

⁴ ADS actually received funds from the local USAID mission, rather than the TP.



Project Implementation/Sequence of Activities

Approximately \$50,000 from a variety of sources, including the Department for International Development (DFID), the Packard Foundation and WHR Core Funds enabled WHR to undertake the initial project activities.

In 1999 the Inter Mountain Planned Parenthood Executive Director and Systems Manager from Montana, USA met with the medical directors and systems personnel from El Salvador, Brazil and Guatemala to explain in detail CMX concepts. The south to south exchange offered all an opportunity to look at clinic operations from another perspective, and included discussions on the advantages of including diagnosis codes in clinic records, streamlining client flow through the use of a "superbill" visit control document, and working with more detailed client and visit data sets for reproductive care. The Association representatives reviewed the English language system and identified those features and modules requiring adaptation for international use. For example an inventory control component needed to be added, along with modules permitting user defined fields and tables for specialized services and activities in each country.

A contract was issued to LOMAS Software in March 1999 to make these modifications. However, testing of the CMX5 in El Salvador during July 1999 indicated that extensive work remained pending to make this character based product a viable, multi-language Windows system. Additional testing was completed on the inventory module in September 1999 by the Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), and then again in March 2000 by BEMFAM. By August 2000 the product included the utilities necessary to import legacy client data, and was sufficiently stable to permit resumption of in-country tests. ADS/El Salvador installed the system in their network and simulated CMX use over a two-week period. Further corrections were completed in the 3rd quarter of 2000, enabling the first CMX5 clinic to go live in San Salvador during the 4th quarter.

After the successful installation of the system in San Salvador, BEMFAM followed in January 2001 with its pilot test of CMX5 in a clinic located in Rio de Janeiro. ADS/El Salvador continued documenting in Spanish all aspects of the system implementation and shared with BEMFAM its reference material. Sufficient success with CMX5 enabled BEMFAM to receive a team visit from INPPARES/Peru in May 2001, and later assisted INPARRES with its own installation in July 2001. By August 2001, Peru had its first CMX5 clinic up and running. The learning curve and lead time for each successive national installation was significantly reduced to just a few months. Brazil and El Salvador proceeded to replicate the system locally at a 2nd clinic site in each country. Upon translation of documentation to English, El Salvador assisted the FPATT/Trinidad affiliate with preparations for its installation.

Given the difficulties with the initial set of programmers, the CMX user's group decided to terminate their relationship with Lomas Software and identified a new firm to support future development. This change in programmers in the middle of 2001 implementation further complicated the process and delayed the installation of the FPATT/Trinidad clinic system. However, the new firm, CCG Technologies has proven themselves to be well staffed and adept at remotely supporting the system. They have resolved all pending issues related to printer network



control, multi-cashier production of receipts and report generation performance issues.

In August 2001, BEMFAM received a visit from staff of PPAG. The family planning program and systems managers reviewed the clinic systems operation at the *Meier clinic in Rio de Janeiro* and discussed the implementation requirements and preparation steps. The purpose of the visit was to introduce PPAG to the concepts in sufficient detail for it to make a decision about its suitability and begin planning for its implementation.

A web design for support of CMX was developed by an ADS consultant and along with all documentation will be released in December 2001 for general IPPF consumption.

Implementing CMX has been a challenge to a large extent because of the delays in program modifications. The shift from a character based product to a Windows product running Progress 8 was a significant change for the former programmers. Unfortunately, they underestimated the time required to produce a multi-lingual version that included both an inventory module and User Defined Table options. Some accounts receivable report errors and 3rd party billing remain to be solved by the new programmers, CCG Technologies.

Project Achievements

Given the short timeframe and "test" nature of this project, most effort went into project implementation, particularly the adaptation of CMX to the pilot FPAs, with both Brazil and Peru requiring customisation to Portuguese and Spanish respectively. However, this section briefly summaries some of the main achievements and findings to date.

ADS

CMX was installed in the San Salvador clinic in August of 2000. ADS trained its clinic staff and simulated use of the system for a period of two weeks, while maintaining its legacy Clinic Management System for parallel testing purposes. Errors were detected in the programming as well as in the operators understanding of the system concepts and use. Following correction of the program errors and staff retraining, the system was reinitiated in December 2000. Since that period, the results have been positive and considered beneficial to the Association.

The Association reports that the most significant and relevant improvements are:

- A more efficient client flow with fewer document and administrative bottlenecks.
- Client waiting time has decreased both at the cashier and client records areas. This has resulted in better service to the clients.
- Visit statistics are now possible on a daily basis without waiting for the end of month closing.



- More effective controls are in place to manage and track income associated with the sale of products and services. A client ID is now associated with Visit ID number, a Payment Number, and Visit Detail transaction ID numbers for each intervention and product provided to the client. At the end of the day, the system reports to the administrator if any visit has not been closed out and paid.
- The system tracks the services provided by each professional staff member on the clinic team, as well as the payments on a case basis due to these service providers. This level of integration between financial obligations and service delivery was not available in the former system and required manual record keeping to cross check against medical logs.
- The Association notes a significant reduction in paperwork with the implementation of the Service Charge Sheet or Superbill. This document records all the services received during a visit, essential clinic data for data entry into the system, and product information for sales invoicing. Use of this document has eliminated the need for the physicians to maintain individual service logs.
- For the first time, the Association has all clinic services managed within one system, not just family planning. The former system maintained separate client id and files for family planning clients and surgical clients. The lack of a unified client record and multiple client ID's was *problematic for administration and evaluation.*

ADS operates CMX on a local area network using an NT server, which is used both for the San Salvador clinic and the Hospital's Lab. These centres operate in the same building, but as separate cost and revenue centres within the same network application, facilitating consolidation and analysis of the data from the sites. To assess the adaptability of the system to smaller clinics, ADS began to implement CMX in Miravalle, where the system is installed on a single computer and staff are being trained. ADS expects the system to be fully operational in December 2001. Based upon this experience ADS considers CMX to be sufficiently flexible for both the larger clinics requiring networks and the smallest clinic requiring a single computer to manage stock and client records.

