

## STUDIES OF ALTERNATIVE PATTERNS OF ADMINISTRATIVE ORGANIZATION

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A systematic framework is provided for the analysis of the major administrative issues of interest in the organization of family planning programs. This framework includes clarification of the problem of concern, a review of alternative means for solution, and enunciation of concrete objectives regarding program structure, process (services provided), and product (end results). Eight administrative principles that arise from the analysis are formulated. These can either be accepted as general guides for application to each unique set of circumstances or used as a basis for pinpointing sources of disagreement and subjects for further research.

Should national attention be focused on population control or on family planning, or are these one and the same? If they are different, are the aims and organization of the two types of programs incompatible? What is the relationship between family planning and health care delivery? The fact that these questions remain unanswered even though they are considered crucial and central to the resolution of corollary administrative issues, is in itself evidence that population programs have been developed within varying administrative settings. Although the present paper cannot hope to provide conclusive, universally applicable formulations of optimum administrative structure, we can hopefully accomplish two things. First, we shall provide a systematic framework for the analysis of the major issues of interest, and second, we shall pose certain administrative principles which emerge from this framework. While some may disagree with the principles, we shall at least have underscored the bases for disagreement. To the extent that unanimous endorsement of the principles is achieved, a better understanding of the rationale underlying differing administrative approaches in varying settings will result.

### ANALYTICAL FRAMEWORK

With respect to population matters as in other areas, one must begin with a clear specification of relevant problems, follow with an assessment of the available means for solution, and then establish concrete objectives for accomplishment. This approach differs from the one in which ends are expressed first and then appropriate means for achieving these ends are spelled out. The present writer, however, would emphasize the advantage of the "bottom-up" approach by which action programs are organized around existing problems, and attention is directed toward practical, feasible avenues of solution as a basis for goal-setting. If explicit goals are set first, the organization of programs to achieve them may be unrealistic, lacking in grass-roots support, and not directed toward the basic problems which prompted action in the first place.

### PROBLEM SPECIFICATION

Discussion of the so-called population problem is generally conducted at two levels. At the national level population growth is seen as an impediment to economic development, while concern at the local level centers on the welfare of the individual family. Although different motivational forces appear to be operating at both levels, recent trends are encouraging. Development economists, along with others, are increasingly diverting attention from narrow concerns of economic growth to broader interests in national welfare. As a result, family welfare and notions of the "quality of life" are gaining the attention of both population control and family planning advocates. Recognition that family planning decisions are indeed made at the family level has administrative implications that are hardly incompatible with national policy considerations.

In spite of these encouraging developments there still remains the problem of identifying the target populations which deserve primary program attention. No nation is initially able to mobilize the resources and organization necessary to mount a totally effective family planning program, and most countries continually face resource constraints that force the specification of priorities for action in family planning. Specifically, decisions must be made regarding the relative emphasis to be given to rural areas in contrast to urban centers. Clearly, this is an important issue for in rural populations where high birth rates and family-centered enterprises are dominant, facilities, trained manpower, administrative know-how and population concentrations are, in general, insufficient to serve as a basis for program development.

### ASSESSMENT OF MEANS FOR ATTACKING PROBLEMS

#### *Organization Structure: Decision Making Responsibility*

In considering approaches to the solution of population problems, attention must first be given to the relative balance between program planning, administration, and evaluation. Effective management without proper planning is impossible, just as good planning without sound implementation is an exercise in futility. Moreover, implementation apart from dynamic evaluative feedback soon becomes stale and irrelevant.

Although planning, administration, and evaluation must be unified rather than conducted as completely separate endeavors, the need for a single base for decision making does not necessarily follow. On the contrary, a strong case is frequently made for centralized planning and decentralized administration. The applicability of this principle to family planning is a matter for consideration. To the extent, for example, that economic development programs promote industrialization and urbanization, a consequent reduction in desired family size, and a spontaneous demand for family planning services, the merits of a family planning program itself must be judged in relation to other multisectoral program proposals. These and other judgments involving the mutually interactive relationships among health, education, economic development, and family planning can perhaps best be made at the level of centralized planning. On the other hand, the locus of individual family planning decisions at the interface with available services suggests that administrative control should be decentralized and adaptable to local circumstances.

