

**I. PROJECT IDENTIFICATION**

1. PROJECT TITLE  Family Planning Management Information System		APPENDIX ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>39p</b>
3. RECIPIENT (specify)  <input type="checkbox"/> COUNTRY _____ <input type="checkbox"/> REGIONAL _____ <input checked="" type="checkbox"/> INTERREGIONAL _____		2. PROJECT NO. (M.O. 1095.2) 932-11-570-951
4. LIFE OF PROJECT BEGINNING FY <u>71</u> ENDING FY <u>77</u>		5. SUBMISSION <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REV. NO. <u>1</u> <b>4/13/73</b> DATE CONTR./REQ NO. <u>3298</u>

**II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS**

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMOD- ITIES \$	F. OTHER COSTS \$	G. PABA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US _____ (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(2) COOP COUNTRY		
		(1) U.S. GRANT LOAN	(2) JOINT	(B) BUDGET								
1. PRIOR THRU ACTUAL FY	72 561	234	126				327	561	126			
2. OPRN FY 73	644	273	135				371	644	135			
3. BUDGET FY 74												
4. BUDGET +1 FY 75	517	243	124				274	517	124			
5. BUDGET +2 FY 76	556	265	132				291	556	132			
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	2278	1015	517				1263	2278	517			

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

**III. ORIGINATING OFFICE CLEARANCE**

1. CHAPTER Robert D. Bush <i>rdb</i>	TITLE Economist, PHA/POP/DEA	DATE 4/13/73
2. CLEARANCE OFFICER R.T. Ravenholt, M.D. <i>RR</i>	TITLE Director, Office of Population	DATE

**IV. PROJECT AUTHORIZATION**

1. CONDITIONS OF APPROVAL  
 Comments of the Regional Bureaus and PHA/POP replies appear as Appendices to this PROP.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
PHA/POP/DEA	James W. Brackett <i>Job</i>	4/13/73	PHAS/DEA	Norman Cohen	
PHA/POP <i>RK</i>	E. R. Backlund <i>RB</i>	4/17/73	PHA/PRS	George Coleman <i>GC</i>	5/9/73
PHA/POP	James Shafer <i>JS</i>	4/19/73			

3. APPROVAL AAS OR OFFICE DIRECTOR  
 SIGNATURE: *Harriet S. Crowley* DATE: 5/9/73  
 TITLE: **Asst. Admin. Bureau for Population and Humanitarian Assistance**

4. APPROVAL A/AID (See M.O. 1028.1 VIC)  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

UNITED STATES GOVERNMENT

APPENDIX

# Memorandum

TO : PHA/POP/DAE, Mr. Robert D. Bush

FROM : AFR/DP, Edward Donoghue *ED*  
Charles D. Parker *CP*

SUBJECT: Amended Family Planning Management Information PROP

DATE: March 14, 1973

Once comfortable with the "delivery systems" type lingo in which this PROP is written, it becomes apparent that the purpose of the project is valid, if not actually important, in establishing and supporting family planning programs in the LDC's.

The PROP considers frankly and realistically the various difficulties being encountered in managing a family planning program that are presently being encountered by both AID and host country program administrators. I only question the range of sophistication encompassed from "small private clinics operated by unpaid volunteers" to information-handling with "a basic set of modules expanding to the limits of the IBM 360/30." More power to the contractor! The use of computers, too, is an expensive operation, and the projected budget for this project seems to make no allowance for computer rental (except perhaps if this is included in the contractor's overhead cost of 65% of direct costs). I question as well the provision in the PROP for training of the contractor's central staff, including the provision of language training. Presumably a contractor is selected for a project on the basis of having fully qualified personnel capable of performing without AID-financed training.

With these comments, AFR/DP concurs in amended PROP.

~~CONFIDENTIAL~~

MAR 15 1973

Director of Administration

Director



AFR/DP, Mr. Edward Donoghue  
Mr. Charles D. Parker

March 16, 1973

PHA/POP/DAE, R. D. Bush

**Amended Family Planning Management Information PROP**

Thank you for your prompt consideration of the subject PROP. In response to your comments let me say:

1. It is not the intent of this project to foist unwanted and overly sophisticated technology upon LDC F.P. programs. Although the computer is already being widely used in the LDC context, it is not the intention of the project to push electronic data processing where inappropriate. It is not expected that recurring in-country costs will be funded under this project. To the extent that short term computer costs arise they will be funded under "Other Direct Costs."
2. The training emphasis is on broad core staff development, but staff development focused on specific country needs. This would include indepth reviews of country programs in preparation for providing assistance to those countries. It would also include language training for those members of the core staff being shifted to long term field posts (e.g., learning Farsi in preparation for multi-year project in Afghanistan). In some instances it might also be necessary to augment broad core staff skills in specific technical areas in response to host country problems. This would be accomplished either through short term training or through consultants.

UNITED STATES GOVERNMENT

# Memorandum

TO : PHA/POP - Mr. Robert D. Bush

DATE: March 9, 1973

FROM : LA/DR - Maura E. Hurley *MH*

SUBJECT: Amended Family Planning Management Information PROP

Concurrence is given on this PROP. The rationale and description of the project is very well written and presented in this PROP.