ADS serves both its own clients and those referred by other doctors. CMX has proven sufficiently flexible in both situations, with detailed client information maintained in CMX for the Association's own clients and only client name, address, lab test code and reference code required when the client is under the care of a referring doctor. In those cases where ADS is contracted by others to provide health services, CMX enables ADS to record the 3rd party payment source for each lab transaction and apply the appropriate pricing level and discounts. CMX can manage up to 10 different price levels per product, as well as sliding scale discounts for promotions, and produces reports summarizing 3rd party balances for invoicing.

Special studies and market analysis are also possible with CMX. For example, ADS' promotion of bone density scans has benefited in a few ways from the implementation of CMX. First, the system is able to accommodate special, temporary price discounts during promotion periods.



Second, it provides information about the profile or characteristics of the clients who responded to the promotion. Third, since referrals from others and sources of information are recorded in CMX, the marketing section can analyse what promotion methods were most effective. Additionally, CMX data is being used to study clients' willingness to pay for product and price increases and its impact on demand over time.

With respect to next steps, ADS plans to extend the implementation of CMX to clinics in Soyapongo, Santa Tecla, Santa Ana and San Miguel. By the end of 2002 they will a total of seven municipal clinic sites using CMX. In addition, ADS will be responsible for preparing training and reference materials that facilitate the replication and dissemination of the project results throughout IPPF.

BEMFAM

The system was first installed and the users trained at a pilot test site in Rio de Janeiro. The experience was later replicated at a second clinic in the northeast at Natal, Rio Grande de Norte. It is fully operational at both locations. The inventory module was tested and installed in both clinics, but not implemented for control of contraceptives. It will be used later in 2001 to monitor non-contraceptive clinic inventory⁵.

Management reports on service sales and income on a daily and monthly basis are used by BEMFAM. All administrative and income information for the Natal and Rio de Janeiro clinics is provided by CMX reports. BEMFAM has their own system for tracking contraceptive stocks nationwide, but uses CMX for inventory of other non-pharmaceutical clinic supplies. Charges to 3rd party contracts, along with their payments, are reported on. Service statistics by type and client characteristics are also used to assess program performance and service management, which is enabling the analysis of socio-demographic and clinic data. In addition, studies on clinic history, care, circumstances and services of victims of gender based violence are possible.

An evaluation of the system by BEMFAM concluded that CMX responds to the needs of the institution in three important aspects:

- It facilitates the work of clinic operations by simplifying data capture and tracking of clients and their care
- It reinforces mechanisms of internal control, permitting an interface for the accounting and internal audit units
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⁵ BEMFAM had a pre-existing, separate system for control of contraceptive logistics and state municipal contracts.



- It permits a wide variety of analysis and evaluation of clinic service processes and results in sexual and reproductive health from the perspective of Vision 2000 indicators

BEMFAM plans to implement CMX in every regional/state clinic where they operate. A third installation is planned for Ceara in the northeast during the 4th quarter of 2001, with further plans to install the clinic system in Joao, Recife, and Sao Luis during 2002. New STI and GBV services are being introduced in these clinics, along with the adoption of CMX as a service statistic collection tool.

In order to replicate experience to other sites, BEMFAM utilizes a standard set of socio-demographic, service, product, and pay source definitions in order to facilitate future consolidation of the data at the headquarters. Going forward, BEMFAM plans to complete documentation on standard parameters, protocols for data transfer and catalogue of reference tables. BEMFAM is also currently implementing a standard clinic history format in each clinic that is consistent with the data entry requirements of CMX. Client sales receipts are now in the process of being standardized with each installation, however due to the different state tax requirements, local approval of the receipt format is required at each clinic location before sales receipts can be standardized in all of BEMFAM's outlets.

INPPARES

The implementation of the system in Peru has been a direct result of the lessons learned and experience of BEMFAM. The database definition, code tables, and end of day reports designed by El Salvador were sent to INPPARES and served as the basis for their implementation. INPPARES, with BEMFAM's assistance, adapted the reference tables to meet their national needs. This exchange of design and set-up between countries with similar languages shortened enormously the learning curve and implementation time.

In May 2001, three INPPARES representatives visited BEMFAM to observe the operation of CMX in the Rio de Janeiro clinic. They reviewed its characteristics and after comparing it with their *needs and practices decided to first implement the system in the Youth Clinic and later in the larger SRH and general medicine clinic.* In July 2001, Joubert Assumpcao, BEMFAM's Systems Manager, installed CMX in the youth clinic. Staff were trained and INPPARES was required to complete the design of clinic history formats and definition of several services, such as gender based violence screening and counselling, etc. In August 2001, the formats and data entry questions were finalized and CMX began operation at the end of August.

Although INPPARES has not used CMX as long as ADS or BEMFAM, they have still documented several advantages over the former DOS based system (CMX/SAC), including:

- CMX provided a way to track the sale of the retail product and the components for consolidated services or assembled goods which when repackaged and sold as a single unit.
- In comparison with the former system that listed sequentially all charges and service or product definitions in a file, CMX groups the sales and services within meaningful



categories. This allows counselling services, provided at no charge, to be recorded in the system along with any products and diagnoses.

