PDWAS133

THE UCBD CASEBOOK

A Series of Case Studies

Planning and Managing
A Community Based Distribution Program

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CASE NO. 1

The Decision

Mrs. Kokie Tyler sat sandwiched between Sam Ford and James Alexander in the back of a rented Datsun Minibus. All passengers on the bus were en route to the opening reception of the annual meeting of the West African Family Planning Association and they were in a good mood. Coincidently, today marked Mrs. Tyler's first anniversary as Executive Director of FPAM. In the back of the bus, with the wind from the open window in her face, she thought about her first year as executive director.

An accountant by training, Mrs. Tyler had started working with FPAM as a volunteer in 1978. When she became executive director the organization was in the bleakest period of its nineteen year history. It had been red lined by its funding agency for poor performance and its continued existence was in jeopardy. Shortly before Mrs. Tyler was asked to become the executive director an independent evaluation had forced a re-examination of the organization's practices, its financial management system, and service delivery capability. As a result of this evaluation the former director, along with a number of senior management personnel, resigned.

"Not the best situation in which to start a new job", Mrs. Tyler thought jokingly. But things had worked out well. Within three months she had appointed a new director of finance, quickly implemented an efficient financial management system, recruited new staff, and started to build a cohesive and collegial senior management team. She had worked particularly hard at building and strengthening relationships with the Ministries of Health, Planning, Education, and Information and felt that this effort was beginning to pay off. Nonetheless she was still dissatisfied with the impact her organization was having on its real mission: delivering family planning services to women of reproductive age.

Her thoughts were momentarily interrupted as the Datsun pulled into a patrol station to refuel. Taking advantage of the lowered noise level, Sam Ford jokingly asked her if her "charisma had won over the women of Monserrat." "Not yet", she replied, "but we're working on it". Before she could go on the Datsun started up again, the drone of the engine making it impossible to continue the conversation.

Several months earlier, Mrs. Tyler remembered she had begun to visit communities within greater Monserrat and in the surrounding rural areas. She would take long walks through the shanty towns of the capitol city and its surrounds talking to her family planning field workers and the people whom she encountered in the street. She was surprised to find that the level of knowledge about family planning was high. In fact, most mothers knew about modern methods and indicated that they understood the importance of child spacing. These observations were confirmed by a demographic study that had been done by an international organization and the Ministry of Planning and Economic Affairs.(see Knowledge of Family Planning Methods for Women 15-46). In the following weeks Mrs. Tyler visited a sample of women who had been referred to the clinics by the

field workers, and found that although they all had expressed interest in using modern contraception, very few had actually visited the clinic. When questioned about why they hadn't followed up by going to the clinic, the women cited the high cost of transportation, loss of time from domestic responsibilities, and long distances between home and the clinic.

When they arrived at the reception Kokie took the opportunity to renew the conversation with Sam. "How long have we known each other, Sam?" Kokie asked.

"Must be ten years", Sam said.

"You've been helping us out at FPAM for even longer than that, and I need some help on a new initiative that I've been thinking about."

Sam looked at her. In his American accent he said "Shoot"

"I've been looking over our statistics and they're not impressive. We're generating lots of interest in modern methods but we're not getting the clients to the clinics. We need to develop a better outreach program and we need your help. You have the technical expertise to get us started."

As they moved toward the ornate reflecting pool in the hotel lobby, Mrs. Tyler said, "I'll put together some of the studies and statistics that I've been collecting. If you could look at them some time tomorrow, we could discuss it over dinner tomorrow night."

"Kokie", Sam said smiling, "you'll use every chance you get to make me work."

Study Questions:

1. Does the data support Mrs. Tyler's assumption that an outreach program is necessary?

2. What alternative outreach strategies might Sam Ford recommend to Mrs. Tyler?

3. For each strategy that you have suggested, list the key points that you would have to consider to assess its feasibility in Monserrat.

Case Teaching Objectives:

1. Understand how to use demographic and programmatic data to prepare a strategic plan.

2. Be able to identify a number of different strategies for delivering family planning services.

3. Understand what information is needed to assess the feasibility of each strategy in a particular situation.

Teaching Notes

The Decision

I. Using the Data to identify Problems

A number of observations can be made based on the survey data in the study package:

1. Knowledge about family planning is high - 70% of all Liberian women have heard of at least one modern method, particularly the pill.

2. A good percentage of women (17%) do not want to have any more children, and 33% would like to postpone their next child for at least two years.

3. Yet less than half the women knew where they could get a family planning method. Less than 20% had ever used family planning, and only 8% were currently using a method. Interestingly, 40% of the unprotected women said they would be upset if they were told in the next few weeks that they were pregnant.

What the survey data shows is a substantial gap between public knowledge/interest and the provision of services.

FPAL data underscores this problem. Services over the past 5-10 years have been relatively static compared to demand. The acceptor rate over the 1975-85 decade was between 20,000 and 30,000 for six years, before climbing into the 40,000 range. While the rate has actually doubled in this time period, only a small percentage of the population, 8% according to the survey, is currently using contraception.

A look at service distribution shows that the majority of the services are provided at two centers in Montserrat, the FPAL clinic and the University Hospital clinic, and that very little goes on elsewhere. It is clear that areas outside the capital where 75% of the people live are largely uncovered, and the fact that only 14% of urban women currently report contraceptive use (the survey), makes one question how accessible the two large clinics are to the urban population?

As Mrs. Taylor sees it, the problem is clearly one of under-service in the face of high demand. Furthermore, she knows from her own site interviews that accessibility is also a big problem in the city.

II. Potential Solutions

How does one go about expanding services in Montserrat?

Possibilities include:

1. expand existing clinics

2. add additional satellite clinics, either as separate FP clinics or integrated into existing ministry or private services.

3. implement innovative programs - for example CBD or social marketing programs.

III. Assessing the Alternatives

Mrs. Taylor could increase the capacity of the two large clinics, however, they are working at capacity and she knows that for many potential clients, these sites are not readily accessible.

The issue is getting the services out into the community to the clients.

A possible solution is to develop a number of satellite clinics in communities across the city. The problem here is that the resources are not available. There are probably enough clinical facilities available, but professional personnel is in short supply. FPAL clinical staff are working at capacity, and cooperative efforts with the ministry are at a maximum given other routine MCH services. Because of fee for service, any efforts made with private physicians would exclude the major target group - urban poor.

What is needed here is a novel approach to a difficult problem. One that is community based and relies less heavily on existing resources which are already being used to a maximum. As it turns out, Mrs. Taylor is up on the literature and knows of programs used in other settings which may solve her problem.

She has read about social marketing efforts and about CBD programs. Discussion about CBD programs should follow. The source material includes 10 pages from a Population Reports article on Community Based Health and Family Planning. Issues to be addressed which are discussed in the article include:

1. criteria for CBD programs

2. integration of PHC services versus overload problems

3. implementation issues

   - training/supervision

   - community participation

   - importance of operations research to implement programs

4. ways that CBD increases services and supplies

5. World-wide Family Planning CBD experience

6. Financing issues

Mrs. Taylor is convinced that with foreign funding she can get a CBD program off the ground that will quickly become self sufficient. The feasibility of this idea should be explored. Can she get community cooperation, will she be able to recruit, train, and motivate CBD workers, and can FPAL supervise the program and also provide the necessary clinical support?

N.B. original articles cited in text (Population Reports) - some, especially those which are only FP, should be collected to see if one or two can be used as source material -- pages 99 on...

CASE NO. 2

Getting International Support

Kokie's dinner presentation was short but comprehensive and Sam returned to Boston convinced of FPAM's commitment to an outreach program. Over the next six months, behind the scenes conversations and negotiations took place. The USAID MCH/FP training project which had begun in 1981 was winding down and other centrally funded population initiatives, especially in the area of policy development, were experiencing some success. This proved to be a good time for a reevaluation of USAID's population strategy and in May 1985 AID sent a team to Monserrat to review experiences in population and family planning for the purpose of providing recommendations for a Plan of Action to serve as a guide for the future.

Kokie had always maintained an open door policy when it came to assessments and she made a great effort to assist the assessment team. Her cooperation helped to shape the report and confirm her thoughts on the situation.