We leave it to you to obtain assurance from PHA/PRS that the extension of funding through FY 77 is consistent with new guidelines concerning future funding.

~~REMOVED~~

MAR 12 1973

Analysis & Evaluation  
Division



UNITED STATES GOVERNMENT

# Memorandum

TO : PHA/POP/DAE, Mr. Robert D. Bush

DATE: March 30, 1973

FROM : ASIA/DP, Alexander Shakov 

SUBJECT: Amended Family Planning Management Information PROP

I am sorry at our delay in providing Asia Bureau comments on this PROP. Attached is a memorandum from John Alden that represents the Bureau reaction. As you can see, we think the contract a useful one, but there is some concern that the market in Asia is overstated and as a result the budget larger than is required.

We concur in the amended PROP with the note that the budget should be tightened up, as John has suggested, to the greatest extent possible. Please keep in touch with John on further developments.

Attachment



UNITED STATES GOVERNMENT

# Memorandum

TO : Alexander Shakow, ASIA/DP

DATE: 28 March 1973

FROM : John S. Alden, ASIA/TECH/PSD

SUBJECT: Amended Family Planning Management Information PROP

Please pardon my delay in responding to PHA/POP PROP on family planning management information; it somehow fell through the cracks. The purpose of the management services for health (MSH) contract - to beef up the general management and logistics capability of the LDC family planning delivery systems - provides a valid and needed service.

Although MSH is a very thinly staffed organization (which, I believe, depends almost exclusively on AID POP funds for its existence), our experience with their specialists (Rod O'Connor and Peter Rouselle who is now in Korea) has been quite good.

Much of the PROP-identified market for MSH's product is justified by outstanding requirements identified in Asia Bureau countries. The PROP overstates the case on this for ASIA and perhaps also for other countries. Thus far MSH involvement in Asia Bureau is this:

1. One management advisor stationed in Korea (Rouselle). This advisor is integrated into ROKG government operations. He is supported from regional POP funds - not the central contract. This is a very useful action.

2. One or two FP/MSH management surveys in Afghanistan (funded from the central contract). A FP management PROP is now being reviewed here. PHA is pushing for a sole-source selection of MSH but other contractors feel they are qualified and are interested in submitting proposals.

3. MSH was considered as a resource for the Turkey POP planning bureau project, but was dropped when they could not field a specialist by June 1.

4. MSH is currently carrying out a short-term study in the Philippines to assess the extent that present family planning program progress is meeting the country's demographic objectives - a valid and useful piece, but somewhat on the periphery of the management information systems scope of the present contract. This is funded from central contract funds. We know of no further plans to use MSH in the Philippine program.



-2-

I do not know against what other priorities POP selected this project for funding at the \$2 million-plus level, however, I have the impression that the size of the staff to be recruited and their support is very generous considering the volume of business already identified. Also, this budget covers only core costs plus consultancies. Country activities would have to be funded from regional POP funds.

To sum up, the contract is needed and the contractor has demonstrated competence. However, the LDC market is uncertain and the PROP overstates the identified Asia Bureau market. I recommend that we concur in the PROP but suggest a harder look at their budget - tailoring the core staff to an identified market for the services.

Clearance  
ASIA/TECH:RJBallantyne *RJB*

MSH

ASIA/DP, Mr. Alexander Shakow  
ASIA/TECH/PSD, Mr. John S. Alden

April 3, 1973

PHA/POP/DAB, Robert D. Bush

**Amended Family Planning Management PROP**

I would like to address some of the points raised in John Alden's memo of March 29, 1973. The project is designed to provide technical assistance for MSH in family planning. They have a project to develop a management planning model and a project to institute a regional client record system in New England. This will serve to broaden their staff competence and will in effect create a larger pool from which to draw long term technical assistance resources.

The section of the PROP to which John refers is primarily concerned with the next level of activity in the project. He is correct in stating there will not be a significant amount of technical assistance to Asia funded under this project in the near future, but there is the expectation of substantial work.

At the end of April, the central contract will fund 5 man-months of assistance to Afghanistan to solve a warehousing problem of immediate concern. We hope that MSH, Inc. work in the Philippines will continue, although friction between USAID/Manila and MSH, Inc. may preclude this.

Perhaps most significant is the case of Turkey. It was precisely because of the "thin staff" that MSH, Inc. was unable to respond to the request for assistance from USAID/Ankara within the time limit. Experience under this project has shown that a seasoned central staff is the best source of recruits for long term in-country technical assistance slots.

The size of this project is based on a projection of the rate of requests for management assistance, a level which is a fraction of the need for such services. As project monitor there have been several instances where problems or requests have arisen (e.g., Pakistan management and data problems associated with the generalization of the Stalkot delivery system) that I felt could best be handled by MSH, Inc. In these instances MSH did not have the resources to respond to the need and other sources of assistance were utilized. Based on the experience of the project to date, I am forced to conclude that the level of effort called for in the PROP is necessary.

