

**Association for Family Well-Being
(Asociación Pro-Bienestar de la Familia):
A Pioneering Guatemalan NGO
(1964-2009)**

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Maria came to APROFAM at the suggestion of her sister. Married with two young boys, Maria sought out APROFAM for help with family planning. With gynecological and family planning services being scarce in the northern Guatemalan region of Petén, Maria traveled 4 hours by bus to arrive at the APROFAM clinic in San Benito. She had come interested in Depo-Provera, commonly called “The Shot”. Depo-Provera is a drug very similar to progesterone, a hormone normally produced by the ovaries every month as part of the menstrual cycle. Depo-Provera is an injected medicine that prevents pregnancy for up to 3 months.

After submitting a personal history, undergoing a physical exam, and discussion of side effects and procedures, Maria received the Depo injection from the on-call physician. Maria was informed she needed to return every three months to ensure the efficacy of the contraception. She agreed and scheduled her next visit at the reception desk before leaving. Maria’s fees were waved by APROFAM due to her family’s low-income level. Within two hours of arriving to APROFAM, Maria had been registered, screened, and provided family planning services.

Maria’s experience exemplifies the quality service provided by APROFAM to its patients. With a range of family planning services that are cross-subsidized by national and international donors, APROFAM is able to provide lower-income families in Guatemala with a high quality of care.

INTRODUCTION

Founded in 1964, Asociación Pro-Bienestar de la Familia (APROFAM) provides a wide variety of services related to family planning (FP), reproductive health (RH), maternal and child health, laboratory testing, and other basic health programs throughout Guatemala. APROFAM's target population is the lower- and lower-middle classes. Its urban program includes 32 clinics spread throughout the country and its Rural Development Program (RDP), a network of over 4,000 semi-urban and rural distribution posts, serves some of the country's poorest, including the majority indigenous Mayan population in the highlands. Trained community volunteers who provide family planning counseling and referral in addition to providing oral contraceptives and barrier methods operate the distribution posts. Founded with the objective of providing integrated health

services based on quality assurance and gender equity, APROFAM focuses primarily on sexual and reproductive health.

With a 35-year history as the country's principal FP/RH agency, APROFAM has significantly improved Guatemala's access to family planning. APROFAM is the International Planned Parenthood Foundation (IPPF) affiliate in Guatemala. It has also received substantial financial support from the United States Agency for International Development (USAID). This case study of APROFAM describes this Guatemalan NGO, its history, its funding and services, and its direction for the future.

Guatemalan Context

Before focusing on APROFAM and its operations, it is important to note the context within which APROFAM operates. Guatemala is a country with extensive ethnic and linguistic diversity. In accordance with the projection made by INE – CELADE, the population for 2009 comprises 14,017,057 inhabitants distributed over 108,889 square kilometers. Four great cultural groups coexist: Mestizo, Mayan (21 ethnic groups), Garifuna and Xinca. The largest group is Mayan (41% of the population), of which 68% live in the rural area and 32% in urban areas. Of the total population 54% live in the rural area and 46% in urban areas. The annual rate of population increase from 1995 to 2000 was 2.64%. Of the total population, 56.7% live below the poverty line and 26.8% in extreme poverty. Of the poor population, 38.63% live in urban areas and 61.37% in the rural area. The indigenous population is the most affected by poverty and constitutes 63.2% of the poor population.

The age structure forms a “pyramid”: with 42.3% of the population under 15 years of age, the group between 15 and 17 years is 6.7%, the group between the ages of 18 and 64 years 46.6%, and the population greater than 65 years constitutes 4.4%. The birth rate per 1,000 inhabitants is 36.6 and the mortality rate is 7.4 per 1,000 inhabitants. Average life expectancy at birth is 67.4 years, and is greater for women (70) than for men (64.9).

Illiteracy is 28.8% (23.9% among men and 33.4% among women), one of the highest rates in Latin America. This deficiency is an obstacle to the development of both the individual and the family, and has a direct repercussion on the social indicators. For example, the infant mortality rate is one of the highest in the region at 39 per 1,000 live births. Also, the high fertility rate (4.4 children per woman) does not correspond to the desired 3.5 children expressed by the women. The percentage of women at a fertile age that use a family planning method is 43.3%. This percentage is greater in the urban areas (56.7%) than in the rural area (34.7%).