The assessment team came to the unanimous conclusion that the demand for greatly expanded services existed, that the existent infrastructure was adequate to build on, and that government and private sector interest in expanding service delivery was strong. Postpartum programs in maternity centers and clinics, community based distribution of contraceptives, and sale of contraceptive products through the commercial sector were identified as important vehicles for service delivery.

The report also confirmed many of the observations Mrs. Tyler had made during her discussions with Sam:

> "While there appears to be considerable demand for family planning services, especially in Monserrat, the number of acceptors as a result of field worker efforts is not impressive For example, only 657 new acceptors in Monserrat in 1984 were attributable to the efforts of field workers. This was in large part the result of there being only two field workers to cover an urban population of 250,000 people.
>
> There was also some confusion over the extent to which field workers can become suppliers of contraceptives. While they provide the initial disbursement of pills, it is unclear whether they have been given a mandate to re-supply continuing users."

The report went on to recommend that efforts be shifted away from the present IEC orientation to community based efforts:

> "Field workers should be trained and motivated to work with local leadership structures to set up a network of community based distribution points. A system needs to be worked out so that all clients motivated to accept family planning by field workers are credited to the program. Providing field workers with payments based in part on the number of acceptors, could provide a useful incentive for dramatically increasing results."

Shortly after the recommendations of the assessment had been reviewed, Mrs. Tyler wrote the African Regional Representative for Pathways:

> "We have decided to expand our family planning program with your support and assistance. Specifically, we are looking to establish community based distribution services in the greater Monserrat area and its immediate surroundings. In light of this, we are writing to request your immediate reaction to our proposal. We appreciate the idea that Pathways has seen it necessary to give further assistance to FPAM on a larger scale. We have in the past worked very successfully with Pathways on smaller projects and look forward to a greater working relationship in the future.
>
> You might be interested to know that the initial grant which enabled FPAM to begin operations in 1956 was for the amount of 100 dollars given by Mrs. Edith Drinkwater of Pathways.

One month later Mrs. Tyler received a reply to her letter from the regional representative stating that he had submitted the request to the central office in Boston for review, together with his comments. He assured her that he would do his best to visit as soon as possible.

The regional representative, Professor Pedipaw arrived in September and met with the senior staff of FPAM. Together they reviewed the situation and drafted guidelines for the development of a proposal. He also requested that FPAM undertake a needs assessment in the planned project service area in order to facilitate drafting the final proposal.

Study Questions:

1. What information would you like to obtain for your needs assessment of the target communities?

2. What are the key steps that you would take before drafting the initial proposal?

3. What can you do within your organization and in the community to improve the chances for approval of your program?

Case Teaching Objectives:

1. Understand how to undertake a needs assessment of a community.

2. Understand the importance of planning and public relations for community development projects.

Teaching Notes

Getting International Support

I. Needs Assessment

The needs assessment has four objectives:

1. to identify the community's FP needs

2. to understand the community- demographic structure, existing services, administrative and political structure.

3. to determine whether a particular community should be selected for a project and/or how the program should be introduced

4. to involve the community and its leaders in the program directly from the planning stages.

Needs assessments can be done in a number of ways. Community surveys give a good indication of what is happening at the grass roots. However, they are difficult to design and costly to administer.

Often there is some data already available. In this case Mrs. Taylor has already decided that needs are not being met by using the national demographic survey and FPAL service data, coupled with her own interviews.

If one is intent on doing a small local survey, existing questionnaires can be used -- again in this case Mrs. Taylor could use the national survey questionnaire in some of the districts of Montserrat.

A further step in the needs assessment is to focus on existing family planning and health care services. This is important. There is no need to duplicate existing services. Key players are important to identify. Services can be piggybacked in cooperative efforts. For example, a CBD program may mean more medical exams for the local ministry clinic. Enlisting their cooperation and involvement early on is important. Alternatively, there may be obstacles which need to be identified well in advance. Suppose the local mayor has a brother who happens to be the local pharmacist and the project is perceived as a threat to his pill sales revenue!

The needs assessment should also focus on the target population and local demographic issues. Helpful information includes total population, number of households, tribal and religious mixes, transportation services, and basic geographic and administrative facts.

This data is important for planning. One might select one area over another for a pilot project because it is more manageable and has a greater chance of succeeding. Alternatively, one might select CBD agents on the basis of tribal or religious affiliation for particular neighborhoods. Agent zones should also follow natural geographic or demographic boundaries.

II. Planning and Public Relations

Mrs. Taylor has already demonstrated her planning and public relations skills by involving the foreign donors. While she has adopted a hard-sell attitude towards Pathfinder, she also got very involved with the USAID in-country evaluation in an effort to ensure that the consultants saw the family planning situation much as she did. This was obviously a crucial step in her preparation for the project paper, and shows the importance of an open and diplomatic approach to outside evaluators. Easier said than done!

Mrs. Taylor now has to apply the same skills to her own organization and the community at large.

Mobilizing one's own organization to support the project can often be very difficult. While the project may promise something new and effective for a community, those in the organization may perceive of it differently. There is generally resistance to change in any organization, and for a staff that is already working to capacity, there is always the fear of being overwhelmed.

She also has to mobilize the community and to bring other sectors, particularly the MOH, on side for the project.

What sectors need to be involved and the various ways of going about this should be explored before introducing the next case where the sketch on her note pad, and the case study title, "Leaving Nothing to Chance" pretty much tell it all.

CASE NO. 3

Leaving Nothing to Chance

Mrs. Kokie Tyler leaned back in her swivel chair, the air conditioner humming loudly in the background. Professor Pedipaw's visit had been a great success and Pathways seemed to be clearly committed to the new project. Things had moved faster than she had anticipated. It had taken less than a year to achieve what she had optimistically predicted would take two years. But despite her current satisfaction, she knew that there was no time for complacency. "Now for the hard part," she thought to herself. Scribbling on a yellow pad she began to sketch out the things which she needed to accomplish in the next three months.

Internal
- Information/ownership/motivation
- Planning committee
- Assignment of tasks
- Survey for baseline planning data- Alphonse/NOW
- Get proposal ready by XMAS

External
- Mobilize Community
- Get MOH on board
- Get support from other sectors
- Close working relationship with AID
- Good media coverage
- ? opposition to nonmedical distribution of pills

Making initial contact and developing community relationships was a formidable challenge. First, she had to identify the communities to survey, then she needed to develop a survey instrument. In talking with her staff the idea of using the survey to initiate contact with the various communities and build a relationship with them offered major advantages.

Working with her staff over the next several weeks, Mrs. Tyler selected six project communities using the national housing authority development plan, three in greater Monserrat and three in peri-urban areas. Then a baseline survey was proposed to identify population, households, tribes, religions, size of the area, zones, subdivisions, public transport facilities, administrative structures, and existing health and family planning service facilities. The survey questionnaire also asked for community input on selection criteria for volunteers as well as suggestions about how they might be deplete.(see survey attached).

When the survey was completed, FPAM held a meeting at their headquarters for the commissioners of each community. At this meeting she explained her plan to establish community based distribution of contraceptives and enlisted the help of the community leaders. Immediately following the meeting she mailed them the survey questionnaire asking the leaders to return it promptly. Her preparation was successful as five of the six communities gave a speedy response.

At the same time that FPAM was building a base in the community it was seeking support of the MOH for their program. FPAM had already become involved with the MOH helping to support clinical service delivery, supplies, training, and IEC. Since 1981 it had been a key actor in the development of curriculum for health workers and paramedics for MCH/FP training nationwide.

Several meetings were held to involve the principal people from the MOH. As a result of these meetings, some of the barriers to implementing an urban CBD program were eliminated. For example, there was considerable concern about the distribution of contraceptives by nonmedical people. Fortunately, the new PHC program that had been introduced in 1985 was changing attitudes about pharmaceutical dispensing because it permitted distribution of ten basic drugs by nonmedical personnel. Although several MOH staff thought that nonmedical distribution of oral contraceptives was unethical and dangerous, serious opposition to the program did not develop. A compromise whereby community agents would use a checklist to screen clients before distributing the first cycle of pills was agreed upon.