- CMX is able to manage multiple price lists according to pay source or contract.
- The Association is able to define and manage more data related to care of adolescents and gender based violence in comparison with the former system, which limited the number of and complexity of additional custom data entry items. This has allowed for more detailed reporting possibilities.
- Up to six diagnoses, based on an International Classification of Diseases (ICD-10 guidelines), may be recorded per service.
- The personal information collected by CMX is greater than the previous DOS product in terms of socio demographic profile, and emergency contact information.
- The variables defined in CMX are consistent with indicators that can be compared with other organizations in Peru. For example, CMX unlike the former clinic system can record type and place of employment, family income, number of dependents and years of schooling.

Going forward, INPPARES will complete implementation of CMX in its Patres clinic. They would also like to implement CMX in CEAD – Centro de Ayuda Diagnostico and in the Clinica del Hombre (Men's Clinic). These clinics are part of a city block occupied by the INPPARES headquarters in Lima. If funding can be obtained from a donor, they will also implement CMX in the provincial clinics located in Chiclayo and Arequipa.

FPATT

The English version of CMX was tested in Brazil with the assistance of the WHR coordinator in the 3rd quarter of 2001 and made available to FPATT at that time. FPATT arranged to upgrade their clinic equipment in preparation for the installation and improve their Internet communications. However, they have not yet advanced beyond preparations to an operational stage.

FPATT is the last of the 4 test pilots to participate in the clinic system project. A series of obstacles that the project faced, which were not within the control of FPATT, meant that they have not made significant progress in testing CMX. These delays include:

Additional technical assistance is planned for November 2001 from WHR Technical Assistance grant monies in order to finalize the implementation. It will rely upon the expertise of the ADS/EI Salvador's systems manager, who will be sharing with FPATT all the materials developed in English, including the manual to further support the implementation work. Additional training will be required in the use of the system and especially the Progress Report Builder so that they can customize the standard reports to their local requirements. FPATT will also implement CMX in



their San Fernando clinic in 2002.

Lessons Learned

The CMX project has been an interesting experience for those FPAs involved in it, providing a number of learning opportunities. Some of the lessons learned are outlined below.

By subscribing to CMX or any clinic management system the FPA must be willing to make a long-term commitment to information system and its technology.

In comparison to the former clinic management system, implemented for the most part by the systems department in consultation with the clinic administrators, CMX requires a multi-disciplinary approach. To be successful it needs the active participation of the following technical areas: Clinic or Medical Director; Clinic Administrator; Accounting; Logistics; Systems and Evaluation; and Evaluation.

The best way to implement the system is by first inviting an interested affiliate to see CMX operate in a nearby country and then working with the visitors to determine the most appropriate configuration for their needs. To ensure user satisfaction and implementation quality, this system should not be distributed without technical assistance. Apart from the analysis of client and document flow, extensive preparation is required in terms of defining reference tables and fields utilized by the system. A system manager from an Association familiar with CMX implementation should be involved in the installation of any new system. At least two follow-up visits are required before the Association becomes self sufficient in their use of the system and comfortable with the report generation aspects of CMX.

Access to Internet is absolutely essential for support of this product. It is also probably the most cost effective method for file transfer.

Implementation of any system in a clinic should follow several key steps:

- Formation of a multi-disciplinary team
- Preparation and discussion of standard clinic history format and visit control forms that will be utilized through the affiliates clinic system, whether manual or automated. Standardization of responses to facilitate consistency of data entry.
- Analysis of client flow and service delivery to determine where the system will be used

The same person depending on the size of the clinic and volume of clients may carry out one or more of the above functions. The affiliate needs to determine what are the most efficient work, document flow and use of the system. Accommodation and change may be required in order to be a more efficient clinic. Flexibility on the part of the clinic manager is important at this stage.

While there are many standard reports in CMX, Associations have preferred to write there own



customized reports for management, incorporating concepts from pre-existing reports and those of CMX. This has meant that the systems managers need training on the Progress Report Builder. Production of custom reports requires an understanding of the CMX database structure and consideration of optimum report building methods and a review of locally generated reports by technicians familiar with Progress programming should be considered before finalizing the implementation of custom reports.

Extreme care must be taken when defining the reference tables for socio-economic data, the charge code tables for services and products and the user defined tables for specialty services, such as GBV or youth. It is very helpful to see the clinic in operation at another affiliate and examine their data tables, before designing a standard for the national affiliate. Proper definition and preparation is necessary in order to assure that reports provided the required information after implementation. While variables can be added to reference tables, it is not possible to delete reference codes one data entry commences.

In a regional implementation of a system such as CMX, it is necessary that on a yearly basis the Associations share among each other at a small meeting their innovative methods, problems and plans. This exchange is not a luxury or a convenience but essential to maximize the use of the software, spread innovation, resolve technical issues that sometime stymie the local systems coordinator, and recommend future program development.

The least expensive and most effective way to provide technical assistance on a regional basis is to establish "virtual" centres for support. These experts should be national family planning affiliates with excellent systems and family planning service delivery experience. As mentor sites they demonstrate through their use of the software the benefits of CMX better than any consultant, and work with the interested affiliate in order to develop realistic implementation plans. These same mentor sites can supply the systems and evaluation staff necessary for on-site technical assistance. Before reporting any problems to the regional office or the CMX programmers, the first point of intervention should be the regional mentor Associations. For this reason, WHR has established 3 sites: El Salvador for Central America, Brazil for South America and Trinidad for the Caribbean sub-region. Low cost systems sustainability and spread of best practices is best met through mentor sites, rather than reliance on foreign consultants.

