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DEVELOPMENT OF  
SCOPE OF WORK STATEMENT  
FOR A  
MANAGEMENT CASE STUDY  
OF THE  
MEXICAN SOCIAL SECURITY INSTITUTE  
FAMILY PLANNING PROGRAM:  
TRIP REPORT

by

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GLOSSARY

AMIDEN	Academia Mexicana de Investigacion en Demografia Medica (Mexican Academy for Research in Medical Demography)
CIDI	Centro Interamericano de Desarrollo Institucional (Interamerican Center for Institutional Development)
IMSS	Instituto Mexicano de Seguro Social (Mexican Institute of Social Security)
INCAE	Instituto CentroAmericano de Administracion de Empresas (Central American Institute of Business Administration)

#### ACKNOWLEDGMENTS

The consultant wishes to thank Dr. Jorge Martinez Manautou, Director General of the Mexican Institute of Social Security (IMSS) Family Planning Program for the excellent cooperation provided and the generous access to members of the program's management staff, Dr. Sergio Correo, Dr. Francisco Alarcon and Dr. Juan Giner. Their availability to meet with the consultant and the openness with which they discussed issues facilitated completion of the assignment and proved to be a delightful experience in the process.

## EXECUTIVE SUMMARY

The Mexican Institute of Social Security (IMSS) operates what is widely recognized as one of the strongest and most successful family planning programs in Latin America. It accounts for nearly one-third of all contraceptive users in Mexico and has expanded so rapidly that it is meeting six-year program goals more than a year ahead of projection.

The Mexican Academy of Medical Demography (AMIDEN), which works closely with IMSS, felt that the success of the IMSS family planning program merited a case study of its development, especially aspects of the program management that might help to explain its successes and would be of use and benefit to other social security institutes in Latin America and perhaps elsewhere.

Before launching such a case study with technical assistance from USAID, it was thought that a scope of work for such a project should be developed. This is the report on the scope of work consultation.

The consultant found that a very good internal case study had already been prepared and could be improved through minor additions and changes, with review from outsiders. As a result, the consultant recommended that the originally contemplated IMSS Family Planning Management case study not be undertaken.

Instead, an internally conducted survey of a sample of IMSS family planning staff should be undertaken to obtain their views as to what actions or conditions have contributed to the program's success or underachievement.

A professionally prepared, high-quality videotape, 30 to 60 minutes in length, should be developed that shows the most important management behaviors that IMSS staff have adopted to bring about program achievements and success.

A second videotape, showing the historical evolution of the IMSS family planning program, would make a useful case study to accompany the video on management behavior.

A short booklet (mini-monograph) that reinforces the concepts shown in the management videotape should be prepared. It should be easy to read, understandable to a person with minimum management training, and inexpensive enough to distribute widely for use in training sessions in conjunction with the videotape.

Management and video consultants should be contracted for the assignment with a three- to six-month hiatus between two visits, depending on IMSS speed in completing the following tasks during this hiatus: (1) the field study should be undertaken and analyzed and results sent to both consultants before their return and (2) the video script (including scene descriptions), which would be outlined during the first visit, should be fully elaborated and reviewed by both consultants before their return.

An effort should be made to recruit a U.S.-based doctoral student to undertake an historical study of the IMSS program development as a public management case study.

## I. INTRODUCTION

### I.1 Purpose of the Consultation

The Mexican Institute of Social Security (IMSS) operates what is widely recognized as one of the strongest and most successful family planning programs in Latin America. Its success is even more remarkable in that (1) it is a program of nationwide scope, and (2) it has become more successful as it has become fully integrated with the regular medical service delivery of the Institute. Integration with regular health services has led, more often than not, to a floundering or a decline in family planning services; the services tend to be sidelined while the need for curative health services is given priority. By contrast, the IMSS family planning program accounts for nearly one-third of all contraceptive users in Mexico and has expanded so rapidly that it is meeting six-year program goals more than a year ahead of projection.

A recent IMSS-Population Council study on the cost-benefit of the IMSS family planning program found that each peso spent in the program resulted in nearly a nine peso savings over a two-year period, in costs for pre-natal, obstetrical and follow-up infant care, and treatment of complications resulting from illegal abortions.

The Mexican Academy of Medical Demography (AMIDEN), which works closely with IMSS, felt that the success of the IMSS family planning program merited a case study of its development, especially aspects of the program management that might help to explain its successes and would be of use and benefit to other social security institutes in Latin America and perhaps elsewhere.

Before launching such a case study with technical assistance from USAID, it was thought that a scope of work for such a project should be developed. This is the report on the scope of work consultation.

### I.2 Methodology

The assignment took place over a seven-day period in late April-early May, 1986. Major reference points were an excellent 200+ page internal case study prepared by IMSS staff in 1984 (see Section II.1) and in-depth discussions with IMSS staff.

### I.3 Constraints

The USAID Population Officer was out of the country during most of the consultation period. The consultant met with him for one hour on the first day to obtain his views on the purpose of the consultation and on the magnitude of the scope of work. At the first meeting with IMSS staff, it was apparent that there was a major discrepancy between what the IMSS staff saw as the scope of work and what the Population Officer was projecting. This was discussed briefly with the Population Officer later that day, at which point the consultant was given wider latitude to "consider what made sense." The recommendations of this report had not been discussed with the Population

Officer at the time of drafting, but a preliminary outline of the change in direction proposed in this report was presented orally to the USAID program assistant.

## II. OBSERVATIONS AND FINDINGS

### II.1 Clarifying Expectations

IMSS staff had a far more ambitious notion of the goals of a case study than did the USAID Population Officer. The Population Officer saw the project as two (possibly three) consultants working two (possibly three) weeks to write an historical case study of the management of the IMSS family planning program.

The IMSS staff on the other hand envisioned using a short-term consultant to help design a management case study, which, in turn, would take approximately six months. In addition to the historical analysis, they proposed that during this six-month period, a field study of IMSS staff, at all levels, be undertaken to obtain their perspectives on the reasons for success (achievement) and failure (underachievement) of the family planning program. The hope was that once these factors were identified, other Latin American family planning programs would benefit from the results.

Upon learning of an existing 1984 internal case study, the consultant determined that the historical case study proposed by USAID might be redundant. The earlier study (200+ pages) had been prepared by IMSS staff in November 1984 with the help of Interamerican Center for Institutional Development (CIDI) in preparation for IMSS participation in an international conference on family planning programs in Latin American social security institutes, held in Lima, Peru, that year.

The consultant found the work a very good starting point but felt that it should be reviewed by outside readers reasonably familiar with the IMSS family planning program. This "pre-test" reading of the current draft by a sample of the intended audience (managers of family planning programs in other social security institutes) might help identify areas needing expansion or clarification. Additionally, the internal case study should be required reading, prior to in-country arrival, by any consultants assigned to work on the proposed project described in this scope of work.

A second consideration helped shape the consultant's decision to develop a scope of work more extensive than the one contemplated by USAID. This was IMSS's stated hope that the case study would be useful to other Latin American family planning programs. In the consultant's opinion, the most useful approach would be to focus on the behaviors of management that had led to program success rather than on a set of strategies or techniques set forth in an historical case study monograph. Certainly, valuable information may exist in an historical monograph, some of which may be transferrable to other country programs. Experience has shown, however, that often such monographs are not read, and when they are, they are often not acted upon. On the other hand, behaviors of management can be transferred through such techniques as videotapes, which have an immediate impact on the viewer.

Specifically, the consultant found a close similarity between many of the key behavioral characteristics in the management of America's most successful businesses, as identified by Peters and Waterman in their book, In

Search of Excellence, and the current management style and practices of IMSS family planning program. While the behaviors themselves do not, nor could they ever, account entirely for the success of the IMSS program, they are the aspects of the program that can be readily transferred. (Among the other critical factors that account for the success of the program, but which are more difficult--if not impossible--to transfer, are commitment to the national family planning efforts by top planning leaders, infrastructure within the service delivery institution, including data capture and analysis for the management information system, and finally leadership, commitment and expertise at the upper management levels of the program.)

While the eight principles identified by Peters and Waterman are not entirely synonymous with the management practices of the IMSS program, (nor are these principles the only ones that can be identified as contributing, at the management behavior level, to the success of the program), the consultant felt that the analogs of these principles in the IMSS program would serve as a good point of departure for analyzing important management behaviors of the IMSS program.

## II.2 Identifying Project Components

### II.2.1 Consultant Proposal

In a second round of discussions with IMSS staff, the consultant proposed three separate projects to meet the various needs that had been identified in prior discussions with IMSS staff and the USAID Population Officer. The first would be an historical analysis of the program's evolution. The second would be an internally managed field study of the perceptions of IMSS staff regarding factors that had contributed to the success or shortcomings of the family planning program. The third would be a videotape (possibly two) in which critical management behaviors would be shown being modeled. (The second videotape would show how the critical behaviors contributed to the evolution and success of the program from an historical perspective.)