In January of 1986 Mrs. Tyler and her staff were ready to develop the final draft of the UCBD proposal with two Pathways consultants. Leaving nothing to chance, she decided that she would use the consultants visit to generate public support for the project. Before their arrival she arranged national television coverage of the consultants arrival at the airport. She also called an "emergency meeting" of her own senior staff on Sunday night to welcome the consultants and to map out their scope of work. Over the next few days the consultants visited the MOH, and several other ministries with connections to the project. When the consultants visited with the community leaders they were well received. Several community leaders joked that "if you weren't important Kweek people I'm sure they wouldn't have shown you on national television. These efforts firmed up community support for the project and made its acceptance by the community virtually certain.

Study Questions:

1. Do you think Mrs. Tyler is an effective manager? Why?

Case Teaching Objectives:

1. Understand the relationship between management style and program effectiveness.

Teaching Notes

Leaving Nothing to Chance

As mentioned, this case is basically a narrative describing Mrs. Taylor's experience. Most of the issues and approaches should have been identified and explored already in the last problem.

Mrs. Taylor clearly understood that local planning would be a challenge, and she went to great lengths to ensure it went well.

She involved her staff early. They worked with the visiting consultants and helped to plan the project. By and large they got involved at the idea stage and so they shared ownership in the evolution of the project proposal. She also made it clear that the project was to receive high priority in the overall FPAL plan, and that most senior staff would be involved in the project management.

As discussed in case #1, Mrs. Taylor was comfortable with her data on needs and services. Now, she was interested in which communities to select, how to plan the program implementation, plus getting the endorsement and cooperation of the local powerbrokers.

She then turned to the national housing service survey (exhibit 2) to identify the low income communities in Montserrat.

To study the potential sites and involve local leaders, she informed the mayors about the development of the project proposal. They were asked to complete a survey giving basic information about their jurisdictions, but also to state what they thought would be important criteria for CBD selection.

Mrs. Taylor used the survey skillfully not only to collect information about the communities but also as a means of bringing local politicians on side. She then scheduled follow-up meetings to discuss the project and the survey results in the community. She also made site visits, and informed the community that only a few sites would be selected for the program.

And finally she orchestrated the visit of the consultants so that it became a major public relations event for the future project.

While she was working with the prospective communities, Mrs. Taylor was also spending a lot of energy seeking Ministry support. Not only did she seek to involve them and to get their endorsement, but she had to win their approval on the distribution of drugs by nonmedical personnel. Fortunately, the timing was right due to the recent PHC program innovations. It is interesting to note that there was a reluctance in the Ministry to approve contraceptive distribution, and a compromise was reached which involved the use of a checklist plus a medical referral. The teaching note here is that it is important to identify potential problems early and to be prepared to negotiate and compromise.

In summary, these cases demonstrate Mrs. Taylor's management skills. She is a model manager. She understands the importance of detailed planning, setting goals and deadlines, involving all parties early on, and identifying pitfalls in advance. She also understands public relations. She is a strong leader with lots of enthusiasm. In effect, she creates a corporate culture, a sense of mission, which pervades the organization.

CASE NO. 4

Dealing with Data

In 1983 as part of the organizational restructuring, Mr. William Alphonse was hired as the Evaluation Officer. Prior to hiring him the board of directors had made the decision to remove program evaluation responsibility from the program managers by broadening the role of the statistical officer. In his new job Mr. Alphonse would be responsible for developing an ongoing management information system, as well as coordinating with other agencies interested in population policy and providing support to policy decision making.

The new position was very attractive and competition was intense. Ten candidates were interviewed by the FPAM board of directors. Although he had had no previous experience in family planning, Mr. Alphonse's undergraduate and graduate training in demography and evaluation got him the job.

During his first year at FPAM he spent the majority of his time on matters related to population policy; fact finding, research, and drafting policy statements. In fact, he was so successful at this that he was asked by the government to be a member of the Monserrat delegation to Mexico City. When he wasn't working on population issues he was busy helping the IEC officer pretest education materials, making supervisory visits, and performing interim evaluations of project personnel with the National Program Coordinator.

Early in 1985 Mr. Alphonse was called into Mrs. Tyler's office where the executive director asked him to help her prepare the management information system component of the UCBD project proposal. Over the next several months Mr. Alphonse decided that only simple information useful to the program would be collected. Consulting the UCBD project documents he examined the general project activities and objectives, the project organizational chart and job descriptions (see casebook). Mr. Alphonse identified three levels in the system and developed a list of data items that he thought were needed at each level.

Information collected at the distributor level was to include basic client characteristics, quantity and type of contraceptives distributed, and monies collected. In addition to the number of informational and educational contacts made, the number of referrals and for what methods, the number of dropouts and the reason for discontinuation.

At the team leader level the number of effective referrals and dropouts and the number of active users served by each distributor during the month were to be verified.

The CBD program officer would in turn compile this information with the incomes generated and the commodities supplied and would provide monthly feedback to each team on their performance, ranking them in comparison with other groups. This information was to be shared with the community leaders on a quarterly basis.

In November 1986 the project was approved, but detailed plans for the Management Information System were not begun until the Training of Trainers workshop in May 1987. During the trainer's workshop the TOT consultants brought with them a number of models from other countries. But none of the reporting systems seemed particularly relevant to Monserrat, and the project staff decided to design and develop their own reporting forms. Although they did not have time to complete the entire MIS system, they were able to design the CBD agent record, the team leader's monthly report form, and the CBD program officers monthly report form (see attached forms). It was agreed at that time that these forms would be pretested, reviewed, and improved at a later date, with help from a Pathways consultant. Overall, however, Mr. Alphonse was extremely pleased with the progress made in the TOT workshop and felt that it had produced a feeling of ownership that would be of great help when it came time to train the team leaders and distributors in the system.

Shortly after the TOT workshop the community distributors were trained, and in July 1987 they began work in their communities. Unfortunately, since the TOT workshop Mr. Alphonse had been very busy. He had been out of the country studying evaluation systems in Ghana and Nigeria for two months and immediately after returning he spent one month traveling up-country to interview personnel for the annual supervisory visit evaluation. When he returned to his office he turned his attention to the data collected in the UCBD program, but unfortunately it had not yet reached his office. So he turned his attention to the interim evaluation that he was to develop six months after project start-up. He was, however, bothered by the fact that no plans had been made in the initial project design to permit him direct access to the data, and he felt that this would make it more difficult for him to develop the management reports that were described in the project paper.

He had no problem with the fact that the information was going to both the UCBD program director and financial officer. He had accompanied them on supervisory visits and had seen them using the information to monitor program operations in the field. However, he thought that it might be better if his office could get the data and process it for them. Processing was important because it required time and expertise and he felt he could help out the program officer with this work. He knew that the community leaders were not getting the quarterly reports that they had been promised, but instead only summaries of raw data. A microcomputer and an assistant was all he needed to be of real assistance to the UCBD program officer.

There was another issue troubling Mr. Alphonse; he hadn't had the time to develop the Management Reporting System for the UCBD project that had been planned in the project paper. Because he had been so busy he hadn't yet had the time to review the project document and design a basic set of management reports. Mr. Alphonse decided that come hell or high water he would develop a management reporting system for the UCBD project within the next month. Tomorrow, if the executive director and the rest of the staff would just leave him in peace, he would begin to work it out.

Study Questions:

1. Describe the existing information system for the UCBD program. What are the advantages and disadvantages of the current system?

2. What information would you give Mr. Alphonse to include in his management reporting system?

3. For each item that you select, explain how it could be used by management.

Case Teaching Objectives:

1. Identify the organizational problems in the evaluation department that led to the situation described in the case and describe possible management solutions.

2. Understand how to analyze an existing information system.

3. Identify the essential information for UCBD managers at all levels and understand how this information can be used to improve program management.

Teaching Notes

Dealing with Data

This case deals with program evaluation and management information systems from a number of perspectives.

At the outset, the students should understand the importance of program evaluation in program management. Traditionally, evaluation is performed by an outside consultant either in mid-phase or towards the end of the project. It is usually a nerve wracking time for the program manager, and seems far removed from the day to day operation of the project.