Conclusion

In summary, despite the challenges encountered, CMX has proven itself stable in a variety of country situations, flexible to different national requirements and FPA needs and most importantly offers a wealth of information to the family planning manager and evaluator. It enables Associations to provide their clients with better quality of service in a more efficient manner, provides management with more information about all SRH service areas and detailed information on client profiles. In addition, the implementation process provides the Associations with a unique opportunity to re-examine the efficiency of the clinic and client workflow. The re-engineering that follows results in a clinic with less paperwork, improved internal controls for clinic revenue and receipting, and extensive data on client profiles and service delivery.



In terms of the detailed objectives, CMX' performance is detailed below.

(1) Client characteristics

CMX has demonstrated that it meets the Associations information needs with respect to client profile for basic client registration and the standard visit record. More than enough information to obtain a complete profile of the clients attending the clinic can be collected, including economic information, reproductive history data, as well as education and place of residence information.

(2) Quality of care

With respect to quality of care, it is necessary to look at the 6 elements of quality of care.

1. CMX does not collect data on interpersonal relations, and in fact during the introduction of any computerized clinic system care must be take to assure that it does not interfere with client – provider communications.

2. CMX does collect information about the choice of method. The available data enables one to compare recommendations of counsellors and the medical service providers against the contraceptive methods requested, diagnosis, presenting symptom and allergies. Service provider biases can be identified in trend data and reviewed for cause.

3. Information Given to Clients – CMX cannot monitor the dialogue between provider and client. However, it can tell the administration something about what IEC materials were distributed to the clients, which counsellor worked with a client, and if referrals for additional services or information were made by the clinic. It also provides flags to signal when a case requires follow up or additional action.

4. Technical Competence is an area where CMX can significantly assist FPAs. It can easily track complications, provider diagnoses, medicine prescriptions and lab results requiring client follow-up. It systematises the flow of clients and data requirements of the clinic.

5. Mechanism to ensure continuity - certain aspects of the system contribute to client continuity - to the extent that the Association makes use of CMX fields that allow a client to schedule their next visit and its purpose, or enable a provider to flag lab results that require follow-up or permit a service provider to mark cases for follow-up when making referrals to 3rd parties. All these mechanisms mean better client care and relationship beyond just the current visit.

6. Appropriateness and Acceptability of Services - CMX tends to improve the client flow, reduce paperwork in some clinics, and shorten waiting time. This has translated into more efficient clinics – which in turn improve the FPA's image. This is especially true where the introduction of CMX is associated with a willingness on the part of the FPA to reengineer the clinic flow, provider procedures and streamline documents. It offers an opportunity to revise protocols and clinic operations.



(3) Extent of clinic self-sufficiency

The greatest number of standard reports in CMX revolve around sustainability and the analysis of revenue by service, product, client characteristics, etc. CMX is particularly well suited to generate information on the volume of services, products sold and revenue earned at a given site. While it does not have an accounting system to record the cost of clinic personnel and operations, it does calculate service provider fees for those charging on a case basis. It has proven itself particularly well suited to manage multiple pricing structures and discounts. For those working in with 3rd party contracts, it is able to track these balances for invoicing.

(4) Progress toward Vision 2000 goals and objectives

The IPPF global indicators that relate to service delivery are supported by CMX. It can easily say who is being served by whom and what services or products were provided to the clients. It cannot give information about advocacy, however it does have the potential to capture information about areas of special interest such as STI detection and treatment, HIV identification and counselling, GBV identification and counselling, services to youth, paediatrics/maternal child health, and other specific community health issues.

Key Next Steps

In addition to the completion and roll out activities that will be undertaken by ADS, BEMFAM, INPARES and FPATT, which are detailed in Section X, WHR and the mentor sites of Brazil and El Salvador plan to review all the custom reports that the four pilot test sites have prepared and adjust CMX's standard reports to reflect the groups experience. This will reduce the need for new installations to create custom reports. WHR will continue to improve the product by enhancing its consolidation capabilities for clinics outside of local or wide area networks, and also believe that there will be sufficient client data to publish some analyses on the CMX web site by mid-2002. Possible topics include statistics on incidences of GBV in Brazil, incidence of STI among Gender Based Violence victims, and affects of pricing changes on client service selection.

As a result of the succes of the pilot projects, WHR has received requests to implement the CMX in the following FPAs: Barbados, Belize, Dominican Republic, Grenada, Haiti, Puerto Rico and Suriname. Additionally, PPAG has have indicated their interest in CMX and is currently seeking funding from IPPFAR to proceed with CMX implementation in Ghana.



4.2.2 *South-to-South Exchanges*

Introduction

The South-to-South Exchanges were one way exchange visits in which participating SI FPAs undertook a visit to a different IPPF FPA. The exchange visits were designed to facilitate the transfer of best practices and lessons learned between FPAs on issues relating to sustainability and SRH, as well as encouraging networking amongst IPPF FPAs and other agencies. A conscious effort was made to encourage the sharing of practical examples of working and the replication of best practices within and between FPAs.

Visit Overview and Objectives

Four participating FPAs undertook South-to-South exchange visits:

February 2000: AMPF (Morocco) visiting Profamilia (Colombia)

July 2000: GRPA (Guyana) visiting Profamilia (Colombia)

July 2001: PPASA (South Africa) visiting BEMFAM (Brazil)

August 2001⁶: PPAG (Ghana) visiting BEMFAM (Brazil)

Prior to each of these visits, each participating FPA determined their specific objectives for the visits and the particular areas that they wished to explore. These objectives included studying the operation of the Clinic Management Xpert (CMX) software for managing clinic data in BEMFAM, reviewing the Condom Social Marketing Projects (CSMP) in BEMFAM, and to observing different services and programmes, which have contributed to achieving sustainability in both BEMFAM and Profamilia.