Based on these demographic characteristics of Guatemala, APROFAM's target population includes low and medium-income persons who live in the urban and rural areas with limited health services. Most of the service recipients are from the working class in the urban and rural areas.

HISTORICAL EVOLUTION

Following its founding in 1964, APROFAM operated out of an old hospital in Guatemala City by offering general medical services for women and children. It purchased another facility in the Guatemalan capital in 1969 to expand its health services. Four years later, the organization continued to grow and began offering contraception programs and services. APROFAM concentrated its administrative work in yet another new building in 1975, allowing the medical clinics more operating space. Further administrative separation occurred in 1979 when APROFAM opened an additional facility for medical administration.

Regional services began in 1980 as APROFAM opened offices across the country in Quetzaltenango, Escuintla, and Zacapa. A few years later, these three regional offices were converted into clinics that provided much needed medical services to Guatemala's large indigenous population. In 1992, APROFAM centers and clinics expanded its services to specialized maternal care. Ultrasound, cesareans and other gynecological services were available to pregnant mothers seeking specialized services. In addition, coordinated services such as curative and preventive health as well as hospitalizations were offered. In 2009 APROFAM renovated its offices and medical centers in the capital to better meet the needs of its patients and staff.

APROFAM's mission is to provide a wide array of medical services with emphasis on family planning, reproductive health, maternal and child health. As an organization, APROFAM advocates for the sexual and reproductive rights of all segments of the population based on free and informed decisions that benefit general health. Adding to this, they aim to expand the number of sexual and reproductive health services, including family planning for populations not attended by the formal health systems in the country, making them available, accessible and appropriate for everyone requesting them.

APROFAM's educational objective seeks to promote the access to sexual and reproductive health information and services aimed at young people, especially for the prevention of unwanted pregnancies and STI/HIV-AIDS. With a focus on client centered quality services, the organization seeks to strengthen the process of institutional sustainability that will permit the delivery of quality products and services to the target population in the future.

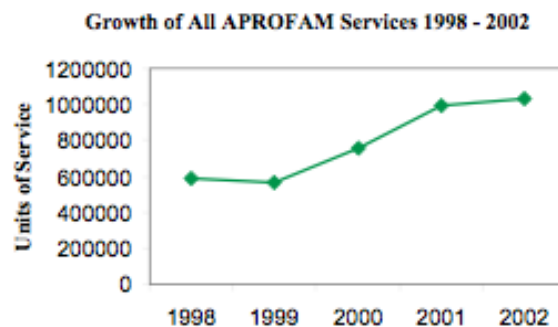
The core values include: 1) a commitment to a rational and honest administration of resources that are managed in a transparent manner in order to achieve institutional credibility and optimal use, 2) employ staff committed to the sexual and reproductive health needs of the Guatemalan family, 3) Assume a leadership in providing sexual and reproductive health services in Guatemala and 4) employ a systematic approach to improving performance and meeting challenges. There is a high amount of sensitivity to the socio-cultural characteristics of the Mayan and Mestizo populations being assisted. APROFAM is committed to a continuous search for excellence in the delivery of health services to the Guatemalan family. Lastly, APROFAM remains an independent organization that is guided by its work philosophy, the policies of the governing

body and the principles and values of the International Planned Parenthood Federation (IPPF)

PROGRAMS AND SUSTAINABILITY

The guiding principle of sustainability led APROFAM to make major organizational changes in the 1990s. Facing a reduction in donor funds and ongoing pressure from USAID and IPPF for sustainability, APROFAM began to re-examine its strategies. A top-to-bottom overhaul of management systems transformed APROFAM into a self-financed health care organization between 1996 and 2002. These spectacular gains in organizational performance were achieved through critical tasks. Long-range planning began under the Family Planning Management Development Program to increase APROFAM's service coverage and improve its financial footing through a multi-year partnership with MSH (Management Sciences for Health) and the USAID mission.

With outside technical assistance and significant capital investments by USAID to expand and diversify health services, APROFAM's 32 clinics now offer cardiology care, dental services, X-rays, and laboratories that produce test results for local doctors as well as clinic staff. Well-integrated billing, distribution, and commodities systems enable APROFAM to fulfill drug and contraceptive orders within three days (a process that used to take three weeks). As a result of these improvements, the volume of service visits almost doubled from 600,000 to one million per year.