In the CBD project, Mr. Alphonse has been hired specifically to overcome this problem. Mrs. Taylor decided to expand the role of the statistical officer into an evaluation officer, and to hire someone who had the necessary skills. Unfortunately the solution is not without flaws.

First, the decision to remove program evaluation responsibility from program managers creates problems. While the evaluation officer may have the skills, the time, and a more objective perspective, he may well be viewed as a threatening outsider, much the same as the external consultant. His lack of program experience may also limit his insight as well as his political weight. The appointment of the evaluation officer creates as many problems as it solves, and his role needs to be very carefully defined, something which has not been done here, in order to maximize effectiveness and avoid managerial friction.

As we see in the later in the text, Mr. Alphonse finds himself physically removed from the data. He felt that he should process it before sending it on to the program director and the finance officer, and furthermore he was not getting the feedback out into the community as promised. Mr. Alphonse is obviously caught in a dilemma here; he is having trouble doing his job, yet the managers may not agree with his perception of the access problem. In their minds, the data may be following the right course. This organizational problem should be discussed.

Curiously enough, Mr. Alphonse has been so overloaded with other tasks that he has not had time to address the CBD program. This is a classic management problem where external demands are so weighty that someone is unable to do their job. This is particularly true of non line personnel who tend to get seconded to what ever comes up. It is easy to understand why Mr. Alphonse, with his experience in demography and evaluation, has spent so much time on population policy.

Mr. Alphonse's decision to collect "only simple information useful to the program" is admirable. So often program managers find themselves adrift in a sea of useless data. The key is to come up with a mix of data requirements which is also of use to the people who are collecting it. This builds in some interest and ownership in the process as well as the possibility that they may use it as a management tool. Too often data collection is viewed by subordinates as a dull, onerous irrelevant make work project thrust upon them by management which has little intention of using the information for other than reporting purposes.

Mr. Alphonse approached the problem methodically by reviewing the existing program material. It is not surprising that he thinks the most detailed data collection should be done at the CBD agent level, however, it is interesting that a large amount of the information does not get passed up the ladder. By and large, he considers the agent to be like a relatively independent business person.

As we see, Mr. Alphonse did not have complete ownership of the MIS design. The imported models were rejected, and in their place the management team developed preliminary draft forms. This shows a lot of insight and initiative on the part of the group.

Turning to MIS, students should indicate what information they think is necessary at each level.

Our impression is that the CBD form has a lot of useful information, but not in a very useful form. The CBD agent probably will not refer back to this form, and it does not readily translate into the report that the team leader must collect.

Just how should the CBD data collection be organized? Obviously the problem should be studied from their perspective in order to understand what they need to know and how it should be organized to be of most use. A later problem, Mr. Krumah's dilemma addresses this issue. Interestingly, Mr. Alphonse original intention was to field test the MIS which might have detected this problem early on.

CASE NO. 5

The Newkrutown Monthly Supervisory Meeting

Betty, the project coordinator, had just returned from six weeks of training in California. Though tired from her trip, she was eager to return to work. Betty had a special relationship with her team of community distributors and she barely had time to get out of the Peugeot 504 before she was embraced by those waiting at the front door of the Redemption Hospital.

With the exception of two men, the community distributors were all young women from Newkrutown. Crowded in front of the car waiting to welcome her, Betty could see the hard life of the city written on the youthful, anxious faces of the community distributors. Each of them wore, pinned to their shirt, a cloth badge stenciled with the red letters 'UCBD distributor FPAM'.

After the distributors had arranged the clinic benches into a horseshoe shape and Betty and Ester had paid a quick visit to Dr. Nimpson, the clinic medical director, Ester passed out the agenda for the meeting. The team leader, Mr. Krumack, was quick to point out that a quorum was present and explained the absence of three distributors. He noted that Saturday would be a little late because he had to walk from work, that Hetty was ill, and that Agatha had unfortunately confused the date of the meeting and made other plans. Ester briefly inquired about this as she had sent the regular monthly announcement notifying the team leaders of the November schedule of supervisory visits at the beginning of the month and ten days before the first supervisory visit was scheduled. Scott then asked that someone approve the agenda (see exhibit) and several distributors motioned their accord.

The meeting was opened officially when Ester asked one of the distributors to say a short prayer. This done she invited the team leader to make the opening remarks. Mr. Krumack had been chosen by a group of agents form Newkrutown as team leader for the project and he split his time between the commissioner's office and the project. Although suffering form laryngitis, he cleared his throat and welcomed the group to the meeting. Ester who had now placed herself in a chair facing the group cried out, "Fire der?" in a rising tone.

"Fire here!", came the response loudly and in unison.

"Fire der?", she cried again.

"Fire here!", they cried even louder.

"OK", she said, and then immediately held up a blue card. "What's this", she asked pointing to the card and displaying it to the group.

"A referral card" came the response from several of the distributors.

"Has anyone been selling this card" she asked and then waited while the group looked on in silence. After a short while she said, "Good, nobody on this team has been selling them. But elsewhere, it's come to my attention that these cards are being sold for a dollar. These are referral cards and you are right, they are not to be sold. The pink cards which the client receives when she registers at the clinic cost one dollar, and you know that it would be unfair for a client to purchase two cards. She put the referral card back in her folder and placed the folder on her lap. She paused a moment and then, addressing the group collectively, she said, "it's time we share with each any the problems you've had since our last meeting."

The eight distributors which now included the late arrival, remained silent, fidgeting nervously and looked anxiously at each other. Ester waited, watching and smiling. After some time she said, "Come on now, you all know the importance of discussing our problems together". She paused a moment and then continuing said, "Remember that tall Doctor who was here last month? Remember the discussion of your problems? Well that discussion convinced us to get those calculators that you said you needed. She waited again and than looking at Agatha she said, "How about you, Agatha? Surely you've had a problem in the last month."

Agatha broke the silence by recounting the story of a woman whom she had met while at the house of one of her clients to whom she was re-supplying with a month's cycle of pills. Agatha described how the women had become furious with her saying that her preaching family planning was an evil lie. "I've taken the pill," she said, "and it didn't work and I got pregnant. You and your family planning organization, you want us to believe in lies."

Betty sitting on the bench beside her asked gently, "And what did you say?"

"I had to keep asking her how she was taking the pill, and where she had gotten it. She had bought them at a pharmacy for $4.50 and had never been properly instructed on how to take them."

"Does everybody understand," Betty asked, "what happened here? The Family Planning Program and you are being blamed for something that you didn't do. Who's to blame?"

"It's the pharmacist", one of the distributors said. "They never instruct the people how to use the pills."

"That's so important", Betty said. "And what did you tell her?"

"I kept telling her how to take the pill properly", Agatha said. "I told her if she had taken it properly she wouldn't have gotten pregnant. And finally she seemed to believe me. I said I would come back after the baby was born."

"You really held your ground," Betty said. "You have confidence in yourself and you have to take the time if you are going to get the truth out. That was good work."

Robert, the only male distributor, spoke up immediately. "I don't know what to tell people about IUD's. People say that they don't work."

Ester broke in. "First of all", she said, "when it comes to IUD's, remember that your only responsibility is to refer people who want one or who are having problems with one to the clinic".

"Yes, I know that", Robert said. "But people are always asking me, what should I tell them."

"You can tell them", Betty said, "that they work nine out of ten times."

Betty then asked, "How many of you know how many new acceptors you had last month?"

Several distributors volunteered some numbers, "100, 76, 85".

Betty looked puzzled. "New acceptors," she said, "are new people who have never been using birth control before."

After some confusion several distributors gave new numbers, "20, 4, 13, and 29."

"This is a question that we should be able to answer", said Ester. "You've heard of self-evaluation. This is important and we need to learn how to do it."

Ester then held up the data summary sheets that she had received from the team leader for October. "We get these sheets from all the team leaders at the end of the month and some of them are very messy because of cross-outs. Look here, how can we read this one," she said, putting a finger on a crossed-out number in a box. " Would the distributors try to be neat, and the team leaders too. We all need to be able to read these reports."

Mr. Armstrong, the project financial officer, who had been sitting to the side during the discussion, broke in. "I need to make a point about the receipts that you are filling out when you sell products. The receipts I've been getting aren't in order. They go from Oct 29, to the 30th, to the 5th. That's not right, is it?" He laughed and so did the distributors. "Date the receipt on the day that you get the money, not on the day you give out the product. Remember that", he said. "OK, now its time to collect the reports and the money, and distribute supplies."