## NONCAPITAL PROJECT PAPER (PROP)

Country: WorldwideProject No. 932-11-570-951Submission Date: December 23, 1972Project Title: Family Planning Management Information SystemU.S. Obligation Span: FY 1971 - FY 1976Physical Implementation Span: FY 72 - FY 77

Cross life-of-project financial requirement:

A. Statement of Goal

1. Goal. Development of adequate systems for delivery of family planning services through the improvement of family planning program administration.

Nearly all LDC's have a family planning delivery system in some stage of development. These range from small private clinics operated by unpaid volunteers to government programs offering services in established health centers. ~~In many countries, the services to patients are relatively poor; the financing, marginal; the contraceptive techniques, obsolete; the coverage, limited; and management information systems are practically non-existent.~~

The problem of developing adequate delivery systems for family planning services, therefore, has four aspects: (1) expand the range of contraceptive services offered, (2) improve the quality of delivery systems, (3) increase the coverage of family planning delivery systems, and (4) ~~improve the capability for internal evaluation of performance as a management tool.~~

This project addresses aspect #4 of the above goal statement. Program management has been widely identified as one of the crucial variables in family planning program success and in most instances shortfall. This has been the perception of not only the donor organizations in population-family planning, but also of the family planning program administrators in the LDC's. All too often these program heads are faced with the task of

program management with only the most rudimentary data on program outputs and almost none on the input side. In this environment, one can see that even the most vigorous and dedicated administrator would be hard pressed to mount an effective program.

It is hoped the use of management science groups will bring family planning evaluation closer to the program administrators and to the utilization of effective program strategy. These groups have a practical and non-academic focus and often considerable operational experience which lends itself to the practical improvement of program.

## 2. Measurement of goal achievement.

It should be clear that the achievement of the goal of improved family planning service delivery systems will not be dependent only on improved program management. Many things (manpower and training of personnel, other resource inputs, legal restraints on and availability of contraceptives through private channels, development of new non-medical intensive contraceptives), will contribute to the attainment of the project goal, but program administration is seen as a key variable.

It is expected that effective program management will produce at a minimum a 10% increase in intermediate program outputs within 2 years in those countries receiving assistance. These outputs are commonly measured as family planning acceptors per year, number of initial acceptors who continue to utilize contraception after a specified period of time, and perhaps most importantly, the percentage of the eligible fertile population contracepting at a point in time. Similar improvements in efficiency may be seen in terms of cost per acceptor, acceptors per family planning worker, contraceptive prevalence as a function of program cost.

3. Assumptions about goal achievement.

The major assumptions on which the hypothesis for achieving the project goal is predicated are: (1) management is a significant factor in family planning service delivery effectiveness. (2) The bureaucratic structures in which family planning programs operate are not so inflexible as to preclude decision making based primarily on the goal of program improvement. This assumes the program administrators have sufficient decision making power within their programs. (3) A primary goal of family planning program administrators is to improve the quantity and quality of services provided. This assumption is necessary for the output indicators to have any validity and for the improved program administrative capability to be translated into action.

B. Project Purpose

1. Statement of purpose

The purpose of this project is the widespread application of modern management techniques to the administration of family planning programs. This approach will be an effective way to establish appropriate program strategy, sound program administration and planning, and systems to establish control of program operations.

Family planning service delivery programs collect information on clients served and activities performed by program personnel. This is usually the basis of the tabulations and reports known as service statistics, which programs use to document their activities, pay their workers and chart the progress of their program. Although the format of the service data and the output information generated may vary extensively from program to program, it is clear that certain core elements do persist throughout. Input data from client visits, field worker reports, and facilities utilization can be

massive in volume and of variable quality. These primary data, if available, are usually so aggregated that decision makers at all levels see only totals and learn little of the changes in the delivery system that could affect their decisions. Additionally, the time lags in aggregation and processing may cause data to lose relevance for operational decision making. While the data may be useful for research on demographic impact, accurate, timely, and appropriate information is still needed to properly manage family planning systems on a continuing basis. In summary, existing service statistics data are often of poor quality, redundant misaggregated, untimely, and most important, unavailable to the program manager in a form that is relevant to the decisions which he faces. Further, control systems to insure the implementation of decisions and long range planning to insure good program strategy are either weak or non-existent.

The first phase of the project has confirmed these impressions and provided an initial site opportunity to address them in practical terms, in cooperation with the MOH/K. A full time MSH site representative is now working in the MOH to develop and institutionalize management planning and control competence in the Korean National Program.

The first year and a half of activities under the MSH project have focused country program interest and expression of need on the whole area of management support and have substantially altered the project environment.

Interest from the international community resulted in a request to MSH to organize, with AID concurrence, the first UNFPA sponsored seminar on practical management issues in Family Planning Programs, which was attended by 23 country program directors, 18 international organizations and a number of management resource institutions from the developing world.

Subsequent requests to MSH through AID missions, international organizations, and direct inquiries have indicated the depth of concern and heightened interest in pragmatic management support and applied research. With AID/W support, specific requests for technical assistance have been addressed in Afghanistan, Turkey, Ghana, the Philippines, Antigua, and Brazil. Immediate future plans include conclusion of an agreement for long term cooperative effort with the Ministry of Health of Afghanistan, continued support to the Philippine Population Commission and the MOH/Kprea.