### II.2.2 Historical Analysis

II.2.2.1 Sequencing Historical Program Decisions with Program Performance Data. With respect to the first project, the consultant proposed that the critical incidents/decisions/strategies described in the internally developed case study be ordered in a year-by-year timeline on which program data of various types could be overlaid. This would allow certain program performance changes to be identified with certain program structure changes and key policy decisions; external (not controlled by IMSS) historical factors, such as the visit by the Pope, should also be identified. This in no way could be considered a direct cause and effect analysis, nor would it presume to allocate relative impact/importance to identified incidents/decisions, but it, at least on a global basis, would tie program outcomes to these factors in a way the present case study does not. This suggestion does not call for a rewriting or reorganization of the case study, but rather for clustering of events by the year in which they occurred with

relevant data presented in that context, preferably in a graphic form that would highlight significant performance changes (including such data as contraceptive method mix). Noteworthy program performance changes might be highlighted in the outline as well. (The above project could be prepared as a large wall chart, if such a product would be useful.)

Finally, the consultant proposed that the historical chronology be completed prior to the initiation of the videotape project, which is the focus of the proposed scope of work.

II.2.2.2 Doctoral Dissertation Assignment for Detailed Historical Analysis. The consultant suggested that an historical analysis would make excellent thesis topic for a doctoral dissertation for a student in public policy, public management, public health administration, or family planning administration who was also interested in development issues. A scholarly study would allow for a detailed analysis of the critical events accompanied by an effort to assess their consequences for program performance. Such a study would probably require 12 - 18 months of field work, based principally on document reviews, but heavily supplemented with multiple interviews with key players. The Director of the IMSS program was very supportive of the suggestion and assured complete access to needed information and people.

### II.2.3 Field Study of Program Staff Perceptions of Reasons for Program Success

The consultant proposed that the second project, the field study of the perspectives of the IMSS staff on the causes of success or underachievement of the family planning program, be undertaken internally. Outside consultants, however, should be used to assist in development of the questionnaire, both its content and its construction. Suggestions provided to IMSS staff regarding possible content as well as sample stratification and comments on the survey generally are discussed in Appendix B.

A person knowledgeable in family planning management (and management principles in general) should be brought in to review key management behaviors and key decisions that in his/her opinion might account for program success. In the process of so doing, the consultant would also be identifying key management behaviors that would be depicted/modeled in the videotape proposed as the third project. Findings from IMSS staff could provide additional insights on management behaviors, which would be reflected in the videotape, although the study should stand on its own merits. Two consultant possibilities were suggested: David Korten and Gary Bergthold, both Spanish-speaking, both formerly with the Central American Institute of Business Administration (INCAE).

A second person, knowledgeable in survey research and questionnaire design, should be contracted to pretest and refine the questionnaire prior to its use in the field. Several focus groups might be needed to explore proposed content of the questionnaire. IMSS staff are fully qualified to

undertake the survey themselves, once the content and questionnaire construction are decided upon. IMSS staff suggested Cristina Covarrubios as an appropriate consultant for this task.

#### II.2.4 Video Cassette Productions on Management Behavior and Program History

The third project, one (possibly two) videotape(s) depicting management behaviors that have contributed to program success, is the most significant of the three discussed here, and the one most closely related to the original purpose of this consultation. The purpose of the proposed project would be to create a useful instructional tool for encouraging other directors of family planning programs to adopt and adapt these management behaviors in their own programs.

In discussions with IMSS Directors, it was concluded that the purpose of any case study should be to emphasize the behaviors of management rather than undertake a critical incidents historical analysis of the program's evolution. It was suggested by the consultant that more effective than a detailed report or monograph would be one (perhaps two) very professionally prepared video cassettes, between 30 and 60 minutes in length, in which the critical behaviors could be demonstrated or modeled. The video cassettes would be accompanied by a "mini-monograph" or study guide that would outline and discuss the behaviors shown in the video; the guide would be brief enough to be read in one sitting and inexpensive enough to be widely distributed in workshops, seminars and conferences at which the videotape would be shown.

The second videotape would focus on an historical analysis of the IMSS program, properly as a case study, showing how management behaviors (principles) evolved, as well as how they were implemented or practiced. The level of management sophistication prevalent in the program today was not always present, but as the IMSS staff developed management skills, they did so through the kinds of behaviors that would be described in the management videotape.

#### II.3 Technical Assistance

A management consultant will be needed to work on projects two and three. In addition, expert advice will be needed for technical aspects of production of the videotape, including preparation of the video script and the scenes that will accompany the narration. The videotape produced by Peters and Waterman to accompany their book shows by example the behaviors that they have found important to business success, and could serve as a model for the kind of content that would result in a good study of IMSS management. It is important that any such video production not be a series of "talking heads" but rather that it include scenes from the field that demonstrate the behavior in action.

Although the consultant has given emphasis to separating the topics of management behavior and historical incidents in the proposed videocassettes,

it is not imperative that they remain separate so long as the producers keep focused on the important information that will help change the behavior of other managers, and not allow the two to become muddled and unclear.

### III. RECOMMENDATIONS

#### III.1 Revision of the Existing Case Study

- o The IMSS Family Planning Management case study as originally contemplated should not be undertaken.
- o The very good internally prepared case study of IMSS family planning management should be reviewed by external sources for possible improvements or clarification so as to make it more useful to other Latin American social security institutes.
- o The existing case study should be revised to include a section that places in chronological order the key management decisions on a year-by-year basis accompanied by data on changes in program performance.
- o An effort should be made to recruit a U.S.-based doctoral student to undertake an historical study of the IMSS program development as a public management case study.

#### III.2 Survey of IMSS Staff

- o An internally conducted survey of a sample of IMSS family planning staff should be undertaken to obtain their views as to what actions or conditions have contributed to the program's success or underachievement.
- o The survey should draw its sample from delegations that are consistently high performing, consistently low performing and from delegations whose performance has either improved or declined significantly over time.
- o Two consultants should be contracted with on development of the study, one an expert in family planning management to identify key content areas and one an expert in survey questionnaire construction to assure that wanted data will result. It is estimated that approximately two weeks of the management consultants' time will be needed for this purpose, including tasks noted below.

#### III.3 Production of Videotape

- o A professionally prepared, high quality videotape, 30 to 60 minutes in length, should be developed that shows the most important management behaviors that IMSS staff have adopted to bring about program achievements and success.
- o A consultant in video production should be contracted to help outline the script and oversee or undertake actual production and editing. Script outlining should occur in conjunction with the

initial work of the management consultant so that specific identified topics can be discussed and developed. Local talent which will be responsible for elaboration of the script (guion) should be present for discussions as the outline is developed.

- o A second videotape, showing the historical evolution of the IMSS family planning program, would make a useful case study to accompany the video on management behavior. If such a videotape is developed, it should be undertaken concurrently to minimize duplication of effort and to keep consultant costs down.
- o A short booklet (mini-monograph) that reinforces the concepts shown in the management videotape should be prepared. It should be easy to read, understandable by a person with minimum management training, and inexpensive enough to distribute widely for use in training sessions in conjunction with the videotape.
- o The management and video consultants should be contracted for the assignment with a three- to six-month hiatus between visits, depending on IMSS speed in completing these tasks during this hiatus: (1) the field study should be undertaken and analyzed results sent to both consultants before their return and (2) the video script (including scene descriptions), which would be outlined during the first visit, should be fully elaborated and reviewed by both consultants before their return.
- o Based on the script, as revised by consultant suggestions, arrangements should be made for any scenes that will be shot outside of Mexico City (e.g., annual evaluation session at a delegation, service scenes, community-based interviews). Details with consultants can be worked out via mail.
- o Both the management and video consultant should return for the shooting of the video documentary to advise on scenes, narration, etc. Whether the video consultant actually undertakes the production will depend on cost, negotiations, etc.

#### III.4 Recommended Consultants

Management Specialist: David Korten (location unknown)  
Gary Bergthold  
University of California, Santa Cruz

Survey Specialist: Cristina Covarrubios (local hire)

Video Production Specialist: Mark Lediard  
Academy for Educational Development  
Washington, D.C.  
(202) 862-1924

All of the above are fluent in Spanish.

### III.5 Proposed Time Sequence

- o IMSS completes reorganization of historical management decision data and integrates it with program data.
- o The above, along with internally developed IMSS case study, is sent to management and video consultants, along with this report.
- o Consultants come to Mexico for approximately two weeks work on design of survey of IMSS staff, identifying key management behaviors that may have contributed to program's success. These management behaviors are incorporated in outline for video script and possible scenes to be shot are described. Management consultant works with local survey expert. Video consultant recommends local production sources or agrees to undertake production.
- o IMSS undertakes survey of staff, completes analysis, and sends report to both consultants. Local talent is hired to write script for videotape documentary. Script sent to both consultants prior to their return.
- o Video and management consultants return for approximately two weeks to oversee production of videotape and prepare draft booklet that will accompany it. Final editing to be arranged as needed.

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Finkle, Jason L., and Gayl D. Ness, Managing Delivery Systems: Identifying Leverage Points for Improving Family Planning Program Performance, Appendix B, Department of Population Planning and International Health, University of Michigan, December 28, 1985. (This is the final report for AID Contract DPE-0632-C-00-3065-00.)