Suddenly everyone was in motion at the different stations that had been set up. When this was finished the distributors returned to their seats. Betty smiled and said "I've been reviewing the reports and things seem to be going much better. Sales are picking up. Anybody have an explanation?"

"Well one thing I've noticed", Vesta said, "before when they saw us standing in front of the door with our big black bags they would slam the door right in our faces. No more visits from Jehova, they would shout." There was a round of laughter. " But its better now because we've been back. We have our badges and they know that we are family planning. Now they let us in."

This seemed like a good time to end the meeting. Ester thanked the group and asked for the closing prayer.

Back in the Peugeot on the way to the head office, Betty leaned back, stretched her arms, and said to Ester, "It's great to be home." And then added, "Ester, let's you and I work together on the self-evaluation system."

Study Questions:

1. Describe Ester's supervisory style. What techniques does she use to encourage participation? How does she take corrective action? What techniques does she use to improve distributor performance?

2. How does a sense of mission help an organization accomplish its goals? How does Ester convey this sense of mission to her supervisees?

3. How would you further develop and implement a self-evaluation system for the distributors?

Case Teaching Objectives:

1. Understand the importance of conveying an organization's mission to its employees.

2. Identify and understand the components of effective supervision.

3. Understand how a supervisor can use information and specific targets to improve distributor performance.

Teaching Notes

The Newkrutown Monthly Supervisory Meeting

The script for this case was taken almost without change from a supervisory meeting we attended during our stay in Liberia. The style and content of the meeting were so impressive that what we have here is effectively a "gold standard" of supervision and "corporate culture". The case reads like a chapter out of "In Search of Excellence".

Alot can be learned by analyzing Esther's performance at this meeting. She is very organized. An agenda is circulated, and while it really contains nothing new, it makes the meeting more official. Attendance is taken, and efforts are made to uncover the reasons for the absenteeism. It is clear that everyone is expected to be present. Also an announcement of the dates of all the monthly supervisory meetings was distributed to all CBD agents in the project. In this way they know well in advance and can plan ahead. Interestingly, for this group the letter may have been a little late since their meeting was the first one scheduled and it came only 10 days after the letter was written. What is important here is the attention to detail.

Very early in the meeting Esther involves the agents. First she circulates the post card from California from Betty. This validates the group, and it is interesting that she chose to do this even though Mama Fall had already returned and was on site. The prayer is also given by one of the agents and then Esther turns the meeting over to the group leader thereby acknowledging his role.

She very quickly moves on to discuss the problem of selling cards, and in a non-accusatory manner lets it be known that they are not to be sold.

Next she goes on to get the agents to share their experiences. This is the most important part of the meeting, and she refuses to accept the inevitable nervous silence. She coaxes the agents to become involved. She then uses each example to illustrate various teaching points and also, when possible, to compliment and encourage the agents.

A sense of mission, and a "corporate culture are very important to a project. There are a number of examples in this case, and it is highlighted by the "fire der" .... "fire here" chant. The group trained together and there is a real sense of belonging to a team. In fact, the meeting has a family reunion quality to it. They are very goal oriented and committed in their efforts to distribute contraceptives. It is no small irony that they are compared to Jehovah's witnesses.

The issue of evaluation presents an interesting problem which has already been touched on in the "Dealing with Data" case.

There is obviously some lack of clarity about the categories of contacts and acceptors. Agents should look at both their contacts and their clients. Contacts tended to be inflated in numbers because of group encounters. What one really wants to know is how much time is put in with encounters, how that time is spent, how are they followed up, and which ones are most likely to accept in the future? Acceptors also need to be studied. How many new ones per month, and were they predictable from the contact work? And finally what about continuing acceptors? How long do they continue for? After all a program that has only a short contraception period per client, for example less than six months, may be much less successful than the supply data indicate. This is an issue that Mr. Alphonse and the project management need to [illegible] with the supervisors and the agents.

CASE NO. 6

Mr. Krumah's Dilemma

Mr. Krumah sat at the wooden bench in the foyer of his house and watched the children playing football in the street. Tomorrow the team leader was scheduled to visit him to review his record book, so today he planned to bring his records up to date.

Mr. Krumah took out the notebook that the project had provided and in which he had carefully drawn his own table with the headings: name/address/age/sex/acceptor/registration number/contraceptives by type and quantity/date of next visit/
Quietly he examined the data that he had carefully penciled in under each column every time one of his motivational talks had resulted in a client accepting a method. The wooden desk before him was small but he had managed to open both his notebook and the oversized agent record form booklet and spread them across the desk. He now began the tedious process of transferring the data from his own notebook onto the project record form which the team leader would review.

The project had been operating for six months now and each time Mr. Krumah went through this transfer process, he felt increasingly irritated. When the team leader came he didn't collect the agent record forms but only looked at the form to summarize the data for his own purposes. What Mr. Krumah found irritating was that he had all the information that he needed in his own notebook and filling out the record form each month was just additional work. He decided that he would take up this issue when when Mr. Somalia, the team leader, called the following day.

Mr. Somalia arrived at mid-morning, "How you be?", Somalia asked.

"Fine," said Mr. Krumah. "You're hot and sweaty. Take a drink?" he asked.

"Thank you," said Mr. Somalia and sat down on the foyer within the shade of the tin roof. Mr. Krumah sent a child to get two Cokes from the nearby store. "How did it go this month?"

"Fine," he said. "I had a good month. I had 18 new acceptors." He pulled out his notebook and his record forms and handed Mr. Somalia the record book. "There is something that bothers me every month", he said. "I fill these forms out for you, but you don't take them." Then handing him the notebook he said, "This is the book I use to keep track of my clients." Mr. Somalia took the book and looked at the table that Krumah had carefully penciled in. "If you took the data that you need out of my notebook, I wouldn't need to fill out the agent record form."

Mr. Somalia studied the two books. "This is excellent", he said. "You have a very organized notebook. Unfortunately, most people don't keep such nice books."

"Maybe you could make an exception in my case," Mr. Krumah said. "Filling out these forms is really getting under my skin."

"I'll have to give that some thought", Mr. Somalia said. "Why don't you bring it up at the next supervisory meeting".

"There's something else", Krumah said. "You know I'm an insurance salesmen when I'm not acting as a UCBD agent. In insurance I have to collect premiums at the right time. The most important thing for me is to get the money before the end of the month. If I don't, the subscriber loses his policy and I lose my commission. Family planning is just the same. I need to know the date when the women needs a new cycle of pills. If I don't see her on time, she will get pregnant and I'll lose my fee."

"That's true", said Mr. Somalia. "It's extremely helpful to keep track of the dates you need to make a re-supply visit." He took a drink of coke and began summarizing the data he needed to collect from Krumah's record book transferring the information on new acceptors, continuing acceptors and quantities distributed to his monthly team-leaders summary form.

Study Questions:

1. What information is useful to the UCBD agent and how does he use it?

2. Why did the UCBD agent develop his own reporting form?

3. Should the team leader allow Mr. Krumah to omit the agent record form?

Case Teaching Objectives

1. Understand what information is important to a UCBD agent and how the UCBD agent uses this information to conduct his business.

2. Understand how form design affects information use.

Teaching Notes

Mr. Krumah's Dilemma

This case picks up where the last two left off. What we have now is a MIS problem that has been identified from a number of perspectives.

For teaching purposes, there are three objectives:

1) to understand how the design of the MIS affects the use of information.

2) to discuss process - how the project should deal with the problem.

3) to design a superior MIS system.

Mr. Krumah finds the system unhelpful to the extent that he has designed his own alternative, and as a result completing the existing forms for the team leader's visit has become a tedious chore.

Mr. Krumah obviously sees through the problem, however other agents may not be so capable and they may be having problems. Therefore it is important to design a form which not only collects data for management, but serves as a tool at the CBD level.

Mr. Krumah has some very constructive suggestions about this problem. It is doubtful that the team leader will allow him to do his own thing. A more important issue is whether or not the problem will be followed up.