*Resources Allocation*

Regardless of the seat of decision-making responsibility, those in authority must inevitably contend with inadequate human, physical, and financial resources to be allocated and balanced wisely. While this very large subject need not be treated exhaustively here, several selected points should be made.

First, with respect to the development and deployment of human resources, the ever important topics of supervision, training, and role definition take on special meaning in family planning programs if they are to operate as an integral part of the health services system. A multifunctional system does not preclude the use of single-purpose workers, and this presents a dilemma. If personnel originally trained as health workers are also trained for and given family planning responsibilities, they are likely to modify their earlier ingrained health services orientation only with great difficulty, and the family planning program component will suffer accordingly. On the other hand, newly recruited and trained single-purpose family planning workers may be unable to establish the symbiotic relationship between health and family planning that originally prompted their integration. For example, in the provision of maternal and infant care in one integrated program, thirty specific circumstances have been earmarked as convenient "entry points" for the discussion of family planning with clients under conditions when receptivity tends to be high. If maternal care and family planning motivation were handled independently by two different workers, advantage could not be taken of these entry points.

Availability and accessibility of services are factors of proven importance to medical care. If this is true in relation to acute health care needs, it is even truer in relation to less urgent family planning concerns! This suggests a distinct advantage in the integration of family planning services with existing health clinics and maternal child health outreach programs. How often one finds, however, that prenatal, well child, and family planning clinics are scheduled on different days by the same personnel. Nor is it uncommon to find a reasonably satisfactory distribution of expensive facilities, which are, however, under-utilized and fail to employ their staff fully. In spite of these circumstances, or perhaps contributing to them, little time is devoted to home visiting or other community activities.

*Role of Information*

Administrators typically complain about the excessive time and resources they are forced to divert to data gathering, record keeping, and report writing. Yet useful information adequately processed and analyzed remains one of the scarcest resources at their command. In part, the reason is that the existing information system is not designed to relate program inputs to outputs. Each of the program elements including motivation, acceptance, and continuation must be clearly enunciated and its contribution to overall program performance understood. Then the input activities, resources, and costs assignable to specific program elements must be ascertained, i.e. the information base should be established within a systems analysis framework, utilizing performance budgeting concepts in order that costs in effort, resources, and money may be judged against specific benefits derived. Although this approach has been advocated for health care systems generally, its value in that context is often limited by an inability to establish precisely the contribution made by health services to improved health status.

The various elements and objectives of family planning programs tend to be more easily linked, however. Births averted in the target population, the ultimate aim, can be quite accurately related to age- and parity-specific acceptance and continuation rates for particular contraceptive methods.

#### STATEMENT OF OBJECTIVES COMPATIBLE WITH EVALUATION OF ACHIEVEMENTS

Once practical and effective means of program implementation have been identified it should be possible to express in concrete terms the results expected to be achieved within a specified time frame. Explicit, quantitative objectives are a necessary basis for evaluation and program reformulation without which the program will inevitably flounder.

Although *product*, or end-result objectives are obviously essential, two other types, *structure* and *process* objectives, are likewise important, especially in the earlier stages of program development. Successful programs require an adequate infrastructure (thus the need for structure objectives) capable of providing the necessary range of services (leading to process objectives) which result in prescribed contraceptive effectiveness (based upon product objectives).

While the above conceptual format is well accepted, two difficulties inherent in the application to family planning programs merit attention. First, particular service packages are likely to have multiple objectives which must somehow be related and balanced. For example, a postpartum program may be aimed both at the reduction of neonatal mortality and at the promotion of family planning acceptance. Suppose that the program objective is to reduce the neonatal mortality rate to 15 per 1000 live births and at the same time to produce 100 family planning acceptors per 1000 women who deliver. If in practice, rates of 12 and 90 respectively are achieved, is the program successful? The answer requires a relative valuation of the two objectives. Although the requisite subjective comparisons appear to be intractable, relevant techniques for utility assessment developed within the framework of decision theory deserve greater administrative use than they have received to date.

The second difficulty arises from the fact that the realistic potential for program achievement depends in large measure upon characteristics of the target population as well as upon the capabilities of the program itself. It is hard to ascertain, therefore, whether disappointing program performance is attributable to low quality of services or to the character of perceived needs in the client population. As a result administrators must understand that the success of unipurpose family planning programs in certain areas offers no guarantee of success apart from a solid base of health care delivery in another sociocultural setting. It follows that local experimentation, action research, and flexibility are essential ingredients in program administration.