**APPENDICES**

APPENDIX A

Persons Contacted or Interviewed  
During Consultancy

PERSONS CONTACTED OR INTERVIEWED DURING CONSULTANCY

Dr. Jorge Martinez Manautou, IMSS

Dr. Sergio Correo, IMSS

Dr. Francisco Alarcon, IMSS

Dr. Juan Jiner, IMSS

Dr. Anameli Monroy de Velasco, IMSS

Dr. John Townsend, Population Council

Dr. Leo Morris, CDC

Dr. Robert Miller, Western Consortium of Health Professionals, San Francisco

(telephone conversation)

Mr. Sam Taylor, USAID

Ms. Magdalena Cantu, USAID

APPENDIX B

Suggestions for Internal Study  
of IMSS Staff

## APPENDIX B

### SUGGESTIONS FOR INTERNAL STUDY OF IMSS STAFF

Main question: What do you think accounts (historically) for the success or underachievement of the IMSS family planning program? How do you explain it? What special incidents or events stand out? What behaviors and/or decisions of management have contributed to the programs success?

Issues that should be raised:

- External demand by patients
- Cultural level of IMSS enrollees (derecho habientes)
- Emphasis on family planning on part of the national government
- Access to resources/adequacy of resources
- Personalities (political access of Dr. Martinez Manautou)
- Perceived commitment/dedication on the part of the program director
- Inspiration/leadership from central level
- Participation/engagement of the field staff by central office
- Access to central staff
- Outreach by central staff
- Focus of family planning doctrine (health)
- Local autonomy/decision making
- Efforts at simplification (ajilizacion)
- Responsiveness of central staff/problem solving approach
- Effects of specific administrative decisions (list)
- Political issues (local service directors, "delegados," etc)
- Information flow/feedback
- Examples of innovation in the field being promoted nationally

Sample Stratification

- 1) By performance trends of delegations
  - a) consistently high performers
  - b) consistently low performers
  - c) transitional from high to low
  - d) transitional from low to high
  
- 2) By tenure of respondent
  - a) long-tenured workers -- 10 years+
  - b) short-tenured workers -- less than 5 years

IMSS staff should consider modeling the internal survey along the lines of the international survey conducted by Ness, et al. as shown in Appendix B.

APPENDIX C

Managers' Perceptions of Management Issues  
Results of a Survey of Family Planning Program Managers

by Ness et al.

## APPENDIX C

### MANAGERS' PERCEPTIONS OF MANAGEMENT ISSUES

#### Results of a Survey of Family Planning Program Managers

Gayl D. Ness, Stan J. Bernstein,  
John Heinrich, and Jason L. Finkle

#### A. Introduction

There is a striking gap in the literature on family planning management. The managers themselves have seldom if ever been asked about management problems in a systematic and comprehensive manner. There have been literally hundreds of large scale sample surveys asking individuals about their reproductive behavior and their use of family planning methods. There have also been scores of management training programs and studies of management. None of these, however, have addressed the managers themselves with systematic and comprehensive questions about their actions or problems as managers. For some reason observers of family planning programs have never seen the managers of the nearly 200 programs available in the world as sources of information about management.

In a small effort to fill this gap, we have conducted a trial survey of the managers themselves. The attempt was a modest one, in part because it was not certain that managers could be used effectively to tell us about management problems. We wished to do two things. One is to determine whether or not managers can be used as sources of information in systematic data gathering. A second was to learn what managers can tell us about the problems. In this we were especially interested to learn how managers perceive their task and their problems. Do the analytical categories that appear in the management literature, and with which we have been working, make sense to the managers themselves? In short, can we talk with managers about their problems in systematically comparable terms? These questions imply that we were less interested in the

objective measurement of program performance, which may in some sense be identified as the outcome of management. Other studies have attempted to address this more objective performance problem. Lapham and Mauldin, for example, have provided insightful scores of "program effort", or the amount of work that a country puts into its national family planning program. We shall use these scores later in the analysis, but our attempt is first to learn how managers perceive the issues of management.

To this end we constructed a questionnaire, and sent it to 186 top level program directors, including 79 from public and 107 from private family planning programs. We drew on information from the UNFPA, the IPPF, and the USAID in an attempt to list all of the programs currently in operation, and thus to get a census of managers and their perceptions. The questions covered a range of environmental conditions, which are generally thought to affect the demand for contraceptives and fertility limitation. They also include items on the amount of political support, and conditions within the program at top, middle and field levels.

One of our immediate constraints was our own perception that managers are very busy people. Thus in order to get as high a return rate as possible, we would have to present the managers with a relatively simple instrument, which could be completed in less than half an hour. This precluded complex questions that would call for specific information, followed by different responses depending on the type of information given. Accordingly, we developed a 48 item questionnaire, in which all questions assumed the same format. (The questionnaire and accompanying letter are attached.) For each condition, such as the number or quality of staff, we asked managers to indicate on an 11 point scale whether this was a source of program strength or weakness. The questionnaire was prepared in English, French, and Spanish, accompanied by a letter requesting assistance, assuring anonymity, and offering managers both a copy of the results of the analysis and a copy of our literature review. One follow-up letter with questionnaire was sent one month after the original.

## B. The Responses

Eighty-four of the instruments were returned, but only 71 were usable. This provides a 45 percent total return rate or a 38 percent usable return rate. That as many as 13 of the 84 returned questionnaires were incorrectly completed indicates that our instructions were not sufficiently complete or comprehensible, and constitutes a weakness in the execution of the survey.

The 84 completed questionnaires were not evenly distributed among all categories of programs. For the most part, the programs that are overrepresented are the private programs, those from Asia, those from a higher socio-economic level, and those with higher levels of the Lapham-Mauldin program effort score. Tables 1 - 3 provide a numeric summary of the returns. In each case, we indicate the proportion (%) of questionnaires that were returned, and show in parentheses the number of questionnaires sent to that group. For the analysis of returns by socio-economic conditions - country size, wealth, literacy etc - in table 3, we have broken countries into roughly equal numbers, ranking them low medium and high on each condition.

The regional distribution of returns (Table 1) shows considerable imbalance. Of the 39 questionnaires sent to Asia, 24 or 62 percent were returned. Africa, Latin America, and The Mediterranean all had less than 50 percent return. We received 26 responses for each Latin America and Africa, giving return rates of 44 and 40 percent respectively. The eight responses from the Mediterranean gave a 35 percent return rate, for the lowest of all the regions.

Private programs were more responsive than were public programs. We sent questionnaires to 107 private programs, and had a 56 percent return rate. The 79 public programs provided only a 36 percent return rate.

The socio-economic conditions show a consistent picture. Smaller countries provided a better return rate than did larger countries. Beyond size, the richer, more literate, more healthy countries, and those that are more advanced in the fertility transition provided

Table 1. Questionnaire Response Rate  
by Region

	Region				Total
	Africa	Asia	Latin America	Mediterranean	
% Returned (N sent)	40% (65)	62% (39)	44% (59)	35% (23)	45% (186)

Table 2. Questionnaire Response Rate  
by Public-Private Program

	Public Programs	Private Programs	Total
% Returned (N sent)	36% (79)	56% (107)	45%(186)

higher return rates than the poorer and less developed. Generally the return rate was 1.5 to 2.0 times higher in the more developed category than in the less developed category. IMR and program effort measures provided the greatest difference in return rates. Low IMR countries had return rates 2.0 times as high as the high IMR countries, and high program effort countries had return rates of 2.3 times that of the low scoring countries.

There is only one deviant measure in this general pattern. Countries of high CBR change provided lower return rates than did those of low or medium CBR changes.

Overall, then, when we examine the results, we should be aware that we are examining those of the better programs in the more developed socio-economic settings. To a certain extent this will bias the results, but it is difficult to say what the character of the bias will be. We can provide some analyses that will examine the character and direction of the bias, but the numbers are too small to permit an extensive testing of the many hypotheses that could be drawn around this issue.

One interpretation of the return rate distribution is that it should not be surprising

that the better programs in the more advanced countries are more responsive. This may, in fact, provide an additional validation of program quality. That is, it may indicate that these programs are in fact better managed, at least to the extent that they have a greater capacity to answer their mail. The difference between public and private programs may well be due to the security of the former, and the common experience of the private programs in looking outside of themselves for sources of support.

There is more to be said about the difference between public and private programs, however. Later, we shall wish to know whether these types differ in their internal managerial problems. It is commonly believed, for example, that private organizations have greater capacity to hire and fire staff and to reward staff for performance than do public programs, and that this may lead to higher levels of performance in the private sector. Although we have no information on actual program performance, we can at least ask if the two types of managers view their internal constraints differently. Before we can do this, however, we must ask whether there are more basic differences between public and private programs in their general social and economic environments.