The team leader suggests he bring it up at the next supervisory meeting. Is this just a standard bureaucratic response? Whose responsibility is this, the team leader's or Mr. Krumah's? What about the supervisors who mentioned self-evaluation and Mr. Alphonse who knows there are MIS problems and is responsible for the project management's original commitment to pretest the draft MIS system?

In order to design a MIS for the CBD's one must certainly consider the schedule for revisits and the inventory of supplies. At present the agents are left to their own devices to monitor these two items. On a more sophisticated level (management by objectives), it would be interesting to see how readily contacts convert into new acceptors and how long women accept. This data would be very useful for project evaluation, as well as for helping the agents to carry their caseload.

CASE NO. 7

The Claratown Monthly Supervisory Meeting
Setting Targets and Evaluating Performance

Two days later at exactly 2 o'clock Betty, Ester, Mr. Armstrong, and Mr. Alphonse piled into the Peugeot 504 and headed for Claratown.

Arriving at the town hall they were greeted by a large number of community distributors and local men. Apparently the community was holding a queen contest in the hall that afternoon as a result the monthly supervisory meeting could not be held there. There was some confusion, but the team leader quickly arranged for the use of a nearby school and the entire group moved from the town hall to the dusty, hot, single room school house down the street. Several of the distributors busily rearranged the school benches and swept out the dust while the group set up for the meeting.

The Claratown supervisory meeting covered three communities; Bassa, Slipway, and Claratown itself. Because of the size of the area there were two teams of ten distributors. Each team had their own team leader. In comparison to Newkrutown the distributors here appeared better dressed, more poised, and more self-confident. Most were high school graduates, although relatively few were working at other jobs. The Claratown team leader, Mr. Somalia, was a university student. Like their counterparts in Newkrutown, each of them wore a cloth badge, pinned to there shirt, stenciled with the red letters 'UCBD distributor FPAM'. Each one also carried a big black leather bag with FPAM stenciled in white letters on the side. Perhaps because of the change of venue, several of the distributors were absent and the rest of the group waited on the benches, fanning themselves in the heat. To save time, Mr. Armstrong agreed with Ester that they should pass around the attendance roster and he asked each distributor to mark the quantity of supplies they needed next to their names. In this way he would be able to prepare each supply order before the end of the meeting.

Somalia sent one of the distributors back to the town hall to pin a note on the door informing them of the new meeting place. When he had returned, several more distributors had arrived and Ester passed out the agenda for the meeting. One of the agents volunteered to say the opening prayer and the meeting began.

Ester opened the meeting to problems. Seravia was the first to raise her hand and stand. She recounted the story of an adolescent girl on the pill who was being advised to discontinue it by her aunt. "What can I do about this?", she asked.

Rather than respond herself Ester asked if anybody in the group had any suggestions for Seravia. Mr. Johnson volunteered. "Why don't you talk to the aunt. I would try to convince the aunt about the importance of family planning. Then maybe she will get off of her niece's back."

Another distributor spoke up and said, "I agree with Mr. Johnson. When you promote family planning you need to involve everyone in the family, not just the person who takes the pill. Last month one of my clients wanted to stop using the pill because her nine month old son had just died of measles. She already had five children and she wasn't in good health herself. In spite of this, her husband wanted another baby and was pressing her to stop using the pill. As a man it was easy for me to go to the husband and convince him to allow his wife to defer pregnancy so that she could improve her own health and have a healthier baby at a later date."

Noticing that three distributors were missing, Ester asked where they were. The team leader volunteered that one was not able to come because of another commitment. She had been out to check on the other two, she said, and one was sick and not very interested in the work, and the other had said that she wanted to quit.

Betty broke in holding up the team leaders summary sheet that she had just received." How many contacts are you supposed to make a month?" she inquired.

"Sixty", said one of the agents.

"That's right" she said. "And out of those sixty, how many new acceptors on the average should you recruit?"

There was silence for a while, and then someone volunteered, "Ten"

"OK", said Betty. "But look at this data, here we have over 2600 contacts and only 87 new acceptors. What have you all been doing? counting every person you shake hands with? Maybe your not spending enough time with the clients. Some of you have very low acceptor rates. In fact two of the agents missing today didn't get a single acceptor last month. What are you doing about this?", she asked the team leader.

"To be honest", she answered, "I've given up on them."

"But that means no one is serving their areas. You've got to reassign areas when you have a problem like this."

"But I didn't notice it until you pointed it out just now. It's hard to tell what's going on from the form I fill out for you."

"OK", Betty said. "We'll go over that next week together." Then she put the form down and turned the meeting over to the financial officer Mr. Armstrong.

After the meeting Betty thought about the problem of targets. She wondered if the targets she was using were good ones. Not only that, she felt that she could be doing a lot more for the team leaders if she had a chance to do some analysis of the data that she was getting on the team leaders summary sheet and give them some simple feed back on their agent's and their team's performance.

Study Questions:

1. How useful are Betty's targets?

2. Can you think of other targets that might help improve agent performance? If some of these targets require more information, how could you get it? Would it be worth it?

3. What suggestions would you make to Betty to improve feedback to the team leader about the performance of the team, and to agents about their performance ?

Case Teaching Objectives

1. Understand how targets can be used to improve performance.

2. Understand how to use the number of client contacts, new acceptors, active users, the dropout rate, and personnel time as indicators of program performance.

3. Understand how to present information so that it can have a positive impact on program performance.

4. Understand how agent's performance can be compared while allowing for differences among client populations.

Teaching Notes

The Claratown Monthly Supervisory Meeting
Setting Targets and Evaluating Performance

Although the project is running successfully, this case identifies some problems in agent performance. There seems to be too much attention on contacts, and not enough on new acceptors. Furthermore, there are a few agents who are doing poorly, and may either need help or to be replaced. This is to be expected of any new program and the key is to identify the problems early on, and attempt to resolve them.

Betty is rightfully concerned about the contact/acceptor ratio. Curiously, this may be a bit of a paper artifact, the old MIS again. The agents are probably inflating the numbers just to make the data look good. Certainly there are no financial incentives in doing this.

The real problem lies in the number of new acceptors. This is the true target, and if it is not reached changes must be made. Perhaps it requires more time or more visits? We are told that each agent is to target 10 new acceptors per month so 87 for two teams of 10 agents is obviously a substandard performance.

An alternative is that the target is set too high. This is difficult to know but certainly comparisons across districts and amongst agents can provide some benchmark. Management must be careful, however, not to rely solely on the numbers but to make allowances for demographic variation. It would be unfair to compare the statistics, for example of an agent working in the university quarter to an agent working in a Moslem neighborhood. Nonetheless, the data itself is very important because management may decide to try new strategies in a difficult area.

Betty is also very aware of the fact that this information needs to be available at the project delivery level so that agents can truly set targets and compare themselves to others, and so team leaders can also supervise appropriately. Again this involves the design of a simple MIS with a quick turn around time.

A number of other possible targets are not mentioned in the text. Certainly, the drop out rate and the length of active use come to mind. Perhaps acceptors should be targeted for lengths of time - 6, 12, 18, ... months. Also there is some opportunity to target groups, young single women, post partum women, and multiparas, and to design approaches.

While Betty has identified a problem, one wonders whether she has considered approaching the Evaluation Officer, as well as the agents and the team leaders to resolve it.

CASE NO. 8

The Sales Force

Mrs. Kokie Tyler knew about money and how to manage it. In her previous job with the Ministry of Finance she had reorganized the government agencies payroll. Now as executive director of FPAM she was committed to developing financial incentives for the UCBD project. In early discussions with donors and project staff she had considered paying the distributors one hundred dollars per month. But her counterpart in the AID mission, Ms. White, felt that AID would not be able to provide this type of incentive as it gave the appearance of funding local salaries. A new approach was called for and several were suggested. Mrs. White favored a self-sustaining income generation scheme. However Mrs. Tyler resisted this idea because she questioned the feasibility of the scheme.

In conversation with Ms. White, Kokie argued that the sale of contraceptive products was problematic. FPAM had no substantial experience in this area and, even if the products could be sold, she felt uncertain as to whether they could generate sufficient funds to provide adequate remuneration to the distributors.