A request from Brazil will be answered through IPPF and Ford Foundation channels.

The demand for management assistance has increased so rapidly that extensive cooperation and flexibility on the part of AID/W and the contractor have been required to meet the most pressing requests from the field.

To date, this project has provided the primary thrust in the family planning management and it is expected that this will be the case for at least another four years. In the short run, the focus of the project is to institutionalize management capacity in those countries with which MSH works directly. In the longer run, the contractor will encourage the development of management assistance capability in the other donor organizations, and provide an experiential framework to guide the utilization of indigenous management resources. It is through these indirect processes that the project will achieve the widespread coverage necessary to meet the need, as existing or potential project resources can achieve only a small part of the task of upgrading the management of family planning programs directly. The job is just too large to rely completely on a country by country approach.

## 2. Conditions expected at the end of the project.

This project will be completed when sufficient non-AID funded technical assistance resources in family planning management area are available to

meet the need. There are two types of indicators that will be useful in measuring this achievement.

The first is to monitor the actual level of resource availability and utilization in relation to the expressed demand. At the present time the level of demand exceeds that which can be provided under the existing project and by other donors. This trend of this demand is definitely upward and it is expected that it will be two years before the combined resources can catch up with the requests. This project can be considered completed when non-project technical assistance is sufficiently available to meet all requests from LDC family planning programs, for management inputs. Perhaps a good indicator would be a two month turn-around from receipt of request to significant and sustained action on that request. The shortcoming of this measure is that it is dependent on expressed demand rather than need and does not take into account the educational or promotional aspect of the project. That is, making program administrators more aware of management problems and of possible solutions.

A preferable, but more difficult approach would be to monitor the actual progress in solving management problems in family planning in relation to the magnitude of the need (rather than demand). This would imply the existence of some organized surveillance of family planning management-evaluation activities on a worldwide basis, which does not presently exist. A separate project to develop this capability has been approved by AID but has not been contracted for lack of an acceptable organization to carry out the effort. It is hoped that this project can be contracted for in the near future, in which case it will form the backbone in the measurement of achievement in the MIS project as well as other projects in the management-evaluation area.

3. Basic assumptions about achievement of purpose.

These assumptions are: .

- 1) that modern management techniques will be relevant within the LDC context. This recognizes that while cultural and individual differences do exist among countries, these management techniques are sufficiently flexible to meet the varying conditions and needs in population programs. This further assumes when U.S. approaches are inappropriate that country's specific alternatives can and will be developed.
- 2) that once the experience of adapting these techniques to several LDC F.P. programs has been gained, this will serve as a foundation for expansion. This assumes that there are sufficient core similarities in L.D.C. management problems that instructive generalizations early project experience.
- 3) an increasing capability and interest on the part of the non-AID donor organizations in F.P. management is assumed. This assumes that they will either receive increased resources or will reallocate their efforts into this area.
- 4) the widespread existence of competent in-country management talent is assumed and can be tapped. These skills can be located both in private management consultant firms and in local schools of business, management, and public administration. These resources are vital if a problem of this magnitude is to be solved.

C. Statement of project outputs.

A primary output of the original MIS project was to initiate the Management Information System Approach in a specific operating family planning programs. This is being pursued in Korea, with MSH staff members working with the National program and a similar relationship is being developed in Afghanistan with the

with the Ministry of Health. In both instances the focus is on helping the local program administrators identify and remedy their own management problems. The focus at this level is on improving the strategy and efficiency of the family planning programs being assisted.

Further they will identify and work with host country counterparts to leave a residual competence in the application of modern management techniques. This will include informal (on-the-job) training and where necessary formal instruction. The contractor will also encourage the utilization of competent host country management consultant groups, thereby minimizing the need for future outside technical assistance.

The original project also called for a series of methodological manuals pulling together the experience gained in Korea and Afghanistan. These manuals were to serve as a foundation for the provision of management assistance to additional countries.

The revised project will additionally fund several outputs which the project experience to date indicates are important to the rapid achievement of the project purpose. The demand for assistance in the management areas has been much stronger than anticipated and the response of the other donor organizations much more rapid. In order to take advantage of the high level of interest, the contractor will:

1. expand the number of countries to which he is capable of providing long term assistance. The revised contract will provide sufficient resources for the contractor to develop plans for such assistance in response to field requests and under AID/W concurrence. The resources will also be available to begin work on such activities for up to six months, while alternative funding is being sought. It is expected that as soon as possible, consistent with being responsive with host country needs,

that the concerned U.S.AID, the Office of Population, or other appropriate funding source will finance the long term in-country costs under a task order arrangement. To date, the contractor has been unable to meet all the requests for assistance from the field because of a lack of personnel. It is hoped that core staff expansion will provide an experienced pool of technical staff from which to draw in-country project teams.

2) experience has shown that the long term continuous assistance is not always appropriate. Often certain management and planning task demand only intermittent short term advisory services.