With technical assistance from the Management and Leadership Program (M&L), APROFAM is currently converting its Rural Development Program into a social marketing program, with an emphasis on computerized information, management and leadership training for clinic managers, and better supervisory systems to improve health care coverage in remote villages. Training APROFAM staff in sales and marketing and implementing a compensation system that rewards productivity, efficiency, and quality are expected to generate more revenue and make the RDP more self-financing. The focus on social marketing fits into APROFAM's long-term effort to link management practices with the goals of better service quality, efficiency, coverage, and responsiveness to client needs.

APROFAM's financial sustainability rose to 97% in 2007 from 68% in 2000. The population covered by APROFAM Education Programs increased by 58% from 2003 to 2007 (113,418 to 179,387.) The income of the Rural Development Sustainability Program rose from an average of 538,830 Quetzals a month in 2000 to 616,376 in 2003 and to 928,487 in 2008.

The Manager for the Rural Development Program, Lawyer Maria Lucia Escobar, spoke of the importance of this increase “This guarantees the sustainability of social programs over time, especially those on FP and Reproductive Health that APROFAM brings to the rural population.”

Family Planning Services

APROFAM operates 32 medical centers and over 4,000 semi-urban and rural distribution posts, including those remote areas of the Mayan highlands. The family planning services offered allow for families to space the time between children. Reversible methods include IUDs, oral contraceptive pills, and contraceptive injections. APROFAM also performs laparoscopies and vasectomies for permanent contraception procedures. Family planning consultations are provided to all families seeking services. Prior to taking a service, every possible user receives the necessary information on the procedure being selected, confirms his/her informed consent and fills out a form with his/her general data, following already established medical protocols.

APROFAM offers many comprehensive medical services beyond family planning. Gynecology and Obstetrics services range from pre- and post-natal consultations to Pap smears. Men, women and children are given basic medical check-ups. Pediatricians treat young children, principally those with diarrheal diseases and respiratory infections. Finally, every medical center sells items to address basic medicinal needs and family planning methods.

Rural Development Program

The Rural Development Program provides integrated family health care services, with emphasis on reproductive health, more culturally, economically and geographically accessible in the rural areas throughout the country. The services are provided by both staff and volunteers (community leaders). These services are subject to quality guidelines, taking into account cultural pluralism, ethnic diversity, migratory patterns, population dispersion and gender.

Considerable efforts are made to coordinate with local government services using an integrated approach to improving family health, with emphasis on women and children in the rural areas.

At the national level, RDP offers community services through a network of service providers, educators and field supervisors who provide counseling, information and education, and distribute the modern family planning methods (the pill, preservatives, vaginal tablets and injections), micronutrients, anti-parasites and analgesics.

The educators use home visits to transmit the information and educate the users. They coordinate with the local leaders and authorities and NGOs to support the promotion of medical fairs. In addition, they organize educational and informative aspects in the medical fairs as well as the referral of patients.

The Mobile Medical Unit is used to improve the access of the rural, marginal-poor, Mayan and Ladino population to family planning services and other sexual and reproductive health services based on respecting the culture of the communities and promoting gender equity.

In 2009, the Rural Development Program had four mobile medical units, each one consisting of a team of qualified professionals (1 gynecology-obstetric doctor, 1 general doctor, 2 auxiliary nurses and 1 driver), for the provision of integrated primary level health care services with emphasis on sexual and reproductive health and voluntary contraceptive surgery (AQV) using high technology medical and surgical equipment and related medicines.

Educational Programs

APROFAM's educational programs seek to educate clients, especially youth, about their bodies, pregnancies and their health. Virtual pregnancies are one of the educational programs APROFAM offers, which consist of the adolescent putting on the vest and the other equipment for a determined period of time, which will allow them to feel the effects of the third quarter of pregnancy. Virtual pregnancies seek to delay the start on sexual relations and promote protection in sexually active adolescent couples in order to reduce the number of pregnancies. The goal is also to sensitize the men who live this experience so that in the future they are more understanding toward their partner.