There is a difference and it is significant. It follows the pattern of the return rate, but it is also based on more fundamental differences in the countries that have private programs. For both the total number of programs (186), and for the actual responses that we can use (71), private programs are found countries that are more developed and are deeper into the fertility transition.<sup>31</sup> There is an interesting qualification to this, however. There is no difference between public and private program countries in the level of economic development, as indicated by percapita GNP. The difference is rather in social development and position in the demographic transition. Private program countries show

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<sup>31</sup>. Student tests were calculated on public-private means of 13 different environmental conditions. The differences were not significant (at the 5 percent level) for: population size, percapita GNP, rate of population change, rate of CBR change, contraceptive prevalence rates, and Lapham-Mauldin program effort score. Private programs had significantly higher means in percent literate, and life expectancy at birth. They had significantly lower means for infant mortality rates, total fertility rates, and crude birth and death rates.

Table 3. Questionnaire Return Rate  
by Socio-Economic Level

Condition	Level			Missing Data +
	Low	Medium	High	
Population Size	48% (42)	46% (46)	29% (52)	
GNP/Capita	44% (48)	43% (37)	52% (46)	42% (55)
Literacy	48% (40)	47% (59)	51% (45)	41% (37)
Life Expectancy	36% (61)	44% (48)	58% (65)	25% (12)
CDR	64% (59)	42% (60)	33% (55)	25% (12)
IMR	70% (54)	44% (39)	36% (72)	25% (12)
CBR	60% (63)	38% (50)	41% (59)	25% (12)
TFR	50% (66)	36% (58)	46% (57)	20% (15)
CBR Change	46% (41)	52% (46)	33% (51)	46% (48)
Population Change	57% (58)	38% (58)	47% (57)	25% (12)
Population Density	28% (46)	48% (62)	53% (47)	48% (31)
Prevalence Rate	37% (30)	52% (23)	59% (29)	34% (104)
Program Effort	29% (68)	46% (35)	68% (41)	45% (42)

+ Data on the specific condition were missing

higher rates of literacy and life expectancy, and lower infant mortality, total fertility and

crude birth and death rates. On the other hand, there is no difference in prevalence rates or in the Lapham-Mauldin program effort scores. In effect, private programs may be said to enjoy environments of higher demand for family planning services. It will therefore be important to control for public-private differences in some of the analyses below.

### C. Validity

Since we are examining managers' perceptions of their problems, it is reasonable to ask how valid those perceptions are. Are managers seeing things the way they are, the way they wish or fear them to be, or in some other way? Our data cannot provide direct answers to these questions, but we can examine certain relationships that will suggest how valid are the overall perceptions. There are three relationships in particular that can give us some indication of validity.

The first concerns program effectiveness. We asked managers to rate the overall effectiveness of their program on a simple five point scale, from very effective (5) to very ineffective (1). We also have the Lapham-Mauldin scores of program effort for 25 of the public program and 38 of the private program countries. A high correlation between managers' perceptions of effectiveness and the Effort scores would indicate agreement between managers' perceptions and objective measures and thus support the view that managers' perceptions are valid. The overall correlation coefficient for these two measures is +.52, which is statistically significant at the 1 percent level or better. The assumption of valid perceptions is generally supported here. But there is another important twist to this. The program effort score refers primarily to national or public programs, thus the correlation between the measures should be stronger for the public than for the private programs. And indeed it is. The correlation coefficient for the 25 public program countries is +.78, and that for the 38 private program countries is +.32.

Second, we can examine managers' perceptions of the impact of environmental conditions on their programs. Questions one through eight dealt with various aspects of the environment: the impact of IMR, peoples' literacy, health, religious values and other

norms. We also have objective data on the country's wealth, health and literacy. Thus valid perceptions would be indicated if managers, for example, saw peoples education to be a source of program strength where literacy levels are high, and a source of program weakness where literacy levels are low. The scores on our perceptions questions are low where managers perceive a condition as a major source of program weakness and high where they judge it to be a major source of program strength. Thus a positive correlation between a country's measure of health or literacy and a manager's perception that these contribute significantly to program effectiveness would indicate a valid perception. (If the measure is infant mortality, of course, we would expect a negative correlations.) There are three measures for which we can compute the correlation coefficients between objective condition and managers' perceptions. They are as follows: IMR/IMR =  $-.70$ ; Literacy/Education =  $+.56$ ; and Life Expectancy/Health =  $+.59$ . (All are significant at the 1 percent level or better.) Further, in all cases, when we break the responses by public and private, the correlations are stronger for the public than for the private program managers, although all coefficients remain statistically significant and in the predicted directions. This might indicate that public program managers' perceptions are more objective and valid than those of the private programs, but there is probably a better explanation. Typically, private programs are more highly concentrated in urban areas, while public programs are at least under constraints to serve the more remote rural areas. Thus we might expect public program managers to feel more constrained by low levels of literacy or health, while private program managers are slightly more insulated from these environmental conditions by their more generally urban environments.

Finally, we can examine relations around perceptions of various types of foreign assistance. We asked managers' perceptions about foreign assistance in general, and specifically for the UNFPA, USAID, World Bank, and IPPF. Since the IPPF provides funds only for private programs, we should expect very different relationships between public and private managers perceptions of IPPF support. The correlation coefficient

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between managers' perception of program effectiveness and IPPF support was  $-.34$  for the public programs, and  $+.39$  for the private programs. Private program managers see IPPF support as a source of program strength related to overall program effectiveness; public program managers do not.

These are, to be sure, only very indirect tests, but they are sufficiently varied and positive to permit us some confidence in the validity of managerial perceptions as they appear in responses to our questions. They also permit confidence in shared meanings. Managers have apparently understood the questions as we did. They attach the same meanings to environmental and organizational situations and concepts as we do. When they speak of the impact of foreign assistance, political support, or of the level of literacy of their population as a whole, we can be fairly certain that we are all speaking of much the same thing.

#### D. Results: A Management System and its Impact on Effectiveness

If this were not the case, there would be little point in proceeding with the analysis. But we may proceed. Our task now is to make some sense out of the managers' responses to the 48 questions we asked about the sources of program strength and weakness. Our questions were designed to elicit information about different parts of the overall managerial system, including the three arenas of action — the resource, organizational, and client arenas — we identified in the previous literature review. Further, within the program itself as an organization, we can theoretically identify top, middle, and lower management systems, and the conditions of supply or logistics and supervision. Finally, all of these elements are thought to work together to produce results. In this case, this implies that if the management tasks are performed in a suitable manner, the organization will be more effective. In effect, we are working with a theory that links management to program performance. It also proposes, however, that the impact of management on performance will be affected by the larger environment within which the program operates.

This general paradigm provides us with specific questions to ask of our data. First,

are there identifiable clusters of characteristics that reflect different parts of the organization and its environment? Second, are these parts linked together in a logical way that has an identifiable impact on program performance? Since our questions asked for the perceptions of managers on both performance and the determinants of performance, we are really asking if the managers themselves see the program as a set of identifiable parts whose interrelationship in some way affects performance.

#### 1. Cluster Analysis of Management Conditions

The first question concerning clusters of interrelated parts can be addressed in two ways. We can use statistical procedures, cluster analysis, to examine the interrelations between managers' answers on different questions and to determine whether there are statistically identifiable clusters. Using cluster analysis we find six major sets of responses, which can be given reasonable names from the questions they reflect. These do indeed appear to indicate theoretically different parts of the overall managerial system. They can be named and described simply here.

1. Environment. This is made up of questions 1 through 8, which ask about managers' perception of the impact of such things as health, IMR, religious values, and family size norms on the program. This may be thought of as the client arena, or the socio-cultural-economic environment in which the program must work.
2. Foreign Assistance. Questions 16 through 22 asked about the impact of various donors and of the overall foreign assistance condition. One of these questions, however dealt with the World Bank, for which many managers had no experience, reducing considerably the number of responses we had. In addition, the question of the assistance of the IPPF refers only to private and not to public programs, and therefore reduces the number of responses we can use. Thus for the next step of path analysis, we use the foreign assistance cluster, but exclude responses to questions on the World Bank and IPPF.
3. Political-Administrative System. Questions 9 through 13 all asked about upper level support from political leaders and other government agencies. To this, the statistical procedures also added questions 47 (the price of contraceptives) and 48 (the availability of contraceptives at the user level).
4. Resources. This cluster drew together a number of questions that broadly concern the resources of the organization. Question 25, on the amount of social and demographic information available; 26 on resources in general; 28 on the character of the distribution system; 29 and 30 concerning the number and quality of staff; and question 32, asking about the ability to reward performance. Thus it reflects financial and human resources, as well as what can be called an organizational resource in the distribution and reward system.

5. Supply System. This cluster is made up of two questions, 27 and 46, on the availability of contraceptives overall and to the users. It also includes two staff related questions: 39 on the quality of the field staff, and 42 on field supervisors' knowledge of the client population; and two questions on material support to the field staff: 44 and 45 on the transportation and educational materials available for the field staff. In this respect, the supply system consists of material supplies, and the human and material resources needed to get those supplies to the client population.

6. Supervision system. Here we find a cluster of questions relating primarily to the mid-level and field supervision. It includes question 33 on the frequency of managerial visits to the field staff; 34 on the middle managers' knowledge of supervisors; 35-37 on their information on field staff work and needs, and on the supply system; questions 40 and 41 on field supervisor quality and frequency of visits, and 43 on the pay of the field staff. The cluster also includes a more general question on the ability of the managers to hire and fire people at will.