Examples of this type of situation would be inventory and logistics problems, pulling together the data and structuring. The analysis necessary for long range program planning, providing assistance in translating long range plans into annual operating budgets, revisions in existing service statistic systems to make them more relevant to program management. The core staff expansion mentioned above will provide both the necessary manpower and the breadth of technical experience to meet the needs for short term assistance. This effort will be responsive to needs for such assistance expressed by the LDC/FPP's, USAID's, and in some instances other donor organizations (although an effort will be made in this instance to secure at least partial funding from the concerned organization.). Yet this responsiveness must be tempered to some extent. The experience to date has indicated that often assistance is requested for a specific program problem (eg. logistics in Ghana) that is only a symptom of a pervasive lack of program management and planning. In these instances short term assistance in eliminating the symptom, will only highlight another problem and so on. In these cases it is incumbent upon the contractor to perceive the underlying problem, inform all parties concerned diplomatically, both of the real problem and possible solutions, and of the expected benefit (or lack of) in meeting the original request (elimination of the superficial problem). It is not enough that assistance be responsive to expressed host country needs, the assistance must be effective in improving the P.P. program.

3) As stated earlier the contractor will never have sufficient resources to provide all the technical assistance resources necessary in F.P. management. The only efforts toward wholesaling envisioned in the original contract were a) the manuals which were mentioned above and b) creation of an advisory committee with representatives from as broad a representation of other technical assistance and donor organizations as possible. It was hoped that the latter would provide a vehicle for spreading the results of the project as rapidly as possible. Experience to date has shown that his involvement is indeed productive, but is not sufficient.

To this end the contractor must be able to participate in training activities and international conferences. Such meetings will provide a broader base from which to transmit the results of the project to LDC family planning program administrators, the ultimate target of the project activities. They must also have the freedom to work with LDC management groups and other donor organizations to upgrade their capability to provide assistance in family planning program management. In the long run this is perhaps the most important aspect of this project. In order to involve the LDC management groups the contractor will have the authority, subject to AID/W concurrence, to subcontract LDC activities to such firms, both to obtain their assistance in solving immediate problems, but more importantly, to encourage their participation in the family planning area on a longer run basis.

The above outputs called for general support in the family planning "management" area. Yet just what activities would fall under the "management" heading are not clear. It is hoped that the outline which follows will clarify the types of decision making for which the contractor will provide support. Managerial decision activities fall into three categories:

Operational Control

Management Control

Strategic Planning

In brief, these categories may be defined as follows:

Operational Control

Operational Control is the process of assuring that specific tasks are carried out efficiently and effectively. Examples of operational control decisions in family planning programs would include:

Scheduling of visits: When should a patient on pills make the next visit?

Inventory Control: Do we have enough pills in stock or should we reorder?

Client Record Maintenance: Does the patient's history, previous record of visits, or physical exam indicate that further attention is required?

Accounting Systems: When and how much should staff be paid?

Staff Scheduling: Which nurses, midwives, fieldworkers, physicians, etc., will be assigned to each work location and work period?

Management Control

Management Control is the process by which managers assure that resources are obtained and used effectively in accomplishment of the

organization's objectives. Examples of family planning management control decisions would include:

**Short Term Staffing and Capacity Requirements:** With expected program growth, how many nurses, midwives, field workers will be needed?

**Scheduling of Mobile Teams and Supervisory Personnel:** When and where should the teams be sent for adequate coverage? What priority should local problems have in assigning supervisory support?

**Performance Monitoring ("Evaluation"):** How are local units/areas doing relative to assigned objectives and milestones? Which areas are doing substantially better or worse than expected? What accounts for the variance?

**Establishing Performance Goals:** What intermediate objectives, such as numbers of acceptors and continuing active users are required to achieve stated goals? How should the performance of service units and individuals be guided by these goals?

**Short term Budgeting:** What financial resources are required to meet planned needs in the months ahead? Does today's situation indicate that reallocation of the present period's funds would better meet actual conditions?

**Incentive Systems:** What rewards will stimulate personnel and clients in accord with program objectives?

**Fieldwork Allocation:** What balance should be drawn between follow-up and recruitment of new patients?

**Media Scheduling:** What placement, timing and frequency of messages should be used?

**Training:** What skills and experiences are required? Which are available and which must be developed?

**Strategic Planning**

Strategic Planning is the process of deciding on the objectives of the organization, the resources used to attain these objectives, and the policies that are to govern the use of resources. Examples of strategic planning decisions include:

**Service Facility Location:** What location should be selected and why?

**Target Population Definition:** What defines it? Where are the people located? Does theoretical clarity of definition at the central administration level mean anything realistically in the field?

**Longer Range Budgeting and Forecasting:** What financial and human resources will be required to build towards program goals? Where will they come from? What proportions of private and public inputs are realistic?

**Resource Allocation and Policy Options:** What constitutes acceptable program elements? Will private sector activities be encouraged? What methods will be offered? Is abortion supported? What are the costs and benefits of building family planning into MCH and other health services? How broadly will community involvement be sought?