Adoption of electronic babies is another program aimed at preventing undesired pregnancies among adolescents as well as delaying sexual relations between young couples. The individual or couple pays an adoption fee to take care of an electronic baby for two to four days. The babies, designed to mimic an actual live infant, cry when hungry, throw tantrums, and need continuous diaper changing. A data processing system records the quality of care given. This program is designed to promote the adoption of protective measures among sexually active couples through an educational process that starts with a real-life experience of being a parent.

APROFAM continues with a wide array of other educational programs such as sexual education workshops, specialized library services, and prevention of sexualized and gender-based violence seminars and trainings.

MSSRNAJ-COCED Program

The MSSRNAJ-COCED program focuses on the health needs of Guatemala's marginalized youth. The groundbreaking program seeks to improve the sexual and reproductive health of children, adolescents and young people who live on the streets, in difficult conditions in Guatemala. This program has been developed with the support of donor agencies such as: the European Community, United Way, the International Planned Parenthood Federation (IPPF), as well as APROFAM's own funds. It is being carried out in the departments of Guatemala, Escuintla and Sacatepéquez.

The objectives of the MSSRNAJ-COCED are to improve general health and the welfare of adolescents, young people and their children that live on the street, and increase the

awareness of their human, sexual, and reproductive rights. APROFAM provides access to high quality sexual and reproductive health (SRH) services, especially the prevention of STI/HIV/AIDS. Furthermore, APROFAM empowers the population living on the street to improve their lifestyles by integrating health services, personal counseling, development of lifetime skills, and community participation.

Youth on the street are provided with medical consultations, both general medicine as well as other specializations. They receive pre- and post-natal assistance as well as laboratory and diagnostic tests. Medical supplies are freely given by doctors, as is support with post-natal feeding.

Before this groundbreaking project began, very little was documented about the sexual health needs of street children in Central America. In addition, most medical service providers in Guatemala had not been trained to deal with the needs and rights of street children, nor was there a strong referral network in place to increase the capacity and infrastructure of local organizations to provide these services. This pioneering project addressed the gaps in sexual health outreach and services and, most importantly, ensured that street children themselves played a central role in decision-making throughout its design, implementation and evaluation.

GOVERNANCE

APROFAM's board of directors is comprised of eight members. The governing body has been selected for its commitment to maternal and children health services, financial expertise, and commitment to equitable and sustainable care for Guatemala. Board members include doctors, professors, businessmen and women devoted to advancing APROFAM's mission.

FINANCES

Initially, APROFAM was almost entirely donor funded. APROFAM received private donations but gradually received large grants from multiple international organizations, governmental and private. Organizations such as USAID, IPPF, Pathfinder Foundation, JOICEF POSIVA, United Nations Population Fund (UNFPA), Pan American Health Organization (PAHO), World Health Organization (WHO), Central American Bank for Economic Integration (CABEI), Bergstrom Foundation, Packard Organization, Royal Netherlands Embassy, John Hopkins University, Georgetown University, and Family Health International (FHI) are some of the its largest donors.

FUTURE VISION

As APROFAM looks to the future, it recognizes the challenges that face it in the 21st century related to improving the quality of services through training, supervisory visits and the continuous supply of contraceptives. APROFAM personnel, Ministry of Health personnel and service providers receive initial or refresher training that leads to increasing the number of supervisory visits and ensuring a continuous supply of contraceptives.

In addition, as a national leader in reproductive rights looks to improve its acceptability and image, APROFAM forges ties with other development agencies that have gained the trust of the community. The 1990 qualitative research indicated that Mayans viewed APROFAM negatively, in contrast to the positive, trusting attitude they held toward a number of other development agencies working in the department. The staff of the intervention project invested considerable time in developing strong collaborative ties with these other organizations, trained their staff in reproductive health and gave joint talks at the community level. In doing so, APROFAM can continue its pioneering ways in the arena of reproductive health and education.

DISCUSSION QUESTIONS

1. What sort of challenges has APROFAM experienced over the years?
2. What sort of external influences have affected the development of APROFAM?
3. What are some areas of change that APROFAM will need to address in the 21st century?
4. With the expansion of services to remote areas by an extensive volunteer network, how can APROFAM ensure the highest quality of service to the families served?

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