In effect, it appears that the statistical procedures did identify clusters that have some intuitive or face validity, and reflect categories with theoretical and empirical significance. Now the question is whether these conditions have any impact on manager's perceptions of program effectiveness.

As noted above, we asked managers to assess the overall effectiveness of their programs on a five point scale, from very effective to very ineffective. None ranked their program very ineffective. Only one ranked the program "ineffective"; 27 rated it average or neutral; 43 rated it effective, and 9 rated their programs very effective. We have also seen that these assessments are closely correlated with other measures of program effort, and that private managers tend to rate their programs higher than do public managers. Now the question is, what determines the managers' perceptions of program effectiveness. If we accept that managers' perceptions are fairly valid, we are also asking what internal and external conditions affect program effectiveness.

We can determine the impact of each of these clusters alone by noting the simple (Pearsonian) correlation coefficient between the sum of the responses to questions in each cluster, and the manager's overall assessment of the effectiveness of the program. These results can be seen readily in table 4.

Four conditions show little difference between public and private programs, but they show considerable differences in their relation to program effectiveness. The political-

**Table 4. Correlation Coefficients Between Management System Conditions  
(as identified by Cluster Analysis) and Managers' Assessments of Program  
Effectiveness for Public and Private Family Planning Programs**

Programs	Management System Conditions					
	Environment	Foreign assistance	Political-Administrative System	Resources	Supply System	Supervision System
All Programs (N)	.39 (60)	.18 (58)	.48 (60)	.28 (66)	.37 (65)	.23 (62)
Public Programs (N)	.56 (19)	-.14 (21)	.56 (23)	.27 (24)	.34 (23)	.18 (22)
Private Programs (N)	.26 (41)	.40 (37)	.49 (38)	.30 (42)	.35 (42)	.23 (40)

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administrative system shows the strongest overall relationship, and it is similar for both public and private programs. The supply and resource systems are weaker in importance, for both types of programs. The supervision system is weakest in impact, also for both types of programs. The other two conditions show substantial differences between the public and private programs. Public managers view the environment as considerably important to performance, private managers do not. On the other hand private managers see foreign assistance as more important than do public managers. Both of these results are intuitively understandable. Public programs are supported primarily by public funds and are thus more insulated from financial need than are private programs, which tend to depend more heavily on external assistance. On the other hand, public programs tend to be more national in scope and are therefore more constrained by the conditions of the socio-economic-cultural environment.

Next we can ask whether these conditions fit together into a more logically interrelated system to affect program performance. Our general theory is that political support helps to increase resources, both of which help a program to build a better supervisory system, which in turn produces the lower level supply system that brings contraceptive services to the clients. The level of socio-economic development in the environment also affects program performance, so this should be used as a control variable. Finally, we noted above that private programs tend to show a higher level of perceived effectiveness than do public programs, so we should also control for the private-public difference. We attempted to test this general model using multiple regression equations to produce a path-analysis of the determinants of effectiveness. Figure 1 shows the results of this exercise. Table 5 provides the correlation matrix for the variables in the path analysis.

The path exercise was only partly successful. The data tend to support our theoretical model through the internal organizational steps, but the support breaks down when we come to the last step, the overall impact on effectiveness. The major problem we encounter here is one that is not uncommon when statistical procedures like cluster

analysis are used to construct indicators for the variables. It is the problem of missing data on different questions, which tends to reduce the number of observations or responses we have. This is especially critical when we begin with a relatively limited set of observations as we have done here. Although for most of our bivariate correlations, we have 60 to 66 observations, this number drops to 46 in the last step of the multiple regression equations that make up the path analysis. It is quite possible that dropping out these cases considerably biases the results.

## 2. Single Item Indicators of Management Conditions

There is a way around this problem, which relies less on statistical procedures, and more on a theoretical development. We can identify conditions in the overall managerial system, and then use responses to single questions as broad indicators of those conditions. This recognizes that even in the best of surveys, responses to questions are only imperfect and indirect indicators of a highly complex pattern of behavior. Thus there will always be noise or error in any attempt to measure something as complex as a managers' perceptions of the impact of a political-administrative system, or a supervisory system. If we take this approach, we can identify nine components in the overall managerial system we are examining. We can first describe them, and then examine their relationship to program effectiveness. Note that there is a close similarity between these items that we identify from our own experience and theory, and those that the cluster analysis identified for us. There are differences, however. We separate the political from the administrative systems, and the overall physical and human resources from the organizational capacity to allocate resources without undue political or personal intrusion. We also separate middle level managerial conditions from field conditions. And in the field, we separate the human and supervisory conditions from the material supply system.

- 1) environmental conditions that affect popular demand for fertility limitation (questions 1-8);
- 2) foreign assistance, which can provide funds, contraceptive supplies, and technical assistance (questions 16-22);

- 3) top level political support, or political will, which has been a major source of speculation since government family planning began (questions 9-11);
- 4) top level administrative support, especially in the form of cooperation from critical agencies such as health, finance, and civil administration (questions 12-15);
- 5) the level of program resources, the staff, supplies, funds and the administrative location an organization needs to do anything (questions 23-30);
- 6) the general capacity of the organization to arrange its own resources in a rational manner designed to carry out its goals, to hire and fire staff and to reward performance (questions 31 and 32);
- 7) the capacity of middle level managers to do their work of program direction (questions 33-37);
- 8) the field level management system, which includes numbers and quality of staff, quality of field supervisors, frequency of their visits and the knowledge they have of the clients and their staff; and
- 9) the material and organizational assistance available in the field. This includes availability of transportation, educational materials, contraceptives, pay, and the support received from medical services.

As with the cluster analysis components, we can assess the impact of each of these conditions individually by examining simple correlation coefficients between responses to each of these questions, and the manager's perception of program effectiveness. Since there are too many individual items to fit easily into a readable table, we shall discuss general patterns of relationships, indicating specific items where this seems appropriate. In each case, we shall also note the differences between private and public programs. After examining the simple bi-variate relations, we can follow our strategy in the analysis of the clusters and attempt to link all the sets together in a larger system through multiple regression analysis.

1. Environment. Managers overall perceive some impact of environmental conditions on program effectiveness, but there are major differences between public and private managers in the perceptions. Health (including infant mortality) and education are strong determinants of public program performance, but are not significantly related to private program performance. Public managers also see more impact of general societal family size norms than do the private managers. Wealth is only mildly related to performance

and here there is no differences between public and private managers. Neither group sees much impact of religious values or leaders, nor does population distribution have an impact on performance. In effect, it is the level of social development that is of greatest importance, especially for public program managers.

2. Foreign Assistance is not generally seen to be strongly associated with program performance, but this is less true for private than for public managers. For private managers there is a mild (roughly + .30) positive relationship between effectiveness and foreign assistance, donor cooperation in general, and UNFPA and IPPF assistance, both of which assist private programs. For public program managers all of these conditions are apparently without major impact. The World Bank support apparently has no impact for either program type. USAID has a mild positive impact for private programs and a mild negative impact for public programs. Overall, then, one can say that foreign assistance is not perceived to be of great significance. Effectiveness apparently depends on conditions much closer to home.

3. Political support. We used three questions to tap the perceptions of political support: the degree of top level political support, the attention of top political leaders give, and the knowledge they have of the program and its problems. All three show overall positive relation, and for attention and knowledge this is true for both public and private managers. The general concept of political support appears to be more important for private managers ( $r = +.55$ ) than for public managers ( $r = +.18$ ). Of the three, knowledge is slightly more important than attention or support. This will prove of greater interest later when we examine the overall system and its linkages.

4. Administrative support. We used four questions to tap support from the larger administrative or organizational system. This focused on cooperation from finance, health, civil administration, and Non-Governmental Organizations. Of these only cooperation from the Health Ministry appears to have any impact ( $r = +.35$ ), and as we might expect, the relationship is stronger for the public ( $r = +.46$ ) than for the private ( $r =$

+ .30) programs.

5. Program Resources. Here we consider general levels and quality of staff, the location of the program within the overall administration, the demographic information available, and the supply and distribution system for contraceptives. Neither administrative location, demographic information, distribution system, nor staff numbers appear important determinants of performance, and this is true for both public and private managers. Staff quality is the only condition with a substantial impact on performance for both types of managers. Planning capacity is important for public, but not for private managers. And both resources and contraceptive supply in general are important for private, but not for public managers. It may not be surprising that fundamental issues of resources and supplies are more critical for the private programs.

6. Program rationality. Two questions tapped this dimension: the ability to hire and fire staff and the ability to reward performance. The latter was considered important for both types of managers, but only private managers considered their ability to hire and fire important.

7. Middle level management. This includes middle managers' knowledge of staff and field conditions and their visits to the field. It is striking that none of these conditions appeared important for either the private or the public managers. We found this to be true as well in the multiple regression analyses reported below. For our respondents, it appears that what happens at the top of the program and in the field are more important than what happens at the middle levels of management.