Profamilia and BEMFAM were selected as models of best practices on the basis of their successful participation in the IPPF/ WHR Transition Project and the relevance of their situations to the needs of the participating SI FPAs.

Profamilia, the largest private Family Planning Association in the developing world, was established over 33 years ago and presently operates 35 clinics in and around Colombia. It is a good model of sustainable development with entrepreneurial leadership with clearly defined objectives, budgetary controls, financial expertise and administrative efficiency. Importantly,

⁶ This was funded from IPPF core resources as the visit began before the end of the grant period, but finished after it.



Profamilia represents a useful example of an FPA having gone through the successful transition from a heavily funded NGO to one having a high level of financial self-sustainability.

In Brazil, the visiting teams took the opportunity to observe the implementation of the CMX and also the CSMP undertaken by BEMFAM, a social action organisation defending the right to receive assistance in SRH and to a free and informed choice of family planning.

BEMFAM works in 14 Brazilian states through about 1500 reproductive health centres. Launched in 1996, BEMFAM's CSMP has been a very successful programme, which has contributed to organisational development and financial sustainability. Over the past few years BEMFAM has achieved an impressive rise in the sales volume of its own brand condom, good use of technology and developed strategic planning. In addition, BEMFAM was one of the first participating SI FPAs to test the CMX software and hence is an ideal FPA in which to see the results and impact of the system on clinic management.

Lessons Learned

All the visiting teams indicated that the visits were extremely useful and beneficial, providing a unique opportunity to see how best practice examples actually worked in practice, and providing an opportunity for FPAs to develop their perspectives on sustainability strategies within the context of an SRH NGO. Some of the important lessons learned are set out below.

- An important sustainability strategy is the expansion of the range of services in SRH. This diversification also serves to strengthen the position of the organisation in the market. Certain health-care services can be offered at cost, whilst products offered through service diversification can be sold at a surplus in order to generate income to subsidise other services, including SRH services.
- Overcoming the inherent fear of charging for FPA services is a difficult process, given the traditional mode in which FPAs have historically operated. In order to change this mentality and motivate FPA staff and sales personnel, it is important that more open communication takes place within the FPA. In particular, financial information such as the underlying costs of service/product provision should be shared with FPA staff so that they are aware of the impact of each sale on the FPA's sustainability.
- The key to successful program planning and implementation is a solid data collection and evaluation system. Knowledge about the target population in terms of the number of potential clients and their socio-economic backgrounds, and knowledge on competitors is also vital. To ensure that this is all collated and utilised for decision-making, the organisation needs adequate systems in place.
- Control expenditure and integrating cost cutting strategies in all areas of the organisation's activities is vital.



- Lateral thinking can be useful when determining income generation options. For example, information and education sessions do not necessarily have to be subsidized, but can be income generating. The main obstacle to this is traditional FPA mentality, which materialises in a reluctance to ask for financial contributions for services.
- It is critical to have motivated staff to successfully market the organisation
- Closer collaboration between support staff/administrative staff, service providers and technical staff contributes positively to the success of the programmes

CONCLUSION

The exchange visits were extremely successful as they allowed the visiting teams to see what can be accomplished, if planning, co-ordination, implementation and evaluation of activities aimed at sustainability are well executed. The knowledge acquired by the exchange visit team members enhanced their existing strengths in strategic planning, social marketing and management capacity. The visits also demonstrated how an association could carry out its social mission whilst addressing issues of sustainability without any apparent conflicts between the two. This type of learning is often more powerful than workshops or consultancies because it moves the learning experience out of the theoretical world into the practical domain. In so doing it often serves to raise the expectations and standards, and therefore can have a significant impact on FPA activities.



4.2.3 Capacity Building Workshop

Introduction

The two-week workshop organised by the Sustainability Initiative (SI) team in August 2000, was designed around the themes that emerged from the SI project proposals developed by the participating FPAs. It was held at the Imperial College, London, and attended by 24 participants from FPAs, as well as IPPF Central Office and Regional Office staff - from 15 countries.

Objectives of the workshop

The workshop aimed at helping participants

- To develop the skills needed to plan and market products and services, and also
- To demonstrate how business principles and management tools can be efficiently and effectively used by non-profit-making organisations to advance their social mission.

Workshop Overview

The first week was presented by Professor John Mullins and Dr Courtney Price, both of whom have extensive marketing and management expertise. They took the participants, working in groups, through the process of carrying out feasibility studies and business plans, using the actual examples of income-generating activities proposed by the FPAs. At the end of the week, the groups made presentations on the preliminary business plans they had developed.

Luis Hernandez, of the IPPF-WHR Endowment Fund for Sustainability (EFS), started the second week with a one-day presentation of the *S2000TM Financial Model*, a software system that enables users to develop and evaluate business proposals by generating cash flow projections from basic operational and market data. This was followed by a one-day presentation by Dr Carlos Cuellar of the Commercial Market Strategies Project (CMS), on how PROSALUD, Bolivia, has achieved 70% cost recovery and its goal to become 100% financially sustainable within the next few years. Walter Coddington, a marketing/communications expert and Executive Director of 'Face to Face', a UNFPA/IPPF population assistance advocacy campaign, discussed marketing in general, and in particular the marketing needs and possibilities of the proposed business plans. The week ended with a look at the successful social marketing model developed for Eastern Europe, presented by Lester Chinery of IPPF European Network's marketing company Enet.