The "management assistance" will be assessed in several ways:

- a. The technical quality of the assistance will be verified by the project monitor through review of the related documentation and on site visits to those countries receiving assistance.
  - b. The responsiveness and relevance of the assistance to host country needs will be monitored both by the concerned USAID on a continuing basis and by the project monitor in site visits.
  - c. Finally, both the concerned USAID's and the project monitor will assess the outcome of each contractor initiative in terms of change in family planning program strategy and effectiveness. This is perhaps the best test of the relevance and quality of the technical assistance provided, if it is not used then its worth must be questioned. It must be additionally recognized that this type of change is not a short term phenomenon.
2. The achievement of the above outputs are based on the following assumptions.
- 1) LDC Family Planning Program Administrators both perceive the need for assistance in management-evaluation and are willing to accept such assistance. Although this is a sensitive area the experience of MSH under the early stages of this project has indicated that if the technical assistance agents are willing to work "for" the manager "within" the program his help will be accepted. The situation where an advisor sits outside the program and delivers a monologue on what is being done wrong must be avoided.
  - 2) The concerned USAID's must also be sensitive to family planning management problems and receptive to outside assistance. Again experience

has indicated that lack of such sensitivity can kill or delay considerably the provision of assistance even when host country interest is high.

3) Perhaps most importantly the program administrator must be prepared to make the investment of time and resources necessary for project payoff. and should not The contractor can not/work in isolation. The problems he works on can not theoretical but must be based on the realities of the situation as viewed by the program manager and his staff. This means that the host country counterparts must be involved in depth in this type of assistance.

D. Statement of Project Inputs.

1. Inputs

As stated in C this project will not attempt to fund long term technical assistance in specific countries. These instances will be funded by task orders under detailed "scopes of work" specific to the country concerned. The task at hand is the exploration of possible sites for long term assistance, the initiation of work (up to 6 months) while executing task orders, provision of short term management assistance, and dissemination of generalizable management-evaluation findings resulting from the field experience. To carry out these tasks over the time frame of the project the contractor will have to provide the following inputs:

- a) Skilled manpower will be the most important input into this project. Although management -epid. talent will predominate the nature of the work will also necessitate training and demographic inputs. The individuals needed for the central

contract are:

Program Manager  
MD  
MD/EPID/PH  
Management Scientist  
Demographer/Researcher  
System Analyst  
System Programmer  
Education/Training Manager  
Administrative Assistant

The three major tasks of the project; developing long term tech. assistance sites, providing short term technical assistance, and the dissemination of generalized F.P. management methodology developed from the practical experience demand this skilled manpower.

These individuals will also be the pool from which the incountry teams will be drawn. This can be looked at as orderly staff development toward the ultimate purpose of the project, improvement in LDC family planning program management. This will include not only language and technical training, but perhaps most importantly development of the sensitivity needed in working in the overseas environment.

- b) Substantial travel inputs will be necessary. Development of project sites must take place in the country involved and not in the U.S.
- c) The project will provide consultants as needed to address

specific LDC family planning management problems. Although, as the above staffing pattern indicates, the permanent staff will have competence covering many disciplines, problems which they are unable to address are bound to arise. The ability to draw on consultants will expand the functional breadth of knowledge of the project staff. This is also an excellent transitional status for bringing on permanent staff. It provides time for the prospective employee and the contractor to assess each other, especially in the LDC environment.

d) The development of an advisory committee was carried out in the first phase of this project. The experience to date has shown that it is an effective conduit of information to other U.S. and international organizations. In the case of the UN, they held an international conference on management drawing heavily on the work of the project contractor.

EXPENDITURES UNDER ORIGINAL PROJECT

	FY 72 Actual Expenditures	Actual Expenditures Jan	FY 73	
			Projected Feb-June	Expenditures Total
Salaries	\$69,000	\$45,000	\$50,000	\$95,000
Materials	2,300	1,500	8,000	9,500
Travel	14,000	15,000	8,000	23,000
Consultants	4,500	8,000	6,000	14,000
Subcontract	-	-	-	-
Other Direct Costs	3,500	2,000	10,000	12,000
Overhead	47,500	31,000	32,000	63,000
Fee	-	-	-	-
<hr/>				
Total	\$140,800	\$102,500	\$114,000	\$216,500
Total through FY 73 (projected)				\$357,300
Budgeted original project				\$561,000
Projected residual as of June 30, 1973 (applied to FY 74 - FY 75 Budget)				\$203,700

PROPOSED BUDGET FY 74-75

<u>Salaries</u>	<u>Preliminary Budget</u>			
	<u>FY 74</u>	<u>MM</u>	<u>FY 75</u>	<u>MM</u>
Project manager	25,000	12	26,000	12
MD	34,000	12	36,000	12
MD/Epid	16,000	6	32,000	12
Management Scientist	12,000	6	24,000	12
Demographer	12,000	6	18,000	9
Systems Analyst	16,000	12	18,000	12
Systems Programmer	15,000	12	17,000	12
Education/Training Mgr.	5,000	3	10,000	6
Admin. Assistant	11,000	12	12,000	12
Total	150,000		189,000	
<u>Direct Costs</u>				
Materials	40,000		25,000	
Travel	18,000		20,000	
Consultants	10,000		10,000	
Subcontracts	30,000		40,000	
Other Direct Costs	25,000		15,000	
Overhead (65% of salaries)	97,000		123,000	
Total	220,000		233,000	
Fee	26,000		30,000	
Grand Total	396,000		452,000	
TOTAL			\$848,000	
Projected residual in project as of June 30, 1973			\$203,700	
New Funding FY 74-75			\$644,300	