8. Field supervision. This includes the number and quality of field staff, and the question of supervision. Both public and private managers attach mild importance to field staff quality and supervisory knowledge (approximate  $r = +.25$  to  $.30$ ). The number of field staff, their general supervision, and the frequency of supervisor visits are all considered more important by public managers ( $r = +.33$ ) than by private managers ( $r = +.17$ ).

9. **Field supply system.** Here we have such things as transport, pay, contraceptives and educational materials, and the availability of back-up medical support for the clients. The availability of contraceptives and medical assistance show the strongest correlations with effectiveness ( $r = +.3$  to  $.45$ ), followed closely by educational materials. Field staff pay and transportation are mildly correlated, and the price of contraceptives is important only for the public managers.

10. **An Overall Management System.** The next question concerns the linkage between these various sets of conditions. How do they affect one another? How are they linked to one another? And do the internal linkages between parts of the system have any impact on the outcome, the perception of effectiveness? As with the cluster analysis, we can address these questions with multiple regression analyses. In this exercise, however, we attempt to retain a larger number of observations by selecting just one question response score to indicate a larger pattern of behavior. This also permits us to select a response score that is not highly correlated with another score. For example, both theory and experience suggest that the capacity of the field operation is quite important to the effectiveness of the program. Our questions ask about such things as the medical back-up and the availability of contraceptives and educational materials in the field. These are all highly intercorrelated themselves, so we cannot use all of them in one equation.<sup>32</sup> Thus we choose just one of the questions, and use it to indicate a more complex condition that we can call the field support available. We shall use this tactic throughout in order to develop a simple model with few variables. Responses to single questions will be used to indicate more complex patterns of behavior. As before, we shall proceed by laying out a theoretical model of how the overall system works, and then test this theory with a path analysis. We can use basically the same general theory we used in the cluster analysis.

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<sup>32</sup>. This is known as the problem of multicollinearity. When a number of high inter-correlated predictor variables are used together in a multiple regression equations, the coefficients become very unstable and interpretation is very difficult. Thus for highly intercorrelated variables, the normal tactic is either to combine them into a single index, or to use just one of them as an indirect indicator of a more complex set of conditions.

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We have argued in the main body of our report that top level political support is important for program success. Here we find that both our public and private managers agree. We can now propose that political support is important because it is a resource that managers can use to gain a greater acceptance for the program among the staff, outside agencies, and the general public. With political support, a manager has greater capacity to do the job of management, to plan, organize and direct others in ways that will be best suited to achieve the goals of the organization. More bluntly, he will be better able to hire and fire staff and to reward performance, because the political support will provide some insulation against demands that take resources from the work the organization is designed to do.

If the manager is able engage in more rational planning and organization, this should lead to more effective middle levels of managerial work. With political support and a capacity for rational internal allocations, middle level managers are more likely to follow both the letter and the spirit of the plans of top management. This in turn, should lead to better field operations, which should be seen as a two-part, or two-step process. Good field operations are in part indicated by high levels of support in the field. Staff should have contraceptives available, and have good medical back-up for their clients. In addition, there should be adequate pay, transportation facilities, and educational materials.

There is another question, however, of where these field level supports come from. How do they get there? How does the manager assure that contraceptives will be available at the lower levels? It is, of course, possible to design a system for distribution that will do the work more or less routinely. The Indonesian push-type warehousing process is a good example. But even these highly routinized systems do not work without human direction. We have noted in the main report that field supervision is an important ingredient of program success. It is possible to propose that one of the things that good field supervision does is to help assure that field staff will be well supported with supplies and other resources. Our respondents agreed in the simple bivariate analyses, and we

shall see that they also agree in the more complex analysis

Thus we can propose an over all system in which political support leads to more rational top level resource allocation, which leads to better middle level management, which leads to better field supervision, which leads to better field level support, which leads to higher levels of program performance. We can test this general model with a simple path diagram involving only six variables in a four step process. We use the response to one question for each of the variables: political support, rational management, field supervision, field support, and effectiveness. Further, since we know that private programs show higher levels of effectiveness than do the public programs, and come from more favorable settings, it is necessary to add a variable for the public/private classification in order to control for this condition.

The path diagram in figure 2 shows one estimation of this general model. It is only one of the many that can be constructed, but it is, in effect, the simplest and the strongest of the many we have tested. Note first that we do not have a variable for middle level management capacity here. None of the responses worked well in our tests. Further, this diagram shows only one possible set of question responses for each of the more complex variables we are considering. In many places, we can substitute other variables for the ones used, with little change in the overall system. It would also be possible to add other variables, for example, an indicator of administrative support (managers' perceptions of the importance of cooperation from the health ministry), which appeared to be important in the bivariate analyses. If we do this, the model is a bit more complicated, with more paths from this top administrative support to field support and to effectiveness, and with some weakening of the central path from field support to effectiveness. Without this variable, the model is more parsimonious and its paths are clearer and stronger.

There are many other alterations that can be made in this basic model. They change the coefficients somewhat, but none substantially changes the basic thrust that goes from political support through a basic organizational condition to field operations to

effectiveness.<sup>33</sup> From this path analysis, then, the following general interpretation can be offered.

In the eyes of the 71 family planning managers responding to our questionnaire, there appears to be a clear sense that there are identifiable managerial conditions that have a strong impact on program performance. A program must have support in the field. Contraceptives must be available and medical back-up is also very important. One important mechanism for getting this field support is to have good field supervisors. These are staff who make frequent field visits, and who know both the conditions of the client population and the needs of the field workers. In addition, there is more field level support if the program enjoys top level political support. Further, managers also have a better chance to develop effective field supervision if they are able to do a rational job of internal resource allocation. In short, managers must be able to reward people for performance. Top political support helps to do this by providing managers with the insulation and resources they need to engage in rational planning and organizing.

If this is an acceptable interpretation of the statistical analyses, then we can say that the perceptions of our responding program managers agree with a good bit of management theory.

There may be one more small insight from this analysis into the character of political support. As any manager must know, top level political support is both important and risky. It can mean more legitimacy, government resources, and popular acceptance. But it can also mean pressures for policies and actions that might ultimately weaken a program. The late Prime Minister Indira Ghandi's experience with family planning under

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<sup>33</sup> There were also many tests made of the basic model. In an analysis of variance of the residuals, for example, we discovered that there is substantial difference between the regions in their levels of perceived effectiveness. Africa was substantially lower in perceived effectiveness than were the other regions. This can easily be judged a valid assessment, but it also produces a source of statistical error in the analysis that must be taken into account. We added a dummy variable for Africa to the set of equations, and found that this did not alter the significance or sign of any of the coefficients. We also conducted regression diagnostics to examine the impact of both outliers and highly influential cases. None of the different tests utilized here changed the basic thrust of the findings.

the emergency may be one of the most dramatic examples of this problem, but it is certainly not the only one. Support in the form of pressure that is not well informed can easily produce more harm than good. Our questionnaire contained three questions designed to tap slightly different dimensions of political support: support in general, the attention of top leaders, and the knowledge they have of the program. The three are related in our results, but they also act differently in the many different tests of the model we have undertaken. It may be significant that the strongest of these three conditions in all of our analyses has been political knowledge. If the differences are not very large, they are consistent. They suggest that our respondents sense that of all forms of political support, knowledge of the population problem and the family planning program may be the most important form of support political leaders can give.

If this is true, it is more than merely an interesting observation of static conditions. It also sets an agenda for the manager. It is in part a manager's task to educate the top political leadership. The more effectively this is done, the more appropriate will be the political support, and the more effective the program may be.

There is one final observation to make from this study. Family planning program directors are a good source of information. They can be questioned directly, through systematic surveys to learn what they see are important problems in the management of the programs they direct. Ours has been a limited, exploratory survey. Further, and more extensive surveys could be conducted, and our experience suggests that such surveys would provide useful information about how the programs operate and what might be done to improve their performance. Future studies should pay more attention to the problem of increasing the response rate and to developing instruments that tap more fully the substantial store of experience and knowledge the directors have. Our experience, however, suggests that such additional work could pay considerable dividends in increasing our knowledge of how programs operate and how they might be improved.