At the same time experience from two small FPAM pilot projects indicated that the sale of contraceptives improved acceptor rates. Free pills were viewed as being "dumped" into Monserrat because of their poor quality. All this led to her decision to sell the contraceptive products and to reject the self-sustaining income generation scheme. Given her uncertainty about the amount of money that sales would generate she decided to ask AID for dual reimbursement system that would permit her to provide twenty dollars a month as a reimbursement allowance to each distributor plus a commission set at 50% of total monthly pill sales. Because of their added responsibilities, reimbursement allowance for the team leader was double that of the distributor.

Kokie than called a meeting of the distributors to sound them out about a sales commission as opposed to a salary. While excited about the possibility of receiving a 50% commission on sales, they were worried because this system would require them to manage the funds collected. While managing funds collected from sixty distributors might have frightened many executive directors, it did not scare Mrs. Tyler. She assured that there would be no problems and that a simple efficient financial control system could be put into place.

As for setting the price, Mrs. Tyler decided to use the pricing scheme that had been used in the River Cess Rural Midwifery Project. The prices were:

Product	UCBD Price	Pharmacy Price
1 cycle of pills=	1 dollar	4.50 dollars
IUD=	5 dollars	
Foam=	50 cents	
Condoms=	Free	

Because there was still concern that this reimbursement scheme might not be adequate, an annual contest to increase motivation through the award of prize money at the closing ceremony was planned. Two prizes were to be offered: the first to the "best team" and the second to the "six best agents award". Five criteria were elaborated for the "best team" prize. Three criteria, working relationship as a group, working relationship with the community, and working relationship with the clients, were to be assessed from the narratives of the monthly supervisory visits and recorded. The other two criteria, amount of sales and number of acceptors, would be taken from the monthly statistics. The "six best agents award" performance would be assessed from independent site visits by the senior management team and the executive director that would include talking with community leaders, agents, and clients. At the start of the project these criteria and the contest was explained to all the distributors.

Three months after program start-up, Kokie decided it was time to give some attention to the incentive scheme. To date the only information that she had were the monthly total sales figures:

Month	Monthly sales in dollars
July	1700
August	1500
September	1600

Coincidently, the day before at lunch in the FPAM canteen, Mr. Armstrong had brought a new problem uncovered during September's supervisory visit to Newkrutown.

> "Mrs. Tyler", he said. "We've got a problem. We've told the distributors 'listen, the most important thing is to serve your clients,' but when the clients can't pay it puts them in a difficult position. If they give the client an advance and the client doesn't repay, the cost of the pill cycle comes out of their own pocket. If they refuse to provide the pills, they loose an active user for the project and the women runs the risk of becoming pregnant."
>
> Mrs. Tyler couldn't think of an immediate solution, but just as she was getting up from the table an idea came to her. "I've got it", she said. "What we'll do is instruct the agents to advance monthly cycles when clients can't pay up to a maximum of three months. After that time we'll tell them they must report to Betty or you about the outstanding advances. You or Betty will then follow-up with the client to see if they really can't afford the pills. We don't want to be supplying free cycles to people who are drowning themselves in Club Beer in the evenings. If the situation warrants it, Betty or you can declare the client indigent and the pills can be distributed free of charge after that. This will fix part of the problem for the distributor in the short-term. We'll have to change the incentive system during the 2nd phase of the project to provide incentive for the supply of this type of client."
>
> "A great solution", Mr. Armstrong said. "I think it will work."

Mrs. Tyler smiled, she was in hurry now to get to a two o'clock meeting at the Rural Monserrat Communications Network. "That's what I'm here for", she said. "Occasionally I come up with a good idea". She slapped her thigh and turned, leaving Mr. Armstrong nursing his coffee at the table.

A week later, Mr. Somalia, the team leader from Claratown, and Mrs. Stewart, his counterpart in Slipway-Bassa, were planning a motivation session that they intended to give to a large group of university students. The conversation turned to the topic of "the awards".

"This award systems really bugs me", said Ms. Stewart. "I have no idea how they're going to decide who gets the awards. Do you?", she asked her friend.

"They called us all to a meeting at the beginning of the summer to tell us about the awards. But I haven't heard much since then. I've never been sure how they will decide on the prizes. Anyway it seems unfair to me because the communities are so different. I've got an agent assigned to upper Broad Street which is 90% Mandingo. This group is Muslim and it's near impossible to sell them on the idea of family planning."

"That's true", she agreed. "Three of my agents have a similar problem, their clients aren't home during the day. They either have to work on weekends or late in the evenings. Don't you think that the award should be given to the distributors that show the most commitment."

"Sure", he replied. "But how would you measure that?"

"Well, you could give the award to the agents who log the most miles on foot", she replied, tongue in cheek.

"Seriously, I think these problems make the incentive system a bit unfair. Maybe the project should be reimbursing the distributors for their time. Some of the distributors that are in these bad areas, they may quit in a few months."

"Speaking of incentive systems, I got stuck last week paying for 8 cycles of pills out of my own pocket. This is happening to me every month. I don't want my clients to drop out and get pregnant, but I don't want to subsidize them either."

"You know, when we get talking like this. It helps a bit to remember what Ester is always telling us. 'Don't think of sales, that's not the important thing. What matters is convincing people that family planning is important for them. Once you've done this, sales will follow'."

At the end of November Mr. Tyler called her senior staff together. She had decided that it was time to design the financial incentive scheme for the second phase of the Project.

Study Questions:

1. What do you think are the problems with the current financial incentive scheme? With the supervisory system?

2. What financial data would be helpful to assess the success of the financial incentives scheme during the 1 phase of the project?

3. What recommendations would you make for the design of the 2nd phase system?

Case Teaching Objectives:

1. Identify the major issues surrounding the use of financial incentives to motivate UCBD workers.

2. Understand how financial data can be used to monitor program effectiveness and motivate staff.

3. Understand the relationship between product price, sales, and client acceptance.

Teaching Notes

The Sales Force

This case deals with the issue of CBD remuneration, and to a lesser extent charges for contraceptives.

The students must first be comfortable with the notion of charging for contraceptives. It is unlikely that will be any resistance given the financial pressures on most third world health care systems. It should also be understood that free drugs etc. are often viewed as inferior, or dumped. And finally, it is clear that an organization like FPAL can use revenues from donated commodities to design "self-sustaining" programs which would otherwise be impossible. The price is therefore set high enough to dismiss suspicion and motivate the CBD's, yet low enough so that most everybody can afford it.

The debate over how to pay agents is interesting. It starts with two polar opposites - salary and commission - and ends up with a compromise mixing both elements plus potential bonuses. While there was some argument about how to proceed, a major issue was the uncertainty. By and large, Mrs. Taylor was open minded and her only commitment was to finding a feasible solution.

The students should debate the pros and cons of the various payment schemes.

	PRO	CON
Salary	security	income ceiling
	easier to attract applicants initially	no quality control
	equality	no incentives
Commission	just reward	insecurity
	incentives	no guaranteed payment for work done
		no allowance for disparities in neighborhoods

The bonus system of awards and prizes for individual agents and the best team are a source of further incentives. Management has deliberately made the selection process qualitative, rather than based entirely on sales which is already rewarded through the commission system. This is

commendable because it allows for differences amongst the neighborhoods and rewards personal and group skills. Nonetheless, there is a lack of clarity which seems to have unsettled personnel. One might argue, however, that a certain amount of anxiety is healthy in a situation like this.

It is obvious that the financial system needs some fine tuning. It is unacceptable for agents to be providing contraception out of their own pocket to clients who cannot pay. It would also be self-defeating for the project to withhold donated commodities for lack of a charge which is designed to increase demand, as well as cover the cost of the agent's time.

There is probably little disagreement on what the policy should be, however, implementing a practical solution is more difficult. The temporary solution lands a follow-up and verification problem on the supervisor's plate. Furthermore, establishing a means test is very difficult. It should also be noted that casual supervision of this problem could lead to an opportunity for embezzlement by the agents.

In this project the financial data is almost directly correlated with program success. The goal is to distribute commodities and therefore sales represent outputs. Because the agents get a 50% commission, their motivation and performance drive the project.