PROJECTED BUDGETS FY 76 - 77

	<u>FY 76</u>	<u>FY 77</u>
Salaries	233,000	250,000
Materials	25,000	25,000
Travel	20,000	25,000
Consultants	10,000	15,000
Subcontract	30,000	30,000
O.D.C.	15,000	15,000
O/H	151,000	162,000
	<u>484,000</u>	<u>522,000</u>
Fee	33,000	34,000
TOTAL	517,000	556,000

TOTAL LIFE OF PROJECT BUDGET

FY 72	140,800
FY 73	216,500
FY 74	393,000
FY 75	455,000
FY 76	517,000
<u>FY 77</u>	<u>556,000</u>
Total Life of Project funding	2,278,300
Previous Funding	<u>561,000</u>
Additional Funding needed over life of project	1,717,300

The major assumption behind the attainment of these inputs is the ability of the contractor to select and recruit the high quality personnel necessary for carrying out the scope of work. To date the contractor has been quite successful in recruiting effective personnel and there is every reason to believe this situation will persist.

F. Course of Action

The project will be of 72 months duration. The steps to be taken are (steps 1 - 3 have been completed):

PHASE I

1. A series of visits will be made to countries which show potential as test sites. The contractor will work closely with the USAIDs to determine those countries which have real interest in this area. This is especially important because of the close working relationship that must be formed between the contractor and program managers of the countries receiving assistance. The contractor will visit those sites from which positive expressions of interest are forthcoming. The contractor will be looking for several things on this trip.

a. He will assess the degree of interest in management assistance and its relevance to solving host country problems.

b. He will examine the present management-evaluation system in each country. The types of data collected, the frequency of collection, the types of reports generated and their distribution will be examined. In general, they will get a "feel" for the FP program efforts and the types of evaluation presently being used.

c. Perhaps most importantly, the contractor will become familiar with the individuals responsible for program management. The potential of the administrators to utilize and participate in the development of, such a system is crucial.

d. Finally, the systems by which decisions are transmitted to the operating units of the FP program will be examined.

*see 3 phases 2*  
Based on these criteria, two sites will be selected from those visited. Because the project is in the testing and developmental stage,

the sites most favorable to success in terms of interest, previous experience, and potential impact will be chosen. These choices, along with a plan of action, will be submitted to AID for clearance. Actual long term assistance will be funded by mission task order (or by other donor organizations and if necessary AID/W)

2. Formation of an international advisory group of experts to guide the project and promote dissemination of the project results. This group will meet semiannually to review the progress of the first phase of the program. It may include advisors from major international agencies such as the World Health Organization and the World Bank, The Population Council, as well as the population centers and operating field programs.

*emph* The major purpose of this effort is to involve the other groups working in population in this project. This will occur at two levels. First it is necessary to keep abreast of other efforts in this area and the advisory committee will be a formal mechanism for accomplishing this. Secondly, it is very important that the various organizations participate in the spread of this approach for FP management-evaluation if the project proves a success. By involving these other groups, the resources and impetus behind this effort can be multiplied. To get this type of cooperation, it is important that the other groups working in population be involved from the start and have a real sense of participation.

PHASE 11 3. The contractor will place a minimum of one staff member in each of the test sites as soon as practical after the decision on the countries has been made. Additionally, the project director will participate in this period of initial contact on an intermittent basis. The initial efforts will be to obtain detailed knowledge of program operations and management and to establish working relationships with the host country officials.

At this stage host country technical counterparts, in addition to the program administrators, will be identified. These counterparts will work with the contractor throughout steps 4 - 6 and 7b and will serve as a residual of management competence after the contractor terminates activities in a specific country. This counterpart relationship will constitute relevant and effective informal training and it will be augmented by formal instruction where necessary. The utilization, where possible, of local management consultants will enhance another potential source of residual competence.

4. Once this basic groundwork has been done, work will progress on getting the program administrators to "think through" their program and their roles within it. The development of this framework is probably the most crucial of the project for several reasons.

a. An externally imposed picture of program operations, decisions, and problems can not capture the political and cultural realities that program administrators must face. No management system can afford to ignore these factors, because such a system will not be either useful or meaningful.

b. If the program administrators do not understand and feel no sense of participation in the system developed, it is highly unlikely that they would put enough trust in it to use it in decision making. Rather, they would fall back on the old system of program administration.

c. It is necessary to place the information in a framework in which it has meaning. This picture should provide a basis for deriving the implications of certain results or findings and relating them to the decisions made within the FP program.

d. Finally, it is important that administrators explicitly map out the system used for translating decisions into action. Specific attention must be paid to this problem if improved decisions are to have any effect.