**Table 5. Correlation Matrix  
of Management Condition Clusters  
(for Path Diagram in Figure 1)**

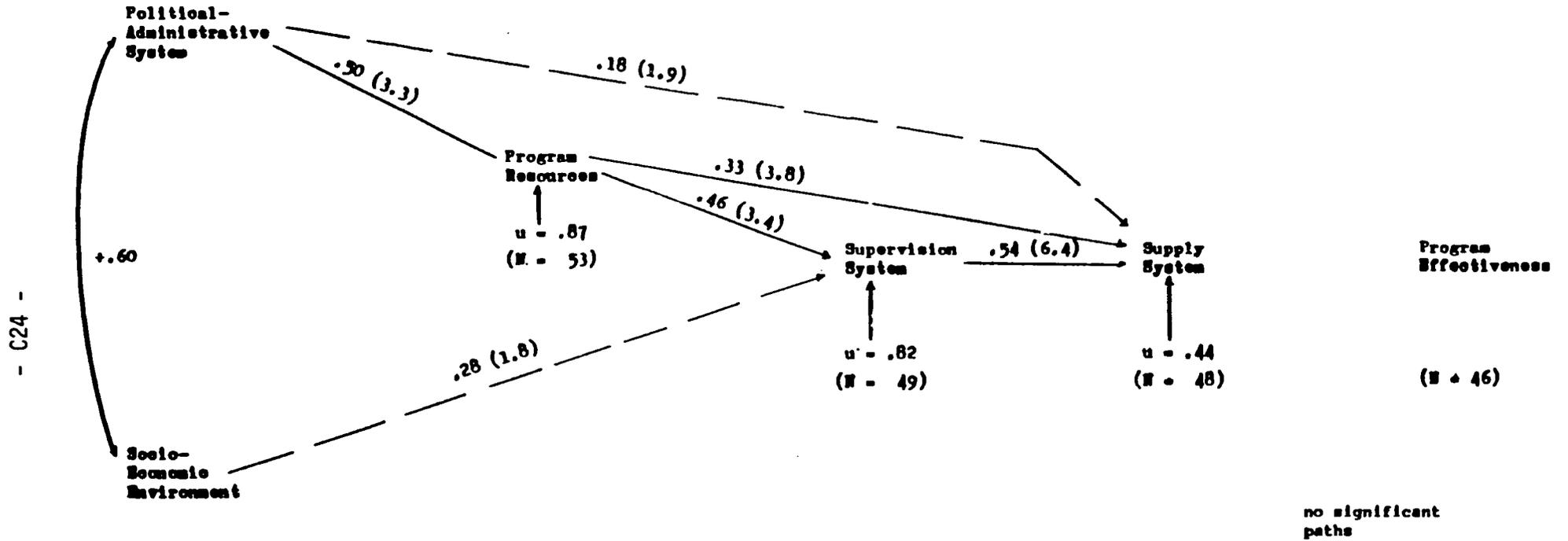
Condition	Condition				
	Env.	For.Aid	Pol-Adm.	Resource	Supply
For.Aid (N)	.16 (53)				
Pol-Adm. (N)	.60 (55)	.35 (55)			
Resource (N)	.28 (59)	.39 (59)	.46 (61)		
Supply (N)	.45 (58)	.12 (56)	.46 (59)	.67 (55)	
Supervision (N)	.39 (56)	.21 (55)	.30 (56)	.59 (63)	.81 (63)

**Table 6. Correlation Matrix of Single Response Management Conditions  
(for Path Diagram in Figure 2)**

Condition	Condition				
	Pol.Know. (Q 11)	Rational (Q 32)	Superv. (Q 40)	Supply (Q 66)	Effective.
Rational (N)	.30 (66)				
Superv. (N)	.19 (68)	.55 (68)			
Supply (N)	.43 (69)	.47 (68)	.60 (70)		
Effective. (N)	.38 (67)	.37 (66)	.30 (68)	.45 (69)	
Pub/Pvt (N)	-.13 (69)	.26 (68)	.26 (70)	.15 (71)	-.21 (80)

40

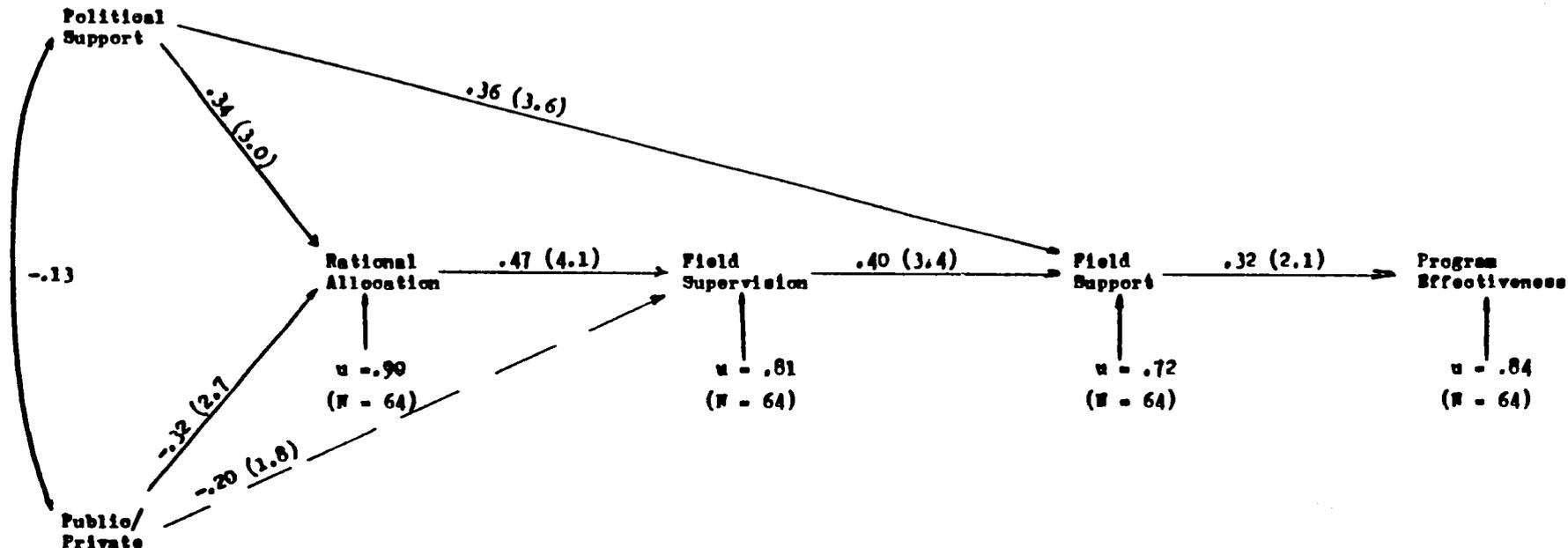
Figure 1  
 Path Diagram of the Determinants of Managerial Perceptions  
 of Family Planning Program Effectiveness, Using Cluster Analysis



- C24 -

Figures shown are beta coefficients, with T-Statistics in parentheses.  
 Paths of significance less than .1 are not shown; those with significance  
 between .1 and .05 are shown as broken lines. Solid lines indicate  
 paths significant at the .05 level or better

Figure 2  
 Path Diagram of the Determinants of Managerial Perceptions  
 of Family Planning Program Effectiveness, Using Single Item Scores



- C25 -

Figures shown are beta coefficients with T Statistics in parentheses.

Path of significance less than .1 are not shown; those with significance of .1 to .05 are shown as broken lines; solid lines are used to indicate paths of .05 significance or better.

Questions for variable indicators in this path are as follows: Q 11: political leaders knowledge of the problem and the program; Rational Allocation: Q 32, ability to reward staff for performance; Field Supervision: Q 40, supervision of the field staff; Field Support: Q 46, the availability of contraceptives to the users.

THE UNIVERSITY OF MICHIGAN  
Center for Population Planning  
Ann Arbor, Michigan 48109-2029  
Phone: (313) 764-7516  
Cable: Popianum

August 16, 1985

Dear Executive Director:

We request your assistance in completing the attached questionnaire. We consider your personal response very important and can assure you that it will take no more than 15 minutes.

At the University of Michigan's Center for Population planning, we have been engaged for some time in research to try to understand what makes family planning programs more or less successful, and more importantly whether anything can be done to help improve programs. As part of that research, we ask your assistance in completing the attached questionnaire. It may appear a lengthy document, but we can assure you that it will take only a short time to complete. It is short enough so that it can be completed in as little as 15 minutes. There are also provisions for you to spend more time on this if you wish. However, we have deliberately made it very brief because we know you are busy and we are interested in your responses.

We have developed a series of questions to try to identify what are the major sources of family planning program strength and weakness. For this we have a list of 48 different types of conditions, and for each, we should like your assessment of the extent to which that condition has affected your program. To what extent has it been a source of either weakness or strength in your program? These conditions cover a wide range of social and economic characteristics, as well as characteristics of the family planning program itself. For each condition you can simply indicate in one of 11 boxes what influence you think it has had on program strength or weakness.

We realize all items may not apply equally well in all cases, but you will understand that we are forced to simplify things a great deal in order to get roughly comparable responses for a large number of programs. We shall be sending the questionnaire to over 100 program directors, and have kept it short and simple to help increase the response rate. There are also open-ended questions that permit you to make comments on this questionnaire, if you like, and to identify sources of strength and weakness that we might have omitted. Our desire is to learn what you have to say about the sources of program strength and weakness, and we shall greatly appreciate any assistance you can give us.

We can guarantee complete confidentiality in this exercise. We shall analyse results in aggregate fashion, with some regional breakdowns, but we shall not identify any program by name, nor will we produce an analysis in which it would be possible to identify specific programs. All questionnaires are identified by code number to help us follow-up

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We can guarantee complete confidentiality in this exercise. We shall analyse results in aggregate fashion, with some regional breakdowns, but we shall not identify any program by name, nor will we produce an analysis in which it would be possible to identify specific programs. All questionnaires are identified by code number to help us follow-up and increase the response rate. The names that correspond to each number will be strictly held in private and will not be available to anyone. (We might add that this is a provision that our University requires in staff research activities.)