#### RESULTING PRINCIPLES OF FAMILY PLANNING ADMINISTRATION

The preceding discussion has suggested a number of principles to be considered in the administration of family planning programs. These principles will be formulated more explicitly below, with appropriate elaboration.

*Program Development in the Context of National Welfare*

*Population policy and program development rest more securely upon a broad base of socioeconomic development than upon narrower concerns of economic growth.* Macroeconomic considerations of employment, investment, and productive capacity bear little relation to economic concerns of the family, whereas national welfare goals relate more directly to the quality of individual and family life. Family planning programs designed to alter family values and respond to them, therefore, relate clearly to national welfare goals.

*Attention to Marketing Methods*

*Marketing methods of proven effectiveness elsewhere deserve greater emphasis in family planning.* Even if one accepts the first principle, it must be admitted that the family may place a lower priority on family planning as a factor contributing to its own well-being than national policy makers do in considering overall national welfare. Family planning program administrators must therefore become more conversant with the fruits of market research in other settings and must vigorously apply modern marketing methods to their own programs. Unquestionably they will be accused of brainwashing in a sensitive area, but they must show that their "product" is really not unique in this sense.

*Centralized, Integrated Policy Formulation and Planning*

*National population policy formulation and planning must be an integral part of socioeconomic development considerations and, therefore, centralized.* The principle of centralized planning and decentralized administrative control is at least as valid in family planning as in other areas. On the planning side it must be understood that parochial decisions regarding economic development, education, health care, or family planning are meaningless in the face of significant interactions and reciprocal relationships.

*Broadened Administrative Horizons through Research*

*Operations-oriented research belongs to the body of effective administration, not as an appendage.* Unless the administrator continually seeks better ways to do his job, his program sooner or later becomes an anachronism. He should become more attuned to the results of systematic analyses of the natural experiments that comprise the experience of others, with his own action research remaining the ultimate test of the relevance of innovative proposals for his particular situation.

*Program Priority*

*Program accomplishments are a function of program visibility.* Political considerations affect the entire administrative process and can never be ignored. One point must be underscored, however: truly successful family planning programs demand solid political endorsement to grant maximum program visibility. Like many of the other principles this is not limited to family planning, but should receive special attention from program administrators in this area. Large-scale formal programs are a relatively new concept and not likely to meet with spontaneous widespread acceptance. They may be located within well established health, welfare, or social services agencies and therefore require exceptional nurture if they are to survive in competition for attention with established programs.

*Service Organization and Evaluation*

*Independent operation of family planning services is desirable only if it is compatible with client motivation.* From the preceding principle it follows that greatest visibility is likely to be achieved if family planning services are separated from others and a critical mass of resources is marshalled for a single-minded effort in this direction. Where family concerns center on maternal and child health problems, however, family planning must be viewed as corollary support for these more pressing problems, and family planning visibility is necessarily sacrificed as a result. This points again to the conclusion that services must always reflect local conditions.

*Evaluation of Multiple Objectives*

*Regardless of the organization of family planning services, they are expected to contribute to multiple health and population objectives and must be evaluated accordingly.* Recalling the distinction between process (service) and product (program impact) objectives we observe that, even where family planning services are separately organized and evaluated, their impact upon health as well as population status must be recognized. In fact some of the strongest advocates of highly specific, focused family planning programs justify them in large measure as the single most important factor in reducing maternal and infant mortality.

*Information Systems*

*Information systems for family planning programs must be multidimensional.* This principle which concerns the information requirements that arise in the application of other principles has two components. First, evaluation must be sequential in nature, since the ultimate program accomplishments are achieved only after a relatively long period of time. Thus it is necessary to provide for prompt evaluation at intermediate stages to appraise population characteristics, appropriateness of program structure, and adequacy of services, as well as ultimate program impact. Second, the preceding principle suggests that information systems must be capable of discerning varying levels of effectiveness in achieving dissimilar objectives, thus permitting the assessment of spin-off effects when single programs contribute to multiple objectives.

## CONCLUSION

This discussion has served to reinforce the notion that no single optimal pattern of administrative organization for family planning programs can be devised. Nevertheless a number of general principles have been established. These can either be accepted for application to each unique set of circumstances or can be used as a basis for identifying sources of disagreement and subjects for further research.

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