Lessons Learned

The workshop was a useful learning experience for both the participants and the organisers. Some of the lessons are listed below:

- Organising a workshop before project implementation begins to share future plans and experiences with other participants and also to get a different perspective and constructive



criticism on one's proposed plan of activities helps to plan better from the outset. This was evident from the feedback of the participants at the end of the workshop, one of whom said, *"This workshop has been tremendously beneficial in motivating participating representatives to 'Think Big'."*

- It is important to understand the needs of participants to successfully offer meaningful and effective training. A detailed pre-workshop briefing meeting of presenters coming from outside IPPF with the course organizers is essential to discuss participants' backgrounds, expectations, IPPF protocol, rules of game and FPA nuances to maintain group cohesiveness
- A workshop should be interactive/ participatory keeping in mind the basics of adult-learning-process and should avoid long one-way communication
- Use of examples in terms of development experiences (work done with other NGOs and work in the developing world) and participant country examples facilitate better understanding
- Along with this course which can be viewed as a general introduction to sustainability tools, additional courses should be developed to complement and expand upon many of the themes raised, for example, a course on marketing, media and communication, as well as a course on financial analysis and management
- Other administrative/ logistical issues included the need for incorporating a visit to IPPF central office, the training details in IPPF website, evaluation at the end of each session (not together at the end of the workshop) and a session for a group photograph

Conclusions

Based on the feedback from the participants, the training was a success. The effort invested on behalf of the SI team to understand the participant needs meant that a meaningful and effective training was developed and delivered. Furthermore, virtually all of the participants requested that this training be repeated, rolled out and developed further.

It proved to be quite a useful support function to the FPAs and Regions to enhance project implementation and add value in a positive and productive way. This type of training activity if rolled out throughout the IPPF network can support and enhance higher levels of learning as well as better understanding.

In conclusion, both this model and others should be developed and presented throughout the IPPF system as a way to encourage sustainable FPA development through building capacity. Furthermore, meaningful training and development is an excellent demonstration of organizational investment in its people and affiliates.



4.2.4 Other Activities

In addition to the various main project activities set out in Sections 4.1 to 4.2.3, the SI team have undertaken a number of other activities in support of the aims of the SI. These are very briefly outlined below.

Pre-Project Activities

The SI commenced with a pre-project planning phase, including the recruitment of SI staff, the introduction of the SI at the donor's meeting, contract preparation, development of a User's Guide/Funding Framework and preparation of a promotional strategy. Project staff then gathered information and resources, investigated opportunities for partnerships and collaboration, developed SI strategies and embarked on the identification of potential participating FPAs.

The selection of the FPAs was a consultative process between the SI Team, ROs and USAID. This was followed by in country capacity building and needs assessments in order to develop full project interventions tailored to FPA needs.

In addition the SI developed a standardised checklist, which included a series of indicators related to financial, institutional and service sustainability. The checklist was developed for each participating FPA to complete so that the information provided would later serve to measure progress on sustainability efforts. Although this was a useful tool, the results have not been followed up as the data in the initial checklists is of variable quality and the in-country interventions were not always designed to address the items in the checklist.

Technical Assistance and Project Support (ROs and CO)

Both the ROs and CO provided participating FPAs with technical support throughout the project. Specific examples of this assistance include:

- Proposal development missions carried out in Ghana, Moldova, Mozambique and Senegal in order to develop full project interventions that tailored to the FPAs' needs.
- CO/SI and/or RO missions to Morocco (October 2000 and February 2001); Mozambique (November 2000 and March 2001); Ghana (February 2001); Moldova (February 2001); Guyana (December 2000); South Africa (March 2000) Senegal (December 2000).



- RO participation in numerous visits to FPAs, which often covered other FPA matters as well as SI related issues⁷.
- Enet visit to PPASA to provide technical assistance in the form of a business and marketing planning expertise, to review the progress and current status of implementation of the SI project, to assess the feasibility of the PPASA business portfolio and to explore possibilities in relation to newly identified opportunities.
- The former SI Co-ordinator's visit to AWRO in October 2000 in order to share the experience of the SI in introducing sustainability strategies and in developing FPA competencies, to provide AWRO with input for their forthcoming sustainability workshop.
- Reviews by external consultants and RO staff in December 2000 of the four African SI projects, as a result of discussions with USAID, to determine a realistic workplan for the remaining project period.
- Other specific technical assistance as required, for example ARO contracted consultants with suitable expertise to provide specific guidance to FPAs with respect to information technology needs etc.

Project Management and Coordination

Much of the Secretariat's role has been on ensuring that FPAs worked hard to meet the USAID grant deadline. To this effect the CO and ROs undertook a variety of monitoring and evaluation visits as outlined in previous sections, reviewed project proposals, reports and annual workplans and budgets, and provided technical assistance to the FPAs where necessary.

The SI Team in London also took part in various meetings and conferences publicising SI. For example, the SI was presented at the 1999 Seoul International Conference of NGOs (October 1999) and the former SI Co-ordinator attended the Global Health Conference in Washington (June 1999). The SI was presented to donors at the Donors Meeting as well as to a group of Japanese journalists/embassy staff in October 2000. As a result of the development of the SI page on the IPPF website, a group of University of Manchester students, predominantly from various developing countries, in the UK on a Management Development Course, visited IPPF for a presentation and discussion on the SI. One or two other similar visits followed.

Sadly as a result of the high level of staff turnover and consequent staff shortages faced in London, some activities were initiated but were not completed. One example of this, is the preparation of

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⁷ Where such visits were funded by SI, they were only partially funded by SI, and partially by IPPF Core or other funds.



best practices information, for example needs assessment guidelines, and guidelines for business, marketing and communication planning.

From August to October 2001, using its own core funds, IPPF organised evaluation visits to most of the participating FPAs to assess the project progress and to identify the lessons learned, providing guidance on how the FPAs should continue with their sustainability efforts.