While straightforward, this analysis is not entirely correct. First, some clients as discussed above may not be able to afford the pills. More important, sales of commodities are process measures and are not necessarily 100% correlated with outcomes - effective child spacing, reduction of teenage pregnancy, and population stabilization, the organizational objectives.

Therefore, program managers must go beyond sales to evaluate the project, which brings us back to the role of Mr. Alphonse.

CASE NO. 9

Financial Management Control
No Need for Strong Arm Tactics

Part 1

In early November 1986, the UCBD project received final approval from Pathways and money was immediately made available for project start-up activities. The FPAM Board and Mrs. Tyler interviewed many candidates and the selection process was long and arduous. So it wasn't until January 1, 1987 that the financial officer, Mr. Armstrong, reported to work.

Mr. Armstrong was young but extremely well prepared for his job as the UCBD financial officer. He was a graduate of the University of Monserrat and had postgraduate training in finance in Scotland. Just prior to joining the FPAM staff, he had been the financial manager of the Monserrat Fish Company. On his first day of work he met with the executive director for a short introductory meeting. After welcoming him into the organizations and introducing him to the rest of the staff, she sat him down on the large couch in her office.

"Mr. Armstrong, I can't tell you how glad I am to have you on board. We have been waiting for you since November and we're way behind schedule. We've got a quarterly report due at the end of the month and we don't even have a financial management system in place." Mrs. Tyler readjusted her position on the couch and ignored the telephone ringing on her desk. Then she continued, "The first thing you've got to do after you've read all the project documents is to come up with a financial management system. And it has to be ready by the third week of this month."

Mr. Armstrong nodded, but remained silent.

"I know it sounds like a lot of work. But we really need this now."

Then the phone rang again and Mrs. Tyler moved from the couch to answer it. She motioned to Mr. Armstrong that she was finished. As he left her office he realized that he wouldn't be working his way gradually into his new job.

Back in his office Mr. Armstrong readjusted his tie. Despite the heat he had always worked in a tie and a starched shirt. He pulled out the project documents and began to read. After the first day he had set his principal objectives for the system on paper. They were:

1. to monitor contraceptive sales by distributors;

2. to monitor financial transactions between distributors and team leaders;

3. to monitor contraceptive inventory (individual pill types and other products);

4. to report on expenditures and on the current balance for each project line item; and

5. to provide financial data for quarterly Pathways reports.

By the end of the first week he had the rough outlines of a financial management system drafted on paper.

First, he had written down how he thought the money would be handled in the system:

1. Agents would sell contraceptives, collecting money which they would keep until meeting the team leader when he made his monthly supervisory visit to the agents house;

2. The team leader would bring the money to the monthly supervisory meeting and turn it over to the financial officer;

3. After checking amounts on the spot the financial officer would return half of total dollar sales to the agents; and

4. The financial officer would bring the remainder of the money back to the FPAM office and deposit it in the FPAM account.

For the inventory he wrote:

1. Agents would be issued a start-up inventory and black bags to carry their stock;

2. Agents would sell pills to clients; and

3. Agents would be restocked either at the monthly supervisory meeting or a part-time stockman who would be available to call on distributors at their homes.

He then decided to design a system that would account for and monitor these transactions at all levels. Pills were being sold for $4.50 in the pharmacies and agents might wish to sell them for more than the one dollar price that FPAM had set. With high potential for abuse he knew that strict monitoring of financial transactions was necessary.

Study Questions:

1. If you were Mr. Armstrong, how would you go about designing the financial system for the UCBD program?

Case Teaching Objectives:

1. Understand how to analyze a financial control system.

2. Understand how to develop reporting procedures for all organizational levels.

3. Appreciate the difficulties in implementing a system of strict financial controls.

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Part 2

Working from his initial outline, Mr. Armstrong designed the following system to track each financial transaction in the CBD program.

1. Agents would be issued a numbered receipt book with numbered duplicate receipts in which to record all sales. For each transaction one copy of the receipt would be given to the client and the other retained by the agent in the numbered book.

2. The team leader would have a similar book in which he would record the money received from each agent. He would issue the agent a receipt for the total amount of money received. A duplicate copy would be retained in his own book and then turned over to the finance officer along with the agent's original receipts at the monthly supervisory meeting.

3. At the supervisory meeting the finance officer would review each agents' records, checking them against the team leaders record for accuracy, before reimbursing the agent for half the value of his sales. He would then ask the agent to sign for receipt of the money.

In order to keep track of inventory, he decided to have the agent write the specific name of the contraceptive on the receipt. He also devised a simple stock control form for the agents to fill out each month. In this way he could check inventory against sales.

4. After returning to FPAM, the financial officer would transfer the individual receipts from each agent to a spread sheet. In this way he had a record of the total sales of each individual agent, which included the client's name and the amount of money for each type of contraceptive purchased. This system was attractive to him because he would be able to spot check individual clients to verify if the agent had sold contraceptives and at the correct price. (When he worked for the Monserrat Fish Co. this type of spreadsheet had proved a valuable tool for adjusting inventories and prices according to sales trends.)

5. Next he prepared a monthly statement showing contraceptive revenues for each community in the project.

In order to report on total project expenditures and current balance for each line item, he devised a new chart of accounts. Using his new list he created a spreadsheet called "Expenditure Control Analysis" that provided him with a cumulative record of monthly payments and remaining account balances for each line item. This permitted him to monitor expenses against projections for each line item on a monthly basis. For example, if the price of petrol were to rise, he could easily note a rise in the monthly expenditure as compared to previous months. The current balance item would provide information on the implications of this price increase for completion of project activities.

Finally, using the financial management system he had developed, he was easily able to satisfy the donor agencies requirements for a quarterly financial report.

Study Questions:

1. How does this compare with the system you developed?

2. Do you see any potential problems with this system?

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Part 3

Two months later things were working well, but Mr. Armstrong had a nose for sniffing out problems and setting things straight. For one thing, he found that he was spending a tremendous amount of time handling money. He thought he could delegate financial control of the agents to the team leader. During the third month, he changed the system so that the team leader collected only 50% of the agents' sales. This innovation meant that he could reduce his direct supervision of agents. Now he could simply check the team leaders summary sheet during the monthly supervisory meeting without compromising financial control.

He had also noted that on the agents' receipts, TYPE OF SERVICE was often being filled out as "pills" rather than the specific type of pill (lo-ovral, ovral, etc.) This presented an inventory control problem because he needed to keep track of sales by product type. He brought this to the agents' attention and tried to improve compliance. Eventually, however, he gave up trying to change the agents' habits and decided that during the second phase of the project he would redesign the receipt so that the agents could tick off the type of pill dispensed.

There was a third and more serious problem which became clearer as the project became more successful. Mr. Armstrong's spreadsheet that had developed from his experience at the fish company, was beginning to be an albatross around his neck. It took an enormous amount of time to prepare, and was giving him some details that he didn't need and some that he could find elsewhere. He knew that he had good inventory control through his stock control form and that he could get names for periodic spot checks of clients from the agents' receipts. Therefore he felt increasingly comfortable with the idea of consolidating the spreadsheet, omitting the individual clients, and tracking total sales and inventory for each agent.

Teachning Notes

Financial Management Control

This case involves the design of a financial management system.
The intent is for the students to design their own system and to compare it with Mr. Armstrong's.

The case is presented in three parts so that it can be worked through in a step-wise fashion.

Part I sets the stage and lists Mr. Armstrong's objectives as well as a framework for the system he intends to develop.
The students should pick it up from here and develop their own system.

Important issues to be discussed in the process include developing a flow of information, keeping it simple and workable, and insuring that opportunity for abuse is minimized.

Part II, which includes a number of exhibits, describes the system that Mr. Armstrong has developed. The class should compare this to their system discussing the advantages and disadvantages of each.

Part III serves as a synthesis. Mr. Armstrong identifies certain problems with his system, which hopefully the students will have labelled, and proposes solutions. What we see is that the system was more complex than it needed to be. He can delegate greater responsibility to the team leader, and he can do away with one of the old standbys, the spreadsheet.

He also has some problems with agents commodity records, and as is often the case, his educational efforts do not improve compliance. So he has decided to change the recording system to make it easier.