Thank you in advance for your assistance. If you would like to have a report of the results of this specific project, please indicate that in the space that follows. Also indicate the address to which you wish the report sent if that is different from the address above. Finally, we should note that this part of our research is supported by a contract from USAID in Washington. At an earlier stage of this research we also undertook a survey of the literature on family planning program management and wrote a paper on that review. If you would like a copy of that literature review, please indicate that as well, and we shall send you a copy. We expect to have this current survey completed so that we can send you a report before the end of the year.

*Jason L. Finkle*  
Jason L. Finkle  
Professor

*Gay D. Ness*  
and Gay D. Ness  
Professor

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Please send me a copy of the results \_\_\_; and the literature review paper \_\_\_; use the address above \_\_\_; use the address given below:

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**PRELIMINARY: GOALS AND EFFECTIVENESS**

**A. GOALS.** The goals listed below are commonly cited as goals of family planning programs. For each, please indicate how important this goal is for your program.

Reducing the population growth rate

Not Important Extremely Important

<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
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Enhancing maternal/child health (MCH) through fertility limitation

Not Important Extremely Important

<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
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Promoting "family planning" in general

Not Important Extremely Important

<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
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Other (please specify)

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Not Important Extremely Important

<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

**B. EFFECTIVENESS.** We recognize that family planning programs vary greatly in their effectiveness and that many things determine that effectiveness. Often conditions over which program directors have no control are very important. Later questions are directed at these different conditions. Here we would like your general assessment of how effective you feel the program has been overall in meeting its goals.

- Extremely effective
- Somewhat effective
- Only moderately effective
- Ineffective
- Extremely ineffective

**C.** The following is a set of 48 questions, each dealing with a condition that has in some cases been found (or thought) to be an important source of program strength or weakness. Please check the one most appropriate box for each item.

D. Here we invite you to make comments. If you would like to elaborate on any of the 48 points above, please do so here, indicating the number of the item to which you are referring.

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E. Finally, we invite you to make any other comments you would like to make. We are especially interested in learning if there are causes of program strength or weakness you have experienced, but which have not been included in our list of 48. (If you wish to add extra sheets, please do so.)

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THANK YOU VERY MUCH FOR YOUR ASSISTANCE

A. The level of infant mortality.

-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't <input type="checkbox"/>
Major	Subst- antial	Moder- ate	Small	Very Minor	Not Important	Very Minor	Small	Moder- ate	Subst- antial	Major	Know <input type="checkbox"/>
Source of Program WEAKNESS					Source of Program STRENGTH						

It is generally believed that high infant mortality hinders acceptance of family planning as parents desire large families to ensure the survival of at least some of their children. If you believe this to be true in your country, it would be considered a source of program weakness. On the other hand, low infant mortality would be considered a source of program strength.

1. The general level of the people's health.

-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't <input type="checkbox"/>
Major	Subst- antial	Moder- ate	Small	Very Minor	Not Important	Very Minor	Small	Moder- ate	Subst- antial	Major	Know <input type="checkbox"/>
Source of Program WEAKNESS					Source of Program STRENGTH						

2. The level of infant mortality.

-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't <input type="checkbox"/>
Major	Subst- antial	Moder- ate	Small	Very Minor	Not Important	Very Minor	Small	Moder- ate	Subst- antial	Major	Know <input type="checkbox"/>
Source of Program WEAKNESS					Source of Program STRENGTH						

3. The general level of education for the population as a whole.

-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't <input type="checkbox"/>
Major	Subst- antial	Moder- ate	Small	Very Minor	Not Important	Very Minor	Small	Moder- ate	Subst- antial	Major	Know <input type="checkbox"/>
Source of Program WEAKNESS					Source of Program STRENGTH						

4. The general level of income of the population.

-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't <input type="checkbox"/>
Major	Subst- antial	Moder- ate	Small	Very Minor	Not Important	Very Minor	Small	Moder- ate	Subst- antial	Major	Know <input type="checkbox"/>
Source of Program WEAKNESS					Source of Program STRENGTH						

5. The geographic distribution of the population.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

6. The religious values of the population.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

7. The influence of religious leaders.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

8. The general norms of family and family size in the population as a whole.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

9. The top level political support for the family planning program.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

10. The degree of attention given to the family planning program by top political leaders.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

11. The extent of top political leaders' knowledge of the family planning program and its problems.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

12. The cooperation the family planning program receives from the national budget or finance office.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

13. The cooperation the family planning program receives from the health agencies of government.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

14. The cooperation the family planning program receives from civil administrators at the sub-national level.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

15. The cooperation the family planning program receives from relevant non-governmental organizations.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

16. The amount of foreign assistance available to the program.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

17. The appropriateness of foreign assistance available to the program.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

18. The cooperation the family planning program receives from foreign donors in general.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

19. The cooperation the family planning program receives from the UNFPA.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

20. The cooperation the family planning program receives from USAID.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

21. The cooperation the family planning program receives from the World Bank.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

22. The cooperation the family planning program receives from the International Planned Parenthood Federation.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

68

23. The location of the family planning program in the overall government administration.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

24. The overall planning for the family planning program.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

25. The social and demographic information on the client population available to the family planning program.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

26. The amount of financial resources available to the family planning program.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

27. The general availability of contraceptive supplies at the national level.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

28. The overall national system for distribution of contraceptive supplies to clinics or supply points.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

51

29. The number of staff available for the family planning program.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

30. The quality, educational level, or training of the staff available to the family planning program.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

31. The degree of freedom top managers have to hire, fire, and move staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

32. The degree of freedom top managers have to reward staff for good performance.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

33. The frequency of supervisory contacts or field visits made by middle level managers (i.e. state, province, or district level).

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

34. The degree of knowledge middle level managers have of the problems and work of the lower level staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

35. The amount and quality of the information available to program managers about the actual work of the staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Subst- antial	<input type="checkbox"/> -3 Moder- ate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moder- ate	<input type="checkbox"/> 4 Subst- antial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

36. The amount and quality of the information available to the managers about the needs of the field staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Subst- antial	<input type="checkbox"/> -3 Moder- ate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moder- ate	<input type="checkbox"/> 4 Sub- antial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

37. The amount and quality of information available to the managers about the supply of contraceptives to the users.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Subst- antial	<input type="checkbox"/> -3 Moder- ate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moder- ate	<input type="checkbox"/> 4 Subst- antial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

38. The number of staff available at the field level for direct contact with clients.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Subst- antial	<input type="checkbox"/> -3 Moder- ate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moder- ate	<input type="checkbox"/> 4 Subst- antial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

39. The quality of the field level staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Subst- antial	<input type="checkbox"/> -3 Moder- ate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moder- ate	<input type="checkbox"/> 4 Subst- antial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

40. The supervision of the field staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Subst- antial	<input type="checkbox"/> -3 Moder- ate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moder- ate	<input type="checkbox"/> 4 Subst- antial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

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41. The frequency of supervisory visits to the lowest level of field staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

42. The field staff supervisor's knowledge of the relevant characteristics of the client population.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

43. The level of pay for the field staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

44. The transportation available for the field staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

45. The information-education-communication materials available to the field staff.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

46. The general availability of contraceptive supplies at the user level.

<input type="checkbox"/> -5 Major	<input type="checkbox"/> -4 Substantial	<input type="checkbox"/> -3 Moderate	<input type="checkbox"/> -2 Small	<input type="checkbox"/> -1 Very Minor	<input type="checkbox"/> 0 Not Important	<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 2 Small	<input type="checkbox"/> 3 Moderate	<input type="checkbox"/> 4 Substantial	<input type="checkbox"/> 5 Major	<input type="checkbox"/> Don't Know
Source of Program WEAKNESS						Source of Program STRENGTH					

47. The price of contraceptive supplies at the user level.

-5 <input type="checkbox"/> Major	-4 <input type="checkbox"/> Substantial	-3 <input type="checkbox"/> Moderate	-2 <input type="checkbox"/> Small	-1 <input type="checkbox"/> Very Minor	0 <input type="checkbox"/> Not Important	1 <input type="checkbox"/> Very Minor	2 <input type="checkbox"/> Small	3 <input type="checkbox"/> Moderate	4 <input type="checkbox"/> Substantial	5 <input type="checkbox"/> Major	Don't <input type="checkbox"/> Know
Source of Program WEAKNESS						Source of Program STRENGTH					

48. The availability of medical support for new acceptors and continuing users.

-5 <input type="checkbox"/> Major	-4 <input type="checkbox"/> Substantial	-3 <input type="checkbox"/> Moderate	-2 <input type="checkbox"/> Small	-1 <input type="checkbox"/> Very Minor	0 <input type="checkbox"/> Not Important	1 <input type="checkbox"/> Very Minor	2 <input type="checkbox"/> Small	3 <input type="checkbox"/> Moderate	4 <input type="checkbox"/> Substantial	5 <input type="checkbox"/> Major	Don't <input type="checkbox"/> Know
Source of Program WEAKNESS						Source of Program STRENGTH					