Other

Two years after conclusion of the Transition Project, the SI funded a Retrospective Study of The Transition Project, which assessed the status of FPA sustainability and obtained feedback about the TP. The report was published in English and French and disseminated to USAID, ROs and all FPAs. It is of benefit to anyone undertaking similar projects.

Various other activities took place during the 3-year Sustainability Initiative, including donor care/collaborative meetings in London and Washington, preparation of 6-monthly, annual and other reports for USAID, preparation of SI business plans, annual work programmes and budgets etc. In addition, a part of the SI funds was contributed to the USAID Joint Review carried out in 2000.

Lessons Learned (from Other Activities)

Detailed preparation and planning is essential to the success of an initiative as complex and demanding as the SI. In particular, it is vital to understand the regional context and the trends affecting that region, whether SRH related or wider development or finding trends, so that appropriate interventions can be undertaken.

Establishing strong relationships between all project participants is a key element in building trust and ensuring regular and useful information flow between all parties.

Recognition of sustainability activities that FPAs may have already undertaken is important, and will also assist in understanding the FPA needs and approach to SI. In particular, development of FPA management capacity is an essential prerequisite to institutional capacity initiatives, as leadership and direction must come from top.

Although, the initial phase of the SI included some capacity building technical assistance and training, it could have been more comprehensive. For example, most participating FPAs still require assistance in areas such as quality of care, management practices, resource mobilization and information systems. Clearly development of these skills is an ongoing process that cannot be addressed by a one off training course or workshop. In addition, although the in-country capacity building intended to assist the FPAs develop their strategic thinking, this did not appear to have occurred. However, it is absolutely essential that ROs take up the challenge to develop their FPAs in each of these areas in order to ensure they become more independent. For example, FPAs must be able to identify and review their strengths and weaknesses in order to be able to map out strategies and action plans. They must be able to review and monitor areas such as client needs, service delivery, strategic planning, resource mobilisation activities, competitive trend analysis,



management systems (hiring practices, training and development), financial and accounting systems, gender practices, MIS. They must have an awareness of their strategic role within a country setting, be able to determine what they want that role to be and to develop and monitor goals and objectives in accordance with that role. They must also be fully accountable to their donors and constituents. Developing FPAs capacity to deal with these issues should not be something that is seen as a "project", but should be an integral part of management development, and is the responsibility of the FPAs, the ROs and the CO.

Provision of technical assistance, particularly with respect to institutional development, appears to work best when a "hands on" approach is taken, and a definite effort is made to transfer skills, share experiences and develop strategic thinking. Such technical assistance, then become a two way process, contributing to the knowledge and experience of both parties, and hopefully is will prove more cost effective in the long run.



5 CONCLUSION

Despite the constraints faced during the SI and although the extent of in-country achievement over the course of the SI has varied, some considerable progress has been made at all levels of IPPF with respect to sustainability. The level of awareness of sustainability and the process required to achieve it has increased in all of the participating FPAs and in the Secretariat. Even FPAs not directly involved in the SI have become aware of some of the issues that have been raised during the SI and the SI activities undertaken by the participants. The commitment and readiness amongst volunteers, management and staff to address the challenges of sustainability has certainly increased - and this achievement should not be underestimated, given the historic donor reliant mentality that exists in many old and established NGOs. The initiation of income generating activities has resulted in increased skills at the FPA level and created a greater openness to new methods of generating income, whilst developing modern management skills and tools. Additionally, improvements to FPA systems has facilitated changes to FPA working practices (both management and programmatic), and will continue to do so as they are further utilised.

Therefore, within the short project period, the SI has successfully initiated a 'push' in the direction of sustainability and provided IPPF with the opportunity to begin laying the foundation from which it can carry forward the issues of sustainability, both in terms of institutional capacity and, in the longer term, financial sustainability. Most importantly, the SI has brought a sense of urgency to many of the participants, and an increased awareness of the steps that now need to be taken to secure their futures.

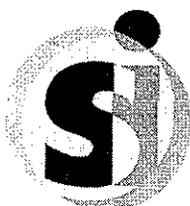
The project was not without its difficulties, however, and as such, several lessons learned have come to the fore as a result of the SI, and also, as a result of the comparison of the approaches of the SI and the TP. Therefore, in order to move forward with this process, participating FPAs and the Federation as a whole need to review and learn from the experiences and lessons learned arising from both the SI and the TP.

6 NEXT STEPS

The lessons learned from the SI are set out in Section 3. Based on these lessons and lessons arising from the TP, IPPF is in the process of determining how best to pursue its sustainability, and to encourage the roll out of sustainability best practices throughout the Federation. In particular, it is investigating how best to carry out the following actions as an important prerequisite to this process.

6.1 REVIEW AND ANALYSIS OF IPPF'S FEDERATION-WIDE SUSTAINABILITY EFFORTS

There is a wealth of knowledge and experience on sustainability within IPPF, even amongst FPAs who have never been involved in a directed sustainability project. Therefore, in order to effectively promote sustainability throughout the Federation, it is vital that IPPF carries out a detailed analysis



of the strategies already tested, so that lessons learned, effective strategies and best practices can be documented, disseminated and used as the basis for sustainability plans in those FPAs who are ready to tackle sustainability. In particular, many FPAs would benefit from the development of detailed case studies and examples of documents and tools, e.g. a good strategic plan, a sound marketing plan, a comprehensive resource mobilisation strategy, as having such tools and examples, assists FPAs in planning their own activities and ensuring that they are covering areas that have been successfully developed/explored by similar organisations.