This framework requires an evolutionary process of development and testing. Since one of the foci of this project is how information is used, attention will be directed at specifying how information from service statistics and KAP surveys can be integrated to obtain overall program

implications. This implies building a model of how a manager sees his program operation. This structure will probably be simple initially, but can be elaborated by the manager as he learns more about his system and desires to more fully utilize his data. This will be accomplished through continuous contact between the program administrators and the project field staff. To this end a specific host country counterpart to work on this project will be identified.

5. Once the initial program framework is arrived at, the filling of gaps in the data available and translating the data into the information needed for specific decisions must be accomplished. Although a country with advanced data collection mechanisms will be sought as a test site, it is likely that some changes will be needed. It is also likely that an in-depth review of the data collected will indicate areas where the reporting burden can be lessened. The contractor will assist the host country in making these shifts, with a minimum of disruption. The goal will be to accomplish changes within the existing data collection system.

In the analysis of the data, the contractor will focus on making the information in its final form very specific to the needs of the individuals within the PP organization. Routines to perform the necessary data reduction and analysis will be developed. These routines will present the information in the simplest and most useful form feasible. Many of these routines or components will be sufficiently complex that computerization will prove necessary, but the emphasis will be on the most efficient way of performing these tasks rather than on "using the computer." Further existing software will be utilized where practical.

Those routines or components which make use of the computer will be designed flexibly in two dimensions. The first dimension is, of course, the basic modules meet the program's initial information needs in useful and understandable ways. They will be designed to expand (either internally or through the addition of other components) in an evolutionary direction as family planning executives perceive the need for, and request additional data analysis.

The second dimension will be to develop a series of components that will permit expansion of the information-handling capability as more computational capacity and user sophistication becomes available. Specifically, a basic set of modules would expand to the limits of the IBM 360/30, for example, then expand again in scope for programs that might have access to higher order 360 equipment.

6. As mentioned earlier in this proposal, no management information system will improve a program in isolation. In recognition of this, the contractor will also assist in the development of management structures and procedures which will utilize the full potential of the MIS. This work will include a full survey of the present administrative structure in the prototype countries with specific (but practical) suggestions for strengthening it. These suggestions will be in terms of changed administrative structure, communications vehicles, training and staffing patterns, budgeting, commodity procurement, and, in many instances, direct flow of the information on which decisions are based (which imply action).

111 7. Provision for extrapolation of work and experience to other situations.

It is recognized that it is vital, if the project is to have any simi-

ficant impact, that provision be made for applying the findings to other countries. This step of the project will now be funded as phase 3, to run concurrently with phase 2.

a. The contractor will work closely with international organizations (such as the UN) and other AID contractors. This will enable the latter groups to utilize the approaches developed in their technical assistance efforts.

b. The contractor will work directly in other countries in response to perceived host country need and requests to analyze and support management innovation in family health programs. These problem/opportunities will be pursued through a process of initial screening and field assessment where indicated. Requests requiring further specific action may be handled through central funding; task orders, cooperative funding with other funding offices or by referral to other agencies. Such assistance may be provided on both a long term or a short term basis.

c. The contractor will hold seminars and develop training activities designed to give LCD program managers access to the approaches developed. Facets of this training include an interactive computer model (designed to let the program managers explore various evaluation and data analysis techniques and tailor a system which fits his needs).

d. The contractor will undertake to have central staff trained and available to respond to genuine requests for management input, including the provision of language training, and background preparation through the most effective channels available at the contractor's head office.

**E. Rationale**

AID's experience in population over the last several years has indicated a striking diversity in the efficiency & effectiveness of family planning programs in the less developed world. In part this can be attributed to cultural differences, different levels of development and receptivity, and of course differences in the level of resource inputs. Yet, a substantial portion of the variance can not be explained by these obvious factors. Most observers in the field attribute this substantial residual to differences in program strategy, management, and leadership.

This recognition has in the past year been increasingly reflected in requests for technical assistance from LDC family planning administrators. Requests for assistance under phases I & II of this project alone have been received from Korea, Afghanistan, Phil., Ghana, Turkey, Brazil and both the UNFPA and IPPF/Western Hemisphere. These requests were followed up by site visits by the contractor. In these instances MSH, Inc. provided (both written and verbal) an assessment of the situation and problems along with recommended courses of action to the host country and USAID. The contractor was able to arrive at conclusions which were not only perceived as valid by the parties involved, but served to clarify the underlying problems in the specific situations. There was a clear response that assistance in program strategy and management were needed and desired by the host country administrators & USAID Personnel (as reflected in requests for continued MSH, Inc assistance.)

The problems addressed by this project are real. The response of LDC FP program administrators to assistance in this potentially sensitive area has been both open and positive. Both the level and trend in requests for management assistance indicate a rapidly increasing demand. This level of interest is mirrored in the other family planning donor organizations, lending credibility to the assumption that they will lend their resources to technical assistance in the management area.

When AID and MSH undertook this project, less than two years ago, we were breaking new ground in family planning. Our experience has confirmed the importance of this project, the receptivity to the MSH approach among LDC FP administrators and the necessity of continuing to drive this effort forward.