6.2 SUSTAINABILITY EXECUTIVE TRAINING

This training will be tailored to FPA Executive Directors and middle management throughout the Secretariat. It will also be used as an opportunity to create a core of sustainability trainers who will be able to roll out the sensitisation and training throughout the Federation. Not only will this diminish our reliance on consultants and cut down costs, but it will also work to create a core of competent IPPF/FPAs experts who will help FPAs in developing successful sustainability programmes. The training will cover the following components:

- Effective leadership
- Managing not-for-profits
- Developing and managing NGO strategies in the current policy environment
- Professionalising your social organization
- Understanding sustainability within the context of NGOs
- Effective sustainability strategies
- Sustainability skills sets: hiring for sustainability
- Importance of effective financial management
- Financial management strategies, including activity costing, cost recovery and managing donors
- Marketing for not-for-profits
- Customer service and donor care
- Feasibility assessment and business/strategic planning

6.3 IMPLEMENTING THE SUSTAINABILITY AGENDA

In addition to the areas listed above, each region will be following up on selected outcomes of the SI initial phase and other sustainability initiatives in accordance with their regional sustainability implementation plan.



APPENDIX 1: OVERALL FINANCIAL REPORT

Final Expenditure Report - Sustainability Initiative

| Description | Total Expenditure August 1998 - 2001 | |
|--|--------------------------------------|---------------|
| | \$ | % |
| Grants to Innovate FPAs | | |
| Ghana | 600,000 | 16.6% |
| Guyana | 237,700 | 6.6% |
| Moldova | 200,000 | 5.5% |
| Morocco | 359,206 | 9.9% |
| Mozambique | 260,000 | 7.2% |
| Russia | 106,000 | 2.9% |
| Senegal | 310,378 | 8.6% |
| South Africa | 151,085 | 4.2% |
| Sub Total | 2,224,369 | 61.4% |
| RO Support Costs | | |
| Ghana (ARO) | 31,204 | 0.9% |
| Guyana (WHR) | 22,153 | 0.6% |
| Moldova (EN) | 20,167 | 0.6% |
| Morocco (AWRO) | 36,000 | 1.0% |
| Mozambique (ARO) | 18,126 | 0.5% |
| Russia (EN) | 34,564 | 1.0% |
| Senegal (ARO) | 14,349 | 0.4% |
| South Africa (ARO) | 7,313 | 0.2% |
| Sub Total | 183,876 | 5.1% |
| CO Funded Activities | | |
| Needs Assessments | 128,627 | 3.6% |
| South-to-South Exchange Visits | 41,771 | 1.2% |
| Capacity Building Workshop | 121,745 | 3.4% |
| Clinic Management Xpert (CMX) | 165,683 | 4.6% |
| USAID/IPPF Joint Review | 72,255 | 2.0% |
| Sub Total | 530,081 | 14.6% |
| Other Activities and CO Direct Costs | | |
| Marketing, PR and Donor Care | 24,290 | 0.7% |
| Research and Dissemination | 19,828 | 0.5% |
| Other Project Support (including ARO December Reviews) | 63,418 | 1.8% |
| Human Resources | 434,429 | 12.0% |
| Administration and Overheads | 140,317 | 3.9% |
| Sub Total | 682,282 | 18.8% |
| GRAND TOTAL | 3,620,608 | 100.0% |

APPENDIX 2: CONTACT LIST

| IPPF Central Office | IPPF Regional Offices | |
|---|--|---|
| <p>IPPF Regents College Inner Circle Regents Park London, NM1 4NS UK</p> <p>Tel +44 20 7487 7900 Fax +44 20 7487 7950</p> <p>Email info@ippf.org Web www.ippf.org</p> | <p>AFRICA REGION Africa Regional Office Madison Indurance House Upper Hill Road/Ngong Road Nairobi KENYA</p> <p><i>Postal address:</i> PO Box 30234 00 100 Nairobi KENYA</p> <p>Tel +254 2 720 280 Fax +254 2 726 596 Email info@ippfaro.org</p> | <p>EUROPE REGION Europe Regional Office Rue Royale, 146 1000 Brussels BELGIUM</p> <p>Tel +32 2 250 0950 Fax +32 2 250 0969</p> <p>Professor Barbro Lenneer-Axelsson Regional President</p> |
| <p>IPPF Honorary Officers Mrs Anggela Gomez IPPF President, Chairperson, Governing Council</p> <p>Mr Robert Durie IPPF Treasurer</p> | <p>Mrs Tamaro Toure Regional President/Chariperson</p> <p>Mr Justice Pobi Acting Regional Director</p> | <p>Ms Lyn Thomas Redional Director</p> |
| <p>Director - General Mrs Ingar Brueggemann</p> <p>Directors - Central Office Dr Pramilla Senanayake Director, Global Advocacy, Scientific Expertise, Youth & Gender</p> | <p>ARAB WORLD REGION Arab World Regional Office 2, Place Virgile Notre Dame 1082 Tunis TUNISIA</p> <p>Tel +216 1 847 344/792 833 Fax +216 1 788 661/789 934 Email awro@ippf.intl.tn</p> | <p>WESTERN HEMISPHERE REGION Western Hemisphere Regional Office 120 Wall Street 9th Floor New York NY 10005 USA</p> <p>Tel +1 212 248 6400 Fax +1 212 248 4221 Email info@ippfwhr.org Web www.ippfwhr.org</p> |
| <p>Dr Med Bouzidi Director, Resource & Programme Development</p> <p>Mr Oscar Moret Director, Finance & Materials Management</p> | <p>Mr Mohamed Abou Wakil Regional President/Chairperson</p> <p>Mr Mohamed Kamel Regional Director</p> | <p>Ms Sharon Allison Regional President/Chairman</p> <p>Dr Hernan Sanhueza Regional Director</p> |
| <p>IPPF is incorporated by UK Act of Parliament and is UK registered Charity No. 229476 ISSN 0307-6857</p> | | |

